COVID-19 weekly update

26th November 2021

clinical management

**Title:** AstraZeneca says its antibody drug AZD7442 is effective for preventing and reducing severe illness

BMJ | 2021; 375: n2860 | 19th November 2021

AstraZeneca’s antibody treatment AZD7442 reduces the risk of developing symptomatic covid-19 when it is taken as a preventive measure, the company has said, and also reduces the risk of severe illness and death when taken shortly after symptoms start.

The drug is currently being tested in two separate trials, which reported that when taken as a prophylactic AZD7442 reduced the risk of symptomatic covid-19 by 83% and when taken three days after symptom onset it cut the risk of severe illness or death by 88%.

In both trials the antibody combination was generally well tolerated, with no new safety issues identified in the six month analysis of the prevention trial. The findings, issued through a company press release, will be submitted for publication in a peer reviewed medical journal.

Full detail: [AstraZeneca says its antibody drug AZD7442 is effective for preventing and reducing severe illness](https://www.bmj.com/content/375/bmj.n2860)

**Title:** Prevention and management of thrombosis in hospitalised patients with COVID-19 pneumonia

The Lancet Infectious Diseases | 25th November 2021

A proportion of people infected with SARS-CoV-2 develop moderate or severe COVID-19, with an increased risk of thromboembolic complications. The inflammatory response to SARS-CoV-2 infection can cause an acute-phase response and endothelial dysfunction, which contribute to COVID-19-associated coagulopathy, the clinical and laboratory features of which differ in some respects from those of classic disseminated intravascular coagulation.

Understanding of the pathophysiology of thrombosis in COVID-19 is needed to develop approaches to management and prevention, with implications for short-term and long-term health outcomes. Evidence is emerging to support treatment decisions in patients with COVID-19, but many questions remain about the optimum approach to management.

This Viewpoint provides a summary of the pathophysiology of thrombosis and associated laboratory and clinical findings, and highlights key considerations in the management of coagulopathy in hospitalised patients with severe COVID-19, including coagulation assessment, identification of thromboembolic complications, and use of antithrombotic prophylaxis and therapeutic anticoagulation. National

Full paper: [Prevention and management of thrombosis in hospitalised patients with COVID-19 pneumonia](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900455-0)

**Title:** COVID-19 rapid guideline: managing COVID-19

National Institute for Health and Care Excellence | 22nd November 2021

This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together our existing recommendations on managing COVID-19, and new recommendations on therapeutics, so that healthcare staff and those planning and delivering services can find and use them more easily.

Updated 22nd November: New recommendation on ivermectin.

Full detail: [COVID-19 rapid guideline: managing COVID-19](https://www.nice.org.uk/guidance/ng191)

**Title:** Living guidance for clinical management of COVID-19

World Health Organisation | updated 23rd November 2021

The WHO *COVID-19 Clinical management: living guidance*contains the Organization’s most up-to-date recommendations for the clinical management of people with COVID-19. Providing guidance that is comprehensive and holistic for the optimal care of COVID-19 patients throughout their entire illness is important.

This updated (third) version contains two new recommendations regarding hospitalized children with Multisystem Inflammatory Syndrome (MIS-C), which includes a:

* [conditional recommendation to use corticosteroids](https://app.magicapp.org/#/guideline/j1WBYn/rec/L0z8gb) in addition to supportive care (rather than either IVIG plus supportive care, or supportive care alone), for hospitalized children aged 0-18 years who meet a standard case definition for MIS-C;
* [conditional recommendation to use corticosteroids](https://app.magicapp.org/#/guideline/j1WBYn/rec/L0z8gb) in addition to standard of care for hospitalized children aged 0-18 years who meet both a standard case definition for MIS-C and diagnostic criteria for Kawasaki disease.

Full detail: [Living guidance for clinical management of COVID-19](https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-2)

See also: [WHO issues guidelines on the treatment of children with multisystem inflammatory syndrome associated with COVID-19](https://www.who.int/news/item/23-11-2021-who-issues-guidelines-on-the-treatment-of-children-with-multisystem-inflammatory-syndrome-associated-with-covid-19)

recovery

**Title:** Timely access to care: Principles for recovery

National Voices | 18th November 2021

This publication by National Voices, the leading coalition of health and social care charities in England, highlights the factors currently affecting timely access to care for people living with ill health, disability or impairment. It calls for system leaders to prioritise rebuilding timely access to health and care, and to take an approach that considers the whole system and its context and the whole person and their circumstances.

* [Timely access to care: Principles for recovery](https://www.nationalvoices.org.uk/sites/default/files/public/publications/timely_access_to_care_final.pdf)
* [Recommendations: Government and system leaders](https://www.nationalvoices.org.uk/sites/default/files/public/publications/twitter-1200px_government_and_system_leaders_need_to_v02.pdf)
* [Recommendations: People planning and delivering services](https://www.nationalvoices.org.uk/sites/default/files/public/publications/twitter-1200px_people_planning_and_delivering_services_need_to_v03.pdf)
* [Recommendations: The VCSE including National Voices](https://www.nationalvoices.org.uk/sites/default/files/public/publications/twitter-1200px_the_vcse_including_national_voices_need_to_v03.pdf)

Infection control

**Title:** Understanding vaccine hesitancy through communities of place

Institute for Community Studies | 19th November 2021

This UK-US collaborative study highlights the importance of tapping into local knowledge and leadership in efforts to improve Covid-19 vaccine take-up. The report explores levels of vaccine engagement in four locations: Oldham and Tower Hamlets in the UK, and the cities of Boston and Hartford in the US.

In all four localities, the survey finds the authorities’ ‘top-down’ approach to vaccine distribution and education has been ineffective, and that applying a ‘community engagement approach’ instead –involving community groups and trusted leaders in vaccine distribution and education – can improve take-up rates.

Press release: [New research highlights power of local engagement to increase Covid-19 vaccine take-up](https://icstudies.org.uk/insights/insight/new-research-finds-local-knowledge-and-engagement-could-be-key-covid-vaccine-take)

Full detail: [Understanding vaccine hesitancy through communities of place](https://icstudies.org.uk/repository/understanding-vaccine-hesitancy-through-communities-place)

**Title:** mRNA vaccines: hope beneath the hype

BMJ | 2021; 375: n2744 | 24th November 2021

mRNA vaccines have proven themselves as the most effective covid-19 vaccines, and their makers are now seeking to help conditions from cancer to HIV. This BMJ Feature piece investigates their promise and limitations.

Full detail: [mRNA vaccines: hope beneath the hype](https://www.bmj.com/content/375/bmj.n2744)

**Title:** What next for the Valneva vaccine?

BMJ | 2021; 375: n2839 | 23rd November 2021

Valneva’s covid-19 vaccine looked set to be another effective tool in the fight to end the pandemic. But the UK’s sudden decision to cancel the company’s main order of 100 million doses threw a major spanner in the works. This BMJ Feature asks what this means for the company and the vaccine.

Full detail: [What next for the Valneva vaccine?](https://www.bmj.com/content/375/bmj.n2839)

**Title:** Covid-19 and pregnancy: vaccine hesitancy and how to overcome it

 BMJ | 2021; 375: n2862 | 22nd November 2021

This BMJ analysis explores the following questions:

* What’s the vaccine uptake in pregnancy?
* Why is it so low?
* What are the effects of low uptake?
* Will hospital admissions and deaths fall as more women are vaccinated?
* How have babies been affected by low vaccination rates in pregnancy?
* How can the NHS increase uptake?
* What role should clinicians be playing?
* What else could have made a difference?

Full detail: [Covid-19 and pregnancy: vaccine hesitancy and how to overcome it](https://www.bmj.com/content/375/bmj.n2862)

**Title:** Elapsed time since BNT162b2 vaccine and risk of SARS-CoV-2 infection: test negative design study

BMJ | 2021; 375: e067873 | 25th November 2021

The objective of this study was to determine whether time elapsed since the second injection of the Pfizer-BioNTech BNT162b2 mRNA vaccine was significantly associated with the risk of covid-19 infection after vaccination in people who received two vaccine injections.

In this large population of adults tested for SARS-CoV-2 by RT-PCR after two doses of mRNA BNT162b2 vaccine, a gradual increase in the risk of infection was seen for individuals who received their second vaccine dose after at least 90 days.

Full paper: [Elapsed time since BNT162b2 vaccine and risk of SARS-CoV-2 infection: test negative design study](https://www.bmj.com/content/bmj/375/bmj-2021-067873.full.pdf)

**Title:** A Possible Role for Anti-idiotype Antibodies in SARS-CoV-2 Infection and Vaccination

New England Journal of Medicine | 24th November 2021

The authors hypothesize that anti-idiotype immune responses may contribute to rare adverse events, such as myocarditis, after SARS-CoV-2 vaccination, as well as to sequelae of Covid-19 that persist after the resolution of infection.

Full detail: [A possible role for anti-idiotype antibodies in SARS-CoV-2 infection and vaccination](https://www.nejm.org/doi/full/10.1056/NEJMcibr2113694?query=featured_coronavirus)

**Title:** Efficacy and safety of the CVnCoV SARS-CoV-2 mRNA vaccine candidate in ten countries in Europe and Latin America

The Lancet Infectious Diseases | 23rd November 2021

Additional safe and efficacious vaccines are needed to control the COVID-19 pandemic. This study aimed to analyse the efficacy and safety of the CVnCoV SARS-CoV-2 mRNA vaccine candidate. CVnCoV was efficacious in the prevention of COVID-19 of any severity and had an acceptable safety profile. Taking into account the changing environment, including the emergence of SARS-CoV-2 variants, and timelines for further development, the decision has been made to cease activities on the CVnCoV candidate and to focus efforts on the development of next-generation vaccine candidates.

Full paper: [Efficacy and safety of the CVnCoV SARS-CoV-2 mRNA vaccine candidate in ten countries in Europe and Latin America (HERALD): a randomised, observer-blinded, placebo-controlled, phase 2b/3 trial](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900677-0)

**Title:** Effectiveness of an inactivated virus-based SARS-CoV-2 vaccine, BBV152, in India: a test-negative, case-control study

The Lancet Infectious Diseases | 23rd November 2021

BBV152 is a whole-virion inactivated SARS-CoV-2 vaccine that has been deployed in India. The results of the phase 3 trial have shown clinical efficacy of BBV152. The authors of this study aimed to evaluate the effectiveness of BBV152 against symptomatic RT-PCR-confirmed SARS-CoV-2 infection.

The study shows the effectiveness of two doses of BBV152 against symptomatic COVID-19 in the context of a huge surge in cases, presumably dominated by the potentially immune-evasive delta (B.1.617.2) variant of SARS-CoV-2. The findings support the ongoing roll-out of this vaccine to help control the spread of SARS-CoV-2, while continuing the emphasis on adherence to non-pharmacological measures.

Full paper: [Effectiveness of an inactivated virus-based SARS-CoV-2 vaccine, BBV152, in India: a test-negative, case-control study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900674-5)

**Title:** Coronavirus and self-isolation after testing positive in England

Office for National Statistics | 24th November 2021

Behaviour of individuals required to self-isolate after testing positive for COVID-19, from the COVID Test and Trace Cases Insights Survey. Includes information on the impact of self-isolation on well-being and finances.

Main points:

* The data collected between 1 and 6 November 2021 show that the majority (75%) of all individuals who tested positive for coronavirus (COVID-19) reported fully adhering to the requirements throughout their self-isolation period.
* The level of adherence with self-isolation requirements is broadly in line with the level reported for June, July and September 2021 (79% in June and July, and 78% in September) but is statistically significantly lower compared with adherence levels earlier in the year (84% in April and 86% in May 2021).
* Adherence with self-isolation requirements was statistically significantly lower between the onset of symptoms requiring self-isolation and receiving a positive test result (71%), compared with the 24 hours following a positive result (98%) and the remainder of the self-isolation period (93%).
* One in four people (25%) reported carrying out at least one activity during self-isolation that was not adherent to the requirements, for example, leaving the home or having visitors for reasons not permitted under legislation.
* The majority (73%) of all respondents who tested positive for COVID-19 reported having no contact with non-household members while they had any symptoms of illness or during the self-isolation period; of all respondents who lived with others, only 18% were able to keep themselves completely separate from those they lived with.
* Approximately a third (34%) of those who tested positive reported that self-isolation had a negative effect on their well-being and mental health.

Full detail: [Coronavirus and self-isolation after testing positive in England: 1 November to 6 November 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandselfisolationaftertestingpositiveinengland/latest)

**Title:** COVID-19 Vaccine Makers Plan for Annual Boosters, but It’s Not Clear They’ll Be Needed

JAMA | 24th November 2021

This Medical News feature examines whether it’s likely that repeated COVID-19 vaccine boosters will be needed to maintain protection against SARS-CoV-2.

Full detail: [COVID-19 Vaccine makers plan for annual boosters, but it’s not clear they’ll be needed](https://jamanetwork.com/journals/jama/fullarticle/2786818)

**Title:** Nearly half a million lives saved by COVID-19 vaccination in less than a year

World Health Organisation [Regional Office of Europe] | 25th November 2021

A new study by the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) estimates that 470 000 lives have been saved among those aged 60 years and over since the start of COVID-19 vaccination rollout in 33 countries across the WHO European Region.

This estimate does not include lives saved by vaccinating people under 60 nor lives saved from the indirect effect of vaccination because of a reduction in transmission.

Since December 2019, over 1.5 million COVID-19 confirmed fatalities have been recorded in the countries of the WHO European Region, with 90.2% in those aged 60 years and over. The rapid development and administration of COVID-19 vaccines has provided much-needed protection from severe disease and death for millions of the most vulnerable, but the speed and extent of rollout of these vaccines across countries of the Region is inequitable.

Further detail: [Nearly half a million lives saved by COVID-19 vaccination in less than a year](https://www.euro.who.int/en/media-centre/sections/press-releases/2021/who-regional-office-for-europe-nearly-half-a-million-lives-saved-by-covid-19-vaccination-in-less-than-a-year)

Full study: [Estimated number of deaths directly averted in people 60 years and older as a result of COVID-19 vaccination in the WHO European Region, December 2020 to November 2021](https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.47.2101021)

**Title:** Interim statement on COVID-19 vaccination for children and adolescents

World Health Organization | 24th November 2021

WHO, with support of the Strategic Advisory Group of Experts (SAGE) on Immunization and its COVID-19 Vaccines Working Group, is reviewing the emerging evidence on the need for and timing of vaccinating children and adolescents with the currently available COVID-19 vaccines which have received Emergency Use Listing (EUL).  This interim statement was developed with additional support from the Strategic and Technical Advisory Group of Experts (STAGE) on maternal, newborn, child, and adolescent health, and nutrition.

The statement concludes:

* Countries should consider the individual and population benefits of immunising children and adolescents in their specific epidemiological and social context when developing their COVID-19 immunisation policies and programs
* There are benefits of vaccinating children and adolescents that go beyond the direct health benefits. Vaccination that decreases COVID transmission in this age group may reduce transmission from children and adolescents to older adults, and may help reduce the need for mitigation measures in schools.
* Minimizing disruptions to education for children and maintenance of their overall well-being, health and safety are important considerations.  Countries’ strategies related to COVID-19 control should facilitate children’s participation in education and other aspects of social life, and minimize school closures, even without vaccinating children and adolescents
* As a matter of global equity, as long as many parts of the world are facing extreme vaccine shortages, countries that have achieved high vaccine coverage in their high-risk populations should prioritize global sharing of COVID-19 vaccines through the COVAX facility before proceeding to vaccination of children and adolescents who are at low risk for severe disease.

Full detail: [Interim statement on COVID-19 vaccination for children and adolescents](https://www.who.int/news/item/24-11-2021-interim-statement-on-covid-19-vaccination-for-children-and-adolescents)

other

**Title:** Headlines play down the gravity of covid-19 in children

BMJ | 2021; 375: n2826 | 25th November 2021

Media coverage has been criticised for minimising the effect of covid-19 on children, implying that the lives of those with underlying health conditions are somehow less important than the lives of healthy individuals. This BMJ Feature reports.

Full detail: [Headlines play down the gravity of covid-19 in children](https://www.bmj.com/content/375/bmj.n2826)

We

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