

To: SofS

From:

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Clearance:

Long

COVID Policy Team

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LONG COVID – WEEKLY UPDATE

DATA DASHBOARD

Prior to Recess we produced a dashboard every two weeks for Lord Bethell. The dashboard includes data from studies such as ONS, activity data from NHSEI, press reports, social media and the relevant research. This is the first dashboard we have produced following the pause during recess. **It would be useful to have a steer on whether you would like us to continue producing the dashboard and if so, whether you would want any changes to the format?**

ONS UPDATED ESTIMATES

On 16 September, ONS published updated estimates of the prevalence of long COVID in the UK among those who had tested positive. These statistics are separate to the monthly population prevalence statistics that are published. This report provides experimental estimates from three different approaches to estimate the prevalence of long COVID. The data covers the period from 26 April to 1 August and is broken down by demographic and viral characteristics.

Approach 1 focused on prevalence of any symptom at a point in time after infection. 5% of respondents reported any of 12 common long COVID symptoms 12-16 weeks post-COVID infection. However, in a control group of respondents who had not received a positive test, prevalence of these symptoms was 3.4% which demonstrates their relative commonness in the general population. Given the large number of symptoms that have been associated with long COVID, the focus on 12 common symptoms may lead to an underestimate.

Approach 2 focused on prevalence of continuous symptoms post-COVID infection. Among respondents who had tested positive for COVID-19, 3% experienced any of the 12 common symptoms continuously for at least 12 weeks post-infection. This is compared with 0.5% in the control group. This estimate is much lower than the previously published estimate (13.7%).

Approach 3 focused on prevalence of self-reported long COVID. 11.7% of respondents described themselves as experiencing long COVID 12 weeks post-COVID infection.

This number falls to 7.5% when considering self-reported long COVID that affects day-to-day activity.

The lead analysts will present at the roundtable on the 23 September and will be able to provide more background and context as to the implications of the new data set. By publishing data using three methods, the release shows how sensitive the prevalence numbers are to the definition of long COVID.

Regardless of approach, long COVID symptom prevalence remained highest among females, adults aged 50-69, people with pre-existing health conditions, and those with a high viral load at the time of COVID-19 infection.

US FUNDING FOR LONG COVID STUDY

The United State's federal medical research agency, National Institutes of Health (NIH), is leading a major initiative to identify the causes and means of prevention and treatment for long COVID.

On 16 September, the NIH awarded nearly \$470 million to the Researching COVID to Enhance Recovery Initiative (RECOVER) which will be led by New York University Langone Health. RECOVER will make multiple sub-awards to more than 100 researchers at over 30 research institutions to support new studies of COVID-19 survivors and their long-term recovery. RECOVER aims to learn why some people have prolonged symptoms post-COVID infection. This follows the allocation of \$1.5 billion in funding for long COVID research granted by Congress in December 2020.

OVERSIGHT BOARD

The third 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 Autumn/Winter planning, in light of the COVID-19 RESPONSE: AUTUMN AND WINTER PLAN

While there is increasing attention being paid by Cabinet Office to the broader impacts of long COVID, OGD policy positions continue to be relatively unshaped. The group will help to identify topics for discussion at the planned Inter-Ministerial meeting on our collective long COVID strategy.

BETTER HEALTH PROGRAMME: INTERNATIONAL LONG COVID LEARNING

Officials met with the Better Health Programme and NHS Consortium for Global Health. The FCDO-funded Better Health Programme (BHP) is a technical assistance programme looking to strengthen health systems and create new global health partnerships. BHP partners include Brazil, Mexico, South Africa and a number of South-East Asian countries.

The Consortium is planning three learning sessions on long COVID with an indicative timeline of:

- Autumn 2021 – Session 1: Long COVID Surveillance Research and Evidence

- December 2021 – Session 2: Clinical Management
- Q1 2022 – Session 3: Long Covid Strategic planning

We are having a number of discussions at an international level and there seems to be increasing interest in cross-country learning on Long COVID.

MEETING WITH DEVOLVED ADMINISTRATIONS

Officials met with colleagues from the Devolved Administrations this week for a scheduled monthly catch-up. As part of this, updates and developments from each country are shared. This month, this included an overview of the £10m long COVID Support Fund announced for Scottish health boards on 9 September. The fund is designed to maximise and improve the co-ordination of a broad range of existing services as well as strengthen the range of information and advice available for patients. We will be working closely with colleagues in the Scottish Government to understand how this increased level of support is being delivered. The Welsh Government is likely to be re-allocating policy resource towards other areas and is moving into a '*business as usual*' phase for long COVID with new policy announcements being unlikely until January 2022.