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centre for progressive policy

COVID-19 local area risk rating – Last updated 14th April

<https://www.progressive-policy.net/publications/covid-19-local-area-risk-rating>

- St Helens ranked 5th, Knowsley ranked 7th, and Halton ranked 9th
- Since the last update, Liverpool (ranked 16, has overtaken 4 local authorities), the Wirral (ranked 4, has overtaken 5 local authorities) and Manchester (ranked 23, has overtaken 4 local authorities) are the big movers at the top of the index. All have rising caseloads and significant underlying health and care vulnerabilities.
- The North West in general is seeing a rising number of cases which is impacting overall risk levels. Further down the list, Lancashire (ranked 26, has overtaken 6 local authorities), Sefton (ranked 38, has overtaken 15 local authorities) and Bolton (ranked 39, has overtaken 19 local authorities).



NHS
England

The COVID-19 staff absence tracker

<https://nwcat.azurewebsites.net/>

NHS England and NHS Improvement have provided the Coronavirus Absence Tracker to assist NHS Organisations in managing their Corona Virus/Covid 19 related staff absence. The tracker has been designed to make it simple for staff and managers to report Corona Virus/Covid 19 related absence. It should be used to report:

- Unable to work -caring responsibilities
- Unable to work – symptoms of coronavirus
- Unable to work – confirmed COVID 19 diagnosis.



JAMA The Journal of the American Medical Association

Pharmacologic Treatments for Coronavirus Disease 2019 (COVID-19): A Review

<https://jamanetwork.com/journals/jama/article-abstract/2764727>

No proven effective therapies for this virus currently exist. The rapidly expanding knowledge regarding SARS-CoV-2 virology provides a significant number of potential drug targets. The most promising therapy is remdesivir. Remdesivir has potent in vitro activity against SARS-CoV-2, but it is not US Food and Drug Administration approved and currently is being tested in ongoing randomized trials. Oseltamivir has not been shown to have efficacy, and corticosteroids are currently not recommended. Current clinical evidence does not support stopping angiotensin-converting enzyme inhibitors or angiotensin receptor blockers in patients with COVID-19.

Measuring pre-existing health conditions in death certification – deaths involving COVID-19: Last updated 16th April

<https://www.ons.gov.uk/releases/measuringpreexistinghealthconditionsindeathcertification>

A method for deciding which pre-existing condition mentioned on death certificates is the main pre-existing condition.



Guidance: COVID-19: UKAP statement on health clearance and monitoring

<https://www.gov.uk/government/publications/covid-19-ukap-statement-on-health-clearance-and-monitoring>

The UKAP statement on health clearance and monitoring provides guidance for occupational health physicians and healthcare workers on appropriate arrangements for the health clearance of redeployed and retired NHS staff, and on the monitoring of healthcare workers living with bloodborne viruses (BBVs), during the COVID-19 pandemic.

The statement also advises on arrangements for contacting UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) for further advice, and the management of suspected incidents and transmission events, during the COVID-19 pandemic.

COVID-19 rapid evidence summary: acute use of non-steroidal anti-inflammatory drugs (NSAIDs) for people with or at risk of COVID-19

<https://www.nice.org.uk/advice/es23/chapter/Key-messages>

The purpose of this review is to assess the best available evidence to determine:

- If there is any increased risk of developing COVID-19 due to acute use of NSAIDs.
- If acute use of NSAIDs can lead to an increased risk of developing more severe symptoms of COVID-19.

This review does not consider people who are taking NSAIDs long-term for existing chronic conditions

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