

COVID-19

Health Evidence Summary No.64

Kerry Millington & Samantha Reddin

Liverpool School of Tropical Medicine (LSTM) & Institute of Development Studies

16 June 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 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.

Epidemiology and modelling

Publication date	Title/URL	Journal/Article type	Summary	Keywords
15.06.20	Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study	Lancet Global Health Article	<ul style="list-style-type: none"> Estimates suggest 1 in 5 people worldwide (1.7 billion, 22% of the world's population) have an underlying health condition that could increase their risk of severe COVID19 if infected. Finding from a modelling study with data from 188 countries 	weather
14.06.2020	Asymptomatic and presymptomatic transmission of SARS-CoV-2: A systematic review	medRxiv (non-peer reviewed) Systematic Review	<ul style="list-style-type: none"> This SR discusses and highlights the limitations of the literature on asymptomatic and presymptomatic transmission and proposes experiments that would provide a more definitive analysis of the relative role of 	

			presymptomatic and asymptomatic transmission in ongoing SARS-CoV-2 pandemic	
--	--	--	---	--

Infection Prevention and Control

Publication date	Title/URL	Journal/Article type	Summary	Keywords
15.06.20	Clusters of Coronavirus Disease in Communities, Japan, January–April 2020	Emerging Infectious Diseases	<ul style="list-style-type: none"> • Clusters of coronavirus infections are often linked to events many people breathe heavily while packed together, such as karaoke parties and gym sessions, according to a survey in Japan. • Hitoshi Oshitani at Tohoku University in Sendai, Japan, and his colleagues analysed clusters of at least five infected people who had all attended the same event or venue (Y. Furuse et al. Emerg. Inf. Dis. http://doi.org/ggz2hg; 2020). Many of the 61 ‘superspreading’ incidents they identified occurred in hospitals, nursing homes and other care facilities, but a little more than half took place at venues such as musical events, restaurants and workplaces. 	•

Comments, Editorials, Opinions, Blogs, News

Publication date	Title/URL	Journal Article type	Author(s)
15.06.20	COVID-19 in Africa: between hope and reality	Lancet Infectious Diseases Correspondance	Francine Ntoumi, Thirumalaisamy P Velavan
15.06.20	Providing Care for Pediatric Cancer Patients in the COVID-19 Era: Rapid Response Recommendations From a Developing Country	Pediatric blood and cancer Letter	Mahmoud M Elzembely, Yousra S Abdelrahman, Shady Fadel, Hanafy Hafez
July 2020	Converging pandemics: implications of COVID-19 for the viral hepatitis response in sub-Saharan Africa	Lancet gastroenterology and hepatology Comment	Neil Gupta, Hailemichael Desalegn, Ponsiano Ocama, Karine Lacombe, Richard Njouom, Mary Afihene et al.
15.06.20	Covid-19: Africa's case numbers are rising rapidly, WHO warns	BMJ News	Jacqui Thornton
15.06.20	Continuing Community Outreach in the face of Covid-19	IDS Opinion	Sophie Boudre, Charlotte Morgan
15.06.20	COVID-19 lockdown in Zimbabwe: 'we are good at surviving, but things are really tough'	zimbabweland	Ian Scoones
12.06.20	Latin American scientists join the coronavirus vaccine race: 'No one's coming to rescue us'	Nature news	Emiliano Rodríguez Mega

15.06.20	World to hit 8 million confirmed coronavirus cases in next 24 hours	New Scientist	Adam Vaughan

Guidelines, Statements & Tools

Publication Date	Title/URL	Source	Summary
16.06.2020	Low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19	RECOVERY Trial Statement	<ul style="list-style-type: none"> Dexamethasone reduced deaths by one-third in ventilated patients and one fifth in other patients receiving oxygen only. There was no benefit for patients who did not require respiratory support. 1 death would be prevented by treatment of around 8 ventilated patients or around 25 patients requiring oxygen alone Given the public health importance of these results, full details will be published shortly

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 Diagnostics: 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	IFPRI COVID-19 Policy Response Portal	Cochrane			
CEBM, University of Oxford		US	COVID-19 Primer	Clinicaltrials.gov			
Humanitarian Data Exchange			NIH LitCovid	UKCDR			
Information is Beautiful			WHO COVID-19 Database				
LSHTM							
HealthMap (cases)							
The Commons Project							

C19 Resource Hubs

Global	Regional & Country	Academic journals & Publishers	Institutes/Centres /Funders/Other	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	RBM Partnership	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	JAMA Network	Norwegian Institute of Public Health		

	COVID-19 Digest				
UNHCR	South African Government	The Lancet	Oxford Centre for Evidence-based Medicine		
UNICEF		medRxiv and bioRxiv (Preprints)	HEART		
UNESCO		NEJM	UKRI		
UN WFP		Oxford University Press	Evidence Aid		
GOARN		PLoS	NIH		
EPI-WIN		SAGE journals	IFPRI Resources and Analyses of C19 Impact		
World Bank		Science	Prevent Epidemics		
Our World in Data		Springer Nature			
COVID-19 Narratives by David Nabarro		SSRN (Preprints)			
Reliefweb		Wiley			
Humanitarian OpenStreetMap 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
18.06.20 2 pm EDT	Social, political, and public health factors fuelling the COVID19 crisis in Brazil and Colombia	Virtual event	45 mins	Broad Global Health Initiative
Available now	Standard precautions: Environmental cleaning and disinfection	Online course	1 hour	WHO
16.06.2020	Africa beyond COVID-19	Virtual event	1h 30 hours	ODI
Available now	COVID-19: Effective Nursing in Times of Crisis	Online course	2 weeks – 2 hours per week	Johns Hopkins School of Nursing
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
12.05.2020	COVID-19 and maintaining quality essential health services	Webinar	1 hour	WHO & ISQua – Dr Shams Syed, Dr Peter Lachman, Dr Teri Rynolds & Dr Ed Kelley
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	Online learning	Multiple self-paced course	WHO

	coronavirus disease outbreak			
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

Millington, K.A. and Reddin, S. (2020). *COVID-19 Health Evidence Summary No.64*. K4D Evidence Summary. Brighton, UK: Institute of Development Studies.

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).

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.

