COVID-19 weekly update

3rd September 2021

clinical management

**Title:** Ronapreve for prophylaxis and treatment of covid-19

BMJ | 2021; 374: n2136 | 2nd September 2021

On 20 August 2021, Ronapreve received conditional marketing authorisation for the prevention and treatment of covid-19 in the UK.Ronapreve (REGEN-COV in the US) comprises two monoclonal antibodies, casirivimab and imdevimab, that target the SARS-CoV-2 spike protein to reduce the risk and severity of covid-19 in selected patients. Although Ronapreve’s approval represents a welcome expansion in the armamentarium against covid-19, this editorail explains it also brings difficult questions about who should be eligible for treatment.

Full editorial: [Ronapreve for prophylaxis and treatment of covid-19](https://www.bmj.com/content/374/bmj.n2136)

**Title:** Temporal trends in emergency admissions for diabetic ketoacidosis in people with diabetes in England before and during the COVID-19 pandemic: a population-based study

The Lancet Diabetes & Endocrinology | 2nd September 2021

Diabetic ketoacidosis (DKA) has been reported to be increasing in frequency during the COVID-19 pandemic. This study aimed to examine the rates of DKA hospital admissions and the patient demographics associated with DKA during the pandemic compared with in prepandemic years.

The results provide evidence for differences in the numbers and characteristics of people presenting with DKA during the COVID-19 pandemic compared with in the preceding 3 years. Greater awareness of risk factors for DKA in type 2 diabetes and vigilance for newly diagnosed diabetes presenting with DKA during the COVID-19 pandemic might help mitigate the increased impact of DKA.

Full paper: [Temporal trends in emergency admissions for diabetic ketoacidosis in people with diabetes in England before and during the COVID-19 pandemic: a population-based study](https://www.thelancet.com/action/showPdf?pii=S2213-8587%2821%2900208-4)

**Title:** Efficacy and safety of baricitinib for the treatment of hospitalised adults with COVID-19 (COV-BARRIER): a randomised, double-blind, parallel-group, placebo-controlled phase 3 trial

The Lancet Respiratory Medicine | 1st September 2021

Baricitinib is an oral selective Janus kinase 1/2 inhibitor with known anti-inflammatory properties. This study evaluates the efficacy and safety of baricitinib in combination with standard of care for the treatment of hospitalised adults with COVID-19.

Although there was no significant reduction in the frequency of disease progression overall, treatment with baricitinib in addition to standard of care (including dexamethasone) had a similar safety profile to that of standard of care alone, and was associated with reduced mortality in hospitalised adults with COVID-19.

Full paper: [Efficacy and safety of baricitinib for the treatment of hospitalised adults with COVID-19 (COV-BARRIER): a randomised, double-blind, parallel-group, placebo-controlled phase 3 trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900331-3)

**Title:** Casirivimab–Imdevimab treatment is associated with reduced rates of hospitalization among high-risk patients with mild to moderate coronavirus disease-19

EClinicalMedicine | 30th August 2021

Real-world clinical data to support the use of casirivimab–imdevimab for the treatment of outpatients with mild to moderate coronavirus disease-19 (COVID-19) is needed. This study aimed to assess the outcomes of casirivimab–imdevimab treatment of mild to moderate COVID-19.

Among high-risk patients with mild to moderate COVID-19, casirivimab–imdevimab treatment was associated with a significantly lower rate of hospitalization.

Full paper: [Casirivimab–Imdevimab treatment is associated with reduced rates of hospitalization among high-risk patients with mild to moderate coronavirus disease-19](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2821%2900382-5)

**Title:** Continuous positive airway pressure (CPAP) in patients hospitalised due to COVID-19 with acute respiratory failure

Medicines and Healthcare products Regulatory Agency | 2nd September 2021

Continuous positive airway pressure (CPAP) should be considered alongside optimised pharmacological and non-pharmacological management strategies (including body positioning) in patients hospitalised due to COVID-19 with acute respiratory failure, to reduce the risk of subsequently requiring invasive mechanical ventilation.

Full detail: [COVID-19 Therapeutic Alert: Continuous positive airway pressure (CPAP) in patients hospitalised due to COVID-19 with acute respiratory failure](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103829)

**Title:** The Role of Type I Interferon in the Treatment of COVID-19

Journal of Medical Virology | 1st September 2021

Although significant research was done to find effective drugs against coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), no definite effective drug exists. Thus the research is now shifted towards immunomodulatory agents other than antivirals.

This review aims to describe the latest findings towards the role of type I IFN-mediated innate antiviral response against SARS-CoV-2 and discuss the use of IFNs as a medication for COVID-19.

A growing body of evidence indicated a promoting active but delayed IFNs response to SARS-CoV-2 and MERS-CoV in the infected bronchial epithelial cells. Studies have demonstrated that IFNs administration before the viral peak and the inflammatory phase of disease could offer a highly protective effect.

However, IFNs Treatment during the inflammatory and severe stages of the disease causes immunopathology and long-lasting harm for patients. Therefore, it is critical to notice the best time window for IFNs administration.

Further investigation of the clinical effectiveness of interferon for patients with mild to severe COVID-19 and its optimal timing and route of administration can be beneficial in finding a safe and effective antiviral therapy for the COVID-19 disease.

Full paper: [The Role of Type I Interferon in the Treatment of COVID-19](https://onlinelibrary.wiley.com/doi/10.1002/jmv.27317)

**Title:** Point-of-Care Ultrasound Predicts Clinical Outcomes in Patients With COVID-19

Journal of Ultrasound in Medicine | 1st September 2021

Lung Point-of-care ultrasound (POCUS) findings detected within 24 hours of admission may provide expedient risk stratification for important COVID-19 clinical outcomes, including future ICU admission or need for supplemental oxygen. Conversely, a normal scan within 24 hours of admission appears protective. POCUS findings appeared stable over a 28-day scanning window, suggesting that these findings, regardless of their timing, may have clinical implications.

Full paper: [Point-of-Care Ultrasound Predicts Clinical Outcomes in Patients with COVID-19](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jum.15818)

recovery

**Title:** How routine NHS diabetes care can catch up after covid-19

BMJ | 2021; 374: n1927 | 31st August 2021

Progress may have slipped, but general practices are finding innovative ways to catch up. This BMJ Feature piece reports on calls for more guidance on new drugs and more remote monitoring to support self-management.

Full detail: [How routine NHS diabetes care can catch up after covid-19](https://www.bmj.com/content/374/bmj.n1927)

**Title:** One in seven children may still have symptoms 15 weeks after infection, data show

BMJ | 2021; 374: n2157 | 1st September 2021

A large study of children and young people who caught SARS-CoV-2 has found that as many as one in seven (14%) may still have symptoms 15 weeks later. However, this figure is lower than in some studies that have reported a prevalence of long covid as high as 51% in children and young people.

The researchers found that 15 weeks after their PCR test 66.5% of people who had tested positive and 53.3% of those who had tested negative had one or more symptoms. About 30% of those who had tested positive for covid-19 had three or more symptoms, compared with 16% of those who tested negative. This enabled the researchers to conclude that 14% of people who test positive for covid have persistent symptoms. The most common symptoms reported were headaches and tiredness.

Further detail: [One in seven children may still have symptoms 15 weeks after infection, data show](https://www.bmj.com/content/374/bmj.n2157)

Full research: [Long covid—the physical and mental health of children and non-hospitalised young people 3 months after SARS-CoV-2 infection; a national matched cohort study (The CLoCk) Study](https://assets.researchsquare.com/files/rs-798316/v1/8322114d-03ed-42ad-8fdb-883a05a64643.pdf?c=1628633145)

See also: [King's collaborates on world's largest study on long Covid in children and young people](https://www.kcl.ac.uk/news/kings-collaborates-on-worlds-largest-study-on-long-covid-in-children-and-young-people)

**Title:** 1-year outcomes in hospital survivors with COVID-19: a longitudinal cohort study

The Lancet | 28th August 2021

The full range of long-term health consequences of COVID-19 in patients who are discharged from hospital is largely unclear. The aim of our study was to comprehensively compare consequences between 6 months and 12 months after symptom onset among hospital survivors with COVID-19.

Most COVID-19 survivors had a good physical and functional recovery during 1-year follow-up, and had returned to their original work and life. The health status in our cohort of COVID-19 survivors at 12 months was still lower than that in the control population.

Full paper: [1-year outcomes in hospital survivors with COVID-19: a longitudinal cohort study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901755-4)

**Title:** Understanding long COVID: a modern medical challenge

The Lancet [editorial] | 28th August 2021

As the COVID-19 pandemic continues, the need to understand and respond to long COVID is increasingly pressing. Symptoms such as persistent fatigue, breathlessness, brain fog, and depression could debilitate many millions of people globally. However, as this editorial explains, very little is known about the condition.

Clearly, the condition is of public health concern. In the UK, for example, an estimated 945 000 people (1·5% of the population) had self-reported long COVID on July 4, 2021, according to the UK Office for National Statistics, including 34 000 children aged 2–16 years. Prevalence was greatest in people aged 35–69 years, girls and women, people living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability.

The editorial calls for the scientific and medical communities to collaborate to explore the mechanism and pathogenesis of long COVID, estimate the global and regional disease burdens, better delineate who is most at risk, understand how vaccines might affect the condition, and find effective treatments via randomised controlled trials.

Full editorial: [Understanding long COVID: a modern medical challenge](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01900-0/fulltext)

**Title:** Long Covid e-learning programme

e-Learning for Healthcare

Long COVID and post-COVID-19 syndrome is an emerging condition and one that we are continuing to learn more about. This elearning session is aimed at all healthcare professionals, registered and unregistered and provides an introduction to long COVID and post-COVID-19 syndrome. It explains what we mean by long COVID and post-COVID–19 syndrome, the common signs and symptoms, investigations and how patients might be assessed and supported with these.

The session takes approximately 20 to 30 minutes to complete and a certificate is available on completion of the session.

Further detail: [Long Covid e-learning programme](https://www.e-lfh.org.uk/programmes/long-covid/?utm_source=Twitter&utm_medium=social&utm_campaign=Orlo)

**Title:** Prevalence and risk factors for gastrointestinal symptoms after recovery from COVID-19

Neurogastroenterology & Motility | 1st September 2021

COVID-19 frequently presents with acute gastrointestinal (GI) symptoms, but it is unclear how common these symptoms are after recovery. The purpose of this study was to estimate the prevalence and characteristics of GI symptoms after COVID-19.

At a median of 106 days after discharge following hospitalization for COVID-19, 16% of unselected patients reported new GI symptoms at follow-up. 40% of patients from COVID survivor groups reported new GI symptoms. The ongoing GI effects of COVID-19 after recovery require further study.

Full paper: [Prevalence and risk factors for gastrointestinal symptoms after recovery from COVID-19](https://onlinelibrary.wiley.com/doi/epdf/10.1111/nmo.14251)

**Title:** Post-acute COVID-19 syndrome (PCS) and Health related Quality of life (HRQoL)- A systematic review and Meta-analysis.

Journal of Medical Virology | 31st August 2021

There is established literature on symptoms and complications of COVID-19 but after effects of COVID-19 are not well understood with few studies reporting persistent symptoms and quality of life. This review aimed to evaluate pooled prevalence of poor quality of life in post-acute COVID-19 syndrome (PCS) and conducted meta-regression to evaluate effects of persistent symptoms and ICU admission on poor quality of life.

The study concludes that PCS is associated with poor quality of life, persistent symptoms including fatigue, dyspnea, anosmia, sleep disturbances and worse mental health. This suggests that we need more research on PCS patients to understand the risk factors causing it and eventually leading to poor quality of life.

Full paper: [Post-acute COVID-19 syndrome (PCS) and Health related Quality of life (HRQoL)- A systematic review and Meta-analysis](https://onlinelibrary.wiley.com/doi/10.1002/jmv.27309)

Infection control

**Title:** 80% of young adults in UK are likely to have antibodies, data suggest

BMJ | 2021; 374: n2162 | 2nd September 2021

Around eight in ten young adults in the UK are now likely to have SARS-CoV-2 antibodies either from past infection or because they have been vaccinated, the latest survey from the Office for National Statistics has shown.

The fortnightly bulletin on antibody and vaccination levels in the UK community population includes data to 13 August on antibodies and to 8 August on vaccinations. The data are based on blood test results taken from a randomly selected subsample of people aged 16 and over.

In England 85.4% of 16-24 year olds would test positive for antibodies, the survey suggests. The corresponding estimates are 85.6% for Scotland, 83.9% for Wales, and 80.4% for Northern Ireland.

Full detail: [80% of young adults in UK are likely to have antibodies, data suggest](https://www.bmj.com/content/374/bmj.n2162)

Related: [Coronavirus (covid-19) infection survey, antibody and vaccination data, UK: 1 September 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyantibodyandvaccinationdatafortheuk/1september2021) | Office for National Statistics

**Title:** UK will offer third vaccine dose to severely immunosuppressed people

BMJ | 2021; 374: n2160 | 2nd September 2021

The UK’s Joint Committee on Vaccination and Immunisation (JCVI) has recommended that people with severely weakened immune systems should have a third vaccine dose as part of their primary vaccination schedule against covid-19.

The third dose of either the Moderna or the Pfizer-BioNTech vaccine should be offered to people over age 12 who were severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV, or recent organ transplants. For 12-17 year olds the Pfizer-BioNTech vaccine is preferred.

The JCVI is still deciding on the benefits of booster doses for the rest of the population and is awaiting further evidence to inform this decision.

Full detail: [UK will offer third vaccine dose to severely immunosuppressed people](https://www.bmj.com/content/374/bmj.n2160)

See also: [Third primary COVID-19 vaccine dose for people who are immunosuppressed: JCVI advice](https://www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice)

**Title:** Schools: a gaping hole in England’s covid strategy

BMJ | 2021; 374: n2115 | 1st September 2021

While Israel is considering delaying the start of its school year, the American Academy of Pediatrics is calling for vaccines to be extended to under 12s, and Canada warns of increased severity of delta infections in children, England is increasingly alone in adopting a stance that effectively suggests infections in children are nothing to worry about.

This BMJ Opinion piece believes that we need to join our international colleagues, take infections in children seriously, and urge the government to follow international best practice as laid out by the European and US Centers for Disease Prevention and Control, to make schools as safe an environment as possible.

Full detail: [Schools: a gaping hole in England’s covid strategy](https://www.bmj.com/content/374/bmj.n2115)

**Title:** Reactogenicity and immunogenicity after a late second dose or a third dose of ChAdOx1 nCoV-19 in the UK: a substudy of two randomised controlled trials (COV001 and COV002)

The Lancet | 1st September 2021

COVID-19 vaccine supply shortages are causing concerns about compromised immunity in some countries as the interval between the first and second dose becomes longer. Conversely, countries with no supply constraints are considering administering a third dose. This paper assessed the persistence of immunogenicity after a single dose of ChAdOx1 nCoV-19 (AZD1222), immunity after an extended interval (44–45 weeks) between the first and second dose, and response to a third dose as a booster given 28–38 weeks after the second dose.

An extended interval before the second dose of ChAdOx1 nCoV-19 leads to increased antibody titres. A third dose of ChAdOx1 nCoV-19 induces antibodies to a level that correlates with high efficacy after second dose and boosts T-cell responses.

Full paper: [Reactogenicity and immunogenicity after a late second dose or a third dose of ChAdOx1 nCoV-19 in the UK: a substudy of two randomised controlled trials (COV001 and COV002)](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901699-8)

**Title:** Risk factors and disease profile of post-vaccination SARS-CoV-2 infection in UK users of the COVID Symptom Study app: a prospective, community-based, nested, case-control study

The Lancet Infectious Diseases | 1st September 2021

COVID-19 vaccines show excellent efficacy in clinical trials and effectiveness in real-world data, but some people still become infected with SARS-CoV-2 after vaccination. This study aimed to identify risk factors for post-vaccination SARS-CoV-2 infection and describe the characteristics of post-vaccination illness.

To minimise SARS-CoV-2 infection, at-risk populations must be targeted in efforts to boost vaccine effectiveness and infection control measures. These findings might support caution around relaxing physical distancing and other personal protective measures in the post-vaccination era, particularly around frail older adults and individuals living in more deprived areas, even if these individuals are vaccinated, and might have implications for strategies such as booster vaccinations.

Full paper: [Risk factors and disease profile of post-vaccination SARS-CoV-2 infection in UK users of the COVID Symptom Study app: a prospective, community-based, nested, case-control study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900460-6)

See also:

* [Double vaccination halves risk of Long COVID](https://www.kcl.ac.uk/news/double-vaccination-halves-risk-of-long-covid) | Kings College London
* [Coronavirus vaccines cut risk of long Covid, study finds](https://www.bbc.co.uk/news/health-58410354) | BBC News

**Title:** The association of community mobility with the time-varying reproduction number (R) of SARS-CoV-2: a modelling study across 330 local UK authorities

The Lancet Digital Health | 31st August 2021

Community mobility data have been used to assess adherence to non-pharmaceutical interventions and its impact on SARS-CoV-2 transmission. The authors of this study assessed the association between location-specific community mobility and the reproduction number (*R*) of SARS-CoV-2 across UK local authorities.

Increased visits to retail and recreation places, workplaces, and transit stations in cities are important drivers of increased SARS-CoV-2 transmission; the increasing trend in the effects of these drivers in the first 6 weeks of 2021 was possibly associated with the emerging alpha (B.1.1.7) variant. These findings provide important evidence for the management of current and future mobility restrictions.

Full paper: [The association of community mobility with the time-varying reproduction number (R) of SARS-CoV-2: a modelling study across 330 local UK authorities](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2821%2900144-8)

**Title:** Comparison of SARS-CoV-2 Antibody Response Following Vaccination With BNT162b2 and mRNA-1273

JAMA | 30th August 2021

This study compares the immune responses to the BNT162b2 (Pfizer-BioNTech) and mRNA-1273 (Moderna) COVID-19 vaccines in health care workers in Belgium.

Full detail: [Comparison of SARS-CoV-2 antibody response following vaccination with BNT162b2 and mRNA-1273](https://jamanetwork.com/journals/jama/fullarticle/2783797)

**Title:** Staying ‘Covid-safe’: Proposals for embedding behaviours that protect against Covid-19 transmission in the UK

British Journal of Health Psychology | 31st August 2021

The Scientific Pandemic Insights group on Behaviours (SPI-B) were commissioned by the UK Cabinet Office to identify strategies to embed infection control behaviours to minimize Covid-19 transmission in the long term. They report that:

* Applying broad behaviour change principles may help sustain Covid-protective behaviours
* A risk-management approach addressing capability, opportunity and motivation is needed
* This will involve education, regulation, social marketing, and provision of resources

Full detail: [Staying ‘Covid-safe’: Proposals for embedding behaviours that protect against Covid-19 transmission in the UK](https://bpspsychub.onlinelibrary.wiley.com/doi/epdf/10.1111/bjhp.12557)

**Title:** NHS COVID ‘grab-a-jab’ initiative boosts ethnic minority vaccinations

NHS England | 28th August 2021

The NHS COIVD vaccination programme has protected more than 700,000 people from ethnic minority backgrounds since rolling out the grab-a-jab campaign.

An analysis of one grab-a-jab weekend in July found that 2 in 5 of the 80,000 walk-in doses administered were to people from ethnic minority groups, significantly more than the proportion in the wider community.

People have been able to turn up and ‘grab a jab’ at festivals, mosques, town halls, football grounds and other convenient sites since the campaign began earlier this summer.

The fastest growth in vaccinations was from people of mixed Asian and white backgrounds between 20th June and 22nd August, with numbers growing by a quarter from 81,000 to 101,000, closely followed by mixed white and Black African groups.

There was also a significant increase in people from Black communities getting the jab with 142,000 people receiving their first dose of the life-saving vaccine. More than 3 in 5 of those were Black African, with the number of people getting a first dose increasing by 20.9%.

Meanwhile, the increase in vaccinations among white people was 11.1%.

Full detail: [NHS COVID ‘grab-a-jab’ initiative boosts ethnic minority vaccinations](https://www.england.nhs.uk/2021/08/nhs-covid-grab-a-jab-initiative-boosts-ethnic-minority-vaccinations/)

**Title:** COVID-19 vaccines prevent over 143,000 hospitalisations in England

Public Health England | 2nd September 2021

Public Health England (PHE) has published its latest weekly COVID-19 vaccine surveillance report.

The latest PHE estimates suggest that 143,600 hospitalisations have been prevented in those aged 65 years and over in England as a result of the COVID-19 vaccination programme, up to 22 August.

Approximately 36,100 admissions were prevented in those aged 65 to 74, 58,800 in those aged 75 to 84, and 48,700 in those aged 85 and over.

Full detail: [COVID-19 vaccine surveillance report: 2 September 2021 (week 35)](https://www.gov.uk/government/publications/covid-19-vaccine-surveillance-report)

**Title:** New study to test third COVID-19 vaccine for people with weakened immune systems

Department of Health and Social Care | 2nd September 2021

A new clinical trial to determine whether a third dose of vaccine will improve the immune response for people who have weakened immune systems is launching in the UK.

The study, OCTAVE DUO, will offer people who are immunosuppressed or immunocompromised a Pfizer, Moderna or Novavax vaccine to determine whether this will give a stronger immune response than two doses.

Initial results are expected later this year to inform the UK’s COVID-19 vaccine deployment in these specific at-risk groups. The trial will follow the patients to mid-2022 and offer more detailed information at that stage about the immune responses that develop in these groups.

Full detail: [New study to test third COVID-19 vaccine for people with weakened immune systems](https://www.gov.uk/government/news/new-study-to-test-third-covid-19-vaccine-for-people-with-weakened-immune-systems)

workforce wellbeing

**Title:** Pediatric hematology/oncology healthcare professional emotional health during COVID-19

Cancer Medicine | 1st September 2021

Little is known about the impact of coronavirus disease 2019 (COVID-19) on healthcare professional emotional health in pediatric hematology/oncology. Primary objective was to describe anxiety, depression, positive affect, and perceived stress among pediatric hematology/oncology healthcare professionals following a COVID-19 outbreak. Secondary objectives were to compare these outcomes based on contact with a positive person, and to identify risk factors for worse outcomes.

Pediatric hematology/oncology healthcare professionals had similar levels of anxiety, depression, and positive affect as the general population. Contact with a COVID-19-positive individual was not significantly associated with outcomes. Non-physician healthcare professionals had more anxiety, depression, and perceived stress when compared to physicians. These findings may help to develop programs to support healthcare professional resilience.

Full paper: [Pediatric hematology/oncology healthcare professional emotional health during COVID-19](https://onlinelibrary.wiley.com/doi/epdf/10.1002/cam4.4253)

Health management

**Title:** COVID-19 shared learning from NHS trusts

NHS Employers | 1st September 2021

Despite the relentless pressures of COVID-19 on NHS trusts, we have seen innovation, transformational change, and real improvements to enhance the experience of staff across the service. Here, NHS Employers shares examples of good practice from trusts that have adapted and innovated during the pandemic including:

* Birmingham and Solihull Mental Health NHS Foundation Trust: investing in technology to bolster staff engagement
* North East London NHS Foundation Trust: bespoke support for line managers
* Sussex Partnership NHS Foundation Trust: reaching staff through good communication
* Blackpool Teaching Hospitals: building a symbol of gratitude
* East Sussex Healthcare NHS Trust: supporting BME colleagues through the pandemic
* Hertfordshire Partnership NHS Foundation Trust: supporting staff to work from home

Further detail: [COVID-19 shared learning from NHS trusts](https://www.nhsemployers.org/case-studies/covid-19-shared-learning-nhs-trusts)

**Title:** A reckoning: the continuing cost of COVID-19

NHS Providers | NHS Confederation | 2nd September 2021

The COVID-19 pandemic has increased the cost of running frontline NHS services by £4-5bn a year. These costs are in addition to other key financial factors, such as the need to fund capital investment and recover care backlogs, and they will be with us for the duration of the three-year period that is expected to be covered by the upcoming Comprehensive Spending Review (CSR). This joint briefing by NHS Providers and the NHS Confederation, based on survey data from 54% of the provider sector, explains the long-term impact of the pandemic on the NHS’s day-to-day running costs, and calls on the government to ensure these costs are met in full.

Full detail: [A reckoning: the continuing cost of COVID-19](https://www.nhsconfed.org/sites/default/files/2021-09/A-reckoning-continuing-cost-of-COVID-19.pdf)

Press release: [Patients in peril as NHS future funding finalised](https://www.nhsconfed.org/news/patients-peril-nhs-future-funding-finalised)

other

**Title:** Delta variant doubles risk of hospital admission compared with alpha variant, study shows

BMJ | 2021; 374: n2152 | Lancet Infectious Diseases

Patients with the delta variant of SARS-CoV-2 have more than double the risk of hospital admission compared with those infected with the alpha variant, according to a large UK study.The research, published in the *Lancet Infectious Diseases*, is the first to report hospital admission risk for the delta compared with the alpha variants based on cases confirmed by whole genome sequencing.

Researchers analysed healthcare data from 43 338 positive covid-19 cases in England between 29 March and 23 May 2021. During the study period, 8682 patients were infected with the delta variant and 34 656 with the alpha variant. Although the proportion of cases caused by the delta variant was 20% overall, this increased to 74% of new sequence cases in the week starting 31 May 2021.

The analysis found that 196 (2.3%) patients with the delta variant compared with 764 (2.2%) patients with the alpha variant were admitted to hospital within 14 days, giving an adjusted hazard ratio of 2.26 (95% confidence interval 1.32 to 3.89).

The risk of attending hospital for emergency care or being admitted to hospital within 14 days of infection with the delta variant was also one and a half times greater compared with the alpha variant (adjusted hazard ratio 1.45, 95% CI 1.08 to 1.95). Most patients were unvaccinated (74%) across both groups.

Further detail: [Delta variant doubles risk of hospital admission compared with alpha variant, study shows](https://www.bmj.com/content/374/bmj.n2152)

Full research[: Hospital admission and emergency care attendance risk for SARS-CoV-2 delta (B.1.617.2) compared with alpha (B.1.1.7) variants of concern: a cohort study](https://www.sciencedirect.com/science/article/pii/S1473309921004758)

See also: [Delta variant patients twice as likely to need hospital care](https://www.bbc.co.uk/news/health-58354342?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** Risk of hospital admission with covid-19 among teachers compared with healthcare workers and other adults of working age in Scotland, March 2020 to July 2021: population based case-control study

BMJ | 2021; 374: n2060 | 2nd September 2021

The objective of this study was to determine the risk of hospital admission with covid-19 and severe covid-19 among teachers and their household members, overall and compared with healthcare workers and adults of working age in the general population.

The study concludes that compared with adults of working age who are otherwise similar, teachers and their household members were not found to be at increased risk of hospital admission with covid-19 and were found to be at lower risk of severe covid-19. These findings should reassure those who are engaged in face-to-face teaching.

Full paper: [Risk of hospital admission with covid-19 among teachers compared with healthcare workers and other adults of working age in Scotland, March 2020 to July 2021: population based case-control study](https://www.bmj.com/content/bmj/374/bmj.n2060.full.pdf)

**Title:** Waiting for care. Understanding the pandemic’s effects on people’s health and quality of life

Health Foundation | 26th August 2021

The suspension of routine NHS care has affected people’s health and wellbeing – with the significance of this depending on the type of condition or treatment delayed. For some conditions, a delay in care will make little or no difference. For others, a delay could lead both to living longer in pain – worsening quality of life – and/or a deterioration in their condition. This analysis explores the implications of this via two case studies – hip replacements and diabetes.

Full detail: [Waiting for care. Understanding the pandemic’s effects on people’s health and quality of life](https://www.health.org.uk/publications/long-reads/waiting-for-care)

**Title:** Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review

Child & Adolescent Mental Health | 28th August 2021

Key messages

* Children and adolescents are at crucial phases of development, making them more susceptible to negative mental health impacts of the COVID-19 pandemic and response measures.
* In this review, children and adolescents were found to experience more depressive and anxious symptoms than reported prepandemic rates, specifically with high levels of fear and concern regarding the impact of COVID-19 on their lives.
* Factors associated with worse COVID-19 mental health outcomes were older adolescent age, female gender, neurodiversity, and the presence of chronic physical conditions.
* While this review captures emerging data, study designs that utilize validated measures and undertake longitudinal data capture will greatly improve understanding of impacts.
* Pandemic-associated negative impacts on child and adolescent mental health are clear and must be monitored and addressed as societal restrictions are lifted to mitigate short- and long-term impacts.

Full paper: [Mental health impacts of the COVID-19 pandemic on children and youth – a systematic review](https://acamh.onlinelibrary.wiley.com/doi/epdf/10.1111/camh.12501)

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>