**Clinical Librarian Service Search Results**

**Request:** What evidence is there on the impact of lockdown measures during covid-19 on diet and nutrition in the UK, particularly for people who are shielding or who need food parcels? Is there any information on the nutritional value of UK government emergency food parcels during the covid-19 pandemic?

**Summary**

A search of the literature retrieved very little information on the impact of lockdown measures on diet and nutrition in the UK. Due to the paucity of literature, the search was extended in case there were previous relevant lockdowns but no additional UK research was found.

[Guidance and policy](#_Guidance_and_policy): The World Health Organisation has published a global assessment of food security during and after covid-19 (1). The British Dietetic Association (BDA) has published a consultation response which raises significant concerns about the UK government’s response to covid-19 and food supply (4). An opinion article discusses similar issues (10) Other BDA documents provide advice on healthy eating during lockdown (4, 5).

[Academic literature](#_Academic_literature): Only one article assesses the impact of lockdown on diet, and this is a multi-country survey study with some European participants. The authors concluded that there was a decline in physical activity and also *“Food consumption and meal patterns (the type of food, eating out of control, snacks between meals, number of main meals) were more unhealthy during confinement, with only alcohol binge drinking decreasing significantly”* (12). The only UK specific data shows that about 30% of UK respondents mistakenly thought that not eating at Chinese restaurants would reduce the risk of developing covid-19 (13).

A selection of other articles look at the impact of diet (11) and vitamin D (6, 7, 9) on response to covid-19. One considers the impact of covid-19 on patients with diabetes fasting during Ramadan (8).

[News reports and press releases](#_News_reports_and): No articles on the contents of food parcels in Derby or Derbyshire were retrieved, so information from other areas has been included. An article and a press release announcing the government food parcel scheme provide positive statements of what will be included (23, 26). A number of news articles highlight that the actual contents of the parcels were of low nutritional value (14, 17, 18, 21, 24, 25). One article refers to the inclusion of pork products in parcels for religious groups which do not eat pork (15). Two articles state the contents of the government food parcels without commenting on their appropriateness (19, 20) while a third from Nottingham lists the contents but does not say whether the parcels come from local or central government (22). A press release raises the additional issue of reduced access to fruit and vegetables for children due to the suspension of a school fruit and vegetable scheme (16).

**Disclaimer:** Please note that the information supplied by the Library and Knowledge Service in response to a literature search is for information purposes only. Every reasonable effort will be made to ensure that this information is accurate, up-to-date and complete. However, it is possible that it may not be representative of the whole body of evidence. No responsibility can be accepted by the Library for any action taken on the basis of this information.

Guidance or information relating to specific drug queries or procedures should be referred to Medicines Information on [UHDB.MedicinesInformation@nhs.net](mailto:UHDB.MedicinesInformation@nhs.net)​ or RDH ext. 85379 or Burton ext. 5168 or 5101. For local UHDB guidelines and policies please refer to the red / pink Policies button on the Trust intranet, or <https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-main.pl>

**Current at:** 7th July 2020

**Time taken for search:** 5 hours.

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Please let me know if you would like me to search further.

**Accessing Articles:** Links are provided where online access to the full-text is available. An OpenAthens username and password may be required for online access to articles. You can register for one here: <https://openathens.nice.org.uk/>

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**Please acknowledge this work in any resulting paper or presentation as:**

Evidence Search: Covid-19 diet (LS97). Lindsay Snell (2020). Derby, UK: University Hospitals of Derby & Burton NHS Foundation Trust Library and Knowledge Service.

**Feedback:** Once you have read this report, I would appreciate it if you would complete our online literature search feedback form at:

<https://www.smartsurvey.co.uk/s/LiteratureSearchFeedback20202021/>

This relates to this specific search and will help us to monitor and improve our service. Many Thanks.

Kind regards,

Lindsay Snell

Clinical Librarian

Email: [Lindsay.snell@nhs.net](mailto:Lindsay.snell@nhs.net)

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**Results**

# Guidance and policy

## 1. Policy Brief: The Impact of COVID-19 on Food Security and Nutrition

United Nations (June 2020)

<https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_covid_impact_on_food_security.pdf>

## 2. COVID-19 / Coronavirus - Advice for the General Public

British Dietetic Association (June 2020)

<https://www.bda.uk.com/resource/covid-19-corona-virus-advice-for-the-general-public.html>

## 3. Coronavirus (COVID-19): Accessing food and essential supplies

UK Government (April 2020, updated June 2020)

<https://www.gov.uk/guidance/coronavirus-covid-19-accessing-food-and-essential-supplies>

## 4. Consultation Response - Food Availability and COVID-19

British Dietetic Association (May 2020)

<https://www.bda.uk.com/resource/consultation-response-food-availability-and-covid-19.html>

## 5. Eating well during Coronavirus / COVID-19

British Dietetic Association (April 2020)

<https://www.bda.uk.com/resource/eating-well-during-coronavirus-covid-19.html>

# Academic literature

## 6. Covid-19, cocooning and vitamin d intake requirements

**Author(s):** McKenna M.J.; Flynn M.A.T.

**Source:** Irish Medical Journal; 2020; vol. 113 (no. 5)

The purpose of this report is to clarify what constitutes best practice on vitamin D supplement use, particularly among older adults, who are at highest risk of Covid-19. On Friday 3rd April, three reports were published on how vitamin D may protect against Covid-19. Two reports are aligned with national and international guidelines on vitamin intake requirements for health: one looked at the importance of vitamin D adequacy in protecting children from respiratory illness but included important advice cautioning against high dose vitamin D; the other is from The Irish Longitudinal Study on Ageing (TILDA) that looked at specific 'at risk' groups for vitamin D deficiency in those over 50 years in a representative sample from the 26 counties. TILDA provides a strong evidence base for intervening in older adults with supplemental vitamin D (10 micro g to 20 micro g daily). A third report advises that every adult should take high doses of vitamin D (20 micro g to 50 micro g daily) in order to protect against Covid-19. The authors make no mention about other sources of vitamin D in adults. This creates confusion at a time when there is widespread fear and anxiety about the Covid-19 pandemic. The following provides a review of the evidence and summarises best practice regarding vitamin D nutrition to protect against Covid-19. Copyright © 2020, Irish Medical Association. All rights reserved.

**Database:** EMBASE

## 7. Optimisation of vitamin D status for enhanced immuno-protection against covid-19

**Author(s):** McCartney D.M.; Byrne D.G.

**Source:** Irish Medical Journal; 2020; vol. 113 (no. 4)

Background Vitamin D deficiency (serum 25(OH)D<50nmol/l) is common in Ireland, particularly amongst older adults, hospital inpatients and nursing home residents. Vitamin D deficiency is associated with increased risk of acute viral respiratory infection and community acquired pneumonia, with several molecular mechanisms proposed to explain this association. Vitamin D supplementation has also been shown to reduce the risk of respiratory infection. Vitamin D and Covid-19 Correction of vitamin D deficiency is thought to suppress CD26, a putative adhesion molecule for Covid-19 host cell invasion. Vitamin D may also attenuate interferon gamma (IFNgamma) and interleukin-6 (IL-6) inflammatory responses, both potent predictors of poorer outcome in critically-ill ventilated patients including those with Covid-19. Vitamin D Requirements Irish adults require 25-30micro g/d of vitamin D3, an intake not achievable by diet alone, to reliably maintain serum 25(OH)D levels >50nmol/l. Supplementation with doses up to 100micro g/d has been shown to be safe for adults, and many agencies and expert groups now advocate supplementation in older adults, albeit at lower levels than this. Conclusions and Recommendations Vitamin D deficiency is common and may contribute to increased risk of respiratory infection including Covid-19. We recommend that all older adults, hospital inpatients, nursing home residents and other vulnerable groups (e.g. those with diabetes mellitus or compromised immune function, those with darker skin, vegetarians and vegans, those who are overweight or obese, smokers and healthcare workers) be urgently supplemented with 20-50micro g/d of vitamin D to enhance their resistance to Covid-19, and that this advice be quickly extended to the general adult population.Copyright © 2020, Irish Medical Association. All rights reserved.

**Database:** EMBASE

## 8. Managing People with Diabetes Fasting for Ramadan During the COVID-19 Pandemic: A South Asian Health Foundation Update.

**Author(s):** Hanif ; Ali, S. N.; Hassanein, M.; Khunti, K.; Hanif, W.

**Source:** Diabetic Medicine; Jul 2020; vol. 37 (no. 7); p. 1094-1102

Available at [Diabetic Medicine](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1111%2Fdme.14312) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [Diabetic Medicine](https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/dme.14312) - from Unpaywall

The month of Ramadan forms one of the five pillars of the Muslim faith. Adult Muslims are obligated to keep daily fasts from dawn to sunset, with exceptions. This year Ramadan is due to begin on 23 April 2020 and the longest fast in the UK will be approximately 18 hours in length. In addition, due to the often high-calorie meals eaten to break the fast, Ramadan should be seen as a cycle of fasting and feasting. Ramadan fasting can impact those with diabetes, increasing the risk of hypoglycaemia, hyperglycaemia and dehydration. This year, Ramadan will occur during the global COVID-19 pandemic. Reports show that diabetes appears to be a risk factor for more severe disease with COVID-19. In addition, the UK experience has shown diabetes and COVID-19 is associated with dehydration, starvation ketosis, diabetic ketoacidosis and hyperosmolar hyperglycaemic state. This makes fasting in Ramadan particularly challenging for those Muslims with diabetes. Here, we discuss the implications of fasting in Ramadan during the COVID-19 pandemic and make recommendations for those with diabetes who wish to fast. Novelty Statement: Guidelines about managing diabetes during Ramadan have been published by various societies, including the latest one from the South Asian Health Foundation UK.The COVID-19 pandemic poses new challenges for managing people with diabetes who choose to fast during Ramadan.These guidelines address these challenges and give the most up to date advice based on current evidence, to help those who choose to fast do so safely.

**Database:** CINAHL

## 9. Greater risk of severe COVID-19 in Black, Asian and Minority Ethnic populations is not explained by cardiometabolic, socioeconomic or behavioural factors, or by 25(OH)-vitamin D status: study of 1326 cases from the UK Biobank

**Author(s):** Raisi-Estabragh Z.; McCracken C.; Cooper J.; Caulfield M.J.; Munroe P.B.; Petersen S.E.; Bethell M.S.; Cooper C.; Harvey N.C.

**Source:** Journal of public health (Oxford, England); Jun 2020

Available at [Journal of public health (Oxford, England)](https://academic.oup.com/jpubhealth/article-pdf/doi/10.1093/pubmed/fdaa095/33404383/fdaa095.pdf) - from Unpaywall

BACKGROUND: We examined whether the greater severity of coronavirus disease 2019 (COVID-19) amongst men and Black, Asian and Minority Ethnic (BAME) individuals is explained by cardiometabolic, socio-economic or behavioural factors. METHOD(S): We studied 4510 UK Biobank participants tested for COVID-19 (positive, n = 1326). Multivariate logistic regression models including age, sex and ethnicity were used to test whether addition of (1) cardiometabolic factors [diabetes, hypertension, high cholesterol, prior myocardial infarction, smoking and body mass index (BMI)]; (2) 25(OH)-vitamin D; (3) poor diet; (4) Townsend deprivation score; (5) housing (home type, overcrowding) or (6) behavioural factors (sociability, risk taking) attenuated sex/ethnicity associations with COVID-19 status. RESULT(S): There was over-representation of men and BAME ethnicities in the COVID-19 positive group. BAME individuals had, on average, poorer cardiometabolic profile, lower 25(OH)-vitamin D, greater material deprivation, and were more likely to live in larger households and in flats/apartments. Male sex, BAME ethnicity, higher BMI, higher Townsend deprivation score and household overcrowding were independently associated with significantly greater odds of COVID-19. The pattern of association was consistent for men and women; cardiometabolic, socio-demographic and behavioural factors did not attenuate sex/ethnicity associations. CONCLUSION(S): In this study, sex and ethnicity differential pattern of COVID-19 was not adequately explained by variations in cardiometabolic factors, 25(OH)-vitamin D levels or socio-economic factors. Factors which underlie ethnic differences in COVID-19 may not be easily captured, and so investigation of alternative biological and genetic susceptibilities as well as more comprehensive assessment of the complex economic, social and behavioural differences should be prioritised. Copyright © The Author(s) 2020. Published by Oxford University Press on behalf of Faculty of Public Health.

**Database:** EMBASE

## 10. Struggling for food in a time of crisis: Responsibility and paradox.

**Author(s):** Caplan, Pat

**Source:** Anthropology today; Jun 2020; vol. 36 (no. 3); p. 8-10

Available at [Anthropology today](https://rai.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/1467-8322.12573) - from Unpaywall

Struggling for food in a time of crisis: responsibility and paradox. Responsibility is a useful lens through which to examine the current state of food poverty in the UK in the context of the Covid-19 crisis, noting that this concept contains several paradoxes. Currently, responsibility involves the voluntary sector, the food industry and the state, a situation which the author has been exploring for the last five years in an ethnographic study of food poverty and food aid in the UK. Food aid organizations, especially food banks, have mushroomed during the period of austerity. This reveals the first paradox: namely, that the existence of food banks conveys the message that 'something is being done', but in actuality this is very far from being sufficient to meet the needs of either the 'old' or 'new' food insecure. The second paradox is that at the onset of the crisis, a government which had been responsible for inflicting austerity on the country for 10 years, dramatically reversed some of its policies. However, predictably, this did not change the situation vis-à-vis food insecurity. The third paradox is that the frequent rhetoric invoking the two world wars has not resulted in lessons being learned - notably, the creation of a ministry to deal with food and rationing, as in the Second World War. The final paradox relates to Brexit and its likely deleterious effects on food security, particularly if no 'deal' is achieved with the European Union, as seems likely. The voluntary food aid sector, try as it may, cannot possibly assume responsibility for the long-standing and now hugely increased problems of food insecurity. That belongs to the state.

**Database:** Medline

## 11. Is diet partly responsible for differences in COVID-19 death rates between and within countries?

**Author(s):** Bousquet J.et al.

**Source:** Clinical and Translational Allergy; May 2020; vol. 10 (no. 1)

Available at [Clinical and translational allergy](https://ctajournal.biomedcentral.com/articles/10.1186/s13601-020-00323-0) - from BioMed Central

Available at [Clinical and translational allergy](http://europepmc.org/search?query=(DOI:10.1186/s13601-020-00323-0)) - from Europe PubMed Central - Open Access

Available at [Clinical and translational allergy](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=145298&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=2045-7022&volume=10&issue=1&spage=16) - from ProQuest (Health Research Premium) - NHS Version

Available at [Clinical and translational allergy](https://ctajournal.biomedcentral.com/track/pdf/10.1186/s13601-020-00323-0) - from Unpaywall

Reported COVID-19 deaths in Germany are relatively low as compared to many European countries. Among the several explanations proposed, an early and large testing of the population was put forward. Most current debates on COVID-19 focus on the differences among countries, but little attention has been given to regional differences and diet. The low-death rate European countries (e.g. Austria, Baltic States, Czech Republic, Finland, Norway, Poland, Slovakia) have used different quarantine and/or confinement times and methods and none have performed as many early tests as Germany. Among other factors that may be significant are the dietary habits. It seems that some foods largely used in these countries may reduce angiotensin-converting enzyme activity or are anti-oxidants. Among the many possible areas of research, it might be important to understand diet and angiotensin-converting enzyme-2 (ACE2) levels in populations with different COVID-19 death rates since dietary interventions may be of great benefit. Copyright © 2020 The Author(s).

**Database:** EMCARE

## 12. Effects of COVID-19 Home Confinement on Eating Behaviour and Physical Activity: Results of the ECLB-COVID19 International Online Survey.

**Author(s):** Ammar, Achrafet al.

**Source:** Nutrients; May 2020; vol. 12 (no. 6)

Available at [Nutrients](http://europepmc.org/search?query=(DOI:10.3390/nu12061583)) - from Europe PubMed Central - Open Access

Available at [Nutrients](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=145298&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=2072-6643&volume=12&issue=6&spage=1583) - from ProQuest (Health Research Premium) - NHS Version

Available at [Nutrients](https://www.mdpi.com/2072-6643/12/6/1583/pdf) - from Unpaywall

BACKGROUND Public health recommendations and governmental measures during the COVID-19 pandemic have resulted in numerous restrictions on daily living including social distancing, isolation and home confinement. While these measures are imperative to abate the spreading of COVID-19, the impact of these restrictions on health behaviours and lifestyles at home is undefined. Therefore, an international online survey was launched in April 2020, in seven languages, to elucidate the behavioural and lifestyle consequences of COVID-19 restrictions. This report presents the results from the first thousand responders on physical activity (PA) and nutrition behaviours. METHODS Following a structured review of the literature, the "Effects of home Confinement on multiple Lifestyle Behaviours during the COVID-19 outbreak (ECLB-COVID19)" Electronic survey was designed by a steering group of multidisciplinary scientists and academics. The survey was uploaded and shared on the Google online survey platform. Thirty-five research organisations from Europe, North-Africa, Western Asia and the Americas promoted the survey in English, German, French, Arabic, Spanish, Portuguese and Slovenian languages. Questions were presented in a differential format, with questions related to responses "before" and "during" confinement conditions. RESULTS 1047 replies (54% women) from Asia (36%), Africa (40%), Europe (21%) and other (3%) were included in the analysis. The COVID-19 home confinement had a negative effect on all PA intensity levels (vigorous, moderate, walking and overall). Additionally, daily sitting time increased from 5 to 8 h per day. Food consumption and meal patterns (the type of food, eating out of control, snacks between meals, number of main meals) were more unhealthy during confinement, with only alcohol binge drinking decreasing significantly. CONCLUSION While isolation is a necessary measure to protect public health, results indicate that it alters physical activity and eating behaviours in a health compromising direction. A more detailed analysis of survey data will allow for a segregation of these responses in different age groups, countries and other subgroups, which will help develop interventions to mitigate the negative lifestyle behaviours that have manifested during the COVID-19 confinement.

**Database:** Medline

## 13. Use of Rapid Online Surveys to Assess People's Perceptions During Infectious Disease Outbreaks: A Cross-sectional Survey on COVID-19.

**Author(s):** Geldsetzer

**Source:** Journal of Medical Internet Research; Apr 2020; vol. 22 (no. 4)

Available at [Journal of medical Internet research](http://europepmc.org/search?query=(DOI:10.2196/18790)) - from Europe PubMed Central - Open Access

Available at [Journal of medical Internet research](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32240094) - from EBSCO (MEDLINE Complete)

Available at [Journal of medical Internet research](https://doi.org/10.2196/18790) - from Unpaywall

Background: Given the extensive time needed to conduct a nationally representative household survey and the commonly low response rate of phone surveys, rapid online surveys may be a promising method to assess and track knowledge and perceptions among the general public during fast-moving infectious disease outbreaks.Objective: This study aimed to apply rapid online surveying to determine knowledge and perceptions of coronavirus disease 2019 (COVID-19) among the general public in the United States and the United Kingdom.Methods: An online questionnaire was administered to 3000 adults residing in the United States and 3000 adults residing in the United Kingdom who had registered with Prolific Academic to participate in online research. Prolific Academic established strata by age (18-27, 28-37, 38-47, 48-57, or ≥58 years), sex (male or female), and ethnicity (white, black or African American, Asian or Asian Indian, mixed, or "other"), as well as all permutations of these strata. The number of participants who could enroll in each of these strata was calculated to reflect the distribution in the US and UK general population. Enrollment into the survey within each stratum was on a first-come, first-served basis. Participants completed the questionnaire between February 23 and March 2, 2020.Results: A total of 2986 and 2988 adults residing in the United States and the United Kingdom, respectively, completed the questionnaire. Of those, 64.4% (1924/2986) of US participants and 51.5% (1540/2988) of UK participants had a tertiary education degree, 67.5% (2015/2986) of US participants had a total household income between US $20,000 and US $99,999, and 74.4% (2223/2988) of UK participants had a total household income between £15,000 and £74,999. US and UK participants' median estimate for the probability of a fatal disease course among those infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was 5.0% (IQR 2.0%-15.0%) and 3.0% (IQR 2.0%-10.0%), respectively. Participants generally had good knowledge of the main mode of disease transmission and common symptoms of COVID-19. However, a substantial proportion of participants had misconceptions about how to prevent an infection and the recommended care-seeking behavior. For instance, 37.8% (95% CI 36.1%-39.6%) of US participants and 29.7% (95% CI 28.1%-31.4%) of UK participants thought that wearing a common surgical mask was "highly effective" in protecting them from acquiring COVID-19, and 25.6% (95% CI 24.1%-27.2%) of US participants and 29.6% (95% CI 28.0%-31.3%) of UK participants thought it was prudent to refrain from eating at Chinese restaurants. Around half (53.8%, 95% CI 52.1%-55.6%) of US participants and 39.1% (95% CI 37.4%-40.9%) of UK participants thought that children were at an especially high risk of death when infected with SARS-CoV-2.Conclusions: The distribution of participants by total household income and education followed approximately that of the US and UK general population. The findings from this online survey could guide information campaigns by public health authorities, clinicians, and the media. More broadly, rapid online surveys could be an important tool in tracking the public's knowledge and misperceptions during rapidly moving infectious disease outbreaks.

**Database:** CINAHL

# News reports and press releases

## 14. Government attacked for ignoring expert advice on nutrition in food parcels

The Guardian (21st June 2020)

<https://www.theguardian.com/world/2020/jun/21/government-attacked-for-ignoring-expert-advice-on-nutrition-in-food-parcels>

## 15. Shielding Muslims receiving pork items in England food packages

The Guardian (18th June 2020)

<https://www.theguardian.com/world/2020/jun/18/shielding-muslims-receiving-pork-items-in-england-food-packages>

## 16. Massive decrease in fruit and vegetable intake reported by children receiving free school meals following lockdown

Northumbria University (8th June 2020)

<http://newsroom.northumbria.ac.uk/pressreleases/massive-decrease-in-fruit-and-vegetable-intake-reported-by-children-receiving-free-school-meals-following-lockdown-3005719>

## 17. Knowsley Council hits out at 'inadequate' government food parcels

St Helens Star (3rd April 2020)

<https://www.sthelensstar.co.uk/news/18355980.knowsley-council-hits-inadequate-government-food-parcels/>

## 18. Angel Delight and Crunchies – This is what is in Covid-19 food packages for North East’s vulnerable

Chronicle Live (2nd April 2020)

<https://www.chroniclelive.co.uk/news/north-east-news/coronavirus-food-parcel-angel-delight-18027217>

## 19. Partnership delivers food to citizens

Newcastle City Council (2nd April 2020)

<https://www.newcastle.gov.uk/citylife-news/community/partnership-delivers-food-citizens>

## 20. Which biscuits deserve a place in the government's free food parcels?

Telegraph (2nd April 2020)

<https://www.telegraph.co.uk/food-and-drink/features/biscuits-deserve-place-governments-free-food-parcels/>

## 21. Merseyside council joins criticism of 'unsuitable' food parcels for the vulnerable

Liverpool Echo (2nd April 2020)

<https://www.liverpoolecho.co.uk/news/liverpool-news/merseyside-council-joins-criticism-unsuitable-18030940>

## 22. Nottingham City Council Now Offering Food Parcel Service

Left Lion (2nd April 2020)

<https://www.leftlion.co.uk/read/2020/april/nottingham-city-council-now-offering-food-parcel-service/>

## 23. Coronavirus: How do I get a food parcel?

BBC News (1st April 2020)

<https://www.bbc.co.uk/news/business-51737030>

## 24. Government and council embroiled in furious war of words over 'unacceptable' emergency coronavirus food parcels

Manchester Evening News (31st March 2020)

<https://www.manchestereveningnews.co.uk/news/greater-manchester-news/government-council-embroiled-furious-war-18016374>

## 25. Coronavirus: Rochdale Council tops up 'unhealthy' food boxes

BBC (31st March 2020)

<https://www.bbc.co.uk/news/uk-england-manchester-52105260>

## 26. First food parcels delivered to clinically vulnerable people

UK Government (March 2020)

<https://www.gov.uk/government/news/first-food-parcels-delivered-to-clinically-vulnerable-people>

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**Databases searched:** MEDLINE, EMBASE, Cinahl, Emcare, PubMed, Google.

**Search history:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Database** | **Search term** | **Results** |
| 1 | CINAHL | (covid-19).ti,ab | 237 |
| 2 | CINAHL | (wuhan ADJ2 coronavir\*).ti,ab | 40 |
| 3 | CINAHL | (sars-cov\* OR ncov).ti,ab | 189 |
| 4 | CINAHL | exp CORONAVIRIDAE/ | 764 |
| 5 | CINAHL | exp "CORONAVIRIDAE INFECTIONS"/ | 2956 |
| 6 | CINAHL | (sars OR "severe acute respiratory").ti,ab | 3186 |
| 7 | CINAHL | (mers OR "middle east respiratory" OR "middle eastern respiratory").ti,ab | 1130 |
| 8 | CINAHL | (pandemic\* OR epidemic\*).ti | 11630 |
| 9 | CINAHL | (outbreak\*).ti | 8938 |
| 10 | CINAHL | (lockdown).ti,ab | 70 |
| 11 | CINAHL | (lock-down).ti,ab | 12 |
| 12 | CINAHL | (quarantine).ti,ab | 461 |
| 13 | CINAHL | (curfew).ti,ab | 51 |
| 14 | CINAHL | (self-isolat\*).ti,ab | 49 |
| 15 | CINAHL | exp "PATIENT ISOLATION"/ | 2641 |
| 16 | CINAHL | "SOCIAL ISOLATION"/ | 8595 |
| 17 | CINAHL | QUARANTINE/ | 526 |
| 18 | CINAHL | (confine\*).ti | 761 |
| 19 | CINAHL | ((england NOT "new england") OR english OR welsh OR (wales NOT "new south wales") OR uk OR "united kingdom" OR britain OR british OR irish OR ireland OR scotland OR scottish).ti,ab | 222375 |
| 20 | CINAHL | exp "UNITED KINGDOM"/ | 337194 |
| 21 | CINAHL | (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18) | 44617 |
| 22 | CINAHL | (19 OR 20) | 463113 |
| 23 | CINAHL | (21 AND 22) | 3396 |
| 24 | CINAHL | (diet\*).ti,ab | 135991 |
| 25 | CINAHL | (eating).ti,ab | 42953 |
| 26 | CINAHL | (nutrition\*).ti,ab | 111800 |
| 27 | CINAHL | exp \*NUTRITION/ OR exp \*"EATING BEHAVIOR"/ | 112092 |
| 30 | CINAHL | exp "FOOD SUPPLY"/ | 4071 |
| 31 | CINAHL | exp "FOOD SERVICES"/ | 11480 |
| 32 | CINAHL | ((food ADJ parcel\*) OR (food ADJ package\*) OR foodbank\* OR (food ADJ bank\*)).ti,ab | 763 |
| 33 | CINAHL | (grocery OR groceries).ti,ab | 1597 |
| 34 | CINAHL | exp \*FOOD/ | 112813 |
| 35 | CINAHL | (24 OR 25 OR 26 OR 27 OR 30 OR 31 OR 32 OR 33 OR 34) | 358530 |
| 36 | CINAHL | (23 AND 35) | 125 |
| 37 | CINAHL | 36 [Languages eng OR ita] | 124 |
| 38 | CINAHL | 36 [DT 2001-2020] [Languages eng OR ita] | 90 |
| 39 | Medline | (covid-19).ti,ab | 1551 |
| 40 | Medline | (wuhan ADJ2 coronavir\*).ti,ab | 40 |
| 41 | Medline | (ncov).ti,ab | 340 |
| 42 | Medline | (sars-cov\*).ti,ab | 2777 |
| 43 | Medline | exp CORONAVIRIDAE/ | 12696 |
| 44 | Medline | exp "CORONAVIRIDAE INFECTIONS"/ | 10756 |
| 45 | Medline | (sars OR "severe acute respiratory").ti,ab | 10989 |
| 46 | Medline | (mers OR "middle east respiratory" OR "middle eastern respiratory").ti,ab | 4369 |
| 47 | Medline | PANDEMICS/ | 4923 |
| 48 | Medline | EPIDEMICS/ | 9918 |
| 49 | Medline | (pandemic\* OR epidemic\* OR outbreak\* OR confine\*).ti | 91385 |
| 50 | Medline | (lockdown).ti,ab | 113 |
| 51 | Medline | (lock-down).ti,ab | 25 |
| 52 | Medline | (quarantin\*).ti,ab | 4550 |
| 53 | Medline | (curfew).ti,ab | 65 |
| 54 | Medline | (self-isolat\*).ti,ab | 126 |
| 55 | Medline | QUARANTINE/ | 2136 |
| 56 | Medline | "PATIENT ISOLATION"/ OR "SOCIAL ISOLATION"/ | 16841 |
| 57 | Medline | (39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56) | 159921 |
| 58 | Medline | ((england NOT "new england") OR english OR welsh OR (wales NOT "new south wales") OR uk OR "united kingdom" OR britain OR british OR irish OR ireland OR scotland OR scottish).ti,ab | 356329 |
| 59 | Medline | exp "UNITED KINGDOM"/ | 363589 |
| 60 | Medline | (58 OR 59) | 595835 |
| 61 | Medline | (57 AND 60) | 6422 |
| 62 | Medline | (diet\*).ti,ab | 516638 |
| 63 | Medline | (eating).ti,ab | 73461 |
| 64 | Medline | (nutrition\*).ti,ab | 268555 |
| 66 | Medline | exp "FOOD SUPPLY"/ | 12785 |
| 67 | Medline | exp "FOOD SERVICES"/ | 14298 |
| 68 | Medline | ((food ADJ parcel\*) OR (food ADJ package\*) OR foodbank\* OR (food ADJ bank\*)).ti,ab | 864 |
| 69 | Medline | (grocery OR groceries).ti,ab | 2176 |
| 72 | Medline | exp \*"DIET, FOOD, AND NUTRITION"/ | 1361284 |
| 73 | Medline | (62 OR 63 OR 64 OR 66 OR 67 OR 68 OR 69 OR 72) | 1830637 |
| 74 | Medline | (61 AND 73) | 378 |
| 75 | Medline | 74 [Languages English] | 371 |
| 76 | Medline | 74 [DT 2001-2020] [Languages English] | 205 |
| 77 | EMBASE | (covid-19).ti,ab | 1452 |
| 78 | EMBASE | (wuhan ADJ2 coronavir\*).ti,ab | 21 |
| 79 | EMBASE | (ncov).ti,ab | 342 |
| 80 | EMBASE | (sars-cov\*).ti,ab | 2950 |
| 81 | EMBASE | exp CORONAVIRIDAE/ | 12703 |
| 82 | EMBASE | exp "CORONAVIRIDAE INFECTION"/ | 11511 |
| 83 | EMBASE | (sars OR "severe acute respiratory").ti,ab | 12761 |
| 84 | EMBASE | (mers OR "middle east respiratory" OR "middle eastern respiratory").ti,ab | 4915 |
| 85 | EMBASE | \*PANDEMIC/ | 2608 |
| 86 | EMBASE | \*EPIDEMIC/ | 32261 |
| 87 | EMBASE | (pandemic\* OR epidemic\*).ti | 37490 |
| 88 | EMBASE | (outbreak\* OR confine\*).ti | 40670 |
| 89 | EMBASE | (lockdown).ti,ab | 130 |
| 90 | EMBASE | (lock-down).ti,ab | 32 |
| 91 | EMBASE | (quarantin\*).ti,ab | 4629 |
| 92 | EMBASE | (curfew).ti,ab | 83 |
| 93 | EMBASE | (self-isolat\*).ti,ab | 147 |
| 94 | EMBASE | QUARANTINE/ | 895 |
| 95 | EMBASE | exp "PATIENT ISOLATION"/ | 720 |
| 96 | EMBASE | exp "CONTACT ISOLATION"/ OR "SOCIAL ISOLATION"/ | 22118 |
| 97 | EMBASE | ISOLATION/ | 1948 |
| 98 | EMBASE | (77 OR 78 OR 79 OR 80 OR 81 OR 82 OR 83 OR 84 OR 85 OR 86 OR 87 OR 88 OR 89 OR 90 OR 91 OR 92 OR 93 OR 94 OR 95 OR 96 OR 97) | 166314 |
| 99 | EMBASE | ((england NOT "new england") OR english OR welsh OR (wales NOT "new south wales") OR uk OR "united kingdom" OR britain OR british OR irish OR ireland OR scotland OR scottish).ti,ab | 713680 |
| 100 | EMBASE | exp "UNITED KINGDOM"/ | 416604 |
| 101 | EMBASE | (99 OR 100) | 932291 |
| 102 | EMBASE | (98 AND 101) | 9176 |
| 103 | EMBASE | (diet\*).ti,ab | 702746 |
| 104 | EMBASE | (eating).ti,ab | 98522 |
| 105 | EMBASE | (nutrition\*).ti,ab | 356367 |
| 109 | EMBASE | ((food ADJ parcel\*) OR (food ADJ package\*) OR foodbank\* OR (food ADJ bank\*)).ti,ab | 725 |
| 110 | EMBASE | (grocery OR groceries).ti,ab | 3035 |
| 111 | EMBASE | exp \*NUTRITION/ | 918017 |
| 112 | EMBASE | (103 OR 104 OR 105 OR 109 OR 110 OR 111) | 1587588 |
| 113 | EMBASE | (102 AND 112) | 459 |
| 114 | EMBASE | 113 [English language] | 452 |
| 115 | EMBASE | 113 [DT 2001-2020] [English language] | 304 |
| 116 | EMCARE | (covid-19).ti,ab | 4192 |
| 117 | EMCARE | (wuhan ADJ2 coronavir\*).ti,ab | 16 |
| 118 | EMCARE | (ncov).ti,ab | 155 |
| 119 | EMCARE | (sars-cov\*).ti,ab | 908 |
| 120 | EMCARE | exp CORONAVIRIDAE/ | 2445 |
| 121 | EMCARE | exp "CORONAVIRIDAE INFECTION"/ | 4150 |
| 122 | EMCARE | (sars OR "severe acute respiratory").ti,ab | 3729 |
| 123 | EMCARE | (mers OR "middle east respiratory" OR "middle eastern respiratory").ti,ab | 1035 |
| 124 | EMCARE | \*PANDEMIC/ | 2364 |
| 125 | EMCARE | \*EPIDEMIC/ | 7190 |
| 126 | EMCARE | (pandemic\* OR epidemic\*).ti | 11055 |
| 127 | EMCARE | (outbreak\* OR confine\*).ti | 8762 |
| 128 | EMCARE | (lockdown).ti,ab | 143 |
| 129 | EMCARE | (lock-down).ti,ab | 24 |
| 130 | EMCARE | (quarantin\*).ti,ab | 879 |
| 131 | EMCARE | (curfew).ti,ab | 44 |
| 132 | EMCARE | (self-isolat\*).ti,ab | 78 |
| 133 | EMCARE | QUARANTINE/ | 645 |
| 134 | EMCARE | exp "PATIENT ISOLATION"/ | 357 |
| 135 | EMCARE | exp "CONTACT ISOLATION"/ OR "SOCIAL ISOLATION"/ | 8867 |
| 136 | EMCARE | ISOLATION/ | 235 |
| 137 | EMCARE | (116 OR 117 OR 118 OR 119 OR 120 OR 121 OR 122 OR 123 OR 124 OR 125 OR 126 OR 127 OR 128 OR 129 OR 130 OR 131 OR 132 OR 133 OR 134 OR 135 OR 136) | 38315 |
| 138 | EMCARE | ((england NOT "new england") OR english OR welsh OR (wales NOT "new south wales") OR uk OR "united kingdom" OR britain OR british OR irish OR ireland OR scotland OR scottish).ti,ab | 230139 |
| 139 | EMCARE | exp "UNITED KINGDOM"/ | 133079 |
| 140 | EMCARE | (138 OR 139) | 284281 |
| 141 | EMCARE | (137 AND 140) | 2665 |
| 142 | EMCARE | (diet\*).ti,ab | 153831 |
| 143 | EMCARE | (eating).ti,ab | 41039 |
| 144 | EMCARE | (nutrition\*).ti,ab | 114961 |
| 145 | EMCARE | ((food ADJ parcel\*) OR (food ADJ package\*) OR foodbank\* OR (food ADJ bank\*)).ti,ab | 396 |
| 146 | EMCARE | (grocery OR groceries).ti,ab | 1441 |
| 147 | EMCARE | exp \*NUTRITION/ | 228805 |
| 148 | EMCARE | (142 OR 143 OR 144 OR 145 OR 146 OR 147) | 373163 |
| 149 | EMCARE | (141 AND 148) | 130 |
| 150 | EMCARE | 149 [English language] | 129 |
| 151 | EMCARE | 149 [DT 2001-2020] [English language] | 109 |

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