

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

### Second-wave transmission, managing diabetes, pain

The Lancet features a model that describes the potential effects of relaxing containment measures after the first wave infection in China– it suggests that relaxation of social interventions when the epidemic size is small leads to exponential increases in case counts [here](#)

A systematic review of prediction models published in the BMJ identified 31 prediction models for diagnosis and prognosis of COVID-19 [here](#)

The Cochrane group released its first COVID-19 review, finding that quarantine is important in reducing incidence and mortality during the pandemic. Early implementation of quarantine and combining quarantine with other public health measures is important to ensure effectiveness [here](#)

Two updates have been released by the CDC – one on infection control for dental settings [here](#) and one on inpatient obstetric care [here](#)

The CEBM released seven reviews overnight including reviews on managing diabetes during the COVID-19 pandemic [here](#), increased risk of severe COVID-19 infection associated with diabetes [here](#), assessing possible COVID-19 patients in primary care using the NEWS (NEWS2) score [here](#), and whether shoe covers should be included for PPE [here](#)

The ethical framework published by Sydney University was featured earlier this week, and the BMA has released their own guidance [here](#) and issues of indemnity are addressed in an NHS publication [here](#)

Updated guidance:

- An interactive patient management guide for navigating medical emergencies (NavME) from Royal College of Physicians and Surgeons in Canada [here](#)
- A multinational consensus statement advises chest imaging not indicated in patients with suspected COVID-19 unless they are at risk for disease progression [here](#)
- Two sets of guidance on pain management – the first outlines international consensus on use of steroids, psychological considerations, in-person visits, telehealth, prescriptions, anti-inflammatory drugs [here](#); and the second features US expert recommendations and a framework for pain management [here](#)
- An Australian guide for managing patients with oesophageal and gastric cancer [here](#) and one for triaging upper GI and Bariatric surgery [here](#)

**Twitter**

Over the last 24 hours Twitter activity reflects content already featured in previous digests. There has been an increase in webinars and tweet chats.

Source	Overview	Key Points
ISQUA (@ISQua): <a href="#">Posts from the frontline: safety comes first, especially in times of crisis</a>	Dr Sara Albolino and the WHO Collaborating Centre in Human Factors and Communication for the Delivery of Safe and Quality care, Florence	<ul style="list-style-type: none"> <li>• Communication campaign used to share key messages using clear-to-understand formats</li> <li>• Maximise transparency</li> <li>• Pay attention to human factors and keep morale of the workers high</li> </ul>
NHS England and Improvement (@NHSEngland) <a href="#">Health and wellbeing of our NHS people during the COVID-19 response</a>	NHS England and Improvement’s weekly virtual expert sessions #caring4peoplewellbeing webinars.	<ul style="list-style-type: none"> <li>• The team is everything – colleagues and supervisors really matter</li> <li>• Organisations need to adopt a ‘nip it in the bud’ approach.</li> <li>• Early input from mental health professionals can help people return to duty – proximity, immediacy, expectancy and simplicity</li> </ul>