

COVID-19 Daily Briefing: April 30th

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

MENTAL HEALTH

- **NURSING HOMES**: The loneliness of patients in northern Italian care homes has increased dramatically during the pandemic, especially amongst those with declining mental health from conditions such as dementia. The stress for residents and staff in the homes is extreme, and little is being or can be done to alleviate the situation.
- **PSYCHIATRIC WARDS**: Some psychiatric wards in Italy have been converted into COVID-19 wards to deal with increased patient numbers. In order to keep mental health services operational, the authors suggest that some outpatient units be closed, staff switch to phone and video-based patient visits for emergencies and patient requests, and that group activities in inpatient settings be suspended.
- **MENTAL HEALTH**: A survey has reported reduced mental wellbeing in the UK. Self-isolation and COVID-19-related livelihood concerns have increased feelings of isolation and have been associated with depression and anxiety. Perceiving increased kindness and community connectedness, and being an essential worker, are associated with better mental health.

INTERNATIONAL RESPONSE

- **NEW YORK**: The areas of New York City with the highest proportion of racial/ethnic minorities, the most people living in poverty, and the lowest levels of educational attainment have higher rates of hospitalisation and death related to COVID-19. There was no association of these rates with population density or per capita hospital beds, however, indicating that underlying health or socioeconomic conditions can explain disparities.
- **GERMANY**: A modelling study estimates that Germany's early lockdown and aggressive testing and tracing regime has lowered COVID-19's transmission rate by a factor of four.
- **SOUTH AFRICA**: Despite nearly one month of lockdown, COVID-19 continues to spread exponentially in South Africa, albeit with the time taken for the number of cases to double decreased by a factor of seven. Other countries have seen sub-exponential growth after lockdown. This progression will still overburden ICU capacity. Most people do not have the financial resources to lockdown sustainably, making current government measures ineffectual.

PUBLIC HEALTH

- **CARE HOMES**: There was a 48.5% increase of recorded COVID-19 deaths in English and Welsh care homes in a week, exposing the need for an integrated health and social care service.
- **FACE SHIELDS**: Viewpoint article, suggesting that face shields may be a cheap way to complement face masks and reduce the spread of SARS-CoV-2 in the UK general population. Unlike face masks, shields are reusable and could thus ensure healthcare personnel get enough PPE.
- **ASYMPTOMATIC CASES**: A meta-analysis of 11 studies found that, on average, only 29% of COVID-19 cases are asymptomatic, but that asymptomatic cases account for 40% – 60% of transmissions, and thus are important in controlling the spread of COVID-19.
- **REMDESIVIR**: A peer reviewed, double-blind, placebo-controlled, multicentre, randomised trial clinical trial of remdesivir in China has found it did not have a significant impact on recovery time nor on viral load, although further larger and longer trials are required.

3. Quick Summaries

Decolonising COVID-19

- **GLOBAL COLLABORATION**: Dealing with COVID-19 will require global collaboration, not just between wealthy countries, but also with poorer countries. Resources need to be pooled to ensure

that developing nations have access to medical equipment, data, and the means to cope with COVID-19 and the related economic impacts.

[Data sharing in the era of COVID-19](#)

- **SHARING DATA:** Accurate epidemiological models of COVID-19 rely on well-curated data, yet there are still significant barriers to sharing data. There needs to be a standardised international database for anonymised COVID-19 patient data.

[Show evidence that apps for COVID-19 contact-tracing are secure and effective](#)

- **APPS:** Despite being touted as a solution to tracing COVID-19 cases, there are no empirical studies on the effectiveness of tracing apps. The one country that has used them widely, Singapore, has seen only 20% uptake. If governments use apps, they must have high security settings to protect privacy, and should be used in conjunction with traditional contact tracing teams, not as a substitute for them.

4. Longer Reading

[Effectiveness of isolation, testing, contact tracing and physical distancing on reducing transmission of SARS-CoV-2 in different settings](#)

- **CONTACT TRACING:** *Pre-print of an academic article.* A UK based mathematical model shows that contact tracing and quarantine, in combination with general social distancing, could reduce the spread of COVID-19 by up to 65% more than social distancing alone.

[An analysis of SARS-CoV-2 viral load by patient age](#)

- **AGE AND VIRAL LOAD:** *Pre-print of an academic article.* Analysis of viral loads during routine testing at a large laboratory testing centre in Berlin finds that children have similar viral loads to adults. This indicates that transmission potential in schools and pre-schools can be evaluated using the same assumptions of infectivity as for adults.