<table>
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<tr>
<th>Journal and date</th>
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<th>Field of expertise</th>
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<tbody>
<tr>
<td>BMJ 21APR2020</td>
<td>Viral load dynamics and disease severity in patients infected with SARS-CoV-2 in Zhejiang province, China, January-March 2020: retrospective cohort study</td>
<td>Zheng S and al, China <a href="https://doi.org/10.1093/bmj/mmaa413">https://doi.org/10.1093/bmj.mmaa413</a></td>
<td>Clinic/Virology</td>
<td>Retrospective study – hospitalized patients only 3497 samples collected from 96 patients COVID-19. Samples: serum/respiratory/stool/urine. Duration of virus significantly longer in stool samples. Respiratory samples: - median duration of virus in severe disease was significantly longer than in mild disease (14 days, 10-21 days; P=0.04) - patients with severe disease: significantly higher viral loads. - Letter shedding peak in severe group - Other samples: no difference. No effect of the antiviral treatment on viral load/duration. Factors associated significantly with duration of virus: - glucocorticoid &gt; 10 days in severe group - men - &gt; 60 years. Limitations: small sample size / viral load influenced by many factors.</td>
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<tr>
<td>J of Emerg Microb and Inf 20APR2020</td>
<td>Different longitudinal patterns of nucleic acid and serology testing results based on disease severity of COVID-19 patients</td>
<td>Yongchen et al., China <a href="https://doi.org/10.1088/22221751.2020.176609">https://doi.org/10.1088/22221751.2020.176609</a></td>
<td>Diagnostic</td>
<td>- Detailed timeline of nucleic acid testing results for throat or anal samples along with the anti-SARS-CoV-2 IgM and IgG responses in 21 individuals infected with SARS-CoV-2, including 11 non-severe COVID-19 patients, 5 severe COVID-19 patients and 5 asymptomatic carriers. - Seroconversion was observed in 100% (17/17) of symptomatic patients during the observation period - Did not identify a strong association of seroconversion and disease severity in our cohort.</td>
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<tr>
<td>CDC Morbidity and Mortality Weekly Report 20APR2020</td>
<td>Cleaning and Disinfectant Chemical Exposures and Temporal Associations with COVID-19 — National Poison Data System, United States, January 1–March 31, 2020</td>
<td>Chang et al., USA <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6916e1.htm?ss=linkclick">https://www.cdc.gov/mmwr/volumes/69/wr/mm6916e1.htm?ss=linkclick</a></td>
<td>Public Health/Epidemiology</td>
<td>- To assess whether there might be a possible association between COVID-19 cleaning recommendations from public health agencies and the media and the number of chemical exposures reported to the National Poison Data System (NPDS). - During January–March 2020, poison centers received 45,550 exposure calls related to cleaners (28,158) and disinfectants (17,392), representing overall increases of 20.4% and 16.4% from January–March 2019 (37,822) and January–March 2018 (39,122), respectively. Although NPDS data do not provide information showing a definite link between exposures and COVID-19 cleaning efforts, there appears to be a clear temporal association with increased use of these products.</td>
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<td>Metabolism: clinical and experimental 19APR2020</td>
<td>Obesity as a risk factor for greater severity of COVID-19 in patients with metabolic associated fatty liver disease</td>
<td>Zheng, Kenneth I and al China <a href="http://www.sciencedirect.com/science/article/pii/S0026049520301086">http://www.sciencedirect.com/science/article/pii/S0026049520301086</a></td>
<td>Clinic</td>
<td>Sixty six COVID-19 patients with metabolic associated fatty liver disease (MAFLD). n=45 with Body mass index (BMI) &gt; 25 and n=21 with BMI &lt; 25 Mean age: 47 years and 74.2% female. Results: BMI &gt; 25 was related to more severe COVID 19 (adjusted-OR 6.32 95%CI 1.16 -34.54, p =0.033) even after adjusting for age, sex, smoking, diabetes, hypertension, and dyslipidaemia.</td>
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<td>Clin Inf Dis 19APR2020</td>
<td>Profile of RT-PCR for SARS-CoV-2: a preliminary study from 56 COVID-19 patients</td>
<td>Xiao et al., China <a href="https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa460/5822175">https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa460/5822175</a></td>
<td>Diagnostic</td>
<td>Dynamics profile of SARS-CoV-2 from 56 recovered COVID-19 patients. - Virus shedding was up to 6 weeks after onset of symptoms. - Longest duration between RT-PCR test for SARS-CoV-2: 42 days after onset of symptoms. - Median duration between onset of symptom to nucleic acid conversion: 24 days. - In first 3 weeks after symptoms onset, majority results of RT-PCR for SARS-CoV-2 were positive. From week 3 after symptoms onset, number of negative RT-PCR results increased. - The positive rate of RT-PCR test results was highest at week 1 (100%), followed by 89.3%, 66.1%, 32.1%, 5.4% and 0% at week 2, week 3, week 4, week 5 and week 6 respectively.</td>
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<td><strong>Clin Inf Dis</strong> 19APR2020</td>
<td><strong>Antibody Detection and Dynamic Characteristics in Patients with COVID-19</strong></td>
<td>Xiang et al., China <a href="https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa618">https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa618</a></td>
<td>Diagnostic</td>
<td>ELISA based on the recombinant nucleocapsid protein of SARS-CoV-2. Seroconversion of specific IgM and IgG antibodies were observed as early as the 4th day after symptom onset. In confirmed patient: IgM: Sensitivity, 77.3% Specificity, 100% PPV, 100% NPV, 80.0% Consistency rate: 88.1% IgG: Sensitivity, 93.3.3% Specificity, 95.0% PPV, 94.8% NPV, 83.8% Consistency rate: 88.9% In patients with suspected COVID-19, sensitivity, specificity, PPV, NPV, and consistency rate of IgM were 87.5% (21/24), 100%, 100%, 95.2%, and 96.4%, and those of IgG were 70.8% (17/24), 96.6%, 85.0%, 89.1%, and 88.1%. -&gt; Both antibodies performed well in serodiagnosis for COVID-19 rely on great specificity.</td>
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<td><strong>Med</strong> 18APR2020</td>
<td><strong>Efficacy and safety of lopinavir/ritonavir or arbidol in adult patients with mild/moderate COVID-19: an exploratory randomized controlled trial</strong></td>
<td>Li, Y et al, China <a href="https://marlin.asharx.com/products/coronavirus/MEDJ1.pdf">https://marlin.asharx.com/products/coronavirus/MEDJ1.pdf</a></td>
<td>Therapeutics</td>
<td>Exploratory randomized (2:2:1) controlled trial assessing the efficacy and safety of lopinavir/ritonavir (LPV/r) or arbidol monotherapy for treating patients with mild/moderate COVID-19. 86 patients with mild/moderate COVID-19 enrolled. LPV/r and arbidol did not shorten the time of positive-to-negative conversion of COVID-19 nucleic acid in respiratory specimens (9.0 vs. 9.1 vs. 9.3 days), nor did they improve the symptoms of COVID-19 or pneumonia on lung CT imaging at 7 days and 14 days. More patients treated with LPV/r progressed from mild/moderate to severe/critical status than patients from the other two groups. Adverse events occurred in the treatment groups. Limitations: small sample size, no severely or critically ill patients, or patients at increased risk of poor outcome with many comorbidities, not completely blinded.</td>
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<td><strong>European urology</strong> 18APR2020</td>
<td><strong>Coronavirus Disease 2019 Pneumonia in Immunosuppressed Renal Transplant Recipients: A Summary of 10 Confirmed Cases in Wuhan, China</strong></td>
<td>Zhu L and al, China <a href="http://www.sciencedirect.com/science/article/pii/S0302283820302141">http://www.sciencedirect.com/science/article/pii/S0302283820302141</a></td>
<td>Clinic</td>
<td>Controls: 10 family members 10 kidney transplant patients + COVID-19 pneumonia: - Classical symptoms: fever, cough, shortness of breath, muscle pain. - 100%: lymphopenia and elevated CRP - 50% had temporarily increase of serum creatinine - Abnormalities on chest CT scan - 8/10 were severe or critical cases and 1 died Versus controls: - Transplants patients more severe - Much longer time to become negative for SARS-CoV-2 (median time: 28.4 d) - Reduce fatal severe pneumonia: suppressing the hyperimmune response</td>
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<td><strong>Science</strong> 17APR2020</td>
<td><strong>Comparative pathogenesis of COVID-19, MERS, and SARS in a nonhuman primate model</strong></td>
<td>Rockx, Barry; et al. Netherlands <a href="https://doi.org/10.1126/science.abb7114">https://doi.org/10.1126/science.abb7114</a></td>
<td>Fundamental research</td>
<td>Cynomolgus macaques inoculated with SARS-CoV-2 or MERS-CoV. SARS-CoV-2 causes COVID-19-like disease in macaques: virus excreted from nose and throat in the absence of clinical signs, detected in type I and II pneumocytes in foci of diffuse alveolar damage and in ciliated epithelial cells of nasal, bronchial, and bronchiolar mucosa. Lung lesions typically more severe with SARS-CoV-2 than in MERS-CoV infection, where virus was detected mainly in type II pneumocytes. Cynomolgus macaques provide a new infection model to test preventive and therapeutic strategies.</td>
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<td>J Thromb Haemost 17APR2020</td>
<td>The procoagulant pattern of patients with COVID-19 acute respiratory distress syndrome</td>
<td>Ranucci M and al, Italy <a href="https://doi.org/10.1111/jth.14854">https://doi.org/10.1111/jth.14854</a></td>
<td>Clinic</td>
<td>16 patients COVID-19 pneumonia and ARDS in ICU 94% were male and 31% were obese D-Dimer, IL-6 and fibrinogen = higher than upper limit Association between IL-6 and fibrinogen levels Clot firmness higher than normal Follow-up: - Significant decrease of D-dimere and fibrinogen - Significant prolongation of the aPTT Pro-coagulant profile of COVID-19 ARDS patients and its normalization after an increased thromboprophylaxis. Limitation: lack of data on thrombin generation and fibrinolysis. Further studies: best prophylaxis and treatment?</td>
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<td>Circulation research 17APR2020</td>
<td>Association of Inpatient Use of Angiotensin Converting Enzyme Inhibitors and Angiotensin II Receptor Blockers with Mortality Among Patients With Hypertension Hospitalized With COVID-19</td>
<td>Zhang, Peng et al, China <a href="https://doi.org/10.1161/CIRCRESAHA.120.317134">https://doi.org/10.1161/CIRCRESAHA.120.317134</a></td>
<td>Therapeutics</td>
<td>Retrospective, multi-center study including 1128 adult patients with hypertension diagnosed with COVID-19, including 188 taking ACEI/ARB (ACEI/ARB group; median age 64 [IQR 55-68] years; 53.2% men) and 940 without using ACEI/ARB (non-ACEI/ARB group; median age 64 [IQR 57-69]; 53.5% men). Among hospitalized COVID-19 patients with hypertension, inpatient use of ACEI/ARB was associated with lower risk of all-cause mortality compared with ACEI/ARB non-users. Limitations: hospital only, modest sample size, retrospective study.</td>
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<tr>
<td>Gut 17APR2020</td>
<td>Covid-19 and immunomodulation in IBD</td>
<td>Neurath, Germany <a href="https://gut.bmj.com/content/early/2020/04/16/gutjnl-2020-321269">https://gut.bmj.com/content/early/2020/04/16/gutjnl-2020-321269</a></td>
<td>Immunology</td>
<td>Results/recommendations: - No evidence for an increased risk or aggravated outcomes in patients with IBD in the context of covid-19 - However, covid-19 risks situation comprise older patients with IBD with comorbidities as well as patients suffering from malnutrition - Experimental covid-19 treatment with hydroxychloroquine or remdesivir may increase the risks for drug-drug interactions with established IBD medications. - Currently available recommendations for patients with IBD are: o Continue current treatment if disease is stable and discuss suitable medicine if disease has flared o Use of mesalamine should be continued and should not increase the risk of infection. o Corticosteroid use can be continued, but be cautious of possible side effects. o A new prescription of immunosuppressant or increase in dose of an ongoing immunosuppressant is not recommended in epidemic areas. o Use of biologics such as the antitumour necrosis factors infliximab or adalimumab should be continued. o If infliximab infusion is not accessible, switching to adalimumab injection at home should be considered. o Vedolizumab use can be continued due to the specificity of the drug for the intestine. o Ustekinumab use can be continued, but starting ustekinumab requires infusion centre visits and therefore should be discussed before initiation of therapy. o Enteral nutrition might be used if biologics are not accessible o Tofacitinib should not be newly prescribed in epidemic areas unless there are no other alternatives.</td>
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<tr>
<td>Nature Biotechnology 16APR2020</td>
<td>CRISPR–Cas12-based detection of SARS-CoV-2</td>
<td>Broughton, James P. and al. USA <a href="https://doi.org/10.1038/s41598-020-05153-4">https://doi.org/10.1038/s41598-020-05153-4</a></td>
<td>Diagnostic</td>
<td>Development of a rapid (&lt;40 min), easy-to-implement and accurate CRISPR–Cas12-based lateral flow assay for detection of SARS-CoV-2 from respiratory swab RNA extracts. Validation using contrived reference samples and clinical samples, including 36 patients with COVID-19 infection and 42 patients with other viral respiratory infections. The CRISPR-based DETECTR assay provides a visual and faster alternative to SARS-CoV-2 real-time RT–PCR assay, with 95% positive predictive agreement and 100% negative predictive agreement.</td>
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### Literature review of accepted relevant papers

**23-04-2020**

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<tr>
<td>NEJM 16APR2020</td>
<td>Not a Perfect Storm — Covid-19 and the Importance of Language</td>
<td>Brandt M. et al., USA</td>
<td>HSS/Politic</td>
<td>“Metaphors we use to describe disease shape our experience of illness: has an impact on the approach taken against the Covid-19 and the importance of providing a more nuanced approach rather than relying on simplistic binary terms.”</td>
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<tr>
<td>Cell 16APR2020</td>
<td>Development of CRISPR as an antiviral strategy to combat SARS-CoV-2 and influenza</td>
<td>Abbott, T et al, USA</td>
<td>Therapeutics</td>
<td>“A CRISPR-Cas13-based strategy, PAC-MAN (Prophylactic Antiviral CRISPR in human cells), for viral inhibition can effectively degrade RNA from SARS-CoV-2 sequences and live influenza A virus (IAV) in human lung epithelial cells. CRISPR RNAs (crRNAs) targeting conserved viral regions were designed and screened, and functional crRNAs targeting SARS-CoV-2 were identified.”</td>
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<tr>
<td>Plos One 16APR2020</td>
<td>Mental health problems and social media exposure during COVID-19 outbreak</td>
<td>Gao et al., China</td>
<td>Psy</td>
<td>“Social media exposure (SME) +++ during COVID-19. Study on 4872 participants from 31 provinces and autonomous region”</td>
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<tr>
<td>International journal of antimicrobial agents 16APR2020</td>
<td>Can post-exposure prophylaxis for COVID-19 be considered as one of outbreak response strategies in long-term care hospitals?</td>
<td>Lee, Sun Hee et al, Republic of Korea</td>
<td>Therapeutics</td>
<td>“After a large COVID-19 exposure event in a long-term care hospital (LTCH) in Korea, PEP using hydroxychloroquine (HCQ) was conducted to 211 persons including 189 patients and 22 careworkers, with baseline negative PCR tests for COVID-19 (oral, dose of 400mg daily until the completion of 14 days of quarantine).”</td>
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<td>ACS nano 15APR2020</td>
<td>Rapid Detection of COVID-19 Causative Virus (SARS-CoV-2) in Human Nasopharyngeal Swab Specimens Using Field-Effect Transistor-Based Biosensor</td>
<td>Seq, Giwan and al, Rep of Korea <a href="https://doi.org/10.1038/s41591-020-00869-5">Link</a></td>
<td>Diagnostic</td>
<td>Technology based on a field-effect transistor (FET)-based biosensing device for detecting SARS-CoV-2 in clinical samples. The sensor was produced by coating graphene sheets of the FET with a specific antibody against SARS-CoV-2 spike protein. The performance of the sensor was determined using antigen protein, cultured virus, and nasopharyngeal swab specimens from COVID-19 patients. CI+: the device is a highly sensitive immunological diagnostic method for COVID-19 that requires no sample pretreatment or labeling.</td>
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<tr>
<td>Nature Medicine 15APR2020</td>
<td>Temporal dynamics in viral shedding and transmissibility of COVID-19</td>
<td>He, Xi; et al., China <a href="https://doi.org/10.1038/s41591-020-00869-5">Link</a></td>
<td>Virology</td>
<td>Temporal viral shedding (94 patients with lab-confirmed COVID-19) and modeling of COVID-19 infectiousness profiles (separate 77 infector–infectee transmission pairs): - highest viral load in throat swabs was at the time of symptom onset. - 44% of secondary cases were infected during the infectors’ presymptomatic stage, in settings with substantial household clustering, active case finding and quarantine outside the home. -&gt; control measures should be adjusted to account for substantial presymptomatic transmission.</td>
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<tr>
<td>Journal of Biomolecular Structure and Dynamics 15APR2020</td>
<td>Reverse vaccinology approach to design a novel multi-epitope vaccine candidate against COVID-19: an in silico study</td>
<td>Maryam Enayatkhani et al., Iran <a href="https://doi.org/10.1080/03791102.2020.1756411">Link</a></td>
<td>Vaccine</td>
<td>3 known antigenic proteins of SARS-CoV-2 (Nucleocapsid, ORF3a, and Membrane protein). -&gt; used to predict in silico the potential immunogenic B and T-cell epitopes. -&gt; Prediction of best tertiary structure of selected epitopes docking TLR4 and HLA-A + Evaluation of the end the stability of complex of these receptors with the selected epitopes , by molecular Dynamic simulation methods. Antigenicity of the designed antigenic sequence -&gt; predicted by bioinformatic methods. The designed protein sequences without adjuvant were sufficient to produce an immune response. The allergenicity of the sequence was also predicted and this vaccine was not recognized as an allergen. As a conclusion, the engineered epitope could be considered as a possible vaccine candidate against COVID-19</td>
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<tr>
<td>Nat Med 15APR2020</td>
<td>Temporal dynamics in viral shedding and transmissibility of COVID-19</td>
<td>He et al., China <a href="https://www.nature.com/articles/s41591-020-00869-5">Link</a></td>
<td>Public Health/Epidemi</td>
<td>94 COVID-19 patients: - Highest Viral loads in Throat swabs at time of symptom onset - Estimation: 44% (95% confidence interval, 25–69%) of secondary cases were infected during the index cases' presymptomatic stage. -&gt; Infectiousness started from 2.3 days (95% CI, 0.8–3.0 days) before symptom onset and peaked at 0.7 days (95% CI, −0.2–2.0 days) before symptom onset</td>
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<tr>
<td>ACS nano 14APR2020</td>
<td>Computational Design of ACE2-Based Peptide Inhibitors of SARS-CoV-2</td>
<td>Han, Yanxiao et al., USA <a href="https://doi.org/10.1021/acsnano.0c02857">https://doi.org/10.1021/acsnano.0c02857</a></td>
<td>Therapeutics</td>
<td>Design of peptide inhibitors against the SARS-CoV-2, mostly formed by two sequential self-supporting alpha-helices (bundle) extracted from the protease domain (PD) of angiotensin-converting enzyme 2 (ACE2), which bind to the SARS-CoV-2 receptor binding domains. Molecular dynamics simulations revealed that the alpha-helical peptides maintain their secondary structure and provide a highly specific and stable binding (blocking) to SARS-CoV-2. To provide a multivalent binding to the SARS-CoV-2 receptors, many such peptides could be attached to the surfaces of nanoparticle carriers. The proposed peptide inhibitors could provide simple and efficient therapeutics against the COVID-19 disease.</td>
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<tr>
<td>Kidney International 14APR2020</td>
<td>Renal histopathological analysis of 26 postmortem findings of patients with COVID-19 in China</td>
<td>Su et al., China <a href="https://www.kidneyinternational.org/article/S0085-2538(20)30369-0/fulltext">https://www.kidneyinternational.org/article/S0085-2538(20)30369-0/fulltext</a></td>
<td>Clinic</td>
<td>Analyzing kidney abnormalities in 26 autopsies - Patients: respiratory failure associated with multiple organ dysfunction syndrome as the cause of death. 9/26: clinical signs of kidney injury that included increased serum creatinine and/or new-onset proteinuria. Light microscopy: diffuse proximal tubule injury with loss of brush border, non-isometric vacular degeneration, and even frank necrosis. + Occasional hemosiderin granules and pigmented casts. + Prominent erythrocyte aggregates obstructing the lumen of capillaries without platelet or fibrinoid material. + Absence of evidence of vasculitis, interstitial inflammation or hemorrhage. Electron microscopic: clusters of coronavirus particles with distinctive spikes in the tubular epithelium and podocytes. ACE2 was found to be upregulated in patients with COVID-19, and immunostaining with SARS-CoV nucleoprotein antibody was positive in tubules.</td>
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<tr>
<td>Journal of Autoimmunity 14APR2020</td>
<td>Assessing ACE2 expression patterns in lung tissues in the pathogenesis of COVID-19</td>
<td>Li, Guoping; et al., China <a href="https://doi.org/10.1016/j.jaut.2020.102463">https://doi.org/10.1016/j.jaut.2020.102463</a></td>
<td>Fundamental research</td>
<td>Data mining analysis (6 independent studies) of ACE2 expression in healthy population compared to patients with underlying diseases (chronic obstructive pulmonary diseases, asthma patients, smokers) : - no difference in ACE2 lung expression in healthy vs patients with chronic airway disease, suggesting no difference in susceptibility to SARS-CoV-2 infection. - long-term smokers have significantly greater ACE2 expression than healthy non-smokers (small airway epithelium), suggesting a risk factor for COVID-19. - ACE2 expression dramatically increased between 12-24h post SARS-CoV infection (airway epithelial cells), suggesting a role of ACE2 in post-infectious regulation. - In SARS-CoV infected cells, ACE2 expression significantly correlated with activation of neutrophils, NK cells, Th17 cells, Th2 cells, Th1 cells, dendritic cells and production of IL-1, IL-10, IL-6 and IL-8 (healthy non-smokers). Protein-protein regulation networks before and after infection identified: - ribosomal protein RPS3 plays a key role in viral replication. - non-receptor protein kinase SRC has a role in macrophage mediated innate immunity and cytokine release. <strong>Working hypothesis</strong>: SARS-CoV-2 infection increases ACE2 expression, which affects RPS3 and SRC activity, two key hub genes involved in viral replication and inflammatory responses.</td>
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<td>NEJM 14APR2020</td>
<td>Spread of SARS-CoV-2 in the Icelandic Population</td>
<td>Gudbjartsson and al, Iceland <a href="https://www.nejm.org/doi/suppl/10.1056/NEJMa2006070?query-feature=d_home">https://www.nejm.org/doi/suppl/10.1056/NEJMa2006070?query-feature=d_home</a></td>
<td>HSS/Politic</td>
<td>Two strategies: 1. Testing of persons at high risk (9199 persons) 1221 positive = 13.3% 38 of the 564 children under 10 years tested positive 2. Population screening Open invitation for testing (130797): 87 positives (0.8%) Randomly chosen Icelanders (2283): 13 positives (0.6%) Through population screening: 100 of 13080 (0.8%) None of them were children under 10 years Young children and female were less likely to test positive The haplotypes of the virus that were propagating in the general population came from a different source The frequency of COVID-19 was stable in Iceland</td>
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<tr>
<td>NEJM 14APR2020</td>
<td>Optimizing hydroxychloroquine dosing for patients with COVID-19: An integrative modeling approach for effective drug repurposing</td>
<td>Garcia-Cremades, Maria et al, USA <a href="https://doi.org/10.1002/ctph.1896">https://doi.org/10.1002/ctph.1896</a></td>
<td>Therapeutics</td>
<td>The data sources: 1) longitudinal clinical, pharmacoakinetic, and virologic data from severe COVID 19 patients who received HCQ with or without azithromycin (n=116), 2) in vitro viral replication data and SARS-CoV-2 viral load inhibition by HCQ, 3) a population pharmacokinetic model of HCQ 4) a model relating chloroquine pharmacokinetics to QTc prolongation Results: HCQ doses &gt; 400 mg BID for ≥5 days were predicted to rapidly decrease viral loads, reduce the proportion of patients with detectable SARS-CoV-2 infection, and shorten treatment courses HCQ doses &gt;600 mg BID were predicted to prolong QTc intervals</td>
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<td>Cell Systems 14APR2020</td>
<td>Complex immune dysregulation in COVID-19 patients with severe respiratory failure</td>
<td>Evangelos J., Greece <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7329268/pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7329268/pdf</a></td>
<td>Immunology</td>
<td>COVID-19 patients undergo an acute immune dysregulation with deterioration into severe respiratory failure (SRF) before the overall state of severity - Major decrease of HLA-DR on CD14-monocytes is associated with SRF. However, patients with pneumonia by SARS-CoV-2 at an intermediate immune state maintained their number of molecules of HLA-DR on CD14-monocytes much closer to the healthy condition - Patients with immune dysregulation by COVID-19 had lower counts of CD3+/CD4+ /CD8+ -lymphocytes, CD3+/CD8+ /CD4+ -lymphocytes and CD3-/CD16+/CD56+ /CD45+ -cells that those at an intermediate immune state ; In addition, the Th17 function was down-regulated among patients with immune dysregulation - Patients at immune dysregulation had lower IgM than those at an intermediate immune state - Phenotyping and cytokine analyses reveal that in the case of SRF aggravated pneumonia by SARS-CoV-2, there is a unique combination of defective antigen presentation and lymphopenia that leads to defective function of lymphoid cells, whereas monocytes remain potent for the production of TNFα and IL-6. - Analyses point out that the immune dysregulation is driven by IL-6 and not by IL-1β; and MAS which is driven by IL-1β In conclusion: The signature of immune dysregulation in the patients with SARS-CoV-2, is characterized by normal or high cytokine production capacity and increased circulating cytokines (especially IL-6), and by defects of the number of molecules of HLA-DR on their CD14-monocyte</td>
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| Disaster medicine and public health preparedness 14APR2020 | Public Education and Electronic Awareness of the New Coronavirus (COVID-19): Experiences from Iran | Peyravi, M. et al, Iran https://doi.org/10.1017/dmp.2020.94 | HSS/Politic | When WHO declared a global health emergency, the Iranian Red Crescent Society and Ministry of Health took measures for public awareness (13 measures).  - Training on preventive measures and how to deal with infection and exposure to patients are the most important steps to cope with COVID-19.  - Take into account: new educational technologies and applications and the capacity of national and private media.  - Necessity to develop content related to the individuals’ ages. Adapt also to illiterate and disabled.  - Messages adapted to certain special public groups (drivers, bakeries, ...) or social activities (shopping, ...) more impactful than some general advice.  
In the cyberspace - Effective and timely use of cyberspace=> acceptance and dissemination - Better effectiveness of E-training than ordinary training. - Infographics (humor, animation and kids-friendly themes) viewed more and possibly higher effectiveness than monolog lectures. - Exponential growth in sharing the materials  
Conclusion: to manage the virus, policymakers /organizations should provide innovative, unified and applied educational content to all people. |
| BMJ 14APR2020 | COVID-19: why we need a national health and social care service | Pollock, A. et al, UK https://doi.org/10.1136/bmj.m1465 | HSS/Politic | Social services in the UK: most privatized and fragmented in Western world.  
High proportion of NHS workforce currently off work+pay very low. Sector short 120 000 workers. Emergency legislation in the UK curtailed rights to social care services of elderly, ill and disabled people in community/residential settings contrary to international law and common sense.  
Lack of access to, i.e., support after hospital discharge or mental health services: => more health crises & hospital admissions + essential care workers taking time off to care for family members.  
Conclusion: Universal integrated health and social care service => bring all services and staff under government control.  
=> social care delivered by a trained and properly equipped workforce with decent terms of service.  
+ mandate collection of data quantifying effect of COVID on social care sector. |
Quality of evidence = level 4 (low)  
1556 patients: 57,5% males  
Mortality: 2,4% - ICU admission: 7,3%  
Upper airways symptoms:  
- Pharyngodynia: 12,4%  
- Nasal congestion: 3,7%  
- Rhinorrhea: 4% (1 study)  
None of the studies reported olfactory or gustative dysfunction  
Rest symptoms: same other study (fever, cough, fatigue)  
Alteration chest CT: 83% → bilateral++++  
Severe cases: older, lymphopenia, radiologic abnormalities  
Limits: only hospitalized patients → not full clinical spectrum of COVID-19 / olfactory disorders could have been underestimated |
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| Mayo Clinic Proceedings 13APR2020 | ST-segment Elevation, Myocardial Injury, and Suspected or Confirmed COVID-19 Patients: Diagnostic and Treatment Uncertainties | Bennett et al., USA | Diagnostic | -> For patients with COVID-19, the evaluation can be challenging due to reports of STE without obstructive coronary disease, which creates diagnostic and management challenges
-> Institutions to define acute cardiac care pathways which balance the risks of complicating COVID-19 patients from invasive therapies and unnecessary contrast exposure versus the potential benefit if the patient is experiencing a MI from acute coronary occlusion |
| International Forum of Allergy & Rhinology 12APR2020 | Association of chemosensory dysfunction and Covid-19 in patients presenting with influenza-like symptoms | Carol Y and al, USA | Clinic | Cross sectional study – question survey – 2 groups
All with influenza like symptoms
59 COVID-19 positive and 203 COVID-19 negative Hospital admission low and comparable between groups
Smell and taste loss: more frequent in COVID-19 group
- 68% and 71% versus 16% and 17% respectively
- Largest magnitude of association with COVID-19
Independently associated with COVID-19:
- Anosmia: OR 10.9 [5.08 to 23.5]
- Taste: OR 10.2 [4.74 to 22.1]
Improvement of olfaction and taste that correlated with clinical resolution of illness. |
| Travel Med. Infect. Dis. 11APR2020 | Clinical and microbiological effect of a combination of hydroxychloroquine and azithromycin in 80 COVID-19 patients with at least a six-day follow up: A pilot observational study | Gautret, Philippe et al, France | Therapeutic | Uncontrolled non-comparative observational study in a cohort of 80 relatively mildly infected inpatients treated with a combination of hydroxychloroquine and azithromycin over a period of at least three days.
All patients improved clinically except one 86 year-old patient who died, and one 74 year-old patient still in intensive care. A rapid fall of nasopharyngeal viral load was noted, with 83% negative at Day7, and 93% at Day8. Virus cultures from patient respiratory samples were negative in 97.5% of patients at Day5.
Limitations: descriptive pilot study in only 80 patients with relatively mild clinical presentation. No analytic approach to account for possible confounds including notably the severity of illness. |
| The Lancet 11APR2020 | Centring sexual and reproductive health and justice in the global COVID-19 response | Matthew J Harris et al., UK | HSS/Politic | COVID-19 + existing sexual & reproductive health inequities => women, girls and vulnerable populations’ health, wellbeing and economic stability disproportionately impacted.
1) COVID-19 = Increased risks for women
- Women’s risk factors of contracting COVID-19 may be higher = 70% of the global health and social care workforce worldwide,
- Potential pregnancy-related complications
2) Impact on sexual/reproductive health care
- Disruption/Diversion of resources away from essential sexual/reproductive health care for COVID
- Restrictive global policies that target vulnerable populations (Protecting Life in Global Health Assistance + migration policies of deterrence)
Solutions:
- Additional resources for sexual/reproductive health care + increase of telemedicine
- Sex-disaggregated mortality and morbidity surveillance for COVID-19 research
- Community driven efforts: recognize inequitable power structures + collaborative response
- Eliminate legal/policy restrictions to sexual/reproductive health care. |
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- median period between symptoms presence and positive SARS-CoV-2 RT-PCR results was 16 days  
- median period between symptoms presence and an effective negative SARS-CoV-2 RT-PCR result was 20 days  
Although two consecutive negative results were confirmed in 70 patients, 30% of them had positive viral test results for the third time. Using specimens from nasal swabs to run the RT-PCR test showed a higher positive rate than using specimens from throat swabs. |
| **Science 10APR2020** | Structure of the RNA-dependent RNA polymerase from COVID-19 virus | Gao, Yan; et al. China - Australia [https://doi.org/10.1126/science.aab7498](https://doi.org/10.1126/science.aab7498) | Structural biology | Cryo-EM structure of SARS-CoV-2 full-length RNA-dependent RNA polymerase (RdRp, also named nsp12) in complex with cofactors nsp7 and nsp8 (2.9Å resolution) reveal:  
- Conserved architecture of nsp12 with polymerase core of SARS-CoV, and resolution of a newly identified β-hairpin domain at its N terminus.  
- Comparative modeling reveals how remdesivir binds to nsp12 polymerase, its primary antiviral drug target.  
-> provides basis for design of new antiviral therapeutics (cocktails targeting viral RdRp (nsp12)). |
| **Emerg. Infect. Dis. 10APR2020** | Aerosol and Surface Distribution of Severe Acute Respiratory Syndrome Coronavirus 2 in Hospital Wards, Wuhan, China, 2020 | Zhen-Dong Guo; et al. China [https://doi.org/10.3201/eid2607.200086](https://doi.org/10.3201/eid2607.200086) | Virology | Samples taken from potentially contaminated objects and air from an ICU (housed 15 patients with severe COVID-19) and a general ward (housed 24 patients with milder COVID-19):  
- SARS-CoV-2 contamination greater in ICU than general ward.  
- Almost all positive samples concentrated in the contaminated areas.  
- Virus widely distributed on floors, computer mice, trash cans, sickbed handrails in both the ICU and general wards.  
- Virus-laden aerosols mainly concentrated near and downstream from patients, up to 4 m.  
-> Atrictr protective measures should be taken by medical staff working in the ICUs then general wards.  
-> Aerosol distribution in the general ward indicate transmission distance of SARS-CoV-2 might be 4 m |
| **NEJM 10APR2020** | Compassionate Use of Remdesivir for Patients with Severe Covid-19 | Grein, Jonathan et al, USA [https://doi.org/10.1056/NEJMc2007016](https://doi.org/10.1056/NEJMc2007016) | Therapeutic | 63 compassionate use of remdesivir for COVID patients with either an oxygen saturation of 94% or less while breathing ambient air or need for oxygen support:  
40 patients (75%) received the full 10-day course of remdesivir, 10 (19%) received 5 to 9 days of treatment, and 3 (6%) fewer than 5 days of treatment.  
During a median follow-up of 18 days, 36 patients (68%) had an improvement in oxygen-support class, including 17 of 30 patients (57%) receiving mechanical ventilation who were extubated. A total of 25 patients (47%) were discharged, and 7 patients (13%) died  
Point of attention: Measurement of efficacy will require ongoing randomized, placebo-controlled trials |
The current data show that the infection of SARS-CoV-2 in late pregnant women does not cause adverse outcomes in their newborns |
It is estimated that 760 (95% CrI: 219–1,706) of acute respiratory infections consultations in those older than 65 years in two regions of France (BFC and GRE) could have been caused by COVID-19 during week 10. |
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| Clinical infectious disease 9APR2020 | Factors associated with prolonged viral RNA shedding in patients with COVID-19 | Xu K and al, China [https://doi.org/10.1038/s41388-021-01021](https://doi.org/10.1038/s41388-021-01021) | Clinic | Retrospective study – Two hospital – **113 patients**  
Median age: 52 years – 58,4% were male  
28,3% were diagnosed as severe illness  
Median hospital stays: 15 days  
74,3% had viral RNA clearance within **21 days** after illness onset (median: 15 days)  
Prolonged RNA shedding:  
- Male (p=0,009)  
- Old age (p=0,033)  
- Concomitant hypertension (p=0,009)  
- Invasive mechanical ventilation (p=0,006)  
- Use of corticosteroid (p=0,025)  
- Delay recovery on radiological image (p<0,001)  
⇒ Multivariate analysis:  
- Male (OR: 3,24)  
- Delay hospital admission (OR: 1,30)  
- Invasive mechanical support  
Limitations:  
- Viral RNA shedding ≠ viral shedding  
- Didn’t not evaluated the effect of the treatment |
| Obesity 9APR2020 | High prevalence of obesity in severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) requiring invasive mechanical ventilation | Simonnet A and al, France [https://doi.org/10.1002/oby.22831](https://doi.org/10.1002/oby.22831) | Clinic | Retrospective study – **124 patients** in ICU  
Control group: non-SARS-CoV2 in ICU  
Median age: 60 years – 73% male -15% died  
68,6% required invasive mechanical ventilation (IMV)  
Obesity and severe obesity were significantly more frequent in SARS-CoV2 patients (p<0,001)  
Median BMI in SARS-CoV2 patients higher than in non-SARS-CoV2: 29,6 vs 24,0 (p<0,001)  
IMV vs non IMV:  
- BMI higher in IMV group: 31,1 vs 27,0 (p<0,001)  
Need for IMV gradually increase with BMI category.  
Patients with obesity should take extra measure to avoid COVID19 contamination. |
| F1000 Research 9APR2020 | In silico identification of vaccine targets for 2019-nCoV | Chloe H. Lee and Hashem Koohy UK [https://doi.org/10.12688/f1000research.22507.1](https://doi.org/10.12688/f1000research.22507.1) | Vaccine | The authors define computationally identified immunogenic and/or cross-reactive peptides from 2019-nCoV, based on comparison with immunogenic peptides deposited in the Immune Epitope Database and Analysis Resource (IEDB). They found:  
i) 28 SARS-derived peptides having exact matches in 2019-nCoV proteome previously characterized to be immunogenic by in vitro T cell assays (high affinity to HLA-A class I and II and targeted by CD8+ and CD4+ T cells)  
ii) 22 nCoV peptides having a high sequence similarity with immunogenic peptides but with a greater predicted immunogenicity score  
iii) 44 nCoV peptides predicted to be immunogenic by the iPred algorithm and 1G4 TCR positional weight matrices respectively (de novo in silico search of immunogenic peptides against the 2019-nCoV proteome sequence) |
| Psychotherapy and psychosomatics 9APR2020 | Mental Health and Psychosocial Problems of Medical Health Workers during the COVID-19 Epidemic in China | Hong-xing Wang et al., China [https://doi.org/10.1159/000507639](https://doi.org/10.1159/000507639) | Psy | Method : **online survey** (2182 participants from China)  
Result :  
- higher prevalence rates of psychological symptoms among medical health workers = insomnia, anxiety, depression, somatization, and obsessive-compulsive symptoms  
- risk factors : having organic disease, living in rural areas, being female, and being at risk of contact with COVID-19 patients  
Main reasons :  
- insufficient understanding of the virus initially  
- lack of prevention and control knowledge  
- long-term workload  
- high risk of exposure to patients with COVID-19  
- shortage of medical protective equipment,  
- lack of rest  
- exposure to critical life events, such as death.  
Need for :  
- health protection and adequate working conditions: lowering job demands and workload / increasing job control and reward,  
- medical protective equipment,  
- recovery programs focused on resilience and psychological well-being |
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- SARS-CoV-2 infected and replicated in human lung tissues more efficiently, generating 3.20 folds more infectious virus particles within 48hrs.  
- Both viruses were similar in cell tropism: both targeting types I and II pneumocytes, and alveolar macrophages.  
- Despite a more efficient virus replication in the infected human lung tissue, SARS-CoV-2 did not significantly induce types I, II, or III interferons, and only upregulated 38 % (IL6, MCP1, CXCL1, CXCL5, and CXCL10) of the 13 key inflammatory mediators tested (in contrast to 85 % for SARS-CoV). |
- Substandard drugs driven by cost reduction  
- Falsified agents thrive on shortages, especially when buyers depart from regulated supply chains (masks, diagnostic tests, fake claims of treatments...).  
When proven efficacious treatment, robust policies need to ensure prompt affordable, access for all people in need + quality assured, not diverted from other treatments:  
- Coordinated information-sharing among medicine regulators on authorizations for clinical trials  
- Ensure global manufacture + investigational interventions for unregistered + off label use  
- Comprehensive/rapid reporting of shortages of active ingredients and finished products  
- Robust evaluation of diagnostic tests  
- Innovative regional mechanisms (e.g. African Vaccine Regulatory Forum) for nations without robust regulatory systems |
| NEJM 9APR2020 | Disease Control, Civil Liberties, and Mass Testing — Calibrating Restrictions during the Covid-19 Pandemic | David M. Studdert et al., US https://doi.org/10.1056/NEJMa2011765 | HSS/Polic | Civil liberties: courts insist coercive restrictions must be 1) necessary, 2) crafted as narrowly as possible, 3) not used to target ostracized groups.  
Clear criteria for quarantine for other diseases don’t apply to social restrictions for COVID-19:  
1) Quarantine is community-wide and applies to government and private actors;  
2) Transmission dynamics make it difficult to identify / target risk groups.  
3) Stay-at-home restrictions unlikely to be a one-shot deal  
> Need for a graduated approach to restrictive measures.  
Curfew laws most adapted: courts give leeway to government to adapt + see COVID-19 restrictions as more of a public policy than a legal issue.  
Tailor restrictions using credible person-level information => identify people most likely to transmit infection through population wide program of testing and surveillance.  
Aggregate test results at community+state level to dial up or down.  
> Federal, state and local governments to finance & oversee + rely on hospitals, pharmacies, private labs, mobile health services for implementation + civil organizations to foster compliance. |
| Life Sciences 9APR2020 | In silico studies on therapeutic agents for COVID-19: Drug repurposing approach | Shah, Bhumi et al., India https://doi.org/10.1056/NEJMa2011765 | Therapeutic | 61 molecules that are already being used in clinics or under clinical scrutiny as antiviral agents are surveyed via docking study.  
37 molecules were found to interact with >2 protein structures of COVID-19. Among them, HIV protease inhibitors and RNA-dependent RNA polymerase inhibitors showed promising features of binding to COVID-19 enzyme. Along with these, Methisazone an inhibitor of protein synthesis, CGP42112A an angiotensin AT2 receptor agonist and ABT450 an inhibitor of the non-structural protein 3-4A might become convenient treatment option as well against COVID-19. |
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<td>EuroSur 9APR2020</td>
<td>An alternative workflow for molecular detection of SARS-CoV-2 – escape from the NA extraction kit-shortage, Copenhagen, Denmark, March 2020</td>
<td>Fomsgaard et al., Denmark <a href="https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.34.2000398">https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.34.2000398</a></td>
<td>Diagnostis</td>
<td>Development of an alternative simple and fast workflow for molecular detection of SARS-CoV-2 that does not require NA extraction and could serve as an alternative in diagnostic laboratories to overcome chemical-based kit-shortages. Approach consists of heating samples at 98°C for 5 min. This simplified heat-approach should not be for general use but only if the gold standard approaches are not available. Simply heating the samples could serve as an easy, fast and inexpensive alternative to chemical extraction kits, which would detect 97.4% of the COVID-19-positive patients with no false positives; however, there might be a small risk of false negatives, which could be minimised by performing the assay in duplicates.</td>
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<td>Clin Inf Dis 9APR2020</td>
<td>Prediction for Progression Risk in Patients with COVID-19 Pneumonia: the CALL Score</td>
<td>Ji, Dong and al., China <a href="https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa414/583137">https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa414/583137</a></td>
<td>Diagnostis</td>
<td>Overall, 208 patients were divided into stable group (n=168, 80.8%) and progressive group (n=40,19.2%) based on whether their conditions worsened during the hospitalization. Comorbidty, older age, lower lymphocyte and higher lactate dehydrogenase were shown to be independent high-risk factors for COVID-19 progression. By incorporating these 4 factors a novel scoring model, named as CALL, was established and tested. Conclusion : using the CALL score model can help the clinicians to improve the therapeutic effect and reduce the mortality of COVID-19 with more accurate and reasonable resolutions on medical resources.</td>
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<td>Clin Inf Dis 8APR2020</td>
<td>PCR Assays Turned Positive in 25 Discharged COVID-19 Patient</td>
<td>Yuan, Jing and al., China <a href="https://doi.org/10.1093/cid/ciaa398">https://doi.org/10.1093/cid/ciaa398</a></td>
<td>Clinic</td>
<td>172 COVID-19 infected patients discharged from Hospital: (1) Normal body temperature for more than 3 consecutive days. (2) Significant reduction of respiratory symptoms evaluated by following indicators: cough and expectoration disappeared, normal ranges for inflammatory markers IL-6 and CRP, as well as oxygenation index ≥50. (3) Substantial improvement over conventional chest radiography detection. (4) At least two consecutively negative results of RT-PCR testing separated by at least 24-hour interval. All discharged patients were required another 14 days of self-segregating at home for further observation. -&gt; 25 discharged patients sent to hospital again because of the positive RT-PCR results. They experienced an average of 7.3±3.86 days from their last negative RT-PCR result to turning positive again. Some immunological parameters such as D-dimer and absolute lymphocyte count, and even antibody test should be combined with RT-PCR negative test as additional measures to assure that infected patients have completely recovered and can be released from quarantine.</td>
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<td>Clinical Immunology 8APR2020</td>
<td>Epigenetic dysregulation of ACE2 and interferon-regulated genes might suggest increased COVID-19 susceptibility and severity in lupus patients</td>
<td>Sawalha, Amr H. et al., USA-China <a href="https://doi.org/10.1016/j.jci.2020.108810">https://doi.org/10.1016/j.jci.2020.108810</a></td>
<td>Virology</td>
<td>Patients with systemic lupus erythematosus might be especially prone to severe COVID-19, independent of their immunosuppressed state. ACE2 might be hypomethylated and overexpressed in lupus T cells suggesting an increased susceptibility to SARS-CoV-2 infection - increased oxidative stress induced by viral infection exacerbates ACE2 demethylation defect in lupus and may enhance viremia. Maintaining disease remission in lupus patients is critical to prevent DNA demethylation and increased oxidative stress, which may exacerbate susceptibility to SARS-CoV-2 infection and likelihood of cytokine storm.</td>
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<td>JAMA pediatric 8APR2020</td>
<td>Screening and Severity of Coronavirus Disease 2019 (COVID-19) in Children in Madrid, Spain</td>
<td>Tagarro A and al, Spain <a href="https://doi.org/10.1001/jamapediatrics.2020.134">https://doi.org/10.1001/jamapediatrics.2020.134</a></td>
<td>Clinic.</td>
<td>365 screened children and 41 were positive = 11% Median age = 1 year 34% had upper respiratory tract infection – 127 % fever without source - 5% viral like pneumonia 60% were hospitalized and 9.7% were admitted to PICU and needed respiratory support No one died Limitations: probably more hospitalisation because of an increase awareness of COVID-19.</td>
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<td>The Lancet 8APR2020</td>
<td>First-wave COVID-19 transmissibility and severity in China outside Hubei after control measures, and second-wave scenario planning: a modelling impact assessment</td>
<td>Leung et al., China <a href="https://www.thelancet.com/journals/lanres/article/PIIS0140-6736(20)30746-7/fulltext">https://www.thelancet.com/journals/lanres/article/PIIS0140-6736(20)30746-7/fulltext</a></td>
<td>Public Health/Epidemi</td>
<td>-&gt; The first wave of COVID-19 outside of Hubei has abated because of aggressive non-pharmaceutical interventions. -&gt; the R, decreased substantially since Jan 23, when control measures were implemented, and have since remained below 1. -&gt; Relaxing the interventions (resulting in R, &gt;1) when the epidemic size was still small would increase the cumulative case count exponentially as a function of relaxation duration, even if aggressive interventions could subsequently push disease prevalence back to the baseline level. Given the substantial risk of viral reintroduction, particularly from overseas importation, close monitoring of R, and cCFR is needed to inform strategies against a potential second wave to achieve an optimal balance between health and economic protection.</td>
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<td>The European respiratory journal, 8APR2020</td>
<td>Clinical characteristics and outcomes of hospitalised patients with COVID-19 treated in Hubei (epicenter) and outside Hubei (non-epicenter): A Nationwide Analysis of China</td>
<td>Wen-hua Liang et al, China <a href="https://doi.org/10.1183/13993003.00563-2020">https://doi.org/10.1183/13993003.00563-2020</a></td>
<td>Clinic</td>
<td>1590 cases from 575 hospitals in 31 provincial administrative regions were collected (core cohort). The overall rate of severe cases and mortality was 16.0% and 3.2%, respectively, but Potential risk factors analysed using proportional hazard (PH) Cox regression models Patients in Hubei [severe event rate 23.0% versus 11.1%, death rate 7.3% versus 0.3%, hazards ratio (HR) for critical illness 1.59, 95%CI 1.05–2.41] have a poorer prognosis compared with patients outside of Hubei after adjusting for age and comorbidity This might be attributed to the prolonged duration of symptom onset to hospitalization in the epicenter.</td>
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<td>Journal of biomolecular structure &amp; dynamics, 8APR2020</td>
<td>In-silico homology assisted identification of inhibitor of RNA binding against 2019-nCoV N-protein (N terminal domain)</td>
<td>Sarma, Phulen et al, India <a href="https://doi.org/10.1080/07391102.2020.1755380">https://doi.org/10.1080/07391102.2020.1755380</a></td>
<td>Therapeutic</td>
<td>Two NTD structures of N proteins were selected (2OFZ and 1SSK, 92% homology) for virtual screening of 56,079 derivaties 15 hits for each of the targets based on “docking score” This study suggests two important class of compounds, theophylline and pyrimidone derivatives as possible inhibitors of RNA binding to the N terminal domain of N protein of coronavirus, thus opening new avenues for in vitro validations</td>
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<td>Pediatric Critical Care 7APR2020</td>
<td>Coronavirus Disease 2019 in Critically Ill Children: A Narrative Review of the Literature</td>
<td>Ong J and al, Singapore/Italy /Canada <a href="https://journals.lww.com/jpcr/journals/Abstract/Abstract/Coronavirus_Disease_2019_in_Critic_ally_8.38807.aspx">https://journals.lww.com/jpcr/journals/Abstract/Abstract/Coronavirus_Disease_2019_in_Critic_ally_8.38807.aspx</a></td>
<td>Clinic</td>
<td>Children account for a few proportions of COVID19 diseases Not severely II: asymptomatic++++ or mild Infant under 1 year appear to have an increased risk of severe disease. Spared from severe disease: - Less lymphopenia: 3.5% ≤ 70% in adults, - Appear to be less pro-inflammatory than adults, - Variation of expression of ACE2 and activity with age could protect against lung injury. Management: - Noninvasive ventilation or hight-flow nasal canula would be preferred, - Intubation should be performed by experienced practitioner with PPE and rapid sequence induction - Used cuffed tubes (minimized air leak), - Avoided disruption to the ventilator circuit - Creation of a family liaison contact</td>
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<td>The Lancet Public Health 07APR2020</td>
<td>The French response to COVID-19: intrinsic difficulties at the interface of science, public health, and policy</td>
<td>Moatti, Jean.P et al., France</td>
<td>HSS/Politic</td>
<td>French authorities appointed an advisory board of 11 scientists to help manage the crisis =&gt; evidence-based policy but: 1) France did not have logistic capacity to promote mass testing. Rather than setting goal of scaling up, authorities argued systematic testing was not needed; 2) Maintaining second round of elections &amp; social science literature established disaster communication should avoid dissonant incentives/double binds. 3) Referring to clinical trials to prove efficacy of hydroxychloroquine without considering alternative evaluation methods for quicker evidence =&gt; reduced ability of authorities to mitigate effects or rumors and regulate prescription practices. Setting up second experts’ committee: implicit recognition of the intrinsic difficulties of directly using science in political management of a health crisis.</td>
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<td>J Mol Diag PRE-PROOF 7MAR2020</td>
<td>Development of Reverse Transcription Loop-mediated Isothermal Amplification (RT-LAMP) Assays Targeting SARS-CoV-2</td>
<td>Park et al., Republic of Korea</td>
<td>Diagnostic</td>
<td>-&gt; Development of highly specific RT-LAMP assays for detection of SARS-CoV-2. -&gt; Results of these RT-LAMP assays can be detected within 30 minutes after amplification reaction begin. -&gt; Optimization of reaction conditions where LCV colorimetric detection method is applied that can be used for point-of-care tests.</td>
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<tr>
<td>Clinical infectious diseases 7APR2020</td>
<td>Towards Optimization of Hydroxychloroquine Dosing in Intensive Care Unit COVID-19 Patients</td>
<td>Perinel, Sophie et al., France</td>
<td>Therapeutic</td>
<td>Prospective pharmacokinetic study: 13 patients in intensive care unit received 200 mg x 3 of oral HCQ daily; mean age 68 y. 46% obese, 31% with moderate or severe renal failure. HQC levels &gt;1 mg/L and &lt;2 mg/L were considered to be therapeutic. 161 blood levels recorded. Simulations performed based on data from patients with rheumatoid arthritis. PK studies are needed to define the optimal dosing regimen. Based on simulations, a loading dose of 800 mg once daily on day 1, followed by 200 mg twice daily for 7 days is proposed.</td>
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<tr>
<td>Science Translational Medicine 6APR2020</td>
<td>An orally bioavailable broad-spectrum antiviral inhibits SARS-CoV-2 in human airway epithelial cell cultures and multiple coronaviruses in mice</td>
<td>Sheahan, Timothy P. et al. USA</td>
<td>Therapeutic</td>
<td>In human airway epithelial cell cultures: - Orally bioavailable ribonucleoside analog (NHCh, EIDD-1931) has broad spectrum antiviral activity against SARS-CoV-2, MERS-CoV, SARS-CoV, and related zoonotic group 2b or 2c Bat-CoVs, and a coronavirus bearing resistance mutations to remdesivir. In mice: - Prophylactic and therapeutic administration improved pulmonary function, reduced virus titer and weight loss (mice infected with SARS-CoV or MERS-CoV) -&gt; potency of NHCh/EIDD-2801 against multiple coronaviruses and oral bioavailability makes it a potential effective antiviral against SARS-CoV-2</td>
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<tr>
<td>Journal of Medical Virology 6APR2020</td>
<td>Tocilizumab treatment in COVID-19: a single center experience</td>
<td>Luo, Pan et al, China</td>
<td>Therapeutic</td>
<td>15 COVID-19 patients under Tocilizumab (TCZ) therapy were retrospectively assessed. - TCZ treatment ameliorated the increased CRP in all patients rapidly. - The 4 critically ill patients who received an only single dose of TCZ -&gt; 3 died and the CRP level in the rest one patient failed to return to normal range with a clinical outcome of disease aggravation. - Serum IL-6 level tended to further spiked firstly and then decreased after TCZ therapy in 10 patients. - Persistent and dramatic increase of IL-6 was observed in these 4 patients who failed treatment. A single dose of TCZ seems to fail to improve the disease activity in critically ill patients although it was used in combination with glucocorticoid. However, repeated doses of TCZ might improve the condition of critically ill patients. Limitations: small number of cases reported; use of laboratory parameters to define the disease activity is still challenging; treatment duration observed may not be sufficient to make a final conclusion.</td>
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Literature review of accepted relevant papers
23-04-2020

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<tr>
<th>Journal and date</th>
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<th>Authors and link</th>
<th>Field of expertise</th>
<th>Key facts</th>
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| JAMA 6APR2020    | Baseline Characteristics and Outcomes of 1591 Patients Infected With SARS-CoV-2 Admitted to ICUs of the Lombardy Region, Italy | Grasselli G et al, Italy | Clinic | Retrospective - 1591 patients COVID-19 – multicentric
Demographic:
- 82% male - median age: 63 years
- 68% had at least 1 comorbidity (HTA++)
Clinical data
- 1150 patients required mechanical ventilation (higher than reported for other ICU patients)
- Median PEEP: 14 cmH\(_2\)O
- Median F\(_{\text{CO}_2}\) = 166 (IQR:114-220), higher in young patients (< 63 years)
- Mortality: 26%, higher in older patients (15% vs 36%, p<0.001)
- Median length of stay: 9 days in ICU
Limitation:
- Short follow up → mortality rate could change?
- Missing data for some patients |
| Clin Chem 4APR2020 | Potential false-negative nucleic acid testing results for Severe Acute Respiratory Syndrome Coronavirus 2 from thermal inactivation of samples with low viral loads | Pan et al., China | Diagnostic | -> Ct values are increased (higher threshold for detection) in specimens from diagnosed COVID-19 patients in RT-PCR tests after thermal incubation.
-> About half of the weak-positive samples (7 of 15 samples, 46.7%) were RT-PCR negative after heat inactivation in at least one parallel testing
Thermal inactivation adversely affected the efficiency of RT-PCR for SARS-CoV-2 detection. Given the limited applicability associated with chemical inactivators, other approaches to ensure the overall protection of laboratory personnel need consideration. |
| Inter J Of Infect Dis 3APR2020 | A first Case of Meningitis/Encephalitis associated with SARS-CoV-2 | Moriguchi, Takeshi et al, Japan | Clinic | Case report : 23-year old male, with seizure accompanied by unconsciousness.
The specific SARS-CoV-2 RNA was not detected in the nasopharyngeal swab but was detected in a CSF
brain MRI: hyperintensity along the wall of right lateral ventricle and hyperintense signal changes in the right mesial temporal lobe and hippocampus, **suggesting the possibility of SARS-CoV-2 meningitis**
Chest CT small ground glass opacities
At D15 : still ventilated and with impaired consciousness
This case warns the physicians of patients who have CNS symptoms. |
| The Journal of infection 3APR2020 | Neutrophil-to-lymphocyte ratio as an independent risk factor for mortality in hospitalized patients with COVID-19 | Liu et al., China | Clinic | 245 COVID-19 patients :
-> Multivariate analysis demonstrated that there was 8% higher risk of in-hospital mortality for each unit increase in NLR.
-> Compared with patients in the lowest tertile, the NLR of patients in the highest tertile had a 15.04-fold higher risk of death after adjustment for potential confounders
-> Fully adjusted OR for mortality was 1.10 in males for each unit increase of NLR
NLR is an independent risk factor of the in-hospital mortality for COVID-19 patients especially for male. |
| The Journal of infection 3APR2020 | Arbidol Monotherapy is Superior to Lopinavir/ritonavir in Treating COVID-19 | Zhu, Zhen et al, China | Therapeutic | 50 patients into 2 groups
- lopinavir/ritonavir group (34 cases)
- arbidol group (16 cases).
Data from these patients were retrospectively analyzed.
At D14 post admission: no viral load was detected in arbidol group.
**44.1% of patients in lopinavir/ritonavir group had positive RNA test on day 14.**
Patients in the arbidol group had a shorter duration of positive RNA test.
No apparent side effects were found in both groups.
⇒ Arbidol monotherapy may be superior to lopinavir/ritonavir in treating COVID-19.
The sample size is the major limitation of this study. |
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<td>CELL preproof</td>
<td>Inhibition of SARS-CoV-2 infections in engineered human tissues using clinical-grade soluble human ACE2</td>
<td>Monteil, Kwon et al.</td>
<td>Therapeutic</td>
<td>ACE2 has now also been identified as a key receptor for SARS-CoV-2 infections and it has been proposed that inhibiting this interaction might be used in treating patients with COVID-19. Clinical grade human recombinant soluble ACE2 (hrsACE2) reduced SARS-CoV-2 recovery from Vero cells by a factor of 1,000–5,000. An equivalent mouse rsACE2 had no effect. SARS-CoV-2 can also directly infect engineered human blood vessel organoids and human kidney organoids, which can be inhibited by hrsACE2. These data demonstrate that hrsACE2 can significantly block early stages of SARS-CoV-2 infections.</td>
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<td>Nature Medicine 3APR2020</td>
<td>Respiratory virus shedding in exhaled breath and efficacy of face masks</td>
<td>Leung, Nancy H. L. et al., <a href="https://doi.org/10.1038/s41591-020-0845-2">https://doi.org/10.1038/s41591-020-0845-2</a> China - USA</td>
<td>Virology</td>
<td>Detection of virus RNA shedding in exhaled breath and coughs of children and adults with acute respiratory illness (influenza (n=23-28 infected individuals), coronavirus (n=10-11) and rhinoviruses (n=36-32)). 5 μm particle size fractionation. <strong>Without face mask:</strong> - Viral RNA identified in 30%, 26% and 28% of respiratory droplets and 40%, 35% and 56% of aerosols collected while not wearing a face mask (coronavirus, influenza virus and rhinovirus-infected participants, respectively) - Surgical face masks significantly reduced detection of viral RNA for: - Influenza virus in respiratory droplets, but not in aerosol. - Coronavirus in aerosols (≤5 μm particles), and non-significant reduction in respiratory droplets. Limitation: infectivity of detected virus not tested. <strong>--&gt; Surgically face masks could prevent transmission of human coronaviruses and influenza viruses from symptomatic individuals.</strong></td>
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<td>Antiviral Research 3APR2020</td>
<td>Remdesivir, lopinavir, emetine, and homorringtonine inhibit SARS-CoV-2 replication in vitro</td>
<td>Choy, Yin-Lam Wong et al, Hong Kong <a href="https://doi.org/10.116/j.jantiviral.2020.104786">https://doi.org/10.116/j.jantiviral.2020.104786</a></td>
<td>Therapeutic</td>
<td>Evaluation of the in vitro antiviral effect of compounds that were previously reported to inhibit coronavirus replication and compounds that are currently under evaluation in clinical trials for SARS-CoV-2 patients. <strong>=&gt; Antiviral effect of remdesivir, lopinavir, homorringtonine, and emetine against SARS-CoV-2 virus in Vero E6 cells with the estimated 50% effective concentration at 23.15 μM, 26.63 μM, 2.55 μM and 0.46 μM, respectively.</strong> <strong>=&gt; Ribavirin or favipiravir that are currently evaluated under clinical trials showed no inhibition at 100 μM.</strong> <strong>=&gt; Synergy between remdesivir and emetine was observed, and remdesivir at 6.25 μM in combination with emetine at 0.195 μM may achieve 64.9% inhibition in viral yield.</strong> Combinational therapy may help to reduce the effective concentration of compounds below the therapeutic plasma concentrations and provide better clinical benefits.</td>
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<td>International Journal of Antimicrobials Agents 3APR2020</td>
<td>Structural and molecular modeling studies reveal a new mechanism of action of chloroquine and hydroxychloroquine against SARS-CoV-2 infection</td>
<td>Fantini, Di Scala et al, France <a href="https://doi.org/10.116/j.ijantimicag.2020.109960">https://doi.org/10.116/j.ijantimicag.2020.109960</a></td>
<td>Therapeutic</td>
<td>Identification of a new mechanism of action of CLQ and CLQ-OH supporting the use of these repositioned drugs to cure SARS-CoV-2 infected patients. Using a combination of structural and molecular modeling approaches: <strong>=&gt; chloroquine (CLQ) binds sialic acids and gangliosides with high affinity.</strong> <strong>=&gt; New type of ganglioside-binding domain at the tip of the N-terminal domain of the SARS-CoV-2 spike (S) protein identified. This domain (aa 111-158), which is fully conserved among clinical isolates worldwide, may improve the attachment of the virus to lipid rafts and facilitate the contact with the ACE-2 receptor.</strong> <strong>=&gt; In presence of CLQ (or of the more active derivative hydroxychloroquine, CLQ-OH), the viral spike is no longer able to bind gangliosides.</strong></td>
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<td><strong>Journal of Thrombosis and Thrombolysis, 3APR2020</strong></td>
<td>Difference of coagulation features between severe pneumonia induced by SARS-CoV2 and non-SARS-CoV2</td>
<td>Shiyu Y et al, China <a href="https://doi.org/10.1161/CIRCULATIONAHA.120.033346">https://doi.org/10.1161/CIRCULATIONAHA.120.033346</a></td>
<td>Clinic</td>
<td>Retrospective – 2 groups 449 patients COVID-19 and 104 severe pneumonia non-COVID 28 days mortality → higher in COVID group (29,8% vs 15,4%, p&lt;0,005) Heparin treatment: 22% in COVID and 21% non-COVID Platelet count: higher in COVID group significantly Elevated D-Dimer (sixfold of upper limit of normal) was associated with poor prognosis only in COVID group Anticoagulant therapy may benefit to selected COVID patients (elevated D-Dimer)? Limits:  - Retrospective  - Influence of others therapies?</td>
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<td><strong>Circulation, 3APR2020</strong></td>
<td>The Variety of Cardiovascular Presentations of COVID-19</td>
<td>Fried J et al, USA <a href="https://circ.ahajournals.org/content/131/11/2838">https://circ.ahajournals.org/content/131/11/2838</a></td>
<td>Clinic</td>
<td>4 cases reports:  - SARS-CoV2 infection should be in the differential of typical cardiac syndrome during pandemic event without infection signs  - Myocarditis like presentations with COVID-19 → further study  - Direct cardiac injury = result of viral invasion OR cytokine storm induced by SARS-CoV2 → toxic effect on myocardium  - COVID-19 can cause decompensation of heart failure → mixed shock</td>
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<td><strong>JAMA, 3APR2020</strong></td>
<td>Personal Risk and Societal Obligation Amidst COVID-19</td>
<td>Tsai et al., USA <a href="https://doi.org/10.1001/jama.2020.5450">https://doi.org/10.1001/jama.2020.5450</a></td>
<td>HSS/Politics</td>
<td>Health workers with pre-existing medical conditions/in older age groups are at greater risk of severe illness and death if exposed to COVID-19. =&gt; Telemedicine  Issue: guilt – putting other colleagues at risk; what risk acceptable as a necessary part of a path in medicine? Assessment takes an inherently individual path: no single rule can guide a physician’s involvement in high-risk scenarios  <strong>Comforted by:</strong> 1) High need for virtual-based care 2) Sense of purpose in the community How much risk in the career of medicine should be acceptable to physicians?  → Need for medical profession to balance the obligations and duties of this profession with physicians’ fundamentally human limitations and fears Technology evaluated is called Transfer Learning</td>
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<td><strong>Physical and Engineering Sciences in Medicine, 3APR2020</strong></td>
<td>Covid-19: automatic detection from X-ray images utilizing transfer learning with convolutional neural networks</td>
<td>Apostolopoulou s et al., Greece <a href="https://link.springer.com/article/10.1007/s13246-020-08085-4">https://link.springer.com/article/10.1007/s13246-020-08085-4</a></td>
<td>Diagnostic</td>
<td>Two sets of X-Ray images from patients were used as follows:  - 1st set: a collection of 3427 X-ray images including 224 images with confirmed Covid-19 disease, 700 images with confirmed common bacterial pneumonia, and 504 images of normal conditions.  - 2nd set: 224 images with confirmed Covid-19 disease, 714 images with confirmed bacterial and viral pneumonia, and 504 images of normal conditions. Deep Learning with X-ray imaging would extract significant biomarkers related to the Covid-19 disease, while the best accuracy, sensitivity, and specificity obtained is 96.78%, 98.66%, and 96.46% respectively. Further research are needed to confirm the efficiency of this type of technology for automatic detection of Covid-19 cases; moreover, it is necessary to develop models capable of distinguishing Covid-19 cases from other viral cases, but also from a greater variety of common pneumonia or even physiological X-rays</td>
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<td><strong>Antiviral Research, 3APR2020</strong></td>
<td>The FDA-approved Drug Ivermectin inhibits the replication of SARS-CoV-2 in vitro</td>
<td>Caly, Leon et al, Australia <a href="https://doi.org/10.1016/j.antiviral.2020.104767">https://doi.org/10.1016/j.antiviral.2020.104767</a></td>
<td>Therapeutic</td>
<td>Ivermectin is an inhibitor of the COVID-19 causative virus (SARS-CoV-2) on Vero/hSLAM cells. A single treatment able to effect ~5000-fold reduction in virus at 48h in cell culture compared to control sample. Ivermectin is FDA-approved for parasitic infections, Ivermectin is widely available, due to its inclusion on the WHO model list of essential medicines</td>
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| The Lancet Microbe 2APR2020 | Stability of SARS-CoV-2 in different environmental conditions | Chin, Alex W. H. et al., China [https://doi.org/10.1016/S2666-5247(20)30003-3](https://doi.org/10.1016/S2666-5247(20)30003-3) | Virology | Infectious SARS-CoV-2 Stability at different temperatures (in virus transport medium):  
- highly stable at 4°C (only ~0.7 log-unit reduction of infectious titre on day 14)  
- at 70°C, virus inactivation reduced to 5 mins  
- On a surgical mask, infectious virus detectable on day 7 (~0.1% of the original inoculum).  
- Except from hand soap, no infectious virus detected after 5-min incubation at RT (22°C) with virucidal disinfectants (Household bleach (1:49), Ethanol (70%), Povidone-iodine (7.5%), ...).  

--> SARS-CoV-2 can be highly stable in a favourable environment, but also susceptible to standard disinfection methods. |
| Liver Int 2APR2020 | Clinical characteristics of Non-ICU hospitalized patients with coronavirus disease 2019 and liver injury: A Retrospective study | Xie et al., China [https://doi.org/10.1111/liv.14449](https://doi.org/10.1111/liv.14449) | Clinic | Retrospective study of 79 patients, median age 60 years and 55.7% male.  
29 had liver injury (elevated ALT, AST and/or bilirubin)  
Multivariate analysis suggested that CT scores was an independent predictor for liver injury. Patients with liver injury stayed longer in the hospital. |
| American journal of nephrology 2APR2020 | Coronavirus Disease 19 Infection Does Not Result in Acute Kidney Injury: An Analysis of 116 Hospitalized Patients from Wuhan, China | Wang Lu et al, China [https://doi.org/10.1159/000507471](https://doi.org/10.1159/000507471) | Clinic | 116 patients – Retrospective study  
Median age: 54y and 58% male  
40% severe pneumonia and 9% were ARDS  
4.3% had CKD with long-term hemodialysis  
None patient meet criteria for AKI during or after treatment  
12 patients without CKD showed mild increase of BUN or serum creatinine (= criteria of AKI).  
Temporary abnormal renal function → injury due to hypoxemia?  
SARS-CoV2 RNA in urine sediment was positive in 4 patients  
Mortality: 6%  
Results are similar with study on SARS-CoV infection in 2003  
Be careful because ACE2 expression is high in kidney. |
Controls significantly older – no other difference  
No difference between group in the level of ALT or AST  
Majority of COVID19 had mild abnormalities  
COVID-19 had reduction of albumin  
Liver is not the main target organ  
Relationship with the disease progression:  
- Higher level of ALT or AST in severe cases than mild cases,  
- Higher total bilirubin in severe cases,  
- Lower level of albumin in severe cases,  
Liver function did not show an independent association with severe COVID19 |
<p>| CDC 1APR2020 | Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020 | Wei et al., China <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm">https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm</a> | Public Health/Epidemiology | -&gt; Identification of 7 clusters of COVID-19 in Singapore in which presymptomatic transmission likely occurred and which may explain the occurrence of secondary cases |</p>
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| The Lancet Neurology 1APR2020 | Guillain-Barré syndrome associated with SARS-CoV-2 infection: causality or coincidence? | Zhao, Hua; et al. China [https://www.thelancet.com/journals/lanneur/article/PII/S1474-4422(20)30109-6/fulltext](https://www.thelancet.com/journals/lanneur/article/PII/S1474-4422(20)30109-6/fulltext) | Clinic             | Patient was diagnosed with Guillain-Barré syndrome (autoimmune disorder damaging the peripheral nervous system resulting in aggravating muscle weakness) with lymphocytopenia and thrombocytopenia upon hospitalization.  
Patient then developed symptoms of SARS-CoV-2 on day 8 and tested +ve by RT-PCR.  
Given the temporal overlap, authors speculate that SARS-CoV-2 infection might have been responsible for the development of Guillain-Barré syndrome with a possible parainfectious profile.  
Limitations: patient was not tested for SARS-CoV-2 upon admission, so causality is not clear.  
->This is the first, and single case report. It only suggests a possible association and more cases are necessary to support a causal relationship. |
-> Pharyngeal virus shedding: very high during 1st week of symptoms.  
-> Infectious virus was readily isolated from throat- and lung-derived samples, but not from stool samples (in spite of high virus RNA concentration).  
-> Blood and urine never yielded virus.  
Active replication in the throat is confirmed by viral replicative RNA intermediates in throat samples.  
Sequence-distinct virus populations were consistently detected in throat and lung samples from the same patient, proving independent replication.  
Shedding of viral RNA from sputum outlasted the end of symptoms.  
Seroconversion occurred after 7 days in 50% of patients (14 days in all), but was not followed by a rapid decline in viral load.  
COVID-19 can present as a mild upper respiratory tract illness.  
Active virus replication in the upper respiratory tract puts the prospects of COVID-19 containment in perspective. |
| NEJM 01APR2020 | Ten Weeks to Crush the Curve | Fineberg, Harvey v.et al. USA [https://doi.org/10.1056/NEJMa2027265](https://doi.org/10.1056/NEJMa2027265) | HSS/Politic        | 1. Appoint a commander who reports to the President with powers and authority of the President to mobilize all civil and military means (same at the level of the state) + redeploy limited national supplies where most needed.  
2. Perform millions of diagnostic tests over the next 2 weeks  
Organize dedicated clinical trial sites, physically separate from other health centers.  
3. Provide all health workers with personal protective equipment.  
4. Act on the basis of symptoms, examinations, viral RNA detection tests and exposures to differentiate the population into 5 groups to be treated accordingly: 1 / infected; 2 / presumed infected; 3 / exposed; 4 / unknown exposure/infection; 5 / recovered & sufficiently immune.  
Hospitalize severely affected or high-risk individuals+ create quarantine centers.  
Identify the fifth group by tests to enable economy to restart quickly and safely.  
5. Mobilize the entire population. With PPE for all health workers, deliver surgical masks and hand sanitizer to every American household. If everyone is wearing a mask, no stigma.  
6. Learn through real-time, fundamental research.  
Over the long-term: Reinvigorate the public health infrastructure for future threats. |
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<tr>
<td>The Lancet) 01APR2020</td>
<td>Racism and discrimination in COVID-19 responses</td>
<td>Devakumar, D. et al., UK <a href="https://doi.org/10.1016/S0140-6736(20)30792-">https://doi.org/10.1016/S0140-6736(20)30792-</a></td>
<td>HSS/Politic</td>
<td>COVID 19 engenders fear =&gt; social, political racism and xenophobia with racialised/ discriminatory responses to fear + disproportionately affecting marginalised groups</td>
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<td>Virol Sin 31MAR2020</td>
<td>Inefficiency of Sera from Mice Treated with Pseudotyped SARS-CoV to Neutralize 2019-nCoV Infection</td>
<td>Zezhong Liu et al., China <a href="https://doi.org/10.1007/s12250-020-00214-5">https://doi.org/10.1007/s12250-020-00214-5</a></td>
<td>Therapeutic</td>
<td>S proteins: - 76% homology SARS CoV / SARS CoV-2 - 29% homology SARS CoV / MERS-CoV. RBS: - Significantly different, even if the bind to the same receptor (ACE2). Cross-reaction of sera? SARS-CoV and MERCoV pseudovirus expression S protein: produced and injected into BALBc mice. -&gt; Sera tested on ACE2 expressing 293T cells. -&gt; Effective neutralization for SARS-PsV-treated mice but not MERS-PsV treated mice. When SARS-PsV-treated mice was exposed to a SARS-CoV-2 pseudovirus -&gt; no neutralization effect was evidenced. It may not be practical to treat SARS-CoV-2 patients.</td>
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<td>Emerging microbes &amp; infections 31MAR2020</td>
<td>Renin-angiotensin system inhibitors improve the clinical outcomes of COVID-19 patients with hypertension</td>
<td>Meng, Juan et al., Chine <a href="https://doi.org/10.1007/s12237-020-1746-00">https://doi.org/10.1007/s12237-020-1746-00</a></td>
<td>Therapeutic</td>
<td>Retrospective study of 42 patients with treated hypertension admitted in hospitalization for COVID 19. Before hospitalization, 17 were on angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin II type 1 receptor blockers (ARBs), 25 were on other drugs. Results: in patients from the ACEI/ARB group : - Less severe cases - Trend toward lower IL-6 levels - Increased CD3 and CD8 T cell counts - Peak viral load during hospitalization significantly lower ACEI/ARB therapy may attenuate the inflammatory response, potentially through the inhibition of IL-6 levels Point of attention : retrospective study, small sample.</td>
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<td>Annals of internal medicine 30MAR2020</td>
<td>A Rush to Judgment? Rapid Reporting and Dissemination of Results and its Consequences Regarding the Use of Hydroxychloroquine for COVID-19</td>
<td>Kim, Alfred H.J et al., USA <a href="https://doi.org/10.7326/M20-1223">https://doi.org/10.7326/M20-1223</a></td>
<td>HSS/Politic</td>
<td>Urgency: certain limits of this study are acceptable (small sample size, use of an unvalidated surrogate end point, lack of randomization or blinding, …). But methodological flaws that may affect the validity of the results : Conclusion: -&gt; Sufficient justification to continue investigation of the efficacy and safety of HCQ in patients hospitalized with COVID-19. -&gt; No data currently to recommend the use of HCQ as a prophylaxis for COVID-19. -&gt; No recommendation of its use outside of marketing authorization until it is justified and offer is reinforced. -&gt; Risk of penury to patients with rheumatic diseases who depend on HCQ for their survival. -&gt; HCQ shortage will limit availability to patients with COVID-19 if efficacy truly established.</td>
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| Medicine in Drug Discovery – pre-Proof 22MAR2020 | Novel decoy cellular vaccine strategy utilizing transgenic antigen-expressing cells as immune presenter and adjuvant in vaccine prototype against SARS-CoV-2 virus | Henry Ji et al., China [https://doi.org/10.1016/j.medidd.2020.100026](https://doi.org/10.1016/j.medidd.2020.100026) | Vaccine | S1 SARS-CoV-2 protein is expressed on the surface of K562 human myelogenous leukemia cells (HLA negative - highly sensitive to NK mediating kills):  
-> Provides a means of targeting and activating an innate driver of the host adaptive immune response.  
-> Stable clones are selected and irradiated to be formulated as vaccine product and administered via intramuscular or subcutaneous injection. This kind of cell vaccine can drive the host cellular immune response toward Th1, generating both potent cytotoxic T cell immunity against the major determinant of SARS-CoV-2 cellular entry and pathogenesis.  
This approach has already been used for cancer vaccine treatments inducing robust cellular and humoral anti-tumor immune responses. |
| Journal of infectious Disease 31MAR2020 | Characteristics of peripheral lymphocyte subset alteration in COVID-19 pneumonia | Fan W et al, China [https://doi.org/10.1093/jinf/inf126](https://doi.org/10.1093/jinf/inf126) | Immunology | 60 patients – monocentric – total lymphocytes in COVID-19 were compared to healthy controls (HC)  
Median age 60 y  
32% were serious illness  
Compared to HCs, COVID-19 had a decrease in:  
- Total lymphocytes  
- CD4+ – CD8+ - NK cells and B cells  
Serious compared to mild patient:  
- Decrease total lymphocytes, CD4+, CD8+ and B cells in serious patients  
Post-treatment:  
- Total lymphocytes, CD8+ and B cells increased significantly in responders  
- No significant change in non responder’s  
CD8+ cells potential predictor for disease severity and poor clinical efficacy |
- Mean duration from onset of symptoms to death: 17.8 days  
- Mean duration from onset to hospital discharge: 24.7 days  
- Crude case fatality ratio: 3.67%  
After further adjusting for demography and under-ascertainment:  
- Case fatality ratio: 1.38% / <60 y: 0.32% / >60y: 6.4% / >80y: 13.4%  
Estimates of case fatality ratio from international cases stratified by age were consistent with those from China (see paper for data)  
Estimated overall infection fatality ratio for China: 0-66%, with an increasing profile with age.  
Estimates of the proportion of infected individuals likely to be hospitalised increased with age up to a maximum of 18.4% in those aged 80 years or older. |
| Journal of Gastroenterology and Hepatology 27MAR2020 | Covid-19 and the Digestive System | Wong S et al, China [https://doi.org/10.1111/jgh.15047](https://doi.org/10.1111/jgh.15047) | Clinic | Diarrhoea (2 to 10%) and nausea/vomiting (1 to 10%) are the most frequent gastrointestinal symptoms.  
Early in the disease course: earlier than pyrexia  
**Liver injury:** abnormal level of ALAT and ASAT in 15 to 53 % of patients – **mild and transient**  
-> microvesicular steatosis and mild lobular activity  
-> direct viral infection of hepatocytes (ACE2 receptor) or drug toxicity or immune-related injury  
Possible tropism of SARS-CoV-2 for gastrointestinal tract: ACE2 receptor  
Faecal source: viral transmission ? |
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| The Lancet ID    | Clinical and virological data of the first cases of COVID-19 in Europe: a case series | Lesure et al., France https://doi.org/10.1016/S0140-6736(20)302190-0            | Clinic             | **5 Patients:** 3 men: aged 31 years, 48 years, and 80 years – 2 women: aged 30 years and 46 years  
3 different clinical evolutions:  
- 2 paucisymptomatic women diagnosed within a day of exhibiting symptoms, with high nasopharyngeal titres of SARS-CoV-2 within the first 24 h of the illness onset and viral RNA detection in stools  
- A two-step disease progression in 2 young men, with a secondary worsening around 10 days after disease onset despite a decreasing viral load in nasopharyngeal samples  
- An 80-year-old man with a rapid evolution towards multiple organ failure and a persistent high viral load in lower and upper respiratory tract with systemic virus dissemination and virus detection in plasma  
The 80-year-old patient died on day 14 of illness. All other patients had recovered and been discharged by Feb 19, 2020. |
| Clinical Infectious Disease ID 27MAR2020 | Clinical characteristics of refractory COVID-19 pneumonia in Wuhan, China | Mo P et al, China https://doi.org/10.1016/S0140-6736(20)30200-9 | Clinic | **155 patients** with median age of 54 years – **85 refractory COVID-19:**  
- Older and more male (p < 0.05)  
- More comorbidities: diabetes, cardiovascular disease, cerebrovascular disease (p<0.05)  
- Higher incidence of breath shortness and anorexia (p<0.05)  
- Bilateral pneumonia  
- Higher CRP, LDH, ASAT and neutrophile  
Risk factors:  
- Male (OR: 2.3 [1.0-4.8]) and anorexia admission (OR:3.9 [1.1-13.4])  
Received more oxygen (OR: 3.0), corticosteroid (OR:2,32)  
**Protective factor:** fever on admission (OR: 0.33 [0.1 – 0.9]) |
| JAMA ID 27MAR2020 | Treatment of 5 critically ill patients with COVID-19 with convalescent plasma | Shen C et al, China https://jamanetwork.com/journals/jama/fullarticle/2702885 | Therapeutic | **5 patients:** severe pneumonia + Pao2/FDox<300mmHg + currently or has been supported by mechanical ventilation  
All received antiviral agents and steroids  
**Administered between 10 and 22 days after admission**  
**After transfusion:**  
- Ct value and viral load declined  
- Value of inflammatory biomarkers decreased  
- Clinical improvement: improved Pao2/FDox, reduced body temperature, improved chest imaging  
- No longer required respiratory support by 9 days after transfusion  
**Limitations:**  
- No control group and small cases  
- Improved without transfusion? / Improvement related to transfusion or other therapies?  
- Late administration of transfusion: different timing would be associated with different outcomes? |
| The Lancet ID 27MAR2020 | Historical linkages: epidemic threat, economic risk, and xenophobia | White, A. et al., USA https://doi.org/10.1016/S0140-6736(20)30793-6 | HSS/Politic | Global management of pandemic disease threats and global commerce historically linked:  
- History of international infectious disease control shaped by a distinctly European/US perspective prioritizing epidemic threats from colonial/post-colonial sites potentially affecting trade  
  => aggressive control in sites of epidemic outbreak and aggressive scrutiny of those deemed responsible.  
- Importance of colonial trade from Asia led to bias against people of Asian descent. “Chinese virus” connected to a long legacy of associating epidemic disease threat and trade with movement of Asian peoples.  
  **Aggressive racist and xenophobic responses in the name of health controls.**  
- Concern for trading relationships central to US economic growth pivotal for US Congress to endorse creation of WHO.  
- Nations have recently aligned infectious disease control policy alongside concerns for national security. |
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-> High false negative rate of RT-PCR testing  
-> RT-PCR results from several tests at different points were variable from the same patients during the course of diagnosis and treatment of these patients  
Clinical indicators such as CT images should also be used not only for diagnosis and treatment but also for isolation, recovery/discharge and transferring for hospitalized patients clinically diagnosed with COVID-19 during the current epidemic. |
| JAMA 26MAR2020 | Antibodies in Infants Born to Mothers With COVID-19 Pneumonia | Zeng et al., China [https://jamanetwork.com/journals/jama/fullarticle/2763854](https://jamanetwork.com/journals/jama/fullarticle/2763854) | Clinic | A novel study on 6 pregnant women and their infants confirm no maternal-infant transmission of SARS-CoV-2 based on reverse transcriptase–polymerase chain reaction (RT-PCR) and reveals the presence of antibodies in all newborns:  
  6 mothers had mild clinical manifestations and had cesarean deliveries in their third trimester  
  Neonatal throat swabs and blood samples are negative by RT-PCR test  
  All 6 infants had IgG and IgM virus-specific antibodies in their serum and their mothers also had elevated levels of IgG and IgM  
  Inflammatory cytokine IL-6 was significantly increased in all infants.  
**Point of care/conclusion**  
The detection of high level of IgM in 2 infants, is not usually. Whether the placentas of women were damaged and abnormal or whether IgM could have been produced by the infant if the virus crossed the placenta need to be confirm in a larger cohort. |
| BMJ 26MARS2020 | The world’s largest refugee camp prepares for covid-19 | Gaia Vince, UK [https://doi.org/10.1136/bmj.m2305](https://doi.org/10.1136/bmj.m2305) | HSS/Politic | **Biggest camp in Cox’s Bazar (Bangladesh):**  
- Nearly 1 million people live in overcrowded conditions.  
- Particularly vulnerable (physical distancing impossible).  
United Nations Refugee Agency coordinate efforts to increase hand washing, using community leaders to inform (imams and women group leaders).  
Other initiative for preparedness : creation of isolation unit in the camp. Aid workers are credible after experience of managing other crisis (malaria, dengue, cholera...) in the camp since 2 years and a half. |
| The Lancet Public Health 25MAR2020 | The Italian health system and the COVID-19 challenge | Armocida et al., Italy [https://doi.org/10.1002/1349-6726(202003074-8](https://doi.org/10.1002/1349-6726(202003074-8) | HSS/Politic | In Italy, National Healthcare Service is regionally based, with local authorities responsible for the organisation and delivery of health services. Due to progressive privatisation and finance cuts, system close to collapse. 4 lessons to be learned:  
- Decentralisation and fragmentation of health services seems to have restricted timely interventions and effectiveness  
- Health-care systems capacity and financing need to be more flexible in case of emergencies  
- Solid partnerships between the private and public sector should be institutionalised  
- Recruitment of HR must be planned and financed with a long-term vision |
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Mean age gestational: 39 + 1 - All caesarean section  
Fever (6) - Cough (1) - Shortness of breath (1) - Diarrhea (1)  
Laboratory tests:  
- Elevated CRP (7)  
- Lymphopenia (5) – thrombopenia (2)  
- Elevated IL-6 (4)  
**Chest CT:** all pneumonia → bilateral (6), unilateral (1)  
Treatment: oxygen + antiviral + antibiotic (single or combination) + traditional medicine. Methylprednisolone for 5 after caesarean section.  
**Neonatal:** 3 stays in observation and 1 was positive for SARS-CoV2 with mild shortness of breath.  
At 28 days after birth: all child was healthy  
No arguments for vertical transmission |
| SCIENCE 25MAR2020 | The effect of human mobility and control measures on the COVID-19 epidemic in China | Kraemer et al., UK [link](https://science.sciencemag.org/content/368/6458/9712.fulltext) | Public Health/Epidemi | Use of real-time mobility data from Wuhan and detailed case data including travel history  
- Early: spatial distribution of COVID-19 cases in China was explained well by human mobility data  
- After implementation of control measures: this correlation dropped and growth rates became negative in most locations  
Travel restrictions are particularly useful in the early stage of an outbreak when it is confined to a certain area that acts as a major source. However, travel restrictions may be less effective once the outbreak is more widespread. |
| Inter J of Infectious Diseases 25MAR2020 | Epidemiological, clinical characteristics of cases of SARS-CoV-2 infection with abnormal imaging findings | Zhang X et al, China [link](https://www.jidonline.com/article/S1201-9712(20)30172-7/fulltext) | Clinic | 645 patients with 72 no-pneumonia and 573 pneumonia  
Bilateral lung disease: 432 (67%)  
Group with pneumonia:  
- Older: 46,6 vs 34,9 years  
- One coexisting underlying: 28,8% vs 16%  
- Less exposure to Wuhan or confirmed patient  
- Time from onset to COVID-19 was longer: 5 days vs 2 days  
- Symptoms: fever and cough  
- Lower lymphocyte, albumin and NaCl  
- Higher LDH and CRP  
Predictive factor of severe pneumonia:  
- Lymphopenia and higher creatinine  
- Shortness of breath |
| Disaster medicine and public health preparedness 24MAR2020 | Chronology of COVID-19 cases on the Diamond Princess cruise ship and ethical considerations: a report from Japan | Nakazawa, et al, Japan [link](http://www.nkkm.nh.go.jp/pubmed/32207674) | HSS/Politic | **Ship = virus incubator + “international miniature company”**  
- Difficulty in testing such a large number of people of various origins and faiths  
**Recommendations of the article:**  
**Politically:**  
- Alert political decision-makers to the impact of multiple, contradictory, false or unconfirmed information on the health of confined passengers  
- Mobilize collective intelligence / academic consensus by involving a large number of experts  
**In terms of ethics and public health:**  
- When is the principle of confinement at sea justified: human rights dilemma (ensuring minimum well-being for passengers and crew) / health security (preventing the spread of the virus on land)  
- Two criteria for authorizing a ship to dock or not = “1) the nation’s geopolitical status + 2) the nation’s ability to provide adequate health care »  
- Optimizing the material and psychological conditions of confinement on a ship: access to medication; psychological support; means of communication with the outside world; transparency and consistency of media information + take into account cultural differences  
**Legally:**  
- Design and implement international regulations because an epidemic on board a ship should not be dealt with solely with regard to local policies (territory in which the ship is at anchor)  
- Strengthen international cooperation. |
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| The Lancet Global Health 24MAR2020 | Early in the epidemic: impact of preprints on global discourse about COVID-19 transmissibility COMMENT | Maimuna et al., USA https://doi.org/10.1016/S2214-109X(20)30113-3                   | HSS/Politic        | Novelty of SARS-CoV-2, so scientists rushed to fill epidemiological, virological, and clinical knowledge gap  
-> 50 new studies about the virus between January 10 and January 30 alone.  
Use of a simple method to plot the ten R0 estimations posted as preprints before publication of the first peer-reviewed study on Jan 29.  
Result of the peer review R0 estimations are very similar to those in the peer-reviewed studies published on and after Jan 29.  
Conclusions:  
- Powerful role preprints can have during public health crises because of the timeliness with which they can disseminate new information.  
- Use of preprint does not jeopardise future peer-reviewed publication (first step: preprint and then peer reviewed)  
- Impact of preprints on discourse and decision making to the ongoing COVID-19 outbreak (even if in some cases the preprints have conveyed erroneous ideas) |
-> Hence, development of a SARS-CoV-2 pseudovirus based in neutralization assays using 5 viral genes cloned into pcDAN3.1 plasmids.  
-> Expressed in a VSV pseudoviral platform.  
-> Huh7 cells plated at 5x10^4/well were identified as the best cell system for SARS-CoV2 pseudovirus infection (inocula of 650 TCID50/well).  
When tested against the SARS-CoV-2 pseudovirus, SARS-CoV-2 convalescent patient sera showed high neutralizing potency, which underscore its potential as therapeutics.  
* at home = stress can be eased  
• in local hospitals/ collective medical observation centers = separated from caregivers (children infected/suspected of being infected or caregivers infected/dead)  
Potential consequences: 1) grief and fear + 2) potential mood disorders and psychosis/death by suicide in adulthood  
30% = post-traumatic stress disorder  
Chinese gov. strategies to prevent risks:  
1. nurses 24 h per day  
2. guidance by nutritionists for children’s diets  
3. communication with parents any time  
4. citizens volunteering as temporary mothers  
5. 24 h free psychological counselling hotlines  
Guidelines issued: more communication time with parents; access to disease information via comic books and videos; regular activity schedule; night lights and gifts for children; referrals for psychiatrists  
Need for:  
1. formal training for paediatric health-care workers  
2. evidence-based guidelines  
3. national collaborative networks (psychiatrists, psychotherapists, researchers, community volunteers)  
4. post-pandemic surveillance of children |
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| The Lancet 23MAR2020 | Temporal profiles of viral load in posterior oropharyngeal saliva samples and serum antibody responses during infection by SARS-CoV-2: an observational cohort study | Kai-Wang et al., China [https://www.thelancet.com/journals/thelancet/article/PIIS0140-6736(20)30399-3/fulltext](https://www.thelancet.com/journals/thelancet/article/PIIS0140-6736(20)30399-3/fulltext) | Virology          | 23 persons were included  
- Median viral load in posterior oropharyngeal saliva or other respiratory specimens at presentation was $5.2 \log_{10}$ copies per mL  
- Salivary viral load: highest during the first week after symptom onset and subsequently declined with time  
- In one patient, viral RNA was detected 25 days after symptom onset.  
- Older age was correlated with higher viral load  
- For 16 patients with serum samples available 14 days or longer after symptom onset, rates of seropositivity were 94% for anti-NP IgG, 88% for anti-NP IgM, 100% for anti-RBD IgG, and 94% for anti-RBD IgM.  
- Anti-SARS-CoV-2-NP or anti-SARS-CoV-2-RBD IgG levels correlated with virus neutralisation titre. |
- Hospital ethics committee organized 4 emergency video conference in 35 days.  
- Projects evaluated within 2,13 days after submission: more quickly than other previous boards organized in an outbreak context.  
- 41 applications were reviewed; 6 were approved; 4 rejected; and 31 referred for modification because of lack statistical basis for sample size calculation, deficiencies in inclusion/exclusion criteria or issues related to consent form. Although the rush, review standards were not lowered during the outbreak. |
| Open Forum Infect Dis 21MAR2020 | High-dose intravenous immunoglobulin as a therapeutic option for deteriorating patients with Coronavirus Disease 2019 | Wei Cao and al, Chine [https://doi.org/10.1093/ofid/ofaa102](https://doi.org/10.1093/ofid/ofaa102) | Therapeutic       | 3 adults (56, 34 and 35 y)  
- treated by 25 grams per day for five days of immunoglobulins at the time of respiratory distress initiation + antibiotic  
- temperature back to normal in one to two days, and breathing difficulties alleviating in 3-5 days  
Point of attention: other treatments were given, antiviral for 2/3 patients, corticoid for 1.  
The first few days of deterioration may present a critical point when potent suppression of inflammatory cascade could save the patients from fatal immune-mediated injuries |
- Treatment: oral hydroxychloroquine sulfate 200 mg, 3/day during 10 days.  
- 26 treated among them, six patients received additional azithromycin.  
- Control group: 16 patients from another centre or refusal to participate  
- 6 patients treated were excluded from the analysis  
Primary endpoint : virological clearance at day-6 post-inclusion  
70% of hydroxychloroquine-treated patients (N=20) were virologically cured comparing with 12.5% in the control group (N=16) (p= 0.001) |
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<tr>
<td>Cell Mol Immunol 19MAR2020</td>
<td>Characterization of the receptor-binding domain (RBD) of 2019 novel coronavirus: implication for development of RBD protein as a viral attachment inhibitor and vaccine</td>
<td>Wanbo Tai et al., China <a href="https://www.nature.com/articles/s41423-020-0480-4">https://www.nature.com/articles/s41423-020-0480-4</a></td>
<td>Vaccine</td>
<td>-&gt; SARS-CoV-2 receptor-binding domain (RBD) protein could be used as a therapeutic agent against SARS-CoV-2 and SARS-CoV infection (from results invitro)</td>
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-> RBD protein bound strongly to human and bat angiotensin-converting enzyme 2 (ACE2) receptors.                                                                                               |
|                                                             |                                                                       |                                                                                  |                          | - SARS-CoV RBD-specific antibodies could crossreact with SARS-CoV-2 RBD protein                                                                                                                     |
|                                                             |                                                                       |                                                                                  |                          | - SARS-CoV RBD-induced antisera could cross-neutralize SARS-CoV-2 -> potential to develop SARS-CoV RBD-based vaccines for prevention of SARS-CoV-2 and SARS-CoV infection.                                   |
|                                                             |                                                                       |                                                                                  |                          | Randomized, controlled trial, open-label trial 199 patients included: 99 received lopinavir-ritonavir and 100 standard care alone:                                                                 |
|                                                             |                                                                       |                                                                                  |                          |  
- Lopinavir-ritonavir was not associated with clinical improvement or mortality: median time to clinical improvement 16 days vs 16 days, HR = 1.31 [0.95 – 1.85]                                             |
|                                                             |                                                                       |                                                                                  |                          | Others outcomes:                                                                                                                           |
|                                                             |                                                                       |                                                                                  |                          | 28-days mortality lower in the lopinavir-ritonavir group: 19.2% vs 25%, difference -5.8% [-17.3 – 5.7]                                                                                                 |
|                                                             |                                                                       |                                                                                  |                          |  Detectable viral RNA for SARS-CoV2 was similar between two groups: 40.7 % of the patients of lopinavir-ritonavir group at the end of trial (28d)                                                                      |
|                                                             |                                                                       |                                                                                  |                          | Serious adverse events: 19 in the lopinavir-ritonavir group (4 serious gastrointestinal adverse events related to the trial medication) and 32 in the standard care alone.                     |
|                                                             |                                                                       |                                                                                  |                          | No difference on duration of oxygen therapy and duration hospitalization.  
Post hoc finding that early initiation of lopinavir-ritonavir might accelerate clinical recovery and reduced mortality                                                                 |
<p>|                                                             |                                                                       |                                                                                  |                          | Overall mortality at 22.1%                                                                                                                  |
|                                                             |                                                                       |                                                                                  |                          | No benefit was observed with lopinavir-ritonavir treatment                                                                                 |</p>
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<td>NEJM 19MAR2020</td>
<td>SARS-CoV2 Infection in children</td>
<td>Lu X. et al., China <a href="https://www.nejm.org/doi/pdf/10.1056/NEJMOC200507?itool=true">https://www.nejm.org/doi/pdf/10.1056/NEJMOC200507?itool=true</a></td>
<td>Clinic</td>
<td>On the 1391 children tested at Wuhan Children’s Hospital, 171 (12.3%) were positive for SARS-CoV2 infection. Median age: 6.7 years - Male: 60.8 % Fever: 41.5 % - Cough: 48.5 % Pneumonia: 64.9 % 3 patients (with coexisting conditions) require intensive care and 1 death Most children appear to be mild symptomatic.</td>
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<td>World Journal of Pediatrics 19MAR2020</td>
<td>Clinical features of severe pediatric patients with coronavirus disease 2019 in Wuhan: a single center’s observational study</td>
<td>Sun D et al, China <a href="https://link.springer.com/article/10.1007/s12519-020-00354-4">https://link.springer.com/article/10.1007/s12519-020-00354-4</a></td>
<td>Clinic</td>
<td>8 children included: 5 severely ill and 3 critically ill 2 months to 15 years Symptoms: - Polypnea 100% - Fever (6/8) - Cough (6/8) - Expectoration (4/8) Abnormalities in chest scanning 100% patients: - multiple patch-like shadows - ground glass opacity Biological: - increase CRP, PCT and LDH - elevated ALAT - increased IL6 (2/8), IL10 (5/8), IFN-γ (2/8) Level of IL6 and IL10 were significantly increase in 2 critically ill patient who remained in ICU for 20 days. Specific laboratory abnormalities and excessive immune responses may lead to long-term lung damage and severe health complication</td>
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<td>Cell and Mol Biol 17MAR2020</td>
<td>Elevated exhaustion levels and reduced functional diversity of T cells in peripheral blood may predict severe progression in COVID-19 patients</td>
<td>Zheng et al., <a href="https://www.nature.com/articles/s41423-020-0401-3">https://www.nature.com/articles/s41423-020-0401-3</a></td>
<td>Immunology</td>
<td>Immunological characteristics of peripheral blood leukocytes from 16 patients: Compared to healthy group (n=6): - Frequency of multi-functional CD4+ T cells (positive for at least two cytokines) decreased significantly in the severe group - The proportion of non-functional (IFN-γ–TNF-α–IL-2–) subsets increased significantly. - No increase in neutrophils or decrease in lymphocytes. - No statistical differences in interleukin-6 (IL-6) and tumor necrosis factor-α (TNF-α) plasma concentrations were found among the three groups - Levels of interferon-γ (IFN-γ) and TNF-α in CD4+ T cells were lower in the severe group than in the mild group, whereas the levels of granzyme B and perforin in CD8+ T cells were higher in the severe group than in the mild group. - Frequency of multi-functional CD4+ T cells decreased significantly in the severe group and proportion of non-functional subsets increased significantly - &gt; Identification of potential immunological risk factors for COVID-19 pneumonia and provided clues for its clinical treatment.</td>
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<td>The NEJM 17MAR2020</td>
<td>Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1</td>
<td>Doremalen et al., USA <a href="https://www.nejm.org/doi/pdf/10.1056/NEJM200409737?itool=true">https://www.nejm.org/doi/pdf/10.1056/NEJM200409737?itool=true</a></td>
<td>Virology</td>
<td>-&gt; Stability of SARS-CoV-2 was similar to that of SARS-CoV-1 under the experimental circumstances tested. -&gt; Detectable in aerosols for up to three hours, up to four hours on copper, up to 24 hours on cardboard and up to two to three days on plastic and stainless steel. Aerosol and fomite transmission of SARS-CoV-2 is plausible</td>
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| The Lancet 17MAR2020 | Prevention of SARS-CoV-2 infection in patients with decompensated cirrhosis | Xiao et al., China [link](https://www.thelancet.com/journals/langar/article/PIIS1473-3099(20)30150-7/fulltext) | Clinic | Previously known: Patients with decompensated cirrhosis have a higher risk of, and mortality from, infection.  
- 111 patients with decompensated cirrhosis were included  
- New precautionary procedures were implemented (see paper)  
- Incidence of COVID19 was lower than in other groups.  
The simple approach (see paper) could be an effective means of preventing COVID-19 in patients with decompensated cirrhosis. |
- The mean reproduction number $R_t$ of COVID-19 in Korea was estimated at 1.5 (95% CI: 1.4-1.6)  
- The intrinsic growth rate was estimated at 0.6 (95% CI: 0.6, 0.7) and the scaling of growth parameter was estimated at 0.8 (95% CI: 0.7, 0.8), indicating sub-exponential growth dynamics of COVID-19  
- The crude case fatality rate is higher among males (1.1%) compared to females (0.4%) and increases with older age, from 0.1% among those 30-39 yrs to 6% among those > 80 yrs as of March 6, 2020.  
- Results indicate early sustained transmission of COVID-19 in South Korea and support the implementation of social distancing measures to rapidly control the outbreak. |
| J Inf Dis 17MAR2020 | Clinical outcome of 55 asymptomatic cases at the time of hospital admission infected with SARS-CoV-2 in Shenzhen, China. | Wang et al., China [link](https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiaa119) | Clinic | 55 asymptomatic carriers  
Conclusions:  
- Asymptomatic carriers occurred more often in middle aged people who had close contact with infected family members.  
- Majority of the cases developed to be mild and ordinary COVID-19 during hospitalization. |
- Clinical characteristics (symptoms, laboratory examinations, and chest CT) were similar to those of non-transplanted COVID-19 patients  
- Following a treatment regimen: reduced immunosuppressant use and low dose methylprednisolone-based therapy  
Effectively treated case has reference value for the future treatment of other transplant patients with COVID-19 pneumonia. Analysis of additional cases is necessary to determine if this remains true. |
- Retrospective analysis of 30 hospitalized patients  
- Patients with platelet peaks during treatment: longer hospitalization.  
- Patients with platelet peaks were older  
- Higher PLT (platelet to lymphocyte ratio): longer hospitalisation.  
It may be related to cytokine storm. |
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| The Lancet 17MAR2020 | Prisons and custodial settings are part of a comprehensive response to COVID-19 | Kinnet et al., Australia [link](https://www.thelancet.com/journals/lanpub/article/PII:S2468718920301100/fulltext) | Public Health/Epidemio | Prisons are epicentres for infectious diseases:  
- higher background prevalence of infection  
- higher levels of risk factors for infection  
- unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary facilities,  
- poor access to health-care services relative to that in community settings  
- The public health importance of prison responses to influenza outbreaks has been recognised in the USA, where the Centers for Disease Control and Prevention have developed a checklist for pandemic influenza preparedness in correctional settings. WHO has also issued prison-specific guidance for responding to COVID-19. |
- Unlike coronavirus infections of pregnant women caused by SARS and MERS, COVID-19 did not lead to maternal deaths  
- Similar to pregnancies with SARS and MERS: no confirmed cases of intrauterine transmission of SARS-CoV-2  
There is no evidence that SARS-CoV-2 undergoes intrauterine or transplacental transmission from infected pregnant women to their fetuses. |
| Gynecologie, obstetrique, fertilité & senologie 16 MAR2020 | Infection with SARS-CoV-2 in pregnancy. Information and proposed care. CNGOF | Peyronnet et al., France [link](https://www.sciencedirect.com/science/article/pii/S2468718920301007) | Clinic | Few pregnant women have been described  
Same symptoms as rest of adult’s patients  
Some cases of ARDS or pneumonia  
2 pregnant women with invasive ventilation have been described  
Risk: cesarian and prematurity  
No miscarriage described  
Neonatal:  
- no case of vertical transmission  
- milder symptomatic  
- symptoms probably due to maternal hypoxemia  
The emergence and rapid increase in activated CD8+HLA-DR+ T cells, especially CD8+ T cells, at days 7–9 preceded the resolution of symptoms:  
- ASCs appeared in the blood at the time of viral clearance (day 7; 1.48%) and peaked on day 8 (6.91%).  
- Emergence of cTFH cells in blood at day 7 (1.98%), increasing on day 8 (3.25%) and day 9 (4.46%).  
- The frequency of co-expression of CD38 and HLA-DR on CD8+ T cells increased in this patient from day 7 (3.57%) to day 8 (5.32%) and day 9 (11.8%) as well as the frequency of co-expression of CD38 and HLA-DR on CD4+ T cells between day 7 (0.55%) and day 9 (3.33%) although at lower levels than that of CD8+ T cells.  
- CD38+HLA-DR+ CD8+ T cells, produced larger amounts of granymes A and B and perforin (~34–54% higher) than did their parent cells (CD8+or CD4+ populations).  
- Interestingly, minimal pro-inflammatory cytokines and chemokines were found in this patient with COVID-19, even at days 7–9. |
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| SCIENCE 16MAR2020 | Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). | Li et al., UK [Link](https://science.sciencemag.org/content/early/2020/03/13/science.abb3221.full) | Public Health/Epidemiology | From observations of reported infection within China, + mobility data + a networked dynamic metapopulation model and Bayesian inference  
  - 86% of all infections were undocumented (95% CI: [82%–90%]) prior to 23 January 2020 travel restrictions.  
  - Undocumented infections were the infection source for 79% of documented cases.  
  - It explains the rapid geographic spread of SARS-CoV2 and indicates containment of this virus will be particularly challenging. |
  - Much like Ebola, the early symptoms of COVID-19, including fever, myalgia, and fatigue, might be confused with malaria and lead to challenges in early clinical diagnosis. |
| The Lancet 16MAR2020 | Screening of faecal microbiota transplant donors during the COVID-19 outbreak: suggestions for urgent updates from an international expert panel | Ianiro et al., Italy [Link](https://www.thelancet.com/journals/lancet/article/S0140-6736(20)30822-0/fulltext) | Public Health/Epidemiology |  
  - Before each donation, physicians should screen for two main items: the presence of typical COVID-19 symptoms  
  - In endemic countries, the RT-PCR assay should be considered in all donors.  
  - Stool banks should retrospectively check the health status of the donor before using frozen faeces, according to local epidemiology, to avoid further potential spreading of SARS-CoV2. |
| JAMA 13MAR2020 | Risk Factors Associated With Acute Respiratory Distress Syndrome and Death in Patients With Coronavirus Disease 2019 Pneumonia in Wuhan, China | Wu et al., China [Link](https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2763184?redirectedFrom=fulltext) | Clinic |  
  - 201 patients included in the study  
  - Risk factors to develop ARDS:  
    - Older age, neutrophilia, and organ and coagulation dysfunction (e.g., higher LDH and D-dimer)  
    - Associated with ARDS but not death: Comorbidities, lymphocyte counts, CD3 and CD4 T-cell counts, AST, prealbumin, creatinine, glucose, low-density lipoprotein, serum ferritin, PT  
    - Although high fever was positively associated with development of ARDS, it was negatively related to death.  
    - Higher CD3 and CD4 T-cell counts might protect patients from developing ARDS.  
    - Persistent and gradual increases in lymphocyte responses might be required for effective immunity against SARS-CoV-2 infection. |
| Euro Surv 12MAR2020 | Retrospective analysis of the possibility of predicting the COVID-19 outbreak from Internet searches and social media data, China, 2020 | Li et al., China [Link](https://www.europarevista.org/content/10.2807/1600-7917.ES.2020.25.10.2000199) | Public Health/Epidemiology | To predict the development of this outbreak as early and as reliably as possible.  
  - Data obtained from Google Trends, Baidu Index and Sina Weibo Index on searches for the keywords ‘coronavirus’ and ‘pneumonia’ correlated with the published NHC data on daily incidence of laboratory-confirmed and suspected cases of COVID-19, with the maximum r > 0.89.  
  - Peak interest for these keywords in Internet search engines and social media data was 10–14 days earlier than the incidence peak of COVID-19 published by the NHC.  
  - The lag correlation showed a maximum correlation at 8–12 days for laboratory-confirmed cases and 6–8 days for suspected cases. |
| The Lancet 12MAR2020 | SARS-CoV-2 RNA more readily detected in induced sputum than in throat swabs of convalescent COVID-19 patients | Han et al., China [Link](https://www.thelancet.com/journals/lancet/article/PIIS2468-0050(20)30174-2/fulltext) | Diagnostic |  
  - 2 cases in convalescence  
  - Both negative with throat swab and anal swabs  
  - Positive in induced sputum  
  - To reduce the risk of disease spread, viral RNA tests of induced sputum, not throat swabs, should be assessed as a criterion for releasing COVID-19 patients. |
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<td>The Lancet 12MAR2020</td>
<td>Real estimates of mortality following COVID-19 infection</td>
<td>Baud et al., Switzerland <a href="https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30105-8/fulltext">link</a></td>
<td>Public Health/Epidemiology</td>
<td>Mortality rate estimates are based on the number of deaths relative to number of confirmed cases of infection - not representative of actual death rate.</td>
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<td>The Lancet 11MAR2020</td>
<td>Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection?</td>
<td>Fang et al., Switzerland <a href="https://www.thelancet.com/journals/jama/fullarticle/23676">link</a></td>
<td>Clinic</td>
<td>Patients with cardiac diseases, hypertension, or diabetes, who are treated with ACE2-increasing drugs, may be at higher risk for severe COVID-19 infection.</td>
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<td>The Lancet 11MAR2020</td>
<td>Early dynamics of transmission and control of COVID-19: a mathematical modelling study</td>
<td>Kucharski et al., UK <a href="https://www.thelancet.com/journals/lancet/article/PII:S0140-6736(20)30564-9/fulltext">link</a></td>
<td>Public Health/Epidemiology</td>
<td>Calculation the probability that newly introduced cases might generate outbreaks in other areas.</td>
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<td>JAMA 11MAR2020</td>
<td>Detection of SARS-CoV-2 in Different Types of Clinical Specimens</td>
<td>Wang et al., China <a href="https://jamanetwork.com/journals/jama/fullarticle/2762997">link</a></td>
<td>Diagnostic</td>
<td>-&gt; 1070 specimens collected from 205 patients POSITIVITY by RT-PCR: Bronchoalveolar lavage fluid (93%) Sputum (72%) Nasal Swabs (63%) Fibrobronchoscope brush biopsy (46%) Pharyngeal swabs (32%) Feces (29%) Blood (1%) Urine (0%)</td>
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<td>Sci Rep 11MAR2020</td>
<td>A high ATP concentration enhances the cooperative translocation of the SARS coronavirus helicase nsP13 in the unwinding of duplex RNA</td>
<td>Jang et al., Republic of Korea <a href="https://www.nature.com/articles/s41598-020-61432-1">link</a></td>
<td>Fundamental Research</td>
<td>To know: RNA Helicase nsP13 is essential for the viral RNA replication of the SARS coronavirus. Here: -&gt; RNA helicase nsP13 would have higher binding affinity to RNA than to DNA, at same ATP concentrations. -&gt; The open state of nsP13 binding with a higher affinity to RNA than to DNA, is a considerably energy-consuming reaction -&gt; Unwinding of duplex RNA by nsP13 is a considerably energy-consuming reaction SARS coronavirus nsP13 may require more ATPs to promote stable helicase translocation necessary for delicate RNA replication.</td>
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| **Emerge Inf Dis 09MAR2020** | Detection of Novel Coronavirus by RT-PCR in Stool Specimen from Asymptomatic Child, China | Tang et al., China https://wwwnc.cdc.gov/eid/article/26/6/20-1001_article | Public Health/Epidemiology | - Asymptomatic child positive for COVID-19 by RT-PCR in stool, 17 days after the last virus exposure  
- Still positive 9 days after that (in stool)  
- Never positive in respiratory tract specimens  
- No data on urine and blood  
- The child might have transmitted the virus to numerous persons. Stool from COVID-19 patients might serve as another vehicle for virus transmission |
| **Clin Inf Dis 09MAR2020** | In Vitro Antiviral Activity and Projection of Optimized Dosing Design of Hydroxychloroquine for the Treatment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) | Yao et al., China https://academic.oup.com/clinmicrobio/article/doi/10.1093/cia/aaz1580398 | Therapeutic | - Vero cells were treated by Chloroquine and Hydroxychloroquine before (prophylaxis) and after (anti-viral) infection by SARS-CoV-2.  
- EC50 are calculated  
- Hydroxychloroquine has superior antiviral and prophylactic activity than chloroquine  
- Physiologically-based pharmacokinetic (PBPK) -> to predict (in silico) drug concentrations in lung, plasma and blood.  
- PBPK model has acceptable prediction accuracy.  
- Kinetics were simulated with different scenario of dose regimens -Dose regimen was optimized (recommendations) |
| **Science 06MAR2020** | The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak. | Chinazzi et al., USA https://science.sciencemag.org/content/early/2020/03/05/science.aba9757.long | Public Health/Epidemiology | - Global metapopulation disease transmission model to project the impact of travel limitations on the national and international spread of the epidemic.  
- Travel quarantine of Wuhan delayed the overall epidemic progression by only 3 to 5 days in Mainland China  
- More marked effect at the international scale, where case importations were reduced by nearly 80% until mid February  
- Sustained 90% travel restrictions to and from Mainland China only modestly affect the epidemic trajectory unless combined with a 50% or higher reduction of transmission in the community  
- Potential uses for the definition of optimized containment schemes and mitigation policies that includes the local and international dimension of the COVID-19 epidemic |
| **EuroSurveillance 05MAR2020** | Evaluation of a quantitative RT-PCR assay for the detection of the emerging coronavirus SARS-CoV-2 using a high throughput system | Pfefeerle et al. Germany https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7062312 | Diagnostic | Assessment of a molecular assay for the detection of SARS-CoV-2 on a high-throughput platform, the cobas 6800, using the ‘open channel’ for integration of a laboratory-developed assay.  
Evaluating samples are swab samples.  
Good analytical performance in clinical specimens. The fully automated workflow enables high-throughput testing with minimal hands-on time, while offering fast and reliable results.  
Special notes : by its nature as a screening test targeting only a single viral gene, positive results should always be confirmed with an independent PCR as recommended. Importance of closely coordinating with local reference centres and public health authorities for determining clinical indications for testing |
| **Cell 04MAR2020** | SARS-CoV-2 Cell Entry Depends on ACE2 and TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor | Hoffman et al., Germany https://www.cell.com/cell/fulltext/S0092-8674(20)30229-4?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867420302294%3Fsh ow=true | Therapeutic | - Priming of 5 proteins by host cell proteases (TMPRSS2) is essential for viral entry into cells.  
- ACE 2 can be blocked by a clinically proven inhibitor of TMPRSS2  
- The study suggests that antibody responses raised against SARS-CoV could at least partially protect against SARS-CoV-2 infection |
# Literature review of accepted relevant papers

**Date:** 23-04-2020

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| Science 04MAR2020 | Structural basis for the recognition of the SARS-CoV-2 by full-length human ACE2 | Yan et al., China [https://science.sciencemag.org/content/early/2020/03/01/science.aaat762](https://science.sciencemag.org/content/early/2020/03/01/science.aaat762) | Fundamental Research | - Cryo-EM structures of human ACE2, in the presence of a neutral amino acid transporter BOAT1, with or without the receptor binding domain (RBD) of the surface spike glycoprotein (S protein) of SARS-CoV-2  
- ACE2 may be a homodimer even in the absence of BOAT1  
- A dimeric ACE2 can accommodate two S protein trimers, each through a monomer of ACE2  
- Structure-based rational design of binders with enhanced affinities to either ACE2 or the S protein of the coronaviruses may facilitate development of decoy ligands or neutralizing antibodies for suppression of viral infection. |
- *Results available in approximately 69 minutes.*  
- *Compared to the BioFire FilmArray Respiratory Panel version 1.7:* percent agreement: 99.5% . negative percent agreement of ≥ 97.9% . Robust and accurate assay for rapid, comprehensive testing for respiratory pathogens. |
- *No obvious symptoms at time of screening* (all of them)  
- *20.8% developed symptoms* (fever, cough, fatigue, etc.)  
- *50.0% cases showed typical CT images of ground-glass chest*  
- *20.8% presented stripe shadowing in the lungs*  
- *29.2% cases showed normal CT image and had no symptoms during hospitalization* (these cases were younger)  
- *Epidemiological investigation revealed asymptomatic transmission* |
| JAMA 04MAR2020 | Air, Surface Environmental, and Personal Protective Equipment Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient | Ong et al., Singapore [https://jamanetwork.com/journals/jama/fullarticle/2762692?resultClick=1](https://jamanetwork.com/journals/jama/fullarticle/2762692?resultClick=1) | Public Health/Epidemiology | Extensive environmental contamination by 1 SARS-CoV-2 patient with mild upper respiratory tract involvement  
- *Toilet bowl and sink samples were positive*  
- *Swabs taken from the air exhaust outlets tested positive*  
- *Air samples were negative*  
- *Risk of transmission from contaminated footwear is likely low: negative results in the anteroom and clean corridor*  
- **Limit of the study:** viral culture was not done to demonstrate viability |
- *Population genetic analyses of 103 genomes of SARS-CoV-2 incate that there are two major types of viruses* (designated L and S) currently circulating between humans.  
- *The L type is predominant* (70% against 30% for S type).  
- *This article suggests that the L type is more aggressive.* |
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| **JAMA 03MAR2020** | Epidemiologic Features and Clinical Course of Patients Infected With SARS-CoV-2 in Singapore | Young et al., Singapore https://jamanetwork.com/journals/jama/fullarticle/2702688 | Clinic             | -> 18 patients diagnosed with SARS-CoV-2 infection in Singapore between January 23 and February 3, 2020  
-> Respiratory tract infection with prolonged viral shedding from the nasopharynx of 7 days or longer in 15 patients (83%)  
-> Supplemental oxygen was required in 6 patients (33%), 5 of whom were treated with lopinavir-ritonavir, with variable clinical outcomes following treatment. |
- Oropharyngeal swab test was positive by RT-PCR.  
- Received symptomatic treatment and antimicrobial therapy including oseltamivir, arbidol, Lopinavir/ritonavir and moxifloxacin  
- 6 testing from 28 Jan to 17FEB, all negative but one the 2FEB Discharged on 9FEB and testing remained negative during follow-up.  
SARS-CoV-2 RNA of respiratory tract specimen may be persistent or recurrent positive during the course. |
| **Jour of Infect 29FEB2020** | Identification of the hyper-variable genomic hotspot for the novel coronavirus SARS-CoV-2 | Wen et al., China https://www.journalinfec tion.com/article/30163-4493(20)301008-0/pdf | Genomic            | - Confirmation of the relationship of SARS-CoV-2 with other beta coronaviruses on the amino acid level.  
- Hyper-variable genomic hotspot established in SARS-CoV-2 population at the nucleotide but not the amino acid level. -> means no beneficial mutations.  
- Mutations in nsp1, nsp3, nsp15, and gene S would be associated with the SARS-CoV-2 epidemic (compared with RaTG13) / required for human adaptation? |
2-> Immunoinformatic analysis of 13 MHC I and 3 MHC II epitopes which have antigenic properties  
3-> These identified epitopes are candidate to formulate a multi-epitopic peptide vaccine.  
Need for in vitro and in vivo validations. |
| **The NEJM 28FEB2020** | Clinical Characteristics of Coronavirus Disease 2019 In China | Ni et al., China https://www.nejm.org/doi/pdf/10.1056/NEJMoa2002302 | Clinic             | Median age : 47 years / Female: 41.9%  
Primary composite end point (admission in ICU, use of mechanical ventilation and death) in 6.1%, with 5.0% in ICU, 2.3% with invasive mechanical ventilation, and 1.4% who died.  
History of direct contact with wildlife: 1.9%  
Among nonresidents of Wuhan, 72.3% had contact with residents of Wuhan, including 31.3% who had visited the city.  
Most common symptoms: fever (43.8% on admission and 88.7% during hospitalization) and cough (67.8%). Diarrhea was uncommon (3.8%).  
Median incubation period: 4 days (interquartile range, 2 to 7).  
CT: ground-glass opacity was the most common radiologic: 56.4%.  
No radiographic or CT abnormality: 17.9% with nonsevere disease and 2.9% with severe disease.  
Lymphocytopenia: 83.2% |
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-> The two viral genomes are identical to four sequences from Wuhan, while no direct link to the Huanan Seafood Market. 
-> Identical genomes of up to 30 kb are rare and a strong sign of recent transmission linkage 
-> Data suggest that transmission within Wuhan beyond the Huanan Seafood Market is likely to have occurred in the first week of January or earlier. |
| J Clin Med 27FEB2020 | Epidemiological Identification of a Novel Pathogen in Real Time: Analysis of the Atypical Pneumonia Outbreak in Wuhan, China, 2019—2020 | Jung et al., Japan [link](https://www.mdpi.com/2077-0389/9/3/5137) | Public Health/Epidemiology | ->Non-virological descriptive characteristics could have determined that the outbreak is caused by a novel pathogen in advance of virological testing. 
-> Characteristics of the outbreak were collected in real time and compared with characteristics of eleven pathogens that have previously caused cases of atypical pneumonia. 
-> The probability that a new virus was driving the outbreak was assessed as over 29% on 31 December 2019, one week before virus identification. |
| The Lancet 27FEB2020 | Secondary attack rate and superspreading events for SARS-CoV-2 | Liu et al., UK [link](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30412-6/fulltext) | Public Health/Epidemiology | The R0 value only captures the average dynamics of transmission. 
The secondary attack rate (SAR) is the probability that an infection occurs among susceptible people within a specific group. 
SARS among close contacts would be of 35% (95% CI 27–44). 
-> An infection with a high household SAR but a modest R0 suggests transmission is driven by a relatively small number of high-risk contacts. 
-> A large household SAR further suggests that between-household transmission risk is lower; otherwise the observed R0 would be larger. 
More data are needed. |
SARS -> viral load is not correlated with the worsening of symptoms 
-> Inhibition of numb-associated kinase (NAK) family would reduce viral infection in vitro (inhibit clathrin-mediated endocytosis and thereby inhibit viral infection of cells) 
-> JAK–STAT signalling inhibitors, could be effective against the consequences of the elevated levels of cytokines (including interferon) typically observed in people with COVID-19. 
-> Baricitinib is a NAK inhibitor (anti-viral) 
-> Baricitinib, fedratinib, and ruxolitinib are JAK inhibitors (anti-inflammatory) 
-> Baricitinib is the best of the group |
| The Lancet 27FEB2020 | Positive RT-PCR Test Results in Patients Recovered From COVID-19 | Lan et al, China [link](https://jamanetwork.com/journals/jama/fullarticle/2762492) | Public Health/Epidemiology | Little attention has been paid to the follow-up of recovered patients so far. 
4 patients with COVID-19 who met criteria for hospital discharge or discontinuation of quarantine in China (absence of clinical symptoms and radiological abnormalities and 2 negative RT-PCR test results) had positive RT-PCR test results 5 to 13 days later, while they were still asymptomatic. |
### Literature review of accepted relevant papers

**23-04-2020**

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| **The Lancet** 27FEB2020 | Convalescent plasma as a potential therapy for COVID-19 | Chen et al., China [link](https://www.thelancet.com/journals/lancet/article/S0140-6736(20)30420-0/fulltext) | Therapeutic | (1) In 2014, the use of convalescent plasma collected from patients who had recovered from *Ebola virus disease* was recommended by WHO as an empirical treatment during outbreaks.  
(2) A protocol for the use of convalescent plasma in the treatment of MERS coronavirus was established in 2015.  
(3) *H1N1*: significant reduction of relative risk of mortality / no adverse event.  
(4) and other studies: Antibodies from convalescent plasma might suppress viraemia | |
| **Emerg Microb Infects** 26FEB2020 | Detectable 2019-nCoV viral RNA in blood is a strong indicator for the further clinical severity | Chen et al., China [link](https://www.tandfonline.com/doi/abs/10.1791/0212.1751.2020.1758857) | Clinic | (1) All patients (n=6 / 57) with detectable viral RNA in the blood progressed to severe symptom stage, indicating a strong correlation of serum viral RNA with the disease severity (p-value = 0.0001).  
(2) 8 of the 11 patients with annal swab virus-positive was in severe clinical stage.  
(3) Concentration of viral RNA in the annal swab was higher than in the blood: virus might replicate in the digestive tract. | |
| **The Lancet,** 26FEB2020 | The psychological impact of quarantine and how to reduce it: rapid review of the evidence | Brooks et al., UK [link](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30540-8/fulltext) | HSS/Polic | (1) Information is key: people who are quarantined need to understand the situation.  
(2) The quarantine period should be short and the duration should not be changed unless in extreme circumstances.  
(3) Most of the adverse effects come from the imposition of a restriction of liberty; voluntary quarantine is associated with less distress and fewer long-term complications.  
(4) Public health officials should emphasise the altruistic choice of self-isolating. | |
| **Viruses** 25FEB2020 | Preliminary Identification of Potential Vaccine Targets for the COVID-19 Coronavirus (SARS-CoV-2) Based on SARS-CoV Immunological Studies | Ahmed et al., China [link](https://www.mdpi.com/1999-4605/12/3/254) | Vaccine | (1) High genetic similarity between SARS-CoV-2 and SARS-CoV.  
(2) Identification of a set of B cell and T cell epitopes derived from the spike (S) and nucleocapsid (N) proteins that map identically to SARS-CoV-2 proteins.  
(3) No mutation has been observed in these epitopes (as of 21 February 2020).  
(4) Immune targeting of these epitopes may offer protection against this novel virus. | |
(2) Broad screening requested.  
(3) Influenza virus infections: 28.5% of all suspected cases of SARS-CoV-2 infection.  
(4) Alternative diagnoses may clarify an individual patient’s risk and may allow adjusting public health containment measures. | |
| **The Lancet** 25FEB2020 | Potential association between COVID-19 mortality and healthcare resource availability | Ji et al., China [link](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30403-1/fulltext) | Public Health/Epidemio | Plotting mortality against the incidence of COVID-19 (cumulative number of confirmed cases since the start of the outbreak, per 10 000 population) showed a significant positive correlation, suggesting that mortality is correlated with health-care burden. | |
| **The Lancet** 24FEB2020 | COVID-19 control in China during mass population movements at New Year | Chen et al., China [link](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30421-9/fulltext) | Public Health/Epidemio | Several lessons that can be drawn from China’s extension of the Lunar New Year holiday:  
1. Countries should consider periods of recommended or mandatory closure of non-essential workplaces and public institutions—to slow the rate of transmission.  
2. To tailor the design of these actions according to specific epidemic characteristics (incubation period and transmission routes).  
3. This is to prevent people with asymptomatic infections from spreading the disease.  
As such, governments should use the closure period for information and education campaigns, community screening, active contact tracing, and isolation and quarantine to maximise impact. | |
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| J Clin Med 24FEB2020 | Assessing the Impact of Reduced Travel on Exportation Dynamics of Novel Coronavirus Infection (COVID-19) | Anzai et al., Japan [https://www.mdpi.com/2077-0389/9/1/901](https://www.mdpi.com/2077-0389/9/1/901) | Public Health/Epidemiology | -> From 28 January to 7 February 2020, around 226 exported cases were prevented (~70.4% reduction in incidence)  
-> Reduced probability of a major epidemic in Japan: from 7% to 20% (~median time delay: of 2 days)  
-> Depending on the scenario, the estimated delay may be less than one day. As the delay is small, the decision to control travel volume through restrictions on freedom of movement should be balanced between the resulting estimated epidemiological impact and predicted economic fallout |
| Cell Discov 24FEB2020 | Comparative genetic analysis of the novel coronavirus (2019-nCoV/SARS-CoV-2) receptor ACE2 in different populations | Cao et al., China [https://cm.asm.org/content/early/2020/02/28/JCM.00155-20.long](https://cm.asm.org/content/early/2020/02/28/JCM.00155-20.long) | Foundational Research | -> Previous studies demonstrated the positive correlation of ACE2 expression and the infection of SARS-CoV in vitro  
-> Here: Systematic analysis of coding-region variants in ACE2 and the eQTL variants (may affect the expression of ACE2) among different populations (GTEx database)  
-> The East Asian populations have much higher AFs in the eQTL variants associated with higher ACE2 expression in tissues which may suggest different susceptibility or response to 2019-nCoV/SARS-CoV-2 from different populations under the similar conditions.  
-> No direct evidence supporting the existence of coronavirus S-protein binding-resistant ACE2 mutants in different populations |
| The Lancet 24FEB2020 | Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study | Xiaobo Yang et al., China [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30113-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30113-4/fulltext) | Clinic | - Mortality is high. The survival term of the non-survivors is likely to be within 1–2 weeks after ICU admission.  
- Older patients (>65 years) with comorbidities and ARDS are at increased risk of death |
| The Lancet 24FEB2020 | Viral load of SARS-CoV-2 in clinical samples | Pan et al., China [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30114-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30114-1/fulltext) | Virology | - The viral loads in throat swab and sputum samples peaked at around 5–6 days after symptom onset, ranging from around 104 to 107 copies per mL during this time  
- Sputum samples generally showed higher viral loads than throat swab samples |
| The Lancet 24FEB2020 | COVID-19 pneumonia: what has CT taught us? | Lee et al., China [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30114-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30114-1/fulltext) | Diagnostic | - The predominant CT findings included ground-glass opacification, consolidation, bilateral involvement, and peripheral and diffuse distribution.  
- More research is needed to correlate of CT findings with clinical severity and progression, the predictive value of baseline CT or temporal changes for disease outcome, and the sequelae of acute lung injury induced by COVID-19. |
Which are the probably most common sites undergoing to an aminooacidic change?  
-> Insight of some important proteins of the COVID-2019 that are involved in the mechanism of viral entry and viral replication  
Results: Both nsp2 and nsp3 are under selective pressure. nsp2 -> could explain why this virus is more contagious than SARS nsp 3 -> could suggest a potential mechanism differentiating COVID-2019 from SARS |
## Literature review of accepted relevant papers

**23-04-2020**

<table>
<thead>
<tr>
<th>Journal and date</th>
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- Moderate risk: Nigeria, Ethiopia, Sudan, Angola, Tanzania, Ghana, and Kenya -> variable capacity and high vulnerability |
| **The Lancet 19FEB2020** | Asymptomatic cases in a family cluster with SARS-CoV-2 infection | Pan et al., China [Link](https://www.thelancet.com/journals/lancet/article/PIIS01406736(20)30114-6/fulltext) | Public Health/Epidemiology | - In this family cluster, although all individuals tested positive for SARS-CoV-2 infection on qRT-PCR, only patient 1 showed clinical symptoms, decreased lymphocyte count, and abnormal chest CT images.  
- However, any of the three individuals could have been the first one to become infected and thus transmitted the virus to the other two family members. |
| **The Lancet 19FEB2020** | Enteric involvement of coronaviruses: is faecal–oral transmission of SARS-CoV-2 possible? | Yeo et al., Singapore [Link](https://www.thelancet.com/journals/lancet/article/PIIS01406736(20)30048-0/fulltext) | Virology | - Considering the evidence of faecal excretion for both SARS-CoV and MERS-CoV, and their ability to remain viable in conditions that could facilitate faecal–oral transmission, it is possible that SARS-CoV-2 could also be transmitted via this route.  
  - When SARS-CoV was seeded into sewage water obtained from the hospitals in a separate experiment, the virus was found to remain infectious for 14 days at 4°C, but for only 2 days at 20°C. SARS-CoV can survive for up to 2 weeks after drying, remaining viable for up to 5 days at temperatures of 22–25°C and 40–50% relative humidity, with a gradual decline in virus infectivity thereafter. Viability of the SARS-CoV virus decreased after 24 h at 38°C and 80–90% relative humidity.  
  - MERS-CoV is viable in low temperature, low humidity conditions. The virus was viable on different surfaces for 48 h at 20°C and 40% relative humidity, although viability decreased to 8 h at 30°C and 80% relative humidity conditions. |
| **THE NEJM, 19FEB2020** | SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients | Zou et al, China [Link](https://doi.org/10.1056/NEJMoa2001737) | Virology | - The higher viral loads were detected soon after symptom onset.  
  - Higher viral loads detected in the nose than in the throat.  
  - Our analysis suggests that the viral nucleic acid shedding pattern of patients infected with SARS-CoV-2 resembles that of patients with influenza and appears different from that seen in patients infected with SARS-CoV.  
  - The viral load that was detected in the asymptomatic patient was similar to that in the symptomatic patients, which suggests the transmission potential of asymptomatic or minimally symptomatic patients. |
| **Biosci Trends, 19FEB2020** | Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. | Gao et al., [Link](https://pubmed.ncbi.nlm.nih.gov/32074550) | Therapeutic | Chloroquine phosphate, an old drug for treatment of malaria, is shown to have apparent efficacy and acceptable safety against COVID-19 associated pneumonia in multicenter clinical trials conducted in China. (DATA NOT SHOWN 1).  
The drug is recommended to be included in the next version of the Guidelines for the Prevention, Diagnosis, and Treatment of Pneumonia Caused by COVID-19 issued by the National Health Commission of the People’s Republic of China for treatment of COVID-19 infection in larger populations in the future. |
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<td>J Infect Dis. 18FEB2020</td>
<td>A familial cluster of infection associated with the 2019 novel coronavirus indicating potential person-to-person transmission during the incubation period.</td>
<td>Yu et al., China <a href="https://academic.oup.com/jid/advance-article/doi/10.1093/ert/hkad07/5739751">link</a></td>
<td>Public Health/Epidemiology</td>
<td>Familial cluster of four patients in Shanghai. One was 88 years old man with moving difficulties and was only exposed to his asymptomatic family members who developed symptoms later. The epidemiological evidence has shown a potential transmission of the 2019-nCoV during the incubation period.</td>
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<td>The Lancet 18FEB2020</td>
<td>Tracking online heroisation and blame in epidemics</td>
<td>Atani Duault et al., France <a href="https://www.thelancet.com/action/showPdf?pii=S20303399">link</a></td>
<td>HSS/Policity</td>
<td>- Gathering online data on local perceptions has the potential to help public authorities mount more robust responses and better targeted health communications. - It is important to track the evolving dynamics of blame in real time, both to correct inaccurate information and to respond to online scapegoating. - Trust is a crucial support to public health systems. Public health authorities need to be aware of complex geographies of hope and blame while planning responses to the epidemic.</td>
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<tr>
<td>Biochem Biophy Res Comm 17 FEB 2020</td>
<td>Structure analysis of the receptor binding of 2019-nCoV</td>
<td>Chen et al., China and USA <a href="https://www.sciencedirect.com/science/article/pii/S0029602X20303399">link</a></td>
<td>Fundamental Research</td>
<td>Structural analysis of the receptor binding domain (RBD) -&gt; 72% identity with SARS CoV / Higher affinity with ACE 2. ACE2 is widely expressed with conserved primary structures throughout the animal kingdom (possible hosts?) Since ACE2 is predominantly expressed in intestines, testis, and kidney, fecal-oral and other routes of transmission are also possible. Finally, antibodies and small molecular inhibitors that can block the interaction of ACE2 with RBD should be developed to combat the virus.</td>
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<tr>
<td>J Clin Med 17 FEB 2020</td>
<td>Incubation Period and Other Epidemiological Characteristics of 2019 Novel Coronavirus Infections with Right Truncation: A Statistical Analysis of Publicly Available Case Data.</td>
<td>Linton et al., Japan <a href="https://www.mdpi.com/2077-0334/9/2/538">link</a></td>
<td>Public Health/Epidemiology</td>
<td>Incubation period falls within the range of 2–14 days with 95% confidence and has a mean of around 5 days. The mean time from illness onset to hospital admission (for treatment and/or isolation) was estimated at 3–4 days without truncation and at 5–9 days.</td>
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<td>PNAS, 13FEB2020</td>
<td>Prophylactic and therapeutic remdesivir (GS-5734) treatment in the rhesus macaque model of MERS-CoV infection</td>
<td>De Wit et al., USA <a href="https://www.pnas.org/content/early/2020/02/12/2008117">link</a></td>
<td>Therapeutic</td>
<td>- 24 h prior to inoculation -&gt; completely prevented MERS-CoV-induced clinical disease, strongly inhibited MERS-CoV replication in respiratory tissues, and prevented the formation of lung lesions. - 12 h postinoculation -&gt; clear clinical benefit, with a reduction in clinical signs, reduced virus replication in the lungs, and decreased presence and severity of lung lesions. Remdesivir may be considered for SARS-CoV-2</td>
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<td>The Lancet 12 FEB 2020</td>
<td>What are the risks of COVID-19 infection in pregnant women?</td>
<td>Qiao et al., China <a href="https://www.thelancet.com/journals/lancet/article/PII/S0140-6736(20)30565-2/fulltext">link</a></td>
<td>Clinic</td>
<td>The clinical characteristics reported in pregnant women with confirmed COVID-19 infection are similar to those reported for non-pregnant adults with confirmed COVID-19 infection in the general population and are indicative of a relatively optimistic clinical course and outcomes for COVID-19 infection compared with SARS-CoV-1 infection.</td>
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<tr>
<td>The Lancet 12FEB2020</td>
<td>Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records</td>
<td>Chen et al., China <a href="https://www.thelancet.com/journals/lancet/article/PII:S0140-6736(20)30565-3/fulltext">link</a></td>
<td>Clinic</td>
<td>Evidence of intrauterine vertical transmission was assessed by testing for the presence of SARS-CoV-2 in amniotic fluid, cord blood, and neonatal throat swab samples. All samples tested negative None of the 9 patients developed severe COVID-19 pneumonia or died.</td>
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<tr>
<td>Cell Res 4FEB2020</td>
<td>Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro</td>
<td>Wang et al., China <a href="https://www.nature.com/articles/s41422-020-0282-0">link</a></td>
<td>Therapeutic</td>
<td>Remdesivir and chloroquine are highly effective in the control of 2019-nCoV infection in vitro. These compounds have been used in human patients with a safety track record and shown to be effective against various ailments. They should be assessed in human patients suffering from the novel coronavirus disease.</td>
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| Euro Surveill 6FEB2020 | Effectiveness of airport screening at detecting travellers infected with novel coronavirus (2019-nCoV). | Quilty et al., UK https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.5.200008 | Public Health/Epidemiology | Estimation: 46% of infected travellers would not be detected, depending on incubation period, sensitivity of exit and entry screening, and proportion of asymptomatic cases.  
-> Airport screening is unlikely to detect a sufficient proportion of 2019-nCoV infected travellers to avoid entry of infected travellers. |
| The Lancet 03FEB2020 | Baricitinib as potential treatment for 2019-nCoV acute respiratory disease | Richardson et al., UK https://www.thelancet.com/journals/lancet/PII/S0140-6736(20)30304-4.pdf | Therapeutic | The receptor that 2019-nCoV uses to infect lung cells might be ACE2, a cell-surface protein on cells in the kidney, blood vessels, heart, and, importantly, lung AT2 alveolar epithelial cells. One of the known regulators of endocytosis is the AP2-associated protein kinase 1 (AAK1). The plasma concentration of Baricitinib on therapeutic dosing (either as 2 mg or 4 mg once daily) is sufficient to inhibit AAK1, we suggest it could be trialled. |
->Potential to be developed as candidate therapeutics?  
Some of the most potent SARS-CoV-specific neutralizing antibodies that target the ACE2 binding site of SARS-CoV failed to bind 2019-nCoV spike protein. -> It is still necessary to develop novel monoclonal antibodies that could bind specifically to 2019-nCoV RBD. |