

## List of actions:

	Item		Actions
1	<b>Long-COVID</b>	32.1	All to send questions/comments on PHOSP-COVID to the NERVTAG secretariat for compilation and forwarding to CEB and DHSC.
		32.2	PH to consider what value NERVTAG can add to the topic of Long-COVID
5	<b>Preparation for a Public Enquiry</b>	32.3	PH to circulate to members the document on 'record management' in preparation for a public inquiry.
7	<b>Surveillance reports</b>	32.4	PH to discuss with JVT NERVTAG's opinion of the message coming out of the PHE study on the interaction of SARS-CoV-2 and influenza (immediately after the meeting on 4 September)
		32.5	CSm to do a 'blue light analysis' of SARS-CoV-2 influenza coinfection in the Co-CIN dataset over the weekend to see if the PHE results can be replicated.
9	<b>AOB</b>	32.6	JH, WB and CE to work on a paper on whether changes in viral genome translate to phenotype changes, circulate to NERVTAG members for comment with a view to presenting to SAGE on 1 October.

## Minutes of the meeting

### 1 Long-COVID (Addressed first due to CEB availability)

- 1.1 PH noted that DHSC requested NERVTAG to consider the topic of 'long-COVID'. A consortium to study the longer-term health effects of COVID-19 has been funded, of which Chris Brightling is the lead. The request from DHSC is that NERVTAG listen to what the consortium is doing and feed back to the consortium via CEB and to DHSC on any additional work or considerations needed.
- 1.2 CEB highlighted the three aims of the post-hospitalisation COVID-19 study (PHOSP-COVID):
  - a. To understand the long-term sequelae and their mechanisms
  - b. To consider the impact of interventions on long-term sequelae (eg. looking at treatment studies such as RECOVERY)
  - c. A platform for in-depth studies, including intervention studies
- 1.3 It was recognised early on that post COVID affects many organs, patients' rehabilitation, mental function, anxiety etc. Therefore, multidisciplinary teams were set up, working with over 50 hospitals.
- 1.4 The tiered structure, closely linked with ISARIC, is:
  - a. Tier 1. Routine clinical data, healthcare records, saliva kit by post for DNA – 6,000 individuals.
  - b. Tier 2. Tier 1 plus extended data obtained from additional research procedures and samples in 4,000 individuals.
  - c. Tier 3. Re-call of participants with particular characteristics for additional procedures and sampling in the future.