COVID-19 recovery

23rd April 2021

**Title:** Will the Large-scale Vaccination Succeed in Containing the COVID-19 Epidemic and How Soon?

medRxiv | 18th April 2021

*This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

The availability of vaccines provides a promising solution to containing the COVID-19 pandemic. This paper develops an epidemiological model to quantitatively analyze and predict the epidemic dynamics of COVID-19 under vaccination. The model is applied to the daily released numbers of confirmed cases of Israel and United States of America to explore and predict the trend under vaccination based on their current epidemic status and intervention measures.

For Israel, of which 53.83% of the population was fully vaccinated, under the current intensity of NPIs and vaccination scheme, the pandemic is predicted to end between May 14, 2021 to May 16, 2021 depending on an immunity duration between 180 days and 365 days; Assuming no NPIs after March 24, 2021, the pandemic will ends later, between July 4, 2021 to August 26, 2021. For USA, if we assume the current vaccination rate (0.268% per day) and intensity of NPIs, the pandemic will end between February 3, 2022 and August 17, 2029 depending on an immunity duration between 180 days and 365 days. However, assuming an immunity duration of 180 days and with no NPIs, the pandemic will not end, and instead reach an equilibrium state with a proportion of the population remaining actively infected.

Overall the daily vaccination rate should be chosen according to the vaccine efficacy and the immunity duration to achieve herd immunity. In some situations, vaccination alone cannot stop the pandemic, and NPIs are necessary both to supplement vaccination and accelerate the end of the pandemic. Considering that vaccine efficacy and duration of immunity may be reduced for new mutant strains, it is necessary to remain cautiously optimistic about the prospect of the pandemic under vaccination.

Full paper: [Will the large-scale vaccination succeed in containing the Covid-19 epidemic and how soon?](https://www.medrxiv.org/content/10.1101/2021.04.16.21255543v1.full.pdf)

**Title:** JCVI issues new advice on COVID-19 vaccination for pregnant women

Public Health England | 16th April 2021

There have been no specific safety concerns identified with any brand of coronavirus (COVID-19) vaccines in relation to pregnancy.

Real-world data from the United States shows that around 90,000 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised.

Based on this data, the Joint Committee on Vaccination and Immunisation (JCVI) advises that it’s preferable for pregnant women in the UK to be offered the Pfizer-BioNTech or Moderna vaccines where available. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but more research is needed.

Full detail: [JCVI issues new advice on COVID-19 vaccination for pregnant women](https://www.gov.uk/government/news/jcvi-issues-new-advice-on-covid-19-vaccination-for-pregnant-women)

**Title:** COVID-19 vaccines: building and maintaining confidence

The Lancet Haematology | May 2021

As COVID-19 vaccines are rolled out globally, the AstraZeneca vaccine (Vaxzevria) continues to be marred in controversy, from its slow and still awaited approval by the US Food and Drug Administration amid concerns about paucity of large-scale trial data from the USA, to safety alerts around the development of rare blood clotting events coupled with thrombocytopenia, particularly cerebral venous sinus thrombosis (CVST) and splanchnic vein thrombosis (SVT).

What is clear, this editorial states, is the evidence for the benefits of all the approved COVID-19 vaccines, including AstraZeneca, for preventing serious COVID-19 and helping nations control the disease.

As the pandemic continues, the enormous undertaking of vaccinating billions of people around the world still poses one of the biggest challenges. Transparent reporting of safety is vital to ensure that public trust in the vaccines is improved and maintained, as we continue with one of the largest global vaccination programmes ever undertaken.

Full editorial: [COVID-19 vaccines: building and maintaining confidence](https://www.thelancet.com/journals/lanhae/article/PIIS2352-3026%2821%2900107-1/fulltext)

**Title:** 2021: the beginning of a new era of immunisations?

The Lancet | 24th April 2021

While the world is firmly focused on the efficacy, adverse events, licensing, and roll-out of COVID-19 vaccines, the disruption of and barriers to routine immunisations during the pandemic have garnered much less attention.

World Immunization Week (April 24–30) presents an opportunity to reflect on the state of immunisation efforts for vaccine-preventable diseases, how the COVID-19 pandemic has affected progress, and what lessons can accelerate efforts to prevent diseases through immunisation.

This editorial highlights that whilst much has been achieved through vaccination, with many lives saved and disabilities prevented, vaccine hesitancy remains an important issue to tackle. And without addressing the fundamental underlying barriers of inequity, poverty, political posturing, and commercial interest protection, the next decade will not achieve much more than the past.

Full editorial: [2021: the beginning of a new era of immunisations?](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2900900-4/fulltext)

Related: . [World Immunization Week](https://www.who.int/campaigns/world-immunization-week/2021)

**Title:** Infections fell by 65% after first dose of Astra Zeneca or Pfizer vaccine, data show

BMJ | 2021; 373: n1068 | 23rd April 2021

Infections of SARS-CoV-2 fell by 65% after a first dose of the Oxford-AstraZeneca or Pfizer-BioNTech vaccines, preliminary results from a large UK surveillance study indicate. Reductions increased to 70% after a second dose of the Pfizer vaccine, data from the UK Covid-19 Infection Survey show. Not enough people had yet received two doses of the AstraZeneca vaccine to assess this.

The survey, carried out by the University of Oxford in partnership with the Office for National Statistics and the Department of Health and Social Care for England, included data from 1.7 million self-reported swab test results taken from 370 000 UK adults between 1 December 2020 and 3 April 2021.

The results, published in two preprint papers,show that two doses of the Pfizer vaccine offered levels of protection against covid-19 that were similar to levels from previous SARS-CoV-2 infection.

The benefits seem from the vaccines were similar in people over 75 and under 75 and in those with or without long term health conditions, the study found.

The researchers also found no evidence that the AstraZeneca and Pfizer vaccines differed in their ability to reduce infection rates, despite them leading to slightly different immune responses.

Further detail: [Infections fell by 65% after first dose of Astra Zeneca or Pfizer vaccine, data show](https://www.bmj.com/content/373/bmj.n1068)

Research papers:

* [Impact of vaccination on SARS-CoV-2 cases in the community: a population-based study](https://www.ndm.ox.ac.uk/files/coronavirus/ciscommunityvaccinationpaper20210417complete.pdf)

[using the UK’s COVID-19 Infection Survey](https://www.ndm.ox.ac.uk/files/coronavirus/ciscommunityvaccinationpaper20210417complete.pdf)

* [The impact of SARS-CoV-2 vaccines on antibody responses in the general population in the United Kingdom](https://www.ndm.ox.ac.uk/files/coronavirus/covid-19-infection-survey/cisantibodyresponseaftervaccination20210416complete.pdf)

See also: [One Covid vaccine cuts infection rate in all age groups](https://www.bbc.co.uk/news/health-56844220) | BBC News

**Title:** Favipiravir to be investigated as a possible COVID-19 treatment for at-home recovery in the PRINCIPLE trial

National Institute for Health Research | 8th April 2021

The antiviral drug favipiravir will be studied as a treatment for COVID-19 in people recovering at home and in community settings, in a clinical trial funded and supported by the NIHR. Favipiravir becomes the sixth treatment to be studied in the PRINCIPLE trial-The Platform Randomised trial of Interventions against COVID-19 In older peoPLE- is the largest trial occurring in community settings.

Favipiravir is an antiviral drug that has been licenced in Japan since 2014 to treat influenza. It works by inhibiting a viral enzyme called RNA polymerase, preventing viral replication within human cells. This viral enzyme is common to several viruses, including SARS-CoV-2, which causes COVID-19.

The drug has shown positive results against SARS-CoV-2 in laboratory and animal studies, with small pilot studies in humans demonstrating some benefit in reducing symptoms and the duration of illness.

Now, experts will study the potential treatment after University of Oxford researchers and trial steering committee leading the trial in conjunction with the Chief Medical Officer, following a recommendation by the UK COVID-19 Therapeutics Advisory Panel.

Full press release: [Favipiravir to be investigated as a possible COVID-19 treatment for at-home recovery in the PRINCIPLE trial](https://www.nihr.ac.uk/news/favipiravir-to-be-investigated-as-a-possible-covid-19-treatment-for-at-home-recovery-in-the-principle-trial/27426)

**Title:** Government launches COVID-19 Antivirals Taskforce to roll out innovative home treatments this autumn

Department of Health & Social Care | 20th April 2021

A new Antivirals Taskforce has been launched by the government to identify treatments for UK patients who have been exposed to COVID-19 to stop the infection spreading and speed up recovery time.

The taskforce will search for the most promising novel antiviral medicines that can be taken at home and support their development through clinical trials to ensure they can be rapidly rolled out to patients as early as the autumn. The taskforce will also look at opportunities to onshore the manufacture of antiviral treatments.

The aim is to have at least 2 effective treatments this year, either in a tablet or capsule form, that the public can take at home following a positive COVID-19 test or exposure to someone with the virus.

Full detail: [Government launches COVID-19 Antivirals Taskforce to roll out innovative home treatments this autumn](https://www.gov.uk/government/news/government-launches-covid-19-antivirals-taskforce-to-roll-out-innovative-home-treatments-this-autumn)

**Title:** A Multidisciplinary NHS COVID-19 Service to Manage Post-COVID-19 Syndrome in the Community

Journal of Primary Care & Community Health| 21st April 2021

This paper is authored by staff from Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust, Leeds. They explain how the Community COVID-19 MDT pathway was established in September 2020, as part of the NHS England “Five-point plan” to embed post-COVID-19 syndrome assessment clinics across England. A service evaluation was conducted to capture the proportion of patients still suffering from persistent symptoms 7 weeks after hospital discharge. This led to ring-fenced funding for a COVID rehabilitation service and the establishment of a 3 tier model of post COVID management.

The authors describe the configuration of a functioning comprehensive multidisciplinary rehabilitation pathway for those in Leeds experiencing long term impacts after COVID-19 to help inform the development of these services in the UK and worldwide. Their intention for this article is to provide insight into the development of a dedicated COVID-19 Community MDT, and a template for establishing a pathway of care.

Full article: [A multidisciplinary NHS COVID-19 service to manage post-covid-19 syndrome in the community](https://journals.sagepub.com/doi/pdf/10.1177/21501327211010994)

**Title:** Eating Disorders Spectrum during COVID Pandemic: a systematic review

medRxiv | 18th April 2021

*This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

Several data suggest that COVID-19 pandemic might exacerbate or trigger Eating Disorders (EDs). The aim of this paper was to summarize present literature on COVID pandemic and EDs.

The analysis revealed five main findings:

1) changes in physical activities routines were related to a worsening of preoccupation on weight/body shape

2) food access limitation during pandemic represented a risk factors for both triggering and exacerbating EDs

3) restriction in healthcare facilities contributed to increase anxiety levels and modifies treatment compliance

4) social isolation was related to symptoms’ exacerbation in EDs patients who are home-confined with family members

5) conflicts and difficulties in relationships with ‘no way out’ were maintenance factors for EDs symptoms, especially in adolescents and young adults.

The review concludes that theCOVID-19 pandemic had a negative impact on EDs that might be triggered or worsened by the exceptional conditions deriving from COVID-19-related stress in predisposed subjects. Patients already affected by EDs experienced a worsening of their clinical conditions and related quality of life.

Full paper: [Eating Disorders Spectrum during COVID Pandemic: a systematic review](https://www.medrxiv.org/content/10.1101/2021.04.16.21255390v1.full.pdf)

**Title:** Launching the biggest ever consultation with children in England as part of Beveridge-style report into post-Covid childhood

Children's Commissioner | 19 April 2021

The Children’s Commissioner for England, Dame Rachel de Souza, is launching ‘[The Big Ask](https://www.childrenscommissioner.gov.uk/thebigask/)’, the biggest ever consultation with children undertaken in this country.  The survey will run from 19 April  to 19 May 2021,  and will ask children across England to set out their priorities for improving childhood post-Covid. The results of the survey will form the cornerstone of the Children’s Commissioner’s ‘Childhood Commission’ – an ambitious Beveridge-style report due to be published later this year.

From completed surveys and the findings from focus groups, the Childhood Commission will identify the barriers preventing children from reaching their full potential, propose solutions and come up with targets by which improvements can be monitored.

Full detail: [Launching the biggest ever consultation with children in England as part of Beveridge-style report into post-Covid childhood](https://www.childrenscommissioner.gov.uk/2021/04/19/launching-the-biggest-ever-consultation-with-children-in-england-as-part-of-beveridge-style-report-into-post-covid-childhood/)

**Title:** Lockdown baby boom may be on the way as NHS antenatal bookings rebound

The Guardian | 20th April 2021

Contrary to fears that the coronavirus pandemic could cause a “baby bust”, the numbers of women in England expecting a baby appear to be on the rise.

Maternity statistics collected by the NHS show that although there was a dip in the number of antenatal booking appointments in May 2020, numbers quickly rebounded and continued to grow. The number of antenatal booking appointments during the fourth quarter of 2020 was the highest for five years.

Full detail: [Lockdown baby boom may be on the way as NHS antenatal bookings rebound](https://www.theguardian.com/lifeandstyle/2021/apr/20/lockdown-baby-boom-on-the-way-as-nhs-antenatal-bookings-rebound)

**Title:** Reconditioning the benefits system for a stronger COVID-19 recovery

The Health Foundation | 20th April 2021

The benefits system has been a lifeline to many during the COVID-19 pandemic, enabling millions of individuals and families to continue living with some semblance of normality. The demand for Universal Credit in particular has been exceptionally high, with 6 million people in receipt of this benefit in January 2021 – double the number prior to the pandemic.

This article states that there is a lot to learn from the pandemic. It explains that rapid changes to Universal Credit processes at the start of the first UK lockdown helped the benefits system function better. As we move away from lockdown and into recovery, the government needs to build on the positive changes we have witnessed and continue to protect health through our welfare system.

Full article: [Reconditioning the benefits system for a stronger COVID-19 recovery](https://www.health.org.uk/news-and-comment/blogs/reconditioning-the-benefits-system-for-a-stronger-covid-19-recovery)

**Title:** Primary care networks and place-based working: addressing health inequalities in a Covid-19 world

The Health Creation Alliance | 20th April 2021

COVID-19 has accelerated the formation of and action being taken by local networks in the community, giving communities and local partners an urgency, a higher priority and a confidence to act to support members of the community in many ways. The vaccination programme has accelerated the coming together of practices within Primary Care Networks (PCNs) to create a whole new service. COVID-19 has also exposed the extent of health inequalities. What happens now is critical. Primary care, increasingly led by (PCNs), has a huge opportunity to work in more networked ways with communities and local partners to address health inequalities.

This report provides insights from those working to address health inequalities outside the NHS about how primary care, enabled by primary care networks, might access the breadth of potential solutions that are possible when they work in partnership with their communities and local partners.

Full report: [Primary care networks and place-based working: addressing health inequalities in a Covid-19 world](https://thehealthcreationalliance.org/wp-content/uploads/2021/04/PCNs-and-place-based-working-_addressing-health-inequalities-in-a-COVID-19-world_FINAL_1-April-2021.pdf)

**Title:** Learning from the community response to Covid-19: how the NHS can support communities to keep people well

The Health Creation Alliance | 20th April 2021

COVID-19 has affected communities in different ways and, for some, the effects of the pandemic have been devastating. It has also shone a harsh light on the underlying inequalities in society and reinforced the urgent need for society to do more to address health inequalities.

COVID-19 also demanded that the NHS adopts different ways of working. Examples include primary care focussing on digital methods to continue service delivery and acute trusts and systems having to prioritise and reorganise care processes and pathways. The NHS has learnt from this.

The NHS could also learn from how communities selforganised in response to COVID-19. If the different parts of the NHS respond, respect and connect well to networked and organised communities, this could support a better future in which inequalities are more effectively addressed.

This report considers what all community-facing NHS organisations can learn from the community response to Covid-19. The report outlines practical guidance and recommendations to help build a future where people are at the heart of keeping communities well.

Full report: [Learning from the community response to Covid-19: how the NHS can support communities to keep people well](https://thehealthcreationalliance.org/wp-content/uploads/2021/04/THCA-Report_Community-response-to-COVID-19_NHS-learning-FINAL_-April-2021.pdf)

**Title:** 9 in 10 pharmacies now offering free, rapid coronavirus (COVID-19) tests

Department of Health & Social Care | 19th April 2021

Nine in ten pharmacies across England are now distributing free rapid lateral flow tests for people to collect and use at home. Rapid, regular testing is now available to everyone in England and the new ‘Pharmacy Collect’ service provides an additional route to regular testing, making it as easy as possible for people without COVID-19 symptoms to access testing twice a week.

The Pharmacy Collect service is available to people aged over 18 without symptoms, who are able to visit a participating local pharmacy and collect a box of 7 rapid tests to use twice a week at home.

Alongside the rollout of the vaccine, testing will form a crucial part of everyday life as parts of society reopen.

Full detail: [9 in 10 pharmacies now offering free, rapid coronavirus (COVID-19) tests](https://www.gov.uk/government/news/9-in-10-pharmacies-now-offering-free-rapid-coronavirus-covid-19-tests)

**Title:** Recovering the NHS backlog in some places could take up to five years: bold transformative approach needed

NHS Providers | 18th April 2021

NHS Providers says trusts are getting a clearer picture of the scale of the backlog confronting the health service, and the situation is very concerning.

The organisation which represents every NHS hospital, mental health, community and ambulance service in England says while the overall impact of COVID-19 on NHS waiting times is still emerging, early planning in the worst affected areas shows that, on current trajectories, tackling the problem could take three to five years.

Full detail: [Recovering the NHS backlog in some places could take up to five years: bold transformative approach needed](https://nhsproviders.org/news-blogs/news/recovering-the-nhs-backlog-in-some-places-could-take-up-to-five-years-bold-transformative-approach-needed)

**Title:** Covid 19: supporting the vulnerable during lockdown

House of Commons Public Accounts Committee| 21st April 2021

This report recognises the pace and urgency with which Government delivered the shielding programme. However, the report concludes that the programme suffered from the problems of poor data and a lack of joined up systems meaning that it took too long to identify some clinically vulnerable people at a time when their need was urgent.

The Committee says “clearly government has learned lessons which have fed into more recent iterations of shielding”, including much greater understanding of the range of covid19 risk factors, where DHSC’s initial, purely clinical approach to vulnerability omitted key characteristics such as ethnicity, postcode and Body Mass Index.

* Full report: [Covid 19: supporting the vulnerable during lockdown](https://publications.parliament.uk/pa/cm5801/cmselect/cmpubacc/938/93802.htm)
* Report summary: [Covid 19: supporting the vulnerable during lockdown](https://publications.parliament.uk/pa/cm5801/cmselect/cmpubacc/938/93803.htm)
* [Report conclusions and reccomendations](https://publications.parliament.uk/pa/cm5801/cmselect/cmpubacc/938/93805.htm)
* Press release: [Central-command system failed to reach around 800k clinically extremely vulnerable people before hundreds of thousands added to local lists](https://committees.parliament.uk/committee/127/public-accounts-committee/news/154620/centralcommand-system-failed-to-reach-around-800k-clinically-extremely-vulnerable-people-before-hundreds-of-thousands-added-to-local-lists/)

**Title:** Spending on health in Europe: entering a new era

World Health Organisation | 22nd April 2021

COVID-19 has shown the importance of robust health systems and the long-term benefits of investing in the health of the population. Countries were quick to mobilize additional funds for the health system in response to the pandemic, but treating and preventing COVID-19 and addressing the impact of disruption to services will require continued investment in the years ahead.

This report highlights the need for governments to maintain a higher level of public spending on health for the wider benefit of society despite expected budgetary pressures following the pandemic. The report states that sustained increases in public spending on health coupled with well designed public policy can mitigate the negative effects of COVID-19 while also building health system resilience.

The report also highlights that spending on primary health care accounts for less than half of all health spending, despite being a cost-effective way to deliver health care to communities. WHO has called for an additional 1% of gross domestic product (GDP) in public funding to be spent on primary health care.

Full report: [Spending on health in Europe: entering a new era](https://apps.who.int/iris/bitstream/handle/10665/340910/9789289055079-eng.pdf)

Press release: [New report from WHO on health spending calls on governments not to repeat past mistakes when rebuilding from COVID-19](https://www.euro.who.int/en/health-topics/Health-systems/health-systems-financing/news/news/2021/4/new-report-from-who-on-health-spending-calls-on-governments-not-to-repeat-past-mistakes-when-rebuilding-from-covid-19)

**Title:** What do we know about airborne transmission of SARS-CoV-2?

BMJ | 2021; 373: n1030 | 22nd April 2021

How covid-19 spreads is one of the most debated questions of the pandemic. This BMJ briefing explains what the evidence tells us about airborne transmission of the virus, and asks:

* What does airborne transmission mean?
* Is covid-19 airborne?
* What does WHO say about airborne transmission of covid-19?
* What do national governments say about airborne transmission of covid-19?
* How can we prevent airborne transmission?
* Do masks prevent airborne transmission?
* How does airborne transmission compare outdoors versus indoors?

Full detail: [What do we know about airborne transmission of SARS-CoV-2?](https://www.bmj.com/content/373/bmj.n1030)

**Title:** There is a real danger that covid-19 will become entrenched as a disease of poverty

BMJ | 2021; 373: n986 | 19th April 2021

Since reaching a height of around 70 000 confirmed covid-19 cases a day in England at the start of the year, the third lockdown has brought cases down to around 2500 a day (at the time of writing). Hospital admissions are back to levels last seen in September 2020, and over half of the adult population has received at least one dose of covid-19 vaccine. We’ve experienced almost six months of national lockdown in the past year and are just emerging from what has been promised to be the last one.

But this BMJ piece explains that while we have all experienced this pandemic together, we have not all had the same experience. Deprived and minority ethnic communities have borne the brunt of the pandemic so far and there is now a very real danger that covid-19 will become entrenched as a disease of poverty.

This article states we must act now to prevent a further widening in wellbeing between poor and rich.

Full article: [There is a real danger that covid-19 will become entrenched as a disease of poverty](https://www.bmj.com/content/373/bmj.n986)

**Title:** Unequal impact of the COVID-19 crisis on minority ethnic groups: a framework for understanding and addressing inequalities

Journal of Epidemiology & Community Health | 21st April 2021

Minority ethnic groups have been disproportionately affected by the COVID-19 pandemic. While the exact reasons for this remain unclear, they are likely due to a complex interplay of factors rather than a single cause. Reducing these inequalities requires a greater understanding of the causes. This paper describes a framework for understanding the pathways that have generated ethnic (and racial) inequalities in COVID-19.

The authors suggest that differences in health outcomes due to the pandemic could arise through six pathways: (1) differential exposure to the virus; (2) differential vulnerability to infection/disease; (3) differential health consequences of the disease; (4) differential social consequences of the disease; (5) differential effectiveness of pandemic control measures and (6) differential adverse consequences of control measures.

The framework highlights the gaps in the current evidence and pathways that need further investigation in research that aims to address these inequalities.

Full article: [Unequal impact of the COVID-19 crisis on minority ethnic groups: a framework for understanding and addressing inequalities](https://jech.bmj.com/content/jech/early/2021/04/21/jech-2020-216061.full.pdf)

**Title:** Mental health and social interactions of older people with physical disabilities in England during the COVID-19 pandemic

The Lancet Public Health | 21st April 2021

The COVID-19 pandemic has affected mental health, psychological wellbeing, and social interactions. People with physical disabilities might be particularly likely to be negatively affected, but evidence is scarce. The aim of this paper was to evaluate the emotional and social experience of older people with physical disabilities during the early months of the COVID-19 pandemic in England.

The authors foud that people with physical disability might be at particular risk for emotional distress, poor quality of life, and low wellbeing during the COVID-19 pandemic, highlighting the need for additional support and targeted mental health services.

Full article: [Mental health and social interactions of older people with physical disabilities in England during the COVID-19 pandemic](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900069-4)

See also: [Are older people with disabilities neglected in the COVID-19 pandemic?](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2821%2900077-3/fulltext) | The Lancet Public Health

**Title:** Effects of a multi-faceted education and support programme on anxiety symptoms among people with systemic sclerosis and anxiety during COVID-19 (SPIN-CHAT)

The Lancet Rheumatology | 16th April 2021

No trials have tested multifaceted mental health interventions recommended by public health organisations during COVID-19. The objective of this trial was to evaluate the effect of the Scleroderma Patient-centered Intervention Network COVID-19 Home-isolation Activities Together (SPIN-CHAT) Program on anxiety symptoms and other mental health outcomes among people vulnerable during COVID-19 owing to a pre-existing medical condition.

The intervention did not significantly improve anxiety symptoms or other mental health outcomes post-intervention. However, anxiety and depression symptoms were significantly lower 6 weeks later, potentially capturing the time it took for new skills and social support between intervention participants to affect mental health. Multi-faceted interventions such as SPIN-CHAT have potential to address mental health needs in vulnerable groups during COVID-19, yet uncertainty remains about effectiveness.

Full article: [Effects of a multi-faceted education and support programme on anxiety symptoms among people with systemic sclerosis and anxiety during COVID-19 (SPIN-CHAT): a two-arm parallel, partially nested, randomised, controlled trial](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2821%2900060-6)

**Title:** Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance

The Lancet Regional Health – Europe | 20th April 2021

There have been concerns that the COVID-19 pandemic may lead to an increase in suicide. The coronial system in England is not suitable for timely monitoring of suicide because of the delay of several months before inquests are held.

This study used data from established systems of "real time surveillance" (RTS) of suspected suicides, in areas covering a total population of around 13 million, to test the hypothesis that the suicide rate rose after the first national lockdown began in England.

The authors did not find a rise in suicide rates in England in the months after the first national lockdown began in 2020, despite evidence of greater distress. However, a number of caveats apply. These are early figures and may change. Any effect of the pandemic may vary by population group or geographical area. The use of RTS in this way is new and further development is needed before it can provide full national data.

Full article[: Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance](https://www.thelancet.com/action/showPdf?pii=S2666-7762%2821%2900087-9)

See also: [COVID-19 and suicide](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2821%2900164-4/fulltext) | The Lancet Psychiatry [editorial]

**Title:** High-dimensional characterization of post-acute sequalae of COVID-19

Nature | 22nd April 2021

As the COVID-19 pandemic has progressed, it has become clear that many survivors -- even those who had mild cases -- continue to manage a variety of health problems long after the initial infection should have resolved. In what is believed to be the largest comprehensive study of long COVID-19 to date, researchers showed that COVID-19 survivors -- including those not sick enough to be hospitalized -- have an increased risk of death in the six months following diagnosis with the virus.

The researchers also have catalogued the numerous diseases associated with COVID-19, providing a big-picture overview of the long-term complications of COVID-19 and revealing the massive burden this disease is likely to place on the world's population in the coming years.

The authors showed that, after surviving the initial infection (beyond the first 30 days of illness), COVID-19 survivors had an almost 60% increased risk of death over the following six months compared with the general population. At the six-month mark, excess deaths among all COVID-19 survivors were estimated at eight people per 1,000 patients. Among patients who were ill enough to be hospitalized with COVID-19 and who survived beyond the first 30 days of illness, there were 29 excess deaths per 1,000 patients over the following six months.

The researchers confirmed that, despite being initially a respiratory virus, long COVID-19 can affect nearly every organ system in the body. The researchers identified newly diagnosed major health issues that persisted in COVID-19 patients over at least six months and that affected nearly every organ and regulatory system in the body, including:

* Respiratory system: persistent cough, shortness of breath and low oxygen levels in the blood.
* Nervous system: stroke, headaches, memory problems and problems with senses of taste and smell.
* Mental health: anxiety, depression, sleep problems and substance abuse.
* Metabolism: new onset of diabetes, obesity and high cholesterol.
* Cardiovascular system: acute coronary disease, heart failure, heart palpitations and irregular heart rhythms.
* Gastrointestinal system: constipation, diarrhea and acid reflux.
* Kidney: acute kidney injury and chronic kidney disease that can, in severe cases, require dialysis.
* Coagulation regulation: blood clots in the legs and lungs.
* Skin: rash and hair loss.
* Musculoskeletal system: joint pain and muscle weakness.
* General health: malaise, fatigue and anemia.

Full article: [High-dimensional characterization of post-acute sequalae of COVID-19](https://www.nature.com/articles/s41586-021-03553-9_reference.pdf)

**Title:** Rethinking vaccine hesitancy among minority groups

The Lancet | 21st April 2021

Supporting vaccine uptake in communities that have already been disproportionately affected by COVID-19 is an equity issue and will also help achieve broader population immunity.

This comment piece states that an evidence-based understanding of, and response to, the unique needs of communities with low vaccine uptake will allow policy makers to move beyond focusing on individual choices and help address the underlying causes of low vaccine uptake, including lack of confidence in vaccines and health-care services and governments services more broadly, as well as issues related to convenience of access.

Full detail: [Rethinking vaccine hesitancy among minority groups](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2900938-7/fulltext)

**Title:** The Manchester Briefing COVID-19: International lessons for local and national government recovery and renewal

Alliance MBS | 23rd April 2021

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers. The briefing brings together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources.

This latest briefing shares lessons from:

* India – rethinking ‘vulnerability’ post-COVID
* Italy – places of remembrance following the pandemic
* USA – supporting ethnic minority-owned businesses
* Ireland – rural development priorities for recovery and renewal
* RCN – climate-ready infrastructure
* Sri Lanka – risk communications
* Dominica – community participation for resilience-building
* UK – social renewal from COVID-19

Full detail: [The Manchester Briefing on COVID-19](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b34-23rdapril.pdf?gator_td=l%2fXwvyBn5xYKF3tQYt3DNR07LwYon9IQjpyfGf%2fcbiER6CTdwG7Ojun2CWDTfFwOS9nHfWWJ6VEiyY9QBwwkLrRM4mNIpHom8z3VxEjkb%2b0qLsJOaxMtmLxg7Oyp1ecP5yY8oYYBg1HI%2bwrc6gTzgg%3d%3d)

Alliance MBS have also this week launched a new website: [Recovery, Renewal, Resilience](https://www.alliancembs.manchester.ac.uk/research/recovery-renewal-resilience-from-covid-19/?gator_td=l%2fXwvyBn5xYKF3tQYt3DNR07LwYon9IQjpyfGf%2fcbiER6CTdwG7Ojun2CWDTfFwOS9nHfWWJ6VEiyY9QBwwkLrRM4mNIpHom8z3VxEjkb%2b0qLsJOaxMtmLxg7Oyp1ecP5yY8oYYBg1HI%2bwrc6gTzgg%3d%3d)

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>