

Boris Johnson's core argument is that Britain is better off going it alone in the world. Yet the evidence from every complex challenge we face is that going it alone will lead to failure. Survival and mutual flourishing depends on cooperation, not jingoism.



@RichardHorton1 | Richard Horton | 31.12.2022

Achieving Herd Immunity via infection is a great idea unless you are the herd.

DrMcCecconi | Maurizio Cecconi | 30.01.2022

Prima di intavolare qualsiasi discussione, possiamo per piacere almeno tutti convenire sul fatto che degli accademici non dovrebbero mai spalleggiare, interagire, retwittare, tantomeno scrivere dietro account anonimi il cui unico scopo è quello di mistificare e diffamare? Grazie.

@giorgiogilestro | Giorgio Gilestro | 30.01.2022

Our covid times :-)



@EricTopol | Eric Topol | 29.01.2022

Recently published #JAMA #Users' #Guides for #Guidelines best around for navigating the way to identifying and using a trustworthy guideline.

Clinical Review & Education

JAMA | Users' Guides to the Medical Literature

How to Interpret and Use a Clinical Guideline or Recommendation

Users' Guides to the Medical Literature

Romina Brignardello-Petersen, DDS, MSc, PhD; Alonso Carrasco-Labra, DDS, MSc, PhD; Gordon H. Guyatt, MD, MSc

IMPORTANCE Clinicians may rely on recommendations from clinical practice guidelines for management of patients.

OBSERVATIONS A clinical practice guideline is a published statement that includes recommendations that are intended to optimize patient care. In the guideline development process, a panel of experts formulates recommendation questions that guide the retrieval of evidence that is used to inform the recommendations. Typically, methods of guideline development, a summary of the supporting evidence, and a justification of the panel's decisions accompany the recommendations. To use such guidelines optimally, clinicians must understand the implications of the recommendations, assess the trustworthiness of the development process, and evaluate the extent to which the recommendations are applicable to patients in their practice settings. Helpful recommendations are clear and actionable, and explicitly specify whether they are strong or weak, are appropriate for all patients, or depend on individual patients' circumstances and values. Rigorous guidelines and recommendations are informed by appropriately conducted, up-to-date systematic reviews that consider outcomes important to patients. Because judgments are involved in the interpretation of the evidence and the process of moving from evidence to recommendations, useful guidelines consider all relevant factors that have a bearing in a clinical decision and are not influenced by conflicts of interest.

CONCLUSIONS AND RELEVANCE In considering a guideline's recommendations, clinicians must decide whether there are important differences between the factors the guideline panel has considered in making recommendations and their own practice setting.

JAMA. 2021;326(15):1516-1523. doi:10.1001/jama.2021.15319

@GuyattGH | Gordon Guyatt | 26.01.2022

"It is more productive to consider how bad things could get if we keep giving the virus opportunities to outwit us. Then we might do more to ensure that this does not happen."

A personal take on science and society

World view

COVID-19: endemic doesn't mean harmless

Roxy assumptions endanger public health - policymakers must act now to shape the years to come.

It frustrates me when policymakers invoke the word endemic as an excuse.

The word "endemic" has become one of the most misused of the pandemic. And many of the wrong assumptions made encourage a misplaced complacency. It doesn't mean that COVID-19 will cease to exist.

To an epidemiologist, an endemic infection is one in which the number of new infections is equal to the number of deaths. It means that the proportion of people who can get sick balances out the "basic reproduction number" of the virus, the number of individuals that an infected individual would infect, assuming a population in which everyone could get sick. Yes, common colds are endemic. So are a few flu strains and polio. So are mosquitoes, until vaccines stamp it out.

In other words, a disease can be endemic and both widespread and deadly. Malaria killed more than 600,000 people in 2020. Ten million fell ill with tuberculosis that same year and 1.5 million died. Endemic certainly does not mean that evolution has somehow tamed a pathogen so that life simply returns to "normal."

As an evolutionary biologist, it frustrates me when policymakers invoke the word endemic as an excuse to do little or nothing. There is no global health policy that learning to live with endemic reinvasions, hepatitis C or measles.

Stating that an infection will become endemic says nothing about how long it might take to reach that state, what the case rates, morbidity levels or death rates will be or, crucially, how much the population - and health systems - will be susceptible. Nor does it suggest guaranteed stability: there can be disruptive waves from routine infections, as was the case with the 1968 Hong Kong influenza pandemic - not of many possibilities - endemic COVID-19 cases.

Soon after the Alpha variant emerged and spread in late 2020, I argued that, unless infections were suppressed, viral evolution would be fast and unpredictable, with the emergence of more variants with different and possibly more dangerous biological characteristics. Since then, public health systems have struggled under the highly transmissible and more virulent Delta variant, and now there is Omicron, with its substantial ability to evade the immune system, causing infections and breakthroughs. Beta and Gamma were also highly contagious, but did not spread to the same extent.

The same virus can cause endemic, epidemic or pandemic infections: it depends on the interplay of a population's

behaviour, demographic structure, susceptibility and immunity, plus whether wild variants emerge. Different conditions across the world can allow more successful variants to emerge, and these can seed new waves of epidemics. These seeds are tied to a region's policy decisions and capacity to respond to infection. Even if one region reaches an equilibrium - be that of low or high disease and death - that might be disrupted when a new variant with new characteristics arrives.

COVID-19, of course, was the world's first pandemic. The fact that immune systems have evolved to cope with constant infections, and the fact of evolutionary history, is likely that some viruses were "infectious" on their own and still caused high rates of mortality on the way out.

There is a widespread, very misconceived notion that viruses evolve over time to become more benign. This is not the case: there is no predetermined evolutionary outcome for a virus to become more benign, especially ones, such as SARS-CoV-2, in which most transmissions happen before the virus causes severe disease. Consider that Alpha and Delta are more virulent than the strain first found in Wuhan, China. The second wave of the 1918 influenza pandemic was far more deadly than the first.

Much to be done to shift the evolutionary pressure in favour of human health. First, we must set a stable, long-term, second, we must be realistic about the likely levels of death, disability and distress. Targets set for reduction should consider that eliminating virus risks brings rise to new variants. Third, we must use - globally - the formidable weapons available: effective vaccines, rational medication, diagnostic tests and a better understanding of how to stop airborne transmission through masking, distancing, and ventilation and filtration. Fourth, we must invest in vaccines that protect against a broader range of variants.

The best way to prevent more, more dangerous or more transmissible variants from emerging is to stop uncontrolled spread, and that requires more targeted public health interventions, including, crucially, vaccine equity. The more a virus spreads, the greater the chance that problematic variants will arise, most probably where spread is highest. The Alpha variant was first identified in the United Kingdom. Delta was first found in India and Omicron in southern Africa - all places where spread was high.

Thinking that endemicity is both mild and inevitable is more than enough - it's dangerous to open humanity up for many more years of disease, including unpredictable waves of outbreaks. It is more productive to consider how bad things could get if we keep giving the virus opportunities to outwit us. Then we might do more to ensure that this does not happen.

By Aris Katsourakis
Nature | Vol 601 | 27 January 2022 | 485

@alexvespi | Alessandro Vespignani | 26.01.2022

Multimedia
CME Quiz at jamcmelookup.com and **CME Questions** page 1530

Author Affiliations: Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Ontario, Canada (Brignardello-Petersen, Guyatt); Department of Evidence Synthesis and Translation Research, American Dental Association, Chicago, Illinois (Carrasco-Labra); Department of Oral and Craniofacial Health Science, School of Dentistry, University of North Carolina at Chapel Hill (Carrasco-Labra).
Corresponding Author: Romina Brignardello-Petersen, DDS, MSc, PhD, 1280 Main St W, HSC-2C, Hamilton, ON L8S 4L8, Canada (brignarr@mcmaster.ca).

queste sere qua, un po' Edward Hopper un po' Wes Anderson



@ledep | Leonardo Piccione | 26.01.2022

Se penso che quando spieghi ad un politico la differenza tra sensibilità e valore predittivo, cosa abbastanza utile nel prendere decisioni, spesso lo sguardo è 'mucca guarda treno'.

@costia56 | Massimo Costantini | 25.01.2022

L'injection de l'incertitude dans la connaissance ne dissout pas la connaissance, elle la complexifie.

@edgarmorinparis | Edgar Morin | 24.01.2022

Anyone who says 'we shouldn't use any models, we should just look at COVID data to understand what will happen' is implicitly using a model. They're just not writing down their assumptions.

@AdamJKucharski | Adam Kucharski | 24.01.2022

Most of us haven't seen one of these for yonks. But as @HoganAlex explains, fax machines are deeply entrenched in the U.S. medical system.

Now, where did I park my horse and buggy...?

@HelenBranswell | Helen Branswell | 20.01.2022

The conspiracy theory that there is a conspiracy to label something as a conspiracy theory is a perfect example of a conspiracy theory amplified by self-proclaimed non-conspiracy theory conspiracy theorists. K_G_Andersen | Kristian G. Andersen | 20.01.2022



@JohnMullahy | John Mullahy | 17.01.2022

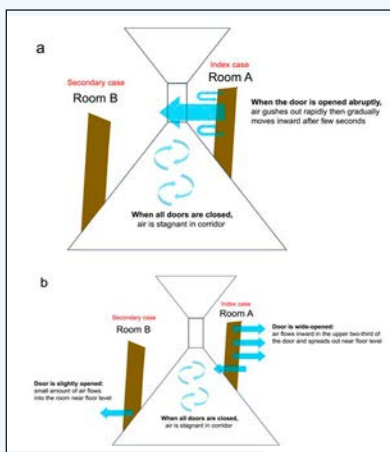
Ora che la vicenda #Djokovic si è conclusa vorrei che non ci dimenticassimo di quell'albergo. Soprattutto di chi è rimasto lì. C'è chi ci dorme da anni. E chissà per quanto ancora dovrà dormirci. Almeno Djokovic ha una casa sicura dove poter tornare. E i soldi per vivere bene.

@cucchiriccardo | Riccardo Cucchi | 16.01.2022

The argument for immediate access to new health research findings is a straightforward matter of justice, not expediency.

@darioT_ | Dario Trapani | 15.01.2022

Detective work for how Omicron travelled in a quarantine hotel between 2 vaccinated individuals in 2 different rooms thelancet.com/



@EricTopol | Eric Topol | 15.01.2022

Testing capacity will almost certainly fail to keep up with #Omicron: even with best efforts we can scale supply linearly, but demand will grow exponentially. This will happen everywhere at (almost) the same time, so global supply chains of reagents, plastics, etc will struggle.

@jbarrett | Jeffrey Barrett | 15.01.2022

Tra i sintomi del covid ci sono la perdita del gusto, dell'olfatto e del visto. #djokovicout

@lozirion | Emanuele Bertola | 14.01.2022

Since news came out of our letter supporting Dr. Fauci, the response has been overwhelming from the scientific/medical community who know Tony best. Happy to report that 41 #Nobel Laureates have signed on

@ZekeEmmanuel | Ezekiel Emmanuel | 14.01.2022

"I was afraid of the vaccine." This perfectly illustrates a main reason for vaccine refusal: they have unanswered concerns. This man is lucky to be alive. If only his fears had been addressed before he ended up in the ICU. Compassion, not shame, is needed to increase uptake.

@angie_rasmussen | Angela Rasmussen | 14.01.2022

As an intensivist, I can tell that all of you, who have supported us in ICU for two years, adhering to public health measures and getting your vaccinations, you are our grand slam winners.

@DrMCecconi | Maurizio Cecconi | 4.01.2022

Prepublication peer review should be abolished.

@Richard56 | Richard Smith | 3.01.2022