

GUIDELINES AND RESEARCH UPDATES





TECHNICAL DOCUMENTS:

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D1. How to manage COVID-19 vaccines without VVM at vaccination service points? (WHO, 31 August) [LINK]

 This document explains how WHO EUL COVID-19 vaccines without vaccine vial monitor (VVM) should be handled at the vaccination site, to ensure that safe and potent vaccines are administered.

D2. Therapeutics and COVID-19: living guideline (WHO, 24 September) [LINK]

This is up-to-date recommendations for the use of therapeutics in the treatment of COVID-19. This
sixth version of the WHO guideline now contains nine recommendations, including two new
recommendations regarding the use of a combination of neutralizing monoclonal antibodies,
casirivimab and imdevimab. No further updates to the previous existing recommendations were
made in this latest version.

D3. WHO competency framework: Building a response workforce to manage infodemics (WHO, 15 September) [LINK]

• The objective of this framework is to orient and support the design, development and evaluation of the needs of an institution's workforce. This framework can assist institutions to strengthen infodemic management capacity by hiring, staff development and human resource planning.

D4. Frequently asked questions: COVID-19 vaccines and breastfeeding based on WHO interim recommendations (WHO, 15 September) [LINK]

 The FAQs are intended to provide answers to health care providers and the public, including mothers who are breastfeeding or expressing milk, on breastfeeding and selected vaccines.

D5. Using Antibody Tests for COVID-19 (CDC, 10 September) [LINK]

• This guidance note provides a summary of guidance provides specific information on types of tests, the development of antibodies and immunity, and considerations for use in public health and clinical practices.

D6. Operational Considerations for Routine Immunization Services during the COVID-19 pandemic in non-US Settings Focusing on Low- and Middle-Income Countries (CDC, 8 September) [LINK]

The guidance note put forth recommendations for vaccinators of routine immunization services to
prevent getting COVID-19, A list of common routine immunizations to consider for catch-up
vaccination procedures and updated guidance for immunization sessions during times of severe
disruption.

D7. Data collection on COVID-19 outbreaks in closed settings with a completed vaccination programme: long-term care facilities, version 2.0 (ECDC, 3 September) [LINK]

 The document is compiled information on the severity of breakthrough COVID-19 infections in outbreaks at long-term care facilities (LTCFs) and obtains a timely estimate of vaccine effectiveness in these settings, by SARS-CoV-2 variant and vaccine product.

JOURNAL ARTICLES

J1. Infections, hospitalisations, and deaths averted via a nationwide vaccination campaign using the Pfizer-BioNTech BNT162b2 mRNA COVID-19 vaccine in Israel: a retrospective surveillance study (The Lancet, 22 September) [LINK]

• The study provide estimates of the number of SARS-CoV-2 infections and COVID-19-related admissions to hospital (i.e. hospitalisations) and deaths averted by the nationwide vaccination campaign. It concludes that without the national vaccination campaign, Israel probably would have had triple the number of hospitalisations and deaths compared with what actually occurred during its largest wave of the pandemic to date, and the health-care system might have become overwhelmed.

J2. Protection of BNT162b2 Vaccine Booster against Covid-19 in Israel (NEJM, 15 September) [LINK]

In this study involving participants who were 60 years of age or older and had received two doses
of the BNT162b2 vaccine at least 5 months earlier, the authors found that the rates of confirmed
Covid-19 and severe illness were substantially lower among those who received a booster (third)
dose of the BNT162b2 vaccine.

J3. Effectiveness of mRNA Covid-19 Vaccine among U.S. Health Care Personnel (NEJM, 22 September) [LINK]

The study observes that the BNT162b2 and mRNA-1273 vaccines were highly effective underreal-world conditions in preventing symptomatic Covid-19 in health care personnel, including those at risk for severe Covid-19 and those in racial and ethnic groups that have been disproportionately affected by the pandemic.

J4. Differential Effect of Vaccine Effectiveness and Safety on COVID-19 Vaccine Acceptance across Socioeconomic Groups in an International Sample (Vaccines, 11 September) [LINK]

The study characterized how vaccine safety and effectiveness impact acceptance of a vaccine.
 The findings show that there was stronger preferences for a more effective and safer vaccine in November 2020 compared to August 2020. Sensitivity to the vaccine profile was also stronger in

August compared to November 2020, in younger age groups, among those with lower income; and in those that are vaccine hesitant.

J5. Antibody and cellular therapies for treatment of covid-19: a living systematic review and network meta-analysis (BMJ, 23 September) [LINK]

 The study evaluated the efficacy and safety of antiviral antibody therapies and blood products for the treatment of novel coronavirus disease 2019 (COVID-19). The findings demonstrate that in patients with non-severe covid-19, casirivimab-imdevimab probably reduces hospitalisation; bamlanivimab-etesevimab, bamlanivimab, and sotrovimab may reduce hospitalisation. Convalescent plasma, IVIg, and other antibody and cellular interventions may not confer any meaningful benefit.

J6. Assessing the impact of widespread respirator use in curtailing COVID-19 transmission in the USA (Royal Society Open Science, 8 September) [LINK]

• The study evaluated the impact of use of respirator. It concludes that the pandemic would have failed to establish in the USA if a nationwide mask mandate, based on using respirators with moderately high compliance, had been implemented during the first two months of the pandemic. Using data from the third wave, the study highlighted that the epidemic could be eliminated in the USA if at least 40% of the population consistently wore respirators in public.

J7. Association between Long COVID and Overweight/Obesity (Journal of Clinical Medicine, 14 September) [LINK]

• The aim of this study is to investigate 35-day long-COVID (35-LC) characteristics and risk factors in a one-year period. The authors conclude that high BMI and previous pulmonary disease could be risk factors for 35-LC development in exposed HCWs.