

CORRIGENDA, 10 January 2024

Therapeutics and COVID-19: living guideline, 10 November 2023 (WHO/2019-nCoV/therapeutics/2023.2)

**Page 21, lines 26–44;
Page 29, lines 32–36 and page 30, lines 1–14;
Page 37, lines 27–42 and page 38, lines 1–4;
Page 46, lines 28–31 and page 47, lines 1–15;
Page 54, lines 7–25; and,
Page 61, lines 3–21**

Delete:

Summary

Evidence summary

The LNMA for molnupiravir was informed by 12 RCTs which enrolled 31 512 patients to molnupiravir or a control with non-severe COVID-19. All RCTs were registered; nine RCTs with 29 556 patients (93.8% of total) were published in peer-reviewed journals; the rest were data shared from authors from unpublished trials. None of the included studies enrolled children or pregnant individuals. The [appendix](#) summarizes study characteristics and risk of bias ratings.

For patients with non-severe COVID-19, the GRADE Summary of Findings table shows the relative and absolute effects of molnupiravir compared with standard care for the outcomes of interest, with certainty ratings, informed by the LNMA [3].

Subgroup analyses

Five pre-specified subgroup analyses were requested by the GDG:

1. Age: children (≤ 19 years) versus adults (20–60 years) versus older adults (≥ 60 years).
2. Severity of illness at time of treatment initiation: non-severe versus severe versus critical.
3. Time from symptom onset.
4. Serological status (seropositive versus seronegative).
5. Vaccination status (unvaccinated versus vaccinated).

Studies did not enrol children. All studies enrolled individuals with time from symptom onset < 5 days. Data regarding serological status were not reported. There was no credible relative effect modification by vaccination status (although the absolute benefit is much lower in patients who have been vaccinated).

Page 66, Table 1, Column 6, Lines 12–14

Delete: Molnupiravir probably does not result in hospital admission
Insert: Molnupiravir probably does not result in an important reduction in hospital admission

Page 75, Table 1, Column 6, Lines 9–11

Delete: Molnupiravir probably does not result in hospital admission
Insert: Molnupiravir probably does not result in an important reduction in hospital admission

Page 143, lines 14–17

Delete: 3. **Inconsistency: no serious. Indirectness: no serious.** The baseline risk across the entire population is very low, meaning that any impact on mortality will be very small. There are some people with much higher baseline risk, who are not easily identifiable. For these patients, molnupiravir may have an important impact on mortality. **Imprecision: extremely serious.** There were no deaths in the trial. **Publication bias: no serious.**

Insert: 3. **Inconsistency: no serious. Indirectness: no serious.** The baseline risk across the entire population is very low, meaning that any impact on mortality will be very small. There are some people with much higher baseline risk, who are not easily identifiable. For these patients, W116 may have an important impact on mortality. **Imprecision: extremely serious.** There were no deaths in the trial. **Publication bias: no serious.**

These corrections have been incorporated into the electronic file.