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COVID-19 evidence summary 8th April 2021

Vaccines

The Medicines and Healthcare Products Regulatory Agency (MHRA) have concluded a [“possible link” between the AstraZeneca vaccine and rare blood clots](#), stating that the benefits of the vaccine continue to outweigh risks but caution should be taken in those at higher risk of specific types of blood clots. The MHRA are currently not recommending age restrictions on the vaccine.

The Joint Committee on Vaccination and Immunisation have released a statement, recommending that it is [preferable for those under 30, without underlying health conditions and who have not been vaccinated, to be offered an alternative to the AstraZeneca vaccine](#).

The committee have also recommended to government that those who are [aged 16 and over and living with adults who have weakened immune systems should be prioritised for a vaccine](#).

In a letter sent to all NHS vaccination centres in March, [NHS England describe a shortage in vaccine availability from the week commencing 29th March, expected to last for 4 weeks](#). As such, those aged 50 and over will be prioritised, with those outside of that age group are only to be offered the vaccine “under exceptional circumstances”.

[New data and analysis from Public Health England shows that vaccines have prevented “thousands” of deaths in older adults](#). This data is taken from the vaccination programme up until the end of February 2021.

[COVID-19 vaccine hesitancy –debunking the myths using a community engagement approach underpinned by NICE guidance](#). This example describes how GPs from Black Women in Health (BWIH) reduced COVID-19 vaccine hesitancy amongst the BAME population by debunking the myths about COVID-19 vaccines by organising webinars, virtual group talks, podcasts, videos in other languages and dialects.



Other evidence

[The World Health Organisation \(WHO\) have published a report showing the probable source of COVID-19 to be animal food markets](#), although further studies are required and no theories have as yet been entirely ruled out. A discussion of the report can be found [here](#), and there is a [news item indicating UK and US criticism of the report](#). It is believed China has withheld information, in a statement signed by 12 other countries.

[State of health and care: The NHS Long Term Plan after COVID-19](#) This analysis shows the scale of the damage done by the pandemic across several major health conditions (cancer, mental health, cardiovascular disease, multimorbidity). The Institute for Public Policy Research (IPPR) recommend a package of six ambitious changes to 'build back better'. These policies are designed to do three things. First, they intend to ensure the pandemic does not cause lasting damage to healthcare services for future generations. Second, they look to bring in areas – like social care and public health – that are not covered in The NHS Long Term Plan, but which COVID-19 has reminded us are integral to healthcare. Third, they look to capture the innovations that occurred during the pandemic.

The Health Foundation have published a report into [“three myths about COVID-19 that the data proved wrong.”](#) These were that COVID-19 was simply a “bad flu season”; that those who died from the virus would have died soon anyway, and that we were all equally at risk. People living in the most deprived areas of England were twice as likely to die from COVID-19 as those in the least deprived areas, and at a younger age. Across the UK, potential life years lost to COVID-19 are around 1.5 million, while a bad flu year can result in a potential loss of 250,000 life years.

Another report from the Health Foundation looks at [what long COVID might mean for the nation’s health](#). Long COVID symptoms have been identified in children, and may be worse in patients admitted to hospital and intensive care. Pre-existing health conditions can affect the impact of long COVID, as can age and gender, with younger people and women being more adversely affected. Further research into the condition is needed as the healthcare system moves forward with dealing with the impact of the pandemic.

Further to this, [the second review by the National Institute for Health Research \(NIHR\) into living with COVID-19 has been published](#). This second living review concludes that the journey of long COVID is not well understood and it is important to continue to listen to the lived experience as we move into the second year of this new disease. As we learn more about the progression of long COVID, it is important to retain a wide range of working hypotheses.

A systematic review from the Cochrane Library discusses the [accuracy and sensitivity of point-of-care antigen and molecular-based tests](#). Evidence for testing in asymptomatic cohorts was limited, although the review states that “several important studies in asymptomatic individuals have been reported” since the close of the review and will need to be incorporated into an update. Some antigen tests are accurate enough to replace reverse transcription polymerase chain reaction (RT-PCR) tests, while molecular tests need to show more evidence of their performance in real-life scenarios.

[The NHS Wales COVID-19 Innovation and Transformation Study - Summary of Emerging Themes Report](#), launched ahead of the full report in April 2021, highlights emerging findings and learning around why NHS organisations and staff could and did innovate in the face of the pandemic, and outlines some next steps. Emerging themes include

more agile use of resource, staff wellbeing, working together, accelerated decision-making, sustaining the pace of innovation and change, digital access and confidence and embracing new technology.

The CQC have published their [COVID-19 Insight Report for March](#), with a focus on the impact of the pandemic on urgent and emergency care services and pharmacy services.

NHS OpenAthens - Self-register at <https://openathens.nice.org.uk/>

You will need your own NHS OpenAthens account to access databases and other online resources. Select **Musgrove Park Hospital NHS Foundation Trust** as your organisation. Your username will be generated after you submit the online registration form. Look out for an automated e-mail from 'OpenAthens' in your Inbox; click on the activation link to set your password.

This guide provides a selection of relevant resources and is not intended to be a comprehensive list. All websites have been evaluated and details are correct at the time of publications.

Details correct at time of going to print. Please note that resources are continuously updated.

For further help or guidance, please contact a member of library staff.

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