COVID-19 weekly update

 25th September 2020

**clinical management**

**Title**: Severe COVID-19 Infections—Knowledge Gained and Remaining Questions

JAMA Internal Medicine | 18th September 2020

Patients with acute respiratory failure due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have overwhelmed critical care capacity in some cities and countries. The mortality of patients who require critical care is high but varies widely among hospitals.

Despite a rapidly increasing understanding of the pathogenesis of coronavirus disease 2019 (COVID-19), uncertainty remains about the reasons that some patients develop respiratory failure and others have no to minimal symptoms, as well as about the optimal management of patients with severe COVID-19 disease.

This editorial reviews the evidence for the management of patients with the acute respiratory distress syndrome (ARDS) that may apply to patients with severe COVID-19, what has been learned about treatment of these patients, and the gaps in knowledge that remain.

Full article: [Severe Covid-19 infections—knowledge gained and remaining questions](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2770931)

**Title**: Biomarkers and outcomes of COVID-19 hospitalisations: systematic review and meta-analysis

BMJ Evidence-Based Medicine | published Online 15th September 2020

The objective of this review was to evaluate association between biomarkers and outcomes in COVID-19 hospitalised patients. COVID-19 pandemic has been a challenge. Biomarkers have always played an important role in clinical decision making in various infectious diseases. It is crucial to assess the role of biomarkers in evaluating severity of disease and appropriate allocation of resources.

The study found a significant association between lymphopenia, thrombocytopenia and elevated levels of CRP, PCT, LDH, D-dimer and COVID-19 severity. The results have the potential to be used as an early biomarker to improve the management of COVID-19 patients, by identification of high-risk patients and appropriate allocation of healthcare resources in the pandemic.

Full paper: [Biomarkers and outcomes of COVID-19 hospitalisations: systematic review and meta-analysis](https://ebm.bmj.com/content/ebmed/early/2020/09/14/bmjebm-2020-111536.full.pdf)

**Title**: Risk of death more than doubled in people who also had flu, English data show

BMJ 2020; 370: m3720 | published 23rd September 2020

People infected with both flu and SARS-CoV-2 are more than twice as likely to die as someone with the new coronavirus alone, emerging evidence from England has shown.

An analysis by Public Health England (PHE) of cases from January to April 2020 also found that people with the two viruses were more at risk of severe illness. Most cases of coinfection were in older people, and more than half of them died.

The data, published as a preprint on *medRxiv*, were released as PHE launched an expanded flu vaccination programme for England that will target 30 million people this winter.

Full detail: [Risk of death more than doubled in people who also had flu, English data show](https://www.bmj.com/content/370/bmj.m3720)

Related publication[: Interactions between SARS-CoV-2 and influenza and the impact of coinfection on disease severity: a test negative design](https://www.medrxiv.org/content/10.1101/2020.09.18.20189647v1.full.pdf)

**Title**: Association of SARS-CoV-2 Test Status and Pregnancy Outcomes

JAMA | 23rd September 2020

This study examines the pregnancy outcomes of individuals infected with SARS-CoV-2 and those uninfected at a hospital in Sweden.

SARS-CoV-2 test positivity in individuals in labor was associated with a higher prevalence of preeclampsia and lower prevalence of induction of labor. COVID-19 is primarily a respiratory infection but also has systemic effects that may resemble preeclampsia. The absence of an increased prevalence of preterm birth is concordant with results of 2 previous studies using comparators. The lack of difference in Apgar scores and birth weight for gestational age between groups is similar to that in a US study.

In light of other accumulating data, it is already clear that COVID-19 is less severe in pregnancy than the 2 previous coronavirus infections: severe acute respiratory syndrome–related coronavirus (SARS) and Middle East respiratory syndrome–related coronavirus (MERS). Nevertheless, there are reports of pregnant persons requiring critical care, and there have been other reports of both mother and infant deaths in association with COVID-19.

Full research letter: [Association of SARS-CoV-2 test status and pregnancy outcomes](https://jamanetwork.com/journals/jama/fullarticle/2771110)

**Title**: Ensuring Adequate Palliative and Hospice Care During COVID-19 Surges

JAMA | published online 21st September 2020

This Viewpoint discusses barriers to quality end-of-life care during the COVID-19 pandemic, including limited staffing, inadequate access to palliative medications, and restrictive visitation policies, and calls for proactive surge planning through organizational and policy reforms to facilitate symptom relief and comfort for patients dying in the pandemic.

Full detail: [Ensuring adequate palliative and hospice care during Covid-19 surges](https://jamanetwork.com/journals/jama/fullarticle/2771025)

**Title:** Thrombocytopenia Is Associated with COVID-19 Severity and Outcome: An Updated Meta-Analysis of 5637 Patients with Multiple Outcomes

Laboratory Medicine | 15th September 2020

The COVID-19 pandemic is persistent worldwide. A prior meta-analysis suggested the association of thrombocytopenia (TCP) with more severe COVID-19 illness and high mortality. Considering newly published studies, this review updates the previous meta-analysis to confirm and explain the association of TCP with COVID-19 severity and multiple outcomes.

Overall, the present comprehensive meta-analysis indicated that approximately 12% of hospitalized patients with COVID-19 have TCP, which also represents a sign of more severe illness and poor outcomes.

Full article: [Thrombocytopenia is associated with Covid-19 severity and outcome: an updated meta-analysis of 5637 patients with multiple outcomes](https://watermark.silverchair.com/lmaa067.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAsAwggK8BgkqhkiG9w0BBwagggKtMIICqQIBADCCAqIGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMg3HDilQqFB206aXTAgEQgIICc0K1rdZnw2FcGsJht37gpBN-04B91hk3l6sePZPwr2_evpG8drl3JiGsDwo2wvsa731Zy4p5weDzQYdG9LIupmBq3fIZHyY6VnJWSZrsXmDvNW--pbVHoPtbg8nG6git9mPN8DCYJPxdD3qSACtj8U-foqki84sd3lZM9b3HSNSsSje-p7CMJslaXDqd16o9nTsvH_fUeHeXYgggTnp2A1yoM7v85T3pocgYxqD0alHak1sh-uxWBt_KdBHyOwGVAV3gh37jSXos5FxscwE-m6Sfza7hRwNZ6sAN99U3BviIOsmTPwp1q7rMAd7Dxezg_Wv4MNMwFMDvwUQVCVbK6VKBfbMe2iyWJ7_nF3K0l1Vmml-w65pw-NvIIRmc1ZAIxyg4mjtN2PgIjd3df9UlpiwAHfqrVA63g6i325PN_vdm1r-15xU6-NYinOLxDSQmd2zBxyIfWlMnLH0hDFieKvAu6sfKbLLNI5_t8BGvtMCAMXb375thFIV1CNNVLIQZR5XU9AkIPJFI-a11pFluI9vOG3LERgay1BoernN8bXkomYFucGaBKvfRuyW-y4K2evymhb2Bz4dghQJa8c42ELYmywUO23dpg7AyDH84IiS2GJqjj3ex9OkW1NyyeQ_pBfwqfWmA48Vs3vNDTop0TF3D024Qno--UxlsGowOauOP9OllQ4JMJ2gCQCVmDkof0S9NAvZc6vSCAfwvc1mASZY_okHweWJTCtUsM877J_Db-bzX9389UBcIxQp57QRDgsqmrjHzPjTw8h2C0gyx5sfeo0XtvRhCR5aZcHRQRNstY-PCEbsjaJKbxsHlEpGOaRBP9Q)

**Title**: Clinical features of COVID-19 mortality: development and validation of a clinical prediction model

The Lancet Digital Health | volume 2, issue 10, e516-e525 | October 2020

The COVID-19 pandemic has affected millions of individuals and caused hundreds of thousands of deaths worldwide. Predicting mortality among patients with COVID-19 who present with a spectrum of complications is very difficult, hindering the prognostication and management of the disease.

The authors aimed to develop an accurate prediction model of COVID-19 mortality using unbiased computational methods, and identify the clinical features most predictive of this outcome.

An accurate and parsimonious COVID-19 mortality prediction model based on three features might have utility in clinical settings to guide the management and prognostication of patients affected by this disease. External validation of this prediction model in other populations is needed.

Full article: [Clinical features of COVID-19 mortality: development and validation of a clinical prediction model](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930217-X)

Related: [Prediction models for COVID-19 clinical decision making](https://www.thelancet.com/journals/landig/article/PIIS2589-7500%2820%2930226-0/fulltext) | The Lancet Digital Health

**TITLE:** LONG-TERM HYDROXYCHLOROQUINE USE IN PATIENTS WITH RHEUMATIC CONDITIONS AND DEVELOPMENT OF SARS-COV-2 INFECTION

The Lancet Rheumatology | 21st September 2020

Hydroxychloroquine is one of several agents being evaluated in the treatment of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. This study aimed to examine whether patients with rheumatological conditions receiving chronic hydroxychloroquine therapy are at less risk of developing SARS-CoV-2 infection than those not receiving hydroxychloroquine.

The authors found that Hydroxychloroquine was not associated with a preventive effect against SARS-CoV-2 infection in a large group of patients with rheumatological conditions.

Full paper: [Long-term hydroxychloroquine use in patients with rheumatic conditions and development of SARS-CoV-2 infection: a retrospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930305-2)

**Title:** Performance characteristics of five immunoassays for SARS-CoV-2: a head-to-head benchmark comparison

The Lancet Infectious Diseases | 23rd September 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has caused a global pandemic in 2020. Testing is crucial for mitigating public health and economic effects. Serology is considered key to population-level surveillance and potentially individual-level risk assessment. However, immunoassay performance has not been compared on large, identical sample sets.

This paper aimed to investigate the performance of four high-throughput commercial SARS-CoV-2 antibody immunoassays and a novel 384-well ELISA.

The authors found that four commercial, widely available assays and a scalable 384-well ELISA can be used for SARS-CoV-2 serological testing to achieve sensitivity and specificity of at least 98%. The Siemens assay and Oxford immunoassay achieved these metrics without further optimisation. This benchmark study in immunoassay assessment should enable refinements of testing strategies and the best use of serological testing resource to benefit individuals and population health.

Full article: [Performance characteristics of five immunoassays for SARS-CoV-2: a head-to-head benchmark comparison](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930634-4)

Related: [The complexities of SARS-CoV-2 serology](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930699-X) | The complexities of SARS-CoV-2 serology [Comment]

**Title:** End of life care

Royal College of General Practitioners | updated 21st September 2020

This resource provides guidance on dealing with palliative and end of life care, and supporting carers throughout the COVID-19 pandemic.

Full detail: [End of Life Care](https://elearning.rcgp.org.uk/mod/page/view.php?id=10537#RCGP)

**Title:** Effect of obesity and body mass index on coronavirus disease 2019 severity

Obesity Reviews | published 14th September 2020

The authors conducted a systematic review of observational studies to examine the effects of body mass index (BMI) and obesity (BMI ≥ 30 kg/m2) on coronavirus disease 2019 (COVID‐19).

The review found that obesity or high BMI increased the risk of hospitalization, severe disease and invasive mechanical ventilation in COVID‐19. Physicians must be alert to these early indicators to identify critical patients.

Full article: [Effect of obesity and body mass index on coronavirus disease 2019 severity: A systematic review and meta‐analysis](https://onlinelibrary.wiley.com/doi/epdf/10.1111/obr.13089)

See also: [Body Mass Index and Prognosis of COVID-19 Infection. A Systematic Review](https://www.frontiersin.org/articles/10.3389/fendo.2020.00562/full) | Frontiers in Endocrinology | August 2020

**recovery**

**Title**: React, Respond, Renew – Workforce COVID-19 response. Responding to the workforce challenges of the COVID-19 pandemic and looking to the future

Local Government Association | September 2020

This paper provides a summary of how COVID-19 initially affected local government from a workforce perspective. It: highlights the challenges and considerations for returning to a physical workplace, including the question of whether COVID-19 has precipitated the death of the office; outlines the psychological impact of COVID-19; captures the issues councils might want to explore in considering renewal; touches on recruitment and retention challenges, including considerations of leadership, equality, diversity and inclusion.

Full paper: [React, Respond, Renew – Workforce COVID-19 response. Responding to the workforce challenges of the COVID-19 pandemic and looking to the future](https://www.local.gov.uk/sites/default/files/documents/LGA%20Workforce%20React%20Respond%20Renew%20September%202020.pdf)

**Title:** Safely returning clinically vulnerable people to work

BMJ | 2020; 370: m3600 | published 21st September 2020

The covid-19 pandemic has seen record numbers of people off work. With lockdown eased, the challenge is to get as many of them as possible back to work safely. This editorial explains that the financial, social, and health consequences of large numbers of people not returning to work could be devastating. Clinicians, employers, and politicians must recognise that the effects of widespread worklessness and long term unemployment could be worse for population health than covid-19.

Full editorial: [Safely returning clinically vulnerable people to work](https://www.bmj.com/content/370/bmj.m3600)

See also: [Covid-19 in the workplace](https://www.bmj.com/content/370/bmj.m3577) | BMJ 2020; 370: m3577

**Title**: Lessons and legacy from the COVID-19 pandemic in health and care

AHSN Network | 10th September 2020

This report contains key findings from a short research study undertaken in June and July to understand how technology has been an enabler in reducing the care burden and coping with the Covid-19 crisis, and to identify what should be sustained in the ‘new normal’ longer-term. It argues that social care needs to be given the same weighting as to the NHS to accelerate the move towards health and social care integration.

Full report: [Lessons and legacy from the COVID-19 pandemic in health and care](https://www.ahsnnetwork.com/wp-content/uploads/2020/09/The-AHSN-Network-Digital-and-AI-Report.pdf)

**Title:** Government must learn lessons from deaths before winter, say MPs and peers

BMJ | 2020; 370: m3685 | published 21st September 2020

The UK government should immediately organise a quick interim review into deaths from covid-19 to ensure that lessons are learn as soon as possible before a new autumn or winter peak of the pandemic, MPs and peers on an influential joint parliamentary committee have urged.

The Joint Committee on Human Rights, which issued its report after a six month inquiry into the government’s response to covid-19, said that the review “should be swift, independent and must be published,” and it urged the government to treat deaths in care homes as a priority in any inquiry or review.

The most urgent of the government’s procedural obligations to safeguard life in the covid-19 context was “to ensure lessons are being learned as soon as possible so as to avoid unnecessary deaths,” the committee said. “It is therefore crucial that some form of swift lessons learned review is undertaken as soon as feasible and incorporated in the government’s planning and response to any further wave of the pandemic.”

Full detail: [Government must learn lessons from deaths before winter, say MPs and peers](https://www.bmj.com/content/370/bmj.m3685)

Full report: [Seventh Report: The Government’s response to COVID-19: human rights implications](https://committees.parliament.uk/publications/2649/documents/26914/default/)

**Title:** Diagnosis of physical and mental health conditions in primary care during the COVID-19 pandemic

The Lancet Public Health | 23rd September 2020

To date, research on the indirect impact of the COVID-19 pandemic on the health of the population and the health-care system is scarce. This study aimed to investigate the indirect effect of the COVID-19 pandemic on general practice health-care usage, and the subsequent diagnoses of common physical and mental health conditions in a deprived UK population.

The study found diagnoses of common conditions decreased substantially between March and May 2020, suggesting a large number of patients have undiagnosed conditions. A rebound in future workload could be imminent as COVID-19 restrictions ease and patients with undiagnosed conditions or delayed diagnosis present to primary and secondary health-care services. Such services should prioritise the diagnosis and treatment of these patients to mitigate potential indirect harms to protect public health.

Full article: [Diagnosis of physical and mental health conditions in primary care during the COVID-19 pandemic: a retrospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930201-2)

See also: [Diagnosis of common conditions in general practice halved during lockdown, study finds](https://www.bmj.com/content/370/bmj.m3732) | BMJ

**TITLE**: BUILDING RESILIENT SOCIETIES AFTER COVID-19: THE CASE FOR INVESTING IN MATERNAL, NEONATAL, AND CHILD HEALTH

The Lancet Public Health | 21st September 2020

Resilient societies respond rapidly and effectively to health challenges and the associated economic consequences, and adapt to be more responsive to future challenges. Although it is only possible to recognise resilience retrospectively, the COVID-19 pandemic has occurred at a point in human history when, uniquely, sufficient knowledge is available on the early-life determinants of health to indicate clearly that a focus on maternal, neonatal, and child health (MNCH) will promote later resilience. This knowledge offers an unprecedented opportunity to disrupt entrenched strategies and to reinvest in MNCH in the post-COVID-19 so-called new normal.

However, implementing appropriate policies in the post-COVID-19 recovery period will be challenging and requires political commitment and public engagement.

Full paper: [Building resilient societies after COVID-19: the case for investing in maternal, neonatal, and child health](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930200-0)

**Title**: As Their Numbers Grow, COVID-19 “Long Haulers” Stump Experts

JAMA | published online 23rd September 2020

This Medical News article discusses the puzzling phenomenon of “long-haulers,” patients who haven’t returned to full health weeks or even months after what sometimes is a mild case of COVID-19.

Full article: [As their numbers grow, Covid-19 “long haulers” stump experts](https://jamanetwork.com/journals/jama/fullarticle/2771111)

**Title:** Towards resilience: redesigning our systems for a better future

New Local Government Network | 15th September 2020

From both a public health and an economic perspective, Britain performed poorly during the Covid-19 crisis in comparison with similar countries. When put to the test, many of Britain's core systems were revealed to be incapable of withstanding extra stress and demand.

Written in partnership with Local Trust, this paper intends to start a conversation about how the country can move towards resilience for a more prepared and better future. It identifies five pillars that need to form the centrepiece of any approach: economic resilience; public sector resilience; community resilience; environmental resilience; and workforce resilience.

Full document: [Towards resilience: redesigning our systems for a better future](http://www.nlgn.org.uk/public/wp-content/uploads/Towards-Resilience_Sep-2020.pdf)

**Title:** Beyond the pandemic: Strategic priorities for responding to childhood trauma

UK Trauma Council | 17th September 2020

This briefing identifies three ways in which the COVID-19 public health emergency is impacting on the experience of childhood trauma:

* It increases the risk that more children will be exposed to trauma, including through sudden bereavement or exposure to domestic violence;
* It increases the likelihood that those with prior experiences of trauma (for example, because of abuse) will experience significant difficulties; and
* It compromises the ability of adults and professional systems to identify a struggling child and mitigate the impact of trauma, including mental health problems.

The briefing makes four key recommendations:

1. Prioritise responding to trauma in national and local strategies;
2. Invest in specialist trauma provision for children and young people;
3. Equip all professionals who work with children and young people with the skills and capacity to support children who have experienced trauma; and
4. Shift models of help towards prevention, through research, clinical innovation and training.

Full briefing: [Beyond the pandemic: Strategic priorities for responding to childhood trauma](https://www.celcis.org/files/4316/0035/6884/Coronavirus-CYP-and-Trauma-UKTC-Policy-Briefing-Sept-2020.pdf)

**Title**: Health as the new wealth: the NHS’s role in economic and social recovery

NHS Confederation | 21st September 2020

Health services have a vital role to play in the wider recovery and rebuilding of our local economies and communities – driving up prosperity, population health and wellbeing – in the wake of COVID-19.

This will involve transforming public service planning and delivery throughout a time of unprecedented economic and social disruption – pushing the service to understand its impact and value as local anchor organisations well beyond traditional sectoral boundaries. It will also mean using the system approach now emerging to drive up population health and wellbeing.

The health service’s crucial role in the economic and social recovery is explored within this report. It highlights the strength of the links between health and growth, outlines a five-point plan for every system to build on to maximise their local impact and influence and showcases innovative practice which is supporting lasting local change.

Full report: [Health as the new wealth: the NHS’s role in economic and social recovery](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/REPORT_NHS-Reset_Economic-and-social-recovery_FNL_4.pdf)

**Title:** Pandemic Patient Experience. UK patient experience of health, care and other support during the COVID-19 pandemic

The Patients Association | 21st September 2020

The Patients Association wanted to get a better understanding of how patients experienced the Covid-19 pandemic. This is a report based on the findings from a survey asking for experiences of health and care services, and the experience of daily life. The survey had four sections: managing and accessing care for existing health condition(s); experience of treatment and care for Covid-19; experience of end of life care and bereavement support; and experience of services under lockdown overall.

The results paint a bleak picture of the massive toll on all patients of the coronavirus pandemic and the emergency measures taken in response to it. Despite the large scale celebration of the NHS over the spring and early summer, the emergency measures came at a huge cost to patients. In particular, access to services became very difficult, and many patients were left feeling unsupported, anxious and lonely. The relationship between patients and the NHS has been significantly disrupted.

It was by no means all bad: some patients reported good ongoing care, and were impressed by the way their local communities came together to support them.

This report uses patient feedback to look to the future, both near and long-term. It contains recommendations for the next phase of the emergency response, and also a call for the health and care system to be built back better after the pandemic: the current emergency footing cannot be the basis for the ongoing relationship between patients and the NHS.

Full report: [Pandemic patient experience: UK patient experience of health, care and other support during the Covid-19 pandemic](https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=2fdaa424-8248-4743-a4d5-fe1d3f403d20)

**Title**: Strengthening the UK primary care response to covid-19

BMJ | 2020; 370: m3691 | 25th September 2020

More emphasis on primary care in the management of covid-19 would improve outcomes for patients suggests this analysis.

Key messages:

* The potential contribution of primary care has been largely overlooked in the UK’s response to covid-19
* Active engagement of primary care will be essential to improve care of vulnerable patients in the community; reduce demands on hospital services; support rehabilitation of recovering patients; improve palliative care; and sustain non-covid care
* Well designed trials of early treatment of covid-19 in primary care should be a priority for research funding
* Additional primary care research would strengthen the capacity of primary care to deal with the backlog of non-covid morbidity and the physical and mental health sequelae of the pandemic

Full detail: [Strengthening the UK primary care response to Covid-19](https://www.bmj.com/content/bmj/370/bmj.m3691.full.pdf)

**Title**: Recovering at work: how business can support staff who may be facing trauma

Centre for Mental Health | 24th September 2020

This guide has been produced by City Mental Health Alliance and Centre for Mental Health to help businesses become “trauma-informed”. It will help businesses to better understand and support their people through the psychological and emotional traumas that people may have experienced in 2020.

The guide mainly relates to the impact of Covid-19 pandemic, but it also looks at the difficult and triggering conversations and experiences of racism, and some of the lessons are relevant for other causes as well.

The guide provides an overview of some of the difficulties that people may experience – from more mild trauma to post-traumatic stress disorder – and some practical tips for employers to reduce the risks to their people’s mental health, both in the short- and long-term.

Full guide: [Recovering at work: how business can support staff who may be facing trauma](https://www.centreformentalhealth.org.uk/publications/recovering-work)

**Infection control**

**Title**: Transmission of SARS-CoV-2: A Review of Viral, Host, and Environmental Factors

Annals of Internal Medicine | 17th September 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the etiologic agent of coronavirus disease 2019 (COVID-19), has spread globally in a few short months. Substantial evidence now supports preliminary conclusions about transmission that can inform rational, evidence-based policies and reduce misinformation on this critical topic. This article presents a comprehensive review of the evidence on transmission of this virus.

Full article: [Transmission of SARS-CoV-2: A review of viral, host, and environmental factors](https://www.acpjournals.org/doi/10.7326/M20-5008)

**Title:** Act now to avoid second lockdown, says Independent SAGE

BMJ | 2020; 370: m3695 | published 21st September 2020

The Independent Scientific Advisory Group for Emergencies has published an emergency 10 point plan to avoid a national lockdown, while criticising the government for abdicating its reasonability to provide such a plan.

Launching the plan, Stephen Reicher, professor of social psychology at the University of St Andrews, said, “We are in a crisis. Infections are spiking and our testing system is broken. The one thing that is absolutely clear is if we do nothing the pandemic will soon run out of control and a national lockdown will become inevitable.”

The plan calls for immediate measures that should be reviewed when a functional testing system is in place and infections are back under control. It says that pubs and restaurants should be limited to outdoor service only. It also calls for people to work at home where possible, with no return to workplaces until they are certified covid safe. In the meantime the government should give financial support to employees.

Full detail: [Act now to avoid second lockdown, says Independent SAGE](https://www.bmj.com/content/370/bmj.m3695)

See also: [Measures to avoid a national lockdown: an emergency ten point plan](http://www.independentsage.org/wp-content/uploads/2020/09/Emergency-Plan-PUBLISHED.pdf) | Independent SAGE

**Title:** New restrictions to curb rising infection rate are set throughout UK

BMJ | 2020; 370: m3712 | published 22nd September 2020

The UK prime minister, Boris Johnson, has set out new national measures designed to halt the current rise in covid-19 cases.

In England, hospitality venues including pubs, bars, and restaurants will have to shut by 10 pm from Thursday 24 September and will be legally permitted only to provide table service, said Johnson.

Face masks will be compulsory for staff in retail, people using taxis, and staff and customers in indoor hospitality—except when they are seated at a table to eat or drink. Fines for breaking these rules will increase.

The government is also telling office workers to work from home if they can.

Guidelines for the retail, leisure, tourism, and other sectors will become legal obligations, and the maximum number of people permitted to attend wedding ceremonies and receptions will reduce from 30 to 15 as of Monday 28 September.

The fresh restrictions came after the four UK chief medical officers announced on 21 September that the UK’s alert level was being raised from level 3 to level 4, meaning that the virus level was “high or rising exponentially.” Some 4368 daily cases were reported in the UK on 21 September, and cases are currently doubling every seven to eight days.

Full detail: [New restrictions to curb rising infection rate are set throughout UK](https://www.bmj.com/content/370/bmj.m3712)

**TITLE:** NHS COVID-19 APP LAUNCHES ACROSS ENGLAND AND WALES

Department of Health & Social Care | 24th September 2020

People across England and Wales are being urged to download the NHS COVID-19 app to help control the spread of coronavirus and protect themselves and their loved ones as case numbers rise*.*

After positive trials and rigorous testing, the App is an important new tool to work alongside traditional contact tracing to help reduce the spread of the virus.

The contact tracing element of the app works by using low-energy Bluetooth to log the amount of time you spend near other app users, and the distance between you, so it can alert you if someone you have been close to later tests positive for COVID-19 – even if you don’t know each other.

The app will advise you to self-isolate if you have been in close contact with a confirmed case. It will also enable you to check symptoms, book a free test if needed and get your test results.

The app has been designed with user privacy in mind, so it tracks the virus, not people and uses the latest in data security technology to protect privacy. The system generates a random ID for an individual’s device, which can be exchanged between devices via Bluetooth (not GPS). These unique random IDs regenerate frequently to add an extra layer of security and preserve anonymity.

Full detail: [NHS COVID-19 app launches across England and Wales](https://www.gov.uk/government/news/nhs-covid-19-app-launches-across-england-and-wales?utm_source=c3eb838c-3d2c-4cf1-8f2d-1adfa30ea86b&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also:

* [NHS COVID-19 app: privacy information](https://www.gov.uk/government/publications/nhs-covid-19-app-privacy-information?utm_source=102a5c45-afd1-422d-9c73-176b38d90c28&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)
* [Use of the NHS COVID-19 app in schools and further education colleges](https://www.gov.uk/government/publications/use-of-the-nhs-covid-19-app-in-schools-and-further-education-colleges)

**Title**: Maintaining records of staff, customers and visitors to support NHS Test and Trace

Department of Health & Social Care | updated 18th September 2020

This guidance explains that designated venues in certain sectors must have a system in place to request and record contact details of their customers, visitors and staff to help break the chains of transmission of coronavirus. The guidance has been updated 18th September to reflect the new legal requirements for designated venues to collect contact details and display official NHS QR code posters.

Full detail: [Maintaining records of staff, customers and visitors to support NHS Test and Trace](https://www.gov.uk/guidance/maintaining-records-of-staff-customers-and-visitors-to-support-nhs-test-and-trace)

**Title:** What’s going wrong with testing in the UK?

BMJ 2020; 370: m3678 | published 21st September 2020

Is it the increase in demand, “ineligible” applicants, or a lack of laboratory capacity hampering coronavirus testing? This briefing examines the key questions around the current lack of access to tests in the community.

Full briefing: [What’s going wrong with testing in the UK?](https://www.bmj.com/content/bmj/370/bmj.m3678.full.pdf)

**Title:** Experts divide into two camps of action—shielding versus blanket policies

BMJ 2020; 370: m3702 | published 21st September 2020

Two open letters sent to the UK’s four chief medical officers signal the polarisation of opinion among medical professionals over how the government should tackle the emerging “second wave” of covid-19.

One group of doctors and academics is calling for segmentation and shielding of the most vulnerable groups of people rather than local or national lockdown measures. However, another group says that the government should continue efforts to suppress the virus across the entire population.

Full detail: [Experts divide into two camps of action—shielding versus blanket policies](https://www.bmj.com/content/370/bmj.m3702)

**TITLE:** COVID-19 AMONG PEOPLE EXPERIENCING HOMELESSNESS IN ENGLAND: A MODELLING STUDY

The Lancet Respiratory Medicine | 23rd September 2020

People experiencing homelessness are vulnerable to COVID-19 due to the risk of transmission in shared accommodation and the high prevalence of comorbidities. In England, as in some other countries, preventive policies have been implemented to protect this population.

The authors aimed to estimate the avoided deaths and health-care use among people experiencing homelessness during the so-called first wave of COVID-19 in England—ie, the peak of infections occurring between February and May, 2020—and the potential impact of COVID-19 on this population in the future.

The study found that outbreaks of SARS-CoV-2 in homeless settings can lead to a high attack rate among people experiencing homelessness, even if incidence remains low in the general population. Avoidance of deaths depends on prevention of transmission within settings such as hostels and night shelters.

Full article: [COVID-19 among people experiencing homelessness in England: a modelling study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930396-9)

See related Comment: [Hard to reach: COVID-19 responses and the complexities of homelessness](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930446-X)

**Title:** COVID-19 testing in the UK

The Lancet Respiratory Medicine [editorial] | 22nd September 2020

During the past week, the UK has seen an alarming rise in COVID-19 cases. With a second wave of infections approaching, there is a need to adequately respond with a robust test and trace system. However, neither the testing nor the tracing system currently in place is prepared for the substantial increase in demand for tests. As autumn begins, we face the co-occurrence of schools and universities reopening, people returning to work, and the approach of the influenza season.

This editorial suggests that the measures proposed by SAGE and Independent SAGE, if feasible, should be implemented as a matter of urgency. Otherwise the country could be forced into a lockdown by default.

Full editorial: [COVID-19 testing in the UK](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930445-8)

**Title:** What can we expect from first-generation COVID-19 vaccines?

The Lancet | 21st September 2020

A first generation of COVID-19 vaccines is expected to gain approval as soon as the end of 2020 or early 2021. A popular assumption is that these vaccines will provide population immunity that can reduce transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and lead to a resumption of pre-COVID-19 “normalcy”.

This comment piece explains it will be important to communicate to policy makers and the general public that first-generation vaccines are only one tool in the overall public health response to COVID-19 and unlikely to be the ultimate solution that many expect.

Full comment piece: [What can we expect from first-generation COVID-19 vaccines?](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931976-0)

**Title:** The characteristics of COVID-19 transmission from case to high-risk contact, a statistical analysis from contact tracing data

EClinicalMedicine | published by The Lancet | 21st September 2020

This paper explores the specifics of COVID-19 or SARS-CoV-2 transmissions in Phuket, Thailand's second most visited tourist destination. Results confirmed that the quarantine policy, which mandated individual isolation in the state provided facilities for all high-risk contacts, diminished contact's chance of infection from the confirmed cases, especially in the epicenter districts.

The findings confirmed that sharing accommodation with an infected case, and exposure to a case with several documented secondary transmission, generally increased the SARS-CoV-2 infection probability. Finally, some confirmed cases do exhibit a higher risk of spreading SARS-CoV-2 to their contacts compared to a typical confirmed case. Further studies of high reproduction groups of infected patients are recommended.

Full article: [The characteristics of COVID-19 transmission from case to high-risk contact, a statistical analysis from contact tracing data](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2820%2930287-X)

**Title:** Evidence summary for the duration of infectiousness in those that test positive for SARS-CoV-2 RNA

Health Information and Quality Authority | 15th September 2020

The Health Information and Quality Authority (HIQA) has developed a series of ‘Evidence Summaries’ to assist the Expert Advisory Group (EAG) in supporting the National Public Health Emergency Team (NPHET) in their response to COVID-19.

These summaries are based on specific research questions. This evidence summary was developed to address the following research question: What is the duration of infectiousness in those that test positive for SARSCoV-2 RNA?

Full document: [Evidence summary for the duration of infectiousness in those that test positive for SARS-CoV-2 RNA](https://www.hiqa.ie/sites/default/files/2020-09/Evidence-summary-for-duration-of-infectiousness-of-SARS-CoV-2.pdf)

**Title:** Exponential growth: what it is, why it matters, and how to spot it

Centre for Evidence-Based Medicine | 23rd September 2020

This article is for readers who are increasingly familiar with the term “exponential growth”, for example from news coverage of the covid-19 pandemic, and would like a non-mathematical explanation

It has been commented that “exponential” growth is often taken to be a synonym for “fast” growth.  Something is “fast” if it has a high speed.  This article explains that exponential growth doesn’t have *a*speed: it is the way the speed keeps changing that is important.

Full detail: [Exponential growth: what it is, why it matters, and how to spot it](https://www.cebm.net/covid-19/exponential-growth-what-it-is-why-it-matters-and-how-to-spot-it/)

**Title**: Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe

The Lancet | 24th September 2020

The COVID-19 pandemic is an unprecedented global crisis. Many countries have implemented restrictions on population movement to slow the spread of severe acute respiratory syndrome coronavirus 2 and prevent health systems from becoming overwhelmed; some have instituted full or partial lockdowns. However, lockdowns and other extreme restrictions cannot be sustained for the long term in the hope that there will be an effective vaccine or treatment for COVID-19.

Governments worldwide now face the common challenge of easing lockdowns and restrictions while balancing various health, social, and economic concerns.

To facilitate cross-country learning, this Health Policy paper uses an adapted framework to examine the approaches taken by nine high-income countries and regions that have started to ease COVID-19 restrictions.

This comparative analysis presents important lessons to be learnt from the experiences of these countries and regions. Although the future of the virus is unknown at present, countries should continue to share their experiences, shield populations who are at risk, and suppress transmission to save lives.

Full article: [Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932007-9)

See also: [Learn from other countries about easing lockdown, researchers urge](https://www.bmj.com/content/370/bmj.m3748) | BMJ

**workforce wellbeing**

**Title**: HSJ podcast: What a second wave means for NHS staff

HSJ | 23rd September 2020

The pressure is rising again on the health service but keeping it running smoothly this winter will rely on its workforce. This week the HSJ Health Check podcast focuses on some of the biggest issues facing NHS staff right now.

HSJ podcast: [What a second wave means for NHS staff](https://www.hsj.co.uk/hsj-health-check-podcast/hsj-podcast-what-a-second-wave-means-for-nhs-staff/7028506.article?mkt_tok=eyJpIjoiTnpCbE9EZGhNMk00T0RFMyIsInQiOiJkb3VjK1pUQk9oUG56T0Nzd2RPUzhhZlNrcEtvenh4Rk1yWnRFTlFCWHBrNDdreldYSXI2VDJ3cDRCWXNDZmhidk53N1A4N2dDZndYNFZkYjl2UjJMNkUrdTdXcWdqeGVJMklCWGQybVJBVHVzbHdOOFV2NktLWVJPRWFEazdYZiJ9)

**Title**: COVID-19 and the health and care workforce: supporting our greatest asset

NHS Confederation | 24th September 2020

This report includes key findings from a member survey of more than 250 health care leaders, which revealed that nine out of ten respondents are concerned about the long-term impact of Covid-19 on the wellbeing of their staff.

The report adds that the greatest risk to supporting staff and delivering the NHS People Plan is workforce shortages, at a time when the most recent vacancy statistics for the NHS in England showed more than 83,000 vacancies at the end of the three months ending 30 June this year, with more than 120,000 vacancies in social care.

It is therefore imperative that every effort is made to address workforce shortages, according to the report, immediately, and over the long term, to make sure the best and brightest staff can be both attracted and retained.

Full report: [COVID-19 and the health and care workforce: supporting our greatest asset](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/REPORT_NHS-Reset_COVID-19-and-the-health-and-care-workforce.pdf)

See also: [Public must get behind NHS workforce as concerns grow about second COVID-19 wave](https://www.nhsconfed.org/news/2020/09/public-must-get-behind-nhs-workforce-as-concerns-grow-about-second-covid19-wave)

**Title:** New statistics show COVID-19 related NHS staff sickness absence

NHS Digital | NHS Employers | 24th September 2020

New data on staff sickness absence linked to COVID-19 between March and May 2020, has been published by NHS Digital.

* March 2020 - the monthly NHS staff sickness absence rate was 5.3 per cent, of which 0.8 per cent were related to COVID-19 reasons.
* April 2020 - the monthly NHS staff sickness absence was 6.2 per cent, which is a 0.9 per cent increase from the month before (March 2020). Of these absences 1.9 per cent were COVID-19 related, which is 1.1 per cent increase from the month before.
* May 2020 - the monthly NHS staff sickness absence was 4.7 per cent, which is a 1.5 per cent decrease from the month before (April 2020). Of these absences 0.9 per cent were COVID-19 related, which is a 1 per cent decrease from the month before.

Key takeaways:

* In March, April and May combined, NHS staff lost a total of more than 1.3 million full time equivalent (FTE) days due to COVID-19 and related reasons.
* April 2020 saw an increase in sickness absence rates related to COVID-19 which may indicate the impact of the peak of the pandemic on NHS staff.
* Sickness absence rates due to mental health issues such as stress, anxiety and depression remains high as of May 2020

Full detail: [New statistics show COVID-19 related NHS staff sickness absence](https://www.nhsemployers.org/news/2020/09/new-statistics-show-covid-related-nhs-staff-sickness-absence--content-page)

**other**

**TITLE**: HOMES, HEALTH AND COVID-19. HOW POOR-QUALITY HOMES HAVE CONTRIBUTED TO THE PANDEMIC

Centre for Ageing Better | 22nd September 2020

In partnership with The King’s Fund, this report summarises the role and impact of poor-quality housing on health, particularly in the context of the COVID-19 pandemic.

Poor-quality housing has a profound impact on health, especially in the context of COVID-19. The condition of homes, insecure tenure, and wider neighbourhood characteristics all have a considerable effect on health and wellbeing.

Despite this, 18% of homes in England are in a ‘non-decent’ condition. These homes are occupied disproportionately by older people, those with existing health conditions, people on lower incomes and those from ethnic minority groups.

This report is based on a literature review and analysis carried out by The King’s Fund. It focuses specifically on the relationship between health and housing and the role of this interaction in the spread and impact of the COVID-19 pandemic.

Full report: [Homes, health and COVID-19. How poor-quality homes have contributed to the pandemic](https://www.ageing-better.org.uk/sites/default/files/2020-09/Homes-health-and-COVID-19.pdf)

See also: [Poor housing can no longer be swept under the carpet](https://www.kingsfund.org.uk/blog/2020/09/poor-housing-covid-19) | The Kings Fund

**Title**: New wave, new problems

HSJ | 22nd September 2020

This ‘Daily insight’ piece looks at the second wave of the covid pandemic which appears to be upon us, and the challenges this presents.

Full detail: [New wave, new problems](https://www.hsj.co.uk/daily-insight/daily-insight-new-wave-new-problems/7028491.article)

**Title:** An open letter to the UK’s chief medical officers

BMJ Opinion | 21st September 2020

A group of experts have written to the UK CMOs and GCSA, expressing concern about a second wave of covid-19.

Full detail: [Covid-19: An open letter to the UK’s chief medical officers](https://blogs.bmj.com/bmj/2020/09/21/covid-19-an-open-letter-to-the-uks-chief-medical-officers/)

**Title:** Coronavirus Act analysis

Department of Health & Social Care | published 23rd September 2020

This analysis shows how the provisions of the Coronavirus Act have contributed to the government’s response to the coronavirus pandemic.

Full detail: [Coronavirus Act analysis](https://www.gov.uk/government/publications/coronavirus-act-analysis/coronavirus-act-analysis)

We

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

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

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