COVID-19 weekly update

July 3rd 2020

**clinical Management**

**Title**: COVID-19 rapid evidence summary: vitamin D for COVID-19

NICE | 29th June 2020

Vitamin D is important for bone and muscle health. It has also been hypothesised that vitamin D may have a role in the body's immune response to respiratory viruses.

This evidence summary sets out the best available evidence on vitamin D for preventing or treating COVID‑19, or for the susceptibility to COVID‑19 based on vitamin D status. Treating or preventing acute respiratory tract infections more generally was out of scope.

Full detail: [COVID-19 rapid evidence summary: vitamin D for COVID-19](https://www.nice.org.uk/advice/es28/resources/covid19-rapid-evidence-summary-vitamin-d-for-covid19-pdf-1158182526661)

**Title**: Neurologic and Radiographic Findings Associated With COVID-19 Infection in Children

JAMA Neurology | 1st July 2020

Question:  What are the neurological manifestations of coronavirus disease 2019 (COVID-19) in children?

Findings:  In a case series of 4 children with COVID-19 and neurological symptoms, all 4 patients had signal changes in the splenium of the corpus callosum on neuroimaging and required intensive care admission for the treatment of COVID-19 pediatric multisystem inflammatory syndrome.

Meaning:  Children with COVID-19 may present with new neurological symptoms involving both the central and peripheral nervous system and splenial changes on imaging, in the absence of respiratory symptoms; this diagnosis should be considered within the differential diagnosis of splenial lesions.

Full detail: [Neurologic and Radiographic Findings Associated With COVID-19 Infection in Children](https://jamanetwork.com/journals/jamaneurology/fullarticle/2767979)

See also: [Rethinking Regional Neurologic Care in the Coronavirus Disease 2019 Era](https://jamanetwork.com/journals/jamaneurology/fullarticle/2767583) | JAMA Neurology | 29th June 2020

 **Title**: The effect of frailty on survival in patients with COVID-19 (COPE): a multicentre, European, observational cohort study

The Lancet Public Health | June 30th 2020

The COVID-19 pandemic has placed unprecedented strain on health-care systems. Frailty is being used in clinical decision making for patients with COVID-19, yet the prevalence and effect of frailty in people with COVID-19 is not known. In the COVID-19 in Older PEople (COPE) study we aimed to establish the prevalence of frailty in patients with COVID-19 who were admitted to hospital and investigate its association with mortality and duration of hospital stay.

The study found that in a large population of patients admitted to hospital with COVID-19, disease outcomes were better predicted by frailty than either age or comorbidity. Our results support the use of CFS to inform decision making about medical care in adult patients admitted to hospital with COVID-19.

Full article: [The effect of frailty on survival in patients with COVID-19 (COPE): a multicentre, European, observational cohort study](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930146-8)

**Title**: Respiratory failure and non-invasive respiratory support during the covid-19 pandemic: an update for re-deployed hospital doctors and primary care physicians

BMJ | 2020; 369: m2446 | 30th June 2020

Most patients who become seriously unwell with covid-19 do so primarily due to acute type 1 respiratory failure and benefit from early recognition of respiratory deterioration and appropriate escalation in respiratory support.

Respiratory deterioration can be identified by an increasing respiratory rate, an inability to talk in full sentences, the use of accessory muscles of breathing, decreasing oxygen levels in the blood, and an increased requirement for supplementary oxygen.

All patients with covid-19 admitted to hospital and many of those in the community should have a ceiling of care established at the earliest opportunity.

Full detail: [Respiratory failure and non-invasive respiratory support during the covid-19 pandemic](https://www.bmj.com/content/bmj/369/bmj.m2446.full.pdf)

**Title**: Lopinavir-ritonavir does not benefit hospitalised patients, UK trial finds

BMJ | 2020; 370: m2650 | 1st July 2020

The anti-HIV drug lopinavir-ritonavir does not improve survival of patients with covid-19 in hospital, according to new findings from the UK RECOVERY trial.

The data showed that, at 28 days, the death rate was not significantly different in patients randomly allocated to receive lopinavir-ritonavir compared with those randomly allocated to usual hospital care only (22.1% versus 21.3% (95% confidence interval 0.98 to 1.26); P=0.10). There was also no evidence of beneficial effects on risk of progression to mechanical ventilation or length of hospital stay.

Further detail: [Covid-19: Lopinavir-ritonavir does not benefit hospitalised patients, UK trial finds](https://www.bmj.com/content/bmj/370/bmj.m2650.full.pdf)

**Title**: Surgeons embrace virtual consultations to meet patients’ needs during pandemic

BMJ | 2020; 370: m2644 | 1st July 2020

The Royal College of Surgeons of England has published guidance on conducting virtual consultations after a survey found that 90% of surgeons had used them during the covid-19 pandemic.

A survey of 1741 surgeons and surgical trainees conducted by the college from 8 to 15 June found that 91% of surgeons had used telephone or video conferencing for patient consultations and outpatient clinics during the pandemic. Most (83%) also said that they had conducted team meetings remotely, such as multidisciplinary team meetings.

While virtual consultations are relatively common in the NHS, the college said that they would play a particularly significant role in the NHS after covid-19 and in future pandemic planning.

Further detail: [Surgeons embrace virtual consultations to meet patients’ needs during pandemic](https://www.bmj.com/content/bmj/370/bmj.m2644.full.pdf)

See also: [Royal College of Surgeons of England | Virtual consultations](https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-4/) | 30thJune 2020

**Title:** Endotheliopathy in COVID-19-associated coagulopathy: evidence from a single-centre, cross-sectional study

The Lancet Haematology | 30th June 2020

An important feature of severe acute respiratory syndrome coronavirus 2 pathogenesis is COVID-19-associated coagulopathy, characterised by increased thrombotic and microvascular complications. Previous studies have suggested a role for endothelial cell injury in COVID-19-associated coagulopathy.

To determine whether endotheliopathy is involved in COVID-19-associated coagulopathy pathogenesis, this study assessed markers of endothelial cell and platelet activation in critically and non-critically ill patients admitted to the hospital with COVID-19.

The findings show that endotheliopathy is present in COVID-19 and is likely to be associated with critical illness and death. Early identification of endotheliopathy and strategies to mitigate its progression might improve outcomes in COVID-19.

Full article[: Endotheliopathy in COVID-19-associated coagulopathy: evidence from a single-centre, cross-sectional study](https://www.thelancet.com/action/showPdf?pii=S2352-3026%2820%2930216-7)

**Title**: Clinical Characteristics and Outcomes in Patients With Coronavirus Disease 2019 and Multiple Sclerosis

JAMA Neurology | 26th June 2020

**Question:**  What are the risk factors for developing a severe form of coronavirus disease 2019 (COVID-19) in patients with multiple sclerosis (MS)?

**Findings:**  In this cohort study of 347 patients with MS, risk factors for severe forms of COVID-19 were neurological disability, age, and obesity, but no association was found between disease-modifying therapies exposure and COVID-19 severity.

**Meaning:**  The identification of these risk factors could provide a rationale for an individual strategy of clinical management in patients with MS during the COVID-19 pandemic.

Full detail: [Clinical Characteristics and Outcomes in Patients With Coronavirus Disease 2019 and Multiple Sclerosis](https://jamanetwork.com/journals/jamaneurology/fullarticle/2767776)

**Title**: General clinical management

Royal College of General Practitioners | updated 26th June 2020

Essential information for GPs about COVID-19, from symptoms to diagnosis to protecting practice staff.

Full detail: [General clinical management](https://elearning.rcgp.org.uk/mod/page/view.php?id=10550#RCGP)

**Title**: How to manage patients on lithium during the COVID-19 pandemic

Oxford Precision Psychiatry Lab | (updated 29th June 2020)

How to manage patients on lithium during the COVID-19 pandemic.

Full detail: [How to manage patients on lithium during the COVID-19 pandemic](https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/table-3-lithium-treatment/).

**Title**: Delirium in COVID-19: A case series and exploration of potential mechanisms for central nervous system involvement

General Hospital Psychiatry | Volume 65, July–August 2020

This paper suggests delirium should be recognized as a potential feature of infection with SARS-CoV-2 and may be the only presenting symptom. Based on the high rates of delirium demonstrated in prior studies, hospitals should consider adding mental status changes to the list of testing criteria.

Full article: [Delirium in COVID-19: A case series and exploration of potential mechanisms for central nervous system involvement](https://reader.elsevier.com/reader/sd/pii/S0163834320300694?token=27663445A74C3CB584E64EAF4240402B2FFCF3A5138BDF0C0AECD8F59767BD3AB3DE3AA4FEB3F076C6B428684AC02110)

**Title**: Diagnostic accuracy of serological tests for covid-19: systematic review and meta-analysis

BMJ | 2020; 370: m2516 | published 1st July 2020

The objective of this review was to determine the diagnostic accuracy of serological tests for coronavirus disease-2019. The paper concludes that higher quality clinical studies assessing the diagnostic accuracy of serological tests for covid-19 are urgently needed. Currently, available evidence does not support the continued use of existing point-of-care serological tests.

Full paper: [Diagnostic accuracy of serological tests for covid-19: systematic review and meta-analysis](https://www.bmj.com/content/bmj/370/bmj.m2516.full.pdf)

**Title**: Cancer care during and after the pandemic

BMJ | 2020; 370: m2622 | 2nd July 2020

The covid-19 pandemic has had a drastic effect on the entire cancer continuum through interruption, delays, and altered modes of screening, diagnosis, and treatment as well as follow-up and palliative care.

This editorial makes the point that many of the strategies used to manage cancer care during the pandemic, such as remote consultations, are not new, and it is unfortunate that it took a pandemic to accelerate their adoption. It is critical that these innovations are not scaled down without examining their effect on patient outcomes (which may be both positive and negative) and equity of access.

Full editorial: [Cancer care during and after the pandemic](https://www.bmj.com/content/370/bmj.m2622)

**Title**: Rebooting Gastroenterology and Hepatology Outpatients in the wake of COVID-19: Renewal, Redesign and establishing the “New Norm”

British Society of Gastroenterology

The COVID-19 pandemic presents a unique opportunity in the history of the NHS to redesign outpatient services utilising digital technology and remote consultations.

This guidance is a consensus of expert opinion which has been developed by the BSG Clinical Services and Standards Committee (CSSC), BSG executive and co-opted members. It sets out how to reconfigure outpatient gastroenterology and hepatology services using a toolkit of preexisting and innovative technologies.

Full guidance: [Rebooting Gastroenterology and Hepatology Outpatients in the wake of COVID-19](https://www.bsg.org.uk/wp-content/uploads/2020/07/Outpatient-services-restart-and-redesign-Ver-Final-2.pdf?x56907=)

**Title**: Emergence of Kawasaki disease related to SARS-CoV-2 infection in an epicentre of the French COVID-19 epidemic: a time-series analysis

The Lancet Child & Adolescent Health | 2nd July 2020

Kawasaki disease is an acute febrile systemic childhood vasculitis, which is suspected to be triggered by respiratory viral infections. This study aimed to examine whether the ongoing COVID-19 epidemic, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is associated with an increase in the incidence of Kawasaki disease.

The study suggests that viral respiratory infections, including SAR-CoV-2, could be triggers for Kawasaki disease and indicates the potential timing of an increase in incidence of the disease in COVID-19 epidemics. Health-care providers should be prepared to manage an influx of patients with severe Kawasaki disease, particularly in countries where the peak of COVID-19 has recently been reached.

Full article: [Emergence of Kawasaki disease related to SARS-CoV-2 infection in an epicentre of the French COVID-19 epidemic](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930175-9)

**recovery**

**Title**: Applications of digital technology in COVID-19 pandemic planning and response

The Lancet Digital Health | 29th June 2020

Countries that have maintained low COVID-19 per-capita mortality rates appear to share strategies that include early surveillance, testing, contact tracing, and strict quarantine. The scale of coordination and data management required for effective implementation of these strategies has—in most successful countries—relied on adopting digital technology and integrating it into policy and health care.

This Viewpoint provides a framework for the application of digital technologies in pandemic management and response, highlighting ways in which successful countries have adopted these technologies for pandemic planning, surveillance, testing, contact tracing, quarantine, and health care.

Full detail: [Applications of digital technology in COVID-19 pandemic planning and response](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930142-4)

**Title**: Returning the NHS to an even keel

Royal College of Physicians | 29th June 2020

This briefing provides insight into the challenges facing medical specialties. It shows that almost half of physician specialities, including cardiology, gastroenterology and rheumatology, expect to be working at less than previous pre-Covid activity levels for at least 12 months or more. The briefing captures several aspects of restarting activity including specialty capacity, adaptations to services, co-dependencies. It also provides an insight into potential capacity scenarios in genitourinary medicine and rheumatology.

Full report: [Returning the NHS to an even keel](https://www.rcplondon.ac.uk/file/22676/download)

**Title:** Recovery Position: What Next For The NHS?

NHS Providers | 30th June 2020

This report, based on the first full survey of NHS trust leaders since Covid-19 started, sets out the scale of increased demand and the dramatic loss of capacity many trusts are now facing as the NHS juggles treating Covid-19 patients with restarting the full range of services. The report shows that, while trusts are restoring services as fast as they can, some trusts – particularly acute hospitals – believe this restoration will take more than six months.

Full report: [Recovery Position: What next for The NHS?](https://nhsproviders.org/media/689775/recovery-position-what-next-for-the-nhs.pdf)

**Title:** Coronavirus And The Economic Value Of Human Life Or ... Is The Lockdown Worth It?

Institute of Economic Affairs | 25th June 2020

This briefing examines the ongoing argument about easing or ending the lockdown restrictions and considers numerous factors that will affect government decisions. It emphasises the importance of putting a monetary value on life as a tool to make cost-benefit analyses about the effectiveness of lockdown and makes clear that while people may feel squeamish about looking at human life in financial terms, such calculations are necessary to make the most of limited resources in the fairest and most effective way.

Full detail: [Coronavirus and the economic value of human life or ... Is the lockdown worth it?](https://iea.org.uk/themencode-pdf-viewer-sc/?file=/wp-content/uploads/2020/06/Is-the-lockdown-worth-it.pdf)

**TITLE**: “BUSINESS AS USUAL IS NOT AN OPTION”: PRIME MINISTER URGED TO CREATE NEW MENTAL HEALTH RENEWAL PLAN FOR ENGLAND

Centre for Mental Health | 1st July 2020

The devastating impact of the Covid-19 pandemic demands an urgent renewal plan for the nation’s mental health to avoid crisis, according to an unprecedented coalition of over 50 voluntary and social sector organisations which has written to the Prime Minister to call for a cross-government approach to put the nation’s mental health at the heart of its Covid-19 recovery plan.

Samaritans, Mental Health UK, Mind, Rethink Mental Illness, Mental Health Foundation, Centre for Mental Health, Young Minds and the Association of Mental Health Providers are among the charities joined by voices from across the voluntary sector who warn that the system will fail to cope with an increase in demand without a comprehensive and fundamentally new approach to mental health, which both prevents and responds to the damage inflicted on the nation’s mental health by Covid-19. The coalition is asking the Prime Minister to convene a cross-governmental group to work with the sector and provide the financial and political backing to develop policy and unlock crucial funding across England.

Further detail: [“Business as usual is not an option”: Prime Minister urged to create new Mental Health Renewal Plan for England](https://www.centreformentalhealth.org.uk/news/business-usual-not-option-prime-minister-urged-create-new-mental-health-renewal-plan-england)

Full publication: [A New Social Contract for a mentally healthier society](https://www.centreformentalhealth.org.uk/sites/default/files/a_new_social_contract_for_a_mentally_healthier_society_final.pdf)

**Title**: LONELINESS, ISOLATION, AND SOCIAL SUPPORT FACTORS IN POST-COVID-19 MENTAL HEALTH

Psychological Trauma: Theory, Research, Practice, and Policy | 18th June 2020

Social support plays a key role in well-being, yet one of the major preventative efforts for reducing the spread of COVID-19 involves social distancing. During times of crisis, social support is emphasized as a coping mechanism. This requires many people to change their typical ways of connectedness and assumes that people have existing healthy relationships or access to technology. The purpose of this article was to explore the potential impact of COVID-19 on loneliness and well-being.

Full document: [Loneliness, Isolation, and Social Support Factors in Post-COVID-19 Mental Health](https://doi.apa.org/fulltext/2020-43457-001.pdf)

**Title**: REHABILITATION NEEDS OF PEOPLE AFFECTED BY THE IMPACT OF COVID-19: GUIDANCE

Welsh Government | updated 1st July 2020

This guidance focuses on the rehabilitation needs of people who have been directly and indirectly affected by Covid-19, while recognising that rehabilitation is also a core component of the majority of essential and specialist services as set out in the Essentials Services Framework.

Full guidance: [Rehabilitation needs of people affected by the impact of COVID-19](https://gov.wales/sites/default/files/publications/2020-06/rehabilitation-needs-of-people-affected-by-the-impact-of-covid-19_1.pdf)

**Title**: Mass expansion of rehab beds for covid planned

HSJ | 29th June 2020

The NHS in the North West has been asked to prepare plans for up to 900 community-based beds for patients recovering from coronavirus and respiratory illnesses.

It may be an indication of a likely national plan to expand bed capacity across England ahead of a possible second peak of covid-19 demand in the winter. Crudely, if the 900 figure was repeated in other regions, it may amount to more than 6,000 additional beds England-wide.

Full detail: [Mass expansion of rehab beds for covid planned](https://www.hsj.co.uk/coronavirus/exclusive-mass-expansion-of-rehab-beds-for-covid-planned/7027934.article)

**Infection control**

**Title**: Lessons in contact tracing from Germany

BMJ | 2020; 369: m2522 | 25th June 2020

Although Germany’s lockdown was less intense and shorter than in some other European countries, including the UK, early implementation, in combination with widespread testing, contact tracing, and quarantine, have been successful in reducing the incidence of covid-19 and both covid-19 specific and excess deaths.

Full editorial: [Lessons in contact tracing from Germany](https://www.bmj.com/content/369/bmj.m2522)

**Title**: Patients endangered by ‘hazardous’ use of PPE

HSJ | 3rd July 2020

The “hazardous” use of personal protective equipment required because of Covid-19 is contributing to the spread of secondary infections in intensive care units and other hospital settings, a leading expert has told HSJ.

Infection Prevention Society vice president Professor Jennie Wilson, said: “[PPE] has been used to protect the staff, but the way it has been used has increased the risk of transmission between patients. The widespread use of PPE particularly in critical care environments has exacerbated the problem (of patient to patient transmission). Unless we tackle the approach to PPE we will continue to see this major risk of transmission of infections between patients.”

Full article: [Patients endangered by ‘hazardous’ use of PPE](https://www.hsj.co.uk/patients-endangered-by-hazardous-use-of-ppe/7027960.article?mkt_tok=eyJpIjoiTWpBNVltWmpaVE13T0RNeSIsInQiOiJsQzdXc0ZsNWJQaDJkWXJjUFBFc1VZR3UwSlhIS1R3ZUpMT08rd3BLR1gxUzM0cjlvRGVLWDc0MkZ2NnBrMkRrVno3SVJCVWY4Y1ltbHZQajBRaDczaDlwdlFxU2tZOFZWRHlyNDFFMXNoZ1ZrSFVFOGlzbmRyRmZibStoTmRYMyJ9)

**Title**: PPE spend to hit £14bn by the end of the year

HSJ | 2nd July 2020

The Treasury is preparing for spending on personal protective equipment for the health system to hit up to £14bn this financial year, HSJ understands — representing more than 10 per cent of the pre-covid NHS budget.

The revelation — an estimate of what has been spent since April and will be spent up to the end of March 2021 — underlines the huge hit to government budgets, and comes as the Treasury negotiates with the NHS over what funding it will get for the next phase of the coronavirus response.

Full article: [PPE spend to hit £14bn by the end of the year](https://www.hsj.co.uk/finance-and-efficiency/exclusive-ppe-spend-to-hit-14bn-by-the-end-of-the-year/7027951.article)

**Title**: Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19

Public Health England | updated 29th June 2020

NHS England and NHS Improvement, together with Public Health England, has published clinical guidance for healthcare professionals on maintaining our NHS immunisation programmes during COVID-19.

It gives advice on how to approach some of the specific challenges practices may face and includes a series of FAQs that can be used in communication with the public. The production of the guidance has been supported by the Royal College of General Practitioners (RCGP) and the Royal College of Paediatrics and Child Health (RCPCH).

Full guidance: [Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf)

**Title**: Role of children in the transmission of the COVID-19 pandemic: a rapid scoping review

BMJ Paediatrics | 21st June 2020

As a response to the COVID-19 pandemic, most countries have adopted measures of social distance, with the childhood population being one of the main focus of attention in these measures.

This review concludes that children are not transmitters to a greater extent than adults. There is a need to improve the validity of epidemiological surveillance to solve current uncertainties, and to take into account social determinants and child health inequalities during and after the current pandemic.

Full article: [Role of children in the transmission of the COVID-19 pandemic: a rapid scoping review](https://bmjpaedsopen.bmj.com/content/bmjpo/4/1/e000722.full.pdf)

**workforce wellbeing**

**TITLE**: WHAT HAS COVID-19 TAUGHT US ABOUT SUPPORTING WORKFORCE MENTAL HEALTH AND WELLBEING?

The Kings Fund | 25th June 2020

Since 2005 pandemic preparedness plans have highlighted the need to consider providing psychosocial support for health care workers. Despite this, several weeks into the Covid-19 UK outbreak there were significant gaps nationally in evidence, planning and implementation advice for what this provision should look like and who should be providing it. Hospital-based psychiatrists and psychologists were among the first to hear expressions of concern and need from colleagues facing sustained stress and loss.

Full detail: [What has Covid-19 taught us about supporting workforce mental health and wellbeing?](https://www.kingsfund.org.uk/blog/2020/06/covid-19-supporting-workforce-mental-health)

**TITLE**: MENTAL HEALTH OF HEALTH-CARE WORKERS IN THE COVID-19 ERA

Nature Reviews Nephrology | 19th June 2020

Health-care workers involved in the response to the COVID-19 pandemic are often required to work in highly challenging conditions and may therefore be at increased risk of experiencing mental health problems. This Comment sets out a practical approach to protecting the mental health of health-care workers based on contemporary evidence.

Full document: [Mental health of health-care workers in the Covid-19 era](https://www.nature.com/articles/s41581-020-0314-5.pdf)

**Title:** Caring for our carers: what can COVID-19 teach us about NHS staff wellbeing?

The Health Foundation | 26th June 2020

A focus on staff engagement and wellbeing forms part of the Health Foundation’s COVID-19 response. The Health Foundation are supporting work in three areas which the author of this blog believes are important to prioritise if the NHS is to effectively support staff wellbeing during the recovery from COVID-19 and beyond.

The three areas are:

1. Ensuring staff experience drives improvement
2. Increasing opportunities for reflective practice
3. Valuing supportive and compassionate leadership

Full detail: [Caring for our carers: what can COVID-19 teach us about NHS staff wellbeing?](https://www.health.org.uk/news-and-comment/blogs/caring-for-our-carers-what-can-covid-19-teach-us-about-nhs-staff-wellbeing)

**Health management**

**TITLE:** NHS LEADERS BRACED FOR LONGER WAITING TIMES AS SERVICE DEALS WITH FALLOUT

BMJ | 2020; 370: m2639 | 1st July 2020

Waiting times for tests and treatment not related to covid-19 are likely to increase significantly in the second half of 2020 because of the fallout from the pandemic, the head of NHS England has acknowledged.

Giving evidence to the Commons health select committee on 30 June, NHS England’s chief executive Simon Stevens said that contrary to some commentary, the NHS’s overall waiting list actually dropped by over half a million people between February and April 2020 because fewer people were coming forward for treatment.

But, he added, “As referrals return we expect that will go up significantly over the second half of the year.”

Full news article: [NHS leaders braced for longer waiting times as service deals with fallout](https://www.bmj.com/content/370/bmj.m2639)

**Title:** How covid turned NHS finances on their head

HSJ [podcast] | 2nd July 2020

This week’s HSJ podcast looks at the financial landscape now faced by the NHS.

HSJ podcast: [How covid turned NHS finances on their head](https://www.hsj.co.uk/hsj-health-check-podcast/hsj-podcast-how-covid-turned-nhs-finances-on-their-head/7027963.article?mkt_tok=eyJpIjoiTWpBNVltWmpaVE13T0RNeSIsInQiOiJsQzdXc0ZsNWJQaDJkWXJjUFBFc1VZR3UwSlhIS1R3ZUpMT08rd3BLR1gxUzM0cjlvRGVLWDc0MkZ2NnBrMkRrVno3SVJCVWY4Y1ltbHZQajBRaDczaDlwdlFxU2tZOFZWRHlyNDFFMXNoZ1ZrSFVFOGlzbmRyRmZibStoTmRYMyJ9)

**other**

**TITLE:** EXCESS DEATHS IN THE USA FROM COVID-19 AND OTHER CAUSES, MARCH-APRIL 2020

JAMA | 1st July 2020

The number of publicly reported deaths from coronavirus disease 2019 (COVID-19) may underestimate the pandemic’s death toll. Such estimates rely on provisional data that are often incomplete and may omit undocumented deaths from COVID-19. Moreover, restrictions imposed by the pandemic (eg, stay-at-home orders) could claim lives indirectly through delayed care for acute emergencies, exacerbations of chronic diseases, and psychological distress (eg, drug overdoses). This study estimated excess deaths in the early weeks of the pandemic and the relative contribution of COVID-19 and other causes.

Full research letter: [Excess Deaths From COVID-19 and Other Causes, March-April 2020](https://jamanetwork.com/journals/jama/fullarticle/2768086)

**Title**: ESTIMATION OF EXCESS DEATHS ASSOCIATED WITH THE COVID-19 PANDEMIC IN THE UNITED STATES, MARCH TO MAY 2020

JAMA Internal Medicine | 1st July 2020

**Question:**  Did more all-cause deaths occur during the first months of the coronavirus disease 2019 (COVID-19) pandemic in the United States compared with the same months during previous years?

**Findings:**  In this cohort study, the number of deaths due to any cause increased by approximately 122 000 from March 1 to May 30, 2020, which is 28% higher than the reported number of COVID-19 deaths.

**Meaning:**  Official tallies of deaths due to COVID-19 underestimate the full increase in deaths associated with the pandemic in many states.

Full article: [Estimation of Excess Deaths Associated With the COVID-19 Pandemic in the United States, March to May 2020](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2767980?guestAccessKey=430b6dad-a4ab-42a5-bb2b-9f94c81b10d1&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=070120)

See also: [Coronavirus: US deaths could be 28% higher than official figures, warns study](https://news.sky.com/story/coronavirus-us-deaths-could-be-28-higher-than-official-figures-warns-study-12018895) | Sky News

**Title:** THE IMPACT OF THE COVID-19 EPIDEMIC ON ALL-CAUSE ATTENDANCES TO EMERGENCY DEPARTMENTS IN TWO LARGE LONDON HOSPITALS: AN OBSERVATIONAL STUDY

Imperial College | 1st July 2020

This report aimed to assess how the reorganisation of hospital care and admission policies to respond to the Covid-19 epidemic affected emergency attendances and emergency hospital admissions.

The report uses administrative patient level clinical hospital records from two large London hospitals from Imperial College Healthcare NHS Trust (St Mary’s and Charing Cross) to analyse trends in attendances to emergency departments and emergency admissions pre- and post-implementation of lock-down policies in England.

Full report: [The impact of the COVID-19 epidemic on all-cause attendances to emergency departments in two large London hospitals](https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-07-01-COVID19-Report-29.pdf)

**TITLE:**  CAN THE SUMMER TEMPERATURES REDUCE COVID-19 CASES?

Public Health | August 2020, pages 72-79

This pilot study proposes that cold environment may be an additional risk factor for COVID-19 cases.

•Majority countries having higher COVID-19 cases situated in higher latitude/cold region.

•Negative relationship exists between environment temperature and COVID-19 cases.

•The chance of COVID-19 cases in warmer countries is fewer than in colder countries.

•Cold environment may be an additional risk factor for SARS-CoV-2 infection.

Full article: [Can the summer temperatures reduce COVID-19 cases?](https://reader.elsevier.com/reader/sd/pii/S0033350620302304?token=9BA88916A52C9BE1A85B0AFCF6884D0C72DF95F4D7C8E0113633B40326CC7DA52859F78C08A853C225AE874CC4834F87)

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>