COVID-19 recovery

29th October 2021

**Title:** NHS delivers booster vaccine to half of eligible people aged 50 and over

NHS England | 26th October 2021

Half of eligible people aged 50 and over have received their COVID booster jab in England. More than 4.5 million people aged 50 and over – 4,547,927 people – have received a top up in protection in less than six weeks as part of the NHS COVID-19 vaccination programme. More than five million people in total have received their booster, including those who are clinically vulnerable.

Full detail: [NHS delivers booster vaccine to half of eligible people aged 50 and over](https://www.england.nhs.uk/2021/10/nhs-delivers-booster-vaccine-to-half-of-eligible-people-aged-50-and-over/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29)

See also: [Record 1.6 million people get lifesaving boosters over last seven days](https://www.england.nhs.uk/2021/10/record-1-6-million-people-get-lifesaving-boosters-over-last-seven-days/) | NHS England

**Title:** UK stockpiles two unapproved antiviral drugs for treatment at home

BMJ | 2021; 375: n2602 | 25th October 2021

The UK has started stockpiling two antiviral drugs as part of a plan to give people who are staying at home with covid-19 a treatment to reduce symptoms and the spread of the virus.

The government has purchased 480 000 courses of molnupiravir and 250 000 courses of the combination of PF-07321332 and ritonavir (Pfizer), neither of which have been approved by the UK’s regulator of medicines.

In its announcement the Department of Health and Social Care for England said that if the treatments were approved by the Medicines and Healthcare Products Regulatory Agency they will be rolled out to people most at risk of covid-19, with the aim of reducing symptom severity and “easing pressure on the NHS over winter.”

The drugs were selected by the Antivirals Taskforce, which was formed in April with the aim of finding at least two effective treatments in 2021.

Full detail: [UK stockpiles two unapproved antiviral drugs for treatment at home](https://www.bmj.com/content/375/bmj.n2602)

Related BMJ editorial: [Safety and efficacy of antivirals against SARS-CoV-2](https://www.bmj.com/content/375/bmj.n2611)

**Title:** Test and Trace update

Public Accounts Committee | 27th October 2021

NHS Test and Trace has been one of the most expensive health programmes delivered in the pandemic – equal to nearly 20% of the entire 2020-21 NHS England budget – but in a new report, the Public Accounts Committee says it “focused on delivering programmes but outcomes have been muddled and a number of its professed aims have been overstated or not achieved.”

The report states that “NHST&T has not achieved its main objective to help break chains of COVID-19 transmission and enable people to return towards a more normal way of life” despite being handed an “eye watering” budget of £37 billion over two years.

Full report: [Test and Trace update](https://publications.parliament.uk/pa/cm5802/cmselect/cmpubacc/182/report.html)

Report summary: [Test and Trace update](https://publications.parliament.uk/pa/cm5802/cmselect/cmpubacc/182/summary.html)

Press release: [“Muddled, overstated, eye-wateringly expensive”: PAC damning on Test & Trace that has “failed on main objectives”](https://committees.parliament.uk/committee/127/public-accounts-committee/news/158262/muddled-overstated-eyewateringly-expensive-pac-damning-on-test-trace-that-has-failed-on-main-objectives/)

**Title:** How bad is the UK’s covid situation?

BMJ | 2021; 375: n2597 | 27th October 2021

High case rates and hospital pressures going into winter are provoking much debate. This BMJ analysis asks how poorly the UK is doing in comparison with other countries, asking:

* How do the UK’s numbers of cases, hospital admissions and deaths compare with elsewhere?
* How does England compare with the rest of the UK?
* Did changes in covid restrictions make a difference?
* What about the UK’s lauded vaccine rollout?
* How is the NHS coping in comparison with the rest of Europe?
* What is the government doing?
* What about sick pay?
* Is the UK heading back into lockdown?

Full detail: [How bad is the UK’s covid situation?](https://www.bmj.com/content/375/bmj.n2597)

**Title:** Diabetes, hypertension, body mass index, smoking and COVID-19-related mortality

BMJ Open | 25th October 2021

The authors of this paper conducted a systematic literature review and meta-analysis of observational studies to investigate the association between diabetes, hypertension, body mass index (BMI) or smoking with the risk of death in patients with COVID-19 and to estimate the proportion of deaths attributable to these conditions.

The findings suggest that diabetes, hypertension, obesity and smoking were associated with higher COVID-19 mortality, contributing to nearly 30% of COVID-19 deaths.

Full paper: [Diabetes, hypertension, body mass index, smoking and COVID-19-related mortality: a systematic review and meta-analysis of observational studies](https://bmjopen.bmj.com/content/bmjopen/11/10/e052777.full.pdf)

**Title:** Stressing the personal benefits of the COVID-19 vaccine could encourage more people to accept

National Institute for Health Research | 26th October 2021

Most people in the UK accept the COVID-19 vaccine when it is offered. But some are hesitant. New research has explored whether different versions of written information could change people's views. It found that, among those who were hesitant, stressing the personal benefits of the vaccine was more effective than stressing benefits to the community. This approach did not discourage other groups from accepting the vaccine.

The study was carried out in early 2021, when few people had received vaccines. At the time, almost one in five (17%) people in the UK said they would refuse or delay having the vaccine for as long as possible. Researchers wanted to know the best way to frame information, to find an approach that would encourage more people to get vaccinated.

Additional information about the personal benefits slightly shifted attitudes among people who intended to refuse vaccination.  Given the large numbers of people needing vaccination, this slight shift in attitude could represent many more people accepting vaccination.

Further work could explore whether videos or social media campaigns would be a powerful way of reaching this group of people. They need clear information about different COVID vaccines and booster shots.

Full detail: [Stressing the personal benefits of the COVID-19 vaccine could encourage more people to accept](https://evidence.nihr.ac.uk/alert/stressing-personal-benefits-of-covid-vaccine-could-reduce-hesitancy/)

**Title:** global vaccine production is a mess and shortages are down to more than just hoarding

BMJ | 2021; 375: n2375 | 28th October 2021

In March 2021 drug manufacturers predicted that 12 billion doses of covid-19 vaccine, enough to fully immunise at least 70% of the world’s population, could be manufactured by the end of the year. The United States, United Kingdom, European Union, and Canada could have 1.2 billion doses available for redistribution by the end of the year.

Currently however, only 1.3% of people in low income countries have received their jabs. Seventy countries have yet to vaccinate 10% of their populations, and 30 countries—including much of Africa—have vaccinated fewer than 2%. In Latin America, only one in four of the population has received a dose of covid vaccine.

This BMJ feature looks at what is holding up the vaccination effort.

Full detail: [Global vaccine production is a mess and shortages are down to more than just hoarding](https://www.bmj.com/content/375/bmj.n2375)

**Title:** Impact of COVID-19 pandemic on ethnic minority communities

BMJ Open | 25th October 2021

The objective of this study was to explore the perspectives of ethnic minority community leaders in relation to: the impact of the COVID-19 pandemic on their communities; and their community’s perception, understanding and adherence to government guidelines on COVID-19 public health measures.

 Participants alluded to historical and structural differences for the observed disparities in COVID-19 morbidity and mortality. Many struggled with lockdown measures which impeded cultural and religious gatherings that were deemed to be integral to the community. Cultural and social practices led to many suffering on their own as discussion of mental health was still deemed a taboo within many communities. Many expressed their community’s reluctance to report symptoms for the fear of financial and physical health implications. They reported increase in hate crime which was deemed to be exacerbated due to perceived insensitive messaging from authority officials and historical racism in the society.

Access and adherence to government guidelines was an issue for many due to language and digital barriers. Reinforcement from trusted community and religious leaders encouraged adherence. Points of support such as food banks were vital in ensuring essential supplies during the pandemic. Many could not afford or have access to masks and sanitisers.

The study highlights the perceived impact of the COVID-19 pandemic on ethnic minority communities. Government agencies and public health agencies need to integrate with the community, and community leaders can enable dissemination of key messages to deliver targeted yet sensitive public health advice which incorporates cultural and religious practices. Addressing the root causes of disparities is imperative to mitigate current and future pandemics.

Full paper: [Impact of COVID-19 pandemic on ethnic minority communities: a qualitative study on the perspectives of ethnic minority community leaders](https://bmjopen.bmj.com/content/bmjopen/11/10/e050584.full.pdf)

**Title:** The State of the World’s Children 2021; On My Mind: promoting, protecting and caring for children’s mental health

UNICEF | October 2021

As COVID-19 heads into its third year, the impact on children and young people’s mental health and well-being continues to weigh heavily. According to the latest available data from UNICEF, globally, at least 1 in 7 children has been directly affected by lockdowns, while more than 1.6 billion children have suffered some loss of education. The disruption to routines, education, recreation, as well as concern for family income and health, is leaving many young people feeling afraid, angry, and concerned for their future.

This report suggests that children and young people could feel the impact of Covid-19 on their mental health and well-being for many years to come. The report examines child, adolescent and caregiver mental health. It focuses on risks and protective factors at critical moments in the life course and delves into the social determinants that shape mental health and well-being.

Full report: [The State of the World’s Children 2021; On My Mind: promoting, protecting and caring for children’s mental health](https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf)

Press release: [Impact of COVID-19 on poor mental health in children and young people ‘tip of the iceberg’](https://www.unicef.org/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg)

**Title:** Factors affecting adherence to non-pharmaceutical interventions for COVID-19 infections in the first year of the pandemic in the UK

BMJ Open | 25th October 2021

Non-pharmaceutical interventions (NPIs), including wearing face covering/masks, social distancing and working from home, have been introduced to control SARS-CoV-2 infections. This paper provides individual-level empirical evidence of whether adherence reduces infections.

Inability to comply with NPIs predicted higher infections when individuals reported not wearing a face covering outside. The protective effect of wearing a face covering/mask was the strongest for those who were the most unable to comply with NPIs. Higher infection rates were in younger groups and women in large households. Wearing a face covering or mask outside the home consistently and significantly predicted lower infection before the 2020 Christmas period and among women.

Full paper: [Factors affecting adherence to non-pharmaceutical interventions for COVID-19 infections in the first year of the pandemic in the UK](https://bmjopen.bmj.com/content/bmjopen/11/10/e054200.full.pdf)

See also: [Wearing face coverings protected wearers from COVID-19 infection – large scale study](https://www.ox.ac.uk/news/2021-10-27-wearing-face-coverings-protected-wearers-covid-19-infection-large-scale-study) | University of Oxford

**Title:** Non-pharmaceutical interventions, vaccination, and the SARS-CoV-2 delta variant in England: a mathematical modelling study

The Lancet | 27th October 2021

England's COVID-19 roadmap out of lockdown policy set out the timeline and conditions for the stepwise lifting of non-pharmaceutical interventions (NPIs) as vaccination roll-out continued, with step one starting on March 8, 2021. In this study, the authors assess the roadmap, the impact of the delta (B.1.617.2) variant of SARS-CoV-2, and potential future epidemic trajectories.

The study findings show that the risk of a large wave of COVID-19 hospital admissions resulting from lifting NPIs can be substantially mitigated if the timing of NPI relaxation is carefully balanced against vaccination coverage. However, with the delta variant, it might not be possible to fully lift NPIs without a third wave of hospital admissions and deaths, even if vaccination coverage is high. Variants of concern, their transmissibility, vaccine uptake, and vaccine effectiveness must be carefully monitored as countries relax pandemic control measures.

Full paper: [Non-pharmaceutical interventions, vaccination, and the SARS-CoV-2 delta variant in England: a mathematical modelling study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902276-5)

**Title:** NHS recovery – how do we ‘build back better’?

The Health Foundation | 21st October 2021

5.6 million people are now on the waiting list for elective care in England; the highest since records began, and the waiting list is expected to grow further, with as many as 8 million people who would normally have been expected to be referred for treatment going unreferred during the pandemic. Longer waiting lists and waiting times is first and foremost bad news for people who need care but they also present risks for the NHS and for government.

In this Health Foundation webinar, an expert panel explored the following questions:

* How does the health sector approach this monumental task?
* What lessons can we learn from the successful ‘war on waiting’ of the 2000s and what do we need to do differently this time?
* With NHS staff stretched to the limit, what can be done to ensure the workforce is there to deliver the recovery?
* How do we ensure we take advantages of the opportunities and ‘build back better’ for the future?
* And what are the risks to this government from the NHS, in particular waiting lists?

Webinar: [NHS recovery – how do we ‘build back better’?](https://www.health.org.uk/about-the-health-foundation/get-involved/events/webinar-nhs-recovery-how-do-we-build-back-better?utm_campaign=12758840_October%202021%20newsletter&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7LGS8,6ZKZT4,UXHDL,1)

**Title:** Students urged to take a rapid COVID-19 test before end of half term

UK Health Security Agency | 29th October 2021

The UK Health Security Agency and ministers are calling on young people to make sure they take a rapid COVID-19 test before returning to school after the half term.

Coronavirus (COVID-19) cases among 10 to 19 year olds are currently the highest of any age group, with a weekly rate of 1,201 per 100,000 population.

Further detail: [Students urged to take a rapid COVID-19 test before end of half term](https://www.gov.uk/government/news/students-urged-to-take-a-rapid-covid-19-test-before-end-of-half-term)

We

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