COVID-19 weekly update

September 11th 2020

**clinical management**

**Title**: Care during covid-19 must be humane and person centred

BMJ | 2020; 370: m3483 | 8th September 2020

This editorial states that the covid-19 pandemic is no reason to roll back the tide on person centred care. The arguments for it are sound and evidence based and, with effort and through co-design, can be achieved even without face-to-face contact. Ignoring the key role of families in the care of vulnerable people, failing to involve patients in decisions about their care, abandoning efforts to co-create services with those who will use them, and designing studies without consulting lay people is incredibly short sighted. It risks throwing away recent gains in higher quality, safer, more appropriate, effective, and efficient care.

It could also undermine public solidarity at a point when healthcare providers need strong public support and understanding as they face the challenge of dealing with the fallout from delayed and disrupted care.

Full editorial: [Care during covid-19 must be humane and person centred](https://www.bmj.com/content/370/bmj.m3483)

**Title**: Compassionate use of convalescent plasma for treatment of moderate and severe pneumonia in COVID-19 patients and association with IgG antibody levels in donated plasma

EClinicalMedicine | published by The Lancet | 9th September 2020

This authors of this study assessed outcome of patients with moderate and severe COVID-19 following treatment with convalescent plasma (CP) and the association with IgG levels in transfused CP.

They conclude that treatment with CP with higher levels of IgG against S1 may benefit patients with moderate and severe COVID-19. IgG against S1 level in CP predicts neutralization antibodies titers. No serious adverse events were reported.

Full paper: [Compassionate use of convalescent plasma for treatment of moderate and severe pneumonia in COVID-19 patients and association with IgG antibody levels in donated plasma](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2820%2930269-8)

**Title**: Azithromycin in addition to standard of care versus standard of care alone in the treatment of patients admitted to the hospital with severe COVID-19 in Brazil

The Lancet | September 4th 2020

The efficacy and safety of azithromycin in the treatment of COVID-19 remain uncertain. This study assessed whether adding azithromycin to standard of care, which included hydroxychloroquine, would improve clinical outcomes of patients admitted to the hospital with severe COVID-19.

The study concludes that in patients with severe COVID-19, adding azithromycin to standard of care treatment (which included hydroxychloroquine) did not improve clinical outcomes. These findings do not support the routine use of azithromycin in combination with hydroxychloroquine in patients with severe COVID-19.

Full paper: [Azithromycin in addition to standard of care versus standard of care alone in the treatment of patients admitted to the hospital with severe COVID-19 in Brazil (COALITION II): a randomised clinical trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931862-6)

**Title**: Convalescent plasma for pediatric patients with SARS‐CoV‐2‐associated acute respiratory distress syndrome

Pediatric Blood & Cancer | published 4th September 2020 | via Science Daily

The early findings of a study conducted at the Children's Hospital of Philadelphia (CHOP) suggest that convalescent plasma might be a safe and possibly effective treatment for children with life-threatening cases of COVID-19.

While the sample of the study was small, involving four patients with acute respiratory distress syndrome; it is thought to be the first first report of convalescent plasma (CP) in children with life-threatening COVID-19 and involved researchers in a wide variety of disciplines, among them oncology, infectious disease, critical care, immunology, and rheumatology.

The experts involved measured donor antibody levels and recipient antibody response prior to and following CP infusion. Infusion of CP was not associated with antibody‐dependent enhancement (ADE) and did not suppress endogenous antibody response. The authors of the study conclude that CP was a safe and possibly efficacious treatment (via [Science Daily](https://www.sciencedaily.com/releases/2020/09/200908162127.htm))

Full paper: [Convalescent plasma for pediatric patients withSARS-CoV-2-associated acute respiratory distress syndrome](https://onlinelibrary.wiley.com/doi/epdf/10.1002/pbc.28693)

**Title**: COVACTA trial raises questions about tocilizumab's benefit in COVID-19

The Lancet Rheumatology | 9th September 2020

Hoffmann-La Roche has announced disappointing results from its much-anticipated phase 3 COVACTA trial of tocilizumab, raising questions about the efficacy of interleukin (IL)-6 blockade in patients with severe COVID-19 pneumonia.

SARS-CoV-2 induces production of inflammatory cytokines, including IL-6, which can contribute to cytokine storm syndromes that damage the lungs and other organs, ultimately killing many patients. Early observational studies have hinted at beneficial effects of drugs that block inflammatory cytokines, including IL-6 and IL-1.

But the randomised controlled COVACTA trial failed to meet its primary endpoint of improved clinical status, the company announced on July 29. Nor did tocilizumab improve patient mortality, although tocilizumab-treated patients spent roughly a week less in hospital compared with those given placebo, which could have a meaningful clinical impact in the face of surging capacity during a pandemic. Full results of the trial have not yet been published.

Full detail: [COVACTA trial raises questions about tocilizumab's benefit in COVID-19](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930313-1)

**Title**: Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services

Royal College of Midwives | Royal College of Obstetricians and Gynaecologists | Society and College of Radiographers | NHS England | 8th September 2020

This framework has been designed to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services. It applies to inpatient and outpatient settings. Reintroducing visits is challenging during a pandemic, and the priority must be the safety of all service users (including pregnant women), staff and visitors.

Full guidance: [Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services, NHS England](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf)

**Title**: National Cardiac Audit Programme COVID-19 report

Healthcare Quality Improvement Partnership | 10th September 2020

The COVID-19 pandemic has presented all parts of the NHS with major challenges. In a very short period of time, local health systems have been through a major reorganisation of their services to deal with the huge rise in patients requiring critical and specialist care for pneumonia, respiratory failure and sepsis.

This has had a big impact on the care of people with cardiovascular disease (CVD). The National Institute for Cardiovascular Outcomes Research (NICOR) has worked with the cardiovascular professional societies and individual hospitals to ensure a continuous flow of data to assess the effect of the pandemic on patients with CVD.

A cardiovascular specialty strategic group was set up to inform and perform a series of analyses using national datasets and has initiated a number of workstreams. This report presents initial findings from the impact of the pandemic on clinical pathways for routine cardiovascular care workstream.

Full report: [National Cardiac Audit Programme COVID-19 report: Rapid cardiovascular data: We need it now (and in the future). How the collaborative approach to countering the impact of COVID-19 demonstrates the value of rapid analysis of national data in helping to improve outcomes for patients with cardiovascular disease.](https://www.hqip.org.uk/wp-content/uploads/2020/09/NICOR-COVID-2020-Report-1-3.pdf)

**Title:** UK studies find gastrointestinal symptoms are common in children

BMJ | 2020; 370: m3484 | 7th September 2020

Gastrointestinal symptoms are common in children infected with SARS-CoV-2 and should trigger tests for the virus, researchers have said.

A prospective study of 992 healthy children (median age 10.1 years) of healthcare workers from across the UK found that 68 (6.9%) tested positive for SARS-CoV-2 antibodies. Half of the children testing positive reported no symptoms, but for those that did the commonest were fever (21 of 68, 31%); gastrointestinal symptoms, including diarrhoea, vomiting, and abdominal cramps (13 of 68, 19%); and headache (12 of 68, 18%).

Latest findings from the Covid-19 Symptom Study app,which was launched in late March to track people’s symptoms, also show that gastrointestinal symptoms occur frequently in children with positive swab tests.

Full detail: [Covid-19: UK studies find gastrointestinal symptoms are common in children](https://www.bmj.com/content/370/bmj.m3484)

Related article: [Seroprevalence of SARS-CoV-2 antibodies in children: a prospective multicentre cohort study.](https://www.medrxiv.org/content/10.1101/2020.08.31.20183095v1)

**Title**: Curing COVID-19

The Lancet Infectious Diseases | 10th September 2020

As the COVID-19 pandemic moves into its 10th month, greater patient survival suggests that treatment of severe disease has improved. How much of this improvement is due to better supportive care and how much to pharmaceuticals is a matter of debate. Given the huge effort that the biomedical community has put into finding drugs to treat COVID-19, with thousands of trials completed and ongoing, this editorial looks to take stock of the evidence for what has worked and what has not.

Full editorial: [Curing Covid-19](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930706-4)

**Title**: Risk stratification of patients admitted to hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: development and validation of the 4C Mortality Score

BMJ | 2020; 370: m3339 | published 9th September 2020

The objective of this prospective observational cohort study was to develop and validate a pragmatic risk score to predict mortality in patients admitted to hospital with coronavirus disease 2019 (covid-19).

The final 4C Mortality Score included eight variables readily available at initial hospital assessment: age, sex, number of comorbidities, respiratory rate, peripheral oxygen saturation, level of consciousness, urea level, and C reactive protein (score range 0-21 points).

The study concludes that this easy-to-use risk stratification score outperformed existing scores, showed utility to directly inform clinical decision making, and can be used to stratify patients admitted to hospital with covid-19 into different management groups. The score should be further validated to determine its applicability in other populations.

Full paper: [Risk stratification of patients admitted to hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: development and validation of the 4C Mortality Score](https://www.bmj.com/content/bmj/370/bmj.m3339.full.pdf)

**Title**: Respiratory specialists working in different ways: Development of a GP hotline and respiratory support service during the COVID-19 pandemic

Integration of primary and secondary care for the management of respiratory disease is a long-held ambition. Here, we describe how respiratory specialists at a large NHS trust, working with primary care clinicians in the area, set up a GP hotline and respiratory support service in response to the COVID-19 pandemic, with the aim of enhancing delivery of care to patients in this unprecedented time. Working across traditional organisational boundaries in this way confers benefits to patients and clinicians, illustrating the value of new, integrated models of care.

Full paper: [Respiratory specialists working in different ways: Development of a GP hotline and respiratory support service during the COVID-19 pandemic](https://www.rcpjournals.org/content/futurehosp/early/2020/08/28/fhj.2020-0082.full.pdf)

**recovery**

**Title**: COVID-19: long-term health effects

Public Health England | 7th September 2020

There is accumulating evidence to suggest that cases of coronavirus (COVID-19) who have experienced both mild and severe symptoms can experience long-term health effects*.*

Around 10% of mild coronovirus (COVID-19) cases who were not admitted to hospital have reported symptoms lasting more than 4 weeks. A number of hospitalised cases reported continuing symptoms for 8 or more weeks following discharge.

Persistent health problems reported following acute COVID-19 disease include:

* respiratory symptoms and conditions such as chronic cough, shortness of breath, lung inflammation and fibrosis, and pulmonary vascular disease
* cardiovascular symptoms and disease such as chest tightness, acute myocarditis and heart failure
* protracted loss or change of smell and taste
* mental health problems including depression, anxiety and cognitive difficulties
* inflammatory disorders such as myalgia, multisystem inflammatory syndrome, Guillain-Barre syndrome, or neuralgic amyotrophy
* gastrointestinal disturbance with diarrhoea
* continuing headaches
* fatigue, weakness and sleeplessness
* liver and kidney dysfunction
* clotting disorders and thrombosis
* lymphadenopathy
* skin rashes

This document from Public Health England provides information on the health problems reported in COVID-19 cases following acute disease, and guidance for healthcare professionals on how to advise recovering COVID-19 patients.

[COVID-19: long-term health effects](https://www.gov.uk/government/publications/covid-19-long-term-health-effects/covid-19-long-term-health-effects)

**Title:** Targeted change making for a healthy recovery

The Lancet Planetary Health | September 2020

An unprecedented global mobilisation of health workers has called upon G20 leaders to focus on a healthy recovery from COVID-19 that centres on equity, climate change, biodiversity, and other planetary health considerations necessary to prevent the next crisis. Having been disrupted, global societies are being reimagined and generationally significant funds are being spent to bring new systems to life.

International response to the pandemic has proven once again that politics is a determinant of health. Although many in the global health community remain deeply occupied with direct management of COVID-19, now is the critical time for evidence-based, ethics-driven voices to influence change.

Full comment piece: [Targeted change making for a healthy recovery](https://www.thelancet.com/action/showPdf?pii=S2542-5196%2820%2930200-X)

**Title:** Post-pandemic recovery: use of scientific advice to achieve social equity, planetary health, and economic benefits

The Lancet Planetary Health | September 2020

The spread of COVID-19 is continuing to present enormous challenges worldwide, affecting individuals, families, communities, health services, and economies. Much now depends on curbing the pandemic, combined with the gradual resumption of economic and social activity. Meanwhile, the world is in the middle of another crisis, the climate change emergency. There is a choice to be made in guiding the economic recovery from COVID-19.

Either societies continue high-carbon pathways that present considerable risks to health and development, or they seek low-carbon socioeconomic pathways to invest differently for the long term to protect and promote human health and to enhance the prospects for a recovery compatible with the commitments in the Paris Climate Agreement.

Full comment piece: [Post-pandemic recovery: use of scientific advice to achieve social equity, planetary health, and economic benefits](https://www.thelancet.com/action/showPdf?pii=S2542-5196%2820%2930176-5)

**Title:** Responding to COVID-19 requires strong epidemiological evidence of environmental and societal determining factors

The Lancet Planetary Health | September 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and associated COVID-19 have caused a global emergency that requires an engaged, integrated, interdisciplinary, and rapid response from the scientific community.

Climate change, ecological change, and biodiversity loss might have played an important role in the occurrence of this zoonotic pandemic. Climatic and environmental factors, such as temperature, humidity, and air pollution, are potentially influencing the transmission, spread, and severity of SARS-CoV-2 infection.

Strong scientific evidence about the contributions of these environmental determinants in the COVID-19 pandemic is needed, in combination with an understanding of the role of other important societal factors and public health interventions. This evidence will support the public health community in responding to the current crisis, and inform strategies to prevent the recurring effects of the COVID-19 pandemic and future emergencies.

Full comment piece: [Responding to COVID-19 requires strong epidemiological evidence of environmental and societal determining factors](https://www.thelancet.com/action/showPdf?pii=S2542-5196%2820%2930169-8)

**Title:** The first Covid-19 vaccine may not be the magic bullet that returns life to 'normal'

Wellcome Trust | 7th September 2020

In a piece on the Wellcome Trust's blog, its director Jeremy Farrar, explains that as we'll soon start to see the results of the first vaccines coming through late-stage clinical trials, we should be cautiously optimistic about this development.

Full detail: [The first Covid-19 vaccine may not be the magic bullet that returns life to 'normal'](https://wellcome.ac.uk/news/first-covid-19-vaccine-may-not-be-magic-bullet-returns-life-normal?utm_source=twitter&utm_medium=o-wellcome)

**Title:** DEVELOPMENT OF AN INTEGRATED REHABILITATION PATHWAY FOR INDIVIDUALS RECOVERING FROM COVID-19 IN THE COMMUNITY

Journal of Rehabilitation Medicine | 2020; 52: jrm00089

COVID-19 is a multisystem illness with considerable long-term physical, psychological, cognitive, social and vocational sequelae in survivors. The aim of this study is to describe the development of an integrated rehabilitation pathway using tele-medicine approach to manage these sequelae in a systematic and efficient way.

A rehabilitation pathway, which spans the acute hospital trust, community trust and primary care service within the UK National Health Service (NHS) service model was developed. C19-YRS referral criteria thresholds for informing the decision making process were defined. A dedicated multidisciplinary COVID-19 rehabilitation team is responsible for dealing with the management of complex cases with needs spanning across multiple domains of the health condition.

An integrated COVID-19 rehabilitation pathway based on our previously published C19-YRS tool is proposed. Future research is needed for validation of the pathway. We recommend health services dealing with the pandemic to adopt such a pathway to manage the care of the COVID-19 survivors in the community.

Full paper: [Development of an integrated rehabilitation pathway for individuals recovering from covid-19 in the community](https://www.medicaljournals.se/jrm/content_files/download.php?doi=10.2340/16501977-2727)

**Title**: Beyond COVID: New thinking on the future of adult social care

Social Care Institute for Excellence | September 2020

COVID-19 has had a devastating impact on social care. By June 2020 there had been more than 30,500 excess deaths among care home residents, and social care staff have been more than twice as likely to die from COVID-19 as other adults. Deep-rooted inequalities in society have also been amplified by the crisis, as have the sector’s fragile finances and the low pay and conditions experienced by many care workers.

This position paper for commissioners and senior managers working in the health and social care sector sets out the findings of Beyond COVID: new thinking on the future of adult social care. It makes a number of recommendations and details three key shifts for the future which are needed to overcome the immense challenges we face in adult social care.

Full report: [Beyond COVID: New thinking on the future of adult social care](https://www.scie.org.uk/files/care-providers/coronavirus/beyond/new-thinking-adult-social-care.pdf)

**Infection control**

**Title**: Testing for SARS-CoV-2 antibodies

BMJ | 2020 370: m3325 | published 8th September 2020

This article from the BMJ, puts forward an approach to antibody testing in individuals with and without symptoms suggestive of current or past SARS-CoV-2 infection.

* Positive antibodies show evidence of previous exposure to SARS-CoV-2 virus
* Antibody testing should be undertaken at least two weeks after onset of symptoms
* The sensitivity and specificity of antibody tests vary over time and results should be interpreted in the context of clinical history
* Antibody testing might have a useful role in diagnosing covid-19 in patients with late presentation, prolonged symptoms, or negative results from reverse transcription polymerase chain reaction tests
* Evidence is currently insufficient to know whether individuals with SARS-CoV-2 antibodies have protective immunity

Full detail: [Testing for SARS-CoV-2 antibodies](https://www.bmj.com/content/370/bmj.m3325?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage)

**Title**: Government plans to spend £100bn on expanding testing to 10 million a day

BMJ | 2020; 370: m3520 | 9th September 2020

The UK government has drawn up plans to carry out up to 10 million covid-19 tests a day by early next year as part of a huge £100bn (€110bn; $130bn) expansion of its national testing programme, documents seen by The BMJ show.

The internal correspondence reveals that the government is prepared to almost match what it spends on the NHS in England each year (£130bn) to fund mass testing of the population “to support economic activity and a return to normal life” under its ambitious Operation Moonshot programme.

A briefing memo sent to the first minister and cabinet secretaries in Scotland, seen by *The BMJ*, says that the UK-wide Moonshot programme is expected to “cost over £100bn to deliver.” If achieved, the programme would allow testing of the entire UK population each week.

Full detail: [Government plans to spend £100bn on expanding testing to 10 million a day](https://www.bmj.com/content/370/bmj.m3520)

See also: [Operation Moonshot: GP clinics could be used to improve access to covid-19 tests](https://www.bmj.com/content/370/bmj.m3552) | BMJ

**Title**: Venues required by law to record contact details

Department of Health and Social Care | 10th September 2020

Premises and venues across England like pubs, restaurants, hairdressers and cinemas must have a system in place by law to record contact details of their customers, visitors and staff in the latest move to break the chains of transmission of coronavirus.

These businesses and organisations had been advised to collect and share data, with many effectively doing so, but following the recent move to ban social gatherings of more than 6 people, the data collection programme will now be formally mandated from 18 September.

Further guidance and, where necessary, regulations will be set out specifying the settings which will be included, but the scope will cover the hospitality industry, such as pubs, bars, restaurants and cafes, as well as close contact services and other tourism and leisure venues.

Full detail: [Venues required by law to record contact details](https://www.gov.uk/government/news/venues-required-by-law-to-record-contact-details?utm_source=0d18dd1e-f396-4187-9bab-b5e35da92a2e&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Update on new social distancing rules

Department of Health & Social Care | 10th September 2020

In this statement to Parliament, Health and Social Care Secretary Matt Hancock spoke about new social distancing rules to prevent the spread of coronavirus.

In England, from Monday (14th September), nobody should meet socially in groups of more than six. This will apply in any setting, indoors or outdoors.

It replaces both the existing ban on gatherings of more than 30 and the current guidance on allowing 2 households to meet indoors.

There will be some exemptions:

* If a single household or support bubble is larger than 6, they can still gather.
* Places of education and work are unaffected.
* COVID secure weddings, wedding receptions and funerals can go ahead, up to a limit of 30 people.
* Organised sport and exercise is exempt.

Full detail: [Update on new social distancing rules](https://www.gov.uk/government/speeches/update-on-new-social-distancing-rules?utm_source=035a43da-7bf8-4f0f-a30b-886603581210&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also: [England restricts gatherings to groups of six as cases rise](https://www.bmj.com/content/370/bmj.m3518) | BMJ

**Title**: Oxford researchers halt vaccine trial while adverse reaction is investigated

BMJ | 2020; 370: m3525 | published 9th September 2020

One of the leading covid-19 vaccine candidate trials has been voluntarily paused as part of a standard review process triggered by a “single event of an unexplained illness that occurred in the UK phase III trial.”

The candidate vaccine, developed at the University of Oxford in partnership with AstraZeneca, is being tested in multiple countries around the world, including the UK, Brazil, and South Africa, to see whether it is effective against SARS-CoV-2, the virus that causes covid-19.

However, the phase III trial has now been halted “to allow an independent committee to review the safety data,” the drug company said on 9 September.

Further detail: [Oxford researchers halt vaccine trial while adverse reaction is investigated](https://www.bmj.com/content/370/bmj.m3525)

**Title**: Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake

The Lancet | published 10th September 2020

There is growing evidence of vaccine delays or refusals due to a lack of trust in the importance, safety, or effectiveness of vaccines, alongside persisting access issues. Although immunisation coverage is reported administratively across the world, no similarly robust monitoring system exists for vaccine confidence. In this study, vaccine confidence was mapped across 149 countries between 2015 and 2019. The findings highlight the importance of regular monitoring to detect emerging trends to prompt interventions to build and sustain vaccine confidence.

Full paper: [Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931558-0)

**Title**: Facial Masking for Covid-19 — Potential for “Variolation” as We Await a Vaccine

New England Journal of Medicine | 8th September 2020

As SARS-CoV-2 continues its global spread, it’s possible that one of the pillars of Covid-19 pandemic control — universal facial masking — might help reduce the severity of disease and ensure that a greater proportion of new infections are asymptomatic. If this hypothesis is borne out, universal masking could become a form of “variolation” that would generate immunity and thereby slow the spread of the virus in the United States and elsewhere, as we await a vaccine.

Ultimately, combating the pandemic will involve driving down both transmission rates and severity of disease. Increasing evidence suggests that population-wide facial masking might benefit both components of the response.

Full article: [Facial masking for Covid-19 — potential for “variolation” as we await a vaccine](https://www.nejm.org/doi/pdf/10.1056/NEJMp2026913?articleTools=true)

**Title**: New campaign to prevent spread of coronavirus indoors this winter

Department of Health & Social Care | 9th September 2020

A new science based public information campaign will be launched ahead of winter to highlight how everyone can help to stop the spread of the virus by remembering to wash their hands, cover their face and make space.

‘Hands. Face. Space’ will run across TV, radio, print, out of home, social and digital display advertising, as well as on community media channels and will be supported by a variety of public and private sector partners throughout the coming weeks.

As part of this campaign, a new video is being released to show exactly how coronavirus spreads indoors. With people expected to spend more time inside during the winter, the film – produced with the help of scientific experts – encourages the public to follow simple steps to reduce the risk of infection.

Full detail: [New campaign to prevent spread of coronavirus indoors this winter](New%20campaign%20to%20prevent%20spread%20of%20coronavirus%20indoors%20this%20winter)

**Title**: £5 million for new research projects investigating how coronavirus spreads

National Institute for Health Research | 11th September 2020

Eight new research projects on coronavirus transmission have been awarded funding by the NIHR and UK Research and Innovation (UKRI).

The newly funded projects will research how the virus spreads in schoolchildren, healthcare workers and a strictly-Orthodox Jewish community, as well as in medical settings and on surfaces in public spaces.

The research projects, which have collectively been awarded a total of £5.3 million, will help inform policy decisions about COVID-19, including infection prevention strategies and containment measures.

Full detail: [£5 million for new research projects investigating how coronavirus spreads](https://www.nihr.ac.uk/news/5-million-for-new-research-projects-investigating-how-coronavirus-spreads/25634)

**workforce wellbeing**

**Title:** Addressing Postpandemic Clinician Mental HEALTH: A Narrative Review and Conceptual Framework

Annals of Internal Medicine | August 2020

Previous pandemics have seen high psychiatric morbidity among health care workers. Protecting clinician mental health in the aftermath of coronavirus disease 2019 (COVID-19) requires an evidence-based approach to developing and deploying comprehensive clinician mental health support.

In a narrative review of 96 articles addressing clinician mental health in COVID-19 and prior pandemics, 7 themes emerged:

1) the need for resilience and stress reduction training;

2) providing for clinicians' basic needs (food, drink, adequate rest, quarantine-appropriate housing, transportation, child care, personal protective equipment);

3) the importance of specialized training for pandemic-induced changes in job roles;

4) recognition and clear communication from leadership;

5) acknowledgment of and strategies for addressing moral injury;

6) the need for peer and social support interventions; and

7) normalization and provision of mental health support programs

In addition to the literature review, in collaboration with the Collaborative for Healing and Renewal in Medicine (CHARM) network, the authors gathered practice guidelines and resources from health care organizations and professional societies worldwide to synthesize a list of resources deemed high-yield by well-being leaders.

Studies of previous pandemics demonstrate heightened distress in health care workers years after the event. The COVID-19 pandemic presents unique challenges that surpass those of previous pandemics, suggesting a significant mental health toll on clinicians.

Long-term, proactive individual, organizational, and societal infrastructures for clinician mental health support are needed to mitigate the psychological costs of providing care during the COVID-19 pandemic.

Full paper: [Addressing postpandemic clinician mental health : a narrative review and conceptual framework](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7450528/pdf/aim-olf-M204199.pdf)

**Title:** The psychosocial impact of flu influenza pandemics on healthcare workers and lessons learnt for the COVID-19 emergency: a rapid review

International Journal of Public Health | 4th September 2020

During a pandemic, healthcare workers (HCWs) are essential to the health system response. Based on our knowledge, little information is available regarding the psychosocial impact on HCWs or interventions for supporting them during pandemics. Therefore, the study aimed to assess available literature on perceived stress and psychological responses to influenza pandemics in HCWs and identify implications for healthcare practice and future research.

This rapid review offers an overview of the major concerns regarding HCWs’ psychosocial well-being and possible preventive strategies, which could be useful for the current COVID-19 outbreak and similar future pandemics. Studies suggested to invest on preventive psychological, social, family and physical support and to guaranteeing reasonable work conditions and others in order to protect HCWs from the long-lasting psychological effect of the COVID-19 pandemic.

Full article: [The psychosocial impact of flu influenza pandemics on healthcare workers and lessons learnt for the COVID-19 emergency: a rapid review](https://link.springer.com/content/pdf/10.1007/s00038-020-01463-7.pdf)

**other**

**TITLE:** COVID-19: WHAT PEOPLE ARE TELLING US

Healthwatch | 9th September 2020

This latest briefing from Healthwatch looks at the key issues the public have faced during the COVID-19 pandemic.

Each month, thousands of people share their experiences with Healthwatch about NHS and social care services. During the COVID-19 pandemic, this has ranged from the affect lockdown has had on carers, to the problems getting emergency dental treatment.

This briefing outlines the issues over 19,700 people raised with us, as well as taking an in-depth look at how technology has been used in response to the pandemic.

Full briefing: [COVID-19: What people are telling us](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20200909%20A%20review%20of%20our%20evidence%20Q1%202020-21.pdf)

**Title:** Public perceptions of health and social care in light of COVID-19

The Health Foundation | September 2020

The Health Foundation commissioned Ipsos MORI to carry out a survey of the general public in Great Britain to gather their views on a range of health and care issues in light of COVID-19

This new polling data looks at the public’s attitudes towards the Government’s handling of COVID-19 and the measures it has taken to tackle the outbreak so far. The data shows a significant change in the public’s perceptions on these issues since May this year, when the first round of this polling by Ipsos MORI was carried out.

Key findings:

* This report presents the findings of a survey commissioned by the Health Foundation and conducted by Ipsos MORI between 17 and 29 July 2020. (This was a follow up survey to the first round of polling carried out in May 2020).
* The results highlight a significant change in the public’s perceptions towards the Government’s handling of COVID-19 and the measures it has taken to tackle the outbreak so far.
* The public are more critical of the Government’s handling of the Coronavirus outbreak. A majority (56%) now believe that the Government has not handled it well, significantly more than in May (39%).
* The survey shows that the clarity of the Government’s current official guidance varies. Nearly four in five think the guidance on wearing face masks on public transport is clear (78%), but less than half (44%) think official advice on who and how many people you can meet is clear (54% think it is unclear).

Full report: [The Health Foundation COVID-19 Survey – second poll. A report of survey findings](https://www.health.org.uk/sites/default/files/upload/publications/2020/20200906-Health-Foundation-Ipsos-MORI-polling-on-COVID19-July2020.pdf)

See also: [Public perceptions of health and social care in light of COVID-19](https://www.health.org.uk/publications/reports/public-perceptions-of-health-and-social-care-in-light-of-covid-19-july-2020)

**Title:** What effect will the return to schools and universities have on infection outbreaks this autumn?

Nuffield Trust | 10th September 2020

As children return to schools this week and universities prepare to open their doors later this month, the Nuffield Trust looks back at national reporting of acute respiratory infection outbreaks to see what previously happened in schools and educational settings – and discuss whether Covid-19 might have unpredictable effects on historical trends.

Full detail: [What effect will the return to schools and universities have on infection outbreaks this autumn?](https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-what-effect-will-the-return-to-schools-and-universities-have-on-infection-outbreaks-this-autumn)

We

[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.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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