

12 | Un mese nei tweet

PER CONOSCERE, PER RIFLETTERE, PER COSTRUIRE RETI

Recenti Prog Med 2021; 112: 12

Oggi ho ricevuto il #VaccinoAntiCovid. Gli studi mostrano che è sicuro ed efficace nel prevenire la malattia. Aspettando ulteriori dati, continuerò a rispettare le misure protettive. Spero che presto tutti abbiano accesso al vaccino, e chi già ha questo privilegio lo usi!

[@montaldo_chiara](#) | Chiara Montaldo | 7.01.2021

1923: Munich putsch. Police looked away, judges were lenient to Hitler. 1933: Hitler takes power. After that, Gestapo never looked away, judges obeyed orders. Just be careful America. You have more than one virus in your country.

[@RichardLehman1](#) | Richard Lehman | 7.01.2021

If you are thinking that the main reason why we need lockdowns is the number of ICU beds available, I suggest you think again. Many patients admitted to the ICU, unfortunately, die anyway. The best way to survive a critical illness is not getting one. ICU beds come next.

[@DrMcCecconi](#) | Maurizio Cecconi | 7.01.2021

The new banner headline we will never forget. A heinous, ignominious legacy extended.

[@EricTopol](#) | Eric Topol | 7.01.2021



Our covid time.

[@EricTopol](#) | Eric Topol | 6.01.2021



I'm fascinated by the fair way to represent science. We want to show the scientific method and not mislead folks that science is a set of facts. Anecdotes are powerful, but I prefer to change minds with data, so I struggle with anecdotes in media coverage of science.

[@VPrasadMDMPH](#) | Vinay Prasad | 30.12.2020

Why a SARS-CoV-2 variant that's 50% more transmissible would in general be a much bigger problem than a variant that's 50% more deadly. A short thread... 1/

As an example, suppose current $R=1.1$, infection fatality risk is 0.8%, generation time is 6 days, and 10k people infected (plausible for many European cities recently). So we'd expect $10000 \times 1.1^5 \times 0.8\% = 129$ eventual new fatalities after a month of spread... 2/

What happens if fatality risk increases by 50%? By above, we'd expect $10000 \times 1.1^5 \times (0.8\% \times 1.5) = 193$ new fatalities. 3/ Now suppose transmissibility increases by 50%. By above, we'd expect $10000 \times (1.1 \times 1.5)^5 \times 0.8\% = 978$ eventual new fatalities after a month of spread. 4/

The above is just an illustrative example, but the key message: an increase in something that grows exponentially (i.e. transmission) can have far more effect than the same proportional increase in something that just scales an outcome (i.e. severity). 5/5

[@AdamJKucharski](#) | Adam Kucharski | 28.12.2020

Well, here's a new low. Email title: Dear Cifu, A.S.: We Sincerely Inv*ite You to Pub*lish Your Manus*cripts with Us

[@adamcifu](#) | Adam Cifu | 28.12.2020

It's a false dichotomy to suggest we are choosing between the health impacts of COVID and the economic impacts of lockdowns. Poor health causes poor wealth. When an economically active person is too ill to work, their dependents are affected, all become poorer.

[@rupert_pearse](#) | Rupert Pearce | 24.12.2020

We should celebrate science, that is allowing people to benefit from highly effective vaccines for a viral disease in record time, but we should also remember how many treatments without any evidence base have been easily and quickly adopted all over the world.

[@RasioniR](#) | Raffaele Rasoini | 24.12.2020

Credo di cadere nella terza categoria. Molto felice. Il più bel regalo 2020

[@AntonioAddis2](#) | Antonio Addis | 23.12.2020



Quando speri di essere in classifica per la categoria "irriducibili cazzari" e invece ti nominano per la sobrietà, ci rimani male, ma grazie a [@ilpensiero](#) per il prestigio premio. Conto l'anno prossimo di essere in corsa per la categoria giusta.

[@marcocattaneo](#) | Marco Cattaneo | 23.12.2020