COVID-19 recovery

14th May 2021

**Title:** Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response

OECD | 12th May 2021

The COVID‑19 crisis has heightened the risk factors generally associated with poor mental health – financial insecurity, unemployment, fear – while protective factors – social connection, employment and educational engagement, access to physical exercise, daily routine, access to health services – fell dramatically.

This has led to a significant and unprecedented worsening of population mental health. Across countries, the mental health of unemployed people and those experiencing financial insecurity was worse than that of the general population – a trend that pre‑dates the pandemic, but seems to have accelerated in some cases.

OECD countries have responded with decisive efforts to scale‑up mental health services, and put into place measures to protect jobs and incomes, thereby reducing mental distress for some. However, the scale of mental distress since the start of the pandemic requires more integrated, whole‑of-society mental health support if it is not to lead to permanent scarring.

An integrated whole‑of-society response means:

* Access to existing mental health services should be assuredeither in-person or via telemedicine, or both, and increasing access to evidence‑based services should be a priority, including alternatives to mental health promotion programmes in schools or workplaces which have been particularly disrupted;
* Employers must contribute to supporting the mental health of employees, including those who have been on job retention schemes. Policy makers should look further at the implications of long-term teleworking on mental health, and countries should consider scaling-up mental health support for jobseekers through public employment services.

Full detail: [Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response](https://read.oecd-ilibrary.org/view/?ref=1094_1094455-bukuf1f0cm&title=Tackling-the-mental-health-impact-of-the-COVID-19-crisis-An-integrated-whole-of-society-response&_ga=2.39258915.1006928773.1620916522-1548871934.1620916522)

**Title:** Covid-19 and the nation's mental health

Centre for Mental Health | 12th May 2021

The implications of the pandemic are wide-reaching. Covid-19 has hospitalised nearly half a million people in the UK, over 127,000 people have died, and the economy has shrunk significantly. All of this has an impact on the mental health of the nation, and a new model by The Centre for Mental Health forecasts how many people are likely to need mental health support as a result of the pandemic.

This report confirms that 10 million people (8.5 million adults and 1.5 million children and young people) in England will need support for their mental health as a direct result of the pandemic over the next three to five years.

Based on an analysis of over 200 high-quality studies from around the world, the model (developed by clinicians, researchers and economists from the NHS and Centre for Mental Health) identifies key groups of people who face an especially high risk of poor mental health as a result of the pandemic. These groups include people who have survived severe Covid-19 illness (especially those treated in intensive care), those working in health and care services during the pandemic, people economically impacted by the pandemic, and those who have been bereaved.

While the NHS is already investing in additional mental health services, the predicted levels of demand are two to three times that of current NHS mental health capacity within a 3-5 year window. This briefing makes it clear that Government and the NHS must take action now to meet a very steep increase in demand for mental health support. It is also vital to develop services to meet the specific needs arising from the pandemic – for example, specialist bereavement support and evidence-based help for those with trauma symptoms.

Full report: [Covid-19 and the nation's mental health. Forecasting needs and risks in the UK: May 2021](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting4_May21.pdf)

**Title:** Impact of the Covid-19 pandemic on the mental health and wellbeing of adults with mental health conditions in the UK: A qualitative interview study

medRxiv | 7th May 2021

*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

People with mental health conditions have been identified as particularly vulnerable to poor mental health during the coronavirus disease 2019 (COVID-19) pandemic. However, why this population have faced these adverse effects, how they have experienced them and how they have coped remains under-explored.

The aims of this paper were to explore how the COVID-19 pandemic affected the mental health of people with existing mental health conditions, and to identify coping strategies for positive mental health.

Full paper: [Impact of the Covid-19 pandemic on the mental health and wellbeing of adults with mental health conditions in the UK: A qualitative interview study](https://www.medrxiv.org/content/10.1101/2020.12.01.20241067v2.full.pdf)

**Title:** Lifestyle risk factors and infectious disease mortality, including COVID-19, among middle aged and older adults

Brain, Behavior, and Immunity | 1st May 2021

In this community-based cohort study, researchers investigated the relationship between combinations of modifiable lifestyle risk factors and infectious disease mortality. Participants were 468,569 men and women residing in the United Kingdom.

Lifestyle indexes included traditional and emerging lifestyle risk factors based on health guidelines and best practice recommendations for: physical activity, sedentary behaviour, sleep quality, diet quality, alcohol consumption, and smoking status. The main outcome was mortality from infectious diseases, including pneumonia, and coronavirus disease 2019 (COVID-19).

Meeting public health guidelines or best practice recommendations among combinations of lifestyle risk factors was inversely associated with mortality. The authors found a beneficial dose-response association with a higher lifestyle index against mortality that was consistent across sex, age, BMI, and socioeconomic status.

Improvements in lifestyle risk factors and meeting public health guidelines or best practice recommendations could be used as an ancillary measure to ameliorate infectious disease mortality.

Full article: [Lifestyle risk factors and infectious disease mortality, including COVID-19, among middle aged and older adults: Evidence from a community-based cohort study in the United Kingdom](https://www.sciencedirect.com/science/article/pii/S088915912100180X?via%3Dihub)

**Title:** Coronavirus and changing young people’s labour market outcomes in the UK

Office for National Statistics | 11th May 2021

This ONS release provides analysis of labour market outcomes for young people (aged 16 to 24 years), how the young people were impacted by the coronavirus (COVID-19) pandemic and drivers of such outcomes.

Main Points:

* Young people's employment rate saw a large decline in 2020 compared with 2019, while their unemployment and economic inactivity rates increased.
* After an initial fall in young people in full-time education in the first few months of the pandemic, the proportion of young people in full-time education increased in the second half of 2020, reaching a new high of 46.8% in Quarter 3 (July to Sept) 2020.
* The number of young people employed in the accommodation and food services industry who moved to unemployment or economic inactivity increased by more than 50% in Quarter 2 (April to June) 2020 compared with Quarter 2 2019.
* Young people who worked part-time moved from employment to economic inactivity at a faster rate than they moved to unemployment in 2020.
* Young people's labour mobility (job-to-job moves) declined more during the pandemic than for older age groups.

Full detail: [Coronavirus and changing young people’s labour market outcomes in the UK](https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/labourmarketeconomicanalysisquarterly/march2021)

**Title:** Living Longer: Older workers during the COVID-19 pandemic

Office for National Statistics | 4th May 2021

This release describes the demographic and economic characteristics of older workers aged 50 years and over prior to the COVID-19 pandemic, and explores how the impact of the pandemic on older workers has varied based on these characteristics.

Main points:

* While the impact of the coronavirus (COVID-19) pandemic has been greatest for younger workers, older workers aged 50 years and over have been affected to a greater extent than those in the middle age groups.
* In December 2020 to February 2021, those employees aged 50 years and over were more likely to report working fewer hours than usual (including none) in the past week because of the coronavirus than those aged under 50 years, with those aged 65 years and over the most likely to say they had worked reduced hours.
* Over a quarter of furloughed employments are people aged 50 years and over (1.3 million),  with 3 in 10 of older workers on furlough thinking there is a 50% chance or higher that they will lose their job when the scheme ends.
* Older people who become unemployed are more likely to be at risk of long-term unemployment than younger people.

Full detail: [Living Longer: Older workers during the COVID-19 pandemic](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglonger/olderworkersduringthecovid19pandemic)

**Title:** 11 tips to cope with anxiety about coming out of lockdown

Every Mind Matters | nhs.uk |

Easing of lockdown will allow us to get back to the people and things we love, but it's OK if you feel worried about going back to something more "normal" as lockdown restrictions loosen.

Even positive change can lead to anxiety, and it can take time to readjust to things we have not done for a while. Feelings of post-lockdown anxiety are likely to pass with time as we get used to the "new normal" but it's important to do what we can to take care of our mental health.

Presented here are the following top tips for taking care of your mental health as things change:

1. Go at your own pace

2. Do not avoid things entirely

3. Get your information from the right sources

4. Discuss any changes with others

5. Make time to relax

6. Challenge unhelpful thoughts

7. Tell someone how you feel

8. Plan social occasions

9. Find routine where you can

10. Write down your thoughts

11. Focus on the present

Full detail: [11 tips to cope with anxiety about coming out of lockdown](https://www.nhs.uk/every-mind-matters/coronavirus/tips-to-cope-with-anxiety-lockdown-lifting/)

See also: [Coronavirus (COVID-19) and mental wellbeing](https://www.nhs.uk/every-mind-matters/coronavirus/) | Every Mind Matters

**Title:** Better access to healthcare for Gypsy, Roma and Traveller communities is key to increasing vaccination rates: research makes five recommendations

National Institute for Health Research | 11th May 2021

NIHR- funded research highlights how better access to healthcare services is the most important step in improving vaccination rates for people in Gypsy, Roma and Traveller communities. Researchers interviewed 51 Gypsy, Roma and Traveller (GRT) representatives and 25 healthcare providers, and later held workshops with various Gypsy, Roma and Traveller communities: Eastern European Roma, English Gypsy, Irish Traveller, and Scottish Show people.

The study's findings suggest that easier access is more important than addressing beliefs about vaccine safety or the need for vaccination*.* Five interventions emerged as most consistently supported across GRT communities and/or their Service Providers to improve uptake of immunisation among GRT who are housed or settled on an authorised site

1. Protected funding for Specialist Health Visitor
2. Flexible and diverse appointment booking, recall and reminder systems
3. Identify GRT in health records to monitor uptake and support
4. Named frontline person in GP practice
5. Cultural competence training for Health Professionals and frontline professionals

Further detail: [Better access to healthcare for Gypsy, Roma and Traveller communities is key to increasing vaccination rates: research makes five recommendations](https://evidence.nihr.ac.uk/alert/better-access-healthcare-gypsy-roma-traveller-communities-key-increasing-vaccination-rates/)

Full paper: [Identifying interventions with Gypsies, Roma and Travellers to promote immunisation uptake: methodological approach and findings](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09614-4) | BMC Public Health 

**Title:** Post-acute effects of SARS-CoV-2 infection in individuals not requiring hospital admission: a Danish population-based cohort study

The Lancet Infectious Diseases | 10th May 2021

Individuals admitted to hospital for COVID-19 might have persisting symptoms (so-called long COVID) and delayed complications after discharge. However, little is known regarding the risk for those not admitted to hospital. The authors of this study therefore examined prescription drug and health-care use after SARS-CoV-2 infection not requiring hospital admission.

The study concludes that the absolute risk of severe post-acute complications after SARS-CoV-2 infection not requiring hospital admission is low. However, increases in visits to general practitioners and outpatient hospital visits could indicate COVID-19 sequelae.

Full paper: [Post-acute effects of SARS-CoV-2 infection in individuals not requiring hospital admission: a Danish population-based cohort study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900211-5)

**Title:** The future role of remote consultations & patient ‘triage’. General practice COVID-19 recovery

Royal College of General Practitioners | 11th May 2021

A key challenge for UK governments and health systems will be to build upon the potential benefits that have emerged from technology advances and new ways of working during the Covid-19 pandemic, while ensuring that relational care and health inequalities do not suffer in the longer-term. This will only be possible with further evaluation, action and government investment.

This paper sets out the challenges which need to be addressed to ensure GPs and practice teams can continue to provide high-quality patient care as we look towards a ‘new normal’.

Full paper: [The future role of remote consultations & patient ‘triage’. General practice COVID-19 recovery](https://www.rcgp.org.uk/-/media/Files/Policy/future-role-of-remote-consultations-patient-triage.ashx?la=en)

Press release: [GP consultations post-COVID should be a combination of remote and face to face, depending on patient need, says College](https://www.rcgp.org.uk/about-us/news/2021/may/gp-consultations-post-covid.aspx)

**Title:** Homelessness and rough sleeping in the time of COVID-19

LSE London | 5th May 2021

This study (funded by Trust for London) reviews how Covid-19 has impacted on the problems of homelessness and rough sleeping; clarifies how policies, implementation and funding have changed; and makes recommendations on policy and practice.

Full report: [Homelessness and rough sleeping in the time of COVID-19](https://trustforlondon.fra1.cdn.digitaloceanspaces.com/media/documents/Homelessness_and_rough_sleeping_in_the_time_of_COVID19_-_LSE_London_May_2021.pdf)

**Title:** RESTORING PRIMARY CARE: TEN KEY PRIORITIES

NHS Confederation | 10th May 2021

Dramatically rising demand combined with increased public expectation and more complex health needs are putting significant pressure on primary care delivery, primary care leaders across England have warned.  
  
This report from the NHS Confederation sets out what primary care will need to recover its services and support its staff, post-pandemic. It comes as recent figures from NHS Digital show general practices across England carried out nearly 3 million more appointments in March 2021 compared to March 2019.  
  
It highlights the increasing and unsustainable workload in primary care, with services working to provide routine care while simultaneously addressing the ongoing needs of patients with long COVID; those with multiple co-morbidities and long-term conditions, including those who are on the waiting list for elective care; and the rising demand for mental health support. This has also been combined with playing an integral part in the rollout of the biggest vaccination programme the country has ever seen.

The paper outlines ten of the most urgent priorities that primary care are urging Government to address. These include the need for:

* Extra investment in infrastructure to make it fit for the 21st century, notably in management support, estates, IT and digital solutions.
* Recognition that to deliver patient-centered care, different solutions will be required that reflect different population needs and to address the wider determinants of health.
* Clarity on national priorities and transparent analysis of local need.
* A clear set of measures that capture the pressure and workload being put on primary care.
* The need to be open and honest with the public about what is achievable.

Full paper: [Restoring primary care: Ten key priorities](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Restoring-primary-care-ten-key-priorities.pdf)

**Title:** COVID-19 alert level: update from the UK Chief Medical Officers

Department of Health and Social Care | 10th May 2021

Joint statement from the UK Chief Medical Officers (CMOs) recommending that the UK COVID-19 alert level move from level 4 to level 3:

‘Following advice from the Joint Biosecurity Centre and in the light of the most recent data, the UK Chief Medical Officers and NHS England National Medical Director agree that the UK alert level should move from level 4 to level 3.

Thanks to the efforts of the UK public in social distancing and the impact we are starting to see from the vaccination programme, case numbers, deaths and COVID hospital pressures have fallen consistently. However COVID is still circulating with people catching and spreading the virus every day so we all need to continue to be vigilant. This remains a major pandemic globally.

It is very important that we all continue to follow the guidance closely and everyone gets both doses of the vaccine when they are offered it’.

Full detail: [COVID-19 alert level: update from the UK Chief Medical Officers](https://www.gov.uk/government/news/covid-19-alert-level-update-from-the-uk-chief-medical-officers-10-may-2021)

**Title:** COVID-19: Make it the Last Pandemic

Independent Panel for Pandemic Preparedness and Response | 12th May 2021

This report examines the state of pandemic preparedness before COVID-19, the circumstances of the identification of SARS-CoV-2 and the disease it causes, and responses globally, regionally, and nationally, particularly in the early months of the pandemic.

The report provides a definitive account to date of what happened, why it happened, and how it could be prevented from happening again. The panel has also analysed the wide-ranging impacts of the pandemic on health and health systems, and the social and economic crises that it has precipitated.

The report finds that COVID-19 exposed the extent to which pandemic preparedness was limited and disjointed, leaving health systems overwhelmed when actually confronted by a fast-moving and exponentially spreading virus. The report concludes that the global outbreak was "due to a myriad of failures, gaps and delays in preparedness and response".

Full report: [COVID-19: Make it the Last Pandemic](https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf)

See also:

[Report of the Independent Panel for Pandemic Preparedness and Response: making COVID-19 the last pandemic](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01095-3/fulltext) | The Lancet

[Covid pandemic was preventable, says WHO-commissioned report](https://www.theguardian.com/world/2021/may/12/covid-pandemic-was-preventable-says-who-commissioned-report) | The Guardian

[Serious failures in WHO and global response, report finds](https://www.bbc.co.uk/news/world-57085505) | BBC News

**Title:** New measures to boost response to the B1.617.2 variant

Department of Health and Social Care | 13th May 2021

The B1.617.2 variant of concern is beginning to spread increasingly rapidly in certain areas across the country and decisive action is being taken to further control its spread including additional surge testing, increased genomic sequencing and enhanced contact tracing.

While there is no firm evidence yet to show this variant has any greater impact on severity of disease or evades the vaccine, the speed of growth is concerning and the government is considering additional action if deemed necessary, including how to best utilise the vaccine roll-out to best protect the most vulnerable in the context of the current epidemiology.

The latest data on the B1.617.2 variant, published by PHE this evening, shows the number of cases across the UK has risen from 520 last week, to 1,313 cases this week. Most cases are in the North West of England, with some in London.

Full detail: [New measures to boost response to the B1.617.2 variant](https://www.gov.uk/government/news/new-measures-to-boost-response-to-the-b16172-variant)

See also:

[Investigation of SARS-CoV-2 variants of concern: variant risk assessments](https://www.gov.uk/government/publications/investigation-of-sars-cov-2-variants-of-concern-variant-risk-assessments) | Public Health England

[Surge testing for new coronavirus (COVID-19) variants [Guidance]](https://www.gov.uk/guidance/surge-testing-for-new-coronavirus-covid-19-variants) | Department of Health and Social Care

**Title:** Caution urged while lockdown eases in England because of vaccine succes

BMJ | 2021;373:n1203 | 11th May 2021

The effectiveness of covid vaccines in reducing infections, hospital admissions, and deaths means that lockdown restrictions can be eased “very considerably” from next week, the prime minister has announced, although he urged people to “exercise caution and common sense.”

Pubs and restaurants will be able to serve customers indoors from 17 May, theatres, cinemas, and other indoor venues can open, and up to six people or two households can socialise inside.

The announcement stated that the changes were possible because four tests for easing restrictions had been met, namely: successful vaccine rollout, evidence of vaccine effectiveness, control of infection rates, and no changes in new variants.

Full detail: [Caution urged while lockdown eases in England because of vaccine success](https://www.bmj.com/content/373/bmj.n1203)

**Title:** NHS to invite people aged 38 and 39 for life saving COVID-19 jab

NHS England | 12th May 2021

The NHS COVID vaccination programme will from this week be open to people in their thirties. Those aged 38 and 39 are the first to qualify for a jab with around a million people being sent text messages that allow them to access the national booking service with further invitations to follow in the coming days and weeks.

The move to the next age group comes alongside nearly three quarters of people aged between 40 and 49 having had their first dose, less than a fortnight after they were offered a jab.

Since the vaccination rollout began in December, nearly 30 million people have been vaccinated with a first dose in England, two thirds of the total adult population. More than one third of adults have had both doses, meaning they have maximum protection from the virus, with second doses remaining a priority.

Full detail: [NHS to invite people aged 38 and 39 for life saving COVID-19 jab](https://www.england.nhs.uk/2021/05/nhs-to-invite-people-aged-38-and-39-for-life-saving-covid-19-jab/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29)

**Title:** COVID-19 vaccines: further evidence of success

Public Health England | 10th May 2021

New evidence continues to show vaccination is highly effective in protecting against death and hospitalisation from coronavirus. Public Health England (PHE) analysis shows for the first time that individuals who receive a single dose of the AstraZeneca vaccine have approximately 80% lower risk of death with COVID-19 compared with unvaccinated individuals. The report also shows protection against death from the Pfizer-BioNTech vaccine rises from approximately 80% after one dose to 97% after 2 doses.

Separate [new PHE analysis](https://khub.net/documents/135939561/430986542/Effectiveness+of+BNT162b2+mRNA+and+ChAdOx1+adenovirus+vector+COVID-19+vaccines+on+risk+of+hospitalisation+among+older+adults+in+England.pdf/9e18c525-dde6-5ee4-1537-91427798686b) also confirms the Pfizer-BioNTech vaccine is highly effective in reducing the risk of hospitalisation, especially in older ages.

Further detail: [COVID-19 vaccines: further evidence of success](https://www.gov.uk/government/news/covid-19-vaccines-further-evidence-of-success)

Full research:

* [Effectiveness of BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on mortality following COVID-19](https://khub.net/documents/135939561/430986542/Effectiveness+of+BNT162b2+mRNA+vaccine+and+ChAdOx1+adenovirus+vector+vaccine+on+mortality+following+COVID-19.pdf/9884d371-8cc8-913c-211c-c2d7ce4dd1c3)
* [Effectiveness of BNT162b2 mRNA and ChAdOx1 adenovirus vector COVID-19 vaccines on risk of hospitalisation among older adults in England: an observational study using surveillance data](https://khub.net/documents/135939561/430986542/Effectiveness+of+BNT162b2+mRNA+and+ChAdOx1+adenovirus+vector+COVID-19+vaccines+on+risk+of+hospitalisation+among+older+adults+in+England.pdf/9e18c525-dde6-5ee4-1537-91427798686b)

**Title:** Delaying second Pfizer vaccines to 12 weeks significantly increases antibody responses in older people

University of Birmingham | Public Health England | 14th May 2021

A new study led by the University of Birmingham in collaboration with Public Health England has found antibody response in people aged over 80 is three-and-a-half times greater in those who have the second dose of the Pfizer COVID-19 vaccine after 12 weeks compared to those who have it at a three-week interval.

The study, supported by the UK Coronavirus Immunology Consortium, of 175 people who were aged over 80 and living independently is the first direct comparison of the immune response in any age group between those who are given the second Pfizer vaccine at a three-week interval and those at a 12-week interval.

The research found that extending the second dose interval to 12 weeks increased the peak SARS-CoV-2 spike specific antibody response 3.5-fold compared to those who had the second vaccine at three weeks. Although the peak cellular immune responses were lower after the delayed second vaccine, responses were comparable between the groups when measured at a similar time point following the first dose.

The team concluded that extending administration of the second Pfizer vaccine to 12 weeks potentially enhances and extends antibody immunity, which is believed to be important in virus neutralisation and prevention of infection.

Full detail: [Delaying second Pfizer vaccines to 12 weeks significantly increases antibody responses in older people](https://www.birmingham.ac.uk/news/latest/2021/05/covid-pfizer-vaccination-interval-antibody-response.aspx)

See also: [Expert reaction to preprint looking at the immune response in older people after vaccination the Pfizer-BioNTech COVID-19 vaccine with either a 3-week or a 12-week dosing schedule](https://www.sciencemediacentre.org/expert-reaction-to-preprint-looking-at-the-immune-response-in-older-people-after-vaccination-the-pfizer-biontech-covid-19-vaccine-with-either-a-3-week-or-a-12-week-dosing-schedule/) | Science Media centre

**Title:** Findings from latest COVID-19 REACT-1 study published

Department of Health & Social Care | Imperial College London | 13th May 2021

Findings from Imperial College London and Ipsos MORI show infections have halved since the last REACT-1 study in March, with only 1 in 1,000 people infected. Data suggest the vaccination rollout continues to impact positively on prevalence, but new variants remain a threat.

The main findings from the eleventh round of the REACT study show:

* between rounds 10 (11-30 March) and 11 (15 April-3 May), national prevalence has dropped by 50% from 0.20% to 0.10%
* an R number of 0.90 in England for the period of rounds 10 to 11
* the number of infections was similar across regions during round 11
* prevalence has fallen in 55 to 64 year olds from 0.17% in round 10 to 0.06% in round 11, which may reflect the rollout of the vaccination programme to this age group
* prevalence was highest in 25 to 34 year olds at 0.21%, and lowest in the over-75s at 0.05%
* COVID-19 prevalence was highest in participants of Asian ethnicity (0.31%) compared with white participants at 0.09%
* data on variants show 92% of infections were from the B.1.1.7 (first identified in Kent) variant compared to 7.7% B.1.617.2 (first identified in India) variant

Further detail: [Findings from latest COVID-19 REACT-1 study published](https://www.gov.uk/government/news/findings-from-latest-covid-19-react-1-study-published)

Full report [pre-print]: [REACT-1 round 11 report: low prevalence of SARS-CoV-2 infection in the community prior to the third step of the English roadmap out of lockdown](https://spiral.imperial.ac.uk/bitstream/10044/1/88507/10/react1_r11_preprint_v1_1.pdf)

**Title:** Don’t abandon mask wearing in schools, say health experts

BMJ | 2021; 373: n1186 | 10th May 2021

Covid rules in England requiring secondary school pupils to wear face coverings in classrooms could be dropped from mid-May, despite warnings from health experts and teaching unions.

Education secretary Gavin Williamson last week said that the requirement would be relaxed no sooner than 17 May, as part of the third stage of the “roadmap” out of lockdown. But leading scientists have warned that guidance on masks should remain in place for longer and called for more transparency surrounding infections data. They cited signs of an increase of infections in schools that are forcing some to close and the spread of troubling new virus variants linked to schools.

Full detail: [Don’t abandon mask wearing in schools, say health experts](https://www.bmj.com/content/373/bmj.n1186)

**Title:** Early stage cancer diagnoses fell by third in first lockdown

BMJ | 2021; 373: n1179 | 7th May 2021

Diagnoses of early stage cancer in England fell by 33% in the first wave of the covid-19 pandemic in 2020, figures show. Decreases were seen in all types of cancer, with prostate cancer showing the biggest fall from previous levels.

Experts warned that many people who “missed” a diagnosis could have an early stage cancer but that it might not be identified until later on, potentially affecting their chances of survival.

The picture improved after this period as diagnosis numbers moved closer to normal levels. By September 2020 the estimated number of diagnoses had reached 95% of pre-pandemic activity in all malignant cancer groups except for non-melanoma skin cancer.

Full detail: [Early stage cancer diagnoses fell by third in first lockdown](https://www.bmj.com/content/373/bmj.n1179)

**Title:** Public health impact of delaying second dose of BNT162b2 or mRNA-1273 covid-19 vaccine: simulation agent based modeling study

BMJ | 2021; 373: n1087 | 12th May 2021

Multiple public health authorities have proposed prioritizing single dose vaccination for as many people as possible, even if this means delaying a second dose beyond the studied 21 or 28 day time frame. The justification for this relies on the assumption that meaningful protection against covid-19 can be achieved after a single dose of vaccine, a point that is the subject of intense debate.

This study used agent based modeling to measure the relative impact of delayed second dose vaccine policies on infections, hospital admissions, and mortality compared with the current on-schedule two dose regimen. The authors also examined a novel dosing strategy in which a delayed second dose regimen is used for people younger than 65 years old, but not before fully vaccinating older people.

The study concludes that a delayed second dose vaccination strategy, at least for people aged under 65, could result in reduced cumulative mortality under certain conditions.

Full paper: [Public health impact of delaying second dose of BNT162b2 or mRNA-1273 covid-19 vaccine: simulation agent based modeling study](https://www.bmj.com/content/bmj/373/bmj.n1087.full.pdf)

**Title:** NHS’s £160 million ‘accelerator sites’ to tackle waiting lists

NHS England | 13th May 2021

The NHS has today announced a £160 million initiative to tackle waiting lists and develop a blueprint for elective recovery as early reports show the health service is recovering faster after the second wave of the coronavirus pandemic. Indicators suggest operations and other elective activity were already at four fifths of pre-pandemic levels in April.

NHS England is now seeking to accelerate the recovery by trialling new ways of working in a dozen areas and five specialist children’s hospitals. The ‘elective accelerators’ will each receive a share of £160 million along with additional support to implement and evaluate innovative ways to increase the number of elective operations they deliver.

Virtual wards and home assessments, 3D eye scanners, at-home antibiotic kits, ‘pre-hab’ for patients about to undergo surgery, AI in GP surgeries and ‘Super Saturday’ clinics – where multi-disciplinary teams come together at the weekend to offer more specialist appointments – will also be trialled.

The aim is to exceed the same number of tests and treatments as they did before the pandemic and develop a blueprint for elective recovery to enable hospitals to go further and faster.

Full detail: [NHS’s £160 million ‘accelerator sites’ to tackle waiting lists](https://www.england.nhs.uk/2021/05/nhss-160-million-accelerator-sites-to-tackle-waiting-lists/)

**Title:** Effects of different types of written vaccination information on COVID-19 vaccine hesitancy in the UK

The Lancet Public Health | 12th May 2021

The effectiveness of the COVID-19 vaccination programme depends on mass participation: the greater the number of people vaccinated, the less risk to the population. Concise, persuasive messaging is crucial, particularly given substantial levels of vaccine hesitancy in the UK. The aim of this study was to test which types of written information about COVID-19 vaccination, in addition to a statement of efficacy and safety, might increase vaccine acceptance.

In the approximately 10% of the population who are strongly hesitant about COVID-19 vaccines, provision of information on personal benefit reduces hesitancy to a greater extent than information on collective benefits. Where perception of risk from vaccines is most salient, decision making becomes centred on the personal. As such, messaging that stresses the counterbalancing personal benefits is likely to prove most effective.

The messaging from this study could be used in public health communications. Going forwards, the study highlights the need for future health campaigns to engage with the public on the terrain that is most salient to them.

Full paper: [Effects of different types of written vaccination information on COVID-19 vaccine hesitancy in the UK (OCEANS-III): a single-blind, parallel-group, randomised controlled trial](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900096-7)

**Title:** Vaccinating children against SARS-CoV-2

BMJ | 2021; 373: n1197 | 13th May 2021

Following widespread vaccination against SARS-CoV-2 of older adults and other highly vulnerable groups, some high income countries are now considering vaccinating children; just days ago, the US Food and Drug Administration authorized the use of the Pfizer/BioNTech vaccine in children 12-15 years of age.

Young people have been largely spared from severe covid-19 so far, and the value of childhood vaccination against respiratory viruses in general remains an open question for three reasons:

1. the limited benefits of protection in age groups that experience only mild disease
2. the limited effects on transmission because of the range of antigenic types and waning vaccine induced immunity
3. the possibility of unintended consequences related to differences in vaccine induced and infection induced immunity.

This editorial discusses each in turn.

Full detail: [Vaccinating children against SARS-CoV-2](https://www.bmj.com/content/373/bmj.n1197)

**Title:** Tackling Covid-19: A case for better financial support to self-isolate

Nuffield Trust and the Resolution Foundation | 14th May 2021

Asking people with Covid-19 to self-isolate is vital to keep the pandemic under control as lockdown measures ease, yet only 52% of people who have symptoms isolate. This briefing by the Nuffield Trust and the Resolution Foundation argues that financial support through schemes similar to furlough should be expanded so that workers isolating can continue to receive their full wages.

Full briefing: [Tackling Covid-19: A case for better financial support to self-isolate](https://www.nuffieldtrust.org.uk/files/2021-05/tackling-covid-19-6.pdf)

See also:

* [Increase self-isolation support or risk undermining exit from lockdown, think tanks warn](https://www.nuffieldtrust.org.uk/news-item/increase-self-isolation-support-or-risk-undermining-exit-from-lockdown-think-tanks-warn) | Nuffield Trust
* [Boost self-isolation payments or risk Covid resurgence, experts say](https://www.theguardian.com/world/2021/may/14/boost-self-isolation-payments-or-risk-covid-resurgence-experts-say)| The Guardian

**Title:** How Can We Dismantle Health Inequity Together? conference report

National Voices | May 2021

The *How can we dismantle health inequity together?* conference ran over four Tuesdays in March 2021, with each day focused on a different theme. The conference covered the voluntary sector’s role in responding to the unequal impact of Covid-19, explored opportunities for cross-sector working and identified influencing priorities, and looked at how to tell stories of health inequity that will be better heard by decision makers.

This report aims to bring together learnings from the conference, as well as identify key themes.

Full report: [How can we dismantle health inequity together? Conference report](https://www.nationalvoices.org.uk/sites/default/files/public/publications/conf_report_v6.pdf)

We

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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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