

Weekly Evidence Report

Health Technology Assessment Philippines



01-07 July 2022

Overview

The following report presents summaries of evidence the Department of Health (DOH) - Health Technology Assessment (HTA) Division reviewed for the period of 01-07 July 2022. The HTA Unit reviewed a total of **10** studies for the said period.

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



Sections

Epidemiology

Vaccines

Drugs

Transmission

Traditional Medicine

Equipment & Devices

Medical & Surgical Procedures

Preventive & Promotive Health

Other Health Technologies

Evidence on Epidemiology

Local COVID-19 Case Tracker:

https://doh.gov.ph/2019-nCoV?gclid=CjwKCAjwjtOTBhAvEiwASG4bCOmLzFMQljh8DX_VVSGA-HmO0Pt5_CscykID7xZv4zqlXG5vm9PM2xoC27QQAxD_BwE

Date	Author/s	Title	Journal/ Article Type	Summary
03 July 2022	European CDC	Country overview report: week 26 2022	<i>ECDC Data Set / Epidemiological update</i>	<ul style="list-style-type: none"> At the end of the week ending 3 July, cases rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data correspond to a 32% increase compared to the previous week at the EU/EEA level, reaching 62.8% of the pandemic maximum. Of 33 countries with data on hospital or ICU admissions/occupancy up to week 26, 18 reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (5.9 deaths per million population, compared with 7.0 deaths the previous week). Increasing trends were observed in seven countries in the COVID-19 death rate. The cumulative uptake of the primary course of COVID-19 vaccination in the EU/EEA was 83.4% (country range: 35.6–94.5%) among adults aged 18 years and older and 72.7% (country range: 29.8–86.3%) in the total population. The cumulative uptake of a first booster was 63.6% (country range: 11.1–85.9%) among adults aged 18 years and older and 52.7% (country range: 9.1–68.5%) in the total population.
06 July 2022	WHO Global	Weekly epidemiological update on COVID-19 - 6 July 2022	<i>WHO Publications / Global Emergency Situational Updates</i>	<ul style="list-style-type: none"> Globally, the number of new weekly cases increased for the fourth consecutive week after a declining trend since the last peak in March 2022. During the week of 27 June to 3 July 2022, over 4.6 million cases were reported, a figure similar to that of the previous week. The number of new weekly deaths declined by 12% as compared to the previous week, with over 8100 fatalities reported. At the regional level, the number of new weekly cases increased in the Eastern Mediterranean Region (+29%), the South-East Asia Region (+20%), the European Region (+15%), and the Western Pacific Region (+4%), while it decreased in the African Region (-33%) and the Region of the Americas (-18%). The number of new weekly deaths increased in the Eastern Mediterranean Region (+34%) and the South-East Asia Region (+16%), while decreases were observed in the African Region (-50%), the Region of the Americas (-13%), the European Region (-12%) and the Western Pacific Region (-12%). As of 3 July 2022, over 546 million confirmed cases and over 6.3 million deaths have been reported globally.

Evidence on Epidemiology (cont.)

Date	Author/s	Title	Journal/ Article Type	Summary
03 July 2022	Joint ECDC-WHO	Joint ECDC-WHO Regional Office for Europe Weekly COVID-19 Surveillance Bulletin - Week 26/2022 (27 June - 03 July 2022)	<i>ECDC Data Set / Epidemiological update</i>	<ul style="list-style-type: none"> • In the WHO European Region in week 26/2022 there were 2 751 614 new confirmed cases of COVID-19 and 2 913 new deaths reported by national authorities. • This represents an increase of 29% in the number of new cases and an increase of 4.3% in the number of deaths compared to week 25/2022. • In week 26/2022, 19.2% of cases were in persons aged ≥65 years and 90.7% of fatal cases were in persons aged ≥65 years

Evidence on Vaccines

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

WHO COVID-19 Vaccine Tracker:

<https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

WHO SAGE Vaccine Recommendations:

<https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization>

Local COVID-19 Vaccine Updates: <https://doh.gov.ph/vaccines>

Date	Author/s	Title	Journal/ Article Type	Summary
01 July 2022	Lane S, et al., 2022	Systematic review of spontaneous reports of myocarditis and pericarditis in transplant recipients and immunocompromi sed patients following COVID-19 mRNA vaccination	<i>BMJ Open/Syst ematic review</i>	<ul style="list-style-type: none"> No trends in age or sex were observed among immunocompromised individuals. Myocarditis and pericarditis following COVID-19 vaccination are very rare, and benefits of COVID-19 vaccination continue to outweigh any perceived risks Reporting rates of myocarditis and pericarditis were similar in immunocompromised individuals, however defining characteristics differed compared with the whole population;
03 July 2022	Sobczak M, Pawliczak R., 2022	COVID-19 vaccination efficacy in numbers including SARS-CoV-2 variants and age comparison: a meta-analysis of randomized clinical trials	<i>Annals of Clinical Microbiolog y and Antimicrobi als/Meta-a nalysis of RCTs</i>	<ul style="list-style-type: none"> Full vaccination could decrease not only the risk of symptomatic or severe COVID-19, the risk of hospitalization and death caused by COVID-19. COVID-19 vaccines were also effective against variants of SARS-CoV-2 (RR=0.36; 95% CI [0.25; 0.53], p<0.0001). However, efficacy of vaccination varied in COVID-19 variant-dependent manner. Moreover, the analysis in different age groups showed that COVID-19 vaccines had the similar results: the risk was slightly lower in adults compared to elderly cohort (≥ 65 years): (RR=0.16, 95% CI [0.11; 0.23]) and (RR=0.19, 95% CI [0.12; 0.30]), respectively. Data obtained from clinical trials of COVID-19 vaccines looks promising, in order to fully investigate efficacy of the vaccines further clinical examination is required especially considering new SARS-CoV-2 variants.

Evidence on Vaccines

Date	Author/s	Title	Journal/ Article Type	Summary
06 July 2022	Paul P, Janjua E, et al., 2022	Anaphylaxis and Related Events Post-COVID-19 Vaccination: A Systematic Review	<i>The Journal of Clinical Pharmacology/Systematic Review</i>	<ul style="list-style-type: none"> While anaphylaxis is a rare event with an incidence of 1.31 cases per million doses 51, Klein et al. reported a rate of 5.1 per million for Pfizer/BioNTech, 4.8 per million for Moderna, while Hwang et al. reported a rate of 4.1 per million for AstraZeneca. These numbers could suggest a higher risk of anaphylaxis following administration of the mRNA vaccines compared to the traditional dead or live attenuated vaccines. While the exact statistics for anaphylactic rates differ among the included studies, there is a consensus that the risk of anaphylaxis is not significant when compared to the risks posed by COVID-19 infection.

Evidence on Equipment and Devices

Date	Author/s	Title	Journal/ Article Type	Summary
01 July 2022	Saleh M., et al., 2022	A pilot phase Ib/II study of whole-lung low dose radiation therapy (LDRT) for the treatment of severe COVID-19 pneumonia: First experience from Africa	<i>PLoS One/Phase Ib/II Clinical Trial</i>	<ul style="list-style-type: none"> None of the patients treated with low dose radiation therapy (LDRT) experienced any acute toxicity as defined by change in clinical and respiratory status at 24hr following LDRT. Majority (90%) of patients avoided mechanical ventilation within 7 days of LDRT. Four patients (40%) demonstrated at least 25% improvement in oxygen requirements within 3 days. Six patients (60%) were discharged and remained off oxygen, whereas four progressed and died (1 due to sepsis and 3 in cytokine storm). LDRT was feasible, safe and shows promise in the management of severe COVID-19 pneumonia including in patients progressing on conventional systemic treatment. Additional phase II trials are warranted to identify patients most likely to benefit from LDRT.

Evidence on Preventive & Promotive Health

Evidence on Screening

Date	Author/s	Title	Journal/ Article Type	Summary
02 July 2022	Jabs JM, et al., 2022	The role of routine SARS-CoV-2 screening of healthcare workers in acute care hospitals in 2020: a systematic review and meta-analysis	<i>BMC Infectious Diseases/Systematic review and meta-analysis</i>	<ul style="list-style-type: none"> The studies were conducted worldwide and the sample size of the included HCW ranged from 70 to 9449 participants. In total, 1000 of 51,700 (1.9%) asymptomatic HCW were tested positive for SARSCoV-2 using PCR testing. The proportion of positive test results ranged between 0 and 14.3%. The very high prevalence in some studies indicates that screening HCW for SARS-CoV-2 may be important particularly in geographical regions and pandemic periods with a high-incidence. With low numbers and an increasing rate of vaccinated HCW, a strict cost-benefit consideration must be made, especially in times of low incidences

Evidence on Personal Measures

Date	Author/s	Title	Journal/ Article Type	Summary
02 July 2022	Gozdzielewska L, et al., 2022	The effectiveness of hand hygiene interventions for preventing community transmission or acquisition of novel coronavirus or influenza infections: a systematic review	<i>BMC Public Health/Systematic review</i>	<ul style="list-style-type: none"> Only two school-based interventions showed a significant protective effect (OR: 0.64; 95% CI 0.51, 0.80 and OR: 0.40; 95% CI 0.22, 0.71), with risk of bias being high (n =1) and unclear (n =1). Of the 16 non-intervention studies, 13 reported the protective effect of HH against influenza, SARS or COVID-19 (P <0.05), but risk of bias was high (n =7), unclear (n =5) or low (n =1) The evidence supporting the protective effect of hand hygiene (HH) was heterogeneous and limited by methodological quality; thus, insufficient to recommend changes to current HH guidelines. Future work is required to identify in what circumstances, how frequently and what product should be used when performing HH

Evidence on Community Measures

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Evidence on Transmission

Date	Author/s	Title	Journal/ Article Type	Summary
07 July 2022	Du Z, Wang C, et al., 2022	Systematic review and meta-analyses of superspreading of SARS-CoV-2 infections	<i>Transboundary and Emerging Diseases/Systematic review and meta-analysis</i>	<ul style="list-style-type: none"> The pooled estimates from our analysis indicated that the dispersion parameter of COVID-19 was likely to be 0.55 (95% CI: 0.30, 0.79), approximate to that of India, China, and USA The estimate of dispersion parameters in Israel is 2.97 (2.86, 3.08), as the highest among the 8 study countries, which may be attributable to strict Public Health and Social Measures (PHSMs) and border control strategies before the first local case (J. Wang et al., 2021). These control measures would prevent substantial imported cases, which typically triggered superspreading events (Adam et al., 2020).

Evidence on Traditional Medicine

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Evidence on Medical and Surgical Procedures

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Evidence on Other Health Technologies

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Evidence on Drugs

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