



# GUIDELINES AND RESEARCH UPDATES



## TECHNICAL DOCUMENTS:

### D1. Antigen-detection in the diagnosis of SARS-CoV-2 infection (WHO, 6 October) [\[LINK\]](#)

- This interim guidance provides recommendations on the priority uses of antigen-detecting rapid diagnostic tests (Ag-RDTs) in specific populations and settings, including- (i) for primary case detection in symptomatic individuals suspected to be infected and asymptomatic individuals at high risk of COVID-19, (ii) for contact tracing, (iii) during outbreak investigations and (iv) to monitor trends of disease incidence in communities.

### D2. A clinical case definition of post COVID-19 condition by a Delphi consensus (WHO, 6 October) [\[LINK\]](#)

- This document outlines the latest clinical case definition of post COVID-19 condition by Delphi methodology. Now the definition spells out as - “post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. The common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness.

### D3. WHO COVID-19 Excess Mortality Estimation Methodology (WHO, 7 October) [\[LINK\]](#)

- This document outlines details of “excess mortality” which denotes “the mortality above what would be expected based on the non-crisis mortality rate in the population of interest.” Estimates of the excess mortality attributable to COVID-19 are derived from the total location-specific all-cause death numbers for a period during the years 2020 and 2021.

### D4. Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed: Interim guidelines (WHO, 1 October) [\[LINK\]](#)

- This document is an update of a guidance published on [12 July 2021](#), after the review of new scientific evidence on transmission of SARS-CoV-2 variants of concern (VOC). It contains updated recommendations on the use of masks and respirators for health workers providing care to suspected or confirmed COVID-19.

#### **D5. WHO COVID-19 SPRP: Updated Appeal September 2021 - March 2022- An urgent call to fund the COVID-19 emergency response (WHO, 7 October) [[LINK](#)]**

- This appeal is an urgent call for the international community, in particular our donors to fund the Strategic Preparedness and Response Plan (SPRP) fully and flexibly to allow WHO to play its global role in tackling this pandemic and fulfill the mandate given to it by its Member States.

#### **D6. Coadministration of seasonal inactivated influenza and COVID-19 vaccines (WHO, 21 October) [[LINK](#)]**

- This document presents the evidence related to coadministration of Covid-19 and influenza vaccines and the interim guidance. As vaccination programmes against COVID-19 and seasonal influenza are currently being implemented in parallel in many countries, this document would be a guidance for administration of both vaccines during the same visit with potential advantages.

#### **D7. Evaluation for SARS-CoV-2 Testing in Animals (CDC, 12 October) [[LINK](#)]**

- This document provides recommendations to guide priorities for animal SARS-CoV-2 testing given limited resources. Recommendations have been updated to include testing animals with an epidemiological link to SARS-CoV-2.

### **JOURNAL ARTICLES**

#### **J1. Daily testing for contacts of individuals with SARS-CoV-2 infection and attendance and SARS-CoV-2 transmission in English secondary schools and colleges: an open-label, cluster-randomized trial (The Lancet, 2 October) [[LINK](#)]**

- This study tracked daily testing of contacts as an alternative to assess whether this resulted in similar control of transmission, while allowing more school attendance. The findings suggest that infection rates in school-based contacts were low, with very few school contacts testing positive. Daily contact testing should be considered for implementation as a safe alternative to home isolation following school-based exposures.

#### **J2. Waning Immune Humoral Response to BNT162b2 Covid-19 Vaccine over 6 Months (New England Journal of Medicine, 6 October) [[LINK](#)]**

- This longitudinal prospective study assesses the dynamics of antibody levels and determines predictors of antibody levels at 6 months in vaccinated health care workers who were tested for the presence of anti-spike IgG and neutralizing antibodies. The findings suggest that six months after receipt of the second dose of the BNT162b2 vaccine, humoral response was substantially decreased, and that long-term humoral response and vaccine effectiveness in previously infected persons were superior to that in recipients of two doses of vaccine.

**J3. Covid-19 Breakthrough Infections in Vaccinated Health Care Workers (New England Journal of Medicine, 14 October) [[LINK](#)]**

- This prospective cohort study was aimed to assess the effectiveness of the BNT162b2 vaccine among health care workers and to examine possible correlates of protection and infectivity in this population. The study observed 39 SARS-CoV-2 breakthrough infections among 1497 fully vaccinated health care workers. Among fully vaccinated health care workers, the occurrence of breakthrough infections with SARS-CoV-2 was correlated with neutralizing antibody titers during the peri-infection period. Most breakthrough infections were mild or asymptomatic, although persistent symptoms did occur.

**J4. Occupational risk of COVID-19 in the first versus second epidemic wave in Norway, 2020 (Eurosurveillance, 7 October) [[LINK](#)]**

- The study explored whether employees in occupations that typically entail close contact with others were at higher risk of SARS-CoV-2 infection and COVID-19-related hospitalization during the first and second epidemic wave before and after 18 July 2020, in Norway. The results indicate that nurses, physicians, dentists and physiotherapists had 2-3.5 times the odds of COVID-19 during the first wave when compared with others of working age. In the second wave, bartenders, waiters, food counter attendants, transport conductors, travel stewards, childcare workers, preschool and primary school teachers had 1.25-2 times the odds of infection. Bus, tram and taxi drivers had an increased odd of infection in both waves (odds ratio: 1.2-2.1).

**J5. REGEN-COV Antibody Combination and Outcomes in Outpatients with Covid-19 (New England Journal of Medicine, 29 September) [[LINK](#)]**

- The study intended to assess outcomes in the cohort of outpatients with Covid-19 and risk factors for severe disease who received various doses of intravenous REGEN-COV or placebo. It concluded that REGEN-COV reduced the risk of Covid-19-related hospitalization or death from any cause, and it resolved symptoms and reduced the SARS-CoV-2 viral load more rapidly than placebo.

**J6. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic (The Lancet, 8 October) [\[LINK\]](#)**

- The study aimed to quantify the impact of the COVID-19 pandemic on the prevalence and burden of major depressive disorder and anxiety disorders globally in 2020. The evidences derived from the study suggest that this pandemic has created an increased urgency to strengthen mental health systems in most countries. Mitigation strategies could incorporate ways to promote mental wellbeing and target determinants of poor mental health and interventions to treat those with a mental disorder.

**J7. Supplementing SARS-CoV-2 genomic surveillance with PCR-based variant detection for real-time actionable information, the Netherlands, June to July 2021 (Eurosurveillance, 7 October) [\[LINK\]](#)**

- The study mentions experiences with routine testing for VOCs by specific RT-PCR in five regional hospital laboratories during the time of emergence of the SARS-CoV-2 Delta VOC. It also examined the trends of RT-PCR typing compared to the centralised national genomic surveillance data. The authors opine that the effectiveness of local response depends not only on speed of detection, but also on the frequency of VOC introductions, the scale of detected clusters, oversight of potential sources and contacts, compliance of the local population to follow-up advice and, most important, the willingness of policymakers to implement measures.
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