

13 May 2020

BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Asymptomatic healthcare workers in London. Where are the infections happening?

Great attention has been paid to whether healthcare workers are at higher risk of acquiring SARS-CoV-2 than other members of the general public. To study this, researchers studied asymptomatic healthcare workers at a hospital in London, England. The findings [appeared](#) in *The Lancet*. Samples were collected data from doctors, nurses, allied health professionals and administrators for 16 consecutive weeks. The workers were self-declared as healthy and fit enough to work. This new report describes the results of quantitative viral swabs gathered during the first five weeks. Overall, 44 workers (11 percent) tested positive for SARS-CoV-2, the virus that causes covid-19. Of those, 27 percent were deemed to be truly asymptomatic, defined as having no symptoms the week before, of, or, after a positive test was detected. Other positive individuals in the study were deemed “presymptomatic” because they eventually developed symptoms. SARS-CoV-2 is known to be contagious even before symptoms begin, which is thought to be a major driver of the pandemic. Reassuringly, the highest number of positive test results came during the early phase of the study. In the first week, nearly 5 percent of the hospital workers tested positive for the virus. After that, percent of positive healthcare workers dropped to 1.5 percent per week during the next two weeks, and 1.1 percent during the fourth and fifth weeks. These data mirror the numbers in London itself at that time, suggesting that workers were more likely to have contracted the virus in the community, and not at the hospital. While it may not seem immediately obvious why determining where a healthcare worker contracted the virus is important, on a systemic level, this information is useful. For example, if many healthcare workers were found to have caught the virus at work, it could imply unsafe working conditions (including inadequate PPE) and/or a high rate of spread from patients to healthcare workers and back to patients. In this study, if healthcare workers had mostly been found to have acquired their viral infections at work, it is likely that the number of positive cases would have peaked in the later weeks, by which time covid-19 patients were beginning to fill up hospitals.

–Lauren Westafer, DO MPH

POLICY BRIEFING

Generic remdesivir will help with costs, but not in the United States.

Yesterday, Gilead [announced](#) that it had licensed generic forms of remdesivir in 127 countries. This drug is being touted as a potential treatment for covid-19 and received emergency use authorization from the Food and Drug Administration earlier this month. Notably absent from the list of countries where generic forms are being licensed was the United States. This is not surprising: The U.S. is often the last country to license generic forms of medications due to our generous protections for pharmaceutical manufacturers. In fact, this is not even new for Gilead. In 2013 Gilead began selling sofosbuvir for treatment of Hepatitis C. It gained notoriety for its high price tag here in the United States, while Gilead simultaneously licensed affordable generics in other countries. *CNBC*.

–Kimi Chernoby, MD, JD

Senate hearing paints dark picture of the coming months.

The Senate Committee on Health, Education, Labor, and Pensions [hearing](#) yesterday on safely getting back to work and school ironically took place largely over video. Chairman Lamar Alexander announced on Sunday evening that he had decided to remain in his home state of Tennessee under self-quarantine instead of returning to Washington this week after a member of his staff tested positive for SARS-CoV-2. Three of the key witnesses—CDC director Dr. Robert Redfield, FDA Commissioner, Dr. Stephen Hahn, and Dr. Anthony Fauci, the federal government’s top infectious-disease experts—are also self-quarantining after being exposed to a White House staffer with covid-19. Together, the doctors painted a picture of the next few months that was much darker than that portrayed by President Trump. They expressed concern about the lack of adequate testing, a proven therapy, or vaccine, and described the country’s public health infrastructure as needing major investment. Dr. Fauci said that a vaccine would almost certainly not be ready by the start of the new school year. *New York Times*.

–Jordan M. Warchol, MD, MPH

More money, coming your way.

Yesterday, House Democrats [revealed](#) a proposed new covid-19 relief package. At \$3 trillion, it would be the most costly piece of relief legislation so far. The package includes another round of direct payments to taxpayers, funding for coronavirus testing and contact tracing, and hazard pay for essential workers. It would fund the U.S. Postal Service and election security. However, the most controversial piece is \$1trillion in direct aid to state, local and tribal governments. Senate Republicans immediately dismissed the package as too expensive and unnecessary. *New York Times*.

–Kimi Chernoby, MD, JD

Increased telemedicine calls for new protections for health data.

As the nation’s leaders grapple with the intersection of public health and personal privacy, the American Medical Association has [published](#) its [principles for health data privacy](#). The principles center around supporting an individual’s right to control, access, and even delete personal data. Studies have shown that while patients trust their physicians more than any other stakeholder in healthcare, they are the least willing to share information with technology companies. These findings have become even more prescient as healthcare has turned increasingly to telehealth amid the coronavirus pandemic and large companies such as Google and Amazon explore how they can use personal data to inform public health such as contact tracing related to cases of covid-19. *American Medical Association*.

–Jordan M. Warchol, MD, MPH

Kimi Chernoby, MD, JD, Policy Section Editor. Joshua Niforatos, MD Research Section Editor.

Kate Taylor, Editor-at-Large.

Kane Elfman PhD, Publishing and Design. Jeremy Samuel Faust MD MS, Editor-in-Chief.

<http://www.brief19.com/>

Twitter: [@brief_19](#)

submissions@brief19.com

Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.