COVID-19 recovery

8th January 2021

**Title:** Seven in 10 adults are motivated to get healthier in 2021 due to COVID-19

Public Health England | 4th January 2021

An England-wide survey of over 5,000 adults found that 80% of people aged over 18 have made the decision to change their lifestyle in 2021. The survey showed 8 in 10 adults aged over 18 have decided to modify their lifestyle in 2021, with 7 in 10 adults saying that they are motivated to make healthier lifestyle changes due to coronavirus (COVID-19).

Compared to last year, almost half of the population (43%) feel more motivated to make changes to their life in January. Around 6 million adults aged 40 to 60 plan to eat more healthily (40%), lose weight (39%) and exercise more (41%).

The survey revealed that 2020 and the impact of the pandemic saw people’s behaviours change, including:

* one-third of people reported snacking on unhealthy food and drinks at least once a day (35%) – up from 26% this time last year – this is reflected in recent sales data that showed an increase of around 15% in sales of take home snack foods, including confectionery and biscuits
* one-third said they were exercising less (30%) in the latter half of the year
* 29% of smokers agreed they smoked more since the second national lockdown, attributing the change to being worried about their physical and mental health (42%) and having money worries (41%)
* 23% of drinkers (at least 1 unit a week) claimed that their alcohol intake has increased since the second lockdown – this is reflected in a 28% increase in take home alcohol sales compared to the previous year

Full detail: [Seven in 10 adults are motivated to get healthier in 2021 due to COVID-19](https://www.gov.uk/government/news/seven-in-10-adults-are-motivated-to-get-healthier-in-2021-due-to-covid-19)

**Title**: National lockdown: Stay at Home

Cabinet Office | 4th January 2021

With Coronavirus cases rising rapidly across the country, this guidance provides details of what you can and cannot do. Full detail: [National lockdown: Stay at Home](https://www.gov.uk/guidance/national-lockdown-stay-at-home)  
See also: [Prime Minister announces national lockdown](https://www.gov.uk/government/news/prime-minister-announces-national-lockdown?utm_source=d1ab7351-581d-4522-9cd8-bb774e8d45e5&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** The IFS Deaton Review of Inequalities

Institute for Fiscal Studies | 5th January 2020

This report examines the impact of the pandemic on educational, economic, social and health inequalities in the UK. It outlines data and evidence on the groups that have been most heavily impacted by widening inequalities and Covid-19.

**Key findings**

* The COVID crisis has exacerbated inequalities between the high- and low-paid and between graduates and non-graduates.
* The crisis has hit the self-employed and others in insecure and non-traditional forms of employment especially hard.
* Educational inequalities will almost certainly have been exacerbated by the crisis.
* Between March and July, mortality rates from COVID-19 were twice as high in the most deprived areas as in the least deprived.
* The crisis has had very different impacts on different ethnic groups.
* Through 2020, pensioners have on average reported becoming financially better off, whilst the young have borne the brunt of job and income loss.

Full document: [The IFS Deaton Review of Inequalities: a New Year’s message](https://www.ifs.org.uk/inequality/wp-content/uploads/2021/01/IFS-Deaton-Review-New-Year-Message.pdf)

**Title:** Loneliness, social isolation and COVID-19

Local Government Association | 21st December 2020

The Local Government Association (LGA) and Association of Directors of Public Health (ADPH) have jointly produced this practical advice for Directors of Public Health and others leading the local response to the loneliness and social isolation issues arising from the COVID-19 outbreak. It follows on from guidance about the public mental health impacts across the life course.

Full detail: [Loneliness, social isolation and COVID-19](https://www.local.gov.uk/loneliness-social-isolation-and-covid-19)

See also: [Public mental health and wellbeing and COVID-19](https://www.local.gov.uk/public-mental-health-and-wellbeing-and-covid-19)

**Title**: First people to receive Oxford University/AstraZeneca COVID-19 vaccine

Department of Health & Social Care | 4th January 2021

The first people will receive the Oxford University/AstraZeneca coronavirus vaccine today (4 January 2021) as the NHS rapidly expands COVID-19 vaccination programmes across the UK. The NHS is the first health service in the world to deploy the life-saving jab, which has been authorised by the Medicines and Healthcare products Regulatory Agency (MHRA) after meeting strict standards of safety, quality and effectiveness. It is the only approved vaccine which can be stored at fridge temperatures.

The government has secured access to 100 million doses of the vaccine. More than half a million doses are available today, with tens of millions more to be delivered in the coming weeks and months once batches have been quality checked by the MHRA. More than 730 vaccination sites have already been established across the UK and hundreds more are opening this week to take the total to over 1,000, helping those who are most at risk from COVID-19 to access vaccines for free, regardless of where they live.

Full detail: [First people to receive Oxford University/AstraZeneca COVID-19 vaccine](https://www.gov.uk/government/news/first-people-to-receive-oxford-universityastrazeneca-covid-19-vaccine-today-4-january-2021)

**Title**: Moderna COVID-19 vaccine authorised by regulator

Medicines and Healthcare products Regulatory Agency | 8th January 2021

The Medicines and Healthcare products Regulatory Agency (MHRA) has accepted the recommendation of the Commission on Human Medicines and authorised the Moderna vaccine following months of rigorous clinical trials involving tens of thousands of people and an extensive analysis of the vaccine’s safety, quality and effectiveness.

 The vaccine is 94% effective in preventing disease, including in the elderly. The Government has agreed to purchase an additional 10 million doses of the Moderna vaccine on top of its previous order of 7 million, taking the total to 17 million.

The Information for healthcare professionals document is a description of a medicinal product’s properties and the conditions attached to its use. It explains how to use and prescribe a medicine.

Full detail: [Regulatory approval of COVID-19 Vaccine Moderna](https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna?wp-linkindex=5&utm_campaign=Coronavirus_social_care_update_08.01.21&utm_content=dhsc-mail.co.uk&utm_medium=email&utm_source=Department_of_Health_and_Social_Care)

See also: [Information for Healthcare Professionals on COVID-19 Vaccine Moderna](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950661/Moderna_Information_HCP.pdf)

**Title**: Optimising the COVID-19 vaccination programme for maximum short-term impact

Joint Committee on Vaccination and Immunisation (JCVI) | Department of Health & Social Care | 6th January 2021

Given the epidemiology of COVID-19 in the UK in late 2020 there is a need for rapid, high levels of vaccine uptake among vulnerable persons.

The committee supports a 2-dose vaccine schedule for the Pfizer-BioNTech and AstraZeneca vaccines. Given the data available, and evidence from the use of many other vaccines, JCVI advises a maximum interval between the first and second doses of 12 weeks for both vaccines. It can be assumed that protection from the first dose will wane in the medium term, and the second dose will still be required to provide more durable protection.

The committee advises initially prioritising delivery of the first vaccine dose as this is highly likely to have a greater public health impact in the short term and reduce the number of preventable deaths from COVID-19.

Full detail: [Optimising the COVID-19 vaccination programme for maximum short-term impact](https://www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement/optimising-the-covid-19-vaccination-programme-for-maximum-short-term-impact)  
  
See also: [Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 30 December 2020](https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020)

**TITLE:** SAFEGUARDING ADULTS WITH DEMENTIA DURING THE COVID-19 PANDEMIC

Social Care Institute for Excellence| updated 5 January 2021

Social Care Institute for Excellence in partnership with the Alzheimer’s Society has published a quick guide to support care providers and staff to safeguard people with dementia during the pandemic. There are increased concerns that, during this time, people may be more vulnerable to abuse or neglect. This may be a result of:

* [increased social isolation](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding#social-isolation)
* [stress on carers and caring relationships](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding#relationships)
* [overstretched and stressed care staff](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding#stressed-staff)
* [an increase in criminal behaviour (scams etc)](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding#criminal-behaviour)
* [an increase in domestic abuse](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding#domestic-abuse)
* [a range of new contacts (volunteers, those delivering food and medicines)](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding#contacts).

Full detail: [Safeguarding adults with dementia during the COVID-19 pandemic](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/safeguarding)

**Title:** Better housing is crucial for our health and the COVID-19 recovery

The Health Foundation | December 28th 2020

This long read from The Health Foundation outlines the links between housing and health and explores the inequalities in housing across different groups and types of tenures. This document also considers the impact of COVID-19 on housing so far, future risks and possible ways forward.

Key points:

* The pandemic has highlighted the health implications of housing. Poor housing conditions such as overcrowding and high density are associated with greater spread of COVID-19, and people have had to spend more time in homes that are overcrowded, damp or unsafe. The economic fallout from the pandemic may lead to an increase in evictions.
* These housing problems have multiple causes: a focus on increasing supply to the detriment of other objectives; sustained reductions in housing benefits; and a private rented model which does not meet the needs of tenants.
* Going into the COVID-19 pandemic, one in three households (32% or 7.6 million) in England had at least one major housing problem relating to overcrowding, affordability or poor-quality housing.
* Housing problems like these can affect health outcomes – including physical health directly from poor quality homes, and mental health from affordability or insecure housing.
* 1 million households in England experience more than one housing problem. Having multiple housing problems is associated with even worse health.

Full detail: [Better housing is crucial for our health and the COVID-19 recovery](https://www.health.org.uk/publications/long-reads/better-housing-is-crucial-for-our-health-and-the-covid-19-recovery)

**Title:** Food banks may close as covid cases surge, charity warns

BMJ | 2021; 372: n27 | 6th January 2021

Food banks may be forced to close unless the UK government takes immediate action to reduce demand for their services, a food aid charity has warned in a letter to the prime minister.

The coordinator of the Independent Food Aid Network wrote to Boris Johnson on 4 January to highlight the effect of rising covid cases and the emergence of the B1.1.7 variant on the provision of food aid services.The network, which represents over 400 independent food banks in the UK, called for immediate action to protect people using food banks and the staff running them.

The charity has seen demand for emergency food aid rise sharply during the covid-19 pandemic. Data from a sample of 83 independent food banks, of at least 960 around the UK, showed that they had distributed a total of 354 613 emergency food parcels from February to November 2020, compared with 168 560 emergency food parcels from February to November 2019.

Full detail: [Food banks may close as covid cases surge, charity warns](https://www.bmj.com/content/372/bmj.n27)

**Title:** Impact of Covid-19 on Mental Health: An Overview

Review of Recent Clinical Trials | January 5th 2021

Background: The COVID-19 (2019-nCoV) pandemic is a major threat to public health affecting the world; it has been identified as originating in Wuhan, Hubei province, China. It is spreading widely and rapidly spread across the globe, causing an outbreak of acute infectious pneumonia. Such global outburst is associated with adverse effects on mental health. Fear, stress, anxiety seem more definitely an outcome of mass quarantine.

Methods: Keeping this pandemic situation in mind, existing literature on the COVID-19 crisis relevant to mental health was redeemed via a literature search from PubMed database. Collected published articles were classified according to their overall themes and summarized.

Results: Preliminary evidence suggests that symptoms of self-reported stress, anxiety and depression are common psychological impact to the pandemic, and may be associated with disrupted sleep. Regional, state, National-international borders have almost been shut down, economies crashed, and billions of people quarantined or isolated at their own homes and quarantine centers. In this situational frame of covid-19, patients, front-line healthcare professionals, geriatric population with existing psychiatric conditions may be encountering further suffering.

Conclusion: COVID-19 will continue to affect mental health and wellbeing intensely; also, mental health serves an important role in battling the epidemic. With the scare of COVID-19 pandemic on the rise, it is time that psychiatrists should try to integrate the health-care services keeping mental health at prime.

Full document: [Impact of Covid-19 on Mental Health: An Overview](https://www.eurekaselect.com/189933/article)

**Title:** Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices

Globalization and Health | Volume 17, Article number: 4 (2021) | 5th January 2021

During global pandemics, such as coronavirus disease 2019 (COVID-19), crisis communication is indispensable in dispelling fears, uncertainty, and unifying individuals worldwide in a collective fight against health threats. Inadequate crisis communication can bring dire personal and economic consequences.

Mounting research shows that seemingly endless newsfeeds related to COVID-19 infection and death rates could considerably increase the risk of mental health problems. Unfortunately, media reports that include infodemics regarding the influence of COVID-19 on mental health may be a source of the adverse psychological effects on individuals.

This paper discusses possible crisis communication solutions that media and news organizations can adopt to mitigate the negative influences of COVID-19 related news on mental health. Emphasizing the need for global media entities to forge a fact-based, person-centered, and collaborative response to COVID-19 reporting, this paper encourages media resources to focus on the core issue of how to slow or stop COVID-19 transmission effectively.

Full article: [Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices](https://globalizationandhealth.biomedcentral.com/track/pdf/10.1186/s12992-020-00654-4.pdf)

**Title**: Parenting in the time of COVID-19

The Lancet | 9th January 2021

This perspective piece looks at how the ways we educated, enriched, and entertained our children were changed overnight because of the Covid-19 pandemic.

Full article: [Parenting in the time of Covid-19](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32755-0/fulltext?rss=yes)

**Title**: Pandemic fatigue? How adherence to covid-19 regulations has been misrepresented and why it matters

BMJ Opinion | 7th January 2021

As England and Scotland start another period of lockdown, we all have to come to terms with following stricter covid-19 restrictions, most likely for a relatively long period of time. The notion of behavioural fatigue associated with adherence to covid restrictions (so-called “pandemic fatigue”) has been a recurrent theme throughout the crisis.

This opinion piece states that the way in which issues of adherence to these restrictions have been portrayed and understood during this pandemic have been spectacularly wrong. If anything, the article claims, the headline stories should not be of “fatigue” and “covidiots”’ and house parties. They should instead highlight the remarkable and enduring resilience of the great majority of the population.

Full detail: [Pandemic fatigue? How adherence to covid-19 regulations has been misrepresented and why it matters](https://blogs.bmj.com/bmj/2021/01/07/pandemic-fatigue-how-adherence-to-covid-19-regulations-has-been-misrepresented-and-why-it-matters/)

**Title:** Psychological characteristics associated with COVID-19 vaccine hesitancy and resistance in Ireland and the United Kingdom

Nature Communications | 4th January 2021

Identifying and understanding COVID-19 vaccine hesitancy within distinct populations may aid future public health messaging. Using nationally representative data from the general adult populations of Ireland (*N* = 1041) and the United Kingdom (UK; *N* = 2025), this study found that vaccine hesitancy/resistance was evident for 35% and 31% of these populations respectively.

Vaccine hesitant/resistant respondents in Ireland and the UK differed on a number of sociodemographic and health-related variables but were similar across a broad array of psychological constructs. In both populations, those resistant to a COVID-19 vaccine were less likely to obtain information about the pandemic from traditional and authoritative sources and had similar levels of mistrust in these sources compared to vaccine accepting respondents.

Full article: [Psychological characteristics associated with COVID-19 vaccine hesitancy and resistance in Ireland and the United Kingdom](https://www.nature.com/articles/s41467-020-20226-9.pdf)

**TITLE:**  AFTER THE COVID STORM: WHERE NEXT FOR THE NHS?

The Health Foundation | 22nd December 2020

What happens when the emergency phase of COVID is over? Has the pandemic set health and social care on a new course or will most things snap back to the way they were before?

In a global emergency we have to deal with the short term first, but this podcast from The Health Foundation asks what is the long-term path for the NHS in particular? And what are the deeper threats and opportunities we should be thinking about?

Full detail: [After the COVID storm: Where next for the NHS?](https://www.health.org.uk/news-and-comment/podcast/episode-03-after-the-covid-storm)

**Title**: Association of tiered restrictions and a second lockdown with COVID-19 deaths and hospital admissions in England

The Lancet Infectious diseases | 23rd December 2020

A second wave of COVID-19 cases in autumn, 2020, in England led to localised, tiered restrictions (so-called alert levels) and, subsequently, a second national lockdown. We examined the impact of these tiered restrictions, and alternatives for lockdown stringency, timing, and duration, on severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission and hospital admissions and deaths from COVID-19.

Lockdown measures outperform less stringent restrictions in reducing cumulative deaths. The authors projected that the lockdown policy announced to commence in England on Nov 5, with a similar stringency to the lockdown adopted in Wales, would reduce pressure on the health service and would be well timed to suppress deaths over the winter period, while allowing schools to remain open.

Following completion of the analysis, we analysed new data from November, 2020, and found that despite similarities in policy, the second lockdown in England had a smaller impact on behaviour than did the second lockdown in Wales, resulting in more deaths and hospitalisations than we originally projected when focusing on a Wales-stringency scenario for the lockdown.

Full detail: [Association of tiered restrictions and a second lockdown with COVID-19 deaths and hospital admissions in England: a modelling study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930984-1)

We

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