COVID-19 recovery

19th November 2021

**Title:** Association of SARS-CoV-2 Infection With Psychological Distress, Psychotropic Prescribing, Fatigue, and Sleep Problems Among UK Primary Care Patients

JAMA | 16th November 2021

Many people infected with SARS-CoV-2 experience symptoms beyond the acute phase of COVID-19, particularly fatigue, brain fog, and sleep problems.Studies have also reported worsening mental health and an increased risk of psychiatric illness after COVID-19, and mechanisms linking the immune system, inflammation, and the brain have been proposed.

The objective of this study was to assess risk of risk of incident or repeat psychiatric illness, fatigue, or sleep problems following SARS-CoV-2 infection and to analyse changes according to demographic subgroups.

This cohort study of individuals registered at an English primary care practice during the pandemic, found consistent evidence that SARS-CoV-2 infection was associated with increased risk of fatigue and sleep problems. However, the results from the negative control analysis suggest that unobserved confounding may be responsible for at least some of the positive association between COVID-19 and psychiatric morbidity.

Full paper: [Association of SARS-CoV-2 infection with psychological distress, psychotropic prescribing, fatigue, and sleep problems among UK primary care patients](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2786180)

**Title:** Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality

BMJ | 2021; 375: e068302 | 18th November 2021

This systematic review and meta-analysis suggests that several personal protective and social measures, including handwashing, mask wearing, and physical distancing are associated with reductions in the incidence covid-19. Public health efforts to implement public health measures should consider community health and sociocultural needs, and future research is needed to better understand the effectiveness of public health measures in the context of covid-19 vaccination.

Full paper: [Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis](https://www.bmj.com/content/bmj/375/bmj-2021-068302.full.pdf)

See also:

* [Public health measures for covid-19](https://www.bmj.com/content/375/bmj.n2729) | BMJ [editorial]
* [Investing in public health is our best route to sustainable healthcare](https://www.bmj.com/content/375/bmj.n2812) | BMJ

**Title:** Characteristics of people testing positive for COVID-19 from the Coronavirus (COVID-19) Infection Survey

Office for National Statistics | 17th November 2021

Main points:

* Those who have received at least one dose of a coronavirus (COVID-19) vaccine continued to be less likely to test positive for COVID-19 than those not vaccinated; people who received a booster were even less likely to test positive than those who had a second dose of Astra Zeneca or Pfizer more than 90 days ago in the fortnight ending 6 November 2021.
* Those living in a household of two or more people continued to be more likely to test positive than those living in single occupancy households in the fortnight ending 6 November 2021.
* Adults who lived with someone aged 16 years or under were more likely to test positive, and people aged under 70 years who lived with someone aged 70 years or over were less likely to test positive, in comparison to those not living with people of these ages in the fortnight ending 6 November 2021.
* People working in the education industry sector continued to be more likely to test positive in comparison to those working in other sectors in the fortnight ending 6 November 2021; the higher risk is likely related to the recent high infection levels among school aged children.
* Those who spent more time socialising outside the home were more likely to test positive for COVID-19 in the fortnight ending 6 November 2021.
* The number of socially distanced and physical contacts that adults and school-age children reported with people outside their household has continued to increase across the UK since March 2021, although school age children had fewer contacts during the school holidays.

Full detail: [Characteristics of people testing positive for COVID-19 from the Coronavirus (COVID-19) Infection Survey](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveycharacteristicsofpeopletestingpositiveforcovid19uk/17november2021)

**Title:** Health systems resilience during COVID-19: Lessons for building back better

European Observatory on Health Systems and Policies | 15th November 2021

This study, developed together with the WHO Regional Office for Europe and the European Commission, draws out lessons for strengthening resilience to future health threats. It gathers the evidence on how countries have managed (or not managed) to re-engineer how they work, the ways in which they utilize their resources and the methods they use to face and counter the pressures exerted by both Covid and non-Covid challenges.

Full report: [Health systems resilience during COVID-19: Lessons for building back better](https://apps.who.int/iris/rest/bitstreams/1390564/retrieve)

Press release: [New study helps policy-makers to rebuild more resilient health systems](https://eurohealthobservatory.who.int/news-room/news/item/15-11-2021-new-study-helps-policy-makers-to-rebuild-more-resilient-health-systems)

**Title:** The government’s preparedness for the COVID-19 pandemic: lessons for government on risk management

National Audit Office | 19th November 2021

This report sets out central government’s risk analysis, planning, and mitigation strategies prior to the arrival of the COVID-19 pandemic, with the aim of drawing out wider learning for the government’s overall risk management approach. It does not cover local-level risk planning, wider aspects of resilience planning or top-level disaster response procedures. It also does not cover the government’s response to COVID-19 or how prepared it was for subsequent waves of the pandemic.

The report finds that the pandemic has exposed a vulnerability to whole-system emergencies – that is, emergencies that are so broad that they engage the entire system. Although the government had plans for an influenza pandemic, it did not have detailed plans for many non-health consequences and some health consequences of a pandemic like COVID-19.

There were lessons from previous simulation exercises that were not fully implemented and would have helped prepare for a pandemic like COVID-19. There was limited oversight and assurance of plans in place, and many pre-pandemic plans were not adequate. In addition, there is variation in capacity, capability and maturity of risk management across government departments.

Full report: [The government’s preparedness for the COVID-19 pandemic: lessons for government on risk management](https://www.nao.org.uk/wp-content/uploads/2021/11/The-governments-preparedness-for-the-COVID-19-pandemic-lessons-for-government-on-risk-management.pdf)

Press release: [The government’s preparedness for the COVID-19 pandemic: lessons for government on risk management](https://www.nao.org.uk/press-release/the-governments-preparedness-for-the-covid-19-pandemic-lessons-for-government-on-risk-management/)

See also: [UK government wasn't ready for pandemic, report finds](https://www.bbc.co.uk/news/uk-59342607?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** England is preparing to offer annual booster vaccination, says NHS boss

BMJ | 2021; 375: n2824 | 17th November 2021

The NHS in England is preparing to offer an annual covid-19 booster vaccine programme if one is required, the service’s chief executive has said.

Amanda Pritchard also said that there could be “further expansions” to the Joint Committee on Vaccination and Immunisation (JCVI) advice on which groups should receive booster vaccines. Officials are awaiting more data before deciding whether annual covid-19 vaccine boosters will be recommended in a similar way to the annual winter flu vaccination programme.

Full detail: [England is preparing to offer annual booster vaccination, says NHS boss](https://www.bmj.com/content/375/bmj.n2824)

**Title:** 13 million top-up COVID-19 vaccines given across the UK

Department of Health and Social Care | 16th November 2021

More than 13 million booster jabs have been given across the UK, marking another significant milestone in the COVID-19 vaccination programme.

* A total of 13,147,333 people in the UK have received a COVID-19 booster or third jab
* Milestone comes as government accepts advice to extend booster programme to 40 to 49 year olds and new data shows boosters give over 90% protection against symptomatic COVID-19

Full detail: [13 million top-up COVID-19 vaccines given across the UK](https://www.gov.uk/government/news/13-million-top-up-covid-19-vaccines-given-across-the-uk)

**Title:** Booster vaccine gives “significant increased protection” in over 50s

 BMJ | 2021; 375: n2814 | 17th November 2021

A third Pfizer BioNTech covid-19 vaccine dose—known as a booster dose—provides “significant increased protection” against symptomatic disease in those aged 50 and over, irrespective of which vaccine they initially received.

A study by the UK Health Security Agency (UKHSA) found that at least 20 weeks after being fully vaccinated with two doses of the AstraZeneca vaccine effectiveness against symptomatic disease was 44.1%, while for Pfizer it was 62.5%.

But two weeks after receiving the booster dose, protection against symptomatic infection increased to 93.1% in those who initially had two doses of the Oxford AstraZeneca vaccine, and 94.0% for those who had Pfizer.

Further detail: [Booster vaccine gives “significant increased protection” in over 50s](https://www.bmj.com/content/375/bmj.n2814)

Full research: [Effectiveness of BNT162b2 (Comirnaty, PfizerBioNTech) COVID-19 booster vaccine against COVID-19 related symptoms in England: test negative case-control study](https://khub.net/documents/135939561/390853656/Effectiveness%2Bof%2BBNT162b2%2B%28Comirnaty%2C%2BPfizer-BioNTech%29%2BCOVID-19%2Bbooster%2Bvaccine%2Bagainst%2Bcovid-19%2Brelated%2Bsymptoms%2Bin%2BEngland.docx/a366af4e-9c7f-ce86-bc58-1cb3b88e3378)

**Title:** COVID-19 booster vaccine programme for winter 2021 to 2022: JCVI statement, November 2021

Department of Health and Social Care | 15th November 2021

Updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the COVID-19 booster vaccine programme for winter 2021 to 2022. This statement sets out further advice from JCVI on extension of the booster programme to revaccinate adults aged 40 to 49 years against COVID-19.

The main aim of this booster vaccination programme is to reduce deaths, serious disease and hospitalisations from COVID-19 over the 2021 to 2022 winter period and through 2022.

Further detail: [COVID-19 booster vaccine programme for winter 2021 to 2022: JCVI statement, November 2021](https://www.gov.uk/government/publications/covid-19-booster-vaccine-programme-for-winter-2021-to-2022-jcvi-statement-november-2021)

See also: [Government accepts JCVI advice on COVID-19 vaccination programme](https://www.gov.uk/government/news/government-accepts-jcvi-advice-on-covid-19-vaccination-programme) | Department of Health and Social Care

**Title:** COVID-19 vaccination in children and young people aged 16 to 17 years: JCVI statement, November 2021

Department of Health and Social Care | 15th November 2021

Advice from the Joint Committee on Vaccination and Immunisation (JCVI) on COVID-19 vaccination in children and young people aged 16 to 17 years. This statement sets out further advice on the offer of second doses of COVID-19 vaccine to children and young people aged 16 to 17 years.

Further detail: [COVID-19 vaccination in children and young people aged 16 to 17 years: JCVI statement, November 2021](https://www.gov.uk/government/publications/covid-19-vaccination-in-children-and-young-people-aged-16-to-17-years-jcvi-statement-november-2021)

See also: [Government accepts JCVI advice on COVID-19 vaccination programme](https://www.gov.uk/government/news/government-accepts-jcvi-advice-on-covid-19-vaccination-programme) | Department of Health and Social Care

**Title:** Chart of the week: How many care home staff in England have received two Covid-19 vaccine doses?

Nuffield Trust | 18th November 2021

After the deadline passed last week for staff to have received two doses of a Covid-19 vaccine as a condition of deployment in care homes in England, this week’s chart looks at how many had been vaccinated twice only a few weeks before the deadline.

The government projected that between 3% and 13% of this workforce would not have received two doses by 11 November (including those with medical exemptions). The latest data suggests that, as of 26 October, around 11% (just under 63,000 staff) had not received a second dose.

Full detail: [Chart of the week: How many care home staff in England have received two Covid-19 vaccine doses?](https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-how-many-care-home-staff-in-england-have-received-two-covid-19-vaccine-doses)

**Title:** Aspirin in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial

The Lancet | 17th November 2021

Aspirin has been proposed as a treatment for COVID-19 on the basis of its anti-thrombotic properties. The authors of this paper aimed to evaluate the efficacy and safety of aspirin in patients admitted to hospital with COVID-19.

In this randomised, controlled, open-label, platform trial, several possible treatments were compared with usual care in patients hospitalised with COVID-19. In patients hospitalised with COVID-19, aspirin was not associated with reductions in 28 day mortality or in the risk of progressing to invasive mechanical ventilation or death, but was associated with a small increase in the rate of being discharged alive within 28 days.

Full paper: [Aspirin in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901825-0)

**Title:** Vaccination against COVID-19 and society’s return to normality in England: a modelling study of impacts of different types of naturally acquired and vaccine-induced immunity

BMJ Open | 16th November 2021

The objectives of this study were to project impacts of mass vaccination against COVID-19, and investigate possible impacts of different types of naturally acquired and vaccine-induced immunity on future dynamics of SARS-CoV-2 transmission from 2021 to 2024 in England.

The authors conclude that under optimistic scenarios, mass immunisation using efficacious vaccines may enable society safely to return to normality. However, under plausible scenarios with low vaccine efficacy and short durability of immunity, COVID-19 could continue to cause recurrent waves of severe morbidity and mortality despite frequent vaccinations. It is crucial to monitor the vaccination effects in the real world, and to better understand characteristics of naturally acquired and vaccine-induced immunity against SARS-CoV-2.

Full paper: [Vaccination against COVID-19 and society’s return to normality in England: a modelling study of impacts of different types of naturally acquired and vaccine-induced immunity](https://bmjopen.bmj.com/content/bmjopen/11/11/e053507.full.pdf)

**Title:** Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic

Care Quality Commission | 17th November 2021

This report looks at mental health care of children and young people in 7 areas of England in June and July 2021.

Key findings

* The COVID-19 pandemic has had an enormous impact on the mental health of children and young people, and has led to an increased demand on services, particularly eating disorder services.
* While leaders responded quickly to try and ensure that there were enough staff with the right skills in the right places, services have also struggled to meet demand. Not only did this increase the risk of children and young people’s symptoms worsening and reaching crisis point, it also led to them being cared for in unsuitable environments.
* Across all areas, we have seen positive examples of systems working collaboratively together to ensure continued access to mental health support. However, there were some concerns around silo working.
* Communication, both between services and with families, was mixed, with some people not always aware of what support was available.
* The pandemic has also shone a light on, and exacerbated, health inequalities faced by some children and young people, in particular those people living in deprived areas. While some areas were taking steps to tackle this, more needs to be done.
* Digital technology enabled services to adapt almost overnight, ensuring continuation of care and, in some cases, increasing support for children and young people in comparison to pre-pandemic levels. But alongside this we heard about the associated risks to children and young people’s safety, for example staff missing cues or issues that would have been picked up face-to-face, as well as unseen risks within the home environment.

Full detail: [Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic](https://www.cqc.org.uk/publications/themes-care/provider-collaboration-review-mental-health-care-children-young-people#contents)

**Title:** REACT-1 study of coronavirus transmission: October 2021, final results

UK Health Security Agency | Imperial College London | 18th November 2021

New data from the REACT study show that infections have been falling but are still very high, and are now at a similar rate to January this year.

Results from swab tests taken at home by over 100,000 people in England between 19 October and 5 November showed that 1.57% of people were infected, or 1 in 64. This is slightly lower than the study’s recent interim data, when 1.72% were infected as of 29th October, but almost twice as high as data from September.

School-aged children had the highest infection prevalence at 5.21% for 13-17-year-olds, and 4.95% for those aged 5-12, or around 1 in 20. However the study, led by Imperial College London with Ipsos MORI, also found that vaccination was helping to reduce virus spread among children. Those aged 12-17 who had received a single Pfizer/BioNTech dose had around a 56% lower risk of infection compared to unvaccinated children. The risk was even lower for symptomatic infection, at around 68%.

The study also looked at the effectiveness of booster doses at preventing infection, finding that the risk of infection was around three times lower in those who had received a third dose, compared to those who had received two. For those who were aged 50 and above, having a third dose reduced the infection risk by around half compared to two doses.

Further detail: [REACT-1 study of coronavirus transmission: October 2021, final results](https://www.gov.uk/government/publications/react-1-study-of-coronavirus-transmission-october-2021-final-result)

Pre-print report: [REACT-1 round 15 final report: Increased breakthrough SARS-CoV-2 infections among adults who had received two doses of vaccine, but booster doses and first doses in children are providing important protection](https://spiral.imperial.ac.uk/bitstream/10044/1/92501/2/REACT1_Round15_Final.pdf)

See also: [COVID-19 vaccination cuts infection risk by half in school-aged children – REACT | Imperial College London](https://www.imperial.ac.uk/news/231959/covid-19-vaccination-cuts-infection-risk-half/)

We

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