

To: SofS

From:

Name Redacted

Clearance:

Adam McMordie, Deputy
Director Patient Access and
Flow Team (PAFT)

Date:

13/08/2021

Copy:

Elin Jones,

Name Redacted

Name Redacted

Long COVID - Weekly update and covering note

Annex A: Long COVID action plan, high level options [Steer required]

Annex B: Long COVID and the Equality Act [Steer required]

Annex C: Long COVID and the Devolved Administrations [For information]

**Annex D: Paediatric Inflammatory Syndrome [For information – drafted by
Name Redacted CMO's office with input from Russel Viner (Paediatrician
at Great Ormond St/UCL). CMO cleared the note.**

Introduction

This note gives a high-level weekly update as well as annexing four notes on areas where you have asked for additional information. The submission on recognising Long COVID as an occupational disease mentioned by Elin Jones at our introductory meeting will be sent next week.

New ONS prevalence statistics release

Revised Long COVID prevalence statistics were published on 5 August 2021 and summarise data from a four-week period up to 4 July 2021.

- The ONS estimated that there were **945,000 people** (1.46%) of the UK population experiencing Long COVID. This was down slightly from 962,000 people (1.49%) at 6 June 2021. **835,000 people** (down from 856,000) had symptoms for at least 12 weeks and **380,000 people** (down from 385,000) had symptoms for at least a year.
- Symptoms were adversely affecting the day-to-day activities of **611,000 people** (down from 634,000) with **182,000 people being impacted a lot** (up from 178,000).
- Fatigue was the most common symptom reported as part of individuals' experience of long COVID, followed by shortness of breath, muscle ache, and loss of smell. Symptoms continued to be most prevalent in: people aged 35 to 69 years; females; those living in the most deprived areas; those working in

health or social care; and those with another activity-limiting health condition or disability.

SAGE

Long COVID was discussed at the 94th SAGE meeting on COVID-19 held on 22 July 2021. The previous update note shared the discussion paper and an overview of the discussion. Minutes were published on 6 August and are available here:

DfE meeting

Officials from DHSC and DfE met to discuss guidance for schools on Long COVID. It is likely that DfE will issue some information to schools through informal routes rather than publishing operational guidance.

International comparisons

Officials have met with US Embassy staff and are due to meet with French embassy staff in September to discuss potential options for joint learning at a bilateral level.

September roundtable

Once a date has been confirmed for the September roundtable, we will circulate a provisional agenda for your comment. The date may affect the suggested speakers and content as we would be keen to include topical and emerging evidence as well as updates from NHSEI. For example, NHSEI is provisionally publishing Long COVID activity data for the first time on the 9 September. If the roundtable was after that date, we'd suggest including an item on the data. Other potential options could include inequality, children and affects on day to day life. We'd recommend hearing from some of the patient representatives. If the focus of the roundtable was on broader impacts you may wish to consider extending an invitation to ministers from relevant departments.

Interesting news stories/publications

Clock Pre-print

Researchers working on the Children and young people with Long COVID (CloCK) study submitted a pre-print on 10 August. We expect this to be published in a journal within the next 3-4 weeks (which may work well with timing for the roundtable) and will send handling advice at the point of publication.

Initial results suggest that of those testing positive, 35.4% had symptoms with 30.6% having three or more. 8.3% of those testing negative had symptoms with 6.2% having three or more symptoms.

At three months post-testing, 66.5% of those testing positive had symptoms as did 53.3% of those testing negative. 30.3% of those testing positive had three or more symptoms compared to 16.2% of those testing negative.

Coverage of an RCT to test Ashwaganda

There was some coverage of an announcement by the London School of Hygiene and Tropical Medicine (LSHTM) to conduct a double-blind randomised control trial with 2000 patients to see if traditional Indian herb Ashwaganda could be effective in reducing symptoms.