

COVID-19 Daily Briefing: June 25th

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1. Summary

TREATMENT

- **TOCILIZUMAB**: An observational study of 544 patients with severe COVID-19 pneumonia in Italy found that, in conjunction with standard care, tocilizumab was associated with a reduced need for mechanical ventilation and a lower mortality rate. Further research is warranted.
- **PIXATIMOD**: An academic preprint has implicated pixatimod as a potential agent against SARS-CoV-2 due to its antiviral and immunomodulatory properties, which would support the host response to infection. It should therefore be considered for clinical trial.

WELFARE

- **WELFARE STATE ATTITUDES**: There has been a shift in attitudes over the last decade to the British public being more sympathetic towards working-age people in need of benefits, which suggests there is space for a political argument supporting the welfare state. The UK's provision is much more limited than that of many other European countries, which experience less child poverty. The current Conservative Government has also indicated it is willing to be interventionist, so it could match the softening public mood towards the welfare state, particularly in the context of a pandemic.
- **SOCIAL SECURITY REFORM**: Countries with more generous universal benefits than the UK have lower levels of child poverty and greater wellbeing, with child poverty rising in the UK throughout the last decade. In the UK, 70% of children in poverty have working parents. Political arguments about "strivers vs skivers" will be difficult to maintain as many will face financial hardship as a result of the pandemic, suggesting that reform of taxation is necessary to pay for the emergency funds required throughout this crisis. Universal benefits, below which standards should not fall, are considered necessary for any future welfare system.

SCREENING AND TESTING

- **TESTING**: Two preprint papers have looked at different PCR tests that are used for the detection of COVID-19. The [first](#) paper tested the sensitivity of 6 different PCR tests. The tests had false negative rates ranging from as low as 2% to as much as 39.8%. In the [second](#) paper, the authors developed and evaluated a nested PCR method, which demonstrated high sensitivity and specificity for SARS-CoV-2 RNA detection in clinical samples, but when tested against 2 other PCR methods, it was found that no method was consistently the more sensitive than others for all tested samples. The authors suggest that these results highlight the need for validation of testing methods.
- **TEMPERATURE SCREENING**: A retrospective cohort study on patients with SARS-CoV-2 has shown that, at the time of testing, fever was detected in only 19% of positive tests for SARS-CoV-2. With repeat testing within 24 hours of first testing, fever was detected in 24%. This calls into question the value of widespread temperature screening, as the sensitivity of fever also appears even lower in the initial stages of the illness (when tested in A&E) versus later during in the course of the illness (when tested on wards). Using fever as a screening tool for COVID-19 may therefore provide a false sense of security.

3. Quick Summaries

[Rapid roll out of SARS-CoV-2 antibody testing — a concern](#)

- **ANTIBODY TESTING IN THE UK:** *Academic letter* from several academics which raises concerns over the use of antibody tests. According to the authors, these antibody tests do not necessarily detect SARS-CoV-2 antibodies specifically. Consequently, the tests cannot give specific clinical indication or indicate immunity, and because the test has been made available to all patients who would like a test rather than for those with a specific clinical indication, a positive result does not reliably indicate immunity. The [BMJ](#) has seen an advanced copy of the Cochrane review into antibody testing that support these concerns and also provides a short [introduction](#) to antibody testing, and what tests are being used in the UK and around the world.

[David Oliver: preventing more deaths in care homes in a second pandemic surge](#)

- **CRISIS IN CARE HOMES:** *Perspective article*. David Oliver, a consultant in geriatrics and internal medicine, discusses in a [BMJ perspective](#) the need for more focus on care homes to prevent a second surge in deaths. He states that more honesty is needed about the number of deaths that have already occurred. The Office for National Statistics reported on June 5 that 47% of the total deaths in England and Wales have occurred in care homes, whereas Matt Hancock has put the figure at 30%; lower than the European average. Oliver argues that more consultation, coordination and support within the care sector is needed. The BMJ supports this with an [editorial](#) calling for easily accessible data on the UK care home population and for a systematic approach in the UK to develop such datasets. Longitudinal data on infections and deaths since the beginning of the pandemic would have allowed early detection and real-time monitoring. Another [article](#) further highlights this general lack of data and states that it is unclear how many of the 6,000 outbreaks in care homes have been resolved.

4. Longer Reading

[Universal basic income \(UBI\) and COVID-19](#)

- **ARTICLE:** *Peer-reviewed journal article*. This report summarises the social, political and technological arguments for a UBI. The report concludes that the case for UBI has not significantly changed as a result of the pandemic and raises the question of whether targeted assistance is a better response to the economic crisis created by COVID. Alternatives to UBI are also proposed: universal basic services which include health care, education, shelter, food, transport, legal and democracy; and information.

[The remaining unknowns: a determination of the current research priorities for COVID-19 by the global health research community](#)

- **RESEARCH:** *Preprint academic article*. In March 2020, the World Health Organisation (WHO) released a [global research roadmap](#) in an effort to coordinate and accelerate the global research response to combat COVID-19. However, three months on, the disease and our understanding of it have both evolved significantly. Through consultation with the global research community, these authors found that WHO roadmap is still globally relevant, but that new and important priorities have emerged, especially in low and lower-middle income countries. Authors also found a shift from prioritising vaccine and therapeutic development towards a focus on assessing the effectiveness, risks, benefits, and trust in the variety of public health interventions and measures.