

Over 5,000 people enrolled in UK-wide study for antivirals

Over 5,000 vulnerable people have now enrolled into a world-class study for the chance to receive life-saving antivirals, the government has announced today (Wednesday 26 January 2022).

This ground-breaking achievement makes the PANORAMIC study the fastest-recruiting trial of its kind ever in the UK.

The significant milestone means the UK is one step closer to rolling out the innovative medicines – which are being evaluated to see if they help to reduce the severity of symptoms and the risk of hospitalisation or death – more widely across the country, eventually helping to ease pressures on the NHS.

Anyone over the age of 50 or between 18 to 49 with certain underlying health conditions can [sign up to the study](#) as soon as they receive a positive PCR or lateral flow test result. They need to be experiencing COVID-19 symptoms that began in the last five days to be eligible to enrol.

The UK-wide PANORAMIC study, run by the University of Oxford and supported by the National Institute for Health Research (NIHR) and the devolved administrations, now has 5,171 participants enrolled.

The government, through the Antivirals Taskforce, has procured 4.98 million courses of antivirals – including 2.23 million courses of molnupiravir and 2.75 million courses of PF-07321332+ritonavir – more per head than any other country in Europe.

Health and Social Care Secretary Sajid Javid said:

The UK is leading the way when it comes to antivirals and this is a landmark milestone for the deployment of these cutting-edge treatments – which will be crucial as we learn to live with the virus by keeping our most vulnerable safe if they catch it.

The PANORAMIC study is vital in helping our medical experts to develop plans for rolling these treatments out more widely later this year. If you test positive for COVID-19 and are eligible, please sign up as soon as possible.

Earlier this week, the government, along with leading charities such as Kidney Care UK, Cystic Fibrosis Trust, Diabetes UK and the British Liver Trust, put out an urgent call for at least 6,000 more participants to come forward for the treatments.

This is so that scientific experts can understand more about how to deploy

these treatments in the NHS more widely later in the year – including who would benefit most from them.

Antivirals are medicines which can be swallowed as a pill or capsule to help treat people with COVID-19 infections. Molnupiravir, which is currently being deployed through the study, has shown to reduce this for at risk, non-hospitalised adults with mild to moderate COVID-19 by 30% – potentially saving thousands of lives once the drugs are available to the NHS.

Professor Chris Butler, co-Chief Investigator of the PANORAMIC study, University of Oxford, said:

Despite all the amazing support already given to the PANORAMIC study, we need even more people in the early stages of their COVID illness to urgently share their experiences with us and sign-up directly through the PANORAMIC website.

This will help us rapidly find out who will benefit most from the new treatments, so they can be given to the right people when they get sick.

It is open to anyone living in the UK who meets the following criteria:

- Have received a positive PCR or lateral flow test for COVID-19 and feel unwell with symptoms of COVID-19 that started in the last five days; and
- are aged 50 and over, or 18 to 49 years old with certain underlying medical conditions that can increase the risk of developing severe COVID-19.

While vaccines remain the most important first line of defence against the virus, antivirals are used after someone contracts the virus to slow it down, make symptoms less severe and complications less common.

The antiviral, molnupiravir, that is part of the PANORAMIC trial, was granted approval for use by the Medicines and Healthcare Regulatory Authority (MHRA) in November 2021, and so far no unexpected safety findings have been reported in clinical trials.

Alongside the PANORAMIC study, those at highest risk from the virus can access the antivirals and other COVID-19 treatments through the NHS.

Professor Sir Jonathan Van-Tam, Deputy Chief Medical Officer for England, said:

It's very promising to see people sign-up for this important trial and to those who have a huge thank you. But this needs to be a very large study; closer to 20,000 volunteers may be needed to get an accurate answer, so please keep coming forward if you get COVID-19 over the next few days, weeks and months.

You can make a real difference in helping us work out how best to use COVID-19 antiviral drugs for many years to come.

These drugs are already approved by the MHRA, but we need to see how much benefit they give to already vaccinated patients.

If I'm unlucky enough to get COVID-19 and meet the criteria, then I will definitely be taking part.

Eddie Gray, Chair of the Antivirals Taskforce, said:

Antivirals will form an important part of living with COVID-19 – and could eventually be a big help in stopping hospitals from being overwhelmed with COVID-19 patients.

This is a fantastic achievement for the PANORAMIC study and for the deployment of antivirals – please sign-up to the study if you test positive for the virus and are eligible.

Professor Nick Lemoine, Medical Director of the NIHR Clinical Research Network, said:

PANORAMIC is one of the most important COVID-19 trials of recent times. It's also by far the world's largest trial on molnupiravir – the first treatment to be assessed – and will provide vital information about how well this new antiviral capsule works in at-risk groups, within a predominantly vaccinated population.

[New reforms to make consultant awards fairer and more accessible](#)

Press release

The government is reforming the National Clinical Excellence Awards for high performing NHS senior doctors to be more inclusive and accessible.



- The government is reforming the National Clinical Excellence Awards for high performing NHS senior doctors to be more inclusive and accessible.
- New reforms aim to further drive and encourage excellence, recognising the national impact and extraordinary work of senior doctors and dentists in all disciplines, from all backgrounds, including during the pandemic.
- Awards to be renamed National Clinical Impact Awards and will increase access from underrepresented groups with the next round opening in April 2022.

High-performing consultant level doctors, dentists and academic GPs in England and Wales will benefit from a newly reformed awards scheme, which better reflects the modern NHS workforce whilst remaining relevant to the increasingly varied roles doctors undertake.

The National Clinical Excellence Awards scheme has existed since 1948 with the present iteration running since 2004. Through the scheme Consultants and academic practitioners within the NHS who perform above and beyond the standard expected of their role can gain financial awards.

From April 2022 the scheme will be renamed the National Clinical Impact Awards, and to create a more inclusive and accessible scheme a range of reforms are being introduced to this year's application process including:

- Awards for those working less than full time will be paid at the full value instead of pro-rata. This will help address the impact of National Clinical Impact Awards on the gender pay gap in medicine as women are more likely to be working part-time. This is one of the recommendations from the Independent Review of the Gender Pay Gap in Medicine commissioned by the government;
- all award levels will be open to all applicants as the requirement to move up through the tiers of awards over subsequent years will be removed. This will help ensure outstanding contributions from younger consultants are equitably recognised;
- awards will continue to be held for five years but reapplication after this will be assessed in open competition against new applicants to create a more level playing field and reduce bias towards older,

established award holders. By removing the need to progress through award stages, outstanding national clinical impact will be recognised appropriately regardless of career stage;

- the scheme will move from four award levels to three and the first award level will become more attainable. There are more awards available at each level than in previous years, meaning that overall more people should – providing they reach the threshold – be able to achieve an award: roughly 330 at level one, 200 at level two and 70 at level three;
- employers will not need to contribute to recipient's pension funds to reflect modern remuneration arrangements and align with the Local Clinical Excellence Awards, this will also allow for more awards to become available; and
- refreshed assessment criteria will reflect modern consultant careers and recognise contributions from under-represented groups including allowing more flexibility in the type of evidence provided in applications. This will improve accessibility and recognise under-represented specialities that women often undertake. Applicants would be expected to provide evidence that demonstrates their impact on current NHS priorities.

Minister of State for Health Edward Argar said:

The new National Clinical Impact awards will help level the playing field and recognise the extraordinary contributions made by NHS doctors and dentists.

We're increasing the number of people who will be recognised, and making the awards more accessible for under-represented groups including women and younger consultants.

It's vital we celebrate the teachers, trainers, innovators and researchers of best practice across the NHS, who act as role models for their peers and colleagues. I want to thank NHS staff for their hard work and encourage everyone eligible to apply so we can reward excellence across the health service.

To increase the number of awards available, the value of the awards will decrease slightly with the higher award worth more than the other two levels. This will increase the number of senior clinicians who will hold an award during their professional career.

The existing application process will also be refreshed to be fairer and more inclusive for under-represented groups such as women and people from ethnic minority backgrounds, to ensure the scheme continues to reward national impact and incentivise such excellence across the NHS.

Chair of the Gender Pay Gap Review Professor Dame Jane Dacre said:

I am pleased the new National Clinical Impact Awards will reflect the recommendations made in the gender pay gap review.

I am particularly encouraged to see that those who work part-time (often women), will now be eligible for a full value award as awards will no longer be paid pro-rata. Highlighting the contributions from specialities, such as geriatrics and palliative medicine, with more female staff, will also help keep more talented women working in the NHS. Together these changes will encourage more women to apply for awards.

The causes of the gender pay gap in medicine are complex and these new awards are another step on our path to closing the gap.

The 2022 competition opens to applications in April 2022 with the closing date to be confirmed in due course.

Background information

Published 26 January 2022

[Royal Navy Ship Delivering Emergency Aid into Tonga](#)

Press release

Royal Navy ship HMS Spey arrived into Tonga today (Wednesday 26 January) where her crew have unloaded disaster relief following the devastating Tonga-Hunga-Ha'apai underwater volcanic eruption and tsunami.



HMS Spey delivering humanitarian aid to Tonga

The Batch 2 Offshore Patrol Vessel (OPV) delivered UK Aid stores comprising:

- 30,000 litres of bottled water
- Medical supplies for over 300 first aid kits
- PPE
- Basic sanitation and baby products

The ship arrived into Nuku'alofa, the capital city of Tonga on the island of Tongatapu. The aid stores are being collected at a logistics hub as part of international aid efforts. The supplies are then coordinated and will be moved to islands near to the volcano that were severely impacted by the disaster.

Tonga's protective COVID regulations mean that sailors could not disembark the ship so all stores were moved using HMS Spey's crane. The packaging and moving the deliveries by crane was supported by the whole ship's company.

Armed Forces Minister James Heappey said:

Responding to humanitarian crises across the globe is a core part of Armed Forces' daily business. The crew and company of HMS Spey have demonstrated that this week by delivering this vital aid.

The UK is a long-standing partner of the Pacific Islands and having the ship deployed in the Indo-Pacific meant that we could be there for Tonga in their hour of need, as the Island begins to rebuild their homes and communities.

Nuku'alofa is away from the worst damage however there are still visible signs of ash and debris coating the rooftops and trees along the shore. New Zealand's ship HMNZS Aotearoa and Australian ship HMAS Adelaide, carrying vital UK Aid supplies requested by the Tongan government, have arrived off the coast of Tonga and are preparing to disembark their supplies.

Commanding Officer of HMS Spey, Commander Michael Proudman, said:

I am immensely proud of my Ship's Company. Their flexibility, hard work and speed of reaction in assisting our Commonwealth Friends in Tonga demonstrate the epitome of a modern, global Royal Navy, ready to respond at a moment's notice.

We wish the people of Tonga the very best in their recovery from this terrible disaster and stand ready to assist in any way we can.

HMS Spey will continue to work closely with the Royal New Zealand Navy, the Royal Australian Navy and with other allies to coordinate relief efforts with

the Tongan Authorities and the British High Commission. The UK has provided a liaison officer to the Australian-led International Humanitarian and Disaster Relief Coordination Cell.

HMS Spey has returned to sea but remains on task in the waters off Tonga, ready to help where needed in the coming days.

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[40th Universal Periodic Review of human rights: UK statement on Lithuania](#)

World news story

The UK delivered this statement during Lithuania's Universal Periodic Review (UPR) at the Human Rights Council.



The Universal Periodic Review takes place in Geneva.

The United Kingdom congratulates Lithuania on their election to the Human Rights Council for 2022-2024. The UK strongly welcomes Lithuania's commitment to media freedom and its active membership of the Media Freedom Coalition.

The UK urges Lithuania to continue to provide access for UNHCR to asylum-seekers and migrants on the Lithuanian-Belarusian border. We support Lithuanian efforts to provide safe accommodation, supplies and services for those seeking asylum to ensure an adequate standard of living.

We recommend Lithuania:

1. Increase their efforts to prevent trafficking and identify modern slavery victims, including by increasing training on the use of the National Referral mechanism.
2. Eliminate hate crimes on the basis of disability, transgender identity, race, religion or belief and sexual orientation including towards national minorities, by ensuring adequate funding and training for officials and ensuring victims can easily report such crimes
3. Adopt an open, merit-based process when selecting national candidates for UN Treaty Body elections.

Thank you.

Published 26 January 2022

[Positivity rates highest ever recorded in REACT-1 study, but prevalence plateauing](#)

Over 100,000 volunteers in England took part in [the study](#) to examine the levels of coronavirus (COVID-19) in the general population between 5 and 20 January.

The latest findings from Imperial College London and Ipsos MORI, covering 5 January to 20 January 2022 (round 17 of the study), show that prevalence in England during this period was 4.41%, by far the highest figure recorded since the beginning of the study, and over 3-fold higher than the prevalence [observed in round 16](#) (23 November to 14 December).

It means that during the period in which swabs were collected, approximately 1 in 23 people in England were infected with the virus.

The increase in prevalence seen in round 17 corresponds with Omicron becoming the dominant variant in England in recent weeks and it became the dominant variant in the final stages of round 16.

Within round 17 itself there are indications of a drop in prevalence, declining from a peak estimated to be around 5 January and flattening off by mid-January. Since that point, prevalence remains very high but trends overall are uncertain, with an increase in prevalence among children and decrease in adults.

From the 1,816 positive round 17 samples sequenced to 16 January 2022, 1,406 lineages were determined. Of these, 1,392 lineages corresponded to Omicron, with the remaining 14 corresponding to the Delta variant. This confirms data published elsewhere that Omicron now makes up the vast majority of all new positive cases.

Among the 3,582 swab-positive individuals reporting whether or not they had had previous infection, 2,315 (64.6%) reported a confirmed previous infection and 267 (7.5%) reported a suspected previous infection. Results on reported previous COVID-19 infections are based on self-reported data and therefore it is uncertain what proportion of these are reinfections or recent infections picked up due to the sensitivity of PCR testing.

Dr Jenny Harries, Chief Executive of the UK Health Security Agency (UKHSA), said:

The latest round of REACT data reiterates that while case rates have slowed recently, prevalence is still high.

Vaccination remains the best way to protect yourself from severe disease and hospitalisation from Omicron, and I would urge anyone who has not done so to come forward for their primary and booster doses as soon as possible. The impact the vaccination is having on preventing severe disease and hospitalisations is clear to see.

To ensure we continue on the downward trend and protect our communities, it is still important for us all to follow public health advice, particularly in crowded spaces and areas of poor ventilation. If you are visiting friends and family, make sure to take a test before going out.

The main findings from the report are as follows:

There were 4,011 positives from 100,607 swabs in round 17, giving an overall weighted prevalence of 4.41%. This is more than 3-fold higher than the weighted prevalence recorded in round 16, which stood at 1.40%.

The peak prevalence was estimated to have occurred around 5 January as data collection in round 17 took place. Prevalence then fell before flattening off in-round by mid-January.

At all ages, weighted prevalence increased between round 16 and round 17. The highest weighted prevalence was observed in those aged 5 to 11 at 7.81%. The next highest prevalence occurred in the 12 to 17 age bracket, with a figure of 5.17%.

Weighted prevalence increased 7-fold from the previous round in the 65 to 74 age bracket (0.48% to 3.06%), and 12-fold in those aged 75 and above (0.21% to 2.43%).

A within-round R estimate suggested an increase in weighted prevalence for

those aged 17 years and under, but a decrease in those aged 18 to 54 years and 55 years and above.

Weighted prevalence increased in every region from round 16 to 17, with the highest figure recorded in the North East at 6.85%, followed by Yorkshire and The Humber at 5.58%. That observation is backed up by lower-tier local authority level data, where smoothed estimates of prevalence (based on a nearest neighbour method) indicated areas of highest prevalence in the North East, Birmingham and London.

Highest weighted prevalence in round 17 was recorded in those living in urban areas (4.72%), those from Asian and black ethnicities (6.59% and 6.65% respectively), those in households with 6 or more persons (7.51%) and those who were in contact with a confirmed COVID-19 case (12.9%).

Weighted prevalence was 14.1% (13.5%, 14.7%) among those who reported confirmed previous COVID-19 infection compared to 1.75% (1.63%, 1.88%) in those who reported no previous COVID-19 infection.

Among those who tested positive and reported on symptoms, 28.2% reported no symptoms in round 17 compared to 29.5% in round 16.

From 1,816 positives samples sequenced to 16 January 2022, 1,392 of the 1,406 determined lineages corresponded to Omicron, with the other 14 corresponding to Delta.

Health and Social Care Secretary Sajid Javid said:

It's reassuring to see COVID-19 infections beginning to slow across the country, as we move back to Plan A.

COVID-19 rates are still high, so, as we learn to live with the virus, it is vital we continue to be vigilant – wash your hands, let in fresh air, get tested and, if you haven't already, get boosted now.

Professor Paul Elliott, director of the REACT programme from Imperial's School of Public Health, said:

There is good news in our data in that infections had been rapidly dropping during January, but they are still extremely high and may have recently stalled at a very high prevalence.

Of particular concern is that there is rapidly increasing prevalence among children now they are mixing more following the start of the school term and, compared with December, prevalence in older people aged 65 and over has increased 7- to 12-fold, which may lead to increased hospitalisations.

It's therefore vital that we continue to monitor the situation

closely to understand the impact of the Omicron variant, which now makes up almost all infections in the country.

Kelly Beaver, CEO at Ipsos MORI, said:

The large increase in infections associated with the extraordinarily rapid rise of the Omicron variant highlights the need to continue following the public health advice. But the in-round decline in prevalence is encouraging and everyone should get vaccinated when able to.

Surveillance studies like REACT continue to be critical to monitoring the virus within the community, so thank you to the over 2.3 million people who have now participated since the study's inception.