GUIDELINES AND RESEARCH UPDATES

World Health Organization India

TECHNICAL DOCUMENTS:

D1. Infection prevention and control in the context of coronavirus disease (COVID-19): A living guideline (WHO, 7 March) **[**LINK**]**

- This is the second edition of the Infection prevention and control in the context of coronavirus disease (COVID-19)- provides the most up to date technical guidance on mask use in community settings in the context of COVID-19. This edition includes updated mask recommendations for children in community settings including updated age specific recommendations, statements for children with disabilities and those at high risk for complications related to COVID-19 infection. Updated implementation considerations for mask use in school settings are also included.

D2. Therapeutics and COVID-19: living guideline (WHO, 3 March) **[**LINK**]**

- This is the ninth version of the WHO living guideline now contains 15 recommendations, including one new recommendation regarding use of molnupiravir. Other COVID-19 therapeutics that are currently under consideration by WHO include molnupiravir, fluvoxamine, nirmatrelvir/ritonavir, colchicine and anticoagulants. This guideline will be updated if/when sufficient new evidence comes in.

D3. Report of the WHO global technical consultation on public health and social measures during health emergencies (WHO, 24 February) **[**LINK**]**

- This is a detailed report on the global technical consultation on public health and social measures (PHSM) during health emergencies took place from 31 August to 2 September 2021; it summarizes the focus areas and key messages of the meeting. The consultation focused on reviewing the existing evidence and learning from experiences with implementing PHSM during the COVID-19 pandemic.

D4. Mental health and COVID-19: Early evidence of the pandemic's impact (WHO, 2 March) **[**LINK**]**

- This scientific brief is based on evidence from research commissioned by WHO, including an umbrella review of systematic reviews and meta-analyses and an update to a living systematic review. It provides a comprehensive overview of current evidence on impact of COVID-19 on mental health including impact on the mental health and well-being of people around the world while also raising concerns of increased suicidal behaviour.

D5. Considerations for Case Investigation and Contact Tracing in Schools and Institutions of Higher Education (CDC, 28 February) **[**LINK**]**

- This guidance is for administrators and other staff of schools, college & universities who are developing policies and coordinating case investigation and contact tracing. This guidance can inform public health professionals when conducting case investigations and contact tracing in educational institutions. This guidance is meant to supplement- not replace-State/UT or local level public health and safety laws, rules, regulations, and policies.

D6. Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan: Overview (CDC, 28 February) **[**LINK**]**

- This guidance aims to provide a foundation for states and local governments on development of case investigation and contact tracing plans. A checklist is available to assist health departments in developing a comprehensive plan. This tool does not describe mandatory requirements or standards; rather, it highlights important areas for consideration.

D7. Care for Breastfeeding People (CDC, 25 February) **[**LINK**]**

- This information is intended for healthcare professionals who care for breastfeeding people as well as infants and children who receive breast milk feeds during the COVID-19 pandemic.

JOURNAL ARTICLES

J1. Covid-19 Vaccine Effectiveness against the Omicron (B.1.1.529) Variant (NEJM, 2 March) **[**LINK**]**

- The authors used a test-negative case–control design to estimate vaccine effectiveness against symptomatic disease caused by the omicron and delta (B.1.617.2) variants in England. They conclude that Primary immunization with two doses of ChAdOx1 nCoV-19 or BNT162b2 vaccine provided limited protection against symptomatic disease caused by the omicron variant. A BNT162b2 or mRNA-1273 booster after either the ChAdOx1 nCoV-19 or BNT162b2 primary course substantially increased protection, but that protection waned over time.

J2. Risk of infection, hospitalization, and death up to 9 months after a second dose of COVID-19 vaccine: a retrospective, total population cohort study in Sweden (The Lancet, 26 February) [LINK]

- The study investigated the effectiveness of COVID-19 vaccination against the risk of infection, hospitalization, and death during the first 9 months after vaccination for the total population of Sweden. The findings demonstrate progressive waning of vaccine effectiveness against SARS-CoV-2 infection of any severity across all subgroups, but the rate of waning differed according to vaccine type. With respect to severe COVID-19, vaccine effectiveness seemed to be better maintained, although some waning became evident after 4 months. These results strengthen the evidence-based rationale for administration of a third vaccine dose as a booster.

J3. From more testing to smart testing: data-guided SARS-CoV-2 testing choices, the Netherlands (Eurosurveillance, 24 February) [LINK]

- This study assessed the potential impact of introduction of RDT in the current test strategy of the Netherlands where the majority of testing is done in drive-through test stations. The findings conclude that the most sensitive RDT detected infectious COVID-19 cases with high sensitivity and can substantially improve time to test result compared with RT-PCR. It further advocates that the RDT offer hope to improve epidemic containment by more rapid isolation and contact tracing of the most infectious individuals and are a promising alternative for RT-PCR in low- and high-income countries.

J4. Effect of Covid-19 Vaccination on Transmission of Alpha and Delta Variants (NEJM, 24 February) [LINK]

- The study investigated the associations between transmission and the vaccination status of index patients and contacts and determined how these associations varied with the B.1.1.7 (alpha) and delta variants and time since the second vaccination. The results show that vaccination was associated with a smaller reduction in transmission of the delta variant than of the alpha variant, and the effects of vaccination decreased over time.

J5. Efficacy of covid-19 vaccines in immunocompromised patients: systematic review and meta-analysis (British Medical Journal, 2 March) [LINK]

- The study compared the efficacy of covid-19 vaccines between immunocompromised and immunocompetent people. The authors conclude that seroconversion rates after covid-19 vaccination were significantly lower in immunocompromised patients, especially organ transplant recipients. A second dose was associated with consistently improved seroconversion across all patient groups, albeit at a lower magnitude for organ transplant recipients. Targeted

interventions for immunocompromised patients, including a third (booster) dose, should be performed.

J6. Measuring the effects of COVID-19-related disruption on dengue transmission in southeast Asia and Latin America: a statistical modelling study (The Lancet, 2 March) **[**LINK**]**

- This study assessed the effects of COVID-19-related disruption on dengue in southeast Asia and Latin America. Findings suggest that in most countries, COVID-19-related disruption led to historically low dengue incidence in 2020. Continuous monitoring of dengue incidence as COVID-19-related restrictions are relaxed might be important and could give new insights into transmission processes and intervention options.

J7. The impact of COVID-19 and associated measures on health, police, and non-government organisation service utilisation related to violence against women and children (BMC, 12 February) **[**LINK**]**

- The study examined the impact of COVID-19 response measures on changes in violence against women and children (VAWC) service utilization across European countries. Overall, findings suggested that there was a median reported increase in VAWC service utilization of approximately 20% during the COVID-19 pandemic. However, change in service utilization differed across sectors.