

COVID-19 Daily Briefing: June 15th

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1. Summary

EPIDEMIOLOGY

- **SEX DIFFERENCES**: This perspective article discusses available sex-disaggregated epidemiological data from the COVID-19 pandemic, sex differences in immunity, and COVID-19 severity. Although gender-related social and behavioural factors contribute to sex differences in disease severity, cross-cultural data point to biological risk determinants as well potentially related to differences in immune response, hormone levels, and ACE2 expression.
- **LOCKDOWN**: Evidence from a comprehensive analysis of R in 31 different European countries shows that those countries which implemented earlier and stricter lockdowns had fewer cases of COVID-19 and have been able to re-open sooner.
- **TRANSPORTATION**: Modelling on Philippine transportation suggests that in order to inhibit transmission on mass transit, multiple precautions should be taken. Simulations show that commuters need protection with 90% effectiveness to inhibit disease transmission – physical distancing of more than 1 m and minimising interaction with passengers reduces transmission risk by up to 50%. Therefore, passenger capacity should be 10% – 50% of maximum seating capacity to reduce the number of interactions.

EVIDENCE AND POLICY

- **RESEARCH STANDARDS**: This personal view discusses the speed at which much of the research into the pandemic is being produced, which has led to inconsistent reporting standards and resulted in difficulties when it comes to pooling information. This WHO working group has set out three key standards for researchers to produce a common minimal outcome set. Platforms and agreements for sharing research and outcomes are under development.
- **POLICY MAKING**: This BMJ editorial highlights the shambolic response of the UK to COVID-19 throughout this pandemic, compounded by years of stalling improvements in life expectancy in UK, and states that it shows the need to overhaul health policies in order to place evidence at the fore. The failure to take this action in a timely manner has led to a monitoring system that is not fit for purpose, and to the highest death rate in Europe.

MENTAL HEALTH

- **EXACERBATING RISK**: This preprint study on the trajectories of depressive symptoms on 51,417 vulnerable UK adults shows that experience of abuse, pre-existing physical or mental health conditions, low levels of social support, and low socioeconomic position were significantly associated with more severe depressive symptoms during the COVID-19 pandemic. Participants with key worker roles were less likely to experience severe depressive symptoms.
- **MEDICAL AND RESEARCH STAFF**: Analysis of 5,500 self-selected online-survey respondents showed that the prevalence of anxiety, depression, and work exhaustion were all higher among clinicians than other faculty and non-faculty staff at a university and academic medical centre during the pandemic. Among all workers, anxiety, depression and work exhaustion were associated with community or clinical exposure to COVID-19. Prevention of exposure and increased supervisor support are proposed risk factors which could be modified to improve mental health outcomes.

3. Quick Summaries

[Borrow crisis tactics to get COVID-19 supplies to where they are needed](#)

- **MARKET FAILURES:** *Comment article.* The COVID-19 pandemic has created many examples of market failures, especially with regards to medical equipment whose availability has become patchy and whose costs have increased considerably. Clearer rules would prevent suppliers from influencing prices. Data-based systems are necessary to estimate the volumes of medical supplies needed, with budgets allocated accordingly. This finding increases the evidence in favour of government intervention in medical markets.

[COVID-19 and ethnicity: who will research results apply to?](#)

- **ETHNICITY:** *Comment article.* Despite BAME people being reported to be at a higher risk of contracting and dying from COVID-19, they are underrepresented in the clinical trials. Most clinical trials are not currently taking ethnicity into account, yet they ought to be designed to reflect the whole community.

[Asymptomatic SARS-CoV-2 infection](#)

- **ASYMPTOMATIC INDIVIDUALS:** *Comment article.* The proportion of asymptomatic individuals with SARS-CoV-2 is as high as 50%. These individuals show mild chest abnormalities, demonstrating that they can tolerate a certain extent of lower respiratory tract infection without developing clinical signs. Such high prevalence of asymptomatic people will challenge a return to normality as their role in sustaining community virus transmission remains unclear.

4. Longer Reading

[Seroprevalence of anti-SARS-CoV-2 IgG antibodies in Geneva, Switzerland \(SEROCoV-POP\): a population-based study](#)

- **PREVALENCE:** *Peer-reviewed journal article.* A study in Geneva used antibody testing for examining exposure of the population to SARS-CoV-2. The results suggested that for every 1 case of COVID-19 reported, there have been 11 infections that were not, and that prevalence remained under 10% of all the patients tested.

[The impact of COVID-19 and strategies for mitigation and suppression in low- and middle-income countries](#)

- **LOW INCOME COUNTRIES:** *Peer-reviewed journal article.* Low income countries tend to have younger populations, making them less vulnerable to COVID-19, and many also acted while transmission remained at low levels, which is likely to have substantially slowed the spread of the virus. However, this factor is usually negated due to greater inter-generational contact and lower healthcare provision.