

Covid-19 Update

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Vaccinations

In England the vaccine is now offered in some hospitals and pharmacies, at local centres run by GPs and at larger vaccination centres. It's being given to:

People **aged 45 and over**

people at high risk from coronavirus (clinically extremely vulnerable)

people who live or work in care homes

health and social care workers

people with a condition that puts them at higher risk (clinically vulnerable)

people with a learning disability

people who are a main carer for someone at high risk from coronavirus

Find out more about [who is eligible to have a COVID-19 vaccine](#)

People can book their appointments at a larger vaccination centre or a pharmacy that provides COVID-19 vaccinations.

People aged 45 and over do not need to wait to be contacted by the NHS.



Vaccinations

How the vaccines compare

Company	UK Approved	Type	Doses	Storage
 Oxford Uni- AstraZeneca		Viral vector (genetically modified virus)	 x2	 Regular fridge temperature
 Pfizer-BioNTech		RNA (part of virus genetic code)	 x2	 -70C
 Moderna		RNA	 x2	 -20C
 Novavax	Pending	Protein-based	 x2	 Regular fridge temperature
 Janssen	Pending	Viral vector	 x1	 Regular fridge temperature



Vaccinations

Novavax: due to be authorised by MHRA - sign off by the end of April. 60m doses on order - not sure on the delivery date.

Moderna: Due to be online in April - 17m doses.

AZN: As of (30 March) - several countries have restricted the use of the AZN vaccine for some age groups (e.g. Germany not using it on under 60s, Canada and France not using on under 55s etc). This is because there have been 9 cases of cerebral thrombosis - this has led to fatalities.

Extremely rare cases of blood clots with low levels of platelets have been observed following vaccination with COVID-19 Vaccine AstraZeneca. The majority of these cases occurred within the first 14 days following vaccination but some have also been reported after this period. Some cases were life-threatening or had a fatal outcome. It is important to remember the benefits of vaccination to give protection against COVID-19 still outweigh any potential risks.

The expert scientific advice from the JCVI is that risk benefit remains strongly in favour of vaccination with the AstraZeneca vaccine for those aged 30 and over, and those aged under 30 who have underlying health conditions which puts them at higher risk of severe outcomes from Covid-19 infection.

There are no known cases of the rare thrombosis with thrombocytopenia reported after a second dose of the AstraZeneca vaccine.



Wearing a Face Covering

The law requires passengers to wear face coverings in taxis and private hire vehicles. TfL expects licensees to wear a face covering at all times when they are in a licensed vehicle. At least 2 ply is recommended.

Members of the public who have an age, health or disability reason for not wearing a face covering do not need show an exemption card.

The correct procedure for donning and doffing a face covering is show below:

Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.



Remove surgical mask.



Covid-19 recovery

Acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks.

Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks.

Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.

Long Covid Medical Symptoms

- Fatigue
- Lung: Cough, Breathlessness
- Cardiac: Clots, Inflammation
- Neurological: Headaches, brain fog,
- Mental Health

Covid Support

- <https://www.yourcovidrecovery.nhs.uk/>
- GP referral Pathways in NHS- Long covid clincs



"Long covid" in primary care

Assessment and initial management of patients with continuing symptoms

Post-acute covid-19 appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Clinical management requires a whole-patient perspective. This graphic summarises the assessment and initial management of patients with delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.

An uncertain picture

The long term course of covid-19 is unknown. This graphic presents an approach based on evidence available at the time of publication. However, caution is advised, as patients may present atypically, and new treatments are likely to emerge

Managing comorbidities

Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed in conjunction with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues

Safety netting and referral

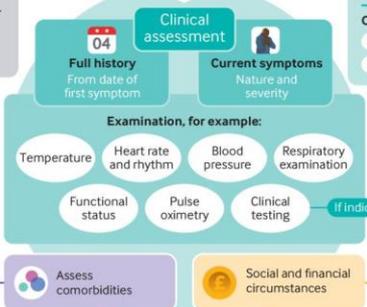
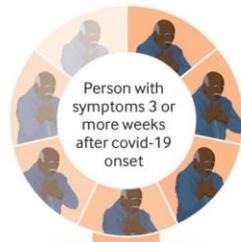
The patient should seek medical advice if concerned, for example:

- Worsening breathlessness
- PaO₂ < 96%
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- Respiratory** if suspected pulmonary embolism, severe pneumonia
- Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- Neurology** if suspected neurovascular or acute neurological event

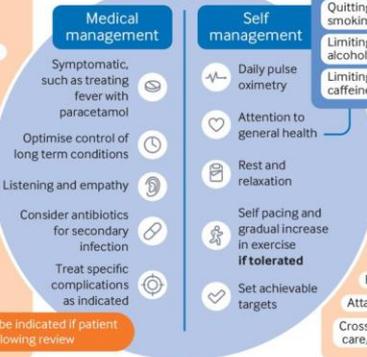
Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review



- Investigations**
- Clinical testing is not always needed, but can help to pinpoint causes of continuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below:
- Blood tests**
- Full blood count
 - Electrolytes
 - Liver and renal function
 - Troponin
 - C reactive protein
 - Creatine kinase
 - D-dimer
 - Brain natriuretic peptides
 - Ferritin – to assess inflammatory and prothrombotic states
- Other investigations**
- Chest x ray
 - Urine tests
 - 12 lead electrocardiogram

Social, financial, and cultural support

Prolonged covid-19 may limit the ability to engage in work and family activities. Patients may have experienced family bereavements as well as job losses and consequent financial stress and food poverty. See the associated article by Greenhalgh and colleagues for a list of external resources to help with these problems



Mental health

In the consultation:

- Continuity of care
- Avoid inappropriate medicalisation
- Longer appointments for patients with complex needs (face to face if needed)

In the community:

- Community linkworker
- Patient peer support groups
- Attached mental health support service
- Cross-sector partnerships with social care, community services, faith groups

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