COVID-19 weekly update

26th February 2021

**clinical management**

**Title:** Convalescent Plasma in Covid-19

New England Journal of Medicine | 18th February 2021

Convalescent plasma is frequently administered to patients with Covid-19 and has been reported, largely on the basis of observational data, to improve clinical outcomes. Minimal data are available from adequately powered randomized, controlled trials.

In this study, hospitalised adults with severe Covid-19 pneumonia were randomly assigned in a 2:1 ratio to receive convalescent plasma or placebo. At 30 days, no significant difference in clinical status was noted between the two groups. Overall mortality was 11.43% with placebo and 10.96% with convalescent plasma, a difference that was not significant.

Full article: [A Randomized Trial of convalescent plasma in Covid-19 severe pneumonia](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2031304?articleTools=true)

**Title:** Identification and validation of clinical phenotypes with prognostic implications in patients admitted to hospital with COVID-19: a multicentre cohort study

The Lancet Infectious Diseases | 23rd February 2021

The clinical presentation of COVID-19 in patients admitted to hospital is heterogeneous. This study aimed to determine whether clinical phenotypes of patients with COVID-19 can be derived from clinical data, to assess the reproducibility of these phenotypes and correlation with prognosis, and to derive and validate a simplified probabilistic model for phenotype assignment. Phenotype identification was not primarily intended as a predictive tool for mortality.

The authors found that patients admitted to hospital with COVID-19 can be classified into three phenotypes that correlate with mortality. The authors developed and validated a simplified tool for the probabilistic assignment of patients into phenotypes. These results might help to better classify patients for clinical management, but the pathophysiological mechanisms of the phenotypes must be investigated.

Full article:[Identification and validation of clinical phenotypes with prognostic implications in patients admitted to hospital with COVID-19: a multicentre cohort study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900019-0)

**Title:** Medical vulnerability of individuals with down syndrome to severe COVID-19 – data from the trisomy 21 research society and the UK ISARIC4C survey

EClinicalMedicine | published by The Lancet | 22nd February 2021

Health conditions, immune dysfunction, and premature aging associated with trisomy 21 (Down syndrome, DS) may impact the clinical course of COVID-19.

The T21RS COVID-19 Initiative launched an international survey for clinicians or caregivers on patients with COVID-19 and DS. Data collected between April and October 2020 (N=1046) were analysed and compared with the UK ISARIC4C survey of hospitalized COVID-19 patients with and without DS.

This paper finds that the leading signs/symptoms of COVID-19 and risk factors for severe disease course are similar to the general population. However, individuals with DS present significantly higher rates of medical complications and mortality, especially from age 40.

Full article: [Medical vulnerability of individuals with down syndrome to severe COVID-19 – data from the trisomy 21 research society and the UK ISARIC4C survey](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2821%2900049-3)

**Title:** Patient factors and temporal trends associated with COVID-19 in-hospital mortality in England: an observational study using administrative data

The Lancet Respiratory Medicine | 15th February 2021

Analysis of the effect of COVID-19 on the complete hospital population in England has been lacking. The aim of this retrospective study was to provide a comprehensive account of all hospitalised patients with COVID-19 in England during the early phase of the pandemic and to identify the factors that influenced mortality as the pandemic evolved.

The study found reductions in the adjusted probability of in-hospital mortality for COVID-19 patients over time which might reflect the impact of changes in hospital strategy and clinical processes. The reasons for the observed improvements in mortality should be thoroughly investigated to inform the response to future outbreaks. The higher mortality rate reported for certain ethnic minority groups in community-based studies compared with their hospital-based analysis might partly reflect differential infection rates in those at greatest risk, propensity to become severely ill once infected, and health-seeking behaviours.

Full article: [Patient factors and temporal trends associated with COVID-19 in-hospital mortality in England: an observational study using administrative data](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930579-8)

**Title:** Emergency Intubation in Covid-19

New England Journal of Medicine | 18th February 2021

This video demonstrates the procedure for emergency endotracheal intubation in patients with suspected or proven Covid-19. Endotracheal intubation in such patients poses a risk of infection for the health care personnel involved. Meticulous planning and preparation and the use of practice drills can minimize this risk.

Full detail: [Emergency intubation in Covid-19](https://www.nejm.org/doi/full/10.1056/NEJMvcm2007198?query=featured_coronavirus)

**Title:** Effect of a Single High Dose of Vitamin D3 on Hospital Length of Stay in Patients With Moderate to Severe COVID-19A Randomized Clinical Trial

JAMA | 17th February 2021

What is the effect of a single high dose of vitamin D3 on hospital length of stay among hospitalized patients with moderate to severe coronavirus disease 2019 (COVID-19)?

In this randomized clinical trial that involved 240 hospitalized patients with moderate to severe COVID-19, a single dose of 200 000 IU of vitamin D3, compared with placebo, did not significantly reduce hospital length of stay (median of 7.0 vs 7.0 days; unadjusted hazard ratio for hospital discharge, 1.07).

The study does not support the use of a high dose of vitamin D3 for treatment of moderate to severe COVID-19 in hospitalized patients.

Full article: [Effect of a single high dose of vitamin d3 on hospital length of stay in patients with moderate to severe Covid-19. A Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2776738)

Related editorial: [Vitamin D3 to treat Covid-19:Different disease, same answer](https://jamanetwork.com/journals/jama/fullarticle/2776736)

**Title:** Prophylactic anticoagulation for patients in hospital with covid-19

BMJ | 2021; 372: n487 | 19th February 2021

Most people with covid-19 have mild disease, but after 5-10 days an important minority develop pneumonia and require hospital admission to treat hypoxia. This group is in a marked prothrombotic state and has high rates of hospital associated venous thromboembolism.

Randomised controlled trials show that drug based thromboprophylaxis with low molecular weight heparin (LMWH) reduces the risk of hospital associated venous thromboembolism by about 50% in medical and critically ill inpatients. Risk factors that qualify patients for thromboprophylaxis are reduced mobility; acute infective illness, such as pneumonia; and admission for critical care. Thus, adults admitted to hospital with covid-19 pneumonia should automatically receive thromboprophylaxis.

Full editorial: [Prophylactic anticoagulation for patients in hospital with covid-19](https://www.bmj.com/content/372/bmj.n487)

**Title:** Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19

New England Journal of Medicine | 25th February 2021

The efficacy of interleukin-6 receptor antagonists in critically ill patients with coronavirus disease 2019 (Covid-19) is unclear. This study evaluated tocilizumab and sarilumab in an ongoing international, multifactorial, adaptive platform trial. Adult patients with Covid-19, within 24 hours after starting organ support in the intensive care unit (ICU), were randomly assigned to receive tocilizumab (8 mg per kilogram of body weight), sarilumab (400 mg), or standard care (control).

The primary outcome was respiratory and cardiovascular organ support–free days, on an ordinal scale combining in-hospital death (assigned a value of −1) and days free of organ support to day 21.

The study concludes that for critically ill patients with Covid-19 receiving organ support in ICUs, treatment with the interleukin-6 receptor antagonists tocilizumab and sarilumab improved outcomes, including survival.

Full article: [Interleukin-6 Receptor Antagonists in Critically Ill patients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2100433?articleTools=true)

**Title:** Tocilizumab in Hospitalized Patients with Severe Covid-19 Pneumonia

New England Journal of Medicine | 25th February 2021

Coronavirus disease 2019 (Covid-19) is associated with immune dysregulation and hyperinflammation, including elevated interleukin-6 levels. The use of tocilizumab, a monoclonal antibody against the interleukin-6 receptor, has resulted in better outcomes in patients with severe Covid-19 pneumonia in case reports and retrospective observational cohort studies.

In this randomized trial involving 438 hospitalized patients with severe Covid-19 pneumonia, the use of the monoclonal antibody tocilizumab did not result in significantly better clinical status or lower mortality than placebo at 28 days.

Full article: [Tocilizumab in hospitalized patients with severe Covid-19 pneumonia](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2028700?articleTools=true)

**Title:** Discriminant Accuracy of the SOFA Score for Determining the Probable Mortality of Patients With COVID-19 Pneumonia Requiring Mechanical Ventilation

JAMA | 17th February 2021

This cohort study investigates whether the Sequential Organ Failure Assessment (SOFA) score is accurate enough to discriminate death from survival, and thus perhaps be a ventilator triage tool, for patients with coronavirus disease 2019 (COVID-19) hospitalised in intensive care units and requiring mechanical ventilation.

The SOFA score possesses inadequate discriminant accuracy to be used for ventilator triage of COVID-19 patients. A better option is needed that incorporates variables specifically related to mortality in patients with COVID-19 pneumonia requiring mechanical ventilation.

Full article: [Discriminant accuracy of the SOFA score for determining the probable mortality of patients with Covid-19 pneumonia requiring mechanical ventilation](https://jamanetwork.com/journals/jama/fullarticle/2776737)

**Title:** Dexamethasone in Hospitalized Patients with Covid-19

New England Journal of Medicine | 25th February 2021

Coronavirus disease 2019 (Covid-19) is associated with diffuse lung damage. Glucocorticoids may modulate inflammation-mediated lung injury and thereby reduce progression to respiratory failure and death.

In this controlled, open-label trial comparing a range of possible treatments in patients who were hospitalized with Covid-19, the authors randomly assigned patients to receive oral or intravenous dexamethasone (at a dose of 6 mg once daily) for up to 10 days or to receive usual care alone. The primary outcome was 28-day mortality.

The study concludes that in patients hospitalized with Covid-19, the use of dexamethasone resulted in lower 28-day mortality among those who were receiving either invasive mechanical ventilation or oxygen alone at randomization but not among those receiving no respiratory support.

Full article: [Dexamethasone in Hospitalized Patients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2021436?articleTools=true)

**recovery**

**Title:** Recognise long covid as occupational disease and compensate frontline workers, say MPs

BMJ | 2021; 372: n503 | 19th February 2021

MPs have stepped up pressure on ministers to recognise “long covid” as an occupational disease and to compensate frontline health and other key workers living with its “debilitating” effects. The proposal by the All Party Parliamentary Group on Coronavirus has won the backing of 65 MPs and peers, as well as the BMA.

Full detail: [Recognise long covid as occupational disease and compensate frontline workers, say MPs](https://www.bmj.com/content/372/bmj.n503)

**Title:** In The Wake Of The Pandemic: Preparing For Long Covid

World Health Organization, Europe | 25th February 2021

Some 1 in 10 people still experience persistent ill health 12 weeks after having COVID-19, termed “long COVID” or post-COVID conditions. This policy brief looks at how sufferers, including medical professionals, are driving some of those responses.

Written for decision-makers, this brief summarises what is known about the conditions, who and how many people suffer from them, diagnosis and treatment, and how countries are addressing the issue. It looks at the need for multidisciplinary, multispecialty approaches to assessment and management; development of new care pathways and contextually appropriate guidelines for health professionals; and the creation of appropriate services, including rehabilitation and online support tools.

Full document: [In the wake of the pandemic: Preparing for Long COVID](https://apps.who.int/iris/bitstream/handle/10665/339629/Policy-brief-39-1997-8073-eng.pdf)

See also: [New policy brief calls on decision-makers to support patients as 1 in 10 report symptoms of “long COVID”](https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2021/2/new-policy-brief-calls-on-decision-makers-to-support-patients-as-1-in-10-report-symptoms-of-long-covid)

**Title:** When should the UK lift its lockdown?

The Lancet Respiratory Medicine | 19th February 2021

As of Feb 15, the UK has vaccinated more than 15 million people, mostly in vulnerable people aged 70 years and older, as well as health and social care workers. Lockdown, and now the rapid vaccine roll out, have combined to lower the daily death count and the number of patients hospitalised with COVID-19. The UK has now rapidly moved into vaccinating its next priority groups, with plans to vaccinate all adults 50 years and older by April. This would protect people who, prior to vaccination, represented 99% of the deaths and 80% of COVID-related hospitalisations.

In this context, this article asks ‘When should the UK lift its lockdown’?

Full detail: [When should the UK lift its lockdown?](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900106-5)

**Title:** Indirect acute effects of the COVID-19 pandemic on physical and mental health in the UK: a population-based study

The Lancet Digital Health | 18th February 2021

There are concerns that the response to the COVID-19 pandemic in the UK might have worsened physical and mental health, and reduced use of health services. However, the scale of the problem is unquantified, impeding development of effective mitigations. This paper aimed to ascertain what has happened to general practice contacts for acute physical and mental health outcomes during the pandemic.

The authors found that there were substantial reductions in primary care contacts for acute physical and mental conditions following the introduction of restrictions, with limited recovery by July, 2020. Further research is needed to ascertain whether these reductions reflect changes in disease frequency or missed opportunities for care.

Maintaining health-care access should be a key priority in future public health planning, including further restrictions. The conditions we studied are sufficiently severe that any unmet need will have substantial ramifications for the people with the conditions as well as health-care provision.

Full article: [Indirect acute effects of the COVID-19 pandemic on physical and mental health in the UK: a population-based study](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2821%2900017-0)

**Title:** Vaccine success drives England’s lockdown exit

BMJ | 2021; 372: n528 | 23rd February 2021

In a speech to the House of Commons on 22 February the prime minister gave details of the government’s road map for exiting the current lockdown in four stages, subject to four conditions being met at each stage.Boris Johnson said that although the threat “remains substantial,” the “extraordinary success” of the covid-19 vaccine programme led by the NHS, alongside falling infections and hospital admissions, meant that a cautious lifting of restrictions was now possible.

Full detail: [Vaccine success drives England’s lockdown exit](https://www.bmj.com/content/372/bmj.n528)

See also:

* [Prime Minister sets out roadmap to cautiously ease lockdown restrictions](https://www.gov.uk/government/news/prime-minister-sets-out-roadmap-to-cautiously-ease-lockdown-restrictions) | Prime Minister's Office, 10 Downing Street
* [COVID-19 Response - Spring 2021](https://www.gov.uk/government/publications/covid-19-response-spring-2021) | Cabinet Office

**Title:** How can policymakers plan better for the long term?

The Health Foundation | 24th February 2021

Coronavirus (COVID-19) has shown why governments must prepare better for an uncertain future. This long read explores what long-term planning means and how it could be improved Key points:

* Long-term planning is not just about preparing for future shocks, such as pandemics. It also means responding to ‘slow burn’ issues that are already well known, sustained action to meet complex policy goals, and protecting resources for future generations.
* A mix of approaches could help improve long-term planning. This includes alternative measures to assess policy progress and independent institutions to protect future interests. No approach is a silver bullet – and political will is ultimately needed.
* Recovery from the pandemic provides a unique opportunity for policymakers to develop longer term strategies for improving and protecting the nation’s health and care. Three areas to prioritise include: strengthening health and care system capacity and resilience; developing a national strategy to reduce health inequalities; and reforming adult social care to be sustainable and effective for the long term.

The article asks the following:

1. [Why plan for the long term?](https://www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term#lf-section-118456-anchor)
2. [What does long-term planning actually mean?](https://www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term#lf-section-118466-anchor)
3. [Why is long-term planning so difficult?](https://www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term#lf-section-118476-anchor)
4. [What could improve long-term planning?](https://www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term#lf-section-118486-anchor)
5. [Long-term planning and COVID-19 recovery](https://www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term#lf-section-118496-anchor)

Full detail: [How can policymakers plan better for the long term?](https://www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term)

**Infection control**

**Title:** Single-dose administration and the influence of the timing of the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine: a pooled analysis of four randomised trials

The Lancet | 19th February 2021

The ChAdOx1 nCoV-19 (AZD1222) vaccine has been approved for emergency use by the UK regulatory authority, Medicines and Healthcare products Regulatory Agency, with a regimen of two standard doses given with an interval of 4–12 weeks. The planned roll-out in the UK will involve vaccinating people in high-risk categories with their first dose immediately, and delivering the second dose 12 weeks later.

Here, the authors provide both a further prespecified pooled analysis of trials of ChAdOx1 nCoV-19 and exploratory analyses of the impact on immunogenicity and efficacy of extending the interval between priming and booster doses. In addition, the paper shows the immunogenicity and protection afforded by the first dose, before a booster dose has been offered.

The results of this primary analysis of two doses of ChAdOx1 nCoV-19 were consistent with those seen in the interim analysis of the trials and confirm that the vaccine is efficacious, with results varying by dose interval in exploratory analyses. A 3-month dose interval might have advantages over a programme with a short dose interval for roll-out of a pandemic vaccine to protect the largest number of individuals in the population as early as possible when supplies are scarce, while also improving protection after receiving a second dose.

Full detail: [Single-dose administration and the influence of the timing of the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine: a pooled analysis of four randomised trials](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900432-3)

**Title:** Effectiveness of the BNT162b2 mRNA Vaccine in Israel

New England Journal of Medicine | 24th February 2021

Nearly 600,000 people in a large health care organization were followed after vaccination for infection, hospitalization, and severe Covid-19. Estimated vaccine effectiveness in preventing death was 72% during the period from day 14 through day 20 after the first dose, and for the period 7 or more days after the second dose, hospitalization was reduced by 92%. These results were similar to those reported in a randomized trial.

Full article: [BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2101765?articleTools=true)

**Title:** Behind the scenes of the Pfizer BioNTech covid-19 vaccine trial

BMJ | 2021; 372: n271 | 23rd February 2021

Never has the spotlight been as strong on a clinical trial as that on the Pfizer BioNTech vaccine, the first approved for covid-19. In this article, The BMJ speaks to its lead principal investigator, Stephen Thomas.

Full detail: [Behind the scenes of the Pfizer BioNTech covid-19 vaccine trial](https://www.bmj.com/content/372/bmj.n271)

**Title:** Delayed Second Dose versus Standard Regimen for Covid-19 Vaccination

New England Journal of Medicine | 17th February 2021

This interactive feature about administration of the second dose of Covid-19 vaccine either according to the standard schedule or delayed offers a case vignette accompanied by two essays, each of which recommends a different approach.

Full detail: [Delayed second dose versus standard regimen for Covid-19 vaccination](https://www.nejm.org/doi/full/10.1056/NEJMclde2101987?query=recirc_mostViewed_railB_article)

**Title:** Vaccine linked to reduction in risk of COVID-19 admissions to hospitals

Public Health Scotland | 22nd February 2021

Vaccination has been linked to a substantial reduction in the risk of COVID-19 admissions to Scotland’s hospitals. As part of the EAVE II project, which uses patient data to track the pandemic and the vaccine rollout in real-time, Public Health Scotland, the Universities of Edinburgh, Strathclyde, Aberdeen, Glasgow and St Andrew’s analysed data on vaccine effect.

The data was gathered between 8 December and 15 February. During this period, 1.14 million vaccines were administered and 21 per cent of the Scottish population had received a first dose.

Researchers compared the outcomes of those who had received their first jab with those who had not. The study shows that, by the fourth week after receiving the initial dose, the Pfizer and Oxford-AstraZeneca vaccines were shown to reduce the risk of hospitalisation from Covid-19 in up to 85 per cent and 94 per cent, respectively. Among those aged 80 years and over, one of the highest risk groups, vaccination was associated with an 81 per cent reduction in hospitalisation risk in the fourth week when the results for both vaccines were combined.

Further detail: [Vaccine linked to reduction in risk of COVID-19 admissions to hospitals](https://publichealthscotland.scot/news/2021/february/vaccine-linked-to-reduction-in-risk-of-covid-19-admissions-to-hospitals/)

Full research: [Effectiveness of First Dose of COVID-19 Vaccines Against Hospital Admissions in Scotland: National Prospective Cohort Study of 5.4 Million People](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3789264) | Lancet preprint

**Title:** Latest findings from antibody surveillance study published

Imperial College London | Department of Health and Social Care | 25th February 2021

Imperial College London and Ipsos MORI have published their latest antibody surveillance report tracking COVID-19 infection across England. For the first time, the study captures participants who have received a COVID-19 vaccine, and also gathers insight into how different groups feel about vaccines.

* Over 154,000 participants took part in a home surveillance study for COVID-19 antibodies between 26 January and 8 February
* Findings published by Imperial College London and Ipsos MORI show 13.9% of the population in England had antibodies against COVID-19
* 17,000 participants had received at least one dose of a COVID-19 vaccine, with 91% of people across all ages testing positive for antibodies after 2 doses of the Pfizer vaccine
* Overall vaccine confidence is high with 92% having accepted or planning to accept a vaccine offer

Further detail: [Latest findings from antibody surveillance study published](https://www.gov.uk/government/news/latest-findings-from-antibody-surveillance-study-published)

See also: [Coronavirus antibodies in 14% of England’s population – Imperial REACT](https://www.imperial.ac.uk/news/215753/coronavirus-antibodies-14-englands-population-imperial/)

pre-print report: ['REACT-2 Round 5: Increasing prevalence of SARS-CoV-2 antibodies demonstrate impact of the second wave and of vaccine roll-out in England'](https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/REACT-2-round-5-preprint.pdf)

**Title:** JCVI issues interim advice on Phase 2 of COVID-19 vaccination programme rollout

Public Health England | 26th February 2021

The Joint Committee on Vaccination and Immunisation (JCVI) has considered the evidence for Phase 2 of the UK’s COVID-19 vaccination programme.

For Phase 2, modelling studies also indicate the speed of vaccine deployment is the most important factor in maximising public health benefits against severe outcomes.

After groups 1 to 9 in Phase 1, people aged 40 to 49 years are at highest risk of hospitalisation, with the risk reducing the younger you are. Prioritisation will therefore continue in the following order, once all at-risk groups in Phase 1 have been offered at least one dose of the vaccine:

* all those aged 40 to 49 years
* all those aged 30 to 39 years
* all those aged 18 to 29 years

The committee agreed that mass vaccination targeting occupational groups would be more complex to deliver and may slow down the vaccine programme, leaving some more vulnerable people at higher risk unvaccinated for longer.

Operationally, simple and easy-to-deliver programmes are critical for rapid deployment and high vaccine uptake.

Full detail: [JCVI issues interim advice on Phase 2 of COVID-19 vaccination programme rollout](https://www.gov.uk/government/news/jcvi-issues-interim-advice-on-phase-2-of-covid-19-vaccination-programme-rollout)

See also: [Priority groups for phase 2 of the coronavirus (COVID-19) vaccination programme: advice from the JCVI](https://www.gov.uk/government/publications/priority-groups-for-phase-2-of-the-coronavirus-covid-19-vaccination-programme-advice-from-the-jcvi)

**Title:** All adults on learning disability register should be prioritised for vaccination, says advisory committee

BMJ | 2021; 372: n547 | 24th February 2021

The UK government’s vaccine advisory committee has said that all people on the GP Learning Disability Register should now be invited for a covid-19 vaccine as part of priority group 6.

The Joint Committee on Vaccination and Immunisation (JCVI) said that adults with other related conditions such as cerebral palsy should also be invited and that local authorities should help to identify adults with learning disabilities in residential and nursing care, as well as those who require assisted living support and those in shared accommodation with multiple occupancy.

This will mean that at least 150 000 more people with learning disabilities should be offered the vaccine more quickly.

The announcement comes after some local GP groups decided to prioritise all patients with learning disabilities for covid-19 vaccination, in response to evidence that disabled patients were at much higher risk from the disease.Recent figures from the Office for National Statistics showed that 60% of people in England who died from covid-19 from January to November 2020 had a disability.

Full detail: [All adults on learning disability register should be prioritised for vaccination, says advisory committee](https://www.bmj.com/content/372/bmj.n547)

See also: [JCVI advises inviting people on Learning Disability Register for vaccine](https://www.gov.uk/government/news/jcvi-advises-inviting-people-on-learning-disability-register-for-vaccine) | Public Health England

**Title:** Ethnicity vaccination gap narrows in England, but concerns remain

BMJ | 2021; 372: n505 | 19th February 2021

The gap between the number of black people and white people vaccinated against covid-19 in England has slightly narrowed in the past few weeks, although it is still a concern and requires attention, say experts.

As of 13 January, data from the OpenSAFELY platform showed that twice as many white people aged over 80 (43%) had been vaccinated as black people (21%). By 11 February, when 91% of this age group had been vaccinated, 91% of white people had been vaccinated, compared with only 58% of black people and 72% of people from South Asian backgrounds.

Full detail: [Ethnicity vaccination gap narrows in England, but concerns remain](https://www.bmj.com/content/372/bmj.n505)

See also: [Covid-19 vaccine hesitancy among ethnic minority groups](https://www.bmj.com/content/372/bmj.n513) | BMJ [editorial]

**Title**: GPs could get extra funding to boost vaccine uptake in hard-to-reach groups

BMJ | 2021; 372: n548 | 24th February 2021

General practices could be offered “additional discretionary payments” to improve uptake of the covid-19 vaccine in hard-to-reach groups such as deprived and minority ethnic communities.

An update to the national covid-19 enhanced service, published on 22 February, said that NHS England “may make additional discretionary payments available to GP practices to support the delivery of or incentivise vaccinations in particular seldom heard groups in exceptional circumstances.”

The changes, which have been agreed with the BMA’s General Practitioners Committee, come amid concerns about the gap between different patient groups in terms of vaccine uptake, as emerging evidence23 shows that uptake is lower among ethnic minority patients.

Full detail: [GPs could get extra funding to boost vaccine uptake in hard-to-reach groups](https://www.bmj.com/content/372/bmj.n548)

**Title:** Is vaccination roll out reducing cases and deaths in the UK?

BMJ | 2021; 372: n506 | 19th February 2021

Death rates among people over 80 appear to be falling faster than other age groups, so are we starting to see the effect of the vaccination programme? This BMJ analysis looks at what we know, asking the following questions:

* Are deaths falling in groups of people who have been vaccinated?
* Is this because of the vaccination programme?
* Is vaccination having an effect on hospitalisations?
* Are infection rates falling among the elderly?
* What about antibody levels?

Full detail: [Is vaccination roll out reducing cases and deaths in the UK?](https://www.bmj.com/content/372/bmj.n506)

**Title:** What makes new variants of SARS-CoV-2 concerning is not where they come from, but the mutations they contain

BMJ | 2021; 372: n504 | 22nd February 2021

This article looks at what the new SARS-CoV-2 mutations mean, and how we should track them.

Full detail: [What makes new variants of SARS-CoV-2 concerning is not where they come from, but the mutations they contain](https://www.bmj.com/content/372/bmj.n504)

**workforce wellbeing**

**Title:** NHS expands mental health support for staff after toughest year in health service history

NHS England | 21st February 2021

The NHS is supporting staff who have pushed their minds and bodies to the limit over the last year to look after their mental health, as 40 dedicated support hubs are set to open across the country. As part of the health service response to this pressure, staff will be offered access to evidence-based mental health services at one of 40 hubs.

Staff can access services over the phone with onward referral to online and one-to-one expert help from qualified mental health clinicians, therapists, recovery workers and psychologists.

The hubs are free of charge and offer confidential advice and support to NHS staff. Staff will be encouraged to reach out directly for help, but hubs will proactively contact staff groups who are most at-risk to offer them support so they get the care they need as quickly as possible.

Full detail: [NHS expands mental health support for staff after toughest year in health service history](https://www.england.nhs.uk/2021/02/nhs-expands-mental-health-support-for-staff-after-toughest-year-in-health-service-history/)

**Title:** Royal College of Physicians calls for urgent measures to protect and safeguard medical workforce

Royal College of Physicians | 23rd February 2021

In an article published in The Lancet, RCP president Professor Andrew Goddard and RCP Global vice president Dr Mumtaz Patel call for system-wide support to protect clinicians from harm.

The COVID-19 pandemic has placed huge demands on global health systems which are testing doctors and health-care workers to the limits of their professional competence and taking a considerable toll on their health. More system-wide acknowledgement and support is now urgently needed to protect clinicians from harm write Professor Andrew Goddard, president of the Royal College of Physicians (RCP) and Dr Mumtaz Patel, Vice President RCP Global in The Lancet*.*

Globally, more than 300, 000 health-care workers have been infected with COVID-19 in 79 countries, over 7,000 have died, and many more have suffered as a result of stress, burnout, and moral injury. There is an urgent need for more comprehensive system-level acknowledgement and a new approach to address the issues that COVID-19 has created to better protect and safeguard our medical workforce for the future.

Further detail[: Royal College of Physicians calls for urgent measures to protect and safeguard medical workforce](https://www.rcplondon.ac.uk/news/rcp-calls-urgent-measures-protect-and-safeguard-medical-workforce)

Related: [The changing face of medical professionalism and the impact of COVID-19](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2900436-0/fulltext) | The Lancet

**Title:** COVID-19 and the workforce: the tail end of the second wave

Royal College of Physicians | 18th February 2021

The ninth survey of RCP fellows and members during the COVID-19 pandemic shows that while morale appears to have slightly improved, physicians who have worked tirelessly throughout the pandemic are now in urgent need of rest and recuperation.

Half of the UK’s doctors (49%) are not getting enough sleep according to the RCPs latest survey of members and fellows. The emotional and physical toll of working through a global pandemic for almost a year has left doctors exhausted and in desperate need of rest.

Only 51% reported getting the amount of sleep they needed all or most of the time in the previous four weeks.

While morale appears to have slightly improved, with only 28% of doctors feeling worried this month compared to 48% last month, a large proportion (63%) still felt tired or exhausted and 27% said they felt demoralised.

Despite this, 63% said there had been no discussion in their organisation about timetabled time off to recuperate. The RCP believes that staff must be given time off to rest and recover from the pressure of the pandemic so they are ready to face the next challenge of tackling pent-up demand of non-COVID-19 care.

Full detail: [COVID-19 and the workforce: the tail end of the second wave](https://www.rcplondon.ac.uk/projects/outputs/covid-19-and-workforce-tail-end-second-wave)

See also: [Doctors ‘running on empty’ says Royal College of Physicians](https://www.rcplondon.ac.uk/news/doctors-running-empty-says-royal-college-physicians)

**Title:** Letter to the Prime Minister on protecting health care workers

18th February 2021

Nearly 20 major healthcare bodies are appealing to the PM for better personal protection against coronavirus. The organisations involved represent a wide range of health professionals, from doctors and nurses to dieticians and physiotherapists. They say at least 930 health and care workers have died of Covid-19 and more are experiencing long-term effects.

In the letter, they say measures to stop airborne spreading are "inadequate" and call for urgent improvement in masks and other defences against variants.

The government said it was monitoring evidence on airborne transmission and would update advice "where necessary".

Full detail: [Letter to the Prime Minister on protecting health care workers](https://www.rcn.org.uk/about-us/our-influencing-work/open-letters/letter-to-the-prime-minister-on-protecting-health-care-workers-190221)

BBC News: [Health workers appeal to PM for better personal protection](https://www.bbc.co.uk/news/health-56112615)

**other**

**Title:** No evidence that vaccines can affect fertility, says new guidance

BMJ | 2021; 372: n509 | 19th February 2021

There is “absolutely no evidence” that covid-19 vaccines can affect the fertility of women or men, says new expert guidance.

The guidance,published by the Association of Reproductive and Clinical Scientists and the British Fertility Society, comes amid concerns that misinformation that has been circulating online about covid-19 vaccines and fertility may be putting some women off having the vaccine.

Full detail: [No evidence that vaccines can affect fertility, says new guidance](https://www.bmj.com/content/372/bmj.n509)

Related guidance: [Covid-19 vaccines and fertility](http://www.britishfertilitysociety.org.uk/wp-content/uploads/2021/02/Covid19-Vaccines-FAQ-1_3.pdf) | Association of Reproductive and Clinical Scientists, British Fertility Society

**Title:** Maternal death: Learning from maternal death investigations during the first wave of the COVID-19 pandemic

Healthcare Safety Investigation Branch | February 2021

The purpose of this national learning report is to review the findings of HSIBs maternal death investigation reports and identify any potential themes and areas of learning. This learning could potentially improve maternal care if a future surge of COVID-19 cases occurs.

This national learning report has identified changes in access to healthcare during the pandemic, barriers to effective work processes and pressures for staff. Seven themes emerged from HSIB’s analysis of the investigations.

* Unprecedented demand for telephone health advice caused delays in accessing health care
* Public messaging and ‘safety netting’ advice caused delays in seeking healthcare
* Guidance changed rapidly
* Use of early warning scores did not always detect deterioration
* Personal protective equipment requirements changed due to COVID-19
* Staff described feelings of stress and distress which can affect performance
* Difficulties in making a diagnosis and choosing treatment strategies

By describing these themes HSIB aims to inform decision making to improve patient safety in the months ahead.

Full report: [Maternal death: Learning from maternal death investigations during the first wave of the COVID-19 pandemic](https://www.hsib.org.uk/documents/285/HSIB_Maternal_Death_Report_V13.pdf)

**Title:** Almost half of people with possible cancer symptoms didn’t see GP in first wave of pandemic

Cancer Research UK | 25th February 2021

Nearly half of people who had potential cancer symptoms in the first wave of the COVID-19 pandemic did not contact their GP, a Cancer Research UK and Cardiff University study suggests.

Initial findings of the UK-wide survey, focusing on the experiences of 7,543 people from March to August 2020, found that possible cancer symptoms were common during the first wave, with 40% of people saying they had experienced at least one potential cancer symptom.

Of those who experienced symptoms, 45% admitted to not contacting their GP for any symptom. People did not seek help even for ‘red flag symptoms’ – 31% of those who experienced coughing up blood, 41% of those who had an unexplained lump or swelling and 59% of those who noticed a change in the appearance of a mole did not contact their GP.

People gave a variety of reasons for putting off seeking medical help, including not wanted to burden the NHS.

Full detail: [Almost half of people with possible cancer symptoms didn’t see GP in first wave of pandemic](https://www.cancerresearchuk.org/about-us/cancer-news/news-report/2021-02-25-almost-half-of-people-with-possible-cancer-symptoms-didnt-see-gp-in-first-wave-of-pandemic)

See also: [Half with cancer signs didn't contact GP in first wave](https://www.bbc.co.uk/news/health-56180913) | BBC News

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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