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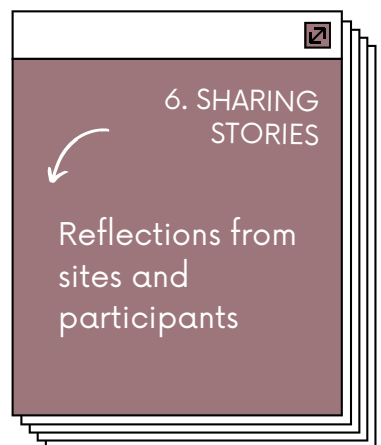
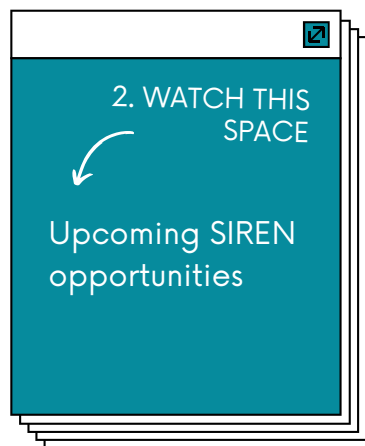
# SIREN PARTICIPANT NEWSLETTER

29 SEPTEMBER 2022

Dear colleagues,

Welcome to the latest issue of the SIREN newsletter for participants. In this issue you will find important updates from the UKHSA team which we hope you find helpful. As ever, thank you for your continuing and valuable contribution to the SIREN study.

## Coming up in this issue...





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## Participant Involvement Panel (PIP) Update

**Thank you to all who expressed an interest!**

**We are delighted with the response** to our recent recruitment round for the PIP.

**Over 480 individuals** expressed an interest in joining the panel. **This is a fantastic level of engagement** and demonstrates the SIREN cohort's continued interest in and commitment to the study. A huge thank you to all who applied.

With the support of the British Society for Immunology (BSI) we reviewed all 485 expressions of interest and shortlisted a number of individuals.

These were narrowed down to a final panel of 10, **congratulations to our new PIP members!**

A broad range of regions, professions and experiences are represented in the new PIP and we look forward to working with them to continue striving to improve the SIREN participant experience.

The next PIP meeting takes place on 13 October 2022, and we will provide a summary of the meeting in the next newsletter. **We would like to say a huge thank you to the founding members of the PIP** who helped demonstrate how valuable the participant perspective is to running a research study like SIREN.

### Keen to be involved?

The PIP is one way to get involved with the SIREN study, but there others too. Please head to the next page where we highlight some upcoming opportunities.

We also always welcome feedback on any aspect of the study – use our new one stop shop feedback form to [send us your thoughts](#).



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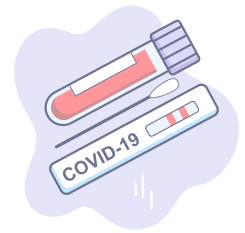
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## Watch this space: Upcoming SIREN opportunities



### Piloting a new postal swab system for positive LFT results



#### What is it?

We are going to pilot a new system where the **SIREN study posts you a PCR swab if you receive a positive LFT result.**

This will be for **SIREN participants in England initially**, and we are exploring options with Scotland and Wales. There is not a need for this system in Northern Ireland currently.

**This will not replace your regular fortnightly PCR tests with the SIREN study, it will be an additional service.**

#### Why?

As you may know SIREN relies on the results of your PCR tests for our analysis and we cannot use LFT samples in the same way. **Thanks to your feedback** we know that positive COVID-19 cases detected via LFT are being missed from our records because access to PCR tests has become more and more limited.

After the time and commitment you have dedicated to SIREN **we are keen to ensure all of your results are captured and contribute** to the ongoing analysis.

#### For who?

The pilot phase will involve a number of SIREN sites who will be approached by the UKHSA SIREN team. If you are a participant at one of the pilot sites you will be **notified directly by your organisation and receive further information.** Once the pilot phase is complete we will **then roll out the new system to all active England SIREN sites.**

#### When?

The **pilot phase starts on 3 October 2022** will run for four weeks. We hope to **go live with all sites at the beginning of November.**



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## Symptom durability and severity questionnaire

### What is it?

A new, **one-off questionnaire** for **participants who have previously tested positive** for COVID-19. You will be asked questions about how long your symptoms lasted, how your daily activities were impacted and whether you required any medical treatment.

### Why?

As the pandemic has evolved so too have the scientific questions. **Thanks to your ongoing and valuable contribution** SIREN is well placed to find the answers to these emerging questions.

One area of interest is to understand more about the experience of participants who have had COVID-19 as we know this varies significantly between individuals. One of the first steps to understanding why is to build the evidence base on what people experienced.

### For who?

All SIREN participants who have tested positive for COVID-19.

### When?

**Early October 2022.** You will receive an email or text when the survey is live and a date for completion.





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## Enhanced clinical history questionnaire

### What is it?

A new, **one-off questionnaire for all SIREN participants**. You will be asked questions about any medical conditions you might have, past episodes of illness and your vaccine history.

The questionnaire will also include a section for feedback on the SIREN study so you can have your say on what works well and what needs to change.

### Why?

**We want to understand how your clinical history may affect your risk of COVID-19.**

This could help with things like vaccine prioritisation in the future and increase our understanding of how the virus works.

### For who?

**All SIREN participants** including those who have completed their active follow-up.

### When?

**Mid-October 2022.** You will receive an email or text when the survey is live and a date for completion.





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## Year 3 is underway!



We are delighted that **90% of Scottish SIREN sites have chosen to extend** to March 2023. Professor Jason Leitch, National Clinical Director for Scotland, has [shared a message for participants](#).

**Seventy percent of English sites** have chosen to extend, and Northern Ireland and Wales sites will be invited to extend this week.

If you are based at one of these extending sites we **really hope you will consider continuing on with the study**.

All participants at sites continuing with SIREN will be invited to extend **4-weeks before your end date**.

If you are based at one of the sites who can no longer continue with the study we would like to say **a huge thank you** for your contribution to date.

Thanks to the scale of the study, analysis of the SIREN data we've received so far is ongoing. Your data is continuing to make a valuable contribution to essential COVID-19 research, even if you are no longer actively giving samples.

We are always exploring new research questions and the data you've submitted **will help inform future avenues of research** too.

For those reflecting on their SIREN journey to date please **feel free to share any feedback or reflections via our [new form](#)**.





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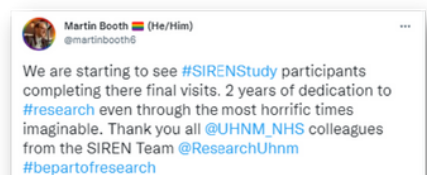
## SIREN in the spotlight

We really enjoy reading your insights about the SIREN study in newsletters, blogs and articles. [Click on the pictures below to read the latest:](#)



## Join us on Twitter!

Tag [#SIRENstudy](#) and [@SMHopkins](#) to join the conversation.



As covid cases rise, important to take stock of what we've learnt to protect HCW as we face winter pressures. [#SIRENstudy](#)  
Editorial here: [bmj.com/content/378/bm...](https://www.bmj.com/content/378/bm...)  
[@SMHopkins](#) [@cstewartb](#) [@UKHSA](#) [@bmj\\_latest](#)



Pleased to be able to share our latest work from the [#SIRENstudy](#), characterising the second wave of SARS-CoV-2 in healthcare workers in England, and estimating the impact of the COVID-19 vaccine rollout. [doi.org/10.1136/bmj-20...](https://doi.org/10.1136/bmj-20...) [@bmj\\_latest](#) [@dr\\_jas\\_islam](#) [@cstewartb](#) [@SMHopkins](#)



[@MSEHospitals](#) Calling all [#SIRENstudy](#) participants! 😊

# The easy digest

## Burden of SARS-CoV-2 infection in healthcare workers during second wave in England and impact of vaccines: prospective multicentre cohort study (SIREN) and mathematical model

### Plain Language Summary

#### Research questions

- What was the impact of the second wave on the study population?
- What factors affected your chance of COVID-19 infection?
- What would have happened if the vaccines hadn't been rolled out?

#### Who participated in the study?

- Over 18,000 participants in England with no previous COVID-19 infection

#### What did the study find?

13%

COVID-19 infections were high in the second wave. 13% of participants were infected.

Vaccine uptake was rapid. It increased by over 60% in a one-month period (December 2020 - January 2021).



- Where you worked and what you did seems to have affected your risk of getting COVID-19. Those working in an emergency department or inpatient ward setting, or working as a healthcare assistant, had the highest risk of infection during the second wave.
- The mathematical model showed that without the vaccine an additional 10% of patient-facing healthcare workers could have been infected.

#### Why is this significant?

- Understanding what factors within your work environment impact your risk of getting COVID-19 is really important for developing Infection, Prevention & Control (IP&C) guidelines to protect staff.
- Without vaccines the impact of COVID-19 on healthcare workers and therefore patients could have been even worse.

#### Take home messages

- Prioritising the vaccination of healthcare workers was effective.
- Some factors seemed to increase COVID-19 risk, even after time-to-vaccination and other characteristics were considered. The SIREN study will be investigating these findings further.

Read the full article:

[CLICK HERE](#)





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## Sharing stories: reflections from sites and participants

SIREN is shaped by your feedback and case studies are a key part of that.

[Please submit your reflections here](#) to be featured in a future issue of the SIREN newsletter.



*"I have been a qualified nurse for 26 years and could never have imagined the events of the last couple of years.*

*The first time I went through donning and putting my PPE on it felt surreal, like something out of a movie. It has been many years since I have worked on a ward having spent the last 16 years working mainly in ENT nurse-led services and more recently in Clinical Research. I questioned what my contribution could be when everyone in my profession was stepping up to help fight COVID-19. I worried that my clinical skills were not up to date enough to give the high level of clinical care I would have delivered in the past.*

*SIREN allowed me to offer staff in my organisation the opportunity to take part in COVID-19 research and the potential to find answers. SIREN has also raised the profile of research within my NHS Trust and I think this will continue after COVID-19. I felt a duty of care to participants and I was able to provide some emotional support for staff in SIREN when they tested positive or even just wanted some COVID-19 related advice.*

*On a personal level, I am grateful to SIREN for allowing me to use all the skills I have gained over the years in my nursing career. Through coordinating SIREN I do feel like I have made a significant contribution during the pandemic."*

**Fiona, Clinical Research Nurse**  
**Southern Health and Social Care Trust, Northern Ireland**