COVID-19 weekly update

5th February 2021

**clinical management**

**Title:** Baricitinib to be investigated as a possible treatment for COVID-19 in the RECOVERY trial

University of Oxford | 2nd February 2021

Baricitinib – an anti-inflammatory treatment for rheumatoid arthritis– will be investigated in the Randomised Evaluation of COVid-19 thERapY (RECOVERY) trial. This is the world’s largest clinical trial of treatments for patients hospitalised with COVID-19, taking place in 177 hospital sites across the UK and with over 33,000 patients recruited so far.

As an anti-inflammatory, baricitinib may block the signalling activity of cytokine molecules which contribute to the hyper-inflammatory state seen in severe COVID-19. It is thought that baricitinib may act also have some anti-viral activity.

There is some clinical trial evidence that baricitinib may be beneficial against COVID-19. The Adaptive Covid-19 Treatment Trial (ACTT-2), a randomised clinical trial involving over 1,000 patients with moderate to severe COVID-19, tested baricitinib with remdesivir against remdesivir with a placebo. This concluded that baricitinib with remdesivir was superior to remdesivir alone in reducing recovery time and accelerating improvement in clinical status among COVID-19 patients, particularly those receiving oxygen or non-invasive ventilation.

Although the survival rate was numerically better in the baricitinib treated group, the numbers were too small to provide a clear answer. The ACTT-2 trial did not look at the effect of baricitinib in addition to corticosteroids (steroids), which is now standard of care for severe COVID-19 worldwide.

Full detail: [Baricitinib to be investigated as a possible treatment for COVID-19 in the RECOVERY trial](https://www.recoverytrial.net/news/baricitinib-to-be-investigated-as-a-possible-treatment-for-covid-19-in-the-recovery-trial)

**Title:** Interleukin-6 inhibitors (tocilizumab and sarilumab) for critically ill patients with COVID-19 pneumonia (adults)

Medicines & Healthcare products Regulatory Agency (MHRA) | 1st February 2021

NHS trusts / health boards are recommended to consider prescribing either tocilizumab or sarilumab to hospitalised patients with COVID-19 pneumonia being treated with non-invasive ventilation (including high-flow nasal oxygen therapy or continuous positive airway pressure ventilation) or invasive mechanical ventilation.

Full detail:

* [Interleukin-6 inhibitors (tocilizumab or sarilumab) for critically ill patients with COVID-19 pneumonia (adults)](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103761)
* [Tocilizumab for critically ill patients with COVID-19 pneumonia (adults)](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103762)
* [Sarilumab for critically ill patients with COVID-19 pneumonia (adults)](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103763)

**Title:** Interleukin-1 and interleukin-6 inhibition compared with standard management in patients with COVID-19 and hyperinflammation: a cohort study

The Lancet Rheumatology | 3rd February 2021

Patients with severe COVID-19 develop a life-threatening hyperinflammatory response to the virus. Interleukin (IL)-1 or IL-6 inhibitors have been used to treat this patient population, but the comparative effectiveness of these different strategies remains undetermined. This study aimed to compare IL-1 and IL-6 inhibition in patients admitted to hospital with COVID-19, respiratory insufficiency, and hyperinflammation.

IL-1 inhibition, but not IL-6 inhibition, was associated with a significant reduction of mortality in patients admitted to hospital with COVID-19, respiratory insufficiency, and hyperinflammation. IL-6 inhibition was effective in a subgroup of patients with markedly high C-reactive protein concentrations, whereas both IL-1 and IL-6 inhibition were effective in patients with low lactate dehydrogenase concentrations.

Full paper: [Interleukin-1 and interleukin-6 inhibition compared with standard management in patients with COVID-19 and hyperinflammation: a cohort study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2821%2900012-6)

See also: [COVID-19 cytokine storm: targeting the appropriate cytokine](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(21)00011-4/fulltext) | The Lancet Rheumatology [comment]

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

The Lancet | 2nd February 2021

Azithromycin has been proposed as a treatment for COVID-19 on the basis of its immunomodulatory actions. This study aimed to evaluate the safety and efficacy of azithromycin in patients admitted to hospital with COVID-19.

In patients admitted to hospital with COVID-19, azithromycin did not improve survival or other pre-specified clinical outcomes. Azithromycin use in patients admitted to hospital with COVID-19 should be restricted to patients in whom there is a clear antimicrobial indication.

Full paper: [Azithromycin in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900149-5)

**Title:** Update to living systematic review on prediction models for diagnosis and prognosis of covid-19

BMJ | 2021; 372: n236 | 3rd February 2021

This living systematic review by Wynants and colleagues (*BMJ* 2020;369:m1328) has been updated. The latest version of this living systematic review critically appraises 232 prediction models for diagnosis and prognosis of coronavirus disease 2019 (covid-19), of which 87 were added in the latest update. Summary statistics on study characteristics, model availability, and model quality are also presented.

Latest update: [Prediction models for diagnosis and prognosis of covid-19: systematic review and critical appraisal](https://www.bmj.com/content/369/bmj.m1328)

**Title:** Comparing telehealth to traditional office visits for patient management in the COVID-19 pandemic: A cross-sectional study in a respiratory assessment clinic

Journal of Telemedicine and Telecare | 1st February 2021

The aim of this study was to examine whether telehealth is as safe and effective as traditional office visits in assessing and treating patients with symptoms consistent with COVID-19.

The study found no significant difference in related follow-ups of initial telehealth visits compared to initial office visits including no significant difference in hospital admission or emergency department visits. These findings suggest that based on follow up healthcare utilization, telehealth may be a safe and effective option in assessing and treating patients with respiratory symptoms as the COVID-19 pandemic continues.

Full paper: [Comparing telehealth to traditional office visits for patient management in the COVID-19 pandemic: A cross-sectional study in a respiratory assessment clinic](https://journals.sagepub.com/doi/pdf/10.1177/1357633X21990197)

**Title:** Latest review shows intensive care mortality from COVID-19 continued to fall in 2020, but improvement is slowing

Anaesthesia | Association of Anaesthetists | 1st February 2021

A meta-analysis of global studies published in *Anaesthesia*(a journal of the Association of Anaesthetists) shows that intensive care mortality from COVID-19 has continued to fall since the start of the pandemic, but the improvement is slowing and may have plateaued.

A previous meta-analysis published in July, 2020, concluded that overall mortality of COVID-19 patients in intensive care units (ICUs) has fallen from almost 60% at the end of March 2020 to 42% at the end of May 2020 — a relative decrease of around one third. This new study shows that, in studies up to October, 2020, ICU mortality has fallen again to 36%. Thus, while the situation is still improving, the pace of progress has slowed substantially.

Full detail: [Latest review shows intensive care mortality from COVID-19 continued to fall in 2020, but improvement is slowing](https://anaesthetists.org/Home/News-opinion/News/Latest-review-shows-intensive-care-mortality-from-COVID-19-continued-to-fall-in-2020-but-improvement-is-slowing-)

**Title:** More than 50 Long-term effects of COVID-19: a systematic review and meta-analysis

medRixv | 30th January 2021

This review intends to identify studies assessing long-term effects of COVID-19 and estimates the prevalence of each symptom, sign, or laboratory parameter of patients at a post-COVID-19 stage (extending beyond the acute phases of COVID-19 reported to date).

It reports that 4 in 5 of patients in the review continue to have at least one overall effect beyond two weeks following acute infection. Although the relative sample size is an acknowledged limitation of this study, the authors call for more evidence and research from multi-disciplinary teams as these are crucial to understanding the causes, mechanisms, and risks to develop preventive measures, rehabilitation techniques, and clinical management strategies with whole-patient perspectives designed to address the after-COVID-19 care.

Full detail: [More than 50 Long-term effects of COVID-19: a systematic review and meta-analysis](https://www.medrxiv.org/content/10.1101/2021.01.27.21250617v2.full.pdf)

Please note: *This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

**recovery**

**Title:** Short-term outpatient follow-up of COVID-19 patients: A multidisciplinary approach

EclinicalMedicine | 28th January 2021

Short-term follow-up of COVID-19 patients reveals pulmonary dysfunction, myocardial damage and severe psychological distress. Little is known of the burden of these sequelae, and there are no clear recommendations for follow-up of COVID-19 patients.

In this multi-disciplinary evaluation, cardiopulmonary function and psychological impairment after hospitalization for COVID-19 are mapped.

Overall, most patients suffered from functional limitations. Dyspnea on exertion was most frequently reported, possibly related to decreased DLCOc. This could be caused by pulmonary fibrosis, which should be investigated in long-term follow-up. In addition, mechanical ventilation, deconditioning, or pulmonary embolism may play an important role.

Full article: [Short-term outpatient follow-up of COVID-19 patients: A multidisciplinary approach](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2821%2900011-0)

**Title:** Coronavirus: no going back to normal

Institute for Government | 28th January 2021

Life after coronavirus will not feel like life before. This paper states that it is best that governments acknowledge that and start planning now in order to capture the best that can come out of a very tough period while not raising expectations that life will suddenly snap back to an almost forgotten normal.

Full detail: [Coronavirus: no going back to normal](https://www.instituteforgovernment.org.uk/sites/default/files/publications/coronavirus-no-going-back-normal.pdf)

**Title:** Covid-19 recovery and resilience: what can health and care learn from other disasters?

The King’s Fund | 4th February 2021

As Covid-19 swept the globe, countries rushed to tackle the immediate threat of the virus. New hospitals were built in a matter of days, people have been required to restrict their activities to an extent inconceivable during peacetime and a new class of vaccine was developed, trialled and approved within a matter of months. The scale of the emergency response has been extraordinary. But while focus has rightly been on the immediate response to the virus, this article asks what comes next?

The authors look at what the health and care system can learn from the experience of recovery from other disasters, and share the four priorities that require conscious attention and action:

* Putting mental health and wellbeing at the forefront of recovery efforts
* Ensuring communities are not left behind
* Making collaboration work
* Prioritising workforce wellbeing

Full detail: [Covid-19 recovery and resilience: what can health and care learn from other disasters?](https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/#Introduction-dJdcexE62X)

**Title:** What helped the UK cope with the Covid-19 pandemic and lockdowns?

What Works Centre for Wellbeing | January 2021

Researchers of the COVID-19 Social Study examined the relationship between how we spent our time on different activities during the working week (Monday-Friday) and the impact on our mental health and wellbeing between the end of March and the end of May 2020. They analysed responses to the Office for National Statistics - Opinions and Lifestyle Survey and identified a number of strategies that were effective coping mechanisms during the first wave of the lockdown in 2020.

Key findings:

* Staying connected to friends and family was the most important coping mechanisms identified by people during the UK’s first lockdown.
* Gardening and exercise had the biggest association with supporting people’s wellbeing, while following Coid-19 related news had the most negative effects on our wellbeing
* Different people have different coping strategies. Some of us prefer to problem solve, while some of us try to avoid our difficulties. Others rely on emotional reframing or the social support of their friends and family.
* It is important to recognise which strategies are more helpful for our mental health and long-term wellbeing.
* Research has clearly shown that physical activity such as exercising or gardening has improved mental health and wellbeing during the pandemic.
* Some people have also used arts and cultural engagement as a way to cope.
* There may be long-term impacts on our wellbeing from negative changes to eating, drinking alcohol and gambling behaviours. This is especially the case for those who were already at-risk from these issues. A wellbeing-based recovery will depend on helping people access and choose healthier styles of coping.

Full report: [What helped the UK cope with the Covid-19 pandemic and lockdowns?](https://whatworkswellbeing.org/wp-content/uploads/2021/01/coping-strategies-Covid-19-Jan2021-WhatWorksWellbeing.pdf)

**Infection control**

**Title:** UK government secures additional 40 million doses of Valneva vaccine

Department of Health & Social Care | 1st February 2021

The UK Government has signed a deal for a further 40 million doses of Valneva’s promising vaccine candidate, meaning 100 million doses of Valneva vaccine have now been secured. The latest deal will bolster long-term vaccine production in Scotland and brings the total UK vaccine portfolio to 407 million doses over the next two years.

The decision to purchase 40 million extra doses is based on the UK’s strategy to take a wide approach, using different technologies and viral targets to ensure the UK has the best chance of securing access to successful vaccines as quickly as possible. It will also give the UK future flexibility should we need to revaccinate any of the population.

Full detail: [UK government secures additional 40 million doses of Valneva vaccine](https://www.gov.uk/government/news/uk-government-secures-additional-40-million-doses-of-valneva-vaccine?utm_medium=email&utm_campaign=govuk-notifications&utm_source=b8eda042-75ed-4b99-99cd-a21ac2322c5a&utm_content=daily)

**Title:** COVID-19 Vaccine AstraZeneca confirms 100% protection against severe disease, hospitalisation and death

AstraZeneca | The Lancet [preprint] | 3rd February 2021

One dose of the Oxford/AstraZeneca vaccine provides sustained protection against Covid for at least three months and cuts transmission of the virus by two-thirds, according to research published as a preprint in The Lancet.

The primary analysis of the Phase III clinical trials from the UK, Brazil and South Africa, confirmed COVID-19 Vaccine AstraZeneca is safe and effective at preventing COVID-19, with no severe cases and no hospitalisations, more than 22 days after the first dose.

Results demonstrated vaccine efficacy of 76% (CI: 59% to 86%) after a first dose, with protection maintained to the second dose. With an inter-dose interval of 12 weeks or more, vaccine efficacy increased to 82% (CI: 63%, 92%).

The analysis also showed the potential for the vaccine to reduce asymptomatic transmission of the virus, based on weekly swabs obtained from volunteers in the UK trial. The data showed that PCR positive readings were reduced by 67% (CI: 49%, 78%) after a single dose, and 50% (CI: 38% to 59%) after the two dose regimen, supporting a substantial impact on transmission of the virus.

Further detail: [COVID-19 Vaccine AstraZeneca confirms 100% protection against severe disease, hospitalisation and death in the primary analysis of Phase III trials](https://www.astrazeneca.com/media-centre/press-releases/2021/covid-19-vaccine-astrazeneca-confirms-protection-against-severe-disease-hospitalisation-and-death-in-the-primary-analysis-of-phase-iii-trials.html)

Full research paper: [Single dose administration, and the influence of the timing of  
the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3777268)

See also:

* [New data on Oxford AstraZeneca vaccine backs 12 week dosing interval](https://www.bmj.com/content/372/bmj.n326) | BMJ
* [Study showing Oxford vaccine slows virus spread 'superb' - Hancock](https://www.bbc.co.uk/news/uk-55913913) | BBC News
* [Oxford vaccine could substantially cut spread](https://www.bbc.co.uk/news/health-55910964) | BBC News

**Title:** Novavax vaccine efficacy is 86% against UK variant and 60% against South African variant

BMJ | 2021; 372: n296 | 1st February 2021

The SARS-CoV-2 vaccine produced by the US biotechnology company Novavax is 95.6% effective against the original variant of SARS-CoV-2 but also provides protection against the newer variants B.1.1.7 (85.6%) and B.1.351 (60%), preliminary data from clinical trials show.

Interim results have been released from a phase III trial carried out in the UK with more than 15 000 participants aged between 18 and 84, including 27% over the age of 65. The trial tested two doses of the vaccine administered three weeks apart and reported 62 symptomatic cases of covid-19, of which 56 were in the placebo group (saline) and six in the vaccine group. Of the 62 cases, only one was severe (in the placebo group), and 32 were with the UK variant.

Full detail: [Novavax vaccine efficacy is 86% against UK variant and 60% against South African variant](https://www.bmj.com/content/372/bmj.n296)

**Title:** Safety and efficacy of an rAd26 and rAd5 vector-based heterologous prime-boost COVID-19 vaccine: an interim analysis of a randomised controlled phase 3 trial in Russia

The Lancet | 2nd February 2021

This article presents the results from an interim analysis of data from the phase 3 trial of the COVID-19 vaccine from Russia (Gam-COVID-Vac), finding a two-dose regimen of the adenovirus-based vaccine (rAd26-S followed by rAd5-S 21 days later) offers 91.6% efficacy against symptomatic COVID-19. The randomized, placebo-controlled trial includes 20,000 participants and reported no serious adverse events associated with vaccination.Top of Form

Full detail: [Safety and efficacy of an rAd26 and rAd5 vector-based heterologous prime-boost COVID-19 vaccine: an interim analysis of a randomised controlled phase 3 trial in Russia](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900234-8)

See also: [Sputnik V COVID-19 vaccine candidate appears safe and effective](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00191-4/fulltext) | The Lancet [comment]

**Title:** Latest monitoring data confirms safety of COVID-19 vaccines

Medicines and Healthcare products Regulatory Agency | 5th February 2021

Over 10 million doses of the Pfizer/BioNTech and the Oxford University/AstraZeneca vaccines have been given across the UK and the MHRA has gathered a large amount of safety data.

Routine safety monitoring and analysis of the approved COVID-19 vaccines by the UK’s medicines regulator, (MHRA), shows that the safety of these vaccines remains as high as expected from the clinical trial data that supported the approvals. The safety profile of the vaccines remains positive and the benefits continue to far outweigh any known side-effects.

The data shows 22,820 reports of suspected side effects, or an overall reporting rate of 3 in 1,000 doses of vaccine administered from 9 December 2020 to 24 January 2021. This reassuring data has shown that the vast majority of reported side effects are mild and all are in line with most types of vaccine, including the seasonal flu vaccine. These include sore arms and mild ‘flu-like’ symptoms, which reflect a normal immune response to vaccines and are short-lasting.

Full detail: [Latest monitoring data confirms safety of COVID-19 vaccines](https://www.gov.uk/government/news/latest-monitoring-data-confirms-safety-of-covid-19-vaccines)

**Title:** WHO warns against “vaccine nationalism” or face further virus mutations

BMJ | 2021; 372: n292 | 1st February 2021

World Health Organization officials have voiced concerns at “vaccine nationalism” which could increase the risk of the coronavirus mutating further, after a week long row over a shortfall in EU supplies of covid-19 vaccines.

Bruce Aylward, senior adviser to WHO’s director general, said, “Anything that restricts the ability to get these products out will affect our ability to control this disease and prevent variants emerging. The world is going to have to collaborate to get out of this,” he said.

Full detail: **:** [WHO warns against “vaccine nationalism” or face further virus mutations](https://www.bmj.com/content/372/bmj.n292)

**Title:** Understanding variants of SARS-CoV-2

The Lancet | February 6th 2021

Many variants of SARS-CoV-2 are emerging, but will they have different clinical effects? Making sense of how the variants will influence the pandemic is the task of the newly formed G2P-UK National Virology Consortium.

Its remit is to use cell cultures and animal models to examine how the mutations affect the transmissibility of the virus, the severity of the disease, and the effectiveness of the vaccines and treatments. The consortium's work will entail creating standardised versions of SARS-CoV-2, with or without each mutation, and observing how the virus's behaviour changes.

The initiative brings together researchers at ten academic institutions in the UK, who will work alongside the COVID-19 Genomics UK Consortium.

Full detail: [Understanding variants of SARS-CoV-2](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00298-1/fulltext)

**Title:** What do we know about the new COVID-19 variants?

Public Health England | 5th February 2021

All viruses mutate over time. For this reason, very early on in the response to the COVID-19 pandemic, a genome sequencing capability was established in the UK to monitor changes in the genome of the virus over time.

This sequencing capability allowed us to detect the emergence of the variant first seen in South East England, which has since swept the country. Since then alerts have been raised about variants first seen in South Africa, Brazil and Japan but which have been found in several other countries including the UK. Many more are likely to be identified in the coming months.

This article explores what is known about the new COVID-19 variants and answers questions, such as:

* Why are we now seeing these variants?
* What do we know about the variant first identified in the UK?
* How long has this variant been in circulation?
* What do we know about the variant first identified in South Africa?
* What about the variants emerging from Brazil?
* Are these variants more dangerous?
* If you have had the original strain can you catch a new one as well?
* Do the current vaccines work against the variants?

Full detail: [What do we know about the new COVID-19 variants?](https://publichealthmatters.blog.gov.uk/2021/02/05/what-do-we-know-about-the-new-covid-19-variants/)

**Title:** New vaccines partnership to rapidly respond to new virus variants

Department of Health and Social Care | 5th February 2021

A new partnership between the UK Government and vaccine manufacturer CureVac has been established to rapidly develop new vaccines in response to new Covid-19 variants if needed.

Both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines are safe and effective and appear to work well against the Covid-19 variants currently dominant in the UK.

The new agreement will utilise UK expertise on genomics and virus sequencing to allow new varieties of vaccines based on messenger RNA technology to be developed quickly against new strains of Covid-19 if they are needed.

The Government is establishing an expert advisory group to identify the variants that the UK could need vaccines against.

Through the agreement the UK has placed an initial order for 50 million doses of new vaccines to be delivered later this year if they are required.

Full detail: [New vaccines partnership to rapidly respond to new virus variants](https://www.gov.uk/government/news/new-vaccines-partnership-to-rapidly-respond-to-new-virus-variants)

**Title:** How to vaccinate the world against covid-19

BMJ | 2021; 372: n211 | 5th February 2021

In the scramble for covid-19 vaccines richer countries, predictably, have secured stocks first. With the headache of distribution on top of procurement, this BMJ Feature asks how will the world reach the herd immunity levels needed to defeat the virus?

Full detail: [How to vaccinate the world against covid-19](https://www.bmj.com/content/372/bmj.n211)

**Title:** Covid-19 Vaccine Resource Center

New England Journal of Medicine | February 2021

The new Covid-19 Vaccine Resource Center via New England Journal of Medicine  provides free access to vaccine related resources that provide practical guidance for clinical practice and patients. Resources include including frequently asked questions, continuing medical education, published research, and commentary.

Full detail: [Covid-19 Vaccine Resource Center](https://www.nejm.org/covid-vaccine?query=lb&utm_source=nejm&utm_medium=lightbox&utm_campaign=c19jan)

**Title:** Study shows coronavirus antibodies last for 'at least six months' after infection

UK Biobank | 3rd February 2021

UK Biobank, the UK’s major biomedical database and research resource, reports the 6-month results of a major government-backed study of SARS-CoV-2 infection. For the 6-month period from the end of May 2020 to the beginning of December 2020, UK Biobank collected monthly blood samples and data on potential symptoms from 20,200 UK Biobank participants and their adult children and grandchildren.

The study measured the levels of previous infection in various population groups across the UK, as well as how long antibodies persisted in those who were infected.

Key findings:

* The study found that 8.8% of the UK population had been infected by December 2020, rising as high as 12.4% in London and as low as 5.5% in Scotland.
* One of the most significant findings of the study is that 99% of participants who had tested positive for previous infection retained antibodies to SARS-CoV-2 for 3 months after being infected, and 88% did so for the full 6 months of the study.
* This discovery provides an early indication that the antibodies produced following natural infection, and potentially following vaccination, may protect most people against subsequent infection for at least 6 months.

Further detail: [UK Biobank study shows that COVID-19 antibodies remain for at least 6 months](https://www.ukbiobank.ac.uk/learn-more-about-uk-biobank/news/uk-biobank-study-shows-that-covid-19-antibodies-remain-for-at-least-6-months)

Full report: [UK Biobank SARS-CoV-2 Serology Study](https://www.ukbiobank.ac.uk/media/x0nd5sul/ukb_serologystudy_report_revised_6months_jan21.pdf)

See also:

* [Antibodies last at least six months in most](https://www.bbc.co.uk/news/health-55905158) | BBC News
* [Coronavirus antibodies last for at least six months after infection, study finds](https://news.sky.com/story/covid-19-virus-antibodies-last-for-at-least-six-months-after-infection-study-finds-12207174) | Sky News
* [Four in 10 people with evidence of past infection had no classic symptoms, study finds](https://www.bmj.com/content/372/bmj.n321) | BMJ

**Title:** World-first COVID-19 alternating dose vaccine study launches in UK

Department of Health and Social Care | 4th February 2021

Patients taking part in a new clinical study will soon receive different COVID-19 vaccines for their first or second dose. The study will examine whether different vaccines can safely be used for 2-dose regimes in the future.

Backed by £7 million of government funding, the study will determine the effects of using different vaccines for the first and second dose – for example, using Oxford University/AstraZeneca’s vaccine for the first dose, followed by Pfizer/BioNTech’s vaccine for the second.

The study, run by the National Immunisation Schedule Evaluation Consortium (NISEC) across 8 National Institute for Health Research (NIHR) supported sites, will also gather immunological evidence on different intervals between the first and second dose for a mixed-vaccine regimen against control groups when the same vaccine is used for both doses.

A same-dose regimen is currently implemented for the national COVID-19 vaccination programme, and there are no current plans for this to change. Anyone who has received either the Pfizer or AstraZeneca vaccination as part of the UK-wide delivery plan will not be affected by this study. They will receive their second dose from the same source and over the same 12-week interval.

Full detail: [World-first COVID-19 alternating dose vaccine study launches in UK](https://www.gov.uk/government/news/world-first-covid-19-alternating-dose-vaccine-study-launches-in-uk)

**Title:** More than 10 million people receive first dose of COVID-19 vaccine in UK

Department of Health and Social Care | 3rd February 2021

More than 10 million people in the UK have received their first dose of a COVID-19 vaccine, marking a significant milestone for the largest vaccination programme in British history.

Figures out today show the NHS vaccinated a total of 10,021,471 million people between 8 December 2020 and 2 February 2021, including 9 in 10 people aged 75 and over in England. These top 4 groups account for 88% of COVID deaths, which is why the vaccines will play such a crucial role in saving lives and reducing the demand on the NHS.

The vaccination programme continues to expand, with thousands of vaccination centres open – ranging from GP and pharmacy-led services to hospitals and large-scale vaccination centres – to provide easy access to those eligible, regardless of where they live.

Full detail: [More than 10 million people receive first dose of COVID-19 vaccine in UK](https://www.gov.uk/government/news/more-than-10-million-people-receive-first-dose-of-covid-19-vaccine-in-uk)

**Title:** People who have had infection might only need one dose of mRNA vaccine

BMJ | 2021; 372: n308 | 2nd February 2021

People who have already had confirmed covid-19 might only need a single dose of a mRNA vaccine, two small studies have indicated.

The first study, which was published as a preprint and has not yet been peer reviewed, found that seropositive individuals had a rapid antibody response after one dose of either the Pfizer-BioNTech or Moderna vaccines. It also found that people who had previously had covid-19 reported side effects more frequently after the first dose—in line with the level reported for the second dose in phase III vaccine trials.

Full detail: [People who have had infection might only need one dose of mRNA vaccine](https://www.bmj.com/content/372/bmj.n308)

**Title:** Surge testing to be deployed to monitor and suppress spread of COVID-19 variant

Department of Health and Social Care | 4th February 2021

Additional surge testing and sequencing is being deployed in a number of locations where the COVID-19 variant first identified in South Africa has been found. Testing will, in combination with following the lockdown rules and remembering ‘Hands. Face. Space’ help to monitor and suppress the spread of the virus, while enabling a better understanding of the new variant.

Extensive surveillance of the virus has identified a small number of cases of the COVID-19 variant first identified in South Africa in localities across England, that cannot be traced back to international travel. All cases are now self-isolating and robust contact tracing has taken place to trace their contacts and ask them to self-isolate.

Full detail: [Surge testing to be deployed to monitor and suppress spread of COVID-19 variant](https://www.gov.uk/government/news/surge-testing-to-be-deployed-to-monitor-and-suppress-spread-of-covid-19-variant)

See also: [Surge testing for the South Africa variant begins in England](https://www.bmj.com/content/372/bmj.n305) | BMJ

**Title:** Put to the test: use of rapid testing technologies for covid-19

BMJ | 2021; 372: n208 | 3rd February 2021

Rapid tests provide new opportunities to find and isolate cases and contacts early in the infection. However, implementing such tests in local health systems is complex. Continued formative evaluation is needed if such testing is to simultaneously reduce transmission and alleviate the mounting harms from control measures.

This BMJ analysis looks at how new technologies can be most appropriately used to support different testing strategies and examines the benefits and risks.

Key messages

* Strategies for use of covid-19 tests vary widely between countries
* Rapid tests provide opportunities for early detection and isolation but must be integrated into wider strategies to control transmission
* Assessment of the benefits and risks of different testing strategies suggests how novel tests can be used in public health policies to improve covid-19 resilience and recovery

Full detail: [Put to the test: use of rapid testing technologies for covid-19](https://www.bmj.com/content/372/bmj.n208)

**Title:** Lockdown fatigue: The diminishing effects of quarantines on the spread of COVID-19

Covid Economics, Vetted and Real-Time Papers | February 2021

Non-Pharmaceutical Interventions (NPIs) have been for most countries the key policy instrument utilized to contain the impact of the COVID-19 pandemic. In this article, the authors conduct an empirical analysis of the impact of these policies on the virus’ transmission and death toll.

The analysis finds that lockdowns tend to significantly reduce the spread of the virus and the number of related deaths. It also shows that this benign impact declines over time: after four months of strict lockdown, NPIs have a significantly weaker contribution in terms of their effect in reducing COVID-19 related fatalities.

Part of the fading effect of quarantines could be attributed to an increasing non-compliance with mobility restrictions, as reflected in our estimates of a declining effect of lockdowns on measures of actual mobility. However, this paper additionally finds that a reduction in de facto mobility also exhibits a diminishing effect on health outcomes, which suggests that lockdown fatigues may have introduced broader hurdles to containment policies.

Full detail: [Lockdown fatigue: The diminishing effects of quarantines on the spread of COVID-19](https://cepr.org/file/10300/download?token=--L8zvKH)

**Title:** Government confirms mandatory hotel quarantine to be introduced from 15 February

Department of Health and Social Care | 5th February 2021

From 15 February anyone travelling to the UK from a country on the UK’s travel ban list will be required to quarantine in a government-approved facility for 10 days.

* Discussions with transport and hospitality industry already underway and commercial specification issued to hotels
* Health Secretary to oversee implementation and to chair new Cabinet sub-committee, working closely with former Vice Chief of Defence Staff, General Sir Gordon Messenger, on government rollout
* Discussions with Australia and New Zealand have taken place to share expertise on quarantining

Full detail: [Government confirms mandatory hotel quarantine to be introduced from 15 February](https://www.gov.uk/government/news/government-confirms-mandatory-hotel-quarantine-to-be-introduced-from-15-february)

**workforce wellbeing**

**Title:** Covid-19 Workforce Wellbeing

NHS Practitioner Health

NHS Practitioner Health are aware that healthcare workers face stressors and difficulties at the best of times, but in these times of Covid19, these feelings may be heightened by worries over uncertainty and the unknown. These feelings are perfectly normal and a healthy reaction to a very abnormal situation.

Gathered on these pages are information and resources to help and signpost to routes for support.

Full detail: [Covid-19 Workforce Wellbeing](https://www.practitionerhealth.nhs.uk/covid-19-workforce-wellbeing)

**Title:** COVID-19: Occupational health and safety for health workers

World Health Organisation | 2nd February 2021

Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to different hazards that put them at risk. Occupational hazards include exposure to SARS-CoV-2 and other pathogens, violence, harassment, stigma, discrimination, heavy workload and prolonged use of personal protective equipment (PPE).

This document provides specific measures to protect occupational health and safety of health workers and highlights the duties, rights and responsibilities for health and safety at work in the context of COVID-19.

Full detail: [COVID-19: Occupational health and safety for health workers](https://apps.who.int/iris/rest/bitstreams/1329986/retrieve)

**Title:** Nurses and female health care workers most at risk of distress during Covid-19 pandemic

University of Sheffield | 5th February 2021

Researchers at the University of Sheffield have conducted the largest global review of the factors linked to psychological distress in health care workers during the Covid-19 pandemic:

* The study found nurses and females are most likely to experience psychological distress during an infectious disease outbreak
* Findings show distress for health care workers can persist for up to three years after the initial outbreak
* Health care workers who reported facing stigma during the pandemic experienced greater distress
* Social support, perceiving control, sufficient information about the outbreak and proper protection were associated with less psychological distress

Further detail: [Nurses and female health care workers most at risk of distress during Covid-19 pandemic](https://www.sheffield.ac.uk/news/nurses-and-female-health-care-workers-most-risk-distress-during-covid-19-pandemic)

Full review: [Factors associated with psychological distress in health-care workers during an infectious disease outbreak: A rapid systematic review of the evidence](https://www.frontiersin.org/articles/10.3389/fpsyt.2020.589545/full)

**Title:** Psychological support to healthcare workers during COVID-19: Considerations for healthcare providers

The Manchester Briefing on COVID-19 | 22nd January 2021

Research on several disease outbreaks in recent decades has found that frontline healthcare workers show high stress levels and are more at risk of developing symptoms of depression, anxiety and burn-out in the short and long-terms.

Initial research on COVID-19 replicates those findings. Stressors that healthcare workers are confronted with can be numerous. While being exposed to the same societal and emotional stressors as the general population during the COVID-19 pandemic, health care workers are additionally exposed to stressors that are unique to their work environment, for example, from taking on new roles and responsibilities, working in Personal Protective Equipment, the risks of infection and infecting others, and moral distress.

High stress levels over prolonged periods can negatively affect the wellbeing of healthcare workers, so organisations must balance these stressors with the demands on services such as a surge in patient care over an extended period.

Considering these factors, healthcare organisations should support staff no matter what their role, seniority, or experiences. This means that healthcare organisations should provide access to support structures that workers can approach individually, while also including psychosocial support. Good leadership and psychosocial support go hand in hand to build resilience.

This briefing discusses stressors and then reports on results of a survey of healthcare personnel and the stressors they experience. It ends by suggesting how organisations can build and maintain personal resilience among their frontline workers during COVID-19.

Full detail: [The Manchester Briefing on COVID-19](https://www.alliancembs.manchester.ac.uk/media/ambs/content-assets/documents/news/the-manchester-briefing-on-covid-19-b28-wb-22nd-january-2021.pdf) (see Briefing A : Psychological support to healthcare workers during COVID-19: Considerations for healthcare providers)

**Health management**

**Title:** Will a new NHS structure in England help recovery from the pandemic?

BMJ | 2021; 372: n248 | 3rd February 2021

The NHS will feel the effects of covid-19 for many years. Serious short term challenges also remain: hospitals are under extreme strain, the backlog of unmet healthcare needs is substantial, and the NHS faces the mammoth task of vaccinating the population against covid-19.

Amid these challenges, NHS leaders are calling for changes to NHS structures and legislation. In November 2020, NHS England published proposals for new legislation to change the way the NHS is organised. The changes are designed to support local NHS organisations to collaborate to improve care and manage resources as they recover from covid-19.

This BMJ analysis draw on evidence from the long history of NHS reorganisations to assess the proposals and help understand their potential effect, and outline key questions for the NHS and government as they develop the plans further.

**Key messages**

* NHS leaders in England are calling for changes to healthcare system structures and legislation
* The changes are designed to support collaboration between organisations and services, and could mean some NHS agencies being abolished and new area based authorities created
* Encouraging collaboration makes sense, but the potential benefits of the new system proposed may be overstated and the risks of reorganisation underplayed
* NHS leaders and government have a long list of policy priorities as the country recovers from the pandemic and a major structural reorganisation of the healthcare system should not be one of them

Full detail: [Will a new NHS structure in England help recovery from the pandemic?](https://www.bmj.com/content/372/bmj.n248)

**other**

**Title:** Covid crisis has exacerbated many weaknesses in government, finds IfG's annual Whitehall Monitor report

Institute for Government | 27th January 2021

A new report by the Institute for Government, reveals the way the pandemic has changed how the government takes decisions, spends money and makes policy.

The last year saw a drop in the government’s transparency on its spending, only a small proportion of Covid contracts awarded on a competitive basis, and many policy U-turns. 2020 also saw the highest number of ‘ministerial directions’ – formal instructions for civil servants to continue with a policy despite their concerns about value for money or feasibility – for decades. The business secretary alone issued seven directions for pandemic-support policies, many of which, including the Self-Employment Income Support Scheme (SEISS) and Bounce Back loans, have proved to be poorly targeted and costly.

Government has awarded contracts at high speed. Only 1% of the £17.3bn spent on Covid contracts has been awarded through competitive tendering, and 61% awarded with no competition at all.

Full report:  [Whitehall Monitor 2021](https://www.instituteforgovernment.org.uk/sites/default/files/publications/whitehall-monitor-2021_2.pdf)

**Title:** Assessment, endoscopy, and treatment in patients with acute severe ulcerative colitis during the COVID-19 pandemic (PROTECT-ASUC): a multicentre, observational, case-control study

The Lancet Gastroenterology & Hepatology | 2nd February 2021

There is a paucity of evidence to support safe and effective management of patients with acute severe ulcerative colitis during the COVID-19 pandemic. The authors of this study sought to identify alterations to established conventional evidence-based management of acute severe ulcerative colitis during the early COVID-19 pandemic, the effect on outcomes, and any associations with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and severe COVID-19 outcomes.

The COVID-19 pandemic altered practice patterns of gastroenterologists and colorectal surgeons in the management of acute severe ulcerative colitis but was associated with similar outcomes to a historical cohort. Despite continued use of high-dose corticosteroids and biologicals, the incidence of COVID-19 within 3 months was low and not associated with adverse COVID-19 outcomes.

Full paper: [Assessment, endoscopy, and treatment in patients with acute severe ulcerative colitis during the COVID-19 pandemic (PROTECT-ASUC): a multicentre, observational, case-control study](https://www.thelancet.com/action/showPdf?pii=S2468-1253%2821%2900016-9)

**Title:** Why aren’t covid-19 vaccines being manufactured in standard prefilled syringes?

BMJ | 2021; 372: n263 | 3rd February 2021

Prefilled syringes are the safest and standard recommended delivery device for most modern vaccines—so why are covid-19 vaccines being packaged in glass vials in the middle of a global glass shortage?

Full detail: [Why aren’t covid-19 vaccines being manufactured in standard prefilled syringes?](https://www.bmj.com/content/372/bmj.n263)

**Title:** Survey reveals the mental and physical health impacts of home working during Covid-19

Royal Society for Public Health | 4th February 2021

With working from home set to continue for millions of UK workers, research by RSPH shows that there are key health and wellbeing disparities between different groups of people who made the move to home working as a result of Covid-19. The polling revealed that:

* Overall, more people felt working from home was better for their health and wellbeing (45%), compared to around one third (29%) who thought working from home was worse for their health and wellbeing
* However, people who switched to working from home as a result of Covid-19 had experienced health and wellbeing impacts, with the most common being feeling less connected to colleagues (67%), taking less exercise (46%), developing musculoskeletal problems (39%) and disturbed sleep (37%)
* Over one in four (26%) are working from home from either a sofa or a bedroom
* Nearly half (48%) of people who work from a sofa or bedroom said they had developed musculoskeletal problems and nearly two thirds (59%) said they felt more isolated from their colleagues
* Women were more likely than men to feel isolated (58% of women V 39% of men) and develop musculoskeletal problems (44% of women V 29% of men) as a result of working from home
* Home working is having an impact on people’s mental health, with 67% saying they felt less connected to their colleagues and 56% saying they found it harder to switch off. However only a third of respondents had been offered support with their mental health (34%) from their employer.
* People who live with multiple housemates were more likely to think that working from home was worse for their health and wellbeing (41%), compared to people who live on their own (29%) or with just their partner (24%)

The findings of the survey also showed that the vast majority of people didn’t want to go back to working in an office full time, with nearly three quarters of people (74%) saying that they wanted to split their time between home working and working in an office.

Further detail:  [Survey reveals the mental and physical health impacts of home working during Covid-19](https://www.rsph.org.uk/about-us/news/survey-reveals-the-mental-and-physical-health-impacts-of-home-working-during-covid-19.html#.YBwNmoIwQMM.twitter)

Full report: [Disparity Begins at Home: How home working is impacting the public’s health](https://www.rsph.org.uk/static/63790689-3678-4432-829561bdb7f6420e/Workingfromhomepolicypaper2221.pdf)

**Title:** WHO team begins COVID-19 origin investigation

The Lancet | 6th February 2021

With new infections of COVID-19 still spreading rapidly, and health systems stretched to their limits, public interest is focused on the WHO-led international mission in China to investigate the origin of the virus that initiated the pandemic. This article reports on its activities.

Full detail: [WHO team begins COVID-19 origin investigation](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00295-6/fulltext)

**Title:** Dramatic drop in new cancer drug trials during the COVID-19 pandemic

The Lancet Oncology | 4th February 2021

Data showing a 60% decrease in new clinical trials for cancer drugs and biological therapies during the pandemic further highlights the impact that COVID-19 is having on oncology research, leading organisations have warned.

A comparison of trials launched between January and May, 2020, using information from the Medidata Enterprise Data Store found a dramatic decline compared with the previous 5 years.

Full detail: [Dramatic drop in new cancer drug trials during the COVID-19 pandemic](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(21)00067-X/fulltext)

**Title:** Coronavirus (COVID-19) weekly insights: latest health indicators in England, 5 February 2021

Office for National Statistics | 5th February 2021

This article brings together latest coronavirus (COVID-19) data in England. Infection and hospital admission rates remain high and the number of deaths involving COVID-19 has increased in the most recent week. Cases compatible with the new UK variant of COVID-19 have decreased but continue to account for the majority of positive cases in England.

Main points:

* Infection rates have decreased but remain high, with 1 in 65 (1.55%) of the population estimated to have the coronavirus (COVID-19) in the week ending 30 January 2021 (Coronavirus (COVID-19) Infection Survey (CIS)).
* Cases compatible with the new UK variant have decreased in all regions except the East of England, Yorkshire and The Humber and the East Midlands (week ending 30 January 2021, CIS).
* The rate of confirmed COVID-19 patients admitted to hospital decreased but remained high at 25.3 per 100,000 people in the week ending 31 January 2021, almost twice the rate seen in early December 2020.
* In the week ending 22 January 2021, the number of registered deaths involving COVID-19 in England increased by 17.6%.
* Deaths involving COVID-19 represented nearly half (45.3%) of all deaths in England.
* A quarter of adults aged 80 years and over had antibodies against COVID-19 in the 28 days up to 18 January 2021 (CIS).
* Over 9 in 10 (92%) reported that they either would be likely to have the COVID-19 vaccine, had accepted a vaccination offer or had already been vaccinated (Opinions and Lifestyle Survey, Great Britain, 27 to 31 January 2021).
* The proportion of adults staying at home or only leaving for essential needs (57%) remains higher than during the winter 2020 restrictions (Opinions and Lifestyle Survey, Great Britain, 27 to 31 January 2021).

Full detail: [Coronavirus (COVID-19) weekly insights: latest health indicators in England, 5 February 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19weeklyinsights/latesthealthindicatorsinengland5february2021)

We

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

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

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