COVID-19 recovery

11th December 2020

**Title**: COVID-19 Symptoms: Longitudinal Evolution and Persistence in Outpatient Settings

Annals of Internal Medicine | 8th December 2020

The term “long COVID” describes illness in persons who continue to report lasting effects after infection. To date, little information exists about outpatient settings in this novel disease where 81% of cases are reportedly on the mild end of the spectrum.

Informing patients and physicians about COVID-19 symptom evolution may help them recognize the time course of the disease, legitimize patients' concerns, and reassure them when possible. Messages around potentially persisting symptoms could also assist in reinforcing public health measures to avoid the spread of infection.

The objective of this study was to describe COVID-19 symptom evolution and persistence in an outpatient setting in Geneva, Switzerland, from day 1 through day 30 to 45 after diagnosis.

The study shows persistence of symptoms in a third of ambulatory patients 30 to 45 days after diagnosis even if we assume that those lost to follow-up were all asymptomatic. Fatigue, dyspnea, and loss of taste or smell were the main persistent symptoms.

Full detail: [COVID-19 Symptoms: Longitudinal evolution and persistence in outpatient settings](https://www.acpjournals.org/doi/10.7326/M20-5926)

**TITLE:**  MENTAL HEALTH DEMAND COULD RISE BY 40PC WARNS NHSE RESEARCH

HSJ | 7th December 2020

Demand for adult mental health services could rise by 40 per cent according to research commissioned by NHS England and seen by *HSJ*. The peer-reviewed research was carried out by Tees, Esk and Wear Valleys Foundation Trust, along with the Centre for Mental Health, Mersey Care FT and York University. It is among four studies NHSE recommended to forecast demand for mental health services nationally.

The TEWV research also predicted that:

* Referrals to children and young people’s mental health services could rise by up to 60 per cent from pre-pandemic levels
* Demand for older people’s services by 20 per cent
* Learning disabilities teams could face a 10 per cent rise in referrals with increasing levels of complexity, and
* Demand for improving access to psychological therapies services could rise between 11 per cent and 33 per cent.

According to the modelling, the surge in demand will largely be driven by the experiences of lockdown. Those who were particularly isolated — such as single-person households and those asked to shield — are most likely to need mental health services.

The research also expects economic downturns will lead to more people needing support, with young adults possibly the most vulnerable, but it is not yet clear how many people this will affect.

Further detail: [Mental health demand could rise by 40pc warns NHSE research](https://www.hsj.co.uk/mental-health/mental-health-demand-could-rise-by-40pc-warns-nhse-research/7029085.article?mkt_tok=eyJpIjoiTjJGalpXTXdZekV4TWpVMyIsInQiOiJNb1F1eUdpV1lsamZTUFJ6em9QYTA4SWY2N3hvRE1JbUFOTENQNzgraVpmSCtWaFg4RnJHSFh5aThNZzdxUXNkelhzUGorbDV4ZFM4ZGNiXC9FV1BHVWw0b1V2SW56S3Vqa3BHRDJTY3ZXY0N0ZjZIZzBrc1kzNUEwNWZZNjVuZDEifQ%3D%3D)

**Title**: New NHS Test and Trace plan to support return to more normal way of life

Department of Health and Social Care | 10th December 2020

As part of the government’s COVID-19 Winter Plan, NHS Test and Trace has set out a new business plan for the next phase of the service. The plan sets out the approach to disrupt and prevent COVID-19 transmission, protect people’s health and enable people to return towards a more normal way of life.

In a further improvement to the system, NHS COVID-19 app users in England, who have been instructed to isolate via the app, will be able to claim the £500 Test and Trace Support Payment, providing they meet the eligibility criteria.

The next phase of the service will focus on:

* increasing the speed and reach of testing and tracing
* better use of data, to help identify and react to clusters and outbreaks in close to real time
* partnering with local leaders, backed by further funding worth potentially more than £200 million per month, in addition to over £780 million which has already been committed to local authorities
* increased collaboration with the public, particularly those most affected by the virus, so we can respond to feedback from people who use the service

Full detail: [New NHS Test and Trace plan to support return to more normal way of life](https://www.gov.uk/government/news/new-nhs-test-and-trace-plan-to-support-return-to-more-normal-way-of-life?utm_source=e074a285-b5d6-47a0-a969-29e9ade68aba&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: The government’s approach to test and trace in England – interim report

National Audit Office | 11th December 2020
This interim report provides an overview of test and trace services for addressing COVID-19 in England, including how the government’s approach has developed, and how it managed performance and capacity in the period from May to October 2020. This report does not cover post-October planning for mass testing. It covers some aspects of public engagement efforts in relation to improving compliance with tracing.

The report finds that overall NHST&T had achieved a rapid scale-up in activity in respect of both testing and tracing, and had built much new infrastructure and capacity from scratch. However, issues with implementation and potentially the initial choice of delivery model mean that it is not yet achieving all its objectives.

As it plans and rolls out further changes in COVID-19 testing, including the introduction of rapid turnaround tests and mass testing, government needs to learn lessons from its experience so far. It is very important that testing and tracing is able to make a bigger contribution to suppressing the infection than it has to date.

Full report: [The government’s approach to test and trace in England – interim report](https://www.nao.org.uk/wp-content/uploads/2020/12/The-governments-approach-to-test-and-trace-in-England-interim-report.pdf)

**Title:** Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19 in England: a longitudinal observational study

The Lancet Psychiatry | 9th December 2020

There is major concern about the impact of the global COVID-19 outbreak on mental health. Several studies suggest that mental health deteriorated in many countries before and during enforced isolation (ie, lockdown), but it remains unknown how mental health has changed week by week over the course of the COVID-19 pandemic.

This study aimed to explore the trajectories of anxiety and depression over the 20 weeks after lockdown was announced in England, and compare the growth trajectories by individual characteristics.

The findings of the study suggest that the highest levels of depression and anxiety occurred in the early stages of lockdown but declined fairly rapidly, possibly because individuals adapted to circumstances. These findings emphasise the importance of supporting individuals in the lead-up to future lockdowns to try to reduce distress, and highlight that groups already at risk for poor mental health before the pandemic have remained at risk throughout lockdown and its aftermath.

Full article: [Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19 in England: a longitudinal observational study](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930482-X)

**Title**: Patient outcomes after hospitalisation with COVID-19 and implications for follow-up: results from a prospective UK cohort

Thorax | 3rd December 2020

The longer-term consequences of SARS-CoV-2 infection are uncertain. Consecutive patients hospitalised with COVID-19 were prospectively recruited to this observational study (n=163). At 8–12 weeks postadmission, survivors were invited to a systematic clinical follow-up.

Of 131 participants, 110 attended the follow-up clinic. Most (74%) had persistent symptoms (notably breathlessness and excessive fatigue) and limitations in reported physical ability. However, clinically significant abnormalities in chest radiograph, exercise tests, blood tests and spirometry were less frequent (35%), especially in patients not requiring supplementary oxygen during their acute infection (7%).

Results suggest that a holistic approach focusing on rehabilitation and general well-being is paramount.

Full article: [Patient outcomes after hospitalisation with COVID-19 and implications for follow-up: results from a prospective UK cohort](https://thorax.bmj.com/content/thoraxjnl/early/2020/12/02/thoraxjnl-2020-216086.full.pdf)

**Title**: A prospective study of 12-week respiratory outcomes in COVID-19-related hospitalisations

Thorax | 3rd December 2020

The long-term respiratory morbidity of COVID-19 remains unclear. This paper describes the clinical, radiological and pulmonary function abnormalities that persist in previously hospitalised patients assessed 12 weeks after COVID-19 symptom onset, and identify clinical predictors of respiratory outcomes.

At least one pulmonary function variable was abnormal in 58% of patients and 88% had abnormal imaging on chest CT. There was strong association between days on oxygen supplementation during the acute phase of COVID-19 and both DLCO-% (diffusion capacity of the lung for carbon monoxide) predicted and total CT score.

These findings highlight the need to develop treatment strategies and the importance of long-term respiratory follow-up after hospitalisation for COVID-19.

Full article: [A prospective study of 12-week respiratory outcomes in COVID-19-related hospitalisations](https://thorax.bmj.com/content/thoraxjnl/early/2020/12/02/thoraxjnl-2020-216308.full.pdf)

**Title**: Persistent symptoms 1.5–6 months after COVID-19 in non-hospitalised subjects

Thorax | 3rd December 2020

This study assessed symptoms and their determinants 1.5–6 months after symptom onset in non-hospitalised subjects with confirmed COVID-19 until 1 June 2020, in a geographically defined area.

The authors invited 938 subjects; 451 (48%) responded. They reported less symptoms after 1.5–6 months than during COVID-19; median (IQR) 0 (0–2) versus 8 (6–11), respectively (p<0.001); 53% of women and 67% of men were symptom free, while 16% reported dyspnoea, 12% loss/disturbance of smell, and 10% loss/disturbance of taste.

In multivariable analysis, having persistent symptoms was associated with the number of comorbidities and number of symptoms during the acute COVID-19 phase.

Full article: [Persistent symptoms 1.5–6 months after COVID-19 in non-hospitalised subjects: a population-based cohort study](https://thorax.bmj.com/content/thoraxjnl/early/2020/12/02/thoraxjnl-2020-216377.full.pdf)

**Title**: Risk of COVID-19 transmission related to the end-of-year festive season

European Centre for Disease Prevention and Control | 4th December 2020

This document assesses the risk of SARS-CoV-2 transmission to the general population and medically vulnerable individuals in the EU/EEA and the UK, from the perspective of the upcoming end-of-year festive season.

Given the current epidemiological situation and the measures implemented, and anticipating end-of year festive season gatherings, events, mobility, and reports of fatigue to measures in the EU/EEA and the UK, the risk that the COVID-19 pandemic poses to the general population is assessed as high. For vulnerable individuals, including the elderly and people with underlying medical conditions, the risk is assessed as very high.

Full document: [Risk of COVID-19 transmission related to the end-of-year festive season](https://www.ecdc.europa.eu/sites/default/files/documents/Risk-assessment-COVID-19-transmission-related-the-end-of-year-festive-season.pdf)

**Title:** A “new normal”? How people spent their time after the March 2020 coronavirus lockdown

Office for National Statistics | 9th December 2020

During the first national coronavirus (COVID-19) lockdown, many people in Great Britain were forced to make changes to their lifestyles. But it appears that some of those changes may not have lasted long. On the whole, people returned to pre-lockdown behaviour in September to October 2020.

Time spent working from home has bucked the trend and not reverted to 2014/15 level.

Full detail: [A “new normal”? How people spent their time after the March 2020 coronavirus lockdown](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/anewnormalhowpeoplespenttheirtimeafterthemarch2020coronaviruslockdown/2020-12-09)

**Title**: Facing up to long COVID

The Lancet [editorial] | 12th December 2020

Multiorgan symptoms after COVID-19 are being reported by increasing numbers of patients. They range from cough and shortness of breath, to fatigue, headache, palpitations, chest pain, joint pain, physical limitations, depression, and insomnia, and affect people of varying ages.

The occurrence of multiorgan complications is not unexpected, given that the SARS-CoV-2 entry receptor ACE2 is expressed in multiple tissues. Globally, there is a growing response to long COVID. In the UK, the NHS announced the launch of 40 long COVID clinics to tackle persistent symptoms and NICE will release its first clinical guidelines shortly. WHO is planning to update its guidance and resources for clinical management of COVID-19 to include long COVID.

Nevertheless, as this editorial discusses, there is much that remains unknown, and the response to long COVID is still in its infancy.

Full detail: [Facing up to long COVID](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2932662-3/fulltext)

**Title:** The Manchester Briefing on COVID-19

Alliance MBS | 11th December 2020

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers. The briefing brings together international lessons and examples which may prompt thinking on the recovery from COVID-19.

This week provides four briefings:

* Briefing A: Renewal through Processes: Reshaping externally and Reorganising internally
* Briefing B: Lessons you may find helpful from across the world
* Briefing C: Developing guidance for local resilience
* Briefing D: Useful webinars

Full detail: [The Manchester Briefing on COVID-19](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b26-wb11thdecemberfinal_1.pdf?gator_td=G1wDMKrTNHMbZAGvUbwOGJ5%2fGxFxRZ4AsfwgbamhgYM779Y3dk7rtpmcF5q%2fBqA9Ig0DBhIS%2fvDN71rdXA7CFzOVXKXDZETkMJ15%2bkGPTOOaz0T%2fKEaL1tNiVrOP%2fouqsbvFuycQcaZWMmxgDoxKVW79BSQUMe4kMAW6%2bXFLMYo%3d)

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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