

COVID-19 Daily Briefing: May 26th

DISCLAIMER: Scientists for Labour are a voluntary organisation, and collating this research takes a significant amount of time. We cannot claim that this document is comprehensive, necessarily accurate in all regards, or that it covers all developments. Expert fact checking has been performed by the Boyd Orr Centre for Population and Ecosystem Health at the University of Glasgow.

1. Summary

PUBLIC HEALTH

- **PRINCIPLES OF CARE**: These authors suggest that rather than speculating about which innovative therapeutic might help a given patient, effort is better spent on guaranteeing the delivery of evidence-based care against COVID-19's main killers. As with influenza, Ebola, and sepsis, the timely delivery of standard and supportive care will probably save more patients from COVID-19 in the months ahead than some of the many claims propagated in the news and blogs that are backed by little to no evidence. Many also undermine standardised treatment protocols and are hence risky.
- **SENSE OF SMELL**: A substantial proportion of COVID-19 patients report olfactory disturbances, though the frequency of such symptoms is under-reported. These patients do not, contrary to prior reports, have milder instances of the disease.
- **OTHER INFECTIOUS DISEASES AND COVID-19**: Measures implemented to slow the spread of SARS-CoV-2 seem to have shortened the influenza season in the northern hemisphere by about six weeks, potentially saving thousands of lives. However, the impacts on global health will be hard to unpick against the backdrop of large numbers of deaths from COVID-19. According to provisional data, cases of measles and rubella are their lowest globally since 2016, and STI prevalence may decline in the absence of close contact. However, tuberculosis cases are likely to increase because programmes to fight the disease have been derailed by the pandemic.

EPIDEMIOLOGY

- **IMMUNITY PASSPORTS**: Reasons reported for avoidance of the introduction of immunity passports include a lack of knowledge of COVID-19 immunity, inaccuracy of serological tests, an infeasible number of needed tests, far too few people recovered to restart the economy, and that passports could lead to a new form of discrimination.
- **INCUBATION PERIOD**: Mean incubation time (the lag between being infected and showing symptoms) is 7.8 days with a median incubation time of 5 days. No correlation was found between the age of patients and incubation time.

DETECTION

- **DETECTION IN SEWAGE**: Strong correlations were found between the concentration of SARS-CoV-2 RNA in sewage and numbers of COVID-19 cases ($R^2=0.99$) and between the concentration of SARS-CoV-2 RNA in sewage and numbers of local hospital admissions ($R^2=0.99$). RNA-concentrations were a seven-day leading indicator ahead of compiled COVID-19 testing data and led local hospital admissions data by three days. This test could be employed to guide public health measures as there is less of delay than other public health indicators.
- **PPE REQUIREMENTS**: Consistent with previous findings on viral shedding, these authors found 10 of 60 hospitalised COVID-19 patients tested positive for SARS-CoV-2 (using RT-PCR tests) 4 – 24 days after discharge. While infectivity remains unclear, the authors suggest that PPE might be advisable for health care workers caring for convalescent patients.
- **ASYMPTOMATIC COMMUNITY INFECTIONS**: A recent review paper analysing 270 studies concluded that approximately 4%–18% of COVID-19 infections are asymptomatic. authors distinguish between pre-symptomatic cases (who will later show symptoms) and asymptomatic cases (who never

show symptoms). Because appropriate studies with follow-up are few in number, only 6 of the 270 were included in the final analysis. This review is more comprehensive than other related studies and dispels the higher asymptomatic rates that have been reported elsewhere. Studies are still lacking on the link between viral load and symptom progression.

3. Quick Summaries

[Will serious shortage protocols help ease drug shortages?](#)

- **DRUG SHORTAGES:** *Prescriber magazine article* During this pandemic, some GPs have started issuing 3-monthly prescriptions which can, among other factors, lead to drug shortages. The authors discuss the pros and cons of the serious shortage protocols.

[England and Wales see 20000 excess deaths in care homes](#)

- **CARE HOME DEATHS:** *Peer-reviewed journal article*. Published statistics of deaths in care homes show that an excess 20,000 deaths were recorded from March – April, compared to the same period last year. COVID-19 has been hugely disruptive to all aspects of care and care homes face significant staff and equipment shortages, making it difficult to contain the virus.

[COVID-19: consequences for higher education](#)

- **UNIVERSITIES:** *Journal news article*. COVID-19 has cost UK universities £790 million, with considerable losses expected from tuition fees of international students. These losses are likely to disproportionately affect “lower ranking” universities. Many students may not wish to start university in September or may defer a year due to social distancing measures.

4. Longer Reading

[Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study](#)

- **MODELLING ON ADDITIONAL MORTALITY:** *Peer-reviewed journal article*. While COVID-19 is directly responsible for many deaths, additional indirect deaths are likely to occur due to healthcare system collapse, a decrease in access to food, and other intentional choices regarding the pandemic in both low- and middle-income countries. The authors stress the importance of appropriate resource allocation by policy makers given this context, particularly in children under 5 and mothers.