COVID-19 weekly update

9th April 2021

**clinical management**

**Title:** Association between pre-existing respiratory disease and its treatment, and severe COVID-19: a population cohort study

The Lancet Respiratory Medicine | 1st April 2021

Previous studies suggested that the prevalence of chronic respiratory disease in patients hospitalised with COVID-19 was lower than its prevalence in the general population. The aim of this study was to assess whether chronic lung disease or use of inhaled corticosteroids (ICS) affects the risk of contracting severe COVID-19.

The authors found that the risk of severe COVID-19 in people with asthma is relatively small. People with COPD and interstitial lung disease appear to have a modestly increased risk of severe disease, but their risk of death from COVID-19 at the height of the epidemic was mostly far lower than the ordinary risk of death from any cause. Use of inhaled steroids might be associated with a modestly increased risk of severe COVID-19.

Full paper: [Association between pre-existing respiratory disease and its treatment, and severe COVID-19: a population cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900095-3)

**Title:** Better End of Life 2021. dying, death and bereavement during covid-19

Marie Curie | April 2021

This report takes a closer look at how Covid-19 has affected dying, death and bereavement and what we can learn from the pandemic for improving end of life experience in future.

Full research report: [Better End of Life 2021. Dying, death and bereavement during Covid-19](https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2021/better-end-of-life-research-report.pdf)

Briefing report: [Better End of Life 2021. Dying, death and bereavement during Covid-19. Briefing report](https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2021/better-end-of-life-report-briefing.pdf)

**Title:** COVID-19 rapid guideline: managing COVID-19

National Institute for Health & Care Excellence | updated 8th April 2021

This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together existing recommendations on managing COVID-19 so that healthcare staff and those planning and delivering services can find and use them more easily. The guideline includes new recommendations on therapeutics, and we will update the guideline further as new evidence emerges.

This update addsrecommendations for using corticosteroids, tocilizumab and sarilumab to treat COVID-19 (including the evidence and rationale for making the recommendations).

Full detail: [COVID-19 rapid guideline: managing COVID-19 | NICE guideline [NG191]](https://www.nice.org.uk/guidance/NG191)

**Title:** Endothelial dysfunction and immunothrombosis as key pathogenic mechanisms in COVID-19

Nature Reviews Immunology | 6th April 2021

Coronavirus disease 2019 (COVID-19) is a clinical syndrome caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Patients with severe disease show hyperactivation of the immune system, which can affect multiple organs besides the lungs.

This authors of this article propose that SARS-CoV-2 infection induces a process known as immunothrombosis, in which activated neutrophils and monocytes interact with platelets and the coagulation cascade, leading to intravascular clot formation in small and larger vessels.

Microthrombotic complications may contribute to acute respiratory distress syndrome (ARDS) and other organ dysfunctions. Therapeutic strategies aimed at reducing immunothrombosis may therefore be useful.

Several antithrombotic and immunomodulating drugs have been proposed as candidates to treat patients with SARS-CoV-2 infection.

The growing understanding of SARS-CoV-2 infection pathogenesis and how it contributes to critical illness and its complications may help to improve risk stratification and develop targeted therapies to reduce the acute and long-term consequences of this disease.

Full paper: [Endothelial dysfunction and immunothrombosis as key pathogenic mechanisms in COVID-19](https://www.nature.com/articles/s41577-021-00536-9.pdf)

**recovery**

**Title:** What might long COVID mean for the nation’s health?

The Health Foundation | 1st April 2021

There is much more to learn about how COVID-19 affects people and what the implications are for the nation's long-term health. Against this uncertainty, the Health Foundation’s COVID-19 impact inquiry team has reviewed emerging evidence on long COVID. This article summarises the findings to date, and asks:

* What is long COVID?
* Does hospitalisation affect long COVID?
* How long does long COVID last?
* Can long COVID be treated?
* Does long COVID affect everyone equally?
* What is the wider impact of long COVID for individuals?

Full detail: [What might long COVID mean for the nation’s health?](https://www.health.org.uk/news-and-comment/blogs/what-might-long-covid-mean-for-the-nations-health)

**Title:** Rehabilitation of adults who are hospitalised due to acute Covid-19 or long Covid: physiotherapy service delivery

Chartered Society of Physiotherapists | 1st April 2021

CSP Standards cover rehabilitation for adults of 18 years and over who are admitted to hospital with COVID-19. This encompasses people with acute COVID-19 or Long COVID. The standards apply to rehabilitation for any episode of care in a hospital setting through to step-down rehabilitation facilities and/ or ongoing rehabilitation in the community. This includes people who were not admitted to hospital during the acute stage of COVID-19 infection and readmission of people who were hospitalised due to acute COVID-19.

The standards are for the physiotherapy workforce delivering rehabilitation in a multidisciplinary care context. The standards are key for facilitating safe and rapid decision making and ensuring the delivery of consistent, high quality, personalised assessment and physiotherapy. They should be used in conjunction with local policies and procedures.

Full document: [Rehabilitation of adults who are hospitalised due to acute Covid-19 or long Covid: physiotherapy service delivery](https://www.csp.org.uk/system/files/publication_files/001745_Hospital%20Standards_A4_V10_3.pdf)

**Title:** Symptoms and Functional Impairment Assessed 8 Months After Mild COVID-19 Among Health Care Workers

JAMA | 7th April 2021

Approximately 80% of hospitalized patients with COVID-19 report persistent symptoms several months after infection onset. However, knowledge of long-term outcomes among individuals with mild COVID-19 is scarce, and prevalence data are hampered by selection bias and suboptimal control groups.

This cohort study describes COVID-19–related symptoms persisting 8 months after SARS-CoV-2 infection among Swedish health care workers and self-reported effects of the residual symptoms on respondents’ home, work, and social function.

Full detail: [Symptoms and functional impairment assessed 8 months after mild covid-19 among health care workers](https://jamanetwork.com/journals/jama/fullarticle/2778528)

**Title:** 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records

The Lancet Psychiatry | 6th April 2021

Neurological and psychiatric sequelae of COVID-19 have been reported, but more data are needed to adequately assess the effects of COVID-19 on brain health. This study aimed to provide robust estimates of incidence rates and relative risks of neurological and psychiatric diagnoses in patients in the 6 months following a COVID-19 diagnosis.

This study provides evidence for substantial neurological and psychiatric morbidity in the 6 months after COVID-19 infection. Risks were greatest in, but not limited to, patients who had severe COVID-19. This information could help in service planning and identification of research priorities. Complementary study designs, including prospective cohorts, are needed to corroborate and explain these findings.

Full document: [6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records](https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900084-5)

See also:

* [Covid-19 raises risk of depression and dementia, study suggests](https://www.bbc.co.uk/news/health-56650125) | BBC News
* [One in three has neurological or psychiatric condition diagnosed after covid infection, study finds](https://www.bmj.com/content/373/bmj.n908) | BMJ

**Title:** The role of trauma-informed care during the Covid-19 pandemic

The Kings Fund | 6th April 2021

The initial impacts of the Covid-19 pandemic – serious illness, death of loved ones, isolation – have been a source of psychosocial stress for many. But for people already living with experiences of trauma, the isolation and uncertainty of the pandemic increased the risk of further psychological harm.

At the same time, many services that in more normal times offer people support have been less available. Schools, voluntary organisations, and also many health and care services have frequently been closed, postponed or have moved to remote provision, changing the nature of how people engage with services.

These issues present key challenges for providers working in a rapidly changing context – how to support people who have experienced trauma, as well as supporting their workforces to deliver this support and responding to the trauma they may have experienced or witnessed.

This article explores how the Covid-19 pandemic has demonstrated the need for, and the potential of, trauma-informed approaches.

Full detail: [The role of trauma-informed care during the Covid-19 pandemic](https://www.kingsfund.org.uk/blog/2021/04/role-trauma-informed-care-covid-19)

**Title:** Covid-19 vaccine passports: access, equity, and ethics

BMJ | 2021; 373: n861 | 1st April 2021

The purpose of vaccine passports, governments argue, is to allow people to travel, attend large gatherings, access public venues, and return to work without compromising personal safety and public health. This editorial discusses how there remains considerable practical and ethical challenges to their implementation, and states that while the merits of vaccine passports may be undeniable, implementation will require ethical justifications and practical solutions that do not discriminate against the poor, the less technically literate, and people from low and middle income countries.

Full editorial: [Covid-19 vaccine passports: access, equity, and ethics](https://www.bmj.com/content/373/bmj.n861)

See also: [Certifying status for “vaccine passports” must not increase GPs’ workload, says Royal College](https://www.bmj.com/content/373/bmj.n919) | BMJ

**Title:** Digital Health Passes in the Age of COVID-19. Are “Vaccine Passports” Lawful and Ethical?

JAMA | 7th April 2021

This Viewpoint discusses digital health passes (DHPs) that would grant access to work, entertainment, shopping, and travel with confirmation of COVID-19 immunity, and the scientific, legal, ethical, and equity considerations that must be worked through for DHPs to be considered effective and fair.

Full detail: [Digital health passes in the age of covid-19. Are “vaccine passports” lawful and ethical?](https://jamanetwork.com/journals/jama/fullarticle/2778526)

**Title:** COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners

Society of Occupational Medicine | 31st March 2021

These guidelines, published in collaboration with the University of Glasgow, are aimed at workers, employers and health practitioners to increase understanding of the risks of returning to work and the appropriate work-related control measures that could be implemented.

There are multiple factors to consider in the COVID-19 return to work risk assessment. These include community infection levels, individual vulnerability, workplace / commute transmission risk, workers' concerns / expectations and more recently, vaccination and previous COVID-19 infection.

Presenting a simple, stepwise approach, the document outlines the multiple factors needed to be considered to inform decisions and facilitate safe return to work.

Full detail: [COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners](https://www.som.org.uk/sites/som.org.uk/files/COVID-19_return_to_work_in_the_roadmap_out_of_lockdown_March_2021.pdf)

See also: [University of Glasgow and SOM launch new return to work guidelines](https://www.som.org.uk/university-glasgow-and-som-launch-new-return-work-guidelines%20)

**Title:** Coronavirus infections levelling off in England – react study

Imperial College London | 8th April 2021

Throughout March, and shortly after the reopening of schools, our study swabbed more than 140,000 people to find out how many people currently have the virus in England, and identify those who have a greater risk of infection. The research found that the rate of new infections levelled off, or plateaued, with 1 in 500 people having the virus (0.2% of the population). This represents approximately a 60% fall since the study's previous findings in February. The study also found that infections are leading to fewer hospital admissions and deaths, which likely reflects the impact of the vaccination programme.

Primary school-aged children (aged 5-12) had the highest number of infections at 0.41%, while those aged 65 and above had the lowest at 0.09%. These trends are likely due to a combination of factors including schools reopening and the COVID-19 vaccination programme.

The researchers also estimated that the reproduction number (R) is 1.0, which means the epidemic is neither growing nor shrinking as each infected person infects one other individual, on average.

Full detail: [REACT-1 round 10 report: Level prevalence of SARS-CoV-2 swab-positivity in England during third national lockdown in March 2021](https://spiral.imperial.ac.uk/bitstream/10044/1/87351/2/react1_r10_preprint.pdf)

Press release: [Coronavirus infections levelling off in England - REACT study](https://www.imperial.ac.uk/news/218993/coronavirus-infections-levelling-england-react-study/)

See also:

* [Findings from the latest COVID-19 REACT-1 study published](https://www.gov.uk/government/news/findings-from-the-latest-covid-19-react-1-study-published) | Department of Health and Social Care
* [UK vaccine rollout 'breaking link' between infections and death](https://www.bbc.co.uk/news/health-56663969) | BBC News
* [Covid-19: Infections in England fell by 60% in past two months](https://www.bmj.com/content/373/bmj.n929) | BMJ

**Title:** Delivering prevention in an ageing world: Using technology effectively – Consultation paper

International Longevity Centre UK | 1st April 2021

As part of the ILC-UK’s 'Delivering prevention in an ageing world' programme, this consultation paper identifies the key areas where technology can play a crucial role in helping push forward the prevention agenda. The paper also collates examples of good practice, including learnings from the ongoing Covid-19 pandemic.

Full detail: [Delivering prevention in an ageing world: Using technology effectively – Consultation paper](https://ilcuk.org.uk/wp-content/uploads/2021/04/ILC-Using-technology-effectively-Consultation-paper.pdf)

**Title:** Hospital admissions and deaths could rise this summer, modellers warn

BMJ | 2021; 373: n923 | 7th April 2021

The later stages of the UK government’s roadmap out of lockdown are “highly likely” to cause a surge of covid-19 infections, hospital admissions, and deaths this summer, suggests modelling from three groups of scientists considered by the Scientific Advisory Group for Emergencies (Sage).

SPI-M-O, Sage’s Scientific Pandemic Influenza Group on Modelling (Operational) subgroup, reviewed modelling from Imperial College London, the University of Warwick, and the London School of Hygiene and Tropical Medicine. It concluded that any resurgence in hospital admissions and deaths after reopening non-essential retail, hairdressers, gyms, and outdoor hospitality from 12 April was “highly unlikely to put unsustainable pressure on the NHS.”

But the return of indoor socialising, the reopening of indoor hospitality including cinemas, theatres, and concert halls (stage 3) from 17 May, and the removal of remaining social distancing rules with full unlocking (stage 4) from 21 June “is highly likely” to lead to a further resurgence in admissions and deaths, says the SPI-M-O paper. The scale, shape, and timing of that potential third wave is “highly uncertain,” it adds.

Further detail: [Hospital admissions and deaths could rise this summer, modellers warn](https://www.bmj.com/content/373/bmj.n923)

Full report: [Evaluating England’s Roadmap out of Lockdown](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/975910/S1183_SPI-M_Imperial_College_London_Evaluating_England_s_Roadmap_out_of_Lockdown.pdf) | Imperial College London

**Infection control**

**Title:** Twice weekly rapid testing to be available to everyone in England

Department of Health and Social Care | 5th April 2021

Everyone in England will be able to access free, regular, rapid coronavirus testing from 9 April, the government has announced.

In a significant step forward, which paves the way for businesses and society reopening, anyone will be able to access free, rapid lateral flow tests (LFDs) for themselves and their families to use twice a week, in line with clinical guidance.

Rapid testing has so far been available to those most at risk and people who need to leave home for work, including frontline NHS workers, care home staff and residents, and schoolchildren and their families. Now rapid testing will be offered to everyone, with people encouraged to take regular tests to help prevent outbreaks and reclaim a more normal way of life.

Full detail: [Twice weekly rapid testing to be available to everyone in England](https://www.gov.uk/government/news/twice-weekly-rapid-testing-to-be-available-to-everyone-in-england)

See also: [New campaign urges public to get tested twice a week](https://www.gov.uk/government/news/new-campaign-urges-public-to-get-tested-twice-a-week) | Department of Health and Social Care

**Title:** Comparison of seven commercial SARS-CoV-2 rapid point-of-care antigen tests: a single-centre laboratory evaluation study

The Lancet Microbe | 7th April 2021

Antigen point-of-care tests (AgPOCTs) can accelerate SARS-CoV-2 testing. As some AgPOCTs have become available, interest is growing in their utility and performance. This study aimed to compare the analytical sensitivity and specificity of seven commercially available AgPOCT devices.

The sensitivity range of most AgPOCTs overlaps with SARS-CoV-2 viral loads typically observed in the first week of symptoms, which marks the infectious period in most patients. The AgPOCTs with limit of detections that approximate virus concentrations at which patients are infectious might enable shortcuts in decision making in various areas of health care and public health.

Full article: [Comparison of seven commercial SARS-CoV-2 rapid point-of-care antigen tests: a single-centre laboratory evaluation study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900056-2)

**Title:** Moderna vaccine UK rollout begins in Wales

BBC News | 7th April 2021

The UK has begun the rollout of its third coronavirus vaccine, the Moderna jab, in Wales. The UK is committed to buying 17 million doses of Moderna, enough to vaccinate about 8.5 million people.

Like the Pfizer-BioNTech and Oxford-AstraZeneca jabs which are already in use, the Moderna jab is given in two doses, several weeks apart. Like Pfizer's, it is an RNA vaccine and works by injecting part of the virus's genetic code into the body, where it enters cells and tells them to create antigens.

These antigens are recognised by the immune system and prepare it to fight coronavirus. No actual virus is needed to create an mRNA vaccine, meaning the rate at which it can be produced is accelerated. It requires temperatures of around -20C for shipping - similar to a normal freezer.

Trial results suggested efficacy against the disease was 94.1%, and vaccine efficacy against severe Covid-19 was 100%. More than 30,000 people in the US took part in the trial, from a wide range of age groups and ethnic backgrounds.

Full detail: [Moderna vaccine UK rollout begins in Wales](https://www.bbc.co.uk/news/uk-wales-56657038)

**Title:** Moderna and Pfizer vaccines prevent infections as well as symptoms, CDC study finds

BMJ | 2021; 373: n888 | 1st April 2021

Vaccination with the Pfizer or Moderna vaccine reduces infections by 90%, while a single dose confers 80% protection, shows a study led by the US Centers for Disease Control and Prevention (CDC) that followed essential workers through the worst months of the pandemic.

The study is one of a small number that employ regular testing to measure vaccines’ impact on infection rates rather than counting cases of symptomatic disease, hospital admission, or death.

Further detail: [Moderna and Pfizer vaccines prevent infections as well as symptoms, CDC study finds](https://www.bmj.com/content/373/bmj.n888)

Full research: [Effectiveness of BNT162b2 mRNA vaccine against infection and covid-19 vaccine coverage in healthcare workers in England, multicentre prospective cohort study (the SIREN Study)](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3790399) | Lancet

**Title:** Reactogenicity Following Receipt of mRNA-Based COVID-19 Vaccines

JAMA | 5th April 2021

This JAMA Insights Clinical Update summarizes adverse reactions to the Pfizer-BioNTech and Moderna mRNA-based COVID-19 vaccines reported through February 2021 to the CDC’s new v-safe surveillance system, which collects near–real-time data via smartphone text message prompts and web-based health surveys.

Full detail: [Reactogenicity following receipt of MRNA-based Covid-19 vaccines](https://jamanetwork.com/journals/jama/fullarticle/2778441)

**Title:** Antibodies triggered by Moderna vaccine last for months

New England Journal of Medicine | Nature | 6th April 2021

The mRNA-based Moderna vaccine spurs an immune response that persists for at least six months. The two-dose vaccine made by Moderna has been shown to be 94% effective at preventing COVID-19.

To learn whether the vaccine provides lasting protection, Mehul Suthar at Emory University School of Medicine in Decatur, Georgia, and his colleagues studied antibodies collected from 33 people who received the vaccine during an early phase of testing.

Three types of test showed that participants still had antibodies against the coronavirus six months after receiving their second dose of the vaccine. For example, antibodies from all participants, including those in the oldest age group, could inhibit a modified version of SARS-CoV-2 in the laboratory. The authors are now studying whether antibodies elicited by the vaccine last for more than six months.

Further detail: [Antibody Persistence through 6 Months after the Second Dose of mRNA-1273 Vaccine for Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMc2103916?articleTools=true)

**Title:** Pfizer reports 100% vaccine efficacy in children aged 12 to 15

BMJ | 1st April 2021

The Pfizer-BioNTech covid-19 vaccine has shown 100% efficacy against SARS-CoV-2 in 12 to 15 year olds in the preliminary results of a phase III trial.

Pfizer announced the results in a press release, although full details have yet to be published. It said that it would now submit the data to the US Food and Drug Administration and the European Medicines Agency as it requests expanded marketing authorisation.

Further detail: [Pfizer reports 100% vaccine efficacy in children aged 12 to 15](https://www.bmj.com/content/373/bmj.n881.long)

Pfizer press release: [Pfizer-BioNTech Announce Positive Topline Results of Pivotal COVID-19 Vaccine Study in Adolescents](https://www.businesswire.com/news/home/20210331005503/en/)

**Title:** MHRA issues new advice, concluding a possible link between COVID-19 Vaccine AstraZeneca and extremely rare, unlikely to occur blood clots

Medicines and Healthcare products Regulatory Agency | 7th April 2021

* The MHRA’s scientific review of UK reports of extremely rare and unlikely to occur specific blood clots with lowered platelets has concluded that the evidence of a link with COVID-19 Vaccine AstraZeneca is stronger but more work is still needed.
* By 31 March 20.2 million doses of the COVID-19 Vaccine AstraZeneca had been given in the UK meaning the overall risk of these blood clots is approximately 4 people in a million who receive the vaccine.
* Anyone who did not have these side effects should come forward for their second dose when invited.
* The data suggest there is a slightly higher incidence reported in the younger adult age groups and the MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine.
* The MHRA is now issuing updated guidance for healthcare professionals on how to minimise risks, as well as further advice on symptoms for vaccine recipients to look out for 4 or more days after vaccination.

Full detail: [MHRA issues new advice, concluding a possible link between COVID-19 Vaccine AstraZeneca and extremely rare, unlikely to occur blood clots](https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots)

See also:

* [UK regulator confirms that people should continue to receive the COVID-19 vaccine AstraZeneca](https://www.gov.uk/government/news/uk-regulator-confirms-that-people-should-continue-to-receive-the-covid-19-vaccine-astrazeneca)
* [JCVI statement on use of the AstraZeneca COVID-19 vaccine: 7 April 2021](https://www.gov.uk/government/publications/use-of-the-astrazeneca-covid-19-vaccine-jcvi-statement/jcvi-statement-on-use-of-the-astrazeneca-covid-19-vaccine-7-april-2021)
* [AstraZeneca vaccine: Blood clots are “extremely rare” and benefits outweigh risks, regulators conclude](https://www.bmj.com/content/373/bmj.n931) |BMJ

**Title:** SARS-CoV-2 infection risk among unvaccinated is negatively associated with community-level vaccination rates

medRxiv [pre-print] | 31st March 2021

Mass vaccination has the potential to curb the current COVID-19 pandemic by protecting vaccinees from the disease and possibly lowering the chance of transmission to unvaccinated individuals.

The high effectiveness of the widely-administered BNT162b vaccine in preventing not only the disease but also infection suggests a potential for a population-level effect, critical for disease eradication. However, this putative effect is difficult to observe, especially in light of highly fluctuating spatio-temporal epidemic dynamics.

Here, analysing vaccination records and test results collected during a rapid vaccine rollout for a large population from 223 geographically defined communities, the authors find that the rates of vaccination in each community are highly correlated with a later decline in infections among a cohort of under 16 years old which are unvaccinated.

These results provide observational evidence that vaccination not only protects individual vaccinees but also provides cross-protection to unvaccinated individuals in the community.

Full detail: [SARS-CoV-2 infection risk among unvaccinated is negatively associated with community-level vaccination rates](https://www.medrxiv.org/content/10.1101/2021.03.26.21254394v2)

**Title:** COVID-19 vaccines have prevented 10,400 deaths in older adults

Public Health England | 8th April 2021

Public Health England (PHE) analysis indicates that the COVID-19 vaccination programme prevented 10,400 deaths in those aged 60 and older in England up to the end of March, an additional 4,300 since the previous update.

From 8 December 2020 to the end of March 2021, over 15 million vaccine doses were given to adults aged 60 and over. The analysis compared the observed number of deaths with the number of deaths that would have been expected if the vaccine hadn’t been given during this time period. To allow for the time taken to develop an immune response to vaccination, the analysis assumed it would take 31 days before the effect of vaccination on deaths is observed.

Using this method, PHE estimates that around 10,400 deaths were prevented to the end of March – 9,100 in those aged 80 and over, 1,200 in those aged 70 to 79 and 100 in those aged 60 to 69.

This analysis takes into account the direct effects of vaccines, there is now increasing evidence that vaccines help to reduce transmission, therefore it is likely that an even higher number of deaths will have been prevented by the vaccination programme.

Full detail: [COVID-19 vaccines have prevented 10,400 deaths in older adults](https://www.gov.uk/government/news/covid-19-vaccines-have-prevented-10-400-deaths-in-older-adults)

**Title:** Country in the grip of a mental health crisis with children worst affected, new analysis finds

Royal College of Psychiatrists | 8th April 2021

Children and young people are bearing the brunt of the mental health crisis caused by the pandemic, new analysis by the Royal College of Psychiatrists has found.

A year on from the first lockdown and after warnings from the mental health sector about the impact of the pandemic on the country’s mental health, NHS Digital data shows that while the crisis is affecting people of all ages, it is under-18s who are suffering most.

The Royal College of Psychiatrists’ analysis found that:

* Nearly 400,000 children and 2.2m adults seek help for mental health problems during the pandemic
* 80,226 more children and young people were referred to CYP mental health services between April and December last year, up by 28% on 2019, to 372,438.
* 600,628 more treatment sessions were given to children and young people, up by a fifth on 2019 to 3.58 million.
* 18,269 children and young people needed urgent or emergency crisis care - including assessments to see if someone needs to be sectioned because they or others are at harm - an increase of 18% on 2019, to 18,269.

The Royal College of Psychiatrists is calling for the additional £500 million in the Government’s mental health recovery plan to urgently reach the frontline so that people can get the support they need. This funding is on top of the existing planned investment in mental health services set out in the NHS Long Term Plan.

Press release: [Country in the grip of a mental health crisis with children worst affected, new analysis finds](https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/04/08/country-in-the-grip-of-a-mental-health-crisis-with-children-worst-affected-new-analysis-finds)

**Title:** Levelling Up Health

All Party Parliamentary Group for Longevity | 9th April 2021

Covid-19 has had a devastating impact on our country, exposing our nation’s poor health and our health inequalities - 90% of those who died with Covid had significant prior poor health.

This paper states that a new healthcare system is essential to confront how unhealthy we are.  The report sets out why this is needed and what should be done. It proposes a 10 Year Health Improvement Plan, and a Health Improvement Fund, a shift in political attitudes that have impeded progress, clear priorities for action and the need to challenge and change organisations that harm our children and our health.

Full paper: [Levelling Up Health](https://static1.squarespace.com/static/5d349e15bf59a30001efeaeb/t/606f7115c96b9c377aa2e3bc/1617916190582/Levelling%2Bup%2BHealth%2BReport%2B9%2BApril%2B2021%2BFINAL.pdf)

See also:

* [Welcome recognition that a healthy population is one of our nation’s most important assets](https://www.health.org.uk/news-and-comment/news/welcome-recognition-that-a-healthy-population-is-one-of-nations-important-assets) | The Health Foundation
* [‘Levelling up’ – from slogan to strategy](https://www.kingsfund.org.uk/blog/2021/04/levelling-up-slogan-strategy) | The King's Fund

**Title:** What is behind the low covid-19 vaccine take-up in some ethnic minorities?

BMJ Opinion | 8th April 2021

The unequal burden of covid-19 is etched along ethnic and racial lines. While the risks from covid-19 are now better established, mitigation efforts remain insufficient, particularly among more marginalised groups. More recently, vaccine uptake reveals a disturbing pattern that exposes continued racial inequalities.

The latest data from the Office for National Statistics confirms that ethnic minorities in England are considerably less likely to receive a covid-19 vaccine than their White counterparts. While 90.2% of those aged 70 years and over living in England had received at least one dose of vaccine by 11 March 2021, uptake rates were 58.8% and 68.7% in Black African and Black Caribbean groups, respectively. This was followed by Bangladeshi (72.7%) and Pakistani (74.0%) populations, with the most pronounced differences seen in those living in the most deprived areas of England.

This BMJ Opinion piece states that the lower covid-19 vaccine take-up in some ethnic minorities follows a historical trend, but this should not be normalised or even exist today.

Full detail: What is behind the low covid-19 vaccine take-up in some ethnic minorities?

**Title:** How the JCVI sets who gets a covid-19 vaccine and when

BMJ | 2021; 373: n820 | 9th April 2021

The Joint Committee on Vaccination and Immunisation has played a crucial role in advising prioritisation and scheduling in the UK. It recently broke ranks with regulators in advising offering younger adults an alternative to the Oxford AstraZeneca vaccine.

This BMJ asks the following:

* What is the JCVI?
* Who sits on the JCVI?
* How does it make recommendations?
* What has it recommended for covid-19?
* Should ethnic minorities and teachers be prioritised?
* Does JCVI respond to public opinion?

Full detail: [How the JCVI sets who gets a covid-19 vaccine and when](https://www.bmj.com/content/373/bmj.n820)

**workforce wellbeing**

**Title:** Junior doctors’ morale: the pandemic groundhog day

BMJ | 2021; 373: n576 | 7th April 2021

This BMJ feature piece explains how the volume of patients, the complexity of illnesses, and the unrelenting nature of the covid pandemic are having a huge impact on the morale of junior doctors, many of whom are experiencing their first winter in the NHS.

Further detail: [Junior doctors’ morale: the pandemic groundhog day](https://www.bmj.com/content/373/bmj.n576)

**Health management**

**Title:** Shaping the future of digital technology in health and social care

The Kings Fund | 7th April 2021

This report, commissioned by the Health Foundation, provides a summary of evidence for how emerging technologies such as artificial intelligence, smartphones, wearable devices and the internet of things are being used within care settings around the world.

The authors analyse the available evidence around the use of these technologies to support leaders in health and care to engage in long-term thinking about the role of digital technology. The report looks back at recent developments in digital technology in the health and care system before the Covid-19 pandemic, supplemented by the Fund’s evidence-gathering on how digital technologies have been used during the pandemic, in England in particular. It also considers a set of potential futures to distil factors driving change and what this means for leaders now.

Full report: [Shaping the future of digital technology in health and social care](https://www.kingsfund.org.uk/sites/default/files/2021-04/Shaping%20the%20future%20of%20digital%20technology%20in%20health%20and%20social%20care.pdf)

**Title:** The potential impact of the first wave of the COVID-19 pandemic on nurse supply

The Health Foundation | March 2021

Following the outbreak of the COVID-19 pandemic, the REAL Centre commissioned DAS to carry out further work to explore the potential impact of the first wave of the pandemic on the future supply of nurses in England.

This working paper presents the findings from this work and sets out how this insight and foresight will be incorporated into the development of the nurse supply model.

The project concludes that COVID-19 has provoked substantial change across the nursing supply system that is likely to have implications for both those considering a career in nursing and current and former nurses from all sectors. The shifts will take more time to quantify and understand, but the most significant changes are noted to be increases in workload and stress on nurses, new ways of working and changes in perceptions of the nursing profession on the part of both the public and nurses themselves.

A clear conclusion from the project is that the impact COVID-19 will have on nurse supply is very uncertain. The research shows that the pandemic will have a different impact on individuals and their career decisions depending on a number of factors, such as their experience during the pandemic, personal circumstances, age and ethnicity.

Full document: [Nurse supply model: exploring the impact of COVID-19 | REAL Centre Working paper](https://www.health.org.uk/sites/default/files/upload/publications/2021/REAL_Working%20paper_Nurse%20supply%20model%2002%20COVID-19_FINAL.pdf)

See also: [Nurse supply model. Projecting the future nursing workforce supply in England](https://www.health.org.uk/what-we-do/real-centre/nurse-supply-model)

**Title:** ‘Nightingale effect’ sees thousands of healthcare support workers join the NHS

NHS England | 8th April 2021

The NHS has boosted support for patients, their families and staff by recruiting 10,000 healthcare support workers (HCSWs) in the first three months of the year.

The new staff will support the workforce and assist nurses, midwives and other healthcare professionals to perform health checks, update patient records, help patients wash, dress and move around, and care for women and families in maternity services. They will also support people with mental health conditions, learning disabilities, and autism.

New NHS data shows of the 10,000 new staff, half are completely new to health and social care – clear evidence of the ‘Nightingale effect’ caused by the coronavirus pandemic.

Full detail: [‘Nightingale effect’ sees thousands of healthcare support workers join the NHS](https://www.england.nhs.uk/2021/04/nightingale-effect-sees-thousands-of-healthcare-support-workers-join-the-nhs/)

**other**

**Title:** Calls for transparency after SARS-CoV-2 origins report

The Lancet | 10th April 2021

As focus shifts to the next phase of research on the origins of SARS-CoV-2, calls for data sharing and more rigorous studies intensify as this World Report explains.

Full detail: [Calls for transparency after SARS-CoV-2 origins report](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2900824-2/fulltext)

We

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

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

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