

COVID-19

Health Evidence Summary No.42

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This daily COVID-19 Health Evidence Summary is to signpost DFID and other UK government departments to the latest relevant evidence and discourse on COVID-19 to inform and support their response. It is a result of 3 hours of work and is not intended to be a comprehensive summary of available evidence on COVID-19 but aims to make original documents easily accessible to decision makers which, if relevant to them, they should go to before making decisions.

Clinical characteristics and management

Publication date	Title/URL	Journal/Article type	Summary
17.05.20	Prioritisation of ICU Treatments for Critically Ill Patients in a COVID-19 Pandemic With Scarce Resources	Anaesthesia Critical Care & Pain Medicine/ Journal Pre-proof	<ul style="list-style-type: none"> • Prioritising both critical care initiation and continuation is paramount to save the greatest number of lives. It enables to allocate scarce resources in priority to those with the highest probability of benefiting from them. • Prioritisation schemes and their criteria are adjusted to the level of resource scarcity
19.05.20	Medical Doctors Awareness, Perception, and Attitude towards COVID-19 in Bangladesh: A Cross sectional study	preprints from medRxiv (not peer-reviewed)	<ul style="list-style-type: none"> • Cross sectional, web-based study was conducted with the help of an online questionnaire and sent to doctors • Conclusion: The health authorities should take appropriate training measures to increase the awareness of the medical doctors along with providing sufficient amount of personal protective equipment for the medical doctors and supporting staff before deploying them in hospitals.

Epidemiology and modelling

Publication date	Title/URL	Journal/Article type	Summary
19.05.20	Temporal and spatial characteristics of the spread of COVID-19 in Rio de Janeiro state and city	preprints from medRxiv (not peer-reviewed)	<ul style="list-style-type: none"> • Study analyses temporal and spatial characteristics of the spread of COVID-19 in the municipalities of the state of Rio de Janeiro, based on open data published by the Health Departments of Governments of the State of RJ and the Municipality of Rio de Janeiro, from February 27 - April 27, 2020. • Results suggest that the initial stages of spreading the virus across the state occur exponentially, with specific regions with a higher concentration of rates of cases, deaths and recovered people. • Qualitative and quantitative results, point out that the regions with the highest income average per capita have higher rates of confirmed cases and recovered people, however, high lethality is found in places of low income per capita.
19.05.20	COVID-19 Epidemic Forecast in Different States of India using SIR Model	preprints from medRxiv (not peer-reviewed)	<ul style="list-style-type: none"> • It is estimated that the epidemic curve flattening in India will start from the first week of July and epidemic may end in the third week of October with final epidemic size ~1,75,000. • The epidemic in Kerala is in final phase and is expected to end by first week of June. • Maharashtra is severely affected where the ending phase of epidemic may occur in the second week of September with epidemic size of ~55,000. The model indicates that the fast growth of infection in Punjab is from 27th April 2020 to 2nd June 2020, thereafter, curve flattening will start and the epidemic is expected to be finished by the first week of July with the estimated number of ~3300

			infected people. The epidemic size of COVID-19 outbreak in Delhi, West Bengal, Gujrat, Tamil Nadu and Odisha can reach as large as 24,000, 18,000, 16,000, 13,000 and 11,000, respectively,
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Infection Prevention and Control

Publication date	Title/URL	Journal/Article type	Summary
19.05.20	Assessment of service availability and Infection prevention measures in hospitals of Nepal during the transition phase of COVID-19 case surge	preprints from medRxiv (not peer-reviewed)	<ul style="list-style-type: none"> • Nepalese medical fraternity expressed concerns regarding public health strategies of government and hospital readiness in response to upgoing case surge. • Service availability and Infection prevention and control (IPC) status was assessed in 110 hospitals situated across seven provinces via electronic survey sent out to the frontline clinicians 24th March- 7th April 2020; one response per hospital was analyzed. • Findings alert the Nepalese and other governments to act early and proactively during health emergencies and not wait until the disease disrupts their health systems.

Comments, Editorials, Opinions, Blogs, News

18.05.20	Better the drug you know: Commentary on “Daughton 2020, Natural experiment concept to accelerate the re-purposing of existing therapeutics for Covid-19”	Global Epidemiology/ Commentary	Alex Broadbent
19.05.20	When does a major outbreak become a Public Health Emergency of International Concern?	Lancet Infectious Diseases/ Comment	David N Durrheim, Laurence O Gostin, Keymanthri Moodley
May 2020	Water, climate change, and COVID-19: prioritising those in water-stressed settings	Lancet Planetary Health/ Correspondence	Richard Armitage, Laura B Nellums
May 2020	Shared sanitation and the spread of COVID-19: risks and next steps	Lancet Planetary Health/ Correspondence	Bethany A Caruso, Matthew C Freeman
19.05.20	How environmental racism is fuelling the coronavirus pandemic	Nature/ Comment	Harriet A. Washington
19.05.20	Tackle coronavirus in vulnerable communities	Nature/ Editorial	
19.05.20	United Nations, World Health Organization Caution COVID-19 Disruptions Could Foster Surge in Extra AIDS-Related Deaths	JAMA Health Forum	Joan Stephenson
19.05.20	In the Face of the COVID-19 Pandemic We Are Only as Strong as the Weakest of Us	IPS/ opinion	David Nabarro and Joe Colombano

20.05.20	Kenya: Youth Emerge as COVID-19 Superspreaders	All Africa news	
19.05.20	WHO countries agree 'equitable and timely access' to coronavirus vaccine, 'comprehensive evaluation' of response	UN news	

Dashboards & Trackers

Cases & deaths: Global	Cases & deaths: Regional	Cases & deaths: Country	Living evidence & policy maps	Current research including trials	Diagnostics	Treatments	Vaccines
WHO sitreps	WHO Africa	Ghana	COVID-NMA	WHO	FIND SARS-CoV-2 Test Tracker	Global COVID-19 Clinical Trial Tracker	CEPI
WHO dashboard	African Arguments	Indonesia	EPPI Centre	WHO International Clinical Trials Registry Platform (ICTRP)	FIND SARS-CoV-2 Diagnostic tests: performance data	US NIH registered clinical trials	Vaccine Centre LSHTM
Johns Hopkins University	European CDC	Nigeria CDC	Norwegian Institute of Public Health	Cytel	Serology-based tests for COVID-19	Solidarity trial	COVID-19 Oxford Vaccine Trial
WEF		Sierra Leone	Oxford C19 Government Response Tracker (OxCGRT)	US NIH	Our World in Data: C19 Testing	COVID-19 Therapeutics Accelerator	

Our World in Data		Singapore	Our World in Data: C19 Policy responses	COVID-evidence			
Global 5050		UK		Cochrane			
CEBM, University of Oxford		US		Clinicaltrials.gov			
Humanitarian Data Exchange				UKCDR			
Information is Beautiful							
LSHTM							
HealthMap (cases)							
The Commons Project							

C19 Resource Hubs

Global	Regional & Country	Academic journals & Publishers	Global Health Institutes/Centres/Funders/Others	Health Topics	Social Sciences
WHO COVID-19 pandemic	Africa CDC	Annals of Internal Medicine	LSTM	Stop TB Partnership	SSHAP

WHO risk communication	African Union	BMJ	LSHTM		IDA
WHO Q&A	Nigeria CDC	Bulletin of the WHO	ICL MRC Centre for Global Infectious Disease Analysis	Global Menstrual Collective	Disability and inclusion
WHO Global research	GeoPoll : SSA	Cambridge University Press	ODI	SLH: Handwashing in low resource settings	Coregroup IDDC
COVID-19 Solidarity Response Fund	Global Health Network Africa	Cell Press	Johns Hopkins University		Ethics, health systems & COVID-19
UN	African Academy of Sciences	Cochrane	Center for Global Development		Social Development Direct C19 blog series
UN Women	Africa Evidence Network	Elsevier	CMMID Repository		
UNOCHA	OCHA Southern and Eastern Africa COVID-19 Digest	JAMA Network	Norwegian Institute of Public Health		
UNHCR		The Lancet	Oxford Centre for Evidence-based Medicine		
UNICEF		medRxiv and	HEART		

		bioRxiv (Preprints)			
UNESCO		NEJM	UKRI		
UN WFP		Oxford Universit y Press	Evidence Aid		
GOARN		PLoS	NIH		
EPI-WIN		SAGE journals			
World Bank		Science			
Our World in Data		Springer Nature			
COVID-19 Narratives by David Nabarro		SSRN (Preprints)			
Reliefweb		Wiley			
Humanitarian OpenStreetM ap Team					
Global Partnership for Sustainable Development Data					
WorldPop					
Flowminder					

COVID-END					
Premise COVID-19 Global Impact Study					

Online learning & events

Date	Title/URL	Online learning/event	Duration	Lead
Available now	WHO Academy and WHO Info mobile applications	Mobile app		WHO
Available now	COVID-19: Pandemics, Modelling and Policy	Online learning	2 weeks 2 hours weekly study	FutureLearn UNESCO UNITWIN Complex Systems Digital Campus/Open University
11.5.2020	COVID-19 Contact Tracing course	Online learning	5 hours	Johns Hopkins Bloomberg School of Health
7-28 May 2020	Virtual Evidence Weeks	5 sessions	1h 30	International Initiative for Impact Evaluation (3ie)
Tuesdays at 1700 CEST (Geneva time) & Thursdays 0830 CEST (Geneva time)	COVID-19 Open online brief with Dr David Nabarro	Event	1h	4SD

30.04.2020	Professor Chris Whitty's Gresham lecture on COVID-19	Event	1h 20	Gresham College
Available now	Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control	Online learning	3 hours	WHO
Available now	Responding to COVID-19: Real-time training for the coronavirus disease outbreak	Online learning	Multiple self-paced course	WHO
25 May 2020	COVID-19: Tackling the Novel Coronavirus	Online learning	3 weeks 4 hours weekly study	FutureLearn LSHTM/UK PHRST
Available online now without mentors. Updated version will commence early June 2020	COVID-19 Diagnostics and Testing	Online learning	3 weeks 3 hours weekly study	FutureLearn FIND/LSHTM/ASLM
6 April 2020	COVID-19 Critical Care: Understanding and Application	Online learning	5 weeks 1 hour weekly study	FutureLearn University of Edinburgh & Royal College of Physicians of Edinburgh
Available now	COVID-19 supporting online courses	Online learning	Multiple self-paced course	BMJ Learning

Suggested citation

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Rapid review methodology

The rapid daily search for peer-reviewed literature is carried out through a PubMed search with the following keywords (“COVID-19” OR “severe acute respiratory syndrome coronavirus 2” OR “2019-nCoV” OR “SARS-CoV-2” OR “2019nCoV” OR “coronavirus”) AND (“Africa”) OR (“equity” OR “equities”) OR (“poverty”), restricted to articles published in the previous 2 to 3 days, in English. This is complemented by a search of the homepage of the following high-impact global health journals: The Lancet journals, New England Journal of Medicine, Nature, JAMA, Annals of Internal Medicine, Cochrane Reviews, BMJ Global Health, the PLoS journals and a Twitter search of their Twitter pages. A search also of preprints from bioRxiv and medRxiv. Please note that papers that have not been peer-reviewed are highlighted in red. All primary research papers that relate to the primary and secondary impacts of the COVID-19 response in LMICs, and disease control and health system responses are included. Articles related to tackling the secondary impacts on other sectors are not included. Additional commentaries, opinions, and commissioned pieces are selected based on relevance.

The search for dashboards, guidelines, tools, editorials, comments, blogs, opinions and news is through the academic journals listed above, C19 resource hubs and following lead academics and professionals on Twitter.

About this report

This daily COVID-19 health evidence summary (HES) is based on 3 hours of desk-based research. The summary is not intended to be a comprehensive summary of available evidence on COVID-19 but aims to make original documents easily accessible to decision makers which, if relevant to them, they should go to before making decisions. The HES are not intended to replace medical or professional advice and the researcher or the K4D consortium cannot be held responsible for any decisions made about COVID-19 on the basis of the HES alone. K4D services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with Education Development Trust, Itad, University of Leeds, Nuffield Centre for International Health and Development, Liverpool School of Tropical Medicine (LSTM), University of Birmingham International Development Department (IDD) and the University of Manchester Humanitarian and Conflict Response Institute (HCRI).

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