



Michelangelo Liscioletto

Newsletter Scientifica COVID 19 & MEDICAL HUMANITIES 13 mesi insieme





Con il patrocinio di



Newsletter Scientifica COVID 19 & MEDICAL HUMANITIES

"Non c'è notte lunga che luce non trovi".

William Shakespeare



"Terrazza del caffè la sera" - Vincent van Gogh, 1888, Museo Kröller-Müller, Otterlo

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 14 gennaio
Buone Feste!

Contatti:

rosa.introcaso@aslbi.piemonte.it

Per info corsi aziendali e supporto webinar

015.1515.3218

biblioteca@3bi.info

Per appuntamenti e ricerche bibliografiche

015.1515.3132

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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Questa settimana la BVS-P presenta:



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.

BMJ. 2021 Nov 29;375:n2943. doi: 10.1136/bmj.n2943.

Covid-19: Omicron may be more transmissible than other variants and partly resistant to existing vaccines, scientists fear

Ingrid Torjesen

PMID: 34845008

Abstract: Omicron, the SARS-CoV-2 variant responsible for a cluster of cases in South Africa and that is now spreading around the world, is the most heavily mutated variant to emerge so far and carries mutations similar to changes seen in previous variants of concern associated with enhanced transmissibility and partial resistance to vaccine induced immunity. Daily case numbers in South Africa had been fairly low but then rose rapidly from 273 on 16 November to more than 1200 by 25 November, more than 80% of which were in the northern province of Gauteng, where the first cases were seen. Europe's first case of the variant was confirmed in Belgium on 26 November in a person who tested positive for covid-19 on 22 November. By 29 November cases had been reported in the Netherlands, France, Germany, Portugal, and Italy. The UK had recorded nine cases by the morning of 29 November, six of them in Scotland.

Elsewhere in the world cases have been reported in Botswana, Hong Kong, Canada, and Australia, which has had extremely tight border controls through the pandemic.

Some countries, including Japan and Israel, were quick to close their borders to all foreign travellers, while others, such as the UK and EU countries, enforced quarantine for travellers from South Africa and neighbouring countries after the World Health Organization designated omicron an official variant of concern on 26 November.

BMJ. 2021 Nov 28;375:e067518. doi: 10.1136/bmj-2021-067518.

Resetting international systems for pandemic preparedness and response

Sudhvir Singh, Michael Bartos, Salma Abdalla, Helena Legido-Quigley, Anders Nordström, Ellen Johnson Sirleaf, Helen Clark

PMID: 34840131

Abstract: At the World Health Assembly in May 2020 there was consensus from all governments on the need for a comprehensive, impartial, and independent review of the international health response to covid-19.1 Tedros Adhanom Ghebreyesus, the World Health Organization's director general, took the decision to establish an Independent Panel for Pandemic Preparedness and Response. He appointed Ellen Johnson Sirleaf and Helen Clark as co-chairs and gave them authority to choose panel members and work independently. The panel systematically examined evidence through a structured programme of work that included literature reviews, interviews, 15 expert round tables, and six hearings with affected groups. WHO also gave the panel access to its documentation. The panel published its recommendations on 12 May 2021.2 This article discusses its diagnosis and summarises the recommendations how the international system can be better prepared for the future. Other articles in the series consider the findings in more detail (www.bmj.com/covid-19-preparedness-and-response).

N Engl J Med. 2021 Oct 6;NEJMoa2109730. doi: 10.1056/NEJMoa2109730. Online ahead of print.

[Myocarditis after BNT162b2 mRNA Vaccine against Covid-19 in Israel](#)

Dror Mevorach, Emilia Anis, Noa Cedar, Michal Bromberg, Eric J Haas, Eyal Nadir, Sharon Olsha-Castell, Dana Arad, Tal Hasin, Nir Levi, Rabea Asleh, Offer Amir, Karen Meir, Dotan Cohen, Rita Dichtiar, Deborah Novick, Yael HersHKovitz, Ron Dagan, Iris Leitersdorf, Ronen Ben-Ami, Ian Miskin, Walid Saliba, Khitam Muhsen, Yehezkel Levi, Manfred S Green, Lital Keinan-Boker, Sharon Alroy-Preis

PMID: 34614328 PMCID: PMC8531987 DOI: 10.1056/NEJMoa2109730

Abstract

Background: Approximately 5.1 million Israelis had been fully immunized against coronavirus disease 2019 (Covid-19) after receiving two doses of the BNT162b2 messenger RNA vaccine (Pfizer-BioNTech) by May 31, 2021. After early reports of myocarditis during adverse events monitoring, the Israeli Ministry of Health initiated active surveillance.

Methods: We retrospectively reviewed data obtained from December 20, 2020, to May 31, 2021, regarding all cases of myocarditis and categorized the information using the Brighton Collaboration definition. We analyzed the occurrence of myocarditis by computing the risk difference for the comparison of the incidence after the first and second vaccine doses (21 days apart); by calculating the standardized incidence ratio of the observed-to-expected incidence within 21 days after the first dose and 30 days after the second dose, independent of certainty of diagnosis; and by calculating the rate ratio 30 days after the second dose as compared with unvaccinated persons.

Results: Among 304 persons with symptoms of myocarditis, 21 had received an alternative diagnosis. Of the remaining 283 cases, 142 occurred after receipt of the BNT162b2 vaccine; of these cases, 136 diagnoses were definitive or probable. The clinical presentation was judged to be mild in 129 recipients (95%); one fulminant case was fatal. The overall risk difference between the first and second doses was 1.76 per 100,000 persons (95% confidence interval [CI], 1.33 to 2.19), with the largest difference among male recipients between the ages of 16 and 19 years (difference, 13.73 per 100,000 persons; 95% CI, 8.11 to 19.46). As compared with the expected incidence based on historical data, the standardized incidence ratio was 5.34 (95% CI, 4.48 to 6.40) and was highest after the second dose in male recipients between the ages of 16 and 19 years (13.60; 95% CI, 9.30 to 19.20). The rate ratio 30 days after the second vaccine dose in fully vaccinated recipients, as compared with unvaccinated persons, was 2.35 (95% CI, 1.10 to 5.02); the rate ratio was again highest in male recipients between the ages of 16 and 19 years (8.96; 95% CI, 4.50 to 17.83), with a ratio of 1 in 6637.

Conclusions: The incidence of myocarditis, although low, increased after the receipt of the BNT162b2 vaccine, particularly after the second dose among young male recipients. The clinical presentation of myocarditis after vaccination was usually mild.

BMJ. 2021 Oct 6;375:n2288. doi: 10.1136/bmj.n2288.

[Female authorship of covid-19 research in manuscripts submitted to 11 biomedical journals: cross sectional study](#)

Angèle Gayet-Ageron, Khaoula Ben Messaoud, Mark Richards, Sara Schroter

PMID: 34615650 PMCID: PMC8493599 DOI: 10.1136/bmj.n2288

Abstract

Objective: To describe prominent authorship positions held by women and the overall percentage of women co-authoring manuscripts submitted during the covid-19 pandemic compared with the previous two years.

Design: Cross sectional study.

Setting: Nine specialist and two large general medical journals.

Population: Authors of research manuscripts submitted between 1 January 2018 and 31 May 2021.

Main outcome measures: Primary outcome: first author's gender.

Secondary outcomes: last and corresponding authors' gender; number (percentage) of women on authorship byline in "pre-pandemic" period (1 January 2018 to 31 December 2019) and in "covid-19" and "non-covid-19" manuscripts during pandemic.

Results: A total of 63 259 manuscripts were included. The number of female first, last, and corresponding authors respectively were 1313 (37.1%), 996 (27.9%), and 1119 (31.1%) for covid-19 manuscripts (lowest values in Jan-May 2020: 230 (29.4%), 165 (21.1%), and 185 (22.9%)), compared with 8583 (44.9%), 6118 (31.2%), and 7273 (37.3%) for pandemic non-covid-19 manuscripts and 12 724 (46.0%), 8923 (31.4%), and 10 981 (38.9%) for pre-pandemic manuscripts. The adjusted odds ratio of having a female first author in covid-19 manuscripts was <1.00 in all groups (P<0.001) compared with pre-pandemic (lowest in Jan-May 2020: 0.55, 98.75% confidence interval 0.43 to 0.70). The adjusted odds ratio of having a woman as last or corresponding author was significantly lower for covid-19 manuscripts in all time periods (except for the two most recent periods for last author) compared with pre-pandemic (lowest values in Jan-May 2020: 0.74 (0.57 to 0.97) for last and 0.61 (0.49 to 0.77) for corresponding author). The odds ratios for pandemic non-covid-19 manuscripts were not significantly different compared with pre-pandemic manuscripts. The median percentage of female authors on the byline was lower for covid-19 manuscripts (28.6% in Jan-May 2020) compared with pre-pandemic (36.4%) and non-covid-19

pandemic manuscripts (33.3% in Jan-May 2020). Gender disparities in all prominent authorship positions and the proportion of women authors on the byline narrowed in the most recent period (Feb-May 2021) compared with the early pandemic period (Jan-May 2020) and were very similar to values observed for pre-pandemic manuscripts.

Conclusions: Women have been underrepresented as co-authors and in prominent authorship positions in covid-19 research, and this gender disparity needs to be corrected by those involved in academic promotion and awarding of research grants. Women attained some prominent authorship positions equally or more frequently than before the pandemic on non-covid-19 related manuscripts submitted at some time points during the pandemic.

JAMA Netw Open. 2021 Nov 1;4(11):e2136246. doi: 10.1001/jamanetworkopen.2021.36246.

Effect of High-Titer Convalescent Plasma on Progression to Severe Respiratory Failure or Death in Hospitalized Patients With COVID-19 Pneumonia: A Randomized Clinical Trial

Francesco Menichetti, Patrizia Popoli, Maria Puopolo et al.

PMID: 34842924

Abstract

Importance: Convalescent plasma (CP) has been generally unsuccessful in preventing worsening of respiratory failure or death in hospitalized patients with COVID-19 pneumonia.

Objective: To evaluate the efficacy of CP plus standard therapy (ST) vs ST alone in preventing worsening respiratory failure or death in patients with COVID-19 pneumonia.

Design, setting, and participants: This prospective, open-label, randomized clinical trial enrolled (1:1 ratio) hospitalized patients with COVID-19 pneumonia to receive CP plus ST or ST alone between July 15 and December 8, 2020, at 27 clinical sites in Italy. Hospitalized adults with COVID-19 pneumonia and a partial pressure of oxygen-to-fraction of inspired oxygen (Pao₂/Fio₂) ratio between 350 and 200 mm Hg were eligible.

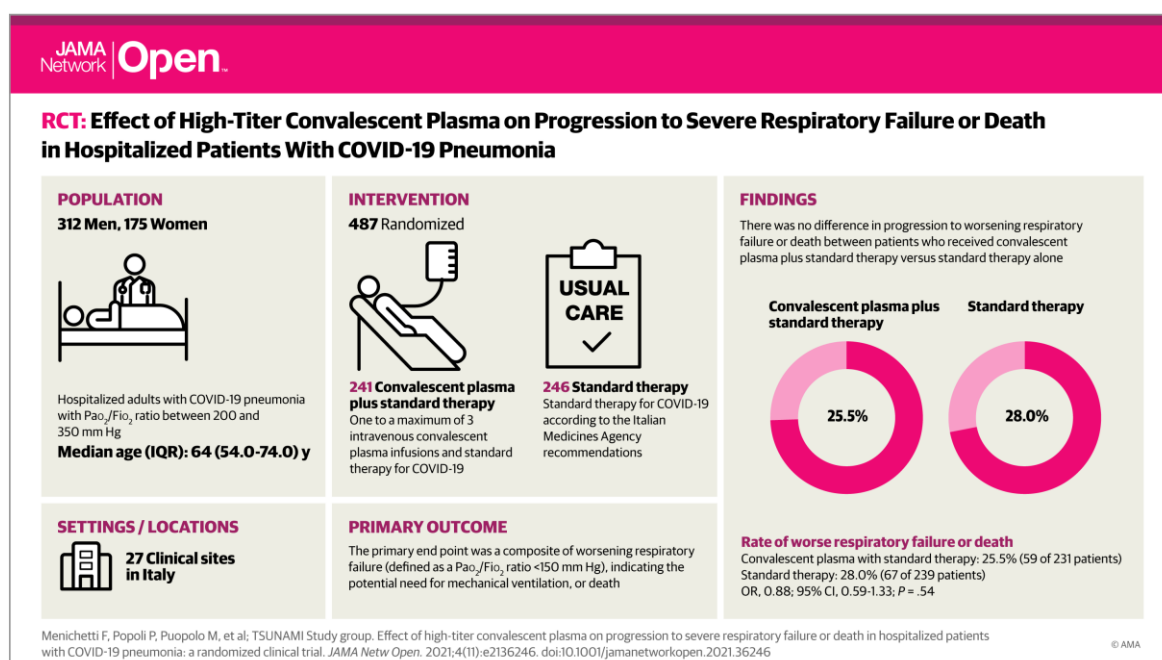
Interventions: Patients in the experimental group received intravenous high-titer CP ($\geq 1:160$, by microneutralization test) plus ST. The volume of infused CP was 200 mL given from 1 to a maximum of 3 infusions. Patients in the control group received ST, represented by remdesivir, glucocorticoids, and low-molecular weight heparin, according to the Agenzia Italiana del Farmaco recommendations.

Main outcomes and measures: The primary outcome was a composite of worsening respiratory failure (Pao₂/Fio₂ ratio <150 mm Hg) or death within 30 days from randomization.

Results: Of the 487 randomized patients (241 to CP plus ST; 246 to ST alone), 312 (64.1%) were men; the median (IQR) age was 64 (54.0-74.0) years. The modified intention-to-treat population included 473 patients. The primary end point occurred in 59 of 231 patients (25.5%) treated with CP and ST and in 67 of 239 patients (28.0%) who received ST (odds ratio, 0.88; 95% CI, 0.59-1.33; $P = .54$). Adverse events occurred more frequently in the CP group (12 of 241 [5.0%]) compared with the control group (4 of 246 [1.6%]; $P = .04$).

Conclusions and relevance: In patients with moderate to severe COVID-19 pneumonia, high-titer anti-SARS-CoV-2 CP did not reduce the progression to severe respiratory failure or death within 30 days.

Trial registration: ClinicalTrials.gov Identifier: NCT04716556.



Tu la notte io il giorno



Il mare in
un bicchiere:
medical humanities
ed emergenza



Tu la notte io il giorno
così distanti e immutevoli
nel tempo
così vicini come due alberi
posti uno di fronte all'altro
a creare lo stesso giardino
ma senza possibilità di
toccarsi
se non con i pensieri
Tu la notte io il giorno
tu con le tue stelle e la luna
silenziosa
io con le mie nuvole ed il
sole abbagliante
tu che conosci la brezza
della sera
ed io che rincorro il vento
caldo
fino a quando giunge il
tramonto
I rami divengono mani
tiepide

che si intrecciano
appassionate
le foglie sono sospiri
nascosti
le stelle diventano occhi di
brace
e le nuvole un lenzuolo che
scopre la nudità
La luna e il sole sono due
amanti rapidi e fugaci
e non siamo più io e te
siamo noi fusi insieme
nella completezza della luce
fioca
ondeggiante come la marea
in eterna corsa...
So cosa significa amore
quando il giorno muore.

Antonia Pozzi



Tratto da "CURA DI SÉ CURA DELL'ALTRO E HUMANITIES"

Editore Pensa MultiMedia

(...) In questa contingenza storica emerge, in sintesi, in maniera assoluta e stringente, la doverosa necessità – da parte della scuola, delle altre istituzioni educative, di quelle sanitarie e di tutte le agenzie sociali impegnate nella promozione della salute – di collaborare per sostenere, sviluppare, valorizzare e rinnovare una cultura della cura di sé, dell'altro e del mondo che ci circonda. Questo libro intende mettere in evidenza come pratiche educative centrate su contributi humanities o 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 (...) Le humanities consentono di fare esperienza di mondi possibili su un piano emotivo e cognitivo decentrato, alimentando pensieri profondi sulla condizione umana (...)



Vincenzo Alastra, Responsabile del Servizio Formazione e Sviluppo Risorse Umane dell'ASL BI-Biella; Professore a Contratto presso l'Università di Torino. È autore e curatore di diversi saggi e libri in tema di medicina narrativa e pratiche di cura centrate su un approccio narrativo. Per la casa editrice Pensa MultiMedia dirige la collana "Ambienti narrativi e pratiche di cura"

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12 e 19 gennaio 2022
ore 17.00 - 18.30

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**Imparare dal Covid un nuovo paradigma di cura
 per il benessere dei pazienti e degli operatori sanitari**

Per informazioni e iscrizioni cliccare QUI



Sono già più di 300 le cartoline artistiche in tema di cura spedite per la call "Cura di Sé e cura dell'Altro: Mail Art Project". Al progetto hanno aderito oltre alle scuole italiane anche molti operatori sanitari. Chiunque può partecipare perché la mail art è una forma di espressione creativa aperta al contributo di tutti!

C'è tempo fino al 15 gennaio per inviare una cartolina che esprima il significato che diamo alle relazioni di cura.

Per maggiori informazioni potete chiamare
 Rosa- 015 15153218 o Veronica- 015 15153961
 o visitare il sito internet

<https://www.vocieimmaginidicura.it/map-2021-artists/>