COVID-19 weekly update

11th December 2020

**clinical management**

**Title**: Lung Ultrasound in the Emergency Department for Early Identification of COVID-19 Pneumonia

International Review of Thoracic Diseases | 7th December 2020

Lung ultrasound (LUS) use has been proposed to identify suspected COVID-19 patients and direct them to the isolation area in the emergency department (ED) or to discharge them for outpatient treatment. The aim of this study was to retrospectively investigate the use of LUS in the ED to identify COVID-19 pneumonia (CP).

The authors found that LUS is a promising technique for early identification of CP in patients who accessed the ED in an active epidemic time. The LUS score shows a sensitivity of 90% for CP, allowing to quickly direct patients with COVID-19 to the ED isolation area or to discharge them for outpatient treatment.

Full paper: [Lung Ultrasound in the Emergency Department for early identification of COVID-19 Pneumonia](https://www.karger.com/Article/Pdf/512782)

**Title**: Prevalence and predictors of death and severe disease in patients hospitalized due to COVID-19

PlosOne | 7th December 2020

The progression of COVID-19 to severe disease and death is insufficiently understood. The objective of this study was to summarise the prevalence of risk factors and adverse outcomes and determine their associations in COVID-19 patients who were hospitalized.

• Systematic review of COVID-19 progression to severe disease and death: 77 studies comprising 38,906 hospitalized patients included (21,468 from US-Europe / 9,740 from China).

• Overall prevalence of death [% (95% CI)] from COVID-19 was 20% (18–23%); 23% (19–27%) in the US and Europe and 11% (7–16%) for China.

• Case fatality risk [%(95% CI)]: 52% (46–60) for heart disease, 51% (43–59) COPD, 48% (37–63) chronic kidney disease (CKD), 39% chronic liver disease (CLD), 28% (23–36%) hypertension, 24% (17–33%) for diabetes.

• Summary relative risk (sRR) of death higher: age≥60 years [sRR = 3.6; 95% CI: 3.0–4.4], males [1.3; 1.2–1.4], smoking history [1.3; 1.1–1.6], COPD [1.7; 1.4–2.0], hypertension [1.8; 1.6–2.0], diabetes [1.5; 1.4–1.7], heart disease [2.1; 1.8–2.4], CKD [2.5; 2.1–3.0].

The authors conclude that Public health screening for COVID-19 can be prioritized based on risk-groups. Appropriately addressing the modifiable risk factors such as smoking, hypertension, and diabetes could reduce morbidity and mortality due to COVID-19; public messaging can be accordingly adapted.

Full article: [Prevalence and predictors of death and severe disease in patients hospitalized due to COVID-19: A comprehensive systematic review and meta-analysis of 77 studies and 38,000 patients](https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0243191&type=printable)

**Title**: Dynamics and Correlation Among Viral Positivity, Seroconversion, and Disease Severity in COVID-19

Annals of Internal Medicine | 8th December 2020

The understanding of viral positivity and seroconversion during the course of coronavirus disease 2019 (COVID-19) is limited. The objective of this study was to describe patterns of viral polymerase chain reaction (PCR) positivity and evaluate their correlations with seroconversion and disease severity.

• Retrospective study of 3192 consecutive adults patients hospitalized with COVID-19. Rate of viral PCR positivity peaked (nearly 90%) in first 3 days, decreased to 69.9% in week 2, declined sharply to 27.4% in the fourth week. Seroconversion rates peaked within 4 to 5 weeks.

• Being critically ill with COVID-19 was an independent risk factor for longer viral positivity, with adjustment for age, sex, and prognosis-related comorbid conditions (hazard ratio, 0.700 [CI, 0.595 to 0.824]; P < 0.001).

• Dynamic laboratory index changes corresponded well to clinical signs, the recovery process, and disease severity.

• Low IgM titres (<100 AU/mL) are an independent risk factor for persistent viral positivity.

Full article: [Dynamics and correlation among viral positivity, seroconversion, and disease severity in Covid-19. A Retrospective Study](https://www.acpjournals.org/doi/10.7326/M20-3337)

**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**: Lightening the viral load to lessen covid-19 severity

BMJ [editorial] | 2020; 371: m4763 | 10th December 2020

Although the number of positive tests for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) across many European countries has risen sharply in recent weeks, increases in the number of hospital admissions and deaths from covid-19 have not been as steep.

This editorial looks at possible reasons as to why case fatality rates have decreased, and asks how this relates to measures used to control the epidemic.

Full editorial: [Lightening the viral load to lessen covid-19 severity](https://www.bmj.com/content/371/bmj.m4763)

**Title**: Vitamin D and Covid-19: an update on evidence and potential therapeutic implications

Clinical and Molecular Allergy | November 2020

Vitamin D has many mechanisms by which it reduces the risk of microbial infection and death, including physical barrier, cellular natural immunity, and adaptive immunity. Vitamin D supplementation has shown favorable effects in viral infections including influenza and HIV.

The effects of vitamin D supplementation during covid 19 infection remain controversial. Looking ahead, clinical studies are needed to define better cut offs for vitamin D levels and, finally, which dosage is the best.

Full article: [Vitamin D and Covid-19: an update on evidence and potential therapeutic implications](https://clinicalmolecularallergy.biomedcentral.com/articles/10.1186/s12948-020-00139-0)

**Title:** Diabetes and COVID-19-Related Mortality in Women and Men in the UK Biobank: Comparisons With Influenza/Pneumonia and Coronary Heart Disease

Diabetes Care | 8th December 2020

Individuals with diabetes are at increased risk of poor outcomes from coronavirus disease 2019 (COVID-19). Whether the excess risk of COVID-19 mortality associated with impaired glucose tolerance and diabetes is different between women and men is uncertain.

The authors of this study used data from the UK Biobank to investigate the sex-specific associations, and sex differences, between diabetes status, HbA1c, and risk of COVID-19 mortality. As comparison, they also examined sex-specific associations of death by influenza/pneumonia, a major cause of death from respiratory disease prior to COVID-19, and fatal coronary heart disease (CHD), a condition for which sex differences are well established.

Overall, the findings of the study indicate that strategies to prevent diabetes, to promptly identify individuals with diabetes, and to improve glycemic control among those with diabetes could lead to better COVID-19 outcomes for both sexes.

Full article: [Diabetes and COVID-19-related mortality in women and men in the UK Biobank: Comparisons with influenza/pneumonia and coronary heart disease](https://care.diabetesjournals.org/content/diacare/early/2020/12/07/dc20-2378.full.pdf)

**recovery**

**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**: 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:** 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)

**Infection control**

**Title**: Oxford Covid vaccine 'safe and effective' study shows

The Lancet | 8th December 2020

The Oxford/AstraZeneca Covid vaccine is safe and effective, giving good protection, researchers have confirmed in The Lancet journal. Most in the study were younger than 55, but the results so far indicate it does work well in older people too.

The data also suggest it can reduce spread of Covid, as well as protect against illness and death. The paper, assessed by independent scientists, sets out full results from advanced trials of over 20,000 people. Regulators, who will have seen the same data, are considering the jab for emergency use.

Full article: [Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932661-1)

Related Comment: [Oxford–AstraZeneca COVID-19 vaccine efficacy](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2932623-4/fulltext) | The Lancet

See also:

* [Oxford vaccine could be 59% effective against asymptomatic infections, analysis shows](https://www.bmj.com/content/371/bmj.m4777) | BMJ
* [Oxford Covid vaccine 'safe and effective' study shows](https://www.bbc.co.uk/news/health-55228422) | BBC News

**Title**: Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine

New England Journal of Medicine | 10th December 2020

A vaccine containing an RNA molecule encoding the SARS-CoV-2 spike protein was tested in a trial in which two injections were given 3 weeks apart. After the second injection, Covid-19 developed in 162 patients receiving placebo, with a median follow-up of 2 months, and in 8 patients receiving the vaccine. Side effects were mainly mild-to-moderate injection-site pain and swelling.

The authors conclude that a two-dose regimen of BNT162b2 conferred 95% protection against Covid-19 in persons 16 years of age or older.

Full article: [Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2034577?articleTools=true)

Related NEJM editorial: [SARS-CoV-2 Vaccination — An Ounce (Actually, Much Less) of Prevention](https://www.nejm.org/doi/pdf/10.1056/NEJMe2034717?articleTools=true)

**Title:** Phase 1–2 Trial of a SARS-CoV-2 Recombinant Spike Protein nanoparticle Vaccine

New England Journal of Medicine | 10th December 2020

A recombinant SARS-CoV-2 spike protein nanoparticle vaccine delivered in the deltoid muscle on days 0 and 21 was found to be immunogenic at both 5 μg and 25 μg doses. When given with a saponin-based adjuvant, both doses were equally immunogenic, with little or no reactogenicity, and elicited neutralizing antibody titers higher than those in convalescent serum.

Full article: [Phase 1–2 trial of a SARS-CoV-2 recombinant spike protein nanoparticle vaccine](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2026920?articleTools=true)

**Title**: COVID-19 vaccination programme starts in the Uk

Department of Health & Social Care | 8th December 2020

The COVID-19 vaccination programme has started in the UK this week and it marks ahuge milestone in our fight against the pandemic. Patients in England, Scotland, Wales and Northern Ireland were among the first to be vaccinated. The UK Government will continue to work closely with devolved administrations to make sure the vaccine is shared out fairly.

 The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus. At this time, the vaccine is being offered in some hospitals to:

* some people aged 80 and over who already have a hospital appointment in the next few weeks
* people who work in care homes
* health care workers at high risk

The vaccine will be offered more widely, and at other locations, as soon as possible.

 The order in which people will be offered the vaccine is based on [advice from the Joint Committee on Vaccination and Immunisation (JCVI)](http://email.dhsc-mail.co.uk/c/eJy1UbFu2zAQ_Rp5oyCSkm0NGgyrQZOlBQJ06EJQx6N1sUQKFCUl_fpScabuBW649w7vHe6dafSpO1AjClFwUdT8xE9FlfP827GtL9WlqnlVtuf2mpWF6Wdgo6YhB58v90PfCIGiFlAVZzCd7ToJxmooZGlt1fFaHoamj3GaM3nJxFOqbdvym1-TOoHUYHAjupjAtHQDgY7k3bzDQD5Q_GC34JdpZtYHBj54p1cKy5z6lQzjNVs1ALlPHdNmJUBmgx9Z7JG9wUpMMIOAY4eB7Uf-V2_5tE1sIHcnZ_A9k63IxHGJowI9TppuLlE_Lf3BoK4_fj23vFaPHahwD1YJZXAa_McjlIfUu7gj2f6T_9d8REPLmMafDl_k7JcAmMgWJx3ibqe8Vd9RD7FX2hn16oH0oK464CE0iQm45aBDILjz9GzXz7nDeIjN6zsn_bt9ycQVpJalPmLHz8djafXJSnuWdfUXxvPGdw).

Full detail: [COVID-19 vaccination programme](http://email.dhsc-mail.co.uk/c/eJxtkM1ugzAQhJ8GbiCM-fOBQ4Qbtb20UqQeerEWsxQrYCNjQtqnr4nSS1RpL_ONZlc7XQ1lG6o6TdKEpAkjJSmTPCbxU8HZIT_kjOQZr3gTZEk3LDKaQI2xNPF6DoeaALIMe2iTpKAMCwk9VkCrFNueZYyEYz04Ny8BPQTp0c-2bbEeFp_2QhrdKaeMXm7CGg0XZdclkuaiuoiwB3wBKZWGPfGvg_sNetzmaFT6rHSH14ByEqTF6iYhYZpBfWmP3nv1g1Y0bx8vnDBxTwvcfxOp6HAezfeE2v1FjXa7ovyhgrs_YafWydu3DXe4mNVK9JDjDNbt64TpxTPC6AYBuhMnIxWMogGLoa09sbjFEqxV8kx833tRGl3o6tOVKPjkr0HaSAo0gwJbUhVF1kPZ076iLP8FvzKZPg)

**Title**: COVID-19 VACCINATION: GUIDE FOR HEALTHCARE WORKERS

Public Health England | 7th December 2020

All frontline health and social care workers are being offered the COVID-19 vaccine which will help protect against the COVID-19 disease. This leaflet is for healthcare workers and includes information on the COVID-19 vaccine.

Full detail: [COVID-19 vaccination: guide for healthcare workers](https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-healthcare-workers?utm_source=803be757-35f1-478a-b908-5a44d7d5448d&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily)

Related: [COVID-19 vaccination: what to expect after vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination?utm_source=6fbdccd1-de6c-490d-a8e0-7396ed3a4dc9&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily) | Public Health England

**Title**: COVID-19 vaccination: women of childbearing age, currently pregnant, planning a pregnancy or breastfeeding

Department of Health & Social Care | 6th December 2020

Information for all women of childbearing age, those currently pregnant, planning a pregnancy or breastfeeding on coronavirus (COVID-19) vaccination.

Full detail: [COVID-19 vaccination: a guide for women of childbearing age, pregnant, planning a pregnancy or breastfeeding leaflet](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding)

**Title**: NHS vaccine programme ‘turning point’ in battle against the pandemic

NHS England | 8th December 2020

NHS chief Sir Simon Stevens has praised the efforts of hardworking staff for making the roll out of a COVID-19 vaccine possible, saying that the deployment marks a “decisive turning point” in the battle against the pandemic.

The NHS in England will begin the biggest and most highly anticipated immunisation campaign in history at 50 hospital hubs this week, with more starting vaccinations over the coming weeks and months as the programme ramps up.

Full story: [NHS vaccine programme ‘turning point’ in battle against the pandemic](https://www.england.nhs.uk/2020/12/nhs-vaccine-programme-turning-point-in-battle-against-the-pandemic/)

**Title**: COVID-19 vaccination programme: Trust Guidance

NHS England | 6th December 2020

NHS England has published a dedicated webpage for information on the vaccination programme.

Information includes the letter confirming what the 50 hospital hubs are doing this week, alongside standard operating procedures on the ordering of inventory, and the process hospital hubs and care home providers should follow in identifying priority staff.

The legal mechanisms for administration of the COVID-19 vaccine, materials for staff and patients are available to download and print. These include vaccination record card, information leaflet about deployment and why some people may need to wait; a vaccination guide for adults and for health and social care staff, a leaflet about what to expect following vaccination, healthcare and social care worker consent forms and stickers.

Full detail: [COVID-19 vaccination programme: Trust Guidance](https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/trust-guidance/)

**Title**: PCN sites beginning COVID-19 vaccination next week

NHS England | 7th December 2020

NHS England has written to wave one PCN designated sites who will begin vaccinating patients from Tuesday 15 December with information to support preparations.

Full detail: [PCN sites beginning COVID-19 vaccination next week – information to support you to stand up your vaccination service](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0944-pcn-sites-beginning-covid-19-vaccination-support-information.pdf)

**Title**: Guidance to vaccination centres on managing allergic reactions following COVID-19 vaccination with the Pfizer/BioNTech vaccine

Medicines and Healthcare products Regulatory Agency | 9th December 2020

Statement by Dr June Raine, Chief Executive of the Medicines and Healthcare products Regulatory Agency on the guidance to vaccination centres on managing allergic reactions following COVID-19 vaccination with the Pfizer/BioNTech vaccine | Medicines and Healthcare products Regulatory Agency

The MHRA’s updated advice is:

* Any person with a history of immediate-onset anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine. A second dose of the Pfizer/BioNTech vaccine should not be given to those who have experienced anaphylaxis to the first dose of Pfizer/BioNTech vaccination.
* Vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment.
* A protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever the Pfizer/BioNTech vaccine is given. Immediate treatment should include early treatment with 0.5mg intramuscular adrenaline (0.5ml of 1:1000 or 1mg/ml adrenaline), with an early call for help and further IM adrenaline every 5 minutes. The health professionals overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of a patient with anaphylaxis.
* The individuals concerned received prompt treatment and are recovering well.
* Like all medicines and vaccines, this vaccine can cause side effects. Most of these are mild and short-term, and not everyone gets them.

Full detail:[Confirmation of guidance to vaccination centres on managing allergic reactions following COVID-19 vaccination with the Pfizer/BioNTech vaccine](https://www.gov.uk/government/news/confirmation-of-guidance-to-vaccination-centres-on-managing-allergic-reactions-following-covid-19-vaccination-with-the-pfizer-biontech-vaccine?utm_source=bcb202c9-d1fc-46a1-b124-cb805c097bea&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also:

* [People with history of significant allergic reactions should not receive Pfizer vaccine, says regulator](https://www.bmj.com/content/371/bmj.m4780) | BMJ
* [GPs say rule change makes covid vaccine programme ‘unfeasibly challenging’](https://www.hsj.co.uk/primary-care/gps-say-rule-change-makes-covid-vaccine-programme-unfeasibly-challenging/7029142.article?mkt_tok=eyJpIjoiTjJFNU16bGpPVE0xTkRNeiIsInQiOiJNZE85RkVnbmNtNE1VSWViT0VlYzZQRjFWS2tNWnpRS1owUnVEUEdmUGNnZ2Jzc1wveUlFc2QzdTM0WHg5dmdcL2RPa0RQdHZBdzRNc2VldllZUVF5SWQ2Vno0MENNOE92aVdvMUhNYlJERlhwWWRVNXVJYmhxenpWTmUwS3pObmRHIn0%3D) | HSJ

**Title**: Coronavirus (COVID-19) lateral flow testing of visitors in care homes

Department of Health & Social Care | 8th December 2020

This guidance sets out how care homes and visitors can prepare for visitor testing with lateral flow devices (LFDs).

Full detail: [Coronavirus (COVID-19) lateral flow testing of visitors in care homes](https://www.gov.uk/government/publications/coronavirus-covid-19-lateral-flow-testing-of-visitors-in-care-homes)

**Title**: A meta-analysis on the role of children in SARS-CoV-2 in household transmission clusters

Clinical Infectious Diseases | 6th December 2020

The role of children in the spread of SARS-CoV-2 remains highly controversial. To address this issue, the authors performed a meta-analysis of the published literature on household SARS-CoV-2 transmission clusters (n=213 from 12 countries).

Only 8 (3.8%) transmission clusters were identified as having a paediatric index case. Asymptomatic index cases were associated with a lower secondary attack in contacts than symptomatic index cases.

To determine the susceptibility of children to household infections the secondary attack rate (SAR) in paediatric household contacts was assessed. The secondary attack rate in paediatric household contacts was lower than in adult household contacts.

These data have important implications for the ongoing management of the COVID-19 pandemic, including potential vaccine prioritization strategies.

Full article: [A meta-analysis on the role of children in SARS-CoV-2 in household transmission clusters](https://watermark.silverchair.com/ciaa1825.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAArcwggKzBgkqhkiG9w0BBwagggKkMIICoAIBADCCApkGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMCLRIwfA-9Dw7q6jtAgEQgIICasptASqJ3Wgf-zNivkM2Umj3JiJGDB4q06NLCTRkzxgQIpnt7f38jc6ob0I8xs2VBqqbve2e_fMb196gIPDyoMwdWXMvW2uR2mWVrTE6w5CzW0Zdu2IIHEjncDO8CswAT6FBQTH6jlpTPDz-QduX68LSwJ1n32Cz4Qcd7CCVoKysQUBmyaONkpH8gSG0_mlC0639nBhyR5zCHj3slnV1WwPQSvwM62p-qsms5R3P0YfUa-8CLG8vbxPWFw2GGTMrJK0VzFgqQmJCE2A5XczM1rIbzn49J9rWAqQnfXotb_nxzBMENvGJTDOszFHdY0KWixhNKKiK6aeKOIAvpN2-V0WGPPGFgjkEvmub2PasXoy7c3u5Z8CZbSLdbV4WGj9aDhVQG4vYa9zpT2v4ann6RSi8FxCvA91kiEsd_u2j-MKt13Kre4DzG0moWKZDAYZh_X3q0J7kYCXO3sbPvJs3L25uzK0fmy82cDxlxJhlwHB6a0Mg6w8W1MgZUUwNu4_69fbrFVDU_TqMPEooQ0KujBQZ4tQ1sPDHal7ZPWvwCtYF0uPIfwFqbtuk6wgZ5dCVlAQF4NJ-3zS3dXqUYAyZifINBlZDEggl_uV4MhPjPbgSZx_NdeRilpW1cDYR7T4mLHb8T2uyasyjJiJYZ3mvlzPRg6LVA2pouVG-6r0S0TyRxKZORrO7cVNd34oXUzVPq3r6_2ritFf9CTn6JT7T7NGZY5NtAiYYgon_OOVUx-n-QmLjUiJJypNA9mcYGwTbvWuUan9OCiTEZYdw-FwVelgc2zuw1JGIMwb2kXe0OQ88_elxpxaIzcHibQ)

**Title**: Hydroxychloroquine as Postexposure Prophylaxis to Prevent Severe Acute Respiratory Syndrome Coronavirus 2 Infection

Annals of Internal Medicine | 8th December 2020

Laboratory and observational data suggested that hydroxychloroquine had biological activity against SARS-CoV-2, potentially permitting its use for prevention. The objective of this study was to test hydroxychloroquine as postexposure prophylaxis for SARS-CoV-2 infection.

• US household-randomized controlled trial of close contacts recently exposed (<96 hours) to persons with diagnosed SARS-CoV-2 infection, to test hydroxychloroquine as postexposure prophylaxis.

• 671 households randomly assigned: 337 (407 participants) to hydroxychloroquine group / 334 (422 participants) to control group.

• Among 689 (89%) participants SARS-CoV-2 negative at baseline, no difference between hydroxychloroquine and control groups in SARS-CoV-2 acquisition by day 14 (53 versus 45 events; adjusted hazard ratio, 1.10 [95% CI, 0.73 to 1.66]; P > 0.20).

• This rigorous randomized controlled trial among persons with recent exposure excluded a clinically meaningful effect of hydroxychloroquine as postexposure prophylaxis to prevent SARS-CoV-2 infection.

Full paper: [Hydroxychloroquine as postexposure prophylaxis to prevent Severe Acute Respiratory Syndrome Coronavirus 2 Infection](https://www.acpjournals.org/doi/10.7326/M20-6519)

**Title**: Development and dissemination of infectious disease dynamic transmission models during the COVID-19 pandemic: what can we learn from other pathogens and how can we move forward?

The Lancet Digital Health | 7th December 2020

The current COVID-19 pandemic has resulted in the unprecedented development and integration of infectious disease dynamic transmission models into policy making and public health practice.

Models offer a systematic way to investigate transmission dynamics and produce short-term and long-term predictions that explicitly integrate assumptions about biological, behavioural, and epidemiological processes that affect disease transmission, burden, and surveillance. Models have been valuable tools during the COVID-19 pandemic and other infectious disease outbreaks, able to generate possible trajectories of disease burden, evaluate the effectiveness of intervention strategies, and estimate key transmission variables.

Rather than being an expansive history of infectious disease models, this Review focuses on how the integration of modelling can continue to be advanced through policy and practice in appropriate and conscientious ways to support the current pandemic response.

Full article: [Development and dissemination of infectious disease dynamic transmission models during the COVID-19 pandemic: what can we learn from other pathogens and how can we move forward?](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930268-5)

**Title**: SARS-CoV-2 infection and transmission in educational settings

The Lancet Infectious Diseases | 8th December 2020

Understanding severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and transmission in educational settings is crucial for ensuring the safety of staff and children during the COVID-19 pandemic.

The authors of this study estimated the rate of SARS-CoV-2 infection and outbreaks among staff and students in educational settings during the summer half-term (June–July, 2020) in England.

The study found SARS-CoV-2 infections and outbreaks were uncommon in educational settings during the summer half-term in England. The strong association with regional COVID-19 incidence emphasises the importance of controlling community transmission to protect educational settings. Interventions should focus on reducing transmission in and among staff.

Full paper: [SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930882-3)

Related: [The role of schools and school-aged children in SARS-CoV-2 transmission](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2820%2930927-0/fulltext)

**Title**: UK Vaccines Taskforce (VTF) 2020: achievements and future strategy

Department for Business, Energy & Industrial Strategy | 8th December 2020

The government has published a report highlighting the work and achievements of its Vaccines Taskforce (VTF), 6 months after it was set up to help in the fight against COVID-19.

The VTF was asked to:

* build a portfolio of promising vaccines for the UK
* ensure successful vaccines will be distributed internationally
* reinforce long-term vaccine capability to prepare for future pandemics

This interim report outlines the progress VTF has made this year to secure vaccines for the UK, working internationally to develop and increase access to vaccines, and building the UK’s capability in vaccine development.

Full report: [UK Vaccine Taskforce 2020: achievements and future strategy](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941815/VTF_Interim_report_-_5th_publication.pdf)

Related press release: [Government's Vaccines Taskforce has worked "decisively" and at "great pace" to improve UK's pandemic preparedness](https://www.gov.uk/government/news/governments-vaccines-taskforce-has-worked-decisively-and-at-great-pace-to-improve-uks-pandemic-preparedness?utm_source=61afe26c-51f1-4084-9efa-a727fd2ea0ae&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**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**: Vaccinating the UK: how the covid vaccine was approved, and other questions answered

BMJ | 2020; 371: m4759 | 9th December 2020

The momentous news that the first covid-19 vaccine had been approved in the UK has prompted questions about how it was authorised and will be delivered. The BMJ spoke to experts to find out the answers to the following questions:

* How was the MHRA able to approve the vaccine so quickly?
* Why was the vaccine given temporary authorisation?
* Have only certain batches of the vaccine been approved?
* What about other European countries?
* Does approval have anything to do with Brexit?
* And the US?
* Who will get the vaccine first?
* Do people who have had covid-19, including those with long covid, need to be vaccinated?
* If I’m vaccinated do I still need to self-isolate?
* Who shouldn’t be vaccinated?
* Do we know anything about interactions with other drugs?

Full detail: [Vaccinating the UK: how the covid vaccine was approved, and other questions answered](https://www.bmj.com/content/371/bmj.m4759)

See also: [Covid-19: Transparency and communication are key](https://www.bmj.com/content/371/bmj.m4764) | BMJ

**Title**: COVID-19 vaccine development: a pediatric perspective

Current Opinion in Pediatrics | 4th December 2020

The purpose of this review is to describe the burden of COVID-19 in children, to update pediatricians about adult COVID-19 vaccine clinical trials, to discuss the importance of COVID-19 vaccine trials in children and to instill confidence in the established vaccine development and licensure processes.

Children of all ages are at risk for SARS-CoV-2 infection and severe disease manifestations. Children are also susceptible to downstream effects of COVID-19, including social isolation and interruption in education. Developing a pediatric COVID-19 vaccine could prevent disease, mitigate downstream effects and enable children to re-engage in their world.

Children could benefit both directly and indirectly from vaccination. In light of the safety and immunogenicity results from recent adult COVID-19 vaccine clinical trials, children should have the opportunity to be included in clinical trials in parallel to ongoing adult phase 3 clinical trials in a manner that is careful, methodical and transparent.

Full detail: [COVID-19 vaccine development: a pediatric perspective](https://journals.lww.com/co-pediatrics/Abstract/9000/COVID_19_vaccine_development__a_pediatric.98702.aspx)

**Title**: COVID-19 vaccination programme: key information

General Pharmaceutical Council | 9th December 2020

The General Pharmaceutical Council has published information for pharmacy professionals, pharmacy owners and patients and the public about the COVID-19 vaccination programme.

The guide summarises the key points to note for pharmacy professionals and pharmacy owners who want to support the COVID-19 vaccination programme in England and signposts to resources.

Full detail: [COVID-19 vaccination programme: key information](https://www.pharmacyregulation.org/news/covid-19-vaccination-programme-key-information)

**Title**: Enhanced Service Specification: COVID-19 vaccination programme 2020/21

NHS England | 1st December 2020

This Specification will be offered to all GP practices and will not be capable of amendment by CCGs. It provides GP practices with sufficient information to commence planning whilst also noting that requirements and timescales will be subject to change.

Full document: [Enhanced Service Specification: COVID-19 vaccination programme 2020/21](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0917-Covid-19-Enhanced-Service-ES-Specification-1-December-2020.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**: Community prevalence of SARS-CoV-2 in England from April to November, 2020: results from the ONS Coronavirus Infection Survey

The Lancet Public Health | 10th December 2020

Decisions about the continued need for control measures to contain the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) rely on accurate and up-to-date information about the number of people testing positive for SARS-CoV-2 and risk factors for testing positive. Existing surveillance systems are generally not based on population samples and are not longitudinal in design.

This paper reports that important risk factors for testing positive for SARS-CoV-2 varied substantially between the part of the first wave that was captured by the study (April to June, 2020) and the first part of the second wave of increased positivity rates (end of August to Nov 1, 2020). A substantial proportion of infections were in individuals not reporting symptoms, indicating that continued monitoring for SARS-CoV-2 in the community will be important for managing the COVID-19 pandemic moving forwards.

Full paper: [Community prevalence of SARS-CoV-2 in England from April to November, 2020: results from the ONS Coronavirus Infection Survey](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930282-6)

**Title**: SELF-ISOLATION period changes from 14 to 10 days

Department of Health and Social Care | 11th December 2020

The NHS Test and Trace service will tell people to self-isolate for 10 days instead of 14 days from Monday. The change to the isolation period for contacts will apply to all those who are currently self-isolating including those who commenced self-isolation before Monday.

Self-isolation periods will begin on the day after exposure, a test or the start of symptoms.

Full detail: [UK Chief Medical Officers' statement on the self-isolation period](https://www.gov.uk/government/news/uk-chief-medical-officers-statement-on-the-self-isolation-period-11-december-2020?utm_source=e6b281ca-e9fd-40ac-bb56-56af2d5194ab&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Hospital acquired covid infections hit record high

HSJ | 11th December 2020

The number of covid-19 infections likely to have been acquired in hospital are rising again for the first time in three weeks and their proportion of all cases has reached record levels for the second wave, the HSJ has revealed.

NHS England data covering the week to 6 December (the latest available) shows 1,787 covid-19 cases were acquired in-hospital – a rise of almost 14 per cent on the week before. The number of hospital-acquired, or “nosocomial”, infections had been falling since the week to 15 November, when 1,794 were recorded.

This week, hospital acquired covid infections amounted to 21 per cent of the 8,337 new cases which were recorded in hospitals – the highest proportion in the second wave. On 6 December alone, 24 per cent of infections had probably been acquired in hospital rather than the community.

Full article: [Hospital acquired covid infections hit record high](https://www.hsj.co.uk/patient-safety/hospital-acquired-covid-infections-hit-record-high/7029149.article?mkt_tok=eyJpIjoiWmpsaVpqSXlObVk1T0RFMiIsInQiOiIzZzVwdzNEb1wvZnBmMzdmZDZRQ1huQWhsbFd1YmY4dE1uUjA1ejNlTm9BMGdXOFpEV3ZDaHc2YmFCTEtRSnNzNzZrSzcyOWpwNnRGZUJ4R1B6QkdKb1JcL29jV2U3VFk2NlwvT1l1azdreU9QeVlaS0pBcmVMRkptbUR5U3VMTmk1bSJ9)

**workforce wellbeing**

**Title:** What influences the infection of COVID-19 in healthcare workers?

Journal of Infection in Developing Countries | 30th November 2020

This study aims to describe characteristics and influencing factors of the COVID-19 infection in healthcare workers.

The study found the use of protective equipment, emotions and satisfactions to hospital responses to be key COVID-19-infected factors. The awareness, the supply and the use of protective equipment, the layout of departments and other environmental and management factors should be strictly equipped. In addition, hospitals should also pay attention to emotions and satisfaction of healthcare workers.

Full article: [What influences the infection of COVID-19 in healthcare workers?](https://jidc.org/index.php/journal/article/view/33296333/2391)

**Title:** Mental health impacts of COVID-19 on NHS staff

UK Parliament | 1st December 2020

The COVID-19 pandemic has presented a number of challenges to the mental health and well-being of NHS staff. This group were more vulnerable to mental ill health than other occupational groups prior to the pandemic. However, supporting the mental health and well-being of NHS staff during this time could maximise current and future NHS workforce capacity and performance.

This POSTnote gives an overview of the scale and quality of current evidence on the mental health and well-being of NHS staff before and during the pandemic. It also discusses how staff are supported and the options for introducing other effective interventions as the pandemic continues.

Summary:

* NHS staff have experienced changes in their work patterns and roles during the pandemic that may affect their mental health and well-being.
* There are reports of burn-out, anxiety and depression, but also of staff thriving on greater team cohesion. The quality of evidence and research findings on the mental health impact are mixed.
* Supporting staff mental health is vital to sustaining capacity of the NHS workforce.
* Greater understanding is needed of the longer-term impacts on staff mental health and the needs of particular groups.
* Proposed ways to support staff include ensuring healthy working conditions, effective leadership and peer support.
* Some staff may require priority access to more intensive support from mental health services, such as psychological therapies.

Full document: [Mental health impacts of COVID-19 on NHS staff](https://researchbriefings.files.parliament.uk/documents/POST-PN-0634/POST-PN-0634.pdf)

**Health management**

**TITLE:** HOW CAN THE NHS USE DATA TO BETTER MEET PATIENT NEEDS AS IT RESPONDS AND RECOVERS FROM THE COVID CRISIS?

HSJ | 11th December 2020

The NHS has been through an astonishing year with covid demanding more of it and its staff than ever before. Getting through this period has meant it has had to be more agile than ever – changing patterns of care, prioritising care to avoid harm and making the best use of data to guide its efforts.

But the coming year looks nearly as challenging and the NHS will have even more hills to climb. This article reports on an *HSJ* webinar which looked at the progress the NHS has made in its use of data and how better data could help it restore and reset services going forward – and what organisations and systems can do to ensure they are doing this.

Full detail: [How can the NHS use data to better meet patient needs as it responds and recovers from the covid crisis?](https://www.hsj.co.uk/technology-and-innovation/how-can-the-nhs-use-data-to-better-meet-patient-needs-as-it-responds-and-recovers-from-the-covid-crisis/7029079.article?mkt_tok=eyJpIjoiWWpSaU9UVTRPR1ppT1dGaiIsInQiOiJ4aFlsRlE4RWFuK1hBOXY3eGdCZ3lwSDVVZFwvcXRBS0FGcXczdE5aQVFLSDN0dEZZdmw0eFU2dDNqaWl2d1lwSnRjY0pPWlpId3dCWHc3bDBQOXgrS0l3QXc4NjVCa0E4Y3I3WnFoYnZTVDhyNDFsZko4T0dXYjlNUXJjekwyRFcifQ%3D%3D)

**Title:** Risk to pandemic recovery due to nursing shortages

The Health Foundation | 9th December 2020

A new report published by the Health Foundation’s REAL Centre finds that despite recent increases, there have been significant falls in key areas in the NHS nursing workforce in England over the last 10 years.

The report authors raise concerns that the nursing shortfalls, together with the backlog in routine care and growing need for health care, is likely to make recovering from the pandemic particularly challenging. They say the government will need to exceed its target of 50,000 new nurses in England by 2024/25 if it wants the NHS to fully recover from the pandemic.

The report provides an in-depth analysis of the last 10 years of trends in recruitment and retention in the nursing workforce. It says that increases in NHS nurse numbers in recent years are likely to be insufficient in the face of growing health care demand, made more pressing by the impact of the COVID-19 pandemic.

The report concludes that while the government’s 50,000 nurses target is achievable, it may still leave key service areas well short of the numbers needed.

Full report:  [Building the NHS nursing workforce in England](https://www.health.org.uk/sites/default/files/upload/publications/2020/NursingReport_WEB.pdf)

See also: [Risk to pandemic recovery due to nursing shortages](https://www.health.org.uk/news-and-comment/news/risk-to-pandemic-recovery-due-to-nursing-shortages)

**other**

**TITLE:** NHS FACING THIRD WAVE WITH 10-20 TIMES MORE COVID PATIENTS THAN SEPTEMBER

HSJ | 7th December 2020

Concern is growing that NHS hospitals may face a third wave of the coronavirus pandemic with a much higher level of covid-positive inpatients than at the beginning of the second wave.

HSJ understands national NHS leaders are concerned that anything over 5,000 covid patients in hospital by the year-end would leave the service vulnerable to being overwhelmed.

Their concerns are based on the fact that the second wave added 13,000 hospitalised covid patients at peak. During the first wave, covid hospitalisation peaked at just over 17,000, and in order to prepare for it the NHS cancelled most elective and non-urgent work.

Full detail: [NHS facing third wave with 10-20 times more covid patients than September](https://www.hsj.co.uk/coronavirus/nhs-facing-third-wave-with-10-20-times-more-covid-patients-than-september/7029115.article)

**Title:** Stillbirths During the COVID-19 Pandemic in England, April-June 2020

JAMA | 7th December 2020

Pregnant women have an increased risk of infectious diseases, including respiratory infections such as influenza, and are included on the coronavirus disease 2019 (COVID-19) UK clinically vulnerable list.

Little is known about the risk of COVID-19 to unborn children, with data limited to a case series of 3 stillbirth deliveries in pregnant women with confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and a single London hospital reporting a higher rate of stillbirth deliveries during the pandemic period compared with a prepandemic period.

To provide more robust data, the authors of this study used national and regional hospitalization data in England to assess the risk of stillbirths during the COVID-19 pandemic.

The study found no evidence of any increase in stillbirths regionally or nationally during the COVID-19 pandemic in England when compared with the same months in the previous year and despite variable community SARS-CoV-2 incidence rates in different regions. Full detail: [Stillbirths during the COVID-19 Pandemic in England, April-June 2020](https://jamanetwork.com/journals/jama/fullarticle/2774088)

**TITLE:** REVIEW OF DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION DECISIONS DURING THE COVID-19 PANDEMIC

Care Quality Commission | November 2020

This interim report sets out the progress of the CQC’s review so far and their expectations around DNACPR. The review explores the use of DNACPRs as part of advance care planning during the pandemic. The review will understand to what extent how these best addressed the care and support needs of people, including those most at risk of neglect and discrimination, and protected their human rights. It will inform national learning and improvement, and support good practice development. A final, detailed report will be published in February 2021.

Full document: [Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19 pandemic](https://www.cqc.org.uk/sites/default/files/20201204%20DNACPR%20Interim%20Report%20-%20FINAL.pdf)

**Title:** Covid hospital admissions start to rise again

HSJ | 9th December 2020

Covid hospital admissions in England have risen for four consecutive days to 6 December, following 16 consecutive days of a fall in this number. On 6 December, the seven-day rolling total for hospital admissions in England was 8,831. The increase is driven by rises in areas outside the northern regions, which have previously powered the second covid wave.

The rise in admissions has begun to feed through to the number of covid patients in hospital, which has increased 5 per cent over the four days to 8 December to 12,603, after falling 13 per cent in the previous 10 consecutive days.

The level of hospitalisation is causing increasing concern about how many covid patients will be treated when the household-mixing restrictions are lifted over Christmas.

Full story: [Covid hospital admissions start to rise again](https://www.hsj.co.uk/coronavirus/covid-hospital-admissions-start-to-rise-again/7029126.article)

See also: [36 trusts see covid admissions rise by 20pc plus in a week](https://www.hsj.co.uk/coronavirus/36-trusts-see-covid-admissions-rise-by-20pc-plus-in-a-week-/7029144.article?mkt_tok=eyJpIjoiTjJFNU16bGpPVE0xTkRNeiIsInQiOiJNZE85RkVnbmNtNE1VSWViT0VlYzZQRjFWS2tNWnpRS1owUnVEUEdmUGNnZ2Jzc1wveUlFc2QzdTM0WHg5dmdcL2RPa0RQdHZBdzRNc2VldllZUVF5SWQ2Vno0MENNOE92aVdvMUhNYlJERlhwWWRVNXVJYmhxenpWTmUwS3pObmRHIn0%3D) | HSJ

**Title**: EU countries spent over €220m stockpiling remdesivir despite lack of effectiveness, finds investigation

BMJ | 2020; 371: m4749 | 8th December 2020

The drug’s manufacturer was aware of the negative results of the Solidarity trial before the European Commission struck a procurement deal with it finds this BMJ investigation.

The European Commission agreed to buy 500 000 treatment courses in six months for €1bn (£0.9bn; $1.2bn). Though not all this money has been spent yet, 36 participating European countries (inside and outside the European Union) have collectively already purchased more than 640 000 vials, costing €220m. The countries’ volume of orders differs considerably, although under the agreement all have to pay €345 per vial, or on average €2070 for a course of treatment.

Full detail: [EU countries spent over €220m stockpiling remdesivir despite lack of effectiveness, finds investigation](https://www.bmj.com/content/371/bmj.m4749)

**TITLE:** THE COURAGE TO BE KIND. REFLECTING ON THE ROLE OF KINDNESS IN THE HEALTHCARE RESPONSE TO COVID-19

Carnegie UK | December 2020

This report draws on a series of reflective conversations, conducted between April and September 2020 with five medics working in different parts of NHS Scotland. The conversations reflected on what can be achieved when united by a common purpose, and when work is underpinned by relationships and collaboration. But alongside the opportunities presented by changes in practice and a renewed focus on wellbeing, there was concern that this may be lost amidst a focus on remobilising and ‘getting back to normal’.

Full report: [The courage to be kind. Reflecting on the role of kindness in the healthcare response to COVID-19](https://d1ssu070pg2v9i.cloudfront.net/pex/carnegie_uk_trust/2020/12/07162133/CUKT-The-courage-to-be-kind-FINAL-1.pdf)

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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