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AZIENDA SANITARIA LOCALE DI BIELLA

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ORDINE DEI MEDICI CHIRURGHI E ODONTOIATRI BIELLA

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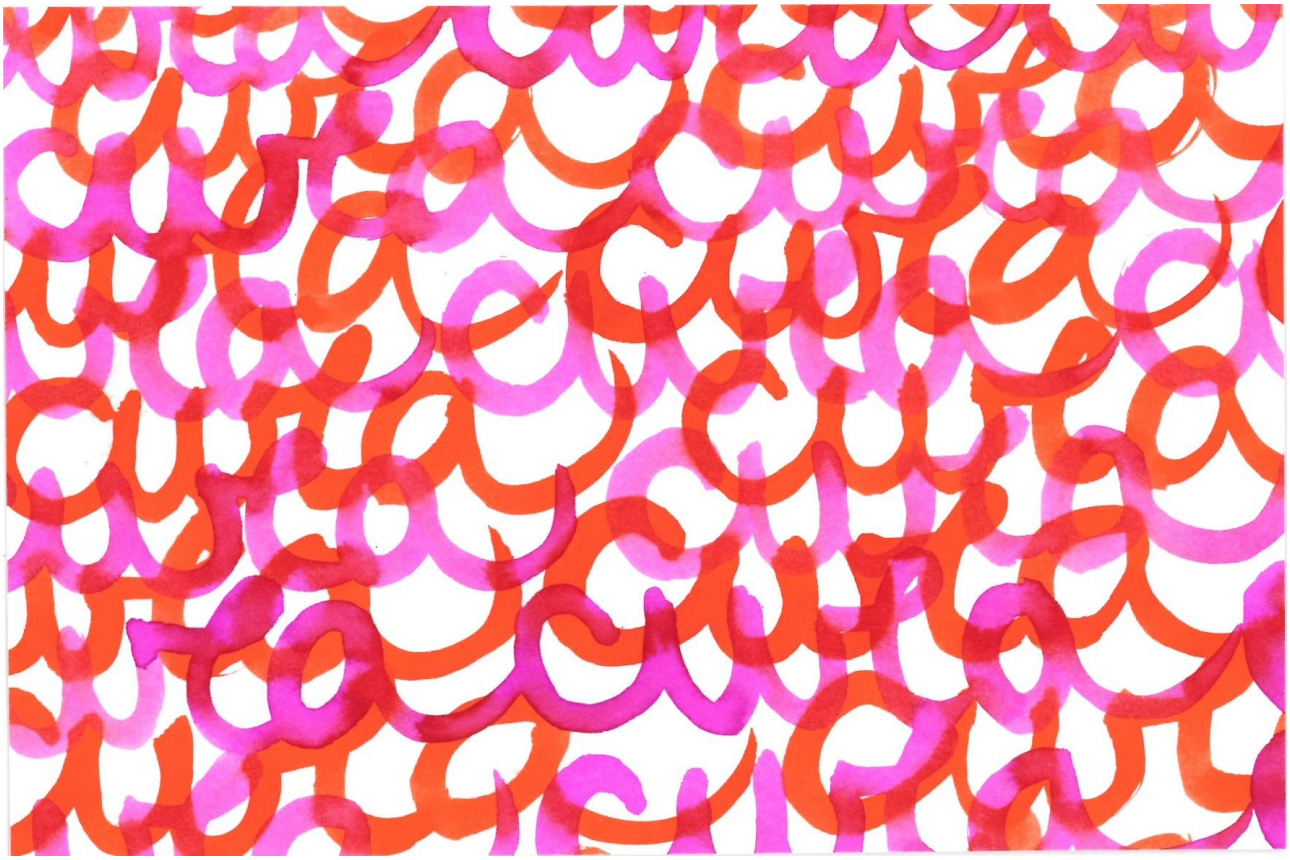
Newsletter Scientifica
COVID 19 & MEDICAL HUMANITIES

"Tutta la varietà, tutta la delizia, tutta la bellezza della vita è composta d'ombra e di luce".
Lev Tolstoj



Chiara Bertoncello – "*Il ritmo che cura*" - Cura di Sé e cura dell'Altro: Mail Art Project ASL BI

Questa newsletter 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!

Arrivederci a venerdì 29 aprile!

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Per appuntamenti e ricerche bibliografiche
015.1515.3132

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

Newsletter

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Dott. NICOLO' ERRICA
Medico ASL BI e Consigliere Ordine dei Medici di Biella

Questa settimana la **BVS-P** presenta:

Re bvs - Piemonte

progetto realizzato per promuovere la conoscenza delle attività di ricerca svolte dalle nostre **ASL** e da **ARPA.** Mette a disposizione tutte le schede bibliografiche degli articoli indicizzati presso le principali Banche dati biomediche internazionali: **PubMed, Embase, Medline.**

Gli Operatori avranno anche la possibilità di segnalare i loro articoli e libri in modo da renderli disponibili sul catalogo.

Per consultarlo cliccare sul link:
https://www.bvspiemonte.it/rebvs/

bvs-p

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.

JAMA Netw Open (IF: 8.48; Q1). 2021 Dec 1;4(12):e2139974. doi: 10.1001/jamanetworkopen.2021.39974.

Factors Associated With Severe Gastrointestinal Diagnoses in Children With SARS-CoV-2 Infection or Multisystem Inflammatory Syndrome

Andrea Lo Vecchio, Silvia Garazzino, Andrea Smarrazzo, Elisabetta Venturini, Marco Poeta, Paola Berlese, Marco Denina, Antonella Meini, Samantha Bosis, Luisa Galli, Salvatore Cazzato, Giangiacomo Nicolini, Gianluca Vergine, Roberta Giacchero, Giuseppina Ballardini, Icilio Dodi, Filippo Maria Salvini, Paolo Manzoni, Giuliana Ferrante, Vera Quadri, Andrea Campana, Raffaele Badolato, Alberto Villani, Alfredo Guarino, Guido Castelli Gattinara, Italian SITIP-SIP Paediatric SARS-CoV-2 Infection Study Group

PMID: 34928354 PMCID: PMC8689385 DOI: 10.1001/jamanetworkopen.2021.39974

Abstract

Importance: Severe gastrointestinal (GI) manifestations have been sporadically reported in children with COVID-19; however, their frequency and clinical outcome are unknown.

Objective: To describe the clinical, radiological, and histopathologic characteristics of children with COVID-19 presenting with severe GI manifestations to identify factors associated with a severe outcome.

Design, setting, and participants: A multicenter retrospective cohort study (February 25, 2020, to January 20, 2021) enrolled inpatient and outpatient children (aged <18 years) with acute SARS-CoV-2 infection, confirmed by positive real-time reverse-transcriptase-polymerase chain reaction on nasopharyngeal swab or fulfilling the US Centers for Disease Control and Prevention criteria for multisystem inflammatory syndrome in children (MIS-C). The study was conducted by pediatricians working in primary care or hospitals in Italy participating in the COVID-19 Registry of the Italian Society of Pediatric Infectious Diseases.

Main outcomes and measures: The occurrence of severe GI manifestations, defined by a medical and/or radiological diagnosis of acute abdomen, appendicitis (complicated or not by perforation and/or peritonitis), intussusception, pancreatitis, abdominal fluid collection, and diffuse adenomesenteritis requiring surgical consultation, occurring during or within 4 to 6 weeks after infection with SARS-CoV-2 infection. Logistic regression was used to estimate odds ratios (ORs) with 95% CIs of factors potentially associated with severe outcomes.

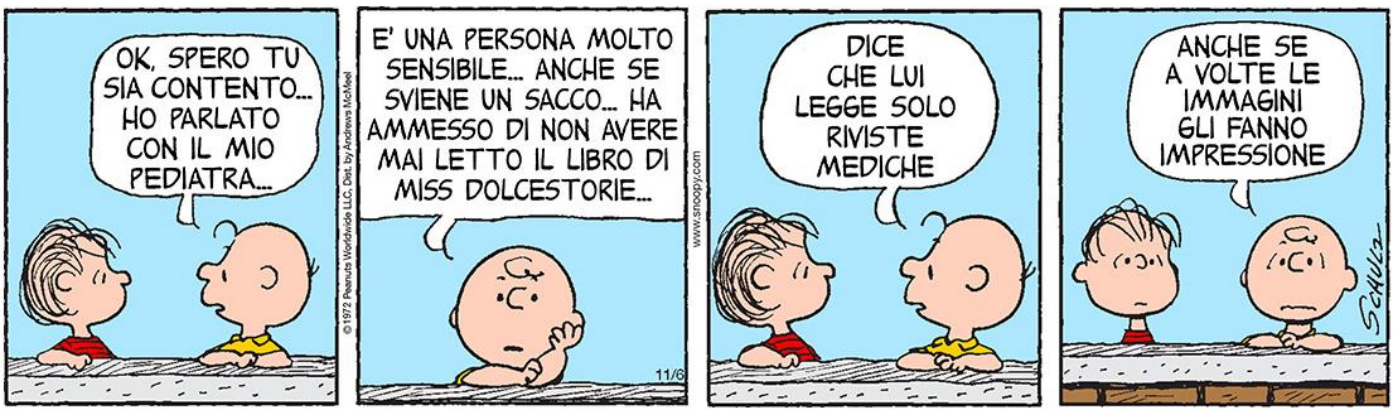
Results: Overall, 685 children (386 boys [56.4%]; median age, 7.3 [IQR, 1.6-12.4] years) were included. Of these children, 628 (91.7%) were diagnosed with acute SARS-CoV-2 infection and 57 (8.3%) with MIS-C. The presence of GI symptoms was associated with a higher chance of hospitalization (OR, 2.64; 95% CI, 1.89-3.69) and intensive care unit admission (OR, 3.90; 95% CI, 1.98-7.68). Overall, 65 children (9.5%) showed severe GI involvement, including disseminated adenomesenteritis (39.6%), appendicitis (33.5%), abdominal fluid collection (21.3%), pancreatitis (6.9%), or intussusception (4.6%). Twenty-seven of these 65 children (41.5%) underwent surgery. Severe GI manifestations were associated with the child's age (5-10 years: OR, 8.33; 95% CI, 2.62-26.5; >10 years: OR, 6.37; 95% CI, 2.12-19.1, compared with preschool-age), abdominal pain (adjusted OR [aOR], 34.5; 95% CI, 10.1-118), lymphopenia (aOR, 8.93; 95% CI, 3.03-26.3), or MIS-C (aOR, 6.28; 95% CI, 1.92-20.5). Diarrhea was associated with a higher chance of adenomesenteritis (aOR, 3.13; 95% CI, 1.08-9.12) or abdominal fluid collection (aOR, 3.22; 95% CI, 1.03-10.0).

Conclusions and relevance: In this multicenter cohort study of Italian children with SARS-CoV-2 infection or MIS-C, 9.5% of the children had severe GI involvement, frequently associated with MIS-C. These findings suggest that prompt identification may improve the management of serious complications.
Conflict of interest statement
Conflict of Interest Disclosures: Dr Lo Vecchio reported receiving fees from Pfizer as an advisory board member outside the submitted work. Dr Badolato reported receiving speaker's fees from Angelini, Sobi, and X4 Pharma outside the submitted work. No other disclosures were reported.

Ann Intern Med (IF: 25.39; Q1). 2022 Feb 15;M21-4130. doi: 10.7326/M21-4130. Online ahead of print.
The Incidence of SARS-CoV-2 Reinfection in Persons With Naturally Acquired Immunity With and Without Subsequent Receipt of a Single Dose of BNT162b2 Vaccine : A Retrospective Cohort Study
Sivan Gazit, Roei Shlezinger, Galit Perez, Roni Lotan, Asaf Peretz, Amir Ben-Tov, Esma Herzel, Hillel Alapi, Dani Cohen, Khitam Muhsen, Gabriel Chodick, Tal Patalon

PMID: 35157493 PMCID: PMC8855786 DOI: 10.7326/M21-4130

Abstract
Background: There is insufficient evidence regarding the magnitude and durability of protection conferred by a combined effect of naturally acquired immunity after SARS-CoV-2 infection and vaccine-induced immunity.
Objective: To compare the incidence rate of SARS-CoV-2 reinfection in previously infected persons to that of previously infected persons who subsequently received a single dose of BNT162b2 messenger RNA vaccine.
Design: A retrospective cohort study emulating a randomized controlled target trial through a series of nested trials.
Setting: Nationally centralized database of Maccabi Healthcare Services, Israel.
Participants: Persons with documented SARS-CoV-2 infection who did not receive subsequent SARS-CoV-2 vaccination were compared with persons with documented SARS-CoV-2 infection who received a single dose of the BNT162b2 vaccine at least 3 months after infection.
Intervention: Forty-one randomized controlled trials were emulated, in which 107 413 Maccabi Healthcare Services' members aged 16 years and older were eligible for at least 1 trial.
Measurements: SARS-CoV-2-related outcomes of infection, symptomatic disease, hospitalization, and death, between 2 March and 13 December 2021.
Results: A statistically significant decreased risk (hazard ratio, 0.18 [95% CI, 0.15 to 0.20]) for reinfection was found among persons who were previously infected and then vaccinated versus those who were previously infected but remained unvaccinated. In addition, there was a decreased risk for symptomatic disease (hazard ratio, 0.24 [CI, 0.20 to 0.29]) among previously infected and vaccinated persons compared with those who were not vaccinated after infection. No COVID-19-related mortality cases were found.
Limitation: Hybrid protection against non-Delta variants could not be inferred.
Conclusion: Persons previously infected with SARS-CoV-2 gained additional protection against reinfection and COVID-19 from a subsequent single dose of the BNT162b2 vaccine. Nonetheless, even without a subsequent vaccination, reinfection appeared relatively rare.



Lancet (IF: 79.32; Q1). 2022 Feb 1;S0140-6736(22)00172-6. doi: 10.1016/S0140-6736(22)00172-6. Online ahead of print.
Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept 30, 2021
COVID-19 National Preparedness Collaborators

PMID: 35120592 PMCID: PMC8806194 DOI: 10.1016/S0140-6736(22)00172-6

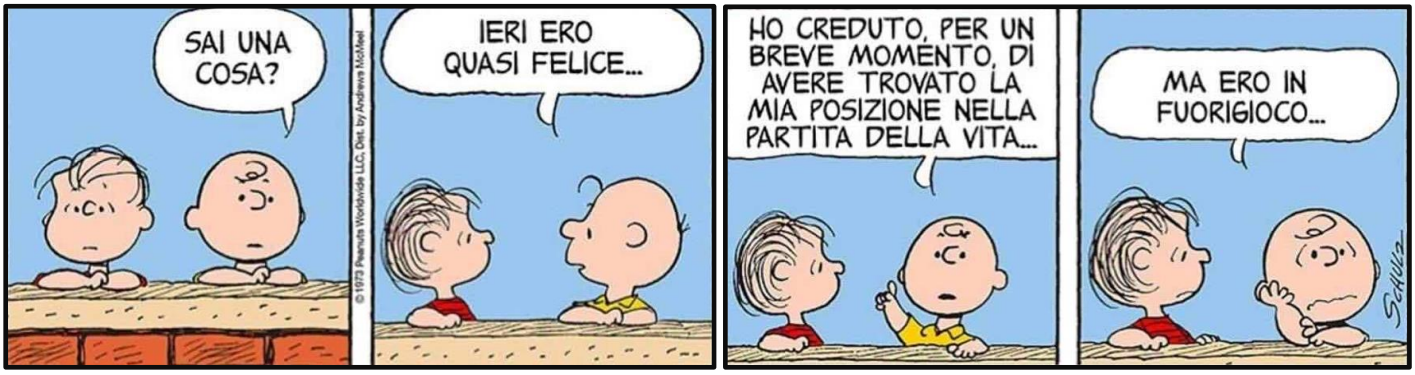
Abstract

Background: National rates of COVID-19 infection and fatality have varied dramatically since the onset of the pandemic. Understanding the conditions associated with this cross-country variation is essential to guiding investment in more effective preparedness and response for future pandemics.

Methods: Daily SARS-CoV-2 infections and COVID-19 deaths for 177 countries and territories and 181 subnational locations were extracted from the Institute for Health Metrics and Evaluation's modelling database. Cumulative infection rate and infection-fatality ratio (IFR) were estimated and standardised for environmental, demographic, biological, and economic factors. For infections, we included factors associated with environmental seasonality (measured as the relative risk of pneumonia), population density, gross domestic product (GDP) per capita, proportion of the population living below 100 m, and a proxy for previous exposure to other betacoronaviruses. For IFR, factors were age distribution of the population, mean body-mass index (BMI), exposure to air pollution, smoking rates, the proxy for previous exposure to other betacoronaviruses, population density, age-standardised prevalence of chronic obstructive pulmonary disease and cancer, and GDP per capita. These were standardised using indirect age standardisation and multivariate linear models. Standardised national cumulative infection rates and IFRs were tested for associations with 12 pandemic preparedness indices, seven health-care capacity indicators, and ten other demographic, social, and political conditions using linear regression. To investigate pathways by which important factors might affect infections with SARS-CoV-2, we also assessed the relationship between interpersonal and governmental trust and corruption and changes in mobility patterns and COVID-19 vaccination rates.

Findings: The factors that explained the most variation in cumulative rates of SARS-CoV-2 infection between Jan 1, 2020, and Sept 30, 2021, included the proportion of the population living below 100 m (5·4% of variation), GDP per capita (4·2% of variation), and the proportion of infections attributable to seasonality (2·1% of variation). Most cross-country variation in cumulative infection rates could not be explained. The factors that explained the most variation in COVID-19 IFR over the same period were the age profile of the country (46·7% of variation), GDP per capita (3·1% of variation), and national mean BMI (1·1% of variation). 44·4% of cross-national variation in IFR could not be explained. Pandemic-preparedness indices, which aim to measure health security capacity, were not meaningfully associated with standardised infection rates or IFRs. Measures of trust in the government and interpersonal trust, as well as less government corruption, had larger, statistically significant associations with lower standardised infection rates. High levels of government and interpersonal trust, as well as less government corruption, were also associated with higher COVID-19 vaccine coverage among middle-income and high-income countries where vaccine availability was more widespread, and lower corruption was associated with greater reductions in mobility. If these modelled associations were to be causal, an increase in trust of governments such that all countries had societies that attained at least the amount of trust in government or interpersonal trust measured in Denmark, which is in the 75th percentile across these spectrums, might have reduced global infections by 12·9% for government trust and 40·3% for interpersonal trust. Similarly, if all countries had a national BMI equal to or less than that of the 25th percentile, our analysis suggests global standardised IFR would be reduced by 11·1%.

Interpretation: Efforts to improve pandemic preparedness and response for the next pandemic might benefit from greater investment in risk communication and community engagement strategies to boost the confidence that individuals have in public health guidance. Our results suggest that increasing health promotion for key modifiable risks is associated with a reduction of fatalities in such a scenario.



Int J Health Plann Manage (IF: 1.52; Q4). 2022 Feb 22. doi: 10.1002/hpm.3446. Online ahead of print.

Health system resilience and health workforce capacities: Comparing health system responses during the COVID-19 pandemic in six European countries

Viola Burau, Michelle Falkenbach, Stefano Neri, Stephen Peckham, Iris Wallenburg, Ellen Kuhlmann

PMID: 35194831 DOI: 10.1002/hpm.3446

Abstract

Background: The health workforce is a key component of any health system and the present crisis offers a unique opportunity to better understand its specific contribution to health system resilience. The literature acknowledges the importance of the health workforce, but there is little systematic knowledge about how the health workforce matters across different countries.

Aims: We aim to analyse the adaptive, absorptive and transformative capacities of the health workforce during the first wave of the COVID-19 pandemic in Europe (January-May/June 2020), and to assess how health systems prerequisites influence these capacities.

Materials and methods: We selected countries according to different types of health systems and pandemic burdens. The analysis is based on short, descriptive country case studies, using written secondary and primary sources and expert information.

Results and discussion: Our analysis shows that in our countries, the health workforce drew on a wide range of capacities during the first wave of the pandemic. However, health systems prerequisites seemed to have little influence on the health workforce's specific combinations of capacities.

Conclusion: This calls for a reconceptualisation of the institutional perquisites of health system resilience to fully grasp the health workforce contribution. Here, strengthening governance emerges as key to effective health system responses to the COVID-19 crisis, as it integrates health professions as frontline workers and collective actors.

Keywords: COVID-19 pandemic; European comparison; health governance; health system resilience; health workforce capacities.

SILENZIO

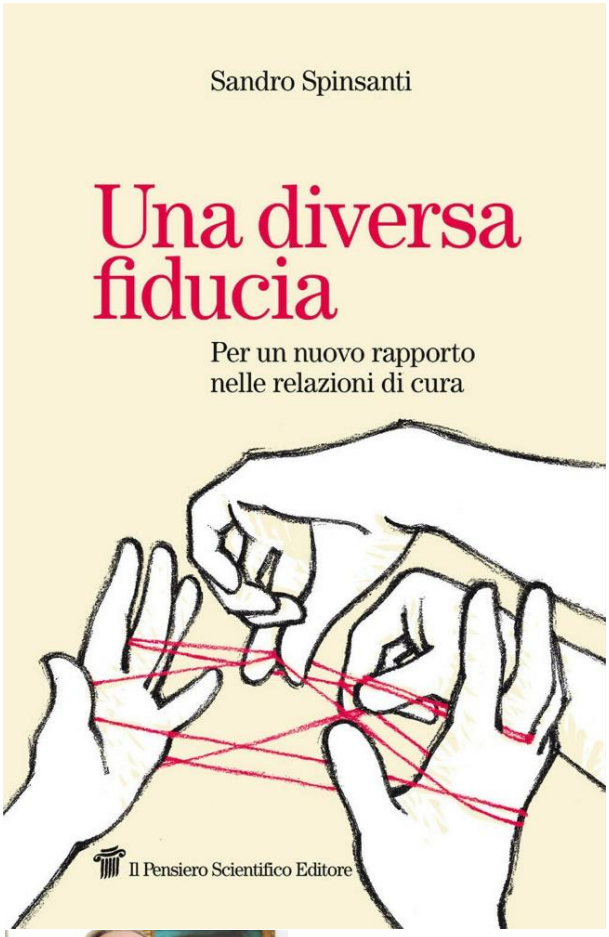
Luce
arrogata in boccioli rubino
va all'apoteosi
Spasmi di vita
Silenzio
Spettri d'ombra navigano
nel pensiero
Il Domani-Vertice
è lontano lassù
Vanità?
Odio e …
cellule di nulla
Atomica coltre
Silenzio si esige
Cuori straziati
Deserti e bianche croci
L'ora è tarda
per il sorriso
Tornano le tenebre arcaiche
Arido pianto invade
Silenzio
La morte è nuda

Lorena Crepaldi
03 febbraio 1989

WEBINAR

YouTube **GESTIONE DOMICILIARE DEL PAZIENTE CON COVID-19**

https://www.youtube.com/watch?v=VnMneHxY3KQ

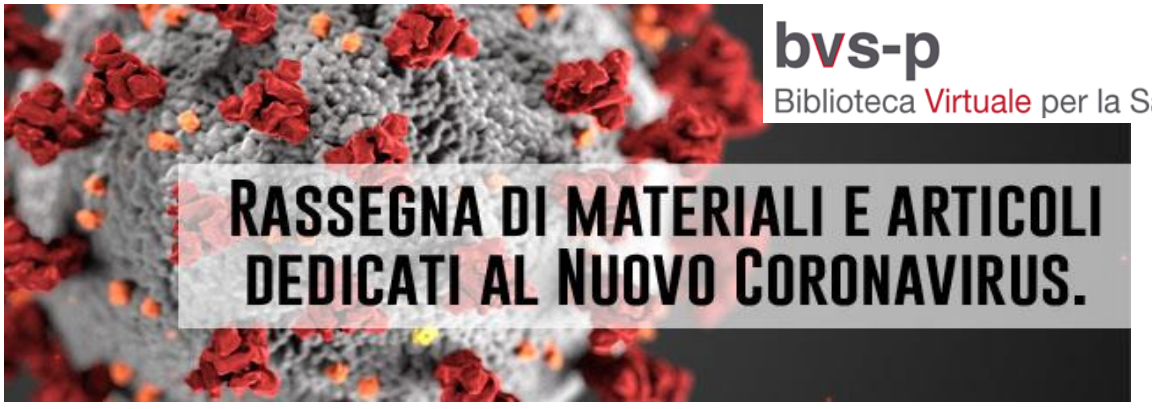


UNA DIVERSA FIDUCIA
PER UN NUOVO RAPPORTO NELLE RELAZIONI DI CURA

"La buona medicina è un tavolo tenuto in piedi da tre gambe: pillole, parole e fiducia. Se una di queste tre risorse viene a mancare, l'insieme crolla." Alle parole, che della fiducia sono nutrimento, Sandro Spinsanti ha dedicato il saggio La cura con parole oneste; in questo nuovo lavoro, che ne è l'ideale prosecuzione, si concentra invece sulla fiducia, perché è convinto che sia la sua perdita che funesta ai nostri giorni il complesso sistema delle cure: lo dimostrano innanzitutto lo scetticismo verso i vaccini anti-covid e il sempre il più diffuso sospetto nei confronti del sapere scientifico. Con la grazia e l'ironia che gli sono proprie, ma senza per questo risparmiare aspre critiche a un sistema sanitario che nel tempo si è arroccato su posizioni difensive, aggravando se possibile la relazione medico-paziente, Spinsanti esamina i vari modi in cui la sfiducia si articola e si manifesta nella medicina dei nostri giorni e come sia andata crescendo ed evolvendosi nel tempo. Intravede, tuttavia, nel ricambio generazionale e di genere che potrebbe intervenire nel governo della sanità, una positiva prospettiva futura, ma avverte che non basta la fiducia costruita solo sui rapporti interpersonali con i curanti: è necessario che questa sia sostenuta da servizi alla salute efficienti e attendibili, con cittadini che siano in grado di sapere con certezza se e fino a che punto si estende l'impegno implicito a non lasciare indietro nessuno quando la condizione di salute si incrina. Anche per questo, afferma l'autore, è ora di aggiornare il Servizio sanitario nazionale, per rendere la tutela della salute un diritto non solo proclamato, ma concretamente esigibile.

Sandro Spinsanti

Laureato in teologia (specializzazione in teologia morale; interessi in ecumenismo) e in psicologia (con formazione psicoterapeutica in Analisi Transazionale e terapia della Gestalt). Ha insegnato etica medica nella Facoltà di medicina dell'Università Cattolica del Sacro Cuore di Roma e bioetica nell'Università di Firenze. Fondatore e direttore dell'Istituto Giano per le Medical Humanities e il Management in sanità, che ha promosso corsi di formazione per professionisti sanitari in bioetica, Medical Humanities e gestione manageriale.



Cogliamo l'occasione per segnalare la sezione in costante aggiornamento dedicata al tema **Covid-19** dove reperire la documentazione prodotta dalle istituzioni più autorevoli; arricchita dal contributo di materiali e articoli prodotti dalle principali riviste medico scientifiche internazionali, è realizzata dalla **Biblioteca Virtuale della Salute – Piemonte** e fruibile sul portale della stessa al link: https://www.bvspiemonte.it/nuovo-coronavirus-covid-19/.

La consultazione è aperta a tutti.

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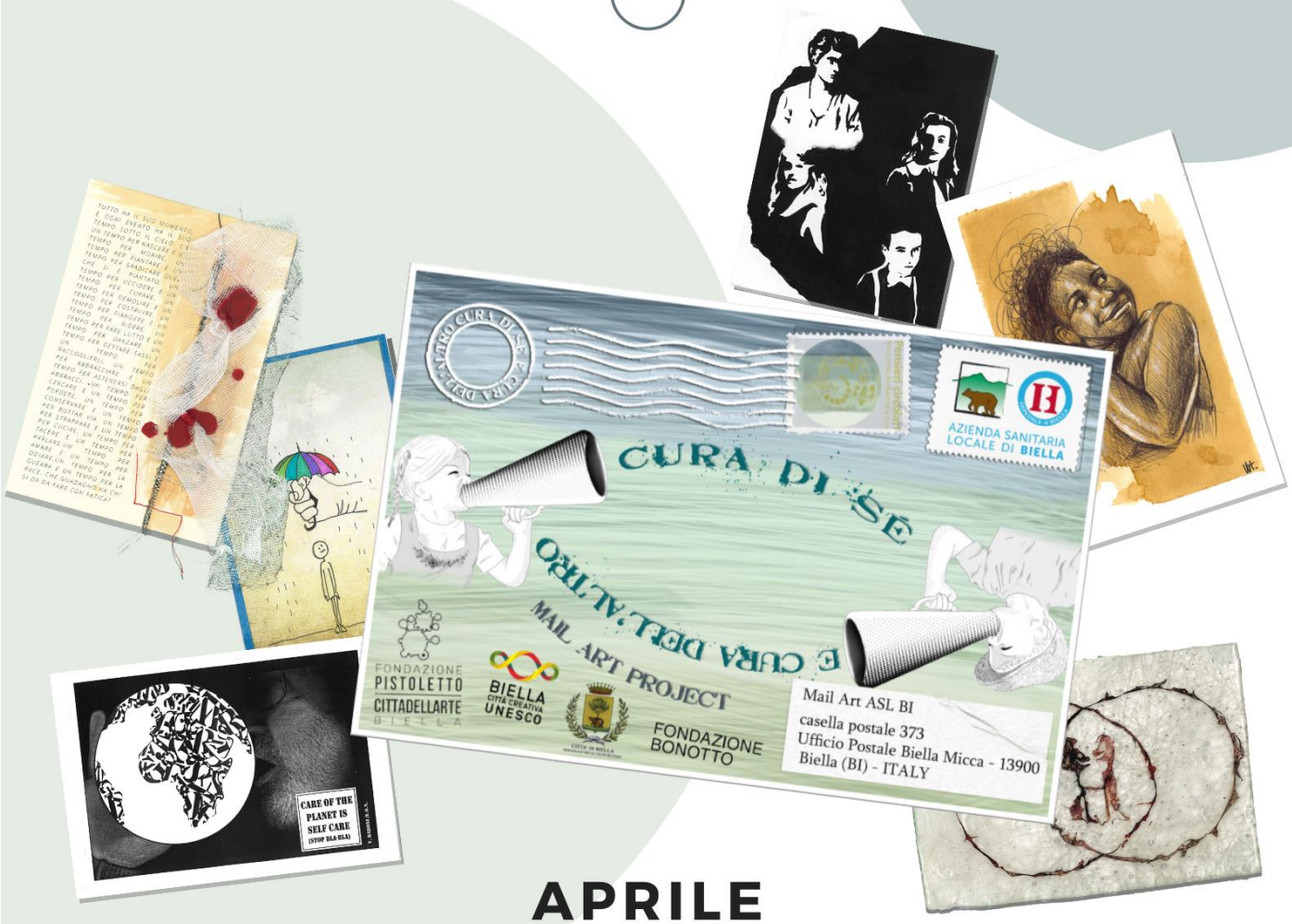

APRILE 22 2022

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