COVID-19 weekly update

29th October 2021

clinical management

**Title:** Antibiotics for the treatment of COVID‐19

Cochrane Database of Systematic Reviews | 22nd October 2021

The effect of antibiotics with potential antiviral and anti‐inflammatory properties are being investigated in clinical trials as treatment for COVID‐19. The objective of this review was to assess the efficacy and safety of antibiotics compared to each other, no treatment, standard of care alone, placebo, or any other active intervention with proven efficacy for treatment of COVID‐19 outpatients and inpatients.

The authors conclude that risk of death in hospitalised COVID‐19 patients is not reduced by treatment with azithromycin after 28 days. Further, based on moderate‐certainty evidence, patients in the inpatient setting with moderate and severe disease probably do not benefit from azithromycin used as potential antiviral and anti‐inflammatory treatment for COVID‐19 regarding clinical worsening or improvement. For the outpatient setting, there is currently low‐certainty evidence that azithromycin may have no beneficial effect for COVID‐19 individuals.

There is no evidence from RCTs available for other antibiotics as antiviral and anti‐inflammatory treatment of COVID‐19.

Full detail: [Antibiotics for the treatment of COVID‐19](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015025/full)

**Title:** UK stockpiles two unapproved antiviral drugs for treatment at home

BMJ | 2021; 375: n2602 | 25th October 2021

The UK has started stockpiling two antiviral drugs as part of a plan to give people who are staying at home with covid-19 a treatment to reduce symptoms and the spread of the virus.

The government has purchased 480 000 courses of molnupiravir and 250 000 courses of the combination of PF-07321332 and ritonavir (Pfizer), neither of which have been approved by the UK’s regulator of medicines.

In its announcement the Department of Health and Social Care for England said that if the treatments were approved by the Medicines and Healthcare Products Regulatory Agency they will be rolled out to people most at risk of covid-19, with the aim of reducing symptom severity and “easing pressure on the NHS over winter.” The drugs were selected by the Antivirals Taskforce, which was formed in April with the aim of finding at least two effective treatments in 2021.

Full detail: [UK stockpiles two unapproved antiviral drugs for treatment at home](https://www.bmj.com/content/375/bmj.n2602)

Related BMJ editorial: [Safety and efficacy of antivirals against SARS-CoV-2](https://www.bmj.com/content/375/bmj.n2611)

**Title:** European Medical Agency starts rolling review of molnupiravir

European Medical Agency | 25th October 2021

EMA’s human medicines committee (CHMP) has started a rolling review of the oral antiviral medicine molnupiravir for the treatment of COVID-19 in adults.

The CHMP’s decision to start the rolling review is based on preliminary results from laboratory (non-clinical data) and clinical studies. These studies suggest that the medicine may reduce the ability of SARS CoV 2 to multiply in the body, thereby preventing hospitalisation or death in patients with COVID-19.

Further detail: [European Medical Agency starts rolling review of molnupiravir](https://www.ema.europa.eu/en/news/covid-19-ema-starts-rolling-review-molnupiravir)

**Title:** genomic surveillance of patients who are treated with neutralising monoclonal antibody or immunosuppressed

UK Health Security Agency | 22nd October 2021

This protocol covers the surveillance of patients who are highly immunosuppressed, and all patients receiving therapeutic neutralising monoclonal antibodies.

The aims of this genomic surveillance programme are to:

* monitor for the development of SARS-CoV-2 mutations and variants in patients treated with therapeutic monoclonal antibodies and to describe which mutations emerge and at what frequency
* monitor for the development of SARS-CoV-2 mutations and variants in patients who are highly immunosuppressed, and to describe which mutations emerge and at what frequency
* monitor the outcomes of patients with coronavirus (COVID-19) who have received therapeutic monoclonal antibodies

Full detail: [Genomic surveillance of patients who are treated with neutralising monoclonal antibody or immunosuppressed](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027799/Interim_surveillance_protocol.pdf)

**Title:** Effect of early treatment with fluvoxamine on risk of emergency care and hospitalisation among patients with COVID-19

The Lancet Global Health | 27th October 2021

Recent evidence indicates a potential therapeutic role of fluvoxamine for COVID-19. In the TOGETHER trial for acutely symptomatic patients with COVID-19, the authors aimed to assess the efficacy of fluvoxamine versus placebo in preventing hospitalisation defined as either retention in a COVID-19 emergency setting or transfer to a tertiary hospital due to COVID-19.

The authors found that treatment with fluvoxamine (100 mg twice daily for 10 days) among high-risk outpatients with early diagnosed COVID-19 reduced the need for hospitalisation defined as retention in a COVID-19 emergency setting or transfer to a tertiary hospital.

Full paper: [Effect of early treatment with fluvoxamine on risk of emergency care and hospitalisation among patients with COVID-19: the TOGETHER randomised, platform clinical trial](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2821%2900448-4/fulltext)

Related comment: [Fluvoxamine for outpatients with COVID-19: where do we stand?](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2821%2900501-5/fulltext)

**Title:** Early Treatment for Covid-19 with SARS-CoV-2 Neutralizing Antibody Sotrovimab

New England Journal of Medicine | 27th October 2021

Coronavirus disease 2019 (Covid-19) disproportionately results in hospitalization or death in older patients and those with underlying conditions. Sotrovimab is a pan-sarbecovirus monoclonal antibody that was designed to prevent progression of Covid-19 in high-risk patients early in the course of disease.

In this ongoing, randomized, phase 3 trial, sotrovimab or placebo was administered to outpatients within 5 days after the onset of Covid-19 symptoms. The incidence of hospitalization for any cause was lower among patients who received sotrovimab (1% vs. 7%). Among high-risk patients with mild-to-moderate Covid-19, sotrovimab reduced the risk of disease progression. No safety signals were identified.

Full paper: [Early treatment for Covid-19 with SARS-CoV-2 neutralizing antibody Sotrovimab](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2107934?articleTools=true)

**Title:** Risks of and from SARS-CoV-2 infection and COVID-19 in people with diabetes: a systematic review of reviews

Diabetes Care | 29th October 2021

This review was commissioned by the World Health Organization and presents a summary of the latest research evidence on the impact of COVID-19 in people with diabetes (PWD).

The purpose of the study was to review the evidence regarding the extent to which PWD are at increased risk of SARS-CoV-2 infection, and/or of suffering its complications including associated mortality.

The review concludes that there are no data on whether diabetes predisposes to infection with SARS-CoV-2. However, data consistently show that diabetes increases risk of severe COVID-19. As both diabetes and worse COVID-19 outcomes are associated with socioeconomic disadvantage, their intersection warrants particular attention.

Full paper: [Risks of and from SARS-CoV-2 infection and COVID-19 in people with diabetes: a systematic review of reviews](https://care.diabetesjournals.org/content/diacare/early/2021/10/20/dc21-0930.full.pdf)

recovery

**Title:** Coronavirus (COVID-19) vaccination and self-reported long COVID in the UK

Office for National Statistics | 25th October 2021

This article provides estimates of the association between coronavirus (COVID-19) vaccination and self-reported long COVID in people infected prior to vaccination, using data from the UK Coronavirus Infection Survey.

* Receiving a first coronavirus (COVID-19) vaccination was associated with an initial 13% decrease in the likelihood of self-reported long Covid among study participants aged 18 to 69 years in the UK who had confirmed COVID-19 prior to vaccination, using data to 5 September 2021.
* However, it is unclear from the data whether the improvement in self-reported long COVID symptoms after receiving the first vaccination was sustained over time until receiving the second vaccination.
* Receiving a second COVID-19 vaccination was associated with 9% decrease in the likelihood of self-reported long COVID, relative to having received the first vaccination, and there was statistical evidence of a sustained improvement after this.
* The observational nature of the study means that we cannot say whether COVID-19 vaccination caused subsequent changes in the likelihood of self-reported long COVID; also, study follow-up after receiving the second vaccination was limited, so long-term associations between COVID-19 vaccination and self-reported long COVID remain unknown.

Full detail: [Coronavirus (COVID-19) vaccination and self-reported long COVID in the UK](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19vaccinationandselfreportedlongcovidintheuk/25october2021#toc)

**Title:** The State of the World’s Children 2021; On My Mind: promoting, protecting and caring for children’s mental health

UNICEF | October 2021

As COVID-19 heads into its third year, the impact on children and young people’s mental health and well-being continues to weigh heavily. According to the latest available data from UNICEF, globally, at least 1 in 7 children has been directly affected by lockdowns, while more than 1.6 billion children have suffered some loss of education. The disruption to routines, education, recreation, as well as concern for family income and health, is leaving many young people feeling afraid, angry, and concerned for their future.

This report suggests that children and young people could feel the impact of Covid-19 on their mental health and well-being for many years to come. The report examines child, adolescent and caregiver mental health. It focuses on risks and protective factors at critical moments in the life course and delves into the social determinants that shape mental health and well-being.

Full report: [The State of the World’s Children 2021; On My Mind: promoting, protecting and caring for children’s mental health](https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf)

Press release: [Impact of COVID-19 on poor mental health in children and young people ‘tip of the iceberg’](https://www.unicef.org/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg)

**Title:** NHS recovery – how do we ‘build back better’?

The Health Foundation | 21st October 2021

5.6 million people are now on the waiting list for elective care in England; the highest since records began, and the waiting list is expected to grow further, with as many as 8 million people who would normally have been expected to be referred for treatment going unreferred during the pandemic. Longer waiting lists and waiting times is first and foremost bad news for people who need care but they also present risks for the NHS and for government.

In this Health Foundation webinar, an expert panel explored the following questions:

* How does the health sector approach this monumental task?
* What lessons can we learn from the successful ‘war on waiting’ of the 2000s and what do we need to do differently this time?
* With NHS staff stretched to the limit, what can be done to ensure the workforce is there to deliver the recovery?
* How do we ensure we take advantages of the opportunities and ‘build back better’ for the future?
* And what are the risks to this government from the NHS, in particular waiting lists?

Webinar: [NHS recovery – how do we ‘build back better’?](https://www.health.org.uk/about-the-health-foundation/get-involved/events/webinar-nhs-recovery-how-do-we-build-back-better?utm_campaign=12758840_October%202021%20newsletter&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7LGS8,6ZKZT4,UXHDL,1)

Infection control

**Title:** Test and Trace update

Public Accounts Committee | 27th October 2021

NHS Test and Trace has been one of the most expensive health programmes delivered in the pandemic – equal to nearly 20% of the entire 2020-21 NHS England budget – but in a new report, the Public Accounts Committee says it “focused on delivering programmes but outcomes have been muddled and a number of its professed aims have been overstated or not achieved.”

The report states that “NHST&T has not achieved its main objective to help break chains of COVID-19 transmission and enable people to return towards a more normal way of life” despite being handed an “eye watering” budget of £37 billion over two years.

Full report: [Test and Trace update](https://publications.parliament.uk/pa/cm5802/cmselect/cmpubacc/182/report.html)

Report summary: [Test and Trace update](https://publications.parliament.uk/pa/cm5802/cmselect/cmpubacc/182/summary.html)

Press release: [“Muddled, overstated, eye-wateringly expensive”: PAC damning on Test & Trace that has “failed on main objectives”](https://committees.parliament.uk/committee/127/public-accounts-committee/news/158262/muddled-overstated-eyewateringly-expensive-pac-damning-on-test-trace-that-has-failed-on-main-objectives/)

**Title:** NHS delivers booster vaccine to half of eligible people aged 50 and over

NHS England | 26th October 2021

Half of eligible people aged 50 and over have received their COVID booster jab in England. More than 4.5 million people aged 50 and over – 4,547,927 people – have received a top up in protection in less than six weeks as part of the NHS COVID-19 vaccination programme. More than five million people in total have received their booster, including those who are clinically vulnerable. See also

Full detail: [NHS delivers booster vaccine to half of eligible people aged 50 and over](https://www.england.nhs.uk/2021/10/nhs-delivers-booster-vaccine-to-half-of-eligible-people-aged-50-and-over/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29)

See also: [Record 1.6 million people get lifesaving boosters over last seven days](https://www.england.nhs.uk/2021/10/record-1-6-million-people-get-lifesaving-boosters-over-last-seven-days/) | NHS England

**Title:** Stressing the personal benefits of the COVID-19 vaccine could encourage more people to accept

 National Institute for Health Research | 26th October 2021

Most people in the UK accept the COVID-19 vaccine when it is offered. But some are hesitant. New research has explored whether different versions of written information could change people's views. It found that, among those who were hesitant, stressing the personal benefits of the vaccine was more effective than stressing benefits to the community. This approach did not discourage other groups from accepting the vaccine.

The study was carried out in early 2021, when few people had received vaccines. At the time, almost one in five (17%) people in the UK said they would refuse or delay having the vaccine for as long as possible. Researchers wanted to know the best way to frame information, to find an approach that would encourage more people to get vaccinated.

Additional information about the personal benefits slightly shifted attitudes among people who intended to refuse vaccination.  Given the large numbers of people needing vaccination, this slight shift in attitude could represent many more people accepting vaccination.

Further work could explore whether videos or social media campaigns would be a powerful way of reaching this group of people. They need clear information about different COVID vaccines and booster shots.

Full detail: [Stressing the personal benefits of the COVID-19 vaccine could encourage more people to accept](https://evidence.nihr.ac.uk/alert/stressing-personal-benefits-of-covid-vaccine-could-reduce-hesitancy/)

**Title:** Factors affecting adherence to non-pharmaceutical interventions for COVID-19 infections in the first year of the pandemic in the UK

BMJ Open | 25th October 2021

Non-pharmaceutical interventions (NPIs), including wearing face covering/masks, social distancing and working from home, have been introduced to control SARS-CoV-2 infections. This paper provides individual-level empirical evidence of whether adherence reduces infections.

Inability to comply with NPIs predicted higher infections when individuals reported not wearing a face covering outside. The protective effect of wearing a face covering/mask was the strongest for those who were the most unable to comply with NPIs. Higher infection rates were in younger groups and women in large households. Wearing a face covering or mask outside the home consistently and significantly predicted lower infection before the 2020 Christmas period and among women.

Full paper: [Factors affecting adherence to non-pharmaceutical interventions for COVID-19 infections in the first year of the pandemic in the UK](https://bmjopen.bmj.com/content/bmjopen/11/10/e054200.full.pdf)

See also: [Wearing face coverings protected wearers from COVID-19 infection – large scale study](https://www.ox.ac.uk/news/2021-10-27-wearing-face-coverings-protected-wearers-covid-19-infection-large-scale-study) | University of Oxford

**Title:** Does infection with or vaccination against SARS-CoV-2 lead to lasting immunity?

The Lancet Respiratory Medicine | 21st October 2021

Many nations are pursuing the rollout of SARS-CoV-2 vaccines as an exit strategy from unprecedented COVID-19-related restrictions. However, as this article explains, the success of this strategy relies critically on the duration of protective immunity resulting from both natural infection and vaccination.

Current evidence from case studies and large observational studies suggests that, consistent with research on other common respiratory viruses, a protective immunological response lasts for approximately 5–12 months from primary infection, with reinfection being more likely given an insufficiently robust primary humoral response.

Emerging data, including evidence of breakthrough infections, suggest that vaccine effectiveness might be reduced significantly against emerging variants of concern, and hence secondary vaccines will need to be developed to maintain population-level protective immunity.

Full detail: [Does infection with or vaccination against SARS-CoV-2 lead to lasting immunity?](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900407-0)

**Title:** global vaccine production is a mess and shortages are down to more than just hoarding

BMJ | 2021; 375: n2375 | 28th October 2021

In March 2021 drug manufacturers predicted that 12 billion doses of covid-19 vaccine, enough to fully immunise at least 70% of the world’s population, could be manufactured by the end of the year. The United States, United Kingdom, European Union, and Canada could have 1.2 billion doses available for redistribution by the end of the year.

Currently however, only 1.3% of people in low income countries have received their jabs. Seventy countries have yet to vaccinate 10% of their populations, and 30 countries—including much of Africa—have vaccinated fewer than 2%. In Latin America, only one in four of the population has received a dose of covid vaccine.

This BMJ feature looks at what is holding up the vaccination effort.

Full detail: [Global vaccine production is a mess and shortages are down to more than just hoarding](https://www.bmj.com/content/375/bmj.n2375)

**Title:** US and China prepare for mass vaccination of children under 12

BMJ | 2021; 375: n2631| 28th October 2021

The United States is likely to begin administering the Pfizer-BioNTech coronavirus vaccine to children aged 5-11 as soon as the first week of November, after a Food and Drug Administration advisory committee voted by 17 to 0, with one abstention, to recommend emergency authorisation in that age group.

China approved its Sinovac vaccine for use in children aged 3-17 in June. Since then the vaccine has mostly been restricted to young children with extra risk factors. But in the past week municipal and regional governments in Fujian, Hainan, Hubei, Hunan, and Zhejiang provinces have announced that all children aged 3-11 will be required to get their shots in order to attend school.

Further detail: [US and China prepare for mass vaccination of children under 12](https://www.bmj.com/content/375/bmj.n2631)

See also: [What COVID vaccines for young kids could mean for the pandemic](https://www.nature.com/articles/d41586-021-02947-z) | Nature

**Title:** Non-pharmaceutical interventions, vaccination, and the SARS-CoV-2 delta variant in England: a mathematical modelling study

The Lancet | 27th October 2021

England's COVID-19 roadmap out of lockdown policy set out the timeline and conditions for the stepwise lifting of non-pharmaceutical interventions (NPIs) as vaccination roll-out continued, with step one starting on March 8, 2021. In this study, the authors assess the roadmap, the impact of the delta (B.1.617.2) variant of SARS-CoV-2, and potential future epidemic trajectories.

The study findings show that the risk of a large wave of COVID-19 hospital admissions resulting from lifting NPIs can be substantially mitigated if the timing of NPI relaxation is carefully balanced against vaccination coverage. However, with the delta variant, it might not be possible to fully lift NPIs without a third wave of hospital admissions and deaths, even if vaccination coverage is high.

Variants of concern, their transmissibility, vaccine uptake, and vaccine effectiveness must be carefully monitored as countries relax pandemic control measures.

Full paper: [Non-pharmaceutical interventions, vaccination, and the SARS-CoV-2 delta variant in England: a mathematical modelling study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902276-5)

**Title:** Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK

The Lancet Infectious Diseases | 29th October 2021

The SARS-CoV-2 delta (B.1.617.2) variant is highly transmissible and spreading globally, including in populations with high vaccination rates. This authors of this study aimed to investigate transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community.

Vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts. Host–virus interactions early in infection may shape the entire viral trajectory.

Full paper: [Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900648-4)

See also:

* [One in four vaccinated people living in households with a covid-19 case become infected, study finds](https://www.bmj.com/content/375/bmj.n2638) | BMJ
* [Double vaccinated can still spread virus at home](https://www.bbc.co.uk/news/health-59077036) | BBC News

**Title:** Waning Immunity after the BNT162b2 Vaccine in Israel

New England Journal of Medicine | 27th October 2021

A resurgence of Covid-19 in mid-June prompted an examination of Covid-19 immunity as a function of month of vaccination in Israel. Data on confirmed infection and severe disease among fully vaccinated persons were collected from July 11 to 31, 2021. Relative and absolute rates of infection and severe disease increased with time since the second vaccine dose in all age groups. These findings indicate that immunity against the delta variant of SARS-CoV-2 waned in all age groups a few months after receipt of the second dose of vaccine.

Full paper: [Waning immunity after the BNT162b2 vaccine in Israel](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2114228?articleTools=true)

**Title:** Students urged to take a rapid COVID-19 test before end of half term

UK Health Security Agency | 29th October 2021

The UK Health Security Agency and ministers are calling on young people to make sure they take a rapid COVID-19 test before returning to school after the half term.

Coronavirus (COVID-19) cases among 10 to 19 year olds are currently the highest of any age group, with a weekly rate of 1,201 per 100,000 population.

Further detail: [Students urged to take a rapid COVID-19 test before end of half term](https://www.gov.uk/government/news/students-urged-to-take-a-rapid-covid-19-test-before-end-of-half-term)

workforce wellbeing

**Title:** Staff psychological support response to COVID-19

NHS Employers | 26th October 2021

This case study describes how Lancashire Teaching Hospitals NHS Trust has implemented a psychological support service for its staff.

At the start of the COVID-19 pandemic, Lancashire Teaching Hospitals Trust (LTHTR) recognised that more staff would need to access psychology services. Almost 1000 staff have been able to access psychological support since adopting new pathways as part of their overall health and wellbeing offer.

A number of key steps were taken, including:

* development and delivery of a staff support helpline
* provision of individual therapy for identified staff
* provision of tailored group support to specific staff groups
* delivery of mindfulness based cognitive therapy to support mental wellbeing and resilience.

Full detail: [Staff psychological support response to COVID-19](https://www.nhsemployers.org/case-studies/staff-psychological-support-response-covid-19)

**Title:** “Exhausted and depleted” staff pose risk to quality of NHS and social care, warns CQC

BMJ | 2021; 375: n2591 | 22nd October 2021

The health and social care workforce is drained of resilience and capacity, from sustained pressure during the pandemic, and this will have consequences for the quality of care if it is not tackled, the Care Quality Commission has warned.

“The negative impact of working under this sustained pressure, including anxiety, stress, and burnout, cannot be underestimated,” said the CQC in its annual assessment of the state of health and social care in England. “As we approach winter, the workforce who face the challenges ahead are exhausted and depleted, which has implications for the quality of care. They cannot work any harder—they need support to work differently.”

Furtehr detail: [“Exhausted and depleted” staff pose risk to quality of NHS and social care, warns CQC](https://www.bmj.com/content/375/bmj.n2591)

See also: [The state of health care and adult social care in England 2020/21](https://www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf) | Care Quality Commission

**Title:** "Surviving to thriving": a meta-ethnography of the experiences of healthcare staff caring for persons with COVID-19

BMC Health Services Research | 21st October 2021

The emergence of the Coronavirus disease has heightened the experience of emotional burden among healthcare staff. To guide the development of support programmes, this review sought to aggregate and synthesise qualitative studies to establish a comparative understanding of the experiences of healthcare staff caring for persons with the disease.

The review concludes that healthcare staff caring for persons infected with the Coronavirus disease are at risk of burnout and compassion fatigue and require ongoing mental health support commensurate to their needs. Staff who contract the disease may require additional support to navigate through the illness and recovery. Policies and concerted efforts are needed to strengthen support systems and build resilience among healthcare staff.

Full paper: ["Surviving to thriving": a meta-ethnography of the experiences of healthcare staff caring for persons with COVID-19](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07112-w.pdf)

**Title:** Re-ordering connections: UK healthcare workers' experiences of emotion management during the COVID-19 pandemic

Sociology of Health & Illness | 27th October 2021

This paper examines the impact of disruptions to the organisation and delivery of healthcare services and efforts to re-order care through emotion management during the COVID-19 pandemic in the UK.

Using a rapid qualitative research methodology, the authors conducted interviews with frontline HCWs in two London hospitals during the peak of the first wave of the pandemic and sourced public accounts of HCWs' experiences of the pandemic from social media (YouTube and Twitter).

The authors conducted framework analysis to identify key factors disrupting caring interactions:

* Fear of infection and the barriers of physical distancing acted to separate staff from patients and families, requiring new affective practices to repair connections.
* Witnessing suffering was distressing for staff, and providing a ‘good death’ for patients and communicating care to families was harder.
* In addition to caring for patients and families, HCWs cared for each other.
* Infection control measures were important for limiting the spread of COVID-19 but disrupted connections that were integral to care.

Full paper: [Re-ordering connections: UK healthcare workers' experiences of emotion management during the COVID-19 pandemic](https://onlinelibrary.wiley.com/doi/epdf/10.1111/1467-9566.13390)

other

**Title:** How bad is the UK’s covid situation?

BMJ | 2021; 375: n2597 | 27th October 2021

High case rates and hospital pressures going into winter are provoking much debate. This BMJ analysis asks how poorly the UK is doing in comparison with other countries, asking:

* How do the UK’s numbers of cases, hospital admissions and deaths compare with elsewhere?
* How does England compare with the rest of the UK?
* Did changes in covid restrictions make a difference?
* What about the UK’s lauded vaccine rollout?
* How is the NHS coping in comparison with the rest of Europe?
* What is the government doing?
* What about sick pay?
* Is the UK heading back into lockdown?

Full detail: [How bad is the UK’s covid situation?](https://www.bmj.com/content/375/bmj.n2597)

**Title:** Diabetes, hypertension, body mass index, smoking and COVID-19-related mortality

BMJ Open | 25th October 2021

The authors of this paper conducted a systematic literature review and meta-analysis of observational studies to investigate the association between diabetes, hypertension, body mass index (BMI) or smoking with the risk of death in patients with COVID-19 and to estimate the proportion of deaths attributable to these conditions.

The findings suggest that diabetes, hypertension, obesity and smoking were associated with higher COVID-19 mortality, contributing to nearly 30% of COVID-19 deaths.

Full paper: [Diabetes, hypertension, body mass index, smoking and COVID-19-related mortality: a systematic review and meta-analysis of observational studies](https://bmjopen.bmj.com/content/bmjopen/11/10/e052777.full.pdf)

**Title:** Neurological complications after first dose of COVID-19 vaccines and SARS-CoV-2 infection

Nature Medicine | 25th October 2021

Emerging reports of rare neurological complications associated with COVID-19 infection and vaccinations are leading to regulatory, clinical and public health concerns. The authors of this paper undertook a self-controlled case series study to investigate hospital admissions from neurological complications in the 28 days after a first dose of ChAdOx1nCoV-19 or BNT162b2), and after a SARS-CoV-2-positive test.

In summary, although the authors found an increased risk of neurological complications in those who received COVID-19 vaccines, the risk of these complications is greater following a positive SARS-CoV-2 test.

Full paper: [Neurological complications after first dose of COVID-19 vaccines and SARS-CoV-2 infection](https://www.nature.com/articles/s41591-021-01556-7.pdf)

**Title:** Impact of COVID-19 pandemic on ethnic minority communities

BMJ Open | 25th October 2021

The objective of this study was to explore the perspectives of ethnic minority community leaders in relation to: the impact of the COVID-19 pandemic on their communities; and their community’s perception, understanding and adherence to government guidelines on COVID-19 public health measures.

 Participants alluded to historical and structural differences for the observed disparities in COVID-19 morbidity and mortality. Many struggled with lockdown measures which impeded cultural and religious gatherings that were deemed to be integral to the community. Cultural and social practices led to many suffering on their own as discussion of mental health was still deemed a taboo within many communities. Many expressed their community’s reluctance to report symptoms for the fear of financial and physical health implications. They reported increase in hate crime which was deemed to be exacerbated due to perceived insensitive messaging from authority officials and historical racism in the society.

Access and adherence to government guidelines was an issue for many due to language and digital barriers. Reinforcement from trusted community and religious leaders encouraged adherence. Points of support such as food banks were vital in ensuring essential supplies during the pandemic. Many could not afford or have access to masks and sanitisers.

The study highlights the perceived impact of the COVID-19 pandemic on ethnic minority communities. Government agencies and public health agencies need to integrate with the community, and community leaders can enable dissemination of key messages to deliver targeted yet sensitive public health advice which incorporates cultural and religious practices. Addressing the root causes of disparities is imperative to mitigate current and future pandemics.

Full paper: [Impact of COVID-19 pandemic on ethnic minority communities: a qualitative study on the perspectives of ethnic minority community leaders](https://bmjopen.bmj.com/content/bmjopen/11/10/e050584.full.pdf)

**Title:** SARS-CoV-2 variants of concern and variants under investigation in England

UK Health Security Agency | October 29th 2021

This is the latest technical briefing from Public Health England (PHE) to share the detailed variant surveillance analyses which contribute to the variant risk assessments and designation of new VOCs and VUIs. The specialist technical briefings contain early data and analysis on emerging variants and findings have a high level of uncertainty.

Full detail: [SARS-CoV-2 variants of concern and variants under investigation in England](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029715/technical-briefing-27.pdf)

We

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