



Con il patrocinio di



# Newsletter Scientifica COVID 19 & MEDICAL HUMANITIES

"Tra il dire e il fare, c'è di mezzo il coraggio"

Charlie Brown



Murales dal mondo

Questa newsletter redatta dal Servizio Formazione e Sviluppo Risorse Umane della ASL BI in collaborazione con la Biblioteca Biomedica 3Bi, si rivolge ai professionisti sanitari impegnati nella fase di emergenza Covid-19.

Fedeli alla filosofia che ha animato l'agire del nostro Servizio, la newsletter Covid 19 & Medical Humanities affianca alle risorse bibliografiche e agli articoli tratti dalle principali fonti istituzionali e scientifiche alcuni contributi che fanno riferimento alle discipline umanistiche. Crediamo nel valore generato dall'integrazione dei saperi e ci auguriamo che la pubblicazione incontri il vostro gradimento.  
Buona lettura!

Arrivederci a venerdì  
9 aprile!

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I numeri di queste Newsletter sono visibili e scaricabili dal sito aziendale cliccando qui

Newsletter



Pagina Pensieri Circolari



Pagina Fondazione 3BI

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Anche questa settimana Vi segnaliamo che nella sezione **RISORSE - BANCHE DATI** del portale della BVS-P è presente il database:



Codifa è un database elettronico aggiornato quotidianamente. Contiene le descrizioni complete dei farmaci, schede tecniche "REFI", prezzi di rimborso regionali, archivio interazioni e informazioni sui farmaci veterinari. Vengono inoltre fornite informazioni riguardanti farmaci equivalenti, storico dei prezzi, note SSN, consultazione parafarmaci/omeopatici e associazione farmaci/patologie (ICD9-CM).

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# bvs-p

Per ricercare  
la letteratura internazionale

a Biblioteca Virtuale per la Salute - Piemonte è uno strumento di supporto all'attività degli Operatori della sanità piemontese. La BVS-P offre periodici elettronici e banche dati agli operatori della sanità piemontese per consentire loro di ricercare progressi e significati nella letteratura scientifica, sui temi della salute e dell'ambiente.

Inoltre si propone di promuovere la medicina basata sulle evidenze, e di contribuire alla formazione nel campo della ricerca bibliografica e della valutazione critica della letteratura scientifica.

JAMA. 2021 Mar 17. doi: 10.1001/jama.2021.3430. Online ahead of print.

### Outcomes for Patients Following Hospitalization for COVID-19

Hallie C Prescott

PMID: 33729429 DOI: 10.1001/jama.2021.3430

As of early March 2021, more than 2.5 million individuals worldwide have died from COVID-19, but many more millions have survived COVID-19 and experienced lasting sequelae. As many as half of patients who survive hospitalization for COVID-19 experience prolonged work absence, financial difficulty, or emotional effects, each of which may further impede recovery.<sup>1</sup> The term "long COVID," coined by patients early in the pandemic, has helped to raise awareness of the life-altering effects of COVID for many patients and to drive government action.

In this issue of JAMA, the COMEBAC Investigators report on 4-month outcomes for 478 patients who survived hospitalization for COVID-19.<sup>3</sup> Although potential sequelae of COVID-19 have been widely reported in news media, smaller case series, and convenience samples, this study is among the first to systematically and comprehensively evaluate the medical outcomes of hospital survivors. As such, it provides key new insights into the prevalence and co-occurrence of longer-term symptoms and organ dysfunction following hospital-treated COVID-19.

In this study,<sup>3</sup> all patients hospitalized for COVID-19 at Bicêtre Hospital (a large university hospital in Paris) during spring 2020 were contacted 4 months postdischarge. Patients were asked to complete a telephone survey of symptoms, and all patients treated in intensive care settings or with at least 1 sign or symptom of "long COVID" were invited to the clinic for assessment.

During the clinic visit, patients underwent a comprehensive evaluation, including (1) a history and physical examination; (2) a battery of surveys to measure quality of life, fatigue, dyspnea, dysfunctional breathing, cognition, attention, memory, anxiety, depression, insomnia, and posttraumatic stress disorder; (3) pulmonary function tests; and (4) a high-resolution chest computed tomography (CT). In addition, patients with signs or symptoms of cardiac disease received a transthoracic echocardiogram.



Med Hypotheses. 2021 Jan;146:110469. doi: 10.1016/j.mehy.2020.110469.

**COVID-19 and chronic fatigue syndrome: Is the worst yet to come?**

Peter Wostyn

PMID: 33401106 PMCID: PMC7836544 DOI: 10.1016/j.mehy.2020.110469

**Abstract:** There has been concern about possible long-term sequelae resembling myalgic encephalomyelitis/chronic fatigue syndrome in COVID-19 patients. Clarifying the mechanisms underlying such a "post-COVID-19 fatigue syndrome" is essential for the development of preventive and early treatment methods for this syndrome. In the present paper, by integrating insights pertaining to the glymphatic system and the nasal cerebrospinal fluid outflow pathway with findings in patients with chronic fatigue syndrome, idiopathic intracranial hypertension, and COVID-19, I provide a coherent conceptual framework for understanding the pathophysiology of post-COVID-19 fatigue syndrome. According to this hypothesis, this syndrome may result from damage to olfactory sensory neurons, causing reduced outflow of cerebrospinal fluid through the cribriform plate, and further leading to congestion of the glymphatic system with subsequent toxic build-up within the central nervous system. I further postulate that patients with post-COVID-19 fatigue syndrome may benefit from cerebrospinal fluid drainage by restoring glymphatic transport and waste removal from the brain. Obviously, further research is required to provide further evidence for the presence of this post-viral syndrome, and to provide additional insight regarding the relative contribution of the glymphatic-lymphatic system to it. Other mechanisms may also be involved. If confirmed, the glymphatic-lymphatic system could represent a target in combating post-COVID-19 fatigue syndrome. Moreover, further research in this area could also provide new insights into the understanding of chronic fatigue syndrome.

Keywords: COVID-19; Chronic fatigue syndrome; Glymphatic system; Idiopathic intracranial hypertension; Lymphatic system; Post-COVID-19 fatigue syndrome

The Lancet Neurology 2021 April; volume 20, issue 4, 247. doi:[https://doi.org/10.1016/s1474-4422\(21\)00059-4](https://doi.org/10.1016/s1474-4422(21)00059-4)

**Long COVID: understanding the neurological effects**

**Abstract:** The concept of so-called long COVID has gained prominence in recent months, with some patients reporting persistent neurological manifestations, from milder symptoms such as headaches, hyposmia, hypogeusia, and fatigue to more severe conditions including sleep disorders, pain, cognitive impairment, and (in very rare cases) Guillain-Barré syndrome. WHO updated their living guidance for the clinical management of COVID-19 in January, 2021, which now incorporates a new practice statement on caring for patients with persistent, new, or changing symptoms after suspected or confirmed COVID-19. The guidance notes that clinical characterisation of long COVID is inadequate and, therefore, further research on long-term sequelae is warranted.

Multiple initiatives to gather clinical neurological data about COVID-19, with the aims to aid management and to understand the long-term clinical manifestations of the disease, were launched last year. In April, 2020, the European Academy of Neurology (EAN) set up the EANcore NeuroCOVID-19 task force and began collating resources to help neurologists prepare for and manage this medical crisis. Almost 1 year on, the task force has accomplished some goals, including producing a consensus statement on the management of patients with neurological diseases and COVID-19. The EANcore NeuroCOVID-19 task force has also created the ENERGY registry to evaluate the prevalence of neurological manifestations in patients with confirmed COVID-19, the findings of which are expected to be published later in 2021. EAN has also established collaborations with several international organisations, including a formal collaboration with the Neurocritical Care Society in the USA.



JAMA. Published online March 17, 2021. doi:10.1001/jama.2021.3370

[COVID-19 Vaccines vs Variants—Determining How Much Immunity Is Enough](#)

Rita Rubin, MA

**Abstract:** As COVID-19 cases resulting from infection with SARS-CoV-2 variants accumulate in the US and around the world, one question looms large: **How well do the COVID-19 vaccines developed so far protect against these novel coronavirus spinoffs?**

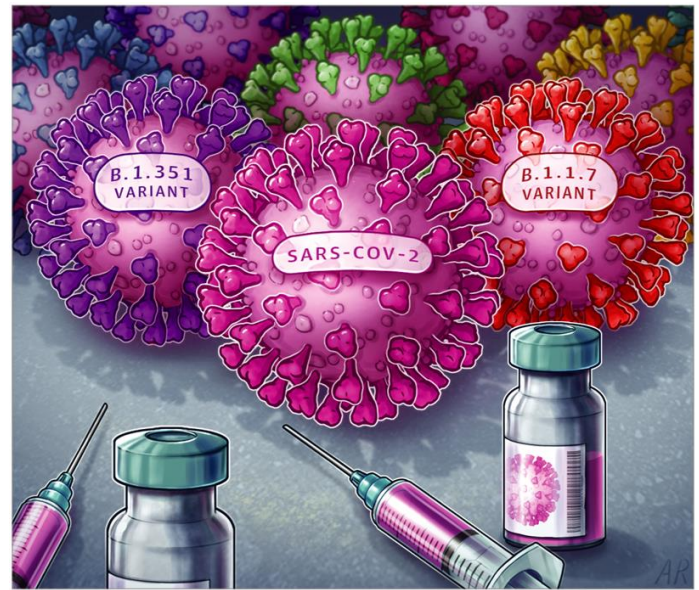
“The virus is telling us it’s going to throw out a lot of mutations,” infectious disease specialist Jesse Goodman, MD, MPH, who, as then-chief scientist at the US Food and Drug Administration (FDA), led the agency’s response to the H1N1 influenza A pandemic, said in an interview. “Even if we don’t have a critical situation right at the moment...there’s a realistic possibility that variants will continue to evolve that have potential to avoid vaccine immunity.”

That’s to be expected, Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID), told JAMA Editor in Chief Howard Bauchner, MD, in a February 3 podcast. Regardless of the platform on which the vaccine is based, Fauci said, “you still have a fixed immunogen and a virus that’s changing. Sooner or later, you’re going to get a mutant that evades that.”

One reason SARS-CoV-2 is throwing out variants and will continue to do so is because relatively few people globally have been vaccinated, Norman Baylor, PhD, a former director of the FDA’s Office of Vaccines Research and Review, noted in an interview. “This virus is like, ‘Yep, I’ve got plenty of people I can infect, and the more I replicate, the more I can mutate,’” Baylor said. Some scientists have used the term vaccine resistance to describe the reduced efficacy of COVID-19 vaccines against some variants. But that confuses matters by suggesting vaccines are analogous to antibiotics, University of Washington biologist Carl Bergstrom, PhD, who studies evolution and medicine, said in an interview. “The key point for me is that in antibiotic resistance, the changes happen in people who are on antibiotics,” he said, while antigenic escape by SARS-CoV-2 occurs in people who haven’t been vaccinated.

When viruses replicate, Penn State biologist David Kennedy, PhD, explained in an interview, the cycle is like a classic childhood game. “Viruses copying themselves, it’s almost like a game of telephone,” said Kennedy, who studies pathogen evolution. “They repeat what they thought they heard, so they make mistakes all the time.”

Despite those many mistakes, Kennedy noted, he’s unaware of any vaccines against viral diseases other than seasonal flu that have had to be updated because of changes in the virus. Hepatitis B virus developed “vaccine escape mutations,” but they posed no health risks, he said.



Lancet Glob Health. 2021 Mar 10;S2214-109X(21)00091-7. doi: 10.1016/S2214-109X(21)00091-7. Online ahead of print.

[The state inoculates: vaccines as soft power](#)

PMID: 33713632 PMCID: PMC7946411 DOI: 10.1016/S2214-109X(21)00091-7

International collaboration among scientists has boomed during the COVID-19 pandemic. However, now that COVID-19 vaccines have been developed, we are leaving the realm of scientific investigation and entering that of geopolitics. The importance of strengthening global trust and cooperation between nations is glaring—such strengthening is imperative to tackle future pandemics and other looming planetary (and inherently transnational) crises, such as climate change. The history of vaccine diplomacy shows how scientific advances have bridged borders, including the Iron Curtain. But vaccines have also driven deep wedges into international agreements, especially when their benefits are perceived to be inequitable. Precedents being established around inequitable vaccine distribution, such as export controls and backstage bilateral deals, should cause unease. Bad behaviour by high-income countries has also left low-income and middle-income countries vulnerable to political coercion. The use of vaccines in building diplomatic ties dates back to 1801, when the first White House physician, Edward Gantt, vaccinated Native American diplomats against smallpox on their visit to Washington, DC.<sup>1</sup> The impasse of the Cold War was bridged by Mikhail Chumakov and Albert Sabin, who collaborated to vaccinate 100 million people in the Soviet Union against polio, just 5 years after the vaccine was first tested in the USA. Chumakov was a Soviet scientist working on poliomyelitis who, on a visit to the USA, was invited to visit Sabin's laboratory, sparking a decades-long friendship. Both scientists were strictly supervised by the US State Department and FBI, as well as the Kremlin and KGB, throughout their relationship, undergoing intensive interrogations before cross-border visits.<sup>2</sup> The enormous project of mass vaccination required dogged persuasion of governments on both sides. Were it not true, it would be inconceivable that such a political divide could be overcome by scientists armed with mere vaccines.

JAMA Ophthalmol. 2021 Mar 4. doi: 10.1001/jamaophthalmol.2020.5464. Online ahead of print.

[SARS-CoV-2 on Ocular Surfaces in a Cohort of Patients With COVID-19 From the Lombardy Region, Italy](#)

Claudio Azzolini, Simone Donati, Elias Premi, Andreina Baj, Claudia Siracusa, Angelo Genoni, Paolo A Grossi, Lorenzo Azzi, Fausto Sessa, Francesco Dentali, Paolo Severgnini, Giulio Minoja, Luca Cabrini, Maurizio Chiaravalli, Giovanni Veronesi, Giulio Carcano, Lorenzo S Maffioli, Angelo Tagliabue

PMID: 33662099 DOI: 10.1001/jamaophthalmol.2020.5464

**Abstract:**

**Importance:** Since February 2020, coronavirus disease 2019 (COVID-19) has spread rapidly all over the world, with an epidemiological cluster in Lombardy, Italy. The viral communicability may be mediated by various body fluids, but insufficient information is available on the presence of the virus in human tears.

**Objectives:** To investigate the rate of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in tears collected from patients with COVID-19 by means of real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) assay and to assess the association of virus presence with concomitant clinical conditions.

**Design, setting, and participants:** Cross-sectional study conducted between April 9 and May 5, 2020. The setting was intensive care units at Azienda Socio-Sanitaria Territoriale (ASST) Sette-Laghi Hospital, University of Insubria, in Varese, Lombardy, Italy. A conjunctival swab was performed in 91 patients hospitalized for COVID-19, which was clinically diagnosed by rRT-PCR assay on nasopharyngeal swabs and by radiological imaging. Conjunctival swabs from 17 additional healthy volunteer participants with no symptoms of COVID-19 were examined to evaluate the availability and applicability of the conjunctival swab test.

**Exposure:** SARS-CoV-2 detection by means of rRT-PCR assay performed on the collected samples obtained by conjunctival swabs.

Main outcomes and measures: Conjunctival swab and nasopharyngeal swab results are reported, as well as demographic and clinical data.

**Results:** A total of 108 participants (mean [SD] age, 58.7 [14.2] years; 55 female and 53 male) were tested for SARS-CoV-2 using rRT-PCR assay, including 91 patients hospitalized with COVID-19 and 17 were healthy volunteers. SARS-CoV-2 was found on the ocular surface in 52 of 91 patients with COVID-19 (57.1%; 95% CI, 46.3%-67.5%), with a wide variability in the mean viral load from both eyes. Among a subset of 41 patients, concordance of 63.0% (95% CI, 41.0%-81.0%) was found between positive conjunctival and nasopharyngeal swab test results when performed within 2 days of each other. In 17 of these patients, nasopharyngeal swab results were negative for SARS-CoV-2. In 10 of these 17 patients, conjunctival swab results were positive for the virus.

**Conclusions and relevance:** In this study, SARS-CoV-2 RNA was found on the ocular surface in a large part of this cohort of patients with COVID-19, although the infectivity of this material could not be determined. Because patients may have positive test results with a conjunctival swab and negative results with a nasopharyngeal swab, use of the slightly invasive conjunctival swab may be considered as a supplementary diagnostic test.

Am J Case Rep. 2020 Nov 4;21:e928126. doi: 10.12659/AJCR.928126.

[Vocal Cord Ulcer Following Endotracheal Intubation for Mechanical Ventilation in COVID-19 Pneumonia: A Case Report from Northern Italy](#)

Fabio Bertone, Emanuele Robiolio, Carmine Fernando Gervasio

PMID: 33147206 PMCID: PMC7649743 DOI: 10.12659/AJCR.928126

**Abstract:**

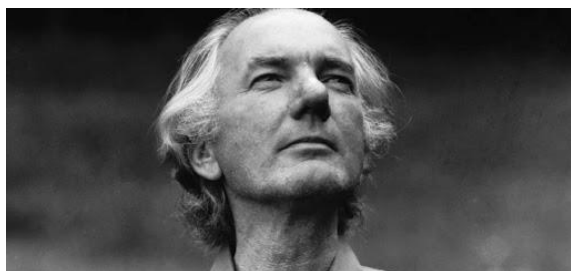
**BACKGROUND:** This report is of a case of vocal cord ulceration following endotracheal intubation and mechanical ventilation in a patient with severe COVID-19 pneumonia.

**CASE REPORT:** A 57-year-old woman was admitted to our hospital (Ospedale Degli Infermi, Biella, Italy) presenting with symptoms of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection. Reverse transcription real-time polymerase chain reaction from a nasopharyngeal swab, authorized and validated by the World Health Organization, confirmed the diagnosis of SARS-CoV-2 infection. The patient presented with severe respiratory distress and underwent orotracheal intubation for mechanical ventilation. She was extubated after 9 days in the intensive care unit. After extubation, the patient experienced an onset of dysphonia, and was evaluated by the otolaryngologist. The videolaryngoscopy revealed the presence of an ulceration at the level of the left vocal cord. Steroids and proton pump inhibitors were administered as primary therapy for 1 week. Two weeks later, a significant improvement in the patient's voice quality was observed. A second videolaryngoscopy was performed, which displayed healing of the ulcer at the level of the left vocal fold and rapid re-epithelialization.

**CONCLUSIONS:** This report has shown that with increasing numbers of cases of severe COVID-19 pneumonia requiring endotracheal intubation and mechanical ventilation, clinical guidelines should be followed to ensure that the incidence of complications such as vocal cord ulceration are as low as possible.



Il mare in  
un bicchiere:  
medical humanities  
ed emergenza



## IN UN TAPPETO D'ACQUA

In un tappeto d'acqua  
ricamo i miei giorni,  
i miei dei e i miei malanni.  
In un tappeto di verde  
ricamo i miei dolori rossi,  
i miei mattini azzurri,  
i miei borghi in giallo e le mie fette di pane e miele.  
In un tappeto di terra  
ricamo la mia caducità.  
Ci ricamo dentro la mia notte  
e la mia fame,  
il mio cordoglio  
e la nave da guerra delle mie affezioni  
che scivola in mille acque,  
nelle acque dell'inquietudine,  
nelle acque dell'immortalità.

*Thomas Bernhard*

### Libro Bianco Il Servizio Sanitario Nazionale e la pandemia da Covid-19

Problemi e proposte

a cura di  
Giovanna Vicarelli e Guido Giarelli



FrancoAngeli  
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### LIBRO BIANCO.

## IL SERVIZIO SANITARIO NAZIONALE E LA PANDEMIA DA COVID 19. PROBLEMI E PROPOSTE

GIOVANNA VICARELLI, GUIDO GIARELLI

Questo Libro Bianco è il frutto del lavoro collettivo di una task force (coordinata da Giovanna Vicarelli) composta da una ventina di sociologi della Sezione di Sociologia della salute e della medicina dell'Associazione Italiana di Sociologia (AIS). Con tale lavoro si è inteso, da un lato, indagare scientificamente sulla configurazione del Servizio Sanitario Nazionale (SSN) di fronte alla pandemia da Covid-19 e, dall'altro, indicare alcune linee di azione per aumentarne la resilienza e la capacità di risposta ai bisogni emergenti di salute.

Il libro è gratuito. Se vuoi scaricarlo clicca qui:

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WEBINAR  
YouTube



**Pandemia COVID-19: vaccini e Parkinson**  
<https://www.youtube.com/watch?v=iPCY9HMxGgs>

F  
FONDAZIONE LIMPEL  
PER IL PARKINSON ONLUS



Voci e Immagini  
di Cura



Pensieri circolari  
Narrazione, formazione e cura

## “TRA ARTE E CURA”

Le interviste qui ospitate vertono sulla relazione che intercorre tra arte e cura, ossia intorno al valore e al senso che l'espressione artistica assume quando la si intreccia con i mondi e i significati della “cura” nella sua accezione più ampia.

Le diverse forme ed espressioni artistiche che hanno accompagnato e influenzato l'evoluzione del genere umano si nutrono del bisogno proprio dell'uomo di ulteriorizzare l'esperienza personale e il proprio sé. Il processo creativo spesso prende origine da emozioni, stati d'animo, sentimenti o riflessioni associate alle esperienze capitali dell'esistenza come l'amore, il viaggio, l'incontro fra culture diverse, la malattia o la morte.

Esercitare e coltivare una sensibilità artistica attiene alla facoltà di pensare-narrare di sé e da ciò discende la possibilità di generare senso (direzione e significato) per sé e per gli altri.

L'opera artistica concerne la descrizione della condizione umana a partire da particolari e peculiari punti di osservazione, offre pertanto l'opportunità di acquisire punti di vista diversi sulla realtà e alimenta importanti riflessioni su temi centrali dell'esistenza e della vita di ciascuno di noi.



*Gastone Cecconello (Vercelli, 1942) è un artista dall'inesauribile estro creativo e si esprime attraverso tutti i mezzi a sua disposizione: dall'incisione alla pittura, dalla scultura alla tecnica mista. Tutte le sue opere mostrano una lotta senza fine tra la consistenza della materia e la voglia di tornare alla semplicità delle origini, tra la seducente bellezza del ferro, del legno, della pietra e la lucentezza delle paste colorate e delle linee pastello, che riempiono e ravvivano sulle superfici su cui vengono posati. Ricercatore solitario che si distingue dalla massa, sperimentatore instancabile e tenace, ma insofferente per natura ai sistemi di credenze dell'arte e anche all'appartenenza sociale, Cecconello proviene da una lunga storia che gli consente di essere una figura di primo piano nel panorama artistico nazionale. Vive e lavora in Piemonte, in provincia di Biella.*

L'intervista al link: <https://www.vocieimmaginedicura.it/tra-arte-e-cura/>.



Il **14 Maggio 2021** scadono le iscrizioni alla **terza edizione del Master Executive in METODOLOGIE E PRATICHE NARRATIVE NEI CONTESTI DI CURA**, proposto dal **COREP** in collaborazione con **ASL BI - Azienda Sanitaria di Biella** e patrocinato dal **Dip. di Filosofia e Scienze dell'Educazione dell'Università degli Studi di Torino**.

Il corso è pensato per **professionisti operanti in ambito sanitario** (infermieri e altri operatori sanitari, medici, psicologi, educatori, ecc.) che siano interessati ad acquisire competenze e professionalità nell'ambito della medicina narrativa e delle pratiche narrative al servizio della cura.

Il **Master Executive** mira a formare un esperto nella progettazione, realizzazione e gestione di interventi basati sull'applicazione delle pratiche narrative nei contesti socio-sanitari e socio-educativi e intende promuovere conoscenza delle **Medical Humanities**, conoscenza delle **teorie sul pensiero narrativo e della disciplina riflessiva**, **competenze in merito all'utilizzo di determinati strumenti** e di pratiche improntate alla narrazione di sé, **competenze nella progettazione, gestione e valutazione di interventi di social marketing** attraverso le pratiche narrative.

Maggiori info al link: <http://www.masterpratichenarrative.it/>