



GUIDELINES AND RESEARCH UPDATES



TECHNICAL DOCUMENTS:

D1. Implications of the COVID-19 pandemic for patient safety: a rapid review (WHO, 5 August) [[LINK](#)]

- This publication is a rapid review on ‘Implications of the COVID-19 pandemic for patient safety’; it explores the impact of COVID-19 pandemic on patient safety in terms of risks and avoidable harm in terms of diagnostic, treatment and care management related issues.

D2. Good practice statement on the use of second booster doses for COVID-19 vaccines (WHO, 18 August) [[LINK](#)]

- This good practice statement has been developed based on the technical deliberation by the Strategic Advisory Group of Experts (SAGE) on Immunization. There is increasing evidence on the benefits of a second booster dose of COVID-19 vaccines in terms of restoring waning vaccine effectiveness (VE).

D3. Ending Violence against Children During Covid-19 and Beyond: Second Regional Conference to Strengthen Implementation of the INSPIRE Strategies, East Asia and the Pacific (WHO, 25 August) [[LINK](#)]

- This is a comprehensive report to identify actions needed to ensure effective prevention and response to violence against children (VAC) during the COVID-19 pandemic and recovery, utilizing the strategies outlined in INSPIRE: Seven strategies for ending violence against children.

D4. Impact of COVID-19 on Human Resources for Health and Policy Response: the Case of Belize, Grenada, and Jamaica (WHO, 14 August) [[LINK](#)]

- This report informs and analyzes the impact of COVID-19 on health workers' occupational health and safety concerns, working conditions, as well as policy responses to address these issues and to increase HRH surge capacity. The report also describes elements related to HRH and COVID-19 vaccination in selected countries and shares the experiences from Belize, Grenada, and Jamaica.

D5. Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic (European Centre for Disease Prevention & Control, 29 August) [[LINK](#)]

- This document sets out a number of scenarios that are intended to be plausible, internally consistent, and coherent descriptions of possible futures to mitigate any future threat.

D6. Interim recommendations for use of the Valneva VLA2001 vaccine against COVID-19 (WHO, 18 August) [[LINK](#)]

- This is a summary of current WHO interim recommendations for use of the Valneva VLA2001 vaccine, a purified, inactivated, and adjuvanted whole virus SARS-CoV-2 vaccine, developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE).

D7. Promising practices and lessons learnt in the South-East Asia Region in accessing medical oxygen during the COVID-19 pandemic (WHO, 24 August) [[LINK](#)]

- This document is based on a study, commissioned by WHO Regional Office for South-East Asia (WHO SEARO), on how Member States responded to the spike in demand for medical-grade oxygen caused by the COVID-19 pandemic.

JOURNAL ARTICLES

J1. Persistence of somatic symptoms after COVID-19 in the Netherlands: an observational cohort study (The Lancet, 6 August) [[LINK](#)]

- The study analyzed the nature, prevalence, and severity of long-term symptoms related to COVID-19. Persistent symptoms in COVID-19-positive participants at 90-150 days after COVID-19 compared with before COVID-19 and compared with matched controls included chest pain, difficulties with breathing, pain when breathing, painful muscles, ageusia or anosmia, tingling extremities, lump in throat, feeling hot and cold alternately, heavy arms or legs, and general tiredness.

J2. Association of COVID-19 vs Influenza With Risk of Arterial and Venous Thrombotic Events Among Hospitalized Patients (JAMA Network, 16 August) [[LINK](#)]

- The study measured the 90-day risk of arterial thromboembolism and venous thromboembolism in patients hospitalized with COVID-19 before or during COVID-19 vaccine availability vs patients hospitalized with influenza. The study findings suggest that hospitalization with COVID-19 before and during vaccine availability, vs hospitalization with influenza in 2018-2019, was significantly associated with

a higher risk of venous thromboembolism within 90 days, but there was no significant difference in the risk of arterial thromboembolism within 90 days.

J3. Risk of preterm birth, small for gestational age at birth, and stillbirth after covid-19 vaccination during pregnancy: population based retrospective cohort study (British Medical Journal, 17 August) [[LINK](#)]

- This study assessed the risk of preterm birth, small for gestational age at birth, and stillbirth after COVID-19 vaccination during pregnancy. The findings suggest that vaccination against covid-19 during pregnancy is not associated with a higher risk of preterm birth, small for gestational age at birth, or stillbirth.

J4. Covid-19 Vaccines – Immunity, Variants, Boosters (New England Journal of Medicine, 15 September) [[LINK](#)]

- This review summarizes the current state of knowledge about immune responses to COVID-19 vaccines and the importance of both humoral and cellular immunity for durable protection against severe disease. The author concludes that Current Covid-19 vaccines are less effective at blocking infection with the omicron variant than at blocking infection with prior variants, but protection against severe disease remains largely preserved.

J5. Randomized Trial of Metformin, Ivermectin, and Fluvoxamine for Covid-19 (New England Journal of Medicine, 18 August) [[LINK](#)]

- This study evaluated the effectiveness of three repurposed drugs – metformin, ivermectin, and fluvoxamine – in preventing serious SARS-CoV-2 infection in non-hospitalized adults. None of the three medications were observed to prevent the occurrence of hypoxemia, an emergency department visit, hospitalization, or death associated with COVID-19

J6. Nirmatrelvir Use and Severe Covid-19 Outcomes during the Omicron Surge (NEJM, 1 September) [[LINK](#)]

- This study estimated the association of nirmatrelvir treatment with hospitalization and death due to Covid-19 in persons 40 years of age or older and who received nirmatrelvir therapy during the omicron surge. The authors conclude that among patients 65 years of age or older, the rates of hospitalization and death due to Covid-19 were significantly lower among those who received nirmatrelvir than among those who did not. No evidence of benefit was found in younger adults.

J7. Age-specific associations between underlying health conditions and hospitalisation, death and in-hospital death among confirmed COVID-19 cases: a multi-country study based on surveillance data, June to December 2020 (Eurosurveillance, 1 September) [[LINK](#)]

- The study estimated the relative and absolute effects of individual underlying conditions on hospitalisation, death and in-hospital death in different age groups, among COVID-19 cases reported by a subset of EU/EEA countries between June and December 2020. Results show that several underlying conditions are associated with severe COVID-19, confirming the importance of age as the main risk factor for hospitalisation and death.