COVID-19 weekly update

July 24th 2020

**clinical management**

**Title**: Dexamethasone in Hospitalized Patients with Covid-19 — Preliminary Report

New England Journal of Medicine | 17th July 2020

This controlled, open-label trial compared a range of possible treatments in patients who were hospitalized with Covid-19. Participants were randomly assigned to receive oral or intravenous dexamethasone (at a dose of 6 mg once daily) for up to 10 days or to receive usual care alone.

The study found that in patients hospitalized with Covid-19, the use of dexamethasone resulted in lower 28-day mortality among those who were receiving either invasive mechanical ventilation or oxygen alone at randomization but not among those receiving no respiratory support.

Full paper: [Dexamethasone in Hospitalized Patients with Covid-19 — Preliminary Report](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2021436?articleTools=true)

See also: [Audio Interview: Dexamethasone and Covid-19](https://www.nejm.org/doi/full/10.1056/NEJMe2025927?query=featured_home) | In this audio interview conducted on July 22nd the editors of the NEJM discuss the new study of dexamethasone and the implications of corticosteroid use in patients with Covid-19.

**Title**: Acute Lung Injury in Covid-19

New England Journal of Medicine | 9th July 2020

In this audio interview conducted on July 8, 2020, the editors discuss the pathology of acute lung injury in Covid-19, as well as potential chemoprophylaxis against viral pneumonia.

Full audio interview: [Acute Lung Injury in Covid-19](https://www.nejm.org/doi/full/10.1056/NEJMe2024719?query=TOC)

**Title:**  Considerations for the treatment of pancreatic cancer during the COVID-19 pandemic: the UK consensus position

British Journal of Cancer | 8th July 2020

This paper sought to seek consensus from UK clinicians with an interest in pancreatic cancer for management approaches that would minimise patient risk and accommodate for healthcare service restrictions.

The outcomes are described and include recommendations for treatment prioritisation, strategies to bridge to later surgical resection in resectable disease and factors that modify the risk–benefit balance for treatment in the resectable through to the metastatic settings.

Priority is given to strategies that limit hospital visits, including through the use of hypofractionated precision radiotherapy and chemoradiotherapy treatment approaches.

Full detail: [Considerations for the treatment of pancreatic cancer during the COVID-19 pandemic: the UK consensus position](https://www.nature.com/articles/s41416-020-0980-x.pdf)

**Title**: Coronavirus test results now visible to GPs

NHS England | 20th July 2020

COVID-19 test results are now being automatically sent to GP systems as well as being communicated to the individual, giving GPs visibility of which of their patients have had COVID-19 tests and whether they have tested positive or negative.

The results will appear in patient’s record as a laboratory test result but appear in a way that makes them easily distinguishable from other types of test results.

Full detail: [Coronavirus test results now visible to GPs](https://digital.nhs.uk/news-and-events/news/coronavirus-test-results-now-visible-to-gps)

**Title**: First trial results show UK coronavirus vaccine produces a strong immune response

National Institute for Health Research | 20th July 2020

A new experimental vaccine for coronavirus causes induces strong immune responses in both parts of the immune system and cause few mild side effects, in promising results from a trial funded and supported by the NIHR.

The team of scientists at University of Oxford’s Jenner Institute and Oxford Vaccine Group, who are funded by the NIHR and UKRI, say they have taken the next step towards the discovery of a safe, effective and accessible vaccine against coronavirus.

The results of the early trial, published in The Lancet, show that the ChAdOx1 nCoV-19 vaccine generated strong immune responses in both parts of the immune system, activating white blood cells that can attack cells infected with the SARS-CoV-2 virus, and antibodies that find and attack the virus when it's circulating in the blood or lymphatic system.

The researchers also found that immune responses may be even greater after a second dose. Participants who received the vaccine had detectable neutralising antibodies up to day 56 of the ongoing trial. These responses were strongest after a second booster dose, with 100% of participants’ blood having neutralising activity against the coronavirus. Researchers have suggested that these antibodies are important for protection against the virus.

People who received the coronavirus vaccine were more likely to experience mild side effects such as headaches and fever than people in the control group (who received a meningitis vaccine), but some of these could be reduced by taking paracetamol. There were no serious side events from the vaccine.

Further detail at [National Institute for Health Research](https://www.nihr.ac.uk/news/first-trial-results-show-uk-coronavirus-vaccine-produces-a-strong-immune-response/25304)

Full research paper: [Safety and immunogenicity of the ChAdOx1 nCoV-19 vaccine against SARS-CoV-2: a preliminary report of a phase 1/2, single-blind, randomised controlled trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931604-4)

See also: [Encouraging results from phase 1/2 COVID-19 vaccine trials](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931611-1/fulltext) | The Lancet (comment piece)

**Title**: Immunogenicity and safety of a recombinant adenovirus type-5-vectored COVID-19 vaccine in healthy adults aged 18 years or older: a randomised, double-blind, placebo-controlled, phase 2 trial

The Lancet | 20th July 2020

This is the first randomised controlled trial for assessment of the immunogenicity and safety of a candidate non-replicating adenovirus type-5 (Ad5)-vectored COVID-19 vaccine, aiming to determine an appropriate dose of the candidate vaccine for an efficacy study.

The trial found that the Ad5-vectored COVID-19 vaccine at 5 × 1010 viral particles is safe, and induced significant immune responses in the majority of recipients after a single immunisation.

Full paper: [Immunogenicity and safety of a recombinant adenovirus type-5-vectored COVID-19 vaccine in healthy adults aged 18 years or older: a randomised, double-blind, placebo-controlled, phase 2 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931605-6)

**Title:** The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study

The Lancet Oncology | 20th July 2020

Since a national lockdown was introduced across the UK in March, 2020, in response to the COVID-19 pandemic, cancer screening has been suspended, routine diagnostic work deferred, and only urgent symptomatic cases prioritised for diagnostic intervention. In this study, we estimated the impact of delays in diagnosis on cancer survival outcomes in four major tumour types.

Substantial increases in the number of avoidable cancer deaths in England are to be expected as a result of diagnostic delays due to the COVID-19 pandemic in the UK. Urgent policy interventions are necessary, particularly the need to manage the backlog within routine diagnostic services to mitigate the expected impact of the COVID-19 pandemic on patients with cancer.

Full paper: [The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study](https://www.thelancet.com/action/showPdf?pii=S1470-2045%2820%2930388-0)

**Title**: Study reveals six clusters of symptoms that could be used as a clinical prediction tool

BMJ | 2020; 370: m2911 | 20th July 2020

An analysis of data obtained from a symptom tracker app has shown that there are six distinct “types” of covid-19, each distinguished by a cluster of symptoms. The researchers said that these types could be used to predict the need for respiratory support in severe covid-19.

The study is available online as a preprint and has been submitted to a scientific journal for rapid peer review and publication.

Further detail: [Study reveals six clusters of symptoms that could be used as a clinical prediction tool](https://www.bmj.com/content/370/bmj.m2911)

Full study: [Symptom clusters in Covid19: A potential clinical prediction tool from the COVID Symptom study app](https://www.medrxiv.org/content/10.1101/2020.06.12.20129056v1.full.pdf)

**Title**: Intensive immunosuppression reduces deaths in covid-19-associated cytokine storm syndrome, study finds

BMJ | 2020; 370: m2935 | 22nd July 2020

Intensive immunosuppressive treatment with high dose glucocorticoids, followed by an interleukin-6 (IL-6) receptor antagonist where needed, accelerates respiratory recovery and reduces deaths in patients with covid-19-associated cytokine storm syndrome (CSS), an observational study1 has shown.

Researchers from the Netherlands conducted a historically controlled comparison of a strategy with intensive immunosuppression and close monitoring versus supportive care.

Further detail: [Intensive immunosuppression reduces deaths in covid-19-associated cytokine storm syndrome, study finds](https://www.bmj.com/content/370/bmj.m2935)

Full research: [Historically controlled comparison of glucocorticoids with or without tocilizumab versus supportive care only in patients with COVID-19-associated cytokine storm syndrome: results of the CHIC study](https://ard.bmj.com/content/annrheumdis/early/2020/07/20/annrheumdis-2020-218479.full.pdf)

**Title**: COVID-19 in people with diabetes: understanding the reasons for worse outcomes

The Lancet Diabetes & Endocrinology | 17th July 2020

Since the initial COVID-19 outbreak in China, much attention has focused on people with diabetes because of poor prognosis in those with the infection. Initial reports were mainly on people with type 2 diabetes, although recent surveys have shown that individuals with type 1 diabetes are also at risk of severe COVID-19.

The reason for worse prognosis in people with diabetes is likely to be multifactorial, thus reflecting the syndromic nature of diabetes. Age, sex, ethnicity, comorbidities such as hypertension and cardiovascular disease, obesity, and a pro-inflammatory and pro-coagulative state all probably contribute to the risk of worse outcomes. Glucose-lowering agents and anti-viral treatments can modulate the risk, but limitations to their use and potential interactions with COVID-19 treatments should be carefully assessed.

Finally, severe acute respiratory syndrome coronavirus 2 infection itself might represent a worsening factor for people with diabetes, as it can precipitate acute metabolic complications through direct negative effects on β-cell function. These effects on β-cell function might also cause diabetic ketoacidosis in individuals with diabetes, hyperglycaemia at hospital admission in individuals with unknown history of diabetes, and potentially new-onset diabetes.

Full paper: [COVID-19 in people with diabetes: understanding the reasons for worse outcomes](https://www.thelancet.com/action/showPdf?pii=S2213-8587%2820%2930238-2)

**Title:** Anosmia and loss of smell in the era of covid-19

BMJ | 2020; 370: m2808 | 21st July 2020

This article is a guide to assessment and management of patients with loss of smell based on review of the current literature and guidelines from the [British Rhinology Society and ENT UK](https://www.entuk.org/advice-patients-new-onset-anosmia-during-covid-19-pandemic), the professional membership body representing ear, nose, and throat surgery in the UK.

* Half of patients with covid-19 may lose sense of smell; guidance states that a new change or loss in sense of smell should prompt a period of self-isolation
* Nine in 10 patients can expect substantial improvement in their sense of smell within four weeks
* Most patients with loss of smell do not require further investigations or referral, although their covid-19 status should be established if possible
* Treatment involves reassurance, olfactory training, safety advice, and topical corticosteroids—but oral prednisolone should be avoided where acute covid-19 infection is suspected

Full detail: [Anosmia and loss of smell in the era of covid-19](https://www.bmj.com/content/370/bmj.m2808)

**TITLE:** NEONATAL MANAGEMENT AND OUTCOMES DURING THE COVID-19 PANDEMIC: AN OBSERVATION COHORT STUDY

The Lancet Child & Adolescent Health | 23rd July 2020

The risk of vertical and perinatal transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, which causes COVID-19), the most appropriate management, and the neonate's risk of developing COVID-19 during the perinatal period are unknown. Therefore, this study aimed to elucidate best practices regarding infection control in mother–newborn dyads, and identify potential risk factors associated with transmission.

The findings suggest that perinatal transmission of COVID-19 is unlikely to occur if correct hygiene precautions are undertaken, and that allowing neonates to room in with their mothers and direct breastfeeding are safe procedures when paired with effective parental education of infant protective strategies.

Full paper: [Neonatal management and outcomes during the COVID-19 pandemic: an observation cohort study](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930235-2)

**recovery**

**Title**: HSJ podcasts

HSJ | 18th July 2020

Recovery is the buzzword as the NHS tries to drag itself out of the deep hole dug by covid-19. This week’s HSJ Health Check is a deep dive into plans for recovery in three different regions.

Catch up on the most recent episodes by clicking the links below.

[HSJ podcast: A tale of three regions’ recovery](http://go2.wilmingtonplc.com/jg010M00F4g030VXZ01RGw0n005ue)

[HSJ podcast: Why the Cumberlege review is being buried](http://go2.wilmingtonplc.com/HVun3110ew000g0X0G46FZ000MhR0)

[HSJ podcast: How covid turned NHS finances on their head](http://go2.wilmingtonplc.com/tgGR0130ny14eIw00v0F0XM000Z0V)

[HSJ podcast: Running the health service under covid](http://go2.wilmingtonplc.com/WwJnXe0z3104F000VG01ZR000Mg0v)

[HSJ podcast: ICS' role in the covid recovery](http://go2.wilmingtonplc.com/Lgnu1104GVwX0Z000e030R07F00Mi)

**TITLE**: PUBLIC MENTAL HEALTH AND WELLBEING AND COVID-19

Local Government Association (LGA) and the Association of Directors of Public Health

The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) have jointly produced this briefing for Directors of Public Health about the public mental health and wellbeing issues arising from the COVID-19 outbreak.

While many people have acted in solidarity in response to COVID-19, and there will be some positive benefits from this community spirit and response, the epidemic will likely have many psychological impacts on the population which may have a detrimental effect on the short, medium and long-term mental health of some residents. In turn, this may reduce people’s resilience and their ability to cope. Longer-term impacts around trauma, grief and distress may exacerbate the burden of mental ill-health in the community long after recovery.

Full briefing: [Public mental health and wellbeing and COVID-19](https://www.local.gov.uk/sites/default/files/documents/Public%20mental%20health%20and%20wellbeing%20and%20COVID-19-1.pdf)

**TITLE**: MENTAL HEALTH BEFORE AND DURING THE COVID-19 PANDEMIC: A LONGITUDINAL PROBABILITY SAMPLE SURVEY OF THE UK POPULATION

The Lancet Psychiatry | 21st July 2020
The potential impact of the COVID-19 pandemic on population mental health is of increasing global concern. This paper examines changes in adult mental health in the UK population before and during the lockdown.

The study found that by late April, 2020, mental health in the UK had deteriorated compared with pre-COVID-19 trends. Policies emphasising the needs of women, young people, and those with preschool aged children are likely to play an important part in preventing future mental illness.

Full paper: [Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930308-4)

**Title:** NICE cautions against using graded exercise therapy for patients recovering from covid-19

BMJ | 2020; 370: m2912 | 21st July 2020

Graded exercise therapy may not be appropriate for treating post-viral fatigue in patients recovering from covid-19, the National Institute for Health and Care Excellence (NICE) has advised doctors.

In a statement NICE said that it was aware of concerns related to the impact of graded exercise therapy (GET) for managing post-viral fatigue in patients recovering from covid-19. It noted that its current advice on managing chronic fatigue may not be appropriate for this group of patients and acknowledged that it could also be out of date for other groups.

Further detail: [NICE cautions against using graded exercise therapy for patients recovering from covid-19](https://www.bmj.com/content/370/bmj.m2912)

See also: [National Institute for Health and Care Excellence. Statement about graded exercise therapy in the context of COVID-19](https://www.nice.org.uk/guidance/gid-ng10091/documents/interim-findings-2)

**Title:** Back to normal? Building community resilience after COVID-19

The Lancet Diabetes & Endocrinology | August 2020

Although the COVID-19 pandemic is far from over, many countries are resuming economic and social activities, with the aim of returning to some semblance of normality. But what should the new normal be? This correspondence believes that the post-pandemic recovery phase offers opportunities for devising social and public health policies that channel resources to marginalised communities and support community resilience.

Full detail: [Back to normal? Building community resilience after COVID-19](https://www.thelancet.com/journals/landia/article/PIIS2213-8587%2820%2930237-0/fulltext#coronavirus-linkback-header)

**TITLE:**  THE MANCHESTER BRIEFING ON COVID-19 INTERNATIONAL LESSONS FOR LOCAL AND NATIONAL GOVERNMENT RECOVERY AND RENEWAL

MBS Alliance | Sixteenth briefing: Week beginning 20th July 2020

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers. Each week the briefing brings together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic.

This week there are four briefings:

Briefing A: Developing resilient systems (Part 1)

Briefing B: Lessons from across the world

Briefing C: Supporting children with autism and their parents

Briefing D: Useful webinars

Full briefing: [The Manchester Briefing on COVID-19 International lessons for local and national government recovery and renewal](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b16-wb20thjuly2020-part1.pdf?gator_td=ZsLxKlKDWbonACHHDu7PiiZftRBrVDtdRPdD7H6izuuBan8UrcacrUoFsd%2b2Hq4Cs8cPwAFZx53Hvj5YuUpAVKowUHSkB3FS7%2flU5pGpfRCRpByzogGietnyh%2fo12HDFWc6KzN%2fBioi3k6RXPfhheA%3d%3d)

**Title:** Resuming health services during the Covid-19 pandemic: What can the NHS learn from other countries?

The Nuffield Trust | 24th July 2020

As the country deals with the easing of lockdown restrictions and a slow decline in Covid-19 cases, health services are attempting to return to some form of pre-pandemic normality – yet demand for services remains anything but predictable. This briefing looks at what approaches other countries around the world have taken to dealing with the pandemic. What might we learn from the approaches used internationally, and how long will it take us to fully recover?

Full briefing: [Resuming health services during the Covid-19 pandemic: What can the NHS learn from other countries?](https://www.nuffieldtrust.org.uk/files/2020-07/resuming-health-services-web.pdf)

See also:

* [Recovering from Covid-19: the international picture](https://www.nuffieldtrust.org.uk/news-item/recovering-from-covid-19-the-international-picture) | The Nuffield Trust [blog]
* [Covid-19: Starting position for NHS risks leaving UK trailing the pack in the race to recovery](https://www.nuffieldtrust.org.uk/news-item/covid-19-starting-position-for-nhs-risks-leaving-uk-trailing-the-pack-in-the-race-to-recovery) | Nuffield Trust press release

**Infection control**

**Title**: Millions could be vaccinated against COVID-19 as UK secures strong portfolio of promising vaccines

Department of Health and Social Care | 20th July 2020

Millions of people could be vaccinated against coronavirus as the UK secures early access to 90 million doses of promising Covid-19 vaccine candidates.

The government has agreed significant partnerships with leading pharmaceutical and vaccine companies BioNTech/Pfizer and Valneva that are developing innovative new vaccines to protect people against Covid-19. The government has also secured access to treatments containing Covid-19-neutralising antibodies from AstraZeneca to protect those who cannot receive vaccines such as cancer and immunocompromised patients.

Full detail: [Millions could be vaccinated against COVID-19 as UK secures strong portfolio of promising vaccines](https://www.gov.uk/government/news/millions-could-be-vaccinated-against-covid-19-as-uk-secures-strong-portfolio-of-promising-vaccines)

**Title**: Delivering mass vaccinations during COVID-19: a logistical guide for general practice

Royal College of General Practitioners | 20th July 2020

This document has been produced to assist GPs, lead practice nurses, Practice Managers, Clinical Directors, GP Federations, PCNs and CCGs/Health Boards in understanding the practicalities and challenges of delivering mass vaccination programmes in a context when COVID-19 remains in general circulation.

It sets out key areas that will need to be considered, offers possible solutions and highlights areas where risk assessments are required, particularly where these may differ from normal practice.

Full detail: [Delivering mass vaccinations during COVID-19: a logistical guide for general practice](https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP-guidance/RCGP-Mass-Vaccination-at-a-time-of-COVID-V15.ashx?la=en)

**Title**: Impact of delays on effectiveness of contact tracing strategies for COVID-19

The Lancet Public Health | 16th July 2020

In countries with declining numbers of confirmed cases of COVID-19, lockdown measures are gradually being lifted. However, even if most physical distancing measures are continued, other public health measures will be needed to control the epidemic. Contact tracing via conventional methods or mobile app technology is central to control strategies during de-escalation of physical distancing. This paper aimed to identify key factors for a contact tracing strategy to be successful.

In this model, minimising testing delay had the largest impact on reducing onward transmissions. Optimising testing and tracing coverage and minimising tracing delays, for instance with app-based technology, further enhanced contact tracing effectiveness, with the potential to prevent up to 80% of all transmissions. Access to testing should therefore be optimised, and mobile app technology might reduce delays in the contact tracing process and optimise contact tracing coverage.

Full paper: [Impact of delays on effectiveness of contact tracing strategies for COVID-19: a modelling study](https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667%2820%2930157-2.pdf)

**Title:** Face coverings mandatory in shops, supermarkets, shopping centres and enclosed transport hubs

Under the new regulations members of the public will need to wear face coverings – for example, a fabric covering, scarf or bandana – that covers the nose and mouth in additional enclosed public spaces, as well as frequent hand washing and careful social distancing.

* Face coverings will be mandatory in additional enclosed public spaces from Friday 24 July – including shops, supermarkets, shopping centres and transport hubs
* New measure an important step in lifting lockdown, as the public are encouraged to play their part
* Venues such as restaurants, pubs and gyms will be exempt

Full detail: [Face coverings mandatory in shops, supermarkets, shopping centres and enclosed transport hubs from 24th July](https://www.gov.uk/government/news/face-coverings-mandatory-in-shops-supermarkets-shopping-centres-and-enclosed-transport-hubs-from-friday?utm_source=ba320275-7ee2-47f1-946b-c6924915346b&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Most comprehensive flu programme in UK history will be rolled out this winter

Department of Health & Social Care | 24th July 2020

The government has announced the most comprehensive flu vaccination programme in the UK’s history. A significant new group will be eligible for the free flu vaccine as people aged 50 to 64 will be invited later in the season for a vaccination.

As part of an unprecedented drive, a free flu vaccine will also be available to:

* people who are on the shielded patient list and members of their household
* all school year groups up to year 7
* people aged over 65, pregnant women, those with pre-existing conditions including at-risk under 2s

Once vaccination of the most ‘at-risk’ groups is well underway, the department will work with clinicians to decide when to open the programme to invite people aged 50 to 64, with further details to be announced. The NHS will contact people directly, including information about where to go to get the vaccine.

Full detail: [Most comprehensive flu programme in UK history will be rolled out this winter](https://www.gov.uk/government/news/most-comprehensive-flu-programme-in-uk-history-will-be-rolled-out-this-winter?utm_source=00d3c77b-3537-4ab2-a09d-3aa34d42fd6d&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also:

* [All over 50s to be offered flu vaccinations](https://www.hsj.co.uk/public-health/all-over-50s-to-be-offered-flu-vaccinations/7028113.article?mkt_tok=eyJpIjoiTXpGbE9HRmhOek0xTkRObSIsInQiOiJlVW53eEV6QkFaNU9iQ0xpSW1uZEY4anZ5MHlZVGt3d3F4K3Q5Q0phK2pBTkYzUFY0aHVSYm1jaGl5Y1pJVzJNOGtiUm1FRjFTWXBIRnhyWW9mUXFUQ0RDVXhlMVZ1VElJWmlVSEk0VjFUNWg2UXJaNHlLSUdPMktEK2JPZEpTYiJ9) | HSJ
* [Most people in England to be offered flu vaccine](https://www.bbc.co.uk/news/health-53515078) | BBC News

**workforce wellbeing**

**TITLE**: TESTING TIMES: AN ETHICAL FRAMEWORK AND PRACTICAL RECOMMENDATIONS FOR COVID-19 TESTING FOR NHS WORKERS

THIS Institute | The Health Foundation | 21st July 2020

THIS Institute at the University of Cambridge has undertaken a rapid response project to develop an ethical framework for COVID-19 testing for NHS workers.  It sought to identify and characterise the ethical considerations likely to be important to the testing programme, while recognising the tension between different values and goals.

The project report emphasises that getting the COVID-19 swab testing programme for NHS workers right is crucial to support staff and patient safety and broader public health. It also recognises that COVID-19 does not affect all population groups equally. People who are socio-economically disadvantaged or members of Black, Asian and Minority Ethnic (BAME) groups may face distinctive issues in relation to testing.

The report offers an ethical framework and practical recommendations to help guide good practice nationally and locally.

Full report: [Testing times: An ethical framework and practical recommendations for COVID-19 testing for NHS workers](https://mk0thisinstitut0r1om.kinstacdn.com/wp-content/uploads/2020/07/Testing-times_Report_2020-07-21.pdf)

See also: [Testing programme for NHS workers must not discriminate, report warns](https://www.bmj.com/content/370/bmj.m2934) | BMJ 2020; 370: m2934

**Title:** GP Wellbeing

Royal College of General Practitioners | updated 21st July 2020

This section of RCGP Learning's COVID-19 resource hub provides support for GPs during this challenging time, including wellbeing, resilience and mental health resources.

Full detail: [GP Wellbeing](https://elearning.rcgp.org.uk/mod/page/view.php?id=10501)

**Title:** GOVERNMENT FAILED TO PROTECT STAFF DURING HEIGHT OF PANDEMIC, EXPERTS TELL MPS

BMJ | 2020; 370: m2937 | 22nd July 2020

Healthcare staff working at the height of the covid-19 pandemic in England were not properly protected and were forced to work in an unsafe environment, MPs have been told.

Appealing before the health and social care committee on 21 July, experts criticised the government and NHS management for their failure to provide staff with sufficient testing and personal protective equipment (PPE). The committee was gathering evidence for its inquiry into the management of the covid-19 outbreak.

Paul Nurse, director of the Francis Crick Institute, said he believed that the failure to implement better testing systems in the early days of the pandemic had contributed significantly to the problems.

Full story: [Government failed to protect staff during height of pandemic, experts tell MPs](https://www.bmj.com/content/370/bmj.m2937)

**Title:** Shielding doctors express concerns about returning to work

BMJ | 2020; 370: m2918 | 21st July 2020

Doctors who have been shielding during the covid-19 pandemic have said they are worried for their safety when they return to work.

From 1 August those who are at high risk of serious illness if they contract covid-19 will no longer be advised to shield in England, Scotland, and Northern Ireland. But doctors who have been shielding during the pandemic have expressed concerns about their safety when they return to work, and say they feel forgotten by their employers.

Neurology registrar Mike Kemp conducted a small survey of shielding healthcare workers to gauge their views. He received responses from 100 healthcare workers, including 59 doctors. Over half (59%) of the respondents said that they had not been risk assessed in preparation for their return to work. And almost three quarters (70%) said they didn’t know what measures would be in place to ensure their safety when they returned.

Full story: [Shielding doctors express concerns about returning to work](https://www.bmj.com/content/370/bmj.m2918)

**Title:** 'Scared, but not alone': caring for staff during covid-19

HSJ | 22nd July 2020

This article summarises seven core needs of staff that emerged during the coronavirus pandemic.

Full detail: ['Scared, but not alone': caring for staff during covid-19](https://www.hsj.co.uk/workforce/scared-but-not-alone-caring-for-staff-during-covid-19/7028102.article)

**Title:** Monitoring approaches for health-care workers during the COVID-19 pandemic

The Lancet Infectious Diseases | 23rd July 2020

During the ongoing COVID-19 pandemic, health-care workers are at a substantially increased risk of becoming infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and could come to considerable harm as a result.

The authors of this paper suggest clear strategies to support and appropriately manage exposed and infected health-care workers are essential to ensure effective staff management and to engender trust in the workplace. These management strategies should focus on risk stratification, suitable clinical monitoring, low-threshold access to diagnostics, and decision making about removal from and return to work.

Supporting health-care workers in self-monitoring and self-care, providing them with easy access to diagnostics and medical and psychosocial support, and offering clear guidance for safe and timely transitioning back to work will strengthen patient care as a whole and could ultimately improve outcomes for many patients and health-care workers.

Full paper: [Monitoring approaches for health-care workers during the COVID-19 pandemic](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930458-8)

**Health management**

**TITLE:** SUPPORTING STAFF TO RETURN TO THE WORKPLACE

NHS Employers | 22nd July 2020

With the recent announcement to pause shielding for clinically vulnerable people from 1 August 2020, there will be greater numbers of staff returning to the workplace. This guidance outlines: the organisational considerations when planning for staff to return; tips for managers; signposts to useful resources; and good practice examples from NHS trusts.

Full detail: [Supporting staff to return to the workplace](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-to-return-to-the-workplace)

**other**

**TITLE:** SPEAKING UP: HOW UK NURSING STAFF EXPECT TO BE VALUED

Royal College of Nursing | 16th July 2020

In mid-May, 42,000 members responded to a survey on their experience of nursing during COVID-19. This is a first look at their experiences of feeling valued, and how in their own view, their value is expressed in relation to pay.

Full detail: [Speaking up: How UK nursing staff expect to be valued](https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/july/009-323.pdf?la=en)

**Title**: NEW SERVICE ENABLES PEOPLE TO SIGN UP TO BE CONTACTED FOR COVID-19 VACCINE STUDIES

NHS Digital | 20th July 2020

A new NHS service has been launched to enable people across the UK to sign up for information on COVID-19 vaccine trials.

The NHS Covid-19 vaccine research registry, developed in partnership with NHS Digital, will help large numbers of people to be recruited into trials over the coming months - potentially meaning an effective vaccine for coronavirus can be found and made available.

Full detail: [New service enables people to sign up to be contacted for COVID-19 vaccine studies](https://digital.nhs.uk/news-and-events/news/new-service-enables-people-to-sign-up-to-be-contacted-for-covid-19-vaccine-studies)

**Title:** COVID-19 and ‘lockdown’ in organ transplantation in the UK

Public Health | Volume 185, August 2020, p55-56

This letter to the editor of Public Health, discusses the impact of COVID-19 on organ transplantation in the UK. The authors estimate there could be 904 fewer transplant surgeries in the three-month period from March to May compared to the previous year. They also warn an increase in wait times for kidney transplantation could disproportionately affect Asian and black communities which already have a higher median time to transplant.

Full detail: [COVID-19 and ‘lockdown’ in organ transplantation in the UK](https://reader.elsevier.com/reader/sd/pii/S0033350620302535?token=898F37D3AE3AA687F129F779F85A5C8F416D1502732E0E74BA6FC796CA148DB6E4CD7905FFB357AA6CB1E14B20CBA281)

**Title:** COVID-19: IMPACTS ON HEALTH - REPORTS AND TOOLS

Public Health England | 16th July 2020

This page collates reports and tools produced by Public Health England (PHE) to support the surveillance of coronavirus (COVID-19).

It includes:

* dashboard showing statistics on cases of COVID-19 and deaths associated with it in the UK
* excess mortality in England weekly reports, broken down by age, sex, region, ethnic group, level of deprivation, cause and place of death
* national COVID-19 surveillance reports, including weekly summary of findings monitored through various surveillance systems
* outbreaks in care homes, a weekly number and percentage of care homes reporting a suspected or confirmed outbreak of COVID-19 to PHE by local authorities, regions and PHE centres
* wider impacts of COVID-19 on health monitoring tool, which collates metrics across a range of wider impacts to provide stakeholders with a single point of access.

Full detail: [COVID-19: impacts on health - reports and tools](https://www.gov.uk/government/collections/covid-19-impacts-on-health-reports-and-tools)

**TITLE:** COVID-19: THE CATALYST FOR CHANGE IN EMERGENCY CARE

Care Quality Commission | 23rd July 2020

In this CQC blog, Deputy Chief Inspector of Hospitals, Heidi Smoult, discusses hospital emergency care services, the CQC’s work with a group of senior emergency department clinicians, and the importance of applying the learning from coronavirus.

Full detail: [COVID-19: the catalyst for change in emergency care](https://medium.com/%40CareQualityComm/covid-19-the-catalyst-for-change-in-emergency-care-1dc32aeed1d0)

**Title:** Government and NHSE/I must act on evidence of failings in NHS services caused by Covid crisis

Health and Social Care Committee | 23rd July 2020

A letter jointly addressed to Secretary of State Matt Hancock and NHS England & Improvement Chief Executive Sir Simon Stevens highlights early conclusions and recommendations in three key areas arising from the Committee’s inquiry into Delivering core NHS and care services during the pandemic and beyond ahead of a final report due this autumn.

MPs say it is vital that action is taken now in preparation for a possible winter spike in the virus and to provide much needed reassurance to NHS patients that they will receive the care they need.

Evidence has revealed levels of distress and anxiety among patients as a result of poor communication about delays to treatment while it is unclear what action the Government and NHS/I is taking to tackle a mounting backlog of cases.

Full detail: [Government and NHSE/I must act on evidence of failings in NHS services caused by Covid crisis](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/news/chair-writes-to-matt-hancock-and-sir-simon-stevens-chairs-comments-19-21/)

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

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>