

COVID-19

Major Health Issues

MODULE: Introduction to Public Health
(LCHS4004)

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01.01.2023

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Introduction

According to WHO, COVID-19 is an infectious disease caused by the SARS-CoV-2 coronavirus and its main symptoms are fever, tiredness and dry cough. Other less common symptoms that may affect some patients are loss of taste or smell, nasal congestion, conjunctivitis, sore throat, headache, muscle or joint pain, different types of skin rash, nausea or vomiting, diarrhea, chills or dizziness.

On November 26, 2021, WHO designated the COVID-19 variant B.1.1.529 as an Omicron variant of concern. This variant has many hospitalized patients, some of which are worrying, also it has a large number of mutations. The other variants of concern are still in circulation and are Alpha, Beta, Gamma and Delta.

The world already exceeds 651.9 million confirmed cases of coronavirus, according to WHO figures 651,918,402 infected in total. The United States is still in the lead in the number of confirmed cases, with more than 99 million people infected – 99,027,628. Deaths in the country have exceeded 1 million and already reach 1,080,010, the first with the highest number of fatalities in the world.

The United Kingdom is the ninth country with the most confirmed cases in the world, a total of 24,135,084, and already reach 198,937 deaths.

Public Health measures available

According to the government, there are no coronavirus restrictions today. All of the regulations that were in place to halt the spread of COVID-19 have now been lifted by them.

In the beginning of the pandemic the government did not have a system in place to keep people safe and many people were seriously unwell and there were numerous fatalities.

To protect people from the sickness, they established rules and most of the people were forced to stay indoors. The UK was the first nation to offer its citizens the COVID-19 vaccine and the NHS played a crucial role in finding ways to treat COVID-19 patients. To allow individuals to return to their usual lives, the government has gradually changed the rules.

Due to the vaccine and improved body defences against COVID-19, fewer people become critically ill and require hospitalisation.

According to the Cabinet Office, 2022, these are the new public health measures:

- Three doses of the vaccine have so far been given to individuals.
- People are no longer eligible for free COVID-19 test. Except for a limited percentage of persons who might contract COVID-19 and become critically ill.
- If a test reveals you have COVID-19, you are not needed to stay inside and away from other people but they recommended to stay at home or wear a face covering in crowded places.
- If you were close to someone who has COVID-19, you do not need to undergo a test.
- If you have COVID-19, the government advises that you stay away from other individuals. But you're not required to.
- Assisting individuals in maintaining their usual lives while staying safe.
- Assisting in the vaccination of those who are most at risk of developing a serious COVID-19 illness.
- Monitoring the number of people who contract COVID-19 and the severity of their illnesses.
- Finding new vaccinations and therapies while learning more about diseases.

The keys determinants/risk factors of COVID-19

Severe forms of COVID-19 can affect healthy individuals of any age, but they predominantly occur in the elderly or people who have pre-existing health problems, especially if they are under poor control.

These are a few of the elements that may have an impact on risk, according to British Heart Foundation:

Age

According to Rashedi, 2020, your chance of dying from COVID-19 is most heavily influenced by age. This might be the case because as people age, they are more likely to already have health issues. Additionally, as people age, their immune systems may not function as well.

Being a man

Males seem to be more prone than females to pass away from the coronavirus. Compared to men, women have stronger immune systems, the hormones associated with female sex may aid in the prevention of respiratory infections and other medical issues may be more prevalent in men.

Having an underlying health condition

Chronic heart disease, diabetes, chronic lung disease, and chronic kidney illness were among the most prevalent problems among Covid-19 patients, according to studies.

Dementia and stroke

According to the British Heart Foundation, compared to the 5-year average, dementia-related mortality has increased dramatically in both England and Wales. And also complications from Covid-19 have been demonstrated to put stroke survivors at higher risk too.

Heart disease

The second most frequent primary pre-existing medical condition in deaths involving Covid-19 overall was heart disease.

Diabetes

According to a study conducted on more than three million Type 1 and Type 2 diabetics in England, the degree of hyperglycemia correlates with an increased risk of Covid-19 mortality (high blood sugar)

Lung disease

Although having lung disease won't make you more likely to contract a coronavirus, it could cause more severe symptoms if you do.

Asthma

If a person with asthma contracts the coronavirus, they may be more likely to experience serious illness.

Kidney disease

Your risk is affected by the severity of kidney illness. The higher the stage the highest risk the person is.

Down's Syndrome

When it comes to coronavirus, adults with Down's syndrome are considered to be clinically extremely vulnerable.

High blood pressure (hypertension)

No matter their age, sex, or race, people with high blood pressure are more likely to need hospitalisation and pass away from COVID.

Being overweight or obese

Your risk increases as your weight increases. The fact that obese persons are more likely to have other diseases like diabetes and heart disease, which raise the risk of dying from COVID-19, could be a contributing factor. Also, people who are extremely overweight are more susceptible to breathing issues. As a result, they may be more susceptible to developing pneumonia, one of the worst side effects of Covid-19 infection.

Your ethnic background

Numerous studies have shown that people of African American, Asian, and other minority ancestry are more likely to contract the coronavirus and die as a result.

Smoking

Because smokers touch their faces and mouths more frequently, infections can spread more quickly. Additionally, smoking harms the lungs, increasing the risk of developing serious respiratory illnesses like COVID-19.

Consequences of COVID-19 in health and social care

The exceptional situation created by the pandemic has significantly and rapidly changed the context of healthcare provision around the world, and United Kingdom was no exception.

The analysis of the impacts of the pandemic situation must consider two dimensions, which, although distinct, are interconnected: on one hand, the direct consequences that COVID-19 has had on the general health of the English population. On the other hand, the indirect effects of the pandemic and the confinement context associated with it in the provision of health care.

Short-term consequences

Mortality

According to the government, comparing the Omicron wave of infection to the first wave of COVID-19 infection and the Alpha wave, COVID-19 mortality has been significantly lower. From late March 2020 through mid-May 2020, the first lockdown, approximately 5,200 deaths involving COVID-19 occurred each week on average. But from December 2021 to February 2022, when plan B restrictions was applied, the average of dead people from COVID-19 drop to around 800.

Morbidity

With the Omicron wave of infection, more people with confirmed COVID-19 were admitted to hospitals. however, they fall far short of the level of the January 2021 Alpha wave, and less than the quantity filled in April 2020, when the first wave of illness according to the government. Compared to six months ago, fewer confirmed COVID-19 patients are being treated primarily for COVID-19 today. But hospital admissions from care facilities during COVID-19 increased due to Omicron and, since June 2021, more people have started self-reporting Long COVID.

NHS critical care capacity

Conforming to NHS England, during the Omicron wave of infection, there hasn't been a noticeably higher incidence of COVID-19 positive patients in critical care beds. But more staff absences might have contributed to more pressure in critical care.

The vaccination programmes

The immunisation strategy, which has provided between three and five vaccinations to all UK adults and two vaccinations to children aged five to fifteen, has had a significant role in lowering COVID-19 death rates and excess mortality, in accord with Finch D., 2022.

Long-term consequences

Impact on primary care

Analysis conducted by the Health Foundation's REAL Centre says that early in the pandemic, GP consultation rates dropped significantly, but by autumn 2020, they had mostly stabilised at pre-pandemic levels. Even with the Omicron wave of infection, appointments held up well.

The Health Foundation's review of documented incidence rates for various illnesses, including coronary heart disease (CHD), asthma, and atrial fibrillation (Afib), revealed consistent monthly decreases in some of these conditions.

The total number of referrals made through the e-RS service decreased significantly at the start of the pandemic and then increased to pre-pandemic levels by the summer of 2021.

Impact on secondary care

Omicron has caused a wave of worker absenteeism in the NHS that is comparable to the one during Alpha but less severe than the initial wave.

Secondary care provision has also been restricted due to COVID-19, delayed discharge, and infection restrictions. Early January 2022 and early April 2022 saw the highest rates of COVID-19 patients occupying beds, albeit at a lower rate than in April 2020 and January 2021.

The level of elective activity is still below what was offered before the outbreak.

Impact on mental health

Throughout the coronavirus pandemic, self-reported mental health and wellbeing have gotten worse, especially for children and young people. Because of that the demand for mental health and the availability of mental health treatment have increased, as reported by NHS.

Public health impacts

The UCL alcohol toolkit study says that early in the pandemic, there was an increase in the incidence of drinking alcohol at a higher risk, and this prevalence has stayed consistently higher than pre-pandemic levels.

Also, the UCL smoking toolkit study says that although more smokers are trying to stop due to the pandemic, there has not been a proportional drop in the prevalence of smoking.

Social care impacts

According to the Government, there are enduring strains on adult social care that go back to before COVID-19, yet the pandemic has made these tensions worse. These include the growing need for social care, the strain on the workforce, low productivity, the availability of care facilities and in-home care, and the financial challenges the market for these services must overcome.

Conclusion

The current state of the UK's health has been significantly impacted by the COVID-19 epidemic. A variety of public health measures were put in place to minimize the spread of COVID-19 early in the pandemic and have gradually been changed so that people can get back to living their normal lives. The vaccination programme was one of the measures that played an important roll for the success in slowing the development of COVID-19.

Although there are many unanswered concerns, since the initial wave of covid-19 the government is constantly learning more about the elements that may have an impact on risk. They came to the conclusion that each person differs, and that a variety of interrelated factors, such as age and pre-existing medical disorders, influence the level of risk.

By analysing the short-term consequence, we can see the enormous direct effects on death and morbidity, the NHS critical care capacity and the impact of the vaccine programme.

We also conclude that, COVID-19 has produced numerous social, economic, and cultural ramifications that will have long-term effects. Since the begging of the pandemic until now, we verified that the effects of COVID-19 on health and social care are still appearing and given the numerous ways that the factors that affect our health have been impacted, it will still be a while before the entire implications are understood.

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