



# GUIDELINES AND RESEARCH UPDATES



## TECHNICAL DOCUMENTS:

**D1. Generic protocol: a prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2 (WHO, 1 November 2022) [[LINK](#)]**

- This document aims to guide researchers to undertake study to determine if SARS-CoV-2 infection during pregnancy increases the risk of adverse pregnancy, perinatal, neonatal, and postpartum outcomes; and describe pregnancy, perinatal, neonatal and postpartum outcomes among women who have received at least one dose of a COVID-19 vaccine during pregnancy.

**D2. WHO guiding principles for pathogen genome data sharing (WHO, 8 November 2022) [[LINK](#)]**

- This publication provides practical assistance to researchers, epidemiologists, and public health officials on timely sharing of pathogen genome data.

**D3. Global spending on health: rising to the pandemic's challenges (WHO, 8 December 2022) [[LINK](#)]**

- This publication is the outcome of WHO-led collective efforts of experts on health spending in response to the global pandemic. The 2022 Global Health Expenditure Report focuses on health spending in 2020 and highlights that, globally, health spending rose to US \$9 trillion in 2020, or about 10.8% of global GDP, a new high. It provides insights for policy makers to ideate investments in preparedness and response to health emergencies.

**D4. Syndromic screening for COVID-19 of travellers crossing land borders: scientific brief (WHO, 20 December 2022) [[LINK](#)]**

- This document targets public health and border crossing policy-makers, and evaluates available scientific evidence regarding the efficacy of syndromic screening to prevent or limit the spread of COVID-19 at land borders.

#### **D5. Clinical management of COVID-19: Living guideline (WHO, 13 January 2023)**

[\[LINK\]](#)

- This document contains important updates and recommendations which relate to the discontinuation of transmission-based precautions (including isolation) and release from COVID-19 care pathway. Conditional recommendation for ten days of isolation for individuals who are symptomatic due to SARS-CoV-2 infection; and five days of isolation for individuals who are asymptomatic with SARS-CoV-2 infection and a conditional recommendation for the use of rapid-antigen testing to reduce the period of isolation for individuals with SARS-CoV-2 infection are the two key updates.

#### **D6. Therapeutics and COVID-19: Living guideline (WHO, 13 January 2023)** [\[LINK\]](#)

- This is the latest version (version 13) and contains important updates on the use of nirmatrelvir-ritonavir in patients with non-severe illness at the highest risk of hospitalization; strong recommendation against the use of casirivimab-imdevimab in patients with COVID-19 has been updated with new evidence of the reduction of effectiveness of casirivimab-imdevimab against circulating Omicron variants and the strong recommendation against the use of sotrovimab in patients with non-severe COVID-19 with new evidence of the reduction of effectiveness of sotrovimab against circulating Omicron variants.

#### **D7. Infection prevention and control in the context of coronavirus disease (COVID-19): a living guideline (WHO, 13 January 2023)** [\[LINK\]](#)

- This publication is intended to support IPC improvements in the context of COVID-19. This version includes new recommendations pertaining to mask use in community settings in higher-risk situations; advising individuals with signs and symptoms suggestive of COVID-19 or those who test positive for COVID-19 to wear a medical mask when interacting with others in or outside of one's household or sharing space with others.

### **JOURNAL ARTICLES**

#### **J1. Epidemiologic and economic modelling of optimal COVID-19 policy: public health and social measures, masks and vaccines in Victoria, Australia (The Lancet, 19 January 2023)** [\[LINK\]](#)

- The study aimed to evaluate policy packages and weighted against four criteria pertaining to cost-effectiveness from (a) health system only and (b) health system plus GDP perspectives, (c) deaths and (d) days exceeding hospital occupancy thresholds. The findings suggested that ongoing vaccination and PHSMs continue to be key components of the COVID-19 pandemic response. Integrated

epidemiologic and economic modelling, as exemplified in this paper, can be rapidly updated and used in pandemic decision-making.

**J2. Persistence, prevalence, and polymorphism of sequelae after COVID-19 in unvaccinated, young adults of the Swiss Armed Forces: a longitudinal, cohort study (The Lancet Infectious Diseases, 1 December 2022) [[LINK](#)]**

- The study describes sequelae presenting more than 180 days after COVID-19. The findings suggests that young, previously healthy, individuals largely recover from SARS-CoV-2 infection. However, the constellation of higher BMI, dyslipidemia, and lower physical endurance 180 days after COVID-19 is suggestive of a higher risk of developing metabolic disorders and possible cardiovascular complications.

**J3. Impact of community asymptomatic rapid antigen testing on covid-19 related hospital admissions: synthetic control study (BMJ, 23 November 2022) [[LINK](#)]**

- The study analyzed the impact of voluntary rapid testing for SARS-CoV-2 antigen in Liverpool city on covid-19 related hospital admissions. The findings outlined that community-based asymptomatic testing for SARS-CoV-2 was associated with substantially reduced covid-19 related hospital admissions. It suggests that large-scale asymptomatic rapid testing for SARS-CoV-2 could help reduce transmission and prevent hospital admissions.

**J4. Association of COVID-19 with short- and long-term risk of cardiovascular disease and mortality: a prospective cohort in UK Biobank (Cardiovascular Research, 19 January 2023) [[LINK](#)]**

- This study aims to evaluate the short- and long-term associations between COVID-19 and the development of cardiovascular disease (CVD) outcomes and mortality in the general population. COVID-19 infection, including long-COVID, is associated with increased short- and long-term risks of CVD and mortality. Ongoing monitoring of signs and symptoms of developing these cardiovascular complications post diagnosis and up till at least a year post recovery may benefit infected patients, especially those with severe disease.

**J5. Long COVID outcomes at one year after mild SARS-CoV-2 infection: a nationwide cohort study (British Medical Journal, 11 January 2023) [[LINK](#)]**

- This study determined the clinical sequelae of long COVID for a year after infection in patients with mild disease. The findings of this nationwide study suggests that patients with mild COVID-19 are at risk for a small number of health outcomes, most of which are resolved within a year from diagnosis.

**J6. COVID-19 mortality attenuated during widespread Omicron transmission, Denmark, 2020 to 2022 (Eurosurveillance, 19 January 2023) [[LINK](#)]**

- The aim to the study was to investigate how coincidental infections affected COVID-19 mortality estimates following the introduction of the Omicron variant in late 2021. Findings conclude that COVID-19 mortality had an important shift following the emergence and spread of the Omicron variant with a markedly higher proportion of people estimated to have died with COVID-19 as compared with mortality patterns observed earlier in the COVID-19 pandemic.

**J7. Effect of Fluvoxamine vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19 (JAMA, 12 January 2023) [[LINK](#)]**

- The study evaluated the efficacy of low-dose fluvoxamine (50 mg twice daily) for 10 days compared with placebo for the treatment of mild to moderate COVID-19. Findings conclude that among outpatients with mild to moderate COVID-19, treatment with 50 mg of fluvoxamine twice daily for 10 days, compared with placebo, did not improve time to sustained recovery. These findings do not support the use of fluvoxamine at this dose and duration in patients with mild to moderate COVID-19.