

SCIENTIFIC RESEARCH MONITORING ON COVID-19

12 JULY 2020

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SCIENTIFIC RESEARCH MONITORING ON COVID-19

(ISSUE 161)

Abu Dhabi Public Health Center (ADPHC) is gathering the latest scientific research updates and trends on coronavirus disease (COVID-19) in a daily report. The report provides summaries on breakthrough or updated research on COVID-19 to allow health care professionals and public health professionals get easy and fast access to information.

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Research
Update



WHO
Report



Statistics



Articles
Summary

Note : All articles presented in this report represent the authors' views and not necessarily represents Abu Dhabi Public Health Center views or directions. Due the nature of daily posting, some minor language errors are expected.

For further inquiries you may communicate with us as PHP@adphc.gov.ae

RESEARCH UPDATES

The views and opinions expressed in this report are those of the authors and do not reflect the official policy or position of the Abu Dhabi Public Health Center (ADPHC).

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Clinical Features

Persistent Symptoms in Patients After Acute COVID-19

Public Health Policy

Association of a Public Health Campaign About Coronavirus Disease 2019 Promoted by News Media and a Social Influencer With Self-reported Personal Hygiene and Physical Distancing in the Netherlands

Public Health Policy

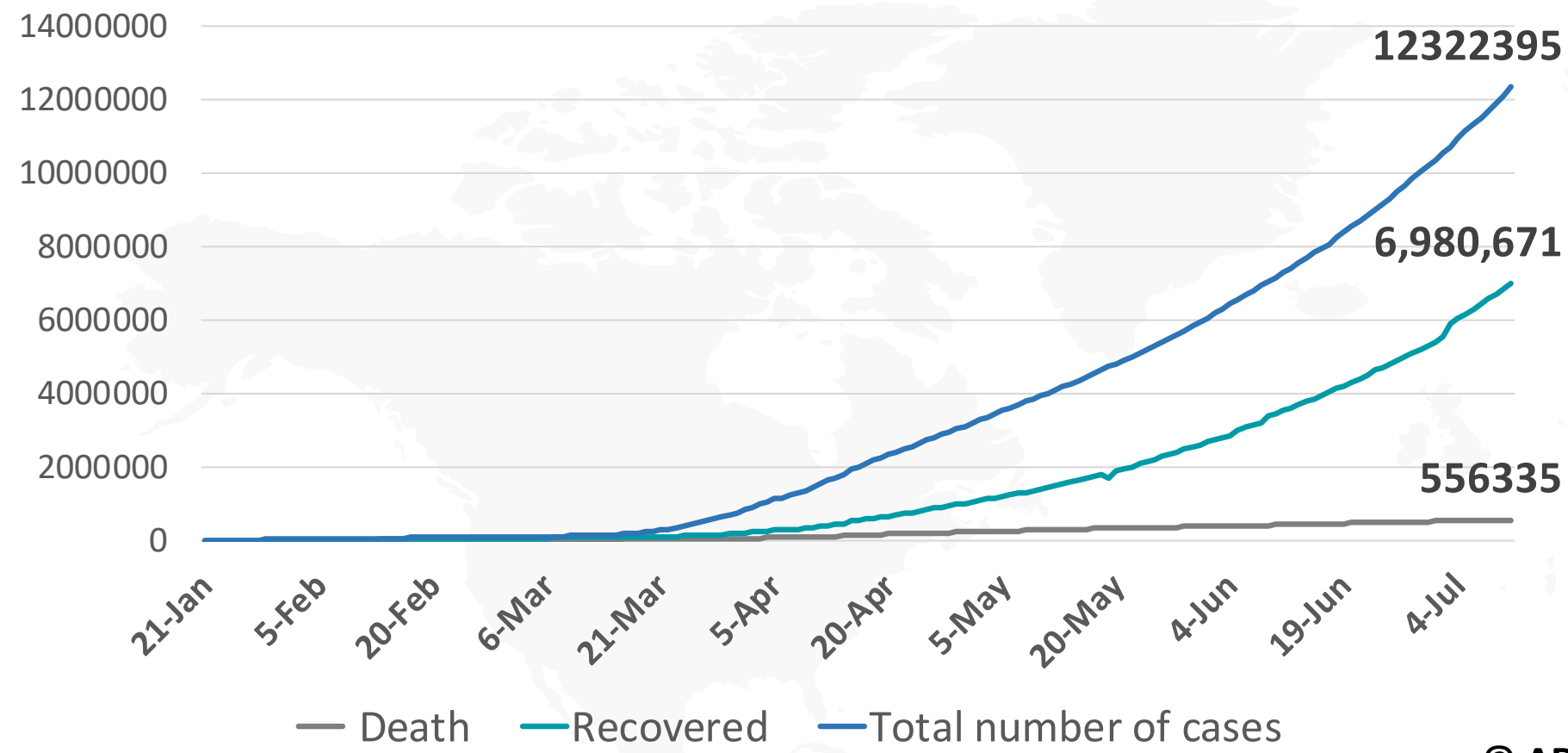
Acute COVID-19 Guidelines for Family Presence Policies During COVID-19 Pandemic



- WHO has published guidance on maintaining a safe and adequate blood supply during the coronavirus disease pandemic.
- Last Thursday WHO Director-General Dr Tedros announced the establishment of the Independent panel for Pandemic Preparedness and Response (IPPR) to evaluate the world's response to the COVID-19 pandemic. “This is a time for self-reflection, to look at the world we live in and to find ways to strengthen our collaboration as we work together to save lives and bring this pandemic under control” said Dr Tedros.
- Dr Tedros proposed that a Special Session of the Executive Board be called in September to discuss the Panel's progress. In November the Panel will present an interim report at the resumption of the World Health Assembly.
- In January 2021, the Executive Board will hold its regular session, where the Panel's work will be further discussed; and in May of next year, at the World Health Assembly, the panel will present its substantive report.



Figure 1: Total number of infected, recovered, and death cases



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Figure 3: Total number of death due to COVID-19 (china and the result of the world)

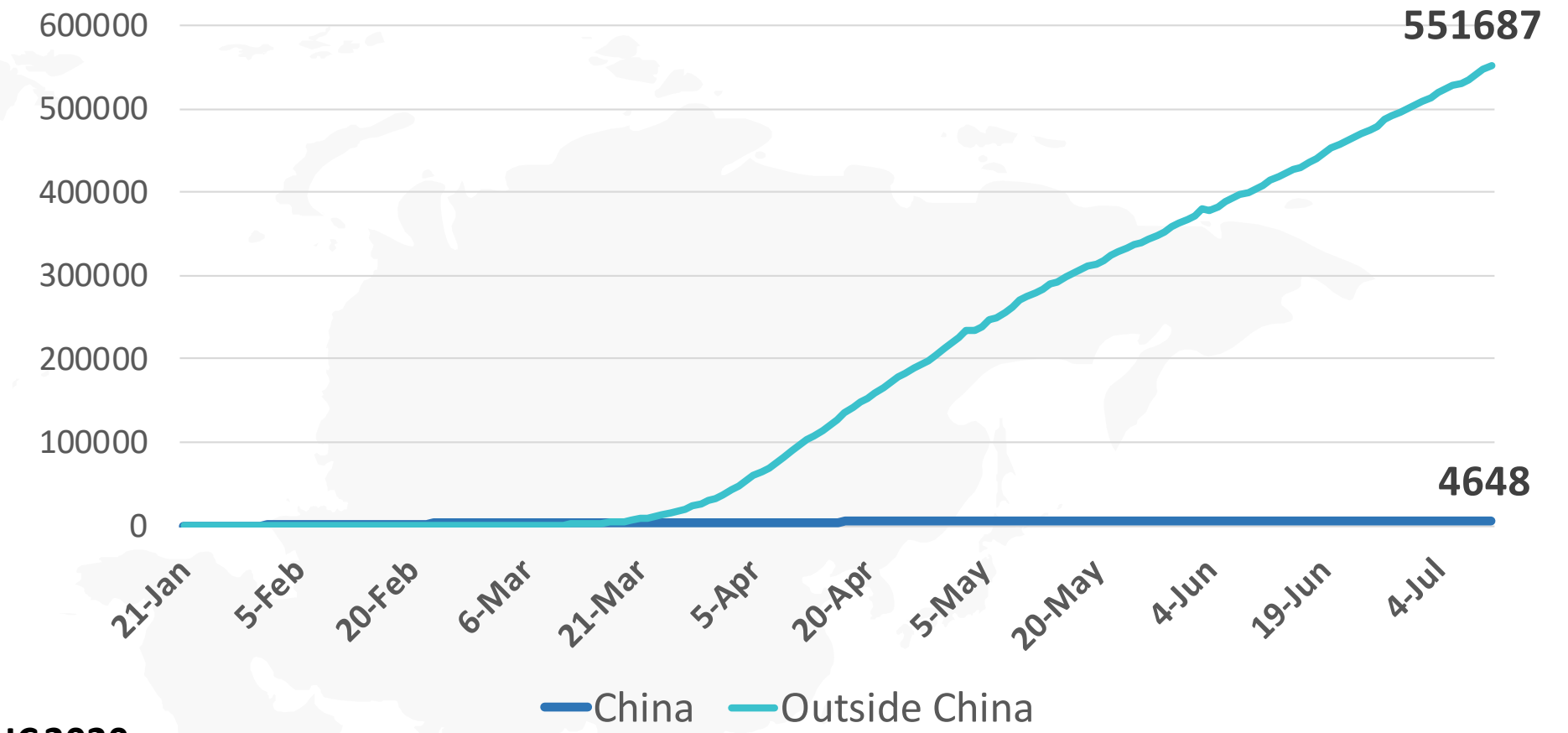


Figure 2: Daily new infected COVID-19 cases (china and the rest of the world)



Figure 4: Global daily new deaths due to COVID-19 (china and rest world)

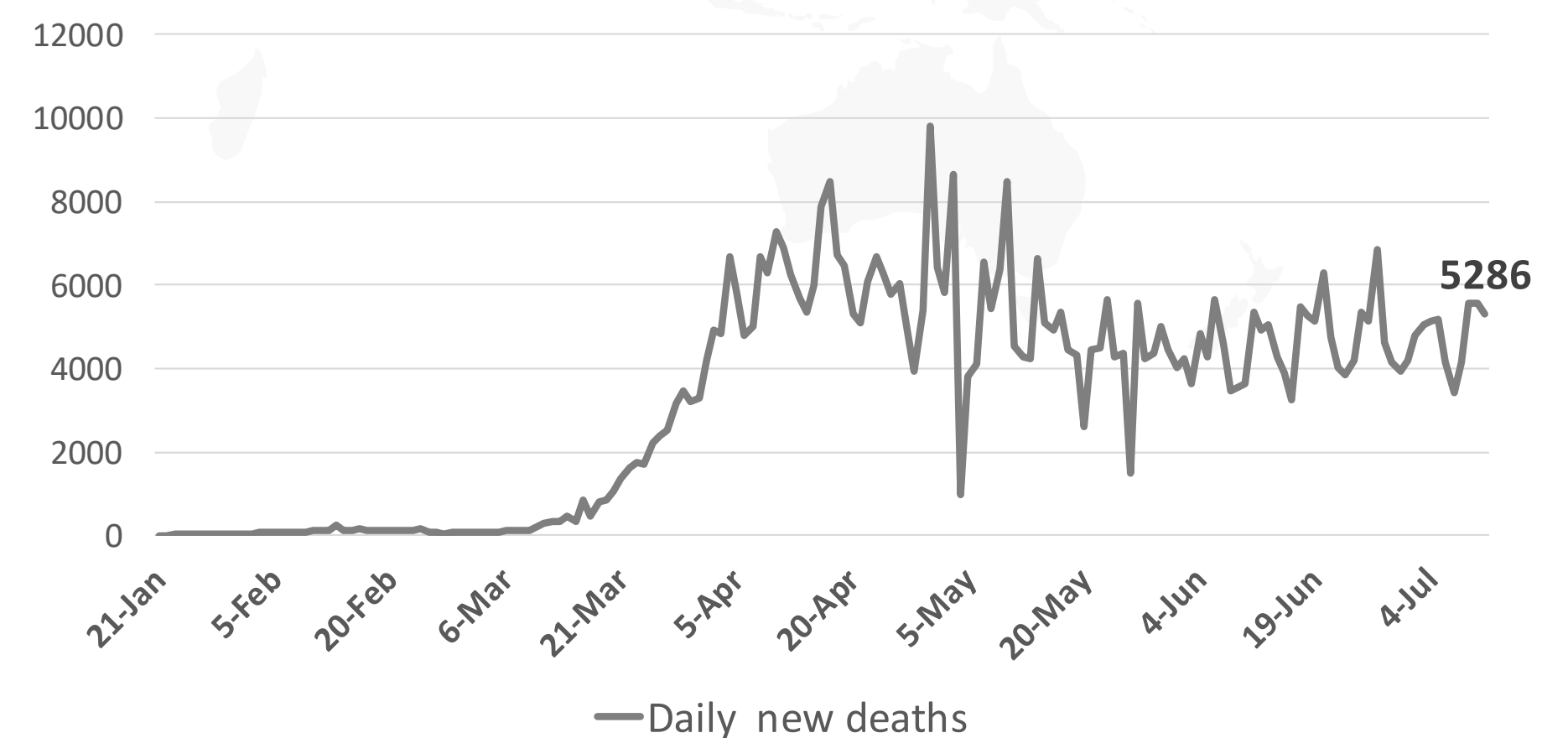
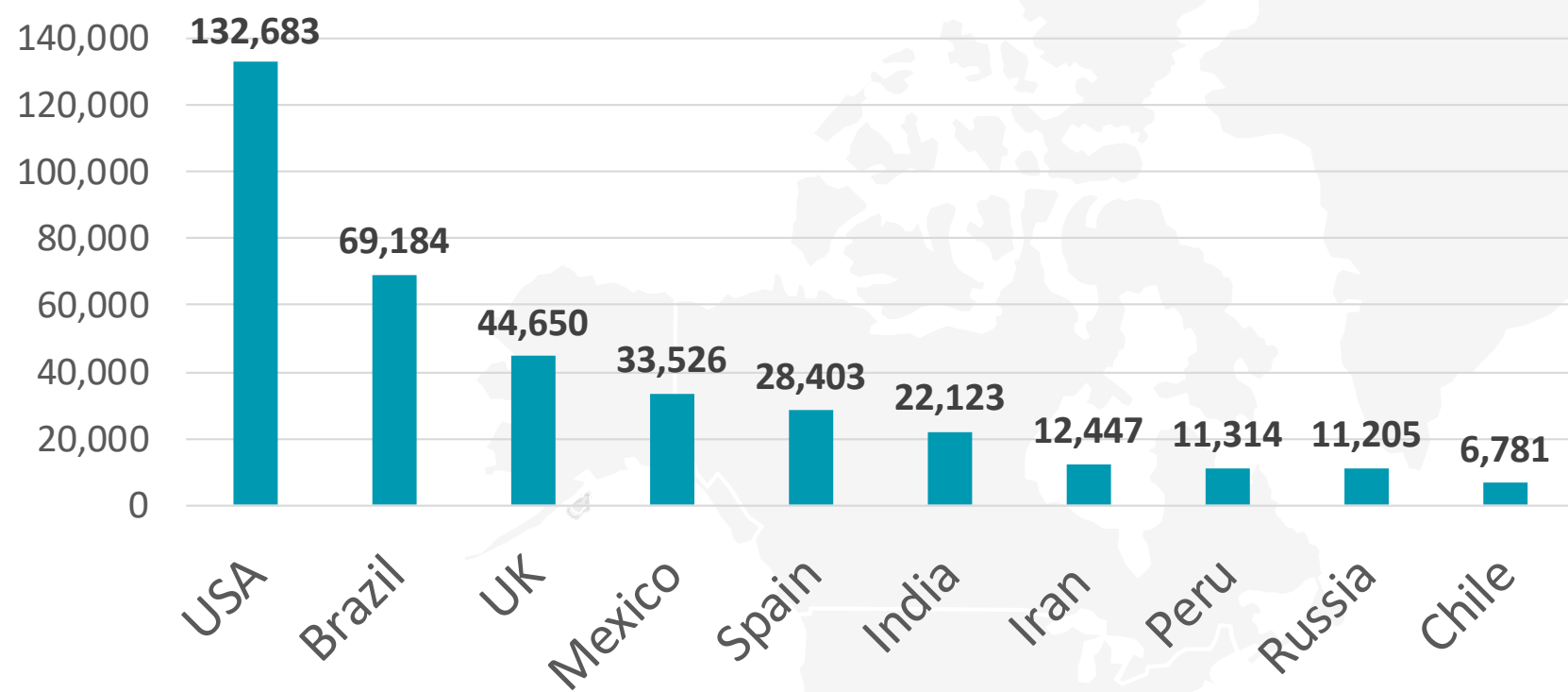
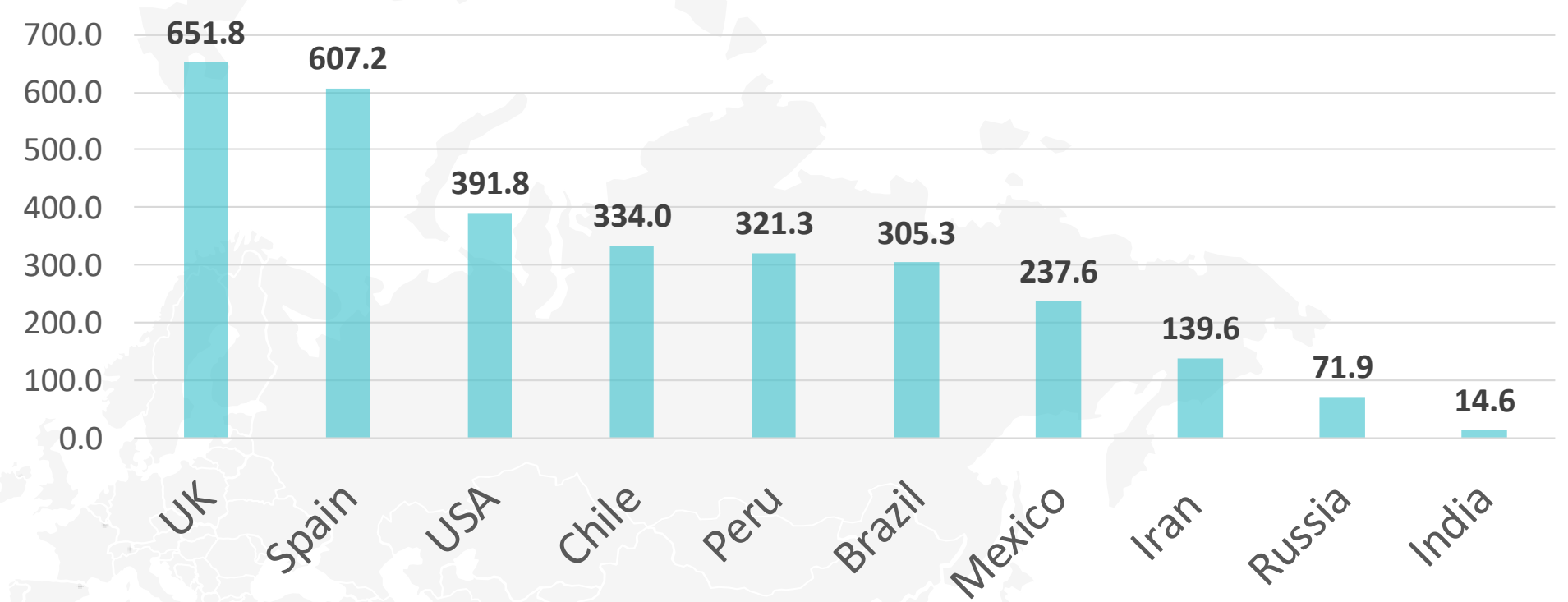


Figure 3: Top 10 countries in the total number of cases due to COVID-19

TOTAL DEATHS



DEATHS PER MILLION



TOTAL INFECTED CASES

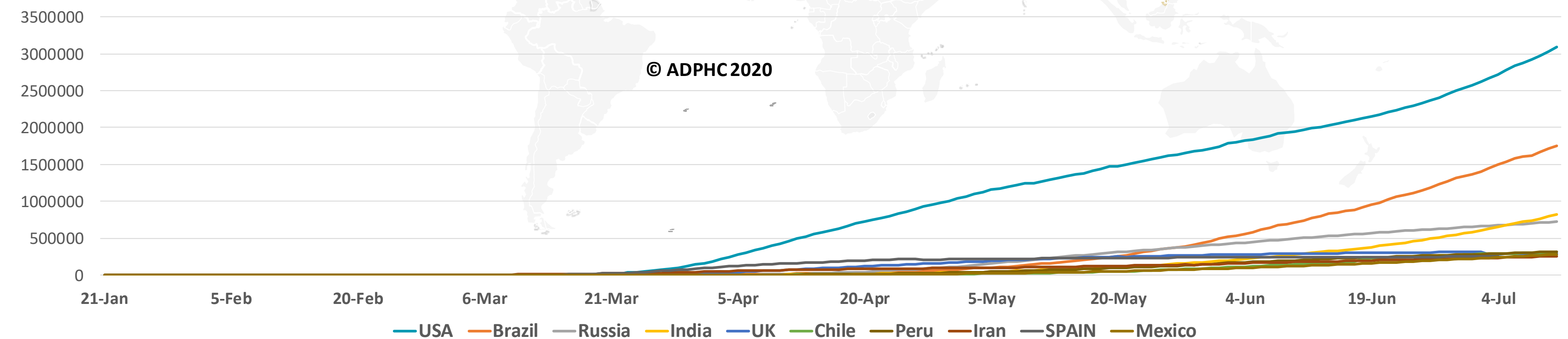
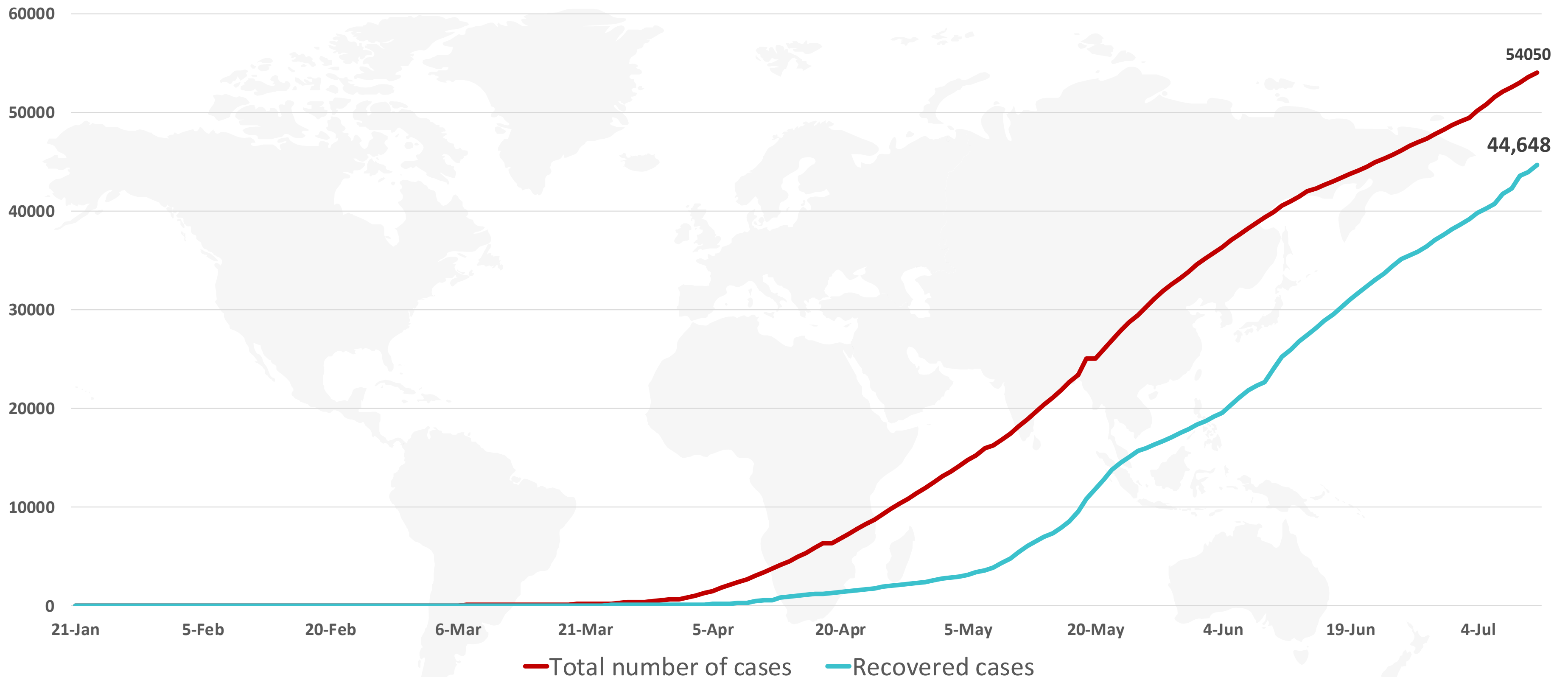
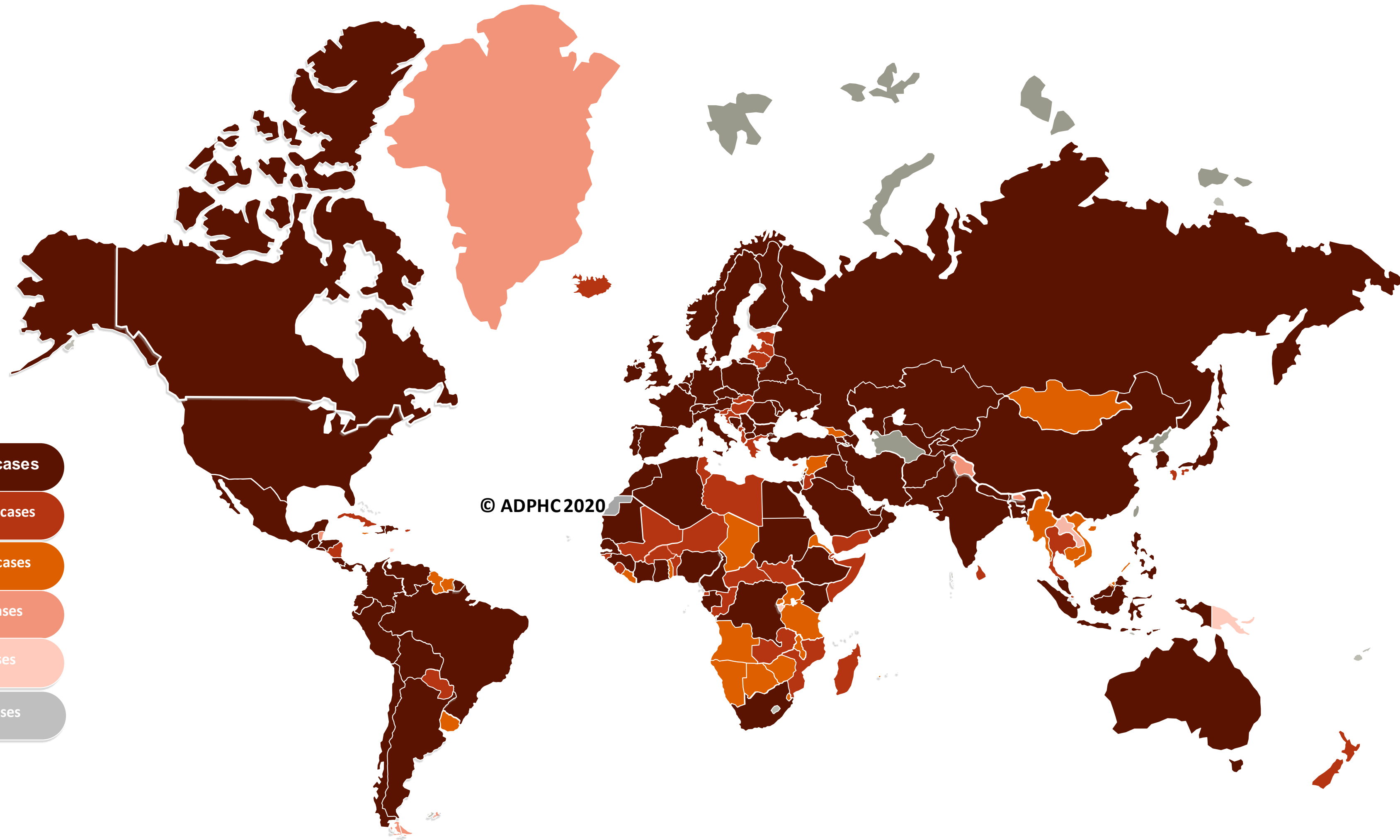


Figure 5: Total number of infected and recovered due to COVID-19 reported by the UAE



— Total number of cases — Recovered cases

Figure 7A : Global distribution of COVID-19 cases



More than 5000 cases

From 1001 to 5000 cases

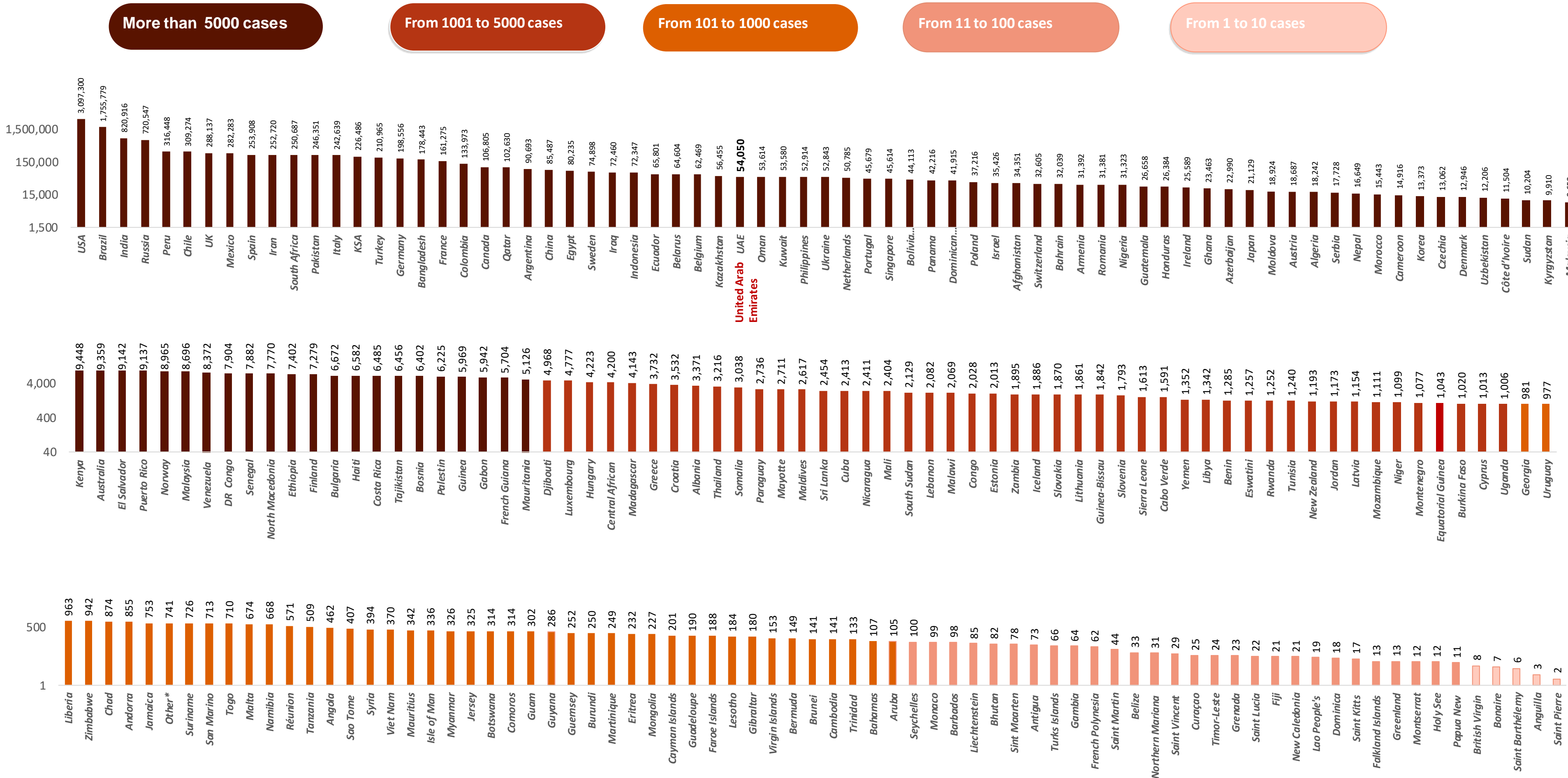
From 101 to 1000 cases

From 11 to 100 cases

From 1 to 10 cases

No confirmed cases

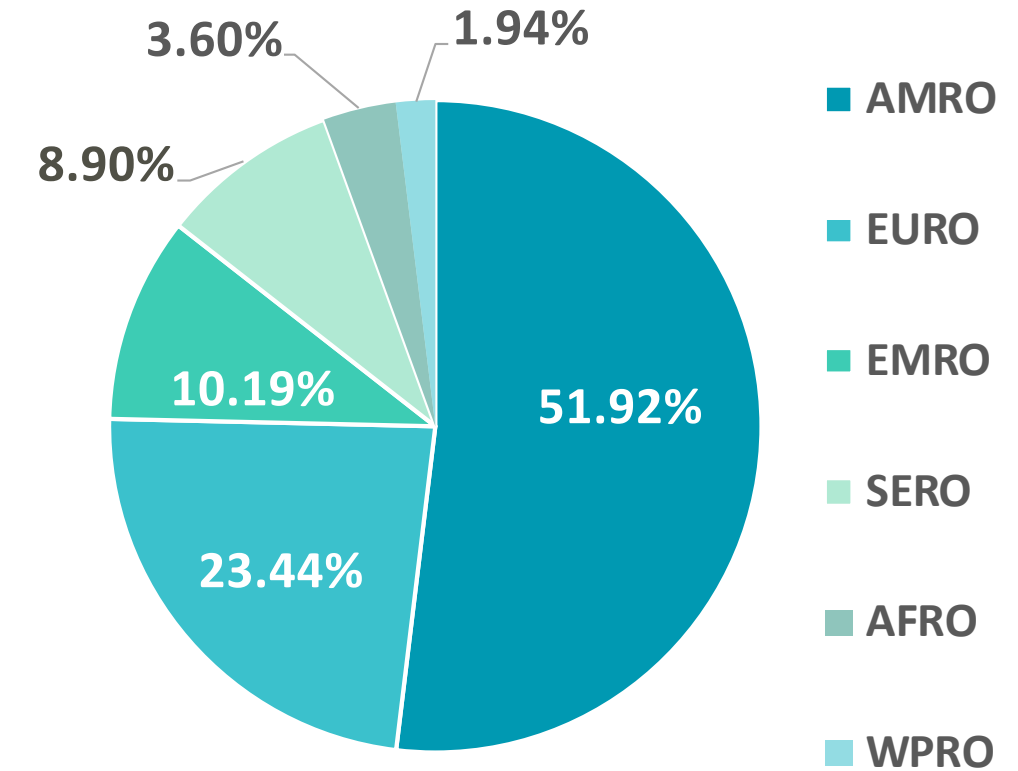
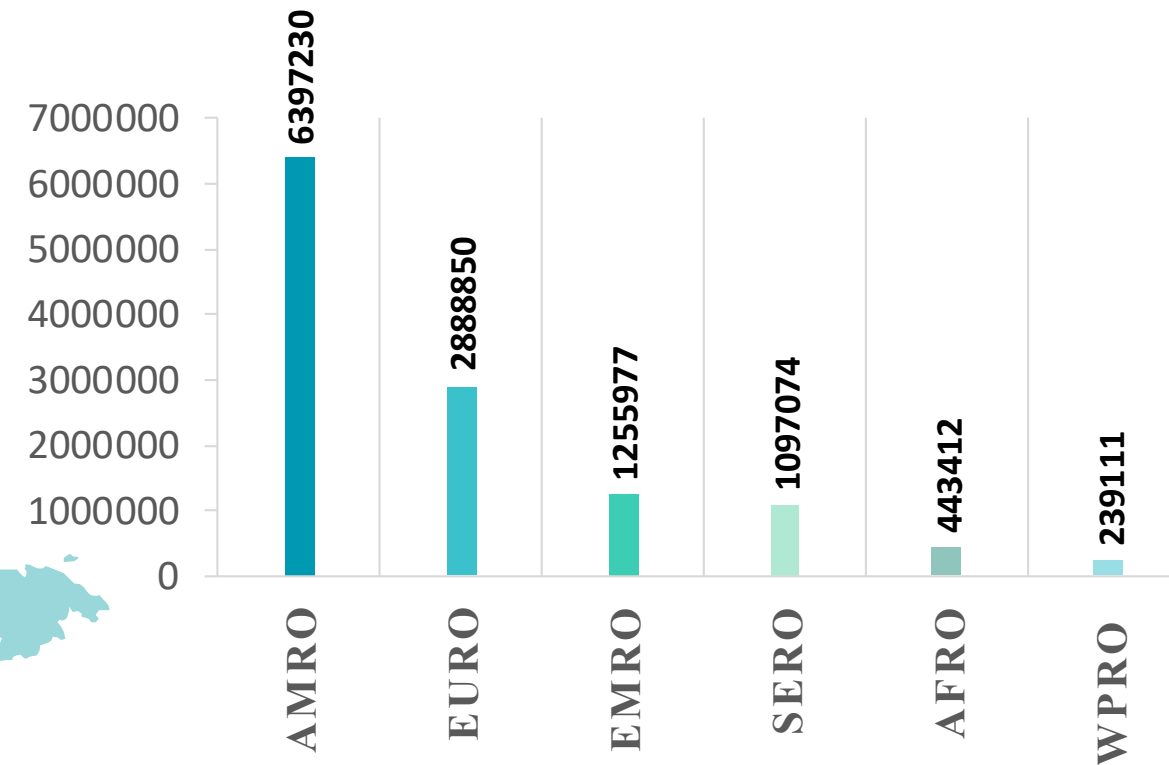
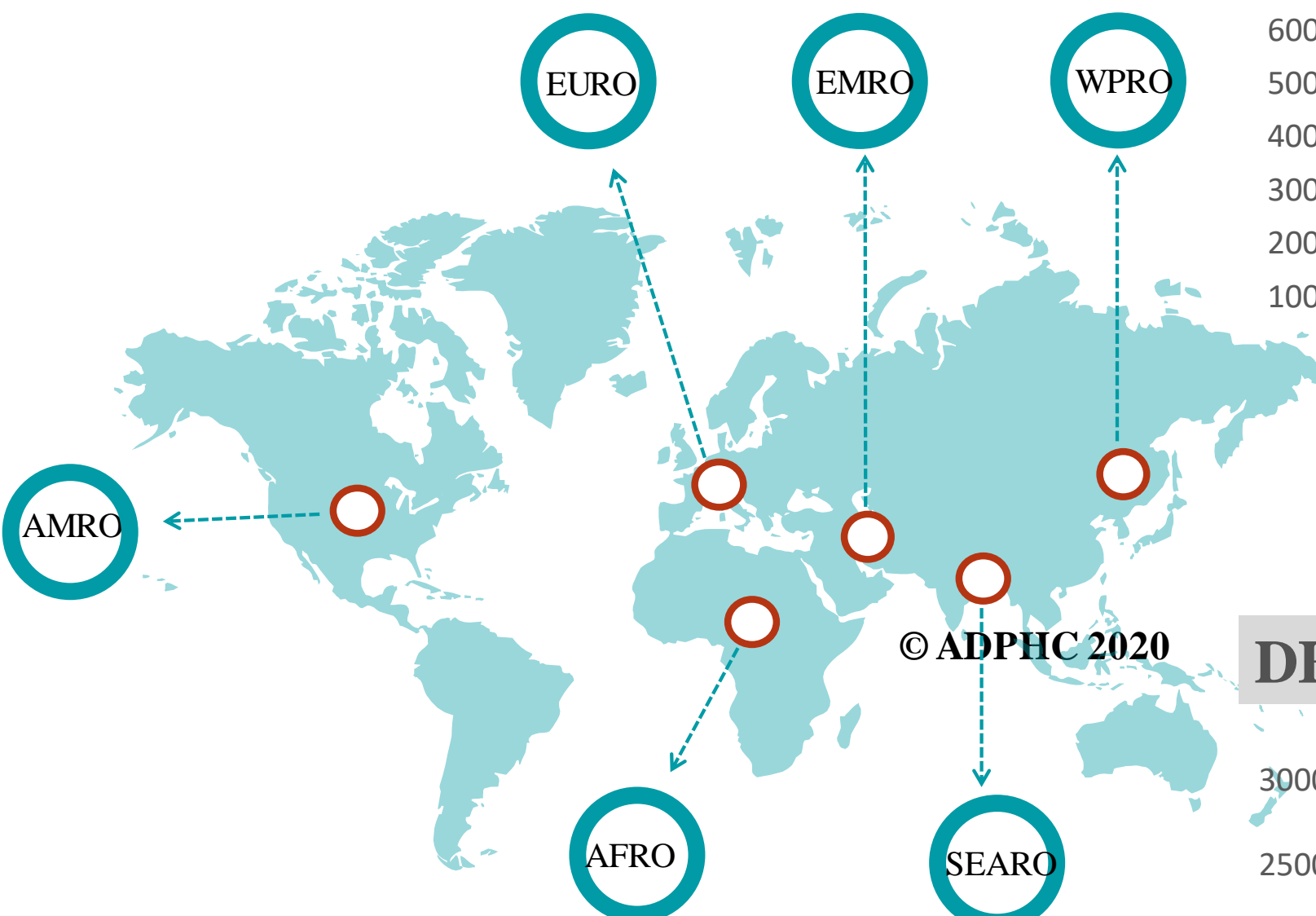
Figure 7B: Bar chart illustrate the global distribution of COVID19 cases



Other*: includes cases and deaths reported under the international conveyance (Diamond Princess)

Figure 8: illustrate the Global distribution of COVID19 cases per region

INFECTED



DEATH

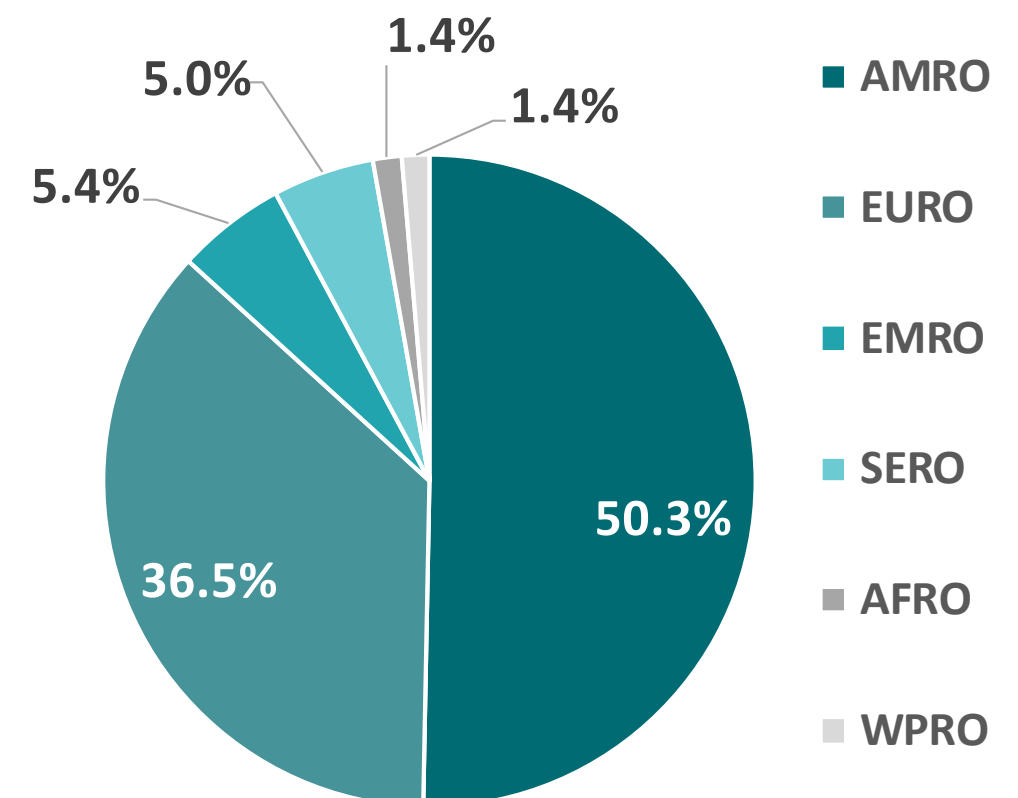
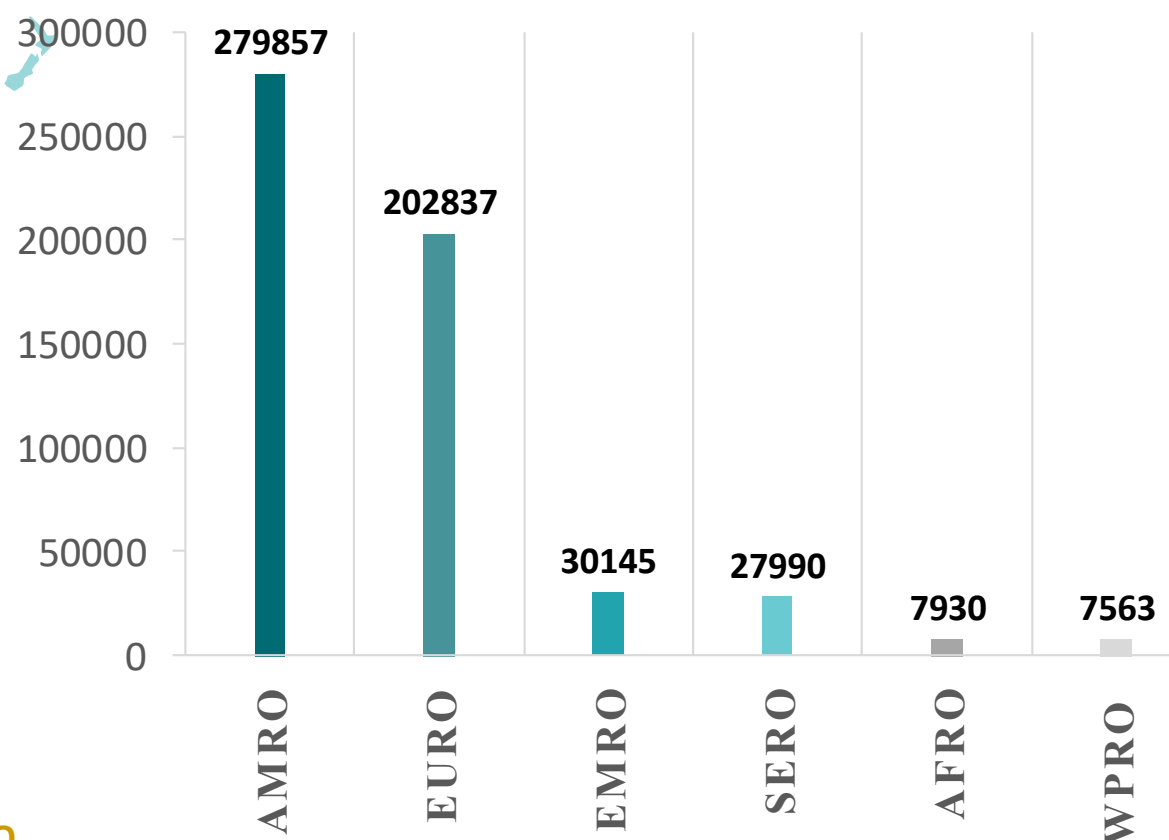
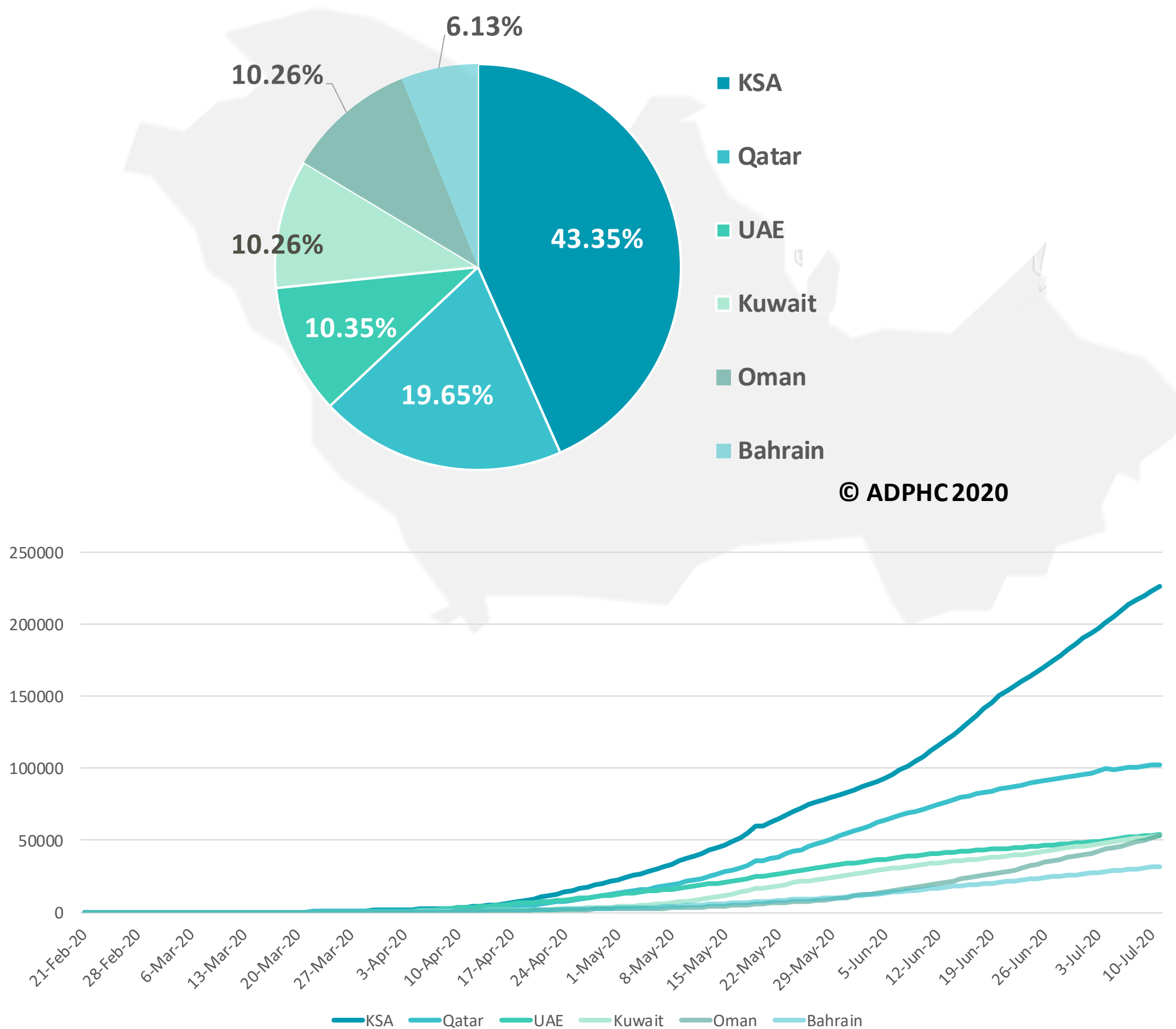
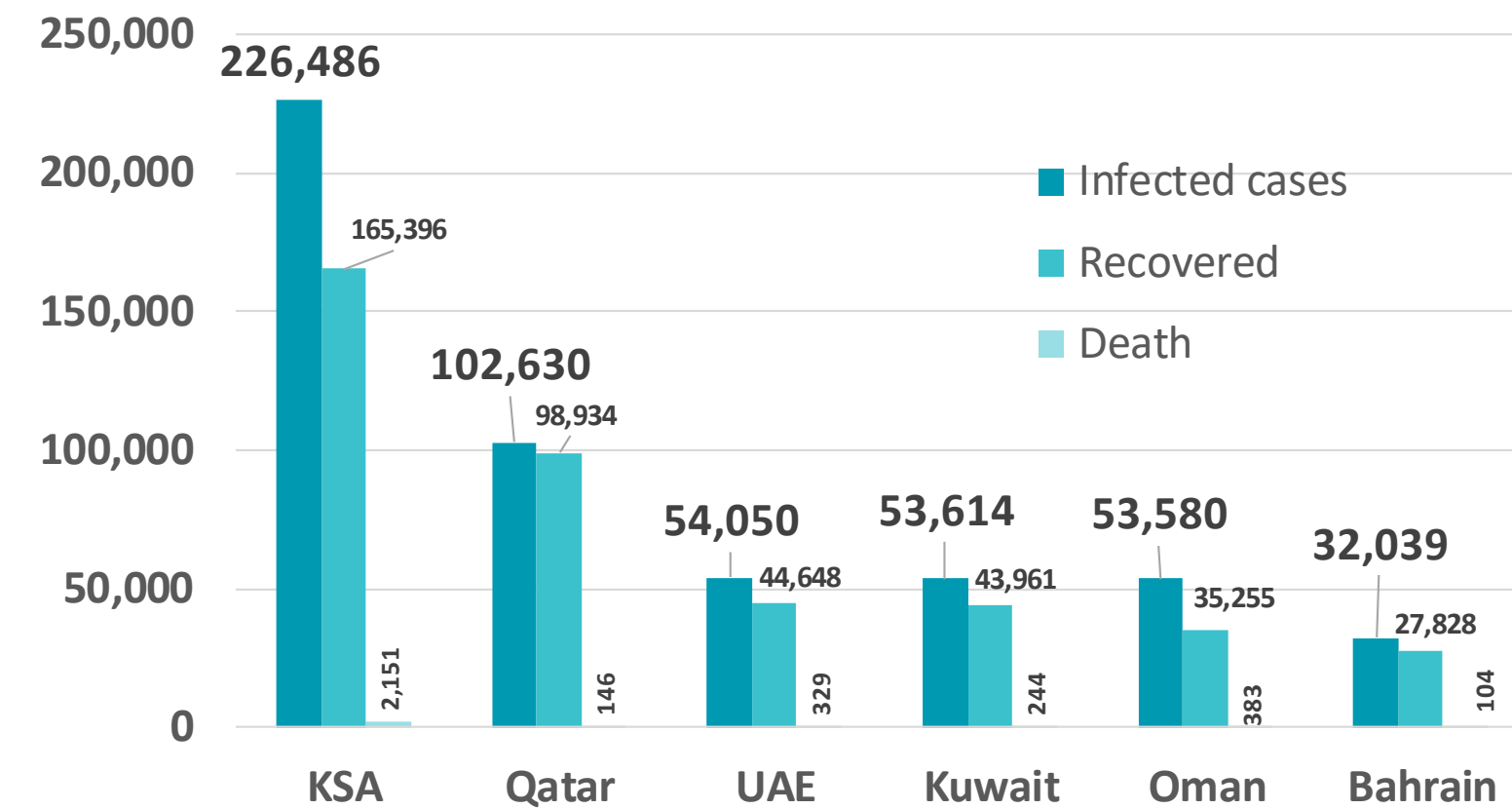


Figure 9: Comparative analysis of the distribution of COVID19 cases in GCC countries

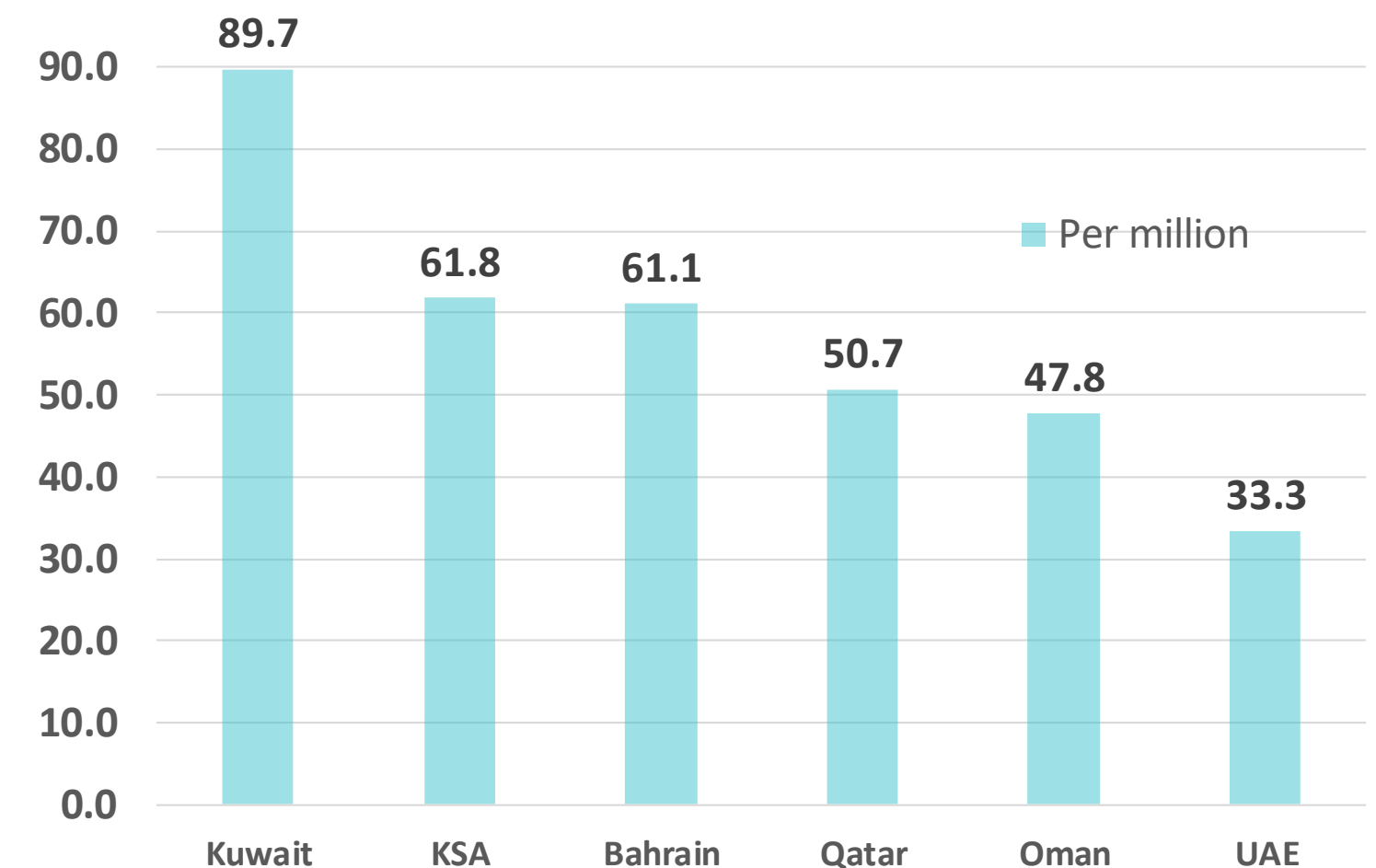
TOTAL NUMBER OF INFECTED CASES



TOTAL NUMBER OF INFECTED, RECOVERED AND DEATHS



DEATH PER MILLION



Graphs published by Abu Dhabi Public Health Center 2020 | Data resources: [WHO](https://www.who.int)

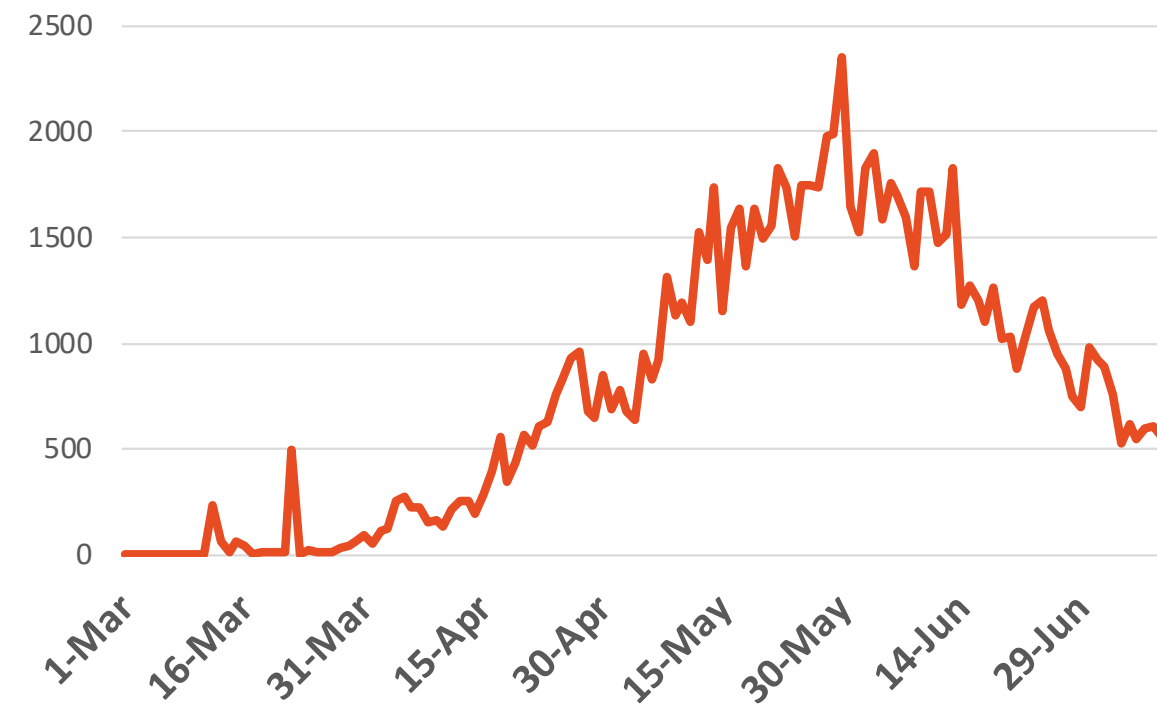
Figure 10: Comparative analysis of the distribution of COVID19 new cases in GCC countries

KSA



Source : KSA ministry of health

Qatar



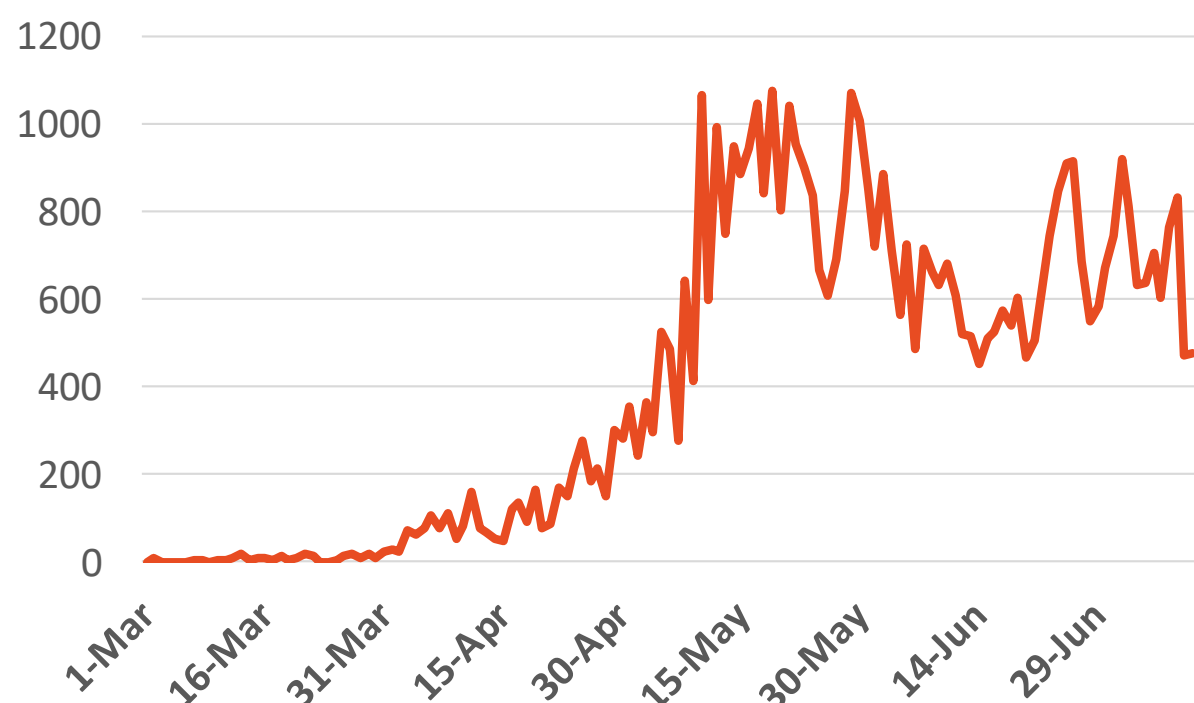
Source : Qatar ministry of health

UAE



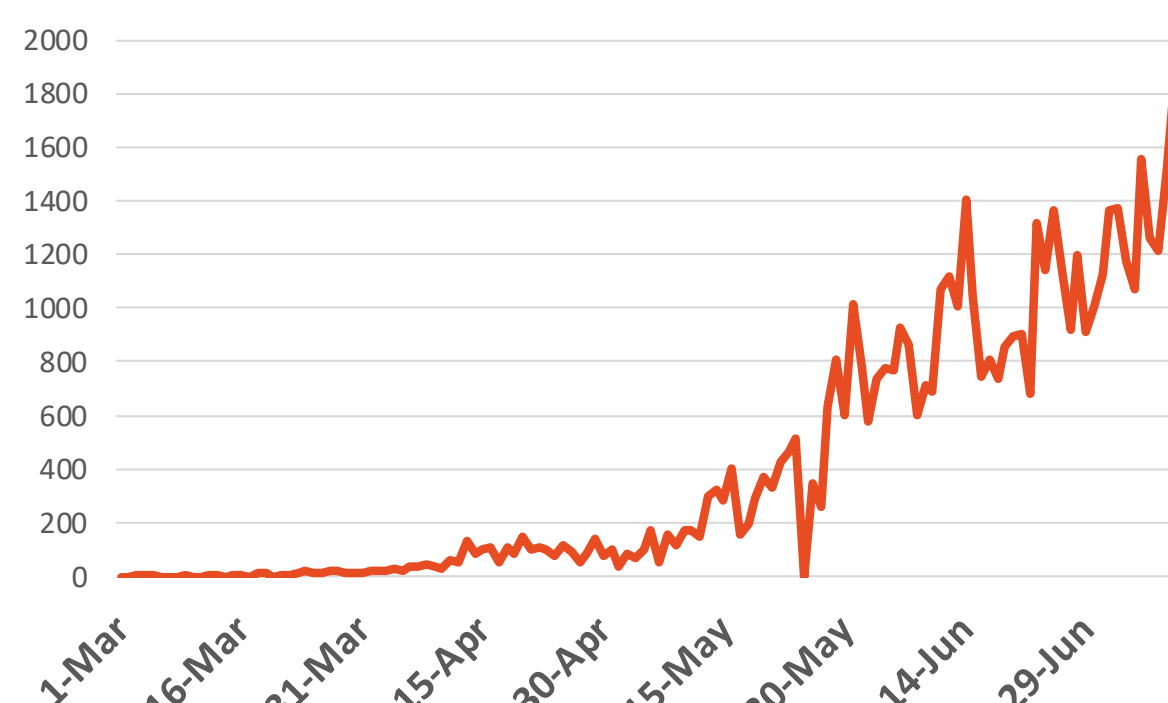
Source : National Emergency Crisis and Disaster Management Authority

Kuwait



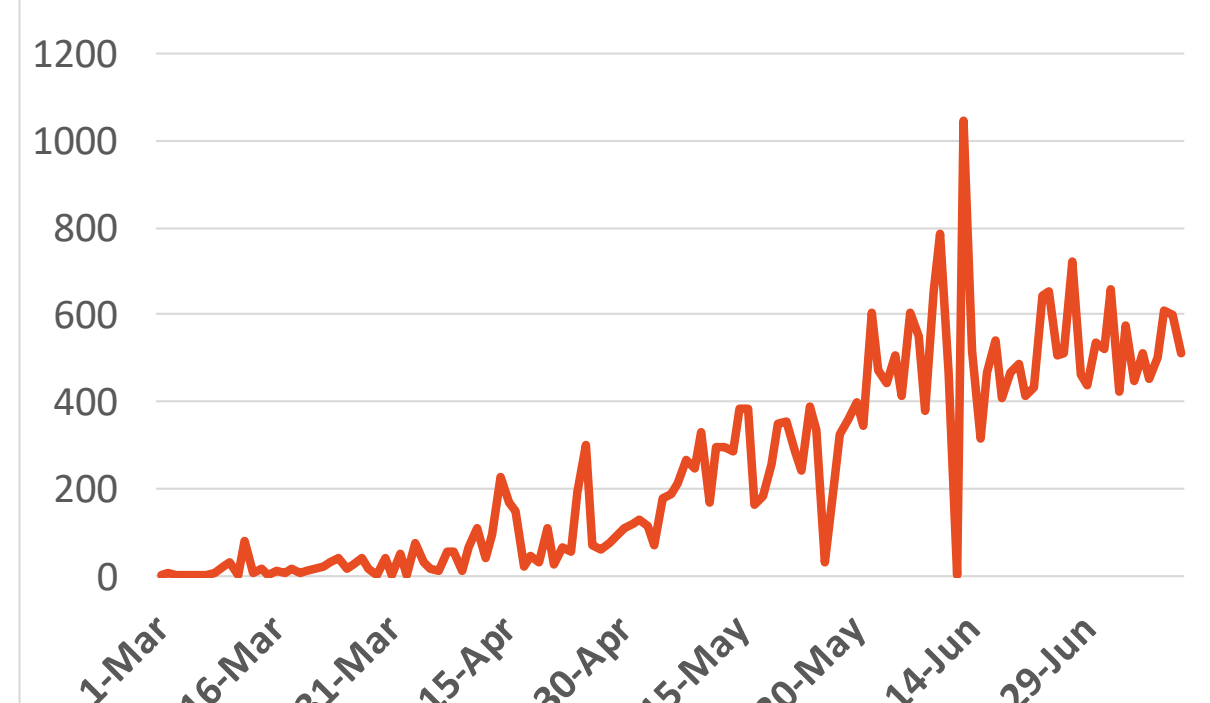
Source : Kuwait ministry of health

Oman © ADPHC 2020



Source : Oman ministry of health

Bahrain

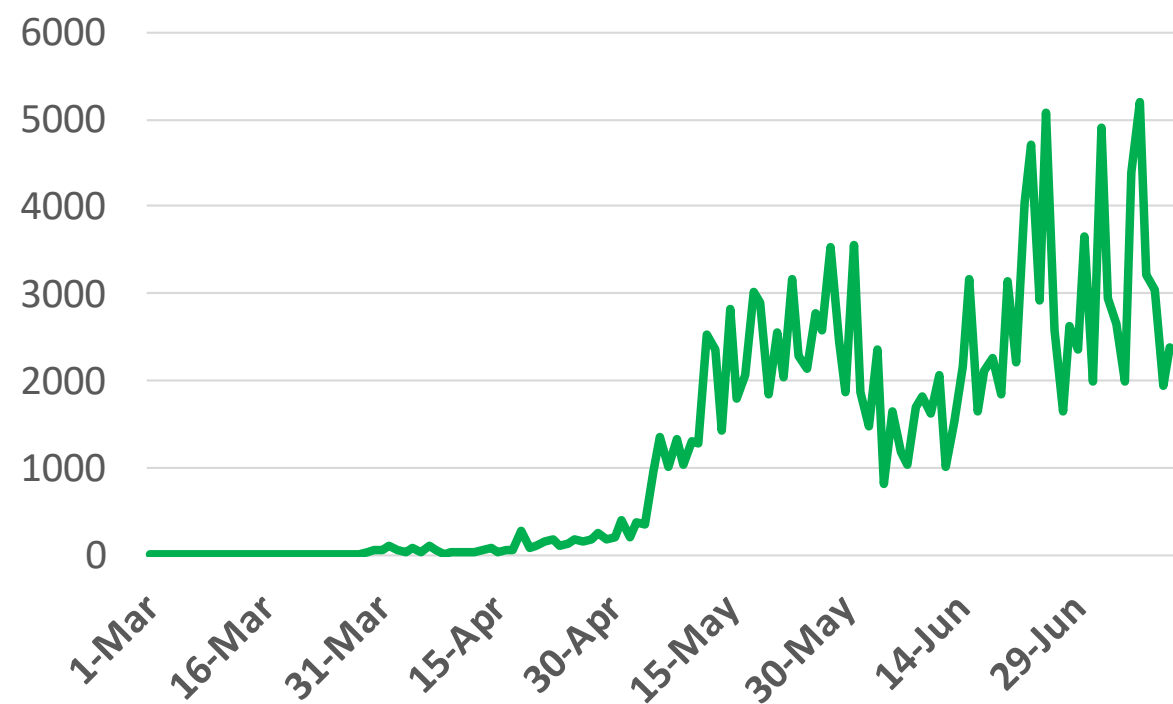


Source : WHO



Figure 11: Comparative analysis of the distribution of COVID19 newly recovered cases in GCC Countries

KSA



Source : KSA ministry of health

Qatar



Source : Qatar ministry of health

UAE



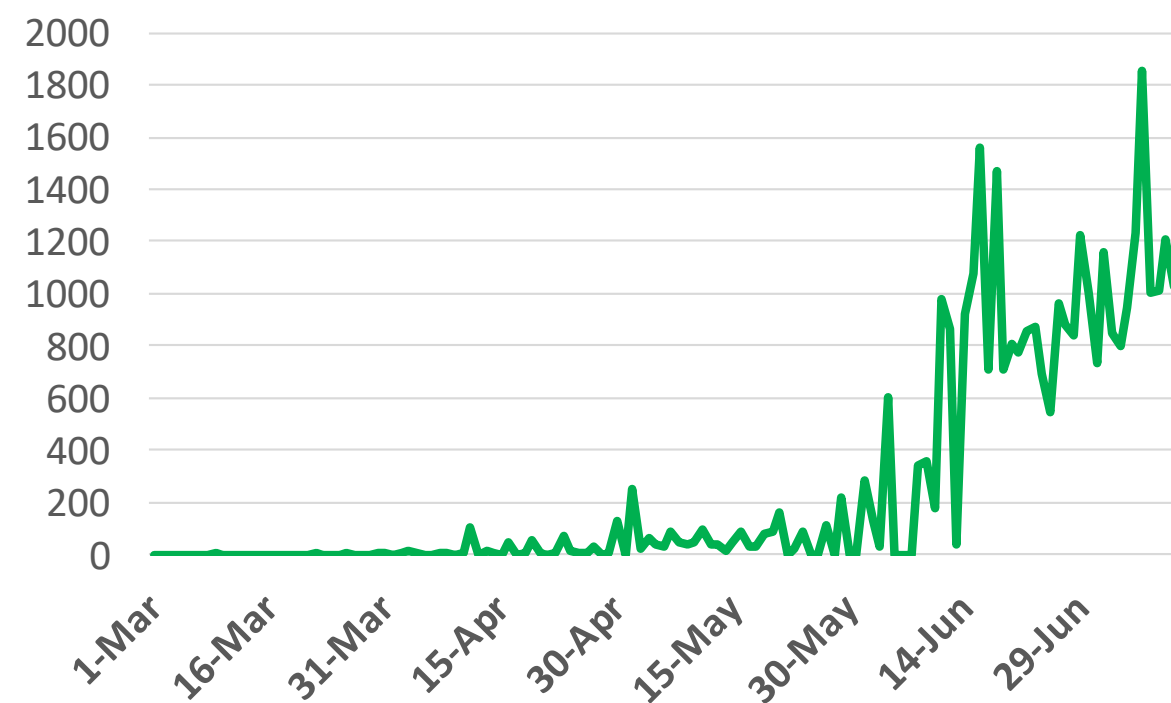
Source : National Emergency Crisis and Disaster Management Authority

Kuwait



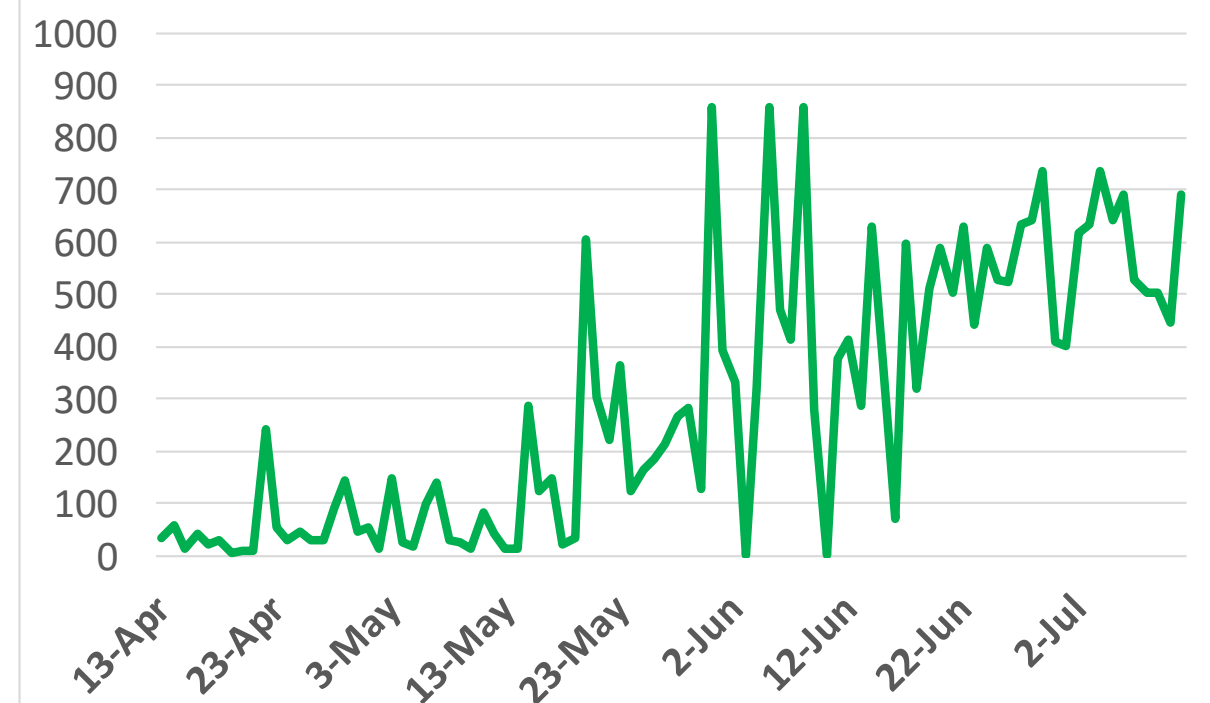
Source : Kuwait ministry of health

Oman © ADPHC 2020



Source : Oman ministry of health

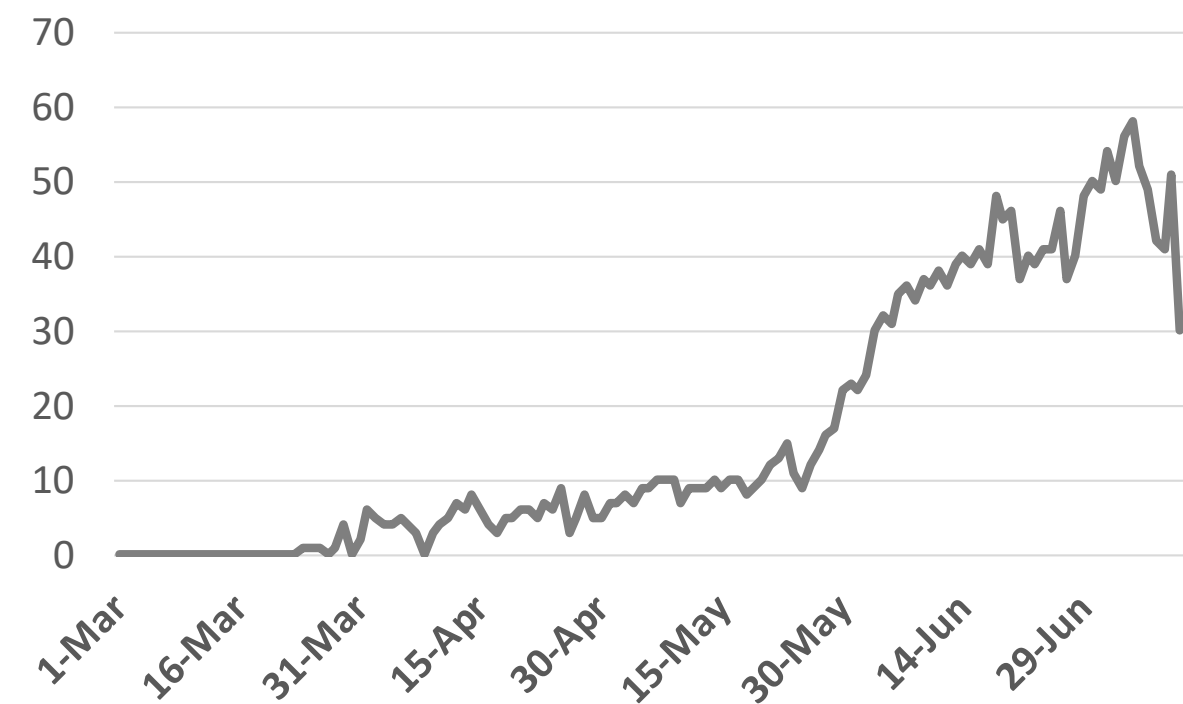
Bahrain



Source : GCCStat

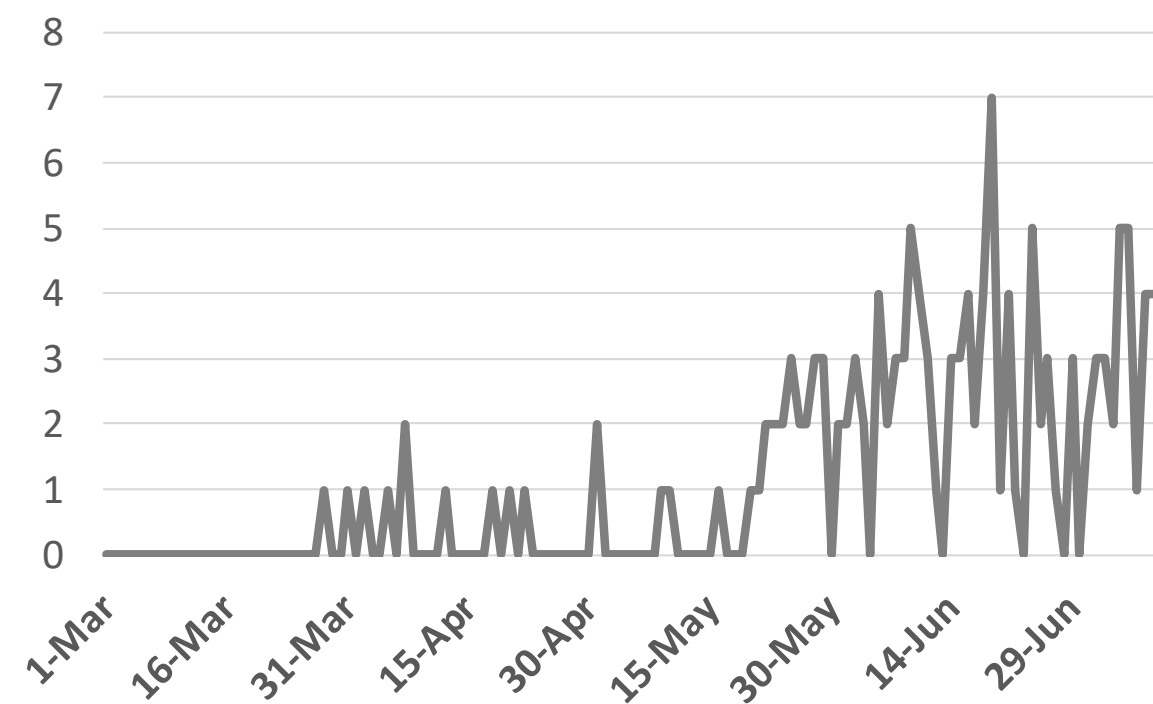
Figure 12: Comparative analysis of the distribution of COVID19 newly death cases in GCC countries

KSA



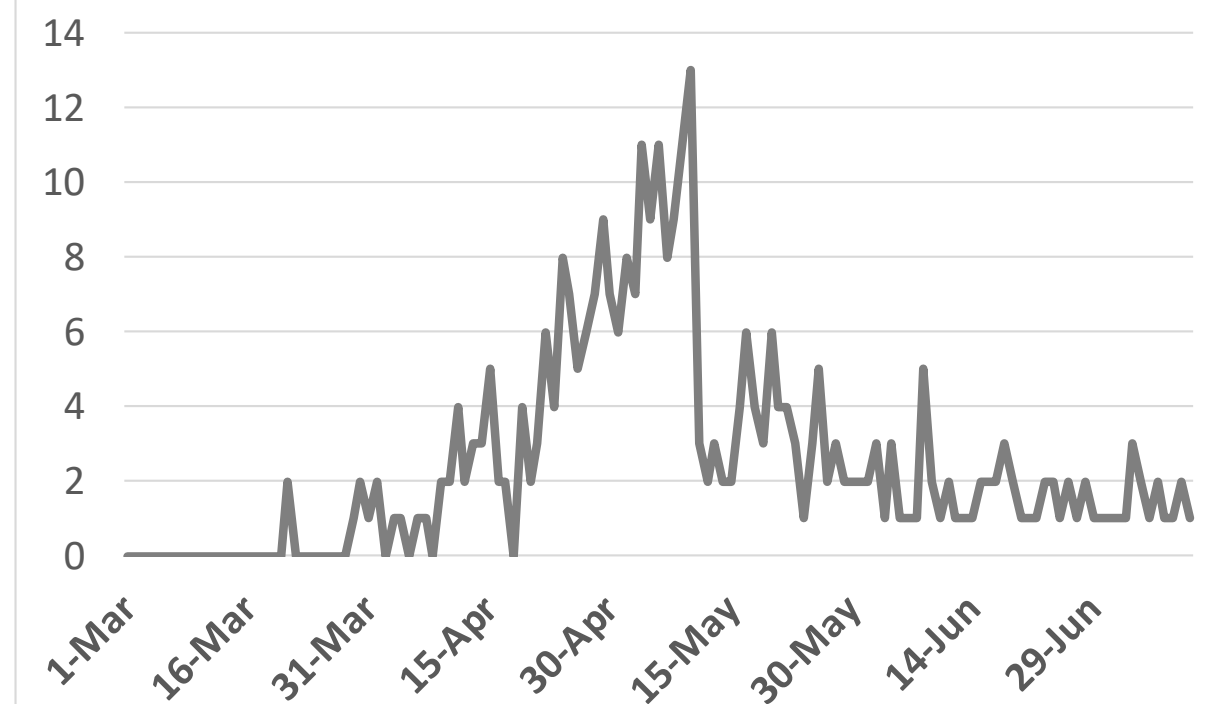
Source : KSA ministry of health

Qatar



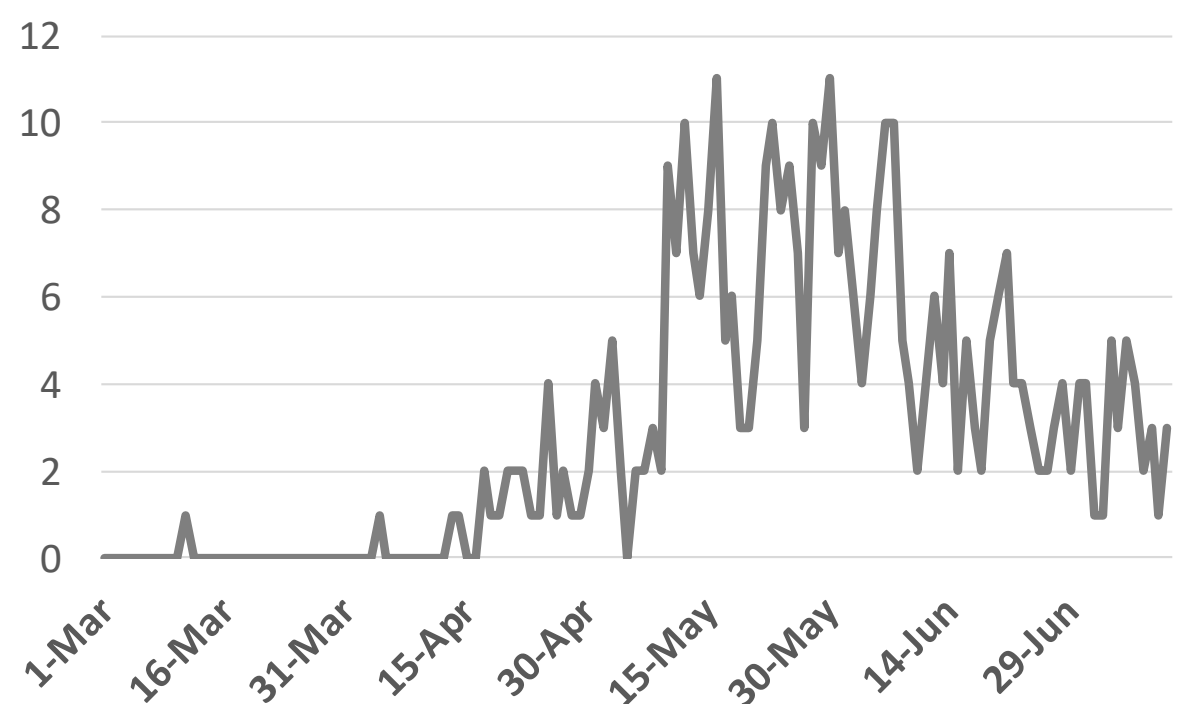
Source : Qatar ministry of health

UAE



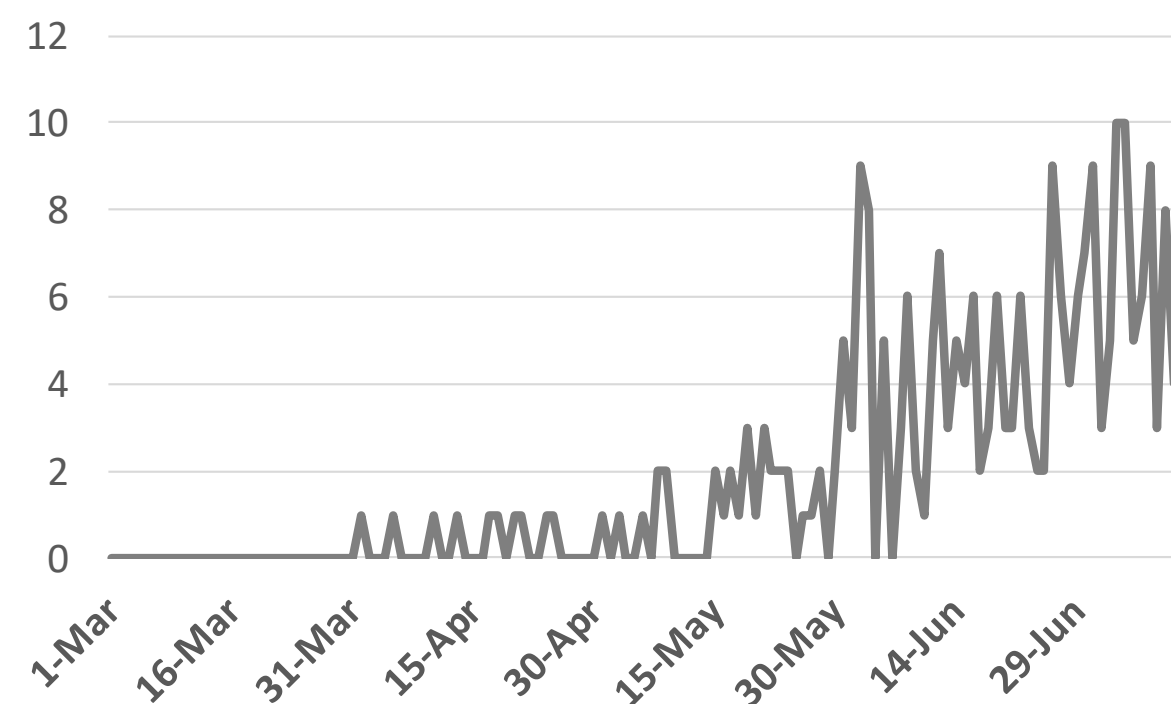
Source : National Emergency Crisis and Disaster Management Authority

Kuwait



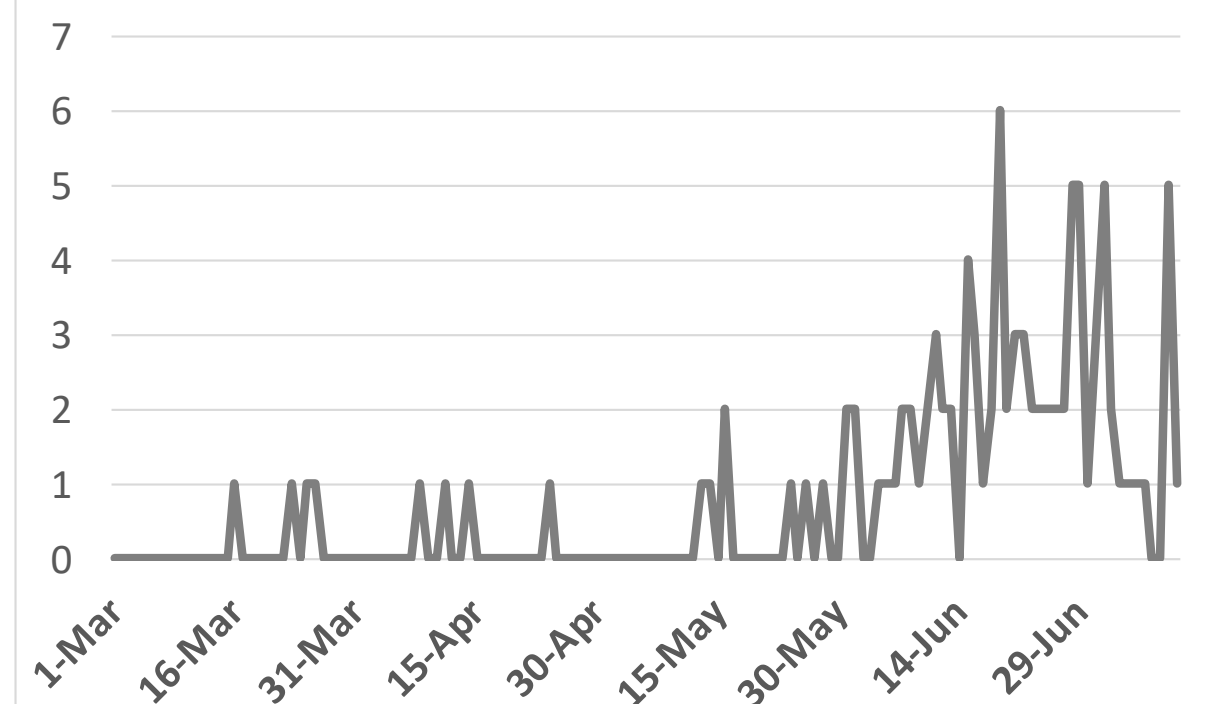
Source : Kuwait ministry of health

Oman © ADPHC 2020



Source :Oman ministry of health

Bahrain



Source :WHO



Article 1: Persistent Symptoms in Patients After Acute COVID-19

Published

9 July 2020 [JAMA](#)

This study assesses whether recovered cases from COVID-19 have persistence of symptoms after discharge from hospital. 143 cases were followed up in one hospital in Italy. (April 21 to May 29, 2020). These cases were followed up after 60 days from symptoms onset. Quality of life was also measured before and after COVID-19 using a scoring system.

Results:

- During hospitalization, 72.7% of participants had evidence of **interstitial pneumonia**.
- Mean length of hospital stay was **13.5 (SD, 9.7) days**.
- 21 patients (15%)** received noninvasive ventilation and 7 patients (5%) received invasive ventilation.
- 18 (12.6%) were completely free of any COVID-19 related symptom. (87.4% reported persistence of at least 1 symptom, particularly fatigue and dyspnea).

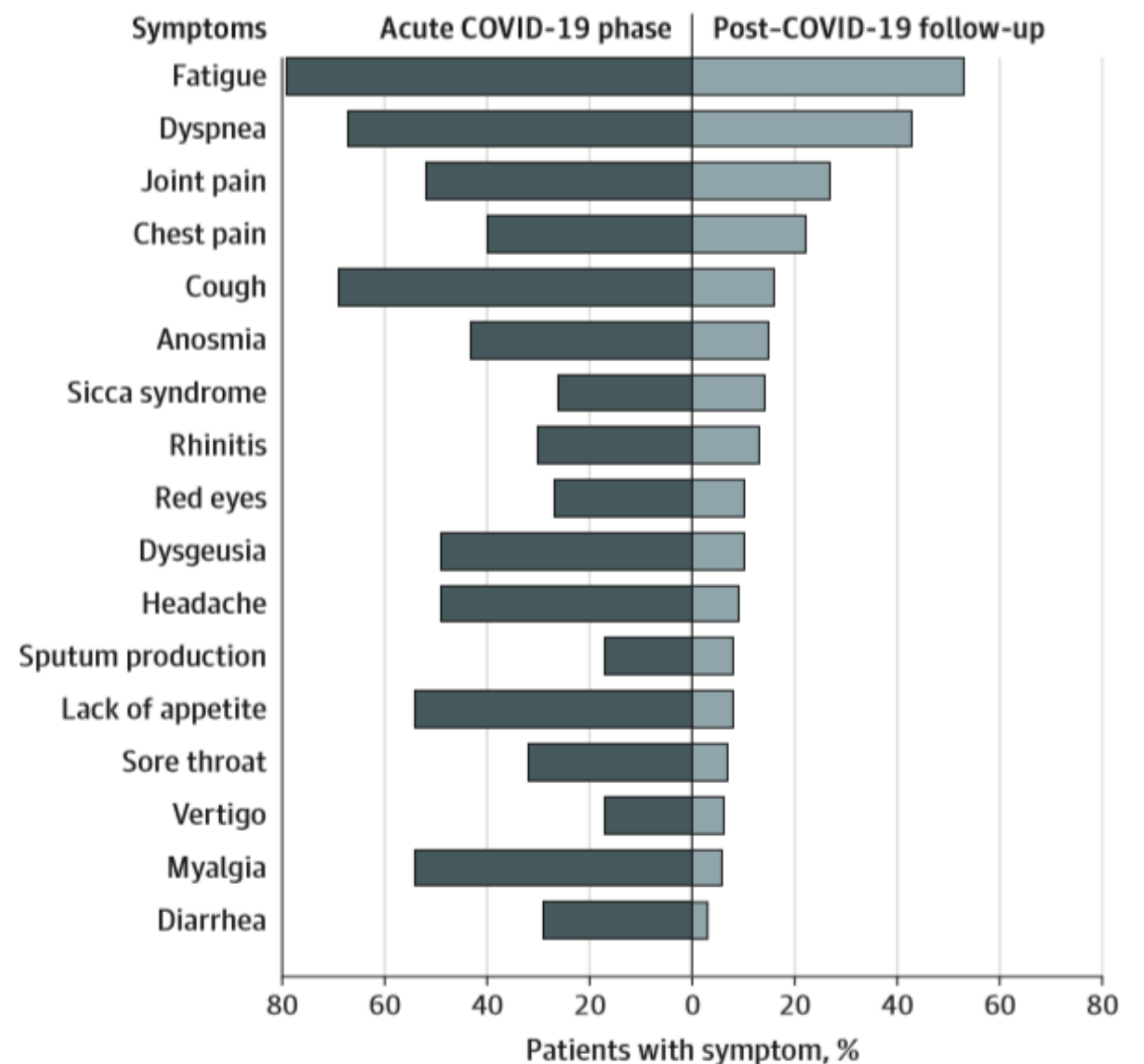
Table. Demographic and Clinical Characteristics of the Study Sample (N = 143)

Characteristics	Value
Age, mean (SD), y	56.5 (14.6)
Female sex, No. (%)	53 (37.1)
Oxygen supplementation	
Oxygen therapy	77 (53.8)
Ventilation	
Noninvasive	21 (14.7)
Mechanical	7 (4.9)
Length of hospital stay, mean (SD), d	13.5 (9.7)
Post-acute COVID-19 follow-up characteristics	
Days since symptoms onset, mean (SD)	60.3 (13.6)
Days since discharge, mean (SD)	36.1 (12.9)
Persistent symptoms, No. (%)	
None	18 (12.6)
1 or 2	46 (32.2)
≥3	79 (55.2)
Worsened quality of life, No. (%) ^b	63 (44.1)

Continued

- 32% had 1 or 2 symptoms and 55% had 3 or more symptoms.
- None of the patients had fever or any signs or symptoms of acute illness.
- Worsened quality of life was observed among 44.1% of patients.
- The Figure shows that a high proportion of individuals still reported fatigue (53.1%), dyspnea (43.4%).

Figure. COVID-19-Related Symptoms



Article 2:

Association of a Public Health Campaign About Coronavirus Disease 2019 Promoted by News Media and a Social Influencer With Self-reported Personal Hygiene and Physical Distancing in the Netherlands

Published

8 July 2020 [JAMA](#)

- This survey done in Netherlands assessed the impact of public health campaign in addressing behavioral change in three components: (1) handwashing, (2) face touching, and (3) physical distancing, in the past 48 hours.
- A diagnostic survey was done to assess the knowledge of people on the three-component of personal hygiene. Then a campaign conducted using a video of influencer meeting a virologist and instructing of personal hygiene methods (duration 11 min). The campaign included posting an article in a famous newspaper in the country. The article included infographics on how to have personal hygiene. Post the campaign another survey was sent to participants who viewed the video and the article. The number of participants per group is seen in table 1.
- Participant were divided into 4 groups: Group 1 participant who had **no exposure** to either video or infographic. Group 2: participants exposed to video only, Group 3: participants exposed to infographic only and Group 4: participant exposed to both video and infographics.

Table 1. Demographic Characteristics

Characteristic	Survey respondents, No. (%)			Postcampaign survey group, respondents, No. (%)				P value
	Diagnostic (n = 16 072)	Postcampaign (n = 17 189)	P value	Unexposed (n = 4751)	Video only (n = 263)	Infographic only (n = 11 348)	Infographic and video (n = 827)	
Age, mean (SD) [range], y	48.03 (13.68) [47.82-48.24]	47.61 (13.57) [47.40-47.81]	.004	45.62 (13.8) [45.22-46.01]	40.79 (21.63) [38.16-43.41]	48.26 (12.89) [48.02-48.5]	52.25 (15.61) [51.17-53.30]	<.001
Gender								
Male	7494 (46.6)	8058 (46.9)	<.001	2480 (52.2)	112 (42.6)	5108 (45.0)	358 (43.3)	<.001
Female	8546 (53.2)	9100 (52.9)	<.001	2258 (47.5)	151 (57.4)	6225 (54.9)	466 (56.3)	<.001
Other	32 (0.2)	31 (0.2)	.90	13 (0.3)	0	15 (0.1)	3 (0.4)	

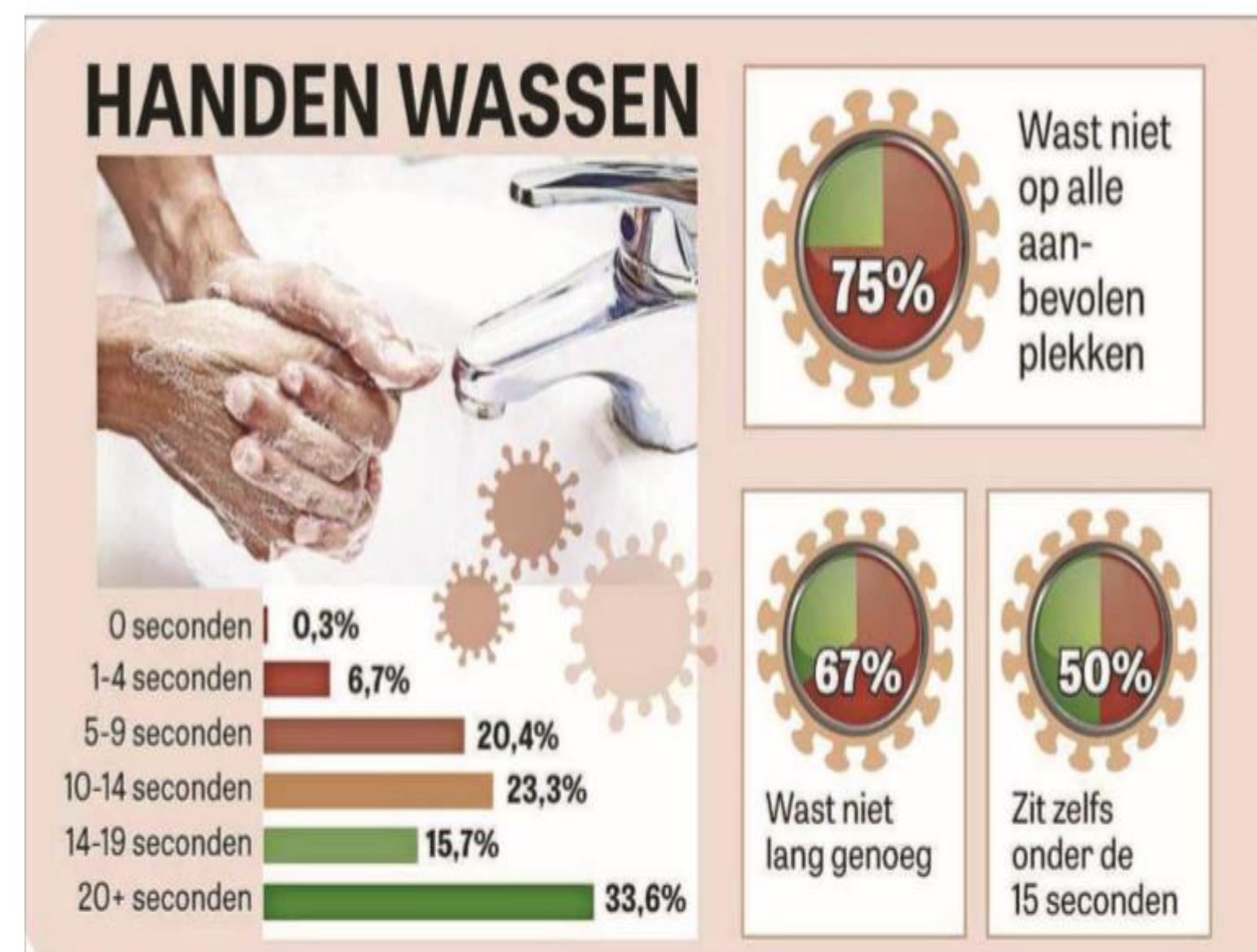
continued

Figure. Screenshots From Evidence-Based Campaign Video and News Article With Infographics

A Screenshots from evidence-based campaign video with social influencer



- Survey suggested that an evidence-based, large-scale public health campaign, distributed by a news media platform and social influencer, was associated with **better personal hygiene** in participants exposed to **infographics and the infographics plus video**.
- Exposure to the infographics alone and to infographics plus video were associated with a larger proportion of participants **washing hands long enough and in all areas**.
- Participants exposed to video alone did not show these improvements, which may be associated with the small sample size of this group.
- Exposure to infographics and video showed significant but small improvements in awareness on face touching and physical distancing.
- Increasing age, a higher education level, and being female were all significantly associated with a better personal hygiene outcome.



Article 3:

Guidelines for Family Presence Policies During the COVID-19 Pandemic

Published

6 JUNE 2020 [ELSEVIER](#)

- Planetree International and The Pioneer Network recently convened an international, multi-stakeholder coalition including patient, family, and elder advocates along with experts in *quality, safety, and infectious disease* to develop a new set of [Person-Centered Guidelines for Preserving Family Presence During Challenging Times](#)
- The coalition established 8 critical guidelines to preserve family presence, briefly summarized here:
 - Assess and continually reassess whether there is a need for restrictions based on current factual evidence.
 - Minimize risk of physical presence by following appropriate infection control guidelines.
 - Communicate proactively, so families do not appear at a facility unaware of restrictions.
 - Clearly state compassionate exceptions to restrictions.
 - Minimize isolation in cases where the family is unable to be physically present.
 - Use a shared decision-making approach to communicating risks and benefits in cases where the family can be physically present.
 - Enlist family as members of the care team who share in the responsibility for abiding by established safety protocols.
 - Enhance discharge education and follow-up to support successful transitions of care.



THANK YOU

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