COVID-19 weekly update

May 29th 2020

**clinical management**

**Title:** Selected NHS patients to access coronavirus treatment remdesivir

Source: Department of Health and Social Care | May 26th 2020

Selected NHS coronavirus patients will soon be able to access a treatment to speed up their recovery. The anti-viral drug remdesivir will be made available to patients meeting certain clinical criteria to support their recovery in hospital.

The drug is currently undergoing clinical trials around the world, including in the UK, with early data showing it can shorten the time to recovery by about 4 days.

Further detail at [Department of Health and Social Care](https://www.gov.uk/government/news/selected-nhs-patients-to-access-coronavirus-treatment-remdesivir)

**Title**: Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews. Rapid Review

Source: Pan American Health Organization | May 23rd 2020

This document includes the results of a rapid systematic review of currently available literature. The information included in this review reflects the evidence as of the date posted in the document. The drugs currently under review are: meplazumab, ivermectin, siltuximab, danoprevir, tocilizumab (IL-6), favipiravir, darunavir, nelfinavir, remdesivir, interferon-alpha, chloroquine or hydroxychloroquine, convalescent plasma, heparin, corticosteroids, IVIG, sarilumab, umifenovir (arbidol), lopinavir/ritonavir, and α-Lipoic acid.

The focus was any type of comparative effectiveness research (ideally RCTs studies) for all of the included therapeutic pharmacological interventions (adults and children) and this review was open to any study that could be informative, including case-series and observational designs.

Full document: [Ongoing Living Update of Potential COVID-19 Therapeutics](https://iris.paho.org/bitstream/handle/10665.2/52193/PAHOIMSPHECovid-19200023_eng.pdf?sequence=1&isAllowed=y)

**Title**: Remdesivir for the Treatment of Covid-19 — Preliminary Report

Source: New England Journal of Medicine | May 22nd 2020

The authors conducted a double-blind, randomized, placebo-controlled trial of intravenous Remdesivir in adults hospitalized with Covid-19 with evidence of lower respiratory tract involvement. Patients were randomly assigned to receive either Remdesivir (200 mg loading dose on day 1, followed by 100 mg daily for up to 9 additional days) or placebo for up to 10 days. The primary outcome was the time to recovery, defined by either discharge from the hospital or hospitalization for infection-control purposes only.

The study found that Remdesivir was superior to placebo in shortening the time to recovery in adults hospitalized with Covid-19 and evidence of lower respiratory tract infection.

Full article: [Remdesivir for the Treatment of Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2007764?articleTools=true)

See also: [Remdesivir — An Important First Step](https://www.nejm.org/doi/pdf/10.1056/NEJMe2018715?articleTools=true) | New England Journal of Medicine (editorial)

**Title:**  Remdesivir for 5 or 10 Days in Patients with Severe Covid-19

Source: New England Journal of Medicine | May 27th 2020

The authors conducted a randomized, open-label, phase 3 trial involving hospitalized patients with confirmed SARS-CoV-2 infection, oxygen saturation of 94% or less while they were breathing ambient air, and radiologic evidence of pneumonia. Patients were randomly assigned in a 1:1 ratio to receive intravenous remdesivir for either 5 days or 10 days. All patients received 200 mg of remdesivir on day 1 and 100 mg once daily on subsequent days. The primary end point was clinical status on day 14, assessed on a 7-point ordinal scale.

In patients with severe Covid-19 not requiring mechanical ventilation, the trial did not show a significant difference between a 5-day course and a 10-day course of remdesivir. With no placebo control, however, the magnitude of benefit cannot be determined.

Full article: [Remdesivir for 5 or 10 Days in Patients with Severe Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2015301?articleTools=true)

**Title**: Pulmonary Vascular Endothelialitis, Thrombosis, and Angiogenesis in Covid-19

Source: New England Journal of Medicine | May 21st 2020

Progressive respiratory failure is the primary cause of death in the coronavirus disease 2019 (Covid-19) pandemic. Despite widespread interest in the pathophysiology of the disease, relatively little is known about the associated morphologic and molecular changes in the peripheral lung of patients who die from Covid-19.

The authors examined 7 lungs obtained during autopsy from patients who died from Covid-19 and compared them with 7 lungs obtained during autopsy from patients who died from acute respiratory distress syndrome (ARDS) secondary to influenza A(H1N1) infection and 10 age-matched, uninfected control lungs. The lungs were studied with the use of seven-color immunohistochemical analysis, micro–computed tomographic imaging, scanning electron microscopy, corrosion casting, and direct multiplexed measurement of gene expression.

The study concluded that vascular angiogenesis distinguished the pulmonary pathobiology of Covid-19 from that of equally severe influenza virus infection. The universality and clinical implications of our observations require further research to define.

Full article: [Pulmonary Vascular Endothelialitis, Thrombosis, and Angiogenesis in Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2015432?articleTools=true)

**Title**: Hospitalization and Mortality among Black Patients and White Patients with Covid-19

Source: New England Journal of Medicine | May 27th 2020

Many reports on coronavirus disease 2019 (Covid-19) have highlighted age- and sex-related differences in health outcomes. More information is needed about racial and ethnic differences in outcomes from Covid-19.

This retrospective cohort study analysed data from patients seen within an integrated-delivery health system (Ochsner Health) in Louisiana between March 1 and April 11, 2020, who tested positive for severe acute respiratory syndrome coronavirus 2. The Ochsner Health population is 31% black non-Hispanic and 65% white non-Hispanic. The primary outcomes were hospitalization and in-hospital death.

The study concluded that in a large cohort in Louisiana, 76.9% of the patients who were hospitalized with Covid-19 and 70.6% of those who died were black, whereas blacks comprise only 31% of the Ochsner Health population. Black race was not associated with higher in-hospital mortality than white race, after adjustment for differences in sociodemographic and clinical characteristics on admission.

Full article: [Hospitalization and Mortality among Black Patients and White Patients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMsa2011686?articleTools=true)

**Title:** Efficacy and Safety of Convalescent Plasma for Severe COVID-19 Based on Evidence in Other Severe Respiratory Viral Infections

Source: Canadian Medical Association Journal | published 22nd May

The safety and efficacy of convalescent plasma in severe coronavirus disease 2019 (COVID-19) remain uncertain. To support a guideline on COVID-19 management, the authors conducted a systematic review and meta-analysis of convalescent plasma in COVID-19 and other severe respiratory viral infections.

The review found that studies of non- COVID-19 severe respiratory viral infections provide indirect, very low-quality evidence that raises the possibility that convalescent plasma has minimal or no benefit in the treatment of COVID-19 and low-quality evidence that it does not cause serious adverse events.

Full article: [Efficacy and Safety of Convalescent Plasma for Severe COVID-19 Based on Evidence in Other Severe Respiratory Viral Infections](https://www.cmaj.ca/content/cmaj/early/2020/05/22/cmaj.200642.full.pdf)

**Title**: Factors associated with hospital admission and critical illness among 5279 people with coronavirus disease 2019 in New York City: prospective cohort study

Source: BMJ 2020; 369: m1966 | Published 22 May 2020

The objective of this study was to describe outcomes of people admitted to hospital with coronavirus disease 2019 (covid-19) in the United States, and the clinical and laboratory characteristics associated with severity of illness.

 Age and comorbidities were found to be strong predictors of hospital admission and to a lesser extent of critical illness and mortality in people with covid-19; however, impairment of oxygen on admission and markers of inflammation were most strongly associated with critical illness and mortality. Outcomes seem to be improving over time, potentially suggesting improvements in care.

Full document available at [The British Medical Journal](https://www.bmj.com/content/bmj/369/bmj.m1966.full.pdf)

Linked editorial: [Covid-19 related hospital admissions in the United States: needs and outcomes](https://www.bmj.com/content/bmj/369/bmj.m2082.full.pdf) | BMJ | 27th May 2020

**Title:** Covid-19 and acute kidney injury in hospital: summary of NICE guidelines

Source: BMJ 2020; 369:m1963 | published 26th May 2020

This article summarises key points from the National Institute for Health and Care Excellence (NICE) covid-19 rapid guideline on AKI in hospital.

Full detail: [Covid-19 and acute kidney injury in hospital: summary of NICE guidelines](https://www.bmj.com/content/bmj/369/bmj.m1963.full.pdf)

Related guideline: [Covid-19 rapid guideline: chronic kidney disease](https://www.nice.org.uk/guidance/ng176) | NICE guideline [NG176]

**TITLE:**  CHARACTERIZATION AND CLINICAL COURSE OF 1000 PATIENTS WITH CORONAVIRUS DISEASE 2019 IN NEW YORK: RETROSPECTIVE CASE SERIES

Source: BMJ 2020; 369:m1996 | published 29th May 2020

The objective of this research was to characterize patients with coronavirus disease 2019 (covid-19) in a large New York City medical center and describe their clinical course across the emergency department, hospital wards, and intensive care units.

The most common presenting symptoms were cough (732/1000), fever (728/1000), and dyspnea (631/1000). Patients in hospital, particularly those treated in intensive care units, often had baseline comorbidities including hypertension, diabetes, and obesity. Patients admitted to intensive care units were older, predominantly male (158/236, 66.9%), and had long lengths of stay (median 23 days).

Full article: [Characterization and clinical course of 1000 patients with coronavirus disease 2019 in New York](https://www.bmj.com/content/bmj/369/bmj.m1996.full.pdf)

**TITLE:**  CLINICAL IMPACT OF COVID-19 ON PATIENTS WITH CANCER (CCC19): A COHORT STUDY

Source: The Lancet | published 28th May 2020

Data on patients with COVID-19 who have cancer are lacking. In this article, the authors characterise the outcomes of a cohort of patients with cancer and COVID-19 and identify potential prognostic factors for mortality and severe illness.

The research found that among patients with cancer and COVID-19, 30-day all-cause mortality was high and associated with general risk factors and risk factors unique to patients with cancer. Longer follow-up is needed to better understand the effect of COVID-19 on outcomes in patients with cancer, including the ability to continue specific cancer treatments.

Full article: [Clinical impact of COVID-19 on patients with cancer](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931187-9)

**TITLE:**  THE STARTING LINE FOR COVID-19 VACCINE DEVELOPMENT

Source: The Lancet | published 28th May 2020

Comment piece which discusses developing a safe and effective COVID-19 vaccine.

Full article: [The starting line for COVID-19 vaccine development](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931239-3)

**TITLE:**  DESCRIPTION OF COVID-19 IN HIV-INFECTED INDIVIDUALS

Source: The Lancet HIV| published 28th May 2020

Information about incidence, clinical characteristics, and outcomes of HIV-infected individuals with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection is scarce.

This study characterised individuals with COVID-19 among a cohort of HIV-infected adults in Madrid, and concluded HIV-infected individuals should not be considered to be protected from SARS-CoV-2 infection or to have lower risk of severe disease. Generally, they should receive the same treatment approach applied to the general population.

Full article: [Description of COVID-19 in HIV-infected individuals: a single-centre, prospective cohort](https://www.thelancet.com/action/showPdf?pii=S2352-3018%2820%2930164-8)

Related comment: [COVID-19 in people with HIV](https://www.thelancet.com/action/showPdf?pii=S2352-3018%2820%2930163-6) | The Lancet HIV| published 28th May 2020

**TITLE:** ASTHMA AND COVID-19: RISKS AND MANAGEMENT CONSIDERATIONS

Source: Centre for Evidence-Based Medicine | 28th May 2020

It is unclear if people with asthma (PWA) are at increased risk of contracting COVID-19 or of worse outcomes from COVID-19 infection. The evidence available is limited with some sources suggesting an underrepresentation of PWA in hospitalised cases, and others showing an increased risk of worse outcomes in PWA which may be associated with disease severity.

Consensus broadly holds that asthma medications should be continued as usual. Asthma care may be disrupted during the pandemic; self-management and remote interventions may be of benefit but have not been tested in this context.

This rapid review sets out to answer the following questions:

* Are PWA at increased risk of contracting COVID-19?
* Are PWA at increased risk of worse outcomes from COVID-19?
* Are PWA at risk from COVID-19 related disruptions to care?
* How should asthma be managed during the COVID-19 pandemic?
* How should PWA be managed when presenting with COVID-19?

Full detail: [Asthma and COVID-19: risks and management considerations](https://www.cebm.net/covid-19/asthma-and-covid-19-risks-and-management-considerations/)

**recovery**

**Title**: Age, Death Risk, and the Design of an Exit Strategy: A Guide for Policymakers and for Citizens Who Want to Stay Alive

Institute of Labor Economics

This discussion paper provides information on the strong age-pattern in the risk of death from three countries (China, Italy, the UK). If politicians want an imminent removal of the lockdown, the safest approach in our judgment would be a rolling age-release strategy combined with the current principle of social distancing. But even if that is not the policy adopted, citizens need to be shown graphs of the kind in this paper. Honest guidance ought to be given to those in midlife and beyond. Governments have to allow people to understand their personal risk after any release from lockdown.

* [Discussion paper](http://ftp.iza.org/dp13221.pdf)
* [More detail](https://www.iza.org/publications/dp/13221/age-death-risk-and-the-design-of-an-exit-strategy-a-guide-for-policymakers-and-for-citizens-who-want-to-stay-alive)

**Title**: What went wrong (and right) in hospital discharge for older adults during the pandemic

Source: HSJ | 26th May 2020

In this article, David Oliver gives his views as an acute hospital doctor regarding dealing with elderly patients during the covid-19 crisis.

Full article at [Health Service Journal](https://www.hsj.co.uk/frail-older-people/what-went-wrong-and-right-in-hospital-discharge-for-older-adults-during-the-pandemic/7027710.article?mkt_tok=eyJpIjoiWW1JMVlqSXlOakEzTkRCbSIsInQiOiJSMXlIN2pnQXBpRjhHVk8ySTBKb3lMXC9QT2FsM2hwK3pmR0ZOQjlaTktGc2hnTVhuVFJtNE5zNVhnT3B2M1Q2UVp6VWRDN20yYnhqXC9CWUdrMENmRXJ1M2JycDA3WjZnOTk5S0RXTXI0VEhVR3lzT0w2SmxiM3lsZTVmTUNKMjl5In0%3D)

**Title**: Loneliness, social isolation and COVID-19: practical advice

Source: Local Government Agency | published 21st May

The LGA and Association of Directors of Public Health (ADPH) have jointly produced this practical advice for Directors of Public Health and others leading the response to the loneliness and social isolation issues arising from the COVID-19 pandemic.

Intervening early to tackle loneliness and social isolation during the COVID-19 pandemic and beyond will help to prevent more costly health and care needs from developing, as well as aiding community resilience and recovery. This can only be done at the local level through partnerships between the council, voluntary and community sector, councillors, primary care networks and relevant others. Councils have a key role to play in this, because they own most of the assets where community action could or should take place, such as parks, libraries and schools, with councillors creating the localised neighbourhood partnerships to deal with a range of mental and physical health issues. There is also an opportunity to harness and develop the positive changes that we are seeing, such as greater awareness about the impact of personal behaviours on mental wellbeing.

Full document: [Loneliness, social isolation and COVID-19: practical advice](https://www.local.gov.uk/sites/default/files/documents/Loneliness%20social%20isolation%20and%20COVID-19%20WEB.pdf)

**Title**: Public health policies can reduce inequalities as we come out of lockdown

BMJ 2020; 369:m1977 | published 18th May 2020

Population level public health policies have an important part in supporting the transition out of lockdown

As the UK moves beyond the first wave peak, the national conversation surrounding covid-19 has shifted to how to lift the lockdown safely—when restrictions should be relaxed, who can go back to school or work first, which limits should stay in place, and how this can be done in a way that’s safe, transparent, data led, and adaptable as new evidence emerges.

Straightforward population level public health policies have an important part in supporting this transition, reducing the impact of covid-19 on inequalities and ensuring that the health and care system can provide for people when they need it.

Full paper: [Public health policies can reduce inequalities as we come out of lockdown](https://www.bmj.com/content/bmj/369/bmj.m1977.full.pdf)

**Title**: Covid-19: Public health must be “at the core” of global recovery plans, say doctors

BMJ 2020; 369:m2077 | published 22nd May 2020

Global health leaders have urged governments to put public health “at the core” of economic recovery from covid-19.

In a joint letter to all G20 heads of state, organisations representing over 40 million doctors, nurses, and other health professionals say national economic stimulus packages should be designed and approved by medical and scientific leaders, to ensure that “short and long term public health repercussions” are prioritised in policy making.

The letter argues for a science based approach to recovery which must include decisions to reduce both air pollution and greenhouse gas emissions.

Full article: [Covid-19: Public health must be “at the core” of global recovery plans, say doctors](https://www.bmj.com/content/bmj/369/bmj.m2077.full.pdf)

**Title**: £5 million funding given to mental health community projects

Source: Department of Health & Social Care | published 29th May 2020

Community projects supporting people with their mental health during the coronavirus (COVID-19) pandemic will benefit from their share of £5 million of additional funding | Department of Health and Social Care.

* Community projects nationwide set to receive share of £5 million government investment to expand mental health support
* Cash boost will help existing services respond to global pandemic and protect nation’s wellbeing
* Funding to be delivered by mental health charity Mind

Community projects supporting people with their mental health during the coronavirus (COVID-19) pandemic are set to benefit from their share of £5 million of additional funding, Mental Health Minister Nadine Dorries has announced.

Voluntary organisations from across the country – such as local Mind organisations, Ambitious about Autism, Support After Rape and Sexual Violence, LGBT Foundation and Campaign Against Living Miserably – will receive a financial boost to expand their existing support services.

This fund is administered by Mind as part of the Mental Health Consortia, made up of Mind, the Association of Mental Health Providers, Centre for Mental Health, Mental Health Foundation, the National Survivor User Network and Rethink Mental Illness.

Full detail at [Department of Health & Social Care](https://www.gov.uk/government/news/5-million-funding-given-to-mental-health-community-projects?utm_source=7c55f848-5914-41b2-b438-8594478bfc26&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: The Manchester Briefing on COVID-19: International lessons for local and national government recovery and renewal

Alliance MBS | Week beginning 25th May 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. This week’s briefing includes a section on - Starting recovery and renewal, which outlines the issues that should be considered by all partners in the initial stages of planning recovery and renewal from COVID-19.

Full document: [The Manchester Briefing on COVID-19](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b8-wb25thmay2020final.pdf?gator_td=p%2fXqOnht0yrXU8vwY4%2f8reDpRMFXoxYR6AxxA%2b960IoU7ltic0H9saZbFrTKPWLv5GuXzWZ4fz9WQAX6iblchL1qA2uIgg6lviAkXQLoqqGMvx847%2bnTmc9MP972hUV4Sibn5as%2belzdC1ourso6Ig%3d%3d)

**Infection control**

**Title**: NHS test and trace: how it works

Source: Department of Health and Social Care | 27th May 2020

An overview of the NHS test and trace service, including what happens if you test positive for coronavirus (COVID-19) or have had close contact with someone who has tested positive*.*

The NHS test and trace service ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents.

It helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

The service will allow us to trace the spread of the virus and isolate new infections and play a vital role in giving us early warning if the virus is increasing again, locally or nationally.

Full detail at [Department of Health and Social Care](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works?utm_source=62c084ed-8a21-47f3-aba6-0026b5bc0ec0&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also:

* Press release: [Government launches NHS Test and Trace service](https://www.gov.uk/government/news/government-launches-nhs-test-and-trace-service?utm_source=abb6a36c-ca64-497a-8db4-7581559a9730&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)
* [NHS test and trace: workplace guidance](https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance?utm_source=3ad1e505-7776-4963-b366-f718239cf904&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate): Guidance on the NHS test and trace service for employers, businesses and workers.

**Title**: Guidance for contacts of a person with a positive test result for coronavirus (COVID-19) who do not live with that person

Source: Public Health England | published 28th May 2020

This guidance is for people who have been notified by NHS Test and Trace that they are a contact of a person who has had a positive test result for coronavirus (COVID-19).

Full guidance at [Public Health England](https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person)

**Title:** Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region

Source: World Health Organisation | 21st May 2020

In countries with community transmission of COVID-19, over 40% of total confirmed COVID-19 deaths occur in long-term care facilities, and in some cases, this is closer to 60%. This affects not only those in need of long-term care, many of whom are older people, but also their families who are put at risk of infection. To mitigate the mortality impact of COVID-19, it is important to reduce its spread in long-term care systems.

WHO/Europe has released new technical guidance on how to prevent and manage COVID-19 infections in long-term care services. The guidance identifies ten policy objectives, together with proposed actions and examples from across the Region, to inspire decision-makers, policy-makers and national or regional health authorities as they seek ways to prevent and manage the COVID-19 pandemic in long-term care services.

Full document: [Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region](http://www.euro.who.int/__data/assets/pdf_file/0004/443605/Tech-guidance-6-COVID19-eng.pdf)

**Title:** Covid-19: ensuring equality of access to testing for ethnic minorities

Source: BMJ 2020; | 369:m2122 | published 29th May 2020

Until successful vaccination programmes are in place governments will be heavily reliant on widespread testing and contact tracing to reduce the reproduction number of SARS-CoV-2. Meanwhile international evidence continues to emerge about ethnic disparities in covid-19 morbidity and mortality,echoing the unequal burdens of other global epidemics such as tuberculosis, hepatitis, and HIV. At this crucial juncture, health and policy planners must ensure that access to and uptake of SARS-CoV-2 testing is equitable across all social and economic gradients.

Full editorial: [Covid-19: ensuring equality of access to testing for ethnic minorities](https://www.bmj.com/content/bmj/369/bmj.m2122.full.pdf)

**Title:** Guidance for Imaging and Radiotherapy services during the Covid-19 pandemic: Use of face coverings for patients, clients and carers

Source: The Society & College of Radiographers | 26th May 2020

This guidance is for imaging and radiotherapy services to help promote good practice when social distancing cannot be managed. It is offered to members to support the development of local policy.

The use of face coverings in such situations is aimed at reducing the spread of Covid-19 between patients or clients and their carers, as staff will be wearing PPE as appropriate. There is evidence that cloth coverings can decrease the amount of virus passing from the wearer by as much as 99%.

Full guidance: [Guidance for Imaging and Radiotherapy services during the Covid-19 pandemic: Use of face coverings for patients, clients and carers](https://www.sor.org/sites/default/files/document-versions/guidance_for_imaging_and_radiotherapy_services_during_the_covid-19_pandemic-_use_of_face_coverings_for_patients_clients_and_carers.pdf)

**workforce wellbeing**

**TITLE**: NO REST IN SIGHT FOR NHS STAFF MEANS TAKING ACTION TO SUPPORT THEIR MENTAL HEALTH

Source: HSJ | published 25th May 2020

Trusts must plan now to take careful action to minimise the chance that staff will become unwell and identify those who have been negatively impacted by their experiences to ensure that they are provided with appropriate evidence-based support or care.

Full detail at [Health Service Journal](https://www.hsj.co.uk/workforce/no-rest-in-sight-for-nhs-staff-means-taking-action-to-support-their-mental-health-/7027698.article)

**Title:** Government boosts UK PPE supply with more than 100 new deals

Source: Department of Health and Social Care | 26th May 2020

The government has signed deals with more than 100 new suppliers from around the world as well as ramping up domestic production to help meet demand for PPE | via Department of Health and Social Care.

A significant boost to PPE supplies that should help meet demand in the health and social care sectors has been announced by the government. It has signed deals with more than 100 new suppliers from around the world in a challenging global market, including securing a further 3.7 billion gloves to help meet the expected demand.

* Over 100 new suppliers contracted around the world to significantly boost UK PPE supply
* Domestic production also ramped up significantly with contracts signed to manufacture 2 billion items of PPE in the UK
* Over 1.48 billion items of PPE delivered to the frontline in England with tens of millions more items distributed in Scotland, Northern Ireland and Wales

Full detail at [Department of Health and Social Care](https://www.gov.uk/government/news/government-significantly-boosts-uk-ppe-supply-with-more-than-100-new-deals?utm_source=bf22a7b2-6e70-44d2-b872-5a577fc1239a&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** “IS IT SAFE FOR ME TO GO TO WORK?” RISK STRATIFICATION FOR WORKERS DURING THE COVID-19 PANDEMIC

Source: New England Journal of Medicine | 26th May 2020

In this perspective piece, the author proposes a framework to help clinicians counsel patients about continuing to work in the midst of the pandemic that is based on their occupational risk of contracting SARS-CoV-2 and their risk of death if they are infected.

Full paper: [“Is It Safe for Me to Go to Work?” Risk Stratification for Workers during the Covid-19 Pandemic](https://www.nejm.org/doi/pdf/10.1056/NEJMp2013413?articleTools=true)

**Title:** Second Personal Protective Equipment Survey of UK Nursing Staff Report: Use and availability of PPE during the COVID-19 pandemic

Source: The Royal College of Nursing | published 28th May 2020

The Royal College of Nursing has undertaken two surveys of health and care staff to identify their experiences and ongoing issues with the supply of and access to Personal Protective Equipment (PPE) during the COVID-19 pandemic. This report details the findings of the second survey (May 2020).

Key findings include:

• over a third of respondents felt pressure to care for individuals with possible or confirmed COVID-19 without adequate protection. This is significantly worse for BAME nursing staff where over half (56%) felt pressure to work without the correct PPE

• one in five respondents in non-high-risk areas are concerned about the supply of eye/face protection, with a further 12% concerned there are not currently enough for them to use. The situation is worse for BAME respondents where one in four said there was not enough eye/face protection or enough fluid-repellent surgical masks for them to use during their shift

• twice as many BAME respondents said there were not enough surgical masks, disposable plastic aprons and disposable gloves than white British respondents

• a third of respondents have not received training on what standard PPE to wear and when they should wear it. Training is more prevalent in hospital settings, than care home and community settings

• those working in a care homes were most likely to report that they felt pressured to care for individuals with possible or confirmed COVID-19 without adequate protection (41%) than those working in a hospital (38%) or the community (24%).

Full report: [Second Personal Protective Equipment Survey of UK Nursing Staff Report](http://downloads2.dodsmonitoring.com/downloads/Misc_Files/Second%20Personal%20Protective%20Equipment%20survey%20report.pdf)

See also: RCN press release: [BAME nursing staff experiencing greater PPE shortages despite COVID-19 risk warnings](https://www.rcn.org.uk/news-and-events/news/uk-bame-nursing-staff-experiencing-greater-ppe-shortages-covid-19-280520)

**Title:** How might the NHS protect the mental health of health-care workers after the COVID-19 crisis?

Source: The Lancet Psychiatry | published 28th May 2020

Throughout the COVID-19 crisis, many health-care workers have worked long hours in high-pressured novel circumstances characterised by trauma and moral dilemmas.

Health-care workers have contended with the risk of infection, and by extension infecting their families, with outcomes seemingly worse for some, including black, Asian, and minority ethnic staff. Additionally, remote working is likely to have had its own challenges. Some staff will undoubtedly thrive in such circumstances, but we should now plan how to identify and support those who do not.

Full comment[: How might the NHS protect the mental health of health-care workers after the COVID-19 crisis?](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930224-8)

**other**

**TITLE:** EARLY INSIGHT INTO THE IMPACTS OF COVID-19 ON CARE FOR PEOPLE WITH LONG-TERM CONDITIONS

Source: The Health Foundation | 21st May 2020

Although the government has put measures in place to protect and support vulnerable people with long-term health conditions, there might still be several reasons that access to care has been restricted during the peak of COVID-19 and lockdown. These include:

* patients may choose not to access care or treatment, through fears they might contract or transmit COVID-19 or concerns about breaking the lockdown measures, or
* they are unable to get an appointment or the care they feel they need.

To examine the impact of COVID-19 on access to and use of health care services for people with pre-existing health conditions, the Health Foundation supported an online YouGov survey of members of the public. 6,005 UK citizens responded to the survey between 6 and 11 May.

**Title**: CARE HOMES IN LONDON AND THE NORTH WORSE HIT BY COVID-19 THAN OTHER AREAS OF ENGLAND

Source: The Health Foundation | 26th May 2020

New analysis from the Health Foundation reveals significant regional variation in the impact of COVID-19 on care homes across England, with London and the North of England the hardest hit in terms of the proportion of deaths among residents.

While the South East has seen 2,109 deaths among care home residents related to COVID-19 (more than any other area in England), after adjusting for the number of care home beds within each region, a very different picture emerges. London and the North have had the highest number of deaths per care home bed – 4.68 and 3.16 deaths per 100 beds. Whereas the South East, South West, East Midlands and East of England have had least – 2.47, 1.83, 2.03 and 2.06 deaths per 100 beds, respectively.

Full detail at [The Health Foundation](https://www.health.org.uk/news-and-comment/news/care-homes-in-london-and-the-north-worse-hit-by-covid-19)

**Title**: Scope, quality, and inclusivity of clinical guidelines produced early in the covid-19 pandemic: rapid review

Source: BMJ 2020; 369:m1936 | published 26th May 2020

The objective of this rapid review was to appraise the availability, quality, and inclusivity of clinical guidelines produced in the early stage of the coronavirus disease 2019 (covid-19) pandemic.

The review found that guidelines available early in the covid-19 pandemic had methodological weaknesses and neglected vulnerable groups such as older people. A framework for development of clinical guidelines during public health emergencies is needed to ensure rigorous methods and the inclusion of vulnerable populations.

Full article: [Scope, quality, and inclusivity of clinical guidelines produced early in the covid-19 pandemic](https://www.bmj.com/content/bmj/369/bmj.m1936.full.pdf)

See also: [Research on covid-19 is suffering “imperfect incentives at every stage”](https://www.bmj.com/content/bmj/369/bmj.m2045.full.pdf) | BMJ 2020; 369:m2045 | published 28th May 2020

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>