COVID-19 weekly update

12th November 2021

clinical management

**Title:** mRNA-1273 COVID-19 vaccination in patients receiving chemotherapy, immunotherapy, or chemoimmunotherapy for solid tumours

The Lancet Oncology | 9th November 2021

Patients with cancer have an increased risk of complications from SARS-CoV-2 infection. Vaccination to prevent COVID-19 is recommended, but data on the immunogenicity and safety of COVID-19 vaccines for patients with solid tumours receiving systemic cancer treatment are scarce. Therefore, this study aimed to assess the impact of immunotherapy, chemotherapy, and chemoimmunotherapy on the immunogenicity and safety of the mRNA-1273 (Moderna Biotech, Madrid, Spain) COVID-19 vaccine as part of the Vaccination Against COVID in Cancer (VOICE) trial.

Most patients with cancer develop, while receiving chemotherapy, immunotherapy, or both for a solid tumour, an adequate antibody response to vaccination with the mRNA-1273 COVID-19 vaccine. The vaccine is also safe in these patients. The minority of patients with an inadequate response after two vaccinations might benefit from a third vaccination.

Full paper: [mRNA-1273 COVID-19 vaccination in patients receiving chemotherapy, immunotherapy, or chemoimmunotherapy for solid tumours: a prospective, multicentre, non-inferiority trial](https://www.thelancet.com/action/showPdf?pii=S1470-2045%2821%2900574-X)

**Title:** Efficacy and safety of IL-6 inhibitors in patients with COVID-19 pneumonia

Annals of Intensive Care | 26th October 2021

The reviewers behind this systematic review set out to answer the question : should we use IL-6 inhibitors to treat our COVID-19 patients? To this end they conducted a systemic review of all published RCTs in this area to answer this unsolved question. They find that iInterleukin-6 inhibitors may reduce mortality and need for intubation in patients with COVID-19 pneumonia, when administered within 10 days since symptoms onset, especially if used concomitantly with steroids.

Full paper: [Efficacy and safety of IL-6 inhibitors in patients with COVID-19 pneumonia: a systematic review and meta-analysis of multicentre, randomized trials](https://annalsofintensivecare.springeropen.com/track/pdf/10.1186/s13613-021-00941-2.pdf)

**Title:** Non-invasive respiratory support in the management of acute COVID-19 pneumonia: considerations for clinical practice and priorities for research

The Lancet Respiratory Medicine | 9th November 2021

Non-invasive respiratory support (NIRS) has increasingly been used in the management of COVID-19-associated acute respiratory failure, but questions remain about the utility, safety, and outcome benefit of NIRS strategies. The authors of this paper identified two randomised controlled trials and 83 observational studies, compromising 13 931 patients, that examined the effects of NIRS modalities—high-flow nasal oxygen, continuous positive airway pressure, and bilevel positive airway pressure—on patients with COVID-19.

Of 5120 patients who were candidates for full treatment escalation, 1880 (37%) progressed to invasive mechanical ventilation and 3658 of 4669 (78%) survived to study end. Survival was 30% among the 1050 patients for whom NIRS was the stated ceiling of treatment.

The two randomised controlled trials indicate superiority of non-invasive ventilation over high-flow nasal oxygen in reducing the need for intubation. Reported complication rates were low. Overall, the studies indicate that NIRS in patients with COVID-19 is safe, improves resource utilisation, and might be associated with better outcomes.

To guide clinical decision making, prospective, randomised studies are needed to address timing of intervention, optimal use of NIRS modalities—alone or in combination—and validation of tools such as oxygenation indices, response to a trial of NIRS, and inflammatory markers as predictors of treatment success.

Full article: [Non-invasive respiratory support in the management of acute COVID-19 pneumonia: considerations for clinical practice and priorities for research](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900414-8)

**Title:** Intravenous immunoglobulins in patients with COVID-19-associated moderate-to-severe acute respiratory distress syndrome (ICAR

The Lancet Respiratory Medicine | 11th November 2021

Acute respiratory distress syndrome (ARDS) is a major complication of COVID-19 and is associated with high mortality and morbidity. This authors of this paper aimed to assess whether intravenous immunoglobulins (IVIG) could improve outcomes by reducing inflammation-mediated lung injury.

In patients with COVID-19 who received invasive mechanical ventilation for moderate-to-severe ARDS, IVIG did not improve clinical outcomes at day 28 and tended to be associated with an increased frequency of serious adverse events, although not significant. The effect of IVIGs on earlier disease stages of COVID-19 should be assessed in future trials.

Full paper: [Intravenous immunoglobulins in patients with COVID-19-associated moderate-to-severe acute respiratory distress syndrome (ICAR): multicentre, double-blind, placebo-controlled, phase 3 trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900440-9)

recovery

**Title:** Caring for older patients with complex needs

The Health Foundation | 10th November 2021

An innovative international study has used electronic medical records to compare the cost and quality of care between health care systems in 11 OECD countries. Findings from the International Collaborative on Costs, Outcomes and Needs in Care (ICCONIC) provide further evidence that, while the NHS remains a relatively low-cost health care system that performs well in some areas, mortality rates for some patients are higher than in comparable countries.

 By enabling comparisons of patient data across health care settings, the study provides vital information about how current care strategies are influencing the quality of care in the NHS, while also highlighting opportunities to significantly improve productivity.

The study also highlights the lack of high-quality data that is available across the wider system of health and care, which limits the ability of clinical teams and NHS policymakers to act to improve care.

As the NHS prepares to introduce new integrated care systems, there is a clear opportunity to make better use of patient data to understand what is happening to across care settings.

This full analysis examines the results for England and considers the implications for clinicians and policymakers in the context of the pandemic recovery.

Full detail: [Caring for older patients with complex needs: How does England compare with 11 OECD countries?](https://www.health.org.uk/publications/long-reads/caring-for-older-patients-with-complex-needs?utm_campaign=12790964_ICCONIC%20%2011%20November%202021%20%20WARM&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7M5KK,6ZKZT4,V0F6H,1)

**Title:** COVID-19 pandemic underlines need to strengthen resilience of health systems, says OECD

OECD | 9th November 2021

COVID‑19 contributed to a 16% increase in the expected number of deaths in 2020 and the first half of 2021 across OECD countries. Life expectancy fell in 24 of 30 countries with comparable data, with drops particularly large in the United States (‑1.6 years) and Spain (‑1.5 years), according to a new OECD report.

OECD Health at a Glance 2021 says that the mental health impact of the pandemic has been huge, with prevalence of anxiety and depression more than double levels observed pre-crisis in most countries with available data, most notably in Mexico, the United Kingdom and the United States.  
  
COVID‑19 has also had a major indirect impact on people not infected with the virus. For example, breast cancer screening fell by an average of 5 percentage points in 2020 compared to 2019, across OECD countries with available data. The median number of days on a waiting list increased on average by 58 days for hip replacement, and 88 days for knee replacement in 2020, as compared to 2019.

Full report: [OECD Health at a Glance 2021](https://www.oecd.org/health/health-at-a-glance-19991312.htm)

Press release: [COVID-19 pandemic underlines need to strengthen resilience of health systems, says OECD](https://www.oecd.org/health/covid-19-pandemic-underlines-need-to-strengthen-resilience-of-health-systems-says-oecd.htm)

See also: [Pandemic reduced life expectancy in most developed countries, study finds](https://www.bmj.com/content/375/bmj.n2750) | BMJ

**Title:** Covid-19 and the UK's health care performance: how does it compare on the international stage?

The King’s Fund | 10th November 2021

This article explains that as health systems globally strive to cope not just with the pandemic but also the backlog of unmet care and needs that have accrued, the United Kingdom is further on the back foot than most. The United Kingdom it suggests needs not just to make up lost ground created by years of under-investment, but to go the extra mile if it is to have world-class outcomes and be adequately prepared for future exigencies.

Full detail: [Covid-19 and the UK's health care performance: how does it compare on the international stage?](https://www.kingsfund.org.uk/blog/2021/11/covid-19-uk-health-care-performance)

See also: [The UK entered the pandemic in a vulnerable position with both systemic weaknesses in the NHS and poor underlying health](https://www.health.org.uk/news-and-comment/news/the-uk-entered-the-pandemic-in-a-vulnerable-position-with-both-systemic-weaknesses-in-the-nhs-and-poor-underlying-health) | The Health Foundation

**Title:** Recognition, diagnosis, and management of long COVID

Guidelines | British Journal of General Practice

This *Guidelines* summary of *Recommendations for the recognition, diagnosis, and management of long COVID: a Delphi study*covers key recommendations to provide a rapid expert guide for GPs and clinical services in the recognition, diagnosis, and management of post-COVID-19 syndrome, also known as long COVID.

The Delphi method was used to derive 35 clear and practical recommendations by UK clinicians with an interest in and lived experience of long COVID.

Further information and full guideline: [Recognition, diagnosis, and management of long COVID](https://www.guidelines.co.uk/infection/guidance-for-gps-on-long-covid/456430.article?utm_source=MGP%20Ltd&utm_medium=email&utm_campaign=12788828_20211109%20GLNs%20highlights%20-%20version%201&dm_i=HEZ,7M3X8,W84HTI,V07ZT,1)

Related: [Recommendations for the recognition, diagnosis, and management of long COVID: a Delphi study](https://bjgp.org/content/71/712/e815) | British Journal of General Practice

**Title:** Long covid: new wine in need of new bottles

BMJ | 2021; 375: n2736 | 9th November 2021

The vast majority of policy documents, political discussions, research, and public health interventions over the past two years have tackled the acute impact of SARS-CoV-2, with limited consideration of its long term sequelae.

However, as this article explains, research around Long Covid is now being funded at scale. The National Institute for Health Research (NIHR) has so far funded two rounds of research focused on long covid, awarding £18.6 million for four studies in February 2021, and £19.6 million for 15 studies in July 2021.

This article suggests that finding solutions to Long covid will require new ways of thinking across clinical services and research.

Full article: [Long covid: new wine in need of new bottles](https://www.bmj.com/content/375/bmj.n2736)

**Title:** Global surveillance, research, and collaboration needed to improve understanding and management of long COVID

The Lancet | 10th November 2021

The scale of chronic ill health and disability after COVID-19 has been described as the next big global health challenge. Prevalence estimates of a post-COVID-19 condition, long COVID, or post-acute sequelae of SARS-CoV-2 vary according to definition, methodology, and population. A recent systematic review reported persistent symptoms at 3–6 months in a median of 57% of hospitalised patients and 26% of non-hospitalised patients.

With more than 245 million SARS-CoV-2 infections reported globally, millions of people are likely to already be experiencing long-term illness. While COVID-19 vaccines have reduced the risk of severe COVID-19 and death, continued high rates of SARS-CoV-2 infection will lead to further disability, having a huge impact on individuals, their families, health services, and society.

Full detail: [Global surveillance, research, and collaboration needed to improve understanding and management of long COVID](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02444-2/fulltext)

**Title:** COVID-19 rapid guideline: managing the long-term effects of COVID-19 [NG188]

National Institute for Health & Care Excellence | updated 11th November 2021

This guideline covers identifying, assessing and managing the long-term effects of COVID-19, often described as ‘long COVID’. It makes recommendations about care in all healthcare settings for adults, children and young people who have new or ongoing symptoms 4 weeks or more after the start of acute COVID-19. It also includes advice on organising services for long COVID.

On 11 November, new recommendations were made and existing recommendations updated on identification; planning care; multidisciplinary rehabilitation; follow up, monitoring and discharge; and service organisation. Also updated were the list of common symptoms, emphasising that these may be different for children.

Full detail: [COVID-19 rapid guideline: managing the long-term effects of COVID-19 [NG188]](https://www.nice.org.uk/guidance/ng188)

**Title:** BMA asks doctors to submit evidence on UK’s pandemic response

BMJ | 2021; 375: n2739 | 10th November 2021  
  
The BMA has called for evidence to inform its “lessons learnt” review into the UK’s handling of the covid-19 pandemic, ahead of a statutory inquiry led by the UK government next year.

The association is contacting members, medical royal colleges, and leading think tanks to understand how the government’s handling of the pandemic has affected doctors’ lives, the NHS, patient care, and public health. It aims to identify lessons that will enable action both in the immediate future, as the NHS continues to deal with pressures from covid-19, and in the longer term to ensure that the health service and wider system are better prepared for future pandemics.

The BMA outlined five key areas for its review: protecting healthcare workers from covid-19, the impact of the pandemic on the medical profession, delivering healthcare during the pandemic, the public health response to the pandemic, and the impact of the pandemic on population health.

Full detail: [BMA asks doctors to submit evidence on UK’s pandemic response](https://www.bmj.com/content/375/bmj.n2739)

**Title:** Protective immunity after recovery from SARS-CoV-2 infection

The Lancet Infectious Diseases | 8th November 2021

The SARS-CoV-2 pandemic is now better controlled in settings with access to fast and reliable testing and highly effective vaccination rollouts. Several studies have found that people who recovered from COVID-19 and tested seropositive for anti-SARS-CoV-2 antibodies have low rates of SARS-CoV-2 reinfection.

However, as this Comment piece explains, there are still looming questions surrounding the strength and duration of such protection compared with that from vaccination.

Full detail: [Protective immunity after recovery from SARS-CoV-2 infection](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900676-9)

Infection control

**Title:** Making vaccination a condition of deployment in the health and wider social care sector

Department of Health and Social Care | 9th November 2021

It will become compulsory for frontline NHS staff in England to be fully vaccinated against Covid, the health secretary has confirmed. Sajid Javid told MPs that he expected to set a deadline for the beginning of April to give 103,000 unvaccinated workers time to get both jabs. Those with a medical reason not to have the Covid jab would be exempt, as would those who do not have face-to-face contact with patients. He said the move would help protect patients and the NHS as a whole.

The government hosted a public consultation from 9 September to 22 October 2021 on whether or not to make COVID-19 and flu vaccination a condition of deployment within health and wider social care settings. This is the formal government response to that consultation. The government’s response confirms that they intend to proceed with requirements in relation to COVID-19 vaccinations.

Full detail: [Making vaccination a condition of deployment in the health and wider social care sector](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1032203/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector-government-response.pdf)

See also:

* [Covid vaccination to be mandatory for NHS staff in England from spring 2022](https://www.bmj.com/content/375/bmj.n2733) | BMJ
* [Vaccines to be compulsory for frontline NHS staff in England](https://www.bbc.co.uk/news/health-59215282) | BBC News

**Title:** Covid-resistant people inspire new vaccine tactic

BBC News | Nature | 10th November 2021

Understanding how some people naturally resist Covid infection, despite clearly being exposed to the virus, could lead to better vaccines, say researchers. A team at University College London said some people had a degree of Covid-immunity before the pandemic started.

This likely came from the body learning how to fight viruses that are related to the one which has swept the world. Upgrading vaccines to copy this protection, could make the jabs even more effective, the team said.

Full news story: [Covid-resistant people inspire new vaccine tactic](https://www.bbc.co.uk/news/health-59207466) | BBC News

Link to the research: [Pre-existing polymerase-specific T cells expand in abortive seronegative SARS-CoV-2](https://www.nature.com/articles/s41586-021-04186-8) | Nature

**Title:** Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age

New England Journal of Medicine | 9th November 2021

Children aged 5-11 who are given a low dose of the Pfizer-BioNTech mRNA vaccine produced good antibody responses with no reported serious adverse effects, researchers have shown.

After a dose for further testing was determined in a phase 1 study, a phase 2–3 trial was initiated in which two 10-μg doses of BNT162b2 were given 21 days apart to children 5 to 11 years of age. No serious adverse events were observed. High levels of neutralizing antibodies were induced, and vaccine efficacy 7 days or more after the second dose was 90.7%.

Full paper: [Evaluation of the BNT162b2 Covid-19 vaccine in children 5 to 11 years of age](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2116298?articleTools=true)

See also: [Pfizer vaccine provides 90% protection against infection in children aged 5-11, study finds](https://www.bmj.com/content/375/bmj.n2746) | BMJ

**Title:** How is the UK’s vaccine booster programme faring?

BMJ | 2021; 375: n2702 | 5th November 2021

After a successful vaccination campaign for the first and second doses, the UK’s booster programme has stuttered. This BMJ Q&A examines why, asking:

* Who is eligible for a booster vaccine?
* Has there been confusion over eligibility?
* Who is delivering booster shots?
* What does the current uptake look like?
* When will all those who are eligible have had their boosters?
* Why has uptake been slower this time around?
* Who’s in charge of delivering the programme?
* Which vaccines are being used for booster shots?
* What’s the evidence on the effectiveness of boosters?
* What’s the schedule for people who need four doses?

Full detail: [How is the UK’s vaccine booster programme faring?](https://www.bmj.com/content/375/bmj.n2702)

**Title:** Covid-19 and ethnicity: we must seek to understand the drivers of higher transmission

BMJ | 2021; 375: n2709 | 5th November 2021

Over the 22 months of the pandemic, we have learnt that ethnic minority groups in Western countries are disproportionately affected by covid-19 primarily because of higher transmission. This BMJ Opinion piece argues that we must seek to understand the drivers of higher transmission in these vulnerable groups and make concerted efforts to include them in interventions, to minimize ethnic minority groups being yet again disproportionately affected by covid-19 in the waves ahead.

Full detail: [Covid-19 and ethnicity: we must seek to understand the drivers of higher transmission](https://www.bmj.com/content/375/bmj.n2709)

**Title:** T-cell and antibody responses to first BNT162b2 vaccine dose in previously infected and SARS-CoV-2-naive UK health-care workers

The Lancet Microbe |

Previous infection with SARS-CoV-2 affects the immune response to the first dose of the SARS-CoV-2 vaccine. This study aimed to compare SARS-CoV-2-specific T-cell and antibody responses in health-care workers with and without previous SARS-CoV-2 infection following a single dose of the BNT162b2 (tozinameran; Pfizer–BioNTech) mRNA vaccine.

A single dose of the BNT162b2 vaccine is likely to provide greater protection against SARS-CoV-2 infection in individuals with previous SARS-CoV-2 infection, than in SARS-CoV-2-naive individuals, including against variants of concern. Future studies should determine the additional benefit of a second dose on the magnitude and durability of immune responses in individuals vaccinated following infection, alongside evaluation of the impact of extending the interval between vaccine doses.

Full paper: [T-cell and antibody responses to first BNT162b2 vaccine dose in previously infected and SARS-CoV-2-naive UK health-care workers: a multicentre prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900275-5)

**Title:** Infection control in the intensive care unit: expert consensus statements for SARS-CoV-2 using a Delphi method

The Lancet Infectious Diseases | 10th November 2021

During the current COVID-19 pandemic, health-care workers and uninfected patients in intensive care units (ICUs) are at risk of being infected with SARS-CoV-2 as a result of transmission from infected patients and health-care workers. In the absence of high-quality evidence on the transmission of SARS-CoV-2, clinical practice of infection control and prevention in ICUs varies widely.

Using a Delphi process, international experts in intensive care, infectious diseases, and infection control developed consensus statements on infection control for SARS-CoV-2 in an ICU. Consensus was achieved for 31 (94%) of 33 statements, from which 25 clinical practice statements were issued.

These statements include guidance on ICU design and engineering, health-care worker safety, visiting policy, personal protective equipment, patients and procedures, disinfection, and sterilisation. Consensus was not reached on optimal return to work criteria for health-care workers who were infected with SARS-CoV-2 or the acceptable disinfection strategy for heat-sensitive instruments used for airway management of patients with SARS-CoV-2 infection.

Well designed studies are needed to assess the effects of these practice statements and address the remaining uncertainties.

Full detail: [Infection control in the intensive care unit: expert consensus statements for SARS-CoV-2 using a Delphi method](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900626-5)

**Title:** Trends and clinical characteristics of 57.9 million COVID-19 vaccine recipients: a federated analysis of patients’ primary care records in situ using OpenSAFELY

British Journal of General Practice | 8th November 2021

On 8th December 2020 NHS England administered the first COVID-19 vaccination. The aim of this paper is to describe trends and variation in vaccine coverage in different clinical and demographic groups in the first 100 days of the vaccine rollout.

With the approval of NHS England, a cohort study was conducted of 57.9 million patient records in general practice in England, in situ and within the infrastructure of the electronic health record software vendors EMIS and TPP using OpenSAFELY.

A total of 20 852 692 patients received a vaccine between 8 December 2020 and 17 March 2021. Of patients aged ≥80 years not in a care home (JCVI group 2) 94.7% received a vaccine, but with substantial variation by ethnicity (White 96.2%, Black 68.3%) and deprivation (least deprived 96.6%, most deprived 90.7%).

Patients with pre-existing medical conditions were more likely to be vaccinated with two exceptions: severe mental illness (89.5%) and learning disability (91.4%).

The NHS rapidly delivered mass vaccination. Targeted activity may be needed to address lower vaccination coverage observed among certain key groups.

Full paper: [Trends and clinical characteristics of 57.9 million COVID-19 vaccine recipients: a federated analysis of patients’ primary care records in situ using OpenSAFELY](https://bjgp.org/content/bjgp/early/2021/11/08/BJGP.2021.0376.full.pdf)

**Title:** Over 11 million people receive top-up COVID-19 vaccine

Department of Health & Social Care | 11th November 2021

* More than 11.4 million people in the UK have received a COVID-19 booster or third jab
* People urged to get their top up vaccine as England reaches another milestone of 90 million jabs given in total
* Eligible people can now book a booster appointment a month in advance, speeding up vaccination programme

Full detail: [Over 11 million people receive top-up COVID-19 vaccine](https://www.gov.uk/government/news/over-11-million-people-receive-top-up-covid-19-vaccine)

**Title:** Efficacy, safety, and lot-to-lot immunogenicity of an inactivated SARS-CoV-2 vaccine (BBV152

The Lancet | 11th November 2021

This paper reports on the clinical efficacy against COVID-19 infection of BBV152, a whole virion inactivated SARS-CoV-2 vaccine formulated with a toll-like receptor 7/8 agonist molecule adsorbed to alum (Algel-IMDG) in Indian adults.

BBV152 was highly efficacious against laboratory-confirmed symptomatic COVID-19 disease in adults. Vaccination was well tolerated with no safety concerns raised in this interim analysis.

Full paper: [Efficacy, safety, and lot-to-lot immunogenicity of an inactivated SARS-CoV-2 vaccine (BBV152): interim results of a randomised, double-blind, controlled, phase 3 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902000-6)

**Title:** Safety and immunogenicity of concomitant administration of COVID-19 vaccines (ChAdOx1 or BNT162b2) with seasonal influenza vaccines in adults in the UK (ComFluCOV)

The Lancet | 11th November 2021

Concomitant administration of COVID-19 and influenza vaccines could reduce burden on health-care systems. This study aimed to assess the safety of concomitant administration of ChAdOx1 or BNT162b2 plus an age-appropriate influenza vaccine.

Concomitant vaccination with ChAdOx1 or BNT162b2 plus an age-appropriate influenza vaccine raises no safety concerns and preserves antibody responses to both vaccines. Concomitant vaccination with both COVID-19 and influenza vaccines over the next immunisation season should reduce the burden on health-care services for vaccine delivery, allowing for timely vaccine administration and protection from COVID-19 and influenza for those in need.

Full paper: [Safety and immunogenicity of concomitant administration of COVID-19 vaccines (ChAdOx1 or BNT162b2) with seasonal influenza vaccines in adults in the UK (ComFluCOV): a multicentre, randomised, controlled, phase 4 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902329-1)

workforce wellbeing

**Title:** Essential workers: Past month suicidal ideation and COVID-19 stress

Journal of Clinical Psychology | 8th November 2021

This study examined if essential workers (EW) reported higher past month suicidal ideation (SI) and coronavirus-19 (COVID-19) stress than non-EW, explored if the association between EW status and SI is indirect through COVID stress, and tested whether EW who identified as black, indigenous, and people of color (BIPOC) experienced more past month SI and COVID stress than white EW.

EWs reported higher past month ideation and COVID-19 stress than non-EWs. EWs who identified as BIPOC reported higher past month ideation and higher fears about economic consequences and compulsive checking and reassurance seeking subscales compared to White EWs.

EWs experience higher rates of SI and stress than non-EW; and BIPOC EWs experience higher SI and stress than White EWs. Accessibility of support should be a priority for this group at high risk for both the physical and emotional burden of COVID-19.

Full paper: [Essential workers: Past month suicidal ideation and COVID-19 stress](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jclp.23276)

Health management

**Title:** How an outbreak became a pandemic: a chronological analysis of crucial junctures and international obligations in the early months of the COVID-19 pandemic

The Lancet | 8th November 2021

Understanding the spread of SARS-CoV-2, how and when evidence emerged, and the timing of local, national, regional, and global responses is essential to establish how an outbreak became a pandemic and to prepare for future health threats.

With that aim, the Independent Panel for Pandemic Preparedness and Response has developed a chronology of events, actions, and recommendations, from December, 2019, when the first cases of COVID-19 were identified in China, to the end of March, 2020, by which time the outbreak had spread extensively worldwide and had been characterised as a pandemic.

The retrospective analysis of the chronology shows a dedicated initial response by WHO and some national governments, but also aspects of the response that could have been quicker, including outbreak notifications under the International Health Regulations (IHR), presumption and confirmation of human-to-human transmission of SARS-CoV-2, declaration of a Public Health Emergency of International Concern, and, most importantly, the public health response of many national governments.

The chronology also shows that some countries, largely those with previous experience with similar outbreaks, reacted quickly, even ahead of WHO alerts, and were more successful in initially containing the virus. Mapping actions against IHR obligations, the chronology shows where efficiency and accountability could be improved at local, national, and international levels to more quickly alert and contain health threats in the future. In particular, these improvements include necessary reforms to international law and governance for pandemic preparedness and response, including the IHR and a potential framework convention on pandemic preparedness and response.

Full paper: [How an outbreak became a pandemic: a chronological analysis of crucial junctures and international obligations in the early months of the COVID-19 pandemic](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901897-3)

**Title:** Hospitals move to create extra bed capacity to relieve pressure

BMJ | 2021; 375: n2775 | 12th November 2021

NHS hospitals across the UK are creating extra bed capacity to relieve ongoing operational pressures from covid-19 and to tackle the growing backlog in elective care. Reports are increasing of trusts being forced to cancel elective operations in the face of major pressure on services, and ongoing bed shortages are prompting some trusts to add more capacity.

Full detail: [Hospitals move to create extra bed capacity to relieve pressure](https://www.bmj.com/content/375/bmj.n2775)

other

**Title:** Researchers uncover gene that doubles risk of death from COVID-19

Nature Genetics | Univesity of Oxford | 4th November 2021

Scientists at Oxford University have identified the gene responsible for doubling the risk of respiratory failure from COVID-19. Sixty percent of people with South Asian ancestry carry the high-risk genetic signal, partly explaining the excess deaths seen in some UK communities, and the impact of COVID-19 in the Indian subcontinent.

Previous work has already identified a stretch of DNA on chromosome 3 which doubled the risk of adults under 65 of dying from COVID. However, scientists did not know how this genetic signal worked to increase the risk, nor the exact genetic change that was responsible.

In the study published in Nature Genetics, a team used cutting edge technology to work out which gene was causing the effect, and how it was doing so.

Further detail: [Researchers uncover gene that doubles risk of death from COVID-19](https://www.ox.ac.uk/news/2021-11-05-researchers-uncover-gene-doubles-risk-death-covid-19)

Full research paper: [Identification of *LZTFL1* as a candidate effector gene at a COVID-19 risk locus](https://www.nature.com/articles/s41588-021-00955-3.pdf)

**Title:** Measles outbreaks likely as covid pandemic leaves millions of word’s children unvaccinated, WHO warns

BMJ | 2021; 375: n2755 | 11th November 2021

The risk of outbreaks of measles across the world is mounting because the covid-19 pandemic caused millions of children to miss out on essential vaccinations and has severely affected disease surveillance systems, says a report from the World Health Organization and the US Centers for Disease Control and Prevention.

In 2020 around 22.3 million children missed their first dose of the measles vaccine, three million more than in 2019 and representing the largest increase in the number of unvaccinated children since 2000, at the height of unfounded safety concerns over the measles, mumps, and rubella vaccine, says the report.

Full detail: [Measles outbreaks likely as covid pandemic leaves millions of word’s children unvaccinated, WHO warns](https://www.bmj.com/content/375/bmj.n2755)

Related: [Global progress against measles threatened amidst COVID-19 pandemic](https://www.who.int/news/item/10-11-2021-global-progress-against-measles-threatened-amidst-covid-19-pandemic) | WHO

**Title:** Six years of memory decline seen in anxious, depressed older people during pandemic

King’s College London | 9th November 2021

Older people who were more anxious and depressed during the first year of the COVID-19 pandemic were found to have an average decline in their short-term memory equivalent to six years of natural ageing.

The research was conducted by the PROTECT study. The team found that participants aged 50 and over who reported an increase in validated measures of anxiety and depression also scored lower on cognitive tasks designed to measure short term memory and attention. For memory, the decrease was the equivalent to the decline normally seen over six years of natural ageing. For attention, the difference was the equivalent of five years of ageing.

Full detail: [Six years of memory decline seen in anxious, depressed older people during pandemic](https://www.kcl.ac.uk/news/six-years-of-memory-decline-seen-in-anxious-depressed-older-people-during-pandemic)

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