GUIDELINES AND RESEARCH UPDATES

TECHNICAL DOCUMENTS:

D1. Use of SARS-CoV-2 antigen-detection rapid diagnostic tests for COVID-19 self-testing (WHO, 9 March) **[**LINK**]**

- This guidance enables countries to make decisions on including COVID-19 self-testing as an additional part of overall SARS-CoV-2 testing strategy. It also includes implementation considerations that can guide decisions on adopting self-testing in different contexts, including the populations being prioritized; the disease prevalence in that population; and the impact on accessibility of testing, health care services and result reporting.

D2. Safety monitoring of molnupiravir for treatment of mild to moderate COVID-19 infection in low and middle-income countries using cohort event monitoring: a WHO study (WHO, 11 March) **[**LINK**]**

- This is a technical protocol approved by the WHO Ethics Review Committee (ERC). It may be used by study sites who will submit a protocol to their national ERC.

D3. Strengthening COVID-19 vaccine demand and uptake in refugees and migrants (WHO, 14 March) **[**LINK**]**

- This guide provides recommendations, strategies and good practices for understanding and addressing individual, social and practical or logistical barriers to COVID-19 vaccination among refugee and migrant populations. It aims to support the operationalization of the recent WHO interim guidance COVID-19 Immunization in Refugees and Migrants: Principles and Key Considerations.

D4. Interim recommendations for use of vaccines against COVID-19 (COVISHIELD™, LINK), (COVAXIN® LINK) (WHO, 15 March)

- These WHO interim recommendations for use of the above mentioned vaccines were developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the latest scientific evidences included in

the background documents (COVISHIELD™, COVAXIN®) and annexes (COVISHIELD™, COVAXIN®)

D5. Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022 (WHO, 30 March) **[**LINK**]**

- In continuation with WHO's global Strategic Preparedness, Readiness and Response Plan (SPRP) 2020 & 2021; this document sets out several key strategic adjustments that, if implemented rapidly and consistently at national, regional, and global levels in 2022, will enable the world to end the acute phase of the pandemic. While recovery and the strengthening of the global health emergency preparedness and response architecture are beyond the scope of this document, it should be noted that the capacities and adjustments necessary to end the acute phase of the COVID-19 pandemic can and should lay the foundations for a future in which the world is prepared to prevent, detect and respond to pandemic threats.

D6. Global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022-2032 (WHO, 28 March) **[**LINK**]**

- This strategy document provides a high-level unifying framework to leverage existing capacities, address barriers and strengthen the use of genomic surveillance in the detection, monitoring and response to public health threats. The strategy articulates the overarching goal, objectives and strategic actions needed.

D7. Guidance for Reporting SARS-CoV-2 Sequencing Results (CDC, 21 March) **[**LINK**]**

- This guidance outlines the process for adding a SARS-CoV-2 genetic sequencing result to an existing electronic laboratory report to provide that information to the health departments. Laboratories and facilities that have SARS-CoV-2 positive specimens and intend to report SARS-CoV-2 lineages, including variants, should upload sequence data to a public database (e.g., GISAID, NCBI Gene Bank).

JOURNAL ARTICLES

J1. Effect of Early Treatment with Ivermectin among Patients with COVID-19 (The New England Journal of Medicine, 30 March) **[**LINK**]**

- The study assessed the efficacy of ivermectin in preventing hospitalization or extended observation in an emergency setting among outpatients with acutely symptomatic COVID-19. The findings from this double-blind, randomized, placebo-controlled trial demonstrated that treatment with ivermectin did not result in a lower incidence of medical admission to a hospital due to progression

of COVID-19 or of prolonged emergency department observation among outpatients with an early diagnosis of COVID-19.

J2. Early Outpatient Treatment for COVID-19 with Convalescent Plasma (The New England Journal of Medicine, 30 March) **[**LINK**]**

- The study evaluated the efficacy and safety of convalescent plasma in preventing serious complications in patients diagnosed with COVID-19. The findings concluded that in the study participants, most of whom were unvaccinated- the administration of convalescent plasma within 9 days after the onset of symptoms reduced the risk of disease progression leading to hospitalization.

J3. BNT162b2 Protection against the Omicron Variant in Children and Adolescents (The New England Journal of Medicine, 30 March) **[**LINK**]**

- The study aimed to assess effectiveness of BNT162b2, an mRNA vaccine, against the Omicron in laboratory-confirmed COVID-19 cases. The results demonstrated that BNT162b2 vaccination reduced the risk of omicron-associated hospitalization by two thirds among children 5 to 11 years of age. Although two doses provided lower protection against omicron-associated hospitalization than against delta-associated hospitalization among adolescents 12 to 18 years of age, vaccination prevented critical illness caused by either variant

J4. Protection against SARS-CoV-2 after COVID-19 Vaccination and Previous Infection (The New England Journal of Medicine, 31 March) **[**LINK**]**

- The study investigated the duration and effectiveness of immunity in a prospective cohort of asymptomatic health care workers in the UK who underwent routine PCR testing. The findings show 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 rAd26-rAd5, ChAdOx1 nCoV-19, and BBIBP-CorV vaccines for risk of infection with SARS-CoV-2 and death due to COVID-19 in people older than 60 years in Argentina: a test-negative, case-control, and retrospective longitudinal study (The Lancet, 26 March) **[**LINK**]**

- The authors used a test-negative case–control design to estimate vaccine effectiveness at reducing risk of SARS-CoV-2 infection and COVID-19 deaths in people older than 60 years and vaccinated with primary dose of three different vaccines in Argentina. They conclude that effectiveness on deaths was 93·1% (95% CI 92·6–93·5) for rAd26-rAd5, 93·7% (93·2–94·3) for ChAdOx1 nCoV-19, and 85·0% (84·0–86·0) for BBIBP-CorV following two doses of these vaccines.

J6. Molecular epidemiology of the SARS-CoV-2 variant Omicron BA.2 sub-lineage in Denmark, 29 November 2021 to 2 January 2022 (Eurosurveillance, 10 March) **[**LINK**]**

- This study provides a molecular epidemiological characterization of the BA.2 cases identified in Denmark. It highlights that SARS-CoV-2 variant Omicron BA.2 has quickly become the dominant sub-lineage in Denmark, it was is not associated with increased severity of disease or hospitalization. The mutation profiles of BA.1 and BA.2 differ in the spike gene in regions associated with receptor binding, glycosylation and resistance to monoclonal antibodies.

J7. SARS-CoV-2 positivity in offspring and timing of mother-to-child transmission: living systematic review and meta-analysis (British Medical Journal, 16 March) **[**LINK**]**

- The study assessed the rates of SARS-CoV-2 positivity in babies born to mothers with SARS-CoV-2 infection, the timing of mother-to-child transmission and perinatal outcomes, and factors associated with SARS-CoV-2 status in offspring. The findings conclude that SARS-CoV-2 positivity rates were found to be low in babies born to mothers with SARS-CoV-2 infection. Evidence suggests confirmed vertical transmission of SARS-CoV-2, although this is likely to be rare. Severity of maternal COVID-19 appears to be associated with SARS-CoV-2 positivity in offspring.