

COVID-19 Daily Briefing: May 18th

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

RELAXING LOCKDOWN

- **PROTECTING ICUs**: Modelling of epidemiological and economic consequences shows that following quick and strong measures to control the epidemic, relaxation of measures must be controlled so the further death toll is minimised. Only once herd immunity is achieved can lockdown be further relaxed.

DIAGNOSIS & TREATMENT

- **PNEUMONIA**: While long-term follow-up data on patients who developed pneumonia are still lacking for COVID-19, X-ray CT scans are recommended for diagnosing pneumonia and assist in assessment of the severity of paediatric cases.
- **ACUTE RESPIRATORY DISTRESS SYNDROME**: 40% of COVID-19 patients develop acute respiratory distress syndrome (20% severely). It is an open question as to whether this effect results primarily from immune reactions, drug toxicity, or from mechanical ventilation. In the previous SARS and MERS outbreaks, similar damage was seen and lasted longer than four weeks after symptom onset. Long-term follow up of SARS patients found persisting lung damage in 4.6% of patients 15 years after infection, though with little clinical relevance.
- **TRACHEOSTOMY**: While tracheostomy (creation of an airway path in the neck) can help COVID-19 patients regain lost muscle strength after long periods under ventilation, it should be delayed until at least day 10 of invasive ventilation and considered only when patients are clinical improving.
- **STEAM INHALATION**: The number of children with scalding injuries related to steam inhalation has increased in UK hospitals. Half of all surveyed burn services in the UK reported an increase in scalding related cases due to steam inhalation since lockdown, especially in areas with high COVID-19 prevalence, and among people of Asian ethnicity. There is no evidence that steam inhalation can relieve symptoms of upper respiratory tract infections, but it keeps being recommended by 80% of GPs, despite the associated danger of scalds.

SOCIETY

- **PSYCHOLOGICAL WELLBEING**: A study of at-risk populations in France, with conditions such as asthma, breast cancer, depression, and migraine, presented with psychological stress and were at increased risk of PTSD. The authors call for dedicated mental health policies to monitor and prevent psychological distress to limit the public health impact of COVID-19.
- **RISK FACTORS**: A positive SARS-CoV-2 test result in primary care was associated with similar risk factors to those observed for severe outcomes of COVID-19 in hospital settings. Risk factors included male sex, adult age, black ethnicity, from an urban neighbourhood, and those with obesity, or chronic kidney disease. Active smoking was associated with decreased likelihood of a positive test result, *though other studies report higher rates of severe disease and other studies disagree with this one.*
- **ALCOHOL USE**: A UK Survey of 2,000 people finds that 21% of adults who drink alcohol are drinking more, but that 35% had reduced their intake or stopped drinking altogether.

3. Quick Summaries

[Riding the coronacoaster of uncertainty](#)

- **UNCERTAINTY:** There are numerous areas of significant uncertainty regarding the COVID-19 pandemic, including the likelihood of reinfection, the efficacy of facemasks, and the wider impacts of lockdown on treatment of other conditions. This uncertainty should be reflected in political discourse surrounding the pandemic.

[COVID-19: mental health services must be boosted to deal with “tsunami” of cases after lockdown](#)

- **MENTAL HEALTH SERVICES:** Mental health should be a core element of the COVID-19 response, to cope with the predicted surge of cases after lockdown. Significant increases in the number of mental health emergencies were seen, coinciding with a fall in routine appointments. Over half a million people in the UK may need mental health support in the next year due to the effects of the virus and association lockdown on mental health.

[The UK's public health response to COVID-19](#)

- **PUBLIC HEALTH:** Commentary in the British Medical Journal which criticises the public health response in the UK, primarily focusing on the narrowness of scientific advice the Government has received and the adverse impacts of austerity on public health.

[Health inequity during the COVID-19 pandemic: a cry for ethical global leadership](#)

- **INTERNATIONAL RESPONSE:** Disadvantaged people are at greater risk of infection and death due to COVID-19. An open letter calls for a global taskforce to mitigate the unfair additional burden of this pandemic on disadvantaged populations and prevent exacerbating existing inequities.

4. Longer Reading

[Inferring change points in the spread of COVID-19 reveals the effectiveness of interventions](#)

- **LOCKDOWN EFFICACY:** *Peer-reviewed journal article.* An investigation into the effect of non-pharmaceutical interventions on the effective growth rate of the pandemic in Germany. Three steps; (i) cancellation of large events, (ii) closure of schools, and (iii) contact ban and closure of non-essential retail outlets; were all associated with a reduction in transmission rates, with a two-week time lag. The final intervention brought the effective growth to sub-exponential rates.

[Pre-existing and *de novo* humoral immunity to SARS-CoV-2 in humans](#)

- **IMMUNITY:** *Pre-print of a journal article.* A study has indicated that recent previous infection with some seasonal human coronaviruses could show up as a positive result in SARS-CoV-2 tests. This finding suggests recent non-SARS infections could (i) generate false-positive SARS-CoV-2 serological (antibody) tests, but also (ii) provide some pre-existing immunity to the virus, consistent with reports of mild symptoms in some individuals, particularly children.

[Screening of healthcare workers for SARS-CoV-2 highlights the role of asymptomatic carriage in COVID-19 transmission](#)

- **ASYMPTOMATIC SCREENING:** *Pre-print of a journal article.* Over a three-week period, 1,000 healthcare workers were screened in the UK for SARS-CoV-2. While 40% reported having experienced COVID-19 symptoms over a week prior, 3% of asymptomatic healthcare workers tested positive for the virus over the 3-week period, highlighting the urgent need for systematic and regular screening of all healthcare workers.