COVID-19 weekly update

17th September 2021

clinical management

**Title:** Remdesivir plus standard of care versus standard of care alone for the treatment of patients admitted to hospital with COVID-19

The Lancet Infectious Diseases | 14th September 2021

The antiviral efficacy of remdesivir against SARS-CoV-2 is still controversial. This study aimed to evaluate the clinical efficacy of remdesivir plus standard of care compared with standard of care alone in patients admitted to hospital with COVID-19, with indication of oxygen or ventilator support.

No clinical benefit was observed from the use of remdesivir in patients who were admitted to hospital for COVID-19, were symptomatic for more than 7 days, and required oxygen support.

Full paper: [Remdesivir plus standard of care versus standard of care alone for the treatment of patients admitted to hospital with COVID-19 (DisCoVeRy): a phase 3, randomised, controlled, open-label trial](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900485-0)

Related Comment: [Remdesivir, on the road to DisCoVeRy](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00559-4/fulltext)

**Title:** Narrative review on clinical considerations for patients with diabetes and COVID-19: more questions than answers

International Journal of Clinical Practice | 12th September 2021

Diabetes, obesity and hypertension are common comorbidities associated with increased severity and mortality rates from Corona Virus Disease (COVID)-19.

In this narrative review, the authors discuss epidemiological data and pathophysiological links between diabetes and COVID-19. The potential effects of glycaemic control on the prevalence of COVID-19, and vice versa, are also reviewed, as well as the role of telemedicine and diabetes self-management in the post-COVID-19 era. Finally, the authors comment on the possible impact of certain antidiabetic drugs on COVID-19 prevention and management.

Full detail: [Narrative review on clinical considerations for patients with diabetes and COVID-19: more questions than answers](https://onlinelibrary.wiley.com/doi/10.1111/ijcp.14833)

**Title:** How COVID-19 Made It Even Tougher to Know ICU Patients as Individuals

JAMA | 15th September 2021

This Medical News feature discusses the COVID-19 pandemic’s impact on progress that had been made in intensive care units.

Full detail: [How COVID-19 made it even tougher to Know ICU patients as individuals](https://jamanetwork.com/journals/jama/fullarticle/2784419)

recovery

**Title:** Can empowering patients help the NHS recover from the pandemic?

HSJ | September 2021

The NHS faces massive challenges in recovering from the covid 19 pandemic – a backlog of patients needing elective care, exhausted staff and increasing demand for emergency care and GP appointments.

But could empowering patients to self-manage their long-term conditions help to reduce this pressure? This *HSJ* roundtable asks what needs to be done to develop empowered patients, what empowerment means, and how far patients can adapt and become more self-reliant.

Full detail: [Can empowering patients help the NHS recover from the pandemic?](https://guides.hsj.co.uk/5946.guide?mkt_tok=OTM2LUZSWi03MTkAAAF_hzzvVk_yE8f02-7Gf-GjdZwFQN-55YNvqWdCMYEHS-6ltTaGsL9PlZWGl259MyrkxZCNY4cHuYT3v6UvsakEMF2JzpcVD_COvZxxZAD2nC0ecJo)

**Title:** COVID-19 Response: Autumn and Winter Plan 2021

Department of Health & Social Care | 14th September 2021

The Prime Minister has set out the autumn and winter plan for Covid. This has now been followed by the release of the guidance COVID-19 Response: Autumn and Winter Plan 2021 which sets out a renewed focus on vaccines as the first line of defence, supported by testing, public health advice, and a world-leading variant surveillance system

The document outlines the government’s plans for autumn and winter 2021 for England. It includes the Government’s “Plan A” - a comprehensive approach designed to steer the country through autumn and winter 2021/22. It also outlines a Plan B which would only be enacted if the data suggests further measures are necessary to protect the NHS.

Full document: [COVID-19 Response: Autumn and Winter Plan 2021](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017779/COVID-19-response-autumn-and-winter-plan-2021.pdf)

See also:

* [Government must act now to stem spread of infection, not when it’s too late, says BMA](https://www.bma.org.uk/bma-media-centre/government-must-act-now-to-stem-spread-of-infection-not-when-it-s-too-late-says-bma)
* [Government lays out its “plan B” to protect NHS this winter](https://www.bmj.com/content/374/bmj.n2270) | BMJ

**Title:** Long covid must be recognised as occupational disease, says BMA

BMJ | 2021; 374: n2258 | 14th September 2021

The UK government must recognise long covid as an occupational disease and invest in its monitoring, research, and treatment, doctors have said.

In a motion passed at the BMA annual representative meeting, doctors called on the body to “seek the recognition of occupationally acquired acute covid and long covid in doctors as an occupational disease.” They also called for a multidisciplinary approach to the management of long covid that includes primary, specialist, and occupational medicine.

Further detail: [Long covid must be recognised as occupational disease, says BMA](https://www.bmj.com/content/374/bmj.n2258)

**Title:** health inequalities: the case for a cross-government strategy

Royal College of Physicians | 15th September 2021

The Royal College of Physicians has published a position paper setting out why we need an explicit cross-government strategy to reduce health inequalities to improve population health and address avoidable differences in health access and outcomes between certain groups.

Health inequality was a problem before COVID-19 – with a gap in healthy life expectancy between the richest and poorest areas of around 19 years – but the pandemic has tragically demonstrated how these inequalities can have an impact in just a matter of weeks.

The RCP’s new paper on health inequalities looks at a series of case studies which demonstrate how health inequalities affect people’s lives, and makes the case that progress will only be made by looking beyond the role of the Department of Health and Social Care and the NHS.

Full paper: [RCP view on health inequalities: the case for a cross-government strategy](https://www.rcplondon.ac.uk/file/32561/download)

**Title:** COVID-19 and UK family carers: policy implications

The Lancet Psychiatry | October 2021

Informal (unpaid) carers are an integral part of all societies and the health and social care systems in the UK depend on them. Despite the valuable contributions and key worker status of informal carers, their lived experiences, wellbeing, and needs have been neglected during the COVID-19 pandemic.

This Health Policy brings together a broad range of clinicians, researchers, and people with lived experience as informal carers to share their thoughts on the impact of the COVID-19 pandemic on UK carers, many of whom have felt abandoned as services closed. It focusses on the carers of children and young people and adults and older adults with mental health diagnoses, and carers of people with intellectual disability or neurodevelopmental conditions across different care settings over the lifespan. The article provides policy recommendations with the aim of improving outcomes for all carers.

Full detail: [COVID-19 and UK family carers: policy implications](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900206-6)

**Title:** Summary of joint guideline on the management of long COVID

Prescriber | 15th September 2021

NICE, SIGN and the Royal College of General Practitioners have published a joint guideline on identifying and managing the long-term effects of COVID-19 (‘long COVID’) in adults, young people and children. This article summarises the main points of the guidance.

Full article: [Summary of joint guideline on the management of long COVID](https://wchh.onlinelibrary.wiley.com/doi/epdf/10.1002/psb.1941)

Infection control

**Title:** Considerations in boosting COVID-19 vaccine immune responses

The Lancet | 13th September 2021

An international group of scientists provide an expert review of the evidence to date in this viewpoint in The Lancet

The vaccines that are currently available are safe, effective, and save lives. The limited supply of these vaccines will save the most lives if made available to people who are at appreciable risk of serious disease and have not yet received any vaccine. Even if some gain can ultimately be obtained from boosting, it will not outweigh the benefits of providing initial protection to the unvaccinated. If vaccines are deployed where they would do the most good, they could hasten the end of the pandemic by inhibiting further evolution of variants.

Full detail: [Considerations in boosting COVID-19 vaccine immune responses](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902046-8)

**Title:** Most vulnerable to be offered COVID-19 booster vaccines

Department of Health and Social Care | 14th September 2021

Millions of vulnerable people are to be offered a COVID-19 booster vaccine as the government confirms it has accepted the final advice from the independent Joint Committee on Vaccination and Immunisation (JCVI).

The programme will be rolled out to the same priority groups as previously. This means care home residents, health and social care workers, people aged over 50, those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, adult carers, and adult household contacts of immunosuppressed individuals will be prioritised.

However, there will be flexibility in the programme, allowing all those eligible to receive their booster from 6 months after their second doses. This approach will allow more vulnerable people to be given their boosters quicker.

The move will ensure the protection vaccines provide for those most at risk of severe illness from COVID-19 will be maintained over the winter months. Data published by ONS yesterday shows people who have not been vaccinated account for around 99% of all deaths involving COVID-19 in England in the first half of this year.

Full detail: [Most vulnerable to be offered COVID-19 booster vaccines](https://www.gov.uk/government/news/most-vulnerable-to-be-offered-covid-19-booster-vaccines-from-next-week)

See also: [Booster doses to be offered to 30 million people in UK](https://www.bmj.com/content/374/bmj.n2261?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage) | BMJ

**Title:** Universal vaccination of children and young people aged 12 to 15 years against COVID-19

Department of Health and Social Care | 13th September 2021

This letter sets out the UK Chief Medical Officers advice on COVID-19 vaccination of 12 to 15 year olds. They recommend on public health grounds that ministers extend the offer of universal vaccination with a first dose of Pfizer-BioNTech COVID-19 vaccine to all children and young people aged 12 to 15 not already covered by existing JCVI advice.

Full detail: [Universal vaccination of children and young people aged 12 to 15 years against COVID-19](https://www.gov.uk/government/publications/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19/universal-vaccination-of-children-and-young-people-aged-12-to-15-years-against-covid-19)

See also: [Vaccinating children will help end pandemic, says minister](https://www.bmj.com/content/374/bmj.n2254) | BMJ

**Title:** Assessing the impact of NHS Test and Trace on COVID-19 transmission

UK Health Security Agency | 13th September 2021

This report estimates the impact directly attributable to NHS Test and Trace by comparing to a counterfactual scenario which assumes that all individuals who tested with suspected coronavirus (COVID-19) symptoms would self-isolate without ever taking a test, together with their household contacts.

Full detail: [The Canna model: assessing the impact of NHS Test and Trace on COVID-19 transmission](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016865/Canna_Model_Technical_Report__5_.pdf)

**Title:** Daily testing for contacts of individuals with SARS-CoV-2 infection and attendance and SARS-CoV-2 transmission in English secondary schools and colleges

The Lancet | 14th September 2021

School-based COVID-19 contacts in England have been asked to self-isolate at home, missing key educational opportunities. This study trialled daily testing of contacts as an alternative to assess whether this resulted in similar control of transmission, while allowing more school attendance.

Daily contact testing of school-based contacts was non-inferior to self-isolation for control of COVID-19 transmission, with similar rates of symptomatic infections among students and staff with both approaches. Infection rates in school-based contacts were low, with very few school contacts testing positive. Daily contact testing should be considered for implementation as a safe alternative to home isolation following school-based exposures.

Full paper: [Daily testing for contacts of individuals with SARS-CoV-2 infection and attendance and SARS-CoV-2 transmission in English secondary schools and colleges: an open-label, cluster-randomised trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901908-5)

**Title:** Safety and immunogenicity of an inactivated COVID-19 vaccine, BBIBP-CorV, in people younger than 18 years

The Lancet Infectious Diseases | 15th September 2021

Although SARS-CoV-2 infection often causes milder symptoms in children and adolescents, young people might still play a key part in SARS-CoV-2 transmission. An efficacious vaccine for children and adolescents could therefore assist pandemic control. For further evaluation of the inactivated COVID-19 vaccine candidate BBIBP-CorV, this study assessed the safety and immunogenicity of BBIBP-CorV in participants aged 3–17 years.

The study found the inactivated COVID-19 vaccine BBIBP-CorV to be safe and well tolerated at all tested dose levels in participants aged 3–17 years. BBIBP-CorV also elicited robust humoral responses against SARS-CoV-2 infection after two doses. Our findings support the use of a 4 μg dose and two-shot regimen BBIBP-CorV in phase 3 trials in the population younger than 18 years to further ascertain its safety and protection efficacy against COVID-19.

Full paper: [Safety and immunogenicity of an inactivated COVID-19 vaccine, BBIBP-CorV, in people younger than 18 years: a randomised, double-blind, controlled, phase 1/2 trial](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900462-X)

**Title:** An International Agreement on Pandemic Prevention and Preparedness

JAMA | 15th September 2021

This Viewpoint discusses international efforts to address the COVID-19 and future pandemics as well as offers steps that the international community can take to fix gaps in pandemic response.

Full detail: [An international agreement on pandemic prevention and preparedness](https://jamanetwork.com/journals/jama/fullarticle/2784418)

**Title:** Protection of BNT162b2 vaccine booster against Covid-19 in Israel

New England Journal of Medicine | 15th September 2021

Since July 30, 2021, more than a million fully vaccinated Israeli residents who were 60 years or age or older have received a third dose of the BNT162b2 mRNA vaccine. As of August 31, the rate of confirmed Covid-19 infection was lower in the booster group than in the nonbooster group by a factor of 11.3, and the rate of severe illness was lower by a factor of 19.5

Full article: [Protection of BNT162b2 vaccine booster against Covid-19 in Israel](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2114255?articleTools=true)

**Title:** Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

New England Journal of Medicine | 15th September 2021

In a multinational, observer-blinded, randomized trial involving 44,165 participants 16 years of age or older and 2264 participants 12 to 15 years of age, the efficacy of the BNT162b2 vaccine was 91% against Covid-19 and 97% against severe disease through 6 months of follow-up. In South Africa, where the beta variant was widespread, vaccine efficacy was 100%. Late toxic effects from the vaccine were not observed.

Full article: [Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine through 6 months](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2110345?articleTools=true)

**Title:** SARS-CoV-2 Neutralization with BNT162b2 Vaccine Dose 3

New England Journal of Medicine | 15th September 2021

This correspondence piece reports on a trial in which a third dose of the BNT162b2 vaccine was administered to 23 volunteers 8 to 9 months after the second dose, and the immune response was assessed. Local reactions were similar to those seen after the second dose. One month after the third dose, neutralization titers were 5 to 7 times as high as those before the third dose, and neutralization extended to the delta variant.

Further detail: [SARS-CoV-2 neutralization with BNT162b2 vaccine dose 3](https://www.nejm.org/doi/full/10.1056/NEJMc2113468?query=featured_coronavirus)

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

Medicines and Healthcare products Regulatory Agency | 15th September 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the August 2021 issue of Drug Safety Update, up to 9 September 2021.

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

**Title:** SARS-CoV-2 anti-spike IgG antibody responses after second dose of ChAdOx1 or BNT162b2 in the UK general population

medRxiv | 16th September 2021

The authors investigated anti-spike IgG antibody responses following second doses of ChAdOx1 or BNT162b2 SARS-CoV-2 vaccines in the UK general population.

In 186,527 individuals, they found significant boosting of anti-spike IgG by second doses of both vaccines in all ages and using different dosing intervals, including the 3-week interval for BNT162b2. After second vaccination, BNT162b2 generated higher peak levels than ChAdOX1. Antibody levels declined faster at older ages than younger ages with BNT162b2, but were similar across ages with ChAdOX1. With both vaccines, prior infection significantly increased antibody peak level and half-life.

Protection was estimated to last for 0.5-1 year after ChAdOx1 and >1 year after BNT162b2, but could be reduced against emerging variants. Reducing the dosing interval to 8 weeks for both vaccines or further to 3 weeks for BNT162b2 may help increase short-term protection against the Delta variant. A third booster dose may be needed, prioritised to more vulnerable people.

Full paper: [SARS-CoV-2 anti-spike IgG antibody responses after second dose of ChAdOx1 or BNT162b2 in the UK general population](https://www.medrxiv.org/content/10.1101/2021.09.13.21263487v1.full.pdf)

[*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:** Act now or hospital admissions could soar, experts tell government

BMJ | 2021; 374: n2285 | 16th September 2021

The NHS in England could see between 2000 and 7000 admissions of people with covid to hospital next month if ministers are too slow to reintroduce precautionary measures, government scientific advisers have warned.

On 14 September the government published its covid-19 response plan for autumn and winter, which pledged to reintroduce a range of precautionary measures—including a legal requirement to wear face coverings, advising people to work from home if they are able to, and mandatory vaccine certification—if a further surge in cases threatens to overwhelm the NHS.

But new modelling from the government’s Scientific Pandemic Influenza Group on Modelling (SPI-M-O), a subgroup of the Scientific Advisory Group for Emergencies (SAGE), notes that cases, hospital admissions, and deaths from covid are all higher than a year ago despite the success of the vaccination programme.

“If enacted early enough, a relatively light set of measures could be likely be sufficient to curb sustained but slow growth [in admissions],” the group said. “As well as encouraging home working, more light touch measures could include clear messaging that recommends people acting cautiously, more widespread testing, a return to requiring all contacts of cases to isolate, and more mask wearing.”

The UK is currently seeing around 1000 covid hospital admissions a day and has more than 8000 patients in hospital with covid.This compares with around 200 admissions a day and 1000 patients in hospital a year ago. On 5 November 2020, when the second national lockdown came into force in England, the UK had 1500 admissions a day and 14 000 people in hospital with covid.

Further detail: [Act now or hospital admissions could soar, experts tell government](https://www.bmj.com/content/374/bmj.n2285)

Related: [Consensus statement on covid-19](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017129/S1376_SPI-M-O_Consensus_Statement.pdf) | Scientific Pandemic Influenza Group on Modelling. Operational sub-group (SPI-M-O), for the Scientific Advisory Group for Emergencies (SAGE).

**Title:** The willingness of UK adults with intellectual disabilities to take COVID-19 vaccines

Journal of Intellectual Disability Research | 16th September 2021

Given the much greater COVID-19 mortality risk experienced by people with intellectual disabilities (ID), understanding the willingness of people with ID to take a COVID-19 vaccine is a major public health issue.

This paper reports that Eighty-seven per cent of interviewees with ID were willing to take a COVID-19 vaccine, with willingness associated with white ethnicity, having already had a flu vaccine, gaining information about COVID-19 from television but not from social media, and knowing COVID-19 social restrictions rules.

A percentage of 81.7% of surveyed carers of adults with ID with greater needs reported that the person would be willing to take a COVID-19 vaccine, with willingness associated with white ethnicity, having a health condition of concern in the context of COVID-19, having had a flu vaccine, being close to someone who had died due to COVID-19, and having shielded at some point during the pandemic.

Reported willingness to take the COVID-19 vaccine is high among adults with ID in the United Kingdom, with factors associated with willingness having clear implications for public health policy and practice.

Full paper: [The willingness of UK adults with intellectual disabilities to take COVID-19 vaccines](https://onlinelibrary.wiley.com/doi/epdf/10.1111/jir.12884)

workforce wellbeing

**Title:** Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics

BMC Health Services Research | 6th September 2021

Healthcare workers across the world have risen to the demands of treating COVID-19 patients, potentially at significant cost to their own health and wellbeing. There has been increasing recognition of the potential mental health impact of COVID-19 on frontline workers and calls to provide psychosocial support for them. However, little attention has so far been paid to understanding the impact of working on a pandemic from healthcare workers’ own perspectives or what their views are about support.

This review identified 46 qualitative studies which explored healthcare workers’ experiences and views from pandemics or epidemics including and prior to COVID-19. Participants across all the studies were deeply concerned about their own and/or others’ physical safety. This was greatest in the early phases of pandemics and exacerbated by inadequate Personal Protective Equipment (PPE), insufficient resources, and inconsistent information. Workers struggled with high workloads and long shifts and desired adequate rest and recovery. Many experienced stigma. Healthcare workers’ relationships with families, colleagues, organisations, media and the wider public were complicated and could be experienced concomitantly as sources of support but also sources of stress.  
  
Full paper: [Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-06917-z.pdf)

**Title:** Nurses’ perceptions of social rejection, resilience and well-being during COVID-19: A national comparative study

Journal of Clinical Nursing | 12th September 2021

The aims of this study were to determine the level of social rejection and well-being of nurses, whether resilience is a mediator between them and to compare nurses who worked versus did not work on COVID-19 wards.

The study concludes that social rejection was felt by many nurses as shown by an inverse relationship between the closeness of the relationship and the sense of social rejection and a high level of loneliness and depression. A higher level of social rejection and lower well-being were found among nurses working on COVID-19 wards as opposed to those who did not. General well-being was found to be exceptionally low during COVID-19. Resilience did not mediate the relationship between social rejection and general well-being.

Perceived social rejection might be associated with decreased well-being. The level of resilience is related to the level of well-being among nurses in general. Nurses not working in COVID-19 wards have higher levels of well-being and less social rejection compared with nurses working in these wards.

Full article: [Nurses’ perceptions of social rejection, resilience and well-being during COVID-19: A national comparative study](https://onlinelibrary.wiley.com/doi/10.1111/jocn.16034)

Health management

**Title:** improving flow and operational performance in a COVID-19 mass vaccination centre using Lean

BMJ Open Quality | 12th September 2021

In the UK, a network of sites to deploy vaccines comprised National Health Service hospitals, primary care and new mass vaccination centres. Due to the pace at which mass vaccination centres were established and the scale of vaccine deployment, some sites experienced problems with queues and waiting times. To address this, one site used the Lean systematic improvement approach to make rapid operational improvements to reduce process times and improve flow.

The rapid plan-do-study act (PDSA)  experiments that took place were predominantly low-tech interventions involving changes to layout and the distribution of work tasks between staff working as a multidisciplinary team. Therefore, both the changes made and the practices used may be readily transferable to other vaccination centres—both in the UK NHS and, potentially, other healthcare systems.

Full paper: [Mass production methods for mass vaccination: improving flow and operational performance in a COVID-19 mass vaccination centre using Lean](https://bmjopenquality.bmj.com/content/bmjqir/10/3/e001525.full.pdf)

**Title:** Leading Public Services through Covid-19

National Leadership Centre | 14th September 2021

The National Leadership Centre (NLC) supported the Government’s response to COVID-19 by acting as the conduit between Central Government and the NLC’s network of public service leaders. As part of this, the NLC ran a quantitative survey with public service leaders from March to June 2020. The NLC also commissioned Ipsos MORI to conduct qualitative research with their network, which ran from July 2020 to March 2021. This report brings together findings from both strands of research.

Full detail: [Leading Public Services through Covid-19](https://www.gov.uk/government/publications/leading-public-services-through-covid-19)

other

**Title:** HEALTH PROFILE FOR ENGLAND: 2021

Public Health England | 15th September 2021

The 2021 edition of the Health Profile for England provides aa overview of the health of people in England and updates indicators presented in previous reports. It also contains a summary of the wider impact of the Covid-19 pandemic on many aspects of health and health inequalities. In addition, the report makes comparisons with health in a selection of other countries (US, Canada, Japan, France, Italy, Germany, Spain, Poland) where possible.

Full detail: [Health Profile for England: 2021](https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html)

**Title:** Experiences of maternity care during the COVID-19 pandemic in the North of England

British Journal of Midwifery | 1st September 2021

During 2020, UK maternity services made changes to service delivery in response to the COVID-19 pandemic. The aim of this study was to explore service users' and their partners' experiences of maternity services in the North of England during the COVID-19 pandemic.

Five major categories were identified: valuing support from health professionals, feeling lost in and let down by the system, the impact of restrictions to partners and others, virtual contact is not the same as in-person contact, and the need for emotional and psychological wellbeing support.

The changes implemented may have compromised mental health and wellbeing in a critical period of vulnerability. Bringing stakeholders together can maximise learning from the emergency measures, to better inform future service provision. Work is needed to better hear from minoritised groups and ensure they are not further marginalised by changes.

Further detail: [Experiences of maternity care during the COVID-19 pandemic in the North of England](https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2021.29.9.516)

The full article can be requested by Rotherham NHS staff from the [Library & Knowledge Service](https://www.trftlibraryknowledge.com/interlibrary-loans.html)

**Title:** Making trials part of good clinical care: lessons from the RECOVERY trial

Future Healthcare Journal | 2021 Vol 8, No 2

In this paper, the authors describe the design and setup of the RECOVERY trial as an example of how a streamlined platform trial can quickly provide reliable scientific evidence in a time of global uncertainty. It discusses the principles underlying the trial design, and how this experience may help shape a new vision for an integrated future of healthcare and medical research.

The authors conclude that The COVID-19 pandemic has required a refocus on the essential aspects of clinical trials needed to provide rapid and reliable answers to key therapeutic questions. Arbitrary use of unproven treatments must be avoided; instead, large, robust, simple RCTs should become a regular component of routine care. RECOVERY has demonstrated what can be delivered when this is realised.

Full paper: [Making trials part of good clinical care: lessons from the RECOVERY trial](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8285150/pdf/futurehealth-8-2-e243.pdf)

**Title:** Menstrual changes after covid-19 vaccination

BMJ | 2021; 374: n2211 | 16th September 2021

Common side effects of covid-19 vaccination listed by the UK’s Medicines and Healthcare Products Regulatory Agency (MHRA) include a sore arm, fever, fatigue, and myalgia.Changes to periods and unexpected vaginal bleeding are not listed, but primary care clinicians and those working in reproductive health are increasingly approached by people who have experienced these events shortly after vaccination.

More than 30 000 reports of these events had been made to MHRA’s yellow card surveillance scheme for adverse drug reactions by 2 September 2021, across all covid-19 vaccines currently offered.This editorial suggests a ink is plausible and should be investigated.

Full editorial: [Menstrual changes after covid-19 vaccination](https://www.bmj.com/content/374/bmj.n2211)

**Title:** Shielding programme ends for most vulnerable

Department of Health and Social Care | 15th September 2021

The government has agreed to end the requirement for shielding guidance for people previously considered to be clinically extremely vulnerable.

People previously considered to be clinically extremely vulnerable will not be advised to shield again, as the government agrees to end the requirement for centralised guidance for these groups following expert clinical advice. The closure of the shielding programme follows a pause to shielding guidance in place since 1 April 2021.

This decision is based on there being far more information available on the virus and what makes individuals more or less vulnerable, the success of the COVID-19 vaccination programme and the emergence of proven treatments, such as dexamethasone and tocilizumab, to support improved outcomes in clinical care pathways.

Full detail: [Shielding programme ends for most vulnerable](https://www.gov.uk/government/news/shielding-programme-ends-for-most-vulnerable)

**Title:** Unvaccinated face 11 times risk of death from delta variant, CDC data show

BMJ | 2021; 374: n2282 | 16th September 2021

Unvaccinated Americans have died at 11 times the rate of those fully vaccinated since the delta variant became the dominant strain, indicate surveillance data gathered over the summer by the US Centers for Disease Control.

Vaccinated people were 10 times less likely to be admitted to hospital and five times less likely to be infected than unvaccinated people, found one study that tracked adults across 13 states and cities.

Further detail: [Unvaccinated face 11 times risk of death from delta variant, CDC data show](https://www.bmj.com/content/374/bmj.n2282)

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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