COVID-19 weekly update

January 29th 2021

**clinical management**

**Title:** Effect of tocilizumab on clinical outcomes at 15 days in patients with severe or critical coronavirus disease 2019: randomised controlled trial

BMJ | 20th January 2021

The objective of this study was to determine whether tocilizumab improves clinical outcomes for patients with severe or critical coronavirus disease 2019 (covid-19).

A total of 129 patients were enrolled in the study and all completed follow-up. All patients in the tocilizumab group and two in the standard care group received tocilizumab. 18 of 65 (28%) patients in the tocilizumab group and 13 of 64 (20%) in the standard care group were receiving mechanical ventilation or died at day 15. Death at 15 days occurred in 11 (17%) patients in the tocilizumab group compared with 2 (3%) in the standard care group. Adverse events were reported in 29 of 67 (43%) patients who received tocilizumab and 21 of 62 (34%) who did not receive tocilizumab.

The authors conclude that in patients with severe or critical covid-19, tocilizumab plus standard care was not superior to standard care alone in improving clinical outcomes at 15 days, and it might increase mortality.

Full article: [Effect of tocilizumab on clinical outcomes at 15 days in patients with severe or critical coronavirus disease 2019: randomised controlled trial](https://www.bmj.com/content/bmj/372/bmj.n84.full.pdf)

Related editorial: [Covid-19 controversies: the tocilizumab chapter](https://www.bmj.com/content/372/bmj.n244)

**Title:** PRINCIPLE trial finds no benefit from antibiotics, azithromycin and doxycycline for COVID-19 patients

Via National Institute for Health Research | 25th January 2021

A NIHR-supported study investigating potential COVID-19 treatments that might be suitable for patients in the community has found that the commonly used antibiotics, azithromycin and doxycycline, do not reduce recovery time for patients.

Azithromycin and doxycycline were investigated as separate treatments in the PRINCIPLE trial to see if they help people with early stage COVID-19 to recover more quickly at home, or prevent the need for hospital admission. Both drugs are being used by some doctors in the hope of treating COVID-19 in the early stages of the disease.

Following interim analyses of data from both the azithromycin and doxycycline arms of the study, the independent Trial Steering Committee concluded that there is no beneficial effect in patients aged over 50 who are treated with either antibiotic at home in the early stages of COVID-19.

The researchers found that neither treatment reduces the time taken for people to first report that they feel recovered from COVID-19. The PRINCIPLE study did not look at the effects of these drugs in patients admitted to hospital with COVID-19.

Full detail: [PRINCIPLE trial finds no benefit from antibiotics, azithromycin and doxycycline for COVID-19 patients](https://www.nihr.ac.uk/news/principle-trial-finds-no-benefit-for-antibiotics-azithromycin-and-doxycycline-for-covid-19-patients/26680)

See also: [PRINCIPLE trial finds antibiotics azithromycin and doxycycline not generally effective treatments for COVID-19](https://www.ox.ac.uk/news/2021-01-25-principle-trial-finds-antibiotics-azithromycin-and-doxycycline-not-generally) | University of Oxford

**Title:** Palliative care: Experts call for major reforms as pandemic accelerates demand by 20 years

BMJ | 27th January 2021

Experts at a leading charity have made an urgent call for reforms to the UK’s palliative care system, as demand during the covid pandemic reached levels that had not been expected until 2040.

More than half a million people in England and Wales were predicted to need palliative or end-of-life care by 2040,but this level of demand will have been achieved in 2020, said researchers from Cicely Saunders International.They said that too many people who had life limiting illnesses or were approaching death were spending unnecessarily long periods in hospital without being offered alternatives, when most would prefer to die at home.

To help meet people’s needs the authors called for face-to-face care, including symptom management, seven days a week in hospitals, as well as 24/7 support and advice in the community. Prompt access to therapeutic, nursing, and pharmacy services to support people in their homes is also needed, they said.

Full detail: [Experts call for major reforms as pandemic accelerates demand by 20 years](https://www.bmj.com/content/372/bmj.n247)

Related: [You matter because you are you: an action plan for better palliative care](https://csiweb.pos-pal.co.uk/csi-content/uploads/2021/01/Cicely-Saunders-Manifesto-A4-multipage_Jan2021-2.pdf) | Cicely Saunders International

**Title:** COVID-19 and thrombosis: a continuing story

The Lancet Haematology | February 2021

This editorial states that there is still much to be learnt regarding thrombosis and COVID-19. It explains that to help facilitate this research, guidelines have been developed by the International Society of Haemostasis and Thrombosis and the American Society of Hematology to help clinicians to report clotting and bleeding events associated with COVID-19 in a uniform manner.

It is hoped that standardising reporting will lead to more opportunities to compare and pool data, which will be necessary to determine how best to treat patients with COVID-19 of different degrees of severity, and to determine whether the thrombosis seen is a direct consequence of infection with the virus or is a result of the inflammatory response.

Full editorial: [COVID-19 and thrombosis: a continuing story](https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026%2821%2900002-8/fulltext)

**Title:** Effect of anakinra versus usual care in adults in hospital with COVID-19 and mild-to-moderate pneumonia (CORIMUNO-ANA-1

The Lancet Respiratory Medicine | 22nd January 2021

Patients with COVID-19 pneumonia have an excess of inflammation and increased concentrations of cytokines including interleukin-1 (IL-1). This study aimed to determine whether anakinra, a recombinant human IL-1 receptor antagonist, could improve outcomes in patients in hospital with mild-to-moderate COVID-19 pneumonia.

Te authors conclude that anakinra did not improve outcomes in patients with mild-to-moderate COVID-19 pneumonia. Further studies are needed to assess the efficacy of anakinra in other selected groups of patients with more severe COVID-19.

Full paper: [Effect of anakinra versus usual care in adults in hospital with COVID-19 and mild-to-moderate pneumonia (CORIMUNO-ANA-1): a randomised controlled trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930556-7)

**Title:** Ethical considerations for inter-hospital patient transfer & unit capacity

Intensive Care Society | 22nd January 2021

This statement aims to give decision-makers guidance on the ethical considerations relevant for patient transfer. It was developed by the ICS Legal and Ethical Advisory Group and has been endorsed by the Critical Care Networks of England, Wales and Northern Ireland.

Full detail: [Ethical considerations for inter-hospital patient transfer & unit capacity](https://www.ics.ac.uk/ICS/ICS/News_Statements/Inter_hospital_transfers_220121.aspx)

**Title:** COVID-19: PROTECT Trial

British Geriatrics Society | 27th January 2021

The Prophylactic Therapy in Care homes Trial (PROTECT) is a UK-wide clinical trial to identify treatments that can protect care home residents from developing COVID-19.

PROTECT involves setting up a large clinical trial platform that will test several treatments intended to reduce the spread of COVID-19 within care homes and reduce the risks of hospitalisation and death. A trial platform allows multiple treatments to be tested in parallel, with results analysed regularly. As soon as a treatment is shown to be effective or ineffective, it is removed from the platform. This makes space for new treatments to be added and rapidly evaluated. This process of testing treatments and then replacing them with new ones can go on for many months or years. The treatments to be tested will be chosen by government advisors.

 PROTECT will recruit more than 400 care homes from across the UK and approximately 12,000 residents. Care homes will be randomised to treatment or standard care. Most of the treatments will be given for two months before seeing whether they have worked, and whether the treatments are cost-effective.

Results of the PROTECT platform will be rapidly available to ensure that COVID-19 guidelines are quickly updated and actioned.

Full detail: [COVID-19: PROTECT Trial](https://www.bgs.org.uk/resources/covid-19-protect-trial)

**recovery**

**Title:** How to break the cycle of lockdowns

BMJ | 27th January 2021

As the UK waits out its third national lockdown, this BMJOpinion piece lays out the steps needed for a country to exit the cycle, asking at what point is it safe to lift restrictions?

The article outlines four steps to get to a new normal:

1. We need to continue to vaccinate the entire adult population as quickly as possible to prevent long covid, severe illness, hospitalisations, and deaths. It is likely that this will also greatly reduce transmission.
2. We need to have strong restrictions in place until we have driven cases back down to levels last seen in the summer.
3. We need to rebuild local contact tracing capability to aggressively drive cases down further as restrictions are eased and to spot and stamp down on new outbreaks in the months and years to come.
4. We need strong border control with negative tests before and after travel and 14 day managed isolation on entry for everyone (including returning citizens).

Full detail: [How to break the cycle of lockdowns](https://blogs.bmj.com/bmj/2021/01/27/covid-19-how-to-break-the-cycle-of-lockdowns/)

**Title:** International collaboration and covid-19: what are we doing and where are we going?

BMJ | 2021; 372: n180 | 29th January 2021

The mixed patchwork of achievements and mis-steps in responding to covid-19 show powerful nations are not living up to their commitment to solidarity and equity. This BMJ analysis argues that meaningful international collaboration is a critical part of the road ahead and calls for immediate action.

Key messages

* Shared objectives draw nations to collaborate on international health challenges
* Poor performance against covid-19, however, reflects patterns of self-interested nationalism that undermine WHO and other international institutions
* Although these institutions have performed reasonably well, the pandemic reveals limitations in their mandates that reflect some member states’ unwillingness to fully collaborate
* Addressing these deficits in collaboration is essential to resolving global collective action challenges, including covid-19, climate change, and non-communicable diseases
* Advance global health by ending the institutional fragmentation and budgetary manipulation that weaken WHO, strengthen its authority over trade and travel issues, and decolonise its governance

Full detail: [International collaboration and covid-19: what are we doing and where are we going?](https://www.bmj.com/content/372/bmj.n180)

**Infection control**

**Title:** More than 30 new vaccination centres join biggest NHS jab drive

NHS England | 25th January 2021

New NHS Vaccination Centres in Blackpool and Dudley are among more than 30 opening across the country as the vaccination drive continues to accelerate. There is now a network of 50 large scale centres, capable of jabbing thousands of people a week, across the country.

People aged 75 and over are being invited to book a vaccination at the centres or one of more than 70 pharmacy services now operating across the country. If they cannot or do not want to travel to a Vaccination Centre people can wait to be jabbed by a local GP service or hospital hub.

Full detail: [More than 30 new vaccination centres join biggest NHS jab drive](https://www.england.nhs.uk/2021/01/more-than-30-new-vaccination-centres-join-biggest-nhs-jab-drive/)

**Title:** NHS will prioritise four most at-risk groups for second doses

BMJ 2021; 372: n252 | 27th January 2021

This news article reports that the NHS will prioritise giving second doses of covid-19 vaccine to over 70s, clinically extremely vulnerable people, and frontline health workers before it starts vaccinating other at-risk groups. The article details what the chief executive of NHS England has said on this.

Full detail: [NHS will prioritise four most at-risk groups for second doses, says Stevens](https://www.bmj.com/content/372/bmj.n252)

**Title:** NHS must tackle vaccine lies to improve uptake among ethnic minorities, says Stevens

BMJ | 2021; 372: n242 | 27th January 2021

The chief executive of NHS England has described “genuine and deep concern” that uptake of covid-19 vaccines may be lower among minority ethnic groups.

Simon Stevens told MPs on 27 January that, while overall vaccine uptake to date had been “fantastic,” the NHS needed to combat “systematic efforts to misinform and lie” and the “longstanding mistrust” in some communities to ensure equitable distribution.

A recent poll of 2000 UK adults by the Royal Society for Public Health found that three quarters (76%) of people overall would willingly have a covid vaccination—but this fell to 57% of respondents from minority ethnic backgrounds.

Full detail: [NHS must tackle vaccine lies to improve uptake among ethnic minorities, says Stevens](https://www.bmj.com/content/372/bmj.n242)

**Title:** Medical community split over vaccine interval policy as WHO recommends six weeks

BMJ | 2021; 372: n226 | 25th January 2021

The medical community appears to be split over whether the UK has made the right decision in delaying the second Pfizer BioNTech vaccine dose from three weeks to 12, in order to administer more first doses of the vaccine to people who are at risk.

The UK has become isolated from other countries in terms of vaccine policy, with most others vaccinating at either the intended three week interval or extending the interval to the World Health Organization recommended six weeks.

The UK government announced at the end of December that the interval between vaccine doses would be extended to 12 weeks, despite clinical trials of the Pfizer BioNTech vaccine using a 21 day gap. At the time, concerns were raised over the lack of evidence for the interval and the potential for vaccine resistant variants to develop. The four UK chief medical officers said, however, that the move would “protect the greatest number of at risk people in the shortest possible time,” while reducing the strain on the health service.

However, the BMA has since written to chief medical officer for England Chris Whitty asking him to bring the interval down to the six week (42 day) maximum suggested by WHO.

Full detail: [Medical community split over vaccine interval policy as WHO recommends six weeks](https://www.bmj.com/content/372/bmj.n226)

**Title:** Novavax COVID-19 vaccine 89.3% effective

National Institute for Health Research | 29th January 2021

The NIHR-supported Novavax COVID-19 vaccine is 89.3% effective at preventing COVID-19, shown from interim analysis of its Phase III study data, including effectiveness against the new variants of concern. The Novavax study is the largest ever double blind, placebo-controlled trial to be undertaken in the UK. It recruited over 15,000 participants from 35 research UK sites in just over two months. It was the first phase 3 study for the US-based biotechnology firm Novavax’s vaccine anywhere in the world.

* The Novavax vaccine differs from those already being used in the UK. It combines an engineered protein from the virus that causes COVID-19 with a plant-based ingredient to help generate a stronger immune response.
* The UK has ordered 60 million vials of the vaccine. They will be manufactured in Stockton-on-Tees.
* People will be given two doses of the vaccine, three weeks apart.
* The Novavax vaccine, called NVX-CoV2373, only needs to be stored at fridge temperatures - much like the AstraZeneca and Moderna vaccines. This means distribution and supply chain management is easier than it is for the Pfizer vaccine, which has to be stored at the much lower temperature of -70C.
* The treatment comes at a cost of £11.66 per vaccination. The jab is therefore more expensive than the AstraZeneca vaccine, but cheaper than both Pfizer and Moderna treatments.

The interim efficacy data and safety data will be submitted to all regulators across the world - including the Medicines & Healthcare products Regulatory Agency (MHRA) in the UK - for independent scrutiny and product approval.

Full detail: [Novavax COVID-19 vaccine 89.3% effective](https://www.nihr.ac.uk/news/novavax-covid-19-vaccine-893-effective/26720)

See also: [Novavax publishes positive efficacy data for its COVID-19 vaccine](https://www.gov.uk/government/news/novavax-publishes-positive-efficacy-data-for-its-covid-19-vaccine) | Department for Business, Energy & Industrial Strategy,

In the news:

* [Novavax vaccine shows 89% efficacy in UK trials](https://www.bbc.co.uk/news/uk-55850352) | BBC News
* [How the Novavax vaccine works - and the benefits it has over the three already approved](https://news.sky.com/story/covid-19-what-is-the-novavax-vaccine-and-how-does-it-compare-with-the-others-12201799) | Sky News
* [Novavax Covid vaccine shows nearly 90% efficacy in UK trial](https://www.theguardian.com/society/2021/jan/28/novavax-covid-vaccine-shown-to-be-nearly-90-effective-in-uk-trial) | The Guardian

**Title:** Janssen publishes positive safety and efficacy data for single-dose COVID-19 vaccine

Department of Health & Socail Care | 29th January 2021

Janssen has published positive data from the phase 3 studies of its single-dose Covid-19 vaccine candidate, showing it to be 66% effective overall in preventing coronavirus in participants. The data did not report any significant safety concerns relating to the vaccine, with no serious adverse events in vaccine recipients.

The Janssen vaccine uses a common cold virus that has been engineered to make it harmless. It then safely carries part of the coronavirus's genetic code into the body. This is enough for the body to recognise the threat and then learn to fight coronavirus. This trains the body's immune system to fight coronavirus when it encounters the virus for real. This is similar to the approach used by the University of Oxford and AstraZeneca.

The fact it works as a single-dose and can be kept in a standard fridge, while others need super-cold storage, means the vaccine could have a significant role around the world.

The UK has secured 30 million doses of Janssen’s vaccine last summer, with deliveries expected to arrive in the second half of this year if approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA).

* Vaccine candidate 72% effective in the US and 66% effective overall at preventing moderate to severe COVID-19, 28 days after vaccination
* 85% effective overall in preventing severe disease and demonstrated complete protection against COVID-19 related hospitalization and death as of day 28
* Protection against severe disease across geographies, ages, and multiple virus variants, including the SARS-CoV-2 variant from the B.1.351 lineage observed in south africa
* Single-shot compatible with standard vaccine distribution channels provides important tool in pandemic setting

Full detail: [Janssen publishes positive safety and efficacy data for single-dose COVID-19 vaccine](https://www.gov.uk/government/news/janssen-publishes-positive-safety-and-efficacy-data-for-single-dose-covid-19-vaccine)

See also: [Single dose Covid vaccine 66% effective](https://www.bbc.co.uk/news/health-55857530) | BBC News

**Title:** REGEN-COV prevents symptomatic COVID-19 infections, finds analysis

Europena Pharmaceutical Review | 27th January 2021

An exploratory analysis shows passive vaccination with Regeneron’s REGEN-COV™ (casirivimab and imdevimab antibody cocktail) prevented 100 percent of patients developing symptomatic COVID-19 infections and lowered the overall infection rate by approximately 50 percent.

The Phase III trial is evaluating whether REGEN-COV can be used as a passive vaccine for the prevention of COVID-19 in people at high risk of infection (due to household exposure to a COVID-19 patient). The analysis includes data from the first 409 individuals enrolled in the trial, who were randomised to receive passive vaccination with REGEN-COV (1,200mg via subcutaneous injections) or placebo.

The results include:

* There were eight symptomatic infections in the placebo group, none in the treatment group.
* A total of 23 infections (symptomatic and asymptomatic) occurred in the placebo arm, 10 occurred in the REGEN-COV patients (all asymptomatic).
* Infections in the placebo group had, on average, more than 100-fold higher peak viral load.
* Two fifths of placebo group infections lasted 3-4 weeks, while infections in the REGEN-COV group lasted no more than 1 week.
* REGEN-COV was associated with lower disease burden:
	+ Fewer total viral shedding weeks (44 weeks placebo versus nine weeks REGEN-COV).
	+ Fewer total symptomatic weeks (18 weeks placebo versus none with REGEN-COV).

Full detail: [REGEN-COV prevents symptomatic COVID-19 infections, finds analysis](https://www.europeanpharmaceuticalreview.com/news/141049/regen-cov-prevents-symptomatic-covid-19-infections-finds-analysis/)

See also:

* [REGEN-COV™ antibody cocktail is active against Sars-Cov-2 variants first identified in the UK and South Africa](https://investor.regeneron.com/news-releases/news-release-details/regen-covtm-antibody-cocktail-active-against-sars-cov-2-variants)
* [Breakthrough treatment claims to stop 100% of symptomatic infections](https://news.sky.com/story/covid-19-breakthrough-treatment-claims-to-stop-100-of-symptomatic-infections-12200072) | Sky News

**Title:** Reports from Israel suggest one dose of Pfizer vaccine could be less effective than expected

BMJ | 2021; 372: n217 | 22nd January 2021

Concerns have been raised over how much protection a single dose of the Pfizer BioNTech covid-19 vaccine provides, following reports from Israel that it is much lower than expected.

Israel has so far vaccinated more than 75% of its older people with at least one dose. Early reports from the vaccine rollout have suggested that the first dose led to a 33% reduction in cases of coronavirus compared with efficacy of at least 52% reported in clinical trials.

A preliminary report from the Clalit Research Institute compared the infection data of 200 000 people aged 60 and over who were not vaccinated with the infection data of 200 000 people of the same age group who received one vaccine dose and were monitored for at least 11 days from the date of vaccination. On day 14 there was a “significant decrease of about 33% in the rate of positive tests for the coronavirus” among those who had been vaccinated.

The Clalit Research Institute stressed, however, that its results included only people aged 60 and over—whereas Pfizer trials also included younger people—and that the findings have not yet been peer reviewed. Additionally, the Clalit study identified those infected according to laboratory tests of those who chose to be tested, while Pfizer’s studies only referred to the appearance of symptomatic disease.

Full detail: [Reports from Israel suggest one dose of Pfizer vaccine could be less effective than expected](https://www.bmj.com/content/372/bmj.n217)

**Title:** Large-scale coronavirus vaccine manufacturing begins in Scotland

Department for Business, Energy & Industrial Strategy | Department of Health and Social Care | 28th January 2021

Speciality vaccine company Valneva has started commercial manufacturing of its promising COVID-19 vaccine candidate in Livingston, West Lothian, Scotland. This follows a multi-million-pound joint investment in the facility by the UK government last year as part of an agreement in principle to secure early access to Valneva’s vaccine by the end of 2021. 60 million doses have already been secured for the UK, with an option to acquire a further 130 million if the vaccine is proven to be safe, effective and suitable.

Valneva’s coronavirus vaccine candidate is currently in phase I/II trials and will still need to meet the necessary safety and effectiveness standards and receive regulatory approval before it is rolled out at the end of the year.

Full detail: [Large-scale coronavirus vaccine manufacturing begins in Scotland](https://www.gov.uk/government/news/large-scale-coronavirus-vaccine-manufacturing-begins-in-scotland)

**Title:** Moderna plans booster doses to counter variants

BMJ | 2021; 372: n232 | 26th January 2021

The US drug company Moderna has announced that it is developing two new approaches to emerging variants of covid-19 after studies showed that its vaccine had a reduced level of neutralising titres to the South African variant, suggesting that immunity might wane.

Although the studies showed that Moderna’s current vaccine, known as mRNA-1273, was effective against both the UK and South African variants, a sixfold reduction was seen in neutralising titre levels to the South African variant.

Moderna said that “out of an abundance of caution” it was starting a clinical programme of two booster approaches to increase immunity to the new variants.

Full detail: [Moderna plans booster doses to counter variants](https://www.bmj.com/content/372/bmj.n232)

**Title:** Who was advised to shield from COVID-19? Exploring demographic variation in people advised to shield

The Health Foudation | 27th January 2021

Key points:

* The shielded patient list has been developed to identify those who are clinically extremely vulnerable (CEV) to severe illness from COVID-19, to help ensure that they have safe access to essential services during the pandemic. Here we present novel data from five partners – Grampian, Wales, north west London, Liverpool and Wirral, and Leeds – in the Networked Data Lab, highlighting the heterogeneity of this group across different areas of the UK.
* There is substantial variation across the partners in the circumstances of people identified as CEV, in terms of neighbourhood deprivation level, rurality and ethnicity, highlighting the different challenges and likely levels of support needed from services.
* There is also variation between partners in the number of people who are identified as CEV via local health services. Understanding the range of local approaches used to identify the most vulnerable will help ensure that all who are potentially at risk are systematically identified and given access to the support services they need.
* Those identified as CEV to COVID-19 are also a clinically heterogenous group of people. Some conditions, such as severe respiratory conditions, are more often seen among people who live in more deprived areas. More work is needed to understand the full range of health needs of this group.
* Those who are CEV to COVID-19 face a wide range of different challenges, and it is important that these differences are recognised to ensure all are able to access the support they need. This is particularly critical now, as many have been asked to shield again and the vaccination programme begins to reach these groups.

Full detail: [Who was advised to shield from COVID-19? Exploring demographic variation in people advised to shield](https://www.health.org.uk/news-and-comment/charts-and-infographics/exploring-demographic-variation-in-groups-advised-to-shield)

**Title:** Coronavirus infections remain high three weeks into lockdown – REACT study

Imperial College London | 28th January 2021

A very high number of people have the coronavirus in England with around 1 in 64 people infected, or 1.57% of the population. These latest findings from the REACT programme – the biggest and most comprehensive study of community coronavirus testing – are based on swab samples from almost 170,000 people taken between 6th and 22nd January.

In the new report, researchers from Imperial College London estimate R to be around 1, which means that the epidemic is not clearly growing or shrinking and will continue at this high level if the situation doesn’t change. However throughout this round of data collection, patterns of infection have been fluctuating at the national level, with signs of a slight upward trend in the first 10 days – shown in an [interim report](https://www.imperial.ac.uk/news/212953/coronavirus-infections-falling-england-latest-react/) published last week – followed by a slight decline in the last seven days.

This would suggest that lockdown has curbed the steep rise in infections, although the researchers caution that the country isn’t experiencing the fast rate of decline that happened during the first lockdown. This could be partly explained by the new variant which spreads more easily, alongside other factors such as more people going to work and a higher number of children in school.

Full detail: [REACT-1 round 8 final report: high average prevalence with regional heterogeneity of trends in SARS-CoV-2 infection in the community in England during January 2021](https://spiral.imperial.ac.uk/bitstream/10044/1/85703/10/react1_r8_full_preprint_1.1.pdf)

News release: [Coronavirus infections remain high three weeks into lockdown – REACT study](https://www.imperial.ac.uk/news/213553/coronavirus-infections-remain-high-three-weeks/)

See also: [Latest findings from COVID-19 study published: January 2021](https://www.gov.uk/government/news/latest-findings-from-covid-19-study-published-january-2021) | Department of Health and Social Care

**Title:** One in fifty five people in England estimated to have Covid as ONS say positive test rate remains high

Office for National Statistics | 29th January 2021

Around 1 in 55 people in England had COVID-19 in the week ending 23 January according to figures from the Office for National Statistics. The percentage of people testing positive for coronavirus “remains high” in the week ending 23 January 2021, the survey states, estimating that 1,018,700 people were infected.

London had the highest percentage of people testing positive equating to around 1 in 35 people, followed by the North West of England, 1 in 70 people in Wales, 1 in 50 in Northern ireland and 1 in 110 in Scotland.

The percentage of people testing positive in London, the North East, the West Midlands and the South East decreased during the week ending 23 January . Rates in all other regions appear to be level.

Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 29 January 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/29january2021)

**Title:** Over 450 people a day caught covid in hospitals during January

HSJ | 29th January 2021

Record numbers of covid-19 infections which are likely to have taken place after admission to hospital are being reported in January.HSJ analysis shows an average of 462 covid cases probably caught in hospital have been reported every day throughout January – the highest rate since NHS England first began routine reporting of this data in August.

A total of 11,094 likely hospital-acquired covid-19 cases have been reported in the first 24 days of January, the latest data available. This is already higher than any other month in the second and third waves of covid.

The number of covid infections after admission reflect the significant pressures acute hospitals experienced during the height of the third wave in early January, with the sheer weight of patients being admitted making infection prevention and control very difficult.

However, there are signs of improvement. The latest weekly data shows the number of covid infections likely to have been caught in hospital fell by 20 per cent in the last week, from 3,371 to 2,675 in the same time period.

Full detail: [Over 450 people a day caught covid in hospitals during January](https://www.hsj.co.uk/coronavirus/over-450-people-a-day-caught-covid-in-hospitals-during-january/7029404.article?mkt_tok=eyJpIjoiWmpkaFptTTFNRE01WXpsbSIsInQiOiJ2VVo3bGZXK2ZxXC9oY2UreTROazF3TnBzWEw4SEdzVExUZTF0dkZ0RFhPaDVaQTlCQUNrR280MVZER2gzTHQ1MTU1aENQeHpOZ0FKSUI0OHNYTkNUSm5EREYxa3hHcXVJVnJxNjQ0MnpMMTJYelZ0M1FndDJXSm5UcUZOVDVCalYifQ%3D%3D)

**Title:** SARS-CoV-2 vaccination for patients with inflammatory bowel disease: a British Society of Gastroenterology Inflammatory Bowel Disease section and IBD Clinical Research Group position statement

The Lancet Gastroenterology & Hepatology | 25th January 2021

SARS-CoV-2 has caused a global health crisis and mass vaccination programmes provide the best opportunity for controlling transmission and protecting populations. Despite the impressive clinical trial results of the BNT162b2 (Pfizer/BioNTech), ChAdOx1 nCoV-19 (Oxford/AstraZeneca), and mRNA-1273 (Moderna) vaccines, important unanswered questions remain, especially in patients with pre-existing conditions.

In this position statement endorsed by the British Society of Gastroenterology Inflammatory Bowel Disease (IBD) section and IBD Clinical Research Group, the authors consider SARS-CoV-2 vaccination strategy in patients with IBD.

The risks of SARS-CoV-2 vaccination are anticipated to be very low, and the authors strongly support SARS-CoV-2 vaccination in patients with IBD. Based on data from previous studies with other vaccines, there are conceptual concerns that protective immune responses to SARS-CoV-2 vaccination may be diminished in some patients with IBD, such as those taking anti-TNF drugs. However, the benefits of vaccination, even in patients treated with anti-TNF drugs, are likely to outweigh these theoretical concerns.

Key areas for further research are discussed, including vaccine hesitancy and its effect in the IBD community, the effect of immunosuppression on vaccine efficacy, and the search for predictive biomarkers of vaccine success.

Full detail: [SARS-CoV-2 vaccination for patients with inflammatory bowel disease: a British Society of Gastroenterology Inflammatory Bowel Disease section and IBD Clinical Research Group position statement](https://www.thelancet.com/action/showPdf?pii=S2468-1253%2821%2900024-8)

**Title:** Community Champions to give COVID-19 vaccine advice and boost take up

Ministry of Housing, Communities & Local Government | Department of Health and Social Care | 25th January 2021

Over £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up.

Through the Community Champions scheme councils and voluntary organisations will deliver a wide range of measures to protect those most at risk - building trust, communicating accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don’t already exist.

The funding is specifically targeted at areas with plans to reach groups such as older people, disabled people, and people from ethnic minority backgrounds who according to the latest evidence are more likely to suffer long-term impacts and poor outcomes from COVID-19.

Full detail: [Community Champions to give COVID-19 vaccine advice and boost take up](https://www.gov.uk/government/news/community-champions-to-give-covid-19-vaccine-advice-and-boost-take-up)

**Title:** More employers sign up to rapid testing to protect workforce

Department of Health and Social Care | 24th January 2021

Businesses and public sector organisations are joining a government scheme to test workers without symptoms who cannot work from home. To help stop the virus spreading, the government is making millions of rapid test kits available to NHS and care home staff, primary care workers, schools, colleges and universities, as well as to all 314 local authorities in England via the community testing offer.

To support this national effort, government departments are working in partnership with NHS Test and Trace to support businesses and public sector bodies to implement rapid testing, including organisations operating in the food, manufacturing, energy and retail sectors, and within the public sector including job centres, transport networks, and the military. An estimated 734,600 lateral flow tests have been distributed across the public and private sector so far, helping workers who need to leave home for work during lockdown to continue to do so, while quickly identifying those who may be carrying the virus.

Full detail: [More employers sign up to rapid testing to protect workforce](https://www.gov.uk/government/news/more-employers-sign-up-to-rapid-testing-to-protect-workforce)

Related: [People are not being warned about pitfalls of mass testing](https://www.bmj.com/content/372/bmj.n238) | BMJ

**workforce wellbeing**

**Title:** Why vaccinating staff and supporting self-isolating people are national emergencies

BMJ | 2021; 372: n239 | 28th January 2021

This BMJ piece explains we must prioritise protection of health professionals. The new variant of SARS-CoV-2 may be more deadly, and it might affect vaccine dosing strategies. Moderna, for example, will trial a third dose of its vaccine because of concerns about a drop in immunogenicity,placing the UK’s reliance on single doses and extending the dosing interval to 12 weeks under greater scrutiny.

In these circumstances, and given high levels of staff absence, overwhelming pressure on covid and non-covid services, and falling morale and medicolegal worries, this article argues that providing full vaccination to frontline health professionals must be an immediate priority and an unbreakable vow.

Full detail: [Why vaccinating staff and supporting self-isolating people are national emergencies](https://www.bmj.com/content/372/bmj.n239)

**Title:** Health and care staff urged to protect themselves and others by getting COVID-19 vaccine

NHS England | 29th January 2021

The country’s leading health and social care professionals have joined forces to urge their frontline colleagues to get the vital first dose of the COVID-19 vaccine over the coming weeks.

A letter being circulated to all local NHS employers, councils and social care providers, calls on frontline workers who are eligible for the vaccine to do their “collective duty” and “lead by example” by taking up the protection.

The NHS is working hard to offer all eligible staff – estimated at around four million – their first dose by the middle of February, as part of the ambition to protect millions of people in the top four priority groups set by the Joint Committee on Vaccination and Immunisation (JCVI).

For both vaccines, the first dose delivers the vast majority of the protection gained two weeks after it is administered – significantly reducing the chances of staff becoming ill if they come into contact with the virus. All staff will receive their second dose within 12 weeks, in line with guidance from the JCVI and the four UK Chief Medical Officers designed to protect people as quickly as possible and save more lives.

The letter is signed by the country’s top nurse, social care nurse, midwife, GP, pharmacist, allied health professional, healthcare scientist and dentist, along with the NHS National Medical Director and Chief People Officer.

Full detail: [Health and care staff urged to protect themselves and others by getting COVID-19 vaccine](https://www.wired-gov.net/wg/news.nsf/articles/Health%2Band%2Bcare%2Bstaff%2Burged%2Bto%2Bprotect%2Bthemselves%2Band%2Bothers%2Bby%2Bgetting%2BCOVID19%2Bvaccine%2B29012021091500?open)

See also: [Letter to frontline health and social care workers](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/01/C1056_covid19-vax-CPO-letter-for-staff-uptake-campaign_270121.pdf)

**Title:** Health and care workers are owed a better future

The Lancet | 30th January 2021

It has been a traumatic and testing year for the health and care workforce globally. In recognition of their contribution and struggles during the pandemic response, WHO has designated 2021 as the International Year of Health and Care Workers. This campaign highlights the need for investment in health workforce readiness, education, and learning to manage the COVID-19 pandemic, to maintain health services, and to prepare for vaccine roll-outs.

A call for action on behalf of the health-care workforce is welcome states this editorial. It goes on to say that what must also be considered is a governmental duty to sufficiently protect the health-care workforce, be that protection from infection, protection of mental health, or legal protection. Governments should be asking themselves whether they are fulfilling this duty of care.

Full editorial: [Health and care workers are owed a better future](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2900179-3/fulltext)

**other**

**Title:** NERVTAG paper on COVID-19 variant of concern B.1.1.7

New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) | 22nd January 2021

This paper reports on some preliminary analyses that have been undertaken which show that there may be an increase in the severity of disease associated with this new variant, B.1.1.7.

There are some important limitations to the data on which these analyses are based. A relatively small number of people were included in the analyses and from a small number of settings, so more data is being collected and the position will become clearer over the coming weeks.

Full detail: [NERVTAG paper on COVID-19 variant of concern B.1.1.7](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955239/NERVTAG_paper_on_variant_of_concern__VOC__B.1.1.7.pdf)
See also: [New UK variant may be linked to increased death rate, early data indicate](https://www.bmj.com/content/372/bmj.n230) | BMJ

**Title:** Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA

European Centre for Disease Prevention and Control | 21st January 2021

This risk assessment presents the latest available information on the recent emergence of three variants of concern, VOC 202012/01 identified in the United Kingdom (UK), 501Y.V2 identified in South Africa, and P.1 identified in Brazil and Japan.

Viruses constantly change through mutation and variations in the SARS-CoV-2 virus, due to evolution and adaptation processes, have been observed worldwide. While most emerging mutations will not have a significant impact on the spread of the virus, some mutations or combinations of mutations may provide the virus with a selective advantage, such as increased transmissibility or the ability to evade the host immune response. In this update we report new information on the spread of three virus variants (VOC 202012/01, 501Y.V2 and variant P.1). These variants are considered to be of concern because of mutations which have led to increased transmissibility and deteriorating epidemiological situations in the areas where they have recently become established.

Full detail: [Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA](https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-risk-related-to-spread-of-new-SARS-CoV-2-variants-EU-EEA-first-update.pdf)

**Title:** SARS-CoV-2 Vaccines and the Growing Threat of Viral Variants

JAMA | 28th January 2021

This JAMA Viewpoint reviews circulating SARS-CoV-2 genetic variants and mechanisms of immunity by which they might escape coronavirus vaccine-induced protection and proposes 6 measures to address them, including enhanced variant isolation and testing procedures and continued adherence to mask-wearing and other established public health measures.

Full detail: [SARS-CoV-2 vaccines and the growing threat of viral variants](https://jamanetwork.com/journals/jama/fullarticle/2776039)

**Title:** How is the pandemic affecting non-covid services?

BMJ | 2021; 372: n215 | 22nd January 2021

As NHS hospitals struggle to find enough beds for patients with covid-19, this analysis examines the strain this is placing on other services.

How the pandemic has affected care:

* Elective care**:** At the end of November 2020 a total of 192 169 patients had been waiting more than 52 weeks for planned surgery, whereas in the same month in 2019 the number was just 1398. Around 4.46 million patients are now waiting for NHS treatment to start.
* Emergency care**:** In December 2020, 3745 patients waited 12 hours or more before being admitted to emergency departments, the highest number on record and an increase of 60% on December 2019.
* Cancer**:** Between April and October 2020 around 3500 fewer patients than expected were given a diagnosis of bowel cancer in England.
* Heart disease**:** The number of heart operations such as coronary bypass and heart valve surgery fell to around 25 000 by the end of the November 2020 lockdown, from 37 000 in the same period in 2019

Full detail: [How is the pandemic affecting non-covid services?](https://www.bmj.com/content/372/bmj.n215)

**Title:** The impact of the COVID-19 pandemic on radiotherapy services in England, UK: a population-based study

The Lancet Oncology | 22nd January 2021

The indirect impact of the COVID-19 pandemic on cancer outcomes is of increasing concern. However, the extent to which key treatment modalities have been affected is unclear. This study aimed to assess the impact of the pandemic on radiotherapy activity in England.

The authors found that radiotherapy activity fell significantly, but use of hypofractionated regimens rapidly increased in the English NHS during the first peak of the COVID-19 pandemic. An increase in treatments for some cancers suggests that radiotherapy compensated for reduced surgical activity. These data will assist health-care providers in understanding the indirect consequences of the pandemic and the role of radiotherapy services in minimising these consequences.

Full article: [The impact of the COVID-19 pandemic on radiotherapy services in England, UK: a population-based study](https://www.thelancet.com/action/showPdf?pii=S1470-2045%2820%2930743-9)

**Title:** Ethnic inequalities in COVID-19 mortality: A consequence of persistent racism

Runnymede Trust | January 2021

Key points:

* Ethnic minority people experience a much higher risk of COVID-19-related death, a stark inequality that impacts on all ethnic minority groups, including white minority groups such as Gypsies and Irish Travellers.
* Local authorities with higher proportions of ethnic minority residents are likely to have higher numbers of COVID-19-related deaths.
* These inequalities reflect increased risk of exposure to the virus because of where people live, the type of accommodation they live in, household size, the types of jobs they do and the means of transport they use to get to work.
* Ethnic inequalities in relation to COVID-19 mirror longstanding ethnic inequalities in health. A large body of evidence has shown that these inequalities are driven by social and economic inequalities, many of which are the result of racial discrimination.
* Ethnic minorities are also at increased risk of complications and mortality post COVID-19 infection; greater risk of serious illness with COVID-19 is more likely the result of pre-existing social and economic inequalities manifesting in the form of particular chronic illnesses. There is no evidence for genetic or genetically related biological factors underlying this increased risk, including vitamin D deficiency.
* Unless racism is understood as a key driver of the inequalities which increase the chances of exposure to and mortality from COVID-19, government and public sector policy responses to the coronavirus pandemic risk further increasing ethnic inequalities in the UK.

Full detail: **:** [Ethnic inequalities in COVID-19 mortality: A consequence of persistent racism](https://www.runnymedetrust.org/uploads/Runnymede%20CoDE%20COVID%20briefing%20v3.pdf)

**Title:** Coronavirus Act report: January 2021

Department of Health and Social Care | 28th January 2021

The [Coronavirus Act 2020](http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted) gives the government powers to take the right action to respond effectively to the progress of the coronavirus (COVID-19) pandemic, for example by making it easier for people to receive their Statutory Sick Pay. These powers are temporary and designed to be switched on when necessary, and off when no longer needed.

The act requires ministers to report every 2 months on which powers are currently active.

Full report: [Coronavirus Act report: January 2021](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956808/Coronavirus-Act-fifth-two-monthly-report-final-2.pdf)

**Title:** Explaining covid-19 performance: what factors might predict national responses?

BMJ | 2021; 372: n91 | 29th January 2021

This BMJ analysis discusses the factors that affected prediction of the success of national responses to covid-19 and will influence future pandemic preparedness

Key messages

* The Global Health Security Index predicted that the world in general was not well prepared for the pandemic but did not predict individual country preparedness
* Ten factors seem to have contributed to the index failing to predict country responses, including overlooking political, economic, and social contexts and the role of civil society
* Future assessments of pandemic preparedness need to take these 10 factors into account by adopting a systems approach which enables a focus on critical system components.

Full detail: [Explaining covid-19 performance: what factors might predict national responses?](https://www.bmj.com/content/372/bmj.n91)

**Title:** What social media told us in the time of COVID-19: a scoping review

The Lancet | Digital Health | 28th January 2021

With the onset of the COVID-19 pandemic, social media has rapidly become a crucial communication tool for information generation, dissemination, and consumption. In this scoping review, the authors selected and examined peer-reviewed empirical studies relating to COVID-19 and social media during the first outbreak from November, 2019, to November, 2020.

Analysis of 81 studies identified five overarching public health themes concerning the role of online social media platforms and COVID-19. These themes focused on: surveying public attitudes, identifying infodemics, assessing mental health, detecting or predicting COVID-19 cases, analysing government responses to the pandemic, and evaluating quality of health information in prevention education videos.

Furthermore, this review emphasises the paucity of studies on the application of machine learning on data from COVID-19-related social media and a scarcity of studies documenting real-time surveillance that was developed with data from social media on COVID-19.

For COVID-19, social media can have a crucial role in disseminating health information and tackling infodemics and misinformation.

Full article: [What social media told us in the time of COVID-19: a scoping review](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930315-0)

We

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

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

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