COVID-19 weekly update

9th July 2021

clinical management

**Title:** Association Between Administration of IL-6 Antagonists and Mortality Among Patients Hospitalized for COVID-19

JAMA | 6th July 2021

Clinical trials assessing the efficacy of IL-6 antagonists in patients hospitalized for COVID-19 have variously reported benefit, no effect, and harm. The objective of this study was to estimate the association between administration of IL-6 antagonists compared with usual care or placebo and 28-day all-cause mortality and other outcomes. See also:

This prospective meta-analysis of clinical trials of patients hospitalized for COVID-19 concludes that administration of IL-6 antagonists, compared with usual care or placebo, was associated with lower 28-day all-cause mortality.

Full paper: [Association between administration of IL-6 Antagonists and mortality among patients hospitalized for COVID-19](https://jamanetwork.com/journals/jama/fullarticle/2781880)

Related editorial: [IL-6 Receptor Antagonist therapy for patients hospitalized for COVID-19. Who, When, and How?](https://jamanetwork.com/journals/jama/fullarticle/2781881)

See also: [Interleukin-6 antagonists improve outcomes in hospitalised COVID-19 patients](https://www.kcl.ac.uk/news/interleukin-6-antagonists-improve-outcomes-hospitalised-covid-19-patients)

**Title:** Therapeutics and COVID-19: living guideline

World Health Organization | updated 6th July 2021

The WHO ‘Therapeutics and COVID-19: living guideline’contains the Organization’s most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19, and is updated regularly as new evidence emerges.

This fifth version of the WHO guideline now contains seven recommendations, including a new recommendation regarding interleukin-6 (IL-6) receptor blockers, including both tocilizumab and sarilumab. This latest update was initiated in response to publication of the RECOVERY and REMAP-CAP trials addresasing IL-6 receptor blockers as a potential treatment for COVID-19.

Full detail: [Therapeutics and COVID-19: living guideline](https://apps.who.int/iris/bitstream/handle/10665/342368/WHO-2019-nCoV-therapeutics-2021.2-eng.pdf)

Overview: [Therapeutics and COVID-19: living guideline](https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.2)

**Title:** Serum triglyceride levels and related factors as prognostic indicators in COVID-19 patients: A retrospective study

Immunity, Inflammation and Disease | 8th July 2021

The role of triglycerides (TG) in coronavirus disease (COVID-19) is controversial. The objective of this study was to explore the relationship between TG levels and prognosis in COVID-19 patients and investigate the factors that affect TG.

The authors conclude that COVID-19 patients with above normal TG levels have a higher mortality rate. The TG level in COVID-19 patients is correlated to serum ferritin and IL-10 levels, which reflects the activation of macrophages. It is suggested that COVID-19 patients be monitored for elevated TG as both a prognostic indicator and potential therapeutic target for COVID-19.

Full paper: [Serum triglyceride levels and related factors as prognostic indicators in COVID-19 patients: A retrospective study](https://onlinelibrary.wiley.com/doi/10.1002/iid3.469)

recovery

**Title:** Unequal pandemic, fairer recovery. The COVID-19 impact inquiry report

The Health Foundation | 6th July 2021

This report, produced by the Health Foundation's COVID-19 impact inquiry, is a comprehensive review of the factors that fuelled the UK’s COVID-19 death toll.

It highlights that:

* poor health and existing inequalities left parts of the UK vulnerable to the virus and defined the contours of its devastating impact.
* the pandemic has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest. Recovery needs to prioritise creating opportunities for good health – a vital asset needed to 'level up' and rebuild the UK economy.
* government restrictions, although needed to limit COVID-19's spread, have had wide-ranging consequences: from unmet health needs and mental health problems to education gaps, lost employment and financial insecurity.
* some groups – young people, disabled people, ethnic minority communities and care home residents – have been more affected than others. Prisoners, homeless people and people experiencing sexual exploitation have also faced particular challenges.
* type and quality of work, housing conditions, and access to financial support to self-isolate all contributed to increased exposure to the virus among working age adults.
* the legacy of the financial crisis has had a direct bearing on our experience of the pandemic. Deep-rooted issues – poor health, increased financial insecurity and strained public services – left the UK more vulnerable to COVID-19’s health and economic impacts.
* in recovery, there is an opportunity to create a healthier, more resilient society. Government must address the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities.
* ensuring the recovery improves health – as well as the economy – requires cross-government action to level up health. This will pay dividends for the nation’s health and prosperity in the longer term.

Full report: [Unequal pandemic, fairer recovery. The COVID-19 impact inquiry report](https://www.health.org.uk/sites/default/files/upload/publications/2021/HEAJ8932-COVID-Impact-210705.pdf)

Press release: [Inquiry finds working age adults in poorest areas almost four times more likely to die from COVID-19](https://www.health.org.uk/news-and-comment/news/inquiry-finds-working-age-adults-in-poorest-areas-almost-fou)

See also: [Adults in poorest areas are almost four times more likely to die, inquiry finds](https://www.bmj.com/content/374/bmj.n1728) | BMJ

**Title:** Fit for purpose? Addressing inequities in mental health research exacerbated by Covid-19

Centre for Mental Health | 6th July 2021

This report was produced on behalf of the Mental Health Research Group, an independent group of leaders in mental health in England. It highlights the inequities in mental health research funding and production, what gets investigated and who gets to contribute, as well as who and what is left out of the conversation. It shares examples of work taking place to address mental health inequalities and to challenge inequities of power and influence within mental health research.

The report calls for systemic change in the ways mental health research is planned, funded and delivered in the wake of the Covid-19 pandemic. It calls on all those who carry out, fund or manage research to:

1. Ensure wider representation of groups and communities that have been silenced or overlooked, especially racialised communities.
2. Invest in widening the range of people and organisations that can get research funding, including community and user-led organisations.
3. Ensure resources are targeted towards key areas that will help to build the evidence base for tackling mental health inequalities, including children and young people, prevention, and factors that influence mental health.
4. Find ways to bring together and value different types of knowledge in the production of evidence to inform policy and practice.

Full report: [Fit for purpose? Addressing inequities in mental health research exacerbated by Covid-19](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentaHealth_FitForPurpose.pdf)

**Title:** Out of the woods? Young people's mental health and labour market status as the economy reopens

Resolution Foundation | 5th July 2021

Much has been said about the plight of young people during the Covid-19 crisis, both in terms of their labour market and mental health circumstances. This spotlight provides a timely update on how young people were faring at the end of May, shortly after the major relaxation of restrictions in mid-May.

The proportion of economically-active young adults either unemployed or fully furloughed has halved since May 2020, to around 16 per cent at the end of May 2021. But they remain harder hit than older people, being two-and-a-half times more likely to be out of work. Young people are also less optimistic about their mental health in general, and certain groups are facing more difficulties than others. One-in-four young women and students say their mental health is poor, and young people who are out of work, on the lowest pay or in financial difficulty are also struggling, highlighting that they are not all out of the woods just yet. And the legacy of the past year’s turbulence in the labour market can be seen very clearly. Almost one-in-three young people who were employed before the crisis, but are currently unemployed, furloughed or on reduced pay, say their mental health is poor.

Full detail: [Out of the woods? Young people's mental health and labour market status as the economy reopens](https://www.resolutionfoundation.org/app/uploads/2021/07/Out-of-the-woods.pdf)

**Title:** Is tele-rehabilitation superior to home exercise program in COVID-19 survivors following discharge from intensive care unit? - A study protocol of a randomized controlled trial

Physiotherapy Research International | 8th July 2021

Evaluating the patients with COVID-19 following discharge from intensive care unit for pulmonary rehabilitation is crucial. The primary aim of this study is to investigate whether supervised telerehabilitation is superior to home exercise program regarding walking distance and secondarily muscle strength, muscle endurance, quality of life, physical activity level and perceived respiratory disability.

Full detail: [Is tele-rehabilitation superior to home exercise program in COVID-19 survivors following discharge from intensive care unit? - A study protocol of a randomized controlled trial](https://onlinelibrary.wiley.com/doi/10.1002/pri.1920)

infection control

**Title:** Coronavirus infections continue to grow exponentially in England - REACT study

Imperial College London | 8th July 2021

Interim findings from the latest report of REACT-1, one of the country’s largest studies into COVID-19 infections in England, have been published by Imperial College London and Ipsos MORI.

The main findings from the first half of the thirteenth round of the REACT-1 study show:

* overall prevalence nationally is substantially higher in round 13 interim (swabs taken 24 June to 5 July) than round 12 (swabs taken 20 May to 7 June), rising from 0.15% to 0.59% - an approximately fourfold increase with around 1 in 170 people testing positive
* continued exponential growth in prevalence with an average doubling time of 15 days between round 12 (swabs taken 20 May - 7 June) and round 13.
* Infection rates for double vaccinated under-65s are three times lower than in unvaccinated under-65s, demonstrating the impact of the vaccination roll out.
* Cases expected to continue rising as society opens up, with people urged to remain cautious and exercise personal responsibility

Full report: [REACT-1 round 13 interim report: acceleration of SARS-CoV-2 Delta epidemic in the community in England during late June and early July 2021](https://spiral.imperial.ac.uk/bitstream/10044/1/90197/2/react1_r13_interim_preprint.pdf)

Press release: [Coronavirus infections continue to grow exponentially in England - REACT study](https://www.imperial.ac.uk/news/225873/coronavirus-infections-continue-grow-exponentially-england/)

See also: [Latest REACT-1 study findings show COVID-19 infection rates three times lower for double vaccinated people](https://www.gov.uk/government/news/latest-react-1-study-findings-show-covid-19-infection-rates-three-times-lower-for-double-vaccinated-people?utm_medium=email&utm_campaign=govuk-notifications&utm_source=fe010404-5c8a-4084-9371-2fea53fb1af2&utm_content=daily) | Department of Health and Social Care

**Title:** Coronavirus (COVID-19) Infection Survey, antibody and vaccination data, UK: 7 July 2021

Office for National Statistics | 7th July 2021

* It is estimated that 9 in 10 UK adults would have tested positive for antibodies if they'd had a blood test in the week beginning 14 June 2021, suggesting they had the infection in the past or have been vaccinated.
* Across all four countries of the UK, there is a clear pattern between vaccination and testing positive for COVID-19 antibodies but the detection of antibodies alone is not a precise measure of the immunity protection given by vaccination.

Full detail: [Coronavirus (COVID-19) Infection Survey, antibody and vaccination data, UK: 7 July 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyantibodyandvaccinationdatafortheuk/7july2021#main-points)

**Title:** Prime Minister sets out plan to ease restrictions at step 4

Prime Minister's Office, 10 Downing Street | 5th July 2021

COVID restrictions are set to end in England from step 4 of the Roadmap after the Prime Minister set out how life will soon return close to normal. Subject to a final review of the data next week, legal restrictions will end on Monday 19 July.

Limits on social contact will end, meaning there will be no restrictions on indoor or outdoor gatherings. Weddings, funerals and other life events able to take place without limits or restrictions.

All venues currently closed will be allowed to reopen, including nightclubs, and there will be no legal requirement for table service in hospitality settings.

Face coverings will no longer be legally required in shops, schools, hospitality, or on public transport although guidance will be in place to suggest where people might choose to wear one.

Full press release: [Prime Minister sets out plan to ease restrictions at step 4](https://www.gov.uk/government/news/prime-minister-sets-out-plan-to-ease-restrictions-at-step-4)

See also: [Doctors criticise government’s plan to make mask wearing a personal choice](https://www.bmj.com/content/374/bmj.n1717) | BMJ

**Title:** Self-isolation to be eased for fully vaccinated adults in step 4

Department of Health and Social Care | 6th July 2021

As part of step 4 of the Government’s COVID-19 roadmap, double vaccinated people will no longer be legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case.

The new rules will come into effect from 16 August, if the Government takes a decision to move into step 4. The Government also plans to exempt those aged under 18 from self-isolation if they are a close contact.

Young people and double vaccinated individuals identified as close contacts will continue to be advised to take a PCR test, to detect the virus and variants of concern. Anyone who tests positive following the PCR test will still be legally required to self-isolate, irrespective of their vaccination status.

Full detail: [Self-isolation to be eased for fully vaccinated adults in step 4](https://www.gov.uk/government/news/self-isolation-to-be-eased-for-fully-vaccinated-adults-in-step-4)

**Title:** Mass infection is not an option: we must do more to protect our young

The Lancet | 7th July 2021

This correspondence piece outlines five of the authors' concerns about the UK Government's plan to lift all restrictions at this stage of the pandemic. These are:

* Unmitigated transmission will disproportionately affect unvaccinated children and young people who have already suffered greatly.
* High rates of transmission in schools and in children will lead to significant educational disruption, a problem not addressed by abandoning isolation of exposed children (which is done on the basis of imperfect daily rapid tests).
* Preliminary modelling data suggest the government's strategy provides fertile ground for the emergence of vaccine-resistant variants.
* This strategy will have a significant impact on health services and exhausted health-care staff who have not yet recovered from previous infection waves
* As deprived communities are more exposed to and more at risk from COVID-19, these policies will continue to disproportionately affect the most vulnerable and marginalised, deepening inequalities.

Full detail: [Mass infection is not an option: we must do more to protect our young](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01589-0/fulltext)

See also: [Ending all restrictions in England on 19 July “dangerous and premature,” say experts](https://www.bmj.com/content/374/bmj.n1751) | BMJ

**Title:** Performance of the Innova SARS-CoV-2 antigen rapid lateral flow test in the Liverpool asymptomatic testing pilot

BMJ | 2021; 374: n1637 | 7th July 2021

The objective of this study was to assess the performance of the SARS-CoV-2 antigen rapid lateral flow test (LFT) versus polymerase chain reaction testing in the asymptomatic general population attending testing centres.

The authors conclude that the Innova LFT can be useful for identifying infections among adults who report no symptoms of covid-19, particularly those with high viral load who are more likely to infect others.

The number of asymptomatic adults with lower Ct (indicating higher viral load) missed by LFT, although small, should be considered when using single LFT in high consequence settings.

Clear and accurate communication with the public about how to interpret test results is important, given the chance of missing some cases, even at high viral loads.

Full detail: [Performance of the Innova SARS-CoV-2 antigen rapid lateral flow test in the Liverpool asymptomatic testing pilot: population based cohort study](https://www.bmj.com/content/bmj/374/bmj.n1637.full.pdf)

Related BMJ editorial: [Asymptomatic rapid testing for SARS-CoV-2](https://www.bmj.com/content/374/bmj.n1733)

Related BMJ analysis: [Rapid testing cuts cases in pilot but questions remain over use of lateral flow tests](https://www.bmj.com/content/374/bmj.n1741)

See also: [Asymptomatic testing backed by new research studies](https://www.gov.uk/government/news/asymptomatic-testing-backed-by-new-research-studies) | Department of Health and Social Care

**Title:** Mandatory covid-19 vaccination for care home workers

BMJ | 2021; 374: n1684 | 8th July 2021

This BMJ editorial discusses new law which will remove the right of care home staff in England to choose whether to be vaccinated against covid-19. It states that mandatory vaccination is unnecessary, disproportionate and misguided. It will not remedy the serious shortcomings of the care sector in England.

Safety can be assured only by taking steps to build trust and to mitigate outbreaks. Care workers need paid time in which to access vaccination and good training, decent wages (including sick pay), personal protective equipment, and strong infection control measures.

Full editorial: [Mandatory covid-19 vaccination for care home workers](https://www.bmj.com/content/374/bmj.n1684)

**Title:** Blood transcriptional biomarkers of acute viral infection for detection of pre-symptomatic SARS-CoV-2 infection

The Lancet Microbe | 6th July 2021

The authors of this study hypothesised that host-response biomarkers of viral infections might contribute to early identification of individuals infected with SARS-CoV-2, which is critical to breaking the chains of transmission. They aimed to evaluate the diagnostic accuracy of existing candidate whole-blood transcriptomic signatures for viral infection to predict positivity of nasopharyngeal SARS-CoV-2 PCR testing.

The findings of this study support further urgent evaluation and development of blood *IFI27* transcripts as a biomarker for early phase SARS-CoV-2 infection for screening individuals at high risk of infection, such as contacts of index cases, to facilitate early case isolation and early use of antiviral treatments as they emerge.

Full paper: [Blood transcriptional biomarkers of acute viral infection for detection of pre-symptomatic SARS-CoV-2 infection: a nested, case-control diagnostic accuracy study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900146-4)

**Title:** Neutralisation of SARS-CoV-2 lineage P.1 by antibodies elicited through natural SARS-CoV-2 infection or vaccination with an inactivated SARS-CoV-2 vaccine: an immunological study

The Lancet Microbe | 8th July 2021

Mutations accrued by SARS-CoV-2 lineage P.1—first detected in Brazil in early January, 2021—include amino acid changes in the receptor-binding domain of the viral spike protein that also are reported in other variants of concern, including B.1.1.7 and B.1.351. The authors of this study aimed to investigate whether isolates of wild-type P.1 lineage SARS-CoV-2 can escape from neutralising antibodies generated by a polyclonal immune response.

SARS-CoV-2 lineage P.1 might escape neutralisation by antibodies generated in response to polyclonal stimulation against previously circulating variants of SARS-CoV-2. Continuous genomic surveillance of SARS-CoV-2 combined with antibody neutralisation assays could help to guide national immunisation programmes.

Full paper: [Neutralisation of SARS-CoV-2 lineage P.1 by antibodies elicited through natural SARS-CoV-2 infection or vaccination with an inactivated SARS-CoV-2 vaccine: an immunological study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900129-4)

**Title:** The effect of methotrexate and targeted immunosuppression on humoral and cellular immune responses to the COVID-19 vaccine BNT162b2: a cohort study

The Lancet Rheumatology | 8th July 2021

Patients on therapeutic immunosuppressants for immune-mediated inflammatory diseases were excluded from COVID-19 vaccine trials. This study therefore aimed to evaluate humoral and cellular immune responses to COVID-19 vaccine BNT162b2 (Pfizer-BioNTech) in patients taking methotrexate and commonly used targeted biological therapies, compared with healthy controls. Given the roll-out of extended interval vaccination programmes to maximise population coverage, findings after the first dose are presented.

Functional humoral immunity to a single dose of BNT162b2 is impaired by methotrexate but not by targeted biologics, whereas cellular responses are preserved. Seroconversion alone might not adequately reflect vaccine immunogenicity in individuals with immune-mediated inflammatory diseases receiving therapeutic immunosuppression. Real-world pharmacovigilance studies will determine how these findings reflect clinical effectiveness.

Full paper: [The effect of methotrexate and targeted immunosuppression on humoral and cellular immune responses to the COVID-19 vaccine BNT162b2: a cohort study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2821%2900212-5)

**Title:** Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind, randomised, placebo-controlled, phase 3 trial in Turkey

The Lancet | 8th July 2021

CoronaVac, an inactivated whole-virion SARS-CoV-2 vaccine, has been shown to be well tolerated with a good safety profile in individuals aged 18 years and older in phase 1/2 trials, and provided a good humoral response against SARS-CoV-2. This paper presents the interim efficacy and safety results of a phase 3 clinical trial of CoronaVac in Turkey.

The study finds that CoronaVac has high efficacy against PCR-confirmed symptomatic COVID-19 with a good safety and tolerability profile.

Full paper: [Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind, randomised, placebo-controlled, phase 3 trial in Turkey](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901429-X)

See also: [China’s CoronaVac vaccine offers 83.5% protection against symptomatic infection, interim analysis finds](https://www.bmj.com/content/374/bmj.n1755) | BMJ

**Title:** Should we delay covid-19 vaccination in children?

BMJ | 2021; 374: n1687 | 9th July 2021

The net benefit of vaccinating children is unclear, and vulnerable people worldwide should be prioritised instead, says one side in this BMJ ‘Head to Head’. But others argue that covid-19 vaccines have been approved for some children and that children should not be disadvantaged because of policy choices that impede global vaccination.

Full detail: [Should we delay covid-19 vaccination in children?](https://www.bmj.com/content/374/bmj.n1687)

other

**Title:** Coronavirus (COVID-19) latest insights

Office for National Statistics | 7th July 2021  
  
This tool from the Office for National Statistics (ONS) provides insights into the  latest data and trends about the coronavirus (COVID-19) pandemic from the ONS and other sources.

Categories covered:

* Coronavirus (COVID-19) infections
* Hospital admissions with coronavirus (COVID-19)
* Deaths involving coronavirus (COVID-19)
* Coronavirus (COVID-19) vaccination
* Antibodies against coronavirus (COVID-19)
* Impact of coronavirus (COVID-19) on well-being
* Impact of coronavirus (COVID-19) on lifestyle
* Coronavirus (COVID-19) pandemic and work
* Impact of coronavirus (COVID-19) pandemic on different age groups
* Overview of coronavirus (COVID-19) pandemic by UK geographic area
* Impact of coronavirus (COVID-19) pandemic on different ethnic groups
* Coronavirus (COVID-19) and other health conditions

Full detail: [Coronavirus (COVID-19) latest insights](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights#health)

**Title:** Fiscal risks report – July 2021

Office for Budget Responsibility| 6th July 2021

This report identifies and analyses risks to the medium-term outlook for the public finances and to long-term fiscal sustainability. This report considers the economic and fiscal impact of the coronavirus pandemic, the risks to the public finances presented by climate change, and the risks posed by changes in the cost of debt.

Full report: [Fiscal risks report – July 2021](https://obr.uk/frr/fiscal-risks-report-july-2021/)

**Title:** Covid 19: We need a full open independent investigation into its origins

BMJ | 2021; 374: n1721 | 8th July 2021

This article asks ‘Does it matter how the virus originated’? It states that to prevent future pandemics, the world will need to tackle risks from all sources, whether from natural spillover or laboratory mishaps. That means tighter controls on wildlife farming and markets and greatly improved biosafety in research. But, the author states, we still need to know how this worst in a century pandemic occurred, and for this we need a full, open, and independent investigation.

Full detail: [Covid 19: We need a full open independent investigation into its origins](https://www.bmj.com/content/374/bmj.n1721)

Related: [The covid-19 lab leak hypothesis: did the media fall victim to a misinformation campaign?](https://www.bmj.com/content/374/bmj.n1656) | BMJ

**Title:** Temporal trends and forecasting of COVID-19 hospitalisations and deaths in Scotland using a national real-time patient-level data platform: a statistical modelling study

The Lancet Digital Health | 5th July 2021

As the COVID-19 pandemic continues, national-level surveillance platforms with real-time individual person-level data are required to monitor and predict the epidemiological and clinical profile of COVID-19 and inform public health policy. The authors of this study aimed to create a national dataset of patient-level data in Scotland to identify temporal trends and COVID-19 risk factors, and to develop a novel statistical prediction model to forecast COVID-19-related deaths and hospitalisations during the second wave.

The estimated incidence of SARS-CoV-2 infection based on positive tests recorded in this unique data resource has provided forecasts of hospitalisation and death rates for the whole of Scotland. These findings were used by the Scottish Government to inform their response to reduce COVID-19-related morbidity and mortality.

Full article: [Temporal trends and forecasting of COVID-19 hospitalisations and deaths in Scotland using a national real-time patient-level data platform: a statistical modelling study](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2821%2900105-9)

**Title:** Coronavirus England briefing, 9 July 2021

Department of Health and Social Care | 9th July 2021

Latest epidemiological data used by the government to brief MPs on the roadmap out of lockdown and to inform local and national decision-making in response to COVID-19 outbreaks.

The data includes:

* case rate per 100,000 population
* case rate per 100,000 population aged 60 years and over
* percentage change in case rate per 100,000 from previous week
* percentage of individuals tested positive
* number of individuals tested per 100,000

Full detail: [Coronavirus England briefing, 9 July 2021](https://www.gov.uk/government/publications/coronavirus-england-briefing-9-july-2021)

We

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

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

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