COVID-19 Critical Intelligence Unit

Daily evidence digest

27 March 2020

The daily evidence digest collates recently released reports and evidence – provision of these links does not imply endorsement nor recommendation.

Community health workers, elective surgery, hospital capacity, telehealth, de-isolation, modelling, clinical trials

A Lancet article proposes a large-scale emergency program to train community health workers in the UK to support people in their homes, based on experience from Brazil. (1)

The Australian Health Protection Principal Committee (AHPPC) recommended cancellation of all non-urgent elective procedures in both the public and private sector. It is recommended that only Category 1 and some exceptional Category 2 surgery proceed. (2)

Two papers from Italy, outlined approaches to address the COVID-19 pandemic. Including increasing the number of regular beds, created a sub-intensive infectious diseases ward, and created an infectious diseases emergency department. (3, 4)

Researchers in the United Kingdom and Singapore indicate that most patients with COVID-19 can be managed remotely with advice on symptomatic management and self-isolation. (5)

The European Centre for Disease Prevention and Control released an overview of recommendations for the de-isolation of COVID-19 patients from national bodies and summary of consensus. (6)

The WHO has a downloadable excel spreadsheet international clinical trials register, with 545 studies. Other organisations such as the NHMRC, Medicines and Healthcare products Regulatory Agency and the Food and Drug Administration have released advice and guidance on clinical trials. (7)

Hyperlinks

- 1. National UK programme of community health workers for COVID-19 response
- 2. <u>Australian Health Protection Principal Committee (AHPPC) advice to National Cabinet about the temporary suspension of all non-urgent elective surgery</u>
- 3. Rapid response to COVID-19 outbreak in Northern Italy: how to convert a classic infectious disease ward into a COVID-19 response centre
- 4. 2019-ncov's epidemic in middle province of northern Italy: impact, logistic & strategy in the first line hospital
- 5. Covid-19: a remote assessment in primary care
- <u>6.</u> <u>Discharge criteria for confirmed COVID-19 cases When is it safe to discharge COVID-19 cases from the hospital or end home isolation?</u>
- 7. World Health Organisation International clinical trials register



Covid-19: remote consultations thebmj Visual summary (1) 25 Mar 2020 A quick guide to assessing patients by video or voice call This graphic, intended for use in a primary care setting, is based on data available in March 2020, much of which is from hospital characteristics settings in China. It will be revised as more relevant data emerges. Based on 1099 hospitalised patients 1 Set up Have current 'stay at home' covid-19 Video is useful for Scan medical record for risk factors such as: in Wuhan, China Prepare yourself and decide how to guidance on hand 69% Cough connect 75-38°C http://bit.ly/ukgovisol Temperature >38°C Connect Confirm the Note patient's phone number 38% Fatigue and audio patient's patient is in case connection fails Make video link if 34% Sputum If possible, ensure the patient has privacy Rapid assess Get started Establish what the patient wants 15% Muscle aches Quickly assess whether sick 14% Sore throat or less sick 14% Headache 4 History Most common presentation 12% Chills Adapt questions to patient's own medical 5% Nasal congestion History of Cough is Up to 50% of usually dry but sputum is not patients do not have fever at current illness Nausea or vomiting presentation 4% Diarrhoea 6 Examination 24% Any comorbidity Over phone, ask carer Over video, look for: Check respiratory function - inability to talk or patient to describe in full sentences is common in severe illness Assess physical and mental function as Is it worse today than yesterday? What does A Red flags best as you can Covid-19: Interpret self monitoring results Patient may be able to take their own measurements if they have instruments at ho with caution and in the context of your wider assessment O Decision and action Advise and arrange follow-up, taking account of local capacity Which pneumonia patients to send to hospital? Arrange follow up by Proactive. Ambulance Self management: video. Monitor closely if you suspect pneumonia protocol (999) fluids, paracetamol Clinical concern, su patient care • Temperature > 38°C Respiratory rate > 20 Safety netting Reduce spread of Heart rate > 100†
with new confusio
Oxygen saturation
≤ 94%‡ virus - follow current government 'stay at home' advice such as: Breaths per minute † Beats per minute # If oximetry available for self monitoring Read the full article online https://bit.ly/BMJremcon thebmi http://www.bmj.com/infographics

Figure 1: BMJ infographic for remote assessment in primary care

Twitter

There is increased Twitter activity on the use of self-assessment for responding to COVID-19. The CDC recommends use of self-assessment for communities as it could reduce the unnecessary burden on COVID-19 testing and the health systems. We identified 21 interactive, self-screening tools, with multiple from Australia, Canada, USA.

News articles on <u>home antibody test may soon be available through Amazon</u>; <u>3-D printing companies</u> are mobilising to make masks and protective equipment such as goggles.





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