

# Weekly Evidence Report



Health Technology Assessment Philippines

21 to 27 August 2021

## Overview

The following report presents summaries of evidence the Department of Health (DOH) - Health Technology Assessment (HTA) Unit reviewed for the period of 29 August 21 to August 27, 2021. The HTA Unit reviewed a total of 10 studies for the said period.

Evidence includes 3 studies on Epidemiology; 1 study on Transmission; 2 studies on Drugs; 3 studies on Vaccines, 1 study on Equipment and Devices; 0 studies on Medical and Surgical Procedures; 0 studies on Traditional Medicine; and 3 studies on Preventive & Promotive Health.



## Sections

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Epidemiology

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Transmission

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Drugs

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Vaccines

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Equipment & Devices

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Medical & Surgical Procedures

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Traditional Medicine

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Preventive & Promotive Health

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## Evidence on Epidemiology

Local COVID-19 Tracker: <https://www.doh.gov.ph/covid19tracker>Local COVID-19 Case Tracker: <https://www.doh.gov.ph/covid-19/case-tracker>

Date	Author/s	Title	Journal/ Article Type	Summary
24 August 2021	WHO Global	<a href="#">Coronavirus Disease 2019 (COVID-19) Weekly Epidemiological Update</a>	<i>WHO Global (Situation Report)</i>	<ul style="list-style-type: none"> <li>With over 4.5 million new cases reported this week (16-22 August), the number of new cases reported globally seems to be plateauing after increasing for nearly two months (since mid-June).</li> <li>Globally, the number of deaths reported this week remained similar to last week, with over 68 000 new deaths reported.</li> <li>As of the 22 August, the cumulative number of cases reported globally is now over 211 million and the cumulative number of deaths is just over 4.4 million.</li> </ul>
			<i>WHO Global (Situation Report) – Regional Updates</i>	<ul style="list-style-type: none"> <li>The Regions of the Americas and Western Pacific reported an increase in new cases in the past week, 8% and 20% respectively.</li> <li>Two Regions, Europe and the Americas, reported an increase in new deaths, 11% and 10% respectively.</li> </ul>
27 August 2021	European Centre for Disease Prevention and Control (ECDC)	<a href="#">Weekly COVID-19 Surveillance Report</a>	<i>ECDC Data Set</i>	<ul style="list-style-type: none"> <li>At the end of week 33 (week ending Sunday 22 August 2021), the overall COVID-19 case notification rate for the European Union and European Economic Area (EU/EEA) was 204.3 per 100 000 population (205.2 the previous week). This rate has been stable for three weeks.</li> <li>The 14-day COVID-19 death rate (9.6 deaths per million population, compared with 7.4 deaths the previous week) has been increasing for three weeks.</li> </ul>

## Evidence on Vulnerable Population Epidemiology

Date	Author/s	Title	Journal/ Article Type	Summary
27 August 2021	Yin et al.	<a href="#">COVID-19 Case Rates in Transitional Kindergarten Through Grade 12 Schools and in the Community—Los Angeles County, California, September 2020–March 2021</a>	<i>CDC MMWR and Morbidity and Mortality Weekly Report</i>	During September 1, 2020–March 31, 2021, a total of 463 school-associated cases were reported among students attending public TK–12 schools in person and 3,927 among staff members working on-site. School-associated case rates remained low among students, ranging from 110 per 100,000 in September to 859 in December 2020. Case rates among all children and adolescents aged 5–17 years in the county were higher during most of the period, ranging from 167 per 100,000 in September to 2,938 in December 2020.

## Evidence on Transmission

Date	Author/s	Title	Journal/ Article Type	Summary
25 August 2021	Jung et al.	<a href="#">Clustering and multiple-spreading events of nosocomial severe acute respiratory syndrome coronavirus 2 infection</a>	<i>The Journal of Hospital Infection</i>	There is growing evidence that super-spreading events (SSEs) and multiple-spreading events (MSEs) are a characteristic feature of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. This study was performed at a tertiary care hospital in Korea to analyse the nosocomial COVID-19 cases that occurred in healthcare workers and inpatients and their caregivers between January and 20th December 2020. The study concluded that in a hospital with thorough infection control measures, approximately 70% of the nosocomial cases of COVID-19 did not generate secondary cases, and one-fifth of the infectors were responsible for SSEs and MSEs, which accounted for approximately half of the total cases. Early case identification, isolation, and extensive contact tracing are important for the prevention of transmission and SSEs.

## Evidence on Drugs

Date	Author/s	Title	Journal/ Article Type	Summary
27 August 2021	Shinkai et al.	<a href="#">Efficacy and Safety of Favipiravir in Moderate COVID-19 Pneumonia Patients without Oxygen Therapy: A Randomized, Phase III Clinical Trial</a>	<i>Infectious Diseases and Therapy</i>	<p>The median time of the primary endpoint composite outcome defined as the time to improvement in temperature, oxygen saturation levels (SpO<sub>2</sub>), and findings on chest imaging, and recovery to SARS-CoV-2-negative) was 11.9 days in the favipiravir group and 14.7 days in the placebo group, with a significant difference (p = 0.0136).</p> <p>Favipiravir-treated patients with known risk factors such as obesity or coexisting conditions provided better effects.</p> <p>Furthermore, patients with early-onset in the favipiravir group showed higher odds ratio. No deaths were documented.</p> <p>Although adverse events in the favipiravir group were predominantly transient, the incidence was significantly higher.</p>
25 August 2021	Rodrigues et al.	<a href="#">Hydroxychloroquine plus azithromycin early treatment of mild COVID-19 in outpatient setting: a randomized, double-blinded, placebo-controlled clinical trial evaluating viral clearance</a>	<i>International Journal of Antimicrobial Agents</i>	<p>This randomized, double-blinded, placebo controlled clinical trial evaluated the efficacy of hydroxychloroquine plus azithromycin in reducing viral loads in patients with early and mild SARS-CoV-2 infection. At 95% CI, no statistically significant differences were found between groups in viral clearance rates within a 9-day following enrollment (p-value 0.26).</p>

## Evidence on Vaccines

### NYT Coronavirus Vaccine Tracker:

<https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

### Bloomberg Vaccine Tracker:

<https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>

### London School of Hygiene and Tropical Medicine Vaccine Trial Mapper and Tracker:

[https://vac-lshtm.shinyapps.io/ncov\\_vaccine\\_landscape/](https://vac-lshtm.shinyapps.io/ncov_vaccine_landscape/)

### ACIP Files:

[https://drive.google.com/drive/u/0/folders/1v-jd66qllxnUkFzXWKqiD0mkVvqy\\_VvJ?pli=1](https://drive.google.com/drive/u/0/folders/1v-jd66qllxnUkFzXWKqiD0mkVvqy_VvJ?pli=1)

## Evidence on Vaccines (cont.)

Date	Author/s	Title	Journal/ Article Type	Summary
23 August 2021	US FDA	<a href="#">Comirnaty and Pfizer-BioNTech COVID-19 Vaccine</a>	US FDA Approval	On August 23, 2021, the FDA approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, and will now be marketed as Comirnaty, for the prevention of COVID-19 disease in individuals 16 years of age and older. The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.
27 August 2021	US CDC	<a href="#">Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance — Eight U.S. Locations, December 2020–August 2021</a>	MMWR and Morbidity and Mortality Weekly Report	Among 4,217 participants, 3,483 (83%) were vaccinated; 2,278 (65%) received Pfizer-BioNTech, 1,138 (33%) Moderna, and 67 (2%) Janssen (Johnson & Johnson) COVID-19 vaccines. Adjusted VE against SARS-CoV-2 infection was 80% (95% confidence interval [CI] = 69%–88%). Adjusted VE during this Delta predominant period was 66% (95% CI = 26%–84%) compared with 91% (95% CI = 81%–96%) during the months preceding Delta predominance.
27 August 2021	Patel et al.	<a href="#">COVID-19 Vaccine Uptake Among US Child Care Providers</a>	Pediatrics	Overall COVID-19 vaccine uptake among US child care providers (78.2%, 90% CI [77.5% to 78.9%]) was higher than the US general adult population (65%). Vaccination rates varied between states from 53.5% to 89.4%. Those who were younger, lower income, Black or African American, resided in states either in the Mountain West or the South, and/or worked in home based child care programs reported the lowest rates of vaccination.

## Evidence on Medical and Surgical Procedures

Date	Author/s	Title	Journal/ Article Type	Summary
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## Evidence on Equipment & Devices

Date	Author/s	Title	Journal/ Article Type	Summary
27 August 2021	Harmon et al.	<a href="#">Validation of an At-Home Direct Antigen Rapid Test for COVID-19</a>	<i>Research Letter, The JAMA Network</i>	A total of 2951 pairs of nasal swabs were self-collected by participants and tested by qRT-PCR (quantitative real time PCR) and DART (direct antigen rapid test). The sensitivity of DART within days 0 to 12 of symptom onset was 78.9% (60 of 76 swabs; 95% CI, 69.1%-88.8%), and the specificity of DART was 97.1% (2791 of 2875 swabs; 95% CI, 96.3%-97.8%)

## Evidence on Traditional Medicine

Date	Author/s	Title	Journal/ Article Type	Summary
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## Evidence on Preventive & Promotive Health

### Evidence on Screening

Date	Author/s	Title	Journal/ Article Type	Summary
25 August 2021	US CDC	<a href="#">What You Should Know About COVID-19 Testing in Schools</a>	Guidance	As schools go back to in-person learning, some may offer regular COVID-19 testing for students and staff. This means testing is offered regularly, even for people who don't have symptoms of COVID-19. If someone at school tests positive for COVID-19, they will be asked to stay home. Anyone who tests positive will also be asked about people they have been around so that everyone who has been exposed can be notified. People who have been exposed may also need to stay home, depending on whether they are fully vaccinated, and follow the school's policies.

### Evidence on Personal Measures

Date	Author/s	Title	Journal/ Article Type	Summary
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## Evidence on Preventive &amp; Promotive Health (cont.)

## Evidence on Community Measures

Date	Author/s	Title	Journal/ Article Type	Summary
25 August 2021	US CDC	<a href="#">COVID-19 Guidance for Operating Early Care and Education/Child Care Programs</a>	<i>Updated Guidance</i>	<ul style="list-style-type: none"> <li>● <b>Indoors:</b> Mask use is recommended for people who are not fully vaccinated, including children and staff. Children under 2 years of age should not wear a mask.</li> <li>● <b>Outdoors:</b> In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission, CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.</li> </ul>
24 August 2021	Quach et al.	<a href="#">Association of public health interventions and COVID-19 incidence in Vietnam, January to December 2020</a>	<i>International Journal of Infectious Diseases</i>	<p>This article describes the public health interventions in relation to COVID-19 incidence. The effective reproductive numbers (Rt) were calculated based on transmission pairs. Interventions were introduced periodically in response to the epidemic. Rt decreased to below 1 (lowest at 0.02, 95% CI 0–0.12) during periods of strict border control and contact tracing, and increased ahead of new clusters. The main method to detect cases shifted over time from passive notification to active case-finding at immigration or in lockdown areas, with containment delays showing significant differences between modes of case detection. A combination of early, strict, and consistently implemented interventions is crucial to control COVID-19. Low-middle income countries with limited capacity can contain COVID-19 successfully using non-pharmaceutical interventions.</p>