COVID-19 weekly update

June 5th 2020

**clinical management**

**Title**: A Randomized Trial of Hydroxychloroquine as Postexposure Prophylaxis for Covid-19

Source: The New England Journal of Medicine | 3rd June 2020

After conducting a randomized, double-blind, placebo-controlled trial across the United States and parts of Canada testing hydroxychloroquine as postexposure prophylaxis, the authors conclude that after high-risk or moderate-risk exposure to Covid-19, hydroxychloroquine did not prevent illness compatible with Covid-19 or confirmed infection when used as postexposure prophylaxis within 4 days after exposure.

Full document: [A Randomized Trial of Hydroxychloroquine as Postexposure Prophylaxis for Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2016638?articleTools=true)

Related editorial: [Hydroxychloroquine for the Prevention of Covid-19 — Searching for Evidence](https://www.nejm.org/doi/pdf/10.1056/NEJMe2020388?articleTools=true) | The New England Journal of Medicine | 3rd June 2020

**Title**: COVID-19 FAQs for surgeons

Source: British Orthopaedic Association | 2nd June 2020

The British Orthopaedic Association are providing a new resource for surgeons in the form of ‘Frequently asked questions’ for surgeons relating to COVID-19. The questions on a wide range of topics have been asked either at recent webinars or through enquiries by email, and more will be added to this page over time.

Full detail: [COVID-19 FAQs for surgeons](https://www.boa.ac.uk/latest-news/covid-faqs-for-surgeons.html)

**Title**: Kawasaki-like multisystem inflammatory syndrome in children during the covid-19 pandemic in Paris, France: prospective observational study

Source: BMJ 2020; 369:m2094 | published 3rd June 2020

This study attempts to describe the characteristics of children and adolescents affected by an outbreak of Kawasaki-like multisystem inflammatory syndrome and to evaluate a potential temporal association with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

Full document: [Kawasaki-like multisystem inflammatory syndrome in children during the covid-19 pandemic in Paris](https://www.bmj.com/content/bmj/369/bmj.m2094.full.pdf)

**Title**: Surgery Scheduling in a Crisis

Source: New England Journal of Medicine | 4th June 2020

To rapidly communicate short reports of innovative responses to Covid-19 around the world, along with a range of current thinking on policy and strategy relevant to the pandemic, the Journal has initiated the Covid-19 Notes series. This note looks at surgery scheduling during the current Covid-19 pandemic.

Full document: [Surgery Scheduling in a Crisis](https://www.nejm.org/doi/pdf/10.1056/NEJMc2017424?articleTools=true)

**Title:** Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection

Source: The Lancet | 29th May 2020

The impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on postoperative recovery needs to be understood to inform clinical decision making during and after the COVID-19 pandemic. This study reports 30-day mortality and pulmonary complication rates in patients with perioperative SARS-CoV-2 infection.

Full document: [Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931182-X)

**Title**: COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study

Source: The Lancet | 28th May 2020

Individuals with cancer, particularly those who are receiving systemic anticancer treatments, have been postulated to be at increased risk of mortality from COVID-19. This conjecture has considerable effect on the treatment of patients with cancer and data from large, multicentre studies to support this assumption are scarce because of the contingencies of the pandemic. This paper aims to describe the clinical and demographic characteristics and COVID-19 outcomes in patients with cancer.

Full document: [COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931173-9)

**TITLE:** CLINICAL CHARACTERISTICS, OUTCOMES, AND RISK FACTORS FOR MORTALITY IN PATIENTS WITH CANCER AND COVID-19 IN HUBEI, CHINA

Source: The Lancet Oncology | published 29th May 2020

Patients with cancer are a high-risk population in the COVID-19 pandemic. We aimed to describe clinical characteristics and outcomes of patients with cancer and COVID-19, and examined risk factors for mortality in this population.

The authors found that patients with cancer and COVID-19 who were admitted to hospital had a high case-fatality rate. Unfavourable prognostic factors, including receiving chemotherapy within 4 weeks before symptom onset and male sex, might help clinicians to identify patients at high risk of fatal outcomes.

Full article: [Clinical characteristics, outcomes, and risk factors for mortality in patients with cancer and COVID-19 in Hubei, China: a multicentre, retrospective, cohort study](https://www.thelancet.com/action/showPdf?pii=S1470-2045%2820%2930310-7)

See also: [Cancer and COVID-19: what do we really know?](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931240-X) | The Lancet 29th May 2020

**TITLE:**  THE ROLE AND RESPONSE OF PRIMARY CARE AND COMMUNITY NURSING IN THE DELIVERY OF PALLIATIVE CARE IN EPIDEMICS AND PANDEMICS

Source: Centre for Evidence-Based Medicine | 4th June 2020

This rapid review found:

* Community services play an important role in the provision of palliative care during pandemics, such as COVID-19.
* This review reveals a stark and concerning lack of evidence from previous pandemics around how primary care and community nursing services can best adapt palliative care provision within a pandemic.
* Important factors in a successful response include consistent and timely communication between policy makers and healthcare providers, workforce training and flexibility, and continued delivery of equipment and access to necessary support services, such as diagnostic tests.

Full detail: [The role and response of primary care and community nursing in the delivery of palliative care in epidemics and pandemics: a rapid review to inform practice and service delivery during the COVID-19 pandemic](https://www.cebm.net/covid-19/primary-carw-and-community-nursing/)

**TITLE:**  THROMBOSIS IN COVID-19: CLINICAL OUTCOMES, BIOCHEMICAL AND PATHOLOGICAL CHANGES, AND TREATMENTS

Source: Centre for Evidence-Based Medicine | 4th June 2020

Reports that COVID-19 is associated with venous and arterial thrombosis and pulmonary embolism and increased rates of thrombosis in cannulae and extracorporeal circuits for renal replacement or membrane oxygenation, have drawn attention to the coagulant effects of the disease.

This review concludes the best current strategies for confronting large vessel thrombosis in COVID-19 are prophylaxis with low-molecular-weight heparin and treatment with full-dose low-molecular-weight heparin with monitoring of anti-Factor Xa. There are no strong hypotheses regarding the pathogenesis of the coagulant effect of COVID-19 to guide therapy. Until the results of masked randomized controlled trials are available, treatments directed against components of putative pathogenic pathways, such as interleukin and complement, should be regarded as experimental.

Full detail: [Thrombosis in COVID-19: clinical outcomes, biochemical and pathological changes, and treatments](https://www.cebm.net/covid-19/thrombosis-in-covid-19-clinical-outcomes-biochemical-and-pathological-changes-and-treatments/)

**recovery**

**Title**: Preparing for the aftermath of COVID-19: Shifting risk and downstream health consequences

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

Due to the COVID-19 pandemic, the public is currently living through a collective continuous traumatic stressor. Objective risk levels shift with each new piece of data regarding the coronavirus. These data points are communicated through public health officials and the media, easily accessible through modern advanced technology including online news and push notifications. When objective risk changes, individuals must reappraise their subject risk levels.

Updating subjective risk levels several times per week is linked to ambiguity of the situation and uncertainty in daily life. The uncertainty and potential feelings of uncontrollability is linked to heightened anxiety. The continuous stress, anxiety, and uncertainty may have several negative downstream mental and physical health effects nationwide. The health care sector must begin preparing for the long-term consequences of the pandemic.

Further detail: [Preparing for the aftermath of COVID-19: Shifting risk and downstream health consequences](https://www.ncbi.nlm.nih.gov/research/coronavirus/publication/32478540)

**Title**: Social and psychological consequences of the COVID-19 outbreak: The experiences of Taiwan and Hong Kong.

Source: Psychological Trauma: Theory, Research, Practice, and Policy | Advance online publication

This article discusses the value of studying past social and psychological responses to pandemics and natural disasters in understanding reactions to coronavirus disease of 2019 (COVID-19). By examining severe acute respiratory syndrome (SARS) experiences in both Taiwan and Hong Kong, we indicate that psychological trauma might be a pathway whereby the COVID-19 outbreak affects long-term health and well-being and that psychological and collective trauma caused by the COVID-19 may relate to future preparedness and risk awareness. We conclude with a consideration of social-psychological processes for future research.

Further detail: [Social and psychological consequences of the COVID-19 outbreak: The experiences of Taiwan and Hong Kong](https://psycnet.apa.org/record/2020-37334-001)

**Title**: Handling uncertainty and ambiguity in the COVID-19 pandemic.

Source: Psychological Trauma: Theory, Research, Practice, and Policy | Advance online publication

The 2019 novel coronavirus outbreak is unprecedented. Yet some look to ready-made models to address it. This creates confusion about more adaptive responses that reflect an uncertain and ambiguous context. Those assessing associated mental health challenges must be wary of overdiagnosis. Handling the pandemic well, requires engaging the public as mature partners.

Further detail: [Handling uncertainty and ambiguity in the COVID-19 pandemic.](https://psycnet.apa.org/doiLanding?doi=10.1037%2Ftra0000713)

**Title**: Public Health and COVID-19: From Response to Recovery

Editorial piece from Disaster Medicine and Public Health Preparedness.

Full editorial: [Public Health and COVID-19: From Response to Recovery](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/96315CBFFAAC7A238BB27E6126778D37/S1935789320001111a.pdf/public_health_and_covid19_from_response_to_recovery.pdf)

**Title**: Readying for a Post–COVID-19 World. The Case for Concurrent Pandemic Disaster Response and Recovery Efforts in Public Health

Source: Journal of Public Health Management and Practice: July/August 2020

Governments around the world are focused on mitigating the effects of the COVID-19 pandemic to save lives. Less attention is being paid to planning for recovery and building a “new normal” in a post–COVID-19 world—a process that comprises the recovery domain of the disaster lifecycle. Amidst this evolving public health crisis, it may seem premature or even counterintuitive to begin actively planning for postpandemic recovery in public health services and systems, but this commentary states that now is the time.

Full document: [Readying for a post–COVID-19 World](https://journals.lww.com/jphmp/FullText/2020/07000/Readying_for_a_Post_COVID_19_World__The_Case_for.4.aspx)

**Title**: Global mental health and COVID-19

Source: The Lancet Psychiatry | 2nd June 2020

The COVID-19 pandemic has disrupted the delivery of mental health services globally, particularly in many lower-income and middle-income countries (LMICs), where the substantial demands on mental health care imposed by the pandemic are intersecting the already fragile and fragmented care systems. The global concern regarding the psychosocial consequences of COVID-19 has led major funding bodies and governments to increasingly call for proposals to address these effects.

Full document: [Global mental health and COVID-19](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930235-2)

**Title**: Implications of the broader impacts of Covid19 for healthcare

Source: The Strategy Unit | 29th May 2020

Emerging evidence suggests long -term effects for Covid -19 patients. However, there are also impacts on health outcomes for the general population to consider. For example, negative impacts associated with continued stress and reduced physical activity but potentially also positive impacts from reported improvements in air quality.

This rapid scan has been created to collate new and emerging evidence on broader health outcomes of the pandemic, including mental health, public health and long term conditions, providing a high level summary of some of the key insights.

Full document: [Implications of the broader impacts of Covid19 for healthcare](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-05/20200529%20Evidence%20rapid%20scan%206%20-%20Implications%20of%20the%20broader%20impacts%20of%20Covid19%20for%20healthcare.pdf)

**Title**: How mental health services are adapting to provide care in the pandemic

Source: BMJ 369: m2106| 2nd June 2020

As the NHS rapidly ramped up critical care capacity to deal with the surge of severely ill covid-19 patients, other specialties quickly had to rethink how to manage routine care while avoiding face-to-face contact with patients when possible. For mental health services this has meant a host of changes, the biggest being the rapid adoption of video and phone consultations— an approach that had rarely been used in a field where relationships and trust between clinicians and patients are vital, and where body language and eye contact are a key part of assessment.

Full detail: [How mental health services are adapting to provide care in the pandemic](https://www.bmj.com/content/bmj/369/bmj.m2106.full.pdf)

**TITLE:** ACTIVE CASE FINDING WITH CASE MANAGEMENT: THE KEY TO TACKLING THE COVID-19 PANDEMIC

Source: The Lancet | Published 4th June 2020

Countries have developed strategies to deal with the COVID-19 pandemic that fit their epidemiological situations, capacities, and values. This paper describe China's strategies for prevention and control of COVID-19 (containment and suppression) and their application, from the perspective of the COVID-19 experience to date in China.

Although China has contained severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and nearly stopped indigenous transmission, a strong suppression effort must continue to prevent re-establishment of community transmission from importation-related cases.

We believe that case finding and management, with identification and quarantine of close contacts, are vitally important containment measures and are essential in China's pathway forward. We describe the next steps planned in China that follow the containment effort. We believe that sharing countries' experiences will help the global community manage the COVID-19 pandemic by identifying what works in the struggle against SARS-CoV-2.

Full document: [Active case finding with case management: the key to tackling the COVID-19 pandemic](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931278-2)

**Infection control**

**Title**: Physical Distancing, Face Masks, and Eye Protection to Prevent Person-Person COVID-19 Transmission: A Systematic Review and Meta-Analysis

Source: The Lancet | 1st June 2020

The findings of this systematic review and meta-analysis support physical distancing of 1 m or more and provide quantitative estimates for models and contact tracing to inform policy. Optimum use of face masks, respirators, and eye protection in public and health-care settings should be informed by these findings and contextual factors. Robust randomised trials are needed to better inform the evidence for these interventions, but this systematic appraisal of currently best available evidence might inform interim guidance.

Full review: [Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931142-9)

See also: [Physical distancing of at least one metre is linked to large reduction in infection](https://www.bmj.com/content/bmj/369/bmj.m2211.full.pdf) BMJ  2020; 369: m2211

**Title:** Effects of non-pharmaceutical interventions on COVID-19 cases, deaths, and demand for hospital services in the UK: a modelling study

Source: The Lancet Public Health | 2nd June 2020

Non-pharmaceutical interventions have been implemented to reduce transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the UK. Projecting the size of an unmitigated epidemic and the potential effect of different control measures has been crucial to support evidence-based policy making during the early stages of the epidemic. This study assesses the potential impact of different control measures for mitigating the burden of COVID-19 in the UK.

Full article: [Effects of non-pharmaceutical interventions on COVID-19 cases, deaths, and demand for hospital services in the UK](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930133-X)

**Title**: Swabs Collected by Patients or Health Care Workers for SARS-CoV-2 Testing

Source: The New England Journal of Medicine | 3rd June 2020

This study shows the clinical usefulness of tongue, nasal, or mid-turbinate samples collected by patients as compared with nasopharyngeal samples collected by health care workers for the diagnosis of Covid-19. Adoption of techniques for sampling by patients can reduce PPE use and provide a more comfortable patient experience.

Full document: [Swabs Collected by Patients or Health Care Workers for SARS-CoV-2 Testing](https://www.nejm.org/doi/pdf/10.1056/NEJMc2016321?articleTools=true)

**Title:** Reducing transmission of SARS-CoV-2

Source: Science | published 27 May 2020

This article concludes that masks and testing are necessary to combat asymptomatic spread in aerosols and droplets.

Aerosol transmission of viruses must be acknowledged as a key factor leading to the spread of infectious respiratory diseases. Evidence suggests that SARS-CoV-2 is silently spreading in aerosols exhaled by highly contagious infected individuals with no symptoms. Owing to their smaller size, aerosols may lead to higher severity of COVID-19 because virus-containing aerosols penetrate more deeply into the lungs.

It is essential that control measures be introduced to reduce aerosol transmission. A multidisciplinary approach is needed to address a wide range of factors that lead to the production and airborne transmission of respiratory viruses, including the minimum virus titer required to cause COVID-19; viral load emitted as a function of droplet size before, during, and after infection; viability of the virus indoors and outdoors; mechanisms of transmission; airborne concentrations; and spatial patterns.

Full article: [Reducing transmission of SARS-CoV-2](https://science.sciencemag.org/content/sci/early/2020/06/02/science.abc6197.1.full.pdf)

**Title:** COVID-19 VACCINE DEVELOPMENT PIPELINE GEARS UP

Source: The Lancet | 6th June 2020

Vaccine makers are racing to develop COVID-19 vaccines, and have advanced ten candidates into clinical trials. But challenges remain as this paper reports.

Full paper: [COVID-19 vaccine development pipeline gears up](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931252-6)

**workforce wellbeing**

**TITLE**: COVID-19: DOCTORS NEED PROPER MENTAL HEALTH SUPPORT, SAYS BMA

Source: BMJ 2020; 369: m2192 | 1st June 2020

Nearly a third of doctors have reported that mental health conditions linked to their work - such as anxiety, depression, and burnout - have been made worse by the covid-19 pandemic, a survey by the BMA has found.

Full article: [Covid-19: Doctors need proper mental health support, says BMA](https://www.bmj.com/content/369/bmj.m2192)

**Title:** CORONAVIRUS: WHICH KEY WORKERS ARE MOST AT RISK?

Source: House of Commons Library | 2nd June 2020

The coronavirus pandemic has different impacts on different groups of workers. For workers defined by the Government as ‘key workers’ the health risk is heightened.

This Insight outlines which workers have experienced the biggest health risk, and breaks these groups down by ethnicity, gender, country of birth, disability status, household type, and rates of pay.

Full article: [Coronavirus: Which key workers are most at risk?](https://commonslibrary.parliament.uk/economy-business/work-incomes/coronavirus-which-key-workers-are-most-at-risk/)

**Title:** Addressing the disproportionate impact of COVID-19 on BAME staff: briefing update for stakeholder organisations

Source: NHS England | 29th May 2020

With evidence emerging of the impact of COVID-19 on black, Asian and minority ethnic (BAME) communities, healthcare leaders met in April to agree a plan to support BAME staff. The NHS response has since been underpinned by three principles of protecting, supporting, and engaging our staff.

Full detail: [Addressing the disproportionate impact of COVID-19 on BAME staff](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/BAME-risk-assessment-stakeholder-briefing.pdf)

**Title:** NHS urges trusts to raise awareness around COVID-19

Source: NHS England | 3rd June 2020

NHS leaders are calling on all hospital trusts and other healthcare providers to ensure additional information and guidance around social distancing, hand hygiene and PPE measures are widely promoted and accessible to staff working at all levels within their organisation.

This will involve looking at new and more effective ways to ensure those colleagues who might not have regular access to internal intranets, staff briefings, mobiles, apps and webinars – which may include porters, cleaners, agency, shift workers and support staff – also receive regular information updates on COVID-19 and the precautions they should be taking to protect themselves and others.

It comes as part of an additional drive to reduce the risk of contracting the virus among NHS staff, and particularly those identified at additional risk.

Full detail: [NHS urges trusts to raise awareness around COVID-19](https://www.england.nhs.uk/2020/06/nhs-urges-trusts-to-raise-awareness-around-covid-19/)

**Title:** Extended use or re-use of single-use surgical masks and filtering facepiece respirators: A rapid evidence review

Source: Centre for Evidence-Based Medicine | 5th June 2020

This review synthesises and compares international guidance and systematic review evidence on extended use, re-use or reprocessing of single-use surgical mask and filtering facepiece respirators.

The main findings were:

1. While extended use or re-use of single-use surgical masks or respirators (with or without reprocessing) is generally not recommended, guidance from various organisations supports such measures (preferably extended use rather than re-use) as a last-resort measure during critical shortage.
2. Comparisons across guidance documents and systematic reviews highlight limited evidence, varying levels of detail, and areas of inconsistency, especially in relation to re-use of respirators (with or without reprocessing) during and after aerosol generating procedures.
3. The reprocessing of surgical masks is not recommended.
4. Reprocessing of respirators under controlled and standardised conditions is recommended, but there is inconsistency regarding how or when this should take place and further research is needed in this area.
5. Where extended use or re-use is being practised, healthcare facilities and institutions should ensure that policies and systems are in place to enable these practices to be carried out in the safest way possible in line with available guidance.

Full detail: [Extended use or re-use of single-use surgical masks and filtering facepiece respirators: A rapid evidence review](https://www.cebm.net/covid-19/extended-use-or-re-use-of-single-use-surgical-masks-and-filtering-facepiece-respirators-a-rapid-evidence-review/)

**Health management**

**TITLE:** ENSURING AND SUSTAINING A PANDEMIC WORKFORCE

Source: The New England Journal of Medicine | 4th June 2020

Current efforts to fight the Covid-19 pandemic aim to slow viral spread and increase testing, protect health care workers from infection, and obtain ventilators and other equipment to prepare for a surge of critically ill patients. But additional actions are needed to rapidly increase health workforce capacity and to replenish it when personnel are quarantined or need time off to rest or care for sick family members.

Full document: [Ensuring and sustaining a Pandemic Workforce](https://www.nejm.org/doi/pdf/10.1056/NEJMp2006376?articleTools=true)

**Title**: Impact on health services of reducing non-covid related activity/access

Source: The Strategy Unit | 29th May 2020

As we approach the easing of lockdown restrictions, there are understandably concerns about the broader impacts of the pandemic on health services and non-Covid care. Data shows us that activity has reduced, suggesting unmet needs, potential exacerbations of existing conditions and delays in diagnosis.

This rapid scan has been created to collate new and emerging evidence on the implications for delivery of healthcare services.

Full document: [Impact on health services of reducing non-covid related activity/access](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-05/20200529%20Evidence%20rapid%20scan%205%20-%20Impact%20on%20health%20services%20of%20reducing%20non-covid%20related%20activity%20and%20access.pdf)

**Title:** Innovation and inspiration: examples of how providers are responding to coronavirus (COVID-19)

Source: Care Quality Commission

Health and care providers from all sectors have shared examples with CQC showing how they have innovated and adapted working practices to respond to the challenges of dealing with coronavirus (COVID-19).

The short examples, from small home care agencies to large acute hospitals, are also a celebration of the dedication and resourcefulness of health and care providers and staff.

Full detail: [Innovation and inspiration: examples of how providers are responding to coronavirus (COVID-19)](https://www.cqc.org.uk/publications/innovation-inspiration-examples-how-providers-are-responding-coronavirus-covid-19#hide10)

**TITLE:** HOW DO WE SECURE MORE EFFECTIVE PLACE-BASED PRIMARY CARE NETWORKS FOR THE LONG-TERM?

Source: Institute of Public Care | May 2020

This paper considers how local partners in health, care and wellbeing services across the UK have responded to the coronavirus pandemic so far.

It argues that to build effective place-based primary care networks on the ground for the longer term, partners will need to work together now to drive through further changes in shared services, systems, commitments and leadership.

Full detail: [How do we secure more effective place-based primary care networks for the long-term?](https://ipc.brookes.ac.uk/publications/Long-term%20primary%20care%20networks%20May%202020%20publication.pdf)

**other**

**TITLE:** COVID-19: REVIEW OF DISPARITIES IN RISKS AND OUTCOMES

Source: Public Health England |2nd June 2020

Public Health England (PHE) have produced a descriptive review of surveillance data on disparities in the risk and outcomes from COVID-19. The review looked at different factors including:

* age and sex
* where people live
* deprivation
* ethnicity
* people’s occupation
* care home residence

The review’s findings are based on the latest surveillance data available to PHE and from links to wider health data sets. The findings help improve PHE’s understanding of the COVID-19 pandemic and will help guide the future public health response to it.

Full document: [COVID-19: review of disparities in risks and outcomes](https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes)

**Title**: THE RISE AND RISE OF INTERPERSONAL VIOLENCE – AN UNINTENDED IMPACT OF THE COVID-19 RESPONSE ON FAMILIES

Source: World Health Organization | 3rd June 2020

Increases in interpersonal violence during times of crisis are well documented. In addition to contributing to increased fear, anxiety, financial stress and alcohol consumption, the COVID-19 pandemic has challenged the ability of health and social services to connect with and support victims of violence.

In the United Kingdom, calls, emails and website visits to Respect, the national domestic violence charity, have increased 97%, 185% and 581% respectively. Calls to Childline, run by the National Society for the Prevention of Cruelty to Children, from children reporting physical or emotional violence have increased 36% and 31% respectively. 14 women and 2 children were murdered in the first 3 weeks of COVID-19 lockdowns, the highest figures in 11 years.

As part of a global strategy and campaign to end violence against women and children, WHO has developed extensive catalogues of evidence-based recommendations and guidelines. These include the violence prevention frameworks INSPIRE and RESPECT, which are being localized and adapted to the unique circumstances of COVID-19 and its response.

Full detail: [The rise and rise of interpersonal violence – an unintended impact of the COVID-19 response on families](http://www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries/news/news/2020/6/the-rise-and-rise-of-interpersonal-violence-an-unintended-impact-of-the-covid-19-response-on-families)

See also: [Royal Colleges, charities and health bodies join forces to push for better support for those suffering domestic abuse](https://www.rcgp.org.uk/about-us/news/2020/june/royal-colleges-charities-and-health-bodies-join-forces-to-push-for-better-support.aspx) | RCGP | 1st June 2020

**Title:** Supporting carers during the COVID-19 pandemic

Source: Pharmaceutical Services Negotiating Committee | 2nd June 2020

During the COVID-19 pandemic, pharmacies have had to make necessary changes to their usual ways of working in order to ensure local communities can continue to access their medicines.

The Carers Trust has reported that some carers have had difficulty coping with some of these changes – including queuing outside the pharmacy as a result of social distancing measures and difficulty in accessing and arranging medicines delivery slots. Some young carers have also reported being turned away from pharmacies.

A [guide](https://carers.org/downloads/help-and-advice-section/getting-the-best-from-your-pharmacy-team-during-covid-19.pdf) has been published to support unpaid carers to make the most out of their pharmacy team. It sets out helpful hints and tips for carers.

Full detail: [Supporting carers during the COVID-19 pandemic](https://psnc.org.uk/our-news/supporting-carers-during-the-covid-19-pandemic/)

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

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

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