

TECHNICAL DOCUMENTS

D1. Guidance on developing a national deployment and vaccination plan (NDVP) for COVID-19 vaccines (WHO, 1 June) [LINK]

 This is a revised version that provides global guidance framework to countries to develop their NDVPs. The new information added includes COVID-19 partners platform; use of COVID-19 simulation exercises to test deployment strategies; indemnity agreement and no-fault compensation programme for vaccines secured through the COVAX Facility in Advance Market Commitment (AMC) eligible economies; among others.

D2. Use of medical and non-medical/fabric masks for community outreach activities during the COVID-19 pandemic (WHO, 1 June) [LINK]

 This aide-mémoire presents information on use and procurement of masks for community outreach interventions, with a focus on those for malaria, neglected tropical diseases, tuberculosis, HIV/AIDS and vaccine-preventable diseases.

D3. Considerations for sharing information for international contact tracing in the context of COVID-19 (WHO, 14 June) [LINK]

 This document is intended for IHR National Focal Points, other national and subnational authorities responsible for public health management at points of entry, and case investigation and contact tracing of international travelers using air, sea and groundcrossings. It recommends rapid information sharing between national IHR focal points (NFP) on identification of cases on conveyances, at points of entry, or among those with a history of international travel for effective international contact tracing.

D4. Young people and COVID-19: Behavioural considerations for promoting safe behaviours (WHO, 9 June) [LINK]

• This policy brief provides relevant insights from behavioural evidence and a set of behavioural considerations for those promoting COVID-19 appropriate behaviours (CAB) among young people.

D5. COVID-19 Vaccine introduction and deployment costing tool (CVIC tool) -Version 2.2 (WHO, 10 June) [LINK]

• The CVIC tool supports credible COVID-19 vaccination costing to facilitate a dialogue with stakeholders while maintaining sensitivity to protect essential health services. It provides

a structured and comprehensive estimation of incremental operational and selected capital costs of the introduction and deployment of COVID-19 vaccines, in alignment with the National Deployment and Vaccination Plan (NDVP).

D6. Technical specifications for the selection of essential in vitro diagnostics for SARS-CoV-2 (WHO, 14 June) [LINK]

 This document constitutes a set of predefined criteria and baseline requirements to ensure good quality, safety, performance and efficacy. The specifications are companions to the WHO Model List of Essential In Vitro Diagnostics (EDL) and are provided to help Member States, donor agencies and non-governmental organisations select specific products within each test category of the EDL and guide procurement decisions.

D7. Considerations for implementing and adjusting public health and social measures (PHSM) in the context of COVID-19 (WHO, 14 June) [LINK]

 This updates the 4 November 2020 guidelines and introduces considerations for the relaxation of some PHSM for individuals with natural or vaccine-induced immunity.
 PHSM include non-pharmaceutical individual and societal interventions to stop the spread of COVID-19.

JOURNAL ARTICLES

J1. Multicenter epidemiologic study of coronavirus disease-associated mucormycosis, India (Emerging Infectious Diseases, 4 June) [LINK]

 This pan-India study compares epidemiology and outcomes among cases of COVID-19associated mucormycosis (CAM). Uncontrolled diabetes mellitus was the most common underlying disease among CAM and non-CAM patients. COVID-19-related hypoxemia and improper glucocorticoid use independently were associated with CAM. The mucormycosis case-fatality rate at 12 weeks was 45.7% but was similar for CAM and non-CAM patients.

J2. Vaccine breakthrough infections with SARS-CoV-2 variants (New England Journal of Medicine, 10 June) [LINK]

 This observational study assesses potential risk of illness after successful vaccination and subsequent infection with variant virus. The authors conclude that it is very likely that patients had effective immune responses to the vaccines. Although these patients presented with clinically mild symptoms, it will be very important to ascertain whether severe symptoms can or cannot develop in others despite vaccination as variants continue to evolve.

J3. COVID-19: Long Covid and its societal consequences (Environmental Microbiology, 10 June) [LINK]

This paper summarises recent findings about COVID-19 sequelae, with a particular focus
on long Covid. It observed that while some of the immediate and short-term
consequences of the pandemic are apparent and being addressed by policies designed
to solve them reasonably rapidly, others, in particular those resulting from long Covid,
are not yet fully appreciated and effective strategies to address them remain to be
developed.

J4. Therapeutic versus prophylactic anticoagulation for patients admitted to hospital with COVID-19 and elevated D-dimer concentration (ACTION): an open-label, multicentre, randomised, controlled trial (The Lancet, 12 June) [LINK]

• The study compared the efficacy and safety of therapeutic versus prophylactic anticoagulation in the patients admitted to the hospital due to COVID-19. It concludes that use of therapeutic-dose of rivaroxaban, and other oral anticoagulants do not improve the clinical outcomes in patients with COVID-19 and elevated D-dimer concentration. Therefore, direct oral anticoagulants, should be avoided in such patients in the absence of an evidence-based indication for oral anticoagulation.

J5. Impact of January 2021 curfew measures on SARS-CoV-2 B.1.1.7 circulation in France (EuroSurveillance, 15 April) [LINK]

The study estimated impact of social distancing in France. It concludes that social
distancing progressively implemented at the start of January 2021 was able to bring the
effective reproductive number of the historical SARS-CoV-2 strains below 1, leading to
its decline, while B.1.1.7 cases increased exponentially.

J6. Clinical characteristics and risk factors for death among hospitalised children and adolescents with COVID-19 in Brazil: an analysis of a nationwide database (The Lancet-Child & Adolescent Health, 10 June) [LINK]

• The study characterises the clinical features of children and adolescents hospitalised with laboratory-confirmed SARS-CoV-2 infection. It concludes that death from COVID-19 was associated with age, indigenous ethnicity, poor geopolitical region, and pre-existing medical conditions. Disparities in health care, poverty, and comorbidities can also contribute to magnifying the burden of COVID-19 in more vulnerable and socioeconomically disadvantaged children and adolescents.

J7. Inflammatory biomarkers in COVID-19-associated multisystem inflammatory syndrome in children, Kawasaki disease, and macrophage activation syndrome: a cohort study (The Lancet-Rheumatology, 8 June) [LINK]

• The study investigated whether inflammatory biomarkers could be used to distinguish multisystem inflammatory syndrome in children (MIS-C) from other hyperinflammatory syndromes, including Kawasaki disease and macrophage activation syndrome (MAS). The findings show MIS-C is distinguishable from Kawasaki disease primarily by elevated CXCL9 concentrations. The stratification of patients with MIS-C by high or low CXCL9 concentrations provides support for MAS-like pathophysiology in patients with severe MIS-C, suggesting new approaches for diagnosis and management.