

COVID-19 Evidence Alert - 26 June 2020

Welcome

COVID-19 Evidence alert is a weekly update highlighting emerging evidence on the following key topics identified as useful in supporting Covid recovery planning:

1. [Residential settings](#)
2. [Impacts of lifting restrictions](#)
3. [Long term rehabilitation needs](#)
4. [Screening and testing](#)
5. [Broader impacts on health outcomes](#)
6. [Impact on non-Covid care](#)

This update follows on from a series of rapid evidence scans on these key topics, with corresponding evidence trackers providing details of relevant papers.

The evidence scans and corresponding evidence trackers can be found here:

<https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus> (see 'Evidence - Helping you to keep up to date').

Here you will also find details of the evidence that has been used to inform this weekly update.

We are also working on other key areas of interest such as impacts on inequalities and marginalised groups, which will be added to the alert once completed.

Analytical Collaboration for COVID-19

As previously described the collaboration are supporting ad hoc immediate questions raised by national bodies but are also using their expertise to focus on [questions](#) that the NHS may lack the immediate resources to look at, which may be more medium-term, cut across sectors, or benefit from independent analysis. This week the Strategy Unit published analyses on changes in healthcare activity since lockdown, these include:

- [Changes in A&E attendance patterns since Covid lockdown Wk20](#)
- [Changes in planned hospital admission since Covid lockdown Wk22](#)
- [Changes in A&E attendance patterns since Covid lockdown - Children and young people wk20](#)

Residential settings

Earlier searches identified a wave of papers on the impact of the pandemic in care homes. There have been fewer papers on the impact in other residential facilities, however a new blog from the Nuffield looks at what life might be like in prisons while the virus remains a threat, and what it might mean for access to health care. Research is starting to explore lessons learned from the first wave of COVID-19 that can help prepare in case of a second wave.

<https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus>

Commentary from the collaboration

[Covid-19: how is it impacting on prisoners' health?](#) Davies M. (Nuffield Trust, 22/06/20)

Guidance

[Coronavirus \(COVID-19\): admission and care of people in care homes.](#) Department of Health and Social Care, Care Quality Commission, Public Health England, and NHS England

[Coronavirus \(COVID-19\): reducing risk in adult social care.](#) Department of Health and Social Care.

Rapid reviews

[Rapid Review: What is the effectiveness of cohorting virus-positive residents to shared rooms in care facilities?](#) National Collaborating Centre for Methods and Tools. No research evidence was identified related to the effectiveness of cohorting COVID-19 virus-positive residents to shared rooms in long-term care facilities. Guidance documents are consistent in recommending isolation of positive cases in single rooms, and cohorting when single rooms are not available, based on past practice, recommendations related to control of other infections, and expert opinion.

[Strategies to Reduce the Impact of a Second Wave of COVID-19 in Long-Term Care Facilities.](#) Navarro P. Newfoundland and Labrador Centre for Applied Health Research. Long-term care facilities need integrated infection prevention and control programs to both identify and effectively respond to COVID-19 outbreaks. Lessons learned from the first wave of COVID-19 must be implemented in operational practices and policies, including: better supports for residents, managing and supporting healthcare workers, and managing both visitation and facilities. Only a few of the articles included in this review speak directly to reducing the impact of a second wave of COVID-19 on long-term care facilities.

Emerging evidence

[A Health System Response to COVID-19 in Long-Term Care and Post-Acute Care: A Three-Phase Approach.](#) Kim G et al, *J Am Geriat Soc*, 68(6). The University of Washington Medicine's (UWM's) Post-Acute Care (PAC) Network developed and implemented a three-phase approach within its pre-existing network of skilled nursing facilities (SNFs) to help slow the spread of the disease, support local area SNFs from becoming overwhelmed when inundated with COVID-19 cases or persons under investigation, and help decrease the burden on area hospitals, clinics, and emergency medical services.

Commentaries

[Preventing more deaths in care homes in a second pandemic surge](#). Oliver D, BMJ, 369:m2461 (23/6/20).

[Let's be open and honest about covid-19 deaths in care homes](#). Oliver D, BMJ 369:m2334 (18/6/20).

[Care home facilities as new COVID-19 hotspots: Lombardy Region \(Italy\) case study](#). Logar S, Archives of Gerontology and Geriatrics (89) 104087.

[COVID -19 Preparedness in Nursing Homes in the Midst of the Pandemic](#). Quigley DD et al. Journal of the American Geriatrics Society (68)6.

[Does the Coronavirus \(COVID-19\) Pandemic Call for a New Model of Older People Care?](#) Palombi L et al., Frontiers in Public Health (18/6/20)

[Telemedicine in nursing homes during the COVID -19 outbreak: A star is born \(again\)](#). Cormi C et al. Geriatrics & Gerontology International, 20(6).

[COVID-19 and U.S.-based refugee populations: Commentary](#). Mattar S & Piwowarczyk LA. Psychological Trauma: Theory, Research Practice and Policy.

[Caregiving at a Physical Distance: Initial Thoughts for COVID -19 and Beyond](#). Duong MT & Karlawish J. J Am Geriat Soc. 68(6).

Useful resources

[Care homes and COVID-19: advice and best practice](#), SCIE

[Homeless Shelters Face High COVID-19 Risks](#). Kuehn BM, JAMA Network 323(22).

Impacts of lifting restrictions

New rapid reviews from the Oxford Centre for Evidence Based Medicine explore the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission, and transmission dynamics of COVID-19. Community engagement to support contextually specific, acceptable and appropriate COVID-19 prevention and control measures is also explored.

Rapid reviews

[What is the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission?](#) Qureshi Z, Jones N, Temple R et al. Centre for Evidence Based Medicine. This rapid review assesses available evidence for the 2-metre social distancing rule and reduction in COVID-19 transmission. Key findings include that the 2-metre rule is based on an outdated model assuming that viral transmission occurs in either large droplets or small airborne particles. Transmission is

more complex, with a continuum of droplets sizes and exhaled air influencing transmission range. It is recommended that distancing rules should account for viral load, ventilation, type of activity, transmission in outdoor vs indoor settings, and use of face masks.

[Analysis of the Transmission Dynamics of COVID-19: An Open Evidence Review.](#) Jefferson T, Spencer EA, Plüddemann A, Roberts N, Heneghan C. Oxford COVID-19 Evidence Centre. The first part of the Open Evidence Synthesis will consist of a search of the evidence and description with tabulation of the findings. In the second phase, as we make more information available, it may be possible to either define a mode of transmission or to set out a series of hypotheses to be tested by further work. We will set out the policy implications and recommendations in line with our evidence extractions. Because of the public health importance of this work and its evolving nature, we will post extractions and summaries of all included studies on this site with brief comments. We post summaries as soon as they are available, we source the evidence continually and update our database searches every two weeks.

[Community engagement for COVID-19 prevention and control: A Rapid Evidence Synthesis.](#) Gilmore B et al., MedRxiv. COVID-19 global presence and social transmission pathways require social and community responses. This may be particularly important to reach marginalised populations and support equity-informed responses. Previous experience from outbreaks shows that community engagement can take many forms and include different actors and approaches who support various prevention and control activities. Countries worldwide are encouraged to assess existing community engagement structures, and utilise community engagement approaches to support contextually specific, acceptable and appropriate COVID-19 prevention and control measures.

Emerging evidence

[Covid-19 and spatial planning. A few issues concerning public policy.](#) Lai S, Leone F & Zoppi C. TEMA Journal of Land Use, Mobility and Environment. Doi: 10.6092/1970-9870/6846. This discussion article outlines several questions on the impact of social living conditions created by COVID-19, upon spatial planning policy and practice. It is argued that public administrative bodies, for and non-profit organisations and local communities should consider innovative approaches to dealing with collective public spaces (e.g. shopping centres), urban and regional infrastructure, changes in food-supply and food-security in a post-lockdown world.

[Herd Immunity or Suppression Strategy to Combat COVID-19.](#) Jung F et al. Clin Hemorheology and Microcirculation, IOS press. This article briefly discusses and compares the Netherlands, Germany, Great Britain, Sweden and the UK regarding their response to COVID-19. Namely, most countries, with the exception of Sweden, opted for temporary lockdown and suppression rather than following a 'herd-immunity' strategy in response to an increasing death rate. The authors compare each nation's response by comparing the number of COVID-19 deaths to total population numbers for each.

[The COVID-19 epidemic, its mortality, and the role of non-pharmaceutical interventions.](#) Hens N, Vranck P, Molenberghs G. Eur Heart J Acute Cardiovasc Care, 9(3). doi:10.1177/2048872620924922. This review looks at epidemiological studies to understand the

potential impact of non-pharmaceutical interventions on spread and mortality for COVID-19. Specifically, it is proposed that estimating changes in disease transmission over time could give an insight into how (or whether) non-pharmaceutical outbreak control measures affect disease epidemiology. Outlining how the number of infected increases when $R_0 > 1$, and that transmission reduces considerably at $R_0 < 1$. The authors outline several scenarios considering the potential effects of non-pharmaceutical interventions upon mortality.

[COVID-ABS: An Agent-Based Model of COVID-19 Epidemic to Simulate Health and Economic Effects of Social Distancing Interventions.](#) Silva et al. **arXiv preprint**. An SEIR agent-based simulation model examined seven scenarios under different assumptions regarding the epidemiological and economic effects of social distancing interventions, ranging from doing nothing, full lockdown, conditional lockdown, to using face masks and social isolation together.

[‘Distancers’ and ‘non-distancers’? The potential social-psychological impact of moralising COVID-19 mitigating practices on sustained behaviour change \(preprint\).](#) Prosser AMB et al, **PsyArXiv.com**. This preprint looks at the moral dimensions of adherence to COVID-19 mitigation practices (hand washing, social distancing’ etc), which are construed as moral imperatives to prevent harm from COVID-19. The authors argue that the moral dimension that adherence practices are presented in, coupled with recent relaxations in mitigation practices may give rise to tension between those who adhere to mitigation policies going forward vs. those who do not. This outlines how and why this might occur, how this could impact society’s response to COVID-19 and the need to consider these dynamics when assessing how to lift restrictions.

[When COVID-19 affects muscle: effects of quarantine in older adults.](#) Moro T & Paoli A. **Eur J Transl Myol. 30(2), 219-222**. In this review the authors outline available evidence to suggest a negative impact of quarantine and social distancing countermeasures on the physical health and skeletal muscle mass of older adults. Specifically, it is noted that a combination of intense resistance training and managing nutrition may be important for preventing loss of muscle for older adults.

[COVID-19 Second Phase Lockdown Option and Public Opinion: A case study in Pakistan.](#) Hassan S et al. **Int J Med Sci Clin Res Rev, 3(03)**. This case study reports on survey-based methods to ascertain the opinions and views of the Pakistani general population towards lockdown interventions and the possibility of a second phase of lockdown. Findings highlight that even though many were not compliant with the first lockdown, around 60% of respondents supported complete compliance with future lockdown. One of the major causes for non-compliance was denial of the existence of COVID-19/ coronavirus.

[Criteria for releasing COVID-19 patients from isolation. Scientific Brief.](#) World Health Organisation (17/6/20). On 27 May 2020, WHO published updated interim guidance on the clinical management of COVID-19 and provided updated recommendations on the criteria for discharging patients from isolation. The updated criteria reflect recent findings that patients whose symptoms have resolved may still test positive for the COVID-19 virus (SARS-CoV-2) by RT-PCR for many weeks. Despite this positive test result, these patients are not likely to be infectious and therefore are unlikely to be able to transmit the virus to another person. This scientific brief provides the rationale for the changes made to the clinical management of COVID-19 guidance, based on recent scientific evidence. WHO will update these criteria as more information becomes available.

Commentaries

[Fighting COVID-19: Fear and Internal Conflict among Older Adults in Ghana](#). Gyasi RM.
Journal of Gerontological Social Work.

[Opening the Workplace After COVID-19: What Lessons Can be Learned from Return-to-Work Research?](#) Shaw SW et al. Journal of Occupational Rehabilitation.

Long term rehabilitation needs

Emerging evidence explores increased concerns regarding potential neurological complications of COVID-19. A BMJ editorial highlights the need to shift the research focus to studies on living with this disease. Other commentaries cover cognitive rehabilitation, cardiac rehabilitation, and paediatric inflammatory syndrome temporally related to Covid-19.

Rapid reviews

[Systematic rapid living review on rehabilitation needs due to Covid-19: update to May 31st 2020](#). Andrenelli E et al. *Eur J Phys Rehab Med.* (Update to May 31st, June 14). Since the previous update to this systematic rapid living review, the number of primary studies has increased, with six reports on prevalence and characteristics of disability after COVID-19, with 12 papers on rehabilitation approaches and 25 on how rehabilitation services are organised. The authors highlight that all patients with disability, regardless of COVID-19 are negatively impacted by restrictions to rehabilitation delivery.

Emerging evidence

[Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study](#). Varatharaj A et al, *The Lancet Psychiatry*,

DOI:[https://doi.org/10.1016/S2215-0366\(20\)30287-X](https://doi.org/10.1016/S2215-0366(20)30287-X). Concerns regarding potential neurological complications of COVID-19 are being increasingly reported, primarily in small series. Larger studies have been limited by both geography and specialty. Comprehensive characterisation of clinical syndromes is crucial to allow rational selection and evaluation of potential therapies. The aim of this study was to investigate the breadth of complications of COVID-19 across the UK that affected the brain. Altered mental status was the second most common presentation, comprising encephalopathy or encephalitis and primary psychiatric diagnoses, often occurring in younger patients. This study provides valuable and timely data that are urgently needed by clinicians, researchers, and funders to inform immediate steps in COVID-19 neuroscience research and health policy.

[COVID-19 and the cardiovascular system: A review of current data, summary of best practices, outline of controversies and illustrative case reports](#). Prasad A et al., *American Heart Journal* (preproof). This review summarizes the most contemporary literature on the relationship of the cardiovascular system and COVID-19, society statements with relevance to protection of healthcare workers, and provides illustrative case reports in this context.

[Kawasaki-like multisystem inflammatory syndrome in children during the covid-19](#)

[pandemic in Paris, France: prospective observational study](#). Toubiana J et al, *BMJ* 369:m2094.

This prospective observational study reports on clinical and biological data (including imaging, echocardiographic findings, treatment and outcomes) of 21 children and adolescents presenting with Kawasaki-like disease to a general paediatric department. Aiming to describe the characteristics of the presentation and to evaluate its association (temporally) with the SARS-CoV-2 infection.

[Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study](#). Doherty AB et al, *BMJ*,

369:m1985. This observational cohort study aimed to identify sections of the population of England, Wales and Scotland with the greatest risk of poor health outcomes, reporting on use of healthcare resources in these groups also. For this cohort, of those with a hospital admission 2 weeks prior to data extraction, fewer than 50% were discharged and around 25% had died. Several factors were associated with mortality in this setting: major comorbidities and obesity, male sex, and increasing age.

[Clinical characteristics and outcomes of patients undergoing surgeries during the incubation period of COVID-19 infection](#). Lei S et al, *EClinical Medicine*, **21**, 100331.

Retrospective analysis of the clinical data of 34 patients who underwent elective surgeries during the incubation period of COVID-19 at Renmin Hospital, Zhongnan Hospital, Tongji Hospital and Central Hospital in Wuhan, from January 1 to February 5, 2020. 15 (44.1%) patients needed ICU care, and the mortality rate was 20.5%.

[High Impact of COVID-19 in Long-Term Care Facilities, Suggestion for Monitoring in the EU/EEA, May 2020](#) ECDC Public Health Emergency Team, Danis K, Fonteneau L, et al. *Euro*

Surveill. **25(22)**, doi:10.2807/1560-7917.ES.2020.25.22.2000956. This rapid communication reports on the high vulnerability of residents in long-term care facilities (LCTFs), given that COVID-19 related deaths in LCTFs represent a high proportion of all COVID-19 related deaths (30-60%). The report describes how this warrants national and local level testing, infection prevention and control and specific monitoring and surveillance programmes within these settings to identify outbreak clusters earlier and limit spread.

Commentaries

[Covid-19 care before, during, and beyond the hospital](#). Rauh AL and Linder JA. *BMJ*, 369:m2035.

[Pediatric inflammatory syndrome temporally related to covid-19](#). Son MBF, *BMJ*, 369:m2123.

[COVID-19 Pandemic and the Importance of Cognitive Rehabilitation](#). Zarrabian S & Abharian PH. *Basic and Clinical Neuroscience*.

[Cardiac Rehabilitation During COVID-19 Pandemic: Highlighting the Value of Home-Based Programs](#). Drwal KR et al.

Useful resources

[Post-Acute Care Preparedness in a COVID -19 World](#). Tumlinson A et al. J Am Geriat Soc. 68(6).

Screening and testing

A Cochrane review explores antibody tests for identification of current and past infection with Covid 19. Emerging evidence explores the late diagnosis of COVID-19 in patients admitted to hospital, as well as approaches to testing patients in psychiatric units and protocols to restore surgical services. Research on criteria for COVID-19 testing of health care workers is also considered.

Guidance

[IMMUNITY AFTER COVID-19: A BRIEFING](#). Berger Gillam T & James S. East of England Population Health Research Hub & Public Health England.

Rapid Reviews

[Antibody tests for identification of current and past infection with SARS-CoV-2](#). Deeks JJ et al., *Cochrane Database of Systematic Reviews 2020, Issue 6. Art. No.: CD013652. DOI: 10.1002/14651858.CD013652*. The review shows that antibody tests could have a useful role in detecting if someone has had COVID-19, but the timing of when the tests are used is important. Antibody tests may help to confirm COVID-19 infection in people who have had symptoms for more than two weeks and do not have a RT-PCR test, or have negative RT-PCR test results. The tests are better at detecting COVID-19 in people two or more weeks after their symptoms started, but we do not know how well they work more than five weeks after symptoms started. We do not know how well the tests work for people who have milder disease or no symptoms, because the studies in the review were mainly done in people who were in hospital. In time, we will learn whether having previously had COVID-19 provides individuals with immunity to future infection.

[The laboratory's role in combating COVID-19](#). Fang B & Meng QH. *Critical Reviews in Clinical Laboratory Sciences*. Serological testing for antibodies against SARS-CoV-2 is becoming available for complementary diagnosis, identification of convalescent plasma, and epidemiologic studies. Additional laboratory biochemical tests, including monitoring the change in blood cells, blood gas, coagulation, liver function, cardiac markers, and inflammatory responses such as cytokine levels in plasma, are also critical in combating COVID-19. Nevertheless, with overwhelming numbers of patients and potentially large numbers of asymptomatic cases, clinical laboratories encounter enormous challenges in diagnostic approaches that can rapidly and accurately identify infected persons. Strategies that can effectively detect disease progression in order to stratify patients for appropriate care, and that can thereby prevent exacerbation of the disease, are urgently needed. This review discusses the laboratory's role and challenges in combating COVID-19.

Emerging evidence

[Late Diagnosis of COVID-19 in Patients Admitted to the Hospital.](#) Pfoh ER et al. *J Gen Intern Med.* Doi: 10.1007/s11606-020-05949-1. The Centers for Disease Control and Prevention recommends that hospitalized patients with symptoms receive priority for testing. Delayed testing could occur because patients have atypical presentations or the initial test is a false negative. Since test sensitivity depends on the site sampled and hospital protocols usually rely on nasal samples, patients with lower respiratory tract infections can have a false-negative result. Understanding how often the diagnosis of SARS-CoV-2 is missed is essential for infection control. This paper describes the frequency and characteristics of Cleveland Clinic Health System (CCHS) hospitalized patients with COVID-19 diagnosed after admission.

[Symptom Criteria for COVID-19 Testing of Health Care Workers.](#) Clemency BM et al. *Acad Emerg Med.* 27(6). This is an observational study of outpatient COVID-19 testing of health care workers (HCWs) from a health care system in western New York. Prior to testing, HCWs were asked about the presence of 10 symptoms. Their responses were then compared to their subsequent pharyngeal swab COVID-19 polymerase chain reaction test results. These data were used to derive and evaluate a symptom-based testing criteria. The authors conclude an evidence-based approach to COVID-19 testing that at least includes fever and loss of taste or smell should be utilized when determining which HCWs should be tested.

[Effective control of SARS-CoV-2 transmission between healthcare workers during a period of 2 diminished community prevalence of COVID-19.](#) Jones, NK et al., Preprint *elifesciences.org*. Previously this study has showed that 31/1,032 (3%) asymptomatic healthcare workers (HCW) from a large teaching hospital in Cambridge UK tested positive for SARS-CoV-2 in April 2020. 26/169 (15%) HCWs with symptoms of coronavirus disease 2019 (COVID-19) also tested positive (Rivett et al., 2020). This paper shows that the proportion of both asymptomatic and symptomatic HCWs testing positive rapidly declined to near zero between 25th April and 24th May 2020, corresponding with a decline in patient admissions with COVID-19 during the ongoing UK 'lockdown'. These data demonstrate how infection prevention and control measures including staff testing may help prevent hospitals from becoming independent 'hubs' of SARS-CoV-2 transmission, and illustrate how, with appropriate precautions, organisations in other sectors may be able to resume on-site work safely.

[A COVID-19 testing and triage algorithm for psychiatric units: One hospital's response to the New York region's pandemic.](#) Brody BD et al, *Psychiatry Research*, 291, <https://doi.org/10.1016/j.psychres.2020.113244>. Patients with mental illness may be at higher risk for contracting COVID-19, and environmental factors place inpatient psychiatric facilities at substantial risk for local outbreaks. This paper describes an operational algorithm for testing and triage for COVID-19 designed to reduce the risk of intra-institutional outbreaks in inpatient psychiatric facilities.

[Developing Perioperative Covid-19 Testing Protocols to Restore Surgical Services.](#) Hamilton BCS et al, *NEJM Catalyst: Innovations in Care Delivery*, DOI: 10.1056/CAT.20.0265. In planning for a quick post-surge recovery, the authors aimed to restore nonurgent but essential surgical care at the University of California, San Francisco to address the accumulating surgical needs of the community, while prioritizing both patient and provider safety. A multidisciplinary team — from the departments

of surgery, anesthesiology, hospital epidemiology, and infection control as well as the health system leadership — developed a three-phase protocol to initiate universal preoperative screening and SARS-CoV-2 testing. Together, the authors overcame challenges in the perioperative culture and sought to foster collaborative decisions between care providers. Within 3 weeks, the authors were able to return to about 50%–60% of pre-Covid-19 surgery volume.

[Clarification of Misleading Perceptions of COVID-19 Fatality and Testing Rates in Italy:](#)

[Data Analysis.](#) Tosi D et al. *Journal of Medical Internet Research*, 22(6),e19825. This paper explores COVID-19 fatalities and testing in Italy compared to the Group of Ten (G10) industrialized countries: Belgium, Canada, France, Germany, Japan, Italy, the Netherlands, the United Kingdom, the United States, and Sweden. The analysis shows that the Italian COVID-19 fatality and mortality rates are in line with the official world scenario, as are the numbers of COVID-19 tests performed in Italy and in the Lombardy region.

Commentaries

[COVID-19 testing delays and pathology services in the UK.](#) Banatvala J. *The Lancet* 395(10240).

[Interpreting Diagnostic Tests for SARS-CoV-2.](#) Sethuraman N et al. *JAMA*, 323(22).

[COVID-19 Case Detection: Cuba’s Active Screening Approach.](#) Gorry C. *Medic Review* 22(2).

[Role of clinical laboratories in response to the COVID-19 pandemic.](#) Sahajpal NS et al. *Future Medicinal Chemistry*.

[Home testing for COVID-19: lessons from direct to consumer genetics.](#) Wilson TE and Halverson C, *J Community Genet* (2020). <https://doi.org/10.1007/s12687-020-00470-8>.

[COVID-19 Molecular Testing in Korea: Practical Essentials and Answers From Experts Based on Experiences of Emergency Use Authorization Assays.](#) Sun H et al. *Annals of Laboratory Medicine*,40, 439-447.

[Testing times in Coronavirus disease \(Covid-19\): A tale of two nations.](#) Rao GG, Agarwal A & Batura D. *Medical Journal Armed Forces India*.

[Assessment of Sensitivity and Specificity of Patient-Collected Lower Nasal Specimens for Sudden Acute Respiratory Syndrome Coronavirus 2 Testing.](#) Altamirano J et al. *JAMA Network Open*, 3(6) e2012005

Useful resources

[Coronavirus: Testing for Covid-19.](#) House of Commons Library (19/05/20)

Broader impacts on health outcomes

There is continued concern of the impact of the pandemic and restrictions on mental health, both in the general public and for those with pre-existing conditions. There are also concerns that the pandemic may lead to a widening of pre-existing health inequalities. A new rapid review explores the effect of the COVID19 pandemic on alcohol use and alcohol-related harms. Emerging research covers concerns regarding maternal and child health and nutrition, and elder mistreatment.

Commentary from the collaboration

[Five things we learnt from our polling on public perceptions during COVID-19.](#) Gardner T, Health Foundation (25/6/20)

[What has Covid-19 taught us about supporting workforce mental health and wellbeing?](#) Docherty M, King's Fund (25/6/20)

[Emerging evidence on COVID-19's impact on mental health and health inequalities.](#) Marshall L, Bibby J and Abbs I (Health Foundation, 18/6/20)

Rapid Reviews

[Mental Health Effects of COVID-19 Pandemia: A Review of Clinical and Psychological Traits.](#) Kontoangelos K et al. *Psychiatry Investig*, 17(6). This review examines the literature about the psychological effects of COVID-19 pandemic. In total 65 papers were reviewed using the Medline computer database. Children are likely to be experiencing worry, anxiety and fear and older people are also those with underlying health conditions, having been identified as more vulnerable to COVID-19, can be extremely frightening and very fear-inducing. China and several other countries took strict isolation measures. Medical staff and affiliated healthcare workers (staff) are under both physical and psychological pressure.

[What is the effect of the COVID19 pandemic on alcohol use and alcohol-related harms?](#)

National Collaborating Centre for Methods and Tools. Most research evidence consisted of cross-sectional surveys completed during the COVID-19 pandemic and are subject to recall bias. Cross-sectional studies distributed surveys through social media platforms or paid survey companies that provide a small monetary reimbursement to participants. The clinical significance of changes in alcohol consumption during the pandemic are unclear. Most studies did not report whether changes in alcohol consumption corresponded to shifts from low-risk drinking to high-risk or disordered alcohol use. There is little evidence regarding the availability of harm reduction or treatment services for alcohol use disorder during the COVID-19 pandemic.

Emerging Evidence

Mental health - General public

[Children in Lockdown. The Consequences of the Coronavirus Crisis for Children Living in Poverty.](#) **The Childhood Trust.** This report draws on emerging evidence from available studies highlighting several key risks in relation to children and young people, including: emotional and physical abuse, mental health concerns, educational learning loss, hunger and food insecurity, homelessness and temporary housing, and lack of outdoor physical activity.

[Fear and Agony of the Pandemic Leading to Stress and mental illness: An Emerging Crisis in the Novel Coronavirus \(COVID-19\) Outbreak.](#) **Fofana NK, Latif F, Sarfraz S et al. Psychiatry Research, 113230.** This letter to the editor reviews and synthesises available literature on mental illness as a result of the COVID-19 pandemic; this also looks at suggestions to mitigate mental health risk in the general public, healthcare workers and workers.

[Life after lockdown: Tackling Loneliness among those left behind.](#) **Red Cross.** This report highlights that although social distancing and lockdown measures will continue to be eased, loneliness will remain. And for those most left behind, it may continue to grow. To meet the challenge ahead, the report recommends that policy makers and civil society now consider recovery and refocus our efforts on supporting those most affected by this crisis.

[The Impact of the COVID-19 Pandemic on College Student Mental Health: A Longitudinal Examination of Risk and Protective Factors.](#) **Zimmermann M et al. Preprint.** For this longitudinal study featuring a sample of 205 university students, it was found that cognitive and behavioural avoidance were the most consistent predictors for high levels of psychological distress during COVID-19. Other variables associated with greater risk were online social engagement and problematic internet usage. It was also found that Women and Latinx groups were also more likely to experience high distress during COVID-19.

[Mental Health and Behavior of College Students During the Early Phases of the COVID-19 Pandemic: Longitudinal Smartphone and Ecological Momentary Assessment Study.](#) **Huckins JF et al. JMIR Publications, 22(06).** This research combines mobile phone sensing and self-reported mental health data among college students who have been participating in a longitudinal study for the past 2 years to explore mental health and behaviour of college students during the early phases of the COVID-19 pandemic. Compared with prior academic terms, individuals in the Winter 2020 term were more sedentary, anxious, and depressed. A wide variety of behaviors, including increased phone usage, decreased physical activity, and fewer locations visited, were associated with fluctuations in COVID-19 news reporting.

Mental health - Health care workers

[The Psychological Impact of COVID-19 Pandemic on Health Care Workers in a MERS-CoV Endemic Country](#) **Temsah MH, Al-Sohime F, Alamro N, et al. J Infect Public Health. 2020;13(6):877-882. doi:10.1016/j.jiph.2020.05.021** Pandemic and epidemic infectious diseases such as COVID-19 or MERS-CoV impose a significant level of anxiety and stress on healthcare workers who are caring of infected patients, with their main concern being the risk of transmitting the infection to their families or to acquire it themselves. Therefore, optimizing the compliance of

healthcare workers with the proper infection prevention and control measures is paramount during the infectious disease outbreak, to ensure their safety, to decrease the likelihood of getting infected or transmitting the infection to others, and consequently to alleviate their psychological stress and anxiety.

Public health

[COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition.](#) Akseer N et al. *Am J Clin Nutr*. This review highlights key areas of concern for maternal and child nutrition during and in the aftermath of COVID-19 while providing strategic guidance for countries in their efforts to reduce maternal and child undernutrition.

[Effects of the COVID-19 Outbreak on Elder Mistreatment and Response in New York City: Initial Lessons.](#) Elman A et al. *Journal of Applied Gerontology*. Doi: [10.1177/0733464820924853](#). The Covid pandemic has led to public health policies including social distancing and stay-at-home orders. This paper explores the impact of this unique crisis on victims of elder mistreatment and people at risk of victimization. The COVID-19 outbreak has also had a profound impact on the organizations from many sectors that typically respond to protect and serve victims of elder mistreatment. This paper examines the impact and describes creative solutions developed by these organizations and initial lessons learned in New York City to help inform other communities facing this pandemic and provide guidance for future crises.

Commentaries

Mental health

[GPs predict 'huge surge' in patients with Post Traumatic Stress Disorder due to COVID-19.](#) Royal College of General Practitioners (21/6/20).

[Mental health of health-care workers in the COVID-19 era.](#) Greenberg N. *Nature Reviews Nephrology*.

[CCAPP: Number of deaths from untreated addiction may rival those from COVID-19.](#) Knopf A. *Alcoholism & Drug Abuse Weekly*, 32(21).

[Wellbeing and mental health during the COVID-19 outbreak.](#) Eaton J. *Community Eye Health Journal*. 33(109).

[Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being.](#) Dzau VJ et al. *New England Journal of Medicine*.

Public health

[Prolonged social isolation of the elderly during COVID-19: Between benefit and damage.](#) Plagg B et al. *Arch Gerontol Geriatr*, (89) 104086.

[Older people and COVID-19: Isolation, risk and ageism.](#) Brooke J & Jackson D. *Journal of Clinical Nursing*, 29.

[Older adults and COVID-19 pandemic: Resilience matters.](#) Chen LK. Arch Gerontol Geriatr. 89, 104124.

[The pandemic paradox: The consequences of COVID-19 on domestic violence.](#) Bradbury Jones C & Isham L. Journal of Clinical Nursing, 29, 2047–2049.

[Potential threats of COVID-19 on quarantined families.](#) Ansari M & Yousefabad SA. Public Health, 183(1).

[Considering the potential for an increase in chronic pain after the COVID-19 pandemic.](#) Clauw DJ et al. International Association for the Study of Pain.

[Men's health: COVID-19 pandemic highlights need for overdue policy action.](#) Baker P, White A & Morgan R. The Lancet.

[Did the General Population in Germany Drink More Alcohol during the COVID-19 Pandemic Lockdown.](#) Anne K Et al. Alcohol and Alcoholism, agaa058.

Useful resources

[Bibliography on COVID-19 and Addiction.](#) Addiction Journal (updated 22/6/20).

Impact on non-Covid care

The Royal College of Surgeons of England and the Royal College of Emergency Medicine have issued a joint memorandum to MPs calling for urgent action to help the NHS recover from Covid-19. A rapid review shows the COVID-19 pandemic has highlighted the importance of unpaid carers. Ethical dilemmas due to the Covid-19 pandemic are also considered in a rapid review. The role of community health workers in the COVID-19 response is emerging.

Commentary from the collaborative

[People are avoiding hospital because they are nervous of catching COVID-19.](#) Dixon J. The Health Foundation (23/06/20).

[How the NHS can use anchor strategies to build a healthy and sustainable post-COVID-19 recovery.](#) Allen M, Health Foundation (22/6/20)

[How has NHS 111 shaped public demand for the NHS in England during the pandemic?](#) Vestesson E and Gardner T, Health Foundation (19/6/20)

[Chart of the week: The alarming drop in referrals from GPs to hospital services since the Covid-19 outbreak.](#) Morris, J. Nuffield Trust (18/6/20).

Guidance

[Strengthening health systems resilience: key concepts and strategies](#). Thomas S et al., World Health Organization.

Rapid reviews

Long Term Care

[International examples of measures to support unpaid carers during the COVID-19 pandemic](#). Lorenz-Dant K. Report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 17 June 2020. The COVID-19 pandemic has highlighted the importance of unpaid carers. Even before the COVID-19 pandemic the support structures available for unpaid carers have been patchy, but since the onset of the COVID-19 pandemic many carers have been providing care non-stop without their usual support structures. The survey conducted by Carers UK showed that over half of carers interviewed felt overwhelmed and worried about burning out over the next few weeks. Unpaid carers in the survey also voiced financial concerns

End of Life Services

[Ethical dilemmas due to the Covid-19 pandemic](#). Robert R et al. *Annals of Intensive Care*. The pandemic has led to an unprecedented influx of patients in ICUs, raising ethical concerns not only surrounding triage and withdrawal of life support decisions, but also regarding family visits and quality of end-of-life support. This review aimed to point out some critical ethical choices with which ICU caregivers have been confronted during the Covid-19 pandemic and to underline their limits. The formalized strategies integrating the relevant tools of ethical reflection were disseminated without deviating from usual practices, leaving to intensivists the ultimate choice of decision.

Emerging evidence

Primary Care

[Prioritising the role of community health workers in the COVID-19 response](#) Ballard M, Bancroft E, Nesbit J, et al. *Prioritising the role of community health workers in the COVID-19 response*. *BMJ Glob Health*. 2020;5(6):e002550. doi:10.1136/bmjgh-2020-002550. Community health workers are poised to play a pivotal role in fighting the pandemic, especially in countries with less resilient health systems. Drawing from practitioner expertise across four WHO regions, this article outlines the targeted actions needed at different stages of the pandemic to achieve the following goals: (1) PROTECT healthcare workers, (2) INTERRUPT the virus, (3) MAINTAIN existing healthcare services while surging their capacity, and (4) SHIELD the most vulnerable from socioeconomic shocks.

[Telehealth in the Context of COVID-19: Changing Perspectives in Australia, the United Kingdom, and the United States](#) Fisk M, Livingstone A, Pit SW. *J Med Internet Res*.

2020;22(6):e19264. Published 2020 Jun 9. doi:10.2196/19264. The COVID-19 pandemic is forcing changes and may help to establish telehealth more firmly in its aftermath. Some of the changes may not be long-lasting. However, the momentum is such that telehealth will almost certainly find a

stronger place within health service frameworks for each of the three countries and is likely to have increased acceptance among both patients and health care providers.

Outpatient Care

[Neuro-rehabilitation Service During COVID-19 Pandemic: Best Practices From UK](#) Sakel M, Saunders K, Chandi J, Haxha S, Faruqi R. *J Pak Med Assoc.* 2020;70(Suppl 3)(5):S136-S140.

doi:10.5455/JPMA.33 This paper provides the context of COVID-19 outbreak with special reference to hospital-based neurorehabilitation services in the UK and transferrable lessons for similar services globally.

Elective Care

[Surgical Considerations in Patients with COVID-19: What Orthopaedic Surgeons Should Know](#)

Liang ZC, Chong MSY, Sim MA, Lim JL, Castañeda P, Green DW, Fisher D, Ti LK, Murphy D, Hui JHP. . *J Bone Joint Surg Am.* 2020 Jun 3;102(11):e50. doi: 10.2106/JBJS.20.00513. In the surgical and perioperative management of patients with COVID-19, the general principles of clinical urgency, patient and health-care worker protection, and conservation of healthcare resources need to be similar applied in the preoperative, intraoperative, and postoperative settings to minimize inadvertent COVID-19 occupational exposure.

[The impact of COVID-19 on the provision of cardiac surgical services.](#) Shafi AMA, Hewage S & Harky A. *Journal of Cardiac Surgery,* 35(6). One implication of the pandemic is the cancellation of elective cardiac surgeries and the centralization of services. As a result, hospitals in Europe, North America, and the United Kingdom have had to alter the services offered to patients to be able to cope with service provision for COVID infected patients. Data should be collected during this period to provide a good insight following the lockdown period to understand the implication of such service alteration.

Emergency Care

[COVID-19 kills at home: the close relationship between the epidemic and the increase of out-of-hospital cardiac arrests.](#) Baldi E et al, *European Heart Journal,*

ehaa508, <https://doi.org/10.1093/eurheartj/ehaa508> An increase in out-of-hospital cardiac arrest (OHCA) incidence has been reported in the very early phase of the COVID-19 epidemic, but a clear demonstration of a correlation between the increased incidence of OHCA and COVID-19 is missing so far. This paper aims to verify whether there is an association between the OHCA difference compared with 2019 and the COVID-19 epidemic curve.

[Covid-19: Implications for Prehospital, Emergency and Hospital Care in Patients With Acute Coronary Syndromes](#) Huber K, Goldstein P. *Eur Heart J Acute Cardiovasc Care.*

2020;9(3):222-228. doi:10.1177/2048872620923639 Hospitals play a critical role in providing communities with essential medical care during all types of disaster. Depending on their scope and nature, disasters can lead to a rapidly increasing service demand that can overwhelm the functional capacity and safety of hospitals and the healthcare system at large. Planning during the community outbreak of coronavirus disease 2019 (Covid-19) is critical for maintaining healthcare services during our response. This paper describes, besides general measures in times of a pandemic, also the necessary changes in the invasive diagnosis and treatment of patients presenting with different

entities of acute coronary syndromes including structural adaptations (networks, spokes and hub centres) and therapeutic adjustments.

Mental Health Services

[Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness.](#) Kopelovich SL et al, *Community Mental Health Journal*, <https://doi.org/10.1007/s10597-020-00662-z>

The COVID-19 pandemic has presented a formidable challenge to care continuity for community mental health clients with serious mental illness and for providers who have had to quickly pivot the modes of delivering critical services. Despite these challenges, many of the changes implemented during the pandemic can and should be maintained. These include offering a spectrum of options for remote and in-person care, greater integration of behavioural and physical healthcare, prevention of viral exposure, increased collaborative decision-making related to long-acting injectable and clozapine use, modifying safety plans and psychiatric advance directives to include new technologies and broader support systems, leveraging natural supports, and integration of digital health interventions. This paper represents the authors' collaborative attempt to both reflect the changes to clinical practice they have observed in CMHCs across the US during this pandemic and to suggest how these changes can align with best practices identified in the empirical literature.

End of life

[Anticipatory prescribing in community end-of-life care in the UK and Ireland during the COVID-19 pandemic: online survey](#) Antunes B, Bowers B, Winterburn I, et al., *BMJ Supportive & Palliative Care* Published Online First: 16 June 2020. doi: 10.1136/bmjspcare-2020-002394. The challenges of the COVID-19 pandemic for UK community palliative care has stimulated rapid innovation in AP. The extent to which these are implemented and their clinical efficacy need further examination.

[The Novel Coronavirus Disease \(COVID-19\) and Its Impact on Cardiovascular Disease.](#) **Golemi Minga, Iva MD***; **Golemi, Lolita BS†**; **Tafur, Alfonso MD‡**; **Pursnani, Amit MD‡**, *Cardiology in Review: July/August 2020 - Volume 28 - Issue 4 - p 163-176* doi:

10.1097/CRD.0000000000000317 The coronavirus disease 2019 (COVID-19) pandemic has placed a significant strain on healthcare providers. As the number of patients continue to surge, healthcare workers are now forced to find different approaches to practicing medicine that may affect patient care. In addition, COVID-19 has many cardiovascular complications that affect the clinical course of patients. In this article, we summarize the cardiovascular impact of COVID-19 and some of the challenges that patients and the healthcare system will face during this pandemic.

Cancer services

[Cancer x Coronavirus: The impact on young people.](#) **Teenage Cancer Trust.** 81% of respondents had been asked to shield, and of these, nearly all (91%) said they had been affected by shielding. During the pandemic, young people with cancer found accessing a physiotherapist (69%) and psychologist (53%) more challenging than normal. Of everyone in their treatment team, young people with cancer were most likely to see a Teenage Cancer Trust Youth Support Co-ordinator more often than they were before the pandemic. Seeing friends and family (53%), accessing work or

education (44%) and young people's mental (27%) and physical health (25%) were all areas that young people felt were difficult to manage during the pandemic

Maternity services

[Implementation of Obstetric Telehealth During COVID-19 and Beyond.](#) Fryer K et al, *Matern Child Health J* (2020). <https://doi.org/10.1007/s10995-020-02967-7> Due to the COVID-19 pandemic, implementation of telehealth and telehealth have become crucial to ensure the safe and effective delivery of obstetric care. This implementation is one that will continue to require attention to planning, procedures and processes, and thoughtful evaluation to ensure the sustainability of telehealth and telehealth post COVID-19 pandemic.

Commentaries

Long Term Conditions Management

[Rethinking 'essential' and 'nonessential': the developmental paediatrician's COVID-19 response.](#) Fung A and Ricci MF, *Paediatrics & Child Health*, pxaa077, <https://doi.org/10.1093/pch/pxaa077>

Elective care

[Elective surgeries during COVID-19 storm: The best surgeon knows when not to operate.](#) Atikk OS. *Joint Diseases and Related Surgery*, 31(2).

[The Evolving COVID-19 Effect on Hip Fracture Patients.](#) Hadfield JN and Gray AC, *Injury* 51

[Helping the NHS recover from COVID-19](#) Royal College of Surgeons of England (RCSEng) and the Royal College of Emergency Medicine (RCEM)

Emergency care

[Helping the NHS recover from COVID-19](#) Royal College of Surgeons of England (RCSEng) and the Royal College of Emergency Medicine (RCEM)

Cancer services

[Covid-19: Urgent cancer referrals fall by 60%, showing "brutal" impact of pandemic.](#) Mahase E, *BMJ*

Mental Health Services

[An overview of the expert consensus on the mental health treatment and services for major psychiatric disorders during COVID-19 outbreak: China's experiences.](#) Xiang YT Et al. *Int J Biol Sic*, 16(13).

Public health

[Public health in the eye of the storm: what can we learn from the COVID-19 pandemic experience to strengthen public health services in Europe?](#) Azzopardi-Muscat N, Kluge HHP. *Eur J Public Health*. 2020;30(3):394-395. doi:10.1093/eurpub/ckaa089



Useful resource

[Commissioning and COVID-19: advice for social care](#) SCIE

This update forms part of a national evidence update service, provided by the Strategy Unit, as part of a collaboration to provide analytical support to the health and care system to help in the fight against COVID-19. For more information, visit:

<https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus> or contact our Covid

Evidence team on: mlcsu.covidevidence@nhs.net