Evidence Search Service
Results of your search request

Good practice in Outbreak Control for BAME communities

ID of request: 24729
Date of request: 13th August, 2020
Date of completion: 24th August, 2020

If you would like to request any articles or any further help, please contact: Isatou N'jie at
Isatou.N'Jie@nelft.nhs.uk

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Good practice in Outbreak Control for BAME communities. Isatou N'jie. (24th August, 2020). ILFORD, UK: Aubrey Keep Library and Knowledge Service.

Sources searched
CEBM (1)
Camden Rise (1)
East Sussex County Council (ESCC) (1)
Greater Manchester Centre for Voluntary Organisation (GMCVO) (1)
Independent Sage (1)
Local Government Association (LGA) (2)
London Borough of Lewisham (1)
MEDLINE (9)
Manchester City Council (1)
NHS England (1)
National Institute for Health Research (NIHR) (1)
PubMed (18)
Public Health England (PHE) (2)
Royal College of Psychiatrists (RCPsych) (1)
Southhampton City Council (1)
Surrey County Council (1)

Date range used (5 years, 10 years): 2010-2020
Limits used (gender, article/study type, etc.): English
Search terms and notes (full search strategy for database searches below):

The search strategy can be found at the end of the report.

For more information about the resources please go to: http://www.nelft.nhs.uk/library .

Summary of Results

A thorough search was conducted on high level evidence resources, including Medline, HMIC, PubMed databases as well as government websites and grey literature sources. The search found a good number of outbreak control plans plans which may be useful. I would recommend looking at the following as 'first reads':

COVID-19: good council practice https://www.local.gov.uk/covid-19-good-council-practice

London Region Good Practice Network: Report of Best Practice and Next Steps https://www.camdenrise.com/documents/20142/181204604/London+Region+Good+Practice+Network+report+FINAL+v2.pdf/ffeab791-842a-644e-8f1c-da94904f8c8d?t=1597930814598

Southampton COVID-19 Outbreak Control Plan https://www.southampton.gov.uk/images/outbreakplan_southampton_v1.1_130720_public_tcm63-428938.pdf

Surrey Local Outbreak Control Plan COVID-19 Test and Trace. (p.48)

https://www.surreycc.gov.uk/__data/assets/pdf_file/0005/229370/Surrey-Local-OUtbreak-Control-Plan-Test-and-Trace-v3.0.pdf

Contents

A. National and International Guidance

Public Health England (PHE)
Disparities in the risk and outcomes of COVID-19.
Beyond the data: Understanding the impact of COVID-19 on BAME groups.

B. Institutional Publications

Camden Council
London Region Good Practice Network: Report of Best Practice and Next Steps

Centre for Evidence-Based Medicine (CEBM)
BAME COVID-19 DEATHS - WHAT DO WE KNOW? RAPID DATA & EVIDENCE REVIEW: 'HIDDEN IN PLAIN SIGHT'.

East Sussex County Council
East Sussex Outbreak Control Plan – COVID-19: Version 2.2

Greater Manchester Centre for Voluntary Organisation (GMCVO)
Support and resources for BAME Communities.

Independent Sage
Disparities in the impact of COVID-19 in Black and Minority Ethnic populations: review of the evidence and recommendations for action. Independent Scientific Advisory Group (SAGE) for Emergencies. Report 6

Local Government Association (LGA)
COVID-19: good council practice
COVID-19: good council practice

London Borough of Lewisham
COVID-19 Outbreak Prevention and Control Plan

Manchester City Council
Manchester COVID-19: local prevention and response plan

NHS England
Supporting our BAME NHS people during and beyond COVID-19: an update.

National Institute for Health Research (NIHR)
The impact of COVID-19 on black, Asian and minority ethnic communities.

Royal College of Psychiatrists (RCPsych)
Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings: assessment and management of risk.

Southhampton City Council
Southampton COVID-19 Outbreak Control Plan

Surrey County Council
Surrey Local Outbreak Control Plan COVID-19 Test and Trace.

C. Original Research

1. A global respiratory perspective on the COVID-19 pandemic: commentary and action proposals.
2. African nations step up efforts to prevent spread of coronavirus.
3. Coronavirus disease 2019 epidemic in impoverished area: Liangshan Yi autonomous prefecture as an example.
4. Coronavirus threat to Indian population: risk factors, transmission dynamics and preparedness to prevent the spread of the virus.
5. COVID-19 Among African Americans: From Preliminary Epidemiological Surveillance Data to Public Health Action.
6. COVID-19, mental health and ethnic minorities.
7. Deconstruct racism in medicine - from training to clinical trials.
8. Disparities in Coronavirus 2019 Reported Incidence, Knowledge, and Behavior Among US Adults.
9. Estimation of reproduction numbers of COVID-19 in typical countries and epidemic trends under different prevention and control scenarios.
10. Failure in initial stage containment of global COVID-19 epicenters.
11. How Is Morocco Reacting to COVID-19 Crisis in Anticancer Centers?
12. Identifying and combating the impacts of COVID-19 on malaria.
13. Modeling Impact of Word of Mouth and E-Government on Online Social Presence during COVID-19 Outbreak: A Multi-Mediation Approach.
14. Nepal's Response to Contain COVID-19 Infection.
15. Prediction of the COVID-19 spread in African countries and implications for prevention and control: A case study in South Africa, Egypt, Algeria, Nigeria, Senegal and Kenya.

16. [Real-time estimation and prediction of mortality caused by COVID-19 with patient information based algorithm.](#)
17. [Self-Control Moderates the Association Between Perceived Severity of Coronavirus Disease 2019 (COVID-19) and Mental Health Problems Among the Chinese Public.](#)
18. [Similarities and Differences in COVID-19 Awareness, Concern, and Symptoms by Race and Ethnicity in the United States: Cross-Sectional Survey.](#)
19. [Singapore COVID-19 Pandemic Response as a Successful Model Framework for Low-Resource Health Care Settings in Africa?](#)
20. [Strengthening the global effort on COVID-19 research.](#)
21. [Syndemic Perspectives to Guide Black Maternal Health Research and Prevention During the COVID-19 Pandemic.](#)
22. [The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities.](#)
23. [The potential effects of widespread community transmission of SARS-CoV-2 infection in the World Health Organization African Region: a predictive model.](#)
24. [Translation of genomic epidemiology of infectious pathogens: Enhancing African genomics hubs for outbreaks.](#)
25. [Weathering COVID-19 storm: Successful control measures of five Asian countries.](#)
26. [What works and what does not work in response to COVID-19 prevention and control in Africa.](#)
27. [Whole Genome Sequencing of SARS-CoV-2: Adapting Illumina Protocols for Quick and Accurate Outbreak Investigation during a Pandemic.](#)

[D. Search History](#)

A. National and International Guidance

Public Health England (PHE)

Disparities in the risk and outcomes of COVID-19. (2020)

[Available online at this link](#)

This is a descriptive review of data on disparities in the risk and outcomes from COVID19. This review presents findings based on surveillance data available to PHE at the time of its publication, including through linkage to broader health data sets. It confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. These results improve our understanding of the pandemic and will help in formulating the future public health response to it.

Beyond the data: Understanding the impact of COVID-19 on BAME groups. (2020)

[Available online at this link](#)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Good practice in Outbreak Control for BAME communities. Isatou N'jie. (24th August, 2020). ILFORD, UK: Aubrey Keep Library and Knowledge Service.

This report builds upon the PHE epidemiological review by summarising a rapid literature review and external stakeholder engagement. Includes recommendations.

B. Institutional Publications

Camden Council

London Region Good Practice Network: Report of Best Practice and Next Steps (2020)

Available online at this link

This report is for national, regional and local partners to understand our work to date, what we have learnt and delivered and how we plan to continue our collaboration. It is also a request for continued collaboration with Government, with communities and with local authorities to deliver the best coordinated response to a changing and challenging ongoing pandemic.

Centre for Evidence-Based Medicine (CEBM)

BAME COVID-19 DEATHS - WHAT DO WE KNOW? RAPID DATA & EVIDENCE REVIEW: 'HIDDEN IN PLAIN SIGHT'. (2020)

Available online at this link

We have an emergent picture that although incomplete is already data and evidence 'hidden in plain sight' that highlights inequalities in outcomes for BAME COVID-19 populations that can guide clear actions that could save lives. This synthesis report can complement the further research work planned by academic groups and inform the Public Health England (PHE) national review. The report considers two population segments, namely: 1. COVID-19 association between ethnicity in the general population. 2. COVID-19 specifically on people working in health and social care from BAME backgrounds.

East Sussex County Council

East Sussex Outbreak Control Plan – COVID-19: Version 2.2 (2020)

Available online at this link

The aim of this Outbreak Control Plan is to outline current local arrangements related to COVID-19 across East Sussex and to identify gaps for future development.

Greater Manchester Centre for Voluntary Organisation (GMCVO)

Support and resources for BAME Communities. (2020)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Good practice in Outbreak Control for BAME communities. Isatou N'jie. (24th August, 2020). ILFORD, UK: Aubrey Keep Library and Knowledge Service.

Available online at this link

This page lists information, sources of support and resources for Black, Asian and Minority Ethnic (BAME) communities during the Coronavirus (Covid-19) pandemic.

Independent Sage

Disparities in the impact of COVID-19 in Black and Minority Ethnic populations: review of the evidence and recommendations for action. Independent Scientific Advisory Group (SAGE) for Emergencies. Report 6 (2020)

Available online at this link

This report makes a number of recommendations to address the greater risk of adverse health outcomes in BME populations. These include recommendations with immediate impact on the course of the pandemic (to mitigate the differential risk of exposure, infection and transmission, and to inform local outbreak control strategies) and longer-term action to reduce health inequalities.

Local Government Association (LGA)

COVID-19: good council practice (2020)

Available online at this link

Councils are doing remarkable work to address the challenges brought by COVID-19. We have seen the local government sector pool its resources, respond to new problems and innovate solutions.

COVID-19: good council practice (2020)

Available online at this link

Councils are doing remarkable work to address the challenges brought by COVID-19. We have seen the local government sector pool its resources, respond to new problems and innovate solutions.

London Borough of Lewisham

COVID-19 Outbreak Prevention and Control Plan (2020)

Available online at this link

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Good practice in Outbreak Control for BAME communities. Isatou N'jie. (24th August, 2020). ILFORD, UK: Aubrey Keep Library and Knowledge Service.

This plan will therefore bring together the existing outbreak prevention and management work of national and regional PHE, local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management.

Manchester City Council

Manchester COVID-19: local prevention and response plan (2020)

Available online at this link

This Plan is designed to ensure that Manchester City Council, working with all key partner organisations in the City can respond effectively to the gradual easing of lockdown measures over the next few months. •It has been developed collaboratively in line with the Our Manchester principles and behaviours and has a strong focus on preventing further transmission of the virus as well as setting out the actions that will be taken should local outbreaks occur. •From the outset we also worked with and provided support to Manchester's Chinese community, who were being unfairly stigmatised at the time. • This focus on community - and also groups who may be more at risk of the virus - is fundamental to our approach.

NHS England

Supporting our BAME NHS people during and beyond COVID-19: an update. (2020)

Available online at this link

National Institute for Health Research (NIHR)

The impact of COVID-19 on black, Asian and minority ethnic communities. (2020)

Available online at this link

The purpose is to help identify potential mitigations to reduce the impact of COVID-19 on BAME communities and inform planning for the recovery phase. Includes policy recommendations.

Royal College of Psychiatrists (RCPsych)

Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings: assessment and management of risk. (2020)

Available online at this link

The Royal College of Psychiatrists (RCPsych) has responded to the urgent issue of the high and disproportionate numbers of deaths of BAME staff due to COVID-19, by producing initial guidance on risk mitigation for urgent implementation across all mental health care organisations in the UK.

Southhampton City Council

Southampton COVID-19 Outbreak Control Plan (2020)

Available online at this link

Local government continues to have a significant role to play in the prevention of the spread of COVID-19 infection. This includes taking preventative action to reduce COVID-19 transmission, and the early identification and proactive management of incidents and outbreaks of COVID-19 infection.

Surrey County Council

Surrey Local Outbreak Control Plan COVID-19 Test and Trace. (2020)

Available online at this link

This plan is primarily about controlling outbreaks, however preventing spread of the virus is still critically important to prevent localised outbreaks and to avoid a second wave of the pandemic. Surrey residents need to continue to follow national guidance on staying at home if symptomatic, social distancing, washing hands, and using face coverings in public places. The communications plan will address how to encourage the public to follow this guidance.

C. Original Research

1. **A global respiratory perspective on the COVID-19 pandemic: commentary and action proposals.**
   To T. The European respiratory journal 2020;56(1):No page numbers.

   Available online at this link

   Available online at this link

2. **African nations step up efforts to prevent spread of coronavirus.**
   MacKenzie Debora New scientist (1971) 2020;245(3269):9.

   Available online at this link

   Available online at this link

3. **Coronavirus disease 2019 epidemic in impoverished area: Liangshan Yi autonomous prefecture as an example.**
Liao Ru-Jun Infectious diseases of poverty 2020;9(1):112.

BACKGROUNDThe outbreak of coronavirus disease 2019 (COVID-19) had spread worldwide. Although the world has intensively focused on the epidemic center during this period of time, it is imperative to emphasize that more attention should also be paid to some impoverished areas in China since they are more vulnerable to disease outbreak due to their weak health service capacities. Therefore, this study took Liangshan Yi Autonomous Prefecture as an example to analyze the COVID-19 epidemic in the impoverished area, evaluate the control effect and explore future control strategies.METHODSIn this study, we collected information including age, gender, nationality, occupation, and address of all COVID-19 cases reported from 25 January 2020 to 23 April 2020 in Liangshan Prefecture from the Nationwide Notifiable Infectious Diseases Reporting Information System (NIDRIS), which were used under license and not publicly available. Additionally, we retrieved other information of cases through epidemiological investigation reports reviewing. Data were analyzed using the software Excel 2010 and SPSS 17.0. The geographic distribution of cases was mapped using ArcGIS10.2.RESULTSBy 23 April 2020, a total of 13 COVID-19 cases and two asymptomatic SARS-CoV-2 carriers were reported in Liangshan, in three family clusters. Among the cases, eight cases had a history of sojourning in Hubei Province (61.54%), of which six were related to Wuhan. Cases aged under 44 years accounted for 61.54%, with no child case. The delay of patients' hospital visiting, and the low degree of cooperation in epidemiological investigation are problems.CONCLUSIONSDuring the study period, Liangshan was well under control. This was mainly contributed to strict preventive strategies aimed at local culture, inter-sectoral coordination and highly degree of public cooperation. Besides, some possible environmentally and culturally preventive factors (e.g., rapid air flow and family concept) would affect disease prevention and control. In the next step, the health education about COVID-19 should be strengthened and carried out according to the special culture of ethnic minorities to enhance public awareness of timely medical treatment.

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

4. **Coronavirus threat to Indian population: risk factors, transmission dynamics and preparedness to prevent the spread of the virus.**
Mandal D. Virusdisease 2020;:1-4.

Recent novel coronavirus outbreak in Wuhan City of Hubei province in China infected nearly 70,000 individuals and killed more than 1700 people within a short span of time leading to global pandemic. The disease is now spread to 26 countries in Asia, North America, Europe and Australasia. The virus is spreading rapidly to Asia-pacific and

Southeast Asian countries. The disease is posing a serious threat to human population and has devastating impact on public health and economy. So far 3 Indians are infected and India is at risk of rapid spread of the disease because of its geographical location and other favorable conditions. With a poorer global health security index compared to China (India-57 and China-51), any such situation will have worse outcome. In near future there are also possibilities of similar kind of disease outbreak caused by new strains of coronaviruses due to factors like species jump of new viruses, high population density and inadequate medical facilities. In this short review we have highlighted the risk factors and transmission dynamics of coronaviruses that may pose a serious threat to India. We have also discussed about the possible preventive measure our country should take to control any such outbreak situation.

Available online at this link

5. **COVID-19 Among African Americans: From Preliminary Epidemiological Surveillance Data to Public Health Action.**
   Coughlin SS American journal of public health 2020;110(8):1157-1159.

   Available online at this link

   Available online at this link

6. **COVID-19, mental health and ethnic minorities.**
   Smith K. Evidence-based mental health 2020;23(3):89-90.

   Available online at this link

   Available online at this link

   Available online at this link

7. **Deconstruct racism in medicine - from training to clinical trials.**
   Swartz TH Nature 2020;583(7815):202.

   Available online at this link

   Available online at this link

8. **Disparities in Coronavirus 2019 Reported Incidence, Knowledge, and Behavior Among US Adults.**
   Alsan Marcella JAMA network open 2020;3(6):e2012403.

   ImportanceData from the coronavirus disease 2019 (COVID-19) pandemic in the US show large differences in hospitalizations and mortality across race and geography. However,

there are limited data on health information, beliefs, and behaviors that might indicate different exposure to risk.ObjectiveTo determine the association of sociodemographic characteristics with reported incidence, knowledge, and behavior regarding COVID-19 among US adults.Design, Setting, and ParticipantsA US national survey study was conducted from March 29 to April 13, 2020, to measure differences in knowledge, beliefs, and behavior about COVID-19. The survey oversampled COVID-19 hotspot areas. The survey was conducted electronically. The criteria for inclusion were age 18 years or older and residence in the US. Data analysis was performed in April 2020.Main Outcomes and MeasuresThe main outcomes were incidence, knowledge, and behaviors related to COVID-19 as measured by survey response.ResultsThe survey included 5198 individuals (mean [SD] age, 48 [18] years; 2336 men [45%]; 3759 white [72%], 830 [16%] African American, and 609 [12%] Hispanic). The largest differences in COVID-19-related knowledge and behaviors were associated with race/ethnicity, sex, and age, with African American participants, men, and people younger than 55 years showing less knowledge than other groups. African American respondents were 3.5 percentage points (95% CI, 1.5 to 5.5 percentage points; P = .001) more likely than white respondents to report being infected with COVID-19, as were men compared with women (3.2 percentage points; 95% CI, 2.0 to 4.4 percentage points; P < .001). Knowing someone who tested positive for COVID-19 was more common among African American respondents (7.2 percentage points; 95% CI, 3.4 to 10.9 percentage points; P < .001), people younger than 30 years (11.6 percentage points; 95% CI, 7.5 to 15.7 percentage points; P < .001), and people with higher incomes (coefficient on earning ≥$100 000, 12.3 percentage points; 95% CI, 8.7 to 15.8 percentage points; P < .001). Knowledge of potential fomite spread was lower among African American respondents (-9.4 percentage points; 95% CI, -13.1 to -5.7 percentage points; P < .001), Hispanic respondents (-4.8 percentage points; 95% CI, -8.9 to -0.77 percentage points; P = .02), and people younger than 30 years (-10.3 percentage points; 95% CI, -14.1 to -6.5 percentage points; P < .001). Similar gaps were found with respect to knowledge of COVID-19 symptoms and preventive behaviors.Conclusions and RelevanceIn this survey study of US adults, there were gaps in reported incidence of COVID-19 and knowledge regarding its spread and symptoms and social distancing behavior. More effort is needed to increase accurate information and encourage appropriate behaviors among minority communities, men, and younger people.

[Available online at this link](#)

9. **Estimation of reproduction numbers of COVID-19 in typical countries and epidemic trends under different prevention and control scenarios.**
   Xu C. Frontiers of medicine 2020;:No page numbers.

The coronavirus disease 2019 (COVID-19) has become a life-threatening pandemic. The epidemic trends in different countries vary considerably due to different policy-making and resources mobilization. We calculated basic reproduction number (R0) and the time-varying estimate of the effective reproductive number (Rt) of COVID-19 by using the maximum likelihood method and the sequential Bayesian method, respectively. European and North American countries possessed higher R0 and unsteady Rt fluctuations, whereas some heavily affected Asian countries showed relatively low R0 and declining Rt now. The numbers of patients in Africa and Latin America are still low, but the potential risk of huge outbreaks cannot be ignored. Three scenarios were then simulated, generating distinct outcomes by using SEIR (susceptible, exposed, infectious, and removed) model. First, evidence-based prompt responses yield lower transmission rate followed by decreasing Rt. Second, implementation of effective control policies at a relatively late stage, in spite of

huge casualties at early phase, can still achieve containment and mitigation. Third, wisely taking advantage of the time-window for developing countries in Africa and Latin America to adopt adequate measures can save more people's life. Our mathematical modeling provides evidence for international communities to develop sound design of containment and mitigation policies for COVID-19.

Available online at this link

10. **Failure in initial stage containment of global COVID-19 epicenters.**
Khosrawipour V. Journal of medical virology 2020;92(7):863-867.

With multiple virus epicenters, COVID-19 has been declared a pandemic by the World Health Organization. Consequently, many countries have implemented different policies to manage this crisis including curfew and lockdown. However, the efficacy of individual policies remains unclear with respect to COVID-19 case development. We analyzed available data on COVID-19 cases of eight majorly affected countries, including China, Italy, Iran, Germany, France, Spain, South Korea, and Japan. Growth rates and doubling time of cases were calculated for the first 6 weeks after the initial cases were declared for each respective country and put into context with implemented policies. Although the growth rate of total confirmed COVID-19 cases in China has decreased, those for Japan have remained constant. For European countries, the growth rate of COVID-19 cases considerably increased during the second time interval. Interestingly, the rates for Germany, Spain, and France are the highest measured in the second interval and even surpass the numbers in Italy. Although the initial data in Asian countries are encouraging with respect to case development at the initial stage, the opposite is true for European countries. Based on our data, disease management in the 2 weeks following the first reported cases is of utmost importance.

Available online at this link

Available online at this link

11. **How Is Morocco Reacting to COVID-19 Crisis in Anticancer Centers?**
Oualla Karima Cancer control : journal of the Moffitt Cancer Center 2020;27(3):1073274820941973.

The world is facing the pandemic linked to COVID-19 virus infection that has rapidly spread worldwide, and severe complications have been reported to occur in around a third of patients. To date, there is no approved vaccine or specific therapy against COVID-19, but many trials are ongoing with some of them showing promising results. It has been shown recently that patients with cancer are at high risk of infection and they are more susceptible to develop severe events such as the necessity of invasive ventilation and death. Therefore, this crisis presents a real challenge for health systems especially in low- and middle-income countries where the health systems are already fragile such as African countries. In this article, we describe the epidemiological situation of the infection in Morocco and the different challenges in cancer centers in the era of COVID-19, in addition to various strategies that have been implemented to prevent and control the infection spread in oncological units in order to ensure the continuation of adequate cancer care.

Available online at this link

Available online at this link

12. **Identifying and combating the impacts of COVID-19 on malaria.**
Rogerson Stephen J. BMC medicine 2020;18(1):239.

BACKGROUNDThe COVID-19 pandemic has resulted in millions of infections, hundreds of thousands of deaths and major societal disruption due to lockdowns and other restrictions introduced to limit disease spread. Relatively little attention has been paid to understanding how the pandemic has affected treatment, prevention and control of malaria, which is a major cause of death and disease and predominantly affects people in less well-resourced settings.MAIN BODYRecent successes in malaria control and elimination have reduced the global malaria burden, but these gains are fragile and progress has stalled in the past 5 years. Withdrawing successful interventions often results in rapid malaria resurgence, primarily threatening vulnerable young children and pregnant women. Malaria programmes are being affected in many ways by COVID-19. For prevention of malaria, insecticide-treated nets need regular renewal, but distribution campaigns have been delayed or cancelled. For detection and treatment of malaria, individuals may stop attending health facilities, out of fear of exposure to COVID-19, or because they cannot afford transport, and health care workers require additional resources to protect themselves from COVID-19. Supplies of diagnostics and drugs are being interrupted, which is compounded by production of substandard and falsified medicines and diagnostics. These disruptions are predicted to double the number of young African children dying of malaria in the coming year and may impact efforts to control the spread of drug resistance. Using examples from successful malaria control and elimination campaigns, we propose strategies to re-establish malaria control activities and maintain elimination efforts in the context of the COVID-19 pandemic, which is likely to be a long-term challenge. All sectors of society, including governments, donors, private sector and civil society organisations, have crucial roles to play to prevent malaria resurgence. Sparse resources must be allocated efficiently to ensure integrated health care systems that can sustain control activities against COVID-19 as well as malaria and other priority infectious diseases.CONCLUSIONAs we deal with the COVID-19 pandemic, it is crucial that other major killers such as malaria are not ignored. History tells us that if we do, the consequences will be dire, particularly in vulnerable populations.

Available online at this link

Available online at this link

Available online at this link

Available online at this link

13. **Modeling Impact of Word of Mouth and E-Government on Online Social Presence during COVID-19 Outbreak: A Multi-Mediation Approach.**
Yasir A. International journal of environmental research and public health 2020;17(8):No page numbers.

Although social presence plays an essential role under general conditions, its role becomes significant for societal protection during the quarantine period in epidemic outbreak. In this study, we attempted to identify the role of E-government and COVID-19 word of mouth in terms of their direct impact on online social presence during the outbreak as well as their impacts mediated by epidemic protection and attitudes toward epidemic outbreaks. For this purpose, a unique multi-mediation model is proposed to provide a new direction for research in the field of epidemic outbreaks and their control. Through random sampling, an online survey was conducted and data from 683participants were analyzed. Partial least squares structural equation modeling was used to test the relationships between the variables of interest. The study results revealed that the roles of E-government and COVID-19 word of mouth are positively related to online social presence during the outbreak. Epidemic protection and attitude toward epidemic outbreak were found to positively moderate the impact of the role of E-government and COVID-19 word of mouth on online social presence during the outbreak. The key findings of this study have both practical and academic implications.

Available online at this link

Available online at this link

Available online at this link

14. **Nepal's Response to Contain COVID-19 Infection.**
Piryani RM Journal of Nepal Health Research Council 2020;18(1):128-134.

Nepal is a landlocked country bordering two most populous countries, India and China. Nepal shares open border with India from three sides, east, south and west. And, in north with China, where the novel coronavirus infection (CVOVID-19) began in late December 2019. The first confirmed imported case in Nepal was reported in 2nd week of January 2020. The initial response of Nepal to COVID-19 were comparably slow but country geared efforts after it was declared a 'global pandemic' by WHO on 11 March, 2020. Government of Nepal's steps from 18 March, 2020 led to partial lock down and countrywide lockdown imposed on 24 March, 2020. Government devised comprehensive plan on 27 March, 2020 for quarantine for peoples who arrived in Nepal from COVID-19 affected countries. This article covers summary of global status, South Asian Association of Regional Cooperation (SAARC) status, and Nepal's response to contain COVID-19 infection discussed under three headings: Steps taken before and after WHO declared COVID-19 a global pandemic and lab services regarding detection of COVID-19. Nepal has documented five confirmed cases of COVID-19 till the end of March 2020, first in second week of 15 January, 2020 and 2nd case 8-weeks thereafter and 3rd case two days later, 4th on 27 March and 5th on 28 March. Four more cases detected during first week of April. Non-Pharmacological interventions like social distancing and excellent personal habits are widely practiced. Country has to enhance testing and strengthen tracing, isolation and quarantine mechanism and care of COVID-19 patients as Nepal is in risk zone because of comparably weak health system and porous borders with India. The time will tell regarding further outbreak and how it will be tackled. Keywords: COVID-19; lockdown; Nepal; pandemic; response.

Available online at this link

15. **Prediction of the COVID-19 spread in African countries and implications for prevention and control: A case study in South Africa, Egypt, Algeria, Nigeria, Senegal and Kenya.**
Zhao Zebin The Science of the total environment 2020;729:138959.

COVID-19 (Corona Virus Disease 2019) is globally spreading and the international cooperation is urgently required in joint prevention and control of the epidemic. Using the Maximum-Hasting (MH) parameter estimation method and the modified Susceptible Exposed Infectious Recovered (SEIR) model, the spread of the epidemic under three intervention scenarios (suppression, mitigation, mildness) is simulated and predicted in South Africa, Egypt, and Algeria, where the epidemic situations are severe. The studies are also conducted in Nigeria, Senegal and Kenya, where the epidemic situations are growing rapidly and the socio-economic are relatively under-developed, resulting in more difficulties in preventing the epidemic. Results indicated that the epidemic can be basically controlled in late April with strict control of scenario one, manifested by the circumstance in the South Africa and Senegal. Under moderate control of scenario two, the number of infected people will increase by 1.43-1.55 times of that in scenario one, the date of the epidemic being controlled will be delayed by about 10 days, and Algeria, Nigeria, and Kenya are in accordance with this situation. In the third scenario of weak control, the epidemic will be controlled by late May, the total number of infected cases will double that in scenario two, and Egypt is in line with this prediction. In the end, a series of epidemic controlling methods are proposed, including patient quarantine, close contact tracing, population movement control, government intervention, city and county epidemic risk level classification, and medical cooperation and the Chinese assistance.

[Available online at this link](#)

16. **Real-time estimation and prediction of mortality caused by COVID-19 with patient information based algorithm.**
Wang L. The Science of the total environment 2020;727:138394.

The global COVID-19 outbreak is worrisome both for its high rate of spread, and the high case fatality rate reported by early studies and now in Italy. We report a new methodology, the Patient Information Based Algorithm (PIBA), for estimating the death rate of a disease in real-time using publicly available data collected during an outbreak. PIBA estimated the death rate based on data of the patients in Wuhan and then in other cities throughout China. The estimated days from hospital admission to death was 13 (standard deviation (SD), 6 days). The death rates based on PIBA were used to predict the daily numbers of deaths since the week of February 25, 2020, in China overall, Hubei province, Wuhan city, and the rest of the country except Hubei province. The death rate of COVID-19 ranges from 0.75% to 3% and may decrease in the future. The results showed that the real death numbers had fallen into the predicted ranges. In addition, using the preliminary data from China, the PIBA method was successfully used to estimate the death rate and predict the death numbers of the Korean population. In conclusion, PIBA can be used to efficiently estimate the death rate of a new infectious disease in real-time and to predict future deaths. The spread of 2019-nCoV and its case fatality rate may vary in regions with different climates and temperatures from Hubei and Wuhan. PIBA model can be built based on known information of early patients in different countries.

[Available online at this link](#)

17. **Self-Control Moderates the Association Between Perceived Severity of Coronavirus Disease 2019 (COVID-19) and Mental Health Problems Among the Chinese Public.**
Li JB International journal of environmental research and public health 2020;17(13):No page numbers.

Coronavirus disease 2019 (COVID-19) has caused thousands of deaths in China. Prior research suggests that individuals' perceived severity of COVID-19 is related to a range of negative emotional and behavioral reactions among the Chinese public. However, scant research has examined the underlying mechanisms. Drawing upon the risk-resilience model, this study proposes that self-control, as a resilient factor, would potentially moderate the association between perceived severity of COVID-19 and mental health problems. Data from a national survey was used to examine this idea. Participants were 4607 citizens from 31 regions in China (Mage = 23.71 years, 72.5% female) who completed a national survey at the beginning of February 2020. Results of hierarchical regression showed that after controlling for a number of demographic variables, perceived severity of COVID-19 and self-control were positively and negatively related to mental health problems, respectively. More importantly, self-control moderated the "perceived severity of COVID-19-mental health problems" association, with this link attenuating as the levels of self-control increased. These findings suggest that compared to those with high self-control, individuals with low self-control are more vulnerable and are more in need of psychological aids to maintain mental health in the encounter of the COVID-19 outbreak. Practically, enhancing individuals' self-control ability might be a promising way to improve individuals' mental health during the early period of the COVID-19 outbreak.

Available online at this link

Available online at this link

Available online at this link

18. **Similarities and Differences in COVID-19 Awareness, Concern, and Symptoms by Race and Ethnicity in the United States: Cross-Sectional Survey.**
Jones J. Journal of medical Internet research 2020;22(7):e20001.

BACKGROUND: Existing health disparities based on race and ethnicity in the United States are contributing to disparities in morbidity and mortality during the coronavirus disease (COVID-19) pandemic. We conducted an online survey of American adults to assess similarities and differences by race and ethnicity with respect to COVID-19 symptoms, estimates of the extent of the pandemic, knowledge of control measures, and stigma.
OBJECTIVE: The aim of this study was to describe similarities and differences in COVID-19 symptoms, knowledge, and beliefs by race and ethnicity among adults in the United States.
METHODS: We conducted a cross-sectional survey from March 27, 2020 through April 1, 2020. Participants were recruited on social media platforms and completed the survey on a secure web-based survey platform. We used chi-square tests to compare characteristics related to COVID-19 by race and ethnicity. Statistical tests were corrected using the Holm Bonferroni correction to account for multiple comparisons.
RESULTS: A total of 1435 participants completed the survey; 52 (3.6%) were Asian, 158 (11.0%) were non-Hispanic Black, 548 (38.2%) were Hispanic, 587 (40.9%) were non-Hispanic White, and 90 (6.3%)

identified as other or multiple races. Only one symptom (sore throat) was found to be different based on race and ethnicity (P=.003); this symptom was less frequently reported by Asian (3/52, 5.8%), non-Hispanic Black (9/158, 5.7%), and other/multiple race (8/90, 8.9%) participants compared to those who were Hispanic (99/548, 18.1%) or non-Hispanic White (95/587, 16.2%). Non-Hispanic White and Asian participants were more likely to estimate that the number of current cases was at least 100,000 (P=.004) and were more likely to answer all 14 COVID-19 knowledge scale questions correctly (Asian participants, 13/52, 25.0%; non-Hispanic White participants, 180/587, 30.7%) compared to Hispanic (108/548, 19.7%) and non-Hispanic Black (25/158, 15.8%) participants.
CONCLUSIONS: We observed differences with respect to knowledge of appropriate methods to prevent infection by the novel coronavirus that causes COVID-19. Deficits in knowledge of proper control methods may further exacerbate existing race/ethnicity disparities. Additional research is needed to identify trusted sources of information in Hispanic and non-Hispanic Black communities and create effective messaging to disseminate correct COVID-19 prevention and treatment information.

Available online at this link

Available online at this link

19. **Singapore COVID-19 Pandemic Response as a Successful Model Framework for Low-Resource Health Care Settings in Africa?**
Kuguyo O. Omics : a journal of integrative biology 2020;24(8):470-478.

The coronavirus disease 2019 (COVID-19) pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus continues to spread and evolve across the planet. The crosscutting impacts of the virus, individual country responses to the virus, and the state of preparedness of local public health systems greatly vary across the world. The ostensibly late arrival of the virus in Africa has allowed learning, innovation, and adaptation of methods that have been successful in the early-hit countries. This article analyzes how Singapore has responded to the COVID-19 pandemic and proposes that adaptations of the Singapore pandemic response model would bode well for Africa's response to the COVID-19 pandemic in ways that also take into account regional differences in health care infrastructures, socioeconomic resilience, poverty, and the vast population diversity in the African continent. As the pandemic evolves, the lessons learned in Asia, in particular, and the emerging new experiences in African countries should inform, ideally in real time, how best to steer the world populations into safety, including those in low-resource health care settings. Finally, we note that the current COVID-19 pandemic is also a test for our collective ability to scale and surge public health in response to future and likely equally challenging zoonosis infections that jump from animals to humans, not to mention climate change-related planetary health calamities in the 21st century. Hence, what we learn effectively from the current COVID-19 pandemic shall have broad, enduring, and intergenerational relevance for the future of planetary heath and society.

Available online at this link

20. **Strengthening the global effort on COVID-19 research.**
Norton A. Lancet (London, England) 2020;396(10248):375.

Available online at this link

Available online at this link

21. **Syndemic Perspectives to Guide Black Maternal Health Research and Prevention During the COVID-19 Pandemic.**
Lemke MK Maternal and child health journal 2020;24(9):1093-1098.

The coronavirus 2019 (COVID-19) pandemic and related policies have led to an unequal distribution of morbidity and mortality in the U.S. For Black women and birthing people, endemic vulnerabilities and disparities may exacerbate deleterious COVID-19 impacts. Historical and ongoing macro-level policies and forces over time have induced disproportionately higher rates of maternal morbidity and mortality among Black women and birthing people, and contemporary macroeconomic and healthcare policies and factors continue to hold particular consequence. These factors induce detrimental psychological, health, and behavioral responses that contribute to maternal health disparities. The COVID-19 pandemic is likely to disproportionately impact Black women and birthing people, as policy responses have failed to account for the their unique socioeconomic and healthcare contexts. The resulting consequences may form a 'vicious cycle', with upstream impacts that exacerbate upstream macro-level policies and forces that can further perpetuate the clustering of maternal morbidity and mortality in this population. Understanding the impacts of COVID-19 among Black women and birthing people requires theoretical frameworks that can sufficiently conceptualize their multi-level, interacting, and dynamic nature. Thus, we advocate for the proliferation of syndemic perspectives to guide maternal disparities research and prevention during the COVID-19 pandemic. These perspectives can enable a holistic and nuanced understanding of the intersection of endemic and COVID-19-specific vulnerabilities and disparities experienced by Black women and birthing people. Syndemic-informed research can then lead to impactful multi-level prevention strategies that simultaneously tackle both endemic and COVID-19-specific factors and outcomes that lead to the clustering of vulnerabilities and disparities over time.

Available online at this link

22. **The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities.**
Laurencin Cato T. Journal of racial and ethnic health disparities 2020;7(3):398-402.

The Coronavirus disease 2019 (COVID-19) pandemic has significantly impacted and devastated the world. As the infection spreads, the projected mortality and economic devastation are unprecedented. In particular, racial and ethnic minorities may be at a particular disadvantage as many already assume the status of a marginalized group. Black Americans have a long-standing history of disadvantage and are in a vulnerable position to experience the impact of this crisis and the myth of Black immunity to COVID-19 is detrimental to promoting and maintaining preventative measures. We are the first to present the earliest available data in the peer-reviewed literature on the racial and ethnic distribution of COVID-19-confirmed cases and fatalities in the state of Connecticut. We also seek to explode the myth of Black immunity to the virus. Finally, we call for a National Commission on COVID-19 Racial and Ethnic Health Disparities to further explore and respond to the unique challenges that the crisis presents for Black and Brown communities.

Available online at this link

23. **The potential effects of widespread community transmission of SARS-CoV-2 infection in the World Health Organization African Region: a predictive model.**
Cabore Joseph Waogodo BMJ global health 2020;5(5):No page numbers.

The spread of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has been unprecedented in its speed and effects. Interruption of its transmission to prevent widespread community transmission is critical because its effects go beyond the number of COVID-19 cases and deaths and affect the health system capacity to provide other essential services. Highlighting the implications of such a situation, the predictions presented here are derived using a Markov chain model, with the transition states and country specific probabilities derived based on currently available knowledge. A risk of exposure, and vulnerability index are used to make the probabilities country specific. The results predict a high risk of exposure in states of small size, together with Algeria, South Africa and Cameroon. Nigeria will have the largest number of infections, followed by Algeria and South Africa. Mauritania would have the fewest cases, followed by Seychelles and Eritrea. Per capita, Mauritius, Seychelles and Equatorial Guinea would have the highest proportion of their population affected, while Niger, Mauritania and Chad would have the lowest. Of the World Health Organization's 1 billion population in Africa, 22% (16%-26%) will be infected in the first year, with 37 (29 - 44) million symptomatic cases and 150 078 (82 735-189 579) deaths. There will be an estimated 4.6 (3.6-5.5) million COVID-19 hospitalisations, of which 139 521 (81 876-167 044) would be severe cases requiring oxygen, and 89 043 (52 253-106 599) critical cases requiring breathing support. The needed mitigation measures would significantly strain health system capacities, particularly for secondary and tertiary services, while many cases may pass undetected in primary care facilities due to weak diagnostic capacity and non-specific symptoms. The effect of avoiding widespread and sustained community transmission of SARS-CoV-2 is significant, and most likely outweighs any costs of preventing such a scenario. Effective containment measures should be promoted in all countries to best manage the COVID-19 pandemic.

Available online at this link

Available online at this link

24. **Translation of genomic epidemiology of infectious pathogens: Enhancing African genomics hubs for outbreaks.**
Oboh MA International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases 2020;:No page numbers.

BACKGROUND: Deadly emerging infectious pathogens place unprecedented challenge on health systems and economies, especially across Africa where health care infrastructures are weak, and poverty rates remain high. Genomic technologies have been vital in enhancing the understanding and development of intervention approaches against these, such as Ebola, and recently the novel coronavirus disease 2019 (COVID-19).
DISCUSSION: Africa has contributed a limited number of SARS-CoV-2 genomes to the global pool in growing open access repositories. To bridge this gap, the Africa Centre for Disease Control and Prevention (ACDC) is coordinating initiatives across the continent to establish genomic hubs in

selected well-resourced African centres of excellence. This will allow for standardisation, efficient and rapid data generation and curation. However, the strategy to ensure capacity for high-throughput genomics at selected genomics hubs should not overshadow the deployment of portable, field-friendly and technically less demanding genomics technologies in all affected countries. This will enhance small scale local genomic surveillance in outbreaks, leaving validation and large-scale approaches at central genomic hubs.
CONCLUSION: The ACDC needs to scale-up its campaign for government support across African Union countries to ensure sustainable financing of its strategy for increased pathogen genomic intelligence and other interventions in current and inevitable future epidemics in Africa.

Available online at this link

25. **Weathering COVID-19 storm: Successful control measures of five Asian countries.**
Lu N. American journal of infection control 2020;48(7):851-852.

Available online at this link

Available online at this link

26. **What works and what does not work in response to COVID-19 prevention and control in Africa.**
Rutayisire Erigene International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases 2020;97:267-269.

Since the emergence of the COVID-19 pandemic in December 2019 in Wuhan, China, there have been nearly 6,663,304 confirmed cases of COVID-19, including 392,802 deaths, worldwide as of 10:00 CEST 06 June 2020. In Africa, 152,442 COVID-19 cases and 4334 deaths have been reported as of 02 June 2020. The five countries with the highest commutative number of cases in Africa are South Africa, Egypt, Nigeria, Algeria, and Ghana. Africa, and the rest of world, has had to swiftly undertake the necessary measures to protect the continent from irreversible effects of the COVID-19 pandemic that is claiming lives and destroying livelihoods. The lower number of COVID-19 cases in most African countries is attributed to inadequate health systems, low-to-absent testing capacity, poor reporting systems, and insufficient numbers of medical staff. The COVID-19 pandemic poses a great threat to most African countries, from cities to rural areas, and has created a strong demand on already scarce resources. Intense mobilization of additional resources is required to implement established emergency contingency measures. Measures to prevent the spread of COVID-19 include closure of borders and restricting movement of people within a country; this has resulted in the tourism sector being adversely affected by the loss of income. Cooperative prevention and control measures are one of the promising solutions to deplete the spread of COVID-19 on the continent.

Available online at this link

27. **Whole Genome Sequencing of SARS-CoV-2: Adapting Illumina Protocols for Quick and Accurate Outbreak Investigation during a Pandemic.**
Pillay S. Genes 2020;11(8):No page numbers.

The COVID-19 pandemic has spread very fast around the world. A few days after the first detected case in South Africa, an infection started in a large hospital outbreak in Durban, KwaZulu-Natal (KZN). Phylogenetic analysis of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) genomes can be used to trace the path of transmission within a hospital. It can also identify the source of the outbreak and provide lessons to improve infection prevention and control strategies. This manuscript outlines the obstacles encountered in order to genotype SARS-CoV-2 in near-real time during an urgent outbreak investigation. This included problems with the length of the original genotyping protocol, unavailability of reagents, and sample degradation and storage. Despite this, three different library preparation methods for Illumina sequencing were set up, and the hands-on library preparation time was decreased from twelve to three hours, which enabled the outbreak investigation to be completed in just a few weeks. Furthermore, the new protocols increased the success rate of sequencing whole viral genomes. A simple bioinformatics workflow for the assembly of high-quality genomes in near-real time was also fine-tuned. In order to allow other laboratories to learn from our experience, all of the library preparation and bioinformatics protocols are publicly available at protocols.io and distributed to other laboratories of the Network for Genomics Surveillance in South Africa (NGS-SA) consortium.

[Available online at this link](#)

[Available online at this link](#)

Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](#).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Good practice in Outbreak Control for BAME communities. Isatou N'jie. (24th August, 2020). ILFORD, UK: Aubrey Keep Library and Knowledge Service.

Portable Document Format / pdf / Adobe
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

Word documents
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

D. Search History

	Source	Criteria	Results
1.	Medline	COVID-19 OR Covid19 OR coronavirus* OR Coronavirinae OR "corona virus" OR "2019-nCoV" OR "human coronavirus" OR "respiratory syndrome related coronavirus" OR ((Wuhan OR novel) ADJ5 coronavirus).ti,ab OR (human ADJ coronavirus).ti,ab OR ("human influenza" OR "influenza virus" OR "influenza pandemic").ti,ab OR exp *"CORONAVIRUS 229E, HUMAN"/ OR exp *"CORONAVIRUS NL63, HUMAN"/ OR "severe acute respiratory syndrome coronavirus 2" OR "SARS-CoV-2" OR "SARS-CoV" OR "SARS Coronavirus" OR "SARS Virus" OR exp *"CORONAVIRUS OC43, HUMAN"/	90890
2.	Medline	(BAME OR BME OR African* OR "black African" OR "afro Caribbean" OR "African Caribbean" OR Asian).ti,ab	213826
3.	Medline	exp *"AFRICAN CONTINENTAL ANCESTRY GROUP"/	44818
4.	Medline	exp *"ASIAN CONTINENTAL ANCESTRY GROUP"/	29789
5.	Medline	(ethnic ADJ minorit*).ti,ab	12028
6.	Medline	(2 OR 3 OR 4 OR 5)	265292
7.	Medline	(Control ADJ3 outbreak).ti,ab	2376
8.	Medline	("Outbreak Control plan*").ti,ab	6
9.	Medline	((stop* OR prevent*) AND spread*).ti,ab	25878
10.	Medline	(7 OR 8 OR 9)	28076
11.	Medline	(1 AND 6 AND 10)	58
12.	Medline	11 [DT 2009-2020] [Languages English]	46
13.	PubMed	COVID-19 OR Covid19 OR coronavirus* OR Coronavirinae OR "corona virus" OR "2019-nCoV" OR "human coronavirus" OR "respiratory syndrome related coronavirus" OR ((Wuhan OR novel) ADJ5 coronavirus).ti,ab OR (human ADJ coronavirus)	60636
14.	PubMed	(BAME OR BME OR African* OR "black African" OR "afro Caribbean" OR "African Caribbean" OR asian).ti,ab	389160
15.	PubMed	(ethnic minorit*).ti,ab	11430
16.	PubMed	(14 OR 15)	396924
17.	PubMed	(Outbreak AND Control).ti,ab	62794
18.	PubMed	((stop* OR prevent*) AND spread*).ti,ab	39970
19.	PubMed	(17 OR 18)	96261

Source	Criteria	Results
20. PubMed	(13 AND 16 AND 19)	173
21. PubMed	(13 AND 14 AND 17)	144
22. HMIC	COVID-19 OR Covid19 OR coronavirus* OR Coronavirinae OR "corona virus" OR "2019-nCoV" OR "human coronavirus" OR "respiratory syndrome related coronavirus" OR ((Wuhan OR novel) ADJ5 coronavirus).ti,ab OR (human ADJ coronavirus).ti,ab OR ("human influenza" OR "influenza virus" OR "influenza pandemic").ti,ab OR exp *"CORONAVIRUS 229E, HUMAN"/ OR exp *"CORONAVIRUS NL63, HUMAN"/ OR "severe acute respiratory syndrome coronavirus 2" OR "SARS-CoV-2" OR "SARS-CoV" OR "SARS Coronavirus" OR "SARS Virus" OR exp *"CORONAVIRUS OC43, HUMAN"/	860
23. HMIC	(BAME OR BME OR African* OR "black African" OR "afro Caribbean" OR "African Caribbean" OR Asian).ti,ab	2985
24. HMIC	(ethnic ADJ minorit*).ti,ab	2237
25. HMIC	("Outbreak Control*").ti,ab	20
26. HMIC	((stop* OR prevent*) AND spread*).ti,ab	420
27. HMIC	(23 OR 24)	4889
28. HMIC	(25 OR 26)	439
29. HMIC	(22 AND 27 AND 28)	1

Disclaimer

We hope that you find the evidence search service useful. Whilst care has been taken in the selection of the materials included in this evidence search, the Library and Knowledge Service is not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the literature, the Library and Knowledge Service is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search. Users are welcome to discuss the evidence search findings with the librarian responsible for executing the search. We welcome suggestions on additional search strategies / use of other information resources for further exploration. You must not use the results of this search for commercial purposes. Any usage or reproduction of the search output should acknowledge the Library and Knowledge Service that produced it.