



@maurobiani | Mauro Biani | 30.05.2022

For me, biggest risk with monkeypox isn't that it will rapidly grow into a pandemic (it's not a novel flu or coronavirus), rather the risk is after initial superspreading events and focused control efforts, case numbers will slow down but not be eliminated in some places... 1/

...and transmission will continue to persist in new places at low-ish levels via highly connected parts of the interaction network (royalsocietypublishing.org/doi/full/10.10...), creating opportunities for spillover into local animal populations (& hence further risk of spilling back in humans). 2/2

@adamjkucharski | Adam Kucharski | 26.05.2022

- Allowing mass shootings is a political choice
- Not acting on climate change is a political choice
- Vaccine inequity is a political choice
- Restricting abortion rights is a political choice
- Racist policies are a political choice
- We need to elect better, humane

@paimadhu | Madhu Pai | 25.05.2022

There's no perfect solution to suppress the pandemic, but careful study and communication are key.



@alexvesp | Alessandro Vespignani | 23.05.2022

Se i droni che sventrano i tank russi vi hanno stufato, qui c'è una variante più interessante: il drone che lancia il defibrillatore a un infartuato in una zona poco raggiungibile della Svezia. Facciamoli entrare nella Nato, ma pure alla Asl Rm1 se vogliono.

@andcapocci | Andrea Capocci | 23.05.2022

Every day I read about a bright academician leaving academia to join industry & while I am sure the moves have good personal reasons, they are disheartening for the field. The field is seeing less & less independent clinical trial work in a rapidly changing academic environment.

Dr_AmerZeudan | Amer Zeidan | 19.05.2022



@maurobiani | 18.05.2022

L'élève doit savoir que les hommes ne tuent pas seulement dans la nuit de leurs passions mais aussi dans la lumière de leurs rationalisations.

@edgarmorinparis | Edgar Morin | 15.05.2022

I'm having cancer treatment right now and I really dislike the term "war" being used in connection with it. It adds to the sense of guilt and dependency that patients feel and burdens them with it when they need resources to survive and thrive

@mefinx | Ruth Waterton | 13.05.2022

I've got 8 papers out, under review right now. What do you consider this period? Purgatory?

@adamcifu | Adam Cifu | 8.05.2022

Se, quando vieni a sapere che un qualiasi incrociatore è stato affondato con un missile, pensi esclusivamente agli umani addetti a quella nave, alla loro morte per fuoco, per acqua o dilaniati dall'esplosione, alla loro disperazione di vedersi morire, allora forse sei pacifista.

@pegoraro_fr | Francesco Pegoraro | 7.05.2022

ScienceMagazine is the world's premier scientific journal. Today, Editor-in-Chief @hholdenthorp argues that we've dropped the ball on the pandemic response, abandoning the most vulnerable in our society. 1/

Called "It Ain't Over 'Til It's Over," it is a cry for the #urgencyofequity as we rush towards "normal" with calls for personal choices guided by personal risk assessments with an assumption that "we have the tools" to make #COVID19 "manageable" for most. 2/

It starts off: "The Biden administration is sheepishly waving a checkered flag on the pandemic. If you look closely, you can see its members cringing as they do so." 3/

And he says while many may have "the tools to manage COVID-19, care needs to be taken that those without such means are not forgotten." 4/

And he suggests that @WhiteHouse is no longer following the science but taking a “clumsy pivot to a message that politicians always turn to: personal responsibility. Get vaccinated, get boosted, wear a mask, get a prescription for the antiviral Paxlovid—all, if you want to.” 5/

And he cuts to the chase: “This may be fine if you have a healthy immune system, great health insurance, and the ability to navigate the US health care system. What about everyone else?” 6/

Then he gets personal. He had #COVID19 this week. 7/

“I’d had four shots of the vaccine to bolster my already robust immune system, a supply of rapid test kits, and a prescription for Paxlovid from my doctor. The fever was gone within a few hours of taking the antiviral, and I tested negative a few days later.” 8/

But he recognizes his great fortune and doesn’t extrapolate his privilege into policy as so many have done. “Great news for me, but not for those who don’t have these resources.” 9/

Then he quotes Paul Farmer: “Those whose lives are rarely touched by structural violence are uniquely prone to recommend resignation as a response to it...” 10/

Continuing with Paul’s words: “In settings in which all of us are at risk, as is sometimes true of contagion shared through the air we breathe, we must also contemplate containment nihilism—the attitude that preventing contagion simply isn’t worth it.” 11/

His final paragraph: “SARS-CoV-2 is rapidly mutating & recombining, & more variants & subvariants—potentially more pathogenic—are on the horizon. The world is still barely vaccinated, & even in wealthy countries like the United States, resources are inequitably distributed.” 12/

His final words: “It absolutely ain’t over. And this is no time to drop the ball.” 13/

[.@ScienceMagazine](#) isn’t @TheNation. It’s a relatively staid, cautious scientific publication and surely @hholdenthorp didn’t have to wade in and challenge the conventional wisdom of many in medicine, some in public health at the moment. 14/

This is a moment of courage and bravery. It is SO easy to go-along-to-get-along. So easy to say what everyone else is saying. 16/

So thanks to @hholdenthorp for using his voice to speak for the voiceless, those whose lives don’t matter to so many in this country. It’s beyond the call of duty for him and I am grateful for his words today. End/

[@gregggonsalves](#) | [Greg Gonsalves](#) | 5.05.2022

I do worry rather than preparing for the next pandemic, some countries will instead come up with a ‘how to tackle COVID in 2020’ plan. And they may not even agree on that.

[@AdamJKucharski](#) | [Adam Kucharski](#) | 5.05.2022

I’m very concerned that we are seeing rebound of active, replicating and likely infectious virus occurring frequently after COVID-19 oral treatment. This may call for a 8 or 10 day course of treatment rather than 5 days. Here’s what I think is happening and what we should do. 1/

Ppl diagnose COVID early now w access to tests. They start on treatment quickly (great!). But treatment acts like a crutch & immune system doesn’t bother activating like it otherwise would. Once off treatment - the immune system is taken off guard and virus replicates fast! 2/

When this happens and virus rebounds after treatment, many ppl are not just getting a faint line on the rapid test but days of strong positivity. Here is 1 example of this. A question that keeps arising is “Am I infectious still when this happens?” 3/

The short and unfortunate answer is “Likely Yes, you are infectious”. After ending treatment, if virus rebounds w a strong positive, it is the same virus. It is actively replicating/ causing test to go from Neg to Pos. It should be considered infectious 4/

To be clear, this is not likely because the virus is becoming resistant, but rather an interaction between the immune system not having to work as much to clear the virus while on treatment, and so when Treatment ends, the virus grows fast before immunity turns on again. 5/

In my view, this is a serious issue & one that may increase chance of a resistant mutation in a virus forming & spreading. For now, we will have to wait for trials... but in high risk individuals it may call for oral Treatment + monoclonal or oral treatment for 10 days 6/

[@michaelmina_lab](#) | [Michael Mina](#) | 03.5.2022

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