

# COVID-19 Daily Briefing: May 7<sup>th</sup>

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## 1. Summary

### QUARANTINE

- **WHO GUIDANCE ON LIFTING LOCKDOWN:** the WHO's guidance for easing restrictions includes six criteria: disease to be reduced to sporadic cases and easily identified clusters; detection, isolation and treatment of cases; tracing people in contact with cases; minimising transmission in hotspots (e.g. large gatherings and care homes); supplied protective equipment for physical distancing in places where people gather (e.g. schools and workplaces); and financial support for vulnerable groups. No country has met more than six of these criteria so far.

### GLOBAL HEALTH

- **NORWAY:** Early and aggressive testing (from January 31<sup>st</sup>) gave Norway the ability to suppress hospitalisations and fatalities. The strength of the Norwegian COVID-19 response seems to be the early decision to pursue a national strategy, to coordinate efforts across regions and in primary and specialized care, and the general willingness to listen to and trust the health authorities in a time of crisis. As early as January, equipment needs were reported to the Directorate of Health, which then prioritised where to send shipments, including PPE.
- **USA:** MassTech, a state economic-development agency, has set up the Manufacturing Emergency Response Team (made up of volunteers from universities, private manufacturers and healthcare institutions) to open new trusted supply chains to produce materials for fighting the pandemic. The group established complex testing procedures for PPE and coordinated with the FDA and local government to give manufacturers guidance on expected demand for different products/which manufacturers could meet the most urgent needs in time. The authors suggest this could be a blueprint for setting up similar groups elsewhere.
- **AFRICA:** A simulation of a SARS-CoV-2 epidemic in the DR Congo found that 80% of the deaths would be made up of over 50s, and the death toll is likely to be higher than other countries (due to underlying health conditions). Sparse testing capacity makes the true burden of COVID-19 hard to assess; targeted lockdowns and shelters for the most vulnerable should be implemented along with policies that protect the economy. Following the USA's withdrawal of funds from the WHO, it is more important than ever to protect Africa.

## 3. Quick Summaries

### Racial health disparities and COVID-19 — caution and context

- **COVID-19 & RACIAL DISPARITIES:** *Perspective article.* Racial disparities have become central to the national conversation about COVID-19 in the US. Such disparities need to be viewed in a broader context that considers comprehensive data and analyses. For example, data about socioeconomic status, uneven resource distribution (e.g. in preventative care), and stress from discrimination can contextualise such data in poor material conditions. More holistic analyses would enable better-informed explanations of the multiple factors that may contribute to racial disparities in COVID-19 outcomes.

### Testing COVID-19 therapies to prevent progression of mild disease

- **ANTIVIRAL TREATMENTS:** *Correspondence letter.* These authors argue that antivirals could be useful despite clinical trial results showing no benefits in patients with severe COVID-19. Viral load is highest at the onset of symptoms, and antivirals could be administered at this point to prevent progression to more severe stages.

#### COVID-19: underlying metabolic health in the spotlight

- **OBESITY:** *Editorial.* A New York-based study showed high BMI was the second highest predictive factor for COVID-19 hospitalisation. People living with obesity now have fewer exercise opportunities, as well as anxiety from cancelled surgeries and food insecurity which can exacerbate existing mental health issues. The authors argue for a post-pandemic increase in resources to combat obesity.

## 4. Addendum to PMQs Fact-Check, 6 May

In our fact-check of PMQs yesterday (6 May) we stated that Prof. David Spiegelhalter's article in the Guardian (30 April) supported the Prime Minister's assertion that international comparisons should not be made at this time. Prof Spiegelhalter clarified in an appearance before the Science and Technology Select Committee today (and on Twitter) that his article has been thus misconstrued, and that he simply cautions care in interpreting comparative statistics, rather than advising a blanket ban on comparisons.

For clarity, our response to Q1 from the PM yesterday remains:

*Numerous experts disagree that international comparisons are not useful at this time. There is much to be learnt from responses in countries that have dealt better with this crisis than the UK.*