COVID-19 weekly update

17th December 2021

clinical management

**Title:** COVID-19 rapid guideline: managing COVID-19

NICE guideline [NG191] |updated: 14th December 2021

This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together existing NICE recommendations on managing COVID-19, and new recommendations on therapeutics, so that healthcare staff and those planning and delivering services can find and use them more easily.

NICE are continually monitoring the evidence and updating the guideline as new information emerges. On 14 December a statement to the recommendation on casirivimab and imdevimab about the Omicron variant was added.

Full detail: [COVID-19 rapid guideline: managing COVID-19](https://www.nice.org.uk/guidance/ng191)

**Title:** New tool can predict the risks of surgery for people with COVID-19

National Institute for Health Research | 10th December 2021

The COVID-19 pandemic has led to many surgical operations being cancelled. As a result, people are going untreated for longer, and may be more severely ill by the time of their surgery. But people who have COVID-19 around the time of surgery have higher rates of death than those without the virus. They also have more lung-related complications afterwards. A tool to predict each patient’s risk has been urgently needed.

A new tool, called CovidSurg, can predict the risks of surgery for people who develop COVID-19. It gives a score based on readily available information, and could help patients and professionals discuss and manage the likely risks. The tool, which was developed using machine learning, is free for surgical teams around the world to use.

New research shows that the CovidSurg tool can estimate the risks of surgery for individuals who have COVID-19. Risks are based on readily available information such as the patient’s age, and whether they have received respiratory support (been on a ventilator).

The work can help identify an individual patient’s risk of death should they have surgery. This will help them make more informed decisions about whether to go ahead with the procedure.  It can also help staff to be more aware of the potential risks for each patient and to plan the care they are likely to need after surgery.

Full detail: [New tool can predict the risks of surgery for people with COVID-19](https://evidence.nihr.ac.uk/alert/new-tool-predicts-risks-of-surgery-covid-19/?source=chainmail)

**Title:** Access Consortium statement on COVID-19 medicines

Medicines & Healthcare products Regulatory Agency | 14th December 2021

Vaccines have played a critical role in fighting the COVID-19 pandemic. However, medicines can still play an important role globally in treating and/or preventing COVID-19.

The medicines regulators from Australia, Canada, Singapore, Switzerland and the United Kingdom (Access Consortium) have discussed the continued need for COVID-19 medicines that are safe, effective and of high quality.

This collective statement on COVID-19 medicines builds on the Accesss Consortium’s May 2020 pledge to work together to counter the COVID-19 global pandemic. Medicines and Healthcare products Regulatory Agency

Full detail: [Access Consortium statement on COVID-19 medicines](https://www.gov.uk/government/publications/access-consortium-statement-on-covid-19-medicines/access-consortium-statement-on-covid-19-medicines)

**Title:** COVID-19 vaccines and medicines: updates for December 2021

Medicines and Healthcare products Regulatory Agency | 10th December 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the November 2021 issue of Drug Safety Update, up to 3 December 2021:

1. Approval of Xevudy (sotrovimab), a monoclonal antibody treatment for COVID-19
2. Summaries of Yellow Card reporting and other recent MHRA publications
3. Reporting Yellow Cards

Full detail: [COVID-19 vaccines and medicines: updates for December 2021](https://www.gov.uk/drug-safety-update/covid-19-vaccines-and-medicines-updates-for-december-2021)

**Title:** Namilumab or infliximab compared with standard of care in hospitalised patients with COVID-19

The Lancet Respiratory Medicine | 16th December 2021

Dysregulated inflammation is associated with poor outcomes in COVID-19. This study aimed to assess the efficacy of namilumab (a granulocyte-macrophage colony stimulating factor inhibitor) and infliximab (a tumour necrosis factor inhibitor) in hospitalised patients with COVID-19, to prioritise agents for phase 3 trials.

Between June 15, 2020, and Feb 18, 2021, we screened 299 patients and 146 were enrolled and randomly assigned to usual care (n=54), namilumab (n=57), or infliximab (n=35). For the primary outcome, 45 patients in the usual care group were compared with 52 in the namilumab group, and 29 in the usual care group were compared with 28 in the infliximab group.

Namilumab, but not infliximab, showed proof-of-concept evidence for reduction in inflammation—as measured by CRP concentration—in hospitalised patients with COVID-19 pneumonia. Namilumab should be prioritised for further investigation in COVID-19.

Full paper: [Namilumab or infliximab compared with standard of care in hospitalised patients with COVID-19 (CATALYST): a randomised, multicentre, multi-arm, multistage, open-label, adaptive, phase 2, proof-of-concept trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900460-4)

**Title:** Molnupiravir for Oral Treatment of Covid-19 in Nonhospitalized Patients

New England Journal of Medicine | 16th December 2021

New treatments are needed to reduce the risk of progression of coronavirus disease 2019 (Covid-19). Molnupiravir is an oral, small-molecule antiviral prodrug that is active against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The authors conducted a phase 3, double-blind, randomized, placebo-controlled trial to evaluate the efficacy and safety of treatment with molnupiravir started within 5 days after the onset of signs or symptoms in nonhospitalized, unvaccinated adults with mild-to-moderate, laboratory-confirmed Covid-19 and at least one risk factor for severe Covid-19 illness. Participants in the trial were randomly assigned to receive 800 mg of molnupiravir or placebo twice daily for 5 days. The primary efficacy end point was the incidence hospitalization or death at day 29.

Early treatment with molnupiravir reduced the risk of hospitalization or death in at-risk, unvaccinated adults with Covid-19. By day 29, hospitalization for progression of Covid-19 was lower with molnupiravir (6.8%) than with placebo (9.7%).

Full paper: [Molnupiravir for oral treatment of Covid-19 in nonhospitalized patients](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2116044?articleTools=true)

Editorial: [Molnupiravir - A step toward orally bioavailable therapies for Covid-19](https://www.nejm.org/doi/full/10.1056/NEJMe2117814)

**Title:** Risk of venous thrombotic events and thrombocytopenia in sequential time periods after ChAdOx1 and BNT162b2 COVID-19 vaccines

The Lancet Regional Health - Europe | 13th December 2021

Thrombosis with thrombocytopenia, or thrombocytopenia on its own, have been reported after Covid-19 vaccines. This study assessed the risk after ChAdOx1 adenovirus-vector and BNT162b2 mRNA vaccines in a national cohort study in England.

This epidemiological study shows an increased risk of thrombotic episodes and thrombocytopenia in adults under 65 years of age within a month of a first dose of ChAdOx1 vaccine but not after the BNT162b2 vaccine.

Full paper: [Risk of venous thrombotic events and thrombocytopenia in sequential time periods after ChAdOx1 and BNT162b2 COVID-19 vaccines: A national cohort study in England](https://www.thelancet.com/action/showPdf?pii=S2666-7762%2821%2900246-5)

**Title:** SARS-CoV-2 vaccination and myocarditis or myopericarditis: population based cohort study

BMJ | 2021; 375: e068665 | 16th December 2021

The objective of this cohort study was to investigate the association between SARS-CoV-2 vaccination and myocarditis or myopericarditis.

The authors found that vaccination with mRNA-1273 was associated with a significantly increased risk of myocarditis or myopericarditis, primarily driven by an increased risk among individuals aged 12-39 years, while BNT162b2 vaccination was only associated with a significantly increased risk among women. However, the absolute rate of myocarditis or myopericarditis after SARS-CoV-2 mRNA vaccination was low, even in younger age groups.

The benefits of SARS-CoV-2 mRNA vaccination should be taken into account when interpreting these findings. Larger multinational studies are needed to further investigate the risks of myocarditis or myopericarditis after vaccination within smaller subgroups.

Full paper: [SARS-CoV-2 vaccination and myocarditis or myopericarditis: population based cohort study](https://www.bmj.com/content/bmj/375/bmj-2021-068665.full.pdf)

Related editorial: [Myocarditis after vaccination against covid-19](https://www.bmj.com/content/375/bmj.n3090)

**Title:** EMA recommends approval for use of Kineret in adults with COVID-19

European Medicines Agency | 16th December 2021

EMA’s human medicines committee (CHMP) has recommended extending the indication of Kineret (anakinra) to include treatment of COVID-19 in adult patients with pneumonia requiring supplemental oxygen (low or high flow oxygen) and who are at risk of developing severe respiratory failure, as determined by blood levels of a protein called suPAR (soluble urokinase plasminogen activator receptor) of at least 6 ng per ml.

Kineret, is an immunosuppressive medicine and is currently authorised in the EU for the treatment of various inflammatory conditions. In COVID-19 patients, the medicine is considered to reduce the inflammation associated with COVID-19 and thus decrease lower airway damage, preventing development of severe respiratory failure.

Full detail: [EMA recommends approval for use of Kineret in adults with COVID-19](https://www.ema.europa.eu/en/news/ema-recommends-approval-use-kineret-adults-covid-19)

recovery

**Title:** Long covid symptoms among hospital inpatients show little improvement after a year, data suggest

BMJ | 2021; 375: n3092 | 15th December 2021

People admitted to hospital with covid-19 who reported “long covid” symptoms five months after discharge had made only limited improvement after a full year, preliminary data from the PHOSP-COVID study show.

Researchers said that their results showed that patients who experienced the most severe symptoms also had raised levels of substances associated with whole body inflammation and tissue damage and repair, suggesting autoimmune involvement.

The study, led by the National Institute for Health Research (NIHR) Leicester Biomedical Research Centre, is following up 2230 adults admitted to hospital with covid-19. At five months after discharge only 2.5 in 10 people felt fully recovered. This was largely unchanged after 12 months, at less than 3 in 10 patients, in the 807 people assessed so far.

The most common long covid symptoms reported by patients were fatigue, muscle pain, physically slowing down, poor sleep, and breathlessness.

Full detail: [Long covid symptoms among hospital inpatients show little improvement after a year, data suggest](https://www.bmj.com/content/375/bmj.n3092)

Full research: [Clinical characteristics with inflammation profiling of Long-COVID and association with one-year recovery following hospitalisation in the UK: a prospective observational study](https://www.medrxiv.org/content/10.1101/2021.12.13.21267471v1.full.pdf) | medRxiv [*This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice].*

Infection control

**Title:** Daily rapid testing for COVID-19 contacts launches this week

Department of Health and Social Care | 12th December 2021

From Tuesday 14 December, people who are fully vaccinated and identified as a contact of someone with COVID-19 – whether Omicron or not – should take an NHS rapid lateral flow test every day for 7 days to help slow the spread of COVID-19.

* Those who test positive or develop symptoms will need to self-isolate
* Unvaccinated adults must continue to self-isolate for 10 days if they are a contact of someone with COVID-19
* It follows a significant rise in Omicron cases in the UK with the new variant expected to become the dominant strain by mid-December

Full detail: [Daily rapid testing for COVID-19 contacts launches this week](https://www.gov.uk/government/news/daily-rapid-testing-for-covid-19-contacts-launches-this-week?utm_medium=email&utm_campaign=govuk-notifications&utm_source=4696fbf9-a24c-4cfe-93c7-5202f6faec7f&utm_content=daily)

**Title:** UK coronavirus (COVID-19) alert level increased from Level 3 to Level 4

Department of Health and Social Care | 12th December 2021

Following advice from the UK Health Security Agency and in the light of the rapid increase in Omicron cases, the UK Chief Medical Officers and NHS England National Medical Director have recommended to ministers that the UK COVID-19 alert level should increase from Level 3 to Level 4.

Full detail: [UK coronavirus (COVID-19) alert level increased from Level 3 to Level 4](https://www.gov.uk/government/news/uk-coronavirus-covid-19-alert-level-increased-from-level-3-to-level-4)

**Title:** Do vaccines work against omicron—and other questions answered

 BMJ | 2021; 375: n3062 | 10th December 2021

The SARS-CoV-2 omicron variant, first detected in South Africa on 24 November, has now been found in 57 countries. This article looks at what we know about it so far, including how well treatments and vaccines work, asking the following:

* What mutations does omicron have?
* Is it more transmissible than the delta variant?
* Does it lead to more severe disease?
* Does omicron escape the vaccines?
* Could there be an updated vaccine?
* What about antiviral and antibody treatments?
* Can PCR testing detect omicron?
* What are countries doing in response?

Full detail: [Do vaccines work against omicron—and other questions answered](https://www.bmj.com/content/375/bmj.n3062)

**Title:** Modelling suggests rapid spread of Omicron in England but same severity as Delta

Imperial College London | 17th December 2021

Omicron largely evades immunity from past infection or two vaccine doses according to Imperial's latest report. The new report (Report 49) estimates that the risk of reinfection with the Omicron variant is 5.4 times greater than that of the Delta variant. This implies that the protection against reinfection by Omicron afforded by past infection may be as low as 19%.

The results suggest that the proportion of Omicron among all COVID cases was doubling every 2 days up to December 11th. The distribution of Omicron by age, region and ethnicity currently differs markedly from Delta, with 18–29-year-olds, residents in the London region, and those of African ethnicity having significantly higher rates of infection with Omicron relative to Delta. London is substantially ahead of other English regions in Omicron frequency.

The study finds no evidence of Omicron having lower severity than Delta, judged by either the proportion of people testing positive who report symptoms, or by the proportion of cases seeking hospital care after infection. However, hospitalisation data remains very limited at this time.

Further detail: [Modelling suggests rapid spread of Omicron in England but same severity as Delta](https://www.imperial.ac.uk/news/232698/modelling-suggests-rapid-spread-omicron-england/)

Full report: [Report 49 - Growth, population distribution and immune escape of Omicron in England](https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-49-Omicron/)

**Title:** Vaccines shown to induce lower levels of neutralising antibodies against Omicron coronavirus variant

University of Oxford | 13th December 2021

Researchers from the University of Oxford have analysed the impact of the Omicron COVID-19 variant of concern on one of the immune responses generated by vaccination.

Using blood samples from individuals who had previously received two doses of the Oxford-AstraZeneca or Pfizer-BioNTech vaccines as part of the Com-COV study, and a live virus isolate, they demonstrate substantial decrease in neutralising titres – a measure of the level of neutralising antibodies generated in responses to vaccination against, or infection from, COVID-19.

The results indicate that the Omicron variant has the potential to drive a further wave of infections, including among those already vaccinated, although the researchers highlight that there is currently no evidence of increased potential to cause severe disease, hospitalisations or deaths in vaccinated populations.

These results align with [recently published data from UK Health Security Agency](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1040076/Technical_Briefing_31.pdf), showing reduced effectiveness of two doses of these vaccines against symptomatic disease due to the Omicron variant compared to Delta. Importantly, this effectiveness was improved by a third dose of vaccine.

Full detail: [Vaccines shown to induce lower levels of neutralising antibodies against Omicron coronavirus variant](https://www.ox.ac.uk/news/2021-12-13-vaccines-shown-induce-lower-levels-neutralising-antibodies-against-omicron)

Research paper: [Reduced neutralisation of SARS-COV-2 Omicron-B.1.1.529 variant by post-immunisation serum](https://www.medrxiv.org/content/10.1101/2021.12.10.21267534v1) [note: *This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice*].

**Title:** Vivaldi 3: reduced antibody and cellular immune responses following dual COVID-19 vaccination within infection-naive residents of long-term care facilities

UK Health Security Agency | 10th December 2021

The Vivaldi 3 study, conducted by the University of Birmingham in collaboration with University College London, is an integral part of the Vivaldi project which was set up in June 2020 to investigate SARS-CoV-2 transmission, infection outcomes and immunity in residents and staff in care homes in England.

For this paper, researchers studied blood samples from 202 staff and 286 residents in care homes to investigate their antibody and cellular immune responses following COVID-19 vaccination. Blood sampling was carried out between December 2020 and June 2021.

Care home residents and staff who have previously contracted and survived COVID-19 develop much stronger and higher antibody and cellular immune responses following 2 doses of vaccination than those without prior natural infection.

The findings emphasise the need for all care home residents to increase their immunity protection through receiving their two primary vaccine doses and third booster vaccines.

Further detail: [Vivaldi 3: reduced antibody and cellular immune responses following dual COVID-19 vaccination within infection-naive residents of long-term care facilities](https://www.gov.uk/government/publications/vivaldi-3-coronavirus-covid-19-antibody-and-cellular-immune-response-in-care-homes-study-report/vivaldi-3-reduced-antibody-and-cellular-immune-responses-following-dual-covid-19-vaccination-within-infection-naive-residents-of-long-term-care-facil)

Preprint paper available from [The Lancet](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3979590)

**Title:** Suspension of the 15-minute wait for vaccination with mRNA vaccine for COVID-19: UK CMOs' opinion

Department of Health & Social Care | 14th December 2021

The Chief Medical Officers (CMOs) of the UK and lead Deputy Chief Medical Officers (DCMOs) for vaccines have considered whether, in the light of the very considerable need to speed up vaccination and boosting in response to Omicron variant, the 15-minute wait for some mRNA COVID-19 vaccines should be suspended.

Their view, having considered the views of the COVID-19 Vaccine Benefit-Risk Expert Working Group (EWG), NHS planners and others is that with the low rates of anaphylaxis, in the context of the considerable need for people to be boosted or vaccinated, the 15-minute wait after a vaccination with mRNA vaccine will cause more harm than it can avert because it will significantly reduce the number of people who can be vaccinated over a short period of time.

The 15-minute wait should therefore be suspended for first, second and homologous or heterologous boost vaccinations with mRNA vaccine given the current situation. See also:

Full detail: [Suspension of the 15-minute wait for vaccination with mRNA vaccine for COVID-19: UK CMOs' opinion](https://www.gov.uk/government/publications/suspension-of-the-15-minute-wait-for-vaccination-with-mrna-vaccine-for-covid-19-uk-cmos-opinion/suspension-of-the-15-minute-wait-for-vaccination-with-mrna-vaccine-for-covid-19-uk-cmos-opinion)

See also: [15-minute observation period after vaccine temporarily suspended to speed up booster rollout](https://www.gov.uk/government/news/15-minute-observation-period-after-vaccine-temporarily-suspended-to-speed-up-booster-rollout) | Department of Health & Social Care

**Title:** Southampton trial needle-free vaccine for COVID-19 variants and future coronaviruses

National Institute for Health Research | 14th December 2021

Southampton has launched a trial for a pioneering vaccine technology that could be used as a booster targeting COVID-19 virus variants and relatives that threaten future coronavirus pandemics.

This is the first next generation coronavirus vaccine and uses the University of Cambridge DIOSvax technology. It will be given without a needle, just using a jet of air to push it into the skin. This offers a possible future alternative to people who fear needle-based jabs.

If successful it could be scaled up and manufactured as a powder to boost global vaccination efforts, particularly in low- and middle-income countries.

Full detail: [Southampton trial needle-free vaccine for COVID-19 variants and future coronaviruses](https://local.nihr.ac.uk/news/southampton-trial-needle-free-vaccine-for-covid-19-variants-and-future-coronaviruses/29546)

See also:

* [Southampton trial needle-free vaccine for COVID-19 variants and future coronaviruses](https://www.southampton.ac.uk/news/2021/11/cambridge-covid-vaccine.page) | University of Southampton
* [Needle-free vaccine targets COVID-19 variants and future coronaviruses](https://www.cam.ac.uk/stories/DIOSCoVax_safetytrial) | University of Cambridge
* [Trial begins of needle-free Covid vaccine targeting new variants](https://www.bbc.co.uk/news/uk-england-59642182) | BBC News

**Title:** Omicron daily overview

UK Health Security Agency | updated daily

This research and analysis provides an overview and summary of case data for Omicron focusing on confirmed and , S-gene target failure (SGTF) cases in the UK. This includes total cases (UK), England regional breakdown, SGTF as a percentage of cases, hospitalisation and death information.

Full detail: [Omicron daily overview](https://www.gov.uk/government/publications/covid-19-omicron-daily-overview)

**Title:** Booster bookings surge as NHS accelerates COVID-19 vaccine campaign

NHS England | 14th December 2021

More than 650,000 booster bookings were made yesterday (Monday) as the NHS kickstarted the expansion of its world-leading COVID-19 vaccination programme. Yesterday was the second highest day for booster bookings as the online service opened to all eligible people aged 30 and above.

A total of 704,148 vaccine appointments were made, including 655,170 for boosters. This surge in bookings comes as the NHS is accelerating the booster programme in a drive to offer all adults a top-up jab by the end of December.

Full detail: [Booster bookings surge as NHS accelerates COVID-19 vaccine campaign](https://www.england.nhs.uk/2021/12/booster-bookings-surge-as-nhs-accelerates-covid-19-vaccine-campaign/)

See also:

* [NHS booster bookings open to every eligible adult](https://www.england.nhs.uk/2021/12/nhs-booster-bookings-open-to-every-eligible-adult/) | NHS England
* [NHS delivers record daily number of boosters as vaccine drive surges forward](https://www.england.nhs.uk/2021/12/nhs-delivers-record-daily-number-of-boosters-as-vaccine-drive-surges-forward/) | NHS England
* [NHS sets out next steps to accelerate COVID-19 booster rollout](https://www.england.nhs.uk/2021/12/nhs-sets-out-next-steps-to-accelerate-covid-19-booster-rollout/) | NHS England
* [Boosting the nation against covid-19: are the vaccination targets feasible?](https://www.bmj.com/content/375/bmj.n3094) | BMJ

**Title:** Prime Minister and Head of the NHS call for volunteers to support National Booster Effort

Department of Health & Social Care | NHS England | 14th December 2021

The Prime Minister has announced a new ambition for every eligible adult to have the chance to get their jab by the end of the year. The new target means the NHS will be ramping up its vaccine operations, and it needs as many people as possible to play their part by volunteering their time to help.

In the next week hundreds more sites, mobile units and pop ups will be springing up across the country. These will be in a range of locations that will make it as easy as possible for people to get boosted – such as at football stadia, shopping centres and racecourses. This means volunteers are needed to perform tasks such as registering patients, managing queues and giving jabs.

Full detail[: Prime Minister and Head of the NHS call for volunteers to support National Booster Effort](https://www.gov.uk/government/news/prime-ministeer-and-head-of-the-nhs-call-for-volunteers-to-support-national-booster-effort)

See also: [Call for volunteers as 500k book boosters in a day](https://www.bbc.co.uk/news/uk-59646877?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** Government and faith leaders join forces to support booster drive

Department of Health & Social Care | 17th December 2021

The government and faith leaders have united in the national effort to get the country boosted in the wake of a surge in Omicron cases.

The drive is being supported by religious leaders, including members of the Prime Minister’s Places of Worship Taskforce, the Archbishop of Canterbury, Sheikh Nuru Mohammed, and the General Secretary of the Hindu Council.

Full detail: [Government and faith leaders join forces to support booster drive](https://www.gov.uk/government/news/government-and-faith-leaders-join-forces-to-support-booster-drive)

**Title:** G7 statement on the Omicron variant

Department of Health and Social Care | 16th December 2021

G7 health ministers held their final meeting of the UK’s G7 Presidency, focusing particularly on the very worrying developments on Omicron.

In light of these extensive challenges, G7 ministers reiterated the commitment to taking forward the pledges in recent G7 and G20 declarations to tackle the ongoing pandemic and build defences for the future. Following information exchange between ministers they agreed that working together was crucial in responding to the rapidly growing Omicron wave. Ministers highlighted the importance of equitable access to diagnostics, genome sequencing, vaccines and therapeutics. They also agreed on the increasing importance of booster campaigns and regular testing alongside continued non-pharmaceutical measures. Ministers reiterated their continuous support for COVAX, their commitment to the global effort on vaccine rollout and their support for accelerated development of vaccines, therapeutics and diagnostics in pandemics.

G7 health ministers also welcomed the close co-operation throughout the UK’s G7 Presidency on clinical trials, global health security, antimicrobial resistance (AMR), and digital health.

Full detail: [G7 statement on the Omicron variant](https://www.gov.uk/government/news/g7-statement-on-the-omicron-variant)

**Title:** Pregnant women urged to come forward for COVID-19 vaccination

UK Health Security Agency | 16th December 2021

The Joint Committee on Vaccination and Immunisation (JCVI) is calling on all pregnant women to get vaccinated as soon as possible.

There is growing evidence showing that women who are pregnant are at increased risk of serious consequences from coronavirus (COVID-19) and as a result, they should be considered a clinical risk group within the COVID-19 vaccination programme.

Given that the majority of pregnant women who have been admitted to hospital with severe COVID-19 are unvaccinated, the key priority is to increase the number of pregnant women completing their primary course (2 vaccine doses 8 weeks apart).

Recent data published by the UK Health Security Agency (UKHSA) adds to the existing international evidence, which has not identified any safety concerns of vaccinating women during pregnancy.

Full detail: [Pregnant women urged to come forward for COVID-19 vaccination](https://www.gov.uk/government/news/pregnant-women-urged-to-come-forward-for-covid-19-vaccination)

**Title:** Defence steps up support to vaccine programme

Department of Health and Social Care | 13th December 2021

750 Armed Forces personnel have been made available to support the NHS, the Department of Health and Social Care and Scottish Government to accelerate the vaccine booster programme.

Over 100 personnel are currently supporting the vaccine rollout in Scotland. 600 Armed Forces personnel have been made available to NHS England to administer vaccines, working in small teams across the country. In addition, around 50 personnel will provide planning support to NHS England. 41 planners will deploy to NHS trusts across England and 10 logistics experts will be based at NHS England’s headquarters in London.

Full detail: [Defence steps up support to vaccine programme](https://www.gov.uk/government/news/defence-steps-up-support-to-vaccine-programme)

**Title:** The effect of mandatory COVID-19 certificates on vaccine uptake: synthetic-control modelling of six countries

The Lancet Public Health | 13th December 2021

Mandatory COVID-19 certification (showing vaccination, recent negative test, or proof of recovery) has been introduced in some countries. This study aimed to investigate the effect of certification on vaccine uptake.

COVID-19 certification led to increased vaccinations 20 days before implementation in anticipation, with a lasting effect up to 40 days after. Countries with pre-intervention uptake that was below average had a more pronounced increase in daily vaccinations compared with those where uptake was already average or higher. Increase in uptake was highest for people younger than 30 years after the introduction of certification.

Mandatory COVID-19 certification could increase vaccine uptake, but interpretation and transferability of findings need to be considered in the context of pre-existing levels of vaccine uptake and hesitancy, eligibility changes, and the pandemic trajectory.

Full paper: [The effect of mandatory COVID-19 certificates on vaccine uptake: synthetic-control modelling of six countries](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900273-5)

**Title:** Need for social restrictions will gradually shrink over time, says England’s CMO

BMJ |2021; 375: n3107 | 17th December 2021

The development of polyvalent vaccines and new antivirals should lessen the need for social restrictions from around the middle of 2023, England’s chief medical officer has told MPs.

Giving evidence to the House of Commons Health and Social Care Committee on 16 December, Chris Whitty said that although the UK may need intermittent social restrictions against covid-19 over the next 18 months, future medical advances should provide the “heavy lifting” against new variants. However, Whitty said that for now some social restrictions may be necessary to tackle variants such as omicron that show some partial escape from vaccines and could overwhelm the NHS if left unchecked.

Full detail: [Need for social restrictions will gradually shrink over time, says England’s CMO](https://www.bmj.com/content/375/bmj.n3107)

**Title:** Effectiveness of mRNA-1273 against delta, mu, and other emerging variants of SARS-CoV-2: test negative case-control study

BMJ | 2021; 375: e068848| 15th December 2021

The objectives of this study were to evaluate the effectiveness of the mRNA-1273 vaccine against SARS-CoV-2 variants and assess its effectiveness against the delta variant by time since vaccination.
Outcomes included infection with SARS-CoV-2 and hospital admission with covid-19.

The study concludes that two doses of mRNA-1273 were highly effective against all SARS-CoV-2 variants, especially against hospital admission with covid-19. However, vaccine effectiveness against infection with the delta variant moderately declined with increasing time since vaccination.

Full paper: [Effectiveness of mRNA-1273 against delta, mu, and other emerging variants of SARS-CoV-2: test negative case-control study](https://www.bmj.com/content/bmj/375/bmj-2021-068848.full.pdf)

**Title:** Omicron: a failure to act with a global focus will continue the proliferation of new variants of covid-19

BMJ | 2021; 375: n3095 | 16th December 2021

The emergence of the omicron variant of covid-19 serves as a stark reminder that while we have made progress in tackling covid-19 over the past two years, there is still much work to be done. This BMJ Opinion piece argues that while we must continue to implement public health measures to protect our domestic population, if we fail to act with a global focus we will continue to see the proliferation of new variants of the virus.

The article suggests that governments across the world must come together to ensure international vaccine equity and protect the health of our global community. We also need to address domestic inequalities in vaccine uptake, and the government must re-double efforts to ensure that those not already vaccinated get their jabs.

Full detail: [Omicron: a failure to act with a global focus will continue the proliferation of new variants of covid-19](https://www.bmj.com/content/375/bmj.n3095)

**Title:** Omicron and the need for boosters

BMJ | 2021; 375: n3079 | 14th December 2021

Over 365 million booster or third vaccine doses have been administered globally. This BMJ analysis asks what protection they offer against the latest covid variant.

Full detail: [Omicron and the need for boosters](https://www.bmj.com/content/375/bmj.n3079)

**Title:** GPs are told to postpone routine care to focus on vaccine boosters in response to omicron

BMJ | 2021; 375: n3083 | 14th December 2021

The UK government has announced a further acceleration to the covid booster vaccine programme in response to the rapid spread of the omicron variant and has promised that every UK adult will be able to book a booster by the end of 2021.

To free up capacity in the health service general practices are being asked to postpone routine appointments and focus on delivering vaccinations, alongside urgent appointments for conditions such as cancer, over the next two weeks.

Full detail: [GPs are told to postpone routine care to focus on vaccine boosters in response to omicron](https://www.bmj.com/content/375/bmj.n3083)

See also: [Will GPs boost the booster rollout?](https://www.bmj.com/content/375/bmj.n3016) | BMJ

workforce wellbeing

**Title:** The state of medical education and practice in the UK

General Medical Council | December 2021

This is an annual report on the realities and challenges faced by medical professionals in the UK’s health care systems. This year’s report looks at how the coronavirus (Covid-19) pandemic and the recovery have affected doctors’ work and training. It also highlights learnings that the UK health services can use to support doctors and patients.

Full report: [The state of medical education and practice in the UK 2021](https://www.gmc-uk.org/-/media/documents/somep-2021-full-report_pdf-88509460.pdf?la=en&hash=058EBC55D983925E454F144AB74DEE6495ED7C98)

Executive Summary: [The state of medical education and practice in the UK 2021](https://www.gmc-uk.org/-/media/documents/somep-2021-exec-summary_pdf-88509970.pdf?la=en&hash=24C82BDE70BEFE468CDA9D97952745A16585D9BF)

Health management

**Title:** NHS leaders aim to maintain elective care in coming months but warn covid may cause cancellations

BMJ | 2021; 375: n3100 | 16th December 2021

The NHS intends to maintain elective care procedures over the coming months despite rising numbers of new covid-19 cases, but leaders have warned that some cancellations may become inevitable.

Several NHS and government leaders have admitted that the scale of another wave of covid in December and January, largely caused by the new omicron variant, would dictate the health service’s ability to carry on providing elective care procedures. They were speaking at an evidence session of the House of Commons Public Accounts Committee for its inquiry into NHS backlogs and waiting times, held on 15 December.

Full detail: [NHS leaders aim to maintain elective care in coming months but warn covid may cause cancellations](https://www.bmj.com/content/375/bmj.n3100)

other

**Title:** Regulation and use of confidential patient information for genomic and medical research during and post COVID-19

PHG Foundation| December 2021

At the start of the Covid-19 pandemic the government in England introduced measures to enable the use of confidential patient information for Covid-19 purposes without consent or another form of approval that would normally be required. These measures, the ‘COPI notices’, set aside the common law duty of confidentiality for a range of purposes, including research into the disease and its impact on health and care.

This report considers how these regulatory changes to the governance of confidential patient information have impacted genomic and medical research, and whether these changes should be integrated into the regulatory framework longer-term.

Full report: [Regulation and use of confidential patient information for genomic and medical research during and post COVID-19](https://www.phgfoundation.org/media/549/download/Regulation%20and%20use%20of%20confidential%20patient%20information%20for%20genomic%20and%20medical%20research%20during%20and%20post%20COVID-19%20-%20Report.pdf?v=1&inline=1)

Press release: [Control of patient information in the COVID-19 era](https://www.phgfoundation.org/report/control-of-patient-information)

**Title:** Prime Minister announces Covid-19 Inquiry Chair

Cabinet Office | 15th December 2021

The Prime Minister has appointed the Rt Hon Baroness Heather Hallett DBE as Chair of the forthcoming public inquiry into the Covid-19 pandemic. The Inquiry, set to begin its work in spring 2022, will play a key role in examining the UK’s pandemic response. Additional panel members will be appointed in the new year to make sure the Inquiry has access to the full range of expertise needed to complete its important work.

Full detail: [Prime Minister announces Covid-19 Inquiry Chair](https://www.gov.uk/government/news/prime-minister-announces-covid-19-inquiry-chair)

**Title:** Runny nose, headache, and fatigue are commonest symptoms of omicron, early data show

BMJ | 2021; 375: n3103| 16th December 2021

The UK government has been urged to update its list of symptoms for covid-19, after early data showed that cold-like symptoms were the most commonly reported by people with the new omicron variant.

Data released on 16 December by the Covid Symptoms Study, run by the health science company Zoe and King’s College London, show that the top five symptoms reported in the app for omicron infection were runny nose, headache, fatigue (either mild or severe), sneezing, and sore throat. This initial analysis was based on positive cases in London, which was selected because of its higher prevalence of omicron than in other parts of the UK.

Further detail: [Runny nose, headache, and fatigue are commonest symptoms of omicron, early data show](https://www.bmj.com/content/375/bmj.n3103)

Related: [Omicron and cold-like symptoms rapidly taking over in London](https://covid.joinzoe.com/post/omicron-and-cold-like-symptoms-rapidly-taking-over-in-london) | Zoe Covid Study

**Title:** Omicron is causing more infections but fewer hospital admissions than delta, South African data show

BMJ | 2021; 375: n3104 | 16th December 2021

Data from South Africa suggests that omicron is spreading faster than any previous coronavirus variant and showing signs of immune escape, with both vaccinated and previously infected people more at risk than in previous waves.

More than 90% of newly sequenced infections in South Africa now involve the omicron variant, and as it displaced delta, vaccine effectiveness dipped, revealed data presented by the insurer Discovery Health at a 14 December briefing.

Two doses of the Pfizer vaccine provided only 33% protection against infection in this omicron fuelled wave, found the analysis, down from 80% in South Africa’s last, delta fuelled wave. The protection against severe symptoms requiring hospital admission has stood up better, at 70% in the current wave compared with 93% in the last.

Omicron also appears more capable than delta of penetrating the immune defences of the previously infected. In South Africa’s second (beta variant) wave, new infections were 60% as likely among the previously infected as they were among the never infected. In the third (delta) wave, the previously infected ran only 40% as much risk as the never infected. But in the current wave, new cases are 73% as common among the previously infected as among the never infected.

The data suggest that infections in the current wave are less likely to lead to hospital admission than in South Africa’s previous surges. After adjusting for vaccination status, the risk of hospital admission for newly diagnosed adults is 29% lower than in the first wave.

Full detail: [Omicron is causing more infections but fewer hospital admissions than delta, South African data show](https://www.bmj.com/content/375/bmj.n3104)

See also: [Analysis of omicron outbreak based on 211 000 covid-19 test results in South Africa](https://www.discovery.co.za/corporate/news-room) | Discovery Health

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.

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