COVID-19 weekly update

3rd December 2021

clinical management

**Title:** Lenzilumab in hospitalised patients with COVID-19 pneumonia (LIVE-AIR): a phase 3, randomised, placebo-controlled trial

The Lancet Respiratory Medicine | 1st December 2021

The pathophysiology of COVID-19 includes immune-mediated hyperinflammation, which could potentially lead to respiratory failure and death. Granulocyte-macrophage colony-stimulating factor (GM-CSF) is among cytokines that contribute to the inflammatory processes. Lenzilumab, a GM-CSF neutralising monoclonal antibody, was investigated in the LIVE-AIR trial to assess its efficacy and safety in treating COVID-19 beyond available treatments.

Lenzilumab significantly improved survival without invasive mechanical ventilation in hospitalised patients with COVID-19, with a safety profile similar to that of placebo. The added value of lenzilumab beyond other immunomodulators used to treat COVID-19 alongside steroids remains unknown.

Full paper: [Lenzilumab in hospitalised patients with COVID-19 pneumonia (LIVE-AIR): a phase 3, randomised, placebo-controlled trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900494-X)

**Title:** Risk of COVID-19 hospital admission among children aged 5–17 years with asthma in Scotland: a national incident cohort study

The Lancet Respiratory Medicine | 30th November 2021

There is an urgent need to inform policy deliberations about whether children with asthma should be vaccinated against SARS-CoV-2 and, if so, which subset of children with asthma should be prioritised. The authors of this study were asked by the UK's Joint Commission on Vaccination and Immunisation to undertake an urgent analysis to identify which children with asthma were at increased risk of serious COVID-19 outcomes.

School-aged children with asthma with previous recent hospital admission or two or more courses of oral corticosteroids are at markedly increased risk of COVID-19 hospital admission and should be considered a priority for vaccinations. This would translate into 9124 children across Scotland and an estimated 109 448 children across the UK.

Full paper: [Risk of COVID-19 hospital admission among children aged 5–17 years with asthma in Scotland: a national incident cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900491-4)

Related: [Risk of COVID-19 hospital admission among children with asthma](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900509-9/fulltext) [comment]

See also: [Poorly controlled asthma increases risk of hospital admission among children sixfold, finds study](https://www.bmj.com/content/375/bmj.n2959) | BMJ

**Title:** Fungal infections in mechanically ventilated patients with COVID-19 during the first wave: the French multicentre MYCOVID study

The Lancet Respiratory Medicine | 26th November 2021

Patients with severe COVID-19 have emerged as a population at high risk of invasive fungal infections (IFIs). However, to our knowledge, the prevalence of IFIs has not yet been assessed in large populations of mechanically ventilated patients. This study aimed to identify the prevalence, risk factors, and mortality associated with IFIs in mechanically ventilated patients with COVID-19 under intensive care.

This study shows the high prevalence of invasive pulmonary aspergillosis and candidaemia and high mortality associated with pr/pb CAPA in mechanically ventilated patients with COVID-19. These findings highlight the need for active surveillance of fungal pathogens in patients with severe COVID-19.

Full paper: [Fungal infections in mechanically ventilated patients with COVID-19 during the first wave: the French multicentre MYCOVID study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900442-2)

Related comment: [Managing secondary fungal infections in severe COVID-19: how to move forward?](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900500-2)

**Title:** Next generation plasma proteome profiling of COVID-19 patients with mild to moderate symptoms

EBioMedicine | 26th November 2021

COVID-19 has caused millions of deaths globally, yet the cellular mechanisms underlying the various effects of the disease remain poorly understood. Recently, a new analytical platform for comprehensive analysis of plasma protein profiles using proximity extension assays combined with next generation sequencing has been developed, which allows for multiple proteins to be analyzed simultaneously without sacrifice on accuracy or sensitivity.

The study has identified more than 200 proteins that are significantly elevated during infection and many of these are related to cytokine response and other immune-related functions. In addition, several other proteins are shown to be elevated, including SCARB2, a host cell receptor protein involved in virus entry. A comparison with the plasma protein response in patients with severe symptoms shows a highly similar pattern, but with some interesting differences.

The study presented here demonstrates the usefulness of “next generation plasma protein profiling” to identify molecular signatures of importance for disease progression and to allow monitoring of disease during recovery from the infection. The results will facilitate further studies to understand the molecular mechanism of the immune-related response of the SARS-CoV-2 virus.

Full paper: [Next generation plasma proteome profiling of COVID-19 patients with mild to moderate symptoms](https://www.thelancet.com/action/showPdf?pii=S2352-3964%2821%2900517-X)

**Title:** Therapeutic implications of ongoing alveolar viral replication in COVID-19

The Lancet Rheumatology | 1st December 2021

In patients with moderate-to-severe COVID-19 pneumonia, an aberrant post-viral alveolitis with excessive inflammatory responses and immunothrombosis underpins use of immunomodulatory therapy (eg, corticosteroids and interleukin-6 receptor antagonism). By contrast, immunosuppression in individuals with mild COVID-19 who do not require oxygen therapy or in those with critical disease undergoing prolonged ventilation is of no proven benefit.

Furthermore, a window of opportunity is thought to exist for timely immunosuppression in patients with moderate-to-severe COVID-19 pneumonia shortly after clinical presentation.

This Viewpoint explores the shortcomings of a universal immunosuppression approach in patients with moderate-to-severe COVID-19 due to disease heterogeneity related to ongoing SARS-CoV-2 replication, which can manifest as RNAaemia in some patients treated with immunotherapy. By contrast, immunomodulatory therapy has overall benefits in patients with rapid SARS-CoV-2 clearance, via blunting of multifaceted, excessive innate immune responses in the lungs, potentially uncontrolled T-cell responses, possible autoimmune responses, and immunothrombosis.

This article highlight this therapeutic dichotomy to better understand the immunopathology of moderate-to-severe COVID-19, particularly the role of RNAaemia, and to refine therapy choices.

Full detail: [Therapeutic implications of ongoing alveolar viral replication in COVID-19](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2821%2900322-2)

**Title:** UK approves monoclonal antibody sotrovimab for over 12s at high risk

BMJ | 2021; 375: n2990 | 2nd December 2021

The UK’s medicines regulator has approved a second monoclonal antibody, sotrovimab, for the treatment of people over 12 years with mild to moderate covid-19 who are at high risk of developing severe disease.

The Medicines and Healthcare Products Regulatory Agency’s decision was based on clinical trial data showing that a single dose of sotrovimab, which is given as an intravenous infusion over 30 minutes, reduced the risk of hospital admission and death by 79% in high risk adults with symptomatic covid-19.

The MHRA concluded from the trial findings that sotrovimab is most effective when taken during the early stages of infection and so is recommended for use within five days of symptoms starting. It has not yet been confirmed when or how the treatment will be rolled out in the NHS.

Further detail: [UK approves monoclonal antibody sotrovimab for over 12s at high risk](https://www.bmj.com/content/375/bmj.n2990)

See also: [Regulatory approval of Xevudy (sotrovimab)](https://www.gov.uk/government/publications/regulatory-approval-of-xevudy-sotrovimab) | Medicines and Healthcare products Regulatory Agency

**Title:** ChAdOx1 interacts with CAR and PF4 with implications for thrombosis with thrombocytopenia syndrome

Science Advances | 1st December 2021

Vaccines derived from chimpanzee adenovirus Y25 (ChAdOx1), human adenovirus type 26 (HAdV-D26), and human adenovirus type 5 (HAdV-C5) are critical in combatting the severe acute respiratory coronavirus 2 (SARS-CoV-2) pandemic.

As part of the largest vaccination campaign in history, ultrarare side effects not seen in phase 3 trials, including thrombosis with thrombocytopenia syndrome (TTS), a rare condition resembling heparin-induced thrombocytopenia (HIT), have been observed.

This study demonstrates that all three adenoviruses deployed as vaccination vectors versus SARS-CoV-2 bind to platelet factor 4 (PF4), a protein implicated in the pathogenesis of HIT. The authors have determined the structure of the ChAdOx1 viral vector and used it in state-of-the-art computational simulations to demonstrate an electrostatic interaction mechanism with PF4, which was confirmed experimentally by surface plasmon resonance.

These data confirm that PF4 is capable of forming stable complexes with clinically relevant adenoviruses, an important step in unraveling the mechanisms underlying TTS.

Full detail: [ChAdOx1 interacts with CAR and PF4 with implications for thrombosis with thrombocytopenia syndrome](https://www.science.org/doi/10.1126/sciadv.abl8213)

See also: [Trigger of rare blood clots with AstraZeneca jab found by scientists](https://www.bbc.co.uk/news/health-59418123?at_medium=RSS&at_campaign=KARANGA) | BBC News

recovery

**Title:** Doing a lot more with only slightly more: the NHS’s Covid-19 recovery and public expectations

The King’s Fund | 1st December 2021

Covid-19 demanded that the government commit massive increases to the health budget: over the past two years it has spent £80 billion on tackling the pandemic, 40 per cent above previous health spending plans. While it is hoped that health spending will not need to return to these levels in the near future, the legacy costs of responding to the acute phase of the pandemic are great.

These legacy costs are not just financial costs; they are also opportunity costs. The NHS went into the pandemic with growing waiting lists, routinely missed performance targets and a severe workforce shortage. This article explains that responding to the pandemic has served to divert attention away from tackling these issues and has exacerbated them.

Full detail: [Doing a lot more with only slightly more: the NHS’s Covid-19 recovery and public expectations](https://www.kingsfund.org.uk/blog/2021/12/nhs-covid-19-recovery-public-expectations)

**Title:** NHS backlogs and waiting times in England

National Audit Office | 1st December 2021

According to this report, recovering elective and cancer care performance to the standards required will be a huge and lengthy challenge for the NHS, and there is a real risk that the waiting list for patients seeking elective care will be longer in 2025 than it is today.

The report highlights how tackling the difficulties ahead will require:

* extra beds and operating theatre capacity beyond the levels that were planned before the COVID-19 pandemic;
* managing the ongoing pressure on the NHS workforce, including long-standing staff shortages; and
* ensuring that existing health inequalities are not perpetuated or exacerbated

Full report: [NHS backlogs and waiting times in England](https://www.nao.org.uk/wp-content/uploads/2021/07/NHS-backlogs-and-waiting-times-in-England.pdf)

Press release: [NHS backlogs and waiting times in England](https://www.nao.org.uk/press-release/nhs-backlogs-and-waiting-times-in-england/)

**Title:** State of Health Visiting in England

Institute of Health Visiting | 1st December 2021

This report aims to capture the experiences of frontline health visiting practitioners working with families across the United Kingdom in the wake of the Covid-19 pandemic. It finds that the needs of babies, young children and families are increasing, there are not enough health visitors to meet these rising levels of need, and families are experiencing an ongoing postcode lottery of support.

Full report: [State of Health Visiting in England. "We need more health visitors!"](https://ihv.org.uk/wp-content/uploads/2021/11/State-of-Health-Visiting-Survey-2021-FINAL-VERSION-25.11.21.pdf)

Press release: [Survey confirms babies, young children and families’ needs are increasing in the postcode lottery of support](https://ihv.org.uk/news-and-views/news/survey-confirms-babies-young-children-and-families-needs-are-increasing-in-the-postcode-lottery-of-support/)

**Title:** From response to transformation: how countries can strengthen national pandemic preparedness and response systems

BMJ | 2021; 375: e067507 | 29th November 2021

This article looks at the characteristics of national responses to covid-19. The authors suggest actionable steps at a national level that can guide states to achieve the independent panel’s recommendations for making this the last pandemic.

Key messages:

* High performing national responses to covid-19 are characterised by co-ordinating, developing, and strengthening a suite of public health, health system, and socioeconomic measures to prevent or break chains of transmission in communities
* Low performing countries’ national approaches were hindered by devaluing, denial, delays, and distrust. Interventions ultimately prevented co-ordinated national efforts or rendered them ineffective in breaking chains of transmission in communities
* To implement recommendations of the Independent Panel for Pandemic Preparedness and Response, the authors propose 15 actionable next steps for responding to emergent pandemic threats, preparing and maintaining resilient health systems for pandemic response, and transforming to build intersectional approaches centred on community trust and enabled by equitable societies.

Full detail: [From response to transformation: how countries can strengthen national pandemic preparedness and response systems](https://www.bmj.com/content/375/bmj-2021-067507)

**Title:** Strengthening the basics: public health responses to prevent the next pandemic

BMJ | 2021; 375: e067510 | 29th November 2021

This article suggests that to make covid-19 the last pandemic, public health responses to outbreaks must be strengthened, starting with their most basic functions.

Key messages:

* The covid-19 response has been dominated by public policies to reduce transmission, underpinned by crucial public health functions including surveillance, testing, contact tracing, and quarantine.
* Public health responses to pandemics must be people centred, include core public health functions with effective systems, and have complementary public policies and social supports able to rapidly scale up.
* Public health must strengthen the basics and acknowledge that current failures are the result of broken and underfunded public health systems. We must redefine public health to be more than public policies, but a robust community led effort to detect and suppress emerging outbreaks.

Full detail: [Strengthening the basics: public health responses to prevent the next pandemic](https://www.bmj.com/content/375/bmj-2021-067510)

Infection control

**Title:** All adults to be offered COVID-19 boosters by end of January

Department of Health and Social Care | 30th November 2021

All eligible adults in England aged 18 and over will be offered a COVID-19 booster vaccine by the end of January.

Following advice from the independent experts at the Joint Committee for Vaccination and Immunisation (JCVI), everyone who is currently eligible - including those aged 40 and over, health and social care workers and those at increased risk from the virus due to health conditions - will be able to book their jab from three months after their second dose, meaning an additional 7 million people over 40 are now eligible.

The government and the NHS are urging younger people to wait until they are called forward by the NHS – with the more vulnerable continuing to be prioritised for their booster, to top up their immunity to the virus as soon as possible.

Full detail: [All adults to be offered COVID-19 boosters by end of January](https://www.gov.uk/government/news/all-adults-to-be-offered-covid-19-boosters-by-end-of-january)

**Title:** UK vaccine response to the Omicron variant: JCVI advice

Department of Health and Social Care | 29th November 2021

This statement sets out the JCVI’s advice on extending the UK COVID-19 vaccination programme to offer:

* booster doses to adults aged 18 to 39 years
* second doses to children and young people aged 12 to 15 years

Full detail: [UK vaccine response to the Omicron variant: JCVI advice](https://www.gov.uk/government/publications/uk-vaccine-response-to-the-omicron-variant-jcvi-advice)

See also:

* [Omicron may require 'very stringent response', say Sage scientists](https://www.bbc.co.uk/news/health-59484322?at_medium=RSS&at_campaign=KARANGA) | BBC News
* [Omicron may be more transmissible than other variants and partly resistant to existing vaccines, scientists fear](https://www.bmj.com/content/375/bmj.n2943) | BMJ

**Title:** Government takes decisive action against new COVID-19 variant

Department of Health and Social Care | 28th November 2021

Temporary and precautionary measures to prevent the spread of the new COVID-19 Omicron variant in the UK will come into force on Tuesday, the government has confirmed.

From 30 November face coverings will be compulsory in shops and other settings such as banks, post offices and hairdressers, as well as on public transport unless individuals are exempt from doing so.

All travellers arriving into the country from 4am on Tuesday 30 November will be required to take a PCR test on or before day 2 and self isolate until they have received a negative test result. These PCR tests can be purchased from private providers.

Full detail: [Government takes decisive action against new COVID-19 variant](https://www.gov.uk/government/news/government-takes-decisive-action-against-new-covid-19-variant)

**Title:** Government agrees new deals to future proof vaccine rollout in light of new variant

Department of Health and Social Care | 2nd December 2021

The government has signed new contracts to secure the supply of our vaccine stock to future proof the country’s vaccine programme. The new contracts with Pfizer/BioNTech and Moderna were accelerated in light of the new variant, as part of the ongoing efforts to ensure the government is doing everything it can while scientists across the world learn more about Omicron. These future supply deals include access to modified vaccines if they are needed to combat Omicron and future Variants of Concern, to prepare for all eventualities.

The agreements signed through the Vaccine Taskforce are building on existing partnerships with the vaccine companies, and will see the government procure a total of 114 million additional doses of the Pfizer/BioNTech and Moderna vaccines for 2022 and 2023. This is in addition to the 35 million additional doses of Pfizer/BioNTech ordered in August for delivery in the second half of next year, and the 60 million Novavax and 7.5 million GSK/Sanofi doses expected in 2022.

Full detail: [Government agrees new deals to future proof vaccine rollout in light of new variant](https://www.gov.uk/government/news/government-agrees-new-deals-to-future-proof-vaccine-rollout-in-light-of-new-variant)

**Title:** Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK (COV-BOOST)

 The Lancet | 2nd December 2021

Few data exist on the comparative safety and immunogenicity of different COVID-19 vaccines given as a third (booster) dose. To generate data to optimise selection of booster vaccines, this study investigated the reactogenicity and immunogenicity of seven different COVID-19 vaccines as a third dose after two doses of ChAdOx1 nCov-19 (Oxford–AstraZeneca; hereafter referred to as ChAd) or BNT162b2 (Pfizer–BioNtech, hearafter referred to as BNT).

All study vaccines boosted antibody and neutralising responses after ChAd/ChAd initial course and all except one after BNT/BNT, with no safety concerns. Substantial differences in humoral and cellular responses, and vaccine availability will influence policy choices for booster vaccination.

Full paper: [Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK (COV-BOOST): a blinded, multicentre, randomised, controlled, phase 2 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902717-3)

See also: [Pfizer and Moderna jabs give best overall boost, UK trial finds](https://www.bbc.co.uk/news/health-59489988) | BBC News

**Title:** Reinfection with new variants of SARS-CoV-2 after natural infection: a prospective observational cohort in 13 care homes in England

The Lancet Healthy Longevity | December 2021

Understanding the duration of protection and risk of reinfection after natural infection is crucial to planning COVID-19 vaccination for at-risk groups, including care home residents, particularly with the emergence of more transmissible variants. This paper reports on the duration, neutralising activity, and protection against the alpha variant of previous SARS-CoV-2 infection in care home residents and staff infected more than 6 months previously.

SARS-CoV-2 reinfections were rare in older residents and younger staff. Protection from SARS-CoV-2 was sustained for longer than 9 months, including against the alpha variant. Reinfection was associated with no or low neutralising antibody before reinfection, but significant boosting occurred on reinfection.

Full paper: [Reinfection with new variants of SARS-CoV-2 after natural infection: a prospective observational cohort in 13 care homes in England](https://www.thelancet.com/action/showPdf?pii=S2666-7568%2821%2900253-1)

**Title:** Prevention of SARS-CoV-2 transmission during a large, live, indoor gathering (SPRING)

The Lancet Infectious Diseases | 26th November 2021

Mass indoor gatherings were banned in early 2020 to prevent the spread of SARS-CoV-2. This study aimed to assess, under controlled conditions, whether infection rates among attendees at a large, indoor gathering event would be similar to those in non-attendees, given implementation of a comprehensive prevention strategy including antigen-screening within 3 days, medical mask wearing, and optimised ventilation.

Participation in a large, indoor, live gathering without physical distancing was not associated with increased SARS-CoV-2–transmission risk, provided a comprehensive preventive intervention was implemented.

Full paper: [Prevention of SARS-CoV-2 transmission during a large, live, indoor gathering (SPRING): a non-inferiority, randomised, controlled trial](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900673-3)

**Title:** Comparative Effectiveness of BNT162b2 and mRNA-1273 Vaccines in U.S. Veterans

New England Journal of Medicine | 1st December 2021

In an observational study involving nearly 440,000 veterans, both the BNT162b2 vaccine and the mRNA-1273 vaccine were highly effective at preventing infection, hospitalization, and death from Covid-19. Infection risks were approximately 21% lower with mRNA-1273 than with BNT162b2. Follow-up included periods when either the alpha variant or the delta variant was dominant.

Full article: [Comparative effectiveness of BNT162b2 and mRNA-1273 vaccines in U.S. veterans](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2115463?articleTools=true)

Related editorial: [Covid-19 mRNA Vaccines — Six of one, half a dozen of the other](https://www.nejm.org/doi/full/10.1056/NEJMe2117446?query=recirc_curatedRelated_article)

**Title:** Covid-19 Vaccine Effectiveness in New York State

New England Journal of Medicine | 1st December 2021

The effectiveness of the BNT162b2, mRNA-1273, and Ad26.COV2.S vaccines was assessed from May through August 2021. Initial protection was high, but there was a modest waning after the delta variant surged and public health mitigation policies changed. Protection against hospitalization remained high.

Full article: [Covid-19 vaccine effectiveness in New York State](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2116063?articleTools=true)

**Title:** Role of asymptomatic and pre-symptomatic infections in covid-19 pandemic

BMJ | 2021; 375: n2342 | 2nd December 2021

In contrast to many other countries, China has been releasing data on new asymptomatic cases of covid-19 and those who eventually developed symptoms since 31 March 2020. This has facilitated assessment of the role of asymptomatic infections in disease transmission. This analysis examines the proportion and infectivity of people with asymptomatic and pre-symptomatic infections, and how their management can contribute to controlling covid-19 transmission.

Key messages:

* Asymptomatic and pre-symptomatic infections are important sources of covid-19 transmission
* Mass testing and isolation of asymptomatic cases in China has stopped re-emergence of widespread community transmission
* China’s approach to managing asymptomatic and pre-symptomatic infection has considerable value in preventing outbreaks in unexposed communities
* China’s experience can also be used to guide response to future emerging infectious diseases with low infection rates

Full detail: [Role of asymptomatic and pre-symptomatic infections in covid-19 pandemic](https://www.bmj.com/content/375/bmj.n2342)

**Title:** Non-pharmaceutical interventions during the roll out of covid-19 vaccines

BMJ | 2021; 375: n2314 | 2nd December 2021

Non-pharmaceutical interventions (NPIs) such as mask wearing and contact tracing were the only available measures to control the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) before vaccines became available. The emergence of highly transmissible variants of SARS-CoV-2 such as the delta variant are a serious concern. As a result, even countries with high vaccination rates have required continued use of NPIs.

 However, NPIs impose restrictions on people’s lives and may adversely affect the economy; they are also difficult to sustain for a long time. In 2021, now that many countries are vaccinating their populations, the continued use of many NPIs has been questioned.

This analysis describes the effect of NPIs before and after the introduction of vaccines against coronavirus disease 2019 (covid-19) and discusses whether NPIs should be abandoned after vaccine programmes start, especially when the delta variant is now the dominant circulating strain.

Full detail: [Non-pharmaceutical interventions during the roll out of covid-19 vaccines](https://www.bmj.com/content/375/bmj.n2314)

**Title:** Rapid and sustained containment of covid-19 is achievable and worthwhile: implications for pandemic response

BMJ | 2021; 375: e066169 | 2nd December 2021

Key messages

* Successful containment of highly transmissible SARS-CoV-2 by several countries shows that elimination of an emerging virus that might lead to a pandemic can be achieved using non-pharmaceutical interventions alone at an early stage of an outbreak
* In an increasingly modernised and globalised world, innovative technological and organisational approaches can overcome feasibility, effectiveness, sustainability, and flexibility challenges of non-pharmaceutical interventions that are necessary for containment
* In comparison with strategies for covid-19 mitigation, rapid containment cost less, hastened socioeconomic recovery and normal functioning of the society, and provided better protection of a huge number of vulnerable lives
* Containment should be strongly attempted as the preferred initial response strategy to an emerging pathogen with potential to lead to a pandemic that might rapidly overwhelm medical systems

Full detail: [Rapid and sustained containment of covid-19 is achievable and worthwhile: implications for pandemic response](https://www.bmj.com/content/375/BMJ-2021-066169)

**Title:** GPs need extra staff and capacity to deliver accelerated booster programme, say leaders

BMJ | 2021; 375: n2982 | 2nd December 2021

General practice will require extra staff and capacity to offer covid-19 booster vaccines to everyone over the age of 18 by the end of January, primary care leaders have warned.

The acceleration of the booster programme was announced after the Joint Committee on Vaccination and Immunisation updated its adviceto halve the recommended gap between second doses and boosters to three months. In England alone, this means almost 14 million more adults will now be eligible for a booster.

Full detail: [GPs need extra staff and capacity to deliver accelerated booster programme, say leaders](https://www.bmj.com/content/375/bmj.n2982)

**Title:** One in 60 people in UK would test positive for Covid last week

Office for National Statistics | 3rd December 2021

Estimates from the ONS survey suggest that just over one million (1,087,000) people in the UK would test positive for coronavirus in the week ending 27 November. This is up slightly from 1,035,000 last week. This is 1.7% of the population – or one in 60 people in the latest week.

The ONS say the trends for estimated Covid-19 infections continued to increase in Northern Ireland and Scotland, increased in England and was uncertain in Wales.

In England, one in 60 are estimated to be testing positive for coronavirus, it's one in 45 in Wales, one in 45 in Northern Ireland and one in 65 in Scotland.

Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 3 December 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/3december2021)

other

**Title:** Misconduct in public office: why did so many thousands die unnecessarily? Report of the People’s Covid Inquiry

Keep Our NHS Public | 1st December 2021

A panel of four, chaired by Michael Mansfield QC, heard evidence from over 40 witnesses including bereaved families, frontline NHS and key workers, national and international experts, trade union and council leaders, and representatives from disabled people’s and pensioners’ organisations. This report summarises the concerns raised, including NHS preparedness, government response, the impact on various population groups, the impact on frontline staff, inequalities and discrimination and more.

Full report: [Misconduct in public office: why did so many thousands die unnecessarily?](https://36085122-5b58-481e-afa4-a0eb0aaf80ca.usrfiles.com/ugd/360851_14d399accc1848cbb7649ad101546e66.pdf)

Report summary: [Misconduct in public office: why did so many thousands die unnecessarily?](https://36085122-5b58-481e-afa4-a0eb0aaf80ca.usrfiles.com/ugd/360851_62aeecaeb6944934b6c55d41708d7eeb.pdf)

See also: [Government was “grossly negligent” in its handling of pandemic, says people’s inquiry](https://www.bmj.com/content/375/bmj.n2955) | BMJ

**Title:** Final report on progress to address COVID-19 health inequalities

Race Disparity Unit | 3rd December 2021

This is the final report on progress to address disparities in the risks and outcomes of COVID-19 for ethnic minority groups. It summarises how work across government, and with national and local partners, has led to increases in both positive vaccine sentiment and vaccine uptake across all ethnic groups since the beginning of the year.

The report also includes further analysis of how the impacts of COVID-19 changed for ethnic minority groups between the first and second waves of the pandemic.

Full detail: [Final report on progress to address COVID-19 health inequalities](https://www.gov.uk/government/publications/final-report-on-progress-to-address-covid-19-health-inequalities)

See also:

* [Build on success of vaccination programme in reaching ethnic minority groups, report recommends](https://www.bmj.com/content/375/bmj.n3003) | BMJ
* [Covid risk remains higher for some ethnic groups](https://www.bbc.co.uk/news/health-59507552) | BBC News

**Title:** Coronavirus and the social impacts on Great Britain: 3 December 2021

Office for National Statistics | 3rd December 2021

Indicators from the Opinions and Lifestyle Survey covering the period 18 to 28 November 2021 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

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 detail: [Coronavirus and the social impacts on Great Britain: 3 December 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/3december2021)