COVID-19 recovery

1st October 2021

**Title:** Characterising long COVID: a living systematic review

BMJ Global Health | 27th September 2021

While it is now apparent clinical sequelae (long COVID) may persist after acute COVID-19, their nature, frequency and aetiology are poorly characterised. This study aims to regularly synthesise evidence on long COVID characteristics, to help inform clinical management, rehabilitation strategies and interventional studies to improve long-term outcomes.

The study found over 60 physical and psychological signs and symptoms with wide prevalence were reported, most commonly weakness, general malaise, fatigue, concentration impairment and breathlessness. 37% of patients reported reduced quality of life; 26% of studies presented evidence of reduced pulmonary function.

The authors conclude that Long COVID is a complex condition with prolonged heterogeneous symptoms. The nature of studies precludes a precise case definition or risk evaluation. There is an urgent need for prospective, robust, standardised, controlled studies into aetiology, risk factors and biomarkers to characterise long COVID in different at-risk populations and settings.

Full paper: [Characterising long COVID: a living systematic review](https://gh.bmj.com/content/bmjgh/6/9/e005427.full.pdf)

**Title:** Incidence, co-occurrence, and evolution of long-COVID features

PLOS Medicine | 28th September 2021

Long-COVID refers to a variety of symptoms affecting different organs reported by people following Coronavirus Disease 2019 (COVID-19) infection. To date, there have been no robust estimates of the incidence and co-occurrence of long-COVID features, their relationship to age, sex, or severity of infection, and the extent to which they are specific to COVID-19. The aim of this study is to address these issues.

This research used data from electronic health records of 273,618 patients diagnosed with COVID-19 and estimated the risk of having long-COVID features in the 6 months after a diagnosis of COVID-19. It compared the risk of long-COVID features in different groups within the population and also compared the risk to that after influenza.

The research found that over 1 in 3 patients had one or more features of long-COVID recorded between 3 and 6 months after a diagnosis of COVID-19. This was significantly higher than after influenza.

For 2 in 5 of the patients who had long-COVID features in the 3- to 6-month period, they had no record of any such feature in the previous 3 months.

The risk of long-COVID features was higher in patients who had more severe COVID-19 illness, and slightly higher among females and young adults. White and non-white patients were equally affected.

Full article: [Incidence, co-occurrence, and evolution of long-COVID features: A 6-month retrospective cohort study of 273,618 survivors of COVID-19](https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1003773&type=printable)

**Title:** Patient-Reported Functional Outcomes Thirty Days after Hospitalization for COVID-19

PM&R | 29th September 2021

Many coronavirus disease 2019 (COVID-19) survivors experience persistent symptoms, such as fatigue, dyspnea, and musculoskeletal pain, however, less is known about the impact of COVID-19 on longer-term functional outcomes. The 0bjective of this paper was to evaluate patient-reported activity of daily living (ADL) function and fatigue symptoms 30 days after hospitalization for COVID-19.

The authors found that new functional impairments are common at 30-days after discharge among survivors of hospitalization for COVID-19. Early rehabilitation, advance care planning, and referrals to appropriate therapies should be considered in post-acute COVID-19 care to maximize patients’ functional outcomes, however ongoing research is still needed regarding management of these patients.

Full paper: [Patient-reported functional outcomes thirty days after hospitalization for COVID-19](https://onlinelibrary.wiley.com/doi/epdf/10.1002/pmrj.12716)

**Title:** Key workers in the pandemic. Security traps among Britain’s essential workers

Royal Society for the encouragement of Arts, Manufactures and Commerce | 24th September 2021

This report offers three arguments and one agenda that can help the Prime Minister achieve his levelling up ambition. The report argues that:

* the need to tackle economic insecurity should be at the heart of his wider mission;
* tackling economic insecurity in key workers specifically should be an urgent public policy priority due to the centrality of key work to a functioning society and the alleviation of wider economic insecurity within it;
* through the alleviation of economic insecurity, all sections of society are able to benefit.

The report sets out a six-point plan which would enable the government to achieve this latter task and make sure the workers who have saved both lives and livelihoods during the pandemic are properly supported to enjoy secure, healthy, fulfilling lives at work and at home.

Full report: [Key workers in the pandemic. Security traps among Britain’s essential workers](https://www.thersa.org/globalassets/_foundation/new-site-blocks-and-images/reports/2021/09/keyworkers-in-the-pandemic.pdf)

**Title:** Manifesto for recovery: The health and care system after COVID-19

NHS Confederation | 24th September 2021

This report sets out the views of healthcare leaders in England on the measures needed to ensure the NHS can meet the key challenges it faces, including addressing the backlog of care and health inequalities that have been exacerbated by COVID-19. It also explores how the health and care sector can sustain the beneficial changes that have resulted from the pandemic.

Full report: [Manifesto for recovery: The health and care system after COVID-19](https://www.nhsconfed.org/sites/default/files/2021-09/Manifesto-for-recovery-0.pdf)

**Title:** Health and social care funding projections 2021

The Health Foundation | 1st October 2021

This report presents the REAL Centre’s projections of future health and social care funding requirements, both for the next 3 years and longer term funding to 2030/31. The projections are based on two scenarios:  stabilisation and recovery. The scenarios differ according to different levels of government policy ambition and different trajectories for the level of impact of COVID-19.

* For health care, stabilisation would require average real-terms annual increases of 3.2%, with 3.5% for recovery. This equates to between £63bn and £72bn in additional annual funding in 2030/31 over 2018/19.
* For social care both the recovery and stabilisation scenarios would mean much higher growth than in recent years. Our projections show an additional £8.9bn and £14.4bn is needed in 2030/31 over 2019/20 for the stabilisation and recovery scenarios respectively.
* By 2030/31, up to an extra 488,000 health care staff would be needed to meet demand pressures and recover from the pandemic – the equivalent of a 40% increase in the workforce, double the growth seen in the last decade. Alongside this, up to 627,000 extra social care staff would be needed to improve services and meet need – a 55% growth over the next decade and 4 times greater than the increases of the last ten years.

Full report: [Health and social care funding projections 2021](https://www.health.org.uk/sites/default/files/upload/publications/2021/REALCentreFundingProjections_WEB.pdf)

**Title:** Building back inclusively: radical approaches to tackling the elective backlog

NHS Confederation | 24th September 2021

The number of people waiting for planned NHS care in England has grown to record levels, with more than 5.6 million people currently on the waiting list and over 7 million ‘missing patients’ anticipated to come forward for treatment.

Inequalities are now becoming evident in the backlog, with evidence suggesting that waiting lists have grown more rapidly in more deprived areas during the pandemic. These areas could face disproportionately large waiting lists per head of population, and deprived communities could also have larger numbers of ‘missing’ patients.

This briefing recommends radical, whole-system changes to tackle the elective backlog inclusively. Aimed at healthcare leaders overseeing elective recovery, as well as policymakers with the levers to effect change, it puts forward ten practical measures to manage the backlog.

Full briefing: [Building back inclusively: radical approaches to tackling the elective backlog](https://www.nhsconfed.org/sites/default/files/2021-09/Building-back-inclusively.pdf)

See also: [Building back inclusively: the evidence](https://www.nhsconfed.org/publications/building-back-inclusively-evidence) | [Analysis of the latest data and trends in waiting times, the impact on inequalities and what the NHS and patients can expect unless action is taken].

**Title:** Tackling the elective backlog – exploring the relationship between deprivation and waiting times

The King’s Fund |Healthwatch England | 27th September 2021

Long waiting times and growing waiting lists for hospital treatment have been a problem for some time, but now the Covid-19 pandemic has exacerbated the issue and waiting lists have grown rapidly. As with other aspects of the pandemic, this has not been experienced equally.

This analysis of waiting list data shows a clear relationship with deprivation, which sees those living in the most deprived areas nearly twice as likely to wait more than a year for treatment compared to those living in the least deprived areas.

Full detail: [Tackling the elective backlog – exploring the relationship between deprivation and waiting times](https://www.kingsfund.org.uk/blog/2021/09/elective-backlog-deprivation-waiting-times)

Press release: [People living in the poorest areas waiting longer for hospital treatment: The King’s Fund and Healthwatch England share new analysis](https://www.kingsfund.org.uk/press/press-releases/kings-fund-healthwatch-analysis-waiting-lists)

**Title:** Elective care: how has COVID-19 affected the waiting list?

NHS Confederation | 27th September 2021

This analysis looks at what we know about the waiting list for elective care in England.

* While the NHS delivered a remarkable amount of elective treatment during the pandemic, the pressure of caring for large numbers of patients seriously unwell with COVID-19 has led to the waiting list for elective care reaching the highest level since current records began.
* Data show that 6 million fewer people completed elective care pathways between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers.
* Services in every part of England were placed under enormous strain during the pandemic, but the backlog in elective care is not evenly distributed. Elective care has been hit harder – and recovered more slowly – in certain parts of the country.
* Just as COVID-19 has exacerbated existing inequalities in other parts of life, access to elective treatment fell further in the most socioeconomically deprived areas of England between January 2020 and July 2021 than in less deprived areas.
* As well as fewer patients being treated, 7.5 million fewer people were referred into consultant-led elective care between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers. These 'missing patients' remain the biggest unknown in planning to address the backlog of unmet need created by the pandemic.

Full detail: [Elective care: how has COVID-19 affected the waiting list?](https://www.health.org.uk/news-and-comment/charts-and-infographics/elective-care-how-has-covid-19-affected-the-waiting-list)

**Title:** UK Health Security Agency publishes new recommendations for COVID-19 infection prevention and control

UK Health Security Agency | 27th September 2021

UKHSA has recommended three pragmatic changes to the current management of COVID-19 Infection Prevention and Control (IPC) measures, with a focus on elective care.

This advice should be used by local acute care providers to allow them to start to make further safe changes to their services, in line with a local assessment of risk.

It is hoped that whilst responding to changing scientific knowledge, these recommendations in starting to reduce enhanced COVID-19 specific IPC measures will also help to ease the pressure created by the pandemic on NHS capacity over the next few months, balancing the different health needs of the population as we learn to live with the virus.

These initial recommendations include three interventions which relate to social distancing and testing in NHS and Social Care elective care services, and cleaning practices:

1. A reduction of physical distancing from 2 metres to 1 metre with appropriate mitigations where patient access can be controlled (for example, not in emergency departments).
2. Removing the need for a negative PCR and 3 days self-isolation before selected elective procedures. Selected patients in low risk groups who are fully vaccinated, asymptomatic, with a negative lateral flow test on the day of their procedure will no longer need to have a negative PCR and isolate for 3 days. Patients who are contacts of a confirmed case of SARS-CoV-2 will still need to go through the current PCR pathway.
3. Re-adopting standard rather than enhanced cleaning procedures. Enhanced cleaning can be discontinued in agreed low risk areas such as planned or scheduled elective care and providers can revert to standard cleaning procedures between patients.

Full detail: [UK Health Security Agency publishes new recommendations for COVID-19 infection prevention and control](https://www.gov.uk/government/news/ukhsa-publishes-new-recommendations-for-covid-19-infection-prevention-and-control)

See also: [Hospitals in England can relax Covid rules to treat more patients](https://www.bbc.co.uk/news/health-58712232?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** Smoking and COVID-19 outcomes

Thorax | 27th September 2021

Conflicting evidence has emerged regarding the relevance of smoking on risk of COVID-19 and its severity. This study found that compared with never-smokers, current smokers had higher risks of hospitalisation and mortality. Congruent results from two analytical approaches support a causal effect of smoking on risk of severe COVID-19.

Full paper[: Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank cohort](https://thorax.bmj.com/content/thoraxjnl/early/2021/09/12/thoraxjnl-2021-217080.full.pdf)

**Title:** Covax and global access to Covid-19 vaccines

House of Commons Library | 22nd September 2021

The purchasing and administration of Covid-19 vaccines has been dominated by richer economies. In April 2020, the Covax initiative was established to ensure fair access to vaccines. This paper sets out how Covax works, the challenges it faces, and the contributions of the UK and other high-income economies to the global distribution of vaccines.

Full detail: [Covax and global access to Covid-19 vaccines](https://researchbriefings.files.parliament.uk/documents/CBP-9240/CBP-9240.pdf)

**Title:** Phase 3 Safety and Efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine

New England Journal of Medicine | 29th September 2021

In this ongoing, double-blind, randomized, placebo-controlled, phase 3 clinical trial, the authors investigated the safety, vaccine efficacy, and immunogenicity of two doses of AZD1222 as compared with placebo in preventing the onset of symptomatic and severe coronavirus disease 2019 (Covid-19) 15 days or more after the second dose in adults, including older adults, in the United States, Chile, and Peru.

In over 32,000 participants, the incidence of serious adverse effects was low (including no cases of vaccine-induced immune thrombotic thrombocytopenia) and the vaccine efficacy was 74%. Efficacy was documented in a range of demographic subgroups.

Full article: [Phase 3 safety and efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2105290?articleTools=true)

**Title:** The consequences of COVID-19 lockdown for formal and informal resource utilization among home-dwelling people with dementia

BMC Health Services Research | 22nd September 2021

COVID-19 isolated home-dwelling people with dementia (PwD) from home care services, respite care, and daytime activities. This study aimed to investigate the consequences of these restrictions on informal (family, friends) and formal (homecare staff) resource utilization among co-residing (e.g., spouses) and visiting caregivers (e.g., children).

The study found that the care situation for PwD changed dramatically in the early phase of the COVID-19 pandemic, especially for those living alone who received less support from homecare services and visiting caregivers. For future crises and the forthcoming post-pandemic period, health authorities must plan better and identify and prioritize those in greatest need.

Full paper: [The consequences of COVID-19 lockdown for formal and informal resource utilization among home-dwelling people with dementia: results from the prospective PAN.DEM study](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07041-8.pdf)

**Title:** Anxiety and depression symptoms after COVID-19 infection: results from the COVID Symptom Study app

Journal of Neurology, Neurosurgery and Psychiatry | 28th September 2021

Testing positive for COVID-19 has a slight association with subsequent anxiety and depression symptoms, new research has found. This association appeared to be short-lived and small compared to having other health conditions.

The study analysed data from 421,977 participants of the ZOE COVID Symptom app. Of that group 26,998 had tested positive for SARS-CoV-2 between February 23rd and April 12th 2021. Previous studies have reported that COVID-19 survivors were at an increased risk of mood and anxiety disorders after infection. The authors of this study sought to compare prevalence of anxiety and depression in individuals with or without COVID-19 infection and assess the influence of other common risk factors.

Researchers found that anxiety and depression were slightly more prevalent in people who tested positive for COVID-19 (30.4%) versus those who tested negative (26.1%). When adjusting for factors such as age and sex, researchers found this modest increase in reporting in those testing positive for COVID-19 was statistically significant.

The people most at risk of experiencing anxiety and depression symptoms in the months analysed were those who reported a previous mental health condition, which included depression, anxiety disorder and bipolar disorder. They were at 126% increased risk of experiencing these symptoms.

Full paper: [Anxiety and depression symptoms after COVID-19 infection: results from the COVID Symptom Study app](https://jnnp.bmj.com/content/jnnp/early/2021/09/27/jnnp-2021-327565.full.pdf)

See also: [Impact of COVID-19 infection on later anxiety and depression is small and short-lived](https://www.kcl.ac.uk/news/covid-19-infection-anxiety-and-depression-small-and-short-lived) | Kings College London

**Title:** Employment and the end of the furlough scheme

Institute for Fiscal Studies | 30th September 2021

As the furlough scheme comes to an end, a number of labour market challenges remain. This report examines these challenges in detail and draw out key lessons for policymakers.

First, in late July, there were still 1.6 million people on furlough, of whom 900,000 were fully furloughed. At least some of these people will lose their jobs following the ending of the scheme. We examine in detail the types of people potentially at risk, including the region, age group and industry they belong to.

Second, despite the furlough scheme, around 1 million people were made redundant in the 15 months from April 2020 to June 2021. We look at who was most likely to be made redundant, and how difficult it has been for these people to find new work compared with those who lost their jobs before the pandemic.

Third, there has been a lot of interest in the situation facing younger adults, particularly those who left full-time education during the pandemic. We examine how hard it has been for them to find jobs, and the types of jobs that they have found.

Finally, the most high-profile trend during the summer has been the large increases in the number of unfilled vacancies. We examine in detail where, and in what industries, vacancies have risen particularly fast, and the potential reasons for these trends.

Full report: [Employment and the end of the furlough scheme](https://ifs.org.uk/uploads/Green-Budget-2021-Employment-and-the-end-of-the-furlough-scheme.pdf)

**Title:** Mass testing of university students for covid-19

BMJ | 2021; 375: n2388 | 1st October 2021

As long as pandemic control measures are required, a strong argument exists for mass testing of populations at high risk of infection, such as students in higher education. Faced with spread of the delta variant, many universities have committed to continuing their programmes of regular PCR based screening of asymptomatic students.

Ths editorial suggests that when prevalence declines, surveillance testing (regular screening of a fraction of the relevant population) and genomic sequencing to identify new variants of concern may be a proportionate response, and universities will again be ideal laboratories to test the coherence and effectiveness of these approaches.

Full editorial: [Mass testing of university students for covid-19](https://www.bmj.com/content/375/bmj.n2388)

**Title:** Vaccinating against covid and flu at same time is safe, study shows

BMJ | 2021; 375: n2411 | 1st October 2021

Administering an influenza vaccine at the same time as a second dose of a covid-19 vaccine produced no safety concerns and preserves the immune response to both vaccines, say researchers.

The results from the ComFluCOV study have already been presented to the UK Joint Committee on Vaccination and Immunisation and fed into the committee’s recent advice that the flu vaccine can be co-administered with a booster or third dose of a covid-19 vaccine.

The study, funded by the National Institute for Health Research, has been published as a preprint and has not yet been peer reviewed.

Further detail: [Vaccinating against covid and flu at same time is safe, study shows](https://www.bmj.com/content/375/bmj.n2411)

Full research paper: [The Safety and Immunogenicity of Concomitant Administration of COVID-19 Vaccines (ChAdOx1 or BNT162b2) with Seasonal Influenza Vaccines in Adults: A Phase IV, Multicentre Randomised Controlled Trial with Blinding (ComFluCOV)](https://papers.ssrn.com/sol3/Delivery.cfm/e0bd9d2a-bcf4-4d90-a7c9-624e56488ea6-MECA.pdf?abstractid=3931758&mirid=1)