

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

### **Virology, temporary hospitals, reorganisation of care, leadership**

Two scientific articles were published in Nature journals:

- the first - based on detailed study of nine cases – notes that seroconversion occurred after seven days in 50% of patients (14 days in all) but was not followed by a rapid decline in viral load [here](#)
- the second demonstrated the efficacy of face masks in reducing viral transmission [click here](#)

Contagiousness has also been illustrated in an image circulating on Twitter (Figure 1)

Two new reviews from the CEBM highlight:

- results from available studies show that between 5% - 80% of people who test positive for COVID-19 are asymptomatic; so symptom-based screening will miss a significant proportion of cases [click here](#)
- there is limited evidence to inform which specific quarantine regimes will be effective [click here](#)

The Lancet features an article on *Fangcang* shelter hospitals – defined as large-scale, temporary hospitals, which are rapidly built by converting existing public venues, such as stadiums and exhibition centres, into health-care facilities. Governance, human resource, communication, and design issues are discussed [here](#).

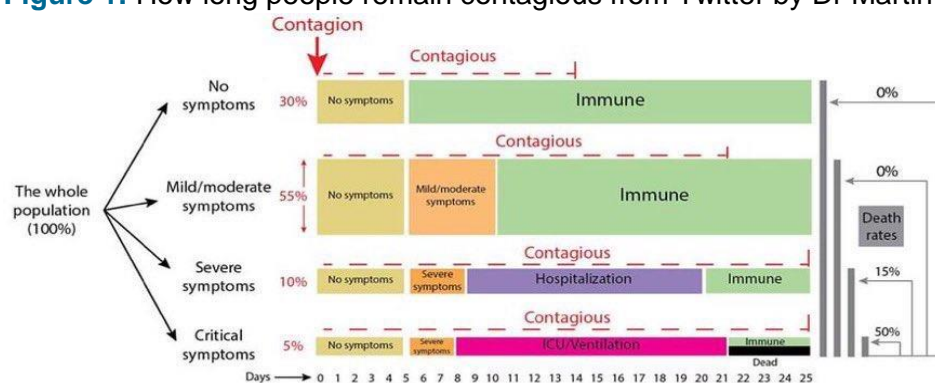
Other advice from the frontline comes from a general surgery service in Seattle, seeking to minimise staff exposure to COVID-19 [click here](#)

Heightened interest in leadership in the COVID-19 crisis continues and the The King's Fund UK have established a hub with advice [click here](#) and the Canadian Journal of Emergency Medicine has featured an editorial on authentic emergency department leadership during a pandemic [click here](#)

Guidance just released:

- the NHS released a clinical guide for surge management, addressing workforce reorganisation, equipment, PPE, communication, training, and staff wellbeing issues [click here](#)
- The core principles for ophthalmology services during COVID-19 were featured in a digest last week, further guidance is now available in the form of RANZCO triage guidelines for ophthalmologists [here](#) and RCOphth guidance on PPE and staff protection requirements [here](#)
- From Canada, the College Physicians & Surgeons of Alberta have released guidance on what is defined as “urgent” care during COVID-19 [here](#)

**Figure 1:** How long people remain contagious from Twitter by Dr Martin Murphy



References:  
 1. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. Lauer SA et al. Ann Intern Med. 2020 Mar 10.  
 2. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand. Neil M Ferguson et al. Imperial College COVID-19 Response Team. 16 March 2020.  
 3. Viral dynamics in mild and severe cases of Covid-19. Yang Liu et al. The Lancet, March 19, 2020.

**Twitter**

Key Twitter activity:

1. The development of neutralizing antibodies is a promising path for treatment and prophylaxis as article featured [here](#) @EricTopol
2. Overnight, a lot of data has been released on ICU mortality rates; [JAMA](#) report from Lombardy 26%, reviews other studies that range from 16-78%, and ICNARC [report](#) for patients admitted in ICU in UK shows: Overall ~50% death rate; ~65% death if on a ventilator in 1st 24 hrs; young (16-49 yrs): 23.6% death rate @EricTopol
3. Better assessments of viral shedding are needed to understand transmission dynamics and infection-control practices. Early detection of [COVID19](#) is difficult because of subclinical nature as per [NEJM letter](#) @EricTopol
4. Preventing transmission of [#COVID](#) when outside. Ongoing discussion and support for dry cloth face mask recommended by CDC @MJA\_Editor
5. NOT enough scientific evidence to prove reinfection possible... key question is whether or not the immunity you get after being infected is strong enough and lasts long enough @MJA\_Editor

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