

# COVID-19 Daily Briefing: May 29<sup>th</sup>

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## 1. Summary

### CONTACT TRACING

- **AUTOMATED CONTACT TRACING**: Results show that partially automated contact tracing, combining a phone app and manual contact tracing, gave more complete identification and follow-ups with potentially exposed contacts compared to previously employed systems. Because they are so new, there is currently little empirical evidence demonstrating the efficacy of a solely automated contact tracing system.
- **ETHICS**: The use of automated contact tracing applications requires a framework to deal with ethical concerns such as the privacy of personal data, threats the collection of such data could pose to equality and fairness, and problems arising from high levels of false positives and false negatives. These ethical concerns have been outlined with 16 key questions that should be considered by all designers of such apps.
- **TEST & TRACE**: The data evaluation and learning for viral epidemics (DELVE) group report to SAGE indicates that contact tracing should be based on confirmed cases, rather than symptoms. For the best outcomes, the test and trace procedure timeline should not be longer than three days. There needs to be broad public participation and fast responses to significant outbreaks. Test and trace will only be effective if used combination with other preventative measures, like maintaining hygiene and social distancing.

### MENTAL HEALTH

- **NHS STAFF**: Many NHS staff will require post-trauma support after the COVID-19 crisis. Having worked long hours, often in harrowing circumstances, steps should be taken to protect the mental health of staff. Lessons from military practice can be applied to the post-COVID-19 situation.

### YEMEN

- **HUMANITARIAN CRISIS**: Yemen was already facing a significant humanitarian crisis before COVID-19, which is likely to be aggravated as a result of the pandemic. Half of the nation's medical facilities have been attacked during the war and only 157 of the country's ca. 500 ventilators are currently functioning. Alongside the strained medical system, 3.6 million people are displaced within the nation and a quarter of the population are malnourished. The WHO believes 30,000 – 40,000 people could die from COVID-19 here.
- **PROJECTIONS FOR YEMEN**: A worst-case scenario predicts 28 million infected, 65,000 deaths, and 500,000 people being hospitalised in Yemen. Due to mass displacement, the numbers of people requiring humanitarian assistance, and people living from hand to mouth, a lockdown is not feasible. This factor is compounded by Yemeni authorities suppressing pandemic news. Aid agencies have also reported that health workers have been harassed and detained.

### 3. Quick Summaries

#### [COVID-19: WHO halts hydroxychloroquine trial to review links with increased mortality risk](#)

- **ANTIVIRAL TREATMENTS:** *Journal news article.* The WHO has paused testing of hydroxychloroquine in COVID-19 patients to investigate its safety, after a study of 96,000 patients across all six continents found that patients treated with the drug had higher risks of death or developing new heart arrhythmias. The Data Safety Monitoring Board is reviewing the data. Recruitment for the University of Oxford trials which include hydroxychloroquine is continuing.

#### [Research on COVID-19 is suffering from “imperfect incentives at every stage”](#)

- **RESEARCH PUBLISHING:** *Feature article.* The pandemic has seen many journals release papers on very fast timescales, potentially compromising the quality of research being published. The increase in pre-print studies means research quality varies more, as only 27% of primary COVID-19 research was peer-reviewed. Measures that used to ensure that media releases were assessed by experts have broken down, making it harder to get third-party comments to journalists. Speed of publishing is now more highly incentivised than ensuring high quality research. Nevertheless, physicians often have no other basis for decision making so this is problematic.

#### [Shielding from COVID-19 should be stratified by risk](#)

- **EXITING LOCKDOWN:** *Editorial.* As total eradication of the virus is unlikely and lockdown may be damaging in itself, more targeted approaches must be taken to ease restrictions whilst protecting the most vulnerable. A “stratify and shield” risk scoring system including age, gender, ethnicity, and pre-existing chronic illnesses is proposed to protect those whose life is most at risk from the virus.

#### [COVID-19 research in Africa](#)

- **AFRICAN RESEARCH:** *Editorial.* There have been cases of anti-African research sentiment in the past, as well as in news reports and social media posts about COVID-19 research. This sentiment is unfounded, as African researchers have made many significant contributions to infectious disease research in the past, including HIV and TB. African research and expertise must not be excluded in the global response to the COVID-19 pandemic.

#### [Can the UK emulate the South Korean approach to COVID-19?](#)

- **SOUTH KOREA'S SUCCESS STORY:** *Editorial.* Back in February 2020, South Korea saw one of the worst outbreaks of COVID-19 outside of China, but the country has shown itself to be a success story in terms of handling the pandemic. The significantly lower death toll in South Korea can be explained by the rapid and efficient use of the “test, trace, isolate and treat” strategy. To follow South Korea’s success story, the UK needs to ensure that all essential components of a test, trace and isolate system are in place.

### 4. Longer Reading

#### [Diabetes is associated with increased risk for in-hospital mortality in patients with COVID-19: a systematic review and meta-analysis comparing 18,506 patients](#)

- **DIABETES:** *Preprint of a journal article.* A meta-analysis and review of other studies has concluded that the likelihood of death is 65% higher in diabetics hospitalised with COVID-19 as compared to non-diabetics. This analysis is indicative that diabetic patients are at higher risk, however, further research must be carried out to determine the exact nature of this association, and whether it can be mitigated with blood sugar control.