COVID-19 weekly update

16th July 2021

clinical management

**Title:** Azithromycin versus standard care in patients with mild-to-moderate COVID-19 (ATOMIC2): an open-label, randomised trial

The Lancet Respiratory Medicine | 9th July 2021

The antibacterial, anti-inflammatory, and antiviral properties of azithromycin suggest therapeutic potential against COVID-19. Randomised data in mild-to-moderate disease are not available. This trial assessed whether azithromycin is effective in reducing hospital admission in patients with mild-to-moderate COVID-19.

In patients with mild-to-moderate COVID-19 managed without hospital admission, adding azithromycin to standard care treatment did not reduce the risk of subsequent hospital admission or death. Our findings do not support the use of azithromycin in patients with mild-to-moderate COVID-19.

Full paper: [Azithromycin versus standard care in patients with mild-to-moderate COVID-19 (ATOMIC2): an open-label, randomised trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900263-0)

**Title:** Diabetes and COVID-19: Population Impact 18 Months Into the Pandemic

Diabetes Care | July 2021

Eighteen months into the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease 2019 [COVID-19]) pandemic, epidemiologic studies indicate that diabetes is a central contributor to severe COVID-19 morbidity, and, conversely, COVID-19 has had a devastating effect on the population with diabetes.

In this literature synthesis, the authors summarize the relationship of diabetes to COVID-19–related morbidity and mortality, discuss the predictors of severe adverse outcomes and implications of the overall pandemic, and critique the current status of and identify needs for epidemiologic studies for the next phase of the pandemic.

Full paper: [Diabetes and COVID-19: Population impact 18 months into the pandemic](https://care.diabetesjournals.org/content/diacare/early/2021/07/09/dci21-0001.full.pdf)

**Title:** NICE to produce rapid guideline to diagnose and treat rare blood clotting condition associated with COVID-19 vaccination

National Institute for Health and Care Excellence | 9th July 2021

NHS England has asked NICE to develop a guideline on the management and follow up of blood clots and low platelet counts associated with COVID-19 vaccination.

Vaccine-induced immune thrombocytopenia and thrombosis (VITT) is a syndrome of immune-driven blood clots (thrombosis) and low platelet counts (thrombocytopenia), which has been reported in rare cases after receiving COVID-19 vaccines.

Although extremely rare, with only 14.2 cases occurring per million doses of the COVID-19 vaccine, this condition can be very serious and requires swift diagnosis and sometimes urgent treatment.

This guideline will bring together the best knowledge to support clinicians to diagnose and treat individuals with this syndrome. There is currently no national guidance for identifying and managing VITT, although the British Society for Haematology has previously published guidance by the UK Expert Haematology Panel on the condition.

Full detail: [NICE to produce rapid guideline to diagnose and treat rare blood clotting condition associated with COVID-19 vaccination](https://www.nice.org.uk/news/article/nice-to-produce-rapid-guideline-to-diagnose-and-treat-rare-blood-clotting-condition-associated-with-covid-19-vaccination)

**Title:** Learning from SARS-CoV-2 related and associated maternal deaths in the UK

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) | 8th July 2021

The second wave of the SARS-CoV-2 virus in the UK brought further challenges to services and a higher burden of infection, together with new variants of concern. This rapid review was undertaken as part of the ongoing responsive remit of MBRRACE-UK to ensure that any new messages for care and services were identified in a timely manner in order to implement rapid change.

This report includes lessons identified from the care of women who died between 1 June 2020 and 31 March 2021, following a positive test for SARS-CoV-2 infection, or in whom SARS-CoV-2 infection was diagnosed at autopsy, as well as from the deaths of women whose care or engagement with care was influenced by changes as a consequence of the pandemic.

Full report: [Learning from SARS-CoV-2 related and associated maternal deaths in the UK](https://www.hqip.org.uk/wp-content/uploads/2021/07/Ref.-316-MBRRACE-UK-SARS-CoV-2-associated-maternal-mortality-Report-FINAL.pdf)

**Title:** Risks of covid-19 hospital admission and death for people with learning disability

BMJ | 2021; 374: n1592 | 15th July 2021

The objective of this population based cohort study was to assess the association between learning disability and risk of hospital admission and death from covid-19 in England among adults and children.

The authors conclude that people with learning disability have markedly increased risks of hospital admission and death from covid-19, over and above the risks observed for non-covid causes of death. Prompt access to covid-19 testing and healthcare is warranted for this vulnerable group, and prioritisation for covid-19 vaccination and other targeted preventive measures should be considered.

Full paper: [Risks of covid-19 hospital admission and death for people with learning disability: population based cohort study using the OpenSAFELY platform](https://www.bmj.com/content/bmj/374/bmj.n1592.full.pdf)

Linked Editorial: [Covid 19: People with learning disabilities are highly vulnerable](https://www.bmj.com/content/374/bmj.n1701)

**Title:** Bamlanivimab plus Etesevimab in Mild or Moderate Covid-19

New England Journal of Medicine | 15th July 2021

In a phase three trial involving 1035 outpatients who were at increased risk for severe Covid-19, those who received two monoclonal antibodies targeting SARS-CoV-2 had a significant reduction in the viral load and a significantly lower incidence of progression to severe illness than those who received placebo.

Full paper: [Bamlanivimab plus Etesevimab in mild or moderate Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2102685?articleTools=true)

**Title:** Neurological manifestations of SARS-CoV-2 infection in hospitalised children and adolescents in the UK: a prospective national cohort study

The Lancet Child & Adolescent Mental Health | 14th July 2021

The spectrum of neurological and psychiatric complications associated with paediatric SARS-CoV-2 infection is poorly understood. The authors of this study aimed to analyse the range and prevalence of these complications in hospitalised children and adolescents.

The study identified key differences between those with a primary neurological disorder versus those with PIMS-TS. Compared with patients with a primary neurological disorder, more patients with PIMS-TS needed intensive care, but outcomes were similar overall. Further studies should investigate underlying mechanisms for neurological involvement in COVID-19 and the longer-term outcomes.

Full detail: [Neurological manifestations of SARS-CoV-2 infection in hospitalised children and adolescents in the UK: a prospective national cohort study](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2821%2900193-0)

**Title:** Association of BNT162b2 mRNA and mRNA-1273 Vaccines With COVID-19 Infection and Hospitalization Among Patients With Cirrhosis

JAMA internal Medicine | 13th July 2021

The objective of this study was to explore the association of receipt of the Pfizer BNT162b2 mRNA or the Moderna mRNA-1273 vaccines in patients with cirrhosis compared with a propensity-matched control group of patients at similar risk of infection and severe disease from COVID-19.

The retrospective cohort study found that receipt of 1 dose of either vaccine was associated with a 64.8% reduction in COVID-19 infections and 100% reduction in hospitalization or death due to COVID-19 infection after 28 days.

The authors conclude that mRNA vaccine administration was associated with a delayed but modest reduction in COVID-19 infection but an excellent reduction in COVID-19–related hospitalization or death in patients with cirrhosis.

Full detail: [Association of BNT162b2 mRNA and mRNA-1273 vaccines with Covid-19 infection and hospitalization among patients with cirrhosis](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2782121)

**Title:** Comparing the effectiveness of Atazanavir/Ritonavir/Dolutegravir/Hydroxychloroquine and Lopinavir/Ritonavir/Hydroxychloroquine treatment regimens in COVID-19 patients

Journal of Medical Virology | 13th July 2021

The purpose of this study was to compare the effectiveness of Atazanavir/Ritonavir/Dolutegravir/Hydroxychloroquine and Lopinavir/Ritonavir/Hydroxychloroquine treatment regimens in COVID-19 patients based on clinical and laboratory parameters.

The authors prospectively evaluated the clinical and laboratory outcomes of 62 moderate to severe COVID-19 patients during a 10-day treatment plan. Patients were randomly assigned to either KH (receiving Lopinavir/Ritonavir (Kaletra) plus Hydroxychloroquine) or ADH (receiving Atazanavir/Ritonavir, Dolutegravir and Hydroxychloroquine) groups. During this period, clinical and laboratory parameters and outcomes such as Intensive Care Unit (ICU) admission or mortality rate were recorded.

The results suggest that Atazanavir/Dolutegravir treatment regimen may result in a less severe disease course compared to the Lopinavir/Ritonavir treatment regimen and can be considered as an alternative treatment option besides standard care. However, to confirm our results, larger-scale studies are recommended.

Full detail[: Comparing the effectiveness of Atazanavir/Ritonavir/Dolutegravir/Hydroxychloroquine and Lopinavir/Ritonavir/Hydroxychloroquine treatment regimens in COVID-19 patients](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jmv.27195)

**Title:** Therapeutic antibodies under development for SARS-CoV-2

View | 12th July 2021

Several antibody drugs have successfully entered clinical trials and achieved impressive therapeutic effects. Due to the rapid progress in the field of therapeutic antibodies for COVID-19 treatment, this mini review summarises the neutralizing antibody drugs and fusion protein drugs that have attracted high attention at present, discusses the existing problems in the current application of antibodies drugs for COVID-19, and prospects the future research direction in this field.

[Therapeutic antibodies under development for SARS‐CoV‐2](https://onlinelibrary.wiley.com/doi/epdf/10.1002/VIW.20200178)

**Title:** Mental disorders and risk of COVID-19-related mortality, hospitalisation, and intensive care unit admission: a systematic review and meta-analysis

The Lancet Psychiatry | 15th July 2021

Mental disorders might be a risk factor for severe COVID-19. This research aimed to assess the specific risks of COVID-19-related mortality, hospitalisation, and intensive care unit (ICU) admission associated with any pre-existing mental disorder, and specific diagnostic categories of mental disorders, and exposure to psychopharmacological drug classes.

Pre-existing mental disorders, in particular psychotic and mood disorders, and exposure to antipsychotics and anxiolytics were associated with COVID-19 mortality in both crude and adjusted models. Although further research is required to determine the underlying mechanisms, our findings highlight the need for targeted approaches to manage and prevent COVID-19 in at-risk patient groups identified in this study.

Full paper: [Mental disorders and risk of COVID-19-related mortality, hospitalisation, and intensive care unit admission: a systematic review and meta-analysis](Mental%20disorders%20and%20risk%20of%20COVID-19-related%20mortality%2C%20hospitalisation%2C%20and%20intensive%20care%20unit%20admission%3A%20a%20systematic%20review%20and%20meta-analysis)

recovery

**Title:** COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable

Public Health England | Department of Health and Social Care | Updated 12th July 2021

This guidance is for clinically extremely vulnerable people. Everyone in England is advised to follow the government guidance on what you can and cannot do until 19 July 2021.

England will move to Step 4 of the roadmap out of lockdown on 19 July 2021, at which point everyone should follow guidance on how to stay safe and help prevent the spread. New guidance for the clinically extremely vulnerable is available from this date.

The easy-read and translated versions refer to the current guidance and will be updated after the new guidance for the clinically extremely vulnerable comes into effect on 19 July 2021.

Full detail: [COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)

**Title:** COVID-19: Preparing for the future. Looking ahead to winter 2021/22 and beyond

Academy of Medical Sciences | 15th July 2021

A lethal triple mix of COVID-19, influenza, and the respiratory virus Respiratory Syncytial Virus (RSV), could push an already depleted NHS to breaking point this winter unless we act now, says a new report.

The report from the Academy of Medical Sciences brought together 29 leading experts alongside 57 members of the public at the request of the Government Chief Scientific Adviser to forecast the greatest risks to health this winter. They include:

* A potential surge in respiratory viruses could cause widespread ill health and put pressure on the NHS. New modelling carried out for the report suggests this winter influenza and RSV hospital admissions and deaths could be two times that of a ‘normal’ year and could coincide with an increase of COVID-19 infections, and their associated long-term consequences.
* Dealing with the current third wave of COVID-19, as well as multiple subsequent outbreaks, between summer 2021 and spring 2022, meaning the NHS cannot catch up with the backlog of routine care.
* The NHS is already under pressure, and so is likely to be less able to cope with extra winter health challenges. Before the pandemic, winter bed occupancy in the NHS regularly exceeded 95%. This year the NHS will also be operating with a reduced number of beds because of infection control measures. The report also highlights that the NHS is reporting a shortage of nearly 84,000 staff, and a shortage of 2,500 GPs. Staff fatigue and burnout will also be a challenge.
* Worse physical and mental health in the UK population – including that due to delayed diagnosis and treatment and other impacts of the pandemic – could lead to even higher rates of conditions such as asthma, COPD, heart attack and stroke this winter.

The report urges policy makers and the NHS to prepare now for a challenging winter, and is calling for:

* Expanding COVID-19 testing to include influenza and RSV. Fast test results would allow doctors to distinguish quickly between illnesses, treat where appropriate with antivirals against flu, and spot trends.
* Increasing the speed and uptake of COVID-19 vaccination now, alongside preparations for delivering booster vaccines if needed, alongside flu vaccines for everyone eligible in the autumn.
* Financial - and other - support to be strengthened urgently to make it easier for ALL people to self-isolate when they are infected with COVID-19, to reduce the spread of the virus.
* Super charging the NHS by bringing in new staff, increasing bed numbers and capacity in primary care, improving infection control, ensuring equitable access to long COVID clinics, improving access to mental health services, reducing the backlog of routine care and increasing testing capacity for flu and COVID-19.
* Government to give clearer and more accessible guidelines about the precautions the public can take to protect themselves and those around them from COVID-19, such as wearing face coverings in crowded indoor spaces, physical distancing and minimising transmission when infected.
* Greater involvement of patients, carers and the public in planning for, and developing communications about, future health risks.

Full report: [COVID-19: Preparing for the future. Looking ahead to winter 2021/22 and beyond](https://acmedsci.ac.uk/file-download/4747802)

Report summary: [COVID-19: Preparing for the future. Looking ahead to winter 2021/22 and beyond](https://acmedsci.ac.uk/file-download/38576298)

Press release: [Winter viruses and COVID-19 could push NHS to breaking point, warns new report](https://acmedsci.ac.uk/more/news/winter-viruses-and-covid-19-could-push-nhs-to-breaking-point-warns-new-report)

See also: [Winter pressure: RSV, flu, and covid-19 could push NHS to breaking point, report warns](https://www.bmj.com/content/374/bmj.n1802) | BMJ

**Title:** Recovery after prolonged ICU treatment in patients with COVID-19

The Lancet Respiratory Medicine | 14th July 2021

With millions of individuals contracting COVID-19 worldwide, an unprecedented number of intensive care unit (ICU) survivors are now in recovery. There is an urgent need to understand more fully the consequences of COVID-19 critical illness to prioritise patient-centred and family-centred interventions to meet their post-ICU physical and mental health needs.

However, achieving advances in understanding to provide optimum care after acute disease remains challenging, with a paucity of post-COVID-19 long-term outcome data, and little understanding of the intersection between the direct consequences of COVID-19 (currently identified under the term post-COVID-19 condition) and the complex consequences of critical illness (post-intensive care syndrome or PICS).

This comment piece suggests that the unprecedented volumes of post-ICU patients will require thoughtful system change and the development of a systematised continuum of care. As more data emerge and the features and course of post-COVID-19-associated critical illness become clearer, this continuum of care will need to be refined and optimised to meet the long-term needs of patients and their families.

Full detail: [Recovery after prolonged ICU treatment in patients with COVID-19](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900318-0/fulltext)

**Title:** Post-covid Syndrome: A Single-Center Questionnaire Study On 1007 Participants Recovered from COVID-19

Journal of Medical Virology | 13th July 2021

Post-recovery manifestations have become another concern in patients who recovered from COVID-19. Numerous reports have shown that COVID-19 has a variety of long-term effects on almost all systems including respiratory, cardiovascular, gastrointestinal, neurological, psychiatric, and dermatological systems. This research aimed to investigate the prevalence and characteristics of the post-covid syndrome among COVID-19 survivors and to determine the factors associated with persistent symptoms.

A total of 1007 participants, 39.0% had at least one comorbidity, and 47.5% had persistent symptoms. Fatigue/easy fatigability, myalgia, and loss of weight were the most frequent persistent symptoms (overall 29.3%) and followed by respiratory symptoms (25.4%). A total of 235 participants had visited outpatient clinics due to several reasons during the post-COVID-19 period, 17 of them were hospitalized. Severe acute COVID-19, hospitalization, and presence of comorbidity were independent factors for the development of persistent symptoms.

The authors conclude that fully understanding the spectrum of post-covid syndrome is essential for appropriate management of all its long-term effects. The study once again underlined that the prevalence of post-covid syndrome is higher than expected and concerns many systems, and a multidisciplinary follow-up should be provided to COVID-19 survivors in the post-recovery period.

Full paper: [Post-covid Syndrome: A Single-Center questionnaire study on 1007 participants recovered from COVID-19](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jmv.27198)

**Title:** Long COVID and kids: scientists race to find answers

Nature | 14th July 2021

As COVID-19 has ripped through communities, children have often been spared the worst of the disease’s impacts. However, as this article discusses, the spectre of long COVID developing in children is forcing researchers to reconsider the cost of the pandemic for younger people.

Full detail: [Long COVID and kids: scientists race to find answers](https://www.nature.com/articles/d41586-021-01935-7)

**Title:** Landmark study finds one in two hospitalised COVID-19 patients develop a complication

National Institute for Health Research | The Lancet | 16th July 2021

A large-scale observational study published in The Lancet has found that one in two people hospitalised with COVID-19 during the first phase of the pandemic developed at least one health complication as a result of the viral infection.

The ISARIC/CO-CIN study is the most comprehensive of its kind - and the first to systematically assess a range of in-hospital complications and their associations with age, sex and ethnicity - and their outcomes for the patients.

The researchers assessed more than 70,000 hospitalised adult patients in the UK hospitalised with severe COVID-19 disease between January and August 2020. Of these, half (36,367 of 73,197) developed one or more health complication during their hospitalisation.

The most common of these included:

* renal complications (24%, 17,752 participants);
* complex respiratory problems (18%, 13,486 participants);
* systemic complications (16%, 11,895 participants);
* cardiovascular problems (12%, 8,973 participants).

But neurological, gastrointestinal and liver complications were also reported. Specifically, the most common medical problems experienced by patients were acute kidney injury, probable acute respiratory distress syndrome, liver injury, anaemia, and cardiac arrhythmia.

Following hospitalisation, 27% (13,309 of 50,105) of patients were less able to look after themselves than before COVID-19, and this was more common with older age, being male, and in people who received critical care.

Further detail: [Landmark study finds one in two hospitalised COVID-19 patients develop a complication](https://www.nihr.ac.uk/news/landmark-study-finds-one-in-two-hospitalised-covid-19-patients-develop-a-complication/28175)

Full research paper: [Characterisation of in-hospital complications associated with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol UK: a prospective, multicentre cohort study](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900799-6)

Infection control

**Title:** Trusts to remind public they must wear masks after 19 July

HSJ | 13th July 2021

Multiple trusts are planning to tell the public they must comply with current covid infection control measures, such as mask wearing, beyond 19 July when they visit NHS premises.

Numerous trust chiefs told *HSJ* they will insist public visitors continue to wear masks within their hospitals. This is despite Boris Johnson confirming mask-wearing will be advisory in crowded and enclosed spaces, rather than a legal requirement, from 19th July. Some trusts will also keep other measures, and some will also restrict visitor numbers.

Full detail: [Trusts to remind public they must wear masks after 19 July](https://www.hsj.co.uk/policy-and-regulation/trusts-to-remind-public-they-must-wear-masks-after-19-july/7030488.article?mkt_tok=OTM2LUZSWi03MTkAAAF-P0t3Jmf-727zxnJiJ0LApGUHtlTK2636l_s0bGtMtB1_DJOMT6nSPe5wqEOPQBR69_HovZmwbAfZfe1qbMyXAAkK3jQP7OIYbfw-mz2slPstE_c)

**Title:** NHS Patients, staff and visitors must continue to wear face coverings in healthcare settings

NHS England | 15th July 2021

England’s Chief Nurse has reminded the public that everyone accessing or visiting healthcare settings must continue to wear a face covering and follow social distancing rules. Covid restrictions will end in many settings in England from Monday.

However, [Public Health England’s infection prevention control guidelines](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) and hospital visiting guidance are set to remain in place for all staff and visitors.

That means NHS visitor guidance will stay in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected.

Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment.

Full detail: [NHS Patients, staff and visitors must continue to wear face coverings in healthcare settings](https://www.england.nhs.uk/2021/07/nhs-patients-staff-and-visitors-must-continue-to-wear-face-coverings-in-healthcare-settings/)

See also: [Face coverings and social distancing to remain in place in NHS settings](https://www.nhsemployers.org/news/face-coverings-and-social-distancing-remain-place-nhs-settings) | NHS Employers

**Title:** COVID-19 vaccines highly effective in most people in clinical risk groups

Public Health England | 10th July 2021

This study from Public Health England (PHE) included more than 1 million people in at-risk groups.

Within these clinical risk groups, there will be people with more severe forms of illness – particularly in the immunosuppressed group – who may not respond as well to the vaccines, and PHE recommend they seek advice from their specialists.

The study found:

* overall vaccine effectiveness against symptomatic disease in risk groups is approximately 60% after one dose of either AstraZeneca or Pfizer-BioNTech, with little variation by age
* after 2 doses, vaccine effectiveness is 81% with AstraZeneca in people in risk groups aged 16 to 64. No data is available for Pfizer-BioNTech
* in people in risk groups aged 65 and over, vaccine effectiveness with Pfizer-BioNTech is 89% and 80% with AstraZeneca
* for those who are immunosuppressed, vaccine effectiveness after a second dose is 74%, with similar protection to those who are not in a risk group. This rises from 4% after a first dose

Further detail: [COVID-19 vaccines highly effective in most people in clinical risk groups](https://www.gov.uk/government/news/covid-19-vaccines-highly-effective-in-most-people-in-clinical-risk-groups)

Full paper: [Pfizer-BioNTech and Oxford AstraZeneca COVID-19 vaccine effectiveness and immune response among individuals in clinical risk groups](https://khub.net/documents/135939561/430986542/RCGP%2BVE%2Briskgroups%2Bpaper.pdf/a6b54cd9-419d-9b63-e2bf-5dc796f5a91f)

**Title:** Averting Future Vaccine Injustice

New England Journal of Medicine | 15th July 2021

As high-income countries have secured much of the Covid vaccine supply, many low-income countries have barely begun the immunization process. This perspective piece argues that we need political courage to end vaccine injustice now and political vision to negotiate rules for averting future inequities.

Full detail: [Averting future vaccine injustice](https://www.nejm.org/doi/full/10.1056/NEJMp2107528?query=featured_coronavirus)

**Title:** Tackling misconceptions about the Covid-19 vaccines

Royal College of Pathology |7th July 2021

The Royal College of Pathology has developed a series of short videos to address some of the most common myths circulating about the COVID vaccines, including those spreading in UK communities where English is not the first language.

The videos feature messages from pathologists and trainees that address specific myths and misconceptions that exist within their community or ethnic group.

Full detail: [Tackling misconceptions about the Covid-19 vaccines](https://www.rcpath.org/discover-pathology/news/tackling-misconceptions-about-the-covid-vaccines.html)

**Title:** Evidence-based strategies to promote vaccine acceptance

British Journal of Community Nursing | 7th July 2021

The success of a vaccination programme depends upon its coverage so that it provides herd immunity. Vaccine hesitancy has the potential to undermine a vaccine programme. Evidence suggests that some strategies are more effective in promoting vaccination uptake. Community nurses should help in the promotion of vaccination uptake using evidence-based interventions and through ‘Making Every Contact Count’.

Full paper [[OpenAthens login](https://openathens.nice.org.uk/) required] [Evidence-based strategies to promote vaccine acceptance](https://www.magonlinelibrary.com/doi/full/10.12968/bjcn.2021.26.7.338)

**Title:** “Freedom day” in England could lead to “significant third wave of hospitalisations and deaths,” modelling predicts

BMJ | 2021; 374: n1789 | 14th July 2021

The government’s decision to lift all covid restrictions in England on 19 July could lead to “a significant third wave of hospitalisations and deaths,” modellers have projected.

Researchers at Imperial College London evaluated the impact of removing non-pharmaceutical interventions such as physical distancing and mask wearing on 19 July in a range of scenarios, including variable vaccine efficacy and people’s different behaviours.

The team noted uncertainty about the level of impact but concluded, “Across all transmissibility and vaccine effectiveness scenarios explored, we estimate that lifting restrictions on 19 July in the context of [the delta variant] could lead to a significant third wave of hospitalisations and deaths.”

The Imperial team’s modelling predicts that, in all scenarios explored, lifting restrictions on 19 July in the context of the delta variant could lead to a total additional number of deaths ranging from 9400 in the most optimistic scenario to 115 800 by 1 June 2022.

In a scenario where people’s adherence to current precautionary measures wanes gradually from 19 July onwards, the Imperial team forecast substantially lower numbers of hospital admissions.

Further detail: [“Freedom day” in England could lead to “significant third wave of hospitalisations and deaths,” modelling predicts](https://www.bmj.com/content/374/bmj.n1789)

Related: [Evaluating the roadmap out of lockdown for England: modelling the delayed step 4 of the roadmap in the context of the delta variant](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001177/S1303_Imperial_College_London_Evaluating_the_Roadmap_out_of_Lockdown_for_England_modelling_the_delayed_step_4.2_of_the_roadmap_in_the_context_of_the_Delta_variant__7_July_2021__1_.pdf) | Imperial College London

See also:

* [Lifting of COVID-19 restrictions in the UK and the Delta variant](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900328-3/fulltext) | The Lancet Respiratory Medicine
* [Caution, vaccines, testing: the only way forward](https://www.bmj.com/content/374/bmj.n1781) | BMJ
* [PM’s decision on rule relaxation is ‘incredibly concerning’ and fails to protect people’s health](https://www.bma.org.uk/bma-media-centre/pm-s-decision-on-rule-relaxation-is-incredibly-concerning-and-fails-to-protect-people-s-health-warns-bma?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=12518939_REC14Z0%20NON%20NEWSLETTER%20120721&dm_i=JVX,7GBOB,24ZRDV,UAH4H,1) | BMA
* [Why England’s COVID ‘freedom day’ alarms researchers](https://www.nature.com/articles/d41586-021-01938-4) | Nature

**Title:** Regulators warn that rare Guillain-Barré cases may link to J&J and AstraZeneca vaccines

BMJ | 2021; 374: n1786 | 14th July 2021

The Johnson & Johnson (J&J) coronavirus vaccine may be linked to rare but serious cases of Guillain-Barré syndrome, an autoimmune disorder in which immune cells attack the nervous system, the US Food and Drug Administration has warned.

The FDA’s warning on 12 July came three days after the European Medicines Agency’s safety committee recommended adding a Guillain-Barré warning to the labelling of the AstraZeneca vaccine.

The EMA committee also warned on 9 July that people who have previously had capillary leak syndrome should seek a vaccine other than J&J. This advice was based on three reported cases that occurred within two days of vaccination. One of the patients had a history of the syndrome. Two of the three subsequently died. Swelling of the extremities is a potential warning sign of this condition.

Further detail: [Regulators warn that rare Guillain-Barré cases may link to J&J and AstraZeneca vaccines](https://www.bmj.com/content/374/bmj.n1786)

**Title:** Free rapid testing may end once most adults are fully vaccinated

BMJ | 2021; 374: n1760 | 9th July 2021

Free lateral flow tests will be available until the end of August, but it has yet to be determined whether they will continue to have a role once most adults are fully vaccinated, the head of the agency responsible for health protection in the UK has said.

Currently, all adults and secondary school pupils are encouraged to use the rapid tests on themselves at home twice a week. Although not as accurate as polymerase chain reaction tests, lateral flow devices are able to pick up some asymptomatic cases and potentially those that are most infectious, as they detect cases with the highest viral loads.

Jenny Harries, chief executive of the UK Health Security Agency, which recently took over the responsibilities of Public Health England and NHS Test and Trace, said that the free tests would be available for adults until at least the end of August and for schoolchildren until at least the end of September.

Full detail: [Free rapid testing may end once most adults are fully vaccinated](https://www.bmj.com/content/374/bmj.n1760)

**Title:** New megalab opens to bolster fight against COVID-19

Department of Health and Social Care | 13th July 2021

The UK’s first testing megalab – the Rosalind Franklin laboratory in Royal Leamington Spa has opened and will be processing hundreds of thousands of COVID-19 samples every day to rapidly detect new variants and help stop the spread of the virus.

As part of the UK’s NHS Test and Trace network, the laboratory is the biggest of its kind in the UK and will use cutting-edge technology to process even more tests and adopt the pioneering new genotype assay testing to quickly identify variants of concern and new mutations.

Full detail: [New megalab opens to bolster fight against COVID-19](https://www.gov.uk/government/news/new-megalab-opens-to-bolster-fight-against-covid-19)

**Title:** Education and mental health: good reasons to vaccinate children

The Lancet | July 14th 2021

With the elevated transmissibility of circulating SARS-CoV-2 variants, vaccination coverages as high as 90% in adults might be necessary to fully relax control measures towards the end of 2021. Such targets might be hard to reach because of vaccine hesitancy.

Therefore, there is a risk that COVID-19 might cause substantial stress on health care in the winter months at the end of 2021 and beginning of 2022.

Modelling data suggest that vaccination of children and adolescents could help mitigate this risk of SARS-CoV-2 dissemination by ensuring they do not act as a reservoir. However, since COVID-19 is mild in children, such intervention might be ethically problematic if the population benefits come without individual benefits for children.

The authors of this correspondence piece argue that vaccinating children and adolescents is important to secure their continued access to education and protect their mental health.

Full detail: [Education and mental health: good reasons to vaccinate children](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2901453-7/fulltext)

**Title:** Study Suggests Lasting Immunity After COVID-19, With a Big Boost From Vaccination

JAMA | 14th July 2021

After an infection with SARS-CoV-2, most people—even those with mild infections—appear to have some protection against the virus for at least a year, a recent follow-up study of recovered patients published in *Nature* suggests. What’s more, this and other research demonstrates that vaccinating these individuals substantially enhances their immune response and confers strong resistance against variants of concern, including the B.1.617.2 (delta) variant.

Further detail: [Study suggests lasting immunity after Covid-19, with a big boost from vaccination](https://jamanetwork.com/journals/jama/fullarticle/2782139)

Related research paper: [Naturally enhanced neutralizing breadth against SARS-CoV-2 one year after infection](https://www.nature.com/articles/s41586-021-03696-9.pdf) | Nature

**Title:** Association Between BNT162b2 Vaccination and Incidence of SARS-CoV-2 Infection in Pregnant Women

JAMA | 12th July 2021

The objective of this study was to assess the association between receipt of BNT162b2 mRNA vaccine and risk of SARS-CoV-2 infection among pregnant women.

The retrospective cohort study that included 15 060 pregnant women in Israel, found that vaccination with BNT162b2 vs nonvaccination was associated with an adjusted hazard ratio for incident SARS-CoV-2 infection of 0.22; this was statistically significant.

The authors conclude thatamong pregnant women, receipt of the BNT162b2 vaccine was associated with a lower risk of incident SARS-CoV-2 infection.

Full detail: [Association between BNT162b2 vaccination and incidence of Sars-cov-2 infection in pregnant women](https://jamanetwork.com/journals/jama/fullarticle/2782047)

workforce wellbeing

**Title:** Impact of COVID-19 outbreak on Italian healthcare workers versus general population: results from an online survey

Clinical Psychology & Psychotherapy | 13th July 2021

COVID-19 pandemic has been a stressful condition. This research explored life changes and health-related consequences of COVID-19 outbreak in Italian health care workers in comparison to the general population.

521 subjects were analysed. Healthcare workers were more likely to report fatigue and have spent more time outside home during the 2-week prior the survey than the general population. Healthcare workers had a significant increase in negative mood, worry, restlessness, loneliness, and a decrease in happiness, while subjects from the general population had a statistically significant increase in negative mood, worry, attention, concentration difficulties, and a decrease in happiness, pleasure related to daily activities, time spent outdoors, alcohol use.

In the framework of a growing literature on health care workers’ status during the COVID-19 pandemic, the present study allowed to identify fatigue and loneliness as psychosomatic modifiable variables in need of being monitored and, possibly managed, to ameliorate the health status of health care workers.

Full paper: [Impact of COVID-19 outbreak on Italian healthcare workers versus general population: results from an online survey](https://onlinelibrary.wiley.com/doi/10.1002/cpp.2644)

Health management

**Title:** Top CEOs Roundtable 2021

HSJ | July 2021

The NHS probably saw more operational change during the covid pandemic than it had for a decade beforehand. The rapid expansion of intensive care capacity, the use of online consultations, and the deployment of staff into unfamiliar areas were all unprecedented in their speed and impact.

But there were also some unwanted consequences of the pandemic – such as the growth of waiting lists for elective treatment and some cancer patients facing delays in their pathways.

But is the NHS at a 1948 moment of truly transformative change? And have there been other, perhaps more subtle, changes which will have a long-lasting impact? Some of HSJ’s top 50 chief executives met remotely to debate these and other key questions.

Full detail: [Top CEOs Roundtable 2021](https://guides.hsj.co.uk/5941.guide?mkt_tok=OTM2LUZSWi03MTkAAAF-QtLIsrHiPkhyyeneS25BRVkA1Lvi-iswAfrTs18folLdOGwGt-kJOe9H4wgQbxC1YJ76JXYUtDxvUX5S-zSc5kzfh2bDaAo0mz4hgZLktMavzQg)

**Title:** Doctors warn of “disconnect” between NHS pressure and lifting of restrictions

BMJ | 2021; 374: n1762 | 12th July 2021

The number of patients waiting for treatment through the NHS in England exceeded 5.3 million at the end of May 2021, with more than 330 000 patients waiting more than 52 weeks, new figures show. The latest data, released by NHS England, reported that 67.4% of the patients waiting to start treatment at the end of May waited up to 18 weeks.

Medical leaders have said the figures highlighted the “disconnect” between what doctors and healthcare professionals were currently experiencing and the government’s decision to lift all covid-19 restrictions on 19 July.

Simon Walsh, deputy chair of the BMA’s Consultants Committee, said, “The link between infections and hospitalisations has been weakened but not been broken, so right now there needs to be time to allow the NHS to tackle the waiting lists, support those patients who need the most urgent care, and prevent a catastrophic third wave of covid-19.”

Full detail: [Doctors warn of “disconnect” between NHS pressure and lifting of restrictions](https://www.bmj.com/content/374/bmj.n1762)

Related: [Statistical press notice: NHS referral to treatment (RTT) waiting times data. May 2021](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/07/May21-RTT-SPN-publication-69343.pdf) | NHS England and NHS Improvement.

**Title:** COVID-19 and the digital divide: Supporting digital inclusion and skills during the pandemic and beyond

Centre for Ageing Better | 6th July 2021

Before the COVID-19 pandemic, people without access to the internet were already at a significant disadvantage in terms of seeking job opportunities, accessing financial support, and connecting with organisations. The pandemic has dramatically exacerbated this situation.

This report offers examples of good practice and recommendations for organisations that deliver services to users and help digitally excluded people with skills training. The report finds that the key to building digital inclusion isn’t only about getting more people online, but also building skills and confidence.

National and local government need to recognise and promote the crucial digital support offered by local organisations to combat widening digital inequalities. It's also important to recognise that many people still do not want to use the internet and want to continue using non-digital channels.

Full report: [COVID-19 and the digital divide: Supporting digital inclusion and skills during the pandemic and beyond](https://www.ageing-better.org.uk/sites/default/files/2021-07/COVID-19-and-the-digital-divide.pdf)

other

**Title:** Difference in mortality among individuals admitted to hospital with COVID-19 during the first and second waves in South Africa: a cohort study

The Lancet Global Health | 9th July 2021

The first wave of COVID-19 in South Africa peaked in July, 2020, and a larger second wave peaked in January, 2021, in which the SARS-CoV-2 501Y.V2 (Beta) lineage predominated. The authors of this study aimed to compare in-hospital mortality and other patient characteristics between the first and second waves.

In South Africa, the second wave was associated with higher incidence of COVID-19, more rapid increase in admissions to hospital, and increased in-hospital mortality. Although some of the increased mortality can be explained by admissions in the second wave being more likely in older individuals, in the public sector, and by the increased health system pressure, a residual increase in mortality of patients admitted to hospital could be related to the new Beta lineage.

Full paper: [Difference in mortality among individuals admitted to hospital with COVID-19 during the first and second waves in South Africa: a cohort study](https://www.thelancet.com/action/showPdf?pii=S2214-109X%2821%2900289-8)

**Title:** Alcohol consumption and harm during the COVID-19 pandemic

Public Health England | 15th July 2021

Public Health England (PHE) has published the trends in alcohol consumption and harm since the onset of the coronavirus (COVID-19) pandemic. The report improves our understanding of how alcohol consumption and harm changed in England while physical and social restrictions to prevent and control coronavirus were in place.

The findings help to understand whether pandemic-related changes have affected rates of alcohol hospital admissions and deaths as well as health inequalities. They will also help inform appropriate policy responses.

The findings are based on the latest data and information available to PHE and show an increase in total alcohol-specific deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic.

Full detail: [Monitoring alcohol consumption and harm during the COVID-19 pandemic](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf)

Press release: [Alcoholic liver deaths increased by 21% during year of the pandemic](https://www.gov.uk/government/news/alcoholic-liver-deaths-increased-by-21-during-year-of-the-pandemic)

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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