

# 124 | Un mese nei tweet

PER CONOSCERE, PER RIFLETTERE, PER COSTRUIRE RETI

Recenti Prog Med 2020; 111: 124

As an MD, PhD who spent years developing an #Ebola treatment, I know that we need #fact-based leadership, NOT political spin, to mobilize a comprehensive response to the #CoronavirusOutbreak NOW. People's lives are literally at stake.

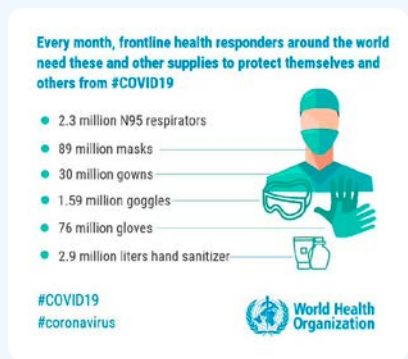
Dena Grayson | @DrDenaGrayson | 4.3.2020

Curious that not one UK journalist picked up on the fact that British PM Johnson admitted to actively spreading #COVID-19 'I was at a hospital where there were a few #coronavirus patients and I shook hands with everybody'



James James | @Tingaling007 | 4.03.2020

Personal protective equipment - or PPE - includes: • gloves • medical masks • respirators • goggles • face shields • gowns • aprons



World Health Organization | @WHO | 4.3.2020

To better understand the burden of #COVID19 we need to expand testing to all patients who have unexplained ARDS or severe pneumonia, and ultimately to patients who have mild symptoms consistent with COVID-19, @T\_Inglesby @JHSPH\_CHS JAMA | @JAMA\_current | 3.03.2020

#Covid19 "When executed properly, #Quarantines can reduce transmission but #HumanRights must be respected, and in an age of global connectivity it may be difficult if not impossible to implement effective quarantine measures." @CarlosdelRio7 @JAMA\_current Seminar Permanente de Bioetica | @SPBioetica\_UNAM | 3.3.2020

"Panic" is not buying extra rolls of toilet paper. Panic is what nurses & doctors are going to have to deal with when they turn people's parents away from ICU beds. Claire Lehmann | @clairlemon | 2.3.2020

Bolivia's coup president has released face masks with her party logo on them. This is Bolivia's preparation for #COVID-19



Ollie Vargas | OVargas52 | 2.3.2020

There are 2 responses to a crisis like #coronavirus #COVID-19 The first, understandably, is concern for one's own health and the instinct to protect it and one's family, but this can quickly spiral into an every-man-for-himself mentality The second comes from my late father:

We have the opportunity now, however brief or lengthy, to discard the trivial and the shallow, and to fill every moment and relationship with meaning, intensity, and value. Rev. Prof. Alan E. Lewis

Mark Lewis | @marklewismd | 2.3.2020

"We are in the midst of a struggle. A struggle for the soul of global health..." Facts are not enough: Offline by @richardhorton1 The Lancet | @TheLancet | 2.3.2020

Panic is a word that's been widely used during this coronavirus outbreak, yet @RSPeckam argues that the social phenomenon of panic is little studied or understood, despite its growing importance in our ever more connected world The BMJ | @bmj\_latest | 1.3.2020

Unclear why @drsanjaygupta keeps citing a 2% fatality rate (@CNN, @FareedZakaria today) for #COVID19 from Anthony Fauci, when Tony, Cliff Lane @NIAIDNews and @CDCDirector published "may be considerably <1%" in @NEJM 2 days ago

Covid-19 — Navigating the Uncharted Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D. The latest threat to global health is the ongoing outbreak of the respiratory disease that was recently given the name Coronavirus Disease 2019 (Covid-19). Covid-19 was recognized in December 2019; it was initially thought to be caused by a novel coronavirus that is structurally related to the virus that causes severe acute respiratory syndrome (SARS). As in two preceding instances of emergence of coronavirus disease in the past 18 years — SARS (2002 and 2003) and Middle East respiratory syndrome (MERS) (2012) to the present — the Covid-19 outbreak has posed critical challenges for the public health, research, and medical communities. In their Journal article, Li and colleagues provide a detailed clinical and epidemiologic description of the first 425 cases reported in the epicenter of the outbreak: the city of Wuhan in diagnosis of pneumonia, the currently reported case fatality rate is approximately 2%.<sup>1</sup> In another article in the Journal, Guan et al.<sup>2</sup> report mortality of 1.4% among 1099 patients with laboratory-confirmed Covid-19; these patients had a wide spectrum of disease severity. If you assume that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 30%, respectively.<sup>3</sup>

Eric Topol | @EricTopol | 1.3.2020

Responding to Covid-19, a Once-in-Century Pandemic? A short article by Bill Gates, worth a read! Zafar Mirza | @zfmirza | 1.3.2020