

COVID-19 Daily Briefing: May 20th

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1. Summary

TESTING

- **TENNESSEE OPEN TESTING POLICY**: *Preprint article* studying the effectiveness of the open testing policy in Tennessee, where anyone who wanted a test could get one. Data are compared to data from Alabama, which had similar number of cases per capita and instituted non-pharmacological policies over the same time frame. The authors found suggestive evidence that the open-testing policy led to a reduction in the number of total cases, as well as a reduction by 2.9% in travel in counties that have experienced relatively large increases in confirmed cases.
- **DETECTING RE-EMERGENT COVID-19 IN NEW ZEALAND**: *Preprint article* that uses an SEIR (Susceptible/Exposed/Infected/Resistant) model to study the effectiveness of testing in identifying any new COVID-19 outbreak in New Zealand. It was found that a testing regime of 7,800 tests per million people per week would be required to detect 95% of outbreaks, from a single imported case within a 33-day period after introduction, assuming an R value of 2. In this scenario, 96% of tests would be of symptomatic individuals.

MENTAL HEALTH

- **EFFECT OF MEASURES ON MENTAL HEALTH**: *Preprint article* in which 35,784 UK adults were studied for the effect of COVID-19 adversities on mental health. It was found that increases in anxiety were correlated with worries about potential adversities, and that actual experiences of hardships were also associated with depression and anxiety, particularly in individuals from lower socio-economic backgrounds. Overall, worries were more strongly associated with poor mental health than negative experiences. The association between poor mental health and worries shows that measures taken at the beginning of the pandemic were insufficient to reassure the public. Interventions that both seek to prevent adverse mental health effects of anti-COVID-19 measures and continually reassure people are needed.
- **EARLY OBSERVATION FROM THE UK**: *Preprint article* studying mental health during the pandemic in a cohort of 3,097 self-selected individuals during first 4–6 weeks of lockdown. Mean scores for depression, stress and anxiety significantly exceeded population norms with younger people, women, and people living alone. The cohort comprised 85% female participants and 50% key workers. Interventions targeting perceptions or effects of loneliness, worry about contracting COVID-19, living alone, and positive mood may be effective.

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- **COVID-19 TRIAGING**: Perspective article, in which the authors state that crisis triage protocols should focus on identifying patients who are most likely to die without a ventilator, yet most likely to survive with one. Triage protocols should use the best available clinical survivability scores, not broad categorical exclusions. Long-term survival estimates are neither practical nor ethical as triage criteria and are prone to bias against populations with lower life expectancies (e.g. disability), whereas near-term survivability can be assessed independently from disability. Crisis triage plans should protect the equal worth of all persons and avoid exacerbating existing health inequity.
- **IMPROVING CRISIS STANDARD OF CARE**: Perspective article highlighting that guidelines put forward in several US states are discriminatory against those with disabilities. In particular, the authors

argue that decisions over treatment should be assessed based on a patient's prospects of benefiting from treatment, not from the presence of a disability. With ventilator demand outstripping supply, allocation should be made based on near term prognosis, not long-term life expectancy. Policymakers and hospitals can take several key steps to honour commitments to anti-discrimination principals, while appropriately stewarding scarce resources.

3. Quick Summaries

[When does a major outbreak become a Public Health Emergency of International Concern?](#)

- **PUBLIC HEALTH EMERGENCY REFORM:** *Comment article.* The authors argue for reform of the process by which the World Health Organization decides whether an outbreak is a public health emergency of international concern (PHEIC). The current process led to almost a 1-year delay in declaring the West African Ebola outbreak a PHEIC. Similarly, when a PHEIC was announced for COVID-19 the disease had over 7,000 cases in China and had spread to 21 other countries. An urgent reform of the PHEIC is required defined by clear epidemiological criteria and paired with specific readiness actions. A multi-level risk-signalling process is proposed: Level 1 – high-risk outbreak in a single country with potential for international spread, requiring concerted public health efforts to contain and manage it locally; Level 2 – importations in multiple countries with limited spread; and Level 3 – large clusters in multiple countries with ongoing transmission.

[Septic shock presentation in adolescents with COVID-19](#)

- **KAWASAKI-LIKE DISEASE:** *Correspondence article.* The authors discuss the disparity between COVID-19 rarely presenting in a severe form in children, and growing concerns over a multisystem inflammatory syndrome associated with COVID-19 that is particularly affecting children under the age of 1. The authors describe the clinical characteristics of three COVID-19 positive adolescents presenting with septic shock, two or three of whom went on to develop multiple organ dysfunction syndrome. The syndrome described shares common features with other paediatric inflammatory conditions including Kawasaki disease, and can also present with unusual abdominal symptoms. Each patient described was overweight, suggesting obesity is a risk factor for severe disease.

4. Longer Reading

[Semantic and geographical analysis of COVID-19 trials reveals a fragmented clinical research landscape likely to impair informativeness.](#)

- **COVID-19 TRIALS:** *Preprint of a journal article.* The authors describe the development of a tool to track the size, geographical distribution and design of COVID-19 related clinical trials. Findings show a prevalence of single-centre trials with highly different endpoints, with significant disconnect between geographic distribution and disease prevalence. The authors suggest that there should be better coordination of clinical trial design for COVID-19.