COVID-19 weekly update

9th October 2020

**clinical management**

**Title**: Prevalence, management, and outcomes of SARS-CoV-2 infections in older people and those with dementia in mental health wards in London

The Lancet Psychiatry | 5th October 2020

People living in group situations or with dementia are more vulnerable to infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Older people and those with multimorbidity have higher mortality if they become infected than the general population. However, no systematic study exists of COVID-19-related outcomes in older inpatients in psychiatric units, who comprise people from these high-risk groups.

The authors aimed to describe the period prevalence, demographics, symptoms (and asymptomatic cases), management, and survival outcomes of COVID-19 in the older inpatient psychiatric population and people with young-onset dementia in five National Health Service Trusts in London, UK, from March 1 to April 30, 2020.

The study found that patients in psychiatric inpatient settings who were admitted without known SARS-CoV-2 infection had a high risk of infection with SARS-CoV-2 compared with those in the community and had a higher proportion of deaths from COVID-19 than in the community.

Implementation of the long-standing policy of parity of esteem for mental health and planning for future COVID-19 waves in psychiatric hospitals is urgent.

Full paper: [Prevalence, management, and outcomes of SARS-CoV-2 infections in older people and those with dementia in mental health wards in London, UK: a retrospective observational study](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930434-X)

See also: [Minimising long-term effect of COVID-19 in dementia care](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32024-9/fulltext)

**Title**: Lopinavir–ritonavir in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial

The Lancet | 5th October 2020

Lopinavir–ritonavir has been proposed as a treatment for COVID-19 on the basis of in vitro activity, preclinical studies, and observational studies. This paper reports the results of a randomised trial to assess whether lopinavir–ritonavir improves outcomes in patients admitted to hospital with COVID-19.

The study found that in patients admitted to hospital with COVID-19, lopinavir–ritonavir was not associated with reductions in 28-day mortality, duration of hospital stay, or risk of progressing to invasive mechanical ventilation or death. These findings do not support the use of lopinavir–ritonavir for treatment of patients admitted to hospital with COVID-19.

Full article: [Lopinavir–ritonavir in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932013-4)

**Title**: Protecting surgery through a second wave

Royal College of Surgeons of England | 6th October 2020

Restoring elective services in the context of COVID-19 represents one of the most complex challenges that the NHS has ever faced. Following the suspension of non-urgent elective procedures earlier in the pandemic, planned surgery is now re-starting again in many parts of the country thanks to the extraordinary hard work and dedication of surgeons, their teams and colleagues across the health service. This survey of 970 surgeons working in hospitals across the UK highlights the challenges that persist.

Key recommendations:

* Funding for ring-fenced ‘COVID-light’ surgical beds in every region
* Guarantee access to speedy COVID tests for surgical teams, to keep surgery safe
* Use of the independent sector to provide ‘COVID-light’ sites must be maximised, not as an alternative to, but in addition to NHS hospitals
* Ensure the equitable allocation of nursing staff, theatre staff and anaesthetic staff, to support the continuation of surgery through the winter
* Every opportunity must be taken to support surgical trainees to gain experience and training time and complete their training

Full report: [Protecting surgery through a second wave](https://www.rcseng.ac.uk/-/media/files/rcs/coronavirus/report-protecting-surgery-through-a-second-wave--6-oct.pdf)

See also: [Surgeons call for ring-fenced beds to avoid ‘tsunami of cancellations’ during second COVID wave](https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/rcs-restoration-elective-services-report/)

**Title**: Neuropathology of patients with COVID-19 in Germany: a post-mortem case series

The Lancet Neurology | 5th October 2020

Prominent clinical symptoms of COVID-19 include CNS manifestations. However, it is unclear whether severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative agent of COVID-19, gains access to the CNS and whether it causes neuropathological changes. The authors of this study investigated the brain tissue of patients who died from COVID-19 for glial responses, inflammatory changes, and the presence of SARS-CoV-2 in the CNS.

The study revealed that in general, neuropathological changes in patients with COVID-19 seem to be mild, with pronounced neuroinflammatory changes in the brainstem being the most common finding. There was no evidence for CNS damage directly caused by SARS-CoV-2.

Full detail: [Neuropathology of patients with COVID-19 in Germany: a post-mortem case series](https://www.thelancet.com/action/showPdf?pii=S1474-4422%2820%2930308-2)

**Title**: Risk of venous thromboembolism in patients with COVID‐19: A systematic review and meta‐analysis

Research and Practice in Thrombosis and Haemostasis | 25th September 2020

Venous thromboembolism (VTE) is frequently observed in patients with coronavirus disease 2019 (COVID‐19). However, reported VTE‐rates differ substantially. This paper aimed at evaluating available data and estimating the prevalence of VTE in COVID‐19 patients.

The review found that VTE occurs in 22.7% of patients with COVID‐19 in the ICU, but VTE risk is also increased in non‐ICU hospitalized patients. Patients developing VTE had higher D‐dimer levels. Studies evaluating thromboprophylaxis strategies in patients with COVID‐19 are needed to improve prevention of VTE.

Full paper: [Risk of venous thromboembolism in patients with COVID‐19: A systematic review and meta‐analysis](https://onlinelibrary.wiley.com/doi/epdf/10.1002/rth2.12439)

**Title**: Remdesivir for Adults With COVID-19

Annals of Internal Medicine | 5th October 2020

Few treatments exist for coronavirus disease 2019 (COVID-19). The purpose of this study was to evaluate the effectiveness and harms of remdesivir for COVID-19.

The review concludes that in hospitalized adults with COVID-19, remdesivir probably improves recovery and reduces serious adverse events and may reduce mortality and time to clinical improvement. For adults not receiving mechanical ventilation or extracorporeal membrane oxygenation, a 5-day course of remdesivir may provide similar benefits to and fewer harms than a 10-day course.

Full detail: [Remdesivir for Adults with COVID-19. A Living Systematic Review for an American College of Physicians Practice Points](https://www.acpjournals.org/doi/10.7326/M20-5752)

**Title:** The Impact of COVID-19 on the Continuity of Cardiovascular Care

European Heart Journal | 6th October 2020

Healthcare services globally are combating the impact of SARS-CoV-2 and associated COVID-19 infection, which has caused significant morbidity and mortality across all affected countries. Whilst the medical community and resources have focused on this pandemic, it is important to consider that cardiovascular disease remains the most common cause of death globally and accounts for in excess of 17.8 million deaths annually.

Of concern, there was an alarming reduction in healthcare seeking behaviours during the enforced lockdown period to contain viral spread.  Admissions to hospital with an acute coronary syndrome significantly dropped and individuals who eventually sought medical help experienced a higher fatality rate.

These observations are difficult to accept when prognostically important therapies such as primary percutaneous coronary intervention were widely used prior to the pandemic. Moreover, as lockdown measures are tentatively eased we enter a precarious period when delivery of cardiovascular care will face several challenges and will need to constantly adapt to the pandemic’s evolution. In this article, the authors aim to provide an overview of these challenges and suggest potential solutions based on current models of care.

Full article: [The impact of Covid-19 on the continuity of cardiovascular care](https://watermark.silverchair.com/ehaa742.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAsswggLHBgkqhkiG9w0BBwagggK4MIICtAIBADCCAq0GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMQ8LAhz8A8M1-dHHPAgEQgIICfl3e1__AqssgvzoATPYJjt9pQ67z1_HCnJgvDWngF3ARKgP78UJdplHD6GAny-1GXIn8De50bUwn26qt8PV4G0L_5k5WI6Q7JI9ctmfYEnEyT6Vydj0apMCIGd7vRitd40xYKtkXnbXI_NzxGTqy2Tfx0Ng-cvoriXTahc0jKlmCLZIE091-w7B1jNLQrw554ARBHhPaaLeXaF7ifbdXfuAaGLoEf-yPE5HNrcms9kYD5_4xTJurbe61yt6Sdb28Uv7iMrrrXVG-VnOFzAzygo2cIF1JPYc2caQO93o-Mm5Cp68bg6GpfiC845hSUULpDqbOCPvAFWk9TO-v00tEhPw1zRPTqREEWvCdWEPYNvtWpMNLuvv7a9Uja0IFB9cVvomsjOV0Cvr_LoGuIBe608wz79KRFHkpTR1uWeSfdmYLNENRRfJmS6vGojLf8-sVI-7OOOPVYW1b8Y5FeKhG45BCb6fJQvarieE25fMvdtXVHyetcABY9nav2J-DOG6LzPQ0B5eDwjiWgLIew7Re2PXHZJ01jiPQwGQJos7WLwRxJVbIah46MJae5IwtFrTA2QdppOCapcY1aRZ05Y-ozqWHm7iDFpAZPl2THWgcZ6B9Q0py3ZVglja3QU4AM85plKieXGTzo5R8uZzg-yxQKruxrsqee0uUUGUOrZuFB6cj-9mPYf6D_bCL79mL_wwIYffzO7gAqe1N9B8STzaIa5BFz_lBmrGm6u2GfahrPXSs5thTxoirKb8p61f6B9gyBRvgDNwBO9___l-s1seGwdUX4SIhsPk_vs6vwI3a_9VUiEcGxtA78T40buRsyNLAFGAYpgvwkmJ-ZhFcol2i)

**Title**: Clinical impact of molecular point-of-care testing for suspected COVID-19 in hospital (COV-19POC)

The Lancet Respiratory Medicine | 8th October 2020

The management of the COVID-19 pandemic is hampered by long delays associated with centralised laboratory PCR testing. In hospitals, these delays lead to poor patient flow and nosocomial transmission. Rapid, accurate tests are therefore urgently needed in preparation for the next wave of the pandemic.

This article is the first to assess real-world impact of point-of-care-testing (POCT) for suspected COVID-19. The interventional study tracking SARS-CoV-2 testing on admission to a UK hospital reports that the wait for results was just 1.7 hours using POCT close to the patient’s bedside, compared with 21.3 hours using the standard process of PCR testing in a centralised lab within the hospital.

The findings from 1054 patients in the UK suggest that testing suspected COVID-19 at the point-of-care could help health-care providers better manage a surge in cases and reduce infection spread within the hospital.

Full article: [Clinical impact of molecular point-of-care testing for suspected COVID-19 in hospital (COV-19POC): a prospective, interventional, non-randomised, controlled study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930454-9)Top of Form

Related: [Near-patient SARS-CoV-2 molecular platforms: new-old tools for new-old problems](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30451-3/fulltext)

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

New England Journal of Medicine | 8th October 2020

Although several therapeutic agents have been evaluated for the treatment of coronavirus disease 2019 (Covid-19), no antiviral agents have yet been shown to be efficacious.

The authors conducted a double-blind, randomized, placebo-controlled trial of intravenous remdesivir in adults who were hospitalized with Covid-19 and had evidence of lower respiratory tract infection. 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 results showed that remdesivir was superior to placebo in shortening the time to recovery in adults who were hospitalized with Covid-19 and had evidence of lower respiratory tract infection.

Full article: [Remdesivir for the Treatment of Covid-19 — Final Report](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2007764)

**Title**: Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19

New England Journal of Medicine | 8th October 2020

Hydroxychloroquine and chloroquine have been proposed as treatments for coronavirus disease 2019 (Covid-19) on the basis of in vitro activity and data from uncontrolled studies and small, randomized trials.

In this randomized, controlled, open-label platform trial comparing a range of possible treatments with usual care in patients hospitalized with Covid-19, the authors randomly assigned 1561 patients to receive hydroxychloroquine and 3155 to receive usual care. The primary outcome was 28-day mortality.

The study concluded that among patients hospitalized with Covid-19, those who received hydroxychloroquine did not have a lower incidence of death at 28 days than those who received usual care.

Full article: [Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2022926?articleTools=true)

**recovery**

**Title**: Pandemic fatigue. Reinvigorating the public to prevent COVID-19

World Health Organisation

Despite documented public support for pandemic response strategies across the WHO European Region, Member States are reporting signs of pandemic fatigue in their populations – here defined as demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions.

Responding to a request from Member States for support in this field, this document provides a framework for the planning and implementation of national and subnational strategies to maintain and reinvigorate public support to prevent COVID-19.

Pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the COVID-19 pandemic have called for the implementation of invasive measures with unprecedented impacts on the daily lives of everyone, including those who have not been directly affected by the virus itself.

The framework is intended to support pandemic prevention and management. Given the complex nature of pandemic fatigue, a multifactorial action plan is needed. Actions must be based on the barriers and drivers experienced by people, and must be implemented in an integrated way across all levels of society. Strategies to maintain and reinvigorate public support must be informed by public health, societal, cultural and economic considerations, and must ensure that no one is left behind.

Full document: [Pandemic fatigue. Reinvigorating the public to prevent COVID-19](https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf)

**Title:** Long-term Health Consequences of COVID-19

JAMA Network | 5th October 2020

With more than 30 million documented infections and 1 million deaths worldwide, the coronavirus disease 2019 (COVID-19) pandemic continues unabated. The clinical spectrum of severe acute respiratory syndrome coronavirus (SARS-CoV) 2 infection ranges from asymptomatic infection to life-threatening and fatal disease.

Current estimates are that approximately 20 million people globally have “recovered”; however, clinicians are observing and reading reports of patients with persistent severe symptoms and even substantial end-organ dysfunction after SARS-CoV-2 infection.

Because COVID-19 is a new disease, much about the clinical course remains uncertain - in particular, the possible long-term health consequences, if any.

Full detail: [Long-term health consequences of Covid-19](https://jamanetwork.com/journals/jama/fullarticle/2771581?guestAccessKey=a50c1379-a7cd-47a6-939d-e94fbc90ee7f)

**Title:** The Chancellor’s Post-Pandemic Choices

Institute of Economic Affairs | 5th October 2020  
  
This briefing uses historical data and analysis to identify those policies that could maximise government revenue growth following the coronavirus crisis. It includes an analysis of public finances.

Full briefing: [The Chancellor’s Post-Pandemic Choices](https://iea.org.uk/wp-content/uploads/2020/10/The-Chancellors-Post-Pandemic-Choices-FINAL-1.pdf)

**Title:** How mental health charities are responding to Covid-19

Centre for Mental Health | 7th October 2020

Covid-19 has put extra pressure on many people’s mental health, and charities that provide helplines or support have reported increasing demands for help. Mental health organisations have had to quickly adapt their services to meet these needs and find ways of meeting additional demand with reduced resources. Charities that do not provide direct support have also been working hard to highlight the mental health impact of the pandemic and ensure people with mental health difficulties are considered in Government policy at every turn.

This short briefing summarises the activities of a group of seventeen national mental health organisations that have been working together to respond to the Covid-19 crisis in England since March 2020. The report outlines the ways in which our organisations have sought to understand and act on the mental health impacts and implications of Covid-19, the issues that we are all concerned about, and the steps each organisation is taking to support people’s mental health during the crisis.

Full briefing: [How mental health charities are responding to Covid-19](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_SectorVoicePaper.pdf)

**Title**: Effect of school closures on mortality from coronavirus disease 2019: old and new predictions

BMJ | 2020; 371: m3588 | 7th October 2020

The objective of this study was to replicate and analyse the information available to UK policymakers when the lockdown decision was taken in March 2020 in the United Kingdom.

It was predicted in March 2020 that in response to covid-19 a broad lockdown, as opposed to a focus on shielding the most vulnerable members of society, would reduce immediate demand for ICU beds at the cost of more deaths long term. The optimal strategy for saving lives in a covid-19 epidemic is different from that anticipated for an influenza epidemic with a different mortality age profile.

Full paper: [Effect of school closures on mortality from coronavirus disease 2019: old and new predictions](https://www.bmj.com/content/bmj/371/bmj.m3588.full.pdf)

**Title**: Covid-19, unemployment, and health: time for deeper solutions?

BMJ | 2020; 371: m3687 | 8th October 2020

As covid-19 drives unemployment rates around the world to levels unseen in generations, once radical economic policy proposals are rapidly gaining a hearing. This BMJ analysis examines how job guarantee or universal basic income schemes might support better health and better economics.

Full detail: [Covid-19, unemployment, and health: time for deeper solutions?](https://www.bmj.com/content/bmj/371/bmj.m3687.full.pdf)

**TITLE**: NICE & SIGN ANNOUNCE LATEST RAPID COVID-19 GUIDELINE WILL ADDRESS LONG COVID

National Institute for Health & Social Care | 5th October 2020

NICE and the Scottish Intercollegiate Guidelines Network (SIGN) have announced they will work with the Royal College of General Practitioners (RCGP) to develop a guideline on persistent effects of Covid-19 (Long Covid) on patients.

People have reported persistent symptoms of Covid-19 regardless of how ill they were initially or whether they were hospitalised. Longer term impacts can include on-going shortness of breath, fatigue, heart, lung, kidney, neurological and musculoskeletal problems.

It is estimated there could be as many as 60,000 people in the UK who probably have Long Covid.

The guideline will address, among other things, a formal definition of the disease, how to identify on-going symptoms and a definition of best practice investigation and treatment options to support the management of the condition across diverse communities.

Full detail: [NICE & SIGN announce latest rapid Covid-19 guideline will address Long Covid](https://www.nice.org.uk/news/article/nice-sign-announce-latest-rapid-covid-19-guideline-will-address-long-covid)

**Title:** Living with the COVID-19 pandemic: act now with the tools we have

The Lancet | 8th October 2020

The responses of countries to the COVID-19 pandemic have been disparate.  Many countries are reopening workplaces, schools, and social gatherings and striving to adapt their economies and resume international travel. Other countries are attempting to suppress transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by again restricting businesses, industries, and schools while hoping for future COVID-19 vaccines or treatments.

The Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH), the independent advisory group to the WHO Health Emergencies Programme, has reviewed information from countries around the world and has concluded that the most sound approach on the basis of current understanding is to deploy long-term strategies with a focus on preventing amplification of transmission, protecting those most at risk of severe illness, and supporting research to better understand the virus, the disease, and people's responses to them.

This comment piece suggests that with current knowledge, even in the absence of COVID-19 vaccines or treatments and comprehensive knowledge of the immune response to SARS-CoV-2, countries can navigate pathways to reduced transmission, decreased severe illness and mortality, and less economic disruption in the short and longer term.

Full detail: [Living with the COVID-19 pandemic: act now with the tools we have](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932117-6)

**Title:** Mental health: time to invest in quality

The Lancet | 10th October 2020

During a pandemic, good mental health is more important than ever. Without a focus on mental health, any response to COVID-19 will be deficient, reducing individual and societal resilience, and impeding social, economic, and cultural recovery.

2020 has been a difficult year for mental health. The threat of infection, repeated lockdowns, social isolation, and economic uncertainty have created widespread fear and anxiety. A [Rapid Review](https://www.thelancet.com/article/S0140-6736(20)30460-8/fulltext) published in *The Lancet* showed the negative psychological effects of enforced quarantines.

Many people who previously thought themselves unaffected by mental health issues have discovered that they, too, are vulnerable. Those with pre-existing mental health conditions have often found their difficulties increased. The precise neurological and psychiatric consequences of infection, meanwhile, remain unknown but demand careful monitoring.

This editorial explores what investment is needed from governments and non-governmental organisations to mitigate the mental health impact of COVID-19 and, more importantly, to improve mental health globally?

Full detail: [Mental health: time to invest in quality](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932110-3)

**Infection control**

**Title**: SARS-CoV-2 Vaccine Development & Implementation; Scenarios, Options, Key Decisions

The DELVE Initiative | 1st October 2020

The SARS-CoV-2 pandemic has led to a global effort to develop, test, manufacture and distribute effective vaccines at unprecedented speed. There are currently over 200 vaccine candidates in development and the results of initial large-scale trials are expected soon; however, to deliver a successful vaccination programme, many challenges remain.

This report discusses the key issues involved in developing, evaluating, manufacturing and distributing a vaccine for COVID-19, the impact of those challenges and future strategies to mitigate their effects.

Full report: [SARS-CoV-2 vaccine development & implementation; scenarios, options, key decisions](https://rs-delve.github.io/reports/2020/10/01/covid19-vaccination-report.html)

**Title**: Government invests in UK-developed antibody tests from UK Rapid Test Consortium

Department of Health and Social Care | 6th October 2020

The UK government has signed a deal with the UK-RTC for 1 million antibody tests. The home antibody tests will be rolled out as part of the government’s COVID-19 surveillance studies to help build a picture of how the virus has spread across the country and further develop our understanding of how antibodies work.

The test uses a finger-prick device and provides a result within 20 minutes, without the need to be sent to a lab for analysis and therefore has no impact on testing lab capacity.

Full detail: [Government invests in UK-developed antibody tests from UK Rapid Test Consortium](https://www.gov.uk/government/news/government-invests-in-uk-developed-antibody-tests-from-uk-rapid-test-consortium)

**Title**: 1 in 8 people in England have now been tested for coronavirus

Department of Health & Social Care | 2nd October 2020

1 in 8 people have now received a coronavirus test at least once since the launch of NHS Test and Trace on 28 May.

With close to 500 testing sites now operational across the UK, people with coronavirus symptoms are now travelling shorter distances to get tested, with the median distance just 4.3 miles, down from 5.2 miles the previous week.

The service has also seen significant improvements in turnaround times compared to the previous week. The median time taken to receive a result from taking a test in person is now 25 to 29 hours, with 70.6% of results received the day after they were taken, this is compared to 52.9% in the previous week.

Full detail: [1 in 8 people in England have now been tested for coronavirus](https://www.gov.uk/government/news/1-in-8-people-in-england-have-now-been-tested-for-coronavirus)

**Title**: Which rapid tests is the UK pinning its hopes on?

BMJ | 2020; 371: m3868 | 7th October 2020

Rapid diagnostic tests are integral to the government’s Moonshot plan to carry out up to 10 million covid-19 tests a day by early next year. This briefing looks at the options being developed and trialled.

Full detail: [Which rapid tests is the UK pinning its hopes on?](https://www.bmj.com/content/371/bmj.m3868)

**Title**: People are gathering again, but can crowds be made safe?

BMJ | 2020; 371: m3511 | 2nd October 2020

The human desire to gather is a deeper behavioural need than we might expect. This BMJ Feature examines why and how we might factor this into the pandemic response.

Full detail: [People are gathering again, but can crowds be made safe?](https://www.bmj.com/content/371/bmj.m3511)

**Title**: Supply chain problems could delay NHS tests

BMJ | 2020; 371: m3916 | 7th October 2020

The UK’s struggling covid-19 testing system faces further disruption after a failure in the supply chain of critical test kits made by the drug company Roche.

Biomedical scientists have warned that the problem, which is due to a switch to a new warehouse, could also affect testing across a whole range of conditions. This is the second glitch this week to affect England’s test and trace system, after an IT system error left 16 000 tests unreported, leading to an artificially low picture of the spread of the virus and delaying contact tracing efforts.

Full detail: [Supply chain problems could delay NHS tests](https://www.bmj.com/content/371/bmj.m3916)

**Title**: Infection rates have risen in hotspot areas despite local lockdowns, analysis shows

BMJ | 2020; 371: m3912 | 7th October 2020

Almost all areas of England that have been under covid-19 lockdown restrictions for two months have seen an increase in infection rates despite the measures, an analysis by the Labour Party has shown.

Currently, 20 areas in England are under restrictions, which were announced from 29 June to mid-September. Many of these are in the north west of England. But Labour’s analysis shows that 19 of these areas have seen infection rates increase since the restrictions were announced (see table).

Examples include Bolton, which has been under restrictions since 30 July but has seen its infection rate rise from 20 to 255 per 100 000 people; Bury, which has been under restrictions since 31 July but has seen its infection rate increase from 20 to 266 per 100 000; and Burnley, which has been under restrictions since 31 July but has seen its infection rate increase over 20-fold, from 21 to 434 per 100 000.

Full detail: [Infection rates have risen in hotspot areas despite local lockdowns, analysis shows](https://www.bmj.com/content/371/bmj.m3912)

**Title**: how to prioritize worse-off populations in allocating safe and effective vaccines

BMJ | 2020; 371: m3795 | 5th October 2020

How should we decide which population groups receive covid-19 vaccines before others? This BMJ Feature piece examines the existing frameworks and argues that prioritising worse-off groups is urgent, justified, and feasible.

Full detail: [Covid-19: how to prioritize worse-off populations in allocating safe and effective vaccines](https://www.bmj.com/content/371/bmj.m3795)

**workforce wellbeing**

**TITLE:** SO WHAT NOW? SUPPORTING STUDENTS THROUGH A GLOBAL PANDEMIC AND BEYOND

Royal College of Midwives| 7th October 2020  
This report finds that many student midwives are struggling under the weight of financial concerns, poor mental health and an unpredictable job market. It finds that 96 per cent of student midwives reported having mild or moderate mental health problems since the pandemic began.

The survey shows that by the end of July just 36 per cent of students in their final year of midwifery training had been offered a job in the NHS. At the same time, midwifery educator numbers are not keeping pace with the rise in student midwife numbers, potentially leaving students less supported throughout their training.

Full report: [So what now? Supporting students through a global pandemic and beyond](https://www.rcm.org.uk/media/4368/so-now-what-student-survey-2020-final.pdf)

See also: RCM press release: [Debt, dole, worry: Student midwives facing triple whammy threat](https://www.rcm.org.uk/media-releases/2020/october/debt-dole-worry-student-midwives-facing-triple-whammy-threat/)

**Title:** How to rapidly design and operationalise PPE donning and doffing areas for a COVID-19 care facility: quality improvement initiative

BMJ Open Quality | 2020 September; 9(3)

Effective implementation of standard precautions specific to COVID-19 is a challenge for hospitals within the existing constraints of time and resources. The aim of this paper was to rapidly design and operationalise personal protective equipment (PPE) donning and doffing areas required for a COVID-19 care facility.

Best practices in donning and doffing are described. The study recommends a minimum area of 16 m2 each for donning and doffing rooms. Verbally assisted doffing was found most useful than visual prompts.

The study used evidence-based literature and quality improvement (QI) tools to design and operationalise donning and doffing areas with focus on people, task and environment. The QI will enable healthcare facilities to rapidly prototype donning and doffing areas in a systematic way.

Full paper: [How to rapidly design and operationalise PPE donning and doffing areas for a COVID-19 care facility: quality improvement initiative](https://bmjopenquality.bmj.com/content/bmjqir/9/3/e001022.full.pdf)

**Health management**

**TITLE:** PANDEMIC THREATENS PRIMARY CARE FOR LONG TERM CONDITIONS

BMJ | 2020; 371: m3793 | 5th October 2020

This BMJ editorial suggests we must learn the important lessons from covid-19 and previous pandemics to avoid suboptimal management of long term conditions contributing to avoidable excess mortality in the medium term. Primary care must be sustainable, with a workload that is manageable, safe, and equitable. Clear, realistic, and fully resourced priorities must now be agreed through collaboration between the public, providers, and commissioners.

Full detail: [Pandemic threatens primary care for long term conditions](https://www.bmj.com/content/371/bmj.m3793)

**other**

**TITLE:** CARE HOMES REPORT

Amnesty International UK | 4th October 2020

As lockdown began, thousands of patients were sent from hospitals into care homes. In three months 18,562 people living in Care Homes died with COVID-19. This report *As if Expendable* highlights the UK Government's failure to protect older people in care homes during the COVID-19 pandemic

Cases of coronavirus are rising again in the build-up to winter, and the report states the government must learn lessons from its disastrous decisions and not repeat the same mistakes.

Full report: [As if Expendable. The UK government’s failure to protect older people in care homes during the Covid-19 pandemic](https://www.amnesty.org.uk/files/2020-10/Care%20Homes%20Report.pdf?kd5Z8eWzj8Q6ryzHkcaUnxfCtqe5Ddg6=)

**Title**: The changing demographics of COVID-19

The Lancet Respiratory Medicine | 6th October 2020

As societies around the world begin to reopen after many months of lockdown, a worrying shift is emerging in the demographic of COVID-19 cases towards individuals aged younger than 40 years. According to an analysis of 6 million cases between February and July, 2020, the number of infected people aged 15–24 years increased from 4·5% to 15%, possibly resulting from a combination of increased socialising in younger age groups and reversion to previous routines, including attending workplaces, schools, and universities, plus better surveillance.

Full detail: [The changing demographics of COVID-19](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30461-6/fulltext)

**Title:** Inequalities In Relation To Covid-19 And Their Effects On London

Greater London Authority | updated October 2020

This report highlights the disproportionate effect of Covid-19 in relation to disability, ethnicity, religion, gender, sexual orientation, gender identity, socioeconomic position, age and other factors, including homelessness and being in prison. It also finds that voluntary and community sector organisations play a crucial role in reaching those disproportionately impacted and marginalised groups, including disabled people.

Full report: [Rapid Evidence Review - Inequalities in relation to COVID-19 and their effects on London](https://data.london.gov.uk/dataset/rapid-evidence-review-inequalities-in-relation-to-covid-19-and-their-effects-on-london)

**Title:** CQC shares practical examples to harness learning from COVID-19 in emergency departments

Care Quality Commission | 5th October 2020

In preparation for a difficult winter CQC shares practical examples from emergency department staff to help trusts harness the learning from coronavirus (COVID-19)

The Coronavirus pandemic led to different ways of working within hospital Emergency Departments (EDs) and fewer attendances gave staff greater flexibility to ensure effective social distancing and robust infection control. With ED attendances now rising, balancing that increased demand alongside continued COVID-19 care will bring significant challenge – particularly as we head into winter, with the additional risk that subsequent spikes of the virus may coincide with seasonal flu, creating even greater problems.

CQC has worked with a group of frontline clinicians from good and outstanding EDs across the country to better understand what lessons can be learnt from the impact of the pandemic and what good practice can be harnessed to support long term service improvements.

Patient FIRST, is an online resource aimed at helping ED staff, hospital trusts and the wider system to build on the positive changes brought in during the peak of the pandemic. Produced in partnership with clinicians, it presents practical examples that hospitals can apply now in their preparations for the winter ahead and is a valuable quality assurance tool for trust leaders.

The resource focuses on five key areas; Flow, Infection control, Reduced ED attendances, Staffing and Treatment (FIRST). It suggests actions that can be taken at a departmental, trust and wider system level to maximise capacity, maintain effective patient flow and keep staff and patients safe.

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>

Full detail: [Project reset in emergency medicine. Patient FIRST](https://www.cqc.org.uk/sites/default/files/20201001-Patient-FIRST.pdf)