COVID-19 weekly update

18th December 2020

**clinical management**

**Title**: Genes could be key to new Covid-19 treatments, study finds

National Institute for Health Research | 11th December 2020

Researchers supported by NIHR have identified potential treatments for Covid-19 after the discovery of five genes associated with the most severe form of the disease. Genetic evidence is second only to clinical trials as a way to tell which treatments will be effective in a disease. Existing drugs that target the actions of the genes reveal which drugs should be repurposed to treat Covid-19 in clinical trials, experts say.

Genes involved in two molecular processes - antiviral immunity and lung inflammation - were pinpointed. The breakthrough will help doctors understand how Covid-19 damages lungs at a molecular level.

Researchers from the Universities of Edinburgh made the discovery by studying the DNA of 2,700 patients in 208 intensive care units (ICUs) in the UK. Experts from the GenOMICC consortium – a global collaboration to study genetics in critical illness – compared the genetic information of Covid-19 patients in ICU with samples provided by healthy volunteers from other studies, such as UK Biobank, Generation Scotland and 100,000 Genomes.

The team found key differences in five genes of the ICU patients compared with samples provided by healthy volunteers. The genes - IFNAR2, TYK2, OAS1, DPP9 and CCR2 – partially explain why some people become desperately sick with Covid-19, while others are not affected.

Having highlighted the genes, the team were able to predict the effect of drug treatments on patients, because some genetic variants respond in a similar way to particular drugs.

Full detail: [Genes could be key to new Covid-19 treatments, study finds](https://www.nihr.ac.uk/news/genes-could-be-key-to-new-covid-19-treatments-study-finds/26354)

Link to the research: [Genetic mechanisms of critical illness in Covid-19](https://www.nature.com/articles/s41586-020-03065-y_reference.pdf) | Nature

**Title**: Baricitinib plus Remdesivir for Hospitalized Adults with Covid-19

New England Journal of Medicine | 11th December 2020
In a trial involving 1033 patients hospitalized with Covid-19, the addition of baricitinib to remdesivir was associated with shorter recovery time, particularly among patients receiving high-flow oxygen, and with a 30% higher odds of improvement at day 15 than remdesivir alone. Adverse events were less frequent with the combination therapy.

Background: Severe coronavirus disease 2019 (Covid-19) is associated with dysregulated inflammation. The effects of combination treatment with baricitinib, a Janus kinase inhibitor, plus remdesivir are not known.

Methods: We conducted a double-blind, randomized, placebo-controlled trial evaluating baricitinib plus remdesivir in hospitalized adults with Covid-19. All the patients received remdesivir (≤10 days) and either baricitinib (≤14 days) or placebo (control). The primary outcome was the time to recovery. The key secondary outcome was clinical status at day 15.

Results: A total of 1033 patients underwent randomization (with 515 assigned to combination treatment and 518 to control). Patients receiving baricitinib had a median time to recovery of 7 days (95% confidence interval [CI], 6 to 8), as compared with 8 days (95% CI, 7 to 9) with control (rate ratio for recovery, 1.16; 95% CI, 1.01 to 1.32; P = 0.03), and a 30% higher odds of improvement in clinical status at day 15 (odds ratio, 1.3; 95% CI, 1.0 to 1.6). Patients receiving high-flow oxygen or noninvasive ventilation at enrollment had a time to recovery of 10 days with combination treatment and 18 days with control (rate ratio for recovery, 1.51; 95% CI, 1.10 to 2.08). The 28-day mortality was 5.1% in the combination group and 7.8% in the control group (hazard ratio for death, 0.65; 95% CI, 0.39 to 1.09). Serious adverse events were less frequent in the combination group than in the control group (16.0% vs. 21.0%; difference, -5.0 percentage points; 95% CI, -9.8 to -0.3; P = 0.03), as were new infections (5.9% vs. 11.2%; difference, -5.3 percentage points; 95% CI, -8.7 to -1.9; P = 0.003).

Conclusions: Baricitinib plus remdesivir was superior to remdesivir alone in reducing recovery time and accelerating improvement in clinical status among patients with Covid-19, notably among those receiving high-flow oxygen or noninvasive ventilation. The combination was associated with fewer serious adverse events.

**Title:** Checklist and monitoring tool for the management of COVID-19

NHS England | 9th December 2020

NHS England have developed a checklist tool. Its purpose is to assess the management of suspected/known COVID-19 cases from triage to assessment to admission and/or discharge to help prevent the spread of infection and to provide assurance to the organisation that the COVID-19 Guidance for the remobilisation of services within health and care settings: IPC recommendations has been implemented.

Full detail: [Checklist and monitoring tool for the management of COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0947_Checklist-and-Monitoring-Tool-for-the-Management-of-COVID-19_9dec.pdf)

**Title**: RECOVERY trial shows no clinical benefit from azithromycin for hospitalised patients

National Institute for Health Research | 14th December 2020

The NIHR-supported RECOVERY trial has found no clinical benefit from the antibiotic azithromycin for hospitalised patients with severe COVID-19.

Azithromycin is an antibiotic known for its anti-inflammatory properties which is already used to treat chronic inflammatory lung disease, or chest infections such as pneumonia.

Inflammation, caused by an overly-active immune response, is a key feature of severe COVID-19. Azithromycin was considered a potential treatment for COVID-19 and investigated through an arm of the RECOVERY trial to assess whether the drug had a meaningful benefit amongst hospitalised patients with COVID-19.

A preliminary analysis of the data has shown no meaningful clinical benefit of azithromycin in the hospitalised COVID-19 patients randomised to this treatment arm. The data showed no significant difference in the primary endpoint of 28-day mortality (19% azithromycin vs. 19% usual care). While researchers found no evidence of beneficial effects on the risk of progression to mechanical ventilation or length of hospital stay.

The results were consistent in different subgroups of patients. However it is not possible to make conclusions about the effectiveness of azithromycin in patients in the community.

Full detail: [RECOVERY trial shows no clinical benefit from azithromycin for hospitalised patients](https://www.nihr.ac.uk/news/recovery-trial-shows-no-clinical-benefit-from-azithromycin-for-hospitalised-patients/26401)

**Title**: Feeding Patients on Critical Care Units in the Prone Position (awake and sedated).

British Dietetic Association | 11th December 2020

Prone positioning is an intervention used in Acute Respiratory Distress Syndrome (ARDS) with the aim of improving oxygenation, preventing ventilator associated lung injury and, in combination with a protective ventilation strategy, has been shown to decrease mortality. Placing the patient in the prone position is a strategy frequently undertaken for patients with COVID-19, particularly in mechanically ventilated patients during the first surge.

The aims of this document are to:

1. Provide practical, pragmatic guidance to optimise nutrition and safe feeding in the prone position, for awake and sedated patients.
2. Provide a summary of the evidence available.

Full detail: [BDA Critical Care Specialist Group COVID-19 Best Practice Guidance: Feeding Patients on Critical Care Units in the Prone Position (awake and sedated).](https://www.bda.uk.com/uploads/assets/3f487dea-81e4-4277-bf1def44abc075bd/e319c889-23a3-4c7c-ab49e5efc9d82f91/201209-CCSG-BP-Guidance-for-Prone-Enteral-Feeding-Formatted-v2.pdf)

**Title**: Comparative evaluation of clinical manifestations and risk of death in patients admitted to hospital with covid-19 and seasonal influenza

BMJ | 2020; 371: m4677 | 15th December 2020

The objective of this cohort study was to comparatively examine differences in risk of clinical manifestations and death among people admitted to hospital with coronavirus disease 2019 (covid-19) and seasonal influenza.

Compared with seasonal influenza, covid-19 was associated with higher risk of acute kidney injury, incident renal replacement therapy, incident insulin use, severe septic shock, vasopressor use, pulmonary embolism, deep venous thrombosis, stroke, acute myocarditis, arrythmias and sudden cardiac death, elevated troponin, elevated aspartate aminotransferase, elevated alanine aminotransferase, and rhabdomyolysis.

Compared with seasonal influenza, covid-19 was also associated with higher risk of death, mechanical ventilator use, and admission to intensive car) and three additional days of hospital stay. Differences in rates of death per 100 patients between covid-19 and seasonal influenza were most pronounced in people over 75 years of age with chronic kidney disease or dementia and those with black race and obesity, diabetes, or chronic kidney disease.

The authors conclude that among people admitted to hospital, compared with seasonal influenza, covid-19 was associated with increased risk of extrapulmonary organ dysfunction, death, and increased health resource use.

Full document: [Comparative evaluation of clinical manifestations and risk of death in patients admitted to hospital with covid-19 and seasonal influenza: cohort study](https://www.bmj.com/content/bmj/371/bmj.m4677.full.pdf)

**Title**: Comparison of the characteristics, morbidity, and mortality of COVID-19 and seasonal influenza

The Lancet Respiratory Medicine | 17th December 2020

To date, influenza epidemics have been considered suitable for use as a model for the COVID-19 epidemic, given that they are respiratory diseases with similar modes of transmission. However, data directly comparing the two diseases are scarce.

The authors did a nationwide retrospective cohort study using the French national administrative database (PMSI), which includes discharge summaries for all hospital admissions in France. All patients hospitalised for COVID-19 from March 1 to April 30, 2020, and all patients hospitalised for influenza between Dec 1, 2018, and Feb 28, 2019, were included.

The study found that presentation of patients with COVID-19 and seasonal influenza requiring hospitalisation differs considerably. Severe acute respiratory syndrome coronavirus 2 is likely to have a higher potential for respiratory pathogenicity, leading to more respiratory complications and to higher mortality. In children, although the rate of hospitalisation for COVID-19 appears to be lower than for influenza, in-hospital mortality is higher; however, low patient numbers limit this finding. These findings highlight the importance of appropriate preventive measures for COVID-19, as well as the need for a specific vaccine and treatment.

Full document: [Comparison of the characteristics, morbidity, and mortality of COVID-19 and seasonal influenza: a nationwide, population-based retrospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930527-0)

**Title**: Non-COVID-19 NHS care during the pandemic

The Health Foundation | 12th December 2020

Health systems around the world have struggled to balance the care of COVID-19 patients with treatment for patients needing care for other reasons. From March 2020 NHS England issued a series of instructions to NHS services that have had long-lasting consequences. This included guidance for NHS hospitals to cancel or postpone non-urgent care, primarily to free up staff and beds for the expected influx of patients seriously ill with COVID-19. Guidance was also issued to a broad range of other services, including general practice, community services and mental health. At the same time, public information campaigns told people where to go (and not go) in case of suspected infection and later the importance of continuing to use services when needed.

This short analysis summarises trends in activity from key NHS services in England, from the beginning of the pandemic to the most recent months for which data are available (up to October and November 2020). This covers the first peak of the pandemic in March, April and May, through to September, October and November, when infection rates began to rise again. The data cover urgent and emergency care, general practice and hospital services.

Full detail: [Non-COVID-19 NHS care during the pandemic. Activity trends for key NHS services in England](https://www.health.org.uk/news-and-comment/charts-and-infographics/non-covid-19-nhs-care-during-the-pandemic)

**Title**: COVID-19 rapid guideline: vitamin D. NICE guideline [NG187]

National Institute for Health and Care Excellence | 17th December 2020

This guideline covers vitamin D use in the context of COVID‑19. It is for adults, young people and children in hospitals and community settings. Vitamin D is important for bone and muscle health. It may also have a role in the body's immune response to respiratory viruses.

The recommendations bring together:

* evidence from published literature on vitamin D supplementation for preventing or treating COVID-19, associations of vitamin D status with COVID-19, and indirect evidence on vitamin D supplementation for preventing acute respiratory tract infection in the general population (from the updated Scientific Advisory Committee on Nutrition rapid review)
* existing national guidance and policies (including UK government advice on taking a vitamin D supplement)
* advice from specialists working in the NHS from across the UK, including nutritionists, intensive care specialists, public health physicians, microbiologists, general practitioners and pharmacists.

Full detail: [COVID-19 rapid guideline: vitamin D](https://www.nice.org.uk/guidance/ng187)

**Title**: Vitamin D and acute respiratory tract infections

Scientific Advisory Committee on Nutrition (SACN) | 17th December 2020

This rapid review by SACN assesses the evidence on vitamin D and acute respiratory tract infections (ARTI) that has been published since the SACN report on Vitamin D and Health (2016).

The rapid review was conducted in the context of suggestions that vitamin D supplementation could reduce the risk of COVID-19.

Full detail: [Update of rapid review: Vitamin D and acute respiratory tract infections](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945179/SACN_December2020_VitaminD_AcuteRespiratoryTractInfections.pdf)

**Title**: Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multicentre collaborative study

The Lancet Child & Adolescent Health | 15th December 2020

The CNS manifestations of COVID-19 in children have primarily been described in case reports, which limit the ability to appreciate the full spectrum of the disease in paediatric patients. This study aimed to identify enough cases that could be evaluated in aggregate to better understand the neuroimaging manifestations of COVID-19 in the paediatric population.

The authors found that acute-phase and delayed-phase SARS-CoV-2-related CNS abnormalities are seen in children. Recurring patterns of disease and atypical neuroimaging manifestations can be found and should be recognised being as potentially due to SARS-CoV-2 infection as an underlying aetiological factor. Studies of paediatric specific cohorts are needed to better understand the effects of SARS-CoV-2 infection on the CNS at presentation and on long-term follow-up in children.

Full article: [Neuroimaging manifestations in children with SARS-CoV-2 infection: a multinational, multicentre collaborative study](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930362-X)

**Title**: Reduction in all-cause mortality in COVID-19 patients on chronic oral anticoagulation

International Journal of Cardiology | 10th December 2020

Coronavirus disease 2019 (COVID-19) global pandemic has strikingly high mortality rate with hypercoagulability state being part of the imputed mechanisms. This study aimed to compare the rates of in hospital mortality in propensity score matched cohorts of COVID-19 patients in chronic anticoagulation versus those that were not.

The authors found that among elderly patients with COVID-19, those on chronic oral anticoagulant treatment for atrial fibrillation seem to be at lower risk of all-cause mortality compared to their propensity score matched non-anticoagulated counterpart.

Full detail: [Reduction in all-cause mortality in COVID-19 patients on chronic oral anticoagulation: A population-based propensity score matched study](https://www.internationaljournalofcardiology.com/article/S0167-5273%2820%2934272-8/fulltext)

**Title**: Readmission and Death After Initial Hospital Discharge Among Patients With COVID-19

JAMA [Research letter] | 14th December 2020

Although more patients are surviving severe coronavirus disease 2019 (COVID-19), there are limited data on outcomes after initial hospitalization. The authors therefore measured the rate of readmission, reasons for readmission, and rate of death after hospital discharge among patients with COVID-19.

In this cohort of patients, 27% of survivors of COVID-19 hospitalization were readmitted or died by 60 days after discharge, and this rate was lower than matched survivors of pneumonia or heart failure. However, rates of readmission or death were higher than pneumonia or heart failure during the first 10 days after discharge following COVID-19 hospitalization, suggesting a period of heightened risk of clinical deterioration.

Full detail: [Readmission and death after initial hospital discharge among patients with Covid-19 in a large multihospital system](https://jamanetwork.com/journals/jama/fullarticle/2774380)

**Title**: Defining and managing COVID-19-associated pulmonary aspergillosis

The Lancet Infectious Diseases | 14th December 2020

Severe acute respiratory syndrome coronavirus 2 causes direct damage to the airway epithelium, enabling aspergillus invasion. Reports of COVID-19-associated pulmonary aspergillosis have raised concerns about it worsening the disease course of COVID-19 and increasing mortality. Additionally, the first cases of COVID-19-associated pulmonary aspergillosis caused by azole-resistant aspergillus have been reported.

This article constitutes a consensus statement on defining and managing COVID-19-associated pulmonary aspergillosis, prepared by experts and endorsed by medical mycology societies. COVID-19-associated pulmonary aspergillosis is proposed to be defined as possible, probable, or proven on the basis of sample validity and thus diagnostic certainty. Recommended first-line therapy is either voriconazole or isavuconazole. If azole resistance is a concern, then liposomal amphotericin B is the drug of choice.

The aim of this paper is to provide definitions for clinical research and up-to-date recommendations for clinical management of the diagnosis and treatment of COVID-19-associated pulmonary aspergillosis.

Full article: [Defining and managing COVID-19-associated pulmonary aspergillosis: the 2020 ECMM/ISHAM consensus criteria for research and clinical guidance](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930847-1)

**Title:** HIV infection and COVID-19 death

The Lancet HIV | 11th December 2020

Whether HIV infection is associated with risk of death due to COVID-19 is unclear. This study aimed to investigate this association in a large-scale population-based study in England.

The study found that people living with HIV had higher risk of COVID-19 death than those without HIV after adjusting for age and sex. The association was attenuated, but risk remained high, after adjustment for deprivation, ethnicity, smoking and obesity. There was some evidence that the association was larger among people of Black ethnicity.

Full article: [HIV infection and COVID-19 death: a population-based cohort analysis of UK primary care data and linked national death registrations within the OpenSAFELY platform](https://www.thelancet.com/action/showPdf?pii=S2352-3018%2820%2930305-2)

**Title**: Rapid triage for COVID-19 using routine clinical data for patients attending hospital: development and prospective validation of an artificial intelligence screening test

The Lancet Digital Health | 11th December 2020

The early clinical course of COVID-19 can be difficult to distinguish from other illnesses driving presentation to hospital. However, viral-specific PCR testing has limited sensitivity and results can take up to 72 h for operational reasons.

This paper aimed to develop and validate two early-detection models for COVID-19, screening for the disease among patients attending the emergency department and the subset being admitted to hospital, using routinely collected health-care data (laboratory tests, blood gas measurements, and vital signs). These data are typically available within the first hour of presentation to hospitals in high-income and middle-income countries, within the existing laboratory infrastructure.

The models performed effectively as a screening test for COVID-19, excluding the illness with high-confidence by use of clinical data routinely available within 1 h of presentation to hospital. Our approach is rapidly scalable, fitting within the existing laboratory testing infrastructure and standard of care of hospitals in high-income and middle-income countries.

Full detail: [Rapid triage for COVID-19 using routine clinical data for patients attending hospital: development and prospective validation of an artificial intelligence screening test](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930274-0)

**Title**: Changes in hospital mortality in the first wave of COVID-19 in the UK using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study.

Scientific Advisory Group for Emergencies | 11th December 2020

There is growing evidence of a decline in COVID-19 mortality rates, both in hospital and in the community. There could be several potential reasons for the fall, particularly in hospital mortality.

One explanation is that the case-mix of patients presenting to hospital has changed towards a younger and less comorbid demographic, who were at lower risk of dying. National UK lockdown and effective shielding measures of vulnerable at risk populations may have reduced transmission of the virus. Advice regarding seeking medical help may have resulted in earlier presentation to hospital. Familiarity with the virus may have led to better management of patients with the virus through improved ward and ICU care. Corticosteroids have been shown to reduce mortality in patients with severe COVID-19.

This paper aimed to investigate this phenomenon using the International Severe Acute Respiratory and emerging Infections Consortium (ISARIC) WHO Clinical Characterisation Protocol UK (CCP-UK).

Full paper: [Changes in hospital mortality in the first wave of COVID-19 in the UK using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943174/S0919_Changes_in_hospital_mortality_in_the_first_wave_of_COVID-19.pdf)

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

National Institute for Health and Care Excellence | 18th December 2020

NICE, the Royal College of General Practitioners (RCGP) and the Scottish Intercollegiate Guidelines Network (SIGN) have published a guideline on the management of the long-term effects of COVID-19 (also known as Long COVID).

The guideline covers the care of people who have signs and symptoms that develop during or after an infection consistent with COVID-19, that continue for more than 4 weeks and are not explained by an alternative diagnosis. It provides recommendations based on the current evidence and expert consensus, and will be adapted as new evidence emerges.

Most people’s symptoms of COVID-19 resolve within 12 weeks. However, for a sizeable minority of people symptoms can persist or new ones develop, and can sometimes worsen, and have a continuing negative impact on their quality of life. Longer term impacts can include shortness of breath, fatigue, and problems involving the heart, lungs, kidneys, nervous system and muscles and joints.

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

Press release: [NICE, RCGP and SIGN publish guideline on managing the long-term effects of COVID-19](https://www.nice.org.uk/news/article/nice-rcgp-and-sign-publish-guideline-on-managing-the-long-term-effects-of-covid-19)

See also:

* [Long COVID guidelines need to reflect lived experience](https://marlin-prod.literatumonline.com/pb-assets/Lancet/pdfs/S0140673620327057.pdf) | The Lancet
* [Consider overall impact of long covid symptoms when deciding whether to refer, says NICE](https://www.bmj.com/content/371/bmj.m4915) | BMJ
* [Long Covid: Hospital patients to get checks at six weeks](https://www.bbc.co.uk/news/health-55352409) | BBC News

**Title**: Long COVID patients to get help at more than 60 clinics

NHS England | 18th December 2020

Thousands of patients suffering with the long term symptoms of coronavirus can now access specialist help at more than 60 sites. The assessment centres are taking referrals from GPs for people experiencing brain fog, anxiety, depression, breathlessness, fatigue and other debilitating symptoms.

NHS England has provided £10 million for the network of clinics, which started opening last month. There are now 69 operating across the country with hundreds of patients already getting help.

New research has shown one in five people with coronavirus develop longer-term symptoms. Around 186,000 people suffer problems for up to 12 weeks, the Office for National Statistics found.

The new centres bring together doctors, nurses, physiotherapists and occupational therapists to offer both physical and psychological assessments and refer patients to the right treatment and rehabilitation services.

Full detail: [Long COVID patients to get help at more than 60 clinics](https://www.england.nhs.uk/2020/12/long-covid-patients-to-get-help-at-more-than-60-clinics/)

**Title**: Renin–angiotensin system blockers and susceptibility to COVID-19

The Lancet Digital Health | 17th December 2020

Angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) have been postulated to affect susceptibility to COVID-19. Observational studies so far have lacked rigorous ascertainment adjustment and international generalisability. This paper aimed to determine whether use of ACEIs or ARBs is associated with an increased susceptibility to COVID-19 in patients with hypertension.

The authors found no clinically significant increased risk of COVID-19 diagnosis or hospital admission-related outcomes associated with ACEI or ARB use was observed, suggesting users should not discontinue or change their treatment to decrease their risk of COVID-19.

Full article: [Renin–angiotensin system blockers and susceptibility to COVID-19: an international, open science, cohort analysis](https://www.thelancet.com/action/showPdf?pii=S2589-7500%2820%2930289-2)

**recovery**

**Title:** Build Back Fairer: The COVID-19 Marmot Review

Institute of Health Equity | 15th December 2020

As the UK emerges from the COVID-19 pandemic ‘Build Back Better’ has become the mantra. Important, but we need to Build Back *Fairer*. The levels of social, environmental and economic inequality in society are damaging health and wellbeing.

The aim of this report is three-fold:

* To examine inequalities in COVID-19 mortality. Focus is on inequalities in mortality among members of BAME groups and among certain occupations, alongside continued attention to the socioeconomic gradient in health – the more deprived the area, the worse COVID-19 mortality tends to be
* To show the effects that the pandemic, and the societal response to contain the pandemic, have had on social and economic inequalities, their effects on mental and physical health, and their likely effects on health inequalities in the future
* To make recommendations on what needs to be done

The report urges that the Government learns the lessons of the pandemic, prioritises greater equity and health, and works urgently to reduce the severity of the health crisis caused by the economic and social impacts of the pandemic and the societal response.

Full report: [Build Back Fairer: The COVID-19 Marmot Review](http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-full-report.pdf)

Executive summary: [Build Back Fairer: The COVID-19 Marmot Review](http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf)

See also:

* [Failure to control pandemic and inequalities made England worst affected in Europe, says report](https://www.bmj.com/content/371/bmj.m4842) | BMJ
* [Post covid-19, we must build back fairer](https://blogs.bmj.com/bmj/2020/12/15/michael-marmot-post-covid-19-we-must-build-back-fairer/) | BMJ opinion

**Title:** Obesity and coronavirus – where next for policy?

Social Market Foundation | December 2020

This report explores what the data tell us about obesity, the current policy landscape and the likely effectiveness of policies announced to date in the Government’s obesity strategy. As well as drawing on SMF desk research and data analysis, the report has also been informed by a nationally representative survey from Opinium, commissioned as part of this study.

Full report: [Obesity and coronavirus – where next for policy?](https://www.smf.co.uk/wp-content/uploads/2020/12/Obesity-and-coronavirus-Dec-20.pdf)

**TITLE:** COVID-19 ISOLATION HAVING DETRIMENTAL IMPACT ON CHILDREN’S EDUCATION AND WELFARE, PARTICULARLY THE MOST VULNERABLE

 Ofsted | 15th December 2020

Ofsted has published the third and final set of reports looking at the effects of the COVID-19 pandemic on children and young people. The report finds that:

* Repeated isolation has chipped away at the progress pupils have made since returning to school in September
* The effectiveness of remote education is varied and difficult to determine
* Children arriving at secure children’s homes are, in effect, put into solitary confinement
* Many children with special education needs and/or disabilities (SEND) are not attending school, are struggling with remote learning and are at risk of abuse or neglect.
* Even more schools report at least one child now being home schooled. Many parents doing this say their children will not return to school ‘until pandemic is over’

Full detail: [COVID-19 isolation having detrimental impact on children’s education and welfare, particularly the most vulnerable](https://www.gov.uk/government/news/covid-19-isolation-having-detrimental-impact-on-childrens-education-and-welfare-particularly-the-most-vulnerable?utm_source=f73ecd6b-f299-47db-888a-17fbfaaff7d0&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Priorities for the child public health response to the COVID-19 pandemic recovery in England

Archives of Disease in Childhood | 9th December 2020

Child health is at risk from the unintended consequences of the COVID-19 response and will suffer further unless it is given proper consideration. The pandemic can be conceived as a systemic shock to the wider determinants of child health, with impacts on family functioning and income, access to healthcare and education.

This article outlines COVID-19 impacts on children in England. Key priorities relate to the diversion of healthcare during lockdown; interruption and return to schooling; increased health risks and long-term impacts on child poverty and social inequalities. The authors provide an overview of mitigation strategies and policy recommendations aimed to assist both national and local professionals across child health, education, social care and related fields to inform the policy response.

Full document: [Priorities for the child public health response to the COVID-19 pandemic recovery in England](https://adc.bmj.com/content/archdischild/early/2020/12/09/archdischild-2020-320214.full.pdf)

**Title:** Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown

Archives of Disease in Childhood | 9th December 2020

There has been widespread concern that so-called lockdown measures, including social distancing and school closures, could negatively impact children’s mental health. However, there has been little direct evidence of any association due to the paucity of longitudinal studies reporting mental health before and during the lockdown. This study provides the first longitudinal examination of changes in childhood mental health, a key component of an urgently needed evidence base that can inform policy and practice surrounding the continuing response to the COVID-19 pandemic.

The authors concluded that during the UK lockdown, children’s depression symptoms have increased substantially, relative to before lockdown. The scale of this effect has direct relevance for the continuation of different elements of lockdown policy, such as complete or partial school closures. This early evidence for the direct impact of lockdown must now be combined with larger scale epidemiological studies that establish which children are most at risk and tracks their future recovery.

Full document[: Longitudinal increases in childhood depression symptoms during the COVID-19 lockdown](https://adc.bmj.com/content/archdischild/early/2020/11/26/archdischild-2020-320372.full.pdf)

**Title**: Mental health consequences of infections by coronaviruses including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Brain and Behavior | 13th December 2020

Anxiety and stress like mental illnesses are the common outcomes of viral epidemics and pandemics. This paper aims to highlight and discuss the impact of COVID-19 pandemic on mental or psychological health.

 COVID-19 infection has already been declared as a global pandemic, which in association with infodemic has increased the risk of psychiatric/psychological disorders. A large population of the world is prone to develop anxiety, depressive disorders, and other mental abnormalities. Therefore, timely psychological interventions and preventive strategies are required. Moreover, the infection has been reported to be linked with cerebrovascular conditions; therefore, patients with underlying cerebrovascular diseases should be given attention.

COVID-19-mediated mental health complications and cerebrovascular conditions may cause a huge burden on healthcare communities in the future. Therefore, timely intervention and the development or application of preventive strategies are required to decrease the risk of neurological consequences.

Full article: [Mental health consequences of infections by coronaviruses including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)](https://onlinelibrary.wiley.com/doi/pdf/10.1002/brb3.1901)

**Infection control**

**Title**: Investigation into preparations for potential COVID-19 vaccines

National Audit Office | 16th December 2020

This report by the National Audit Office (NAO) looks at the preparations for COVID-19 vaccines and covers the period from April to 8 December 2020. It examines government’s progress in securing potential vaccines and determining how they will be deployed to the public.

Since the first cases of COVID-19 in the UK in January 2020, the impact on society and the economy has been significant. Government’s overall objective since May has been “to return to life as close to normal as possible, for as many people as possible, as fast and fairly as possible”. A vaccination programme plays a central role in achieving this objective.

The UK government, like those in many other countries, has worked to support the development of, and to secure access to, any potential vaccine against COVID-19. On 2 December 2020, the first vaccine for use in the UK was approved by the regulator and deployment began on 8 December.

The NAO undertook this review in real-time while government has been making decisions and responding to various challenges. The aim is to provide Parliament and the public with an independent account of the challenges facing government at this stage and how they are being addressed. This report covers:

* government’s approach to identifying potential vaccines (Part One);
* government’s progress to date (Part Two);
* how government is organising itself to work at pace (Part Three); and
* challenges government needs to manage as it deploys the vaccine (Part Four).

Full report: [Investigation into preparations for potential COVID-19 vaccines](https://www.nao.org.uk/wp-content/uploads/2020/12/Investigation-into-preparations-for-potential-COVID-19-vaccines.pdf)

Press release: [Investigation into preparations for potential COVID-19 vaccines](https://www.nao.org.uk/press-release/investigation-into-preparations-for-potential-covid-19-vaccines/)

**Title**: More than 137,000 people in UK receive first dose of COVID vaccine in one week

Department of Health and Social Care| 16th December 2020

More than 137,000 people in the UK have received the first dose of the Pfizer/BioNTech COVID-19 vaccine in the first week of the largest vaccination programme in British history.

The government has released provisional figures which show at least 137,897 people received their first dose of the vaccine by the end of Tuesday 15 December. 108,000 people were vaccinated in England. The figures are provisional and subject to change. Formal statistics will be published every week from next week.

The majority of the vaccines have been administered to the over-80s, care home workers and NHS staff through more than 70 sites across the UK.

Full detail: [More than 137,000 people in UK receive first dose of COVID vaccine in one week](https://www.gov.uk/government/news/more-than-137000-people-in-uk-receive-first-dose-of-covid-vaccine-in-one-week?utm_source=4e1f941e-8bf0-44e8-b888-1319088fc1b8&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** New poll finds BAME groups less likely to want COVID vaccine

Royal Society for Public Health | 16th December 2020

New polling commissioned by the Royal Society for Public Health has revealed that three in four (76%) of the UK public would take a COVID-19 vaccine if advised to do so by their GP or health professional, with just 8% stating they would be very unlikely to do so. The findings reiterate just how much trust the public has in NHS professionals, showing that most people are more than happy to get a vaccine providing they are getting the right information from the right source.

However, of particular concern were findings that 57% of respondents from Black, Asian and minority ethnic (BAME) backgrounds (199 respondents) were likely to accept a COVID-19 vaccine, compared to 79% of White respondents. Confidence was lowest among respondents of Asian ethnicity, of whom 55% were likely to say yes.

Encouragingly, BAME respondents who were not willing to be vaccinated were especially receptive to offers of further health information from their GP. Over one third (35%) said they would likely change their minds and get the jab if given more information by their GP about how effective it is.

Full detail: [New poll finds BAME groups less likely to want COVID vaccine](https://www.rsph.org.uk/about-us/news/new-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html)

**Title**: Cultural competence in covid-19 vaccine rollout

BMJ | 2020; 371: m4845 | 18th December 2020

The development of a vaccine for SARS-CoV2 in a record nine months from concept to regulatory approval in the UK is one of the greatest scientific successes in recent history. However, the speed of development and approval has led some potential recipients to have concerns about the vaccine’s safety. These concerns may jeopardise the vaccination programme since the effectiveness of any vaccine depends on the number of people willing to be vaccinated.

Globally, ethnic minority communities have been disproportionately affected by covid-19. Ethnicity is a major risk factor for adverse outcomes, along with age, male sex, obesity, deprivation, and comorbidities. This editorial states that now, at the start of the UK’s national vaccination programme, culturally competent conversations with ethnic minority communities are more important than ever to enable informed consent, allay genuine concerns, break down barriers to uptake, and engage facilitators for the roll-out.

Full detail: [Cultural competence in covid-19 vaccine rollout](https://www.bmj.com/content/371/bmj.m4845)

**Title:** Lateral flow tests miss over half of cases, Liverpool pilot data show

BMJ | 2020; 371: m4848 | 15th December 2020

The rapid test kits most widely used in UK universities, schools, and care homes detect just 48.89% of covid-19 infections in asymptomatic people when compared with a polymerase chain reaction (PCR) test, real world data from the Liverpool pilot have shown. The Innova Lateral Flow SARS-CoV-2 antigen test failed to detect three in 10 cases with the highest viral loads, in preliminary data released from the field evaluation of testing in asymptomatic people.

The document was written by scientists at the University of Liverpool and states that the Liverpool Health Protection Board decided as a result of the findings “to pause plans to use Innova Lateral Flow SARS-CoV-2 Antigen tests (LFT) in test-to-enable visitor access to care home settings due to the accuracy statistics”.

Full detail: [Lateral flow tests miss over half of cases, Liverpool pilot data show](https://www.bmj.com/content/371/bmj.m4848?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage)

Related document: [Innova Lateral Flow SARS-CoV-2 Antigen test accuracy in Liverpool Pilot: preliminary data](https://www.gov.uk/government/publications/innova-lateral-flow-sars-cov-2-antigen-test-accuracy-in-liverpool-pilot-preliminary-data-26-november-2020)

See also: [Lateral flow tests cannot rule out SARS-CoV-2 infection](https://www.bmj.com/content/371/bmj.m4787) | BMJ

**Title:** Government must stop household mixing this Christmas: a joint call by The BMJ and HSJ

HSJ | BMJ | 15th December 2020

This joint editorial is only the second in the more than 100 year histories of The BMJ and the Health Service Journal. It calls for the government to reverse its ‘rash decision’ to allow household mixing and instead extend the tiers over the five day Christmas period in order to bring numbers down in advance of a likely third wave. It also calls on the government to review and strengthen the tier structure, which has failed to suppress rates of infection and hospital admission.

BMJ: [Christmas relaxation will overwhelm services](https://www.bmj.com/content/371/bmj.m4847)

HSJ: [Government must stop household mixing this Christmas: a joint call by The BMJ and HSJ](https://www.hsj.co.uk/comment/government-must-stop-household-mixing-this-christmas-a-joint-call-by-the-bmj-and-hsj/7029159.article?mkt_tok=eyJpIjoiT1RsbVpERXlORFEzTURCaCIsInQiOiJmWTR0NjhQOEh3MGhkNlVFSEdoXC96S3ZpNWFndmJCNVZHVE1hYzJXdU1WZ25wXC9iMGFqTVAxUUNEMExTOWErMzMxMDlwMWJob1F2MDhiWFI0ckh4VjVxM2pCTkhRNjNMUVBsaEFOYkFvRFREMFhTUXNSYkxPXC9id2xBQThpR09ZaCJ9)

**Title:** Avoid indoor mixing over Christmas or risk third wave, warns iSAGE

BMJ | 2020; 371: m4832 | 14th December 2020

The government must rethink its plans for easing covid-19 restrictions over Christmas and be far more explicit as to what the public should and should not do, to prevent a large spike in cases in the new year, experts have urged.

The Independent Scientific Advisory Group for Emergencies, which provides independent scientific advice to the government and the public, has called for a rethink in the light of surging rates of infection in parts of the United Kingdom.

The group said that the UK’s policy to allow up to three households to meet indoors between 23 and 27 December brought with it the risk of infection transmission. Given the stalling decrease in infection rates nationally and a surge of infections in some areas (notably the south-east of England), if a large proportion of the population took advantage of the three household rule then there was a “very real danger of a third wave of the pandemic,” the experts warned.

Full detail: [Avoid indoor mixing over Christmas or risk third wave, warns iSAGE](https://www.bmj.com/content/371/bmj.m4832)

**Title:** Joint statement on staying safe at Christmas from the UK Government, Scottish Government, and Welsh Government

Cabinet Office | 16th December 2020
A joint statement on staying safe at Christmas from the UK Government, Scottish Government, and Welsh Government. Full statement [here](https://www.gov.uk/government/news/joint-statement-on-staying-safe-at-christmas-from-the-uk-government-scottish-government-and-welsh-government?utm_source=f3b03d0d-a3e1-406e-a31f-5c89aef9d6dd&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Community testing offer rolled out to highest risk Tier 2 areas

Department of Health and Social Care | 16th December 2020

Local authorities in the worst-affected Tier 2 areas, will now be offered community testing in addition to Tier 3 areas, the government has announced today.

Building on the existing rollout of rapid testing to all Directors of Public Health, local authorities who are deemed at high risk of entering Tier 3 will be invited to submit community testing proposals to help drive down transmission rates based on their in-depth knowledge of their local community.

With around 1 in 3 individuals with COVID-19 not displaying symptoms and potentially infecting people unknowingly, broadening testing to identify those showing no symptoms will enable positive cases to be found more quickly and help break chains of transmission.

Full detail: [Community testing offer rolled out to highest risk Tier 2 areas](https://www.gov.uk/government/news/community-testing-offer-rolled-out-to-highest-risk-tier-2-areas?utm_source=7873f070-fdb2-490d-94f3-ab1713510a9f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** The people’s vaccine: How a covid-19 vaccine will be a test of global accountability and equity

BMJ Opinion | 15th December 2020

With over 66 million confirmed cases and more than 1.5 million deaths globally, the burden of covid-19 on global health systems continues to weigh heavily. As the pandemic devastates communities around the world, lack of access to vaccines in low- and middle-income countries (LMICs) could result in further consequences. LMICs, which account for 75% of the global population, already require an estimated US$274 – $371 billion annually to reach the Sustainable Development Goal health targets by 2030. The urgency of ensuring that everyone, everywhere, has the right to the highest standard of health has never been more apparent.

The development of several covid-19 vaccine candidates has demonstrated the breakneck speed at which the scientific and medical community can respond to global health issues. While these developments have been largely met with optimism and hopes that we may soon turn the tide on the pandemic, this article explains they also present another challenge: ensuring equitable access to a covid-19 vaccine worldwide.

Full detail: [The people’s vaccine: How a covid-19 vaccine will be a test of global accountability and equity](https://blogs.bmj.com/bmj/2020/12/15/the-peoples-vaccine-how-a-covid-19-vaccine-will-be-a-test-of-global-accountability-and-equity/)

**Title:** Global, regional, and national estimates of target population sizes for covid-19 vaccination: descriptive study

BMJ | 2020; 371: m4704 | 15th December 2020

The objective of this study was to provide global, regional, and national estimates of target population sizes for coronavirus disease 2019 (covid-19) vaccination to inform country specific immunisation strategies on a global scale.

Target population sizes for covid-19 vaccination vary markedly by vaccination goal and geographical region. Differences in demographic structure, presence of underlying conditions, and number of essential workers lead to highly variable estimates of target populations at regional and country levels.

The authors conclude that each country should evaluate different strategies and allocation schemes based on local epidemiology, underlying population health, projections of available vaccine doses, and preference for vaccination strategies that favour direct or indirect benefits.

Full article: [Global, regional, and national estimates of target population sizes for covid-19 vaccination: descriptive study](https://www.bmj.com/content/bmj/371/bmj.m4704.full.pdf)

**Title:** Assessment of the risk of SARS-CoV-2 reinfection in an intense re-exposure setting

Clinical Infectious Diseases | 14th December 2020

The authors of this study conclude that SARS-CoV-2 reinfection can occur but is a rare phenomenon suggestive of protective immunity against reinfection that lasts for at least a few months post primary infection.

Full detail: [Assessment of the risk of SARS-CoV-2 reinfection in an intense re-exposure setting](https://watermark.silverchair.com/ciaa1846.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAArcwggKzBgkqhkiG9w0BBwagggKkMIICoAIBADCCApkGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMiIz30TStwHoVvvOfAgEQgIICak9I_8VHd3bHRU_Nn-QDp11gzL366dhakdBP7P7Fb3O7WyQ8kaaH2pfMJrRy3T08vhUAwRv6DDZ8If7nBGYipFtHzzmu-rUMN8519CrTnSQKAeHRvLHjCNQ6lg2x7zbeq6b-7_2p1kypFQC5GHLlKXdV4LQNhsYtvsrk6J-NTfOmyCesS87bpg3LtpLAIDoTWNqGXFYS2F5L9caauXhx2m51Vw1lRxhVbHmNfk6aWpB2LYqnn2WeX6BXeXD2vJRRZ9eFt0iCtgE-Eyj-YiqQ2W963JMp5inlvtc9EFkrXya-vWkyXuSpj57TB225Z9VYlD2DZFJgwUPssYEXUvXpDzColkcJTfO0CszkSQ9AM3dcfnx8zZtHERkEiQ1GqipIYc-3ZXoJo-kKRXosbefGvuf_tQtjKj3HKMWl3vohE5Gr34V5L0wdF3ZjQqx4G2NhOmRw02ZuvRrlx0D_bmdhRzgyZUL0ZzjSOo_uWWGBwnUrWu-Hpk6TD9MY58MZw3AISgis15wtHVeV_yErvIj4QVzYcos0RwY5DHKwcIGpA2ZnaEERWaHQ1pZ5QotILQrBEaEuTe4HsEbDew0gR57LNJ84rHsLQjdF1X4AG7sy3A30Yp_ZO9_MT1DzPDAm0qEUZZ7b2YYYgoKHfkM__5pf3H1S2ZyRx9yhec_nIPbTHeiqeprhlGNSK6QFuE5ZCAsBX-NXJ-AH1wFTTil8BGy2eU-PevLxasDK8yTN4TGra46QrnpODf5M03c5Ye3s-_o1Ea9reWFWIgZE3RRWkBhQrjmK_QeZmruiPyQOlvwc44HzzJdKLbim2qf95A)

**Title:** Household Transmission of SARS-CoV-2. A Systematic Review and Meta-analysis

JAMA Global Health | 14th December 2020

In this meta-analysis of 54 studies with 77 758 participants, the estimated overall household secondary attack rate was 16.6%, higher than observed secondary attack rates for SARS-CoV and Middle East respiratory syndrome coronavirus.

Controlling for differences across studies, secondary attack rates were higher in households from symptomatic index cases than asymptomatic index cases, to adult contacts than to child contacts, to spouses than to other family contacts, and in households with one contact than households with 3 or more contacts.

These findings suggest that households are and will continue to be important venues for transmission, even in areas where community transmission is reduced.

Full detail: [Household Transmission of SARS-CoV-2. A Systematic Review and Meta-analysis](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102)

**Title:** Patient Group Direction for COVID-19 mRNA vaccine BNT162b2 (Pfizer/BioNTech)

NHS England | Public Health England | 11th December 2020

This Patient Group Direction (PGD) is for the administration of COVID-19 mRNA vaccine BNT162b2 30microgams in 0.3ml to individuals in accordance with the national COVID-19 vaccination programme.

Full document: [Patient Group Direction for COVID-19 mRNA vaccine BNT162b2 (Pfizer/BioNTech)](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0956-Patient-Group-Direction-for-COVID-19-mRNA-vaccine-BNT162b2-Pfizer-BioNTech-11-December-2020.pdf)

**Title:** REACT-1: real-time assessment of community transmission of coronavirus (COVID-19) in November 2020

Department of Health and Social Care | 15th December 2020

REACT-1 is the largest population surveillance study being undertaken in England that examines the prevalence of the virus causing COVID-19 in the general population. The study focuses on national, regional and local areas, as well as age, sex, ethnicity, socio-economic factors, employment type, contact with known cases, symptoms and other factors. This month's findings show that infections fell by over 30 per cent during lockdown and levelled off, with 91 per 10,000 people infected in the most recent data.

Full detail: [REACT-1: real-time assessment of community transmission of coronavirus (COVID-19) in November 2020](https://www.gov.uk/government/publications/react-1-study-of-coronavirus-transmission-november-2020-final-results/react-1-real-time-assessment-of-community-transmission-of-coronavirus-covid-19-in-november-2020)

See also: [November 2020 findings from COVID-19 study published](https://www.gov.uk/government/news/november-2020-findings-from-covid-19-study-published)

**Title:** Logistical problems frustrate GPs ready to deliver vaccine in England

BMJ | 2020; 371: m4849 | 15th December 2020

Some GPs are calling the roll out of the Pfizer BioNTech covid-19 vaccine in England a “shambles” as delivery delays have forced them to cancel appointments and poor communication has left them waiting all weekend for stock that did not arrive.

The vaccine, which was found to be 95% effective against covid-19, is being given to those aged 80 and over, as well as care home workers and residents. Hospitals started administering the vaccine on 8 December.

Full detail: [Logistical problems frustrate GPs ready to deliver vaccine in England](https://www.bmj.com/content/371/bmj.m4849)

**Title:** New spray, co-developed with the British Army and tested by LSTM, kills coronavirus in under 60 seconds

Liverpool School of Tropical Medicine | 17th December 2020

A news story from the Liverpool School of Tropical Medicine (LSTM) describes how an inventor and the British Army has created a ‘military grade’ disinfectant spray, tested by LSTM, which kills all coronavirus strains in less than one minute to 99.99% efficacy.

The environmentally friendly antiviral spray, which uses compressed air instead of VOC flammable gasses, is fully recyclable and fully re-useable. The product was developed in conjunction with, and partly funded by, the British Army in addition to a £180,000 Innovate UK grant from the British Government’s specialist team who have been funding projects in the fight against the COVID-19 pandemic.

Full detail: [New spray, co-developed with the British Army and tested by LSTM, kills coronavirus in under 60 seconds](https://www.lstmed.ac.uk/news-events/news/new-spray-co-developed-with-the-british-army-and-tested-by-lstm-kills-coronavirus)

**Title:** Emergence of a Highly Fit SARS-CoV-2 Variant

New England Journal of Medicine | 16th December 2020

Early in the spread of SARS-CoV-2, the virus mutated, and the mutant form is now the most prevalent genotype worldwide. The vaccines currently being tested in clinical trials are based on the “ancestral” form of the virus. Will they be effective against the mutant form? As this article explores, recent studies provide some clues.

Full detail: [Emergence of a highly fit SARS-CoV-2 variant](https://www.nejm.org/doi/full/10.1056/NEJMcibr2032888?query=featured_coronavirus)

**workforce wellbeing**

**TITLE:** A GUIDE TO PROMOTING HEALTH CARE WORKFORCE WELL-BEING DURING AND AFTER THE COVID-19 PANDEMIC

Institute for Healthcare Improvement

The COVID-19 pandemic is exacerbating existing issues with health care professional burnout and joy in work, escalating the stressors on the health care workforce to unprecedented levels. ​

This guide provides ideas and lessons learned to improve the well-being of the health care workforce, including actions that individuals, leaders, and organizations can take to support the health care workforce during the COVID-19 pandemic and beyond.

The guide aims to support health care leaders at all levels with actionable tools for combating health care workforce burnout, fatigue, and emotional distress.

Full detail: [A Guide to Promoting Health Care Workforce Well-Being During and After the COVID-19 Pandemic](http://www.ihi.org/resources/Pages/Publications/guide-to-promoting-health-care-workforce-well-being-during-and-after-the-COVID-19-pandemic.aspx) [registration required]

**Title:** Factors affecting mental health of health care workers during coronavirus disease outbreaks (SARS, MERS & COVID-19): A rapid systematic review

 PLOS ONE | 15th December 2020

The novel Coronavirus Disease (COVID-19) outbreak currently puts health care workers at high risk of both physical and mental health problems. This study aimed to identify the risk and protective factors for mental health outcomes in health care workers during coronavirus epidemics.

The level of disease exposure and health fear were significantly associated with worse mental health outcomes. There was evidence that clear communication and support from the organization, social support and personal sense of control are protective factors.

The authors conclude safeguarding mental health of health care workers during infectious disease outbreaks should not be treated as a separate mental health intervention strategy, but could benefit from a protective approach. The study suggests that embedding mental health support in a safe and efficient working environment which promotes collegial social support and personal sense of control could help to maximize resilience of health care workers.

Full article: [Factors affecting mental health of health care workers during coronavirus disease outbreaks (SARS, MERS & COVID-19): A rapid systematic review](https://read.qxmd.com/read/33320910/factors-affecting-mental-health-of-health-care-workers-during-coronavirus-disease-outbreaks-sars-mers-covid-19-a-rapid-systematic-review/free-pdf-1)

**TITLE:** IMPACT OF COVID-19 OUTBREAK ON NURSES’ MENTAL HEALTH: A PROSPECTIVE COHORT STUDY

Environmental Research | 11th December 2020

This study aimed to evaluate variations in nurses’ sleep quality and symptoms of depression, anxiety and stress during the COVID-19 outbreak, and to evaluate whether the presence of potential risk factors influenced these symptoms over time.

The study found:

* Over the COVID-19 outbreak, nurses seem to have adapted to the “new normal”
* The fear to infect others and the fear to be infected had impact on nurses’ mental health
* Being displaced from home presented no association with nurses’ mental health
* It is crucial to provide nurses with emotional support during the COVID-19 outbreak
* Caring for nurses’ mental health during the COVID-19 outbreak is a question of public health.

Full document: [Impact of COVID-19 outbreak on nurses’ mental health: a prospective cohort study](https://www.sciencedirect.com/science/article/pii/S0013935120315176)

**Health management**

**TITLE:** ADVICE ON ACUTE SECTOR WORKFORCE MODELS DURING COVID-19

NHS England and NHS Improvement | 10th December 2020

This guidance provides an advisory framework to help support trusts organise their workforce in a way best suited to deliver their Phase 3 plans and can be flexed to local circumstances, resources and demand.

This guidance was developed in partnership with NHS England and NHS Improvement, and Health Education England as well as consulting with our stakeholders and using learning from the first wave of the pandemic.

Full detail: [Advice on acute sector workforce models during COVID-19](https://www.england.nhs.uk/coronavirus/publication/advice-on-acute-sector-workforce-models-during-covid-19/)

**other**

**TITLE:** PHE INVESTIGATING A NOVEL STRAIN OF COVID-19

Public Health England | 14th December 2020

A new variant of the virus that causes COVID-19 (SARS-CoV-2) has been identified across the South East of England. PHE is working with partners to investigate and plans to share its findings over the next 2 weeks. There is currently no evidence to suggest that the strain has any impact on disease severity, antibody response or vaccine efficacy.

High numbers of cases of the variant virus have been observed in some areas where there is also a high incidence of COVID-19. It is not yet known whether the variant is responsible for these increased numbers of cases. PHE will monitor the impact of this in the coming days and weeks.

Full detail: [PHE investigating a novel strain of COVID-19](https://www.gov.uk/government/news/phe-investigating-a-novel-strain-of-covid-19?utm_source=c675d26c-435d-4dff-b0c0-d20e4518383c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

See also:

* [New coronavirus variant is identified in UK](https://www.bmj.com/content/371/bmj.m4857) | BMJ
* [Update on new SARS-CoV-2 variant and how COG-UK tracks emerging mutations](https://www.cogconsortium.uk/news_item/update-on-new-sars-cov-2-variant-and-how-cog-uk-tracks-emerging-mutations/)

**Title:** Unequal impact? Coronavirus and BAME people

House of Commons Women and Equalities Committee | 15th December 2020

This report outlines the findings of an inquiry which aimed to explore the pre-existing inequalities facing people from ethnic minorities and how these inequalities have impacted on their vulnerability to the virus. It makes a series of recommendations to help mitigate the impacts of the pandemic on ethnic minority groups.

Full report: [Unequal impact? Coronavirus and BAME people](https://committees.parliament.uk/publications/3965/documents/39887/default/)

Related: [Guidance is still lacking on how ethnic minorities can protect themselves better, say MPs](https://www.bmj.com/content/371/bmj.m4860) | BMJ

**TITLE:** UNDERSTANDING THE NEEDS OF THOSE MOST CLINICALLY VULNERABLE TO COVID-19

The Health Foundation | 17th December 2020

Those who are considered clinically extremely vulnerable (CEV) and at high risk of serious illness from COVID-19, also known as the shielded population, are more likely to be exposed to the risks of missed health care. This may be because of existing long-term conditions, social isolation and potential lost income if unable to work from home.

With levels of infection still high across many areas, uncertainty about future guidance for CEV people and the recent news that CEV people will be a priority group for the vaccine, it is essential that we understand more about this population and their experiences of the pandemic.

This analysis is the first in a series from the Networked Data Lab that will examine the evidence on the CEV population. It explores what we know about the CEV population from aggregated data published by NHS Digital and the ONS. The authors examine who was asked to follow shielding guidance during the first wave of the pandemic, the geographical and socioeconomic variation in those asked to shield and their experiences.

Full detail: [Understanding the needs of those most clinically vulnerable to COVID-19Unanswered questions about the shielded population](https://www.health.org.uk/news-and-comment/charts-and-infographics/understanding-the-needs-and-experiences-of-those-most-clinic?utm_campaign=12041442_NDL%3A%20COVID-19%20and%20clinically%20vulnerable%20people%20%20December%202020%20%20WARM&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7638I,6ZKZT4,T15BX,1)

**Title:** Coronavirus and ethnicity: a summary of what we know

Office for National Statistics | 14th December 2020

This document brings together previously released analysis from ONS about how people in society are affected by Coronavirus by ethnicity.

Full document: [Coronavirus and ethnicity: a summary of what we know](https://www.ons.gov.uk/releases/coronavirusandethnicityasummaryofwhatweknow)

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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