GUIDELINES AND RESEARCH UPDATES

TECHNICAL DOCUMENTS:

D1. Interim recommendations for use of the inactivated COVID-19 vaccine, CoronaVac, developed by Sinovac (WHO, 21 October) [LINK]

- These interim recommendations for use of the Sinovac-CoronaVac has been developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the evidence summary included in the background document and annexes.

D2. Interim recommendations for an extended primary series with an additional vaccine dose for COVID-19 vaccination in immunocompromised persons (WHO, 26 October) [LINK]

- This document addresses the potential indications for extending the primary series by including an additional dose to improve the immune response rate and clinical protection against COVID-19 in immunocompromised persons.

D3. Interim recommendations for use of the inactivated COVID-19 vaccine BIBP developed by China National Biotec Group (CNBG), Sinopharm (WHO, 28 October) [LINK]

- These WHO interim recommendations for use of the COVID-19 vaccine BIBP produced by Sinopharm were developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the evidence summary included in the background document and annexes.

D4. Responding to noncommunicable diseases during and beyond the COVID-19 pandemic: examples of actions (WHO, 27 October) [LINK]

- The publication describes strategic approaches common to non-communicable diseases (NCDs) and COVID-19, along with examples of ongoing activities for members of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs

D5. Maintaining Essential Health Services during COVID-19 (WHO, 26 October) **[**LINK**]**

- This document outlines stories, disruptions, innovations from 11 States of India on essential non-COVID services for all areas including sexual, reproductive, maternal, newborn, child and adolescent health, prevention, and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies.

D6. COVID-19 surveillance guidance - Transition from COVID-19 emergency surveillance to routine surveillance of respiratory pathogens (European Centre for Disease Prevention and Control, October 2021) **[**LINK**]**

- This document offers practical guidance on transition from emergency surveillance for COVID-19 to more sustainable, objective-driven, surveillance systems. It proposes an updated COVID-19 surveillance guidance to help countries adapt their surveillance systems to the changing epidemics of COVID-19.

D7. Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19) (CDC, 28 October) **[**LINK**]**

- This guidance is intended for clinical laboratory and support staff who handle or process specimens associated with COVID-19. It outlines guidance for all laboratories to perform a site-specific and activity-specific risk assessment and follow Standard Precautions when handling clinical specimens.

JOURNAL ARTICLES

J1. Safe traveling in public transport amid COVID-19 (Science Advances, 22 October) **[**LINK**]**

- The study measured the impact of mandatory mask wearing and practicing social distancing policies by calculating the degree of infection exposure in public transport to prevent the spread of the novel coronavirus disease (COVID-19). The authors conclude that mandatory wearing of masks and practicing social distancing with masks during peak hours reduced infection rates by 93.5 and 98.1%, respectively.

J2. Clinical Features of Vaccine-Induced Immune Thrombocytopenia and Thrombosis (VITT) (New England Journal of Medicine, 28 October) **[**LINK**]**

- The study explored the clinical presentation of VITT in identified cohort in UK. The results indicate that VIIT usually manifests 5 to 30 days after the first vaccination with ChAdOx1 nCoV-19. 85% of the patients were younger than 60 years of age. The extensive nature of the thrombotic events was remarkable, and they often

simultaneously involved multiple vascular beds and both the venous and arterial circulations. The laboratory evidence showed more severe coagulation activation with lower platelet counts, a low fibrinogen level, and higher d-dimer levels which was associated with all worse outcomes.

J3. Estimating total morbidity burden of COVID-19: relative importance of death and disability (Journal of Clinical Epidemiology, 26 October) **[**LINK**]**

- This study quantifies relative contributions of acute case fatality, delayed case fatality, and disability to total morbidity per COVID-19 case. In all models, acute mortality was only a small share of total morbidity. Healthy years lost per COVID-19 case ranged from 0.92 (male in his 30s) to 5.71 (girl under 10) and were 3.5 and 3.6 for the oldest females and males. It further mentions that symptom severities, young people and females bore larger shares of morbidity.

J4. Genomic epidemiology reveals multiple introductions of SARS-CoV-2 followed by community and nosocomial spread, Germany (Eurosurveillance, 28 October) [LINK]

- This study illustrates how transmission chains can be resolved to the level of a single event and single person using integrated sequence data and spatio-temporal metadata through applied genomic epidemiology to trace SARS-CoV-2 spread on an international, national and local level. The findings suggest that early spread of SARS-CoV-2 in Europe was catalyzed by superspreading events and regional hotspots during the winter holiday season.

J5. Non-pharmaceutical interventions, vaccination, and the SARS-CoV-2 delta variant in England: a mathematical modelling study (The Lancet, 27 October) **[**LINK**]**

- This mathematical modelling study was done to assess the UK Government's four-step process to easing lockdown restrictions in England, UK. The findings suggest that the risk of a large wave of COVID-19 hospital admissions resulting from lifting NPIs can be substantially mitigated if the timing of NPI relaxation is carefully balanced against vaccination coverage. However, with the delta variant, it might not be possible to fully lift NPIs without a third wave of hospital admissions and deaths, even if vaccination coverage is high. Variants of concern, their transmissibility, vaccine uptake, and vaccine effectiveness must be carefully monitored as countries relax pandemic control measures.

J6. Early Treatment for Covid-19 with SARS-CoV-2 Neutralizing Antibody Sotrovimab (New England Journal of Medicine, 27 October) **[**LINK**]**

- This is an ongoing phase 3 trial involving non-hospitalized patients with symptomatic Covid-19 who either received a single infusion of sotrovimab at a dose of 500 mg or placebo. The authors conclude that among high-risk patients with

mild-to-moderate Covid-19, Sotrovimab reduced the risk of disease progression. No safety signals were identified.

J7. Toxic Effects from Ivermectin Use Associated with Prevention and Treatment of Covid-19 (New England Journal of Medicine, 20 October) [LINK]

- Citing the Oregon Poison Center telephonic consultations on treatment with Ivermectin, the author emphasizes on the potential toxic effects of ivermectin, including severe episodes of confusion, ataxia, seizures, and hypotension, and the increasing frequency of inappropriate use and concludes that there is insufficient evidence to support the use of ivermectin to treat or prevent Covid-19, and its improper use, as well as the possible occurrence of medication interactions, may result in serious side effects requiring hospitalization.