

# COVID-19 Daily Briefing: May 1<sup>st</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

### PUBLIC HEALTH

- **CANCER:** The authors of a [commentary article](#) in the Lancet have outlined the decrease in cancer diagnoses in the Netherlands, as a result of individuals with non-COVID-19 symptoms not wanting to waste the doctors' time, making assumptions about insufficient capacity to deal with other conditions, or having concerns about acquiring COVID-19 in health-care settings. Cancer screening, case identification and referral have been affected by the pandemic more broadly. The authors of a [another article](#) suggest that the shift to remote consultation may result in missed cases and is unsuitable for vulnerable patients in the UK (including those from low socioeconomic backgrounds). If cancer is suspected, referrals should be treated as a priority. A backlog of cancer patients when normal services resume is to be expected. The authors of a [further editorial piece](#) forecast a 5% – 10% decrease in cancer survival rate due to these severe disruptions to cancer care services.
- **OBESITY:** The authors of a Lancet correspondence outline the correlation between obesity and more severe disease in younger people in America.
- **INTENSIVE CARE:** The authors of a pre-print article propose a statistical method to estimate the lower bound of the number of positive COVID-19 cases. The authors estimate that 40% of intensive care cases are fatal and that the chance of survival for critically ill patients who do not receive intensive care is less than half the survival chance for critical patients who do; highlighting the importance of not exceeding ICU capacity.

### EPIDEMIOLOGY

- **ETHNICITY AND INCOME:** The authors of a pre-print study from Imperial College London suggest that black patients hospitalised with COVID-19 have slightly lower ages and degrees of underlying health issues than their white counterparts. *The results indicate a slight, not necessarily statistically significant trend.* The authors of another pre-print outlined that while both poverty and ethnicity were associated with higher rates of COVID-19 in the UK, income deprivation had a greater effect on increased mortality than ethnicity.
- **SOCIAL DISTANCING:** The authors of a pre-print study conducted across America demonstrated that the maximum amount of social distancing practiced by individuals plateaued after two weeks. This finding could impact the extent of social distancing efforts.

## 3. Quick Summaries

### [Feasibility of controlling COVID-19](#)

- **EPIDEMIOLOGY AND POST-DISCHARGE SPREAD:** *Correspondence article.* The authors raise several questions about modelling the efficacy of contact tracing. They suggest that nucleic acid detection and radiography should be included in routine diagnoses of COVID-19 to avoid missing asymptomatic cases, and that a 'post-discharge quarantine' should be observed by people who have recovered as they still carry the virus for some time.

### [Considering BCG vaccination to reduce the impact of COVID-19](#)

- **BCG and COVID-19:** *Correspondence article.* Researchers from the Netherlands suggest that offering BCG, a licensed vaccine against tuberculosis, could lead to a less severe infection and a

reduced presence of SARS-CoV-2 in the blood. BCG has been shown to have a protective effect against respiratory infections and reduce the severity of infections by other RNA viruses. Clinical trials are running on healthcare workers in the Netherlands and Australia to see if BCG will lessen COVID-19 symptom duration and severity. The authors stress the importance of only using the BCG vaccine in these trials for now, since it is already in short supply, and trial data needs to be carefully evaluated before we know whether the BCG vaccine provides any protective effect in COVID-19 cases.

#### [A COVID-19 recovery for climate](#)

- **CLIMATE:** *Editorial.* The authors suggest policy makers should use the COVID-19 recovery funds to address the climate change crisis. Previous policy responses to crises focused on stabilising the most immediate problems instead of leveraging the opportunity to address further global challenges. The reduction in air pollution during the lock down clearly defines how intertwined the use of fossil fuels is to modern life, and the COVID-19 pandemic should be used as an opportunity to consider climate in recovery plans. Further opportunities may arise from remote working and reduced air travel.

## 4. Longer Reading

#### [Successful manufacturing of clinical-grade SARS-CoV-2 specific T-cells for adoptive cell therapy](#)

- **POTENTIAL T-CELL TREATMENT:** *Pre-print of an academic article.* A group of researchers in Singapore have successfully produced clinical grade SARS-CoV-2 specific T-cells for adoptive cell therapy from the blood of two recovered patients. If this proof-of-concept study progresses to clinical trials, T-cells could be a feasible treatment in conjunction with plasma therapy. *Further research on a larger scale and in a clinical trial needs to be conducted before efficacy as a treatment can be assessed.*

#### [Clinical characteristics and predictors of outcomes of hospitalised patients with COVID-19 in a London NHS Trust: a retrospective cohort study](#)

- **COVID-19 AND ETHNICITY:** *Pre-print of an academic article.* A group of researchers from Imperial College London studied the clinical characteristics and outcomes of 689 patients with COVID-19 across three central London hospitals between late February and early April. The authors of this paper identified that 32% of hospitalised patients died, and that 40% of hospitalised individuals were from a black or Asian background. Black patients were significantly younger and had fewer underlying health conditions than non-black patients at the time of hospitalisation. *Note: these results are largely consistent with other studies of COVID-19, but this is a relatively small investigation and the authors do not provide an explanation for these statistics.*