GUIDELINES AND RESEARCH UPDATES

World Health Organization India

TECHNICAL DOCUMENTS:

D1. COVID-19 home care bundle for health care workers (WHO, 9 February) [LINK]

- These publications provide practical guidance to healthcare workers on management of COVID-19 patients at home. The guidance is based on the most updated scientific information. It is intended for service providers at isolation facilities and those providing care at home.

D2. Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic (WHO, 7 February) [LINK]

- This report presents global findings from WHO's 3rd round of the survey during November - December 2021. The findings offer critical insight from country key informants into the impact of the COVID-19 pandemic on essential health services, the challenges health systems are facing to ensure access to essential COVID-19 tools and how countries are responding to mitigate disruptions, recover services, and strengthen health service resilience over the long-term.

D3. Public health surveillance for COVID-19: interim guidance (WHO, 14 February) [LINK]

- This document summarizes current WHO guidance for public health surveillance of COVID-19 in humans. This version has updates on contact definitions, contact tracing guidance, detection strategies, reinfection, Post COVID-19 condition, breakthrough infection etc.

D4. Consolidated Financing Framework for ACT-Accelerator Agency & in-country Needs (WHO, 16 February) [LINK]

- This document outlines the strategy for strengthening financial commitment framework to support the fastest, most coordinated, and successful global effort in to develop tools to fight COVID-19. The document mentions how world leader must join hand to fund the delivery, deployment, and continued development of WHO's ACT-Accelerator pillars i.e. vaccines, diagnostics, treatments and PPE.

D5. Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance (WHO, 17 February) [LINK]

- This interim guidance has been developed in the background of the present global surge of cases due to the SARS-CoV-2 Omicron variant and is meant to be referred in conjunction with the current WHO guidance on contact tracing and quarantine.

D6. NVX-CoV2373 recombinant, adjuvanted COVID-19 vaccine (WHO, 9 February) [LINK]

- This vaccine explainer document contains updated scientific information about Vaccine NVX-CoV2373 (Covovax™, Nuvaxovid™). It is a protein subunit vaccine against COVID-19. It consists of recombinant SARS-CoV-2 spike proteins' fragments assembled into nanoparticles. This vaccine contains Matrix-M saponin-based adjuvant to generate a more powerful response of the immune system.

D7. Questions and Answers: COVID-19 vaccines and pregnancy (WHO, 15 February) [LINK]

- This FAQ document is based on the most recent interim recommendations from the WHO Strategic Advisory Group of Experts on Immunization (SAGE) for COVID-19 vaccines that have been approved by WHO under Emergency Use Listing (EUL). It intends to provide answers to health providers and the public on COVID-19 vaccination during pregnancy.

JOURNAL ARTICLES

J1. Duration of effectiveness of vaccines against SARS-CoV-2 infection and COVID-19 disease: results of a systematic review and meta-regression (The Lancet, 21 February) [LINK]

- This is a systematic review of the duration of protection of COVID-19 vaccines against clinical outcomes, and assessment of changes in the rates of breakthrough infection caused by the delta variant since vaccination. The findings demonstrated that COVID-19 vaccine efficacy or effectiveness against severe disease remained high, although it decreased by 6 months after full vaccination. By contrast, vaccine efficacy or effectiveness against infection and symptomatic disease decreased approximately 20–30 percentage points by 6 months.

J2. Risk of persistent and new clinical sequelae among adults aged 65 years and older during the post-acute phase of SARS-CoV-2 infection: retrospective cohort study (BMJ, 9 February) [LINK]

- The study characterized the risk of persistent and new clinical sequelae in adults aged ≥65 years after the acute phase of SARS-CoV-2 infection. The results confirm

an excess risk for persistent and new sequelae in adults aged ≥65 years. Other than respiratory failure, dementia, and post-viral fatigue, the sequelae resembled those of viral lower respiratory tract illness in older adults. These findings further highlight the wide range of important sequelae after acute infection with the SARS-CoV-2 virus.

J3. Impact of prior vaccination with Covishield™ and Covaxin® on mortality among symptomatic COVID-19 patients during the second wave of the pandemic in South India during April and May 2021: a cohort study (Vaccine, 10 February) [LINK]

- This study evaluated the effect of prior vaccination with either Oxford Astra Zeneca's Covishield™ or Bharath Biotech's Covaxin® on mortality among symptomatic COVID-19 patients during the second wave of the pandemic in India. The findings demonstrate that among symptomatic COVID-19 patients, prior vaccination with Covishield ™ or Covaxin® impacted the severity of illness and reduced mortality during a period of widespread delta variant circulation. Full vaccination conferred greater protection than partial vaccination.

J4. Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection (NEJM, 16 February) [LINK]

- The authors investigated the duration and effectiveness of immunity in a prospective cohort of asymptomatic health care workers in the United Kingdom who underwent routine PCR testing. They conclude that Two doses of BNT162b2 vaccine were associated with high short-term protection against SARS-CoV-2 infection; this protection waned considerably after 6 months. Infection-acquired immunity boosted with vaccination remained high more than 1 year after infection.

J5. Effectiveness of the BNT162b2 Vaccine after Recovery from Covid-19 (NEJM, 16 February) [LINK]

- In this retrospective cohort study, authors reviewed electronic medical records in Israel to assess reinfection rates in patients who had recovered from SARS-CoV-2 infection before any vaccination against Covid-19. They conclude that Among patients who had recovered from Covid-19, the receipt of at least one dose of the BNT162b2 vaccine was associated with a significantly lower risk of recurrent infection.

J6. Oral Nirmatrelvir for High-Risk, Non-hospitalized Adults with Covid-19 (NEJM, 16 February) [LINK]

- This study is a phase 2–3 double-blind, randomized, controlled trial in which symptomatic, unvaccinated, non-hospitalized adults at high risk for progression to severe Covid-19 were assigned to receive either 300 mg of nirmatrelvir plus 100 mg of ritonavir or placebo every 12 hours for 5 days. The trial demonstrated that

treatment of symptomatic Covid-19 with nirmatrelvir plus ritonavir resulted 89% lower risk of progression to severe Covid-19, without evident safety concerns.

J7. Association of COVID-19 Acute Respiratory Distress Syndrome (ARDS) With Symptoms of Posttraumatic Stress Disorder in Family Members After ICU Discharge

(JAMA, 18 February) [LINK]

- The study determined the association between patient hospitalization for COVID-19 ARDS vs ARDS from other causes and the risk of posttraumatic stress disorder (PTSD)-related symptoms in family members. The authors conclude that among family members of patients hospitalized in the ICU with ARDS-COVID-19, as compared with other causes of ARDS, was significantly associated with increased risk of symptoms of PTSD at 90 days after ICU discharge.