

To: SofS and PS(PC)

From: [NR] Long COVID  
Policy Team

Clearance: Sarah Norton, Deputy Director,  
Community Health Care

Date: 14 January 2022

Copy: Matthew Styles, Ed  
Scully, Aidan Fowler, [NR]

NR	NR	NR
NR	NR	NR
NR	NR	
Name Redacted		

## LONG COVID – UPDATE NOTE: FOR INFORMATION

### DATA DASHBOARD (Annex A)

1. As per the previous update note, we have attached the dashboard which includes data from studies such as ONS, activity data from NHSEI, press reports, social media and relevant research.

### OVERALL PREVALENCE NUMBERS (*Publication on 6 January 2022, covering the 4-week period ending 6 December*)

2. The prevalence data this month was more stable and there were not large increases unlike previous months. Key points:
  - Total number of people with self-reported long COVID (symptoms for 4+ weeks): **1.3 million (2.0% of the UK population)**. This is slightly higher than previous month (1.2 million people or 1.9% of the population at 31 October).
  - **270,000** people (21% of those with self-reported long COVID, up slightly from 232,000 at 31 October) first had (or suspected they had) COVID-19 less than 12 weeks previously, **892,000** (862,000 at 31 October) had symptoms for 12+ weeks, and **506,000** (439,000 at 31 October) for at least a year.
  - Symptoms were adversely affecting day-to-day activities of **809,000** people (775,000 at 31 October), with **247,000** (232,000 at 31 October) being impacted a lot.
  - Fatigue continued to be the most common symptom reported as part of individuals' experience of long COVID, followed by loss of smell, shortness of breath and difficulty concentrating.
  - Symptoms remained most prevalent in: people aged 35 to 69 years; females; people living in more deprived areas; those working in health care, teaching and education, and social care; and those with another activity-limiting health condition or disability.
3. The next data set is due to be published on 3 February 2022.

**NHS ACTIVITY DATA (Publication on 13 January 2022 for reporting period of 25 October 2021 to 21 November 2021)**

<b>Referrals</b>	<ul style="list-style-type: none"> <li>During the 4-week period 25 October – 21 November 2021 there were a total of <b>5,997</b> referrals to NHS Post COVID assessment services, 436 (8%) more than in the previous 4 weeks.</li> <li>Of these referrals a total of <b>5,209</b> were accepted as clinically appropriate for assessment (87%). The proportion of accepted referrals has increased slightly (2%) on the previous 4-week period.</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>There were a total of <b>4,599</b> initial specialist assessments completed during the period, an increase of 91 (2%) compared with the previous 4-week period. This is the highest figure reported for initial specialist assessments since the data publication commenced.</li> <li>An additional <b>8,087</b> follow up appointments were carried out, an increase of <b>514</b> (7%). This is also the highest figure reported for follow up appointments since the data publication commenced.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>Of those who had an initial specialist assessment during the period: <ul style="list-style-type: none"> <li>3,759 declared their ethnicity. Of those, 3,021 were white (80%).</li> <li>4,482 declared their sex. Of these 2,858 were female (64%) compared with 1,624 male (36%)</li> <li>4,478 declared their age. 1,464 of these (33%) were under the age of 45. 2,317 were aged between 45 and 64 (52%). 697 were aged 65+ (16%).</li> </ul> </li> <li>Of the <b>4,599</b> initial specialist assessments <b>851</b> (19%) were patients from the most deprived areas (as defined by the Index of Multiple Deprivation, IMD 1 and 2)</li> </ul>
<b>Waiting times</b>	<ul style="list-style-type: none"> <li>Of those who had their initial specialist assessment during the reporting period, <b>37% were seen within 6 weeks</b>, and <b>48% within 8 weeks</b> of referral. <b>33% of patients waited longer than 15 weeks</b>.</li> <li><b>There is significant regional variation in the length of waits with 79% of patients in the North West being seen within 6 weeks of a referral, compared with 6% in the South East.</b></li> </ul>

4. The next data set is due to be published on 10 February 2022.

**LOCAL GOVERNMENT WEBINAR: LONG COVID**

5. Dr Aidan Fowler, DCMO, spoke at a webinar on 11 January on long COVID, organized by the Local Government Association. Other speakers included Cathy Hassell (NHSEI), Allison Streetly (UKHSA) and Dan Ayoubkhani (ONS). The seminar was well attended and presentations well received. The presentations are available at the following link: <https://www.local.gov.uk/events/past-event-presentations>

6. Although not the principal topic of the webinar, questions were raised about perceived similarities between long COVID and ME/CFS. Policy responsibility for ME/CFS now sits within Community Health Services and we will be joining up discussions to ensure policy alignment.

## **LONG COVID AND PREGNANCY**

7. Following our last update note submission (10 December 2021), Emma Dean requested information on studies relating to babies born to women who have had COVID-19 during pregnancy.
8. Much of the existing research around COVID-19 and pregnancy has focused on confirming vaccine safety, pregnancy outcomes or on the care of pregnant women who have COVID-19.
9. In November 2021, the National Institutes of Health announced a four-year study in the USA following up the potential long-term effects of COVID-19 on women infected during pregnancy.
10. Shuffrey et al (January 2022) published findings from their study on the Association of birth during the COVID-19 pandemic with neurodevelopmental status at 6 months in infants with and without in utero exposure to maternal SARS-CoV-2 infection. In this cohort study, for 255 infants born between March and December 2020, exposure to maternal SARS-CoV-2 infection was not associated with differences on any Ages & Stages Questionnaire, 3rd Edition, subdomain at age 6 months, regardless of infection timing or severity. However, both exposed and unexposed infants born during that period had significantly lower scores on gross motor, fine motor, and personal-social subdomains compared with a historical cohort of infants born before the onset of the COVID-19 pandemic. These findings suggest that birth during the COVID-19 pandemic, but not maternal SARS-CoV-2 infection, is associated with differences in neurodevelopment at age 6 months. However, the study was a single-site study and findings may be a reflection of parental perception of development rather than objective differences.

## **PARLIAMENTARY BUSINESS**

11. We provided briefing on long COVID to DWP in preparation for an adjournment debate on the recognition of long-COVID as a recognised condition for the purposes of occupational support and getting benefits when someone is unable to work as a result. The debate was scheduled for 12 January but did not take place. We are awaiting further information on whether this will be rescheduled.
12. To date, in January we have received 9 Parliamentary Questions on long COVID:
  - Mary Foy MP (City of Durham)
    - To ask the Secretary of State for Health and Social Care, whether people who have reported a positive lateral flow test without taking

a confirmatory PCR test, are still be able to access treatment for long covid.

- Barry Sheerman (Huddersfield)
  - To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that the UK is participating in research into long covid and possible treatments.
  - To ask the Secretary of State for Health and Social Care, what types of support are being provided to people with long covid; and what assessment he has made of the impact of that support on recipients.
  - To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of accessibility to financial and rehabilitative support for long Covid; and if he will make an assessment of the potential merits of increasing the level of support provided for that condition.
- Rachael Maskell (York Central)
  - To ask the Secretary of State for Health and Social Care, for what reason he is not requiring the clinical coding of long covid.
  - To ask the Secretary of State for Health and Social Care, what estimate he has made of the average cost to the NHS of treating a person suffering from long covid.
  - To ask the Secretary of State for Health and Social Care, how long, on average, someone has symptoms of long covid.
  - To ask the Secretary of State for Health and Social Care, what steps he is taking to help tackle the prevalence of long covid.
- Jim Shannon (Strangford)
  - To ask the Secretary of State for Health and Social Care, what estimate his Department has made on the number of people (a) over 18 and (b) under 18 diagnosed with long covid.
- Sir Desmond Swayne (New Forest West)
  - To ask the Secretary of State for Health and Social Care, if he will take steps to ensure the availability of multi-disciplinary medical treatment for 16 and 17 year old patients with long covid who cannot access paediatric services and have been refused access to long covid clinics.