

To: SofS and PS(PC)

From:

NR Long
COVID Policy Team

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LONG COVID: UPDATE NOTE

DATA DASHBOARD (Annex A)

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 the relevant research.

LATEST ONS PREVALENCE DATA

The ONS estimate that over the 4-week period ending 5 September 2021:

- **1.1 million people** (1.7% of the population) in private households in the UK reported experiencing long COVID symptoms. This is up from 970,000 people the previous month, reflecting increased infection rates in July 2021.
- **706,000 people** (up from 643,000 the previous month) in private households in the UK had their day-to-day activities adversely affected. Of these, 211,000 (up from 188,000) reported that their ability to undertake day-to-day activities had been limited a lot.
- Compared with the previous month, self-reported long COVID prevalence was **notably higher among young adults aged 17 to 24 years (from 1.2% at 1 August to 1.9% at 5 September) and people working in the hospitality sector (from 1.6% at 1 August to 2.6% at 5 September).**

The increase in self-reported long COVID numbers especially in the young is concerning and we will need to monitor the numbers closely as we move into Winter.

NHS ACTIVITY DATA (PUBLISHED 14 OCTOBER)

Waiting time data was published for the first time in this month's release. Of those who had their initial specialist assessment during the reporting period, **40% were seen within 6 weeks, and 55% within 8 weeks of referral. 19% of patients were waiting longer than 15 weeks.** There is regional variation in the length of waits with 80% of patients in the North West being seen within 6 weeks of a referral, compared with 14% in the South East.

During the 4-week period 2 August to 29 August 2021 there were a total of **5,488** referrals to NHS Post Covid assessment centres. Of these a total of **4,846** were accepted (88%). There was a total of **3,519** initial specialist assessments completed during the period, a decrease of 17% compared with the previous 4-week period.

WHO PUBLICATION OF CLINICAL DEFINITION OF LONG COVID

On 6 October the WHO published its clinical definition using the term '*Post COVID-19 condition*'. NICE is currently reviewing its existing guidelines as part of a refresh process and will be able to consider the WHO work as part of that process. However, the WHO definition is vague and does not give us additional clarity over and above NICE. One of the differences between the two is that NICE recognises ongoing symptomatic COVID (4-12 weeks) as well as Post COVID Syndrome (12 weeks plus) whereas the WHO focused on symptoms 3 months on from COVID infection lasting for at least 2 months.

WHO clinical definition

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time. A separate definition may be applicable for children.

In time, we may wish to consider adopting the WHO's terminology but this is unlikely to be helpful in the short-term given long COVID has been used frequently by patient groups, the media and the NHS. Clinical coding reflects NICE's usage of ongoing symptomatic and post-COVID syndrome.

OVERSIGHT BOARD

The fourth meeting of the Long COVID Oversight Board took place this week. This is an official-led meeting, providing a forum for a whole-system overview of activity to address the challenges posed by long COVID. It is attended by DHSC, NHSEI, relevant ALBs and OGDs such as DfE and DWP. The focus for this meeting was employers' responsibilities towards supporting employees with long COVID to remain in or return to work. BEIS/DWP clarified their policy position is that long COVID should be considered in the same way as other long-term conditions and that there is no appetite to produce specific guidance around long COVID. Employers are looking to the Government to clarify how they should approach employees with long COVID and so communication of this policy stance is becoming more pressing.

PRESS COVERAGE OF THE ROUNDTABLE

The Independent ran a story with the headline '*Revealed - Health secretary's private alarm at 'huge' and growing problem of long Covid*' detailing the content of a number of the items discussed at the ministerial roundtable held on 23 September. Secretary of State and officials from NHSEI were named and had quotes directly attributed to them. NHSEI will be reviewing the content discussed at their national Taskforce stakeholder meetings and are likely to be less open with stakeholders. The nature of the article now raises a question as to whether the roundtables can continue in their current format and we will discuss options with PS(PC) when we have our introductory session on long COVID (currently scheduled for 28 October).