

COVID-19 Daily Briefing: June 29th

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1. Summary

MENTAL HEALTH

- **NEUROPSYCHOLOGICAL COMPLICATIONS**: This peer-reviewed surveillance study identified cerebrovascular events (relating to blood flow to the brain, 62%) and altered mental status (31%) as the two most common neuropsychological complications of COVID-19 in UK. Altered mental status was detected across all age groups.
- **NURSES**: This accepted article surveys burnout across 2,014 frontline nurses from two hospitals in Wuhan, China. About half of the nurses surveyed reported work burnout. 14% reported levels of anxiety, 11% reported depression, and 91% reported experiencing fear. The majority of nurses (95%) suffered from skin lesions associated with PPE. Skin lesions were positively correlated with adverse mental health outcomes and negatively correlated with self-efficacy and work willingness.
- **ISOLATION**: This preprint study analysed social media to track changes in the psychological state of 1,278 quarantined individuals. Anxious depression levels increased as quarantine began, but diminished gradually as it progressed, before resurging after 14 days of quarantine. Psychological interventions could help mitigate the adverse impacts as long as quarantine measures are deemed necessary.
- **ALCOHOL**: In this preprint study, authors identified that the proportion of participants in the UK drinking 4 or more times a week rose from ~14% to ~23% when compared to pre-lockdown levels, and heavy episodic drinking at least weekly increased from ~10% to ~17%. Higher income groups and under 50s displayed the largest increases.

CHILDREN AND ADOLESCENTS

- **GENERATION CORONAVIRUS**: Editorial on the effect of coronavirus on children and their future. Though children generally have better outcomes than adults from COVID-19 infection, they will inherit the unknown of the pandemic aftermath. In April 2020, over 90% of the world's students were unable to physically attend school, risking their wellbeing in the short- and long-term (e.g. some depend on school meals). Globally, increased emergency department visits for children with serious injuries, abuse hotline calls, and mental health issues have all increased. The authors call for policy makers to ensure a future that will not be entirely defined by COVID-19.
- **ASTHMA**: Comment piece on asthma in children during the COVID-19 pandemic, including lessons from lockdown and future directions for management. Unexpectedly, [Kenyon et al](#) reported a 76% drop in emergency visits for asthma during the pandemic (similar to UK). This could be because of lockdown, due to: parents managing mild attacks at home, reduced exposure to outdoor allergens and reduced transmission of conventional respiratory viruses, reduced atmospheric pollution and/or more attention to admission of asthma drugs. Going forward, remote monitoring and individual/societal behavioural change could reduce asthma attacks and improve outcomes.
- **EMERGENCY MEDICINE**: Correspondence describing a multicentred surveillance project in the UK to assess delays in children's presentation to A&E during the pandemic. Reassuringly, there is little evidence that parents and carers are bringing children to hospital later than they would have done previously, although rates of presentation to emergency departments has fallen by 73% – 88% during the pandemic.

- **SCHOOLS:** Preprint investigating the role of schools in the transmission of SARS-CoV-2 in Europe. The data demonstrates that school closures reduced transmission of the virus, but that limited school attendance (e.g. older students taking exams or partial return of younger students) does not appear to significantly alter community transmission. In nations with low community transmission (e.g. Denmark and Norway) large-scale school reopening may be more feasible than in nations with higher levels of community transmission (e.g. Germany). Authors warn that all strategies should be cautious and include low classroom occupancy.

3. Quick Summaries

[The harms of police frisking in times of a pandemic](#)

- **POLICE FRISKING:** *Correspondence.* A personal perspective from a BAME individual subject to police stop and search. The authors highlight the harm that police frisking without proper use of PPE imposes and the increased risk to BAME people, who are statistically more likely to be stopped and searched by police. A review of these practices is urgently required.

[Offline: The second wave](#)

- **SECOND WAVE:** *Comment article.* The Director-General of the WHO has stated that the global pandemic is accelerating, and, in the UK, new infections are taking place across the whole country. Another prolonged lockdown to control a second wave is unlikely to be accepted; shorter 2-week lockdowns with 2- to 6-week gaps may be enough to suppress further outbreaks but again may not be practical. Tackling the outbreak therefore needs from a suite of measures including encouraging early self-diagnosis, functioning contact tracing as well as continued social isolation measures.

[Ensuring uptake of vaccines against SARS-CoV-2](#)

- **VACCINES:** *Perspective article.* Despite potentially being the route to back to normal life, a recent poll indicated that only 49% of Americans would choose vaccination against SARS-CoV-2. Thus, mandatory vaccination may be needed. This article suggests six requirements that should be met by the vaccines and public health agencies before mandatory vaccination can be approved.

4. Longer Reading

[How many lives has lockdown saved in the UK?](#)

- **UK LOCKDOWN:** *Preprint article.* A comparison between the trajectory of deaths in England & Wales and Sweden has estimated that if the UK had if we had followed Sweden, we would have expected an additional 6,000 deaths. However, this prediction does not account for differences in healthcare systems, nor does it account for population behavioural choices in the face of a pandemic.

[A geotemporal survey of hospital bed saturation across England during the first wave of the COVID-19 Pandemic](#)

- **BED CAPACITY:** *Preprint article.* Throughout the first wave of the pandemic, occupancy of NHS beds capable of mechanical ventilation in England did not exceed 62% of surge capacity. However, at the NHS trust level, 326 trust-days (3.7%) were spent above 85% of surge capacity, and 154 trust-days (1.8%) above 92%. 23 trusts reached 100% saturation. Planning for a second wave must include distributing bed utilisation more equally.