COVID-19 weekly update

13th November 2020

**clinical management**

**Title**: The performance of the National Early Warning Score and National Early Warning Score 2 in hospitalised patients infected by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Resuscitation | 7th November 2020

Since the introduction of the UK’s National Early Warning Score (NEWS) and its modification, NEWS2, Coronavirus disease 2019 (COVID-19), has caused a worldwide pandemic. NEWS and NEWS2 have good predictive abilities in patients with other infections and sepsis, however there is little evidence of their performance in COVID-19.

Using receiver-operating characteristics analyses, we used the area under the receiver operating characteristic (AUROC) curve to evaluate the performance of NEWS or NEWS2 to discriminate the combined outcome of either death or intensive care unit (ICU) admission within 24 h of a vital sign set in five cohorts (COVID-19 POSITIVE, n = 405; COVID-19 NOT DETECTED, n = 1716; COVID-19 NOT TESTED, n = 2686; CONTROL 2018, n = 6273; CONTROL 2019, n = 6523).

The finding that NEWS or NEWS2 performance was good and similar in all five cohorts (range = 0.842−0.894) suggests that amendments to NEWS or NEWS2, such as the addition of new covariates or the need to change the weighting of existing parameters, are unnecessary when evaluating patients with COVID-19. Our results support the national and international recommendations for the use of NEWS or NEWS2 for the assessment of acute-illness severity in patients with COVID-19.

Full article: [The performance of the National Early Warning Score and National Early Warning Score 2 in hospitalised patients infected by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)](https://www.resuscitationjournal.com/action/showPdf?pii=S0300-9572%2820%2930548-7)

**Title**: Guidance on Workload Prioritisation during COVID-19 Pandemic level Rising

Royal College of General Practitoners | BMA | 5th November 2020

The College has published new guidance on workload prioritisation, reflecting the increasing prevalence of COVID-19 around the country, to support GPs and their teams in making local decisions based on local circumstances.

Full guidance: [Guidance on workload prioritisation during COVID-19 Pandemic level rising](https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/RCGP_BMA-COVID_workload_prioritisation_5112020.ashx)

**Title**: Elective care in England. Assessing the impact of COVID-19 and where next

The Health Foundation | 11th November 2020

Early in the coronavirus (COVID-19) pandemic, there was a major risk of intensive care capacity being overwhelmed by a surge in the number of patients seriously unwell with the virus. To help free up hospital capacity, the NHS in England postponed non-urgent routine hospital treatment. While the full impact on access to elective care is still emerging, this article uses routine data on 18-week waiting times for consultant-led elective care to look at what we know so far.

The analysis shows there were 4.7 million fewer people referred for routine hospital care – such as hip, knee and cataract surgery – between January and August 2020 compared to the same period in 2019, representing a potential hidden backlog of unmet care needs.

Full detail: [Elective care in England. Assessing the impact of COVID-19 and where next](https://www.health.org.uk/publications/long-reads/elective-care-in-england-assessing-the-impact-of-covid-19-and-where-next)

See also: [‘Hidden backlog’ looms as NHS referrals for routine hospital care drop by a third](https://www.health.org.uk/news-and-comment/news/hidden-backlog-looms-as-nhs-referrals-for-routine-hospital-care-drop)

**Title**: National guidance for the management of children with bronchiolitis and lower respiratory tract infections during COVID-19

Royal College of Paediatrics and Child Health | updated 9th November 2020

These recommendations on the management of children with bronchiolitis and lower respiratory tract infections in hospital settings during COVID-19 are for clinicians to support winter planning in partnership with local infection control prevention teams.  
  
Full detail: [National guidance for the management of children with bronchiolitis and lower respiratory tract infections during COVID-19](https://www.rcpch.ac.uk/resources/national-guidance-management-children-bronchiolitis-during-covid-19)

**Title**: NICE to become single point of access for Covid-19 guidance and advice

National Institute for Health & Care Excellence | 6th November 2020

NICE has announced that it is to host a new, single point of advice on caring for people with Covid-19 and the management of Covid-19 in a variety of clinical settings. The initiative will see NICE bringing together NHS England and NHS Improvement’s specialty guides on Covid-19 with its own Covid-19 rapid guidelines. Together they will create a single point of access to national advice on the clinical management of Covid-19 to support frontline health and care staff across the country.

Full detail: [NICE to become single point of access for Covid-19 guidance and advice](https://www.nice.org.uk/news/article/nice-to-become-single-point-of-access-for-covid-19-guidance-and-advice)

**Title**: New guidance on ward rounds and patient assessment during COVID-19

Royal College of Physicians | Royal College of Nursing |The Chartered Society of Physiotherapy | Royal Pharmaceutical Society | NHS England & Improvement Emergency Care Improvement Support Team | 11th November 2020

Five health organisations have released new joint guidance to support teams caring for people with COVID-19.  The guidance helps ward based teams to conduct multidisciplinary assessments while maintaining a safe and secure environment that protects both patients and healthcare staff from the risks of cross-contamination. The guidance is based on principles developed for a major document on modern ward rounds to be launched soon.

*Multidisciplinary patient review in COVID-19 cohort wards*provides advice on how to conduct ward rounds, board rounds, bedside and case reviews, and share information with patients, relatives, carers and other people identified as important to them.  Based on current safety guidelines and best practice evidence, this short and practical guide covers appropriate distancing, the use of PPE in different situations, and the best way to record information.

Full document: [Multidisciplinary patient review in COVID-19 cohort wards](https://www.rcplondon.ac.uk/file/26276/download)

**Title:** Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis

EClinicalMedicine | 12th November 2020

Patients from ethnic minority groups are disproportionately affected by Coronavirus disease (COVID-19). This systematic review and meta-analysis explores the relationship between ethnicity and clinical outcomes in COVID-19.

The study found that individuals of Black and Asian ethnicity are at increased risk of COVID-19 infection compared to White individuals; Asians may be at higher risk of ITU admission and death. These findings are of critical public health importance in informing interventions to reduce morbidity and mortality amongst ethnic minority groups.

Full article: [Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2820%2930374-6)

**Title**: Characteristics and outcomes of neonatal SARS-CoV-2 infection in the UK: a prospective national cohort study using active surveillance

The Lancet Child & Adolescent Health | 9th November 2020

Babies differ from older children with regard to their exposure to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). However, data describing the effect of SARS-CoV-2 in this group are scarce, and guidance is variable. This study aimed to describe the incidence, characteristics, transmission, and outcomes of SARS-CoV-2 infection in neonates who received inpatient hospital care in the UK.

The study found that neonatal SARS-CoV-2 infection is uncommon in babies admitted to hospital. Infection with neonatal admission following birth to a mother with perinatal SARS-CoV-2 infection was unlikely, and possible vertical transmission rare, supporting international guidance to avoid separation of mother and baby. The high proportion of babies from Black, Asian, or minority ethnic groups requires investigation.

Full article: [Characteristics and outcomes of neonatal SARS-CoV-2 infection in the UK: a prospective national cohort study using active surveillance](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930342-4)

**Title**: Fluvoxamine vs Placebo and Clinical Deterioration in Outpatients With Symptomatic COVID-19. A Randomized Clinical Trial

JAMA | published online November 12th 2020

**Question:**  Does fluvoxamine, a selective serotonin reuptake inhibitor and σ-1 receptor agonist, prevent clinical deterioration in outpatients with acute coronavirus disease 2019 (COVID-19)?

**Findings:**  In this randomized trial that included 152 adult outpatients with confirmed COVID-19 and symptom onset within 7 days, clinical deterioration occurred in 0 patients treated with fluvoxamine vs 6 (8.3%) patients treated with placebo over 15 days, a difference that was statistically significant.

**Meaning:**  In this preliminary study, adult outpatients with symptomatic COVID-19 treated with fluvoxamine, compared with placebo, had a lower likelihood of clinical deterioration over 15 days; however, determination of clinical efficacy would require larger randomized trials with more definitive outcome measures.

Full article[: Fluvoxamine vs placebo and clinical deterioration in outpatients with symptomatic COVID-19. A Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2773108)

See also Editor’s note: [COVID-19 Infection - Preventing clinical deterioration](https://jamanetwork.com/journals/jama/fullarticle/2773107)

**Title**: Therapy for Early COVID-19. A Critical Need

JAMA | 11th November 2020

Recent attention has been focused on the potential of early treatment for individuals with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection at high risk for serious outcomes. Yet, there is a noteworthy absence of treatments proven to be efficacious for patients with early or mild infection.

Immediate benefits of such treatments include improvement of patient outcomes and prevention of hospitalizations. Longer-term benefits may include prevention of the chronic sequelae of infection as well as prevention of transmission by shortening the period of infectiousness. This article states that interventions that can be administered early during the course of infection to prevent disease progression and longer-term complications are urgently needed, and claims outpatient treatments for COVID-19, coupled with an effective vaccine, would have significant implications for the ability to end this pandemic.

Full detail: [Therapy for early Covid-19. A critical need](https://jamanetwork.com/journals/jama/fullarticle/2773058)

**Title**: Effect of Hydroxychloroquine on Clinical Status at 14 Days in Hospitalized Patients With COVID-19. A Randomized Clinical Trial

JAMA | 9th November 2020

**Question:** Does treatment with hydroxychloroquine improve clinical outcomes of adults hospitalized with coronavirus disease 2019 (COVID-19)?

**Findings:** In this randomized clinical trial that included 479 hospitalized adults with respiratory symptoms from COVID-19, the distribution of the day 14 clinical status score (measured using a 7-category ordinal scale) was not significantly different for patients randomized to receive hydroxychloroquine compared with placebo (adjusted odds ratio, 1.02).

**Meaning**: Among adults hospitalized with respiratory illness from COVID-19, treatment with hydroxychloroquine, compared with placebo, did not significantly improve clinical status at day 14. These findings do not support the use of hydroxychloroquine for treatment of COVID-19 among hospitalized adults.

Full article: [Effect of Hydroxychloroquine on clinical status at 14 days in hospitalized patients with COVID-19. A Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2772922)

Related editorial: [Misguided use of Hydroxychloroquine for COVID-19. The infusion of politics Into science](https://jamanetwork.com/journals/jama/fullarticle/2772921)

See also: [Why are we still talking about Hydroxychloroquine as a treatment for Covid-19?](https://edhub.ama-assn.org/jn-learning/audio-player/18533072)

**TITLE:** NEUROCOVID-19: A CLINICAL NEUROSCIENCE-BASED APPROACH TO REDUCE SARS-COV-2 RELATED MENTAL HEALTH SEQUELAE

Journal of Psychiatric Research | Volume 130, November 2020, p215-217

Coronavirus Disease 2019 (COVID-19), caused by SARS-CoV-2, is a disaster due to not only its psychosocial impact but it also to its direct effects on the brain. The latest evidence suggests it has neuroinvasive mechanisms, in addition to neurological manifestations, and as seen in past pandemics, long-term sequelae are expected.

Specific and well-structured interventions are necessary, and that's why it's important to ensure a continuity between primary care, emergency medicine, and psychiatry. Evidence shows that 2003 SARS (Severe Acute Respiratory Syndrome) survivors developed persistent psychiatric comorbidities after the infection, in addition to Chronic Fatigue Syndrome.

A proper stratification of patients according not only to psychosocial factors but also an inflammatory panel and SARS-Cov-2's direct effects on the central nervous system (CNS) and the immune system, may improve outcomes.

The complexity of COVID-19's pathology and the impact on the brain requires appropriate screening that has to go beyond the psychosocial impact, taking into account how stress and neuroinflammation affects the brain. This is a call for a clinical multidisciplinary approach to treat and prevent Sars-Cov-2 mental health sequelae.

Full detail: [Neurocovid-19: A clinical neuroscience-based approach to reduce SARS-CoV-2 related mental health sequelae](https://reader.elsevier.com/reader/sd/pii/S0022395620309195?token=7BA402EF5242F0FFEE7A0EE9D04BF86B108C22D4DA9B82EE5C0E24EBDA5FDD6948C4C9CC03459097C2415F1492016C4C)

**Title**: Safety and efficacy of inhaled nebulised interferon beta-1a (SNG001) for treatment of SARS-CoV-2 infection

The Lancet Respiratory Medicine | 12th November 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection carries a substantial risk of severe and prolonged illness; treatment options are currently limited. This study assessed the efficacy and safety of inhaled nebulised interferon beta-1a (SNG001) for the treatment of patients admitted to hospital with COVID-19.

The authors conducted a randomised, double-blind, placebo-controlled, phase 2 pilot trial at nine UK sites. Adults aged 18 years or older and admitted to hospital with COVID-19 symptoms, with a positive RT-PCR or point-of-care test, or both, were randomly assigned (1:1) to receive SNG001 (6 MIU) or placebo by inhalation via a mouthpiece daily for 14 days. The primary outcome was the change in clinical condition on the WHO Ordinal Scale for Clinical Improvement (OSCI) during the dosing period in the intention-to-treat population (all randomised patients who received at least one dose of the study drug). Safety was assessed by monitoring adverse events for 28 days.

Patients who received SNG001 had greater odds of improvement and recovered more rapidly from SARS-CoV-2 infection than patients who received placebo, providing a strong rationale for further trials.

Full paper: [Safety and efficacy of inhaled nebulised interferon beta-1a (SNG001) for treatment of SARS-CoV-2 infection: a randomised, double-blind, placebo-controlled, phase 2 trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930511-7)

**recovery**

**Title**: Survivors of COVID-19 appear to be at increased risk of anxiety, insomnia or depression

The Lancet Psychiatry | 9th November 2020

Adverse mental health consequences of COVID-19, including anxiety and depression, have been widely predicted but not yet accurately measured. There are a range of physical health risk factors for COVID-19, but it is not known if there are also psychiatric risk factors.

In this electronic health record network cohort study using data from 69 million individuals, 62 354 of whom had a diagnosis of COVID-19, the authors assessed whether a diagnosis of COVID-19 (compared with other health events) was associated with increased rates of subsequent psychiatric diagnoses, and whether patients with a history of psychiatric illness are at a higher risk of being diagnosed with COVID-19.

The study found that survivors of COVID-19 appear to be at increased risk of psychiatric sequelae, and a psychiatric diagnosis might be an independent risk factor for COVID-19.

Full article: [Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930462-4)

See also:

The Guardian: [Nearly one in five Covid patients later diagnosed with mental illness – study](https://www.theguardian.com/world/2020/nov/10/nearly-one-in-five-covid-patients-later-diagnosed-with-mental-illness-study)   
  
BMJ: [Nearly 20% of patients receive psychiatric diagnosis within three months of Covid, study finds](https://www.bmj.com/content/371/bmj.m4386)

**Title:** COVID-19 and the northern powerhouse: Tackling inequalities for UK health and productivity

Northern Health Science Alliance | 10th November 2020

According to this report, the North of England’s economy has been hit harder than the rest of the country during the Covid-19 pandemic. It estimates the economic cost of the increased mortality in the North during the pandemic at £6.86bn and the reductions in mental health in the region due to the pandemic at around £5bn a year.

The report led by scientists from Newcastle University, the University of Manchester, University of York and University of Liverpool found:

* An extra 57.7 more people per 100,000 died in the Northern Powerhouse than the rest of England between March and July and this could cost the UK economy an additional £6.86bn in reduced productivity
* Mental and ﬁnancial wellbeing was hardest hit in the Northern Powerhouse, as was loneliness
* Reductions in mental wellbeing in the Northern Powerhouse could cost the UK economy up to £5 billion in reduced productivity
* Austerity disproportionately affected the Northern Powerhouse, particularly areas of high deprivation which led to reduced productivity
* Reductions in the core spending power of local authorities in the Northern Powerhouse by £1 per-head cost £3.17 per-head in lost productivity, equivalent to around a £2bn loss in GDP per-year, or £16bn between 2011 and 2018
* Pre-pandemic child health, a key predictor of life-long health and economic productivity, was poor and deteriorating in the Northern Powerhouse. Since the pandemic, adverse trends in poverty, education, employment and mental health for children and young people have been exacerbated
* Economic outcomes, particularly unemployment rates, were hardest hit in the Northern Powerhouse.

The report authors make a series of recommendations to stop further deteriorations in the level of inequalities.

Full report: [COVID-19 and the Northern Powerhouse: Tackling inequalities for UK health and productivity](https://www.thenhsa.co.uk/app/uploads/2020/11/NP-COVID-REPORT-101120-.pdf)

See also: [COVID-19 report reveals massive hit to the North’s health and economy](https://www.thenhsa.co.uk/2020/11/covid-19-report-reveals-massive-hit-to-the-norths-health-and-economy/)

**Title:** UK out of recession but growth slows in September

BBC News | Office for National Statistics | 12th November 2020

The UK's economy rebounded from recession in July to September, but growth showed signs of slowing down at the end of the three months. Growth of 15.5% in July to September was the biggest on record, said the Office for National Statistics.

However, growth was weaker in September than in the preceding months, while the country's economy is still 8.2% smaller than before the virus struck.

The economy had shrunk in the first three months of the year and then contracted by a record 19.8% in the April-to-June period.

Despite the rebound in July to September, analysts warned that the economy was likely to shrink again in the final three months of the year because of the impact of renewed lockdowns in different parts of the country.

Full news story: [UK out of recession but growth slows in September](https://www.bbc.co.uk/news/business-54914410)

Office for National Statistics: [GDP monthly estimate, UK: September 2020](https://www.ons.gov.uk/economy/grossdomesticproductgdp/bulletins/gdpmonthlyestimateuk/september2020)

**TITLE:** THE SAME PANDEMIC, UNEQUAL IMPACTS. HOW PEOPLE ARE EXPERIENCING THE PANDEMIC DIFFERENTLY

The Health Foundation | 5th November 2020

It’s been clear from the early stages of the pandemic that some groups are more affected than others. The consequences have been vast and felt across society, with implications for everything from mental health during lockdown, to getting back to work.

This infographic explores how the coronavirus (COVID-19) pandemic is affecting some groups in the UK more than others.

[The same pandemic, unequal impacts. How people are experiencing the pandemic differently](https://www.health.org.uk/news-and-comment/charts-and-infographics/same-pandemic-unequal-impacts)

**Infection control**

**Title**: Pfizer announces Covid-19 vaccine efficacy of 90%

Pfizer | 9th November 2020

Pfizer, the mutlinational pharmaceutical corporation, in collaboration with BioNTech has announced the findings of a phase 3 trial of its late-stage study of our potential COVID-19 vaccinne. In a press release Pfizer report positive efficacy results in vaccinated individuals and those who received the placebo indicates a vaccine efficacy rate above 90%, at 7 days after the second dose. This means that protection is achieved 28 days after the initiation of the vaccination, which consists of a 2-dose schedule.

Pfizer press release: [Update: Albert Bourla discusses covid-19 vaccine efficacy result](https://www.pfizer.com/news/hot-topics/albert_bourla_discusses_covid_19_vaccine_efficacy_results)

BBC News:  [Covid vaccine: First ‘milestone’ vaccine offers 90% protection may have a vaccine](https://www.bbc.co.uk/news/health-54873105" \t "_blank)

The Guardian:  [Covid-19 vaccine candidate is 90% effective, says manufacturer](https://www.theguardian.com/world/2020/nov/09/covid-19-vaccine-candidate-effective-pfizer-biontech)

FT:  [Pfizer and BioNTech’s Covid-19 vaccine found to be 90% effective](https://www.ft.com/content/9bde4bff-acf0-4c2a-a0d0-5ed597186496)

BMJ: [Vaccine candidate may be more than 90% effective, interim results indicate](https://www.bmj.com/content/371/bmj.m4347)

**Title**: More rapid COVID-19 tests to be rolled out across England

Department of Health & Social Care | 8th November 2020

A new press release from the Department of Health and Social Care announces that public health teams will receive 10,000 lateral flow devices as part of a new pilot scheme to test priority groups.

* Next stage of partnership between NHS Test and Trace and local directors of public health will enable increased testing of priority and high-risk groups in local communities on a weekly basis
* Increase in asymptomatic testing will help pick up more cases, stop the spread of the virus and support communities and critical industries

Directors of public health will determine how to prioritise the allocation of these new tests, based on the specific needs of their communities, and will determine how people in the local area are tested.

600,000 lateral tests kits will be sent this week to 50 directors of public health services across England.

Full detail: [More rapid COVID-19 tests to be rolled out across England](https://www.gov.uk/government/news/more-rapid-covid-19-tests-to-be-rolled-out-across-england)

**Title**: Oxford University and PHE confirm high-sensitivity of lateral flow tests

Department of Health and Social Care | 11th November 2020

Extensive clinical evaluation from Public Health England (PHE) and the University of Oxford show lateral flow tests are accurate and sensitive enough to be used in the community, including for asymptomatic people.

As part of the government’s strategy for testing the effectiveness of this new technology, these new tests are being piloted across England. This includes a 2-week whole-city pilot in Liverpool, which was launched last week. Lateral flow tests deployed in Liverpool are shown to have over 99.6% specificity.

Full detail: [Oxford University and PHE confirm high-sensitivity of lateral flow tests](https://www.gov.uk/government/news/oxford-university-and-phe-confirm-high-sensitivity-of-lateral-flow-tests)

Full evaluation: [Oxford University and PHE confirm high-sensitivity of Lateral Flow Tests following extensive clinical evaluation](https://www.ox.ac.uk/news/2020-11-11-oxford-university-and-phe-confirm-high-sensitivity-lateral-flow-tests-following)

**Title**: REACT-1: real-time assessment of community transmission of coronavirus (COVID-19) in October 2020

Department of Health and Social Care | 12th November 2020

The full results from the sixth report of one of the country’s largest studies into COVID-19 infections in England have been published by Imperial College London and Ipsos MORI.

Over 160,000 volunteers were tested in England between 16 October and 2 November to examine the levels of infection in the general population. The findings show infections rose sharply across the country with over 1 in 80 people infected, double that reported by REACT in early October.

The main findings from the sixth REACT study show that between 16 October and 2 November:

* prevalence of infection was 1.3%, meaning 130 people per 10,000 were infected, up from 60 people per 10,000 in the previous report
* regional prevalence of infection was highest in the North West (2.4%, up from 1.2%), Yorkshire and The Humber (2.3% up from 0.84%) and lowest in South East (0.69% up from 0.29%) and East of England (0.69% up from 0.30%)
* since the last REACT report in early October, the virus has been doubling every 24 days
* prevalence increased across all age groups
* the epidemic has progressed from specific at-risk groups to a more generalised pattern of transmission

These results provide a baseline for reporting and monitoring the spread of COVID-19 during national lockdown.

Full detail: [REACT-1: real-time assessment of community transmission of coronavirus (COVID-19) in October 2020](https://www.gov.uk/government/publications/react-1-study-of-coronavirus-transmission-october-2020-final-results/react-1-real-time-assessment-of-community-transmission-of-coronavirus-covid-19-in-october-2020)

**Title**: GPs to get £12.58 per dose to deliver vaccine from December

BMJ | 2020;371: m4354 | 10th November 2020

The NHS has published an agreement to enable general practices to start delivering a covid-19 vaccine from as early as next month.

A new directed enhanced service (DES), published 10 November, says practices will be expected to coordinate and deliver covid-19 vaccinations collaboratively and at scale in primary care networks.

The draft deal, agreed between NHS England and the BMA’s GP committee, says practices will initially need collectively to nominate a single site per network to deliver vaccinations, with additional sites possible as supply increases. Designated sites will be expected to deliver vaccines seven days a week between 8 am and 8 pm if supply allows.

Full detail: [GPs to get £12.58 per dose to deliver vaccine from December](https://www.bmj.com/content/371/bmj.m4354)

See also: [Urgent preparing for general practice to contribute to a potential COVID-19 vaccination programme](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0856_COVID-19-vaccineletter_9-Novrevb.pdf) | [NHS England](https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-general-practice/)

**Title:** NHS England should manage test and trace system, says Independent SAGE

BMJ | 2020;371: m4330 | 9th November 2020

The Independent Scientific Advisory Group for Emergencies (Independent SAGE) has renewed its call for urgent reform of the government’s covid-19 test and trace system, urging that it be replaced by a system overseen by the NHS to avoid future lockdowns.

Independent SAGE showed that 1 217 214 contacts have been reached by England’s NHS Test and Trace service since May at an approximate cost of £10 000 per head so far, based on the government’s commitment to spend £12bn on a tracking system. Contact tracing in the national service is provided by the private companies Serco and Sitel.

Latest figures show that the number of contacts traced has remained stagnant at around 60%.

Full detail: [NHS England should manage test and trace system, says Independent SAGE](https://www.bmj.com/content/371/bmj.m4330)

**workforce wellbeing**

**TITLE:** COVID-19 INSIGHTS: IMPACT ON STAFF AND PRIORITIES FOR RECOVERY

Skills for Health | 4th November 2020

This report reveals the extensive mental and physical health impact on our NHS, health and care professionals across the UK, as a result of working and living through COVID-19, and identifies organisational priorities for recovery, both as the country enters the next phase of the pandemic and for the longer-term.

Highlighting a wide range of COVID-instigated factors affecting those working throughout the pandemic, the findings start to offer some early quantification of their relative impact on the workforce, including the influence on health, teamwork, communication, and leadership performance.

The report finds that generally the impact on staff’s health was directly linked to the type of work environment. For those working in settings with direct public contact, the damaging effect on mental health stemmed not only from an increased risk of catching the virus and the subsequent impact on colleagues, patients or residents falling seriously ill, or even dying, but also from the added workload and new ways of working. In the worst cases this led to staff requiring sick leave, or even resigning. Respondents also highlighted that remote working made people feel more isolated, and many commented on the unsuitability of their home offices, causing musculoskeletal issues.

Full report: [COVID-19 Insights: Impact on staff and priorities for recovery](https://www.skillsforhealth.org.uk/images/pdf/Covid-19-Workforce-Insights-Impact-on-staff-and-organisational-priorities.pdf)

See also: [National research highlights ongoing support needs for NHS staff and leaders as COVID-19 continues](https://www.skillsforhealth.org.uk/news/latest-news/item/1183-national-research-highlights-ongoing-support-needs-for-nhs-staff-and-leaders-as-covid-19-continues)

**Title**: Nursing and midwifery workforce numbers continue to grow as concern around the long term impact of Covid-19 remains

Latest mid-year figures out today (Thursday 12 November) from the Nursing and Midwifery Council reveal the number of nurses, midwives and nursing associates on its permanent register has grown by 7,909 to 724,516 between 1 April and 30 September - an increase of 1.1 percent.

Analysis shows total numbers of nurseson the permanent register have increased by 5,949 (0.9 percent) while the number of midwives has risen by 937 (2.5 percent). At the end of September this year there were also 2,707 nursing associates registered to work in England - a jump of 1,014 (59.9 percent) since March 2020.

Full detail: [Nursing and midwifery workforce numbers continue to grow as concern around the long term impact of Covid-19 remains](https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-september-2020/)

See also: Nuffield Trust | [The pandemic is creating problems for continued future growth of nursing numbers](https://www.nuffieldtrust.org.uk/news-item/nuffield-trust-the-pandemic-is-creating-problems-for-continued-future-growth-of-nursing-numbers)

**Title:** COVID-19 and the workforce: facing the second wave

Royal College of Physicians | 6th November 2020

The seventh survey of RCP fellows and members shows that the vast majority of doctors are concerned about the impact of the second wave on their hospital’s ability to deliver effective care

As the UK tackles the second wave of COVID-19, the RCP conducted its seventh survey tracking the impact of the pandemic on the workforce. In this survey members were asked about testing, diagnostic delays, time off, risk assessments, the flu vaccine, ‘long COVID’ and the second wave.

Full detail: [COVID-19 and the workforce: facing the second wave](https://www.rcplondon.ac.uk/news/covid-19-and-workforce-facing-second-wave)

**Title:** COVID-19: the risk to BAME doctors

BMA | 5th November 2020

Current evidence for COVID-19 shows that those from a BAME (black, Asian and minority ethnic) background and males have been disproportionately impacted, with age and specific underlying conditions also associated with more severe illness. This is deeply worrying and highlights the importance of ensuring that urgent action is taken to protect members of the BAME community.

This article looks at the evidence for increased risk for black, Asian and minority ethnic doctors and provides advice about what workplace support to expect, suggests actions for employers, and explains what the BMA is doing.

Full detail: [COVID-19: the risk to BAME doctors](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-the-risk-to-bame-doctors)

**Health management**

**TITLE:** HOSPITALS FORCED TO SUSPEND ROUTINE CARE AMID SECOND SURGE

BMJ | 2020; 371: m4339 | 9th November 2020

Medical leaders have warned that the health service is already under “extreme pressure” this winter after several large NHS hospitals were forced to suspend routine care because of the high number of patients critically ill with Covid-19.

Full detail: [Hospitals forced to suspend routine care amid second surge](https://www.bmj.com/content/371/bmj.m4339)

**TITLE:** A CRITICAL JUNCTURE FOR PUBLIC SERVICES: LESSONS FROM COVID-19

Public Services Committee | 13th November 2020

The Public Services Committee has published its first report, A critical juncture for public services: lessons from COVID-19. In the report - the first comprehensive analysis of how public services responded to COVID-19 - the Committee discusses lessons to be learned from the pandemic and recommends a number of principles to transform public service delivery.

The report finds that decisions were made much more quickly and concludes that many public service providers and councils developed “remarkable innovations” to meet the Covid-19 challenge. However, the Committee raise concerns about public service provision during the pandemic for Black, Asian and Minority Ethnic and Gypsy, Roma and Traveller people, homeless people, and people with complex needs.

Full report: [A critical juncture for public services: lessons from COVID-19](https://committees.parliament.uk/publications/3438/documents/32865/default/)

See also: [Lessons from COVID−19: major report on public services launched](https://committees.parliament.uk/committee/430/public-services-committee/news/123559/lessons-from-covid19-major-report-on-public-services-launched/)

**other**

**TITLE:** SOCIAL MEDIA GIANTS AGREE PACKAGE OF MEASURES WITH UK GOVERNMENT TO TACKLE VACCINE DISINFORMATION

Department for Digital, Culture, Media & Sport | Department of Health and Social Care | 8th November 2020

Digital Secretary Oliver Dowden and Health Secretary Matt Hancock have agreed with social media platforms new measures to limit the spread of vaccine misinformation and disinformation and help people find the information they need about any COVID-19 vaccine.

Together the platforms have now agreed:

* To commit to the principle that no user or company should directly profit from COVID-19 vaccine mis/disinformation. This removes an incentive for this type of content to be promoted, produced and be circulated.
* To ensure a timely response to mis/disinformation content flagged to them by the government.
* To continue to work with public health bodies to ensure that authoritative messages about vaccine safety reach as many people as possible.
* To join new policy forums over the coming months to improve responses to mis/disinformation and to prepare for future threats.

Full detail: [Social media giants agree package of measures with UK Government to tackle vaccine disinformation](https://www.gov.uk/government/news/social-media-giants-agree-package-of-measures-with-uk-government-to-tackle-vaccine-disinformation)

**Title**: Common cold antibodies could help protect against COVID-19

Science | University College London | 9th November 2020

Researchers at University College London (UCL) have made a novel discovery while developing highly sensitive antibody tests for COVID-19. As part of their analysis they compared the blood of patients with COVID-19 to patients who had not had the disease. Surprisingly, they found that some people who had not been exposed to SARS-CoV-2 had antibodies in their blood which would recognise the virus. These antibodies are likely the result of exposure to other coronaviruses, which cause a common cold and which have structural similarities with SARS-CoV-2.

The experts found that cross-reactive antibodies were found much more frequently in blood samples taken from children aged 6 to 16. Although they also found 5 per cent of adults had antibodies that cross reacted with the virus, and this was not related to recent infection with common cold virus.

Further detail: [Common cold antibodies could help protect against COVID-19](https://www.ucl.ac.uk/news/2020/nov/common-cold-antibodies-could-help-protect-against-covid-19)

Full research paper: [Preexisting and de novo humoral immunity to SARS-CoV-2 in humans](https://science.sciencemag.org/content/sci/early/2020/11/05/science.abe1107.full.pdf)

**Title:** The State of the State 2020 - 21

Reform | November 2020

Now in its ninth year, The State of the State 2020 - 21 focuses on the impact of the coronavirus pandemic.  The report explores people's perceptions of public services, spending after the pandemic and the government's 'levelling up' agenda.

The report is informed by a national survey, conducted by Ipsos MORI, and interviews with 40 public sector leaders.

Full report: [The State of the State 2020 – 21. Government in the pandemic and beyond](https://reform.uk/sites/default/files/2020-11/J20156%20SOTS%20Brochure%20rs11.pdf)

**Title:** The effect of the COVID19 outbreak on people affected bydementia

House of Commons Library | 10th November 2020

This research briefing provides background material, statistics, parliamentary proceedings and news material concerning the effect that Covid-19 has had on people with dementia.

Full briefing: [The effect of the COVID19 outbreak on people affected bydementia](https://researchbriefings.files.parliament.uk/documents/CDP-2020-0122/CDP-2020-0122.pdf)

**TITLE:** ACCURACY OF UK RAPID TEST CONSORTIUM (UK-RTC) “ABC-19 RAPID TEST” FOR DETECTION OF PREVIOUS SARS-COV-2 INFECTION IN KEY WORKERS: TEST ACCURACY STUDY

BMJ | 2020;371: m4262 | 11th November 2020

The objective of this study was to assess the accuracy of the AbC-19 Rapid Test lateral flow immunoassay for the detection of previous severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

The authors found that AbC-19 sensitivity was lower among unselected populations than among PCR confirmed cases of SARS-CoV-2, highlighting the scope for overestimation of assay performance in studies involving only PCR confirmed cases, owing to “spectrum bias.” Assuming that 10% of the tested population have had SARS-CoV-2 infection, around one in five key workers testing positive with AbC-19 would be false positives.

Full article: [Accuracy of UK Rapid Test Consortium (UK-RTC) “AbC-19 Rapid Test” for detection of previous SARS-CoV-2 infection in key workers: test accuracy study](https://www.bmj.com/content/bmj/371/bmj.m4262.full.pdf)

Related editorial: [Testing for antibodies to SARS-CoV-2](https://www.bmj.com/content/371/bmj.m4288)

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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.

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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