

REFERENCES – TOWN HALL 83 –1-8-2023

BENEFIT OF BIVALENT BOOSTER IN PRODUCING NEUTRALIZING ANTIBODIES AGAINST NEWLY EMERGING VARIANTS (BA.2.75.2, BQ.1.1, AND XBB).

https://www.nejm.org/doi/full/10.1056/NEJMc2214293?query=featured_coronavirus

VV116 VERSUS NIRMATRELVIR–RITONAVIR FOR ORAL TREATMENT OF COVID-19.

https://www.nejm.org/doi/full/10.1056/NEJMoa2208822?query=recirc_mostViewed_railB_article

PREVIOUS INFECTION SIGNIFICANTLY INCREASES THE MAGNITUDE AND BREADTH OF NEUTRALIZATION FOR BA.5-BIVALENT-BOOSTER; AMONG THE TESTED OMICRON SUB-LINEAGES THE XBB.1 SUBVARIANT EXHIBITS THE HIGHEST LEVEL OF IMMUNE EVASION.

https://www.nature.com/articles/s41591-022-02162-x_reference.pdf?pdf=button%20sticky

US HAS CONTINUED TO LAG PEER COUNTRIES IN COVID-19 AND EXCESS ALL-CAUSE MORTALITY, ALBEIT WITH LOWER MORTALITY IN HIGHLY VACCINATED STATES.

https://jamanetwork.com/journals/jama/fullarticle/2798990?guestAccessKey=26e2ae71-1081-4a22-8c50-7fbf5a483ee5&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=etoc&utm_term=010323

BREAKTHROUGH INFECTION AND BOOSTER EFFICACY IN ONCOLOGY PATIENTS.

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2800127>

LARGE, AS YET NOT PEER-REVIEWED, VA STUDY FOUND THAT ADMINISTRATION OF PAXLOVID WAS ASSOCIATED WITH A DECREASE IN RISK FOR LONG COVID.

<https://www.medrxiv.org/content/10.1101/2022.11.03.22281783v1>

ADMINISTRATION OF CONVALESCENT/VACCINATED PLASMA MAY IMPROVE COVID-19 OUTCOMES IN PATIENTS WITH CANCER WHO ARE UNABLE TO INTRINSICALLY GENERATE AN ADEQUATE IMMUNE RESPONSE.

<https://www.nature.com/articles/s43018-022-00503-w>

COVID-19-ASSOCIATED HOSPITALIZATION RATES WERE 10.5 TIMES HIGHER IN UNVACCINATED PERSONS AND 2.5 TIMES HIGHER IN VACCINATED PERSONS WITH NO BOOSTER DOSE, RESPECTIVELY, COMPARED WITH THOSE WHO HAD RECEIVED A BOOSTER DOSE.

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2796235?guestAccessKey=89bd998d-5ff9-4f83-aada-13b862f4c421&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamainternalmedicine&utm_term=mostread&utm_content=olf-widget_01032023

A LARGE POPULATION-BASED STUDY IN INDIANA FOUND SIGNIFICANTLY LOWER RATES OF ALL-CAUSE ED VISITS, HOSPITALIZATIONS, AND MORTALITY IN THOSE VACCINATED, RAISING QUESTIONS ABOUT THE WISDOM OF RELIANCE ON NATURAL IMMUNITY WHEN SAFE AND EFFECTIVE VACCINES ARE AVAILABLE.

<https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307112>

CRITICALLY-ILL COVID PATIENTS TREATED WITH IL-6 RECEPTOR ANTAGONISTS WAS ASSOCIATED WITH > 99.9% PROBABILITY OF IMPROVED 180-DAY MORTALITY; THOSE TREATED WITH ANTIPLATELET AGENTS HAD > 95.0% PROBABILITY OF IMPROVED 180-DAY MORTALITY. HYDROXYCHLOROQUINE ALONE AND LOPINAVIR-RITONAVIR PLUS HYDROXYCHLOROQUINE WERE ASSOCIATED WITH A >96% PROBABILITY OF HARM.

https://jamanetwork.com/journals/jama/fullarticle/2799870?guestAccessKey=44c1b5a3-7497-451f-968c-e0dc8b2b129f&utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email

THE CORONAVIRUS IS SPEAKING. IT'S SAYING IT'S NOT DONE WITH US.

<https://www.washingtonpost.com/opinions/2023/01/08/xbb-covid-variant-immune-evasive-pandemic/>