COVID-19 weekly update

22nd October 2021

clinical management

**Title:** Colchicine in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial

The Lancet Respiratory Medicine | 18th October 2021

Colchicine has been proposed as a treatment for COVID-19 based on its anti-inflammatory actions. This study aimed to evaluate the efficacy and safety of colchicine in patients admitted to hospital with COVID-19.

In adults hospitalised with COVID-19, colchicine was not associated with reductions in 28-day mortality, duration of hospital stay, or risk of progressing to invasive mechanical ventilation or death.

Full paper: [Colchicine in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900435-5)

Related: [Colchicine treatment in COVID-19: the remaining unsolved question](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900462-8/fulltext)

**Title:** Colchicine for the treatment of COVID‐19

Cochrane Database of Systematic Reviews | 18th October 2021

Colchicine is an anti‐inflammatory medicine and is thought to improve disease outcomes in COVID‐19 through a wide range of anti‐inflammatory mechanisms. The objective of this paper was to assess the effectiveness and safety of Colchicine as a treatment option for COVID‐19 in comparison to an active comparator, placebo, or standard care alone in any setting.

The authors conclude that based on the current evidence, in people hospitalised with moderate to severe COVID‐19 the use of colchicine probably has little to no influence on mortality or clinical progression in comparison to placebo or standard care alone. The authors do not know whether colchicine increases the risk of (serious) adverse events.

Full detail: [Colchicine for the treatment of COVID‐19](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015045/full)

**Title:** Effectiveness of therapeutic heparin versus prophylactic heparin on death, mechanical ventilation, or intensive care unit admission in moderately ill patients with covid-19 admitted to hospital: RAPID randomised clinical trial

BMJ | 2021; 375: n2400 | 14th October 2021

The objective of this study was to evaluate the effects of therapeutic heparin compared with prophylactic heparin among moderately ill patients with covid-19 admitted to hospital wards.

The primary outcome was a composite of death, invasive mechanical ventilation, non-invasive mechanical ventilation, or admission to an intensive care unit, assessed up to 28 days. The secondary outcomes included all cause death, the composite of all cause death or any mechanical ventilation, and venous thromboembolism.

In moderately ill patients with covid-19 and increased D-dimer levels admitted to hospital wards, therapeutic heparin was not significantly associated with a reduction in the primary outcome but the odds of death at 28 days was decreased. The risk of major bleeding appeared low in this trial.

Full paper: [Effectiveness of therapeutic heparin versus prophylactic heparin on death, mechanical ventilation, or intensive care unit admission in moderately ill patients with covid-19 admitted to hospital: RAPID randomised clinical trial](https://www.bmj.com/content/bmj/375/bmj.n2400.full.pdf)

**Title:** UK government secures groundbreaking COVID-19 antivirals

Department of Health and Social Care | 20th October 2021

Thousands of vulnerable patients could be taking ground-breaking COVID-19 antivirals this winter after the government announced deals to secure 2 new treatments.

The deals made by the Antivirals Taskforce are a significant step in its ambition to secure at least two new effective treatments by the end of the year for those who have either tested positive for COVID-19 or have been exposed to someone with the virus.

Should the treatments be approved by the UK’s renowned medicines regulator – the Medicines and Healthcare products Regulatory Agency (MHRA) – thousands of NHS patients will be able to access the treatments to prevent the infection from spreading and speed up recovery time.

The two new antivirals are expected to be given to those most at risk from the virus, helping reduce the severity of symptoms and ease pressure on the NHS over winter.

Full detail: [UK government secures groundbreaking COVID-19 antivirals](https://www.gov.uk/government/news/uk-government-secures-groundbreaking-covid-19-antivirals)

See also: [Antivirals for COVID-19: five questions that must be answered](https://pharmaceutical-journal.com/article/feature/antivirals-for-covid-19-five-questions-that-must-be-answered) | The Pharmaceutical Journal

**Title:** Effect of 12 mg vs 6 mg of Dexamethasone on the Number of Days Alive Without Life Support in Adults With COVID-19 and Severe Hypoxemia

JAMA | 21st October 2021

The authors of this study looked to examine the effect of 12 mg vs 6 mg of dexamethasone on the number of days alive without life support at 28 days in patients with COVID-19 and severe hypoxemia.

In this randomized trial that included 1000 patients with COVID-19 and severe hypoxemia, treatment with 12 mg/d of dexamethasone resulted in 22.0 days alive without life support at 28 days compared with 20.5 days in those receiving 6 mg/d of dexamethasone. This difference was not statistically significant.

Full paper: [Effect of 12 mg vs 6 mg of Dexamethasone on the number of days alive without life support in adults with COVID-19 and severe Hypoxemia. The COVID STEROID 2 Randomized Trial](https://jamanetwork.com/journals/jama/fullarticle/2785529)

Related editorial: [Glucocorticoid dose in COVID-19. Lessons for clinical trials during a pandemic](https://jamanetwork.com/journals/jama/fullarticle/2785531)

**Title:** Association of Statins and 28-Day Mortality in Patients Hospitalized with SARS CoV-2 Infection

Journal of Infectious Diseases | 19th October 2021

Statins may be protective in SARS-CoV-2 infection. The aim of this study was to evaluate the effect of in-hospital statin use on 28-day mortality and ICU admission among patients with SARS-CoV-2 stratified into four groups: those who used statins prior to hospitalization (continued, discontinued) and those who did not (newly initiated, never).

This authors of cohort study of 1179 patients with SARS-CoV-2 conclude statin use during hospitalization for SARS-CoV-2 infection was associated with reduced 28-day mortality. Well-designed randomized control trials are needed to better define this relationship.

Full paper: [Association of statins and 28-day mortality in patients hospitalized with SARS CoV-2 infection](https://watermark.silverchair.com/jiab539.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAtwwggLYBgkqhkiG9w0BBwagggLJMIICxQIBADCCAr4GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMqpCKou9em9qZC0W_AgEQgIICj-B1vlB4uDHD8XGwqZvN7WSvgS0JEZvCpNMkKlVZ265tNVJ6KJij5p5oOJwzh_PN1v8MejbnHKaWgQtnZ3gfG1UtXI9oO156kjTWyIwT1c8GkBD7PLmIu-cyZCzsainmIRCcYVxTjkCI0Bz3ii6K1cwBjLyGRIcrOn9YjulWm8hx_v2QJXPR2EYV1wBhTJq7G3acpRxQPfyUmMNs_8YFsk931njZ2pjTWsvQwCRgZymWThU1SSTm_K1zomCI06wWHFDLdo0spoxFkZNKRYHKw9wKhM354zuzMRP-wCaKuhqPFIoGJJDgvsqlBDMHwz1_SCywMYSJfS5QL8tj4ptsyLsyxxXbj-dYI9cKKtYm4M_35QfO1jZYeK-JduW7XaZG40HUMdgj4rTaMR-_7B1z_EI6HuBK3CNNppu9oJbop9PFDMso6dWK_80C5zAnU90liRaVHxxn-oocKnX5jMwYYAfaHFKyGIhxZu4QcRh5J813eo7-9s9Q1JM7XLJeBwLEcPPUQl3AidPCgUdBFQQmS_ewqPLUPnWg5fqwYY4aswbOofMoyTzZMtMiCL2Yvn7zrQzn1rS7Xbk9rXo6E7YmYhl0sf-PKjwhFpKKf5yLmEm8M0zJ-8TryGMM6NxgVlZEnoK_dDdEhd9ogc2olh5kk9-g8xCtX7Js4WiX6U0Gk7cAug2IMJaUiqjsKJKTMviVWRpDEy1n1_yqJidGM3NlH0fQaWqN-YF26bU8hx-pmcLn_wosLjDik8BXzpAk2AUCywW2O0AU9vBZbho3yQSFzvaaNMmV0Z9UgYjItNjJIOkFZANRmEsLJlR9rOk_b5vJazXdYy_wPmuP1boOUCQ9G8WW0kVfM2S5gvDRB0Mfc7E)

**Title:** HMG-CoA reductase inhibitors and COVID-19 mortality in Stockholm, Sweden: A registry-based cohort study

PLOS Medicine | 14th October 2021

The relationship between statin treatment and Coronavirus Disease 2019 (COVID-19) mortality has been discussed due to the pleiotropic effects of statins on coagulation and immune mechanisms. The authors of this study we aim to determine the relationship between statin treatment and COVID-19 mortality.

Using data from Swedish registers, the Karolinska Institutet followed 963,876 residents of Stockholm over the age of 45 between March and November 2020.

The study found that statin treatment had a modest negative association with COVID-19 mortality. While this finding needs confirmation from randomized clinical trials, it supports the continued use of statin treatment for medical prevention according to current recommendations also during the COVID-19 pandemic.

Full paper: [HMG-CoA reductase inhibitors and COVID-19 mortality in Stockholm, Sweden: A registry-based cohort study](https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1003820&type=printable)

See also:

* [Are people taking statins less likely to die from Covid-19?](https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/behind-the-headlines/covid-and-statins) | British Heart Foundation
* [People taking statins less likely to die from Covid, study suggests](https://www.theguardian.com/society/2021/oct/14/people-taking-statins-less-likely-to-die-from-covid-study-suggests) | The Guardian

recovery

**Title:** A public health approach to estimating the need for long COVID services

Journal of Public Health | 14th October 2021

The term ‘long COVID’ describes ongoing symptoms and conditions experienced by people infected with SARS-CoV-2. This paper illustrates how a public health approach was used to influence and inform the development of post-COVID services across two Integrated Care Systems (ICSs).

A literature review was conducted between October and December 2020 to identify prevalence estimates for long COVID. The prevalence estimates were applied to locally available data on the susceptible population to estimate the number of people with long COVID. They were also used to develop a dashboard to predict fluctuations in the number of people experiencing persistent symptoms over time.

A substantial number of people in each ICS may have experienced persistent symptoms or complications as a result of COVID-19. In Lancashire and South Cumbria, it is estimated that 33 000 people may have experienced post-COVID-19 syndrome since the beginning of the pandemic, which will include respiratory or cardiovascular complications.

The findings have been valuable in informing early service developments, engaging with managers and clinicians, and supporting applications for funding at a local level. Continued attention to emergent evidence on this topic will be vital in refining estimates and supporting service planning in the longer term.

Further detail: [A public health approach to estimating the need for long COVID services](https://academic.oup.com/jpubhealth/advance-article-abstract/doi/10.1093/pubmed/fdab365/6396796)

**Title:** Realising the potential: Developing a blueprint for a self care strategy for England

Self Care Strategy | 20th October 2021

This document urges the Government to implement a national self-care strategy as the NHS seeks to recover from the COVID-19 pandemic, and recommends pharmacy be integrated more fully into the health system in order to encourage and support self-care.

The strategy will not only ease the pressure on the NHS which is still recovering from the Covid-19 pandemic, but also improve quality of life of the people along with longevity.

Recommending a raft of measures to bring about ‘a wholesale cultural shift’ in attitudes towards self care and accessing health services, it says:

* Pharmacists should be more fully integrated into the health system, with the right to update as well as read individuals’ medical records;
* Pharmacists should have the right to refer people directly to other healthcare professionals, so that anyone visiting a pharmacy as a first option knows it will lead them either to the best self care advice or to another appropriate expert.

Full detail: [Realising the potential: Developing a blueprint for a self care strategy for England](https://selfcarestrategy.org/wp-content/uploads/2021/10/Realising-the-potential-developing-a-blueprint-for-a-self-care-strategy-for-England-WEB-VERSION_final.pdf)

See also: [Healthcare sector calls for self care plan with community pharmacy in central role](https://www.pharmacy.biz/healthcare-sector-calls-for-self-care-plan-with-community-pharmacy-in-central-role/)

**Title:** Addressing the post-acute sequelae of SARS-CoV-2 infection: a multidisciplinary model of care

The Lancet Respiratory Medicine | 19th October 2021

As of July 31, 2021, SARS-CoV-2 had infected almost 200 million people worldwide. The growing burden of survivorship is substantial in terms of the complexity of long-term health effects and the number of people affected. Persistent symptoms have been reported in patients with both mild and severe acute COVID-19, including those admitted to the intensive care unit (ICU).

Early reports on the post-acute sequelae of SARS-CoV-2 infection (PASC) indicate that fatigue, dyspnoea, cough, headache, loss of taste or smell, and cognitive or mental health impairments are among the most common symptoms. These complex, multifactorial impairments across the domains of physical, cognitive, and mental health require a coordinated, multidisciplinary approach to management.

Decades of research on the multifaceted needs of and models of care for patients with post-intensive care syndrome provide a framework for the development of PASC clinics to address the immediate needs of both hospitalised and non-hospitalised survivors of COVID-19. Such clinics could also provide a platform for rigorous research into the natural history of PASC and the potential benefits of therapeutic interventions.

Full paper: [Addressing the post-acute sequelae of SARS-CoV-2 infection: a multidisciplinary model of care](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900385-4)

**Title:** COVID-19 aftermath: Safe return to the office during the pandemic

European Journal of Public Health | 20th October 2021

This project explored strategies and control measures that could be adopted in different countries for preventing or limiting the transmission of the SARS-CoV-2 virus in indoor office workplaces, focusing on space and the well-being of workers.

Results were organised under four themes:

a) advice on surface interactions and virus viability

b) behavioural advice focusing on the return-to-work effects on the psychological state of workers along with control measures

c) suggestions on preparing buildings to return-to-work during the pandemic and study of indoor environment parameters and their effect on office workers

d) advice on thermal and ventilation conditions and virus transmission.

The public health effect of COVID-19 on workspace is more relevant than ever globally as people return to work. This review demonstrated the complexity of decision making and the series of conflicting priorities that arose, especially infection control vs employee mental health or increased business costs for modifications during economic recession.

Further detail: [COVID-19 aftermath: Safe return to the office during the pandemic](https://academic.oup.com/eurpub/article/31/Supplement_3/ckab165.052/6406130?searchresult=1)

Infection control

**Title:** Coronavirus (COVID-19) Infection Survey Technical Article: Impact of vaccination on testing positive in the UK: October 2021

Office for National Statistics | 18th October 2021

The reduction in risk of testing positive for COVID-19 associated with vaccination overall and by different vaccine types using data from the Coronavirus (COVID-19) Infection Survey. Two time periods were analysed; when the Alpha variant was dominant in the UK (1 December 2020 to 16 May 2021), and when the Delta variant was dominant (17 May to 14 August 2021).

Main points:

* Vaccination significantly reduced the risk of people testing positive during both the Alpha-dominant period and the Delta-dominant period.
* Vaccine effectiveness was reduced in the Delta-dominant period compared with the Alpha-dominant period, particularly in preventing infections with symptoms.
* Two doses of either Pfizer-BioNTech or Oxford-AstraZeneca vaccines provided a similar level of protection to prior natural infection when the Delta variant was dominant.
* Two doses of either vaccine provided significantly greater protection than one dose across all analyses.

Full detail: [Coronavirus (COVID-19) Infection Survey Technical Article: Impact of vaccination on testing positive in the UK: October 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19infectionsurveytechnicalarticleimpactofvaccinationontestingpositiveintheuk/october2021)

**Title:** NHS delivers over three million COVID boosters in first month

NHS England | 15th October 2021

More than three million top up COVID-19 jabs have been delivered in just four weeks, as the NHS vaccination rollout continues to protect those most at risk from coronavirus. A total of 3.1 million top ups have been administered with two in five people aged 50 and over who are eligible already coming forward for their extra jab. More than a third of health and care workers who are eligible have also had their booster vaccine.

Full detail: [NHS delivers over three million COVID boosters in first month](https://www.england.nhs.uk/2021/10/nhs-delivers-over-three-million-covid-boosters-in-first-month/)

**Title:** COVID-19 vaccination deployment next steps for 12 to 15-year-old vaccination

NHS England | 19th October 2021

This letter asks integrated care system and sustainability and transformation partnership leaders to take immediate action to stand up an out of school offer, maximising capacity for 12 to 15s over the October half term and beyond, as quickly as possible.

Further detail: [COVID-19 vaccination deployment next steps for 12 to 15-year-old vaccination](https://www.england.nhs.uk/coronavirus/publication/covid-19-vaccination-deployment-next-steps-for-12-to-15-year-old-vaccination/)

**Title:** Enact ‘Plan B plus’ to avoid ‘stumbling into winter crisis’

NHS Confederation | 19th October 2021

Health leaders are calling on the government to introduce measures, such as mandatory face coverings in crowded and enclosed spaces, without delay to keep people well and avoid the NHS from becoming overwhelmed this winter.

The NHS is seeing worrying increases in coronavirus cases in its hospitals and the community at a time when it is preparing for a busy winter period, its staff are close to burnout, and it is being expected to recover many of its services that were disrupted by the pandemic. The NHS Confederation is warning that the extent of this recovery could be at risk without preemptive action over winter from the government and the public.

Full detail: [Enact ‘Plan B plus’ to avoid ‘stumbling into winter crisis’](https://www.nhsconfed.org/news/enact-plan-b-plus-avoid-stumbling-winter-crisis) See also:

* [Government must reintroduce precautionary measures now, say health leaders](https://www.bmj.com/content/375/bmj.n2566) | BMJ
* [Covid: Bring back rules amid rising cases, urge NHS chief*s*](https://www.bbc.co.uk/news/uk-58976577?at_medium=RSS&at_campaign=KARANGA) | BBC News
* [Prepare to trigger England's Plan B curbs, say scientists](https://www.bbc.co.uk/news/health-59011321) | BBC News

**Title:** Valneva’s vaccine produces stronger immune response than AstraZeneca’s, company reports

BMJ | 2021; 375: n2551 | 18th October 2021

Valneva’s covid-19 vaccine produces significantly higher concentrations of neutralising antibodies than the Oxford-AstraZeneca vaccine does, preliminary trial results show. The phase III trial included just over 4000 adult volunteers across 26 sites in the UK, of whom 1040 under 30s and 1977 over 30s received Valneva’s vaccine and 995 over 30s were given AstraZeneca’s.

In a press release Valneva reported that the trial met its primary endpoints, with the vaccine showing superiority over the AstraZeneca vaccine in terms of neutralising antibody concentrations and was non-inferior in terms of seroconversion rates (above 95% in both groups), two weeks after the second dose in the over 30s.

The Valneva vaccine, which is the only adjuvanted, inactivated, whole virus vaccine being tested in Europe, will be manufactured in Scotland and Sweden. It is currently undergoing the UK Medicines and Healthcare Products Regulatory Agency’s rolling submission process, and a decision is expected by the end of 2021.

Full detail: [Valneva’s vaccine produces stronger immune response than AstraZeneca’s, company reports](https://www.bmj.com/content/375/bmj.n2551)

See also:

[Valneva reports positive phase 3 results for inactivated, adjuvanted COVID-19 vaccine candidate VLA2001](https://valneva.com/press-release/valneva-reports-positive-phase-3-results-for-inactivated-adjuvanted-covid-19-vaccine-candidate-vla2001/)

[NIHR-supported Valneva COVID vaccine trial reports positive results](https://www.nihr.ac.uk/news/nihr-supported-valneva-covid-vaccine-trial-reports-positive-results/28969) | National Institute for Health Research

**Title:** Adult Social Care Infection Control and Testing Fund, round 3: guidance

Department of Health and Social Care| 21st October 2021
The Infection Control and Testing Fund has been extended, with an extra £388 million of funding from 1 October 2021 to 31 March 2022 to support the care sector to put in place crucial measures over the winter period. This guidance sets out the measures that round three of the Infection Control and Testing Fund supports, including distribution of funds, conditions and reporting requirements.

Full detail: [Adult Social Care Infection Control and Testing Fund, round 3: guidance](https://www.gov.uk/government/publications/adult-social-care-infection-control-and-testing-fund-round-3/adult-social-care-infection-control-and-testing-fund-round-3-guidance)

**Title:** Efficiency of Community Face Coverings and Surgical Masks to Limit the Spread of Aerosol

Annals of Work Exposures and Health | 20th October 2021

In the current pandemic context of COVID-19, people wear different types of masks, particularly in their workplace, to limit the spread of the virus. Depending on their activity and work environment, employees are required to wear community face coverings, cloth masks with a transparent windows, surgical masks, reusable masks, or respirators. The objective of this study was to evaluate the efficiency as source control of these masks, i.e., when worn to protect the environment from the spread of particles emitted by the wearer.

Varying levels of efficiency were measured with higher source control for respirators than for other types of masks. In the context of a respiratory protection programme, they can provide an effective barrier to the spread of the virus. But these results show also that no mask can stop all the particles emitted by its wearer. Regardless of the type of mask, other barrier measures (ventilation, social distancing, and hygiene) are then necessary.

Full paper: [Efficiency of community face coverings and surgical masks to limit the spread of aerosol](https://watermark.silverchair.com/wxab089.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAuIwggLeBgkqhkiG9w0BBwagggLPMIICywIBADCCAsQGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMh-wJQStOh196TDCSAgEQgIIClUsNy6YBYuIshdeu8I5OCmQCtpqi_l1PgbcT1pQs9B0PlASH3zVPvVsYRt9cV5aVxGouMRsKoazMhX-KWJIMizn2LQTt-EIpDJdMxbS1CgnqFT4UcFOh7IVIialc_YwT8qN7MsbDL7BcUybM6zqA6C9OwbEL1HGL36dwIL3PKvpslVO2OEeIR7HmkFfDPblZ10cJSkW4NGXqaChfPO6RFcAC0eXJ2f262Fi2YKPrJdZnb-gBIdPWFa4M_1EH-jCQNeehil3S85FMqHWGEbmS6PJUUqFWh7iwqLqX4_R3zbr51rEirb2hZzebt9VsLaU69ygbGAh9Akylhxb0BISX83NNC-D3i1rpFf1DFfi8oH48EgFxWNMUBoX7rBQg8YNPCtwm4WCtyWWA7OVO6FBoonQXywgnZTVErnTtDpHgGFFkjCWf_Qn1MXxJk1kePb3fejyOVyobB9TelWUGtUiILQkoaN_TobRAFAy5FDRhnTKSLPaNIYshBuUZTe8wvG9GwQjPPKNYGfBRtKy8SNSa752CZqKnkOTdLvFQ7UkCUGJTIwM4yiLngHZm3j3ncZ-89BXYs-4DmX-eaEASll9FW4rRgvSOyLov9nPnFa5ArOKTyujgo8kvTNPlq_A7GOC2V7JFPiu6xDMxbKm9023AayDbU1IqOz9q4ivrUEwmtirvbrFob45kW_HYdLtjasYqKqvtjPPQnzvRtP8Lp6aibpizE6AW7ZMKw1l0jtz4od7-_qn7V5P1SA-HxvmU2fRNUdtVoALdDftw-zVOv7fGoAGk7KQ-A8UZmR_WTM7J9NXOAepV1Oit0VdouULWtgtztqx64EkOehlGJcmAWrPlLKoh9ci4kCBk7r11s4hLCNc5AJe_LXI)

**Title:** Vaccination greatly reduces risk of dying from COVID-19 Delta variant

National Institute for Health Research | New England Journal of Medicine | 21st October 2021

Two vaccine doses offer very high levels of protection against death should you contract the COVID-19 Delta variant, according to a landmark study conducted across Scotland. The study is the first to provide results on the effectiveness of COVID vaccines against Delta - the UK’s dominant strain - using real-world data from an entire country.

Between 1 April and 27 September 2021, 115,000 people tested positive for COVID-19 in the community out of Scotland’s 5.4m population and 201 deaths were recorded due to the virus.

Mortality figures were cross-referenced with positive PCR tests taken from people who were not in hospital. This showed that for those double jabbed, the Pfizer-BioNTech vaccine reduced the risk of dying by 90% - compared with those who were unvaccinated - while the Oxford-AstraZeneca efficacy was 91%.

To increase confidence in these early findings, published in the New England Journal of Medicine, the researchers are keen for the study to be repeated in other countries and settings, and with longer follow-up time after full vaccination.

Further detail: [Vaccination greatly reduces risk of dying from COVID-19 Delta variant](https://www.nihr.ac.uk/news/vaccination-greatly-reduces-risk-of-dying-from-covid-19-delta-variant/29018)

New England Journal of Medicine: [BNT162b2 and ChAdOx1 nCoV-19 vaccine effectiveness against death from the Delta Variant](https://www.nejm.org/doi/full/10.1056/NEJMc2113864)

**Title:** advertising campaign to encourage public to get flu and COVID-19 vaccines

Department of Health and Social Care | 22nd October 2021

A nationwide advertising campaign has been launched as part of the government’s call to the public to get their COVID-19 booster and flu jabs, to protect themselves and their loved ones this winter. The multimedia campaign will run on outdoor billboards, broadcast and community radio and TV to support the national vaccine drive.

Vaccine confidence is high with data from the Office for National Statistics showing nearly all (94%) of those aged 50 to 69 say they would be likely to get their COVID-19 booster if offered, with the figure rising to 98% for those over 70. Similarly, over three quarters (77%) of those 50 to 69 would be likely to get the flu vaccine and nearly all (94%) of those over 70.

Further detail: [Advertising campaign to encourage public to get flu and COVID-19 vaccines](https://www.gov.uk/government/news/advertising-blitz-to-urge-public-to-get-flu-and-covid-19-vaccines)

See also:

[NHS invites two million more people for booster jabs](https://www.england.nhs.uk/2021/10/nhs-invites-two-million-more-people-for-booster-jabs/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29) | NHS England

[NHS opens online COVID-19 vaccination bookings for 12-15 year olds](https://www.england.nhs.uk/2021/10/nhs-opens-online-covid-19-vaccination-bookings-for-12-15-year-olds/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29) | NHS England

workforce wellbeing

**Title:** 'Fix the issues at the coalface and mental wellbeing will be improved': a framework analysis of frontline NHS staff experiences and use of health and wellbeing resources in a Scottish health board area during the COVID-19 pandemic.

BMC Health Services Research | 13th October 2021

Frontline healthcare staff working in pandemics have been reported to experience mental health issues during the early and post-peak stages. To alleviate these problems, healthcare organisations have been providing support for their staff, including organisational, cognitive behavioural and physical and mental relaxation interventions. This paper reports the findings of a study commissioned by a Scottish NHS health board area during the initial outbreak of COVID-19. The study aimed to understand the experience of NHS staff relating to the provision of wellbeing interventions between March and August 2020.

Our findings show that despite the provision of relaxational and cognitive behavioural interventions to support staff wellbeing during the early months of the COVID-19 pandemic, there were barriers to access, including heavy workload, understaffing, inconvenient locations and the stigma of being judged. Organisational factors were the most frequently reported support need amongst frontline staff across sites.

While relaxational and cognitive behavioural interventions were well received by staff, barriers to accessing them still existed. Staff support in the context of organisational factors, such as engagement with managers was deemed as the most important for staff wellbeing. Managers play a key role in everyday organisational processes and therefore are in the right position to meet increasing frontline staff demands due to the pandemic and removing barriers to accessing wellbeing support. Healthcare managers should be aware of organisational factors that might increase job demands and protect organisational resources that can promote wellbeing for frontline staff.

Full paper: ['Fix the issues at the coalface and mental wellbeing will be improved': a framework analysis of frontline NHS staff experiences and use of health and wellbeing resources in a Scottish health board area during the COVID-19 pandemic.](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07103-x.pdf)

**Title:** Burnout among health care workers during COVID-19 pandemic: prevalence and risk factors

European Journal of Public Health | 20th October 2021

During COVID-19 pandemic, health-care workers (HCW) have been exposed to multiple psychosocial stressors. Although the problem of burnout, which overlaps with the symptoms of depression, remains urgent, few studies have addressed it comprehensively. The objective of this study was to determine the prevalence and the factors associated with burnout among HCW.

Overall, 250 HCW were included in this study. The overall burnout prevalence was 45.6%. Female gender and unmarried status were statistically associated with burnout. Participants in the burnout group had statistically higher number of working hours per day, of night shifts per week, but lower number of working experience years. History of chronic diseases, witnessing a COVID-19 death while working and suffering from sleep deprivation were statistically more frequent in the burnout group of HCW.

The findings of this study indicated that the burnout syndrome was highly prevalent among HCW. More psychological support should be provided for this population in order to provide a high-quality of care for patients.

Further detail: [Burnout among health care workers during COVID-19 pandemic: prevalence and risk factors](https://academic.oup.com/eurpub/article/31/Supplement_3/ckab165.329/6406125?searchresult=1)

other

**Title:** Covid and beyond: confronting the unequal access to type 1 diabetes healthcare

Juvenile Diabetes Research Foundation (JDRF) | 19th October 2021

JDRF surveyed more than 1000 people living with type 1 diabetes, or caring for a child living with it, to reveal their experiences through the upheavals of the Covid pandemic. The findings of the report reveal the impact of the withdrawal and repurposing of many NHS diabetes services on people with type 1.

The report finds almost one in two UK adults with type 1 diabetes (47%) believe the Covid pandemic – and the disruption to NHS diabetes services it triggered – is likely to have a long-term impact on their life with the condition. The survey found that half of adults with type 1 said they felt unsupported at times during the Covid crisis, with 63% of adults reporting they were unable to access their normal level of healthcare support.

The report sets out the following series of recommendations, anchored in the needs of people living with type 1:

* Increased access to type 1 technology
* A choice of virtual, telephone and face to face appointments to provide people with type 1 diabetes different ways to communicate with their healthcare professionals
* Improved communication from the NHS, which needs to be more proactive when care is disrupted
* People with type 1 diabetes to be at the heart of service design and delivery

Full report: [Covid and beyond: confronting the unequal access to type 1 diabetes healthcare](https://jdrf.org.uk/wp-content/uploads/2021/10/JDRF-CovidAndBeyondReport-2021.pdf)

Press release: [Report reveals Covid pandemic’s impact on people with type 1 diabetes](https://jdrf.org.uk/news/report-reveals-covid-pandemics-impact-on-people-with-type-1-diabetes/)

**Title:** What has been the impact of Covid-19 across the UK countries?

The Nuffield Trust | 15th October 2021

While every health service across the United Kingdom has faced unprecedented pressures over the past year and a half, UK-wide reporting has masked any differences in peaks and troughs across the four countries. This explainer looks at the pandemic across the UK so far – describing where some of those differences have been between each country as well as the shared challenges that each health service will face as winter approaches.

Full detail: [What has been the impact of Covid-19 across the UK countries?](https://www.nuffieldtrust.org.uk/news-item/what-has-been-the-impact-of-covid-19-across-the-uk-countries)

**Title:** Assessing the impact of COVID-19 on clinically extremely vulnerable people

The Health Foundation | October 2021

Over 2 million people were identified in March and April 2020 as being clinically extremely vulnerable (CEV) to COVID-19 and were asked to shield. As scientific understanding improved, the number of people identified as CEV increased and by February 2021 over 4 million people had been identified.

The latest Networked Data Lab analysis shows:

* Despite rapid action to identify and support CEV people, the pandemic resulted in extremely high rates of infection, hospital admission and death in this group.
* The pandemic led to deteriorations in the mental health of CEV people, and additional support is now needed to prevent any long-term impacts on their health and wellbeing.
* CEV people were particularly affected by changes to NHS services, so there is a strong argument for now prioritising their care.
* There are limitations to the use of an algorithm-driven approach to identifying CEV people, which were exacerbated by poor availability of high-quality data. Further investment in data sharing and improving data quality is essential.

Based on the findings, the Health Foundation is calling for these patients to be prioritised by the NHS to ensure that that their conditions do not deteriorate further. Action is now needed at local and national level to address the unmet need for NHS care and worsening mental health for this group.

Full analysis: [Assessing the impact of COVID-19 on the clinically extremely vulnerable population](https://www.health.org.uk/publications/reports/assessing-the-impact-of-covid-19-on-the-clinically-extremely-vulnerable-population?utm_campaign=12739428_NDL%20briefing%3A%20COVID-19%20and%20clinically%20extremely%20vulnerable%20people%20%20October%202021%20%20WARM&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7L1T0,6ZKZT4,UVQ8U,1)

Press release: [Research reveals devastating and lasting impact of the pandemic on those asked to shield](https://www.health.org.uk/news-and-comment/news/research-reveals-devastating-and-lasting-impact-of-the-pandemic-on-those-asked-to-shield)

**Title**: British Social Attitudes after Brexit and COVID-19

National Centre for Social Research | 21st October 2021

This year’s British Social Attitudes report examines how two historic events – the arrival of the pandemic and the delivery of Brexit – are shaping public attitudes in Britain. The report finds that in the wake of the pandemic more people think that society is unequal, value flexibility at work, and question the role of law and conformity.

This year’s report is based on two online surveys – a special one in July 2020 and a regular BSA survey undertaken towards the end of the year.

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

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>

Full report: [British Social Attitudes 38](https://www.bsa.natcen.ac.uk/latest-report/british-social-attitudes-38/introduction.aspx)

Press release: [BSA38: Key findings](https://bsa.natcen.ac.uk/media-centre/latest-press-releases/bsa38-key-findings-press-release.aspx)