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The Independent Scientific Advisory Group for Emergencies (SAGE): Disparities in the impact of COVID-19 in Black and Minority Ethnic populations: review of the evidence and recommendations for action

<https://www.independentsage.org/disparities-in-the-impact-of-covid-19-in-black-and-minority-ethnic-populations-review-of-the-evidence-and-recommendations-for-action/>

This review of the evidence suggests that the reasons why some BME groups appear to be at greater risk of dying with COVID-19 are complex with interplay between socio-economic disadvantage in BME populations, high prevalence of chronic diseases and the impact of long-standing racial inequalities being key explanations



The Lancet Neurology: Rapid Review: Neurological associations of COVID-19

[https://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(20\)30221-0/fulltext](https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(20)30221-0/fulltext)

Conclusion and future directions

Overall, the proportion of patients with neurological manifestations is small compared with that with respiratory disease. However, the continuing pandemic, and the expectation that 50–80% of the world's population might be infected before herd immunity develops, suggest that the overall number of patients with neurological disease could become large. Neurological complications, particularly encephalitis and stroke, can cause lifelong disability, with associated long-term care needs and potentially large health, social, and economic costs. Health-care planners and policy makers need to be aware of the growing burden. Careful clinical, diagnostic, and epidemiological studies are needed to help define the neurological disease manifestations and burden. This work will involve the collaboration of a range of clinical and research expertise, and harmonised approaches across regions; smaller case series and registries should be combined into meta-analyses such as that of the COVID-19 Neuro Network run through Brain Infections Global, which is also providing standardised case record forms and case definitions.



British Medical Association (BMA): The impact of COVID-19 on mental health in England

<https://www.bma.org.uk/what-we-do/population-health/mental-health/the-impact-of-covid-19-on-mental-health-in-england>

This paper, from the BMA, outlines the effects of the COVID-19 outbreak on population mental health and calls for improvements to mental health services to ensure they can respond to needs of the population.



The
Commonwealth
Fund

The Commonwealth Fund: Has the Time Finally Come for Hospital at Home?

<https://www.commonwealthfund.org/publications/newsletter-article/2020/jul/has-time-finally-come-hospital-home>

The COVID-19 pandemic could be the catalyst for many changes in health care. And one of the biggest could be allowing patients to get hospital-level care in their own home.

In this issue of Transforming Care, we share stories of health systems that are adopting the hospital-at-home approach. With patients able to receive acute treatment in their own home, hospitals can make space for severely ill COVID-19 patients.

Although the idea isn't a new one — it's already been shown to improve health outcomes and reduce costs — payment policy and operational challenges have held it back



Blood Purification: Extracorporeal Blood Purification and Organ Support in the Critically Ill Patient during COVID-19 Pandemic: Expert Review and Recommendation

Critically ill COVID-19 patients are generally admitted to the ICU for respiratory insufficiency which can evolve into a multiple-organ dysfunction syndrome requiring extracorporeal organ support. Ongoing advances in technology and science and progress in information technology support the development of integrated multi-organ support platforms for personalized treatment according to the changing needs of the patient. Based on pathophysiological derangements observed in COVID-19 patients, a rationale emerges for sequential extracorporeal therapies designed to remove inflammatory mediators and support different organ systems. In the absence of vaccines or direct therapy for COVID-19, extracorporeal therapies could represent an option to prevent organ failure and improve survival. The enormous demand in care for COVID-19 patients requires an immediate response from the scientific community. Thus, a detailed review of the available technology is provided by experts followed by a series of recommendation based on current experience and opinions, while waiting for generation of robust evidence from trials.



Cochrane Library: Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease

Authors' conclusions

The individual signs and symptoms included in this review appear to have very poor diagnostic properties, although this should be interpreted in the context of selection bias and heterogeneity between studies. Based on currently available data, neither absence nor presence of signs or symptoms are accurate enough to rule in or rule out disease. Prospective studies in an unselected population presenting to primary care or hospital outpatient settings, examining combinations of signs and symptoms to evaluate the syndromic presentation of COVID-19 disease, are urgently needed. Results from such studies could inform subsequent management decisions such as self-isolation or selecting patients for further diagnostic testing. We also need data on potentially more specific symptoms such as loss of sense of smell. Studies in older adults are especially important.

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