GUIDELINES AND RESEARCH UPDATES

TECHNICAL DOCUMENTS:

D1. Clinical management of COVID-19: Living guideline (WHO, 14 July) [LINK]

- This is the 10th version of the WHO living guideline; and contains 19 recommendations, including two new recommendations regarding fluvoxamine and colchicine. The new recommendation includes not to use fluvoxamine in patients with non-severe COVID-19; strong recommendation against the use of colchicine in patients with non-severe COVID-19.

D2. European Centre for Disease Prevention and Control (ECDC) expert consultation on knowledge and research gaps related to the COVID-19 public health response (ECDC, 29 July) [LINK]

- After two years of the COVID-19 pandemic, the ECDC undertook a consultation to identify knowledge and research gaps related to the COVID-19 public health response. The document identifies and prioritizes research gaps that remain pertinent for public health action at present and that may have increasing relevance to inform policies.

D3. WHO COVID-19 Case definition (WHO, 22 July) [LINK]

- This document provides the updated case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection.

D4. Methods for the detection and characterization of SARS-CoV-2 variants: second update (WHO, 26 July) [LINK]

- This document provides interim guidance on confirmatory or advanced testing for SARS-CoV-2, including genomic sequencing to detect and characterize circulating SARS-CoV-2 variants.

D5. Using the WHO online COVID-19 public health and social measures calibration tool: a step-by-step guide (WHO, 25 July) [LINK]

- This is an online public health and social measures (PHSM) calibration tool to assist Member States in decision-making relating to PHSM implementation during the COVID-19 pandemic. The tool provides guidance based on a situational-level assessment framework that is determined by the level of community transmission and the overall capacity of health systems and public health services within a country or region to respond.

D6. Public health surveillance for COVID-19: interim guidance (WHO, 22 July) **[**LINK**]**

- This document summarizes current WHO guidance for public health surveillance of coronavirus disease 2019 (COVID-19) in humans caused by infection with SARS-CoV-2.

D7. Revised case report form for confirmed Novel Coronavirus COVID-19 (report to WHO within 48 hours of case identification) (WHO, 22 July) **[**LINK**]**

- This is the revised case reporting form for reporting a confirm case of COVID-19 within first 48 hours of case identification.

JOURNAL ARTICLES

J1. Baricitinib in patients admitted to hospital with COVID-19 (RECOVERY): a randomized, controlled, open-label, platform trial and updated meta-analysis (The Lancet, 30 July) **[**LINK**]**

- The study evaluated Baricitinib, a Janus kinase (JAK) 1–2 inhibitor, for the treatment of patients admitted to hospital with COVID-19. The findings demonstrate that Baricitinib significantly reduces the risk of death. The total randomized evidence to date suggests that JAK inhibitors (chiefly Baricitinib) reduce mortality in patients hospitalised for COVID-19 by about one-fifth.

J2. Effect of Oral Azithromycin vs Placebo on COVID-19 Symptoms in Outpatients With SARS-CoV-2 Infection (JAMA Network, 16 July) **[**LINK**]**

- The study investigated if oral azithromycin in outpatients with SARS-CoV-2 infection leads to absence of self-reported COVID-19 symptoms at day 14. The results demonstrated that among outpatients with SARS-CoV-2 infection, treatment with a single dose of azithromycin compared with placebo did not result the patient being symptom free at day 14.

J3. Burden of SARS-CoV-2 infection in healthcare workers during second wave in England and impact of vaccines: prospective multicentre cohort study (SIREN) and mathematical model (The British Medical Journal, 20 July) **[**LINK**]**

- The study described the incidence of, risk factors for, and impact of vaccines on primary SARS-CoV-2 infection during the second wave of the covid-19 pandemic in susceptible hospital healthcare workers in England. The insights derived from the study show that without vaccines, second wave infections could have been 69% higher. The findings also highlighted occupational risk factors that persisted in healthcare workers despite vaccine rollout.

J4. Rapid Analysis of the First Year of the COVID-19 Pandemic Response for the Development of Preparedness Measures for Public Communication (SSRN, 29 July) [LINK]

- This analysis identified specific challenges experienced by government officials during the COVID-19 pandemic when communicating with the public. The findings indicate that the pandemic highlighted the need to more effectively integrate risk communication approaches and strategies across government units, to better tailor communication messages to the different segments of the population, develop partnerships with public and private social media companies, and leverage the use of analytical tools to tackle the infodemic and potential spread of misinformation.

J5. COVID-19 in the 47 countries of the WHO African region: a modelling analysis of past trends and future patterns (The Lancet Global Health, 1 August) [LINK]

- The modeling study generated information on the transmission dynamics of COVID-19 in this region since the beginning of the pandemic and throughout 2022. The study suggests that the current approach to SARS-CoV-2 testing is missing most infections. These results are consistent with findings from representative seroprevalence studies. There is, therefore, a need for surveillance of hospitalizations, comorbidities, and the emergence of new variants of concern, and scale-up of representative seroprevalence studies, as core response strategies.

J6. Seroprevalence and infection fatality rate of the SARS-CoV-2 Omicron variant in Denmark: A nationwide serosurveillance study (The Lancet, 5 August) [LINK]

- The study estimated the proportion of adult healthy population who had been infected with SARS-CoV-2 during Omicron surge, assessed the degree of underdiagnosis through the national SARS-CoV-2 RT-PCR test system, and estimated the Infection Fatality Rate (IFR). The findings indicate that 66% of the Danish background population aged 17–72 years with no known comorbidities have been infected, and IFR for this population was considerably lower than during previous waves.

J7. Functional immunity against SARS-CoV-2 in the general population after a booster campaign and the Delta and Omicron waves, Switzerland, March 2022 (Eurosurveillance, 4 August) [LINK]

- The study aimed to estimate the proportion of individuals in the general population with functional immunity against SARS-CoV-2, and to assess the neutralizing activity of antibodies for virus variants of concern. The findings suggest that antibody response and neutralizing capacity both are very high in the Swiss population after the booster dose campaign, and after high rates of infections due to the Delta and Omicron variants of SARS-CoV-2. This results in robust protective immunity.