

# Weekly Evidence Report



Health Technology Assessment Philippines

20 - 31 December 2021

## Overview

The following report presents summaries of evidence the Department of Health (DOH) - Health Technology Assessment (HTA) Unit reviewed for the period of December 20 to December 31, 2021. The HTA Unit reviewed a total of **13** references for the said period.

Evidence includes **3** references on Epidemiology; **1** study on Vulnerable Populations; **1** study on Transmission; **2** studies on Drugs; **4** references on Vaccines, **1** reference on Equipment and Devices; and **1** study 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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Other Health Technologies

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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
28 Dec 2021	WHO Global	<a href="#">Weekly epidemiological update on COVID-19 - 28 December 2021</a>	<i>WHO Global (Situation Report)</i>	<ul style="list-style-type: none"> <li>The weekly incidence of cases increased by 11% during the week of 20-26 December as compared to the past week, while the number of new deaths remained similar.</li> <li>Over 278 million confirmed cases and just under 5.4 million deaths have been reported globally.</li> <li>The region of the Americas reported the largest increase in new cases last week (39%) followed by Africa and Europe</li> <li>The overall risk of the VoC Omicron remains high with consistent evidence showing a growth advantage over the Delta variant. A doubling time of 2-3 days and rapid increases in the incidence of cases is seen in a number of countries. However, a decline in the incidence of cases has now been observed in South Africa.</li> <li>As of 22 December 2021, the Omicron variant has been confirmed in 110 countries</li> </ul>
29 Dec 2021	WHO Western Pacific Region	<a href="#">Coronavirus Disease 2019 (COVID-19) External Situation Report #85</a>	<i>WHO WPRO (Situation Report)</i>	<ul style="list-style-type: none"> <li>Between 22 and 28 December 2021, a total of 250,101 cases with 2,834 deaths were reported from 21 countries or areas across the WPRO region. Meanwhile, 14 countries reported zero cases for this week.</li> <li>Twelve countries or areas in the region have also reported cases of the Omicron variant as of 29 December 2021 as compared to ten countries from the previous week.</li> </ul>
31 Dec 2021	DOH Philippines	<a href="#">GUARDS ON FOR OMICRON: READY ARE THOSE VACCINATED + MASKED + KEEPING TO THEIR BUBBLE!</a>	<i>Press Release via Social media</i>	<ul style="list-style-type: none"> <li>The epidemiologic investigation of 3 local cases indicates high possibility of Omicron transmission.</li> <li>Breakthrough infections of Omicron among fully vaccinated and boosted individuals were documented although mild or asymptomatic.</li> </ul>

## Evidence on Vulnerable Population Epidemiology

Date	Author/s	Title	Journal/ Article Type	Summary
22 Dec 2021	Reyes et al.	<a href="#">Characteristics and outcomes of patients with COVID-19 with and without prevalent hypertension: a multinational cohort study</a>	<i>BMJ Open / Retrospective Cohort study</i>	<ul style="list-style-type: none"> <li>COVID-19 patients with hypertension are more likely to experience more severe outcomes including hospitalizations and deaths (among outpatients with COVID-19), and experience more ARDS and deaths (among inpatients with COVID-19) compared with patients without hypertension.</li> </ul>

## Evidence on Transmission

Date	Author/s	Title	Journal/ Article Type	Summary
20 Dec 2021	US CDC Center for Forecasting Analytics and Outbreak Analytics	<a href="#">Potential Rapid Increase of Omicron Variant infections in the United States</a>	<i>Press Release</i>	<ul style="list-style-type: none"> <li>Scenario analyses conducted by the US CDC shows that current increases in Omicron cases are likely to lead to a national surge as soon as January.</li> <li>In scenarios with lower immune evasion, a surge is still likely, but the peak could be lower and begin as late as April 2022.</li> <li>Increases in infections are most likely due to a combination of two factors: increased transmissibility and the ability of the variant to evade immunity conferred by past infection or vaccination (i.e., immune evasion).</li> </ul>

## Evidence on Drugs

Date	Author/s	Title	Journal/ Article Type	Summary
23 Dec 2021	Fischer et al.	<a href="#">A Phase 2a clinical trial of Molnupiravir in patients with COVID-19 shows accelerated SARS-CoV-2 RNA clearance and elimination of infectious virus</a>	<i>Science Translational Medicine / RCT</i>	<ul style="list-style-type: none"> <li>• A total of 202 unvaccinated participants with confirmed SARS-CoV-2 infection and with symptom duration less than 7 days randomized.</li> <li>• 92.5% of participants receiving 800 mg molnupiravir achieved viral RNA clearance compared with 80.3% of placebo recipients by study end (4 weeks).</li> <li>• Time to viral RNA clearance was decreased in the 800 mg molnupiravir group (median 14 days) compared to the placebo group (median 15 days).</li> <li>• At day 3 of treatment, infectious virus was detected in 1.9% of the 800 mg molnupiravir group compared with 16.7% of placebo group.</li> <li>• At day 5 of treatment, infectious virus was not isolated from any participants receiving 400 or 800 mg molnupiravir compared with 11.1% of placebo recipients.</li> <li>• Molnupiravir was well tolerated, with a similar number of adverse events across all doses.</li> </ul>
23 Dec 2021	Self et al.	<a href="#">Efficacy and safety of two neutralizing monoclonal antibody therapies, sotrovimab and BR11-196 plus BR11-198, for adults hospitalised with COVID-19 (TICO): a randomised controlled trial</a>	<i>The Lancet / RCT</i>	<ul style="list-style-type: none"> <li>• Between Dec 16, 2020, and March 1, 2021, 546 patients hospitalised with COVID-19 were enrolled and randomly assigned to sotrovimab (n=184), BR11-196 plus BR11-198 (n=183), or placebo (n=179).</li> <li>• At day 5, neither the sotrovimab group nor the BR11-196 plus BR11-198 group had significantly higher odds of more favourable outcomes than the placebo group on either the pulmonary scale or the pulmonary-plus complications scale.</li> <li>• 13 (7%) patients in the placebo group, 14 (8%) in the sotrovimab group, and 15 (9%) in the BR11-196 plus BR11-198 group died up to day 90.</li> <li>• Conclusion: Neither sotrovimab nor BR11-196 plus BR11-198 showed efficacy for improving clinical outcomes among adults hospitalised with COVID-19.</li> </ul>

## 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)

Date	Author/s	Title	Journal/ Article Type	Summary
31 Dec 2021	Hause et al.	<a href="#">COVID-19 Vaccine Safety in Children Aged 5-11 years - United States, November 3 - December 19, 2021</a>	<i>US CDC Morbidity and Mortality Weekly Report / Observational study</i>	<ul style="list-style-type: none"> <li>After the administration of approximately 8 million doses, local and systemic reactions after vaccination were commonly reported to VAERS and v-safe for vaccinated children aged 5–11 years. Serious adverse events were rarely reported.</li> </ul>
23 Dec 2021	Arbel et al.	<a href="#">BNT162b2 Vaccine Booster and Mortality Due to Covid-19</a>	<i>The New England Journal of Medicine/ test-negative case-control study</i>	<ul style="list-style-type: none"> <li>Participants who received a booster of Pfizer at least 5 months after dose 2 had 90% lower COVID-19 mortality than participants who did not receive a booster.</li> <li>COVID-19 deaths occurred in 65 participants in the booster group (0.16 per 100,000 persons per day) and in 137 participants in the non-booster group (2.98 per 100,000 persons per day).</li> <li>The adjusted hazard ratio for death due to Covid-19 in the booster group, as compared with the non-booster group, was 0.10 (95% CI: 0.07 to 0.14).</li> </ul>

## Evidence on Vaccines (cont.)

Date	Author/s	Title	Journal/ Article Type	Summary
23 Dec 2021	Jyssum et al.	<a href="#">Humoral and cellular immune responses to two and three doses of SARS-CoV-2 vaccines in rituximab-treated patients with rheumatoid arthritis: a prospective, cohort study</a>	<i>The Lancet / Prospective Cohort Study</i>	<ul style="list-style-type: none"> <li>87 patients with rheumatoid arthritis on rituximab treatment and 1114 healthy controls who received two doses of SARS-CoV-2 vaccines (i.e. Pfizer-BioNTech, Moderna, AZ) were included in the study. 49 patients received a third dose of rituximab.</li> <li>21.8% of rituximab patients had a serological response (receptor-binding domain [RBD] antibodies of the SARS-CoV-2 spike protein concentration &lt;100 AU/mL) after 2 doses of vaccines as compared to 98.4% for health individuals.</li> <li>A third vaccine dose induced serological responses in 16.3% of rituximab patients, but induced CD4+ and CD8+ T-cell responses in all patients assessed (n=12), including responses to the SARS-CoV-2 delta variant.</li> <li>Adverse events were reported in 48% of 67 patients and in 78% of 244 healthy controls after two doses, with the frequency not increasing after the third dose. There were no serious adverse events or deaths.</li> <li>Conclusion: A third vaccine dose given 6–9 months after a rituximab infusion might not induce a serological response, but could be considered to boost the cellular immune response.</li> </ul>
23 Dec 2021	Bar-on et al.	<a href="#">Protection against COVID-19 by BNT162b2 Booster across age groups</a>	<i>The New England Journal of Medicine/ Observational study</i>	<ul style="list-style-type: none"> <li>Data from 4,696,865 persons 16 years of age or older who had received at least two doses of BNT162b2 at least 5 months earlier were extracted from the Israel Ministry of Health database for the period from July 30 to October 10, 2021 (dominant variant: Delta).</li> <li>The rate of confirmed COVID-19 was lower in the booster group than in the non-booster group by a factor of approximately 10 and was lower in the booster group than in the early post-booster group by a factor of 4.9 to 10.8.</li> <li>Across the age groups studied, rates of confirmed Covid-19 and severe illness were substantially lower among participants who received a booster dose of the BNT162b2 vaccine than among those who did not.</li> </ul>

## Evidence on Equipment & Devices

Date	Author/s	Title	Journal/ Article Type	Summary
23 Dec 2021	Coggiola et al.	<a href="#">SARS-CoV-2 infection: use and effectiveness of antigenic swab for the health surveillance of healthcare workers</a>	<i>La Medicina de Lavoro / Retrospective Observational study</i>	<ul style="list-style-type: none"> <li>4000 antigenic swabs were carried out in three groups of healthcare workers (HCWs), respectively (i) asymptomatic, (ii) cohabiting with a positive case, and (iii) not recently exposed to the virus.</li> <li>Overall, antigenic swabs reduced costs and provided reliable diagnostic results.</li> <li>In the cohabitant group, the higher-prevalence groups showed poor test performances, likely because of the high prevalence of pre-symptomatic illness in this group.</li> </ul>

## Evidence on Medical & Surgical Procedures

Date	Author/s	Title	Journal/ Article Type	Summary
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## Evidence on Traditional Medicine

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## Evidence on Preventive & Promotive Health

### Evidence on Screening

Date	Author/s	Title	Journal/ Article Type	Summary
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### Evidence on Personal Measures

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## Evidence on Community Measures

Date	Author/s	Title	Journal/ Article Type	Summary
23 Dec. 2021	Wild, Shaw, and Erren	<a href="#">Avoiding a crisis at Christmas: a systematic review of adverse health effects or 'Chrishaps' caused by traditional hazard sources and COVID-19</a>	<i>Australian and New Zealand Journal of Public Health / Systematic Review</i>	<ul style="list-style-type: none"> <li>• Thirty-six pertinent articles – most of them case reports or retrospective analyses – documented Chrishaps.</li> <li>• Chrishaps pose a potential minor public health threat that should be borne in mind every festive season. Assessing and discussing specific public health implications of Chrishaps requires systematic risk research to be conducted.</li> </ul>

## Evidence on Other Health Technologies

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