COVID-19 recovery

29th January 2021

**Title:** Pandemic Pressures: Why families on a low income are spending more during Covid-19

Resolution Foundation | January 2021

This briefing explores why so many low-income families report spending more, not less, since Covid-19 gripped the nation in spring 2020. It brings together the findings from two online surveys of a representative sample of working-age adults in the UK fielded by the Resolution Foundation in May and September 2020, and a number of vivid accounts from parents and carers themselves, drawn from the ongoing ‘Covid Realities’ participatory research programme.

Families on low incomes are adept at managing on a limited budget, often finding creative, if time-intensive, ways to get by. When the pandemic hit, however, many of these strategies for navigating life on a low income became difficult, if not impossible, to sustain. At the same time, school closures, social distancing and other Covid-related disruptions have led to increased core costs for many families.

Key points:

* During the Summer and Autumn 2020, families with children estimated to be in the lowest pre-pandemic income quintile were twice as likely to report an increase in spending (36 per cent) than a decrease (18 per cent). Accounts from parents on a low income identify a number of reasons why this has been the case.
* Having children at home more has meant higher spending on food, energy and ways to entertain or distract children when so many outdoor leisure activities have been curtailed. Remote schooling in particular has proven very expensive, especially for those families that have had to buy a laptop or arrange for broadband access, for example.
* The cost of feeding a family on a low income has risen during the pandemic. A reduction in promotions and difficulties obtaining particular items, and the need to avoid the risk of infection has forced some families to use more expensive food stores that are closer to home or will deliver.

Full detail: [Pandemic Pressures: Why families on a low income are spending more during Covid-19](https://www.resolutionfoundation.org/app/uploads/2021/01/Pandemic-pressures.pdf)

**Title:** How to break the cycle of lockdowns

BMJ | 27th January 2021

As the UK waits out its third national lockdown, this BMJOpinion piece lays out the steps needed for a country to exit the cycle, asking at what point is it safe to lift restrictions?

The article outlines four steps to get to a new normal:

1. We need to continue to vaccinate the entire adult population as quickly as possible to prevent long covid, severe illness, hospitalisations, and deaths. It is likely that this will also greatly reduce transmission.
2. We need to have strong restrictions in place until we have driven cases back down to levels last seen in the summer.
3. We need to rebuild local contact tracing capability to aggressively drive cases down further as restrictions are eased and to spot and stamp down on new outbreaks in the months and years to come.
4. We need strong border control with negative tests before and after travel and 14 day managed isolation on entry for everyone (including returning citizens).

Full detail: [How to break the cycle of lockdowns](https://blogs.bmj.com/bmj/2021/01/27/covid-19-how-to-break-the-cycle-of-lockdowns/)

**Title:** Coronavirus infections remain high three weeks into lockdown – REACT study

Imperial College London | 28th January 2021

A very high number of people have the coronavirus in England with around 1 in 64 people infected, or 1.57% of the population. These latest findings from the REACT programme – the biggest and most comprehensive study of community coronavirus testing – are based on swab samples from almost 170,000 people taken between 6th and 22nd January.

In the new report, researchers from Imperial College London estimate R to be around 1, which means that the epidemic is not clearly growing or shrinking and will continue at this high level if the situation doesn’t change. However throughout this round of data collection, patterns of infection have been fluctuating at the national level, with signs of a slight upward trend in the first 10 days – shown in an [interim report](https://www.imperial.ac.uk/news/212953/coronavirus-infections-falling-england-latest-react/) published last week – followed by a slight decline in the last seven days.

This would suggest that lockdown has curbed the steep rise in infections, although the researchers caution that the country isn’t experiencing the fast rate of decline that happened during the first lockdown. This could be partly explained by the new variant which spreads more easily, alongside other factors such as more people going to work and a higher number of children in school.

Full detail: [REACT-1 round 8 final report: high average prevalence with regional heterogeneity of trends in SARS-CoV-2 infection in the community in England during January 2021](https://spiral.imperial.ac.uk/bitstream/10044/1/85703/10/react1_r8_full_preprint_1.1.pdf)

News release: [Coronavirus infections remain high three weeks into lockdown – REACT study](https://www.imperial.ac.uk/news/213553/coronavirus-infections-remain-high-three-weeks/)

See also: [Latest findings from COVID-19 study published: January 2021](https://www.gov.uk/government/news/latest-findings-from-covid-19-study-published-january-2021) | Department of Health and Social Care

**Title:** One in fifty five people in England estimated to have Covid as ONS say positive test rate remains high

Office for National Statistics | 29th January 2021

Around 1 in 55 people in England had COVID-19 in the week ending 23 January according to figures from the Office for National Statistics. The percentage of people testing positive for coronavirus “remains high” in the week ending 23 January 2021, the survey states, estimating that 1,018,700 people were infected.

London had the highest percentage of people testing positive equating to around 1 in 35 people, followed by the North West of England, 1 in 70 people in Wales, 1 in 50 in Northern ireland and 1 in 110 in Scotland.

The percentage of people testing positive in London, the North East, the West Midlands and the South East decreased during the week ending 23 January . Rates in all other regions appear to be level. Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 29 January 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/29january2021)

**Title:** Support for self-isolation is critical in covid-19 response

BMJ | 2021; 372: n224 | 27th January 2021

Despite the vaccine rollout, many younger people, particularly those working in high exposure occupations, living in overcrowded housing, or without a home will remain subject to an ongoing burden of quarantine orders, along with a disproportionate risk of infection and onward transmission for the foreseeable future. An equitable and effective public health response requires the integration of supportive services to effectively decrease their contact rates and subsequently risk of infection.

Even small improvements in people’s ability to quarantine and isolate can have an important effect on slowing transmission, hospital admission, and death, especially among those most at risk of covid-19.

Ultimately, people need to be able to isolate without fear of a substantial damage to their work, income, family, or caring responsibilities. The editorial calls on the Government to take action now to reduce infections and deaths, stating we can’t wait for vaccine mediated decreases in morbidity and mortality to manifest.

Full detail: [Support for self-isolation is critical in covid-19 response](https://www.bmj.com/content/372/bmj.n224)

**Title:** More than 30 new vaccination centres join biggest NHS jab drive

NHS England | 25th January 2021

New NHS Vaccination Centres in Blackpool and Dudley are among more than 30 opening across the country as the vaccination drive continues to accelerate. There is now a network of 50 large scale centres, capable of jabbing thousands of people a week, across the country.

People aged 75 and over are being invited to book a vaccination at the centres or one of more than 70 pharmacy services now operating across the country. If they cannot or do not want to travel to a Vaccination Centre people can wait to be jabbed by a local GP service or hospital hub.

Full detail: [More than 30 new vaccination centres join biggest NHS jab drive](https://www.england.nhs.uk/2021/01/more-than-30-new-vaccination-centres-join-biggest-nhs-jab-drive/)

**Title:** Community Champions to give COVID-19 vaccine advice and boost take up

Ministry of Housing, Communities & Local Government | Department of Health and Social Care | 25th January 2021

Over £23 million funding has been allocated to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take up.

Through the Community Champions scheme councils and voluntary organisations will deliver a wide range of measures to protect those most at risk - building trust, communicating accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don’t already exist.

The funding is specifically targeted at areas with plans to reach groups such as older people, disabled people, and people from ethnic minority backgrounds who according to the latest evidence are more likely to suffer long-term impacts and poor outcomes from COVID-19.

Full detail: [Community Champions to give COVID-19 vaccine advice and boost take up](https://www.gov.uk/government/news/community-champions-to-give-covid-19-vaccine-advice-and-boost-take-up)

**Title:** Novavax COVID-19 vaccine 89.3% effective

National Institute for Health Research | 29th January 2021

The NIHR-supported Novavax COVID-19 vaccine is 89.3% effective at preventing COVID-19, shown from interim analysis of its Phase III study data, including effectiveness against the new variants of concern. The Novavax study is the largest ever double blind, placebo-controlled trial to be undertaken in the UK. It recruited over 15,000 participants from 35 research UK sites in just over two months. It was the first phase 3 study for the US-based biotechnology firm Novavax’s vaccine anywhere in the world.

* The Novavax vaccine differs from those already being used in the UK. It combines an engineered protein from the virus that causes COVID-19 with a plant-based ingredient to help generate a stronger immune response.
* The UK has ordered 60 million vials of the vaccine. They will be manufactured in Stockton-on-Tees.
* People will be given two doses of the vaccine, three weeks apart.
* The Novavax vaccine, called NVX-CoV2373, only needs to be stored at fridge temperatures - much like the AstraZeneca and Moderna vaccines. This means distribution and supply chain management is easier than it is for the Pfizer vaccine, which has to be stored at the much lower temperature of -70C.
* The treatment comes at a cost of £11.66 per vaccination. The jab is therefore more expensive than the AstraZeneca vaccine, but cheaper than both Pfizer and Moderna treatments.

The interim efficacy data and safety data will be submitted to all regulators across the world - including the Medicines & Healthcare products Regulatory Agency (MHRA) in the UK - for independent scrutiny and product approval.

Full detail: [Novavax COVID-19 vaccine 89.3% effective](https://www.nihr.ac.uk/news/novavax-covid-19-vaccine-893-effective/26720)

In the news:

* [Novavax vaccine shows 89% efficacy in UK trials](https://www.bbc.co.uk/news/uk-55850352) | BBC News
* [How the Novavax vaccine works - and the benefits it has over the three already approved](https://news.sky.com/story/covid-19-what-is-the-novavax-vaccine-and-how-does-it-compare-with-the-others-12201799) | Sky News

**Title:** Janssen publishes positive safety and efficacy data for single-dose COVID-19 vaccine

Department of Health & Socail Care | 29th January 2021

Janssen has published positive data from the phase 3 studies of its single-dose Covid-19 vaccine candidate, showing it to be 66% effective overall in preventing coronavirus in participants. The data did not report any significant safety concerns relating to the vaccine, with no serious adverse events in vaccine recipients.

The Janssen vaccine uses a common cold virus that has been engineered to make it harmless. It then safely carries part of the coronavirus's genetic code into the body. This is enough for the body to recognise the threat and then learn to fight coronavirus. This trains the body's immune system to fight coronavirus when it encounters the virus for real. This is similar to the approach used by the University of Oxford and AstraZeneca.

The fact it works as a single-dose and can be kept in a standard fridge, while others need super-cold storage, means the vaccine could have a significant role around the world.

The UK has secured 30 million doses of Janssen’s vaccine last summer, with deliveries expected to arrive in the second half of this year if approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA).

* Vaccine candidate 72% effective in the US and 66% effective overall at preventing moderate to severe COVID-19, 28 days after vaccination
* 85% effective overall in preventing severe disease and demonstrated complete protection against COVID-19 related hospitalization and death as of day 28
* Protection against severe disease across geographies, ages, and multiple virus variants, including the SARS-CoV-2 variant from the B.1.351 lineage observed in south africa
* Single-shot compatible with standard vaccine distribution channels provides important tool in pandemic setting

Full detail: [Janssen publishes positive safety and efficacy data for single-dose COVID-19 vaccine](https://www.gov.uk/government/news/janssen-publishes-positive-safety-and-efficacy-data-for-single-dose-covid-19-vaccine)

See also: [Single dose Covid vaccine 66% effective](https://www.bbc.co.uk/news/health-55857530) | BBC News

**Title:** REGEN-COV prevents symptomatic COVID-19 infections, finds analysis

Europena Pharmaceutical Review | 27th January 2021

An exploratory analysis shows passive vaccination with Regeneron’s REGEN-COV™ (casirivimab and imdevimab antibody cocktail) prevented 100 percent of patients developing symptomatic COVID-19 infections and lowered the overall infection rate by approximately 50 percent.

The Phase III trial is evaluating whether REGEN-COV can be used as a passive vaccine for the prevention of COVID-19 in people at high risk of infection (due to household exposure to a COVID-19 patient). The analysis includes data from the first 409 individuals enrolled in the trial, who were randomised to receive passive vaccination with REGEN-COV (1,200mg via subcutaneous injections) or placebo.

The results include:

* There were eight symptomatic infections in the placebo group, none in the treatment group.
* A total of 23 infections (symptomatic and asymptomatic) occurred in the placebo arm, 10 occurred in the REGEN-COV patients (all asymptomatic).
* Infections in the placebo group had, on average, more than 100-fold higher peak viral load.
* Two fifths of placebo group infections lasted 3-4 weeks, while infections in the REGEN-COV group lasted no more than 1 week.
* REGEN-COV was associated with lower disease burden:
	+ Fewer total viral shedding weeks (44 weeks placebo versus nine weeks REGEN-COV).
	+ Fewer total symptomatic weeks (18 weeks placebo versus none with REGEN-COV).

Full detail: [REGEN-COV prevents symptomatic COVID-19 infections, finds analysis](https://www.europeanpharmaceuticalreview.com/news/141049/regen-cov-prevents-symptomatic-covid-19-infections-finds-analysis/)

See also:

* [REGEN-COV™ antibody cocktail is active against Sars-Cov-2 variants first identified in the UK and South Africa](https://investor.regeneron.com/news-releases/news-release-details/regen-covtm-antibody-cocktail-active-against-sars-cov-2-variants)
* [Breakthrough treatment claims to stop 100% of symptomatic infections](https://news.sky.com/story/covid-19-breakthrough-treatment-claims-to-stop-100-of-symptomatic-infections-12200072) | Sky News

**Title:** COVID-19: PROTECT Trial

British Geriatrics Society | 27th January 2021

The Prophylactic Therapy in Care homes Trial (PROTECT) is a UK-wide clinical trial to identify treatments that can protect care home residents from developing COVID-19.

PROTECT involves setting up a large clinical trial platform that will test several treatments intended to reduce the spread of COVID-19 within care homes and reduce the risks of hospitalisation and death. A trial platform allows multiple treatments to be tested in parallel, with results analysed regularly. As soon as a treatment is shown to be effective or ineffective, it is removed from the platform. This makes space for new treatments to be added and rapidly evaluated. This process of testing treatments and then replacing them with new ones can go on for many months or years. The treatments to be tested will be chosen by government advisors.

 PROTECT will recruit more than 400 care homes from across the UK and approximately 12,000 residents. Care homes will be randomised to treatment or standard care. Most of the treatments will be given for two months before seeing whether they have worked, and whether the treatments are cost-effective.

Results of the PROTECT platform will be rapidly available to ensure that COVID-19 guidelines are quickly updated and actioned.

Full detail: [COVID-19: PROTECT Trial](https://www.bgs.org.uk/resources/covid-19-protect-trial)

**Title:** More employers sign up to rapid testing to protect workforce

Department of Health and Social Care | 24th January 2021

Businesses and public sector organisations are joining a government scheme to test workers without symptoms who cannot work from home. To help stop the virus spreading, the government is making millions of rapid test kits available to NHS and care home staff, primary care workers, schools, colleges and universities, as well as to all 314 local authorities in England via the community testing offer.

To support this national effort, government departments are working in partnership with NHS Test and Trace to support businesses and public sector bodies to implement rapid testing, including organisations operating in the food, manufacturing, energy and retail sectors, and within the public sector including job centres, transport networks, and the military. An estimated 734,600 lateral flow tests have been distributed across the public and private sector so far, helping workers who need to leave home for work during lockdown to continue to do so, while quickly identifying those who may be carrying the virus.

Full detail: [More employers sign up to rapid testing to protect workforce](https://www.gov.uk/government/news/more-employers-sign-up-to-rapid-testing-to-protect-workforce)

**Title:** Unequal impact? Coronavirus, disability and access to services

House of Commons Women and Equalities Committee | 25th January 2021

This is the government's response to the Women and Equalities Committee's interim report on temporary provisions in the Coronavirus Act and the use of these for disabled people. The response states that it has taken several actions to achieve an appropriate balance between responding to the pandemic and ensuring that disabled people have access to the services they need. These relate to Care Act Easements, removing Mental Health Act provisions from the Coronavirus Act and deciding not to renew the modification notice regarding education, health and care assessments.

Full detail: [Unequal impact? Coronavirus, disability and access to services: interim Report on temporary provisions in the Coronavirus Act: Government Response to the Committee’s First Report](https://committees.parliament.uk/publications/4407/documents/44588/default/)

**Title:** Ethnic inequalities in COVID-19 mortality: A consequence of persistent racism

Runnymede Trust | January 2021

Key points:

* Ethnic minority people experience a much higher risk of COVID-19-related death, a stark inequality that impacts on all ethnic minority groups, including white minority groups such as Gypsies and Irish Travellers.
* Local authorities with higher proportions of ethnic minority residents are likely to have higher numbers of COVID-19-related deaths.
* These inequalities reflect increased risk of exposure to the virus because of where people live, the type of accommodation they live in, household size, the types of jobs they do and the means of transport they use to get to work.
* Ethnic inequalities in relation to COVID-19 mirror longstanding ethnic inequalities in health. A large body of evidence has shown that these inequalities are driven by social and economic inequalities, many of which are the result of racial discrimination.
* Ethnic minorities are also at increased risk of complications and mortality post COVID-19 infection; greater risk of serious illness with COVID-19 is more likely the result of pre-existing social and economic inequalities manifesting in the form of particular chronic illnesses. There is no evidence for genetic or genetically related biological factors underlying this increased risk, including vitamin D deficiency.
* Unless racism is understood as a key driver of the inequalities which increase the chances of exposure to and mortality from COVID-19, government and public sector policy responses to the coronavirus pandemic risk further increasing ethnic inequalities in the UK.

Full detail: **:** [Ethnic inequalities in COVID-19 mortality: A consequence of persistent racism](https://www.runnymedetrust.org/uploads/Runnymede%20CoDE%20COVID%20briefing%20v3.pdf)

**Title:** NHS must tackle vaccine lies to improve uptake among ethnic minorities, says Stevens

BMJ | 2021; 372: n242 | 27th January 2021

The chief executive of NHS England has described “genuine and deep concern” that uptake of covid-19 vaccines may be lower among minority ethnic groups.

Simon Stevens told MPs on 27 January that, while overall vaccine uptake to date had been “fantastic,” the NHS needed to combat “systematic efforts to misinform and lie” and the “longstanding mistrust” in some communities to ensure equitable distribution.

A recent poll of 2000 UK adults by the Royal Society for Public Health found that three quarters (76%) of people overall would willingly have a covid vaccination—but this fell to 57% of respondents from minority ethnic backgrounds.

Full detail: [NHS must tackle vaccine lies to improve uptake among ethnic minorities, says Stevens](https://www.bmj.com/content/372/bmj.n242)

**Title:** Assessment of COVID-19 Information Overload Among the General Public

Journal of Racial and Ethnic Health Disparities | 19th January 2021

The objectives of this study were to measure the level of COVID-19 information overload (COVIO) and assess the association between COVIO and sociodemographic characteristics among the general public.

A total number of 584 respondents participated in this study. The authors found that the source of information and the frequency of receiving COVID-19 information were significantly associated with COVIO. The COVID-19 information is often conflicting, leading to confusion and overload of information in the general population. This can have unfavorable effects on the measures taken to control the transmission and management of COVID-19 infection.

Full article: [Assessment of COVID-19 information overload among the general public](https://link.springer.com/article/10.1007/s40615-020-00942-0#Abs1)

**Title:** Who was advised to shield from COVID-19? Exploring demographic variation in people advised to shield

The Health Foudation | 27th January 2021

Key points:

* The shielded patient list has been developed to identify those who are clinically extremely vulnerable (CEV) to severe illness from COVID-19, to help ensure that they have safe access to essential services during the pandemic. Here we present novel data from five partners – Grampian, Wales, north west London, Liverpool and Wirral, and Leeds – in the Networked Data Lab, highlighting the heterogeneity of this group across different areas of the UK.
* There is substantial variation across the partners in the circumstances of people identified as CEV, in terms of neighbourhood deprivation level, rurality and ethnicity, highlighting the different challenges and likely levels of support needed from services.
* There is also variation between partners in the number of people who are identified as CEV via local health services. Understanding the range of local approaches used to identify the most vulnerable will help ensure that all who are potentially at risk are systematically identified and given access to the support services they need.
* Those identified as CEV to COVID-19 are also a clinically heterogenous group of people. Some conditions, such as severe respiratory conditions, are more often seen among people who live in more deprived areas. More work is needed to understand the full range of health needs of this group.
* Those who are CEV to COVID-19 face a wide range of different challenges, and it is important that these differences are recognised to ensure all are able to access the support they need. This is particularly critical now, as many have been asked to shield again and the vaccination programme begins to reach these groups.

Full detail: [Who was advised to shield from COVID-19? Exploring demographic variation in people advised to shield](https://www.health.org.uk/news-and-comment/charts-and-infographics/exploring-demographic-variation-in-groups-advised-to-shield)

**Title:** Health Inequalities During COVID-19 and Their Effects on Morbidity and Mortality

Journal of Healthcare Leadership | 19th January 2021

Inequalities in health have existed for many decades and have led to unjust consequences in morbidity and mortality. These have become even more apparent during the COVID-19 pandemic with individuals from black and minority ethnic groups, poorer socioeconomic backgrounds, urban and rurally deprived locations, and vulnerable groups of society suffering the full force of its effects.

This review is highlighting the current disparities that exist within different societies, that subsequently demonstrate COVID-19, does in fact, discriminate against disadvantaged individuals. Also explored in detail are the measures that can and should be taken to improve equality and provide equitable distribution of healthcare resources amongst underprivileged communities.

Full detail: [Health inequalities during Covid-19 and their effects on morbidity and mortality](https://www.dovepress.com/health-inequalities-during-covid-19-and-their-effects-on-morbidity-and-peer-reviewed-fulltext-article-JHL)

**Title:** Education attendance restrictions to remain in place

Department for Education | 27th January 2021

The Prime Minister has confirmed that schools and colleges will not return to full face-to-face education after the February half-term and that the current attendance restrictions will remain in place until 8 March at the earliest. Children of critical workers and vulnerable children and young people will still be able to attend schools and colleges, including special schools and alternative provision. Early years settings also remain open. All other pupils will to continue to receive high quality remote education at home.

In universities, currently only those on critical courses such as medical, clinical and healthcare subjects should be receiving face-to-face teaching and all remaining students should continue their studies remotely until 8 March at the earliest.

Full detail: [Education attendance restrictions to remain in place](https://www.gov.uk/government/news/education-attendance-restrictions-to-remain-in-place)

**Title:** Covid-19—a rehearsal to build a greener and healthier society

BMJ | 2021; 372: n127 | 29th January 2021

This BMJ analysis argues that reducing the severe health risks from the climate crisis requires political commitment and funding like that mobilised to limit the spread of SARS-CoV-2.

Key messages

* Reducing greenhouse gas emissions is mandatory for human health and wellbeing in both the short and long term
* The investments and resources put into recovery plans for covid-19 must support transformation to renewable energy sources and green development
* The health implications will depend on the level of investment in transdisciplinary efforts to build health systems resilient to the prevailing environmental and climate crises
* Urgent global collaborative action in response to covid-19 must be replicated to improve planetary health and human wellbeing

Full detail: [Covid-19 - a rehearsal to build a greener and healthier society](https://www.bmj.com/content/372/bmj.n127)

**Title:** Covid-19 pandemic and the social determinants of health

BMJ | 2021; 372: n129 | 29th January 2021

The covid-19 pandemic has exposed the longstanding structural drivers of health inequities, such as precarious and adverse working conditions, growing economic disparities, and anti-democratic political processes and institutions. These important determinants of health have interlinked with class, ethnicity, gender, education level, and other factors during covid-19 to exacerbate existing social vulnerabilities in society.

This BMJ analysis calls for action to create a fairer and more sustainable post-covid world.

Full detail: [Covid-19 pandemic and the social determinants of health](https://www.bmj.com/content/372/bmj.n129)

**Title:** One in 10 UK adults say brain health has deteriorated in pandemic

Alzheimer’s Research UK |  January 2021

A poll conducted by Alzheimer’s Research UK shows that 14 per cent of UK adults feel that brain health has declined since the start of the COVID-19 pandemic. Two thirds of the respondents in this survey said they would consider making changes to improve their health as a result of the pandemic.

The charity's findings in the poll, underline that people’s awareness of dementia has increased, 16 per cent of respondents reporting an increased awareness. The charity believes now is the opportune time to support people to take positive action, particularly with new lockdown measures in place.

To this end they have launched a new campaign *Think Brain Health,* whichaims to increase awareness of three rules for improving brain health:

* Looking after heart health, by exercising regularly, eating a healthy diet and keeping blood pressure, weight and cholesterol in check.
* Staying sharp, by taking part in activities that keep the brain active.
* And keeping connected, by staying socially active and connecting with other people.

Full detail: [One in 10 UK adults say brain health has deteriorated in pandemic](https://www.alzheimersresearchuk.org/one-in-10-uk-adults-say-brain-health-has-deteriorated-in-pandemic/)

**Title:** International collaboration and covid-19: what are we doing and where are we going?

BMJ | 2021; 372: n180 | 29th January 2021

The mixed patchwork of achievements and mis-steps in responding to covid-19 show powerful nations are not living up to their commitment to solidarity and equity. This BMJ analysis argues that meaningful international collaboration is a critical part of the road ahead and calls for immediate action.
Key messages

* Shared objectives draw nations to collaborate on international health challenges
* Poor performance against covid-19, however, reflects patterns of self-interested nationalism that undermine WHO and other international institutions
* Although these institutions have performed reasonably well, the pandemic reveals limitations in their mandates that reflect some member states’ unwillingness to fully collaborate
* Addressing these deficits in collaboration is essential to resolving global collective action challenges, including covid-19, climate change, and non-communicable diseases
* Advance global health by ending the institutional fragmentation and budgetary manipulation that weaken WHO, strengthen its authority over trade and travel issues, and decolonise its governance

Full detail: [International collaboration and covid-19: what are we doing and where are we going?](https://www.bmj.com/content/372/bmj.n180)

**Title:** What social media told us in the time of COVID-19: a scoping review

The Lancet | Digital Health | 28th January 2021

With the onset of the COVID-19 pandemic, social media has rapidly become a crucial communication tool for information generation, dissemination, and consumption. In this scoping review, the authors selected and examined peer-reviewed empirical studies relating to COVID-19 and social media during the first outbreak from November, 2019, to November, 2020.

Analysis of 81 studies identified five overarching public health themes concerning the role of online social media platforms and COVID-19. These themes focused on: surveying public attitudes, identifying infodemics, assessing mental health, detecting or predicting COVID-19 cases, analysing government responses to the pandemic, and evaluating quality of health information in prevention education videos.

Furthermore, this review emphasises the paucity of studies on the application of machine learning on data from COVID-19-related social media and a scarcity of studies documenting real-time surveillance that was developed with data from social media on COVID-19.

For COVID-19, social media can have a crucial role in disseminating health information and tackling infodemics and misinformation.

Full article: [What social media told us in the time of COVID-19: a scoping review](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930315-0)

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.

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