

COVID-19 Daily Briefing: June 4th

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

UNIVERSAL MASKING

- **NON-PROFESSIONAL MASKS:** A computational model shows that even low-efficiency non-professional face masks can be beneficial if they are systematically deployed. Since face mask wearing is far more sustainable than other measures, it should be applied consistently and universally during the COVID-19 pandemic.
- **IN SUPPORT OF MASKING:** Authors of this correspondence article express concern that their [previous comment](#), which contained the statement that “wearing a mask outside health care facilities offers little, if any, protection from infection,” is taken to discredit mask wearing. The authors stress that the statement applies to passing encounters in public spaces, not sustained interactions within closed environments. They strongly support the calls of public health agencies for all people to wear masks when circumstances compel them to be within 6 ft of others for sustained periods.

CHRONIC ILLNESS

- **KIDNEY:** Analysis of 19 studies with data from 4,375 patients concludes that the occurrence of acute kidney injury was 17 times higher in ICU COVID-19 patients than in non-ICU patients. Kidney dysfunction may be a risk factor for developing severe COVID-19 and, in reverse, COVID-19 may cause damage to the kidney, progressing to acute kidney injury. Increased attention should be paid to kidney damage at the early stage of infection, and to the side-effects of current experimental therapies for COVID-19 upon the kidney. More protective measures and supportive medications may be necessary for kidney care of patients.
- **LUNG:** A review of 29 articles indicates that the pooled prevalence of three lung conditions in > 6,200 COVID-19 patients across the studies was 3% for asthma, 2.2% for chronic obstructive pulmonary disease (COPD), and 2.1% for lung cancer. Mortality rates were 30% for COPD and 19% for lung cancer, with no mortality rates reported in patients with asthma. Treatment for these conditions, which reduces the risk of immunosuppression, must be identified. Identifying high-risk individuals with underlying lung conditions for ‘Isolating, Tracking and Tracing’ could prevent adverse outcomes.

LOCKDOWN

- **TIMING:** Countries and US states with longer delays between their first reported case and stay-at-home orders took a longer time to reach peak daily case and death counts. In the US, the last 10% of states to implement a stay-at-home mandate, an extra 35.3 days were added to the time taken reach the peak number of cases, and 38.3 days to the peak number of deaths.
- **DOMESTIC VIOLENCE:** An analysis of domestic violence cases in the city of Chicago found that during the shelter-in-place period of the pandemic, cases at residential locations were 64% more likely to have occurred, whereas cases with child victims were 67% less likely to have occurred. Reduced reported violence against child victims may reflect a decrease in access to teachers and social workers for children. Domestic violence first responders and service providers will need to focus on reaching individuals who are staying at home.

3. Quick Summaries

[Why coronavirus hits men harder: sex hormones offer clues](#)

- **MALE SEX HORMONES:** *Comment article.* Observational evidence consistently suggests that men are considerably more vulnerable than women to contracting COVID-19, and present more adverse outcomes, such as hospitalisation and death. This effect may be caused by androgens (male sex hormones). Prostate cancer patients being treated with androgen suppressant therapies appear to have a lower chance of contracting COVID-19. Antiandrogen trials in both men and women are underway in the US and Europe.

[COVID-19 pandemic impact on gynaecological cancers: a perspective](#)

- **CANCER:** Due to the restrictions on surgery imposed by the pandemic response, there is a risk of a later wave of preventable loss of life due to gynaecological cancers.

4. Longer Reading

[The impact of ethnicity on clinical outcomes in COVID-19: A systematic review](#)

- **ETHNICITY:** *Peer-reviewed journal article.* A review of studies shows there is increasing evidence that BAME communities are at increased risk of infection, hospitalisation and mortality. There is currently insufficient evidence to fully understand this link, but existing research suggests it could be a combination of biological and socioeconomic factors.

[Kawasaki-like multisystem inflammatory syndrome in children during the covid-19 pandemic in Paris, France: prospective observational study](#)

- **COVID-19 & CHILDREN:** *Peer-reviewed journal article.* An investigation into a small group of paediatric patients with features of an inflammatory syndrome found that 90% tested positive for SARS-CoV-2 antibodies. More than half of the patients had African ancestry, which the authors consider unusually high. This is a small observational study indicating a potential which requires further research, rather than a conclusive investigation.

[Missing clinical trial data: the knowledge gap in the safety of potential COVID-19 drugs](#)

- **CLINICAL TRIALS:** *Preprint journal article.* A large proportion of clinical trials on drugs that are also of interest against SARS-CoV-2 have not reported their results in the scientific literature or on widely accessible databases within 395 days of trial completion; for example, 37% of completed hydroxychloroquine trials remain completely unreported. The absence of this information has significant impacts on the safety of repurposing treatments for COVID-19.

[Seroprevalence of SARS-CoV-2 in Hong Kong and in residents evacuated from Hubei province, China: a multicohort study](#)

- **PREVALENCE:** *Peer-reviewed journal article.* It is likely that many subclinical COVID-19 cases in the early stages of the outbreak were not detected in Hong Kong. However, the prevalence of SARS-CoV-2 antibodies in a cohort returned from Hubei indicate there was no circulation of SARS-CoV-2 prior to February 2020 and that levels of immunity remain low, far below herd immunity thresholds.

[A randomized trial of Hydroxychloroquine as postexposure prophylaxis for COVID-19](#)

- **HYDROXYCHLOROQUINE:** *Peer-reviewed journal article.* The first randomised controlled trial of its ability to prevent COVID-19 in 821 participants demonstrates its use did not alter the incidence of COVID-19 but caused mild side-effects. Whilst trials of this nature are often considered the “gold standard”, only 20 of the 123 confirmed or probable infected patients were laboratory-tested, while the rest were evaluated based on self-reported symptoms, indicating further research is necessary.