COVID-19 weekly update

16th October 2020

**clinical management**

**Title**: Living with Covid-19

National Institute for Health Research | 15th October 2020

The National Institute for Health Research Centre for Engagement and Dissemination has published its first dynamic themed review of the scientific evidence on, and lived experience of, long-term ‘ongoing’ COVID-19.

‘Living with COVID’ draws on the most up-to-date expert consensus and published evidence, as well as the lived experience of both post-hospitalised and non-hospitalised COVID-19 patients, to better understand the impact of ongoing effects of COVID19, how health and social care services should respond, and what future research questions might be.

The review’s findings include:

* Ongoing COVID may not be one syndrome but possibly up to four different syndromes.
* A common theme is that symptoms arise in one physiological system then abate only for symptoms to arise in a different system.
* A working diagnosis recognised by healthcare services, employers and government agencies would facilitate patient access to much needed support and provide the basis for planning appropriate services.
* There are powerful stories that ongoing COVID symptoms are experienced by people of all ages, and people from all backgrounds. We cannot assume that groups who are at low risk of life threatening disease and death during acute infections are also at low risk of ongoing COVID.

Full detail: [Living with Covid19. A dynamic review of the evidence around ongoing covid-19 symptoms (often called long covid)](https://evidence.nihr.ac.uk/themedreview/living-with-covid19/)

See also: [Long Covid could be four different syndromes, review suggests](https://www.bmj.com/content/371/bmj.m3981) | BMJ

**Title**: Genomic evidence for reinfection with SARS-CoV-2: a case study

The Lancet Respiratory Health | 12th October 2020

The degree of protective immunity conferred by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is currently unknown. As such, the possibility of reinfection with SARS-CoV-2 is not well understood. The authors of this paper describe an investigation of two instances of SARS-CoV-2 infection in the same individual.

Genetic discordance of the two SARS-CoV-2 specimens was greater than could be accounted for by short-term in vivo evolution. These findings suggest that the patient was infected by SARS-CoV-2 on two separate occasions by a genetically distinct virus. Thus, previous exposure to SARS-CoV-2 might not guarantee total immunity in all cases.

All individuals, whether previously diagnosed with COVID-19 or not, should take identical precautions to avoid infection with SARS-CoV-2. The implications of reinfections could be relevant for vaccine development and application.

Full paper: [Genomic evidence for reinfection with SARS-CoV-2: a case study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930764-7)

**Title:** Safety and Immunogenicity of Two RNA-Based Covid-19 Vaccine Candidates

NEJM | 14th October 2020

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections and the resulting disease, coronavirus disease 2019 (Covid-19), have spread to millions of persons worldwide. Multiple vaccine candidates are under development, but no vaccine is currently available. Interim safety and immunogenicity data about the vaccine candidate BNT162b1 in younger adults have been reported previously from trials in Germany and the United States.

The safety and immunogenicity data from this U.S. phase 1 trial of two vaccine candidates in younger and older adults, added to earlier interim safety and immunogenicity data regarding BNT162b1 in younger adults from trials in Germany and the United States, support the selection of BNT162b2 for advancement to a pivotal phase 2–3 safety and efficacy evaluation.

Full paper: [Safety and Immunogenicity of Two RNA-Based Covid-19 Vaccine Candidates](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2027906?articleTools=true)

**Title**: Interferon β-1b in treatment of severe COVID-19: A randomized clinical trial

International Immunopharmacology | Volume 88, November 2020

In this study, efficacy and safety of interferon (IFN) β-1b in the treatment of patients with severe COVID-19 were evaluated.

Highlights:

•As Add-on therapy, IFN β-1b shortened the time to clinical improvement

•IFN β-1b significantly increased the discharge rate at day 14

•IFN β-1b reduced overall 28-day mortality

•IFN β-1b related adverse effects were mild and did not cause treatment interruptions.

Full paper: [Interferon beta-1b in treatment of severe COVID-19: A randomized clinical trial](https://reader.elsevier.com/reader/sd/pii/S1567576920323304?token=818E693EB9F84CD9F95094945D52016AE36B27361BEA4BF7DBAB68ACF60574A681419013274703786ACCB58A907B853E)

**Title**: Warfarin and other blood thinners – reminder on safe use during COVID-19 pandemic

Department of Health & Social Care | 13th October 2020 The Medicines and Healthcare products Regulatory Agency (MHRA) has issued advice to healthcare professionals and patients on the monitoring of patients taking blood thinning tablets during the COVID-19 pandemic.

The advice includes a reminder for doctors to continue regular blood tests in patients taking warfarin or any other vitamin K antagonist. In particular, it is important these regular blood tests are done in any patients with symptoms of COVID-19 or who have tested positive so that they can be given the right care at an early stage to reduce the risk of bleeding.

The advice also includes a reminder of the potential for drug interactions between some anticoagulant tablets and medicines used to treat infections, for example antivirals or antibiotics (such as doxycycline, amoxicillin or clarithromycin, which may interact with warfarin or other vitamin K antagonists). Other anticoagulants tablets (including apixaban (‘Eliquis’), dabigatran (‘Pradaxa’), edoxaban (‘Lixiana’) or rivaroxaban (‘Xarelto’) can also interact with certain medicines.

Full detail: [Warfarin and other blood thinners – reminder on safe use during COVID-19 pandemic](https://www.gov.uk/government/news/warfarin-and-other-blood-thinners-reminder-on-safe-use-during-covid-19-pandemic)

**Title**: Neuropsychiatric complications of covid-19

BMJ | 2020; 371: m3871 | 13th October 2020

From acute delirium to long term fatigue, covid-19 has serious neuropsychiatric effects. Viral infections of the respiratory tract can have multisystemic effects, including on the central nervous system (CNS), and thus may precipitate a spectrum of psychiatric and neurological disorders. Some patients with covid-19 are now known to develop various CNS abnormalities with potentially serious and long term consequences, including stroke and isolated psychiatric syndromes.

As covid-19 cases rise again worldwide, this editorial reviews what we know and don’t know about the acute and chronic neuropsychiatric sequelae and their potential mechanisms.

Full editorial: [Neuropsychiatric complications of covid-19](https://www.bmj.com/content/371/bmj.m3871)

**Title**: Convalescent plasma or hyperimmune immunoglobulin for people with COVID‐19: a living systematic review

Cochrane Database of Systematic Reviews | updated 12th October 2020

Convalescent plasma and hyperimmune immunoglobulin may reduce mortality in patients with viral respiratory diseases, and are currently being investigated in trials as potential therapy for coronavirus disease 2019 (COVID‐19). A thorough understanding of the current body of evidence regarding the benefits and risks is required.

The objective of this living review is to continually assess, as more evidence becomes available, whether convalescent plasma or hyperimmune immunoglobulin transfusion is effective and safe in treatment of people with COVID‐19.

In this latest update, the authors state they are uncertain whether plasma from people who have recovered from COVID‐19 is an effective treatment for people hospitalised with COVID‐19 and whether convalescent plasma affects the number of serious unwanted effects.

They also tmake the point that he currently available evidence on the effectiveness and safety of convalescent plasma and hyperimmune immunoglobulin for treatment of people hospitalised with COVID‐19 is of low to very low certainty. Thus, any conclusions that are drawn based on these data are of limited value and these conclusions are subject to change as more reliable results become available.

Full detail: [Convalescent plasma or hyperimmune immunoglobulin for people with COVID‐19: a living systematic review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013600.pub3/full)

**Title:** the experiences of people with long-COVID

BJGP Open | 13th October 2020

An unknown proportion of people who had an apparently mild COVID-19 infection continue to suffer with persistent symptoms, including chest pain, shortness of breath, muscle and joint pains, headaches, cognitive impairment (‘brain fog’), and fatigue.

Post-acute COVID-19 (‘long-COVID’) seems to be a multisystem disease, sometimes occurring after a mild acute illness; people struggling with these persistent symptoms refer to themselves as ‘long haulers’.

The aim of this paper was toexplore the experiences of people with persisting symptoms following COVID-19 infection, and their views on primary care support received.

The main themes discovered include: the *‘hard and heavy work’* of enduring and managing symptoms and accessing care; living with uncertainty, helplessness and fear, particularly over whether recovery is possible; the importance of finding the 'right' GP (understanding, empathy, and support needed); and recovery and rehabilitation: what would help?

Full paper: [Finding the 'right' GP: a qualitative study of the experiences of people with long-COVID](https://bjgpopen.org/content/bjgpoa/early/2020/10/12/bjgpopen20X101143.full.pdf)

**Title**: COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community

NICE guideline [NG163] | updated 13th October 2020

The purpose of this guideline is to provide recommendations for managing COVID‑19 symptoms for patients in the community, including at the end of life. It also includes recommendations about managing medicines for these patients, and protecting staff from infection.

Full detail: [COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community](https://www.nice.org.uk/guidance/ng163)

**Title**: Synthesis and systematic review of reported neonatal SARS-CoV-2 infections

Nature Communications | 15th October 2020

A number of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infections have been reported in neonates. This paper aims to clarify the transmission route, clinical features and outcomes of these infections.

The authors present a meta-analysis of 176 published cases of neonatal SARS-CoV-2 infections that were defined by at least one positive nasopharyngeal swab and/or the presence of specific IgM.

The analysis reports that 70% and 30% of infections are due to environmental and vertical transmission, respectively. The analysis shows that 55% of infected neonates developed COVID-19; the most common symptoms were fever (44%), gastrointestinal (36%), respiratory (52%) and neurological manifestations (18%), and lung imaging was abnormal in 64% of cases.

A lack of mother–neonate separation from birth is associated with late SARS-CoV-2 infection, while breastfeeding is not. These findings add to the literature on neonatal SARS-CoV-2 infections.

Full paper: [Synthesis and systematic review of reported neonatal SARS-CoV-2 infections](https://www.nature.com/articles/s41467-020-18982-9.pdf)

**Title**: Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBIBP-CorV: a randomised, double-blind, placebo-controlled, phase 1/2 trial

The Lancet Infectious Diseases | 15th October 2020

The authors of this study aimed to assess the safety and immunogenicity of an inactivated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine candidate, BBIBP-CorV, in humans.

Findings showed that the inactivated SARS-CoV-2 vaccine, BBIBP-CorV, is safe and well tolerated at all tested doses in two age groups. Humoral responses against SARS-CoV-2 were induced in all vaccine recipients on day 42. Two-dose immunisation with 4 μg vaccine on days 0 and 21 or days 0 and 28 achieved higher neutralising antibody titres than the single 8 μg dose or 4 μg dose on days 0 and 14.

Full paper: [Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBIBP-CorV: a randomised, double-blind, placebo-controlled, phase 1/2 trial](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930831-8)

**Title**: Sensible Medicine - Balancing Intervention and Inaction During the COVID-19 Pandemic

JAMA | 15th October 2020

This Viewpoint discusses the tensions between rapid adoption of interventions for coronavirus disease 2019 (COVID-19) before adequate evidence justifies their use and therapeutic nihilism, and argues for sensible medicine between the 2, which favors usual care, disfavors unnecessary interventions, but embraces rapid scientific evaluation with clinical translation of options proven effective.

Full detail: [Sensible Medicine - balancing intervention and inaction during the Covid-19 pandemic](https://jamanetwork.com/journals/jama/fullarticle/2772072)

**Title**: Producing and using timely comparative evidence on drugs: lessons from clinical trials for covid-19

BMJ | 2020; 371: m3869 | 16th October 2020

Since the early days of the novel coronavirus outbreak, a record number of studies have been launched to test several repurposed and new medicines as potential treatments for covid-19. An analysis by the news organisation STAT identified over 1000 clinical trials registered on ClinicalTrials.gov between January and June 2020.

This is a testament to the research and clinical community’s commitment to identify effective treatments for covid-19. However, the large volume of studies may paradoxically limit the generation of robust evidence and complicate the formulation of trustworthy guidance and decisions related to drug use if the current research is duplicative and redundant or produces conflicting data.

This analysis piece calls for greater collaboration among trialists, meta-analysts, and guidance developers to improve the evidence base for new treatments.

Full detail: [Producing and using timely comparative evidence on drugs: lessons from clinical trials for covid-19](https://www.bmj.com/content/bmj/371/bmj.m3869.full.pdf)

**recovery**

**Title:** COVID-19 recovery: potential treatments for post-intensive care syndrome

The Lancet Respiratory Health | 12th October 2020

The long-term effects of surviving COVID-19 have become a new focus of attention for clinicians and researchers. This focus has been driven partly by concerns about late ill-effects of a previously unknown virus, but recognised generic patterns of chronic disease after critical illness also exist.

These patterns are termed PICS, an acronym both for post-intensive care syndrome and for persistent inflammation, immunosuppression, and catabolism syndrome. This comment piece recommends unifying post-COVID-19 research aims with those of PICS research and propose a novel approach to its management by repurposing drugs that are approved, inexpensive, and safe.

Full detail: [COVID-19 recovery: potential treatments for post-intensive care syndrome](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930457-4)

**Title:** Mental Health Disorders Related to COVID-19–Related Deaths

JAMA | 12th October 2020

This Viewpoint discusses the mental health consequences of the coronavirus disease 2019 (COVID-19) pandemic and emphasizes the importance of developing a public health strategy to manage the waves of grief, posttraumatic stress disorder, opioid use, and other mental health consequences of coronavirus-related death and disruption.

Full detail: [Mental health disorders related to covid-19–related deaths](https://jamanetwork.com/journals/jama/fullarticle/2771763)

**Title:** Building A Resilient State: A Collection Of Essays

Reform | October 2020

The Covid-19 pandemic has placed a huge strain on the state, and while the response has demonstrated some of the great strengths of our public services and machinery of government, it has also exposed some of the biggest flaws.

As an introduction to Reform's new ‘Resilient State’ programme, this collection of essays brings together insight and expertise from across the political spectrum to explore different aspects of a resilient state. The series aims to provide a platform for innovative ideas, to stimulate debate, and help shape a way forward.

Full detail: [Building a resilient state: a collection of essays](https://reform.uk/sites/default/files/2020-10/Building%20a%20resilient%20state%20A%20collection%20of%20essays_0.pdf)

**Title:** Levelling up communities

The Covid Recovery Commission | October 2020  
  
The Covid Recovery Commission was formed in July 2020. The independent Commission brings together some of the UK’s most prominent business figures and entrepreneurs. The Commission will release three short papers before the end of 2020 and a final report in February 2021.

This first report presents the Commission’s initial analysis on how inequality impacts on individuals, neighbourhoods and communities right across the UK and how these inequalities have been impacted by the Covid-19 pandemic.

It argues that a new approach to levelling up is needed to tackle these inequalities. This should focus on local impacts and use a comprehensive strategy, wider than simply rebalancing economic fortunes, to ensure the UK economy and society is fairer post-Covid-19, than it was before.

Full report: [Levelling up communities](https://covidrecoverycommission.co.uk/wp-content/uploads/2020/10/Levelling-up-communities.pdf)

See also: [Government urged to define ‘levelling up’ as new data reveals Covid is widening inequalities in the UK’s most deprived neighbourhoods](https://covidrecoverycommission.co.uk/government-urged-to-define-levelling-up-as-new-data-reveals-covid-is-widening-inequalities-in-the-uks-most-deprived-neighbourhoods/)

**TITLE:** STORIES OF SHIELDING. LIFE IN THE PANDEMIC FOR THOSE WITH HEALTH AND CARE NEEDS

National Voices | October 2020

When lockdown began, National Voices created a digital platform - Our Covid Voices - for people with health and care needs to share their experiences of the impact of the pandemic. This provided the unfiltered views and stories from people at great risk of all the effects of the pandemic, including anxiety, uncertainty and changes to their care. Also their relationships, their jobs and dealing with the everyday aspects of life in the pandemic.

This report is a compilation of the contributions to help inform any decisions taken in the future regarding the way their needs are addressed.

Full report: [Stories of shielding. Life in the pandemic for those with health and care needs](https://www.nationalvoices.org.uk/sites/default/files/public/publications/stories_of_shielding_-_national_voices.pdf)

**Title:** Guidance for health professionals supporting groups with specific complex needs who are or have been shielding

The British Psychological Society | 15th October 2020

This document is aimed at psychologists and other health professionals supporting adults who are or have been subject to shielding, who have additional complex needs or considerations, including adults with learning/intellectual disabilities, autism spectrum conditions, and/or those living with dementia.

The considerations may also be relevant for those living with long term health conditions and their families. People living with these conditions often live with hidden disabilities and the difficulties they face can consequently be less obvious to services and society due to Covid-19.

The guidance specifically focusses on those in the ‘high’ risk category defined by the UK government but recognises that many people not officially in the ‘high risk’ category may have been shielding and therefore may face similar challenges, especially those shielding others, or those in ‘moderate risk’ categories.

Full guidance: [Guidance for health professionals supporting groups with specific complex needs who are or have been shielding](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Guidance%20for%20Health%20Professionals%20Supporting%20Groups%20with%20Specific%20Complex%20Needs.pdf)

**Infection control**

**Title**: Shielding may be reintroduced for vulnerable people in highest risk areas

BMJ | 2020; 371: m3969 | 13th October 2020

The government may reintroduce advice for clinically extremely vulnerable people to shield from covid-19 if they live in “exceptionally high risk areas” of England.

People at greatest risk of serious illness from the virus—including those with conditions affecting the immune system, certain cancers, and organ transplant recipients—will receive specific advice depending on the risk level in their local area, the government said.

The new locally tailored guidance will be linked to the government’s three tier alert system, which is being introduced this week to try to stem rising covid-19 infections across England.

The government said those living in very high risk areas may once again be advised to formally shield, as they were when national lockdown was introduced in March. This would mean staying at home, not going to work or school, and limiting social interactions to their own household and support bubble to reduce their risk.

Advice to shield will not automatically be given if an area is placed in the very high alert level—as Liverpool has been—but ministers will consider it as an additional intervention based on advice from local public health experts and the chief medical officer or a deputy chief medical officer.

Full detail: [Shielding may be reintroduced for vulnerable people in highest risk areas](https://www.bmj.com/content/371/bmj.m3969)

**Title**: Johnson and Johnson vaccine trial is paused because of unexplained illness in participant

BMJ | 2020; 371: m3967 | 13th October 2020

Pharmaceutical company Johnson and Johnson has temporarily paused dosing in all its covid-19 vaccine trials while an investigation is carried out into an unexplained illness in a study participant.

The adverse event is being reviewed by an independent data safety monitoring board as well as the company’s internal clinical and safety physicians. No further details have been provided about the illness or the health of the participant.

Full detail: [Johnson and Johnson vaccine trial is paused because of unexplained illness in participant](https://www.bmj.com/content/371/bmj.m3967)

**Title**: Prime Minister announces new local COVID Alert Levels

Prime Minister's Office, 10 Downing Street | 12th October 2020

The Prime Minister has set out how the government will further simplify and standardise local rules by introducing a three tiered system of local COVID Alert Levels in England. Addressing MPs before hosting a Downing Street press conference, he confirmed the levels will be set at medium, high, and very high.

The “medium” alert level – which will cover most of the country – will consist of the current national measures, which came into force on 25 September. This includes the Rule of Six, and the closure of hospitality at 10pm.

The “high” alert level will reflect many current local interventions, but there will now be consistency across the country. This primarily aims to reduce household to household transmission by preventing all mixing between households or support bubbles indoors. The Rule of Six will apply in outdoor spaces, including private gardens.

The “very high” alert level will apply where transmission rates are causing the greatest concern, based on an assessment of all the available data and the local situation. This includes incidence and test positivity, including amongst older and more at-risk age groups, as well as the growth rate, hospital admissions and other factors.

In these areas, the government will set a baseline of prohibiting social mixing indoors and in private gardens, with the Rule of Six allowed in open public spaces like parks and beaches.

Pubs and bars must close, and can only remain open where they operate as if they were a restaurant – which means serving substantial meals, like a main lunchtime or evening meal. They may only serve alcohol as part of such a meal. People will be advised not to travel in and out of these areas.

Non-essential retail, schools and universities will remain open in all levels.

Full detail: [Prime Minister announces new local COVID Alert Levels](https://www.gov.uk/government/news/prime-minister-announces-new-local-covid-alert-levels)

**Title**: Leading doctors argue against local lockdowns

BMJ | 2020; 371: m3959 | 13th October 2020

The UK government’s own scientific advisers and other leading experts argued against a policy of increased restrictions in local areas to control the covid-19 pandemic, instead calling for a national short period of lockdown or “circuit breaker,” documents show.

The newly released documents reveal that the Scientific Advisory Group for Emergencies recommended on 21 September that such an immediate circuit breaker was the best way to control cases.

The SAGE documents also suggested:

* Advising people to work from home if they can
* Banning all contact within the home with members of other households
* Closure of all bars, restaurants, cafes, indoor gyms, and personal services, and
* All university and college teaching to be online.

Of all the measures SAGE proposed, only one—advising people to work from home—was implemented by the government at the time.

Full detail: [Leading doctors argue against local lockdowns](https://www.bmj.com/content/371/bmj.m3959)

See also: [Scientific Advisory Group for Emergencies. SAGE 58 minutes: Coronavirus (COVID-19) response](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925853/S0768_Fifty-eighth_SAGE_meeting_on_Covid-19.pdf)

**TITLE:** EXPERTS RECOMMEND TWO WEEK CIRCUIT BREAK TO REDUCE TRANSMISSION IN THE UK

BMJ | 2020; 371: m4038 | 16th October 2020

A two-week lockdown in the UK could “put the epidemic back by around 28 days or more,” the government’s Scientific Advisory Group for Emergencies (SAGE) has said.

Documents published this week show that, on 21 September, SAGE recommended a two to three week “circuit breaker” to reduce the reproduction number to under one. But the UK government has not, so far, announced such a measure.

This is despite researchers estimating that such a break could reduce deaths by around 29% to 49%. In a preprint, a team from UK universities used simple analysis and age structured models matched to the unfolding UK epidemic to investigate the action of precautionary breaks.

The researchers suggested that the break could be combined with the school half term holiday in October but said this same logic could also be applied to the Christmas holidays by extending them for a week into 2021, or to the spring half term.

Full detail: [Experts recommend two week circuit break to reduce transmission in the UK](https://www.bmj.com/content/371/bmj.m4038)

Related: [Summary of the effectiveness and harms of different non-pharmaceutical interventions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925854/S0769_Summary_of_effectiveness_and_harms_of_NPIs.pdf)

**Title**: Epidemiological changes on the Isle of Wight after the launch of the NHS Test and Trace programme

The Lancet Digital Health | 14th October 2020

In May 2020, the UK National Health Service (NHS) Test and Trace programme was launched in England in response to the COVID-19 pandemic. The programme was first rolled out on the Isle of Wight and included version 1 of the NHS contact tracing app. The aim of this study was to make a preliminary assessment of the epidemiological impact of the Test and Trace programme using publicly available data.

The results show that the epidemic on the Isle of Wight was controlled quickly and effectively after the launch of Test and Trace. These findings highlight the need for further research to determine the causes of the reduction in the spread of the disease, as these could be translated into local and national non-pharmaceutical intervention strategies in the period before a treatment or vaccination for COVID-19 becomes available.

Full paper: [Epidemiological changes on the Isle of Wight after the launch of the NHS Test and Trace programme: a preliminary analysis](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930241-7)

Related: [Towards better contact-tracing in the UK](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930245-4) | The Lancet Digital Health [comment]

**Title**: Scientific consensus on the COVID-19 pandemic: we need to act now

The Lancet | 15th October 2020

In a Correspondence, published in The Lancet, a group of 80 researchers warn that a so-called herd immunity approach to managing COVID-19 by allowing immunity to develop in low-risk populations while protecting the most vulnerable is “a dangerous fallacy unsupported by the scientific evidence”. Faced with a second wave of COVID-19, and more than a million recorded deaths worldwide, the authors present their view of the evidence-based consensus on COVID-19.

Full detail: [Scientific consensus on the COVID-19 pandemic: we need to act now](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932153-X)

**Title**: Clinically extremely vulnerable receive updated advice tailored to local COVID alert levels

Department of Health & Social Care | 13th October 2020

Clinically extremely vulnerable people in England will receive new guidance to help them reduce their risk from coronavirus, tailored to where they live the government has announced.

The guidance will be tied into the new local COVID alert levels framework, meaning those at the highest risk of serious illness from the virus will receive specific advice depending on the level of risk in their local area, as coronavirus rates continue to rise:

* Those considered most clinically vulnerable to receive updated guidance tailored to their local area, in line with new local COVID alert levels
* New guidance will support them to take appropriate protective actions in their everyday lives, while retaining as much normality as possible
* Clinically extremely vulnerable group includes those with specific health conditions, certain cancers and organ transplant recipients

Full detail: [Clinically extremely vulnerable receive updated advice tailored to local COVID alert levels](https://www.gov.uk/government/news/clinically-extremely-vulnerable-receive-updated-advice-tailored-to-local-covid-alert-levels)

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**workforce wellbeing**

**Title:** Study to assess pandemic’s effects on wellbeing of NHS staff

BMJ | 2020; 371: m3942 | 10th October 2020

A research project looking at the effects of the covid-19 pandemic on the psychological health and wellbeing of NHS staff in England has received £530 000 in government funding.

The NHS Check study is one of six research projects to share £2m from UK Research and Innovation and the National Institute for Health Research. Three of the projects will look at the effects of the pandemic on children and younger adults, and two studies will focus on people with serious mental health problems.

Full detail: [Study to assess pandemic’s effects on wellbeing of NHS staff](https://www.bmj.com/content/371/bmj.m3942)

**Title:** Supporting Clinicians during Covid-19 and Beyond — Learning from Past Failures and Envisioning New Strategies

NEJM | 14th October 2020

Clinicians are facing important emotional stressors during the Covid-19 pandemic, including grief from seeing so many patients die, fears of contracting the virus and infecting their family members, and anger over health care disparities and other systems failures. For some, these stressors have caused or exacerbated burnout, depression, or post-traumatic stress disorder, and they have been implicated in suicides. Even before the pandemic, there were unacceptably high rates of burnout and suicide among clinicians, especially among physicians.

This perspective piece states that there is a strong consensus that immediate action is needed to bolster the emotional health of clinicians.

Full detail: [Supporting Clinicians during Covid-19 and Beyond — Learning from Past Failures and Envisioning New Strategies](https://www.nejm.org/doi/pdf/10.1056/NEJMp2024834?articleTools=true)

**Title:** Supporting nurses' mental health during the pandemic

Nursing | October 2020 | Volume 50 - Issue 10 - p54-57

During the COVID-19 pandemic, healthcare facilities have established new policies affecting nursing care, often with little input from the nurses who must implement them. These changes have led to mistrust and an altered sense of safety among nurses.

This article focuses on how changing institutional policies affecting personal protective equipment and family visitation have affected nurses' mental health and offers practical suggestions for supporting resilience and mental health in nurses during this unprecedented public health crisis.

Full article: [Supporting nurses' mental health during the pandemic](https://journals.lww.com/nursing/Fulltext/2020/10000/Supporting_nurses__mental_health_during_the.13.aspx)

**TITLE:** PTSD SYMPTOMS IN HEALTHCARE WORKERS FACING THE THREE CORONAVIRUS OUTBREAKS: WHAT CAN WE EXPECT AFTER THE COVID-19 PANDEMIC

Psychiatry Research | Volume 292 October 2020

The Coronavirus Disease-19 (COVID-19) pandemic has highlighted the critical need to focus on its impact on the mental health of Healthcare Workers (HCWs) involved in the response to this emergency. It has been consistently shown that a high proportion of HCWs is at greater risk for developing Posttraumatic Stress Disorder (PTSD) and Posttraumatic Stress Symptoms (PTSS).

The present study systematic reviewed studies conducted in the context of the three major Coronavirus outbreaks of the last two decades to investigate risk and resilience factors for PTSD and PTSS in HCWs.

Nineteen studies on the SARS 2003 outbreak, two on the MERS 2012 outbreak and three on the COVID-19 ongoing outbreak were included. Some variables were found to be of particular relevance as risk factors as well as resilience factors, including exposure level, working role, years of work experience, social and work support, job organization, quarantine, age, gender, marital status, and coping styles.

It will be critical to account for these factors when planning effective intervention strategies, to enhance the resilience and reduce the risk of adverse mental health outcomes among HCWs facing the current COVID-19 pandemic.

Full article: [PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic](https://reader.elsevier.com/reader/sd/pii/S016517812031204X?token=396A93CA1775BCB58BB20F003B4B9185DF3000D9831F4A42E7B8534DE9077BDD8FECEDDA15D1AF93402575A1D698484F)

**Health management**

**TITLE:** CORONAVIRUS: ADULT SOCIAL CARE KEY ISSUES AND SOURCES

House of Commons Library| 7thOctober 2020  
  
This briefing aims to provide a high-level overview of policy in relation to adult social care since the start of the coronavirus outbreak in early 2020, including the development of key UK Government guidance. It also provides information on some key issues that have been raised during the course of the outbreak including statistics on deaths in care homes, funding for adult social care, and testing for care home staff and residents.

Section one of the briefing provides a high-level overview of policy in relation to adult social care since the start of the coronavirus outbreak in early 2020, including the development of key UK Government guidance.

The second section provides more detailed information on some key issues that have been raised during the course of the outbreak, including:

* Statistics on deaths in care homes
* Funding for adult social care, including the financial pressures on social care providers
* Testing for care home staff and residents
* The discharging of patients from hospital into care homes
* Rules relating to visiting care homes for friends and family of residents
* The supply of PPE to the adult social care sector

Full document: [Coronavirus: Adult social care key issues and sources](http://researchbriefings.files.parliament.uk/documents/CBP-9019/CBP-9019.pdf)

**Title:** Power down to level up: resilient place-shaping for a post-Covid world

Local Government Information Unit | 9th October 2020

Place plays an important role for an increasing number of local councils as a strategic lens and a blueprint for local leadership. Recognition of place is vital for community wellbeing, particularly as disruption and complexity grow in society, politics and the economy in the wake of the Covid-19 pandemic. But governance in England is experiencing a period of further centralisation which is in danger of smothering local efforts at place leadership.

This paper draws on case studies and analysis to argue that an effective case for refocusing UK governance on place must overcome entrenched orthodoxies about where local capacity lies, the nature of power in the modern state, and how we best measure policy success.

Key recommendations in the report include calls for more fiscal devolution, citizen-centred public services, cutting Whitehall red tape, promoting a sustainable local economy and strengthening local public health.

Full report: [Power down to level up: resilient place-shaping for a post-Covid age](https://lgiu.org/wp-content/uploads/2020/10/Power-down-to-level-up-LGIU.pdf)

**TITLE:** THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND 2019/20

Care Quality Commission | 16th October 2020

The Care Quality Commission’s (CQC’s) annual assessment of the state of health and social care in England looks at the quality of care over the past year. This includes the period before the full impact of COVID-19 began to be felt and CQC’s routine inspections were suspended as a result of the pandemic.

The report is presented in the following sections:

* [Quality of care before the pandemic](https://www.cqc.org.uk/stateofcare#part1)
* [The impact of the coronavirus pandemic](https://www.cqc.org.uk/stateofcare#part2)
* [Collaboration between providers](https://www.cqc.org.uk/stateofcare#part3)
* [Looking forward, the challenges and opportunities ahead](https://www.cqc.org.uk/stateofcare#part4)

Full report: [The state of health care and adult social care in England 2019/20](https://www.cqc.org.uk/sites/default/files/20201016_stateofcare1920_fullreport.pdf)

See also: CQC Press release: [COVID-19 is magnifying inequalities and “risks turning fault lines into chasms” – focus now must be on shaping a health and care system that delivers for everyone](https://www.cqc.org.uk/news/releases/covid-19-magnifying-inequalities-%E2%80%9Crisks-turning-fault-lines-chasms%E2%80%9D-%E2%80%93-focus-now-must)

**other**

**TITLE:** PROVIDERS DELIVER: RESILIENT AND RESOURCEFUL THROUGH COVID-19

NHS Providers | 7th October 2020

This report showcases eight examples of great ideas put into action by trusts through the dedication and ingenuity of staff. One of the main themes in the report is the value of staff empowerment, where trust leaders support ideas and approaches developed within their workforce. Other themes such as innovation and collaboration also emerge.

Full detail: [Providers Deliver: Resilient and resourceful through Covid-19](https://nhsproviders.org/providers-deliver-resilient-and-resourceful-through-covid-19)

See also: NHS Providers blog: [The resilience and resourcefulness of providers through COVID-19](https://nhsproviders.org/news-blogs/news/the-resilience-and-resourcefulness-of-providers-through-covid-19)

**Title**: How will Brexit affect the UK’s response to coronavirus?

Nuffield Trust | 14th October 2020

As the European Council meets to review the state of negotiations on the future EU-UK partnership, a new Nuffield Trust briefing assesses how leaving the single market might affect UK health and social care services just as they are grappling with a second wave of Covid-19 and the biggest health crisis of our times.

Key findings

* Leaving the single market will create new and wide-ranging problems for the majority of NHS medicines and medical devices which come from or via the EU. Measures such as stockpiling and planned delays in bringing in full controls will help, but data since the EU referendum shows medicines shortages have become more common and seem to fluctuate easily. The coronavirus wave and Brexit stockpiling both created spikes in imported supplies, and filling both requirements at once may be very difficult.
* Export blocks on medically vital supplies by the EU were used during the first wave of coronavirus and could cover the UK after 31 December.
* The UK will no longer have access to the European Centre for Disease Prevention and Control (ECDC), which collects and shares intelligence on pandemics and other infectious disease outbreaks. The UK is trying to negotiate access to the Early Warning and Response System, which shares information between ECDC and member states during pandemics, but this will depend on whether a deal is reached and whether this provision is secured.
* Based on negotiating documents, draft treaties, and briefing to date, the majority of the crucial issues for health which could have been secured in an agreement are not agreed upon by the two sides, or the outcome is uncertain. These should be given a higher priority in the context of the ongoing pandemic.
* Several important areas for responding to coronavirus depend on cooperative practices and favourable decisions across the EU and UK, beyond simply the presence or absence of a deal. These include allowances at customs on the EU side; the exchange of data and intelligence; and the UK being subject to blocks on exports. Bad relations will magnify the issues the NHS faces in trying to tackle coronavirus next year.
* Poor funding for public health and social care contributed to limitations in the UK’s capacity to address coronavirus during the first wave. Leaving the single market will mean slower growth, making addressing these more difficult though the case to do so remains very strong.

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

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>

Full briefing: [How will Brexit affect the UK’s response to coronavirus?](https://www.nuffieldtrust.org.uk/files/2020-10/coronavirus-brexit-briefing-3.pdf)