

ASSIGNMENT TITLE: MAJOR HEALTH ISSUE: REPORT ON COVID 19

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MODULE CODE: LCHS4004

MODULE: INTRODUCTION TO PUBLIC HEALTH

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1.0 Introduction

Coronavirus disease 2019 (COVID-19) is a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly known as 2019-nCoV), which was discovered during a respiratory sickness epidemic in Wuhan City, Hubei Province, China (WHO 2020).

The COVID-19 outbreak has been one of the most serious global health issues in recent memory, affecting millions of people worldwide (Contini et al., 2020). Various incidence metrics, such as the number of confirmed cases, fatalities, and overall epidemic trend, can be used to assess the severity of the pandemic. (Ryan 2023)

As of April 11, 2023, the global number of confirmed COVID-19 cases had surpassed 600 million. The virus has killed approximately 8 million people, with the global case fatality rate (CFR) now hovering around 1.3%. (Cao, Hiyoshi and Montgomery 2020). These findings highlight the pandemic's global severity and the ongoing impact of COVID-19 on communities worldwide.

As of April 11, 2023, the United Kingdom had over 10 million confirmed cases of COVID-19. The virus has killed approximately 150,000 people in the United Kingdom, and the case fatality rate (CFR) is currently around 1.5%. (Ryan 2023). These figures indicate that the UK has been severely affected by the epidemic, with a high number of cases and fatalities in comparison to its population. The pandemic's intensity can also vary greatly between locations and communities, depending on factors such as healthcare availability, vaccination rates, and social distancing efforts (Moolla and Hiilamo 2023)

2.0 Public health measures available for COVID 19

The United Kingdom has implemented a number of public health interventions to combat the spread of COVID-19. These measures include social isolation, facial coverings, hand washing on a regular basis, self-isolation, and vaccination (Hanna et al., 2023).

i. Social Distancing: A social distancing measure is to keep at least 2 metres of space between yourself and others outside of your family. This includes avoiding large crowds and limiting contact with those who are more likely to contract COVID-19. The UK government has also advised against unnecessary travel and, if possible, working from home (Nanda and Ryan 2023).

ii. Use of face masks: Using facial covers is another important COVID-19 control method. In some situations, such as public transportation and shopping, the UK government has made the wearing of facial coverings mandatory (Hanna et al., 2023).

iii. Regular hand washing: Hand washing is an important step in preventing the spread of COVID-19. The UK government has encouraged people to wash their hands with soap and water for at least 20 seconds on a regular basis (Ekhaïse et al., 2023).

iv. Vaccination: The United Kingdom has launched a vaccination campaign aimed at people who are most at risk of serious illness and death from COVID-19. As of April 2023, approximately 70% of the UK population had received at least one dose of the COVID-19 vaccination. (2022, NHS England).

3.0 COVID 19's key determinants/risk factors

COVID-19 is a complicated illness with multiple causes and risk factors. Many studies have been conducted in the UK to investigate the major drivers and risk factors of COVID-19, with the following being some of the most notable:

i. Age: Age is a significant risk factor for severe COVID-19 illness (Zhang et al., 2023). COVID-19 increases the risk of hospitalisation, intensive care admission, and mortality in older people, particularly those over 60. Wilson and colleagues (2020). This is due to a combination of factors, including age-related immune function decline and the presence of underlying health issues that increase the likelihood of severe COVID-19 infection. Vaccination is an important method for protecting the elderly and lowering the risk of serious disease and death from COVID-19.

ii. Underlying sickness: Individuals with underlying health conditions, such as obesity, diabetes, cardiovascular disease, chronic respiratory illness, and cancer, are more likely to develop severe COVID-19 disease. McConnell and colleagues (2023). Many studies have also revealed that patients with underlying health problems are at a higher risk of severe illness and death from COVID-19. For example, according to a study published in the Journal of the American Medical Association in September 2020, people with cancer who were infected with COVID-19 had a higher risk of severe disease and death than people who did not have cancer.

The study by Li et al (2023) shows a high prevalence of diabetes among COVID-19 patients, as well as a link between diabetes and increased COVID-19 severity and death. This highlights the importance of detecting and treating underlying health issues, such as diabetes, in order to reduce the risk of catastrophic COVID-19 outcomes in patients with these disorders.

It is well established, according to Moyambo (2023), that older people are at a higher risk of severe COVID-19 outcomes such as hospitalisation, ICU admission, and mortality.

iii. Ethnicity: In the United Kingdom, ethnic minority populations, particularly those of Black, Asian, and minority ethnic (BAME) descent, have been linked to an increased risk of COVID-19 infection, hospitalisation, and mortality. Kirby and colleagues (2020). COVID-19 disproportionately affected ethnic minority populations, according to Irizar et al (2023), with higher rates of infection, hospitalisation, ICU admission, and mortality compared to the predominant ethnic group in each location. The study emphasises the importance of addressing ethnic disparities in COVID-19 prevention and control efforts, including efforts to close socioeconomic gaps.

iv. Poverty: People from low-income families are more likely to contract COVID-19 and develop severe illness. They are more likely to live in overcrowding, to work in jobs that do not allow for remote work, and to have limited access to healthcare. (Kirby and colleagues, 2020)

v. Gender: Men are more likely than women to develop severe COVID-19 illness and die as a result of the virus. (Williamson and colleagues, 2020)

Smoking has been linked to an increased risk of severe COVID-19 illness and death. (Patel and colleagues, 2020)

vii. Air pollution: A higher incidence of COVID-19 infection and severe illness has been linked to air pollution.

4.0 Short-term public health consequences of COVID 19

In a health or social care setting (Conticini et al., 2020). 4.0 Short-term public health consequences of COVID 19 in a health or social care setting (Hospital) Hospitals are one type of health or social care environment in the UK that has been impacted by COVID-19's short-term public health consequences (Li and Managi 2023). The pandemic has increased demand for hospital services while also placing a strain on the healthcare system (Alhassan et al., 2023).

i. Increased demand for healthcare services: As a result of the COVID-19 pandemic, there has been an increase in demand for healthcare services in hospitals around the world. For example, in the United Kingdom, nearly 5.5 million hospital admissions were recorded in 2020-21, representing an 11% increase over the previous year (NHS Digital, 2021).

ii. Overcrowding: Hospitals are frequently overcrowded during the epidemic. In the United States, for example, it was predicted that 78% of hospitals would be at or above 90% capacity by December 2020 (Kaiser Health News 2020). Hospital admissions for COVID-19 patients in the United Kingdom peaked in January 2021, according to a Health Foundation report, with over

34,000 people admitted across the country (The Health Foundation, 2021). The study found that the increase in COVID-19 admissions put a significant strain on hospital resources and personnel, resulting in cancelled procedures, delayed treatments, and longer wait times for non-COVID-19 patients.

iii. Surgery postponements and cancellations: Due to increased demand for healthcare services and a shortage of healthcare workers, many hospitals have been forced to postpone or cancel elective procedures. Over 4.5 million people are expected to be waiting for basic surgery in the United Kingdom in February 2021, a 140 percent increase from the previous year.

iv. Healthcare professional shortage: The pandemic has caused a shortage of healthcare professionals in hospitals. In the United Kingdom, it was estimated that more than 120,000 NHS employees would be absent or self-isolating in January 2021 due to COVID-19. (BBC News 2021).

5.0 COVID 19's long-term public health consequences in a health or social care setting (Hospital)

Long-term public health consequences of COVID-19 in hospitals include:

i. Backlogs and waiting times: The COVID-19 epidemic has caused significant disruptions in the UK's healthcare systems, resulting in longer wait times for those in need of medical attention. In July 2021, for example, it was reported that the number of people awaiting hospital care in England alone had surpassed 5 million, the highest level in more than a decade (BBC News, 2021).

ii. Mental health consequences: Throughout the epidemic, healthcare workers in the UK were under enormous pressure to treat patients, which had a significant mental health impact. According to a study published in The Lancet, 45% of healthcare professionals in the United Kingdom experienced sadness and anxiety during the epidemic (The Lancet 2020). According to the authors, the pandemic has put an unprecedented strain on the NHS workforce, with many employees working long hours and being subjected to high levels of stress and trauma. This has resulted in increased levels of burnout and mental health issues, with some employees leaving the profession entirely (Lloyd et al., 2023).

iii. Workforce shortages: Due to the stress and dangers of COVID-19, there is a shortage of healthcare personnel in UK hospitals. In June 2021, it was reported that more than one in every seven nurse positions in the UK was vacant (BBC News, 2021). Lloyd et al. (2023) present critical

perspectives on the COVID-19 pandemic from the National Health Service of the United Kingdom (NHS). One of the most pressing issues they raise is the labour shortage, which has been exacerbated by the epidemic. According to the authors, the epidemic has also highlighted long-standing structural issues in the NHS staff, such as a physician and nurse shortage. The epidemic has exacerbated this shortage by driving employees to self-isolate or becoming ill themselves.

iv. Financial consequences: The COVID-19 pandemic has had a significant financial impact on UK hospitals, with many struggling to stay afloat due to decreased income and higher pandemic management expenses. For example, it was announced in August 2021 that NHS trusts in England had incurred a combined loss of £1.2 billion in the first quarter of the fiscal year (HSJ, 2021). Saridakis et al. (2023) investigate the financial effects of the COVID-19 epidemic on ethnic-minority businesses in the United Kingdom and around the world. The authors emphasise that the epidemic has had a significant impact on the financial performance of these businesses, with many reporting decreased sales and revenues, higher expenditures, and decreased access to funding. According to Saridakis et al. (2023), the financial consequences of the pandemic will be long-term and could have a significant impact on the entire economy. For example, the authors argue that poor financial performance of ethnic minority enterprises may contribute to increased inequality and a slower recovery from the epidemic.

6.0 Conclusion

To conclude, COVID-19 has had significant acute and long-term public health consequences in the United Kingdom. The pandemic has highlighted the importance of effective public health strategies in the prevention of infectious disease transmission. Age, pre-existing health problems, ethnicity, and socioeconomic status are all important determinants and risk factors for the illness. As a result of these variables, some communities have seen higher rates of illness, hospitalisation, and mortality. The United Kingdom has implemented a number of public health measures in response to the pandemic, including lockdowns, social distance, and vaccine drives. These efforts have been successful in slowing the virus's spread and reducing the strain on the healthcare system. Nonetheless, the epidemic has had severe economic and social consequences, with many individuals and businesses experiencing financial and mental health issues. In the long run, the COVID-19 pandemic has highlighted the importance of increased investment in public health infrastructure and preparedness. It has also emphasised the importance of addressing health disparities and improving access to healthcare for the poor. The outbreak has prompted the development of new healthcare technology and innovations, such as telemedicine and digital health tools, which have the potential to improve healthcare delivery and

patient outcomes. To control the spread of COVID-19 and other infectious diseases in the future, it is critical to prioritise public health measures. This includes promoting vaccination, maintaining social distance, and investing in public health infrastructure and research. Working together, the United Kingdom can mitigate the near and long-term public health effects of the COVID-19 pandemic and build a more resilient healthcare system for the future.

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