



Con il patrocinio di

ORDINE DELLE
PROFESSIONI
INFERMIERISTICHE
DI BIELLA

Newsletter Scientifica

COVID 19 & MEDICAL HUMANITIES

“Questa non è ancora la fine. Non è nemmeno l'inizio della fine. Ma forse è la fine dell'inizio”
Winston Churchill



René Magritte “Le retour”, 1940 - Olio su tela, MRBAB, Bruxelles

Questa newsletter settimanale, redatta dal Servizio Formazione e Sviluppo Risorse Umane della ASL BI in collaborazione con la Biblioteca Biomedica 3Bi, si rivolge ai professionisti sanitari impegnati nella fase di emergenza Covid-19.

Fedeli alla filosofia che ha animato l'agire del nostro Servizio, la newsletter Covid 19 & Medical Humanities affianca alle risorse bibliografiche e agli articoli tratti dalle principali fonti istituzionali e scientifiche alcuni contributi che fanno riferimento alle discipline umanistiche. Crediamo nel valore generato dall'integrazione dei saperi e ci auguriamo che la pubblicazione incontri il vostro gradimento.
Buona lettura!

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Per appuntamenti e ricerche bibliografiche

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I numeri di queste Newsletter sono visibili e scaricabili dal sito aziendale cliccando qui

Newsletter



Pagina Pensieri Circolari



Pagina Fondazione 3BI

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NICOLO' ERRICA - Medico

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MEDICI DI BIELLA

Vi segnaliamo nella home page del portale della BVS-P, la sezione in "PRIMO PIANO" dedicata alla documentazione prodotta dalle istituzioni ed arricchita dal contributo di materiali ed articoli prodotti dalle più autorevoli riviste medico scientifiche internazionali sul Covid-19. Per consultarla non è necessaria l'iscrizione; le risorse sono completamente ad accesso libero.



Per ricercare
la letteratura internazionale

La Biblioteca Virtuale per la Salute - Piemonte è uno strumento di supporto all'attività degli Operatori della sanità piemontese. La BVS-P offre periodici elettronici e banche dati agli operatori della sanità piemontese per consentire loro di ricercare progressi e significati nella letteratura scientifica, sui temi della salute e dell'ambiente. Inoltre si propone di promuovere la medicina basata sulle evidenze, e di contribuire alla formazione nel campo della ricerca bibliografica e della valutazione critica della letteratura scientifica.

Anaesthesia. 2021 Feb 1. doi: 10.1111/anae.15425. Online ahead of print.

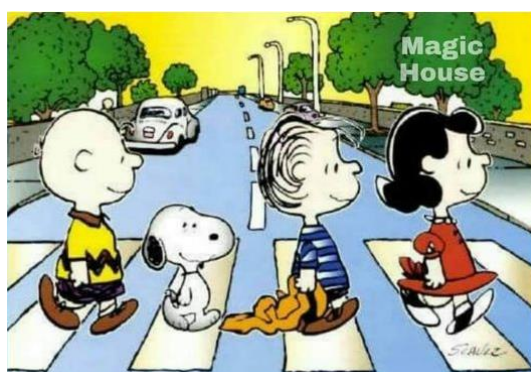
[Mortality in patients admitted to intensive care with COVID-19: an updated systematic review and meta-analysis of observational studies](#)

R A Armstrong, A D Kane, E Kursumovic, F C Oglesby, T M Cook.

PMID: 33525063 DOI: 10.1111/anae.15425

Abstract: The COVID-19 pandemic continues to cause critical illness and deaths internationally. Up to 31 May 2020, mortality in patients admitted to intensive care units (ICU) with COVID-19 was 41.6%. Since then, changes in therapeutics and management may have improved outcomes. Also, data from countries affected later in the pandemic are now available. We searched MEDLINE, Embase, PubMed and Cochrane databases up to 30 September 2020 for studies reporting ICU mortality among adult patients with COVID-19 and present an updated systematic review and meta-analysis. The primary outcome measure was death in intensive care as a proportion of completed ICU admissions, either through discharge from intensive care or death. We identified 52 observational studies including 43,128 patients, and first reports from the Middle East, South Asia and Australasia, as well as four national or regional registries. Reported mortality was lower in registries compared with other reports. In two regions, mortality differed significantly from all others, being higher in the Middle East and lower in a single registry study from Australasia. Although ICU mortality (95%CI) was lower than reported in June (35.5% (31.3-39.9%) vs. 41.6% (34.0-49.7%)), the absence of patient-level data prevents a definitive evaluation. A lack of standardisation of reporting prevents comparison of cohorts in terms of underlying risk, severity of illness or outcomes. We found that the decrease in ICU mortality from COVID-19 has reduced or plateaued since May 2020 and note the possibility of some geographical variation. More standardisation in reporting would improve the ability to compare outcomes from different reports.

Keywords: COVID-19; intensive care; meta-analysis; mortality; pandemic.



La via d'uscita
è sempre
e solo una.

Andate Avanti.

N Engl J Med. 2021 Feb 4;384(5):393-396. doi: 10.1056/NEJMp2029466. Epub 2021 Jan 30.

Vaccine Innovations - Past and Future

Julie L Gerberding, Barton F Haynes

PMID: 33535287 DOI: 10.1056/NEJMp2029466

Abstract: Vaccination is a powerful method of disease prevention that is relevant to people of all ages and in all countries, as the Covid-19 pandemic illustrates. Vaccination can improve people's chances of survival, protect communities from new and reemerging health threats, and enhance societal productivity. But achieving the promise of vaccination requires much more than the vaccines themselves. It requires appropriate incentives to encourage the timely discovery and development of innovative, effective, safe, and affordable products; effective financing and delivery programs; and credible scientific leaders who can provide evidence-based policy recommendations and reassure the public about the value of the vaccines. Since its inception 50 years ago, the National Academy of Medicine (NAM), previously known as the Institute of Medicine (IOM), has been an authoritative resource on medical issues, including vaccination, and a global leader in vaccine-policy development.

It's hard to overstate the benefits that innovative vaccines deployed in the past five decades have had on morbidity and mortality (see timeline).¹ The incidence of vaccine-preventable diseases among U.S. children has decreased dramatically, an achievement that is attributable in part to high vaccine-coverage rates. By the 2018–2019 school year, coverage rates among kindergarteners exceeded 90% in all but two states, according to data from the Centers for Disease Control and Prevention (CDC). Four vaccine-preventable illnesses have been eliminated from the Americas: smallpox in 1971, poliomyelitis in 1994, and rubella and congenital rubella syndrome in 2015 (one of us is an executive vice president at Merck, which produces vaccines for rubella, among other vaccines). Moreover, between 2011 and 2020, immunization programs in low-income countries saved an estimated 23.3 million lives.²

Perhaps the most notable immunization-related accomplishment during the past half century was the eradication of smallpox, which was verified by the World Health Organization (WHO) in 1980. In addition, global cases of paralytic polio have decreased by 99.95% from the estimated 350,000 cases in 1988,³ when the global polio-eradication program was announced, and two of the three wild-type polioviruses, WPV types 2 and 3, have been eradicated.

COVID-19 and Animals | CDC

www.cdc.gov

Updated Jan. 19, 2021

A small number of pet cats and dogs have been reported to be infected with SARS-CoV-2 in several countries, including the United States.

What you need to know

- We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19), but we know that it originally came from an animal, likely a bat.
- At this time, there is no evidence that animals play a significant role in spreading SARS-CoV-2, the virus that causes COVID-19, to people.
- Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low.
- More studies are needed to understand if and how different animals could be affected by COVID-19.
- We are still learning about this virus, but it appears that it can spread from people to animals in some situations.
- People with suspected or confirmed COVID-19 should avoid contact with animals, including pets, livestock, and wildlife.



N Engl J Med. 2021 Feb 4;384(5):403-416. doi: 10.1056/NEJMoa2035389. Epub 2020 Dec 30.

[Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine](#)

Lindsey R Baden 1, Hana M El Sahly 1, Brandon Essink 1, Karen Kotloff 1, Sharon Frey 1, Rick Novak 1, David Diemert 1, Stephen A Spector 1, Nadine Roupael 1, C Buddy Creech 1, John McGettigan 1, Shishir Khetan 1, Nathan Segall 1, Joel Solis 1, Adam Brosz 1, Carlos Fierro 1, Howard Schwartz 1, Kathleen Neuzil 1, Larry Corey 1, Peter Gilbert 1, Holly Janes 1, Dean Follmann 1, Mary Marovich 1, John Mascola 1, Laura Polakowski 1, Julie Ledgerwood 1, Barney S Graham 1, Hamilton Bennett 1, Rolando Pajon 1, Conor Knightly 1, Brett Leav 1, Weiping Deng 1, Honghong Zhou 1, Shu Han 1, Melanie Ivarsson 1, Jacqueline Miller 1, Tal Zaks 1, COVE Study Group

PMID: 33378609 PMCID: PMC7787219 DOI: 10.1056/NEJMoa2035389

Abstract

Background: Vaccines are needed to prevent coronavirus disease 2019 (Covid-19) and to protect persons who are at high risk for complications. The mRNA-1273 vaccine is a lipid nanoparticle-encapsulated mRNA-based vaccine that encodes the prefusion stabilized full-length spike protein of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes Covid-19.

Methods: This phase 3 randomized, observer-blinded, placebo-controlled trial was conducted at 99 centers across the United States. Persons at high risk for SARS-CoV-2 infection or its complications were randomly assigned in a 1:1 ratio to receive two intramuscular injections of mRNA-1273 (100 µg) or placebo 28 days apart. The primary end point was prevention of Covid-19 illness with onset at least 14 days after the second injection in participants who had not previously been infected with SARS-CoV-2.

Results: The trial enrolled 30,420 volunteers who were randomly assigned in a 1:1 ratio to receive either vaccine or placebo (15,210 participants in each group). More than 96% of participants received both injections, and 2.2% had evidence (serologic, virologic, or both) of SARS-CoV-2 infection at baseline. Symptomatic Covid-19 illness was confirmed in 185 participants in the placebo group (56.5 per 1000 person-years; 95% confidence interval [CI], 48.7 to 65.3) and in 11 participants in the mRNA-1273 group (3.3 per 1000 person-years; 95% CI, 1.7 to 6.0); vaccine efficacy was 94.1% (95% CI, 89.3 to 96.8%; $P < 0.001$). Efficacy was similar across key secondary analyses, including assessment 14 days after the first dose, analyses that included participants who had evidence of SARS-CoV-2 infection at baseline, and analyses in participants 65 years of age or older. Severe Covid-19 occurred in 30 participants, with one fatality; all 30 were in the placebo group. Moderate, transient reactogenicity after vaccination occurred more frequently in the mRNA-1273 group. Serious adverse events were rare, and the incidence was similar in the two groups.

Conclusions: The mRNA-1273 vaccine showed 94.1% efficacy at preventing Covid-19 illness, including severe disease. Aside from transient local and systemic reactions, no safety concerns were identified.

(Funded by the Biomedical Advanced Research and Development Authority and the National Institute of Allergy and Infectious Diseases; COVE ClinicalTrials.gov number, NCT04470427.).

Review Int Arch Allergy Immunol. 2021 Feb 1;1-11. doi: 10.1159/000514225.

[Principles and Challenges in anti-COVID-19 Vaccine Development](#)

Zuzana Strizova, Jitka Smetanova, Jirina Bartunkova, Tomas Milota

PMID: 33524979 DOI: 10.1159/000514225

Abstract: The number of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-infected patients keeps rising in most of the European countries despite the pandemic precaution measures. The current antiviral and anti-inflammatory therapeutic approaches are only supportive, have limited efficacy, and the prevention in reducing the transmission of SARS-CoV-2 virus is the best hope for public health. It is presumed that an effective vaccination against SARS-CoV-2 infection could mobilize the innate and adaptive immune responses and provide a protection against severe forms of coronavirus disease 2019 (COVID-19) disease. As the race for the effective and safe vaccine has begun, different strategies were introduced. To date, viral vector-based vaccines, genetic vaccines, attenuated vaccines, and protein-based vaccines are the major vaccine types tested in the clinical trials. Over 80 clinical trials have been initiated; however, only 18 vaccines have reached the clinical phase II/III or III, and 4 vaccine candidates are under consideration or have been approved for the use so far. In addition, the protective effect of the off-target vaccines, such as Bacillus Calmette-Guérin and measles vaccine, is being explored in randomized prospective clinical trials with SARS-CoV-2-infected patients. In this review, we discuss the most promising anti-COVID-19 vaccine clinical trials and different vaccination strategies in order to provide more clarity into the ongoing clinical trials.

Keywords: Bacillus Calmette-Guérin; Clinical trials; Coronavirus disease 2019; Measles; Severe acute respiratory syndrome coronavirus 2; Vaccine.

Preparing for COVID-19 in Nursing Homeswww.cdc.gov

Updated Nov. 20, 2020

Background

Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms (e.g., Carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).

Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.

The Centers for Medicare and Medicaid Services (CMS) recently issued Nursing Home Reopening Guidance for State and Local Officialspdf iconexternal icon that outlines criteria that could be used to determine when nursing homes could relax restrictions on visitation and group activities and when such restrictions should be reimplemented. Nursing homes should consider the current situation in their facility and community and refer to that guidance as well as direction from state and local officials when making decisions about relaxing restrictions. When relaxing any restrictions, nursing homes must remain vigilant for COVID-19 among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.

This guidance has been updated and reorganized according to core IPC practices that should remain in place even as nursing homes resume normal practices, plus additional strategies depending on the stages described in the CMS Reopening Guidancepdf iconexternal icon or at the direction of state and local officials. This guidance is based on currently available information about COVID-19 and will be refined and updated as more information becomes available. These recommendations supplement the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings and are specific for nursing homes, including skilled nursing facilities.



Il mare in
un bicchiere:
medical humanities
ed emergenza

Di tutto restano tre cose

Di tutto restano tre cose:

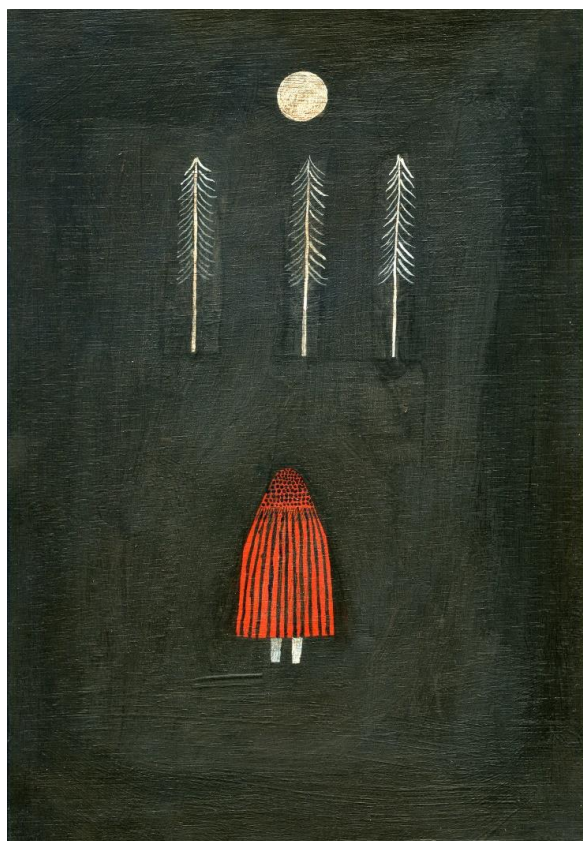
la certezza che stiamo sempre iniziando,
la certezza che abbiamo bisogno di continuare,
la certezza che saremo interrotti prima di finire.

Pertanto, dobbiamo fare:

dell'interruzione, un nuovo cammino,
della caduta, un passo di danza,
della paura, una scala,
del sogno, un ponte,
del bisogno, un incontro.

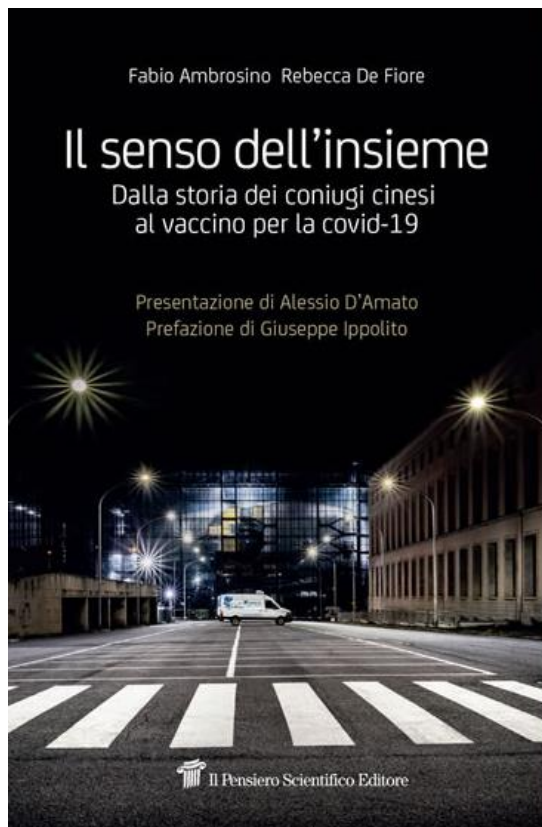
Dal romanzo « O encontro marcado »

Dello scrittore brasiliano Fernando Sabino



Opera di Simone Rea

Simone Rea è uno degli illustratori per l'infanzia più apprezzati ed affermati d'Italia. Pittore, illustratore, disegnatore a tutto tondo il suo stile e le sue immagini non si rivolgono esclusivamente ad un pubblico di giovanissimi, tutt'altro.



Tratto da: **“Il Senso dell’insieme. Dalla storia dei coniugi cinesi al vaccino per la Covid-19” – Il Pensiero Scientifico Editore**

A distanza di dodici mesi dall’inizio di un’avventura della quale è ancora difficile vedere la conclusione, queste pagine ricostruiscono la storia di un anno che ha visto alternarsi tragedie e speranze: dall’intervento di soccorso degli operatori del 118 nell’albergo romano dove alloggiavano i coniugi cinesi contagiati dal sars-cov-2, al lavoro di cura e ricerca dello Spallanzani; dalla riconversione degli ospedali, alle esperienze di assistenza di prossimità nei confronti delle persone malate e delle loro famiglie. Un’attenzione che è spesso mancata nei confronti delle persone più fragili, dai bambini agli adolescenti, dagli anziani in solitudine ai migranti nei confronti dei quali, però, si è innescata una solidarietà solidale da parte di cittadini e associazioni. Il libro invita a ragionare anche sui “numeri della pandemia”: da quelli elaborati dal lavoro degli epidemiologi alle cifre sorprendenti della produzione scientifica.

Rebecca De Fiore

Romana, classe 1993. Dopo la laurea in Lettere moderne alla Sapienza di Roma, con un periodo di studio all’Università di Valencia, nel 2016 approda a Torino per studiare giornalismo alla Scuola Holden. Dal 2013 collabora con Il Pensiero Scientifico Editore e Think2 scrivendo articoli per newsletter e riviste online e cartacee. Appassionata di calcio e grande tifosa della Roma, ha collaborato con Tuttosport.

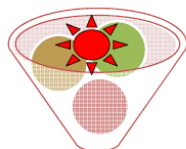
Fabio Ambrosino

È science writer e comunicatore scientifico. Dopo la laurea in Neuroscienze e Riabilitazione Neuropsicologica ha seguito un master in Comunicazione della Scienza presso la SISSA di Trieste. Attualmente lavora come web editor per l’agenzia di comunicazione Think2it, dove si occupa principalmente di cardiologia e oncologia.

WEBINAR
YouTube



LIONS CLUB BIELLA VALLI BIELLESI



**ANCHE I GELATI SONO
POSITIVI AL COVID-19?**

relatore

MARIO RAVIGLIONE

**PROFESSORE ORDINARIO DI SALUTE GLOBALE
UNIVERSITA' DI MILANO**

Mercoledì 27 gennaio, partendo dalle recenti osservazioni sulla presenza del SARS-CoV-2 il Prof. Mario Raviglione ha tenuto una videoconferenza parlando dell’origine e della trasmissione del COVID-19, della risposta globale con i vaccini, dell’incerto futuro della pandemia e delle sue implicazioni.

Riportiamo qui il link diretto per poter rivedere il suo intervento:

<https://drive.google.com/file/d/15FvR2k3Oqlo99HsIHs8qFtSbLorJkYqX/view?usp=sharing>



Convegno online

CURA DI SÉ E CURA DELL'ALTRO

La pratica educativa come pratica di cura

La Scuola, insieme a tutte le istituzioni educative, è chiamata a collaborare per sostenere, sviluppare, valorizzare e rinnovare una cultura della cura di sé e dell'altro. Il convegno intende mettere in evidenza come pratiche educative centrate su contributi artistico-espressivi diversi (letteratura, cinema, fotografia, pittura, ecc.) possano consentire di esplorare pedagogicamente il tema della cura evidenziandone gli elementi essenziali, le forme e gli ambiti nei quali la relazione di cura può costituirsi a fondamento di ogni pratica di promozione della salute e di future opportunità di cittadinanza attiva.

Il Convegno è rivolto a insegnanti e professionisti di area psico-sociale, educativa e sanitaria.

Relatori: Prof. Vincenzo ALASTRA, Prof.ssa Maria Luisa IAVARONE, Prof. Federico BATINI, Prof. Simone GIUSTI



Il webinar "**CURA DI SÉ E CURA DELL'ALTRO. La pratica educativa come pratica di cura**" sarà fruibile a partire da lunedì 8 febbraio p.v. cliccando sul link del sito www.vocieimmaginidicura.it



Pensieri circolari 2021

Il convegno Pensieri Circolari torna nel 2021 con un evento dal titolo **Covid 19 e immaginari distopici: cosa ci ha insegnato l'emergenza?**

**sabato 27 febbraio
dalle 10.00 alle 11.30**

**Codice ECM: 37646
Crediti ECM: 2**

Relatori:
Prof.ssa Manuela Ceretta
Prof. Massimo Cuono
Chairman:
Prof. Vincenzo Alastra



È possibile iscriversi attraverso il portale www.formazione-sanita-piemonte.it ricercando il corso attraverso il codice 37646.

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