COVID-19 weekly update

August 22nd 2022

**clinical management**

**Title:** Covid-19: Results from India’s 12 molnupiravir clinical trials remain unpublished

BMJ|19th august

The results of 12 clinical trials conducted in India looking at the efficacy of molnupiravir —an antiviral drug for covid-19—have not been published a year after completion, researchers have said.

News article: [Covid-19: Results from India’s 12 molnupiravir clinical trials remain unpublished | The BMJ](https://www.bmj.com/content/378/bmj.o2063)

**Title:** Tobacco product use and the risks of SARS-CoV-2 infection and COVID-19: current understanding and recommendations for future research

THE lancet respiratory medicine|16th August

Heterogeneity in the clinical presentation of SARS-CoV-2 infection and COVID-19 progression underscores the urgent need to identify individual-level susceptibility factors that affect infection vulnerability and disease severity. Tobacco product use is a potential susceptibility factor. In this Personal View, we provide an overview of the findings of peer-reviewed, published studies relating tobacco product use to SARS-CoV-2 infection and COVID-19 outcomes, with most studies focusing on cigarette smoking in adults.

Personal view article: [Tobacco product use and the risks of SARS-CoV-2 infection and COVID-19: current understanding and recommendations for future research - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900182-5/fulltext)

Comment: [Smoking, nicotine, and COVID-19 - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900258-2/fulltext)

Editorial: [Vaping in adolescents and young adults: it's time to act - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900303-4/fulltext)

**Title:** Randomized Trial of Metformin, Ivermectin, and Fluvoxamine for Covid-19

Nejm|18th august

Methods: In this phase 3, double-blind, randomized, placebo-controlled trial, we used a 2-by-3 factorial design to test the effectiveness of three repurposed drugs — metformin, ivermectin, and fluvoxamine — in preventing serious SARS-CoV-2 infection in nonhospitalized adults who had been enrolled within 3 days after a confirmed diagnosis of infection and less than 7 days after the onset of symptoms. The patients were between the ages of 30 and 85 years, and all had either overweight or obesity. The primary composite end point was hypoxemia (≤93% oxygen saturation on home oximetry), emergency department visit, hospitalization, or death. All analyses used controls who had undergone concurrent randomization and were adjusted for SARS-CoV-2 vaccination and receipt of other trial medications.

Results: A total of 1431 patients underwent randomization; of these patients, 1323 were included in the primary analysis. The median age of the patients was 46 years; 56% were female (6% of whom were pregnant), and 52% had been vaccinated. The adjusted odds ratio for a primary event was 0.84 (95% confidence interval [CI], 0.66 to 1.09; P=0.19) with metformin, 1.05 (95% CI, 0.76 to 1.45; P=0.78) with ivermectin, and 0.94 (95% CI, 0.66 to 1.36; P=0.75) with fluvoxamine. In prespecified secondary analyses, the adjusted odds ratio for emergency department visit, hospitalization, or death was 0.58 (95% CI, 0.35 to 0.94) with metformin, 1.39 (95% CI, 0.72 to 2.69) with ivermectin, and 1.17 (95% CI, 0.57 to 2.40) with fluvoxamine. The adjusted odds ratio for hospitalization or death was 0.47 (95% CI, 0.20 to 1.11) with metformin, 0.73 (95% CI, 0.19 to 2.77) with ivermectin, and 1.11 (95% CI, 0.33 to 3.76) with fluvoxamine.

Article: [Randomized Trial of Metformin, Ivermectin, and Fluvoxamine for Covid-19 | NEJM](https://www.nejm.org/doi/full/10.1056/NEJMoa2201662?query=featured_coronavirus)

**Title:** Clinical and Genetic Risk Factors for Acute Incident Venous Thromboembolism in Ambulatory Patients With COVID-19

jama internal medicine|18th august

Question: What is the 30-day acute risk of venous thromboembolism (VTE) among ambulatory patients with COVID-19, and what are the clinical and genetic risk factors predisposing them to developing post–COVID-19 VTE?

Findings: In this retrospective cohort study of 18 818 outpatients with COVID-19 and 93 179 propensity score–matched noninfected participants, a higher VTE incidence was observed in the former (hazard ratio, 21.42); however, this risk was considerably attenuated among the fully vaccinated, after breakthrough infection. Older age, male sex, obesity, no vaccination or partial vaccination, and inherited thrombophilia were independent risk factors for COVID-19–associated VTE.

Meaning : The results of this study suggest that ambulatory patients with COVID-19, either vaccinated or not, present a clinically relevant increased risk of incident VTE during the acute phase, with the risk pronounced by factors of older age, male sex, obesity, incomplete vaccination, and factor V Leiden thrombophilia.

Article: [Clinical and Genetic Risk Factors for Acute Incident Venous Thromboembolism in Ambulatory Patients With COVID-19 | Coagulation Disorders | JAMA Internal Medicine | JAMA Network](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2795466)

**Title:** Association of COVID-19 vs Influenza With Risk of Arterial and Venous Thrombotic Events Among Hospitalized Patients

jama|16th august

Question: Is the 90-day incidence of arterial thromboembolism and venous thromboembolism higher in patients hospitalized with COVID-19 vs in patients hospitalized with influenza?

Findings: In this retrospective cohort study that included 93 906 patients, hospitalization with COVID-19 before vaccine availability and during vaccine availability was significantly associated with higher 90-day risk of venous thromboembolism (adjusted hazard ratios, 1.60 and 1.89, respectively) vs hospitalization with influenza in 2018-2019, but there was no significant difference in the risk of arterial thromboembolism among those hospitalized with COVID-19 during either period (adjusted hazard ratios, 1.04 and 1.07) vs those hospitalized with influenza.

Meaning: Hospitalization with COVID-19 both before and during vaccine availability was significantly associated with a higher risk of venous thromboembolism, but not arterial thromboembolism, vs hospitalization with influenza in 2018-2019.

Article: [Association of COVID-19 vs Influenza With Risk of Arterial and Venous Thrombotic Events Among Hospitalized Patients | Geriatrics | JAMA | JAMA Network](https://jamanetwork.com/journals/jama/fullarticle/2795268)

**Title:** NICE COVID-19 rapid guideline: delivery of systemic anticancer treatments

NICE: Updated 11th August

 The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic.

**11 August 2022:**we reviewed the evidence and made new recommendations on shared decision-making. We withdrew some recommendations that are no longer relevant to the current stage of the pandemic.

[Overview | COVID-19 rapid guideline: delivery of systemic anticancer treatments | Guidance | NICE](https://www.nice.org.uk/guidance/ng161)

**recovery**

**Title:** Covid-19: What have been the direct and indirect health impacts in England?

BMJ|17th august 2022

In addition to the health harms that arose as a direct consequence of the pandemic, significant indirect impacts include reduced diagnosis of some long term conditions. Jacqui Wise reports

A recent detailed briefing from the Department of Health and Social Care, in collaboration with the Office for National Statistics, summarises what is known about the short and long term health harms that have arisen as a consequence of covid-19 infections and mitigating behaviours.

[Covid-19: What have been the direct and indirect health impacts in England? | The BMJ](https://www.bmj.com/content/378/bmj.o2045)

[Direct and indirect health impacts of COVID-19 in England: emerging Omicron impacts - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/direct-and-indirect-health-impacts-of-covid-19-in-england-emerging-omicron-impacts/direct-and-indirect-health-impacts-of-covid-19-in-england-emerging-omicron-impacts#executive-summary)

**Title:** Backlog for colonoscopy appointments could be cleared by raising test threshold, study suggests

BMJ|17th august

Temporarily raising the threshold for the national bowel cancer screening programme could help clear the backlog of patients waiting for colonoscopy appointments, researchers have suggested.

News article: [Backlog for colonoscopy appointments could be cleared by raising test threshold, study suggests | The BMJ](https://www.bmj.com/content/378/bmj.o2030)

**Title:** Institutional Surgical Response and Associated Volume Trends Throughout the COVID-19 Pandemic and Postvaccination Recovery Period

jama network open|18th august

Question: How did surgical volumes change with respect to subspecialty and patient acuity during the COVID-19 pandemic, and did they recover after the peak and vaccine release periods?

Findings: In this cohort study, a retrospective analysis of 129 956 records of weekly surgical procedures from January 6, 2019, to December 31, 2021, revealed that the overall volume did not fully recover to pre–COVID-19 levels well into 2021. Recovery rates were inconsistent across surgical subspecialties and case classes.

Meaning: Further research and hospital-level changes are needed to address the backlog of surgical services and muted recovery of surgical procedures to pre–COVID-19 volumes.

Article: [Institutional Surgical Response and Associated Volume Trends Throughout the COVID-19 Pandemic and Postvaccination Recovery Period | Surgery | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795296)

public health and health inequalities

**Title:** Incidence of COVID-19 Among Persons Experiencing Homelessness in the US From January 2020 to November 2021

Jama network open|18th august

Question: How many cases of COVID-19 in the US have occurred among people experiencing homelessness?

Findings: In this cross-sectional study of 64 US jurisdictional health departments, 26 349 cases of COVID-19 among people experiencing homelessness were reported at the state level and 20 487 at the local level. The annual incidence rate of COVID-19 was lower among people experiencing homelessness than in the general population at state and local levels.

Meaning: The findings suggest that incorporating housing and homelessness status in infectious disease surveillance may improve understanding of the burden of infectious diseases among disproportionately affected groups and aid public health decision-making.

Article: [Incidence of COVID-19 Among Persons Experiencing Homelessness in the US From January 2020 to November 2021 | Health Disparities | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795298)

Invited commentary: [Challenges Encountered in the Public Health Data Collection of COVID-19 Cases Among People Experiencing Homelessness | Health Disparities | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795301)

**Infection control**

**Title:** Adherence to the test, trace, and isolate system in the UK: results from 37 nationally representative surveys (Correction)

BMJ|16th AUGUST

[Adherence to the test, trace, and isolate system in the UK: results from 37 nationally representative surveys | The BMJ](https://www.bmj.com/content/378/bmj.o2008)

**Title:** Covid-19: UK will roll out Moderna’s omicron BA.1 vaccine as part of autumn booster programme

BMJ|17th august

Moderna’s bivalent covid-19 vaccine—which targets both the original version of SARS-CoV-2 and the omicron BA.1 variant—will be rolled out alongside the original Moderna, Pfizer, and Novavax covid-19 vaccines, the Joint Committee on Vaccination and Immunisation (JCVI) has said.

NHS England has yet to confirm how and when eligible people will be able to access the booster vaccine, but the UK Health Security Agency has said that it will be offered to those at higher risk of severe illness.

News article: [Covid-19: UK will roll out Moderna’s omicron BA.1 vaccine as part of autumn booster programme | The BMJ](https://www.bmj.com/content/378/bmj.o2038)

**Title:** How should aerosol generating procedures be defined?

BMJ|18th august

What you need to know

Opportunistic airborne transmission of aerosols can occur during activities and procedures related to patient care. The mechanisms and quantities of aerosols generated are unknown, but the amount of aerosolisation is likely related to flow rate and volume of air exerted on a patient’s mucus-air interface.

The risk of infection from coughing is underappreciated, and the risk from other documented aerosol generating procedures may be overemphasised.

Simulation studies suggest that aerosols exhaled during respiratory treatments are mostly concentrated within 1 metre around the patient, but can be more widely dispersed during coughing or other concomitant respiratory activities.

Article: [How should aerosol generating procedures be defined? | The BMJ](https://www.bmj.com/content/378/bmj-2021-065903)

**Title:** Risk of preterm birth, small for gestational age at birth, and stillbirth after covid-19 vaccination during pregnancy: population based retrospective cohort study

BMJ|17th august

**Results**: Among 85 162 births, 43 099 (50.6%) occurred in individuals who received one dose or more of a covid-19 vaccine during pregnancy—42 979 (99.7%) received an mRNA vaccine. Vaccination during pregnancy was not associated with any increased risk of overall preterm birth (6.5% among vaccinated v 6.9% among unvaccinated; adjusted hazard ratio 1.02, 95% confidence interval 0.96 to 1.08), spontaneous preterm birth (3.7% v 4.4%; 0.96, 0.90 to 1.03), or very preterm birth (0.59% v 0.89%; 0.80, 0.67 to 0.95). No increase was found in risk of small for gestational age at birth (9.1% v 9.2%; 0.98, 0.93 to 1.03) or stillbirth (0.25% v 0.44%; 0.65, 0.51 to 0.84). Findings were similar by trimester of vaccination, mRNA vaccine product, and number of doses received during pregnancy.

Article: [Risk of preterm birth, small for gestational age at birth, and stillbirth after covid-19 vaccination during pregnancy: population based retrospective cohort study | The BMJ](https://www.bmj.com/content/378/bmj-2022-071416)

**Title:** Onset and window of SARS-CoV-2 infectiousness and temporal correlation with symptom onset: a prospective, longitudinal, community cohort study

the lancet respiratory medicine|18th august

Knowledge of the window of SARS-CoV-2 infectiousness is crucial in developing policies to curb transmission. Mathematical modelling based on scarce empirical evidence and key assumptions has driven isolation and testing policy, but real-world data are needed. We aimed to characterise infectiousness across the full course of infection in a real-world community setting.

Article: [Onset and window of SARS-CoV-2 infectiousness and temporal correlation with symptom onset: a prospective, longitudinal, community cohort study - The Lancet Respiratory Medicine](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2822%2900226-0/fulltext)

**Title:** COVID-19 vaccine effectiveness against omicron (B.1.1.529) variant infection and hospitalisation in patients taking immunosuppressive medications: a retrospective cohort study

the lancet rheumatology|16th august

There is a scarcity of research regarding the effectiveness of the mRNA-1273 (Moderna) and BNT162b2 (Pfizer-BioNTech) COVID-19 vaccines in patients taking immunosuppressant medications, and no data are published to date pertaining to their effectiveness against omicron (B.1.1.529) variant SARS-CoV-2 infection and hospitalisation. We aimed to assess the relationship between immunosuppressive medications, mRNA vaccination, omicron infection, and severe COVID-19 outcomes (ie, hospitalisation, ICU admission, death).

Article: [COVID-19 vaccine effectiveness against omicron (B.1.1.529) variant infection and hospitalisation in patients taking immunosuppressive medications: a retrospective cohort study - The Lancet Rheumatology](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913%2822%2900216-8/fulltext)

Comment: [Preventive medicine in rheumatology: COVID-19 and its lessons for better health outcomes - The Lancet Rheumatology](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913%2822%2900229-6/fulltext)

**Title:** The growing threat of wild poliovirus 1 and vaccine-derived cases in the COVID-19 era

the lancet infectious diseases|16th August

The detection of people with paralytic cases of wild poliovirus 1 (WPV1) in two African countries (ie, Malawi in February, 2022, and Mozambique in May, 2022) outside endemic areas of WPV1 transmission (ie, Pakistan and Afghanistan) will become a serious setback if low vaccination coverage and decreased surveillance of acute flaccid paralysis are not addressed with alacrity.

Comment article: [The growing threat of wild poliovirus 1 and vaccine-derived cases in the COVID-19 era - The Lancet Infectious Diseases](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2822%2900548-5/fulltext)

**Title:** Geographic, Occupational, and Sociodemographic Variations in Uptake of COVID-19 Booster Doses Among Fully Vaccinated US Adults, December 1, 2021, to January 10, 2022

JAMA network open| 19th august

Question How has uptake of COVID-19 booster doses among fully vaccinated US adults varied by geographic location, occupation, and sociodemographic characteristics?

Findings In this cross-sectional survey study of 135 821 US adults aged 18 years or older who participated in the Household Pulse Survey from December 1, 2021, to January 10, 2022, less than half (48.5%) of individuals who had been fully vaccinated nationwide had received a booster dose. Marked variations were seen across geographic locations, occupation types, and other sociodemographic characteristics; boosted individuals were more likely than nonboosted individuals to be male, Asian, more educated and older, and to live in the Northeast and earn a high income, and work in hospitals.

Meaning These findings suggest that targeted efforts to increase booster vaccine coverage among subgroups with low uptake may benefit public health.

Article: [Geographic, Occupational, and Sociodemographic Variations in Uptake of COVID-19 Booster Doses Among Fully Vaccinated US Adults, December 1, 2021, to January 10, 2022 | Vaccination | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795410)

**Title:** Long-term Effectiveness Associated With the BNT162b2 Vaccine Against SARS-CoV-2 Infection Among Adolescents in South Korea

jama network open|17th august

The emergence of the SARS-CoV-2 Omicron variant has resulted in a surge of COVID-19 cases among adolescents.1 We estimated the effectiveness associated with the BNT162b2 vaccine against SARS-CoV-2 infection and critical infection among adolescents in South Korea.

Research letter: [Long-term Effectiveness Associated With the BNT162b2 Vaccine Against SARS-CoV-2 Infection Among Adolescents in South Korea | Adolescent Medicine | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795253)

**Title:** Awareness of SARS-CoV-2 Omicron Variant Infection Among Adults With Recent COVID-19 Seropositivity

jama network open|17th august

Question: What proportion of individuals who recently contracted the SARS-CoV-2 Omicron variant were aware of their infectious status?

Findings: In this cohort study of 210 adults with evidence of seroconversion during a regional Omicron variant surge, 56% reported being unaware of any recent Omicron variant infection.

Meaning: Findings of this study suggest that low rates of Omicron variant infection awareness may be a key contributor to rapid transmission of the virus within communities.

Article: [Awareness of SARS-CoV-2 Omicron Variant Infection Among Adults With Recent COVID-19 Seropositivity | Infectious Diseases | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795246)

**Title:** Evusheld Treatment Timing Set

jama|16th august

The US Food and Drug Administration (FDA) have said people eligible for COVID-19 preexposure prophylaxis (PrEP) with the monoclonal antibody combination of tixagevimab and cilgavimab (Evusheld) should be treated every 6 months to maintain protection against infection, according to the recently revised Fact Sheet for Healthcare Providers.

News article: [Evusheld Treatment Timing Set | Infectious Diseases | JAMA | JAMA Network](https://jamanetwork.com/journals/jama/fullarticle/2795288)

**Title:** Preventing COVID-19, Saving Lives in Lower-Income Countries

JAMA|16th august

Investing in SARS-CoV-2 vaccination programs in 91 low- and middle-income countries (LMICs) could prevent millions of infections and hundreds of thousands of deaths more cost-effectively than do many other donor aid programs, an analysis in The Journal of Infectious Diseases reported.

JAMA article: [Preventing COVID-19, Saving Lives in Lower-Income Countries | Global Health | JAMA | JAMA Network](https://jamanetwork.com/journals/jama/fullarticle/2795257)

Original article: [Cost-effectiveness of Coronavirus Disease 2019 Vaccination in Low- and Middle-Income Countries | The Journal of Infectious Diseases | Oxford Academic (oup.com)](https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiac243/6606162?login=false)

**workforce wellbeing**

**Title:** Risk of SARS-CoV-2 Acquisition in Health Care Workers According to Cumulative Patient Exposure and Preferred Mask Type

jama network open|15th august

Health care workers (HCWs) are at increased risk for acquiring SARS-CoV-2 infection,1 raising the issue of adequate protective measures. Although scientific evidence regarding the benefit of respirator vs surgical masks is sparse,2,3 a previous study has suggested that respirator masks (ie, FFP2) may offer additional protection to HCW with frequent COVID-19-patient exposure.4 In this follow-up study, we analyzed the SARS-CoV-2 risk for HCWs depending on cumulative exposure to patients with COVID-19 and assessed whether this risk can be modulated by the use of respirator compared with surgical masks.

Research letter: [Risk of SARS-CoV-2 Acquisition in Health Care Workers According to Cumulative Patient Exposure and Preferred Mask Type | Infectious Diseases | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795150)

**Health management**

**Title:** The COVID-19 pandemic and disruptions to essential health services in Kenya: a retrospective time-series analysis

THE Lancet global health|1st September

Public health emergencies can disrupt the provision of and access to essential health-care services, exacerbating health crises. We aimed to assess the effect of the COVID-19 pandemic on essential health-care services in Kenya.

Full article: [The COVID-19 pandemic and disruptions to essential health services in Kenya: a retrospective time-series analysis - The Lancet Global Health](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2822%2900285-6/fulltext)

**Title:** Funding Sources of Therapeutic and Vaccine Clinical Trials for COVID-19 vs Non–COVID-19 Indications, 2020-2021

jama network open|16th august

Question: What were the major sources of funding for clinical trials focused on the development of therapeutics and vaccines against COVID-19 between January 1, 2020, and August 31, 2021?

Findings: In this cross-sectional study of 1977 clinical trials, most were funded by public sources (57.9%), followed by industry (27.3%) and public-private partnerships (14.8%). Most of these clinical trials focused on COVID-19 therapeutics (85.0%) as opposed to vaccines (15.0%).

Meaning: The findings of this study suggest that the public sector has likely been instrumental in the development of COVID-19 therapeutics and vaccines; efforts to maintain their global access and affordability would be beneficial for public health.

Article: [Funding Sources of Therapeutic and Vaccine Clinical Trials for COVID-19 vs Non–COVID-19 Indications, 2020-2021 | Research, Methods, Statistics | JAMA Network Open | JAMA Network](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795180)

**Long term effects**

**Title:** Neurological and psychiatric risk trajectories after SARS-CoV-2 infection: an analysis of 2-year retrospective cohort studies including 1 284 437 patients

THE LANCET PSYCHIATRY|17th august

FINDINGS: We identified 1 487 712 patients with a recorded diagnosis of COVID-19 during the study period, of whom 1 284 437 (185 748 children, 856 588 adults, and 242 101 older adults; overall mean age 42·5 years [SD 21·9]; 741 806 [57·8%] were female and 542 192 [42·2%] were male) were adequately matched with an equal number of patients with another respiratory infection. The risk trajectories of outcomes after SARS-CoV-2 infection in the whole cohort differed substantially. While most outcomes had HRs significantly greater than 1 after 6 months (with the exception of encephalitis; Guillain-Barré syndrome; nerve, nerve root, and plexus disorder; and parkinsonism), their risk horizons and time to equal incidence varied greatly. Risks of the common psychiatric disorders returned to baseline after 1–2 months (mood disorders at 43 days, anxiety disorders at 58 days) and subsequently reached an equal overall incidence to the matched comparison group (mood disorders at 457 days, anxiety disorders at 417 days). By contrast, risks of cognitive deficit (known as brain fog), dementia, psychotic disorders, and epilepsy or seizures were still increased at the end of the 2-year follow-up period. Post-COVID-19 risk trajectories differed in children compared with adults: in the 6 months after SARS-CoV-2 infection, children were not at an increased risk of mood (HR 1·02 [95% CI 0·94–1·10) or anxiety (1·00 [0·94–1·06]) disorders, but did have an increased risk of cognitive deficit, insomnia, intracranial haemorrhage, ischaemic stroke, nerve, nerve root, and plexus disorders, psychotic disorders, and epilepsy or seizures (HRs ranging from 1·20 [1·09–1·33] to 2·16 [1·46–3·19]). Unlike adults, cognitive deficit in children had a finite risk horizon (75 days) and a finite time to equal incidence (491 days). A sizeable proportion of older adults who received a neurological or psychiatric diagnosis, in either cohort, subsequently died, especially those diagnosed with dementia or epilepsy or seizures. Risk profiles were similar just before versus just after the emergence of the alpha variant (n=47 675 in each cohort). Just after (vs just before) the emergence of the delta variant (n=44 835 in each cohort), increased risks of ischaemic stroke, epilepsy or seizures, cognitive deficit, insomnia, and anxiety disorders were observed, compounded by an increased death rate. With omicron (n=39 845 in each cohort), there was a lower death rate than just before emergence of the variant, but the risks of neurological and psychiatric outcomes remained similar.

Full article: [Neurological and psychiatric risk trajectories after SARS-CoV-2 infection: an analysis of 2-year retrospective cohort studies including 1 284 437 patients - The Lancet Psychiatry](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2822%2900260-7/fulltext)

Comment: [Neuropsychiatric sequelae of COVID-19: long-lasting, but not uniform - The Lancet Psychiatry](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2822%2900302-9/fulltext)

**Title:** Post-COVID-19 condition 3 months after hospitalisation with SARS-CoV-2 in South Africa: a prospective cohort study

THe lancet global health|1st september

Post COVID-19 condition (PCC), as defined by WHO, refers to a wide range of new, returning, or ongoing health problems in people who have had COVID-19, and it represents a rapidly emerging public health priority. We aimed to establish how this developing condition has affected patients in South Africa and which population groups are at risk.

Full article: [Post-COVID-19 condition 3 months after hospitalisation with SARS-CoV-2 in South Africa: a prospective cohort study - The Lancet Global Health](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2822%2900286-8/fulltext)

**Title:** Post-COVID-19 condition: current evidence and unanswered questions

the lancet global health|1st September

Full comment article: [Post-COVID-19 condition: current evidence and unanswered questions - The Lancet Global Health](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2822%2900323-0/fulltext)

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[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.

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