

# COVID-19 Daily Briefing: June 8<sup>th</sup>

*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

### EDUCATION

- **EDUCATIONAL EQUITY**: A survey of 2,887 UK applicants to medical school demonstrated respondents had concerns about the changes to admissions, including calculated grades replacing A-level examinations. Particularly, students who are female, BAME, from deprived areas, or non-selective state schools, had concerns about the grade standardisation process and fairness of calculated grades. Non-selective state school respondents reported less access to online teaching in real-time, less access to educational resources, and less time spent studying during lockdown.
- **SCHOOL REOPENING**: Reopening of schools in a way that allows half class sizes, or that is focussed on younger children, may not push R above 1. The impact of reduced social distancing in the rest of the population is predicted to have a far larger effect.

### COMPLIANCE

- **HEALTH LITERACY**: An online survey of self-selected Australians identifies that those with inadequate health literacy were more likely to endorse misinformation and were less likely to rate social distancing as important.
- **PSYCHOLOGY**: Preprint study investigating the psychological profiles of compliance with COVID-19 guidelines and risky behaviour. Younger individuals and those reporting greater perceived personal resource scarcity engaged in more frequent risky activities. This was particularly prevalent in those with higher extraversion and need for cognitive closure, those with smaller living spaces, and those with lower empathy.
- **NHSx**: An observational study reports that of 13,000 questionnaire respondents, 60% were willing to participate in app-based contact tracing, with 2/3 of those unwilling citing privacy concerns. This level of uptake is less than that considered necessary for contact tracing to be an effective intervention. Those reporting an unconfirmed belief they had already been infected with SARS-CoV-2 were less inclined to participate in mobile-based contact-tracing.

## 2. Quick Summaries

### The WHO we want

- **GLOBAL HEALTH**: *Comment article*. The COVID-19 pandemic requires global cooperation, which cannot be achieved if the WHO continues to be undermined by national Governments. To regain authority, the WHO must be supported in its coordinating role of multilateral efforts, requiring nations to waive some national prerogatives and increase investments.

### Offline: COVID-19 and the ethics of memory

- **INQUIRIES**: *Comment article*. Inquiries or reviews of the COVID-19 response should focus on identifying weaknesses in the systems of pandemic response, to provide better protection to the most vulnerable, rather than focusing on the assigning of blame. It is essential that ways are found to embed the memory of this pandemic within communities so that the knowledge gained is not forgotten.

### [False negative tests for SARS-CoV-2 infection – challenges and implications](#)

- **TESTING:** *Perspective article.* Many of the tests available for detecting SARS-CoV-2 result in over 20% false negatives. This is of concern because infected persons — who might be asymptomatic — may not isolate and can infect others. It is important that clinicians judge unexpected negative results as anomalous if the patient is symptomatic. Additionally, improving testing sensitivity in asymptomatic individuals should be a priority. For Covid-19 tests need to have 99% of accuracy to be reliable. The government should assure that.

### [Patents, economics, and pandemics](#)

- **FUTURE PANDEMICS:** *Editorial.* To better prepare for future pandemics, governments need to ensure consistently high levels of funding for biomedical research to proactively ensure sustained efforts to avert future threats.

### [There is no stopping COVID-19 without stopping racism](#)

- **RACISM AND COVID-19:** *Opinion article.* COVID-19 death statistics show systematic racial biases in the healthcare system. Racism has always been a public health problem. The current anti-racist protests should not be portrayed as opposed to public health measures and if COVID-19 is to be dealt with, it will have to involve anti-racist activities both in healthcare and wider society.

## 3. Longer Reading

### [COVID-19 in custody: responding to pandemics in prisons in England and Wales](#)

- **PRISONS:** *Peer-reviewed journal article.* Prisons have the potential to become “epidemiological pumps” – centres of transmissible diseases continually passing it to the wider community. UK Government policies attempting to reduce to number of prisoners and support distancing may have come too late, putting lives at risk. Reducing within-prison transmission is of utmost importance, for example through single-cell occupancy and continued social distancing measures.

### [Diet and physical activity during the COVID-19 lockdown period \(March-May 2020\): results from the French NuriNet-Santé cohort study](#)

- **EXERCISE AND NUTRITION:** *Preprint journal article.* A survey of nearly 40,000 French adults indicates divergent health and exercise behaviours related to the lockdown, with some individuals adopting healthier habits and others much less healthy ones. Different changes in nutrition and exercise behaviours were associated with socioeconomic position, professional situation, initial weight, parenting responsibilities, and mental health.