

COVID-19 resources through Friends of Millbank website

David Vassallo 

I would like to update you on the ongoing work of the Friends of Millbank further to our last letter published in *BMJ Military Health*.¹ Friends of Millbank is a society that celebrates the heritage, achievements and ongoing relevance of military medicine, normally holding talks at the former Royal Army Medical College (now Chelsea College of Arts) in Millbank, London. The Royal Army Medical College was the British Army's centre of excellence for postgraduate military medicine and tropical health, and the home of the *Journal of the RAMC* (now *BMJ Military Health*), between 1907 and 1999.

Our meetings ceased when the UK instituted a national lockdown in March 2020 due to the coronavirus pandemic. We now hold monthly online talks, open to all, advertised through our website. As our contribution to tackling the pandemic and misinformation on the subject, we continue to collate the best official online resources into a regularly updated COVID-19 portal on our website which we recommend to your readers.² In this description, names in *italics* refer to links, prime examples being 'World Health Organisation' [WHO], 'GOV-UK' and 'NHS – Latest advice'.

Once online, start with the thought-provoking personal perspective 'LSHTM Viral Podcast – Peter Piot's battle with COVID-19'. Piot is director of the London School of Hygiene and Tropical Medicine (see 'LSHTM – COVID-19 Resources')—and he fell seriously ill with COVID-19 in March 2020. The 'RSM Live – COVID-19 Series webinars' are excellent value. Front-line health professionals will benefit from 'Coronavirus – e-Learning for Healthcare (e-LfH)' and 'St George's online course'. There are excellent international courses: 'WHO – Online courses for COVID-19, Ebola, Cholera, Polio'. Keep abreast of latest clinical information (including on virus variants, vaccine effectiveness and long-COVID) with 'COVID Reference – The COVID Textbook (current online edition)'. Continue to be inspired by 'Captain Tom Moore's 100th Birthday walk

for the NHS' and 'Coronavirus: What the Military's doing to fight COVID-19'.

'Coronavirus timeline up to lockdown' provides salutary reminders of the rapidity with which a virulent new pathogen can threaten society. 'IHME COVID-19 Projections: the next few months' shows how national responses may affect this pandemic's course.

Daily COVID-19 deaths in UK hospitals peaked at 866 in the first wave, on 10 April 2020.³ This single day's toll was more than twice that of British personnel killed by hostile action (405) in Afghanistan over 14 years. The UK's official toll surpassed 40 000 on 5 June, less than 3 months after the first death on 8 March. In the USA, where the first death was on 6 February, fatalities surpassed 100 000 on 28 May—more than the total from the Korean, Vietnam and Iraq wars combined.

The pandemic's first wave soon passed due to national responses. However, premature easing of restrictions led to a much worse second wave commencing late 2020 ('WHO – COVID-19 weekly situation reports' and 'European Centre for Disease Prevention and Control'). In the UK, the number of people testing newly positive with COVID-19 escalated to over 60 000 daily shortly after Christmas ('GOV.UK – The COVID-19 dashboard (UK only)'). Inevitably, the UK's death rate then surged to well over 1000 cases daily, remaining so into February, and peaking at 1820 deaths on 20 January 2021 (more than twice as high as in the first wave).⁴ The cumulative UK death toll reached 120 000 by Easter. Hospitals came under extreme and sustained pressure before this wave began receding due to another national lockdown and vaccine rollout. The rate of decrease was agonisingly slow due to the appearance of a new and more infectious UK variant of the virus. See 'GOV-UK Science – Latest R number' for the virus's reproduction number (R) in UK: 0.7–0.9 on 12 February 2021, after a peak of 1.6 in October, and the first time R dropped below 1.0 since July; 'COVID Messenger' shows the situation around England.

COVID-19 deaths continue rising sharply worldwide (as of 12 February 2021, over 2.3 million deaths and

108 million cases have been recorded since the first death on 11 January 2020 ('WHO')). The USA has sustained over 480 000 deaths and 27 million cases, far higher than anywhere else ('Johns Hopkins University Dashboard'). Catastrophe threatens low-income and war-torn countries ('COVID-19 Resource Centre – The Lancet'), but also those with divergent government policy responses: Brazil has suffered over 237 000 deaths, second only to the USA ('Johns Hopkins University Dashboard').

Resurgent malaria, measles and other illnesses, due to disrupted prevention campaigns or healthcare systems, are seriously compounding the global effect, best shown through excess mortality rates ('Office for National Statistics', 'Our World in Data').

The economic effects on society are huge ('IMF – National Policy Responses to COVID-19'), hence the drive to ease lockdowns, see 'COVID-19 Policy Tracker – The Health Foundation' for England, and 'Lockdowns around the world'. Easing lockdown prematurely risks further waves. New outbreaks can escalate exponentially if unchecked, especially if new variants of the virus prove to be more infective or resistant to vaccines. The guiding principles are Test, Trace and Isolate ('WHO').

The most effective prevention measures are 'Hands, Face, Space and Air': hand hygiene, masks, physical distancing and fresh air ventilation, with personal protective equipment in healthcare settings ('WHO', 'CDC'). See also 'A history of the medical mask' and 'CDC – Cloth face coverings – DIY guide'. Other control measures are quarantine (of asymptomatic travellers) and isolation (of symptomatic persons and their contacts), see 'NHS COVID-19 App' and 'NHS – Latest advice'. Mental health can be adversely affected by quarantine, be kind to yourself and others.

Fortunately, effective vaccines are becoming available ('COVID-19 Vaccine tracker'), although the logistical challenges are immense. The UK vaccinated 14 million people in just 2 months, but many countries lag far behind. There is no specific treatment yet though clinical outcomes have improved. Herd immunity remains elusive (the 'Serotracker Dashboard' shows seroprevalence rates). This highlights the importance of collaborative research, exemplified by powerhouses that shape government strategy: 'Imperial College', 'Johns Hopkins University', 'Oxford University' and the 'Royal Society'. Do use the 'COVID-19 Symptom Study app'.

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This is not a time for complacency, or to let down our guard (Stay Alert!). Lives may be lost by undue haste. Stay informed, stay safe, stay well.

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