COVID-19 weekly update

10th  October 2022

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**clinical management**

**title:** Covid-19: Antiviral purchased by UK government does not lower risk of hospital admission, trial shows

BMJ | 11th october 2022

Molnupiravir, a covid-19 antiviral drug bought by the UK government in the amount of 2.23 million doses, is no better than placebo at lowering the risks of death and hospital admission, a pivotal UK trial has found.

Preliminary results released from the Panoramic trial of 25 783 people who were randomly assigned to open label treatment with molnupiravir plus usual care or to usual care alone found no significant difference between the two groups for the primary endpoint of death or hospital admission.1 The study has been published as a preprint and has not yet been peer reviewed.

The UK was the first country to authorise Merck Sharp and Dohme’s molnupiravir (Lagevrio) for the treatment of mild to moderate covid-19 in adults with at least one risk factor for severe illness, in November 2021.2 The European Medicines Agency has still not approved the drug.

When Sajid Javid, then health secretary, announced the deal to purchase molnupiravir he called it a “gamechanger for the most vulnerable and the immunosuppressed.”34 The government has been criticised for overhyping the antiviral: the editors of the Drug and Therapeutics Bulletin said that official government press releases had been “over-promotional and sensationalised.”…
<https://www.bmj.com/content/379/bmj.o2441>

**title:** Evusheld: Government is urged to expedite covid antibody treatment for vulnerable patients

BMJ | 10th october 2022

With covid-19 cases rising and winter approaching, immunocompromised patients are frustrated at the government’s inaction on rolling out the preventive drug, reports Gareth Iacobucci

The UK government has been urged to re-examine its decision not to purchase a new covid-19 antibody drug for clinically extremely vulnerable people, amid warnings that these patients face renewed risk from the disease this winter. Evusheld, manufactured by AstraZeneca, is a combination of two long acting antibodies, tixagevimab and cilgavimab. It is given as two separate, sequential intramuscular injections and can be administered in the community, unlike some other monoclonal antibodies, which are given by intravenous infusion in hospital. Evusheld was approved for use in the UK in March 2022 by the Medicines and Regularly Healthcare Products Agency after trial results showed that it reduced the risk of developing symptomatic covid-19 by 77%, with protection lasting at least six months after a single dose.12 But in August the government said it will not purchase the treatment yet because of “insufficient data” on the duration of protection it provides against omicron and its subvariants.3 This remains its position…
<https://www.bmj.com/content/379/bmj.o2431>

**title:** Prognostic factors associated with mortality among patients receiving venovenous extracorporeal membrane oxygenation for COVID-19: a systematic review and meta-analysis
the lancet respiratory medicine |10th OCTOBER 2022

…Given the activity of bebtelovimab against current global circulating SARS-CoV-2 variants, Hentzien
Venovenous extracorporeal membrane oxygenation (ECMO) can be considered for patients with COVID-19-associated acute respiratory distress syndrome (ARDS) who continue to deteriorate despite evidence-based therapies and lung-protective ventilation. The Extracorporeal Life Support Organization has emphasised the importance of patient selection; however, to better inform these decisions, a comprehensive and evidence-based understanding of the risk factors associated with poor outcomes is necessary. We aimed to summarise the association between pre-cannulation prognostic factors and risk of mortality in adult patients requiring venovenous ECMO for the treatment of COVID-19…

…The prognostic factors identified highlight the importance of patient selection, the effect of injurious lung ventilation, and the potential opportunity for greater centralisation and collaboration in the use of ECMO for the treatment of COVID-19-associated ARDS. These factors should be carefully considered as part of a risk stratification framework when evaluating a patient for potential treatment with venovenous ECMO.
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00296-X/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900296-X/fulltext)
Linked commentary: [Respiratory support before venovenous ECMO for COVID-19: what is the price? - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900306-X/fulltext)

**title:** Colchicine and the combination of rivaroxaban and aspirin in patients hospitalised with COVID-19 (ACT): an open-label, factorial, randomised, controlled trial

the lancet respiratory medicine |10thOCTOBER 2022

COVID-19 disease is accompanied by a dysregulated immune response and hypercoagulability. The Anti-Coronavirus Therapies (ACT) inpatient trial aimed to evaluate anti-inflammatory therapy with colchicine and antithrombotic therapy with the combination of rivaroxaban and aspirin for prevention of disease progression in patients hospitalised with COVID-19…

… Among patients hospitalised with COVID-19, neither colchicine nor the combination of rivaroxaban and aspirin prevent disease progression or death.
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00298-3/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900298-3/fulltext)
Linked commentary: [COVID-19: ACT trials for colchicine and antithrombotic therapies](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900368-X/fulltext)

**title:** Real-world effectiveness of oral antivirals for COVID-19

the lancet |8th OCTOBER 2022

New orally bioavailable, direct-acting, antiviral therapeutics targeting RNA viruses including SARS-CoV-2 have arrived. Molnupiravir and nirmatrelvir plus ritonavir were granted an emergency use authorisation by the US Food and Drug Administration in December, 2021, for treating outpatients with first-ever SARS-CoV-2 infection confirmed by PCR (aged ≥18 years for molnupiravir and ≥12 years and children ≥40 kg for nirmatrelvir plus ritonavir), on the basis of the analysis of the pivotal randomised, placebo-controlled trials, MOVe-OUT1 and EPIC-HR.2 Both studies included unvaccinated outpatients receiving the antivirals within 5 days of symptom onset during the delta (B.1.617.2) surge…
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01929-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2822%2901929-8/fulltext)

**title:** Pregnancy outcomes after SARS-CoV-2 infection in periods dominated by delta and omicron variants in Scotland: a population-based cohort study

the lancet respiratory medicine |7thOCTOBER 2022

Evidence suggests that the SARS-CoV-2 omicron (B.1·1.529) is associated with lower risks of adverse outcomes than the delta (B.1.617.2) variant among the general population. However, little is known about outcomes after omicron infection in pregnancy. We aimed to assess and compare short-term pregnancy outcomes after SARS-CoV-2 delta and omicron infection in pregnancy…

… Pregnant women infected with SARS-CoV-2 were substantially less likely to have a preterm birth or maternal critical care admission during the omicron-dominant period than during the delta-dominant period.
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00360-5/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900360-5/fulltext)
Linked commentary: [Omicron in pregnancy: time to breathe easier? - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900390-3/fulltext)

**title:** Association of Early Steroid Administration With Outcomes of Children Hospitalized for COVID-19 Without Multisystem Inflammatory Syndrome in Children

JAMA PEDIATRICS |3rd OCTOBER 2022

Question What is the association between the early use of steroids and outcomes for pediatric patients hospitalized for COVID-19 without non–multisystem inflammatory syndrome in children (MIS-C)?

Findings In this cohort study involving 1163 children, hospital length of stay for patients who received steroids within 2 days of admission did not differ significantly from those who did not receive early steroids. The margin of error does not rule out benefits in some patients.

Meaning Early use of steroids may not affect the disease course in children with non–MIS-C COVID-19, but a definitive determination of benefit or harm from early steroid therapy in children cannot be made from this study.
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796975>

**title:** Association Between Vaccination Status and Mortality Among Intubated Patients With COVID-19–Related Acute Respiratory Distress Syndrome

JAMA |7th OCTOBER 2022

Question Is there an association between COVID-19 vaccination status and mortality among critically ill patients who require invasive mechanical ventilation owing to acute respiratory distress syndrome related to COVID-19?

Findings In this multicenter cohort study comprising 265 patients, after adjustment for confounders, full vaccination status compared with controls was associated with lower mortality among critically ill patients who required invasive mechanical ventilation owing to COVID-19–related acute respiratory distress syndrome.

Meaning The findings of this study suggest that full vaccination may be associated with lower mortality among patients who were intubated owing to COVID-19–related acute respiratory distress syndrome; therefore, total benefits of vaccination against COVID-19 may exceed those estimated from the prevention of invasive mechanical ventilation alone.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797179>

**title:** Comparison of a Target Trial Emulation Framework vs Cox Regression to Estimate the Association of Corticosteroids With COVID-19 Mortality

JAMA | 3rd OCTOBER 2022

…Given the activity of bebtelovimab against current global circulating SARS-CoV-2 variants, Hentzien
Question How do modern methods for statistical inference compare with approaches common in the clinical literature when estimating the association of corticosteroids with mortality for patients with moderate to severe COVID-19?

Findings In a cohort study using retrospective data for 3298 hospitalized patients with COVID-19, target trial emulation using a doubly robust estimation procedure successfully recovers a benchmark from a meta-analysis of randomized clinical trials . In contrast, analytic approaches common in the clinical research literature generally cannot recover the benchmark.

Meaning These findings suggest that clinical research based on observational data can be used to estimate findings similar to those from randomized clinical trials; however, the correctness of these estimates requires designing and analyzing the data set on principles that are different from the current standard in clinical research.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796930>

**title:** Paxlovid Drug Interaction Screening Checklist Updated

JAMA | 4th OCTOBER 2022

The FDA has updated a checklist designed to help evaluate potential drug interactions and other patient factors before prescribing Paxlovid (copackaged nirmatrelvir and ritonavir tablets) for COVID-19. It incorporates additional guidance on drugs that should not be taken with Paxlovid or may require dose or other treatment adjustments…
<https://jamanetwork.com/journals/jama/fullarticle/2796967>

**title:** WHO's Therapeutics and COVID-19 Living Guideline on mAbs needs to be reassessed

the lancet | 6th OCTOBER 2022

An essential line of defence in a global living-with-COVID-19 policy is formed by effective therapeutic strategies for vulnerable patients,1 many of whom are excluded from treatment with nirmatrelvir–ritonavir (sold as Paxlovid, Pfizer) by virtue of their comorbidities or interacting medications. Preliminary data suggest that monoclonal antibodies (mAbs) is highly effective for these groups,2 and WHO, in its Therapeutics and COVID-19: Living Guideline,3 has previously conditionally recommended the use of sotrovimab (sold as Xevudy, Vir Biotechnology and GlaxoSmithKline) or casirivimab–imdevimab (sold as Ronapreve, Regeneron) for people at high risk of hospitalisation. However, in a Sept 16, 2022, update,4 WHO issued a “strong recommendation against” use of these mAbs, stating that they “[do] not neutralize the currently circulating variants of SARS-CoV-2 and their subvariants”.

This guidance requires an urgent reassessment. Based on analysis of both the existing literature and data presented here, mAbs neutralise circulating variants and remain the best treatment option for many vulnerable patients, offering a high benefit-to-risk ratio.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01938-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2822%2901938-9/fulltext)

**long term effects**

**title:** Long Covid: A Framework For Nursing, Midwifery, And Care Staff

NHS ENGLAND | 5th october 2022

This framework supports nurses, midwives and care staff in ensuring care remains at a high standard, as well as demonstrating the contribution to the long Covid response. It aims to give the opportunity to embrace collective leadership in supporting people and communities served and showcase good practice as it emerges across England.
[C1474-long-covid-a-framework-for-nursing-midwifery-and-care-staff.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2022/09/C1474-long-covid-a-framework-for-nursing-midwifery-and-care-staff.pdf)

**title:** Use of the Postacute Sequelae of COVID-19 Diagnosis Code in Routine Clinical Practice in the US

JAMA | 6th october 2022

Question How is the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code for postacute sequelae of COVID-19 being used in clinical practice?

Findings In this cohort study, 56 143 patients had an ICD-10-CM code for post–COVID-19 conditions; among patients with 3 months of preindex continuous enrollment, 1080 (8.6%) were children. Only 698 patients (5.5%) had at least 1 of the 5 codes listed as possible concurrent conditions in the coding guidance.

Meaning These findings suggest the diagnosis code is being used to identify patients of all ages with continuing illness following the acute phase of disease; however, the clinical presentation of postacute COVID-19 spans a range of conditions.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797042>

**rates & variants**

**title:** Covid-19: Hospital admissions rise in England as some trusts reinstate mask requirements

BMJ | 10th october 2022

The number of people admitted to hospital with covid-19 in England rose by almost a third last week, official data1 show. Between 27 September 2022 and 3 October 2022, 7904 people were admitted to hospital with covid-19, an increase of 33% compared with 5930 in the previous seven days. There were 9631 patients in hospital with covid on 5 October, a rise of 37% compared with 7024 on 28 September.

Responding to the latest figures, NHS Providers’ interim chief executive, Saffron Cordery, said, “The steady uptick in covid-19 infections is causing concern among trust leaders, with new admissions soaring by a third over the past week.

“It is also worrying that there are now nearly 10 000 people in hospital with covid—also nearly up by a third from last week—with the number of patients on ventilators also rising.
<https://www.bmj.com/content/379/bmj.o2440>

**infection control**

**title:** Vaccine effectiveness of primary series and booster doses against covid-19 associated hospital admissions in the United States: living test negative design study

BMJ | 11th OCTOBER 2022

Objective To compare the effectiveness of a primary covid-19 vaccine series plus booster doses with a primary series alone for the prevention of hospital admission with omicron related covid-19 in the United States.

Design Multicenter observational case-control study with a test negative design.

Setting Hospitals in 18 US states.

Participants 4760 adults admitted to one of 21 hospitals with acute respiratory symptoms between 26 December 2021 and 30 June 2022, a period when the omicron variant was dominant. Participants included 2385 (50.1%) patients with laboratory confirmed covid-19 (cases) and 2375 (49.9%) patients who tested negative for SARS-CoV-2 (controls).

Main outcome measures The main outcome was vaccine effectiveness against hospital admission with covid-19 for a primary series plus booster doses and a primary series alone by comparing the odds of being vaccinated with each of these regimens versus being unvaccinated among cases versus controls. Vaccine effectiveness analyses were stratified by immunosuppression status (immunocompetent, immunocompromised). The primary analysis evaluated all covid-19 vaccine types combined, and secondary analyses evaluated specific vaccine products.

Results Overall, median age of participants was 64 years (interquartile range 52-75 years), 994 (20.8%) were immunocompromised, 85 (1.8%) were vaccinated with a primary series plus two boosters, 1367 (28.7%) with a primary series plus one booster, and 1875 (39.3%) with a primary series alone, and 1433 (30.1%) were unvaccinated. Among immunocompetent participants, vaccine effectiveness for prevention of hospital admission with omicron related covid-19 for a primary series plus two boosters was 63% (95% confidence interval 37% to 78%), a primary series plus one booster was 65% (58% to 71%), and for a primary series alone was 37% (25% to 47%) (P<0.001 for the pooled boosted regimens compared with a primary series alone). Vaccine effectiveness was higher for a boosted regimen than for a primary series alone for both mRNA vaccines (BNT162b2 (Pfizer-BioNTech): 73% (44% to 87%) for primary series plus two boosters, 64% (55% to 72%) for primary series plus one booster, and 36% (21% to 48%) for primary series alone (P<0.001); mRNA-1273 (Moderna): 68% (17% to 88%) for primary series plus two boosters, 65% (55% to 73%) for primary series plus one booster, and 41% (25% to 54%) for primary series alone (P=0.001)). Among immunocompromised patients, vaccine effectiveness for a primary series plus one booster was 69% (31% to 86%) and for a primary series alone was 49% (30% to 63%) (P=0.04).

Conclusion During the first six months of 2022 in the US, booster doses of a covid-19 vaccine provided additional benefit beyond a primary vaccine series alone for preventing hospital admissions with omicron related covid-19.

Readers’ note This article is a living test negative design study that will be updated to reflect emerging evidence. Updates may occur for up to two years from the date of original publication.
<https://www.bmj.com/content/379/bmj-2022-072065>

**title:** Daily use of lateral flow devices by contacts of confirmed COVID-19 cases to enable exemption from isolation compared with standard self-isolation to reduce onward transmission of SARS-CoV-2 in England: a randomised, controlled, non-inferiority trial

the lancet respiratory medicine | 10th OCTOBER 2022

In the UK, during the study period (April to July, 2021), all contacts of people with COVID-19 were required to self-isolate for 10 days, which had adverse impacts on individuals and society. Avoiding the need to self-isolate for those who remain uninfected would be beneficial. We investigated whether daily use of lateral flow devices (LFDs) to test for SARS-CoV-2, with removal of self-isolation for 24 h if negative, could be a safe alternative to self-isolation as a means to minimise onward transmission of the virus.

We conducted a randomised, controlled, non-inferiority trial in adult contacts identified by COVID-19 contact tracing in England. Consenting participants were randomly assigned to self-isolation (single PCR test, 10-day isolation) or daily contact testing (DCT; seven LFD tests, two PCR tests, no isolation if negative on LFD); participants from a single household were assigned to the same group. Participants were prospectively followed up, with the effect of each intervention on onward transmission established from routinely collected NHS Test and Trace contact tracing data for participants who tested PCR-positive for SARS-CoV-2 during the study period and tertiary cases arising from their contacts (ie, secondary contacts). The primary outcome of the study was the attack rate, the percentage of secondary contacts (close contacts of SARS-CoV-2-positive study participants) who became COVID-19 cases (tertiary cases) in each group…

DCT with 24 h exemption from self-isolation for essential activities appears to be non-inferior to self-isolation. This study, which provided evidence for the UK Government's daily lateral flow testing policy for vaccinated contacts of COVID-19 cases, indicated that daily testing with LFDs could allow individuals to reduce the risk of onward transmission while minimising the adverse effects of self-isolation. Although contacts in England are no longer required to isolate, the findings will be relevant for future policy decisions around COVID-19 or other communicable infections.
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00267-3/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900267-3/fulltext)
Linked commentary: [SARS-CoV-2: can isolation be limited to those who are truly infectious? - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900272-7/fulltext)

**title:** Peripartum Outcomes Associated With COVID-19 Vaccination During Pregnancy: A Systematic Review and Meta-analysis

JAMA pediatrics | 3rd october 2022

Question Is COVID-19 vaccination during pregnancy associated with increased risks of peripartum adverse outcomes?

Findings In this systematic review and meta-analysis, COVID-19 vaccination during pregnancy was not associated with increased risks of peripartum adverse outcomes, including preterm birth, small size for gestational age, low Apgar score at 5 minutes, cesarean delivery, postpartum hemorrhage, and chorioamnionitis. Furthermore, COVID-19 vaccination during pregnancy was associated with lower risks of neonatal intensive care unit admission, intrauterine fetal death, and maternal SARS-CoV-2 infection.

Meaning In this study, COVID-19 vaccination appeared to be safe and beneficial to pregnant individuals.
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796976>

**title:** Effectiveness and durability of BNT162b2 vaccine against hospital and emergency department admissions due to SARS-CoV-2 omicron sub-lineages BA.1 and BA.2 in a large health system in the USA: a test-negative, case-control study

the lancet respiratory medicine | 7th OCTOBER 2022

The SARS-CoV-2 omicron (B.1.1.529 BA.1) lineage was first detected in November, 2021, and is associated with reduced vaccine effectiveness. By March, 2022, BA.1 had been replaced by sub-lineage BA.2 in the USA. As new variants evolve, vaccine performance must be continually assessed. We aimed to evaluate the effectiveness and durability of BNT162b2 (Pfizer–BioNTech) against hospital and emergency department admissions for BA.1 and BA.2…

… Two doses of BNT162b2 provided only partial protection against BA.1-related and BA.2-related hospital and emergency department admission, which underscores the need for booster doses against omicron. Although three doses offered high levels of protection (≥70%) against hospitalisation, variant-adapted vaccines are probably needed to improve protection against less severe endpoints, like emergency department admission, especially for BA.2.
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00354-X/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900354-X/fulltext)
Linked commentary: [The elusive goal of COVID-19 vaccine immunity - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900394-0/fulltext#:~:text=In%20the%20context%20of%20other,to%20be%20an%20elusive%20goal.)

**title:** The upcoming influenza season and protection from vaccines

The lancet respiratory medicine | 7th OCTOBER 2022

On Sept 28, 2022, the UK Health Security Agency (UKHSA) issued a press release calling on all those eligible for influenza and COVID-19 booster vaccinations to ensure that they take up the offer. “Flu and COVID-19 are unpredictable but there are strong indications we could be facing the threat of widely circulating flu, lower levels of natural immunity due to less exposure over the last three winters and an increase in COVID-19 circulating with lots of variants that can evade the immune response”, stated Susan Hopkins, Chief Medical Advisor at UKHSA. “This combination poses a serious risk to our health.”…
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00405-2/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900405-2/fulltext)

**title:** Characterization of US State COVID-19 Vaccine Incentive Programs

JAMA | 7th OCTOBER 2022

Throughout 2021, US states used incentives to promote COVID-19 vaccination.1 Although effectiveness evaluations of state-level incentives exist,2,3 a broader characterization of these initiatives has not been reported. We describe key features of state-level COVID-19 vaccine incentive programs, the political characteristics of states offering incentives, and the co-incidence of incentives with other COVID-19 mitigation policies…
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797184>

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00573-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2822%2900573-4/fulltext)

**title:** Protective Effect of Previous SARS-CoV-2 Infection against Omicron BA.4 and BA.5 Subvariants

new england journal of medicine | 5th OCTOBER 2022

The BA.4 and BA.5 subvariants of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) B.1.1.529 (omicron) variant have shown the capacity of escaping from neutralizing antibodies.1 These subvariants had an appreciable presence in Qatar by early May 2022 (Fig. S1 in the Supplementary Appendix, available with the full text of this letter at NEJM.org) and had become the dominant subvariants by June 8 (Fig. S2). We estimated the effectiveness of previous SARS-CoV-2 infection in preventing reinfection with BA.4 and BA.5 subvariants using a test-negative, case–control study design (Section S1).
[Protective Effect of Previous SARS-CoV-2 Infection against Omicron BA.4 and BA.5 Subvariants | NEJM](https://www.nejm.org/doi/full/10.1056/NEJMc2209306#:~:text=Protection%20from%20a%20previous%20SARS,1%20or%20BA.2).)

**title:** A Bivalent Omicron-Containing Booster Vaccine against Covid-19

new england journal of medicine | 6th OCTOBER 2022

…The bivalent omicron-containing vaccine mRNA-1273.214 elicited neutralizing antibody responses against omicron that were superior to those with mRNA-1273, without evident safety concerns.
[A Bivalent Omicron-Containing Booster Vaccine against Covid-19 | NEJM](https://www.nejm.org/doi/full/10.1056/NEJMoa2208343)

**title:** Association of Guideline Complexity With Individuals’ Ability to Determine Eligibility for COVID-19 Vaccination

JAMA| 4th OCTOBER 2022

…In this study, higher guideline complexity was negatively associated with correct identification of COVID-19 vaccine eligibility during vaccine scarcity in the US. When developing guidance, health agencies must balance precision and clarity. Increased precision may lead to greater complexity and lower target audience comprehension. Our findings suggest potentially large public health implications for complex guidelines. This study is limited owing to ecological design, social desirability bias, and potential misclassification of vaccine eligibility owing to self-reported data.

More complex vaccine guidelines were associated with lower participant comprehension, potentially hindering eligible persons from seeking vaccines during a period of scarcity. To optimize public health communication, brevity and simplicity should not be undervalued.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797030>

**health management**

title: GROWING PRESSURE ON NHS THREATENS FRONTLINE SERVICES

BMJ| 10th OCTOBER 2022

Several factors indicating serious pressure on the NHS have prompted workforce and financial experts, as well as profession leaders, to warn of troubled times ahead.

NHS England’s chief financial officer, Julian Kelly, disclosed at a board meeting on 6 October that there could be an additional unexpected shortfall of £6bn or £7bn in NHS finances for 2023-24 because of possible further waves of covid-19, higher inflation, and staff pay settlements. This was on top of an already estimated £14bn worth of efficiency savings that have to be found by 2024-25…
<https://www.bmj.com/content/379/bmj.o2439>

title: NHS 111’S RESPONSE TO CALLERS WITH COVID-19-RELATED SYMPTOMS DURING THE PANDEMIC

HSIB| OCTOBER 2022

The purpose of this investigation is to support improvements in the delivery of NHS 111 and other telephone triage services during a national healthcare emergency. The investigation uses real patient safety incidents involving Patients and their families who dialled NHS 111 (and were either managed through NHS 111 or the Covid-19 Response Service [CRS]) for advice during the Covid-19 pandemic. These are referred to as ‘reference events’ and support examination of the national issues.
<https://www.hsib.org.uk/investigations-and-reports/response-of-nhs-111-to-the-covid-19-pandemic/>

**recovery**

title: COVID-19: DON’T LET ECONOMIC CRISIS DISTRACT FROM PREPARING FOR A FUTURE PANDEMIC, CONFERENCE HEARS

BMJ| 7th OCTOBER 2022

Most countries haven’t learnt all the lessons of the covid pandemic and need to take further measures to ensure their health systems are resilient enough in the event of another pandemic, a conference on healthcare and innovation has been told.

The World Innovation Summit for Health (WISH) in Doha, Qatar, brought together health ministers and leaders from 136 countries to discuss key issues with global effects, including health systems resilience and pandemic preparedness.
<https://www.bmj.com/content/379/bmj.o2417>

title: IT’S TIME TO REDOUBLE AND REFOCUS OUR EFFORTS TO FIGHT COVID, NOT RETREAT

BMJ| 7th october 2022

Amid news of Hurricane Ian battering the East Coast, another perfect storm is forming. Two weeks ago, Joe Biden, President of the United States, stated to 60 Minutes that “the pandemic is over.”1 But this claim unfortunately appears to be premature, and a significant winter surge—fueled by the emergence of new omicron strains—may lie ahead.2 Yet the continuing resolution the US Senate passed last week did not include the administration’s funding request for aid for covid-19 or the monkeypox outbreak.3 In parallel, the Centers for Disease Control and Prevention (CDC) announced that masking will no longer be universally required in healthcare settings and nursing homes.4 Booster coverage in the US is low, and rates of new bivalent booster acceptance are even lower. The United States is not ready for another storm.

We are a group of physicians, public health scientists, economists, and other experts whose work is focused on combating the covid-19 pandemic and other emerging health threats.5 We know from our clinical and research experience that the pandemic is far from over, and that national efforts to secure the health and wellbeing of the American public are far from complete. We are deeply concerned that the Biden administration is minimising covid at a time when it needs to be redoubling its efforts to ensure funding and resources to prevent another surge…
<https://www.bmj.com/content/379/bmj.o2423>

title: LEARNING NETWORKS IN THE PANDEMIC: MOBILISING EVIDENCE FOR IMPROVEMENT

BMJ | 7th OCTOBER 2022

Manbinder S Sidhu and colleagues examine how communities of practice developed and shared knowledge about covid-19 and how the process could be more effective

Key messages:

The paucity of evidence during the early phase of the pandemic provided an opportunity for real time learning driven by communities of practice

Learning from these communities led to clinical and service innovation

A mix of opportune and strategic support from regional and national bodies in England created clinical learning networks, which adopted and spread change rapidly

Health systems should develop learning networks to coordinate resources to innovate, evaluate, and implement emerging best practice for both pandemic and non-pandemic times…
<https://www.bmj.com/content/379/bmj-2022-070215>

**title:** Characteristics of Retracted Research Articles About COVID-19 vs Other Topics

JAMA | 4th OCTOBER 2022

Manuscript retractions represent attempts to officially withdraw published papers or posted preprints that contain errors, fraud, or other kinds of misconduct. Retractions have increased in both number and prominence over the past 2 decades.1,2 More recently, concerns have been raised about the number of retracted COVID-19 studies.3 While these retractions may be due to greater external scrutiny of COVID-19 literature, little is known about the potential differences between retracted COVID-19 studies and studies on other topics. Accordingly, in this cross-sectional study, we compared author characteristics and reasons for retractions of COVID-19 and non–COVID-19 research articles.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797029>

**public health & health inequalities**

**title:** Association of Household Deprivation, Comorbidities, and COVID-19 Hospitalization in Children in Germany, January 2020 to July 2021

JAMA | 3rd OCTOBER 2022

Question Do young people from households with low incomes have a higher risk of COVID-19 hospitalization compared with their more affluent counterparts, and if so, what factors are associated with this difference?

Findings In this cohort study of 688 705 children and adolescents, elevated odds of a COVID-19 hospitalization were observed among children and adolescents from households with unemployed parents and who were living in areas with lower median incomes. A number of explanatory factors, including comorbidities, were taken into account, but their analysis yielded no clear picture about underlying processes.

Meaning These findings suggest that greater attention must be paid to a possible severe course of disease in children from families with lower socioeconomic status and closer monitoring should be considered.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796931>
Linked commentary: [The Hidden Factors Associated With Poor Health Outcomes | Adolescent Medicine | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796935)

**title:** Withdrawal of COVID funding compounds health inequalities

the lancet respiratory medicine| 3rd OCTOBER 2022

On Sept 18, 2022, US President Joe Biden declared the pandemic over in the USA. The remarks, in a television interview, come after the US Department of Health and Human Services (HHS) announced that it could stop purchasing and providing SARS-CoV-2 vaccines and antiviral treatments as early as January, 2023, because of insufficient funds from Congress, which would mean that individuals would be able to obtain vaccines and treatment only via their insurers or by paying for it themselves. Administration officials claimed, however, that the President's comments did not reflect a change in policy and COVID-19 is still a public health emergency.

The withdrawal of low-cost or no-cost COVID-19 care does not take into consideration the 30 million Americans of all ages who do not have health insurance (2021 data), despite the role of the Affordable Care Act in helping more people to afford coverage…
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00399-X/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900399-X/fulltext)

**title:** White House Advisor Nahid Bhadelia, MD, MALD, on COVID-19 in Resource-Limited Nations—Undercounted Deaths, Vaccine Inequity, and More

JAMA| 5th october 2022

…Bhadelia spoke with JAMA in mid-September about the pandemic’s true burden of disease in low- and middle-income countries (LMICs) and ongoing COVID-19 vaccine inequity. The following is an edited version of that conversation.
[White House Advisor Nahid Bhadelia, MD, MALD, on COVID-19 in Resource-Limited Nations—Undercounted Deaths, Vaccine Inequity, and More | Global Health | JAMA | JAMA Network](https://jamanetwork.com/journals/jama/fullarticle/2797281)

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>