COVID-19 weekly update

20th September 2022

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**clinical management**

**title:** Update to living WHO guideline on drugs for covid-19

BMJ | 15th SEPTember 2022  
  
This living guideline by Agarwal and colleagues (BMJ 2020;370:m3379) has been updated. For the latest update, visit doi:10.1136/bmj.m3379. The latest version of this WHO living guidance provides three new or updated recommendations:

- A conditional recommendation for use of remdesivir in patients with severe covid-19, and a conditional recommendation against its use in patients with critical covid-19

- Concomitant use of interleukin-6 receptor blockers (tocilizumab or sarilumab) and the janus kinase inhibitor baricitinib: these drugs may now be combined, in addition to corticosteroids, in patients with severe or critical covid-19

- Strong recommendations against the use of sotrovimab and casirivimab-imdevimab in patients with covid-19, replacing the previous conditional recommendations for their use.  
<https://www.bmj.com/content/378/bmj.o2224.full>

**title:** Increased risk of severe COVID-19 outcomes in patients with rheumatoid arthritis and interstitial lung disease

THE LANCET Rheumatology | 13th SEPTember 2022  
  
…The key message from this article is that people with rheumatoid arthritis are at higher risk of developing severe COVID-19, and that, for those with interstitial lung disease, the risk appears especially high. However, several factors remain unknown, including the degree of vaccination that attenuates the risks of severe COVID-19 and how much of the risk is due to the disease rather than drugs used to treat it. Detailed answers to these questions are essential for clinicians if they are to offer patients accurate evidence-based advice. Additional data on the potential contributions of high disease activity and interstitial lung disease subtype could also be provided in a large prospective study designed to address these issues in a vaccinated rheumatoid arthritis population with detailed therapeutic documentation.  
 <https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00261-2/fulltext>   
Linked research: [Risk of severe COVID-19 outcomes associated with rheumatoid arthritis and phenotypic subgroups: a retrospective, comparative, multicentre cohort study](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(22)00227-2/fulltext)

**title:** Suspending methotrexate for 2 weeks after COVID-19 vaccination  
  
the lancet rheumatology |12th september 2022  
  
…This study adds to the literature showing that a temporary hold of methotrexate improves the response to primary and booster vaccinations against COVID-19.3, 4, 5 This issue is important given that the COVID-19 pandemic is ongoing globally. As a result of emerging evidence, the British Society of Rheumatology have changed their guidance to support a temporary hold of methotrexate after vaccination…  
<https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(22)00265-X/fulltext>

**long term effects**

**title:** Covid-19: WHO urges action as 17 million long covid cases are estimated in Europe

BMJ |14th SEPTember 2022  
  
An estimated 17 million people experienced long covid in the first two years of the pandemic in the European region, new modelling conducted for the World Health Organization has shown. WHO Europe has called on countries to take long covid seriously by urgently investing in research, recovery, and rehabilitation. The research, carried out by the Institute for Health Metrics and Evaluation at the University of Washington’s School of Medicine in the United States, estimated the burden of long covid in 2020 and 2021 by looking at a literature review and cohort studies from several countries with access to individual level data. Long covid symptoms were grouped around three symptom clusters: respiratory, cognitive, and fatigue or mood swings.

The modelling found that females were twice as likely as males to experience long covid, classified as symptoms lasting at least three months. The risk increases dramatically among severe covid-19 cases needing hospital admission, with one in three females and one in five males likely to develop long covid.

A recent study published in the Lancet reported that one in eight (12.7%) patients with covid-19 was likely to experience long term symptoms.  
<https://www.bmj.com/content/378/bmj.o2232>

**title:** Long Covid Europe patient group calls for greater regional collaboration and action at WHO European regional committee  
  
the lancet regional health europe | 15th SEPTember 2022  
  
…As we continue to learn about COVID-19 and its lasting health, economic and societal impacts, it is imperative that we collaborate to expedite diagnostic and treatment development. Coordinated country and regional collaboration on research needs to be the next phase of the response. Long COVID affects people across the entire spectrum of society. Many of whom are nurses, doctors, physiotherapists, scientists, teachers or social workers. Those living with Long COVID are often experts on their condition with many now in the third year of their illness. Only by greater involvement of those with lived experience at the forefront of all responses including research, advocacy and care, can we make a meaningful difference in the lives of the millions of people living with and affected by Long COVID.  
<https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(22)00213-7/fulltext>

**title:** Two-Year Health Outcomes in Hospitalized COVID-19 Survivors in China

JAMA | 15th september 2022  
  
Question What are the 2-year health outcomes among patients hospitalized for COVID-19 in China?

Findings In this longitudinal cohort study that included 1864 patients, the most common symptoms at 2 years after SARS-CoV-2 infection were fatigue, chest tightness, anxiety, dyspnea, and myalgia, and most symptoms resolved from 1-year to 2-year follow-up, although the incidence of dyspnea showed no significant change. Patients with severe disease during hospitalization, especially those who required intensive care unit admission, had higher risks of persistent symptoms and higher chronic obstructive pulmonary disease assessment test scores.

Meaning These findings suggest that prolonged symptoms may persist in a proportion of COVID-19 survivors for 2 years after SARS-CoV-2 infection.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796276>

**rates & variants**

**title:** Is covid-19 settling into a pattern?

BMJ | 15th september 2022  
  
SARS-CoV-2 is here to stay, with an increasing array of questions for science and medicine. In the first of a new series on Covid Unanswered Questions, The BMJ asks about our current understanding of waves and variants—and what they might mean for “living with the virus”

Is covid settling into a pattern?

“It appears that there are two to three waves a year, each caused by new variants,” says Atsushi Sakuraba, professor of medicine at the University of Chicago, USA. “Considering the nature of SARS-CoV-2, which is an RNA virus that mutates over time, this pattern is likely to stay.”  
<https://www.bmj.com/content/378/bmj.o2183>

**title:** SARS-CoV-2 Omicron BA.5: Evolving tropism and evasion of potent humoral responses and resistance to clinical immunotherapeutics relative to viral variants of concern

the lancet eBio Medicine |17th september 2022  
  
…Variants of SARS-CoV-2 with reduced sensitivity to neutralising antibodies can pose a challenge to   
Observations support all Omicron variants to significantly escape neutralising antibodies across a range of vaccination and/or convalescent responses. Potency of therapeutic monoclonal antibodies is also reduced and differs across Omicron lineages. The key difference of BA.5 from other Omicron sub-variants is the reversion in tropism back to using the well-known ACE2-TMPRSS2 pathway, utilised efficiently by pre-Omicron lineages. Monitoring if these changes influence transmission and/or disease severity will be key for ongoing tracking and management of Omicron waves globally.   
<https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(22)00452-2/fulltext>

**title:** Lung cell entry, cell–cell fusion capacity, and neutralisation sensitivity of omicron sublineage BA.2.75

the lancet infectious diseases | 15th September 2022  
  
…Although our results await confirmation with authentic virus and primary cells, BA.2.75 might be more adept than BA.2 at infecting the lower airways and inducing cell–cell fusion, which could indicate an elevated intrinsic pathogenic potential.Moreover, we identified bebtelovimab (also known as LYCoV-1404) and the cilgavimab–tixagevimab antibody combination as treatments for BA.2.75-infected individuals. The observation that BA.2.75 and BA.4/BA.5 display lower neutralisation sensitivity compared with BA.2 suggests that this trait might enable them to outcompete BA.2 in subpopulations with vaccination or infection-induced immunity. Finally, our data confirm and extend the findings of two recent studies6, 7 and provide evidence that three vaccine doses are required to induce potent neutralising activity against BA.2.75, similar to what has been shown for other omicron sublineages.  
<https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00591-6/fulltext>

**infection control**

**title:** Self-testing for covid-19

BMJ | 14th September 2022  
  
…What should we take from this study? Firstly, that members of the general public are capable of doing their own nasal (and potentially oropharyngeal) sampling for covid-19 testing, but the real world performance of antigen tests remains highly variable. Secondly, adding oropharyngeal testing may provide some benefit, although it is unclear how many test kits are capable of expanded use, and serial testing could be a more workable change to testing protocols. Finally, and most importantly, are the policy implications. In the UK and the US, policies governing use of tests to enable a return to normal activities are confusing, poorly explained, and frequently change. In the US, a single negative test result currently allows an individual to return to work or school in many situations. In the UK, government guidance suggests that a negative result “means it’s likely you are not infectious.”

Such simple guidance is inconsistent with Schuit and colleagues’ findings—a single negative test result cannot be interpreted in a vacuum. Individuals must also consider their reason for being tested; have they been exposed to an infected person or been in a high risk situation such as a crowded indoor space during a period of high transmission?, has enough time passed to accrue a high viral load?, and, of course, do they have symptoms consistent with covid-19? All are important considerations that will help optimise the value of these tests in limiting spread and containing new variants as we learn to live with covid-19.  
<https://www.bmj.com/content/378/bmj.o2055>   
Linked research: [Diagnostic accuracy of covid-19 rapid antigen tests with unsupervised self-sampling in people with symptoms in the omicron period: cross sectional study](https://www.bmj.com/content/378/bmj-2022-071215)

**title:** CDC Streamlines COVID-19 Guidance

JAMA | 13th september 2022  
  
Updated CDC COVID-19 guidance streamlines isolation rules eliminating separate recommendations for unvaccinated individuals.  
<https://jamanetwork.com/journals/jama/fullarticle/2796238>

**title:** Evaluation of Risk Factors for Conversion From a COVID-19 Household Contact to a Case in New York City, August 1, 2020, to July 31, 2021

JAMA | 14th september 2022  
  
…Our investigation included more than 600 000 household contacts in NYC, of which 24.1% converted to a case. Our contact-to-case conversion rate is higher when compared with similar studies, such as a pooled estimate of 21.1% reported in a systematic review of 29 studies of COVID-19 secondary attack rates among a total of 22 214 household contacts.1

We found that the percentage of persons in NYC in the household contact’s age group who were vaccinated for COVID-19 by the month of the household contact’s exposure had an inverse relationship with converting to a case. This finding suggests that COVID-19 vaccination was protective against converting from a household contact to a case. Public health agencies should continue to prioritize vaccination campaigns for the public.

Women, persons with comorbidities, and persons exposed to a symptomatic case were more likely to convert from a household contact to a case when compared with men. Our findings emphasize the importance of supportive services such as those provided by T2, such as free hotel rooms for isolation and quarantine, allowing for safe separation from household members.

Our investigation had several limitations. First, not all household contacts identified were tested for COVID-19. Second, data for household contacts who did not convert to a case were less complete than data for contacts who converted to a case. Missing data could potentially be related to lower testing probability and subsequent case ascertainment in exposed persons. Third, medical history data including comorbidities were self-reported.

Our investigation suggests that among household contacts in NYC, certain groups were more likely to convert to a case. Better characterizing transmission dynamics among these groups could lead to improved preventative measures and save lives.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796183>

**title:** New Data on Heterologous COVID-19 Vaccine Combinations

jama |13th september 2022  
  
Switching to a different COVID-19 vaccine after a first dose of the Sputnik V C1, ChAdOx1-S, or BBIBP-CorV vaccines can greatly increase immune response while maintaining safety, according to a study published in Cell Reports Medicine. The results provide information for mixing vaccine types in both primary vaccination and vaccine booster schedules, which is particularly important for middle- and lower-income countries to strengthen vaccine programs, the authors wrote.   
<https://jamanetwork.com/journals/jama/fullarticle/2796271>

**title:** Time to redefine a primary vaccination series?

the lancet | 1st august 2022  
  
…Thus, we consider that two doses should be regarded as the primary vaccination series for Ad26.COV2.S in the era of omicron. WHO's updated recommendations also echo this point of view and advise that all efforts should be taken to provide a second dose 2–6 months after the first dose, particularly to the highest-priority and high-priority groups.7 When a second dose is to be given, WHO supports a flexible approach either to use two doses of Ad26.COV2.S vaccine or a heterologous vaccination schedule. A single-dose regimen is still an acceptable option for countries challenged with supply constraints and vaccine deployment issues….  
<https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00576-X/fulltext>   
Linked research: [Efficacy, safety, and immunogenicity of a booster regimen of Ad26.COV2.S vaccine against COVID-19 (ENSEMBLE2): results of a randomised, double-blind, placebo-controlled, phase 3 trial](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00506-0/fulltext)

**title:** Immunogenicity and safety of BNT162b2 mRNA vaccine in Chinese adults: A phase 2 randomised clinical trial  
  
the lancet regional health western pacific | 13th september 2022  
  
…BNT162b2 vaccination induced a robust immune response with acceptable tolerability in Han Chinese adults. However, follow-up duration was relatively short and COVID-19 rates were not assessed. Safety data collection is continuing until 12 months after the second dose.  
<https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(22)00201-2/fulltext>

**title:** ANTIBODY FOUND IN MICE NEUTRALIZES SARS-COV-2 AND SARS-COV-1

JAMA | 13th september 2022  
  
Researchers have identified an antibody that broadly neutralized all tested SARS-CoV-2 subvariants as well as SARS-CoV-1 in laboratory experiments and several SARS-CoV-2 variants of concern in mice. Because it targets a spike protein area that may be less affected by genetic variations, the newly discovered antibody could better retain potency against emerging SARS-CoV-2 subvariants and future coronaviruses, if developed into therapeutic products.  
<https://jamanetwork.com/journals/jama/fullarticle/2796269>

**title:** Durability of Immune Response After COVID-19 Booster Vaccination and Association With COVID-19 Omicron Infection

JAMA | 15TH SEPTEMBER 2022  
  
Question What is the durability of the immune response after 3 vaccine doses, and are antibody kinetics associated with SARS-CoV-2 Omicron infection?

Findings In this cohort study of 3972 health care workers, reduction in antibody levels 5 months after the third BNT162b2 vaccine dose was slower than after the second, while Omicron's neutralizing response was lower compared with other variants of concern. Peak antibody levels after the third dose were associated with Omicron infection.

Meaning This study found that the humoral response after the third vaccine dose was sustained for 5 months and that antibody kinetics were associated with Omicron infection.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796277>

**title:** Effectiveness and Durability of the BNT162b2 Vaccine against Omicron Sublineages in South Africa  
  
new england journal of medicine | 14th september 2022  
  
…Thus, after either two doses or three doses of the BNT162b2 vaccine, we found rapid waning of vaccine effectiveness against the current sublineages of the omicron variant with respect to protection against hospitalization. Our data indicate that boosting maintains vaccine effectiveness against severe disease caused by the current omicron sublineages, although the evidence of rapid waning of durability indicates the need for regular boosting as early as 4 months after the last dose or the need for vaccines to incorporate variants of concern to maintain protection.  
<https://www.nejm.org/doi/full/10.1056/NEJMc2210093>

**title:** Protection against Omicron by Mucosal IgA Antibodies  
  
NEW ENGLAND JOURNAL OF MEDICINE | 14TH SEPTEMBER 2022  
  
…Taken together, these findings suggest that wild-type SARS-CoV-2 spike-specific mucosal IgA is protective against omicron infection. Further studies are warranted to determine whether vaccines that induce a combination of mucosal and systemic immune responses would confer stronger protection than intramuscular vaccines.  
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2796235>

**title:** SARS-CoV-2 vaccines tolerability: A perspective by people with multiple sclerosis  
  
the lancet regional health europe| 15th september 2022  
  
…All such observations suggest the need of well-designed large cohort studies that could allow to go beyond the current methodological heterogeneity of studies on vaccines safety in MS Despite the potential limitations, the study by Frahm and colleagues7 has the merit to provide us with an informative patient-reported perspective on SARS-CoV-2 vaccines tolerability, collected from a large group of European subjects undergoing both mRNA and viral vector-based vaccines. The obtained results add another useful piece to the complex puzzle of vaccinations in MS.  
<https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(22)00208-3/fulltext>

**title:** SARS-CoV-2 vaccination in haemodialysis patients: Insides from a prospective study comparing mRNA and viral vector vaccines  
  
THE LANCET REGIONAL HEALTH EUROPE| 13TH SEPTEMBER 2022  
  
Question How do COVID-19–associated hospitalization rates compare among adults who are   
…In the current issue of The Lancet Regional Health – Europe, Martin and colleagues2 report the results of a prospective observational study which compared the immunogenicity and clinical effectiveness of two doses of mRNA-based (BNT162b2) versus two doses of viral vector (ChAdOx1) SARS-CoV-2 vaccines within a large cohort of 1021 haemodialysis patients in the UK. 523 (51%) patients received BNT162b and 498 (49%) patients received ChAdOx1…  
<https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(22)00187-9/fulltext>

**title:** Vaccine-Induced Immune Thrombocytopenia and Thrombosis after the Sputnik V Vaccine  
  
NEW ENGLAND JOURNAL OF MEDICINE | 14TH SEPTEMBER 2022  
  
As part of the Vigilance of Vaccines against Covid-19 (ViVa) study, we collected detailed information regarding one case of VITT that was reported after the receipt of the Sputnik V vaccine at one Argentinian public vaccination center on July 15, 2021.  
<https://www.nejm.org/doi/full/10.1056/NEJMc2210813>

**title:** Acceptance of Different Self-sampling Methods for Semiweekly SARS-CoV-2 Testing in Asymptomatic Children and Childcare Workers at German Day Care Centers: A Nonrandomized Controlled Trial  
  
JAMA | 15th september 2022  
  
Question What is the acceptance and feasibility of different methods of twice weekly SARS-CoV-2 monitoring in asymptomatic children and childcare workers in day care centers?

Findings In this nonrandomized controlled trial and feasibility study with 452 children and 139 childcare workers, self-sampled surveillance testing via saliva sampling and/or nasal rapid antigen self-test for SARS-CoV-2 was well accepted and provided a high sense of safety.

Meaning These findings suggest that self-sampled continuous testing allowing continued day care for children should be established based on age-adjusted SARS-CoV-2 incidence rates.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796275>

**title:** Persistence and Protective Potential of SARS-CoV-2 Antibody Levels After COVID-19 Vaccination in a West Virginia Nursing Home Cohort  
  
JAMA internal medicine | 13th september 2022  
  
Question What are the persistence and protective potential of SARS-CoV-2 antibody levels after vaccination in West Virginia nursing home residents and staff?

Findings In this cross-sectional study of 2139 participants from West Virginia nursing home facilities, antibody levels decreased with time after vaccination but were restored with booster doses. During the Delta surge, individuals experiencing breakthrough infection had significantly lower antibody levels, but no significant association was found between antibody level and infection observed during the Omicron surge.

Meaning Although these findings support the recommendation of booster doses to augment waning antibody responses, data are not conclusive in providing an antibody correlate of protection against infection.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796086>

**title:** Factors Associated With COVID-19 Vaccination Among Individuals With Vaccine Hesitancy in French-Speaking Belgium  
  
JAMA | 16th september 2022  
  
Question How do COVID-19–associated hospitalization rates compare among adults who are   
A significant portion of individuals with vaccine hesitancy got vaccinated for various reasons, mostly related to escaping governmental constraints, to moral pressure, and to a collective effort to end the pandemic. Importantly, individual protection against COVID-19 was not the main reported reason, as it was the case in the population of fully vaccinated people who were confident in the vaccine. Age, gender, and education were associated with the reported reasons, suggesting the need to better tailor pandemic response strategies.

Many respondents referred to some form of disguised vaccine obligation. Collectively, negative emotions (guilt) and moral pressure from society appeared to be associated with vaccination willingness, as proposed by others.2,4 This suggests that government restrictions were somewhat effective in increasing vaccination willingness.3,5 Nevertheless, if the government strategy affected the motivation to vaccinate, it also generated socioemotional and ethical costs mainly related to a feeling of polarization of society among many of our respondents. Given that the sample analyzed was not representative of the population, the results must be interpreted with caution, which is an important limitation.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796363>

**workforce well-being**

**title:** FINDING A NEW MANTRA

new england journal of medicine | 15th SEPTEMBER 2022  
  
…We get so many messages in medicine that we should tough it out, push through. Licensing and credentialing forms often inappropriately ask if we’ve ever sought treatment for our mental health. I am angry about how much that stigma has damaged our workforce. Yet even as I brace for reactions to making myself vulnerable in such a public way, this is also true: a few months after starting medication, I felt like myself for the first time in more than a year. I no longer feel like I’m staring at the headlights coming toward me. I come home from the hospital with energy left for myself and my family. I take days off when I’m not on call. I am writing, reading, leading creative workshops. I have stepped into a new leadership role and am open with my team and trainees about the necessity of setting limits. A year after making the decision to talk to my family and my doctor, I know that advocating for my own mental health was the best decision I could have made. I have a new mantra now, etched on a bracelet around my wrist: I am human.  
<https://www.nejm.org/doi/full/10.1056/NEJMp2206851>

**recovery**

**title:** Role of mathematical modelling in future pandemic response policy

bmj | 16th september 2022  
  
Christina Pagel and Christian Yates consider what the pandemic has taught us about mathematical modelling in the UK and how it can be used more effectively

Key messages:

Mathematical modelling is intrinsically difficult given the complexity of relationships between parameters and difficulty quantifying those parameters

Modelling needs input from a much wider range of sources including domain experts

Data sharing and communication of results could be improved

Policy makers and the public often had poor understanding of key concepts such as exponential growth and the limitations of long-term forecasting.  
<https://www.bmj.com/content/378/bmj.o2252>

**title:** Covid-19: Commission describes “massive global failures” of pandemic response

BMJ| 14th september 2022  
  
The global response to the first two years of the covid-19 outbreak failed to control a pandemic that has led to an estimated 17.7 million deaths to date, a major review has concluded.1

The Lancet Commission on lessons for the future from the covid-19 pandemic, produced by 28 world leading experts and 100 contributors, cites widespread failures regarding prevention, transparency, rationality, standard public health practice, operational coordination, and global solidarity. It concludes that multilateral cooperation must improve to end the pandemic and manage future global health threats effectively.

The commission’s chair, Jeffrey Sachs, who is a professor at Columbia University and president of the Sustainable Development Solutions Network, said, “The staggering human toll of the first two years of the covid-19 pandemic is a profound tragedy and a massive societal failure at multiple levels.”

In its report, which used data from the first two years of the pandemic and new epidemiological and financial analyses, the commission concludes that government responses lacked preparedness, were too slow, paid too little attention to vulnerable groups, and were hampered by misinformation.  
<https://www.bmj.com/content/378/bmj.o2237>

title: THE LANCET COMMISSION ON LESSONS FOR THE FUTURE FROM THE COVID-19 PANDEMIC

the lancet | 14th september 2022  
  
As of May 31, 2022, there were 6·9 million reported deaths and 17·2 million estimated deaths from COVID-19, as reported by the Institute for Health Metrics and Evaluation (IHME; throughout the report, we rely on IHME estimates of infections and deaths; note that the IHME gives an estimated range, and we refer to the mean estimate). This staggering death toll is both a profound tragedy and a massive global failure at multiple levels. Too many governments have failed to adhere to basic norms of institutional rationality and transparency, too many people—often influenced by misinformation—have disrespected and protested against basic public health precautions, and the world's major powers have failed to collaborate to control the pandemic.

The multiple failures of international cooperation include (1) the lack of timely notification of the initial outbreak of COVID-19; (2) costly delays in acknowledging the crucial airborne exposure pathway of SARS-CoV-2, the virus that causes COVID-19, and in implementing appropriate measures at national and global levels to slow the spread of the virus; (3) the lack of coordination among countries regarding suppression strategies; (4) the failure of governments to examine evidence and adopt best practices for controlling the pandemic and managing economic and social spillovers from other countries; (5) the shortfall of global funding for low-income and middle-income countries (LMICs), as classified by the World Bank; (6) the failure to ensure adequate global supplies and equitable distribution of key commodities—including protective gear, diagnostics, medicines, medical devices, and vaccines—especially for LMICs; (7) the lack of timely, accurate, and systematic data on infections, deaths, viral variants, health system responses, and indirect health consequences; (8) the poor enforcement of appropriate levels of biosafety regulations in the lead-up to the pandemic, raising the possibility of a laboratory-related outbreak; (9) the failure to combat systematic disinformation; and (10) the lack of global and national safety nets to protect populations experiencing vulnerability.

This Commission report aims to contribute to a new era of multilateral cooperation based on strong UN institutions to reduce the dangers of COVID-19, forestall the next pandemic, and enable the world to achieve the agreed goals of sustainable development, human rights, and peace that governments are committed to pursue as members of the UN.  
<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01585-9/fulltext>   
Linked editorial: [COVID-19: the case for prosociality](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01761-5/fulltext)

**public health & health inequalities**

**title:** Declining US life expectancy since covid-19—structural inequities foreshadow future fallout

BMJ | 16th SEPTEMBER 2022  
  
The latest data on US life expectancy form part of a larger pattern of languishing population health, say Grace Noppert and colleagues

In August 2022, the US Centers for Disease Control and Prevention (CDC) released a report showing how life expectancy for the US population had fallen for the second consecutive year.1 The declines are alarming, but they are not surprising.

Life expectancy is both an indicator of the current health of a population and a harbinger of what might come. For social epidemiologists, the latest CDC data provide real time evidence of the power and pervasiveness of structural influences on health. These forces systematically place people from certain populations at higher risk of infectious diseases, while providing them with fewer resources to mitigate the negative long term social, economic, and health consequences arising from illness.

In 2021, US life expectancy stood at 76.1 years, declining by 0.9 years since 2020 and by 2.7 years since 2019. These new data show how drops in life expectancy have had the most severe effect on people from historically marginalised groups. The American Indian or Alaskan Native population experienced the greatest decline, with life expectancy at birth falling from 67.1 years in 2020 to 65.2 years in 2021, which is equivalent to the life expectancy for the overall US population in 1944.1 The largest contributor to these reductions in life expectancy was an increasing number of deaths from covid-19, followed closely by unintentional injuries, which largely comprised drug overdose deaths. These trends not only reflect the extraordinary and inequitable loss of life caused by covid-19, but also the stress and despair left in the pandemic’s wake…  
<https://www.bmj.com/content/378/bmj.o2249>   
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2795650>

**title:** Closing the Public Health Ethics Gap

new engand journal of medicine | 15th september 2022  
  
During the Covid-19 pandemic, public health decision makers haven’t always been transparent with the public, often failing to adequately explain the reasoning behind their decisions about interventions such as mask mandates, quarantine and isolation policies, mandatory testing, and transitions to remote work and learning. In many cases, public health leaders simply stated that they were “following the science,” without acknowledging that the data models they were relying on have varying degrees of accuracy and reliability, that the available evidence would evolve and require reevaluation, and that reasonable people could disagree about how to translate data into policy. In fact, officials sometimes relied on “noble lies,” intentionally misrepresenting facts in order to support their decisions, simplify communications, or maintain calm.1 Oftentimes a policy was characterized as ethically appropriate simply because it was legally permissible…  
<https://www.nejm.org/doi/full/10.1056/NEJMp2207543>

**title:** Cognitive Decline in Long-term Care Residents Before and During the COVID-19 Pandemic in Ontario, Canada

JAMA| 12th september 2022  
  
During the Covid-19 pandemic, public health decision makers haven’t always been transparent with   
In this matched population-based study, the incidence of cognitive decline was lower among LTC residents during the COVID-19 pandemic than before the pandemic. This finding may be due to the indirect effects of the higher incidence of death in the COVID-19 group.6 Importantly, cognitive decline was similar between residents in LTC homes with and without COVID-19 outbreaks, suggesting that greater exposure to public health restrictions (eg, in-room isolation) was not associated with increased decline. These results do not support anecdotal concerns that the pandemic has resulted in greater cognitive decline in LTC residents.  
<https://jamanetwork.com/journals/jama/fullarticle/2796449>

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>