

New research into treatment and diagnosis of long COVID

- 15 new studies across UK to expand research that will support thousands of vulnerable people
- Nearly £20 million for research projects will help improve understanding of long COVID and identify effective treatments
- Projects include the largest long COVID trial to date which will involve over 4,500 people

Thousands of people suffering with long COVID will benefit from new research programmes backed by £19.6 million to help better understand the condition, improve diagnosis and find new treatments.

An extensive programme of 15 new research studies, backed by government funding through the National Institute for Health Research (NIHR), will allow researchers across the UK to draw together their expertise from analysing long COVID among those suffering long-term effects and the health and care professionals supporting them.

The [latest research](#) shows that although many people make a full recovery following COVID-19, a significant proportion of people continue to experience chronic symptoms for months. These ground breaking studies aim to help those people affected return to their normal lives.

The projects will focus on:

- Better understanding the condition and identifying it
- Evaluating the effectiveness of different care services
- Better integrating specialist, hospital and community services for those suffering with long COVID
- Identifying effective treatments, such as drugs, rehabilitation and recovery to treat people suffering from chronic symptoms
- Improving home monitoring and self-management of symptoms, including looking at the impact of diet, and
- Identifying and understanding the effect of particular symptoms of long COVID, such as breathlessness, reduced ability to exercise and brain fog

Health and Social Care Secretary, Sajid Javid, said:

Long COVID can have serious and debilitating long term effects for thousands of people across the UK which can make daily life extremely challenging.

This new research is absolutely essential to improve diagnosis and treatments and will be life-changing for those who are battling long-term symptoms of the virus.

It will build on our existing support with over 80 long COVID

assessment services open across England as part of a £100 million expansion of care for those suffering from the condition and over £50 million invested in research to better understand the lasting effects of this condition.

Professor Nick Lemoine, Chair of NIHR's long COVID funding committee and Medical Director of the NIHR Clinical Research Network (CRN), said:

This package of research will provide much needed hope to people with long-term health problems after COVID-19, accelerating development of new ways to diagnose and treat long COVID, as well as how to configure healthcare services to provide the absolute best care. Together with our earlier round of funding, NIHR has invested millions into research covering the full gamut of causes, mechanisms, diagnosis, treatment and rehabilitation of long COVID.

The selection process for this broad range of innovative studies into long COVID involved people with lived experience at every stage and their input has been invaluable in shaping the outcome of this call and the research projects which will receive funding.

The projects include:

- STIMULATE-ICP at University College London which will be the largest long COVID trial to date, recruiting more than 4,500 people with the condition. With £6.8 million of funding, the project will test the effectiveness of existing drugs to treat long COVID by measuring the effects of 3 months' treatment, including on people's symptoms, mental health and outcomes such as returning to work. It will also assess the use of MRI scans to help diagnose potential organ damage, as well as enhanced rehabilitation through an app to track their symptoms.
- The immunologic and virologic determinants of long COVID at Cardiff University with nearly £800,000, which will look at the role of the immune system in long-term disease and whether overactive or impaired immune responses could drive long COVID by causing widespread inflammation.
- ReDIRECT at University of Glasgow backed by nearly £1 million, which will assess whether a weight management programme can reduce symptoms of long COVID in people who are overweight or obese.
- LOCOMOTION at University of Leeds with £3.4 million, which focuses on identifying and promoting the most effective care, from accurate assessments in long COVID clinics to the best advice and treatment in surgeries, as well as home monitoring methods that can show flare-ups of symptoms. The research aims to establish a gold standard of care that can be shared across England and the rest of the UK.
- EXPLAIN at University of Oxford backed by £1.8 million, which will seek to diagnose ongoing breathlessness in people with COVID-19 who were not admitted to hospital, using MRI scans to trace inhaled gas moving into and out of the lungs to assess their severity and whether they improve

over time.

UK Government Minister for Scotland Iain Stewart said:

Long Covid is a terrible illness affecting thousands of people across the UK, and as it's such a new disease, there's still a lot we don't know about it.

This UK Government funding, which is supporting studies led by the University of Glasgow and University of the West of Scotland, will help us make progress in understanding long Covid and hopefully improve treatment and support for patients right across the UK.

UK Government Minister for Wales Simon Hart said:

The development and distribution of the vaccine means we can now see an end to the pandemic and Wales has played a significant part via Wrexham's Wockhardt facility where the Oxford-AstraZeneca vaccine continues to be produced.

Following this investment I hope Cardiff University can play a similarly important role in understanding and countering the long-term effects of the virus as we emerge from the pandemic.

Supportive quotes

Professor Amitava Banerjee, Associate Professor in Clinical Data Science and Honorary Consultant Cardiologist, University College London, Chief investigator of the STIMULATE-ICP (Symptoms, trajectory, inequalities and management: understanding long COVID to address and transform existing integrated care pathways) trial, said:

Individuals with long COVID have long been asking for recognition, research and rehabilitation. In our two-year study across six clinical sites around England, we will be working with patients, health professionals, scientists across different disciplines, as well as industry partners, to test and evaluate a new 'integrated care' pathway from diagnosis to rehabilitation, and potential drug treatments in the largest trial to-date. We will also be trying to improve inequalities in access to care and investigating how long COVID compares with other long-term conditions in terms of use of healthcare and burden of disease, which will help to plan services.

Dr Dennis Chan, Principal Research Fellow, Institute of Cognitive Neuroscience, University College London, Chief investigator of the CICERO (Cognitive Impairment in long COVID: PhEnotyping and RehabilitatiOn) project, said:

Cognitive impairment, referred to informally as 'brain fog', is a major component of long COVID that compromises people's daily activities and ability to return to work. The aim of this study is twofold; first, to understand better the nature of this 'cognitive COVID' in terms of the cognitive functions affected and the associated brain imaging changes, and second, to test whether neuropsychological rehabilitation can improve people's outcomes. If this study is successful we will not only understand much better the way in which COVID affects the brain but also provide NHS services with new tools to help people recover from their cognitive difficulties.

Professor Fergus Gleeson, Professor of Radiology and Consultant Radiologist, Oxford University, Chief Investigator of EXPLAIN (Hyperpolarised Xenon Magnetic Resonance Pulmonary Imaging in PATIENTS with Long-COVID) project, said:

Following on from our earlier work using hyperpolarised xenon MRI in patients following hospitalisation with COVID-19 pneumonia, where we showed that their lungs may be damaged even when all other tests were normal, it is critical to determine how many patients with long COVID and breathlessness have damaged lungs, and if and how long it takes for their lungs to recover.

Hyperpolarised xenon MRI is a safe scanning test that requires the patient to lie in the MRI scanner and breathe in one litre of the inert gas xenon that has been hyperpolarised so that we can see it using MRI. The scan takes a few minutes and does not require radiation exposure, so it may be repeated over time to see lung changes. Using this technique, we can see the xenon – which behaves in a very similar way to oxygen – move from the lungs into the blood stream. In this way, we can see if there has been damage to the airways in the lungs, or to the areas where oxygen crosses into the blood stream, which appears to be the area damaged by COVID-19.

Background information

- The projects were funded following a UK-wide research call for ambitious and comprehensive research into understanding and addressing the longer term physical and mental health effects of COVID-19 in non-hospitalised people and will build on the existing research already commissioned to look at long COVID.
- In February 2021, 4 projects funded by NIHR and UK Research and Innovation (UKRI) were announced, following the first research call.
- The UK began the commissioning of long COVID research in 2020 and some projects are already producing results that are informing the understanding of long COVID. This research call adds to the existing investment of over £30 million of research funding taking the total investment to £50 million.

- The National Institute for Clinical Excellence (NICE) has issued official guidance on best practice for recognising, investigating and rehabilitating patients with long COVID. According to NICE guidance, 'long COVID describes signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).'
- In October 2020, NHS England and Improvement launched a 5 point plan for long COVID. There are now 89 specialist post COVID-19 clinics operating in England.
- On 15 June 2021, NHSEI published a new 10 point plan and announced an additional £100 million expansion of care for patients with long COVID.

Annex A: Study summaries

Developing and testing the best ways to diagnose, treat and provide rehabilitation for people with long COVID

Dr Amitava Bannerjee, University College of London – £6.8m The wide-ranging symptoms of long COVID are debilitating and need coordinated care from specialists, hospitals and community services. The STIMULATE-ICP (Symptoms, trajectory, inequalities and management: understanding long COVID to address and transform existing integrated care pathways) trial, developed with the help of patient organisations, will be the largest long COVID trial to date, recruiting more than 4,500 people with the condition. This project will test the efficacy of existing drugs to treat long COVID, and measure the different effects of three months' treatment on patients with regards to their symptoms, mental health and outcomes such as returning to work. It will also assess the use of MRI scans to help diagnose potential organ damage in those recovering from the coronavirus, as well as enhanced rehabilitation – the provision of joined-up specialist care centred around an app for patients allowing them to track their symptoms.

Optimising standards of care for long COVID in hospitals, doctors' surgeries and at home

Dr Manoj Sivan, University of Leeds – £3.4m Although there are 83 long COVID clinics in England, most people have not had access to them, and face long waiting times to be seen. The LOCOMOTION (long COVID multidisciplinary consortium: optimising treatments and services across the NHS) project focuses on identifying and promoting the most effective care, ranging from accurate assessments in these clinics to the best advice and treatment in surgeries, as well as home monitoring methods that can show flare-ups of symptoms. Drawing from the experiences of current long COVID patients and NHS professionals, the research aims to establish a 'gold standard' of care that can be shared across England and the rest of the UK. Analysis will be conducted in 10 long COVID clinics, at home and in doctors' surgeries, and the study will track referrals and evaluate different services through patient interviews to make sure they are efficient, accessible and cost-effective. Specialists in healthcare inequality will also ensure that views are sought and recorded from people who are not visiting clinics.

Explaining why long COVID patients experience breathlessness and a reduced ability to exercise

Professor Fergus Gleeson, University of Oxford – £1.8m One of the most prevalent and persistent symptoms among long COVID patients has been discomfort in breathing following physical activity. The EXPLAIN (Hyperpolarised xenon magnetic resonance pulmonary imaging in patients with Long-COVID) project will seek to diagnose ongoing breathlessness in coronavirus patients who were not admitted to hospital, using MRI scans to trace inhaled gas moving into and out of the lungs. A 15-minute scan using low levels of xenon gas will display lung function and – if abnormalities are found – comparisons of data across different groups of participants recruited from Oxford and Sheffield can help assess their severity and whether they improve over time. Some EXPLAIN patients will also have a separate scan to see if heart damage can be identified. If the MRI scans separate patients with and without lung disease, further CT scans can be analysed, using artificial intelligence and blood samples to identify associated conditions and inform the development of treatments.

Understanding and treating ‘brain fog’

Dr Dennis Chan, University College London – £1.2m Up to three quarters of people who experience long-term symptoms after COVID-19 report problems with memory, attention or other cognitive functions – symptoms known collectively as ‘brain fog’. The CICERO (Cognitive Impairment in long COVID: PhEnotyping and RehabilitatiOn) project will first determine which elements of brain function are most affected in people with long COVID. The relationship between brain function and other symptoms of long COVID, such as fatigue and anxiety, will be explored, and MRI scanning will be used to identify the affected brain networks. The researchers will then develop and test a new rehabilitation strategy to help people recover from the cognitive aspects of long COVID and return to normal life and working ability. This will support production of a freely available COVID-19 Cognitive Recovery Guide on how best to offer the new rehabilitation approach depending on the patient’s symptoms.

Co-designing personalised self-management for patients at home

Professor Fiona Jones, Kingston University – £1.1m Long COVID describes more than 200 different symptoms that can interact and fluctuate. Although fatigue and problems with brain function are the most common symptoms, each patient can experience a different set of symptoms. The LISTEN (Long COVID Personalised Self-management support – co-design and Evaluation) project will work in partnership with people who have long COVID to design and evaluate a package of self-management support that can be personalised to individual needs. The researchers will first work with people living with or recovered from long COVID, plus a social enterprise with expertise in reaching seldom heard populations, to design the package and associated patient and training resources. The team will then test the self-management package alongside up to six one-to-one virtual coaching sessions from trained rehabilitation practitioners, to test whether the treatment improves how people with long COVID feel and how they cope with everyday activities. The researchers will

also evaluate how the package could be implemented more widely, with the aim that self-management for people with long COVID can be delivered at scale.

ReDIRECT: Remote Diet Intervention to Reduce long Covid symptoms Trial

Dr David Blane, University of Glasgow – £999,679

The immunologic and virologic determinants of long COVID

Professor David Price, Cardiff University – £774,457

Quality-of-life in patients with long COVID: harnessing the scale of big data to quantify the health and economic costs

Dr Rosalind Eggo, London School of Hygiene and Tropical Medicine – £674,679

Percutaneous Auricular Nerve Stimulation for Treating Post-COVID Fatigue (PAuSing-Post-COVID Fatigue)

Dr Mark Baker, Newcastle University – £640,180

Immune analysis of long COVID to inform rational choices in diagnostic testing and therapeutics

Professor Daniel Altmann, Imperial College – £573,769

Understanding and using family experiences of managing long COVID to support self care and timely access to services

Professor Sue Ziebland, University of Oxford – £557,674

Development of a robust T cell assay to retrospectively diagnose SARS-CoV-2 infection and IFN- γ release assay as diagnostic and monitoring assay in Long COVID patients

Dr Mark Wills, University of Cambridge – £372,864

Using Activity Tracking and Just-In-Time Messaging to Improve Adaptive Pacing: A Pragmatic Randomised Control Trial

Professor Nicholas Sculthorpe, University of the West of Scotland – £317,416

Impact of COVID-19 vaccination on preventing long COVID: a population-based cohort study using linked NHS data

Professor Daniel Prieto-Alhambra, University of Oxford – £224,344

Long COVID Core Outcome Set (LC-COS) project

Dr Tim Nicholson, King's College London – £139,619

More vulnerable adults supported through 'Changing Futures' programme

- People facing multiple disadvantage to receive joined-up, tailored support through £64 million government programme
- Co-ordinated support for people experiencing issues such as homelessness, substance misuse, domestic abuse, contact with the criminal justice system, and mental health issues
- 'Changing Futures' programme is joint-funded by The National Lottery Community Fund and government

Vulnerable people in communities across England will be given extra support to rebuild their lives, Housing and Rough Sleeping Minister Eddie Hughes MP announced today (17 July 2021).

The [Changing Futures programme](#) – a joint initiative with The National Lottery Community Fund – the largest funder of community activity in the UK – will provide almost £55 million to 15 local areas across England over the next three years, part of a wider £64 million programme.

This will provide essential support and treatment for vulnerable adults facing a combination of homelessness, substance misuse, poor mental health, domestic abuse, or contact with the criminal justice system.

The Programme will help some of the most vulnerable in society get the support they need, by funding local partnerships to better co-ordinate public and voluntary services and provide joined up support. Lessons learned from Changing Futures will inform national policy.

Some examples of the work Changing Futures will fund include: Helping get rough sleepers registered with a GP to ensure they can access healthcare; outreach teams to help sex workers build a new life; skills and training to help disadvantaged adults gain employment; and new support pathways to help people with learning difficulties access local services.

Minister for Rough Sleeping and Housing, Eddie Hughes said:

Our ground-breaking programme with the National Lottery Community Fund will help the most vulnerable in our society, giving them the tools they need to turn their lives around.

By providing specialist, joined up support we can create long-lasting change, helping these people reach their full potential and build a brighter future.

Many of the vulnerable adults who will be supported through the programme also experience physical ill-health and disability, entrenched disadvantage

and trauma.

They often also experience difficulties in getting the coordinated support from local services that they need, which can lead to worsening problems such as increased reoffending and greater risk of rough sleeping and ill-health.

Local areas will take a 'person-centred' and 'trauma-informed' approach to tailor support to individuals and their needs. Changing Futures will transform how services operate by linking up support across areas such as health, employment, and drug misuse. This will make sure support services suit the needs of each individual, and benefit from the staff who have first-hand experience of issues such as homelessness or drug misuse.

The 15 areas across England that will receive funding under the programme are: Essex, Westminster, Sussex, Surrey, Bristol, Plymouth, Nottingham, Stoke-on-Trent, Hull, Sheffield, Leicester, Northumbria (Northumberland, Newcastle, Gateshead, North Tyneside, South Tyneside, and Sunderland), South Tees (Middlesbrough, and Redcar and Cleveland), Lancashire (Blackpool, Lancashire, and Blackburn with Darwen) and Greater Manchester.

Blondel Cluff CBE, Chair of The National Lottery Community Fund, said:

The National Lottery-funded Fulfilling Lives programme demonstrated clearly how vulnerable people facing multiple disadvantage can play an active role in shaping the support services they rely upon, positively impacting their own lives and those of the local communities of which they are a part.

We are delighted to align and collaborate with Government on this important, shared objective through this new jointly-funded programme, that will support some of the most vulnerable members of our society to use their voices to help design and deliver the services they need, so that they and their communities can thrive together.

The 15 areas will offer tailored support for each individual with the involvement of support workers with lived experience of issues such as rough sleeping and substance abuse. Examples of the work this will fund at a local level include:

- **Bristol:** In Bristol, funding will be used to set up a new multi-disciplinary team providing specialist support to adults experiencing multiple problems. Support services will receive advice from those with lived experiences of issues such as homelessness or substance abuse to help them build skills for future employment.
- **Stoke on Trent:** In Stoke, a Homeless Health Hub will be established to register homeless people with a GP so they can access treatment to support their needs. A new Workforce Centre for Excellence will also be

set up to help train vulnerable adults with skills to help them gain employment.

- **Hull:** In Hull, a team of navigators will work with sex workers and those with substance misuse problems. A specialist brain-injury pathway will be created to help vulnerable people with learning disabilities to better access services in the area.

A number of areas who have been selected for the Changing Futures programme have also previously received funding from the Fulfilling Lives programme – a £112 million programme funded by The National Lottery Community Fund that focuses on improving support for vulnerable people.

The Changing Futures programme will benefit from these areas' existing experience and learning, and this will be shared with local area partnerships who are earlier in their development.

About The National Lottery Community Fund:

The National Lottery Community Fund are the largest funder of community activity in the UK – we're proud to award money raised by National Lottery players to communities across England, Scotland, Wales and Northern Ireland. National Lottery players raise £36 million each week for good causes throughout the UK. Since June 2004, we have made over 200,000 grants and awarded over £9 billion to projects that have benefited millions of people.

We are passionate about funding great ideas that matter to communities and make a difference to people's lives. At the heart of everything we do is the belief that when people are in the lead, communities thrive. Thanks to the support of National Lottery players, our funding is open to everyone. We're privileged to be able to work with the smallest of local groups right up to UK-wide charities, enabling people and communities to bring their ambitions to life.

[Biggest flu programme in history to roll out for winter 2021](#)

- Millions more people could benefit from a free flu vaccine this year, as the Health and Social Care Secretary Sajid Javid announces the most comprehensive flu vaccination programme in UK history today
- School programme expanded to provide flu vaccine to all secondary school pupils up to Year 11

- Expanded programme follows record 19 million seasonal flu jabs administered in winter 2020

From September 2021, providers will offer the flu vaccine to over 35 million people during the upcoming winter season, including all secondary school students up to Year 11 for the first time. This builds on the success of last year's expanded flu programme, which saw a record number of people get their jab.

Last year, 4 in 5 (80.9%) people aged 65 and over in England received their flu vaccine – exceeding the World Health Organization uptake ambition of 75%.

Working with the NHS, the government is preparing to deliver the expanded flu programme alongside any booster programme for COVID-19 vaccines as part of wider autumn and winter planning, which centres around protecting as many lives as possible.

During the 2021/22 season, which starts in September, the flu jab will be available to:

- all children aged two and three on 31 August 2021
- all children in primary school and all children in school Years 7 to 11 in secondary school
- those aged six months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- unpaid carers
- close contacts of immunocompromised individuals
- frontline health and adult social care staff

Health and Social Care Secretary, Sajid Javid, said:

Flu can be a serious illness and we want to build a wall of protection by immunising a record number of people.

With the nation getting closer to normal life, we must learn to live with COVID-19 alongside other viruses and we're offering the free flu jab to millions more people to help keep them safe this winter.

The phenomenal scale of the COVID-19 vaccination programme is a clear demonstration of the positive impact vaccination can make and I encourage all those eligible to get their flu jab when called forward.

The enlarged flu drive will build on last year's expanded flu programme, where flu vaccinations opened up to 50 to 64-year-olds and year 7 pupils for the first time, with the aim of offering protection to as many eligible people as possible.

For frontline healthcare workers and two and three-year olds, the highest ever recorded levels of flu vaccine uptake were also achieved last year. This year, all frontline health and social care workers will be offered the flu vaccination again to ensure they, and the people they care for, are protected.

Eligible groups are urged to get their free vaccine every year and to protect themselves and the most vulnerable people in society ahead of the winter.

As a result of non-pharmaceutical interventions in place for COVID-19 – such as mask-wearing, physical and social distancing, and restricted international travel – flu levels were lower than expected across the world in 2020/21. It is possible there will be higher levels of flu this winter, with more of the population susceptible given the low levels last season. The flu vaccine offers the best available protection against the virus and the public can reduce the spread of flu and other winter bugs by regularly washing hands, throwing away used tissues and practising good hygiene.

Alongside this flu drive, the government is preparing for a booster programme of COVID-19 vaccines and the Joint Committee on Vaccination (JCVI) and Immunisation has published interim advice on who would be prioritised for a possible third vaccine from September 2021. The booster programme – which would be designed to ensure millions of people most vulnerable to COVID-19 continue to have the protection they need ahead of the winter and against new variants – will be informed by the JCVI's final advice expected later this summer based on the very latest scientific data.

The Department of Health and Social Care, NHS England and Improvement, and Public Health England have today issued the 2021/22 annual flu letter to providers, setting out plans for this year's expanded programme. This blueprint will ensure GP practices, pharmacies and school-based providers are mobilised to begin administering flu vaccines from September.

Dr Yvonne Doyle, Medical Director at Public Health England, said:

The flu vaccine is safe, effective and protects millions of people each year from what can be a devastating illness.

Last winter, flu activity was extremely low, but this is no reason for complacency as it means less people have built up a defence against the virus. Combined with the likelihood that COVID-19 will still be circulating, this makes the coming flu season highly unpredictable.

We will be preparing for a challenging winter by expanding our world-leading flu vaccination programme to over 35 million people, saving more lives and limiting the impact on the NHS and social care.

Dr Nikita Kanani, NHS medical director for primary care, said:

NHS staff across England vaccinated record numbers of people against flu last year – a potentially fatal illness – and they continue to pull out all the stops to deliver the biggest and most successful NHS Covid-19 vaccination programme in health history, protecting their patients and communities.

Getting your free flu vaccine if you are eligible as well as keeping up good habits like regularly washing your hands could help save your life, so please do come forward when you are invited to give you and your loved ones vital protection this winter.

The childhood flu programme aims to protect children and contain the spread of the virus to babies and vulnerable adults they may be in contact with. The nasal spray vaccine is offered to 2 and 3-year-olds and children in primary school and Year 7 and, for the first time this year, secondary school aged children up to Year 11.

[Government seeks views on extending](#)

world-leading ivory ban to protect hippos, walruses and narwhals

- Consultation launched on extending world-leading elephant ivory ban
- Following a Call for Evidence the proposed species include hippos, narwhals, walruses, killer whales and sperm whales
- Public, industry and stakeholders are urged to share their views

Hippos, walruses and killer whales are just some of the ivory-bearing species that could be afforded greater protections under new proposals being consulted on by the Government from today (17 July).

As laid out in our [Action Plan for Animal Welfare](#), the proposals would see the UK's landmark [Ivory Act](#), which will bring in a near-total ban on the import, export and dealing of items containing elephant ivory in the UK when it comes into effect, extended to other ivory-bearing species.

Elephants are not the only species targeted for their ivory – other endangered or near-threatened species such as hippo also face threats from poaching. Hunting practices also contribute to the trade in ivory, with killer whales and sperm whales targeted for their teeth, as well as narwhals and walruses for their tusks.

Hippos are defined as vulnerable by the International Union for the Conservation of Nature (IUCN), with a population less than 130,000 estimated to be left in the wild. Their sedentary nature coupled with their dependence on water makes them easier to hunt and more susceptible to poaching. Hippos are now the most at-threat species from the trade in ivory after the elephant as they are found in the same geographic area, and the infrastructure, trade routes and networks are already in place to support the illegal trade.

Arctic species such as walrus and narwhals face pressures from climate change which further makes the trade in ivory from these species unsustainable. Accurate population estimates for narwhals are difficult but it is thought that there are only 75,000 narwhals alive in the wild. Their tusks have long been a subject of fascination – they can grow as long as 10 feet and are thought to have sensory capabilities, with up to 10 million nerve endings inside.

The Government is dedicated to fighting the threat of species extinction and is now seeking public, industry and stakeholder views on options to extend restrictions as a way to further protect these other ivory-bearing species.

Launching the consultation, International Environment Minister Lord Goldsmith said:

The Ivory Act is one of the toughest bans of its kind in the world and sends a clear message that we are doing all that we can to save elephants from the threat of extinction. However the ivory trade is a conservation threat for other magnificent species such as the

hippo, narwhal and walrus that are at threat. So I urge everyone to share their views to help ensure we can protect more animals from the grim ivory trade.

Informed by the evidence gathered in the [call for evidence](#) on the trade in other species, the consultation asks for responses on allowing the ban to be extended to other, non-elephant ivory-bearing species and proposes three options:

- Retain the current ban on elephant ivory only
- Extend the Ivory Act to five CITES listed species: hippo, narwhal, killer whale, sperm whale and walrus
- Extend the Ivory Act to hippo ivory only

The responses to the consultation alongside the call for evidence will inform future government policy on the issue. Any changes to restrictions on the trade in non-elephant ivory will be made following extensive consideration of the evidence and discussion with industry experts and stakeholders.

Dr Mark Jones, Head of Policy, Born Free Foundation said:

Closing down elephant ivory markets is an essential step towards securing a future for elephants. However, by focussing only on the trade in elephant ivory, other ivory-bearing species could suffer as ivory traders and consumers turn to alternatives.

Born Free welcomes Defra's announcement of the consultation into these issues and will be calling for the UK's Ivory Act to apply to all ivory-bearing species. By taking this step, the UK can send a clear signal to the rest of the world that killing animals to carve ornaments from their teeth is not acceptable in the 21st century.

The UK is at the forefront of international conservation efforts to protect endangered species and the Prime Minister has already announced a significant scaling up from 2021 of funding to tackle the Illegal Wildlife Trade, as part of the £220 million International Biodiversity Fund.

The consultation can be found [here](#).

[Fully vaccinated arrivals from France to England must continue to quarantine](#)

- Measures for arrivals from France will remain in place from 19 July

- Arrivals from France must continue to quarantine in their own accommodation for 10 days and complete a day 2 and day 8 test, regardless of vaccination status

Anyone arriving from France to England must continue to quarantine for 10 days, at home or in other accommodation, even if they are fully vaccinated against COVID-19.

From Monday 19 July, UK residents arriving from amber countries who are fully vaccinated will no longer have to quarantine, although they will still need to comply with necessary testing requirements. However, this will not apply to France following the persistent presence of cases in France of the Beta variant, which was first identified in South Africa.

Anyone who has been in France in the last 10 days will need to quarantine on arrival to England in their own accommodation and will need a Day 2 and Day 8 test, regardless of their vaccination status. This includes any fully vaccinated individual who transits through France from either a green or another amber country to reach England. The Test to Release scheme remains an option for travellers to shorten their quarantine period should they test negative after day 5.

Some operators may make specific arrangements compliant with the public health regulations that allow for transit without quarantine, for example those travelling by train from Belgium, so travellers should check with their operator.

Public health remains the government's top priority. It has been clear that swift action will be taken on travel list allocations should the data show that a country's risk to England has changed, including France.

While current cases of the Beta variant in France are not high enough to require arrivals to enter managed quarantine, it is important to consider the potential detection and transmission risk in light of the current situation in England. As a precautionary measure to protect the gains made in the UK's vaccination programme, and as the country unlocks, anyone arriving from France to England will continue to quarantine for 10 days from early Monday morning, while we continue to assess the latest data and track prevalence of the Beta variant.

Transport Secretary Grant Shapps said:

Travel will be different this year and whilst we are committed to continuing to open up international travel safely, our absolute priority is to protect public health here in the UK.

We urge everyone thinking about going abroad this summer to check their terms and conditions as well as the travel restrictions abroad before they go.

Health and Social Care Secretary Sajid Javid said:

We have always been clear that we will not hesitate to take rapid action at our borders to stop the spread of COVID-19 and protect the gains made by our successful vaccination programme.

With restrictions lifting on Monday across the country, we will do everything we can to ensure international travel is conducted as safely as possible, and protect our borders from the threat of variants.

UK Health Security Agency Chief Executive Dr Jenny Harries said:

As we ease restrictions and begin making our way back to a normal life, it's more vital than ever that we listen to the data and act decisively when it changes.

While vaccines are helping us turn the tables against this virus, we need to continue to proceed cautiously. That means maintaining our defences against new variants and protecting our hard won progress through the exceptional vaccination rollout.

Existing [amber list exemptions for key workers including hauliers will remain in place](#).

For those without an exemption, these rules will continue to apply to all arrivals from France into England, including those who live and work overseas, diplomats, and participants in authorised UK COVID-19 vaccine trials, as well as those who are under the age of 18.

Before travelling to England, everyone needs to take a pre-departure test, and fill in a passenger locator form, regardless of where they are coming from. Anyone not complying with health measures could face a fine, and carriers will be required to ensure proper checks are carried out.