

It's understandable that the world will react to the Nu variant info coming out of SA. But if SA is not heavily, heavily supported by the international community for its swift information sharing, the world will send a very bad signal that transparency is damaging.

[@marcelsalathe](#) | Marcel Salathé | 26.11.2021

Botswana / South Africa have remarkably good SARSCoV2 variant surveillance in place. Their scientists have been proactive and transparent about the emergence of B.1.1.529. The predictable - and up to a point understandable - international response has been "shut the borders". 1/

An unintended side-effect of such a 'punitive' response may be to disincentive global SARSCoV2 surveillance or at least make them think twice before sharing data. This is a tricky issue and I'm not implying that temporary border closures are bad (or good). It's complicated. 2/

That said, if open, generous, sharing in good-faith of early evidence about the potential emergence of a concerning novel SARSCoV2 variant is met only with ostracism, this doesn't feel auspicious for a successful global SARSCoV2 variant monitoring framework. 3/

At the very least, the punitive measure of border closure should be counterbalanced by positive incentives, such as support for their genomic surveillance programmes and far more generous help with the healthcare challenges they are currently facing. 4/

[@BallouxFrancois](#) | François Balloux | 26.11.2021

#Digital transformation could increase the #burdenoftreatment on patients @CarlRMay @vmontori - worth pondering how we can make #digitalhealth work for all and avoid increasing #health #inequality

[@FrancesMair](#) | Frances Mair | 26.11.2021

Intervallo novembrino



[@AuroraFantin](#) | Aurora Fantin | 26.11.2021

The biggest learning lesson for me during the #COVID19 pandemic was that we know way less than we think we know. I hope in 2022, humility returns to medicine where everyone recognizes the limitations of what we know.

[@chadinabhan](#) | Chadi Nabhan | 26.11.2021

"Our results reveal a subset of journals where a few authors, often members of the editorial board, were responsible 4 a disproportionate number of publications... The papers by the most prolific authors were more likely to B accepted... w/in 3 weeks of their submission."

[@eturnermd](#) | Eric Turner | 25.11.2021

Si on croyait toujours les femmes sans réserve, - les harceleurs et les violeurs seraient vite empêchés de nuire - les médecins soulageraient leurs souffrances de manière appropriée - il n'y aurait plus aucun féminicide. Ce n'est pas un rêve ; c'est un objectif de lutte.

[@MartinWinckler](#) | Martin Winckler | 25.11.2021

È indicativo anche solo il fatto che hanno dovuto inventarsi una giornata per ricordarvi che non ci dovete menare: gentilissimi. #25novembre

[@mariacafagna](#) | Maria Cafagna | 25.11.2021



[@oozerocalcare](#) | Out of context Lungo i bordi | 25.11.2021

Il est utile d'enseigner l'intelligence artificielle mais néfaste de se laisser enseigner par elle.

[@edgarmorinparis](#) | Edgar Morin | 23.11.2021

"Il complotto ci fa delirare. Ci libera da tutto il peso di confrontarci da soli con la verità" (Pier Paolo Pasolini). Non avrei saputo spiegarlo meglio.

[@nicolabrunialti](#) | Nicola Brunialti | 21.11.2021

Quando la mattina proprio non vuoi ingranare ormai puoi sempre dirti: "Questo è #morning, cominciamo!" (Grazie @francescocosca, life coach e motivatore di un intero popolo di pigri)

[@RoobiVil](#) | Roberta Villa | 19.11.2021

When I started working with #MSF I have learnt that there are not "1000 deaths"... there are 1 + 1 + 1 +....dead people, each with a name, a story, a hope. Once again, faces, lives, stories and hopes have sunk in the #Mediterranean. And they could have been saved.

[@montaldo_chiara](#) | Chiara Montaldo | 17.11.2021

Thanks much but I'm just a writer who reads and listens to the real experts. I could give you lists of who they are. In fact I do: the bibliographies and source notes of my books.

[@DavidQuanmen](#) | David Quanmen | 17.11.2021

Um, @instagram you got this one wrong! @cochraneollab and @CochraneLibrary continue to be there for those looking to use high-quality information to make #health decisions.



@cochraneollab | Cochrane | 10.11.2021

We've been in the digital era for years, but just now discovering in medicine that simple text messaging can help substantially reduce Covid deaths

'ciò che distingue un atteggiamento scientifico da uno antiscientifico è proprio il rapporto che si intrattiene con il non-sapere. O meglio, con il non-sapere-ancora. Che nel primo caso è aperto e onesto, nel secondo è binario e opportunistico.' [citando Paolo Giordano]



@alexvespi | Alessandro Vespignani | 7.11.2021

Annals of Internal Medicine

ORIGINAL RESEARCH

Comparative Effectiveness of an Automated Text Messaging Service for Monitoring COVID-19 at Home

M. Kit Delgado, MD, MS; Anna U. Morgan, MD, MSc, MSHP; David A. Asch, MD, MBA; Ruiying Xiong, MS; Austin S. Kilaru, MD, MSHP; Kathleen C. Lee, MD; David Do, MD; Ari B. Friedman, MD, PhD; Zachary F. Meisel, MD, MPH, MSHP; Christopher K. Snider, MPH; Doreen Lam, BA; Andrew Parambath, BA; Christian Wood, BA; Chidinma M. Wilson, BA, BS; Michael Perez, BS, BA; Deena L. Chisholm, MPH; Sheila Kelly, MPH; Christina J. O'Malley, MHA; Nancy Mannion, DNP, RN, CEN; Ann Marie Hufferberger, DBA, RN, NEA-BC; Susan McGinley, CRNP; Mohan Balachandran, MA, MS; Neda Khan, BS; Nandita Mitra, PhD; and Krisda H. Chaiyachati, MD, MPH, MSHP

Background: Although most patients with SARS-CoV-2 infection can be safely managed at home, the need for hospitalization can arise suddenly.

Objective: To determine whether enrollment in an automated remote monitoring service for community-dwelling adults with COVID-19 at home ("COVID Watch") was associated with improved mortality.

Design: Retrospective cohort analysis.

Setting: Mid-Atlantic academic health system in the United States.

Participants: Outpatients who tested positive for SARS-CoV-2 between 23 March and 30 November 2020.

Intervention: The COVID Watch service consists of twice-daily, automated text message check-ins with an option to report worsening symptoms at any time. All escalations were managed 24 hours a day, 7 days a week by dedicated telemedicine clinicians.

Measurements: Thirty- and 60-day outcomes of patients enrolled in COVID Watch were compared with those of patients who were eligible to enroll but received usual care. The primary outcome was death at 30 days. Secondary outcomes included emergency department (ED) visits and hospitalizations. Treatment effects

were estimated with propensity score-weighted risk adjustment models.

Results: A total of 3488 patients enrolled in COVID Watch and 4377 usual care control participants were compared with propensity score weighted models. At 30 days, COVID Watch patients had an odds ratio for death of 0.32 (95% CI, 0.12 to 0.72), with 1.8 fewer deaths per 1000 patients (CI, 0.5 to 3.1) (P = 0.005); at 60 days, the difference was 2.5 fewer deaths per 1000 patients (CI, 0.9 to 4.0) (P = 0.002). Patients in COVID Watch had more telemedicine encounters, ED visits, and hospitalizations and presented to the ED sooner (mean, 1.9 days sooner [CI, 0.9 to 2.9 days]; all P < 0.001).

Limitation: Observational study with the potential for unobserved confounding.

Conclusion: Enrollment of outpatients with COVID-19 in an automated remote monitoring service was associated with reduced mortality, potentially explained by more frequent telemedicine encounters and more frequent and earlier presentation to the ED.

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For author, article, and disclosure information, see end of text.
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Annals.org

@EricTopol | Eric Topol | 16.11.2021

Del video di Mattarella che sta al computer la parte che mi ha emozionato di più è stata quando la stampante ha funzionato al primo colpo.

@Agostino35 | Ago | 15.11.2021

Le terapie geniche sono promettenti e costose e il bilancio costi/benefici è spesso complicato. Ce ne sono altre in arrivo e per sistemi sanitari universalistici come il nostro sarà difficile capire quando garantirle e quando no. I casi Lopalco si moltiplicheranno

@AndCapocci | Andrea Capocci | 13.11.2021

Paul Glasziou named top epidemiological researcher in Australia. Felicitations, Paul! @iainchalmersTTI | Sir Iain Chalmers | 10.11.2021

Often, I am asked if I am frustrated by the lack of action on social determinants of health. What? Look at the enthusiasm of colleagues in Lancashire and South (and North) Cumbria. Add that to the other areas and I am energised and inspired.

@MichaelMarmot | Sir Michael Marmot | 9.11.2021

"The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge." - Daniel Boorstin

@EthicsinBricks | Ethics in Bricks | 8.11.2021

I think we have expected too much validity in peer review.

@jpkassirer | Jerome P. Kassirer | 3.11.2021

Time for two things: target men for vaccines + boosters. And target research dollars to exploring sex differences in the disease. It's key for understanding and treating Covid — and other infectious diseases.

@ZekeEmanuel | Zeke Emanuel | 2.11.2021

Le riunioni su Zoom. Col buio fuori. Di nuovo. Che incubo.

@ferrazza | Federico Ferrazza | 2.11.2021

Very happy to be taking some time off to hang out with this little chap, who arrived last week



@AdamJKucharski | Adam Kucharski | 1.11.2021