

COVID-19 Daily Briefing: April 27th

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

TRANSMISSION OF CORONAVIRUS

- **NURSING HOMES**: More than half of positive tests in nursing homes were on asymptomatic patients, meaning that infection control methods based on symptom tracking alone are insufficient.
- **SURGICAL MASKS**: Airborne transmission in confined areas without adequate ventilation could increase infection risk. Improving ventilation and wearing masks reduces risks.

DEATHS AND CORONAVIRUS

- **REPORTED VS TRUE DEATHS**: Coronavirus-related death statistics are a lagging indicator – there can be multiple days between a death occurring in a hospital and its reporting. Analysis should focus on trends, rather than deaths reported in the preceding five days. Trends suggest that daily deaths may have peaked around the 8th April, with a subsequent slow decline.
- **EXCESS DEATHS**: 43% of excess deaths are unrelated to COVID-19. This is suspected to be attributable to actual coronavirus-caused deaths that were incorrectly attributed to other causes, and due to the large reduction in routine diagnoses and management of other medical conditions due to social distancing measures.
- **CANCER** is one of the conditions that will suffer from delays in treatment and surgery the most.
- **KIDNEY TRANSPLANTS**: Kidney transplant patients are dying at higher rates during the crisis. These patients routinely take immunosuppressant medication, have a smaller incidence of fever (an immune response measure), and a faster progression of the disease. The implications of COVID-19 for liver transplant patients remain unclear.

ECONOMY AND SOCIETY

- **PPE IN THE NHS**: A legal challenge has been launched against existing PPE guidance in the UK, claiming that guidance is unclear about the level of PPE that is considered acceptable and that current guidance is based primarily on supply rather than evidence.
- **TRAVEL BANS**: Blanket travel bans can interrupt supply lines for vital medical equipment and may be hampering the global response to the pandemic. The WHO has cautioned against blanket bans but has been largely ignored.

2. Key Questions

- What steps are the Government taking to deal with the backlog of urgent treatments in the NHS, such as those for cancer patients?
- How is the government ensuring that medical supply lines are not being compromised?
- What is the government's latest understanding of why BAME individuals are more likely to die of COVID-19 than those who are white?

3. Quick Summaries

[Urgent alert to GPs as 'coronavirus-related condition may be emerging in children'](#)

- **CHILDREN:** A condition requiring intensive care and potentially related to COVID-19 is beginning to show itself in a small number of children. The cases have overlapping symptoms: toxic shock syndrome and Kawasaki disease, and blood parameters consistent with severe COVID-19 in children. Cases are still extremely rare and how fatal the condition is remains unknown. *There is no citation contained within this article but it appears in a reputable publication.*

[When pandemics collide](#)

- **HIV AND TUBERCULOSIS:** Funds for research into and treatment of HIV and tuberculosis have been diverted to COVID-19, especially in developing countries. Supply chains have also been disrupted, which is worrying as both diseases can complicate COVID-19 symptoms.

[Chloroquine hype is derailing the search for coronavirus treatments](#)

- **CHLOROQUINE:** Early hype around this anti-malarial as a potential cure for COVID-19 has meant that there is now a shortage of supplies of the drug worldwide and research into other potential treatments to COVID-19 has been side-lined.

[Covid-19: decisive action is the hallmark of South Africa's early success against coronavirus](#)

- **SOUTH AFRICA:** South Africa has successfully dealt with COVID-19 by locking down before cases became widespread. Soon, South Africa will reopen mines and businesses, including tobacco stores. The ban on alcohol sales and the stay-at-home order remain in place.

[Meeting the challenge of the 2019 novel coronavirus disease in patients with cancer](#)

- **TELEMEDICINE:** US doctors propose a 'telemedicine'-friendly five-point strategy for treating cancer patients during the pandemic. These include testing, delaying chemotherapy and surgery of symptomatic patients, providing hospital personnel with adequate protection, and establishing well-trained teams and closer collaboration at various levels.

4. Longer Reading

[Collateral damage: the impact on cancer outcomes of the COVID-19 pandemic](#)

- **AVOIDABLE CANCER DEATHS:** *Pre-print of an academic article.* Devoting healthcare resources to COVID-19 has led to a disruption in diagnosis and treatments of cancers. Based on 2013-2017 records in England, a six-month delay in treatment could directly cause the deaths of 10,555 cancer patients, equal to nearly half the years of life gained through hospital treatment of COVID-19. Any current backlog in cancer treatments must be addressed to avoid a downstream crisis.

[Modeling infectious disease dynamics](#)

- **FUTURE OF COVID-19:** *Peer reviewed journal article.* An overview of epidemiological thinking around COVID-19 with parallels drawn to controlling seasonal flu. Desynchronised outbreaks around the globe mean that COVID-19 is unlikely to disappear any time soon. Blunt control strategies, such as lockdown, will have to be replaced with strategies in the longer term that incur less social cost; such as identifying subpopulations that contribute disproportionately to transmission.

[COVID-19 and Inequity: A comparative spatial analysis of New York City and Chicago hot spots](#)

- **INEQUALITY:** *Pre-print of an academic article.* A comparison of American localities shows that wealthier areas have lower infection rates, whereas areas with higher household density, more non-Hispanic black residents, and lower education, have higher rates of COVID-19 infection and death.