



GUIDELINES AND RESEARCH UPDATES



TECHNICAL DOCUMENTS:

D1. WHO's recent policy briefs on different aspects of COVID-19 (WHO, 14 September) [[LINK](#)] [[LINK](#)] [[LINK](#)] [[LINK](#)]

- These policy briefs outline essential actions that national and sub-national policymakers can implement for- COVID-19 testing, reaching COVID-19 vaccination targets, maintaining infection prevention and control measures for COVID-19 in healthcare facilities, building trust through risk communication and community engagement and managing the COVID-19 infodemic.

D2. Therapeutics and COVID-19: Living guideline (WHO, 16 September) [[LINK](#)]

- This 12th version of the WHO living guideline now contains 19 recommendations and provides updated recommendations for remdesivir, addresses the use of combination therapy with corticosteroids, interleukin-6 (IL-6) receptor blockers and Janus kinase (JAK) inhibitors in patients with severe or critical COVID-19, and modifies previous recommendations for the neutralizing monoclonal antibodies sotrovimab and casirivimab-imdevimab in patients with non-severe COVID-19.

D3. Evaluation of COVID-19 vaccine effectiveness in a changing landscape of COVID-19 epidemiology and vaccination (WHO, 3 October) [[LINK](#)]

- This addendum in undertaking vaccine effectiveness (VE) evaluation addresses some of the methodological aspects of VE evaluations that have been learned during the past year, as well as those that have become relevant in the current epidemiological setting of the COVID-19 pandemic.

D4. Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals - protocol (European Centre for Disease Prevention and Control, 20 October) [[LINK](#)]

- This document provide guidance on point prevalence survey of healthcare-associated infections (HAIs) and antimicrobial use (AU) in acute care hospitals- to estimate the total burden (prevalence) of HAIs and antimicrobial use in acute care hospitals; -to describe patients, invasive procedures, infections (sites, microorganisms including

markers of antimicrobial resistance) and antimicrobials prescribed (compounds, indications); - to describe key structures and processes for the prevention of HAIs and antimicrobial resistance at the hospital and ward level; - to disseminate results to those who need to know at local, regional, national level to raise awareness, enhance surveillance structures and skills and to evaluate the effect of strategies and guide policies for the future at the local/national/regional level.

D5. Good practice statement on the use of variant-containing COVID-19 vaccines (WHO, 17 October) [[LINK](#)]

- This Good Practice Statement summarizes current evidence on SARS-CoV-2 variant-containing mRNA vaccines and provides guidance on their use in the context of the continued availability of ancestral virus-based COVID-19 vaccines. The recommendations apply to all COVID-19 vaccines; however, at this point only variant-containing mRNA vaccines have received emergency authorization.

D6. Spread of the SARS-CoV-2 Omicron variant sub-lineage BQ.1 in the European Union (European Centre for Disease Prevention and Control, 21 October) [[LINK](#)]

- This document provide epidemiological updates on the circulation of SARS-CoV-2 variant sub-lineages BQ.1 which has recently been detected; it originates from the BA.5 Omicron Variant of Concern (VOC). BQ.1 is probably driven mainly by immune escape. This variant and its sub-lineages will probably contribute to a further increase in cases of COVID-19 in the EU in the coming weeks and months. The extent of the increase in COVID-19 cases will depend on various factors, including immune protection against infection influenced by the timing and coverage of COVID-19 vaccination regimes, and the extent, timing and variant landscape of previous SARS-CoV-2 pandemic waves.

D7. Information for Pediatric Healthcare Providers (CDC, 19 October) [[LINK](#)]

- This guidance note provides clinicians and public health professionals with key information and evidence for clinical considerations when diagnosing and managing pediatric patients infected with SARS-CoV-2 in light of the most recent available scientific evidence on various aspects of case management.

JOURNAL ARTICLES

J1. Real-world effectiveness of molnupiravir and nirmatrelvir plus ritonavir against mortality, hospitalisation, and in-hospital outcomes among community-dwelling, ambulatory patients with confirmed SARS-CoV-2 infection during the omicron wave in Hong Kong: an observational study (The Lancet, 8 October) [[LINK](#)]

- Th study assessed the clinical effectiveness of two oral antiviral drugs among community-dwelling COVID-19 outpatients. The findings demonstrate that during

wave of SARS-CoV-2 omicron subvariant BA.2.2, among non-hospitalised patients with COVID-19, early initiation of novel oral antivirals was associated with reduced risks of mortality and in-hospital disease progression. Nirmatrelvir plus ritonavir use was found to be additionally associated with a reduced risk of hospitalisation.

J2. Severe COVID-19 outcomes after full vaccination of primary schedule and initial boosters: a pooled analysis of national prospective cohort studies of 30 million individuals in England, Northern Ireland, Scotland, and Wales (The Lancet, 15 October) [LINK]

- The study aimed to identify risk factors for severe COVID-19 outcomes (i.e. COVID-19-related hospitalisation or death) in individuals who had completed their primary COVID-19 vaccination schedule and had received the first booster vaccine. It found that older people, those with multimorbidity, and those with specific underlying health conditions remain at increased risk of COVID-19 hospitalisation and death after the initial vaccine booster and should, therefore, be prioritized for additional boosters, including novel optimized versions, and the increasing array of COVID-19 therapeutics.

J3. Post-acute sequelae of covid-19 six to 12 months after infection: population-based study (British Medical Journal, 13 October) [LINK]

- This study intended to describe symptoms and symptom clusters of post-covid syndrome six to 12 months after acute infection, describe risk factors, and examine the association of symptom clusters with general health and working capacity. The findings suggest a considerable burden of self-reported post-acute symptom clusters and possible sequelae, notably fatigue and neurocognitive impairment, six to 12 months after acute SARS-CoV-2 infection, even among young and middle aged adults after mild infection, with a substantial impact on general health and working capacity.

J4. Estimated Global Proportions of Individuals With Persistent Fatigue, Cognitive, and Respiratory Symptom Clusters Following Symptomatic COVID-19 in 2020 and 2021 (JAMA Network, 10 October) [LINK]

- This observational study estimates the proportion of males and females with COVID-19, younger or older than 20 years of age, who had Long COVID symptoms in 2020 and 2021 and their Long COVID symptom duration. This study presents modeled estimates of the proportion of individuals with at least 1 of 3 self-reported Long COVID symptom clusters (persistent fatigue with bodily pain or mood swings; cognitive problems; or ongoing respiratory problems) 3 months after symptomatic SARS-CoV-2 infection wherein an estimated 15.1% (95% UI, 10.3%-21.1%) continued to experience symptoms at 12 months.

J5. Nasopharyngeal Wash with Normal Saline Decreases SARS-CoV-2 Viral Load: A Randomized Pilot Controlled Trial (Canadian Respiratory Journal, 27 September) [[LINK](#)]

- This study aimed to determine the effect of nasal washes with normal saline 0.9% on nasopharyngeal viral load and outcome in hospitalized patients with COVID-19 pneumonia. This study demonstrated that nasal washes with normal saline effectively decreased the viral load during hospitalization and at follow-up.

J6. Prediction of upcoming global infection burden of influenza seasons after relaxation of public health and social measures during the COVID-19 pandemic: a modelling study(The Lancet Global Health, November) [[LINK](#)]

- The study aimed to assess the effect of COVID-19 PHSMs on the transmissibility of influenza viruses and to predict upcoming influenza epidemics. The study results suggest the potential for substantial increases in infection burden in upcoming influenza seasons across the globe. Strengthening influenza vaccination programmes is the best preventive measure to reduce the effect of influenza virus infections in the community.

J7. Age-specific associations between underlying health conditions and hospitalisation, death and in-hospital death among confirmed COVID-19 cases: a multi-country study based on surveillance data, June to December 2020 (Eurosurveillance, 1 September) [[LINK](#)]

- This study aimed to estimate relative and absolute effects of individual underlying conditions on hospitalisation, death and in-hospital death in different age groups, among COVID-19 cases reported between June and December 2020. Findings showed that several underlying conditions are associated with severe COVID-19, confirmed the importance of age as the main risk factor for hospitalisation and death, and demonstrated that age is an important effect modifier in these associations. These findings provide new evidence that could inform a more nuanced approach to COVID-19 vaccine prioritisation that may include specific age cut-offs for individual underlying conditions. This is particularly relevant as countries consider expanding vaccination to young people, and implement age-specific dosing intervals and targeting of booster doses, in response to SARS-CoV-2 variants of concern with vaccine escape properties.