

w/c 5<sup>th</sup> April 2021

Produced by Health Evidence Matters

## Public Health England

### **Joint Committee on Vaccination and Immunisation (JCVI) recommends that adults living with adults who are immunosuppressed should be prioritised for COVID-19 vaccination**

The JCVI has advised the government to prioritise people for the COVID-19 vaccine who are over 16 and living with adults who have weakened immune systems, such as those with blood cancer, HIV or those on immunosuppressive treatment including chemotherapy.

[Details](#)

### **Evaluating detection of SARS-CoV-2: AntiBodies at Home study**

The EDSAB-HOME research study is evaluating the detection of SARS-CoV-2 antibodies using home testing kits.

[Details](#)

### **SARS-CoV-2 variants of concern and variants under investigation in England Technical briefing 8**

B117 strain predominates, but S. African and Brazilian strains are spreading. Variants with the E484K mutation are of particular concern. Two variants with this mutation (the Bristol strain which is B117 variant+E484K, and the Brazilian P2) are not spreading, but four variants with this mutation are.

[Details](#)

### **Public Health Matters: COVID-19: Reintroducing confirmatory PCR testing**

As the prevalence of COVID-19 reduces to low levels in the population, the chance of a false positive result increases – though still remains unlikely. We can mitigate against the risk of false positives by confirming a positive lateral flow test with another test – such as a PCR test. Find out more about the reintroduction of confirmatory PCR testing.

[Details](#)

### **Public Health Matters: Life expectancy in England in 2020**

Public Health England has released provisional estimates of life expectancy at birth for 2020. Find out how the COVID-19 pandemic has impacted on levels of mortality and inequality in England in 2020.

[Details](#)

### **Public Health Matters: How London is reaching diverse communities with vital COVID-19 information**

Throughout the COVID-19 pandemic, the need to communicate information to the general public clearly and through trusted sources has been paramount to saving lives. This blog looks at the Keep London Safe campaign.

[Details](#)

### **Weekly national Influenza and COVID-19 surveillance report Week 13 report (up to week 12 data) 1 April 2021**

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## **Department of Health and Social Care**

### **Transforming the public health system: reforming the public health system for the challenges of our times**

This policy document sets out reforms to the public health system in England to transform our national health protection capabilities, put health promotion at the heart of government, and more deeply embed prevention and health improvement expertise across local and national government and the NHS. The health protection capabilities of PHE and NHS Test and Trace will combine into a new UK Health Security Agency. The current health improvement, prevention and health care public health functions of PHE will transfer to new homes within the health system, aligned to achieve clarity of purpose, accountability and impact. A new Office for Health Promotion will be created in the Department of Health and Social Care, under the professional leadership of the Chief Medical Officer.

[Details](#)

### **Office for Health Promotion to drive improvement of nation's health**

The Office for Health Promotion will lead national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity.

The Office's remit will be to systematically tackle the top preventable risk factors causing death and ill health in the UK, by designing, implementing and tracking delivery policy across government. It will bring together a range of skills to lead a new era of public health polices, leveraging modern digital tools, data and actuarial science and delivery experts.

[Details](#)

### **Work begins for UK Health Security Agency to protect the nation**

The new UK Health Security Agency (UKHSA) was formally established on 1<sup>st</sup> April with Dr Jenny Harries starting her first day as the Chief Executive of the new agency.

[Details and Dr Jenny Harries marks official launch of UK Health Security Agency](#)

### **Adult weight management services grant**

The adult weight management services grant is a new ringfenced grant available to local authorities to support the commissioning of adult behavioural (tier 2) weight management services worth £30.5 million. These documents provide information to local authorities on allocations and grant conditions.

[Details](#)

### **Disability charities benefit from £2.4 million fund**

Thirteen charities that help autistic people, disabled people and those with a learning disability who are struggling with the effects of the pandemic will benefit from £2.4 million of additional government funding. The money will support people of all ages to improve their physical and mental wellbeing by funding services to provide practical support for disabled children, set up and expand helplines, provide mental health and wellbeing support for both staff and disabled people and support advocacy.

[Details](#)

### **Adult social care Infection Control and Testing Fund**

The adult social care Infection Control Fund provides ring-fenced funding to support adult social care providers in England for infection prevention and control. This guidance sets out the measures that the fund will support, including distribution of funds, conditions on funds and reporting requirements.

[Details](#)

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### **MHRA: Coronavirus vaccine - weekly summary of Yellow Card reporting**

Yellow Card reports suggest CVT reports have more than quadrupled since the last report (was 5 from 11 million doses, now 22 from 18.1 million doses). No analysis as to whether male or female, age or underlying condition.

[Details](#)

### **Two visitors allowed in care homes to reunite with loved ones**

Care home residents to be allowed a second regular visitor indoors, with tests required before entry and PPE provided.

[Details](#)

### **Twice weekly rapid testing to be available to everyone in England**

Everyone in England will be able to access free, regular, rapid coronavirus (COVID-19) testing from 9 April, the Government has announced.

[Details](#)

### **Chief Social Workers for Adults' annual report: 2020 to 2021**

The joint Chief Social Workers for Adults in England, Mark Harvey and Fran Leddra, set out the progress made in improving education, training and practice in adult social work.

[Details](#)

### **Coronavirus cases by local authority: epidemiological data, 31 March 2021**

Weekly watchlist giving epidemiological coronavirus (COVID-19) data for each lower-tier local authority (LTLA) in England.

[Details](#)

### **Government Office for Science**

#### **Latest R number and growth rate**

No UK estimates for R and growth rate have been agreed by SAGE this week for the UK

Last updated on 2<sup>nd</sup> April 2021.

Latest R number range for England

0.8 to 1.0

Latest growth rate range for England

-4% to 0%

per day

[Details](#)

### **NHS England and Improvement**

#### **Maximising vaccine uptake in underserved communities: a framework for systems, sites and local authorities leading vaccination delivery**

This document provides a problem-solving framework, best practice, and practical guidance for implementing a range of interventions to ensure equitable access to COVID-19 vaccination and drive uptake in underserved communities.

[Details](#)

### **Free app reduces kids 'basic advice' visits to A&E**

This case study looks at how an app has prevented parents, with young children, from going to A&E for basic advice, as it gives them the confidence to know when medical treatment is required or when self-care would be a better option.

[Details](#)

### **Personalised care and support planning guidance: guidance for local maternity systems**

This guidance identifies criteria to define personalised care planning and sets out what local maternity systems need to do to ensure personalised care planning is embedded into service delivery.

[Details](#)

### **National Institute for Health and Care Excellence**

#### **New quality standard on improving the wellbeing of unpaid carers**

Quality standard sets out the need for practitioners to identify adults who are unpaid carers of people over 16 years old, and direct them to available advice and support. Employers are advised to provide supportive working arrangements for carers. This might include flexible hours or providing a private space to take personal phone calls, as well as other initiatives that support mental wellbeing.

[Details](#)

#### **Children and young people need accurate, accessible information about their healthcare**

New draft guideline recommends ensuring children and young people are fully informed about their health, so that they are empowered to take an active role in their care. It emphasises the need to provide children and young people with clear and accurate information that can be tailored to each individual patient's level of maturity and understanding.

[Details](#)

### **Research and analysis from academic journals – non-coronavirus-related**

#### **BMJ Open: E-cigarette use and combustible tobacco cigarette smoking uptake among non-smokers, including relapse in former smokers: umbrella review, systematic review and meta-analysis**

Across multiple settings, non-smokers who use e-cigarettes are consistently more likely than those avoiding e-cigarettes to initiate combustible cigarette smoking and become current smokers. The magnitude of this risk varied, with an average of around three times the odds. Former smokers using e-cigarettes have over twice the odds of relapse as non-e-cigarettes users.

[Full text](#)

#### **The Lancet Diabetes & Endocrinology: Vitamin D supplementation to prevent acute respiratory infections: a systematic review and meta-analysis of aggregate data from randomised controlled trials**

Review of 46 RCTs (n=75,541) found a lower proportion of participants receiving vitamin D supplementation had acute respiratory tract infections vs placebo (61.3% vs 62.3%, OR 0.92, 95%CI 0.86-0.99). Authors highlight the relevance of these findings to COVID-19 is unknown.

A related commentary concludes this updated meta-analysis adds to the existing evidence that vitamin D supplementation can prevent acute respiratory infections, however, the effect is small. The small effects of vitamin D supplementation on acute respiratory infections cannot yet be expanded to COVID-19, but randomised controlled trials are underway.

[Full text](#)

[Comment](#)

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### **BMJ Analysis: Environmental approaches to promote healthy eating: Is ensuring affordability and availability enough?**

A key message from this brief review includes the point that the evidence base linking food affordability and availability to healthy eating is equivocal, but evidence generation unfortunately remains reductionist and focused on local contexts.

[Full text](#)

### **Circulation: Adverse Pregnancy Outcomes and Cardiovascular Disease Risk: Unique Opportunities for Cardiovascular Disease Prevention in Women: A Scientific Statement From the American Heart Association**

This statement summarises evidence that adverse pregnancy outcomes such as hypertensive disorders of pregnancy, preterm delivery, gestational diabetes and small-for-gestational-age delivery, increase a woman's risk of developing CVD risk factors and of developing subsequent CVD.

[Abstract](#)

### **The Lancet HIV: The case for prescribing PrEP in community mental health settings**

Article seeks to show the importance of prioritising access to Pre-exposure prophylaxis (PrEP) for people living with serious mental illness treated in community mental health settings. It describes barriers to prescribing, including provider attitudes and provider knowledge gaps.

[Abstract](#)

### **BMJ Open: Diet quality indices, genetic risk and risk of cardiovascular disease and mortality: a longitudinal analysis of 77 004 UK Biobank participants**

This study examined associations of three diet quality indices and a polygenic risk score with incidence of all-cause mortality, cardiovascular disease (CVD) mortality, myocardial infarction (MI) and stroke. It found that higher diet quality predicted lower risk of all-cause mortality, independent of genetic risk. Higher Recommended Food Score was also associated with lower risk of CVD mortality and MI.

[Full text](#)

### **Research and analysis from academic journals and preprints – coronavirus-related**

#### **UCL: Trends, patterns, and psychological influences on covid-19 vaccination intention: findings from a large prospective community cohort study in England and Wales. Virus Watch. March 2021.**

Preliminary findings from University College London's Virus Watch study suggest that 86% of those who were unsure about having the vaccine or planned to refuse it in December 2020 have now changed their minds.

The figures are based on online surveys of 36 998 and 38 727 adults in England and Wales, conducted in December 2020 and February 2021, with response rates of 56% and 52%, respectively. Of 14 713 participants who responded to both surveys, 90% said in December they would take up the vaccine. Among the 10% who said that they either would not do so or were unsure about doing so, 86% (1233 of 1432) had changed their minds by February 2021 and now planned to take up the vaccine, or had already done so.

[Full text](#)

#### **Pfizer and BioNTech say vaccine prevents Covid-19 in adolescents**

Yet to be peer-reviewed data suggests that the Pfizer-BioNTech coronavirus vaccine is extremely effective in adolescents 12 to 15 years old, perhaps even more so than in adults. A clinical trial found no

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symptomatic infections among vaccinated children ages 12 to 15 and there were no serious side effects. Although the trial was only meant to look at antibody levels, it also provided direct evidence of protection (18 cases in placebo vs. 0 in vaccine group).

[Details](#)

[BMJ news](#)

### **Pfizer and BioNTech Confirm High Efficacy and No Serious Safety Concerns Through Up to Six Months Following Second Dose in Updated Topline Analysis of Landmark COVID-19 Vaccine Study**

Updated Pfizer results have been released.

- 91% (95% CI 89-93%) efficacy against symptomatic infection.
- 100% (88-100%) efficacy against severe disease as per the CDC definition (based on 32 cases); 95% (71-99%) efficacy as per FDA definition (22 cases, 1 in vaccine group).

Additionally, Pfizer also reported data from South Africa, in which 800 people were enrolled. Nine cases were detected in the placebo group, 6 of which were the South African variant. No cases were detected in the vaccine group. This provides tentative evidence that the Pfizer vaccine may be effective against the South African variant, although the confidence interval is wide (53-100%).

[Details](#)

### **The Lancet: Efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine against SARS-CoV-2 variant of concern 202012/01 (B.1.1.7): an exploratory analysis of a randomised controlled trial**

Review of RCT (n=8,534) found laboratory virus neutralisation activity by vaccine-induced antibodies was lower against the B.1.1.7 (UK) variant. Vaccine efficacy against symptomatic positive infection was 70.4% for B.1.1.7 and 81.5% for non-B.1.1.7 lineages.

A commentary notes these early findings suggest a meaningful degree of efficacy against the B.1.1.7 variant, which is encouraging. However, additional data are clearly needed to fully appreciate the potential impact of this and other variants of concern on current and future vaccine efficacy, and to provide conclusive evidence that will inform important policy projections and decisions. The COV002 study is ongoing, the results of which are eagerly awaited.

[Full text](#)

[Comment](#)

### **BMJ: Adherence to the test, trace, and isolate system in the UK: results from 37 nationally representative surveys**

Data suggests levels of adherence to test, trace, and isolate are low, although some improvement has occurred over time. Only 51.5% of participants identified the main symptoms of covid-19; the corresponding values in the most recent wave of data collection were 50.8%. Across all waves, duration adjusted adherence to full self-isolation was 42.5%; in the most recent wave of data, it was 51.8%. Across all waves, requesting a test for covid-19 was 18.0%, increasing to 22.2% from 25 to 27 January. Across all waves, intention to share details of close contacts was 79.1%, increasing to 81.9% from 25 to 27 January. Non-adherence was associated with being male, younger age, having a dependent child in the household, lower socioeconomic grade, greater financial hardship during the pandemic, and working in a key sector. Practical support and financial reimbursement are likely to improve adherence. Targeting messaging and policies to men, younger age groups, and key workers might also be necessary.

[Full text](#)

[Linked Editorial: Test, trace, and isolate in the UK](#)

The true impact of a test, trace, and isolate programme is probably even lower than that suggested by current study given the extent of pre-symptomatic and asymptomatic transmission of covid-19 and the potential for attrition along the full cascade of test, trace, and isolate efforts.

[Linked Opinion: Rapid research in a pandemic: foresight, preparedness, and collaboration](#)

### **BMJ: Post-covid syndrome in individuals admitted to hospital with covid-19: retrospective cohort study**

Study showing recovered COVID-19 patients were 4 times more likely to be readmitted to hospital & 8 times more likely to die than matched controls over 4-5 months of follow-up. Rates of diabetes, kidney and cardiovascular disease were particularly elevated

[Full text](#)

[Linked editorial: Fresh evidence of the scale and scope of long covid](#)

[Linked Opinion: Long covid—looking across data, diseases and disciplines](#)

### **The Lancet: Thromboembolism and the Oxford–AstraZeneca COVID-19 vaccine: side-effect or coincidence?**

Danish registry study (n=4, 915, 426, 9 years of data) suggests that the reported number of thromboembolic events with the AZ vaccine does not seem to be increased vs incidence rates from the entire Danish population before the introduction of the vaccination programme.

Authors highlight that the findings should be interpreted with caution, and in the context of the limitations of the study. The number of cases of thromboembolism reported in relation to the AZ COVID-19 vaccine cannot be directly compared to the numbers estimated based on the incidence rates from the Danish population for several reasons. First, data on the sex and age distribution from those who received the COVID-19 vaccine are not yet publicly available. Second, data on the duration of the period during which the AZ COVID-19 vaccinated population developed the reported thromboembolic events are also not publicly available, making it impossible to estimate incidence rates for this population. Third, detailed clinical descriptions of the thromboembolic events reported in relation to AZ COVID-19 vaccinations are still lacking.

[Full text](#)

### **bioRxiv (preprint): SARS-CoV-2 immune evasion by variant B.1.427/B.1.429**

The California variant (B.1.427/B.1.429), appears more transmissible and possibly more virulent (but less than the UK variant). Concerning new data suggest vaccine efficacy against symptomatic disease might be reduced. However, vaccines have better efficacy against severe disease than mild-to-moderate disease.

[Full text](#)

### **CDC EID Journal: Genetic Evidence and Host Immune Response in Persons Reinfected with SARS-CoV-2, Brazil**

Small study from Brazil, suggesting reinfection may be more common than thought. Four people with mild COVID-19 in March 2020, tested negative in April, then had new symptoms (and tested positive) in late May. None developed antibodies after first infection

[Full text](#)

### **CDC EID: Risk for International Importations of Variant SARS-CoV-2 Originating in the United Kingdom**

Study estimating spread of the B.1.1.7 variant beyond the UK. Countries that had substantial travel

connections with the UK were likely to have cases of the variant by late October 2020. Of 15 countries modelled in this study, Ireland was at highest risk

[Full text](#)

### **Nature Comms: Implications of the school-household network structure on SARS-CoV-2 transmission under school reopening strategies in England**

This study evaluated the risk of transmission between schools under different reopening scenarios. It shows that whilst reopening select year-groups causes low risk of large-scale transmission, reopening secondary schools could result in outbreaks affecting up to 2.5 million households if unmitigated, highlighting the importance of careful monitoring and within-school infection control to avoid further school closures or other restrictions.

[Full text](#)

### **Scientific Reports: Analysis of temporal trends in potential COVID-19 cases reported through NHS Pathways England**

Analysis of trends in NHS Pathways reports demonstrates that rates of growth/decline and effective reproduction number estimated from these data may be useful in monitoring transmission. Assessing the correlation between NHS Pathways reports and an NHS dataset of COVID-19-associated deaths in England found that enquiries to 111/999 were strongly associated with daily deaths reported 16 days later, indicating the potential of NHS Pathways as the basis of an early warning system.

[Full text](#)

### **arXiv.org: Respiratory aerosols and droplets in the transmission of infectious diseases**

Results of this parameterization of respiratory particle size distributions confirm the high relevance of vocalization for the transmission of SARS-CoV-2 as well as the usefulness of physical distancing, face masks, room ventilation, and air filtration as preventive measures against COVID-19 and other airborne infectious diseases.

[Full text](#)

### **Anaesthesia: The effect of respiratory activity, non-invasive respiratory support and facemasks on aerosol generation and its relevance to COVID-19**

Small study shows respiratory activities (including exertional breathing and coughing) which mimic respiratory patterns during illness generate substantially more aerosols than non-invasive respiratory therapies, which conversely can reduce total emissions.

[Full text](#)

### **Nature: Escape of SARS-CoV-2 501Y.V2 from neutralization by convalescent plasma**

The findings of this study suggest that vaccines based on SARS-CoV-2 variants of concern may provide effective activity against other circulating strains.

[Full text](#)

### **Thorax: Impact of covid-19 national lockdown on asthma exacerbations: interrupted time-series analysis of English primary care data.**

GPs in England saw patient consultations for asthma exacerbations halve during the UK's first lockdown, although the number of people needing hospital treatment remained the same.

[Full text](#)

### **Thorax: Impact of COVID-19 lockdown on emergency asthma admissions and deaths: national interrupted time series analyses for Scotland and Wales**

Lockdown was associated with a 36% pooled reduction in emergency admissions for asthma (incidence rate ratio, IRR: 0.64, 95% CI: 0.49 to 0.83,  $p=0.001$ ) across both countries. There was no significant change in asthma deaths (pooled IRR: 0.57, 95% CI: 0.17-1.94,  $p=0.37$ ). The researchers say they do not yet know to what degree the reduced numbers of emergency presentations of asthma in the study are due to improvements in asthma control or reductions in exposures to triggers during the pandemic versus avoidance of healthcare settings. They highlight several important areas for future investigation to understand underlying reasons, including positive drivers such as improved self-management and reduced exposure to respiratory pathogens and pollutants.

[Full text](#)

[Similar analysis for England published in Thorax](#)

### **Annals of Internal Medicine: Toward Understanding COVID-19 Recovery: National Institutes of Health Workshop on Postacute COVID-19**

Heterogeneous disease manifestations are now recognised among some persons after initial recovery from COVID-19 infection. The National Institute of Allergy and Infectious Diseases (U.S) convened a virtual workshop to summarise existing knowledge and identify key knowledge gaps.

[Full text](#)

### **BMJ Open: Impact of the COVID-19 pandemic on remote mental healthcare and prescribing in psychiatry: an electronic health record study**

Study reviewing all patients receiving care at a mental health Trust over 18 months found the COVID-19 pandemic has been associated with a marked increase in remote consultation. However, there was no evidence that this has led to changes in psychiatric prescribing.

[Full text](#)

### **The Lancet eClinical Medicine: The implementation of remote home monitoring models during the COVID-19 pandemic in England**

Home oximetry services have been supporting people to monitor their oxygen levels throughout the pandemic, and the results from the first phase of the RSET and BRACE oximetry at home study have been published. The models varied in relation to the healthcare settings and mechanisms used for patient triage, monitoring and escalation. Implementation was embedded in existing staff workloads and budgets. Good communication within clinical teams, culturally-appropriate information for patients/carers and the combination of multiple approaches for patient monitoring (app and paper-based) were considered facilitators in implementation. The mean cost per monitored patient varied from £400 to £553, depending on the model.

[Full text](#)

### **BMJ Open: SARS-CoV-2 population-based seroprevalence studies in Europe: a scoping review**

After the first epidemic peak of SARS-CoV-2 across Europe, exposure to the virus has been insufficient to deliver the level of infection in the population that would be required to prevent further circulation of the virus. The threshold beyond which such herd immunity may be achieved is estimated to be 50%–67%. Above this threshold, it is thought that the virus may no longer be able to circulate in the population. Effective vaccines are required to deliver the level of immunity in the population.

[Full text](#)

### **NEJM: “Vaccine Passport” Certification — Policy and Ethical Considerations**

There is a lot of debate currently about “vaccine passports”. The public is also divided on the appropriateness of such immunity privileges and cuts across ideological, racial and socioeconomic issues. Perspective covers the core rationale of these programs, mixed views and range of competing arguments, distinguishing passports from mandates, and government guard rails, noting that flexible adaptation is key.

[Full text](#)

### **BMJ Editorial: A new public health body for the UK**

"Over the past decade, the local public health workforce has been grossly under-resourced." A rushed and profoundly flawed restructuring of a large part of the public health system is an unhelpful and ideologically driven distraction, says Gabriel Scally

[Full text](#)

### **BMJ news: Covid vaccine: Prioritise over 16s living with immunosuppressed adults, says JCVI**

The JCVI has said people aged 16 or over who live with immunosuppressed adults should be prioritised for covid-19 vaccination alongside priority group 6 (people aged 16 to 65 who have a clinical condition that puts them at higher risk). The committee said it had made the new recommendation after evidence emerged showing that the covid-19 vaccines may reduce transmission, meaning that vaccinating those around immunosuppressed individuals could help reduce their risk of infection.

[Full text](#)

### **BMJ news: Covid-19: Mass testing at UK universities is haphazard and unscientific, finds BMJ investigation**

The rollout of lateral flow tests across campuses has slipped off the radar. How is it working, and what lessons can be learnt?

[Full text](#)

### **BMJ Opinion: Vaccinated, yet still clinically extremely vulnerable**

Safety concerns have arisen again for healthcare workers who have been shielding during the covid-19 pandemic. CEVs are an extremely heterogeneous group, many of whom have cancer or are taking a variety of immunosuppressant agents. Vaccine immunogenicity has not yet been adequately explored in this population, leaving thousands of healthcare workers potentially at risk from serious covid-19 infection, despite having been vaccinated.

[Full text](#)

### **The Lancet: Introducing our new-look COVID-19 Resource Centre:**

We've made the latest research and reviews on COVID-19 more accessible and easy to navigate. Use the new search function to explore all content from across the *Lancet* family of journals.

[Explore this Resource Centre](#)

### **Office for National Statistics**

#### **Vaccination rates in England are lower among all ethnic minority groups compared with the White population**

29 March 2021

Between 8 December 2020 and 11 March 2021, 90.2% of all residents of England aged 70 or over had received at least one vaccination dose for the coronavirus (COVID-19).

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However, the percentage vaccinated was lower among all ethnic minority groups compared with the White British population, with the lowest rates observed among people identifying as Black African and Black Caribbean (58.8% and 68.7% respectively), followed by people from Bangladeshi (72.7%) and Pakistani (74.0%) backgrounds.

The differences between ethnic groups remain even after accounting for differences in where people live, underlying health conditions and measures of socio inequality. Fewest number of COVID-19 deaths since mid-October 2020.

[Details](#)

### **Nearly two-fifths of clinically extremely vulnerable people who work did so outside their homes in February 2021**

*29 March 2021*

Of clinically extremely vulnerable (CEV) adults who currently work, 37% reported working outside their home at some point during a typical week in February 2021, a significant increase on the previous month.

Of those, nearly two-thirds said they were comfortable doing so, despite shielding guidance advising CEV people to work from home. This has also risen since January, when 53% of CEV who normally worked outside their home reported being comfortable doing so.

CEV people were surveyed between 22 and 27 February 2020. At this point, 94% reported having had either one or both COVID-19 vaccine doses, up from 35% the previous month.

This may be part of the reason CEV adults reported being more comfortable in February than in January. The proportion who reported not leaving their house at all in the past seven days also fell by 5 percentage points in February, to 19%.

Of those who did leave their home, the most common reason was for exercise; 7% left home to go to work.

[Details](#)

### **Fewest number of COVID-19 deaths since mid-October 2020**

*30 March 2021*

There were 963 deaths involving the coronavirus (COVID-19) in England and Wales in the week ending 19 March 2021 – the fewest since the week ending 16 October 2020.

The number of deaths from all causes also decreased in the most recent week, remaining below the five-year average for the second consecutive week.

In total, there were 10,311 deaths in England and Wales in the week ending 19 March 2021, of which 9.3% involved COVID-19.

[Details](#)

### **There is a clear pattern between vaccination and people testing positive for antibodies**

*30 March 2021*

Across all four UK countries, modelled estimates show there is a clear pattern between vaccination and people testing positive for antibodies to SARS-CoV-2, the virus that causes COVID-19.

In England, we estimate that 54.7% of the community population — those in private households and excluding people in hospitals, care homes or other institutional settings — would have tested positive for antibodies on a blood test in the week ending 14 March 2021. This suggests they either had the infection in the past or have been vaccinated.

In the week ending 20 March 2021, an estimated 56.1% of the community population in England had received at least one dose of a vaccination against SARS-CoV-2.

In Wales, we estimate that 50.5% of the population would have tested positive for antibodies in the week ending 14 March 2021. This compares with an estimated 48.6% of the community population that had received a vaccination by the week ending 20 March.

[Details](#)

### **The percentage of people testing positive was varied across the four UK countries**

*1 April 2021*

The percentage of people testing positive for the coronavirus (COVID-19) has decreased in England in the week ending 27 March 2021.

In Wales, the trend is uncertain while in Northern Ireland there are early signs of an increase. In Scotland, the percentage of people testing positive has likely decreased.

In England, we estimate that 148,100 people had the coronavirus in the week ending 27 March 2021, equivalent to 1 in 370 people or 0.27% of the community population (those not in hospitals, care homes or institutional settings). This is down from an estimated 162,500 in the week ending 20 March 2021.

In Wales, we estimate that 5,300 people (0.18% of the community population or 1 in 570 people) would have tested positive in the week ending 27 March 2021, down from 6,700 people the week before.

[Details](#)

### **1.1 million people in private households reported living with long COVID at the beginning of March**

*1 April 2021*

Over the four-week period ending 6 March 2021, an estimated 1.1 million people in private households in the UK were experiencing self-reported long COVID.

This figure is based on a question on the COVID-19 Infection Survey that asks whether respondents are still experiencing symptoms more than four weeks after their initial confirmed or suspected infection, that are not explained by something else. It excludes people in communal establishments such as care homes or prisons.

Out of 1.1 million people who reported long COVID, 697,000 were infected (or believe they were infected) at least 12 weeks previously. This extended to beyond six months for 473,000 people and beyond one year for 70,000 people.

An estimated 674,000 people (61.6% of the total) experienced at least some limitation to their day-to-day activities as a result of living with self-reported long COVID.

[Details](#)

### **Fewer adults are hesitant towards the coronavirus vaccine**

*1 April 2021*

Around 1 in 16 (6%) adults responding to our Opinions and Lifestyle Survey (OPN) between 17 February and 14 March 2021 said they were hesitant towards the coronavirus (COVID-19) vaccine, compared with 1 in 11 (9%) in the period 13 January to 7 February 2021.

The decline in hesitancy in recent weeks has been consistent across most groups.

Young adults aged 16 to 29 and Black or Black British adults remain among the most hesitant towards the vaccine, but sentiment has become more positive in both groups.

Around 1 in 8 (12%) 16 to 29-year-olds reported vaccine hesitancy in the period 17 February to 14 March 2021, down from 1 in 6 (17%) between 13 January and 7 February 2021.

The proportion of Black or Black British adults that were hesitant about the vaccine dropped substantially between the two periods, from 44% to 22%.

[Details](#)

## **World Health Organization**

### **Origins of the SARS-CoV-2 virus**

WHO has published its report on the viral origins of COVID-19. Reaching a definitive conclusion requires more work. But clear pointers have emerged around 4 possible scenarios.

[Details](#)

## **Commission on Race and Ethnic Disparities**

### **Commission on Race and Ethnic Disparities: the report**

This report includes a chapter on health that looks at life expectancy, cancer, diabetes, obesity, maternal mortality as well as access to health care, Covid-19 and more.

[Details](#)

### **BMJ Opinion: Structural racism is a fundamental cause and driver of ethnic disparities in health**

The UK government report on race disparities is a missed opportunity and will lead to a worsening of systemic inequalities, say these authors

[Full text](#)

## **Ada Lovelace Institute**

### **The data divide: public attitudes to tackling social and health inequalities in the Covid-19 pandemic and beyond**

The pandemic has disrupted how we all live, work and interact with health and care services, and there has been a paradigm shift in technology adoption during this time. These changes must be understood in the context that the pandemic has not impacted on people equally, as Covid-19 has also contributed to worsening inequalities. This report explores public attitudes towards a range of technologies deployed during the pandemic for health outcomes, including mental and physical-health apps, symptom-tracking apps, digital contact-tracing apps and vaccine passports.

[Details](#)

## **TSA**

### **Exploring how technology can be truly integrated into adult social care**

The need for social care is rising but not enough local authorities or care providers are using technology within industry to keep people safe, happy and healthy at home. With 1.9 million new requests for social care support received by councils in 2019-20 and 5 million people juggling caring responsibilities with work and family life, the TSA and the Association of Directors of Adult Social Care have commissioned this report to see how technology can be truly integrated into adult social care. (Please note that free registration is required to access this report.)

[Details](#)

## **Royal Voluntary Service**

### **Volunteering, Covid & integrated care: challenges & opportunities**

This report, produced in partnership with Public Policy Project, argues that the volunteer resource available during Covid-19 must be permanently embedded into the NHS and social care to deliver on proposed government health care reforms and achieve better outcomes for communities.

[Details](#)

### **Institute for Public Policy Research (IPPR)**

#### **Recover, reward, renew: a post-pandemic plan for the healthcare workforce**

An IPPR/YouGov poll finds that as many as one in four health care workers – equivalent to 330,000 staff – say they are more likely to leave the NHS due to a year of unprecedented pressure. This report argues that this is a direct result of pandemic pressures, on top of a decade of austerity.

[Details](#)

### **Local Government Association (LGA)**

#### **The lives we want to lead: where next for the debate about care and support reform?**

The issues facing social care, particularly the funding pressures, have been highlighted and exacerbated over the past year during the Covid-19 pandemic. The question of the lessons that need to be learnt from the pandemic were central to a roundtable convened by the LGA, and this briefing summarises the themes arising from this discussion.

[Details](#)

### **Royal Society for Public Health (RSPH)**

#### **Why we should prioritise imagination in early years learning and medical education**

Dr Malcolm Rigler is a retired NHS GP. During his time as a medical student in Bristol he developed a keen interest in Public Health and the way in which Town Councils can respond to the health needs of local residents. Here, he talks about digital health hub, 65 High Street Nailsea and why he believes that every High Street would benefit from having a Learning Centre.

[Details](#)

#### **RSPH responds to the Office for Health Promotion announcement**

RSPH welcomes the announcement today, Monday 29th March 2021, of an Office for Health Promotion.

[Details](#)

### **Royal College of Psychiatrists**

#### **Thousands of young people missing out on drug and alcohol treatment as budgets cut by over a third**

- Funding for young people's addiction services cut by £26m (37%) in real terms since 2013/14
- Young people left unable to access treatment with numbers down by 40% since 2014/15
- Royal College of Psychiatrists is calling for £43m of investment into youth addiction services to prevent lifelong addiction

[Details](#)