



# COVID-19

## Health Evidence Summary No.18

Kerry Millington

Liverpool School of Tropical Medicine (LSTM)

15 April 2020

*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 evidence.*

### **COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence**

Gelder et al. | EClinical Medicine | 13 April 2020

<https://doi.org/10.1016/j.eclinm.2020.100348>

While quarantines are an effective measure of infection control, they can lead to significant social, economic and psychological consequences including increased risk of intimate partner violence (IPV). This paper highlights action needed to be taken to mitigate against increases in IPV.

### **Risk and vulnerability related to disability and COVID-19**

Dean et al. | ARISE Consortium | 14 April 2020 | First blog of Twitter chat on Disability and COVID-19

<http://www.ariseconsortium.org/risks-and-vulnerability-related-to-disability-and-covid-19/>

On 6 April, ARISE hosted a Twitter Chat on Disability and COVID-19 bringing together people with disabilities, disabled persons organisations, NGOs, and other experts from around the world. The chat was structured around **seven questions** with the aim of identifying people, organisations and networks with expertise in disability and COVID-19 and further resources; highlighting particular needs of people with disabilities and potential gaps in the COVID-19 messaging and response (with a focus on LMICs); and explore how people with disabilities are being included in the COVID-19 response. The learnings from the Twitter Chat have been synthesised and organised into a **series of five blogs** with the first blog now published.

Risks and vulnerabilities for people with disability in relation to COVID-19 are shaped by context and individual factors such as age, gender and impairment. Vulnerabilities can manifest in multiple ways from vulnerability to infection and to severe illness, to lack of access to services or de-prioritisation and to social, political and economic effects of the pandemic. Disability may intersect with other axes of oppression e.g. gender.

## **Not Dying Alone – modern compassionate care in the COVID-19 pandemic**

Wakam et al. | NEJM | 14 April 2020 | Perspective

<https://www.nejm.org/doi/pdf/10.1056>

This Perspective based on experience from an ICU at a community hospital in Detroit, USA highlights the ethical and health care dilemma that the COVID-19 pandemic presents for all patients who are going to die when access of families, who are usually encouraged to be with their loved ones, is denied. “The fear of dying alone is nearly universal”. A recent [Perspective on Telemedicine for COVID-19 and guidance](#), whilst not evidence-based, regards difficult but necessary conversations related to COVID-19 and ways of maintaining physical distance and tries to capture caring not just for patients but also for their families and friends. National guidance would be beneficial and creative solutions connecting patients and their families harnessing the care and compassion of frontline health care workers may help.

## **Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period**

Kissler, S.M., et al. | Science | 14 April 2020 | Report

<https://doi.org/10.1126/science.abb5793>

Using a combination of viral, environmental and immunological factors which determine the dynamics of SARS-CoV-2, this modelling paper projects potential scenarios for SARS-CoV-2 transmission under specific assumptions through and after the pandemic periods and identifies key data still needed to determine which scenarios are likely to happen. The model is then used to assess the duration and intensity of social distancing measures that might be needed to maintain control of SARS-CoV-2 in the coming months under both existing and expanded critical care capacities. Prolonged or intermittent social distancing may be necessary into 2022 to ensure critical care capacities are not exceeded unless critical care capacity is increased substantially, or a treatment or vaccine becomes available. Highly effective distancing could reduce SARS-CoV-2 incidence sufficiently to switch to a strategy of contact tracing and quarantine. The model will have to be tailored to local conditions and updated as more accurate data become available. Longitudinal serological studies are urgently needed to determine the extent and duration of immunity to SARS-CoV-2. Surveillance of SARS-CoV-2 should be maintained, even in the event of apparent elimination, as a resurgence in contagion could be possible as late as 2024.

## **Spread of SARS-CoV-2 in the Icelandic Population**

Gudbjartsson et al. | NEJM | 14 April 2020 | Article

<https://doi.org/10.1056/NEJMoa2006100>

This study targeted two groups for testing for SARS-CoV-2 infection to (1) persons living in Iceland who were at high risk for infection and (2) population screening through open invitation. The percentage of participants who tested positive in population screening remained stable (0.8%) from 13 March to 1 April consistent with slow spread of SARS-CoV-2 through the Icelandic population and a beneficial effect of containment efforts. Young children and females were less likely to test positive for SARS-CoV-2 than adolescents and males. It is unknown whether this is from less exposure to the virus or from biologic resistance.

## **COVID-19: health literacy is an underestimated problem**

Paakkari, L. & Okan, O. | The Lancet Public Health | 14 April 2020 | Comment

[https://doi.org/10.1016/S2468-2667\(20\)30086-4](https://doi.org/10.1016/S2468-2667(20)30086-4)

The COVID-19 infodemic has highlighted the need for people to acquire, understand and apply health information, in the context of complex, contradictory and false information, and use this information in a sound and ethical manner to adapt their behaviour at pace i.e. be health literate. Solidarity and social responsibility should also be considered “within the toolbox of health literacy” and accounted for by not only the general population and decision makers but also by individuals who produce and share misleading and false information about SARS-CoV-2.

## **SARS-CoV-2 molecular assay evaluation: results**

FIND | April 2020 | Independent evaluation of SARS-CoV-2 molecular assays

<https://www.finddx.org/covid-19/sarscov2-eval-molecular/molecular-eval-results/>

The first independent SARS-CoV-2 molecular assay evaluation test results are now published.

## **Online learning and events**

### **Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control**

WHO | Free | 3 hours duration

<https://openwho.org/courses/introduction-to-ncov>

A general introduction to enable you to describe the fundamental principles of emerging respiratory viruses, including novel coronaviruses, and how to effectively respond to an outbreak. Intended for public health professionals, incident managers and personnel working for the UN, international organisations and NGOs.

### **Responding to COVID-19: Real-time training for the coronavirus disease outbreak**

WHO | Available now | multiple self-paced courses

<https://openwho.org/channels/covid-19>

Note that courses are available in English and other languages including French, Portuguese and Spanish.

### **COVID-19: Tackling the Novel Coronavirus**

LSHTM | FutureLearn course | Starts 25 May 2020 | 3 weeks | 4 hours weekly study | Free

<https://www.futurelearn.com/courses/covid19-novel-coronavirus>

Unfacilitated access to this course remains. An updated version of this course will though be run from 25 May 2020. On this course you will learn what is known about the outbreak of COVID-19 (week 1); what the practical implications for responding to COVID-19 are (week 2); and what we need to find out about COVID-19 (week 3).

### **COVID-19 Diagnostics and Testing**

FIND, LSHTM & ASLM | FutureLearn course | Starts 20 April 2020 | 3 weeks | 3 hours weekly study | Free

<https://www.futurelearn.com/courses/covid-19-diagnostics-and-testing>

This course is designed for professionals involved in the testing and diagnosis of COVID-19, with a focus on low- and middle-income settings. You will learn the latest recommendations on COVID-19 testing, get upto date information on the performance of tests and how best to deploy them.

### **COVID-19 Critical Care: Understanding and Application**

University of Edinburgh & Royal College of Physicians of Edinburgh | FutureLearn course | Starts 6 April 2020 | 5 weeks | 1 hour weekly study | Free

<https://www.futurelearn.com/courses/covid-19-critical-care-education-resource>

Designed for frontline clinical staff to learn the principles and practice of critical care to treat and care for critically ill patients during the COVID-19 pandemic. You will learn (1) how to apply the current and evolving principles of PPE in the care of COVID-19; (2) apply evidence-based principles of advanced organ support and monitoring to the COVID-19 critically ill patients; (3) apply evidence-based daily practices to care of the critically ill patient; and (4) develop a range of specialised self-caring practices.

Note that this resource has been created in response to the COVID-19 emergency and does not correspond to the classic structure of a FutureLearn course. You do not have to follow the week by week approach and can select the materials most relevant to your work.

## **Tracking Dashboards**

- Global
  - WHO sitreps
  - Johns Hopkins University
  - WEF
  - Vaccine Centre LSHTM
  - Our World in Data
  - Global 5050
  - Humanitarian Data Exchange
  - Information is Beautiful
  - The Commons Project
- Regional
  - WHO Africa
  - African Arguments
  - European CDC

Country	Ghana Indonesia Sierra Leone Singapore UK US
---------	---

## Guidelines

Global	WHO
Regional	Africa CDC
Country	Nigeria CDC UK Government UK ONS NICE UK US CDC

## Resource Hubs

Multilaterals	WHO WHO risk communication WHO Q&A WHO Global research COVID-19 Solidarity Response Fund UN UN Women UNOCHA UNHCR UNICEF UNESCO UN WFP
Regional & Country	World Bank Africa CDC African Union
Academic journals	The Lancet NEJM Elsevier BMJ Cell PLoS Cochrane reviews
Global Health Institutes	LSTM LSHTM Johns Hopkins University

	ICL MRC Centre for Global Infectious Disease Analysis
	ODI
	Norwegian Institute of Public Health
Ethics	Rings HSG Resyst Reach Wellcome
Clinical trials	US NIH registered clinical trials
Funding bodies	UKRI
	Wellcome
Demographics	WorldPop
Global Impact Surveys	Premise COVID-19 Global Impact Study
	GeoPoll: SSA
TB	Stop TB Partnership
Disability	IDA
	Disability and inclusion
	Coregroup IDDC
SDGs	Global Partnership for Sustainable Development Data
Humanitarian	Reliefweb
	Humanitarian OpenStreetMap Team
	SSHAP
Narratives	David Nabarro, WHO DG Special Envoy on COVID-19

## Suggested citation

Millington, K.A. (2020). *COVID-19 Health Evidence Summary No.18*. K4D Evidence Summary. Brighton, UK: Institute of Development Studies.

## About this report

*This daily COVID-19 health evidence summary is based on 3 hours of desk-based research. 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).*

*This evidence summary was prepared for the UK Government's Department for International Development (DFID) and its partners in support of pro-poor programmes. It is licensed for non-commercial purposes only. K4D cannot be held responsible for errors, omissions or any consequences arising from the use of information contained in this health evidence summary. Any views and opinions expressed do not necessarily reflect those of DFID, K4D or any other contributing organisation.*



© DFID - Crown copyright 2020.