COVID-19 weekly update

June 12th 2020

**clinical management**

**Title**: Use of plasma donations to treat COVID-19: recommendations from SaBTO

Source: Department of Health and Social Care | 5th June 2020

On 28 April 2020, the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) held an emergency meeting to discuss temporarily allowing people who have received convalescent plasma (plasma from people who have had coronavirus) for treatment for COVID-19 to donate plasma themselves. These documents set out the initial proposal and the recommendations from SaBTO.

Full detail: [Use of plasma donations to treat COVID-19: recommendations from SaBTO](https://www.gov.uk/government/publications/use-of-blood-plasma-donations-to-treat-covid-19-recommendations-from-sabto)

**Title**: Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK

Source: BMJ | 2020; 369: m2107 | published 8th June 2020

The objective of this study was to describe a national cohort of pregnant women admitted to hospital with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the UK, identify factors associated with infection, and describe outcomes, including transmission of infection, for mothers and infants.

The study found that most pregnant women admitted to hospital with SARS-CoV-2 infection were in the late second or third trimester, supporting guidance for continued social distancing measures in later pregnancy. Most had good outcomes, and transmission of SARS-CoV-2 to infants was uncommon. The high proportion of women from black or minority ethnic groups admitted with infection needs urgent investigation and explanation.

Full paper: [Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study](https://www.bmj.com/content/bmj/369/bmj.m2107.full.pdf)

**Title**: Waiting for Certainty on Covid-19 Antibody Tests — At What Cost?

Source: The Lancet | published 5th June 2020

Perspective piece discussing Covid-19 antibody tests. The author suggests that in the context of a raging pandemic, we simply do not have the luxury of holding decisions in abeyance until all the relevant evidence can be assembled. Failing to take action is itself an action that carries profound costs and health consequences.

The authors believe we have enough evidence and expert opinion to make an informed decision today. And we can put the monitoring systems in place to learn from that decision so that we can make even better choices tomorrow.

Full paper: [Waiting for Certainty on Covid-19 Antibody Tests — At What Cost?](https://www.nejm.org/doi/pdf/10.1056/NEJMp2017739?articleTools=true)

**Title**: Characteristics of registered clinical trials assessing treatments for COVID-19: a cross-sectional analysis

Source: BMJ Open | 2020; 10: e039978 | published 9th June 2020

The coronavirus disease 2019 (COVID-19) pandemic has prompted many initiatives to identify safe and efficacious treatments, yet little is known regarding where early efforts have focused. This paper aimed to characterise registered clinical trials assessing drugs or plasma treatments for COVID-19.

The authors conclude that while accelerating morbidity and mortality from the COVID-19 pandemic has been paralleled by early and rapid clinical investigation, many trials lack features to optimise their scientific value. Global coordination and increased funding of high-quality research may help to maximise scientific progress in rapidly discovering safe and effective treatments.

Full article: [Characteristics of registered clinical trials assessing treatments for COVID-19: a cross-sectional analysis](https://bmjopen.bmj.com/content/bmjopen/10/6/e039978.full.pdf)

**Title**: Compassionate Use of Remdesivir for Patients with Severe Covid-19

Source: New England Journal of Medicine | June 11th 2020

Remdesivir, a nucleotide analogue prodrug that inhibits viral RNA polymerases, has shown in vitro activity against SARS-CoV-2.

In this cohort of patients hospitalized for severe Covid-19 who were treated with compassionate-use remdesivir, clinical improvement was observed in 36 of 53 patients (68%). Measurement of efficacy will require ongoing randomized, placebo-controlled trials of remdesivir therapy.

Full article: [Compassionate use of Remdesivir for patients with severe Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2007016?articleTools=true)

**Title**: Safety, tolerability, and immunogenicity of a recombinant adenovirus type-5 vectored COVID-19 vaccine: a dose-escalation, open-label, non-randomised, first-in-human trial

Source: The Lancet | volume 395, issue 10240, p1845-1854 | June 13th 2020

A vaccine to protect against COVID-19 is urgently needed. This paper aimed to assess the safety, tolerability, and immunogenicity of a recombinant adenovirus type-5 (Ad5) vectored COVID-19 vaccine expressing the spike glycoprotein of a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) strain.

The Ad5 vectored COVID-19 vaccine is tolerable and immunogenic at 28 days post-vaccination. Humoral responses against SARS-CoV-2 peaked at day 28 post-vaccination in healthy adults, and rapid specific T-cell responses were noted from day 14 post-vaccination. These findings suggest that the Ad5 vectored COVID-19 vaccine warrants further investigation.

Full Paper available at [The Lancet](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931208-3)

See also related Comment: [The starting line for COVID-19 vaccine development](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931239-3) | The Lancet 13th June 2020

**Title:** COVID-19 vaccines for all?

Source: The Lancet | volume 395, issue 10240, p1822-1823 | June 13th 2020

If an effective COVID-19 vaccine is developed, how will it get to everyone in need? This article reports on the initiatives being planned to ensure equitable access, and their shortcomings.

Full document: [COVID-19 vaccines for all?](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931354-4)

**Title**: Recommendations for head and neck surgical oncology practice in a setting of acute severe resource constraint during the COVID-19 pandemic: an international consensus

Source: The Lancet Oncology | published 11th June 2020

The speed and scale of the global COVID-19 pandemic has resulted in unprecedented pressures on health services worldwide, requiring new methods of service delivery during the health crisis. In the setting of severe resource constraint and high risk of infection to patients and clinicians, there is an urgent need to identify consensus statements on head and neck surgical oncology practice.

We completed a modified Delphi consensus process of three rounds with 40 international experts in head and neck cancer surgical, radiation, and medical oncology, representing 35 international professional societies and national clinical trial groups.

Endorsed by 39 societies and professional bodies, these consensus practice recommendations aim to decrease inconsistency of practice, reduce uncertainty in care, and provide reassurance for clinicians worldwide for head and neck surgical oncology in the context of the COVID-19 pandemic and in the setting of acute severe resource constraint and high risk of infection to patients and staff.

Full paper: [Recommendations for head and neck surgical oncology practice in a setting of acute severe resource constraint during the COVID-19 pandemic: an international consensus](https://www.thelancet.com/action/showPdf?pii=S1470-2045%2820%2930334-X)

**Title**: Assessment and management of adults with asthma during the covid-19 pandemic

Source: BMJ | 2020; 369:m2092 | published 8th June 2020

* In patients with pre-existing asthma, a thorough history and structured review can help distinguish an asthma exacerbation from covid-19 and guide management
* In those with symptoms of acute asthma, corticosteroids can and should be used if indicated and not withheld on the basis of suspected covid-19 as a trigger
* Assessment can be carried out remotely, ideally via video, but have a low threshold for face-to-face assessment, according to local arrangements

Full detail: [Assessment and management of adults with asthma during the covid-19 pandemic](https://www.bmj.com/content/bmj/369/bmj.m2092.full.pdf)

**Title**: Image-proven thromboembolism in patients with severe COVID-19 in a tertiary critical care unit in the United Kingdom

Source: Thrombosis Research | 29th May 2020

* Venous thrombosis is common in patients with severe COVID-19 pneumonia.
* Many of these thromboses may be immunothromboses due to local inflammation, rather than thromboembolic disease.
* Anticoagulated patients with COVID-19 pneumonia have a risk of major bleeding.

Full paper available at [Thrombosis Research](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7256551/pdf/main.pdf)

**Title**: No clinical benefit from use of hydroxychloroquine in hospitalised patients with COVID-19

Source: Randomised Evaluation of COVID-19 Therapy (RECOVERY) |5th June 2020

Professor Peter Horby and Professor Martin Landray, chief investigators of the RECOVERY Trial, said ‘In March this year, RECOVERY was established as a randomised clinical trial to test a range of potential drugs for COVID-19, including hydroxycholoroquine.

‘The trial has proceeded at unprecedented speed, enrolling over 11,000 patients from 175 NHS hospitals in the UK. Throughout this time, the independent Data Monitoring Committee has reviewed the emerging data about every two weeks to determine if there is evidence that would be strong enough to affect national and global treatment of COVID-19.

 ‘We have concluded that there is no beneficial effect of hydroxychloroquine in patients hospitalised with COVID-19. We have therefore decided to stop enrolling participants to the hydroxychloroquine arm of the RECOVERY Trial with immediate effect. We are now releasing the preliminary results as they have important implications for patient care and public health’.

Full detail: [Statement from the Chief Investigators of the Randomised Evaluation of COVid-19 thERapY (RECOVERY) Trial on hydroxychloroquine](https://www.recoverytrial.net/news/statement-from-the-chief-investigators-of-the-randomised-evaluation-of-covid-19-therapy-recovery-trial-on-hydroxychloroquine-5-june-2020-no-clinical-benefit-from-use-of-hydroxychloroquine-in-hospitalised-patients-with-covid-19) | 5th June 2020

**Title**: Are there risk factors and preventative interventions for acute respiratory distress syndrome (ARDS) in COVID-19?

Source: The Centre for Evidence-Based Medicine | 8th June 2020

Seventeen studies were included in this rapid review, with older age, diabetes, certain blood tests and African American ethnicity amongst the most evidenced risk factors for ARDS. Assessments of risk associated with other comorbidities, symptoms or exposure to medications pre-admission were more inconsistent.

This evidence base should be treated with caution. Most of the studies failed to adjust for key confounders, which is of particular concern to older age, where many comorbidities are known to be more prevalent. This, combined with generally small sample sizes, leaves the results open to significant risk of bias.

In short, we found a lack of robust data regarding risk factors or prevention of COVID-19 ARDS and identified an urgent need for high quality research in this area.

Full detail at [The Centre for Evidence-Based Medicine](https://www.cebm.net/covid-19/are-there-risk-factors-and-preventative-interventions-for-acute-respiratory-distress-syndrome-ards-in-covid-19/)

**Title**: Functional and cognitive outcomes after COVID-19 delirium

Source: Source: MedRxiv preprint | 9th June 2020

Note: *This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

A point-prevalence study in a cohort of COVID-19 inpatients at University College Hospital, London. Findings indicate that delirium is common, yet under-recognised. Delirium is associated with functional impairments in the medium-term.

Full paper: [Functional and cognitive outcomes after COVID-19 delirium](https://www.medrxiv.org/content/10.1101/2020.06.07.20115188v1.full.pdf)

**recovery**

**Title**: Getting the NHS back on track: Planning for the next phase of Covid-19

Source: NHS Confederation | 10th June 2020

This report outlines the key challenges that local organisations will face over the coming months. It also suggests some changes in policy and practice that will be required as the NHS prepares to restart a wide range of services either paused or stopped when the pandemic struck. The key challenges identified are: funding; capacity; rehabilitation; health inequalities; regulation and inspections; system working; and managing public expectations.

Full report: [Getting the NHS back on track: Planning for the next phase of Covid-19](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/REPORT_NHS-Reset_Getting-NHS-back-on-track_FNL.pdf)

**Title**: Addressing the public mental health challenge of COVID-19

Source: The Lancet Psychiatry | 9th June 2020

The COVID-19 pandemic presents a triple global public mental health challenge: (1) to prevent an associated increase in mental disorders and a reduction in mental wellbeing across populations; (2) to protect people with a mental disorder from COVID-19, and the associated consequences, given their increased vulnerability; and (3) to provide appropriate public mental health interventions to health professionals and carers.

This challenge is compounded by the inadequate population coverage of evidence-based public mental health interventions before COVID-19, even in high-income countries. However, a key opportunity exists to mitigate this challenge through early action to increase coverage of public mental health interventions.

Full paper: [Addressing the public mental health challenge of COVID-19](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930240-6)

**Title**: The mental health effects of the first two months of lockdown and social distancing in the UK

Source: Institute for Fiscal Studies Working Paper W20/16 | 10th June 2020

This working paper found that mental health in the UK worsened substantially as a result of the Covid-19 pandemic – by 8.1% on average and by much more for young adults and for women which are groups that already had lower levels of mental health before Covid-19. Hence inequalities in mental health have been increased by the pandemic.

Even larger average effects are observed for measures of mental health that capture the number problems reported or the fraction of the population reporting any frequent or severe problems, which more than doubled for some groups such as young women.

Full document: [The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK](https://www.ifs.org.uk/uploads/The-mental-health-effects-of-the-first-two-months-of-lockdown-and-social-distancing-during-the-Covid-19-pandemic-in-the-UK.pdf)

**Title**: Health and Wellbeing Boards reset tool: to support HWB chairs move into the next stage of COVID-19

Source: Local Government Association | 4th June 2020

The LGA has developed this simple tool to support Health and Wellbeing Board (HWB) chairs/chairmen move into the next stage of COVID-19.

Full detail: [Health and Wellbeing Boards reset tool](https://www.local.gov.uk/sites/default/files/documents/HWB%20reset%20tool%20WEB.pdf)

**Title**: Using socioeconomics to counter health disparities arising from the covid-19 pandemic

Source: BMJ | 2020; 369:m2149 | 8th June 2020

This analysis argues that principles and methods drawn from decades of work showing that lower socioeconomic status is associated with poorer health should guide efforts to monitor and mitigate the impact of the covid-19 pandemic.

Full document: [Using socioeconomics to counter health disparities arising from the covid-19 pandemic](https://www.bmj.com/content/bmj/369/bmj.m2149.full.pdf)

**Title**: Tackling UK’s mortality problem: covid-19 and other causes

Source: BMJ [editorial] | 2020; 369:m2295 | published 11th June 2020

The number of deaths from covid-19 in the UK is among the highest reported internationally, second only to the US. This covid-19 related mortality surge comes on the heels of the historical legacy of stalling improvements in life expectancy in UK. The development of evidence based policies and interventions for tackling both covid-19 and other causes of death is imperative if the UK’s mortality problem is to improve. This requires a clear understanding of what’s driving mortality.

Full editorial: [Tackling UK’s mortality problem: covid-19 and other causes](https://www.bmj.com/content/bmj/369/bmj.m2295.full.pdf)

**Title**: Covid aftercare piles pressure on ‘understaffed’ community services

Source: HSJ | 10th June 2020

The aftercare of covid-19 patients will have significant financial implications for ‘understaffed’ community services, NHS England has been warned.

Further detail: [Covid aftercare piles pressure on ‘understaffed’ community services](https://www.hsj.co.uk/commissioning/covid-aftercare-piles-pressure-on-understaffed-community-services/7027808.article)

**Title:** Social network-based distancing strategies to flatten the COVID-19 curve in a post-lockdown world

Source: Nature Human Behaviour | published 4th June 2020

As the pressure increases throughout a pandemic to ease stringent lockdown measures, to relieve social, psychological and economic burdens, this paper aims to provide insights about three strategies: seeking similarity; strengthening interactions within communities; and repeated interaction with the same people to create bubbles.

Full paper: [Social network-based distancing strategies to flatten the COVID-19 curve in a post-lockdown world](https://www.nature.com/articles/s41562-020-0898-6.pdf)

**Title**: After-care needs of inpatients recovering from COVID-19

Source: NHS England | 5th June 2020

This guidance supports primary care and community health services to meet the immediate and longer-term care needs of patients discharged following an acute episode of COVID-19, by describing the typical expected health care needs of these patients, post-discharge.

Full detail: [After-care needs of inpatients recovering from COVID-19](https://www.england.nhs.uk/coronavirus/publication/after-care-needs-of-inpatients-recovering-from-covid-19/)

**Title**: Meeting the Transitional Care Needs of Older Adults with COVID-19

Source: Journal of Aging & Social Policy | 31st May 2020

Increased understanding of the unique challenges facing older adults hospitalized with COVID-19 who transition to home is required. In the meantime, components of the evidence-based Transitional Care Model provide a framework for undertaking more immediate holistic responses to meeting the needs of this population.

Full paper: [Meeting the Transitional Care Needs of Older Adults with COVID-19](https://www.tandfonline.com/doi/pdf/10.1080/08959420.2020.1773189?needAccess=true)

**Infection control**

**Title**: PPE portal: how to order emergency personal protective equipment

Source: Department of Health and Social Care | 5th June 2020

Healthcare providers can order additional personal protective equipment (PPE) through the portal to top up their existing supplies for COVID-19 in an emergency.

The PPE portal can be used by social care and primary care providers to order and receive critical coronavirus (COVID-19) personal protective equipment (PPE).

Providers who can use the service will receive an email invitation to register.

Further detail: [PPE portal: how to order emergency personal protective equipment](https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment)

**Title**: Better data on outbreaks will help control infection, say experts

Source: BMJ | 2020; 369:m2310 | published 10th June 2020

Registered deaths mentioning covid-19 in England and Wales are continuing to decline, with 1822 deaths in the week ending 29 May, 767 fewer than the previous week, show figures from the Office for National Statistics.However, the covid-19 death rate is declining slowly and has a “long tail.”

At a Science Media Centre briefing on 9 June, Carl Heneghan, director of the Centre for Evidence Based Medicine said that, to support testing and tracking efforts, the Care Quality Commission and Public Health England should learn from Northern Ireland, where data are provided on active outbreaks of covid-19 in care homes and when these are resolved.

Full detail: [Better data on outbreaks will help control infection, say experts](https://www.bmj.com/content/bmj/369/bmj.m2310.full.pdf)

**Title**: Trusts handed new rules to ‘minimise’ contacts between staff

Source: HSJ | 9th June 2020

NHS organisations have been told to ‘minimise’ close contacts between staff – including restricting the number of staff on ward rounds – to lessen covid-19 infections in healthcare settings.

Further detail at [HSJ](https://www.hsj.co.uk/coronavirus/trusts-handed-new-rules-to-minimise-contacts-between-staff/7027811.article)

Related: [Letter to NHS chief executives and GPs](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf)

**workforce wellbeing**

**Title:** Face masks and coverings to be worn by all NHS hospital staff and visitors

Source: Department of Health and Social Care | 5th June 2020

All staff in hospitals in England will be provided with surgical masks which they will be expected to wear from 15 June. All visitors and outpatients must wear face coverings at all times.

Evidence from the Scientific Advisory Group for Emergencies (SAGE) previously confirmed face coverings can help reduce the risk of transmission if you are suffering from coronavirus, but not showing symptoms.

NHS staff already wear face masks in clinical areas within 2 metres of a patient, but this new guidance applies to everyone working in all areas of the hospital.

Full detail: [Face masks and coverings to be worn by all NHS hospital staff and visitors](https://www.gov.uk/government/news/face-masks-and-coverings-to-be-worn-by-all-nhs-hospital-staff-and-visitors)

See also[: ‘Much higher’ risk of staff-to-staff covid infection behind decision to insist on masks in non-clinical areas](https://www.hsj.co.uk/coronavirus/much-higher-risk-of-staff-to-staff-covid-infection-behind-decision-to-insist-on-masks-in-non-clinical-areas/7027787.article) | HSJ | 5th June 2020

**Title:** USE OF PERSONAL PROTECTIVE EQUIPMENT AGAINST CORONAVIRUS DISEASE 2019 BY HEALTHCARE PROFESSIONALS IN WUHAN, CHINA

Source: BMJ | 2020; 369: m2195 | published 10th June

This study looked to examine the protective effects of appropriate personal protective equipment for frontline healthcare professionals who provided care for patients with coronavirus disease 2019 (covid-19).

Before a safe and effective vaccine becomes available, healthcare professionals remain susceptible to covid-19. Despite being at high risk of exposure, study participants were appropriately protected and did not contract infection or develop protective immunity against SARS-CoV-2. Healthcare systems must give priority to the procurement and distribution of personal protective equipment, and provide adequate training to healthcare professionals in its use.

Full research paper: [Use of personal protective equipment against coronavirus disease 2019 by healthcare professionals in Wuhan, China: cross sectional study](https://www.bmj.com/content/bmj/369/bmj.m2195.full.pdf)

**Title:** Giving psychological first aid to NHS colleagues

Source: HSJ | 10th June 2020

Dr Tracey Ryan-Morgan, Lynda Mizen and Sharron Price explain the urgency of planning immediate responses and services deployed for staff wellbeing through the covid crisis.

Service provision included:

a. Active listening;

b. Normalising emotional responses;

c. Encouraging staff to develop their own self-care;

d. Empowering colleagues to problem-solve to manage the uncertainty; and,

e. Signposting to other support

Full detail: [Giving psychological first aid to NHS colleagues](https://www.hsj.co.uk/workforce/giving-psychological-first-aid-to-nhs-colleagues/7027804.article)

**Health management**

**TITLE:** COVID-19 WORKFORCE SURVEY

Source: Skills for Health | 3rd June 2020

The aim of this survey is to help understand the critical skills required to rebuild a sustainable, productive, and flexible health and care workforce for the future. The findings will be compiled into a report to support employers focus on the short and medium-term priorities for recovering and restoring health and care service provision but also to help form a grasp on the longer-term development required to establish future ambitions for the system. The survey is open until 30 June 2020.

This survey will stay open until June 30th.

Further detail: [Covid-19 Workforce Survey - help us understand our sector needs to rebuild for the future](https://www.skillsforhealth.org.uk/news/latest-news/item/1077-covid-19-workforce-survey-help-us-understand-our-sector-needs-to-rebuild-for-the-future)

Survey: [UK COVID-19 resilience survey](https://www.surveymonkey.co.uk/r/COVIDressurvey)

**Title:** HSJ podcast: What the next six months hold for the NHS

HSJ | 11th June 2020

In this week’s podcast, HSJeditor Alastair McLellan discusses the next phase for the NHS in the wake as services and government respond to the ongoing threat of coronavirus.

Full detail: [What the next six months hold for the NHS](https://www.hsj.co.uk/hsj-health-check-podcast/hsj-podcast-what-the-next-six-months-hold-for-the-nhs/7027829.article)

**TITLE:** THE WARD ROUND: BACK TO NORMAL IS NOT GOOD ENOUGH

Source: HSJ | 11th June 2020

Staffing is the issue keeping NHS leaders awake at night — and which consumes two-thirds of trusts’ spending. The fortnightly The Ward Round newsletter, by HSJ workforce correspondent Annabelle Collins, will make sure you are tuned in to the daily pressures on staff, and the wider trends and policies shaping the workforce.

Full detail: [Back to normal is not good enough](https://www.hsj.co.uk/workforce/the-ward-round-back-to-normal-is-not-good-enough/7027821.article)

**TITLE:** WE DON’T NEED TO ‘FLY BLIND’ AS THE NHS RE-OPENS SERVICES

Source: HSJ | 9th June 2020

This article explains that the holistic view provided by population health management systems will be crucial to local NHS and care services if they are to transform effectively to meet the new demands over the coming years.

Full article: [We don’t need to ‘fly blind’ as the NHS re-opens services](https://www.hsj.co.uk/quality-and-performance/we-dont-need-to-fly-blind-as-the-nhs-re-opens-services/7027779.article)

**other**

**TITLE:** BAME WOMEN AND COVID-19 – RESEARCH EVIDENCE

Source: Fawcett Society | 8th June 2020

This analysis from the Fawcett Society — together with the Women's Budget Group, Queen Mary University London and the London School of Economics — reveals the pressure on BAME women during the coronavirus lockdown. Forty-three per cent of disabled or retired BAME women and 48 per cent BAME men say that they had lost government support compared with 13 per cent white women and 21 per cent white men. Over half (51 per cent) of BAME women say they were not sure where to turn for help compared with one in five (19 per cent) white women. This is despite the fact that BAME people have been found to be more at risk during the pandemic.

Full report: [BAME women and Covid-19 – Research evidence](https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=cae4917f-1df3-4ab8-94e7-550c23bdc9cf)

**Title**: COVID-19 RAPID SUMMARY: MODELLING THE PANDEMIC

Source: House of Lords Select Committee on Science and Technology | 8th June 2020

The Committee is releasing short summaries of its regular meetings on Covid-19, recording evidence heard from scientists with internationally recognised expertise about what is known and unknown about the developing science. This second summary covers the committee’s meeting of Tuesday 2 June, where they spoke to experts about the epidemiological models that have contributed to the pandemic response in the UK, and about approaches for future stages of the pandemic.

Full report: [COVID-19 Rapid Summary: Modelling the Pandemic](https://www.parliament.uk/documents/lords-committees/science-technology/science-of-COVID-19/COVID-19-summary-note-of-mtg-2-June-2020-FINAL.pdf)

**Title:** Covid-19 communication aids

Source: BMJ | 2020; 369:m2255 | published 11th June 2020

Illness related to the novel coronavirus has driven a global crisis, and many clinicians are facing unexpected and challenging conversations. This guide is a graphic medicine adaptation of text that was created to provide a practical introduction on how to talk about difficult topics related to covid-19.

This guide is not meant to be comprehensive, but it is a starting place for improving conversations with those facing this illness.

Full detail: [Covid-19 communication aids](https://www.bmj.com/content/369/bmj.m2255)

**Title:** ETHNICITY AND COVID-19

Source: BMJ [editorial] | 2020; 369:m2282 | published 11th June 2020

As deaths from covid-19 rose in the UK, it became clear that people with different backgrounds, but united by the label black, Asian, and minority ethnic (BAME), were being affected in numbers far beyond their share of the population. Public Health England (PHE) has undertaken a review documenting the scale of the problem.

This editorial suggests the inequity described but not explained in PHE’s report must not be allowed to persist. The government must act to protect minority ethnic groups before we are hit by this pandemic’s imminent second wave.

Full editorial: [Ethnicity and covid-19](https://www.bmj.com/content/bmj/369/bmj.m2282.full.pdf) Related: [COVID-19: review of disparities in risks and outcomes](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891116/disparities_review.pdf) | PHE

**Title:** OBESITY AND COVID-19: THE ROLE OF THE FOOD INDUSTRY

Source: BMJ [editorial] | 2020; 369:m2237 | published 11th June 2020

Increasing evidence indicates that obesity is an independent risk factor for severe illness and death from covid-19. This editorial argues that the viral pandemic makes tackling the obesity pandemic even more urgent.

Full editorial: [Obesity and covid-19: the role of the food industry](https://www.bmj.com/content/bmj/369/bmj.m2237.full.pdf)

**Title:** URGENT CANCER TREATMENT DOWN 60 PER CENT IN APRIL

Source: HSJ | 11th June 2020

The number of patients receiving urgent cancer treatment fell by 60 per cent in April, as hospitals struggled to provide services while grappling with covid-19.

Full detail at [HSJ](https://www.hsj.co.uk/quality-and-performance/urgent-cancer-treatment-down-60-per-cent-in-april/7027823.article)

**Title:** AMBULANCE CREWS TAKING FEWER PATIENTS TO HOSPITAL

Source: HSJ | 12th June 2020

Ambulance staff are treating tens of thousands more people without taking them to hospital during the covid pandemic.

Full detail at [HSJ](https://www.hsj.co.uk/coronavirus/ambulance-crews-taking-fewer-patients-to-hospital/7027832.article)

**Title:** SERIOUS COVID-LINKED CONDITION IN CHILDREN ‘NOW IN DECLINE’

Source: HSJ | 11th June 2020

A serious coronavirus-linked illness which put up to 100 children in intensive care now appears to be in decline as the number of covid-19 cases also falls.

Full detail at [HSJ](https://www.hsj.co.uk/coronavirus/serious-covid-linked-condition-in-children-now-in-decline/7027816.article)

**Title:** Psychological Outcomes Associated with Stay-at-Home Orders and the Perceived Impact of COVID-19 on Daily Life

Source: Psychiatry Research | Volume 289, July 2020

The COVID-19 pandemic has resulted in the widespread implementation of extraordinary physical distancing interventions (e.g., stay-at-home orders) to slow the spread of the virus. Although vital, these interventions may be socially and economically disruptive, contributing to adverse psychological outcomes.

This study examined relations of both stay-at-home orders and the perceived impact of COVID-19 on daily life to psychological outcomes (depression, health anxiety, financial worry, social support, and loneliness) in a nationwide U.S. community adult sample.

Participants completed questionnaires assessing psychological outcomes, stay-at-home order status, and COVID-19’s impact on their daily life.

Being under a stay-at-home order was associated with greater health anxiety, financial worry, and loneliness. Moreover, the perceived impact of COVID-19 on daily life was positively associated with health anxiety, financial worry, and social support, but negatively associated with loneliness.

Findings highlight the importance of social connection to mitigate negative psychological consequences of the COVID-19 pandemic.

Full article: [Psychological Outcomes Associated with Stay-at-Home Orders and the Perceived Impact of COVID-19 on Daily Life](https://reader.elsevier.com/reader/sd/pii/S0165178120310854?token=DE69D4339763128992A292B1A6B476961CF882ECA4CBD2EFE4D7651D8742A337C6E6843352F89FBEEE48E069A759355D)

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