COVID-19 weekly update

May 7th 2020

**treatment**

**Title:** Pharmacologic Treatments for Coronavirus Disease 2019 (COVID-19) A Review

Source: JAMA | Published online April 13, 2020

**Importance:** The pandemic of coronavirus disease 2019 (COVID-19) caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) presents an unprecedented challenge to identify effective drugs for prevention and treatment. Given the rapid pace of scientific discovery and clinical data generated by the large number of people rapidly infected by SARS-CoV-2, clinicians need accurate evidence regarding effective medical treatments for this infection.

**Observations:**  No proven effective therapies for this virus currently exist. The rapidly expanding knowledge regarding SARS-CoV-2 virology provides a significant number of potential drug targets. The most promising therapy is remdesivir. Remdesivir has potent in vitro activity against SARS-CoV-2, but it is not US Food and Drug Administration approved and currently is being tested in ongoing randomized trials. Oseltamivir has not been shown to have efficacy, and corticosteroids are currently not recommended. Current clinical evidence does not support stopping angiotensin-converting enzyme inhibitors or angiotensin receptor blockers in patients with COVID-19.

**Conclusions and Relevance:**  The COVID-19 pandemic represents the greatest global public health crisis of this generation and, potentially, since the pandemic influenza outbreak of 1918. The speed and volume of clinical trials launched to investigate potential therapies for COVID-19 highlight both the need and capability to produce high-quality evidence even in the middle of a pandemic. No therapies have been shown effective to date.

Download the full document:  [Pharmacologic Treatments for Coronavirus Disease 2019 (COVID-19)](https://jamanetwork.com/journals/jama/fullarticle/2764727)

**Title**: Developing a vaccine for covid-19

Source: BMJ 2020; 369 | Published 4th May 2020

The rapidly developing covid-19 epidemic has stimulated an enormous effort to develop vaccines against the coronavirus SARS-CoV-2. At least six vaccine candidates have entered clinical trials across the globe, with more than 80 other candidates reported to be in preclinical stages. This means many different approaches are being moved forward at the same time. However, the road to successful vaccine licensure is treacherous, and only a handful of these vaccines may make it.

Full editorial: [Developing a vaccine for covid-19](https://www.bmj.com/content/bmj/369/bmj.m1790.full.pdf)

**Title**: Management of respiratory failure due to covid-19

Source: BMJ 2020;369:m1786 | Published 4th May 2020

Pathology and management are similar to acute respiratory distress syndrome. The most concerning complication of SARS-CoV-2 infection (covid-19) is acute hypoxaemic respiratory failure requiring mechanical ventilation. Numerous mechanisms have been suggested for the substantial hypoxaemia seen in many patients.These include pulmonary oedema, haemoglobinopathies, vascular occlusion, and a mismatch between ventilation and perfusion.

Full editorial: [Management of respiratory failure due to covid-19](https://www.bmj.com/content/bmj/369/bmj.m1786.full.pdf)

**Title**: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19

Source: New England Journal of Medicine | May 7th 2020 | Vol. 382:1787-1799

This trial in hospitalized adult patients with severe Covid-19, concludes that no benefit was observed with lopinavir–ritonavir treatment beyond standard care. Future trials in patients with severe illness may help to confirm or exclude the possibility of a treatment benefit.

Full article: [A trial of lopinavir–ritonavir in adults hospitalized with severe Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2001282)

**Title**: Covid-19: What do we know so far about a vaccine?

Source: BMJ 2020;369:m1679 | Published 27th April 2020

The World Health Organization has announced that 83 potential covid-19 candidate vaccines are being assessed (as at 23 April), including seven that have now been approved for human testing through clinical trials.*The BMJ* looks at what we know so far.

Full detail: [Covid-19: What do we know so far about a vaccine?](https://www.bmj.com/content/369/bmj.m1679)

**Title**: Covid-19 — The Search for Effective Therapy

Source: The New England Journal of Medicine | 382:1851-1852 | May 7th 2020

Editorial examining research into treatment of Covid-19

Full document: [Covid 19 – The search for effective therapy](https://www.nejm.org/doi/pdf/10.1056/NEJMe2005477?articleTools=true)

**Title**: COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital

Source: NICE guideline [NG173] | 1st May 2020

The purpose of this guideline is to ensure the best antibiotic management of suspected or confirmed bacterial pneumonia in adults in hospital during the COVID‑19 pandemic. This includes people presenting to hospital with moderate to severe community-acquired pneumonia and people who develop pneumonia while in hospital. It will enable services to make the best use of NHS resources.

Full details: [COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital](https://www.nice.org.uk/guidance/ng173)

**Title:** Covid-19: the challenge of patient rehabilitation after intensive care

Source: BMJ 2020; 369 |Published May 6th 2020

As the UK’s coronavirus patients begin to leave ICUs, Jacqui Thornton examines how the NHS plans to meet a “tsunami of need”

Full detail: [Covid-19: the challenge of patient rehabilitation after intensive ca](https://www.bmj.com/content/369/bmj.m1787)re

**Title**: Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial

Source: The Lancet | Published April 29th 2020

In this study of adult patients admitted to hospital for severe COVID-19, remdesivir was not associated with statistically significant clinical benefits. However, the numerical reduction in time to clinical improvement in those treated earlier requires confirmation in larger studies.

Full article[: Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931022-9)

**recovery**

**Title**: Recovering from COVID-19: the key issues

Source: The University of Manchester, led by Alliance Manchester Business School

This document has been written to summarise and supplement existing guidance on recovery from disasters and pandemics in the unique context of COVID-19 and to incorporate wider learning and experience from the team who produced it. It outlines the key issues and details the approach to recovery we believe is needed.

Full document: [Recovering from COVID-19: the key issues](https://www.alliancembs.manchester.ac.uk/media/ambs/content-assets/documents/news/recovering-from-covid-19-the-key-issues.pdf)

**Title**: After the pandemic – the challenge that lies ahead

Source: Royal College of Physicians | Blog | April 29th 2020

RCP registrar Professor Donal O’Donoghue looks at how the NHS has adapted in recent weeks to meet its greatest challenge, and at what lies ahead as plans to reboot and reshape the NHS take shape.

Full detail at [Royal College of Physicians](https://www.rcplondon.ac.uk/news/after-pandemic-challenge-lies-ahead)

**Infection control**

**Title**: Reducing risks from coronavirus transmission in the home—the role of viral load

BMJ 2020; 369 | Published 06 May 2020

Most people with covid-19 are cared for at home, increasing the likely exposure of household members. Although the evidence is limited, high infection rates among health workers have been attributed to more frequent contact with infected patients, and higher viral load —the size of the infecting dose of virus. This has led to demands for better personal protection equipment (PPE). Less attention, however, has been given to family members and others caring for people with covid-19 in the community. Providing them with the same level of PPE as in hospitals is not practicable, but promotion of simple evidence based interventions may lower the risk of infection transmission and help reduce morbidity and demand on hospitals.

Paul Little and colleagues call for better promotion of simple measures that can help reduce the spread and severity of infection among those living with people who have covid-19

Full document: [Reducing risks from coronavirus transmission in the home—the role of viral load](https://www.bmj.com/content/bmj/369/bmj.m1728.full.pdf)

**Title**: Monitoring respiratory infections in covid-19 epidemics

Source: BMJ 2020; 369 |Published 4th May 2020

The authors in this analysis argue that monitoring influenza-like illness could be a complementary approach to assessing the effectiveness of general infection control measures against covid-19

Key messages

* Compartmental modelling studies on covid-19 should not be relied on as the only approach for monitoring the pandemic or assessing the effectiveness of infection control measures
* Simple and rapid assessment of influenza-like illness using widely available surveillance data could be a cost effective and complementary approach to compartmental modelling
* But the potential confounding due to changes in behaviours of patients and healthcare providers must be carefully considered
* The proposed methods will be particularly useful for countries in which testing capacity for covid-19 and expertise in infectious disease modelling are limited
* The timely, stringent, and community-wide epidemic response in Hong Kong seemed to effectively control local outbreaks of covid-19 as well as the underlying transmission of influenza and other respiratory infections

Full document: [Monitoring respiratory infections in covid-19 epidemics](https://www.bmj.com/content/bmj/369/bmj.m1628.full.pdf)

**workforce wellbeing**

**TITLE**: THE PSYCHOLOGICAL NEEDS OF HEALTHCARE STAFF AS A RESULT OF THE CORONAVIRUS PANDEMIC

Source: British Psychological Society | April 2020

This is a guide for leaders and managers of healthcare services who will need to consider the wellbeing needs of all healthcare staff (clinical and non-clinical) as a result of the Coronavirus outbreak. It offers practical recommendations for how to respond at individual, management and organisational level involving the appropriate utilisation of expertise within their practitioner psychologist and mental health professionals and anticipates the psychological reactions over time (including the recovery phase), and what people may need to recovery psychologically from this.

Full document: [The psychological needs of healthcare staff as a result of the Coronavirus pandemic](https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf)

**Title:** COVID-19: management of exposed healthcare workers and patients in healthcare settingsPHE (updated 6 May 2020)

Source: Public Health England | updated 6th May 2020

This guidance covers staff exposures, staff return to work criteria and patient exposures. Update in this version (6 May 2020) to provide clarification that the guidance applies to any healthcare setting, not just hospitals.

Full document: [COVID-19: management of exposed healthcare workers and patients in healthcare settings](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings)

**Title:** Revealed: the NHS’ plan to protect BAME staff from covid-19

Source: HSJ | 6th May 2020

* NHS bosses draw up new targets in response to covid-19’s impact on BAME staff
* Trusts could need to carry out new risk assessments and appoint new BAME leaders
* The move comes as ministers also launch a major review

The NHS faces a new set of wide-ranging requirements as part of a comprehensive plan to mitigate the impact of covid-19 on black, Asian and minority ethnic staff, *HSJ*has discovered.

A draft NHS England/NHS Improvement document, seen by *HSJ*, proposes trusts ensure every staff member has “a risk assessment to keep them safe”. It says the centre will provide: “Guidance and support to employers on creating proactive approaches to risk assessment for BAME staff, including physical and mental health.” This would include an additional focus on the needs of returnees.

Full article: [Revealed: the NHS’ plan to protect BAME staff from covid-19](https://www.hsj.co.uk/workforce/revealed-the-nhs-plan-to-protect-bame-staff-from-covid-19/7027571.article)

**Title:** Covid-19: adverse mental health outcomes for healthcare workers

Source: BMJ 2020; 369 | Published 5th May 2020

Full editorial: [Covid-19: adverse mental health outcomes for healthcare workers](https://www.bmj.com/content/bmj/369/bmj.m1815.full.pdf)

**Title:** Self-protection: how NHS doctors are sourcing their own PPE

Source: BMJ 2020; 369:m1834 | Published 6th May 2020

As central supplies of personal protective equipment fail to match the demand created by the covid-19 pandemic, this editorial reports on how UK medics are taking matters into their own hands.

Full editorial: [Self-protection: how NHS doctors are sourcing their own PPE](https://www.bmj.com/content/369/bmj.m1834)

**Title:** Government bans trusts from major PPE deals to stop them competing for scarce equipment

Source: HSJ | 2nd May 2020

Trusts have been told to stop procuring their own personal protective equipment, ventilators, and a range of other products in high demand due to covid-19.

Procurement directors were told on Friday these goods would be procured on a national level to reduce competition for supplies in a letter obtained exclusively by HSJ. The letter, from Department of Health and Social Care official Jonathan Marron and NHSE/I chief commercial officer Emily Lawson, said: “It is vital that the UK Government procures items nationally, rather than individual NHS organisations compete with each other for the same supplies, to protect the health of NHS staff and patients across the whole country.”

Full article: [Government bans trusts from major PPE deals to stop them competing for scarce equipment](https://www.hsj.co.uk/coronavirus/government-bans-trusts-from-major-ppe-deals-to-stop-them-competing-for-scarce-equipment/7027554.article)

**Title:** Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis

Source: BMJ 2020; 369:m1642 | Published 5th May 2020

This rapid review concludes that effective interventions are available to help mitigate the psychological distress experienced by staff caring for patients in an emerging disease outbreak. These interventions were similar despite the wide range of settings and types of outbreaks covered in this review, and thus could be applicable to the current covid-19 outbreak.

Full document: [Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis](https://www.bmj.com/content/bmj/369/bmj.m1642.full.pdf)

**TITLE:**  RISK ASSESSMENTS FOR STAFF

Source: NHS Employers

NHS Employers has published guidance for employers on how to carry out risk assessments particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe. This includes staff returning to work for the NHS, and existing staff who are potentially more at risk due to their race, age, disability or pregnancy.

Full detail: [Risk assessments for staff](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff)

**Health management**

**TITLE:** USING COVID CRISIS RECOVERY TO TRANSFORM THE NHS

Source: HSJ | 7th May 2020

The covid-19 crisis has brought with it disruptive transformation. Dr Ben Horner, Stephen Sutherland and John Gooch explore ways to ensure that the positive transformative changes are not lost, and ways in which the NHS can take steps to lock-in these improvements.

Full article: [Using covid crisis recovery to transform the NHS](https://www.hsj.co.uk/coronavirus/using-covid-crisis-recovery-to-transform-the-nhs/7027572.article)

**Title:** Recovering after COVID19 - a practical guide for clinicians and commissioners

Source: Primary Care Respiratory Society UK | April 24th 2020

Steve Holmes, GP in Somerset and PCRS Education Lead and Rob Stone, Consultant Respiratory Physician, Musgrove Park Hospital, Somerset provide a practical guide for clinicians and commissioners in supporting patients to recover after COVID-19

This short article is aimed at helping primarily clinicians, commissioners and those involved in service delivery to consider the increased impact that will be faced by the National Health Service as we win the battle against COVID-19.

Key Points:

• In the immediate post-recovery phase, infection control measures continue to be important

• There are significant physical, psychological and social sequelae from a major crisis like COVID-19 that will impact on the health service for a prolonged period of time

• It is important to review the physical aspects in those patients that attend but do not forget psychosocial consequences

• Recovery in survivors can be prolonged

Full document: [Recovering after COVID19 - a practical guide for clinicians and commissioners](https://www.pcrs-uk.org/sites/pcrs-uk.org/files/RecoveryPostCovid19_FINAL_0.pdf)

**TITLE:** ICUs TOLD TO IMPROVE STAFFING RATIOS AS COVID PRESSURE EASES

Source: HSJ | 7th May 2020

Intensive care units will be told to improve their staffing-to-patient ratios shortly as the number of patients admitted to hospital with covid-19 falls across the country. New guidance, expected as early as next week, will encourage trusts to reduce the number of patients per ICU specialist nurses and senior clinicians on a localised basis as part of “transitional arrangements” aimed at moving staffing models back towards normal standards of care.

Full article[: ICUs told to improve staffing ratios as covid pressure eases](https://www.hsj.co.uk/coronavirus/icus-told-to-improve-staffing-ratios-as-covid-pressure-eases/7027594.article)

**other**

**TITLE:** MITIGATING THE WIDER HEALTH EFFECTS OF COVID-19 PANDEMIC RESPONSE

Source: Margaret Douglas et al. | BMJ 2020;369:m1557

Countries worldwide have implemented strict controls on movement in response to the covid-19 pandemic. The aim is to cut transmission by reducing close contact, but the measures have profound consequences. Several sectors are seeing steep reductions in business, and there has been panic buying in shops. Social, economic, and health consequences are inevitable.

The health benefits of social distancing measures are obvious, with a slower spread of infection reducing the risk that health services will be overwhelmed. But they may also prolong the pandemic and the restrictions adopted to mitigate it.1 Policy makers need to balance these considerations while paying attention to broader effects on health and health equity.

Full document: [Mitigating the wider health effects of covid-19 pandemic response](https://www.bmj.com/content/bmj/369/bmj.m1557.full.pdf)

**Title**: COVID-19: epidemiology, virology and clinical features

Source: Public Health England | Guidance | updated 6th May

Information on COVID-19 including epidemiology, virology and clinical features. Update in this version (6 May 2020): updated global case numbers.

Full document: [COVID-19: epidemiology, virology and clinical features](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features)

**Title:** BAME COVID-19 DEATHS – What do we know? Rapid Data & Evidence Review

Source: Centre for Evidence-Based Medicine | May 5th 2020

Evidence indicates markedly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but deaths are not consistent across BAME groups. Similarly, adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and Health and Care Workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known. There may be a number of contributing factors in the general population such as overrepresentation of BAME populations in lower socio-economic groups, multi-family and multi-generational households, co-morbidity exposure risks, and disproportionate employment in lower band key worker roles. For Health and Care workers, there are increased health and care setting exposure risks.

Full review: [BAME COVID-19 deaths – what do we know?](https://www.cebm.net/wp-content/uploads/2020/05/BAME-COVID-Rapid-Data-Evidence-Review-Final-Hidden-in-Plain-Sight-compressed.pdf)

Summary available at [Centre for Evidence-Based Medicine](https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/)

**Title:** HOW TO HAVE URGENT CONVERSATIONS ABOUT WITHDRAWING AND WITHHOLDING LIFESUSTAINING TREATMENTS IN CRITICAL CARE – INCLUDING PHONE AND VIDEO CALLS

Source: The Faculty of Intensive Care Medicine | April 2020

This rapidly produced guidance encompasses urgent phone or video call conversations about withholding, or withdrawing life-sustaining treatments in critical care, in the context of the UK COVID-19 pandemic, between professionals and people close to the patient – usually family members. This guide is based on existing best practice guidance and research. Daily review of goals and preferences of treatment, in the context of the patient’s ongoing clinical condition should take place with the team, and should be a multi-disciplinary discussion. The aim is to provide a rapid access document to support phone and video calls, although many points also apply to face-to-face conversations.

The documents also offers some suggestions for wording of statements and questions.

Full document: [How to have urgent conversations about withdrawing and withholding life-sustaining treatments in critical care](https://www.ficm.ac.uk/sites/default/files/how_to_have_urgent_conversations_about_withdrawing_and_withholding_life-sustaining_treatments_in_critical_care.pdf)

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[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

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