

COVID 19 & MEDICAL HUMANITIES

Newsletter Scientifica



“Si riconosce la vera razionalità dalla sua capacità di riconoscere le proprie insufficienze”

Edgar Morin



Banksy - Edificio di Hanover Place, “The Girl with the Pierced Eardrum” - Bristol

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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Hanno collaborato alla realizzazione di questa newsletter:

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Vi suggeriamo la consultazione della sezione del portale BVS-P dedicata a **NUOVO CORONAVIRUS - 19** all'interno della quale potrete trovare una selezione di documenti istituzionali ed arricchita dal contributo di materiali ed articoli prodotti dalle più autorevoli riviste medico scientifiche internazionali.

Link: <https://www.bvspiemonte.it/nuovo-coronavirus-covid-19/>

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.

bvs-p

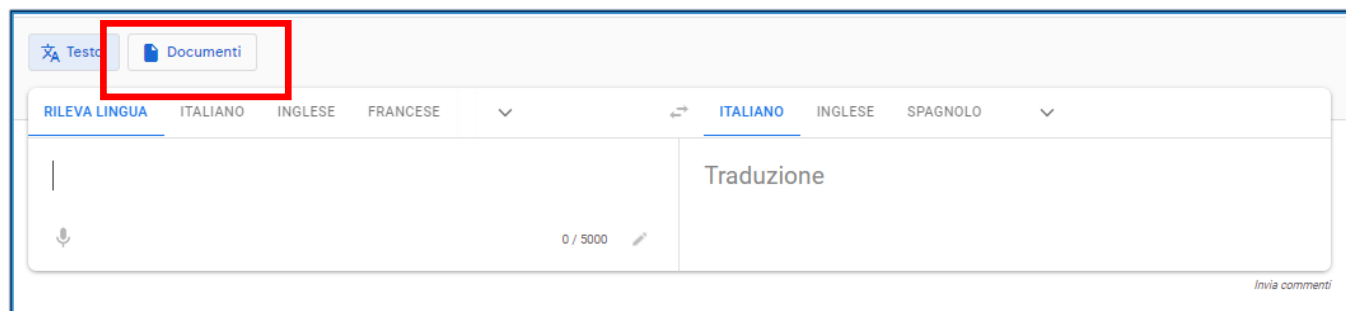
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Grazie all'intelligenza artificiale, Google Translate è ora in grado di tradurre anche lingue complesse inquadrando il testo con la fotocamera dello smartphone.



Articoli Consigliati

Nat Immunol. 2020 Nov 18. doi: 10.1038/s41590-020-00832-x. Online ahead of print.

Macrophage expression and prognostic significance of the long pentraxin PTX3 in COVID-19

Enrico Brunetta 1 2, Marco Folci 1 2, Barbara Bottazzi 1, Maria De Santis 1, Giuseppe Gritti 3, Alessandro Protti 1 2, Sarah N Mapelli 1, Stefanos Bonovas 1 2, Daniele Piovani 1 2, Roberto Leone 1, Ilaria My 1 2, Veronica Zanon 1, Gianmarco Spata 1, Monica Bacci 1, Domenico Supino 2, Silvia Carnevale 2, Marina Sironi 1, Sadaf Davoudian 1, Clelia Peano 1 4, Francesco Landi 3, Fabiano Di Marco 5 6, Federico Raimondi 5, Andrea Gianatti 7, Claudio Angelini 1, Alessandro Rambaldi 8 9, Cecilia Garlanda 10 11, Michele Ciccarelli 12, Maurizio Cecconi 13 14, Alberto Mantovani 15 16 17

PMID: 33208929 DOI: 10.1038/s41590-020-00832-x

Abstract: Long pentraxin 3 (PTX3) is an essential component of humoral innate immunity, involved in resistance to selected pathogens and in the regulation of inflammation¹⁻³. The present study was designed to assess the presence and significance of PTX3 in Coronavirus Disease 2019 (COVID-19)⁴⁻⁷. RNA-sequencing analysis of peripheral blood mononuclear cells, single-cell bioinformatics analysis and immunohistochemistry of lung autopsy samples revealed that myelomonocytic cells and endothelial cells express high levels of PTX3 in patients with COVID-19. Increased plasma concentrations of PTX3 were detected in 96 patients with COVID-19. PTX3 emerged as a strong independent predictor of 28-d mortality in multivariable analysis, better than conventional markers of inflammation, in hospitalized patients with COVID-19. The prognostic significance of PTX3 abundance for mortality was confirmed in a second independent cohort (54 patients). Thus, circulating and lung myelomonocytic cells and endothelial cells are a major source of PTX3, and PTX3 plasma concentration can serve as an independent strong prognostic indicator of short-term mortality in COVID-19.

N Engl J Med. 2020 Nov 24. doi: 10.1056/NEJMoa2031304. Online ahead of print.

A Randomized Trial of Convalescent Plasma in Covid-19 Severe Pneumonia

Ventura A Simonovich 1, Leandro D Burgos Pratz 1, Paula Scibona 1, María V Beruto 1, Marcelo G Vallone 1, Carolina Vázquez 1, Nadia Savoy 1, Diego H Giunta 1, Lucía G Pérez 1, Marisa Del L Sánchez 1, Andrea Vanesa Gamarnik 1, Diego S Ojeda 1, Diego M Santoro 1, Pablo J Camino 1, Sebastian Antelo 1, Karina Rainero 1, Gabriela P Vidiella 1, Erica A Miyazaki 1, Wanda Cornistein 1, Omar A Trabadelo 1, Fernando M Ross 1, Mariano Spotti 1, Gabriel Funtowicz 1, Walter E Scordo 1, Marcelo H Losso 1, Inés Ferniot 1, Pablo E Pardo 1, Eulalia Rodriguez 1, Pablo Rucci 1, Julieta Pasquali 1, Nora A Fuentes 1, Mariano Esperatti 1, Gerardo A Speroni 1, Esteban C Nannini 1, Alejandra Matteaccio 1, Hernán G Michelangelo 1, Dean Follmann 1, H Clifford Lane 1, Waldo H Belloso 1, PlasmAr Study Group

PMID: 33232588 DOI: 10.1056/NEJMoa2031304

Abstract: Background: Convalescent plasma is frequently administered to patients with Covid-19 and has been reported, largely on the basis of observational data, to improve clinical outcomes. Minimal data are available from adequately powered randomized, controlled trials.

Methods: We randomly assigned hospitalized adult patients with severe Covid-19 pneumonia in a 2:1 ratio to receive convalescent plasma or placebo. The primary outcome was the patient's clinical status 30 days after the intervention, as measured on a six-point ordinal scale ranging from total recovery to death.

Results: A total of 228 patients were assigned to receive convalescent plasma and 105 to receive placebo. The median time from the onset of symptoms to enrollment in the trial was 8 days (interquartile range, 5 to 10), and hypoxemia was the most frequent severity criterion for enrollment. The infused convalescent plasma had a median titer of 1:3200 of total SARS-CoV-2 antibodies (interquartile range, 1:800 to 1:3200). No patients were lost to follow-up. At day 30 day, no significant difference was noted between the convalescent plasma group and the placebo group in the distribution of clinical outcomes according to the ordinal scale (odds ratio, 0.83 (95% confidence interval [CI], 0.52 to 1.35; P = 0.46). Overall mortality was 10.96% in the convalescent plasma group and 11.43% in the placebo group, for a risk difference of -0.46 percentage points (95% CI, -7.8 to 6.8). Total SARS-CoV-2 antibody titers tended to be higher in the convalescent plasma group at day 2 after the intervention. Adverse events and serious adverse events were similar in the two groups.

Conclusions: No significant differences were observed in clinical status or overall mortality between patients treated with convalescent plasma and those who received placebo. (PlasmAr ClinicalTrials.gov number, NCT04383535.)



The Lancet Infectious Diseases 2020 Oct 22. doi: 10.1016/S1473-3099(20)30785-4
[Article in Press]

[The temporal association of introducing and lifting non-pharmaceutical interventions with the time-varying reproduction number \(R\) of SARS-CoV-2: a modelling study across 131 countries](#)

You Li, Harry Campbell, Durga Kulkarni, Alice Harpur, Madhurima Nundy, Xin Wang, Harish Nair, for the Usher Network for COVID-19 Evidence Reviews (UNCOVER) group

Background: Non-pharmaceutical interventions (NPIs) were implemented by many countries to reduce the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causal agent of COVID-19. A resurgence in COVID-19 cases has been reported in some countries that lifted some of these NPIs. We aimed to understand the association of introducing and lifting NPIs with the level of transmission of SARS-CoV-2, as measured by the time-varying reproduction number (R), from a broad perspective across 131 countries.

Methods: In this modelling study, we linked data on daily country-level estimates of R from the London School of Hygiene & Tropical Medicine (London, UK) with data on country-specific policies on NPIs from the Oxford COVID-19 Government Response Tracker, available between Jan 1 and July 20, 2020. We defined a phase as a time period when all NPIs remained the same, and we divided the timeline of each country into individual phases based on the status of NPIs. We calculated the R ratio as the ratio between the daily R of each phase and the R from the last day of the previous phase (ie, before the NPI status changed) as a measure of the association between NPI status and transmission of SARS-CoV-2. We then modelled the R ratio using a log-linear regression with introduction and relaxation of each NPI as independent variables for each day of the first 28 days after the change in the corresponding NPI. In an ad-hoc analysis, we estimated the effect of reintroducing multiple NPIs with the greatest effects, and in the observed sequence, to tackle the possible resurgence of SARS-CoV-2.

Findings: 790 phases from 131 countries were included in the analysis. A decreasing trend over time in the R ratio was found following the introduction of school closure, workplace closure, public events ban, requirements to stay at home, and internal movement limits; the reduction in R ranged from 3% to 24% on day 28 following the introduction compared with the last day before introduction, although the reduction was significant only for public events ban (R ratio 0.76, 95% CI 0.58-1.00); for all other NPIs, the upper bound of the 95% CI was above 1. An increasing trend over time in the R ratio was found following the relaxation of school closure, bans on public events, bans on public gatherings of more than ten people, requirements to stay at home, and internal movement limits; the increase in R ranged from 11% to 25% on day 28 following the relaxation compared with the last day before relaxation, although the increase was significant only for school reopening (R ratio 1.24, 95% CI 1.00-1.52) and lifting bans on public gatherings of more than ten people (1.25, 1.03-1.51); for all other NPIs, the lower bound of the 95% CI was below 1. It took a median of 8 days (IQR 6-9) following the introduction of an NPI to observe 60% of the maximum reduction in R and even longer (17 days [14-20]) following relaxation to observe 60% of the maximum increase in R. In response to a possible resurgence of COVID-19, a control strategy of banning public events and public gatherings of more than ten people was estimated to reduce R, with an R ratio of 0.71 (95% CI 0.55-0.93) on day 28, decreasing to 0.62 (0.47-0.82) on day 28 if measures to close workplaces were added, 0.58 (0.41-0.81) if measures to close workplaces and internal movement restrictions were added, and 0.48 (0.32-0.71) if measures to close workplaces, internal movement restrictions, and requirements to stay at home were added.

Interpretation: Individual NPIs, including school closure, workplace closure, public events ban, ban on gatherings of more than ten people, requirements to stay at home, and internal movement limits, are associated with reduced transmission of SARS-CoV-2, but the effect of introducing and lifting these NPIs is delayed by 1-3 weeks, with this delay being longer when lifting NPIs. These findings provide additional evidence that can inform policy-maker decisions on the timing of introducing and lifting different NPIs, although R should be interpreted in the context of its known limitations.

Funding Wellcome Trust Institutional Strategic Support Fund and Data-Driven Innovation initiative

[Handbook of COVID-19 Prevention and Treatment](#)

Traduzione in italiano e adattamento a cura del sito www.evidencebasednursing.it

(Solo prima parte "Gestione Prevenzione e Controllo" e terza parte "Nursing")

The First Affiliated Hospital, Zhejiang University School of Medicine Compiled According to Clinical Experience

J Nurs Manag. 2020 Oct 27. doi: 10.1111/jonm.13194. Online ahead of print.

[Lessons from Italian front-line nurses' experiences during the COVID-19 pandemic: A qualitative descriptive study](#)

Gianluca Catania 1, Milko Zanini 1, Mark Hayter 2, Fiona Timmins 3, Nicoletta Dasso 1, Giulia Ottonello 1, Giuseppe Aleo 1, Loredana Sasso 1, Annamaria Bagnasco 1

PMID: 33107657 DOI: 10.1111/jonm.13194

Abstract: Aim: To explore nursing management issues within COVID-19 narratives of Italian front-line nurses.

Background: The COVID-19 pandemic has dramatically affected health systems and professionals worldwide. Italian nurses have key messages for nursing leaders following their acute experiences in the pandemic.

Method: A descriptive qualitative study with thematic analysis.

Results: Twenty-three testimonies from clinical nurses were analysed. Six macrothemes were identified as follows: organisational and logistic change; leadership models adopted to manage the emergency; changes in nursing approaches; personal protective equipment issues; physical and psychological impact on nurses; and team value/spirit.

Conclusions: Our testimonies highlighted the huge impact of COVID-19 on the Italian nursing workforce, especially in terms of the high risks associated with caring for COVID-19 patients, exacerbated by the shortage of appropriate personal protective equipment. Nurses had to care for their colleagues and live separately from their families to avoid infecting them, revealing nurses' resilience and the important role of effective and sensitive management.

Implications for nursing management: Nurse managers must be prepared for the impact of pandemics on staff and need to ensure availability and replacement of quality personal protective equipment, rehearse strategies for communicating with patients while wearing personal protective equipment and establish protocols for communicating with relatives.

Keywords: COVID-19; experience; management; nursing; qualitative.



PREGHIERA

*Fratelli che siete qui,
fratelli del malumore e dello spavento,
fratelli di questo spazio
e di questo tempo,
voglio dirvi una cosa
che sapete:
si può morire all'improvviso,
cadere nella furia
di una malattia,
la terra può tremare,
si può sbandare
in una curva.
La materia del pericolo
è la stessa da cui scavare
la grazia, non c'è riparo
al guasto che ci attende,
non si può diluire la morte,
ma ogni giorno
si può avere
un attimo di bene,
si può con umana pazienza
guardare questo mondo
che si scuce.
Se nulla è sicuro
e nulla sembra vero,
restiamo vicini,
strofiniamo il buio
per farne luce.*

Franco Arminio

WEBINAR IN EVIDENZA

"Il racconto delle epidemie nella letteratura contemporanea" - condotto da Stefano Gianni

<https://www.youtube.com/watch?v=rhaCbn9qJO4>



CORONAVIRUS, MURALES E SCULTURE: DA NEW YORK A BERLINO L'ARTE RAPPRESENTA LA PANDEMIA

Da New York a Berlino, passando per Mumbai e Bergamo: l'arte riflette l'impatto del coronavirus sul nostro pianeta. Murales, ma anche sculture, disegni o semplici trovate: si moltiplicano nel mondo le creazioni artistiche che interpretano la diffusione del virus.

A cura di Mario Di Ciommo

<https://www.youtube.com/watch?v=xBetf4gpM50>



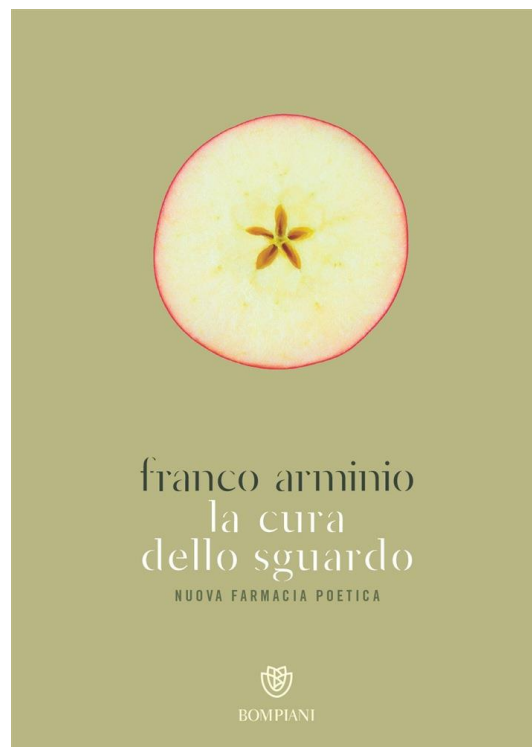
NESSUN GIORNO SENZA AMORE

Il mondo com'era prima già era ingiusto e faticoso. Se aggiungiamo a quel mondo le mascherine diventa un misto di pena e noia. Dopo il panico non ci vuole la normalità, ci vuole la rivoluzione. E invece perfino nella vita intima delle persone sembra ci sia solo stanchezza. L'amore sembra finito. I desideri piccoli vengono ignorati, i desideri grandi vengono respinti. In questo caso non c'entrano le scelte dei governi. Siamo noi che emaniamo ogni giorno invisibili ordinanze che bloccano l'immaginazione. Si sente nell'aria questa penuria di slanci, si sente nelle parole che ci scambiamo, questa mancanza d'aria. Bisogna ripartire, ci ripete l'agenda ufficiale. Ma riattivare le fabbriche serve a poco se non riattiviamo il desiderio.

La vita è un incrocio di abitudine e avventura. La vita quotidiana è gradevole se contiene una vigilia, la speranza di un bacio, la prospettiva di un mondo altro. Se togliamo dalla vita della gente l'utopia di un mondo nuovo e la prospettiva amorosa, resta solo l'impaccio delle mascherine, la vita contratta di chi esce di casa per schivare gli altri, non per incontrarli. Davanti a una malattia che colpisce l'intimità dei corpi noi non possiamo reagire limitandoci a consumare e produrre merci. Dobbiamo trovare il modo di tenere vivo l'amore. È un compito grande che spetta a ognuno di noi, ogni giorno. Nessun giorno senza amore: questa ora dovrebbe essere la nostra legge, l'ordinanza più urgente e più rispettata.

Da Franco Arminio
La cura dello sguardo. Nuova farmacia poetica.

BOMPIANI Editore

**VOCE anch'io.**

Dispositivi narrativi e di ascolto reciproco per elaborare l'esperienza vissuta nell'emergenza Covid-19, soffermandosi su temi essenziali della nostra vita professionale.



AZIENDA SANITARIA
LOCALE DI BIELLA

Un appuntamento periodico di condivisione ed elaborazione dell'esperienza.

Prossimo appuntamento online sulla piattaforma "GoToMeeting"

**3 Dicembre 2020
dalle 16.30 alle 18.00**

Per info e collegamento alla piattaforma:
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