

TECHNICAL DOCUMENTS:

D1. Technical note on delayed shipments for the ChAdOx1-S [recombinant] vaccines: what are the implications for the administration of second doses? (WHO, 26 May) [LINK]

• This document supplements information on considerations for optimizing deployment of ChAdOx1-S (recombinant) vaccines in a time-limited constrained supply situation. It also provides updated information relevant to the provision of a second dose in the current limited supply. This technical note has been developed by the WHO secretariat and has been reviewed by members the Strategic Advisory Group of Experts on Immunization (SAGE).

D2. Public health impact of SARS-CoV-2 variants of concern: scoping review protocol (European Centre for Disease Control & Prevention, 17 May) [LINK]

• This scoping review maps and summarizes the emerging evidence on SARS-CoV-2 VOCs and provides an overview of their potential impact on public health measures. It addresses SARS-CoV-2 diagnostics, Transmissibility, Disease severity, Immune responses following natural infection and following vaccination, Vaccine efficacy and effectiveness etc.

D3. Preventing and mitigating COVID-19 at work (WHO, 19 May) [LINK]

• This policy brief provides a summary of the evidence for transmission of COVID-19 in general workplaces and an overview of WHO and ILO recommendations for prevention and mitigation of COVID-19 and for protecting health and safety at work in the context of the pandemic.

D4. Interim Public Health Recommendations for Fully Vaccinated People (CDC, 28 May) [LINK]

• This guidance provides recommendations for fully vaccinated people, including: how fully vaccinated people can safely resume activities; how they should approach domestic and international travel; how they should approach isolation, quarantine, and testing etc.

D5. Evidence review – Public health measures in the aviation sector in the context of COVID-19: quarantine and isolation - 21 May 2021 (WHO, 21 May) [LINK]

- This document addresses the restriction of movement travelers and/or isolation of ill travelers on arrival.
 - Additional resources: Annexure [LINK]

D6. Critical preparedness, readiness and response actions for COVID-19 (WHO, 27 May) [LINK]

• This document outlines critical preparedness, readiness and response actions that are necessary, depending on the SARS-CoV-2 transmission scenario. It emphasizes the transmission scenario to be assessed at the lowest administrative level (e.g., province, state, district, community) within country.

D7. Considerations for the Reorganization of Cancer Services during the COVID-19 Pandemic (WHO/ PAHO, 26 May) [LINK]

• This guidance describes the operational aspects of organizing cancer treatment services for providing a timely and quality response in the context of the COVID-19 pandemic.

JOURNAL ARTICLES

J1. Effect of 2 Inactivated SARS-CoV-2 Vaccines on Symptomatic COVID-19 Infection in Adults: A Randomized Clinical Trial (JAMA, 26 May) [LINK]

- The study assessed the efficacy of two inactivated SARS-CoV-2 vaccines for prevention of symptomatic COVID-19. The findings show that adults who had taken either of two inactivated SARS-CoV-2 vaccines had significantly reduced the risk of symptomatic COVID-19.
- J2. Safety, Immunogenicity, and Efficacy of the BNT162b2 Covid-19 Vaccine in Adolescents (The New England Journal of Medicine, 27 May)[LINK]
 - The study evaluated safety, immunogenicity and efficacy of Pfizer Covid-19 vaccine and found that the BNT162b2 vaccine was highly effective against Covid-19. 12-15 year-old recipientshad favorable safety profile and greater immune response than in young adults.

J3. Mucormycosis in COVID-19: A systematic review of cases reported worldwide and in India (Elsevier, 21 May) [LINK]

• This is a systematic review of literature on patient's characteristics in those having mucormycosis and COVID-19. The findings suggest that rampant use of corticosteroid in a background of COVID-19 increases mucormycosis. This warrants clinical management procedures to maintain optimal glucose and judicious use of corticosteroids in patients with COVID-19.

J4. Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy (JAMA, 28 May) [LINK]

• The authors investigated the incidence of SARS-CoV-2 primary infection and reinfection among individuals who, during the first wave of the pandemic in Italy (February to July 2020) underwent diagnostic reverse-transcriptase—polymerase chain reaction. The study results suggest that reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection.

J5. Implications of early respiratory support strategies on disease progression in critical COVID-19: a matched sub-analysis of the prospective RISC-19-ICU cohort (BMC-Critical Care, 25 May)[LINK]

• The study assessed the risks and benefits of different respiratory support strategies applied in intensive care units to treat severe COVID-19 cases. The findings demonstrate that initial respiratory support strategy reduces the intubation rate and ICU mortality rate. It also stress upon avoiding Non-Invasive Ventilatory support (NIV) whenever possible due to the elevated ICU mortality risk.

J6. Factors Influencing Public Attitudes towards COVID-19 Vaccination: A Scoping Review Informed by the Socio-Ecological Model (Vaccines, 24 May)[LINK]

• The findings from this review reveal that the factors influencing public attitudes towards COVID-19 vaccines were embedded within the different levels of the socio-ecological model. These factors included the sociodemographic characteristics, individual factors, social and organizational factors. Certain characteristics of COVID-19 vaccines themselves influenced public attitudes towards accepting the vaccines.

J7. SARS-CoV-2 variant B.1.1.7 susceptibility and infectiousness of children and adults deduced from investigations of childcare centre outbreaks, Germany, 2021 (Eurosurveillance, 27 May)[LINK]

• The study investigated the susceptibility and infectiousness of children, particularly for those of preschool age, affected by B.1.1. 7 variant from three childcare Centre. The

authors conclude that there is an increased transmissibility from SARS-CoV-2 B.1.1.7 variant. It also suggests that both susceptibility and infectiousness of children aged between 1 to 6 years are substantially higher compared with the pre-VOC period.