COVID-19 weekly update

2nd July 2021

clinical management

**Title:** Hypertension is the major predictor of poor outcomes among inpatients with COVID-19 infection in the UK

BMJ Open | 25th June 2021

The authors of this retrospective cohort study undertook detailed analyses of patients’ clinical characteristics including their pre-existing comorbidities, to examine in particular the impact of diabetes, hypertension, cardiovascular diseases and cardiovascular drug therapy on inpatient COVID-19 mortality, and the relationship to ethnicity and social deprivation.

The study concludes that the combined prevalence of hypertension and diabetes appears to confer the greatest risk, where diabetes may have a modulating effect. Hypertension and cerebrovascular disease had a significant impact on inpatient mortality. Social deprivation and ethnicity did not have any effect once the patient was in hospital.

Full paper: [Hypertension is the major predictor of poor outcomes among inpatients with COVID-19 infection in the UK: a retrospective cohort study](https://bmjopen.bmj.com/content/bmjopen/11/6/e047561.full.pdf)

**Title:** Preoperative assessment and optimisation for adult surgery including consideration of Covid-19 and its implications

Royal College of Surgeons of England | June 2021

This guidance, produced by a leading group of professional healthcare organisations including the Centre for Perioperative Care the and the Royal College of General Practitioners, supports clinicians to help patients to get ready for their surgery and improve their health. Embedding shared decision making into perioperative care pathways, as described in NICE guidance on shared decision-making, is recommended as an important step to ensure patients get the right care for them, every time.

Full document: [Preoperative Assessment and Optimisation for Adult Surgery including consideration of COVID-19 and its implications](https://www.rcseng.ac.uk/-/media/files/rcs/news-and-events/2020/preoperative-assessment-and-optimisation-guidance_format.pdf)

**Title:** Nitazoxanide superiority to placebo to treat moderate COVID-19 – A Pilot prove of concept randomized double-blind clinical trial

EClinicalMedicine | 26th June 2021

The absence of specific antivirals to treat COVID-19 leads to the repositioning of candidates’ drugs. Nitazoxanide (NTZ) has a broad antiviral effect.

Compared to placebo in clinical and virologic outcomes and improvement of inflammatory outcomes, the superiority of NTZ warrants further investigation of this drug for moderate COVID-19 in larger clinical trials. A higher incidence of adverse events in the placebo arm might be attributed to COVID-19 related symptoms.

Full paper: [Nitazoxanide superiority to placebo to treat moderate COVID-19 – A Pilot prove of concept randomized double-blind clinical trial](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2821%2900261-3)

**Title:** Effect of Tenofovir Disoproxil Fumarate and Emtricitabine on nasopharyngeal SARS-CoV-2 viral load burden amongst outpatients with COVID-19: A pilot, randomized, open-label phase 2 trial

EClinicalMedicine | 26th June 2021

Tenofovir and emtricitabine interfere with the SARS CoV-2 ribonucleic acid (RNA)-dependent RNA polymerase (RdRp). Several cohorts reported that people treated by tenofovir disoproxil fumarate and emtricitabine are less likely to develop SARS CoV-2 infection and related severe COVID-19.

In this pilot study of outpatients adult with recent non-severe COVID-19, tenofovir disoproxil fumarate plus emtricitabine appeared to accelerate the natural clearance of nasopharyngeal SARS-CoV-2 viral burden. These findings support the conduct of larger trials of tenofovir-based therapies for the prevention and early treatment of COVID-19.

Full paper: [Effect of Tenofovir Disoproxil Fumarate and Emtricitabine on nasopharyngeal SARS-CoV-2 viral load burden amongst outpatients with COVID-19: A pilot, randomized, open-label phase 2 trial](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2821%2900273-X)

recovery

**Title:** “Life on hold” for NHS patients needing musculoskeletal care

BMJ | 2021; 373: n1616 | 30th June 2021

Conditions such as back pain and arthritis are the biggest cause of morbidity in the UK. But the pandemic has seen primary and secondary care appointments cancelled or held virtually. In the first of a new series on the “new normal” in medicine, this article reports on the backlogs.

Full detail: [“Life on hold” for NHS patients needing musculoskeletal care](https://www.bmj.com/content/373/bmj.n1616)

**Title:** Pandemic will cast “a long shadow” on mental health, warns England’s CMO

BMJ | 2021; 373: n1655 | 28th June 2021

The covid-19 pandemic will continue to impact mental health and the provision of psychiatric services for a considerable period, England’s chief medical officer has warned.

Speaking at the Royal College of Psychiatrists international congress, held online on 23 June, Chris Whitty stressed that even if the pandemic were to end now, it would cast “a long shadow on mental health, on provision for mental health, on our understanding of disease, and the research elements that will arise from it.”

Whitty said the pandemic had led to considerable fear and public anxiety—particularly at the start of the first wave—and noted the impact of national lockdowns on people’s social support and financial vulnerability. “The mental health elements of the lockdowns and public anxiety were often underplayed,” he told delegates.

Further detail: [Pandemic will cast “a long shadow” on mental health, warns England’s CMO](https://www.bmj.com/content/373/bmj.n1655)

**Title:** The government must support communities across the UK to tackle covid-19 long term

BMJ | 2021; 373: n1638 | 28th June 2021

With vaccination programmes driving forward across all four nations of the UK, it is certain that we have made much progress in our efforts to tackle covid-19. Public health professionals know, however, that we are far from the end of our work in tackling the wide ranging impacts of the pandemic.

Many of the problems that we have faced over the past 18 months remain unresolved, and considering that we will live alongside covid-19 for some time—especially as we see new, more potent variants emerge—these problems must be tackled with a sense of purpose and urgency.

This article argues that working with local public health teams is key to delivering an efficient, sustainable strategy.

Full detail: [The government must support communities across the UK to tackle covid-19 long term](https://www.bmj.com/content/373/bmj.n1638)

**Title:** Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives

Institute of Health Equity | 30th June 2021

The Manchester City Region had a 25 per cent higher Covid-19 death rate than England as a whole in the 13 months to March 2021. This high death rate contributed to a decline in life expectancy in the North West region, which was larger than the average in England. Life expectancy fell in 2020 by 1.6 years for men and 1.2 years for women in the North West compared 1.3 years and 0.9 years, respectively, across England.

This report includes recommendations on how to reduce health inequities and build back fairer from the Covid-19 pandemic for future generations.

Full report: [Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives](https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf)

Briefing note: [Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives](https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives-briefing-note/build-back-fairer-in-greater-manchester-briefing-note.pdf)

Press release: [New bold & ambitious framework to reduce inequities & build back fairer for future generations](https://www.instituteofhealthequity.org/in-the-news/press-releases-and-briefings-/new-bold-ambitious-framework-to-reduce-inequities-build-back-fairer-for-future-generations-if-government-is-serious-about-levelling-up-heres-how-to-do-it-says-marmot)

**Title:** A systematic review of persistent symptoms and residual abnormal functioning following acute COVID-19: Ongoing symptomatic phase vs. post-COVID-19 syndrome

MedRxiv | 30th June 2020

The objective of this sytematic review was to compare the two phases of long COVID, namely ongoing symptomatic COVID-19 (OSC; signs and symptoms from 4 to 12 weeks from initial infection) and post-COVID-19 syndrome (PCS; signs and symptoms beyond 12 weeks) with respect to symptomatology, abnormal functioning, psychological burden, and quality of life.

The prevalences of OSC and PCS were highly variable. Reported symptoms covered a wide range of body systems, with general overlap in frequencies between the two phases. However, abnormalities in lung function and imaging seemed to be more common in OSC, whilst anxiety, depression, and poor quality of life seemed more frequent in PCS. In general, the quality of the evidence was moderate and further research is needed to better understand the complex interplay of somatic versus psychosocial drivers in long COVID.

Full paper: [A systematic review of persistent symptoms and residual abnormal functioning following acute COVID-19: Ongoing symptomatic phase vs. post-COVID-19 syndrome](https://www.medrxiv.org/content/10.1101/2021.06.25.21259372v1)

**Title:** General Practice Covid 19 Recovery: The power of relationships: what is relationship-based care and why is it important

Royal College of General Practitioners | June 2021

This report sets out to define what is meant by relationship-based care - “care in which the processes and outcomes of care are enhanced by a high quality relationship between doctor and patient” - what the evidence tells us about its benefits for patients, GPs and the wider health system and why it needs to be reinvigorated.

COVID-19, and particularly the rise of remoting consulting, has posed challenges for the delivery of effective relationship-based care, and this report argues that relationships between GPs and patients must be prioritised as choices are made about what the service should look like post-pandemic.

Full report: [General Practice Covid 19 Recovery: The power of relationships: what is relationship-based care and why is it important](https://www.rcgp.org.uk/-/media/Files/Policy/power-of-relationships-rcgp-2021.ashx?la=en)

Press release: [General practice COVID-19 recovery: the power of relationships](https://www.rcgp.org.uk/policy/general-practice-covid-19-power-of-relationships.aspx)

Infection control

**Title:** COVID-19 vaccines have prevented 7.2 million infections and 27,000 deaths

Public Health England | 28th June 2021

New analysis suggests the vaccination programme has prevented between 6.4 and 7.9 million infections and 26,000 and 28,000 deaths in England alone. This is the first analysis giving an estimated number of vaccine-prevented infections, providing further evidence of the staggering impact of the vaccination programme so far.

Press release: [COVID-19 vaccines have prevented 7.2 million infections and 27,000 deaths](https://www.gov.uk/government/news/covid-19-vaccines-have-prevented-7-2-million-infections-and-27-000-deaths)

Full detail: [PHE monitoring of the effectiveness of COVID-19 vaccination](https://www.gov.uk/government/publications/phe-monitoring-of-the-effectiveness-of-covid-19-vaccination)

**Title:** Stopping movement of staff between care settings: response to consultation

Department of Health & Social Care | 29th June 2021

The government hosted a public consultation from 13 November to 23 November 2020 (with a further 2 days for respondents accessing an easy read version of the online consultation) regarding proposed new regulations to limit staff movement between care homes and other health and care settings.

This document summarises the responses to that consultation and sets out the government’s response to the issues raised.

Full detail: [Stopping movement of staff between care settings: response to consultation](https://www.gov.uk/government/consultations/stopping-movement-of-staff-between-care-settings/outcome/stopping-movement-of-staff-between-care-settings-response-to-consultation)

**Title:** How long does covid-19 immunity last?

BMJ | 2021; 373: n1605 | 30th June 2021

Many questions remain about both natural and vaccine induced immunity to SARS-CoV-2. This briefing reviews what we know so far, asking:

* How long does covid-19 immunity last?
* How long do antibodies against covid-19 stay in the body?
* What about T and B cell responses?
* How does natural immunity compare with vaccine induced immunity?
* Is there any difference in vaccine induced immunity between the first and second doses?
* How does immunity affect reinfection?
* Will covid-19 vaccine boosters be necessary?

Full detail: [How long does covid-19 immunity last?](https://www.bmj.com/content/373/bmj.n1605)

**Title:** Events pilot finds “no substantial outbreaks,” but experts point to gaps in evidence

BMJ | 2021; 373: n1658 | 29th June 2021

Just 28 positive cases of SARS-CoV-2 infection were identified among more than 58 000 people who attended nine large events in April and May included in a pilot programme set up to examine the risks of transmission and how they can be reduced.

The report said that although there was a risk of virus transmission at indoor and outdoor events the risk was greater at indoor events with a high crowd density and at “pinch points” in all venues where people may congregate for long periods, such as the entrance and exit, toilets, and refreshment areas. Mitigation strategies such as face coverings, ventilation, testing, restrictions on food and drink, and social distancing and capacity caps all contributed to reducing the risk of virus transmission, it said.

Further detail: [Events pilot finds “no substantial outbreaks,” but experts point to gaps in evidence](https://www.bmj.com/content/373/bmj.n1658)

Full report: [Events research programme: phase I findings](https://www.gov.uk/government/publications/events-research-programme-phase-i-findings/events-research-programme-phase-i-findings) | Department for Digital Culture, Media and Sport

**Title:** Third vaccine dose boosts immune response but may not be needed, say researchers

BMJ | 2021; 373: n1659 | 29th June 2021

The interval between the first and second doses of the Oxford AstraZeneca vaccine can be extended up to 10 months and a third dose of the vaccine provides a strong boost to the immune response, according to preliminary results.

In the preprint, researchers from the University of Oxford reported that extending the interval between the first and second dose to 45 weeks resulted in higher antibody titres. They also found that a third dose given 44 to 45 weeks after the second increased antibody titres further, and that adverse events were lower after the second or third dose than after the first.

Researchers said the results are positive, especially for areas affected by vaccine shortages, as they could provide “greater flexibility in vaccination schedules.” But they said that currently there is no indication that a booster is needed and stressed that the “urgent priority” is to ensure people around the world receive their first dose.

Further detail: [Third vaccine dose boosts immune response but may not be needed, say researchers](https://www.bmj.com/content/373/bmj.n1659)

Full pre-print: [Tolerability and immunogenicity after a late second dose or a third dose of chadox1 ncov-19 (azd1222)](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3873839)

**Title:** Most vulnerable could be offered booster COVID-19 vaccines from September

Department of Health & Social Care | 30th June 2021

Millions of people most vulnerable to COVID-19 may be offered a booster vaccination from September to ensure the protection they have from first and second doses is maintained ahead of the winter and against new variants, following interim advice from the Joint Committee on Vaccination and Immunisation (JCVI).

The JCVI’s interim advice is to plan to offer COVID-19 booster vaccines from September 2021, in order to prolong the protection that vaccines provide in those who are most vulnerable to serious COVID-19 ahead of the winter months. The 2-stage programme would take place alongside the annual flu vaccination programme.

Full detail: [Most vulnerable could be offered booster COVID-19 vaccines from September](https://www.gov.uk/government/news/most-vulnerable-could-be-offered-booster-covid-19-vaccines-from-september)

Related report: [JCVI interim advice on a potential coronavirus (COVID-19) booster vaccine programme for winter 2021 to 2022](https://www.gov.uk/government/publications/jcvi-interim-advice-on-a-potential-coronavirus-covid-19-booster-vaccine-programme-for-winter-2021-to-2022)

See also: [Millions could be offered booster vaccinations from September](https://www.bmj.com/content/374/bmj.n1686) | BMJ

**Title:** Mixed Oxford and Pfizer vaccine schedules shows robust immune response against COVID-19

National Institute for Health Research | 25th June 2021

Alternating doses of the Oxford/AstraZeneca and Pfizer vaccines generate robust immune responses against COVID-19, an NIHR supported study has found. The [Com-COV study](https://www.nihr.ac.uk/news/worlds-first-covid-19-vaccine-alternating-dose-study-launches-in-uk/26773) is led by the University of Oxford and run across eight NIHR sites in the UK.

Newly published early results report that both ‘mixed’ schedules (Pfizer/BioNTech followed by Oxford/AstraZeneca, and Oxford/AstraZeneca followed by Pfizer/BioNTech) generate high concentrations of antibodies against the SARS-CoV2 spike IgG protein when doses were administered four weeks apart.

This means all possible vaccination schedules involving the Oxford/AstraZeneca and Pfizer vaccines could potentially be used against COVID-19.

Full detail: [Mixed Oxford and Pfizer vaccine schedules shows robust immune response against COVID-19](https://www.nihr.ac.uk/news/mixed-oxford-and-pfizer-vaccine-schedules-shows-robust-immune-response-against-covid-19/28000)

**Title:** Immunogenicity and reactogenicity of BNT162b2 booster in ChAdOx1-S-primed participants (CombiVacS): a multicentre, open-label, randomised, controlled, phase 2 trial

The Lancet | 25th June 2021

To date, no immunological data on COVID-19 heterologous vaccination schedules in humans have been reported. We assessed the immunogenicity and reactogenicity of BNT162b2 (Comirnaty, BioNTech, Mainz, Germany) administered as second dose in participants primed with ChAdOx1-S (Vaxzevria, AstraZeneca, Oxford, UK).

BNT162b2 given as a second dose in individuals prime vaccinated with ChAdOx1-S induced a robust immune response, with an acceptable and manageable reactogenicity profile.

Full paper: [Immunogenicity and reactogenicity of BNT162b2 booster in ChAdOx1-S-primed participants (CombiVacS): a multicentre, open-label, randomised, controlled, phase 2 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901420-3)

**Title:** SARS-CoV-2 mRNA vaccines induce persistent human germinal centre responses

Nature | 28th June 2021

This study evaluated whether SARS-CoV-2 mRNA-based vaccines induce antigen-specific PB and GC B cell responses in humans. This is the first study to provide direct evidence for the induction of a persistent antigen specific GC B cell response after vaccination in humans.

Full paper: [SARS-CoV-2 mRNA vaccines induce persistent human germinal centre responses](https://www.nature.com/articles/s41586-021-03738-2_reference.pdf)

See also: [Pfizer vaccine could provide lasting immunity, small study suggests](https://www.bmj.com/content/374/bmj.n1675) | BMJ

**Title:** Prevention and Attenuation of Covid-19 with the BNT162b2 and mRNA-1273 Vaccines

New England Journal of Medicine | 30th June 2021

In a study involving 3975 health care personnel, first responders, and other essential workers, the effectiveness of mRNA vaccines against SARS-CoV-2 infection was 91% with full vaccination. The vaccines attenuated the viral RNA load, febrile symptoms, and illness duration among those who became infected despite vaccination.

Full paper: [Prevention and attenuation of Covid-19 with the BNT162b2 and mRNA-1273 vaccines](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2107058?articleTools=true)

**Title:** Safety and Efficacy of NVX-CoV2373 Covid-19 Vaccine

New England Journal of Medicine | 30th June 2021

In a phase 3 trial involving more than 15,000 participants, two doses of NVX-CoV2373, a recombinant SARS-CoV-2 nanoparticle vaccine, administered 21 days apart had a vaccine efficacy of 89.7%. and showed high efficacy against the B.1.1.7 variant. Reactogenicity was generally mild and transient, and adverse events were infrequent and of low grade.

Full paper: [Safety and efficacy of NVX-CoV2373 Covid-19 vaccine](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2107659?articleTools=true)

**Title:** Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine (CoronaVac) in healthy children and adolescents: a double-blind, randomised, controlled, phase 1/2 clinical trial

The Lancet Infectious Diseases | 28th June 2021

A vaccine against SARS-CoV-2 for children and adolescents will play an important role in curbing the COVID-19 pandemic. Here we aimed to assess the safety, tolerability, and immunogenicity of a candidate COVID-19 vaccine, CoronaVac, containing inactivated SARS-CoV-2, in children and adolescents aged 3–17 years.

CoronaVac was well tolerated and safe and induced humoral responses in children and adolescents aged 3–17 years. Neutralising antibody titres induced by the 3·0 μg dose were higher than those of the 1·5 μg dose. The results support the use of 3·0 μg dose with a two-immunisation schedule for further studies in children and adolescents.

Full paper: [Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine (CoronaVac) in healthy children and adolescents: a double-blind, randomised, controlled, phase 1/2 clinical trial](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900319-4)

**Title:** Comparative performance of SARS-CoV-2 lateral flow antigen tests and association with detection of infectious virus in clinical specimens: a single-centre laboratory evaluation study

The Lancet Microbe | 30th June 2021

Lateral flow devices (LFDs) for rapid antigen testing are set to become a cornerstone of SARS-CoV-2 mass community testing, although their reduced sensitivity compared with PCR has raised questions of how well they identify infectious cases. Understanding their capabilities and limitations is, therefore, essential for successful implementation. This study evaluated six commercial LFDs and assessed their correlation with infectious virus culture and PCR cycle threshold (Ct) values.

In this comprehensive comparison of antigen LFDs and virus infectivity, the authors found a clear relationship between Ct values, quantitative culture of infectious virus, and antigen LFD positivity in clinical samples. The data support regular testing of target groups with LFDs to supplement the current PCR testing capacity, which would help to rapidly identify infected individuals in situations in which they would otherwise go undetected.

Full paper: [Comparative performance of SARS-CoV-2 lateral flow antigen tests and association with detection of infectious virus in clinical specimens: a single-centre laboratory evaluation study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900143-9)

**Title:** Clinical performance evaluation of SARS-CoV-2 rapid antigen testing in point of care usage in comparison to RT-qPCR

EBioMedicine | 26th June 2021

Antigen rapid diagnostic tests (RDT) for SARS-CoV-2 are fast, broadly available, and inexpensive. Despite this, reliable clinical performance data from large field studies is sparse.

This study found RDT a reliable method to diagnose SARS-CoV-2 infection in persons with high viral load. RDT are a valuable addition to RT-qPCR testing, as they reliably detect infectious persons with high viral loads before RT-qPCR results are available.

Full paper: [Clinical performance evaluation of SARS-CoV-2 rapid antigen testing in point of care usage in comparison to RT-qPCR](https://www.thelancet.com/action/showPdf?pii=S2352-3964%2821%2900248-6)

**Title:** First trial participants vaccinated with Oxford COVID-19 variant vaccine

National Institute for Health Research | 29th June 2021

The first participants have been vaccinated using a Oxford/AstraZeneca variant vaccine, aimed at preventing the Beta COVID-19 variant. The University of Oxford in partnership with AstraZeneca are leading the Phase II/III study, supported by NIHR, which will assess the safety and immunogenicity of the variant vaccine in both previously vaccinated and unvaccinated adults.

The study will recruit approximately 1,865 participants across the UK, South Africa, Brazil and Poland, including 800 participants across 14 NIHR sites.

The new variant vaccine, known as AZD2816 has been designed using the same adenoviral vector platform developed by researchers at the University of Oxford using the ChAdOx platform technology, with ten minor genetic alterations to the spike protein based on the Beta (B.1.351, South African) variant.

The variant vaccine will be administered to those previously fully vaccinated with two doses of original Oxford/AstraZeneca or an mRNA vaccine (Pfizer and Moderna), at least three months after their last injection. AZD2816 will be given as two doses, in non-vaccinated individuals four or twelve weeks apart, or given as a second dose following a first dose of Vaxzevria four weeks apart.

Full detail: [First trial participants vaccinated with Oxford COVID-19 variant vaccine](https://www.nihr.ac.uk/news/first-trial-participants-vaccinated-with-oxford-covid-19-variant-vaccine-in-nihr-supported-study/28022)

**Title:** Sharing Technology and Vaccine Doses to Address Global Vaccine Inequity and End the COVID-19 Pandemic

JAMA | 1st July 2021

This Viewpoint offers three strategies to address inequity in pandemic vaccine response: surge funding, increased funding, and an agreement to share technology and allow countries to waive intellectual property rights in global public health emergencies.

Full detail: [Sharing technology and vaccine doses to address global vaccine inequity and end the Covid-19 pandemic](https://jamanetwork.com/journals/jama/fullarticle/2781756)

**Title:** Ethical Considerations of Offering Benefits to COVID-19 Vaccine Recipients

JAMA | 1st July 2021

This Viewpoint discusses why offering incentives for COVID-19 vaccination is not only ethical, but an important tool in increasing vaccine uptake, which benefits society as a whole.

Full detail: [Ethical considerations of offering benefits to Covid-19 vaccine recipients](https://jamanetwork.com/journals/jama/fullarticle/2781755)

workforce wellbeing

**Title:** Upgrading PPE for staff working on COVID-19 wards cut hospital-acquired infections dramatically

University of Cambridge| 29th June 2021

When Addenbrooke’s Hospital in Cambridge upgraded its face masks for staff working on COVID-19 wards to filtering face piece 3 (FFP3) respirators, it saw a dramatic fall – up to 100% – in hospital-acquired SARS-CoV-2 infections among these staff.

The findings are reported by a team at the University of Cambridge and Cambridge University Hospitals (CUH) NHS Foundation Trust. The research has not yet been peer-reviewed, but is being released early because of the urgent need to share information relating to the pandemic.

Until recently UK Infection Protection Control guidance recommended that healthcare workers caring for patients with COVID-19 should use fluid resistant surgical masks type IIR (FRSMs) as respiratory protective equipment; if aerosol-generating procedures were being carried out (for example inserting a breathing tube into the patient’s windpipe), then the guidance recommended the use of an FFP3 respirator. The guidance has recently been updated to oblige NHS organisations to assess the risk that COVID-19 poses to staff and provide FFP3 respirators where appropriate.

Full detail: [FFP3 respirators protect healthcare workers against infection  with SARS-CoV-2](https://d197for5662m48.cloudfront.net/documents/publicationstatus/65473/preprint_pdf/9e9bb2c8f19846635e5cf9729930bad4.pdf)

Press release: [Upgrading PPE for staff working on COVID-19 wards cut hospital-acquired infections dramatically](https://www.cam.ac.uk/research/news/upgrading-ppe-for-staff-working-on-covid-19-wards-cut-hospital-acquired-infections-dramatically)

See also: [Upgrading to FFP3 respirators cuts infection risk, research finds](https://www.bmj.com/content/373/bmj.n1663) | BMJ

[Covid: Masks upgrade cuts infection risk, research finds](https://www.bbc.co.uk/news/health-57636360) | BBC News

**Title:** GP staff have faced threats and abuse during vaccination programme, poll finds

BMJ | 2021; 373: n1665 | 30th June 2021

Over half (52%) of GP practice staff have received threats of physical abuse while working on the covid-19 vaccination programme, a survey has found. The poll of 222 GP practice staff by the Medical Protection Society (MPS) also found that over half (53%) of staff said that their surgery or vaccination centre had been defaced by anti-vaccination material. The survey included GPs, nurses, and practice managers at surgeries in the UK.

Two thirds of survey respondents (60%) said that abuse and complaints relating to the covid-19 vaccination programme had impacted on their own or their team’s mental wellbeing. A further 71% said that the increased workload resulting from the programme has affected wellbeing.

Full detail: [GP staff have faced threats and abuse during vaccination programme, poll finds](https://www.bmj.com/content/373/bmj.n1665)

Health management

**Title:** Principles for pandemics: COVID-19 and professional ethical guidance in England and Wales

BMC Medical Ethics | 24th June 2021

During the early months of the pandemic, the authors of this rapid review, asked: what are the principles adopted by professional ethical guidance in England and Wales for dealing with COVID-19? They undertook thematic content analysis of the 29 documents that met our inclusion criteria.

The 29 documents captured 13 overlapping principles: respect, fairness, minimising harm, reciprocity, proportionality, flexibility, working together, inclusiveness, communication, transparency, reasonableness, responsibility, and accountability.

Full paper: [Principles for pandemics: COVID-19 and professional ethical guidance in England and Wales](https://bmcmedethics.biomedcentral.com/track/pdf/10.1186/s12910-021-00643-1.pdf)

other

**Title:** Covid-19: GPs urge government to clear up confusion over symptoms

BMJ | 2021; 373: n1654 | 28th June 2021

GPs have called on the government to update the official list of covid-19 symptoms after seeing patients shun tests to check their infection status because they don’t believe they have been infected by SARS-CoV-2. They also said that a public communication campaign was needed to inform the public about the limitations of lateral flow tests and vaccination.

The website of the Covid Symptoms Study being run by the health science company ZOE and King’s College London said the most commonly reported covid-19 symptoms were now headache, runny nose, and sore throat and not fever, cough, and loss of sense of smell or taste, as listed by the government.

Lack of information about this changing profile of symptoms is making dealing with patients difficult and could thwart efforts to control the pandemic, GPs have told *The BMJ*.

Full detail: [Covid-19: GPs urge government to clear up confusion over symptoms](https://www.bmj.com/content/373/bmj.n1654)

**Title:** Long covid cases are underreported in GP records, research suggests

BMJ | 2021; 374: n1685 | 2nd July 2021

GPs may be underreporting long covid say researchers who analysed 58 million patients’ primary care records and found a much lower prevalence than previous survey estimates.

An analysis of pseudonymised electronic health records of patients in England found only 40 cases of long covid reported per 100 000 people.This is a much lower prevalence than estimates using questionnaire research methods such as the React-2 study which estimated that around two million people have the condition.

The analysis, published in the *British Journal of General Practice*, also found wide variation in reporting of long covid by GP practice, geographic region, and electronic notes systems doctors used.

Further detail: [Long covid cases are underreported in GP records, research suggests](https://www.bmj.com/content/374/bmj.n1685)

Related research: [Clinical coding of long COVID in English primary care: a federated analysis of 58 million patient records in situ using OpenSAFELY](https://bjgp.org/content/early/2021/06/28/BJGP.2021.0301) | British Journal of General Practice

**Title:** Could expanding the covid-19 case definition improve the UK’s pandemic response?

BMJ | 2021; 374: n1625 | 1st July 2021

This BMJ analysis evaluates the potential opportunities and challenges of expanding the symptom list linked to self-isolation and testing as vaccines are rolled out.

Key messages:

* Covid-19 is associated with a wide range of symptoms
* Many patients do not experience the UK’s official case defining symptoms, initially, or ever, and other symptoms often manifest earlier
* Limiting the symptomatic testing to those with these official symptoms will miss or delay identification of many covid-19 cases, hampering efforts to interrupt transmission
* Expanding the clinical case definition of covid−19, the criteria for self-isolation, and eligibility for symptomatic testing could improve the UK’s pandemic response
* Dynamic targeting based on data could avoid overloading resources

Full detail: [Could expanding the covid-19 case definition improve the UK’s pandemic response?](https://www.bmj.com/content/374/bmj.n1625)

**Title:** A panoramic view of the pandemic’s impact on our health

The Health Foundation | 29th June 2021

The Health Foundation’s COVID-19 impact inquiry began in October 2020, exploring the pandemic's implications for health and health inequalities in the UK. Since then, the inquiry team has been gathering evidence from a wide range of sources. The resulting report, due to publish next week, will provide a comprehensive review of the factors that affected people’s experiences of the pandemic and led to the UK’s devastating COVID-19 death toll. It also sets out what is needed to improve the nation’s health and shines a light on the immediate issue of recovery.

This Q & A piece explores the work that’s gone on behind the scenes to gather and analyse a wealth of important evidence and build a detailed picture of the pandemic’s impact on our country.

Full detail: [A panoramic view of the pandemic’s impact on our health](https://www.health.org.uk/news-and-comment/newsletter-features/a-panoramic-view-of-the-pandemics-impact-on-our-health)

**Title:** Widespread implementation of a low-cost telehealth service in the delivery of antenatal care during the COVID-19 pandemic

The Lancet | 3rd July 2021

Little evidence is available on the use of telehealth for antenatal care. In response to the COVID-19 pandemic, the authors of this paper developed and implemented a new antenatal care schedule integrating telehealth across all models of pregnancy care. To inform this clinical initiative, they aimed to assess the effectiveness and safety of telehealth in antenatal care.

The analysis showed that telehealth integrated antenatal care enabled the reduction of in-person consultations by 50% without compromising pregnancy outcomes. This care model can help to minimise in-person interactions during the COVID-19 pandemic, but should also be considered in post-pandemic health-care models.

Full paper: [Widespread implementation of a low-cost telehealth service in the delivery of antenatal care during the COVID-19 pandemic: an interrupted time-series analysis](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900668-1)

**Title:** Alcohol-Related Diseases Increased as Some People Drank More During the COVID-19 Pandemic

JAMA | 30th June 2021

This Medical News feature examines the association between changes in alcohol use patterns during the pandemic and increases in alcohol-associated diseases.

Full detail: [Alcohol-related diseases increased as some people drank more during the Covid-19 pandemic](https://jamanetwork.com/journals/jama/fullarticle/2781739)

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[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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