COVID-19 weekly update

7th May 2021

clinical management

**Title:** Ethnic differences in SARS-CoV-2 infection and COVID-19-related hospitalisation, intensive care unit admission, and death in 17 million adults in England

The Lancet | 30th April 2021

COVID-19 has disproportionately affected minority ethnic populations in the UK. The aim of this research was to quantify ethnic differences in SARS-CoV-2 infection and COVID-19 outcomes during the first and second waves of the COVID-19 pandemic in England.

Some minority ethnic populations in England have excess risks of testing positive for SARS-CoV-2 and of adverse COVID-19 outcomes compared with the White population, even after accounting for differences in sociodemographic, clinical, and household characteristics. Causes are likely to be multifactorial, and delineating the exact mechanisms is crucial.

Tackling ethnic inequalities will require action across many fronts, including reducing structural inequalities, addressing barriers to equitable care, and improving uptake of testing and vaccination.

Full article: [Ethnic differences in SARS-CoV-2 infection and COVID-19-related hospitalisation, intensive care unit admission, and death in 17 million adults in England: an observational cohort study using the OpenSAFELY platform](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900634-6)

**Title:** Arterial events, venous thromboembolism, thrombocytopenia, and bleeding after vaccination with Oxford-AstraZeneca ChAdOx1-S

BMJ | 2021; 373: n1114 | 5th May 2021

New study finds a link, but vaccination remains overwhelmingly the safest option.

The objective of this population based cohort study was to assess rates of cardiovascular and haemostatic events in the first 28 days after vaccination with the Oxford-AstraZeneca vaccine ChAdOx1-S in Denmark and Norway and to compare them with rates observed in the general populations.

Among recipients of ChAdOx1-S, increased rates of venous thromboembolic events, including cerebral venous thrombosis, were observed. For the remaining safety outcomes, results were largely reassuring, with slightly higher rates of thrombocytopenia/coagulation disorders and bleeding, which could be influenced by increased surveillance of vaccine recipients.

The absolute risks of venous thromboembolic events were, however, small, and the findings should be interpreted in the light of the proven beneficial effects of the vaccine, the context of the given country, and the limitations to the generalisability of the study findings.

Full article: [Arterial events, venous thromboembolism, thrombocytopenia, and bleeding after vaccination with Oxford-AstraZeneca ChAdOx1-S in Denmark and Norway: population based cohort study](https://www.bmj.com/content/bmj/373/bmj.n1114.full.pdf)

Linked Editorial: [Thromboembolism and the Oxford-AstraZeneca vaccine](https://www.bmj.com/content/bmj/373/bmj.n1159.full.pdf)

Linked Opinion: [Thrombosis and bleeding after the Oxford-AstraZeneca covid-19 vaccination](https://blogs.bmj.com/bmj/2021/05/05/thrombosis-and-bleeding-after-the-oxford-astrazeneca-covid-19-vaccination/)

**Title:** The COVID-19 puzzle: deciphering pathophysiology and phenotypes of a new disease entity

The Lancet Respiratory Medicine | 6th May 2021

While the medical community has gained insight into the epidemiology of COVID-19, important questions remain about the clinical complexities and underlying mechanisms of disease phenotypes.

Severe COVID-19 most commonly involves respiratory manifestations, although other systems are also affected, and acute disease is often followed by protracted complications. Such complex manifestations suggest that SARS-CoV-2 dysregulates the host response, triggering wide-ranging immuno-inflammatory, thrombotic, and parenchymal derangements.

The authors of this paper review the intricacies of COVID-19 pathophysiology, its various phenotypes, and the anti-SARS-CoV-2 host response at the humoral and cellular levels. Some similarities exist between COVID-19 and respiratory failure of other origins, but evidence for many distinctive mechanistic features indicates that COVID-19 constitutes a new disease entity, with emerging data suggesting involvement of an endotheliopathy-centred pathophysiology.

Further research, combining basic and clinical studies, is needed to advance understanding of pathophysiological mechanisms and to characterise immuno-inflammatory derangements across the range of phenotypes to enable optimum care for patients with COVID-19.

Full paper: [The COVID-19 puzzle: deciphering pathophysiology and phenotypes of a new disease entity](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900218-6)

**Title:** Where are we with drug treatments for covid-19?

BMJ | 2021; 373: n1109 | 7th May 2021

A year since the pandemic began, just a handful of lifesaving drugs have emerged as approved covid-19 treatments. This briefing looks at the ongoing major trials and asks:

* Where are the major trials for covid treatments?
* What treatment types are there?
* What treatments work?
* What treatments do not work?
* What gaps in treatment remain?

Full briefing: [Where are we with drug treatments for covid-19?](https://www.bmj.com/content/373/bmj.n1109)

recovery

**Title:** Care homes: Visiting restrictions during the covid-19 pandemic

Joint Committee on Human Rights | 5th May 2021

The Joint Committee on Human Rights has prepared a draft statutory instrument to lay before Parliament to secure legal protection for care home residents deprived of family visits, and therefore, their human rights. In the report, the Committee calls on the Government to make the existing requirements for individualised assessment for visits mandatory by laying its draft Regulations, as soon as possible.

Government guidance now makes clear that care home providers should not impose blanket bans on visiting but should instead conduct individualised risk assessments for each resident. However, without statutory force, there is no legal recourse for residents to require their providers to implement the guidance.

Full report: [Care homes: Visiting restrictions during the covid-19 pandemic](https://publications.parliament.uk/pa/jt5801/jtselect/jtrights/1375/137502.htm)

Press release: [Change the law now to ensure end to blanket bans on care home visits, urges Joint Committee](https://committees.parliament.uk/committee/93/human-rights-joint-committee/news/154988/change-the-law-now-to-ensure-end-to-blanket-bans-on-care-home-visits-urges-joint-committee/)

See also: [Covid: MPs want law to protect care home visiting rights](https://www.bbc.co.uk/news/uk-56989049) | BBC News

**Title:** Living Systematic Review of Mental Health in COVID-19

The Depressd Project | May 2021

Living systematic reviews are systematic reviews that are continually updated and provide ongoing access to results via online publication. The objectives of this living systematic review are to evaluate:

(1) Changes in mental health symptoms among the same participants from pre-COVID or across delineated events during COVID-19 (e.g., outbreak announcement versus peak, peak restrictions on movement versus post-restrictions)

(2) Factors associated with levels or changes in symptoms during COVID-19

(3) The effect of interventions on mental health symptoms during COVID-19

Full detail: [Living Systematic Review of Mental Health in COVID-19](https://www.depressd.ca/covid-19-mental-health)

**Title:** Mental health support through primary care during and after covid-19

BMJ | 2021; 373: n1064 | 4th May 2021

Covid-19 has raised the prevalence of anxiety, depression, post-traumatic stress disorder, and psychological and mental distress among the general population. Repeated episodes of lockdown, periods of self-isolation after contact with infected people, social distancing, and the fear of contracting covid-19 when outside the home can lead to heightened fear and anxiety in people of all ages. Self-isolation is associated with symptoms of post-traumatic stress, anxiety, adjustment disorder, confusion, and anger.

The implications of covid-19 for people with pre-existing mental illness are of particular concern, along with the likelihood that covid-19 will further widen mental health inequalities for ethnic minority groups.

Against this backdrop, mental health support through primary care is a priority for patients, the public, commissioners, researchers, and policy makers. This editorial states that primary care needs urgent and sustained mental health investment to provide early identification of mental health conditions, timely intervention and treatment, prevention, ongoing support, and access to specialist mental healthcare services. This, should be a priority for the integrated care systems at the heart of NHS restructuring proposals. The editorial suggests we must refocus, rebuild, and revitalise mental health support through primary care to aid the recovery from covid-19, to streamline health services, promote positive mental health, and be ready for future uncertainties.

Full editorial: [Mental health support through primary care during and after covid-19](https://www.bmj.com/content/373/bmj.n1064)

**Title:** Coronavirus and depression in adults, Great Britain: January to March 2021

Office for National Statistics | 5th May 2021

Analysis from the ONS of the proportion of the British adult population experiencing some form of depression in early 2021, by age, sex and other characteristics. Includes comparisons with 2020 and pre-pandemic estimates. The analysis shows that around 1 in 5 (21%) adults experienced some form of depression in early 2021 (27 January to 7 March); this is an increase since November 2020 (19%) and more than double that observed before the coronavirus (COVID-19) pandemic (10%).

Over the period 27 January to 7 March 2021:

* Younger adults and women were more likely to experience some form of depression, with over 4 in 10 (43%) women aged 16 to 29 years experiencing depressive symptoms, compared with 26% of men of the same age.
* Disabled (39%) and clinically extremely vulnerable (CEV) adults (31%) were more likely to experience some form of depression than non-disabled (13%) and non-CEV adults (20%).
* A higher proportion of adults renting their home experienced some form of depression (31%) when compared with adults who own their home outright (13%).
* Almost 3 in 10 (28%) adults living in the most deprived areas of England experienced depressive symptoms; this compares with just under 2 in 10 (17%) adults in the least deprived areas of England.

Full detail: [Coronavirus and depression in adults, Great Britain: January to March 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/januarytomarch2021)

Related: [Latest data highlights a growing mental health crisis in the UK](https://www.health.org.uk/news-and-comment/news/latest-data-highlights-a-growing-mental-health-crisis-in-the-uk) | The Health Foundation

**Title:** Researchers Tie Severe Immunosuppression to Chronic COVID-19 and Virus Variants

JAMA | 5th May 2021

This Medical News article discusses clinical care and isolation for patients with prolonged SARS-CoV-2 infections, who researchers say may generate and transmit viral variants.

Full detail: [Researchers tie severe immunosuppression to chronic Covid-19 and virus variants](https://jamanetwork.com/journals/jama/fullarticle/2779850)

**Title:** An Inside Look at a Post–COVID-19 Clinic

JAMA | 5th May 2021

In this Medical News article, Aluko Hope, MD, former co-director of the Montefiore-Einstein Department of Medicine’s COVID-19 Recovery Clinic, discusses how the clinic helps patients with persistent symptoms of the disease.

Full detail: [An inside look at a post–Covid-19 clinic](https://jamanetwork.com/journals/jama/fullarticle/2779851)

**Title:** 3-month, 6-month, 9-month, and 12-month respiratory outcomes in patients following COVID-19-related hospitalisation: a prospective study

The Lancet Respiratory Medicine | 5th May 2021

The consequences of COVID-19 in those who recover from acute infection requiring hospitalisation have yet to be clearly defined. This study aimed to describe the temporal trends in respiratory outcomes over 12 months in patients hospitalised for severe COVID-19 and to investigate the associated risk factors.

In most patients who recovered from severe COVID-19, dyspnoea scores and exercise capacity improved over time; however, in a subgroup of patients at 12 months we found evidence of persistent physiological and radiographic change. A unified pathway for the respiratory follow-up of patients with COVID-19 is required.

Full article: [3-month, 6-month, 9-month, and 12-month respiratory outcomes in patients following COVID-19-related hospitalisation: a prospective study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900174-0)

**Title:** An integrated understanding of long-term sequelae after acute COVID-19

The Lancet Respiratory Medicine | 5th May 2021

The recognition of so-called long COVID has been a great emotional relief for the many who are struggling with the aftereffects of COVID-19. This Comment piece states we now need to dissect this highly heterogenous syndrome; better delineate clusters of symptoms; differentiate it from other conditions and consequences of infections and hospitalisation; understand the pathophysiology, predisposing conditions, and risk factors; and indeed, learn how to better look after people with long-term complications after acute COVID-19.

Dealing with such complexity requires a multidisciplinary approach and patients' involvement.

Full detail: [An integrated understanding of long-term sequelae after acute COVID-19](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900206-X)

**Title:** Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data

The Lancet Psychiatry | 6th May 2021

The mental health of the UK population declined at the onset of the COVID-19 pandemic. Convenience sample surveys indicate that recovery began soon after. Using a probability sample, we tracked mental health during the pandemic to characterise mental health trajectories and identify predictors of deterioration.

Between April and October 2020, the mental health of most UK adults remained resilient or returned to pre-pandemic levels. Around one in nine individuals had deteriorating or consistently poor mental health. People living in areas affected by lockdown, struggling financially, with pre-existing conditions, or infection with SARS-CoV-2 might benefit most from early intervention.

Full paper: [Mental health responses to the COVID-19 pandemic: a latent class trajectory analysis using longitudinal UK data](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900151-6)

**Title:** Addressing nutrition in the road map of recovery for those with long COVID-19

British Journal of Community Nursing | May 1st 2021

Poor nutrition is reflected in the high incidence of unintentional weight loss (and primarily loss of muscle mass) among COVID-19 survivors. Nutrition screening for patients with COVID-19 should not be overlooked; it is paramount to identifying malnutrition risk associated with unintentional weight loss and guiding subsequent advice.

Muscle loss has a profound effect on recovery, impeding return to pre-illness function. Dietary advice, including modifications to alleviate symptoms, combined with strength training for those with muscle loss and weakness, should be an integral part of the care for those severely affected by COVID-19.

A high-calorie, high-protein diet is indicated for those who have lost weight and are underweight, but, for those who remain overweight or obese, dietary advice should focus on optimising protein intake while avoiding excessive calories.

Full article: [Addressing nutrition in the road map of recovery for those with long COVID-19](http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=d119b085-a009-46b0-9425-174f3ab5ab52%40sdc-v-sessmgr03)

Infection control

**Title:** Government to launch 40,000 person daily contact testing study

Department of Health and Social Care | Public Health England | 2nd May 2021

Daily coronavirus tests will be given to as many as 40,000 people who have been in contact with someone who has tested positive for COVID-19, in a new government-backed study designed to gather evidence on safe alternatives to self-isolation for people who are contacts of positive COVID-19 cases.

If successful, the study – led by the UK Health Security Agency (including Public Health England and NHS Test and Trace) – could provide evidence to help to reduce the length of time people who are contacts of positive COVID-19 cases need to self-isolate. A reduction in the period of self-isolation from 10 days could help prevent individuals having to miss work, while allowing people to continue to safely participate in society.

Close contacts of people with COVID-19 will be contacted by phone and sent 7 days’ worth of lateral flow tests (LFTs). The contacts are required to test themselves each morning for 7 days. People who test negative and develop no symptoms will be exempt from the legal duty to self-isolate that day and can leave their home to carry out essential activity. They will need to take another test the next morning to see if they need to self-isolate that day or continue to be exempt.

Full detail: [Government to launch 40,000 person daily contact testing study](https://www.gov.uk/government/news/government-to-launch-40000-person-daily-contact-testing-study?utm_medium=email&utm_campaign=govuk-notifications&utm_source=0f73bd67-cbf7-4d48-9625-dddecbd43c47&utm_content=daily)

**Title:** New cutting-edge testing centre to fast-track COVID-19 variant vaccines

Department of Health and Social Care | 5th May 2021

Vaccines tailored to tackle COVID-19 variants are to be accelerated through new state-of-the-art labs. The government will invest £29.3 million through the Vaccines Taskforce in Public Health England’s new testing facilities at Porton Down, to assess the effectiveness of existing and new vaccines against variants of concern.

The funding will increase the site’s current capacity from 700 to 3,000 blood samples tested a week in order to fast-track variant vaccines. These tests measure the levels of antibodies to COVID-19 that are generated by the vaccines.

Full detail: [New cutting-edge testing centre to fast-track COVID-19 variant vaccines](https://www.gov.uk/government/news/new-cutting-edge-testing-centre-to-fast-track-covid-19-variant-vaccines)

See also: [Vaccines will be tested against variants of concern after £29m funding boost from UK government](https://www.bmj.com/content/373/bmj.n1163) | BMJ

**Title:** 50 million doses of COVID-19 vaccine administered in UK

Department of Health and Social Care | 3rd May 2021

Over 50 million doses of the COVID-19 vaccine have been administered in the UK, with over a quarter of adults having received both doses. Health services across the UK administered a total of 50,089,549 million vaccines between 8 December 2020 and 2 May 2021, including 34 million people with their first dose and 15 million with their second.

Data from Public Health England (PHE)’s real-world study shows the vaccines are already having a significant impact in the UK, reducing hospitalisations and saving more than 10,000 lives in England alone by the end of March.

Full detail: [50 million doses of COVID-19 vaccine administered in UK](https://www.gov.uk/government/news/50-million-doses-of-covid-19-vaccine-administered-in-uk)

**Title:** Most people admitted to hospital after vaccination were infected before immunity could develop, research shows

BMJ | 2021; 373: n1127 | 30th April 2021

The majority of vaccinated people who were admitted to hospital for covid-19 were probably infected shortly before or around the time of their vaccination, highlighting the importance of maintaining social distancing and understanding that immunity develops over time, researchers have said.

The International Severe Acute Respiratory Infection Consortium Clinical Characterisation Protocol (ISARIC4C), which is funded by UK Research and Innovation and the National Institute for Health Research, analysed UK hospital admissions after the start of the covid-19 vaccination rollout. As of 10 April 2021, 3842 (7.3%) of the 99 445 inpatients enrolled in the study had been vaccinated.

Looking at symptomatic patients, the researchers found that 40% (729) developed covid-19 symptoms 0-7 days post-vaccination. A further 19% (352) developed symptoms 8-14 days post-vaccination. The median incubation period for SARS-CoV-2 is around five days, meaning it is likely that many of these patients were infected before immunity developed.

Full detail: [Most people admitted to hospital after vaccination were infected before immunity could develop, research shows](https://www.bmj.com/content/373/bmj.n1127)

**Title:** Coronavirus and vaccine hesitancy, Great Britain: 31 March to 25 April 2021

Office for National Statistics | 6th May 2021

This latest release reports on hesitancy towards the coronavirus (COVID-19) vaccine, based on the Opinions and Lifestyle Survey covering the period 31 March to 25 April 2021.

Main points:

* more than 9 in 10 (93%) adults reported positive sentiment towards the vaccine, while 7% of adults reported vaccine hesitancy
* vaccine hesitancy has remained relatively stable, 7% compared with 6% in the previous period (17 February to 14 March 2021), however this is a decrease from 9% earlier in the year (13 January to 7 February 2021); with this trend observed across most groups
* around 1 in 8 (13%) adults aged 16 to 29 years reported vaccine hesitancy, the highest of all age groups
* around 1 in 3 (30%) Black or Black British adults reported vaccine hesitancy, the highest compared with all ethnic groups
* around 1 in 8 (12%) adults in the most deprived areas of England (based on Index of Multiple Deprivation) reported higher vaccine hesitancy, compared with 4% of adults in the least deprived areas of England
* "long-term effects on health", "side effects" and "how well the vaccine works" were the top three reasons for reporting negative sentiment towards the vaccine

Full detail: [Coronavirus and vaccine hesitancy, Great Britain: 31 March to 25 April 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandvaccinehesitancygreatbritain/31marchto25april)

**Title:** Efficacy of NVX-CoV2373 Covid-19 Vaccine against the B.1.351 Variant

New England Journal of Medicine | 5th May 2021

A randomized, phase 2 trial in South Africa compared the NVX-CoV2373 nanoparticle vaccine with placebo in participants with confirmed SARS-CoV-2 infection, including 30% who were seropositive at baseline. Overall vaccine efficacy was 49.4%, with the B.1.351 variant identified in more than 90% of isolates.

The authors conclude that the NVX-CoV2373 vaccine was efficacious in preventing Covid-19, with higher vaccine efficacy observed among HIV-negative participants. Most infections were caused by the B.1.351 variant.

Full article: [Efficacy of NVX-CoV2373 Covid-19 Vaccine against the B.1.351 Variant](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2103055?articleTools=true)

Related editorial: [Interplay between Emerging SARS-CoV-2 Variants and Pandemic Control](https://www.nejm.org/doi/pdf/10.1056/NEJMe2103931?articleTools=true)

**Title:** Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel

The Lancet | 5th May 2021

Following the emergency use authorisation of the Pfizer–BioNTech mRNA COVID-19 vaccine BNT162b2 in Israel, the Ministry of Health (MoH) launched a campaign to immunise the 6·5 million residents of Israel aged 16 years and older.

This study estimated the real-world effectiveness of two doses of BNT162b2 against a range of SARS-CoV-2 outcomes and to evaluate the nationwide public-health impact following the widespread introduction of the vaccine.

The authors conclude that two doses of BNT162b2 are highly effective across all age in preventing symptomatic and asymptomatic SARS-CoV-2 infections and COVID-19-related hospitalisations, severe disease, and death, including those caused by the B.1.1.7 SARS-CoV-2 variant. There were marked and sustained declines in SARS-CoV-2 incidence corresponding to increasing vaccine coverage. These findings suggest that COVID-19 vaccination can help to control the pandemic.

Full article: [Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900947-8)

Related: [Two doses of Pfizer vaccine are “highly effective” against infection, hospital admission, and death, study finds](https://www.bmj.com/content/373/bmj.n1164) | BMJ

**Title:** Association Between Vaccination With BNT162b2 and Incidence of Symptomatic and Asymptomatic SARS-CoV-2 Infections Among Health Care Workers

JAMA | 6th May 2021

The objective of this study was to estimate the association of vaccination with the Pfizer-BioNTech BNT162b2 vaccine with symptomatic and asymptomatic SARS-CoV-2 infections among health care workers. The retrospective cohort study included 6710 health care workers and found that receipt of the BNT162b2 vaccine compared with no vaccine was associated with a significantly lower incidence of symptomatic and asymptomatic SARS-CoV-2 infection more than 7 days after the second dose.

Full article: [Association between vaccination with BNT162b2 and incidence of symptomatic and asymptomatic SARS-cov-2 infections among Health Care Workers](https://jamanetwork.com/journals/jama/fullarticle/2779853)

**Title:** Time for the ethical management of COVID-19 vaccines

The Lancet Global Health | 4th May 2021

The ethical distribution of life-saving medical and public health interventions to vulnerable groups has often been overlooked. Valuation of life linked to an individual's country of origin, the pharmaceutical industry's prioritisation of profit, the exploitation of vulnerable groups in clinical trials, and the resulting hesitancy towards drugs and vaccines have, among other factors, made the human right to health unattainable for many people.

This article suggests that the COVID-19 pandemic presents itself as an opportunity to reverse this long-standing trajectory of unethical practices in global health. By ensuring the ethical inclusion of vulnerable groups in the vaccine development process and making a safe, effective vaccine accessible to all, pharmaceutical companies, governments, and international organisations can usher in a new era of global health that relies solely on ethical decision making.

Full detail: [Time for the ethical management of COVID-19 vaccines](https://www.thelancet.com/action/showPdf?pii=S2214-109X%2821%2900180-7)

**Title:** COVID-19 vaccine refusal, UK: February to March 2021

Office for National Statistics | 7th May 2021

This ONS release explores the attitudes of people who are uncertain about receiving, or unable or unwilling to receive a coronavirus (COVID-19) vaccine in the UK.

Main points

* Many participants who were unwilling or uncertain about receiving a coronavirus (COVID-19) vaccine expressed concerns about their safety; these included concerns about immediate side effects and longer-term impacts that participants felt could not yet be known.
* Fears about the safety of COVID-19 vaccines were often linked with how quickly they had been developed; participants perceived this as a sign that the COVID-19 vaccines could not be as safe as other vaccines that had been developed and used over several years.
* Some participants did not perceive catching COVID-19 as a significant risk; typically, this was because they were younger and felt they were unlikely to either catch or develop serious symptoms from catching COVID-19, or because they felt they were already taking adequate steps to avoid catching COVID-19.
* Those who were unable to receive a COVID-19 vaccine cited barriers including: not being able to find childcare to attend the vaccination appointment; not being able to travel to the vaccination centre; or having existing physical or mental health conditions that prevented them from receiving a COVID-19 vaccine.
* There was an appetite for more information about COVID-19 vaccines, particularly: side effects; contents; how they had been developed; and differences between, and safety of, the various COVID-19 vaccines.
* Some participants accessed information about COVID-19 vaccines from social media or unverified sources as well as, or instead of, mainstream media; this gave them cause for concern, for example, about the contents or side effects of COVID-19 vaccines.

Full detail: [COVID-19 vaccine refusal, UK: February to March 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/covid19vaccinerefusaluk/februarytomarch2021)

**Title:** JCVI advises on COVID-19 vaccine for people aged under 40

Public Health England | 7th May 2021

The Joint Committee on Vaccination and Immunisation (JCVI) has reviewed the latest available evidence, including the current COVID-19 infection rate, the scale and pace of the vaccine programme and modelling of the timing and size of any third pandemic wave.

This has been considered alongside the latest advice from the Medicines and Healthcare products Regulatory Agency (MHRA) on extremely rare cases of concurrent thrombosis (blood clots) and thrombocytopenia (low platelet count) following the first dose of the Oxford/AstraZeneca vaccine.

The chances of a younger person becoming seriously ill with COVID-19 get smaller as infection rates increasingly come under control in the UK.

Considering this alongside the portfolio of vaccines available in the UK in the coming months and taking a precautionary approach in relation to the extremely small risk of thrombosis and thrombocytopenia following the first dose of the Oxford/AstraZeneca vaccine, the JCVI has advised a preference for adults aged 30 to 39 without underlying health conditions to receive an alternative to the Oxford/AstraZeneca vaccine – where available and only if this does not cause substantial delays in being vaccinated.

Full detail: [JCVI advises on COVID-19 vaccine for people aged under 40](https://www.gov.uk/government/news/jcvi-advises-on-covid-19-vaccine-for-people-aged-under-40)

See also:

* [MHRA response to JCVI advice on COVID-19 Vaccine AstraZeneca for people aged under 40](https://www.gov.uk/government/news/mhra-response-to-jcvi-advice-on-covid-19-vaccine-astrazeneca-for-people-aged-under-40)
* [Statement on AstraZeneca COVID-19 vaccine following JCVI update](https://www.gov.uk/government/news/statement-on-astrazeneca-covid-19-vaccine-following-jcvi-update)

workforce wellbeing

**Title:** COVID-19 and the female health and care workforce survey update

NHS Confederation | 5th May 2021

This report from the NHS Confederation's Health & Care Women Leaders Network presents the findings of a survey commissioned by the network, to find out how the impact of the pandemic on women working across health and care changed as the crisis progressed. It follows up on their first survey and report published in the summer of 2020. In light of the findings from the latest survey, the report includes new recommendations on what must be done to address key issues in this area.

The report shows that, since summer 2020, the impact of the pandemic on the female workforce has demonstrably worsened and more women are reporting an even greater negative impact on their physical and emotional wellbeing. This is linked to the increase in the number of hours women report spending on their caring responsibilities (both in and outside of work). The impact of these responsibilities may be greater for women from black, Asian, and minority ethnic backgrounds.

The findings of the survey also show improvement in some areas, including teamworking and increased feelings of camaraderie - but the marked deterioration in the key areas of physical and emotional wellbeing cannot be ignored. With 78 per cent of the health and care workforce being female, the impact of the pandemic on women needs to be considered as part of overall recovery plans. The recommendations included in the report can benefit the whole workforce, not just women.

Full report: [COVID-19 and the female health and care workforce survey update](https://www.nhsconfed.org/-/media/Confederation/Files/Networks/Health-and-Care-Women-Leaders-Network/COVID19-and-the-female-health-and-care-workforce-survey-update-report.pdf)

See also: [Female NHS and care staff report deteriorating health because of pandemic](https://www.bmj.com/content/373/bmj.n1157) | BMJ

**Title:** Thousands of overworked doctors plan to leave the NHS, BMA finds

British Medical Association | 3rd May 2021

Thousands of exhausted doctors in the UK have told the BMA they are considering leaving the NHS in the next year, as many continue to battle stress and burnout without adequate respite from the exhaustion caused by the demands of the pandemic.

While half of respondents (2,099) in the Association’s latest tracker survey said they plan to work fewer hours, 25% said they are ‘more likely’ to take a career break, with a further 21% considering leaving the NHS altogether for another career.

Asked why, many doctors pointed to workload, including the inability to take breaks or leave. Almost 40% of respondents say they don’t even have a place at work where they can safely relax with colleagues, but know that they’d find it beneficial if they did.

The number of UK doctors now considering early retirement has more than doubled in less than 12 months, with 32% of respondents (1,352) to April’s survey considering leaving the NHS early (compared to 14% last June).

These findings are the latest in a series of similar results from the BMA’s tracker surveys, which have been running since the start of the pandemic, and provide further evidence underpinning the Association’s recent calls for staff to be given time and resources to rest – particularly ahead of the growing backlog of patient care.

Further detail: [Thousands of overworked doctors plan to leave the NHS, BMA finds](https://www.bma.org.uk/bma-media-centre/thousands-of-overworked-doctors-plan-to-leave-the-nhs-bma-finds)

Full survey results: [BMA survey COVID-19 tracker survey snapshot April 2021](https://www.bma.org.uk/media/4055/bma-survey-april-2021-uk-overall-snapshot.pdf)

**Title:** GPs are at “breaking point” and in need of respite, leaders warn

BMJ | 2021; 373: n1139 | 4th May 2021

General practices are “reaching breaking point” because of the “intense” workload pressure facing doctors and staff, the country’s most senior GP leaders have warned.

The warning came as new figures from NHS Digital showed that practices in England delivered almost five million more appointments in March 2021 than the month before and nearly three million more than in March 2019.

Richard Vautrey, chair of the BMA General Practitioners Committee, said that the figures underlined the huge efforts practices were going to and the workload pressure on staff. He said, “GPs and their teams are consistently telling us they’re busier now than they have ever been, and this data—which does not include a large proportion of the vaccine programme undertaken by practices, nor a vast amount of other daily tasks—backs this up.”

Full detail: [GPs are at “breaking point” and in need of respite, leaders warn](https://www.bmj.com/content/373/bmj.n1139)

**Title:** Mental health: 'We need to care for patients, but also ourselves'

BBC News | 6th May 2021

It is estimated that a doctor dies every three to four weeks in the UK from suicide. Dr Dan Gearon's cousin Liz took her own life in 2016. She had been an anaesthetist at King's College London.

Following Liz's death, Dan created the charity, You Okay, Doc? to provide doctors with a safe space to talk about their mental health. Now as the pandemic starts to ease, Dan and many other doctors across the country are voicing the need to have better mental health services for medics.

Full detail: [Mental health: 'We need to care for patients, but also ourselves'](https://www.bbc.co.uk/news/av/uk-england-london-56983061)

Health management

**Title:** LSE–Lancet Commission on the future of the NHS: re-laying the foundations for an equitable and efficient health and care service after COVID-19

The Lancet | 6th May 2021

This UK-wide London School of Economics and Political Science (LSE)*–Lancet* Commission on the future of the NHS provides the first analysis of the initial phases of the COVID-19 response as part of a uniquely comprehensive assessment of the fundamental strengths of and challenges that are faced by the NHS.

As discussion of the COVID-19 response continues, this report is the first to provide recommendations within a long-term analysis of the NHS. By the COVID-19 pandemic emphasising the enduring strengths and weaknesses of the health and care system, it heralds a once-in-a-generation opportunity to strengthen the NHS and realise the long-term vision.

This Commission seeks to build on the many strengths of the NHS, supporting its fundamental and enduring principles. It concentrates on a few recommendations of high priority that are ambitious yet targeted and state the bodies that are responsible for their implementation. The report systematically draws on international evidence and evidence from across the UK, assessing the direction of change over time, current challenges, and priorities for future change.

Full report:  [The London School of Economics and Political Science–*Lancet* Commission on the future of the NHS: re-laying the foundations for an equitable and efficient health and care service after COVID-19](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00232-4/fulltext)

**Title:** Securing a sustainable and fit-for-purpose UK health and care workforce

The Lancet | 6th May 2021

This paper argues that to secure a sustainable and fit-for-purpose health and care workforce, integrated workforce approaches need to be developed alongside reforms to education and training that reflect changes in roles and skill mix, as well as the trend towards multidisciplinary working.

Enhancing career development opportunities, promoting staff wellbeing, and tackling discrimination in the NHS are all needed to improve recruitment, retention, and morale of staff. The paper argues that an urgent priority is to offer sufficient aftercare and support to staff who have been exposed to high-risk situations and traumatic experiences during the COVID-19 pandemic.

In response to growing calls to recognise and reward health and care staff, growth in pay must at least keep pace with projected rises in average earnings, which in turn will require linking future NHS funding allocations to rises in pay. Above all, the paper states, a radical long-term strategic vision is needed to ensure that the future NHS workforce is fit for purpose.

Full paper: [Securing a sustainable and fit-for-purpose UK health and care workforce](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900231-2)

**Title:** What is the right level of spending needed for health and care in the UK?

The Lancet | 6th May 2021

COVID-19 has highlighted major issues in the capacity and resilience of the health and care system. This Health Policy paper looks at the economic impact of the COVID-19 pandemic and historical spending in the UK and comparable countries, assesses the role of private spending, and reviews spending projections to estimate future needs.

The authors argue that without average growth in public spending on health of at least 4% per year in real terms, there is a real risk of degradation of the NHS, reductions in coverage of benefits, increased inequalities, and increased reliance on private financing. They state a similar, if not higher, level of growth in public spending on social care is needed to provide high standards of care and decent terms and conditions for social care staff.

Full article: [What is the right level of spending needed for health and care in the UK?](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2900230-0)

**Title:** Was building the NHS Nightingale hospitals worth the money?

The Kings Fund | 5th May 2021

In late March 2020, as concerns grew that Covid-19 would overwhelm the NHS’s critical care capacity, emergency NHS ‘Nightingale’ hospitals sprung up from Exeter to Sunderland with the aim of supporting the NHS to cope with surging number of people with Covid-19.

This Kings Fund article asks was building the NHS Nightingale hospitals worth the money? The article explains that the country has been left with relatively unused emergency facilities, hugely overworked existing facilities that were full of patients with Covid-19, and rising waits for routine care. The Nightingales the author states, have shown that in an emergency you can build ventilators, you can adapt buildings and you can manufacture personal protective equipment – but unfortunately, there is no magic NHS staffing tree to shake.

Full detail: [Was building the NHS Nightingale hospitals worth the money?](https://www.kingsfund.org.uk/blog/2021/04/nhs-nightingale-hospitals-worth-money)

other

**Title:** Pandemic Patient Experience II: FROM LOCKDOWN TO VACCINE ROLL-OUT

The Patients Association | April 2021

The Patients Association follow up survey to its 2020 survey into patients' experience of healthcare services during the pandemic, finds that some of their experiences are not better and in fact some are worse. It is based on 453 response and covers the period between 11 February 2021- 5 April 2021.

The vaccination programme in particular was a bright spot: patients mostly felt well informed and were easily able to make appointments, although a minority had less smooth experiences. Feedback on vaccination appointments was overwhelmingly positive.

However, accessing GP services remains difficult for many, and patients overall do not regard remote consultations as an adequate replacement for in-person appointments. The survey also found that patients who shielded mostly did not do so in line with NHS advice, but used their own judgement about whether and when to shield.

As in their earlier report, they identify a number of similar themes around non-Covid care; shielding; Covid-19; vaccination; NHS 111; overall handling of the pandemic.

Full detail: [Pandemic Patient Experience II](https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=835c8fb6-71f2-41e3-8e44-489216762cf6)[: From Lockdown to Vaccine Roll-Out](https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=835c8fb6-71f2-41e3-8e44-489216762cf6)

We

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