

SCIENTIFIC RESEARCH MONITORING ON COVID-19

17 OCTOBER 2020

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SCIENTIFIC RESEARCH MONITORING ON COVID-19

(ISSUE 258)

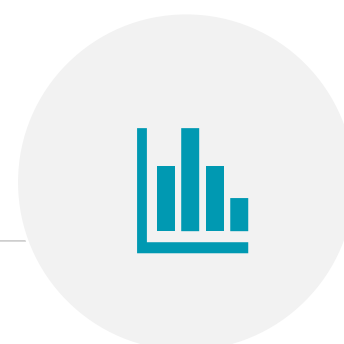


Abu Dhabi Public Health Center (ADPHC) is gathering the latest scientific research updates and trends on coronavirus disease (COVID-19) in a daily report. The report provides summaries on breakthrough or updated research on COVID-19 to allow health care professionals and public health professionals get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

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Research
Update



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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Treatment

Effect of Hydroxychloroquine
in Hospitalized Patients with
Covid-19

Public Health Response

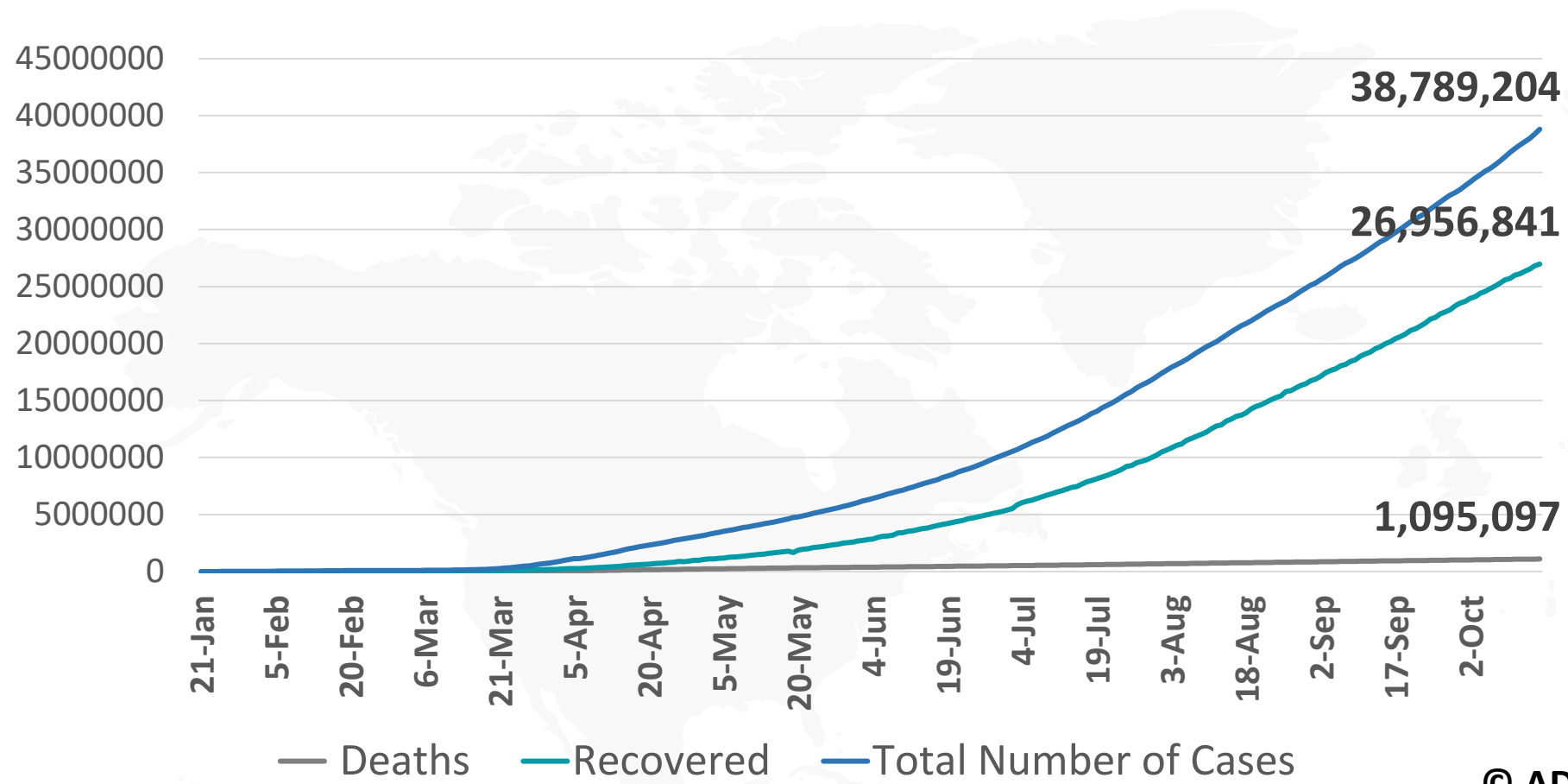
China's Successful Control of
COVID-19

Public Health Response

COVID-19 and the Future of
Drug Marketing



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 result of the world)

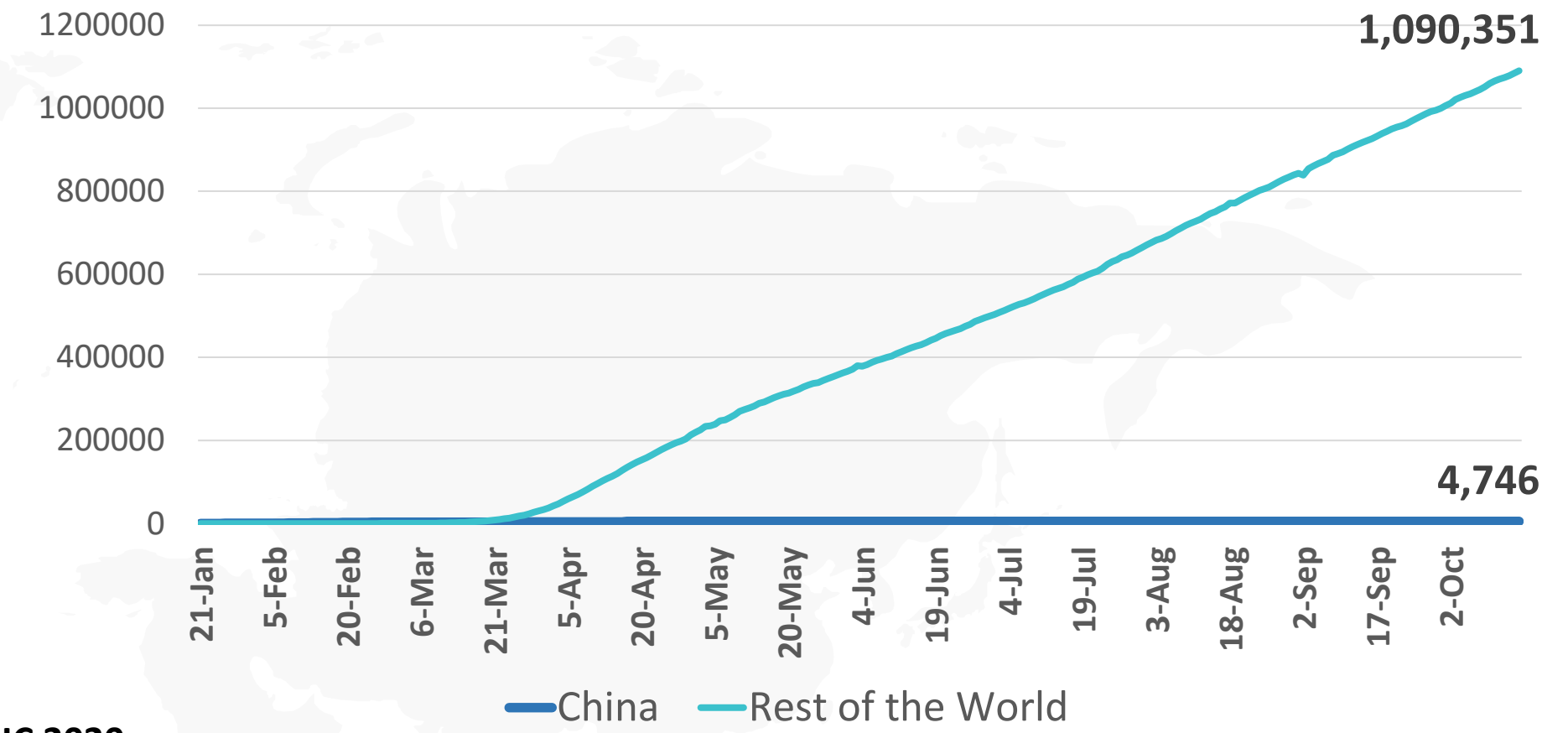


Figure 2: Daily New Infected COVID-19 Cases (China and rest of the world)

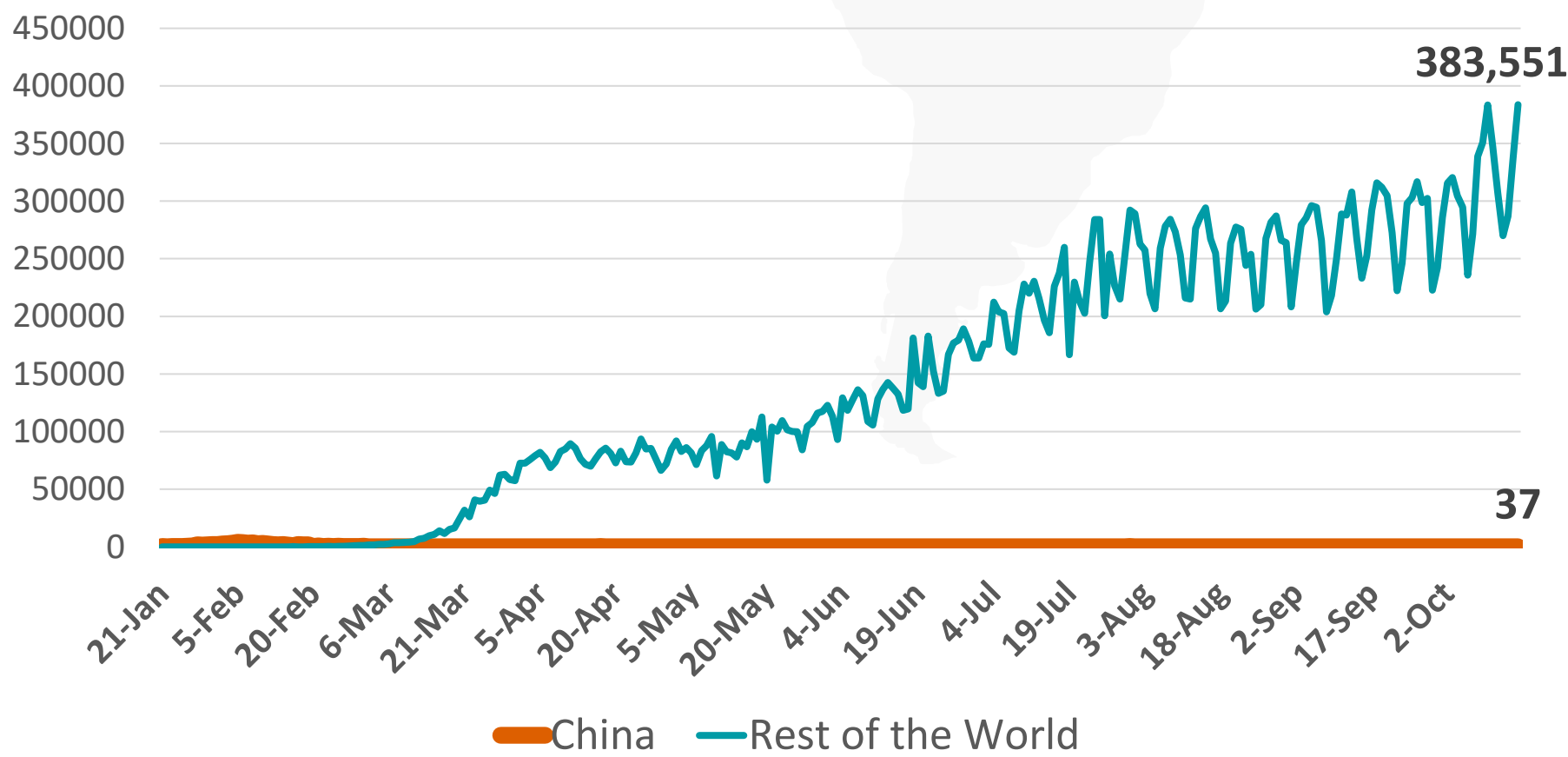


Figure 4: Global Daily New Deaths Due to COVID-19 (china and rest of the world)

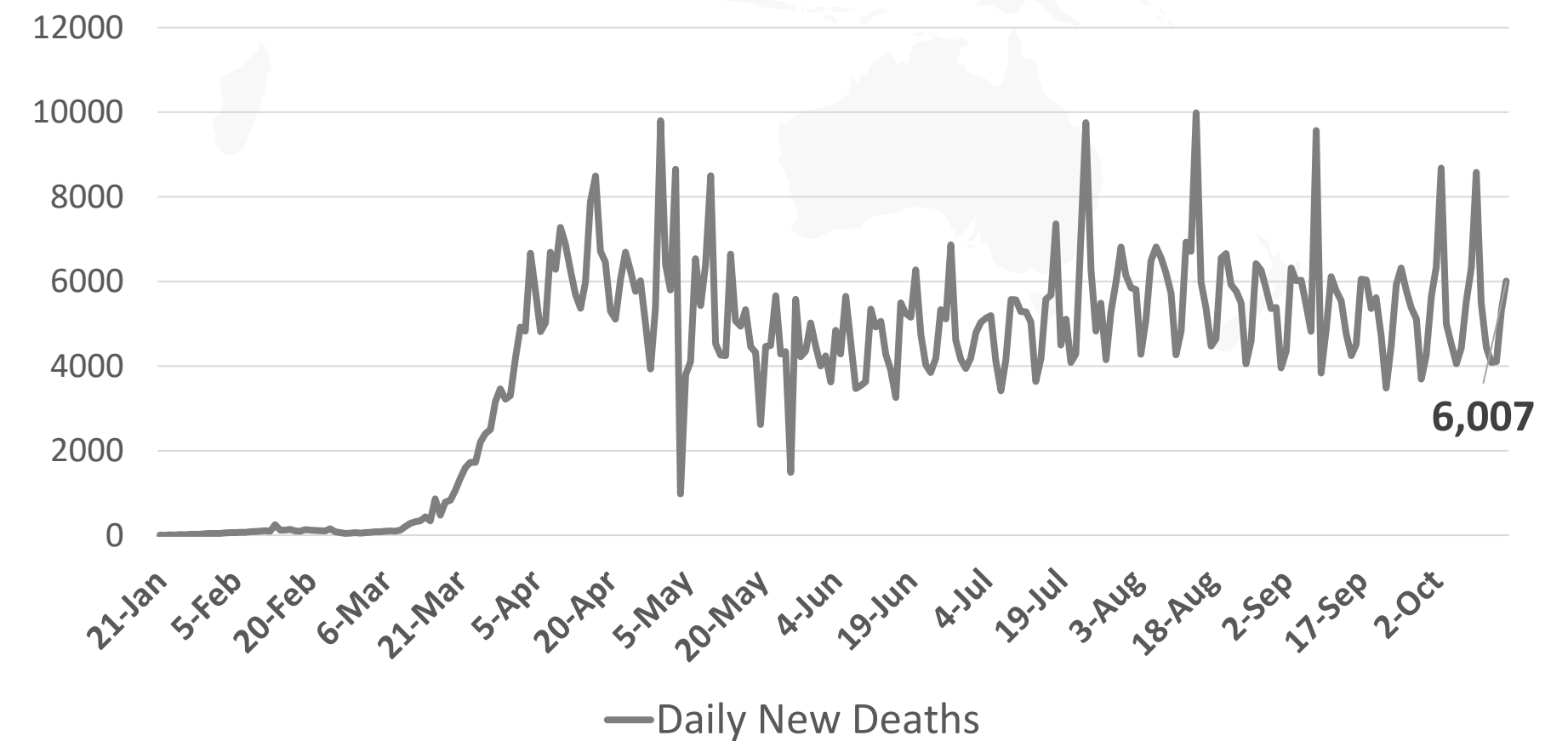
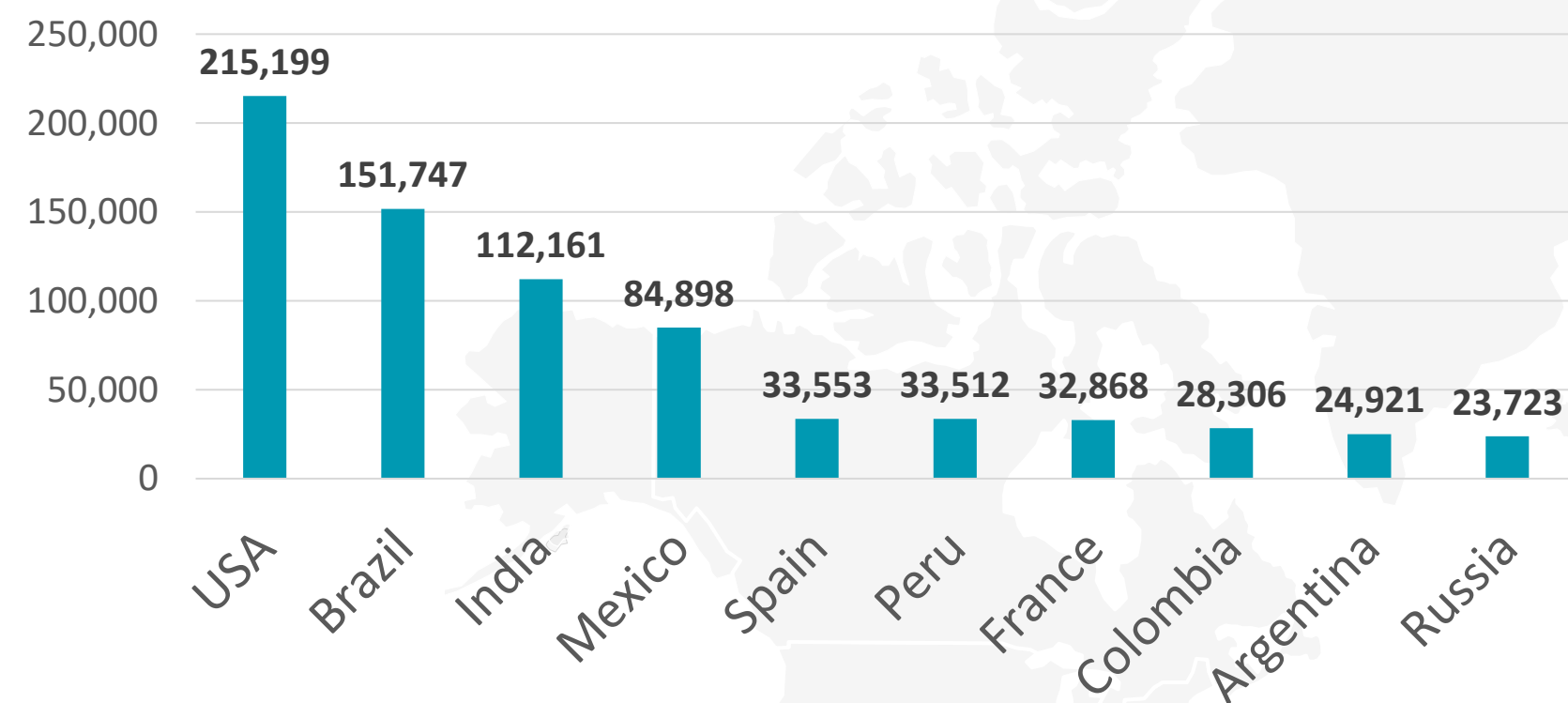
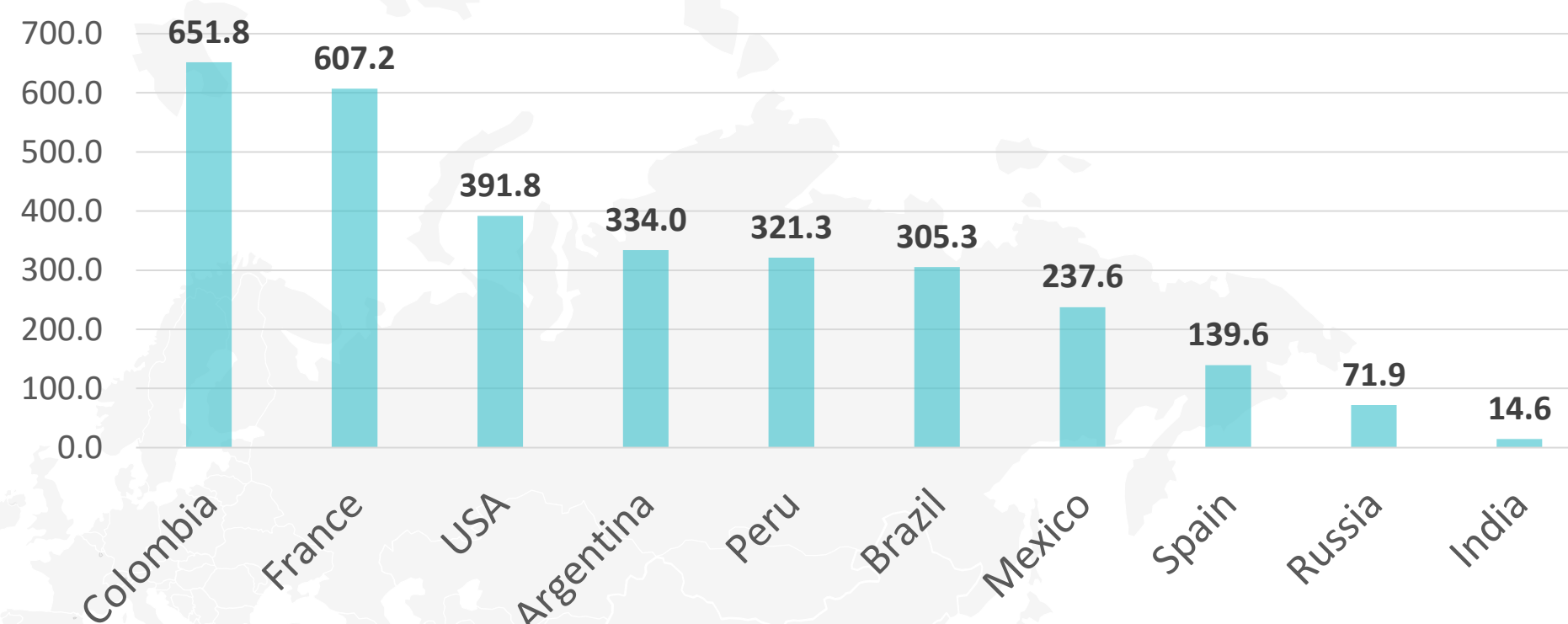


Figure 5: Top 10 Countries in the Total Number of Cases Due to COVID-19

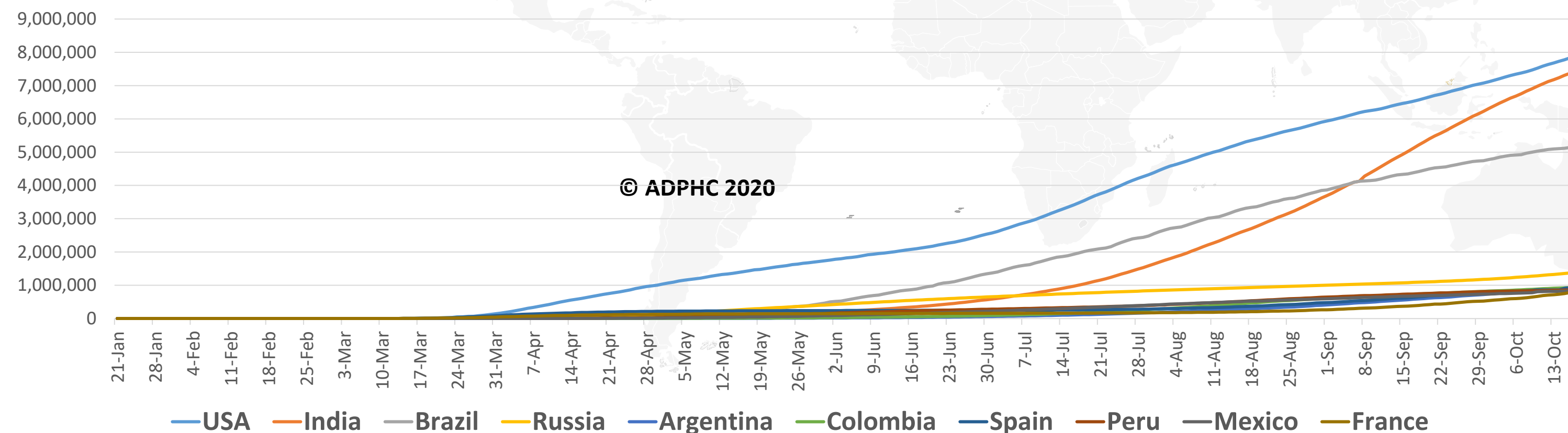
TOTAL DEATHS



DEATHS PER MILLION

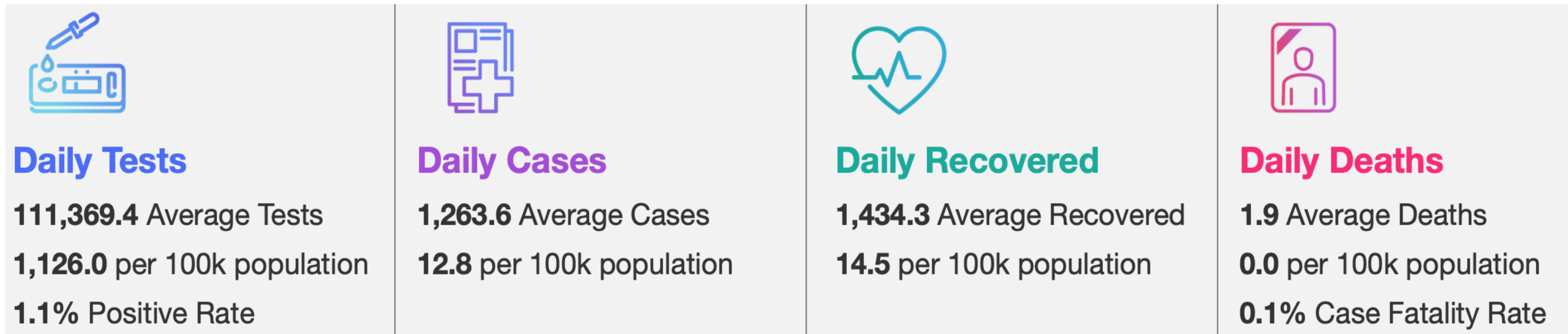


TOTAL INFECTED CASES



USA	7,833,851
India	7,370,468
Brazil	5,140,863
Russia	1,369,313
Argentina	931,967
Colombia	930,159
Spain	921,374
Peru	856,951
Mexico	829,396
France	780,994

Figure 6: COVID-19 Status in the UAE (Federal Competitiveness and Statistics Authority Dashboard)



TOTAL NUMBER OF INFECTED AND RECOVERED CASES DUE TO COVID-19 REPORTED BY THE UAE

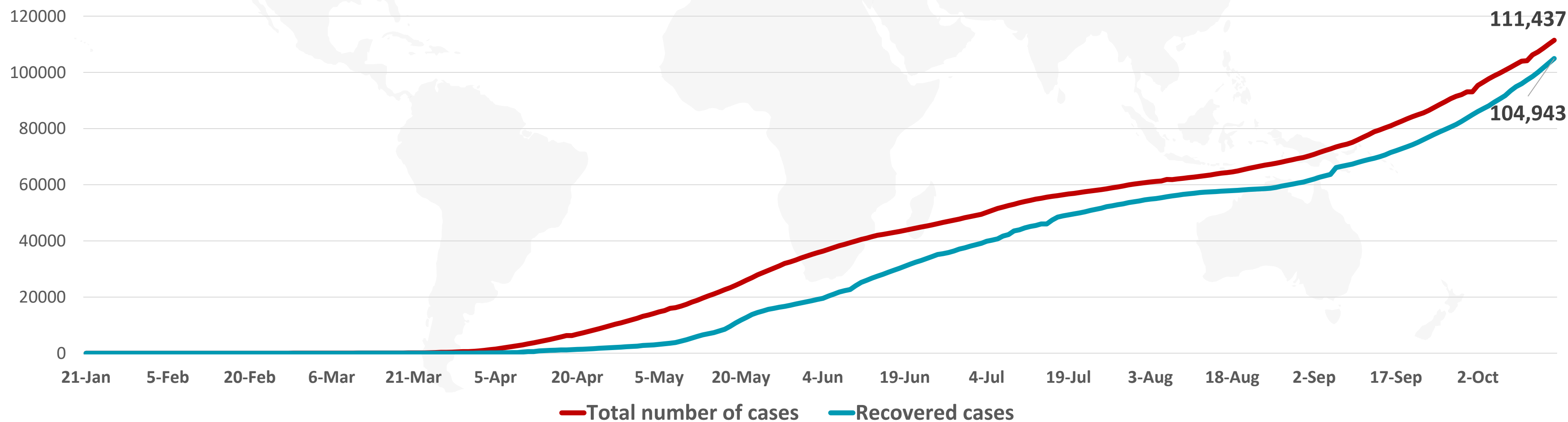
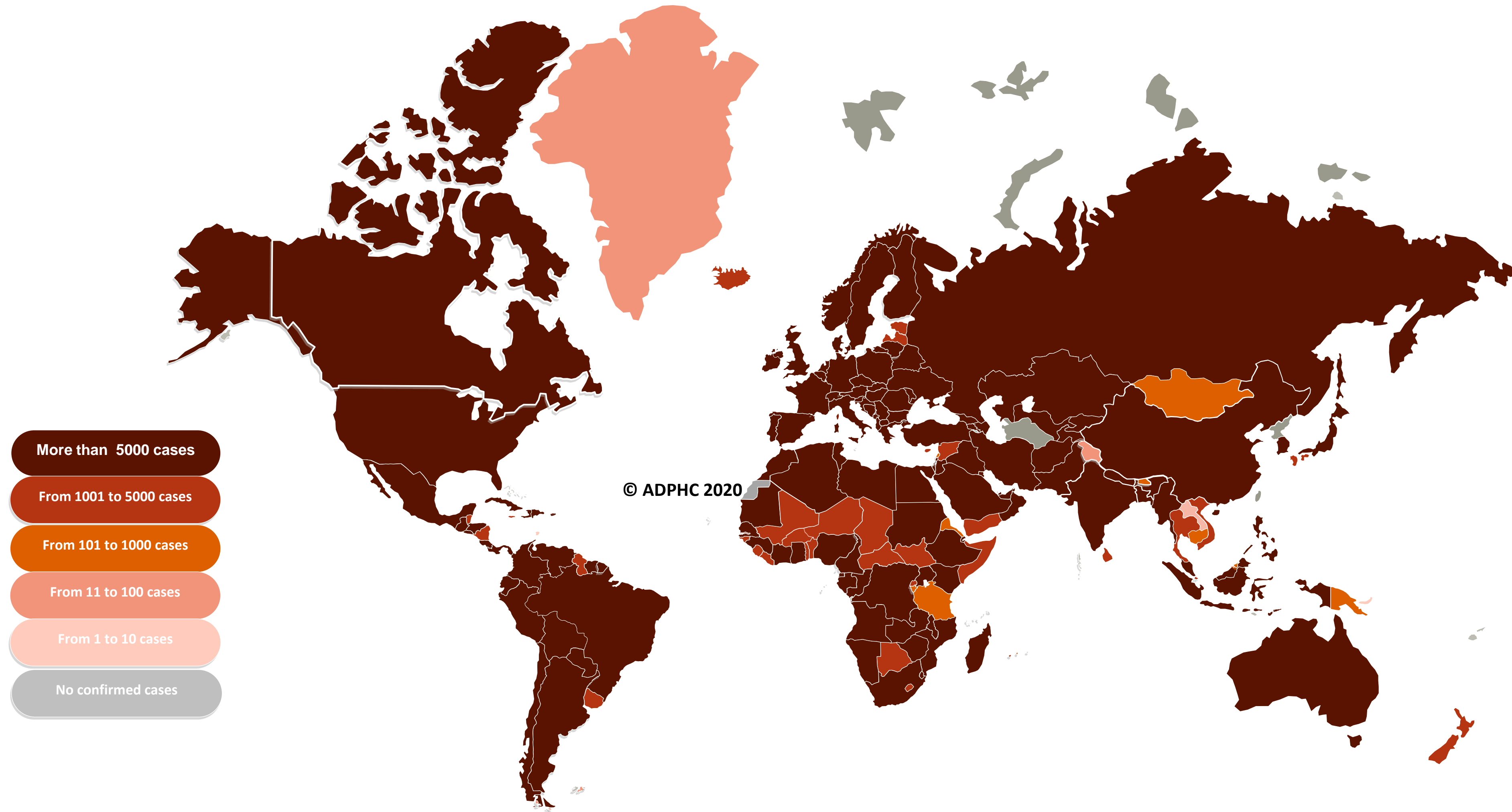


Figure 7A : Global Distribution of COVID-19 Cases



More than 5000 cases

From 1001 to 5000 cases

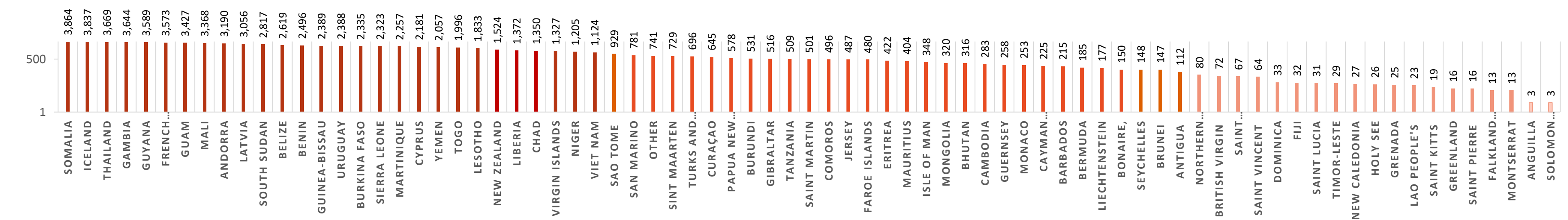
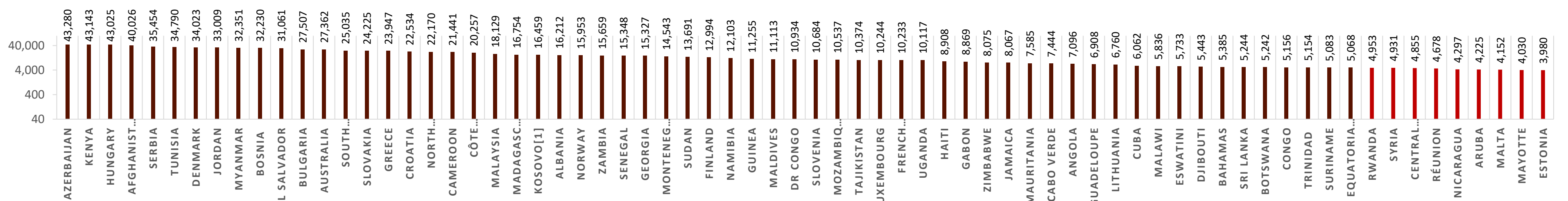
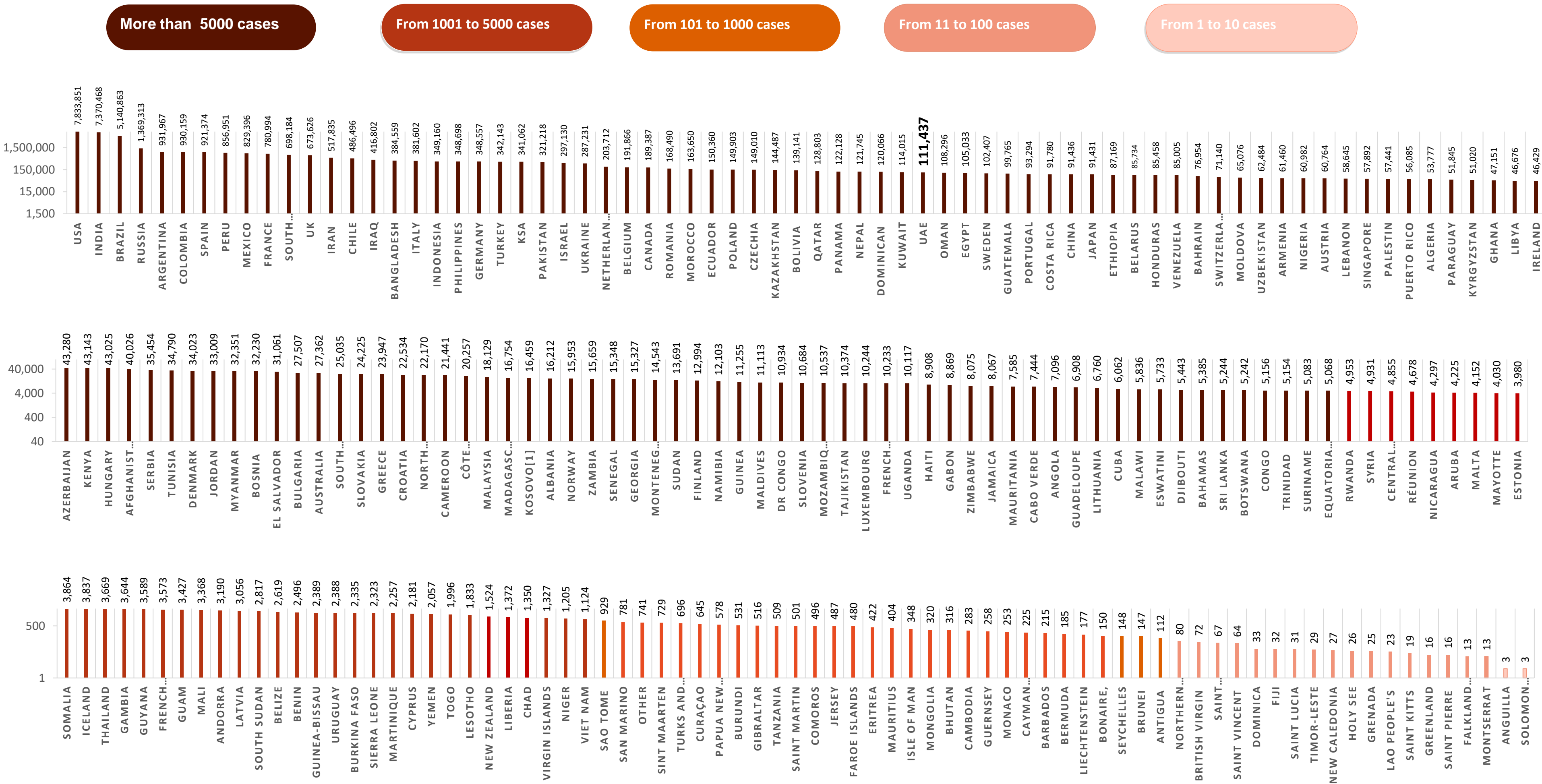
From 101 to 1000 cases

From 11 to 100 cases

From 1 to 10 cases

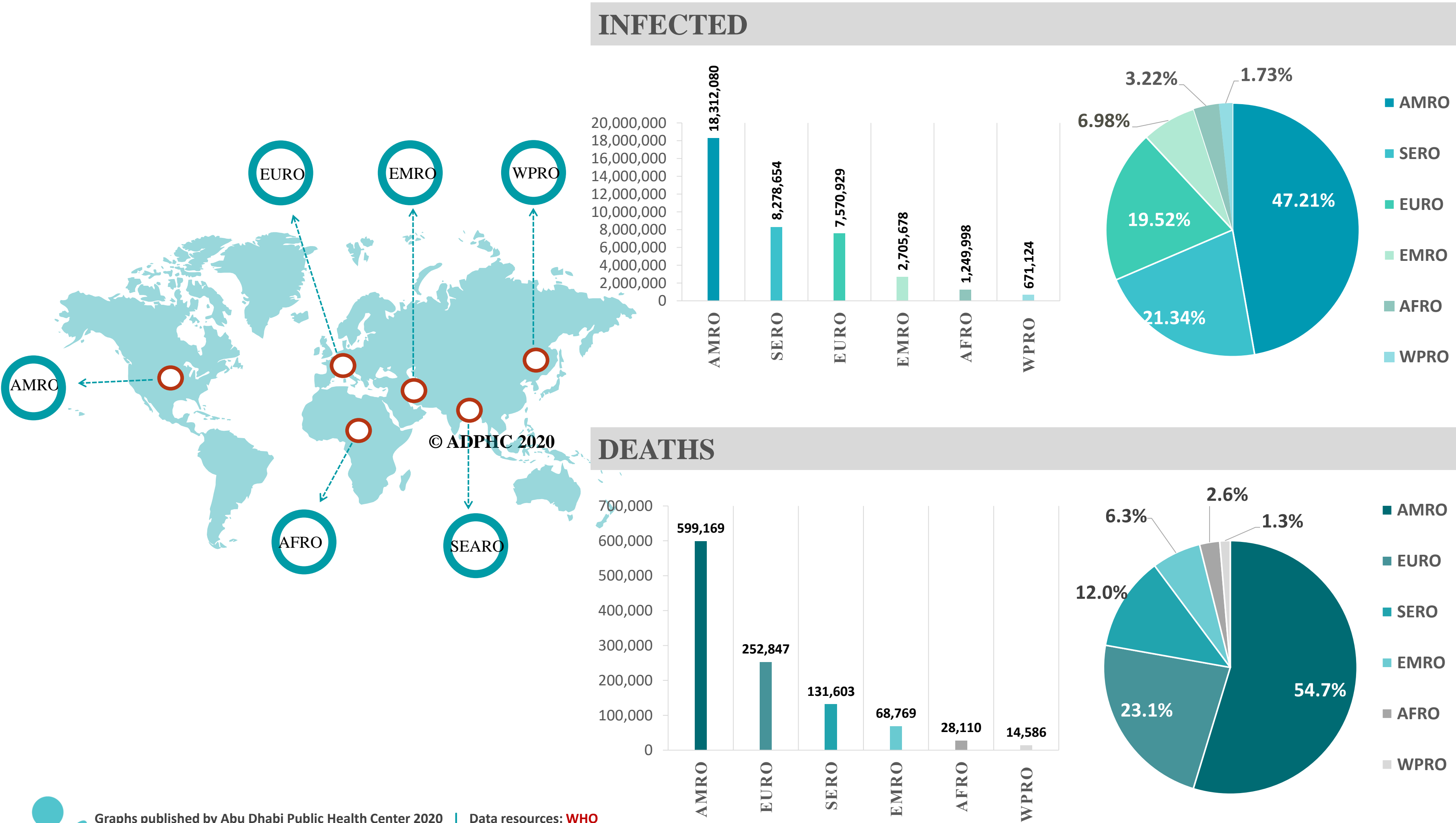
No confirmed cases

Figure 7B: Bar Chart Illustrates the Global Distribution of COVID19 Cases



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

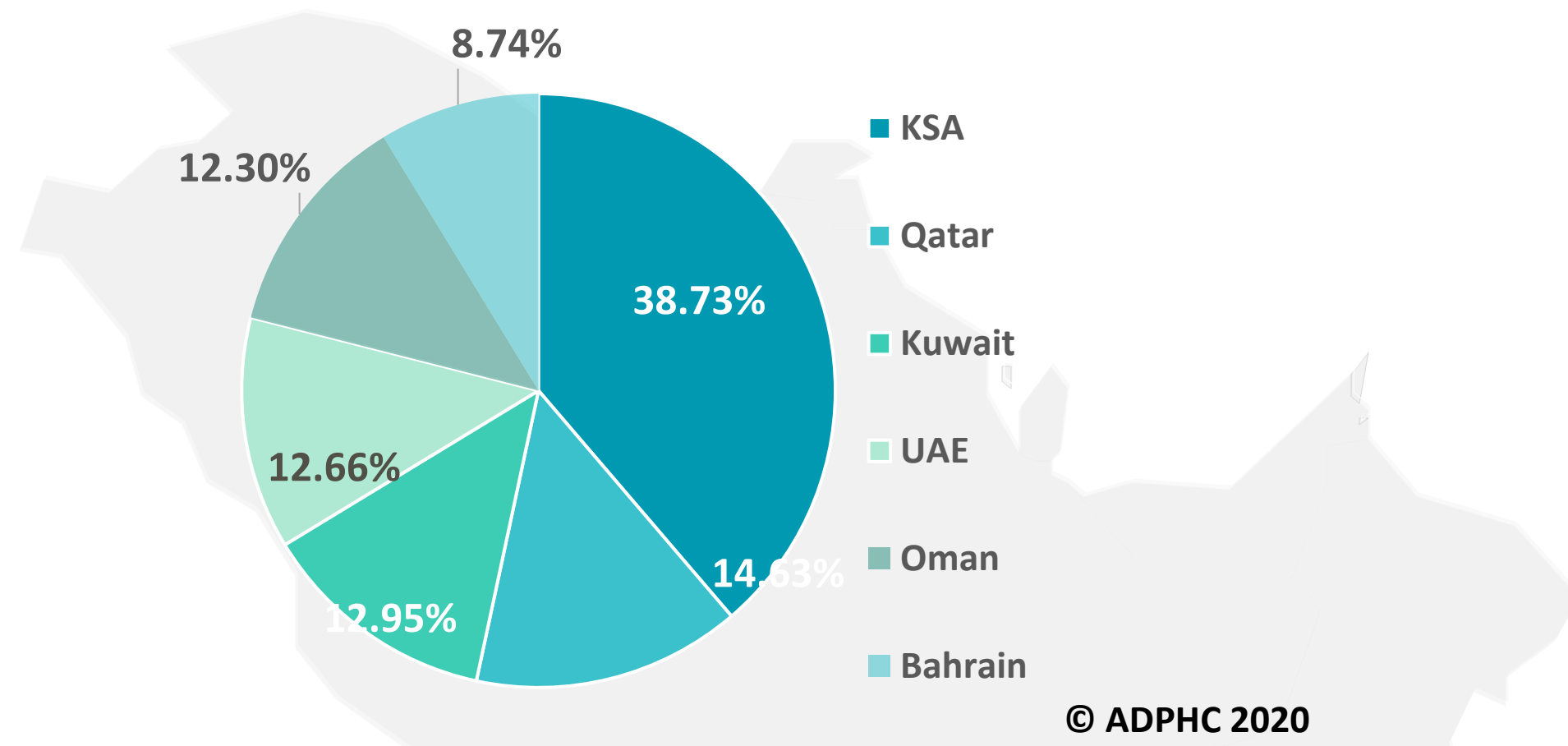
Figure 8: Global Distribution of COVID-19 Cases per Region



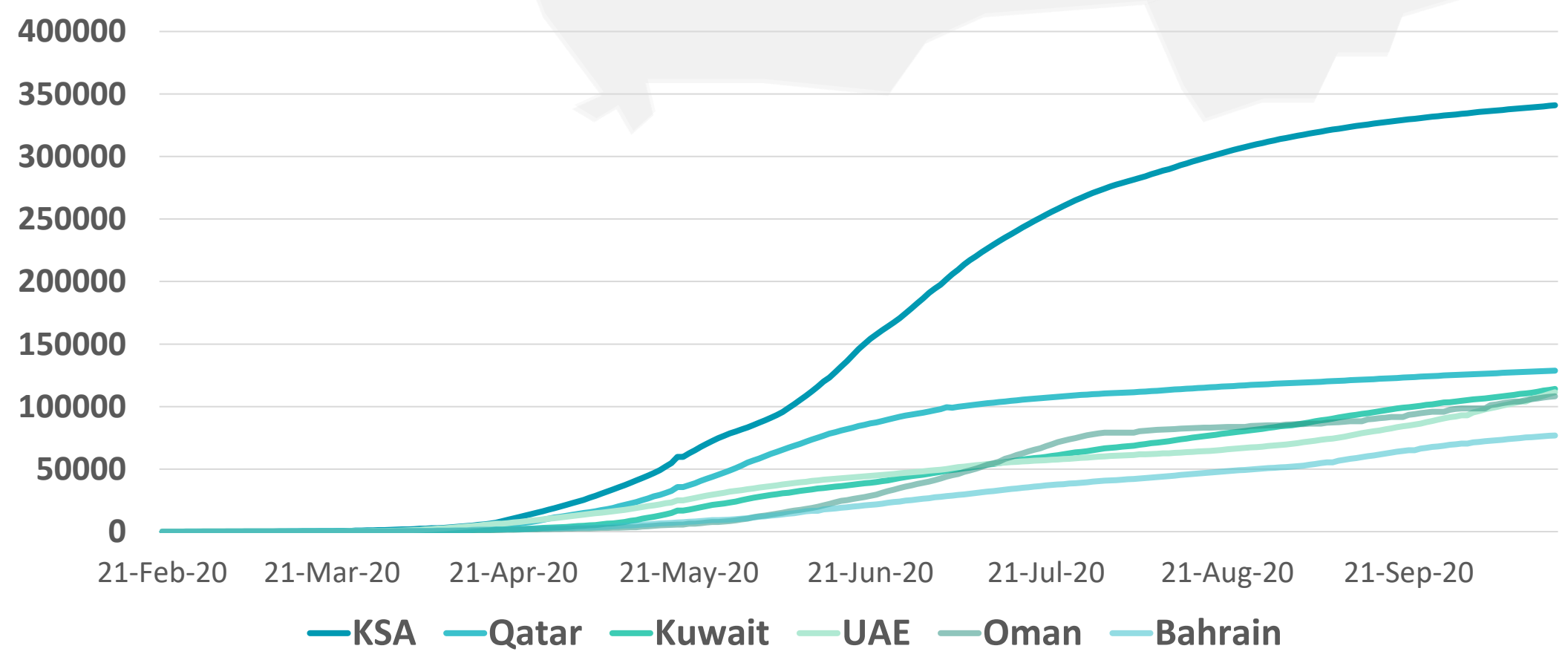
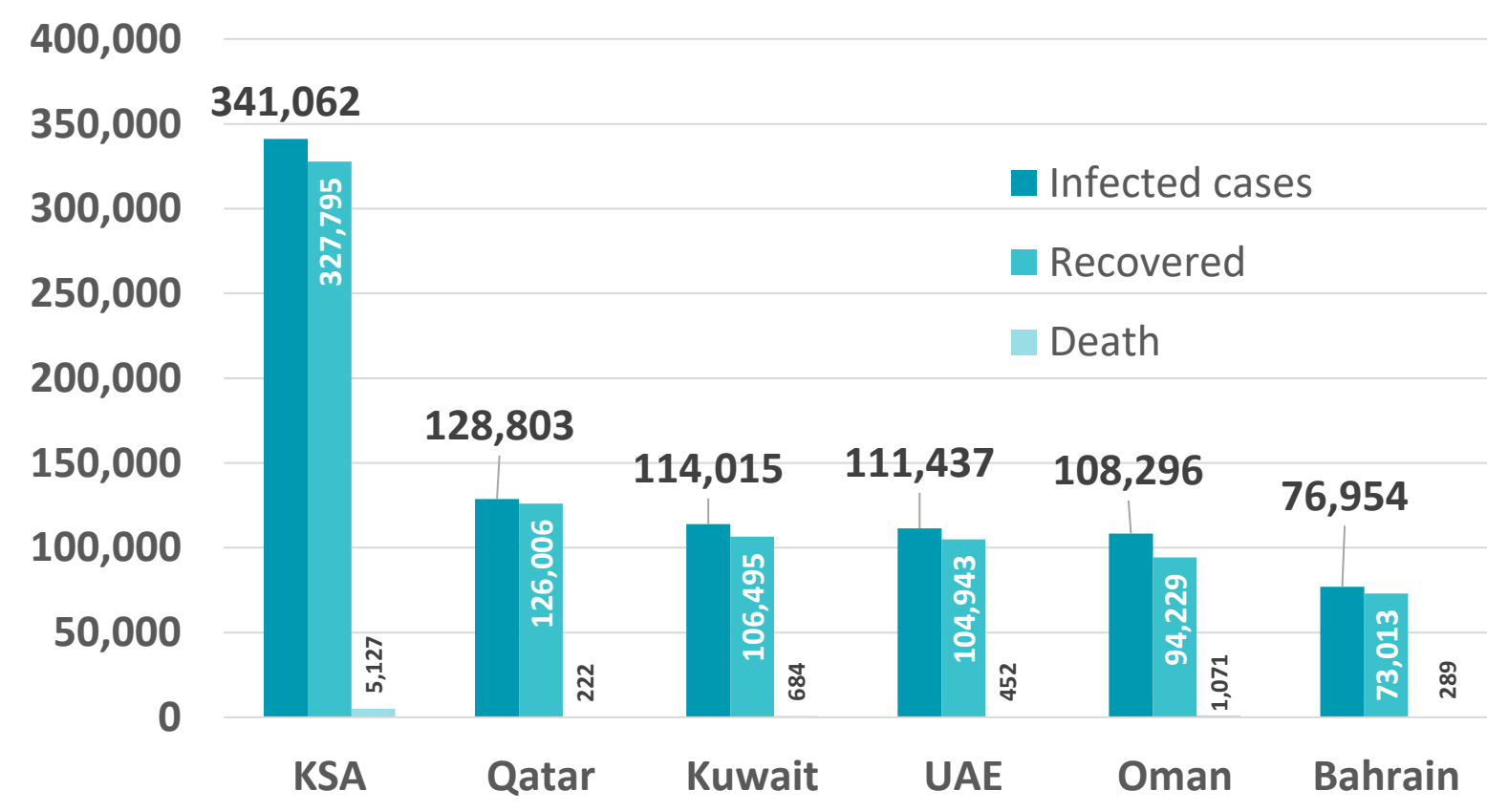
Graphs published by Abu Dhabi Public Health Center 2020 | Data resources: [WHO](https://www.who.int)

Figure 9: Comparative Analysis of the Distribution of COVID-19 Cases in GCC Countries

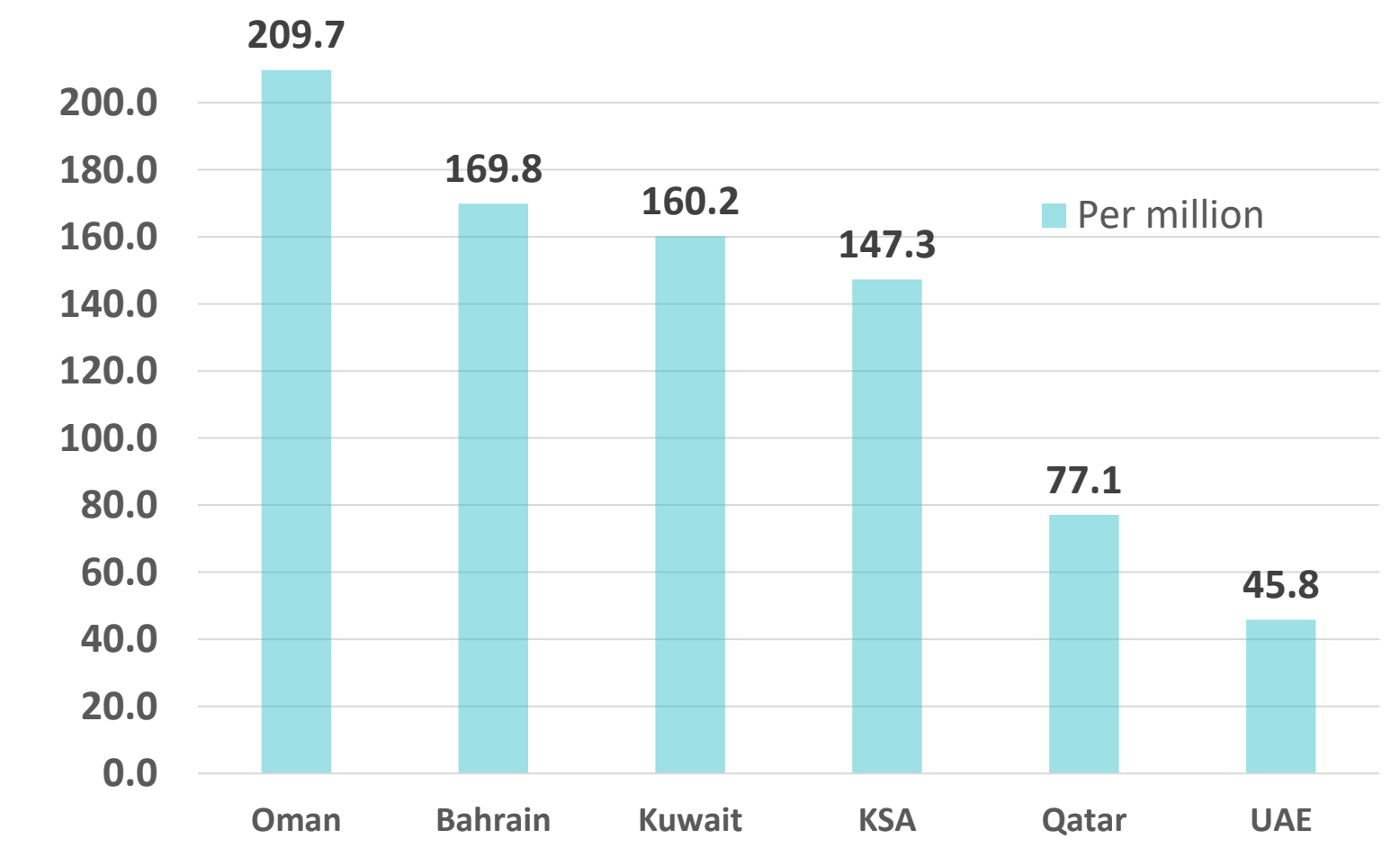
TOTAL NUMBER OF INFECTED CASES



TOTAL NUMBER OF INFECTED, RECOVERED AND DEATHS



DEATHS PER MILLION



Graphs published by Abu Dhabi Public Health Center 2020 | Data resources: [John Hopkins](#), [WHO](#)

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Figure 10: Comparative Analysis of the Distribution of COVID-19 New Cases in GCC Countries

UAE



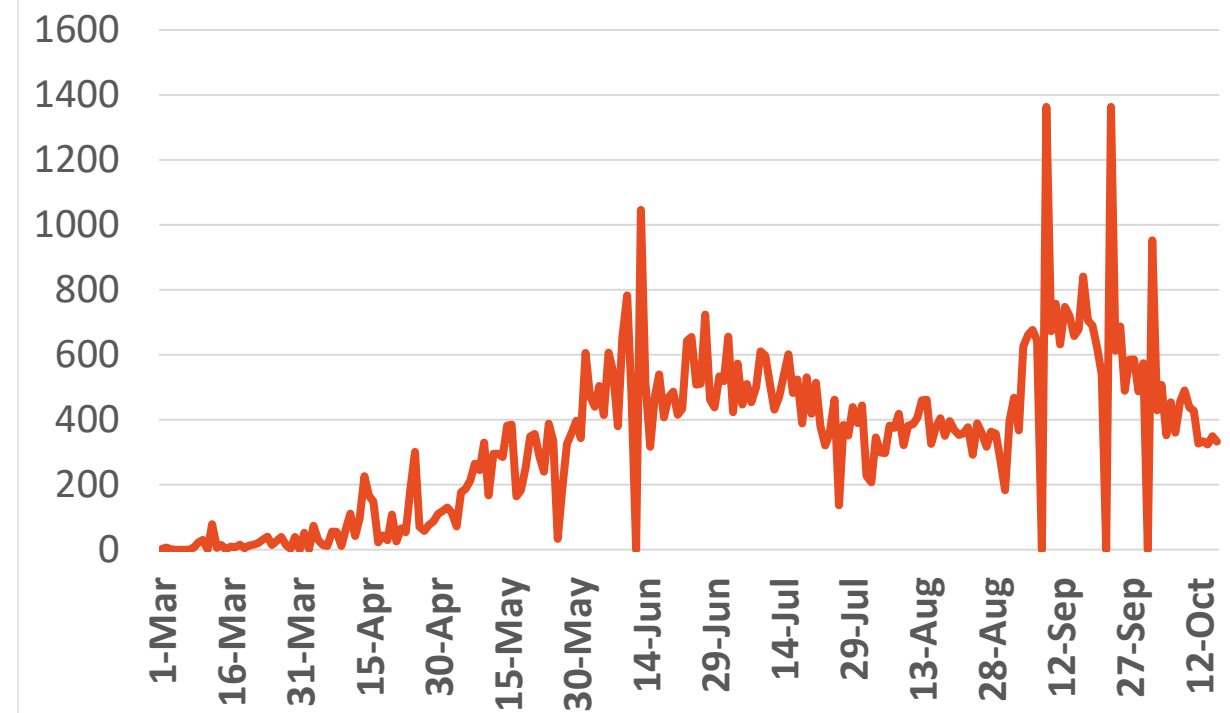
Source : National Emergency Crisis and Disaster Management Authority

KSA



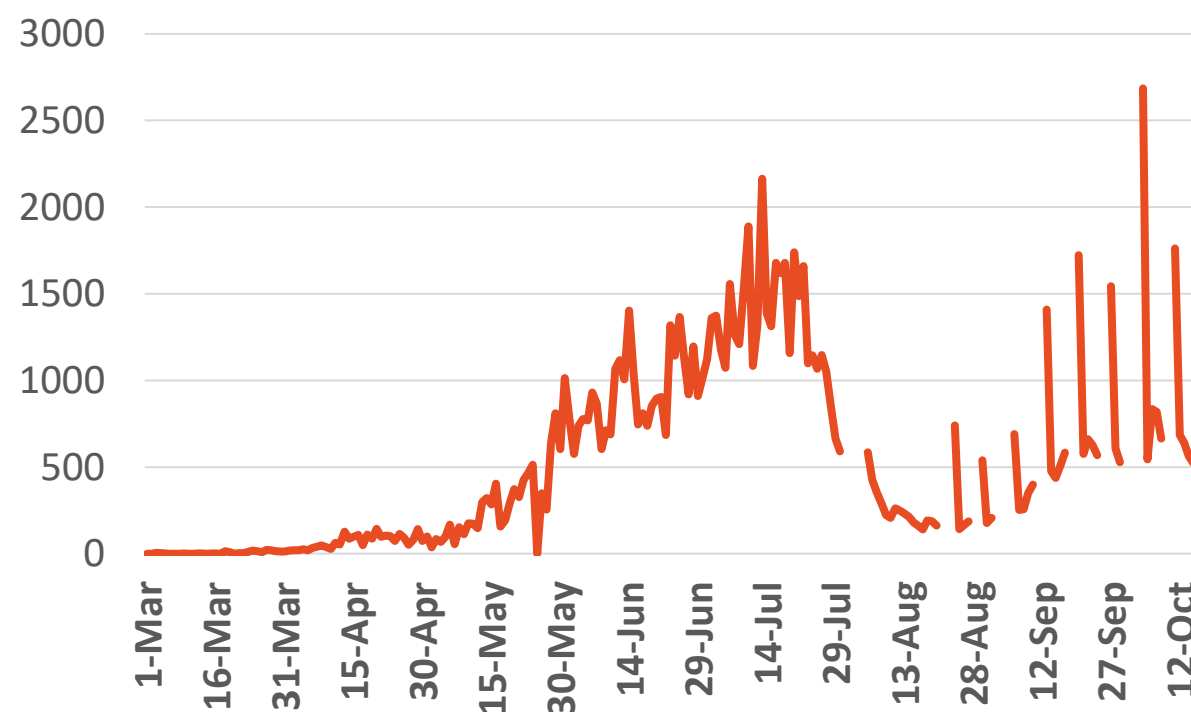
Source : KSA ministry of health

Bahrain



Source :WHO

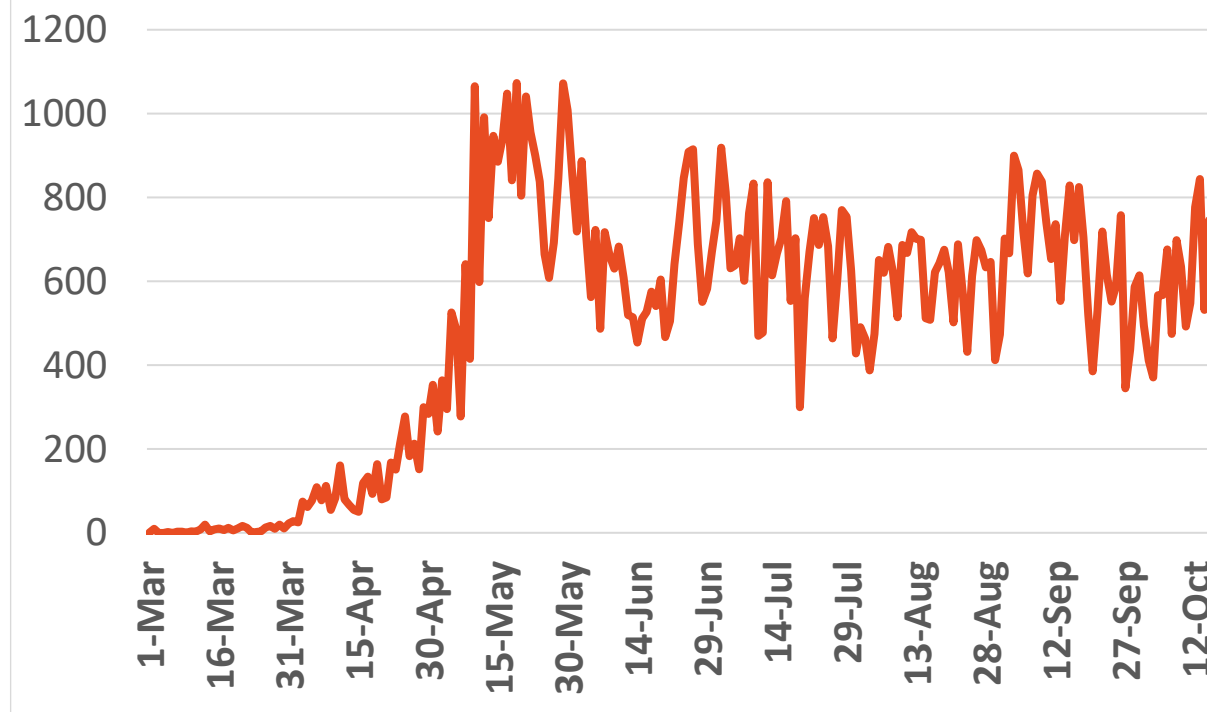
Oman



Source :Oman ministry of health

Kuwait

© ADPHC 2020



Source : Kuwait ministry of health

Qatar



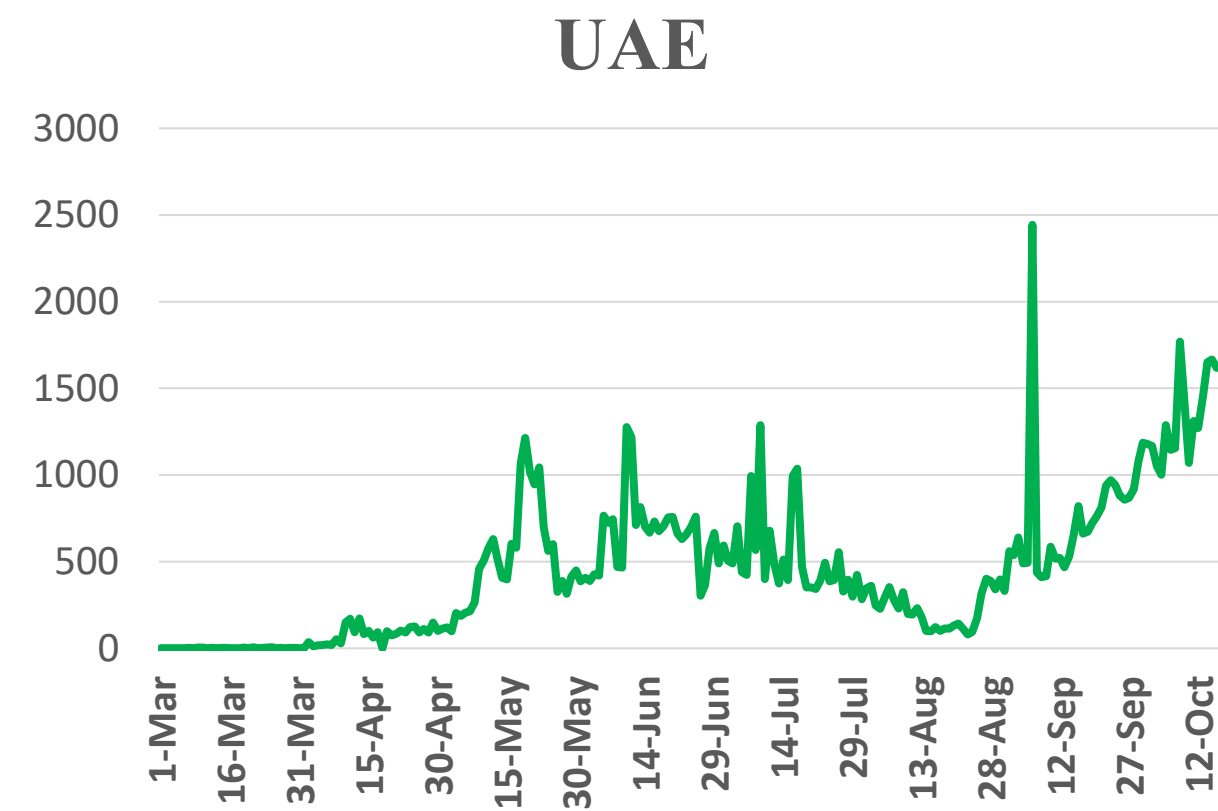
Source : Qatar ministry of health

*No announced statistic data from 31 July to 4 August, 21,23,28,30 August 2, 4, 5,11,12,18,19,25, 26,30 September,1,2,9 & 10 October

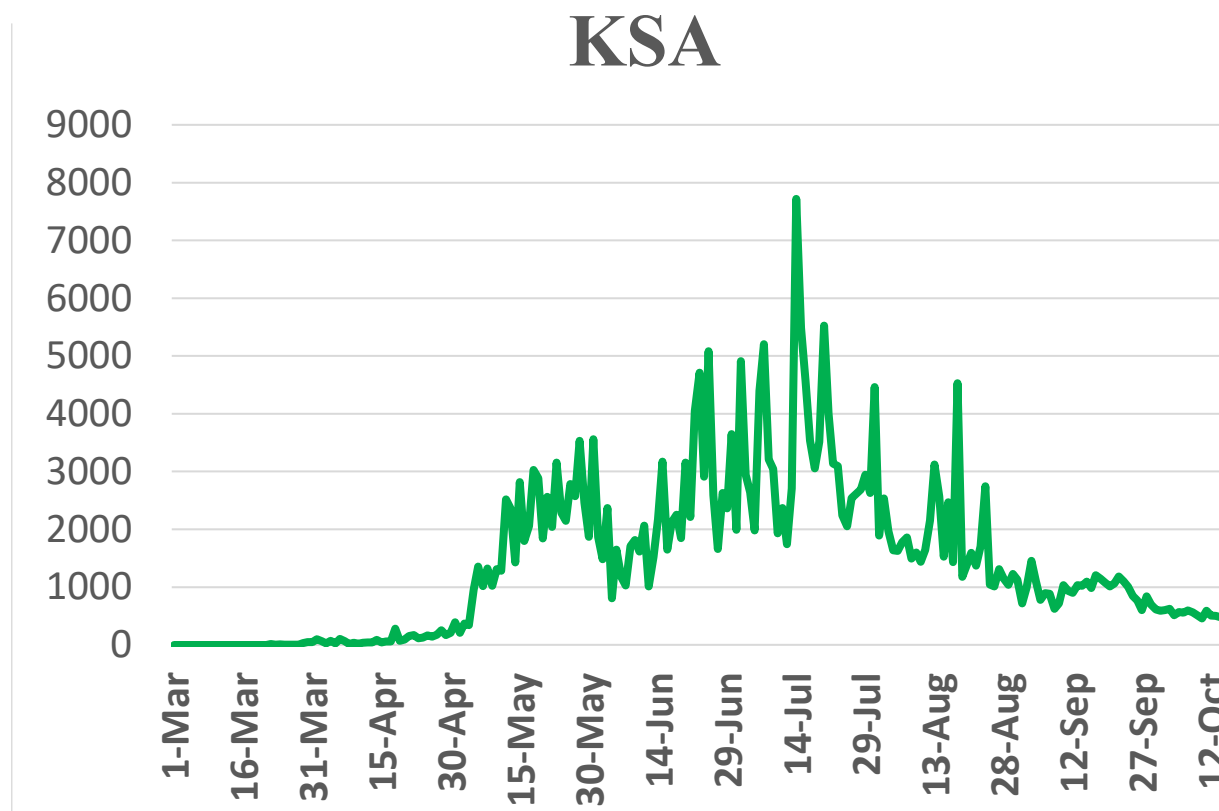
*No announced statistic data on weekends and official holidays.



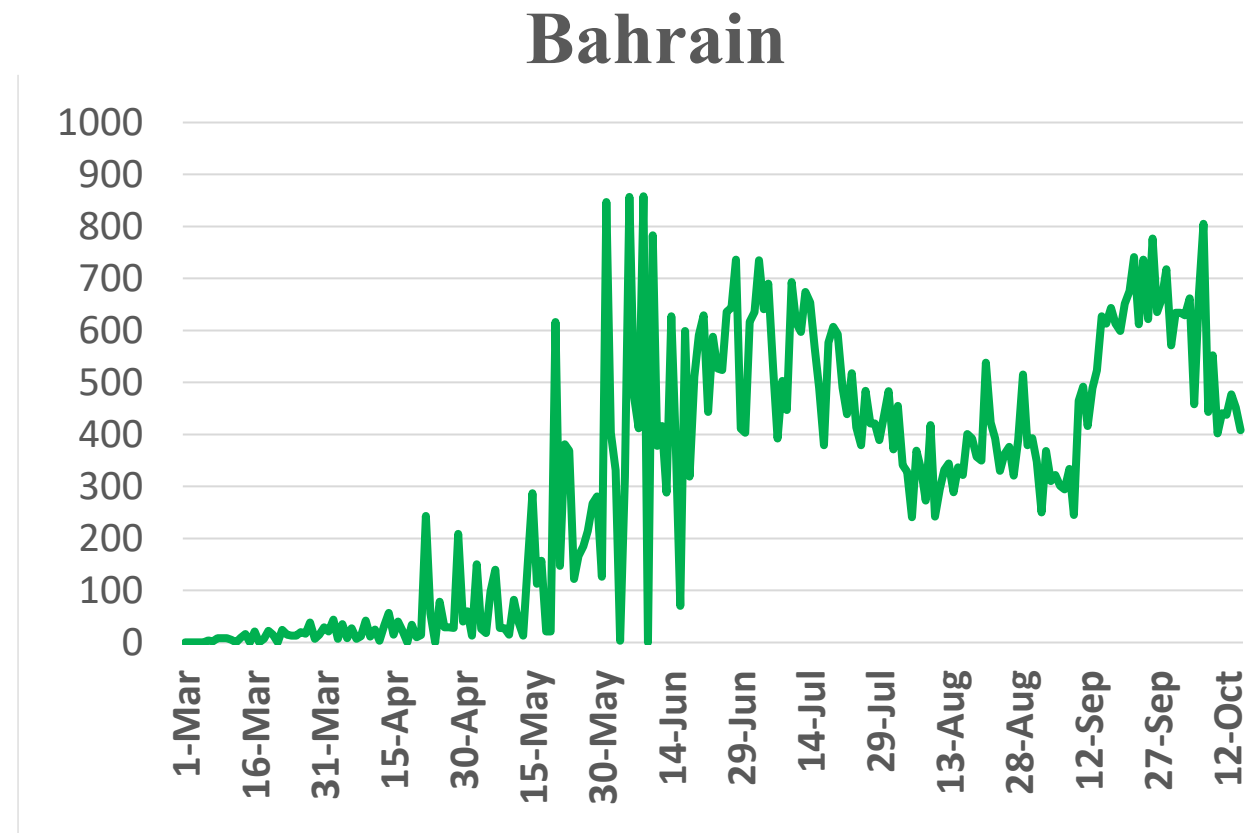
Figure 11: Comparative Analysis of the Distribution of COVID-19 Newly Recovered Cases in GCC Countries



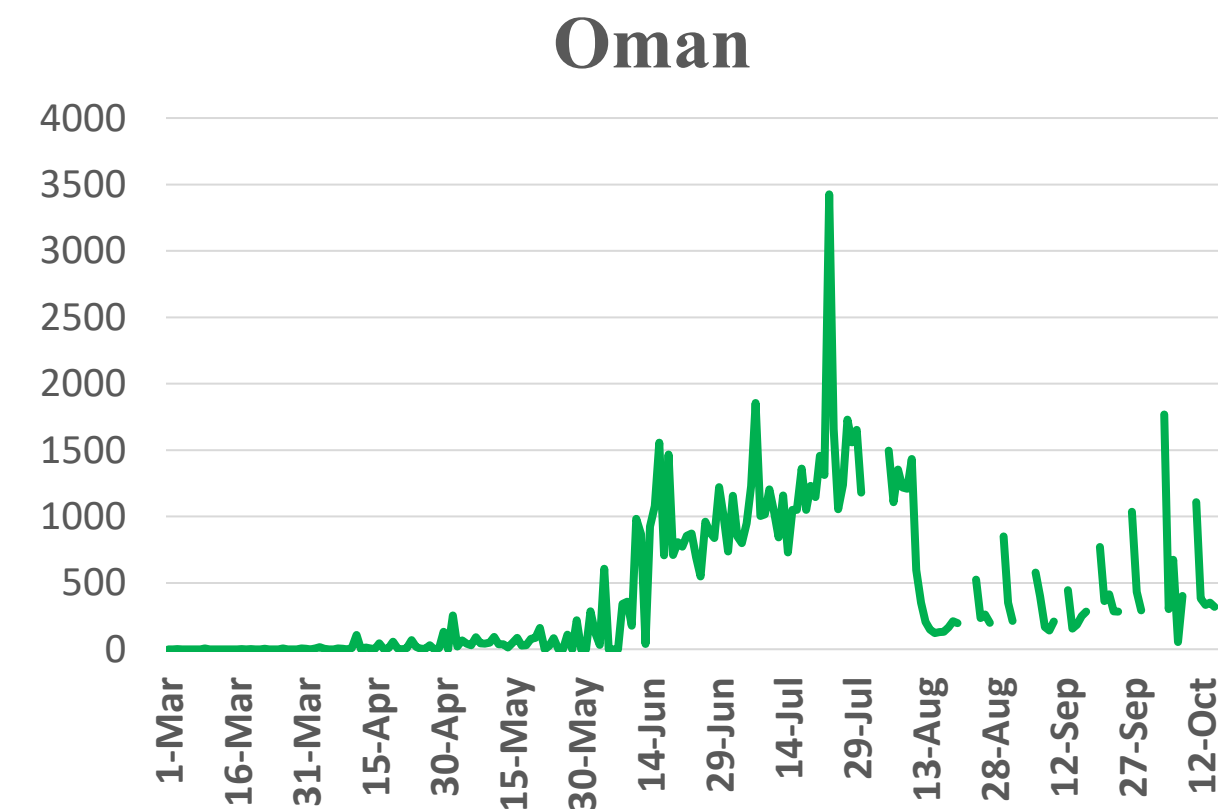
Source : National Emergency Crisis and Disaster Management Authority



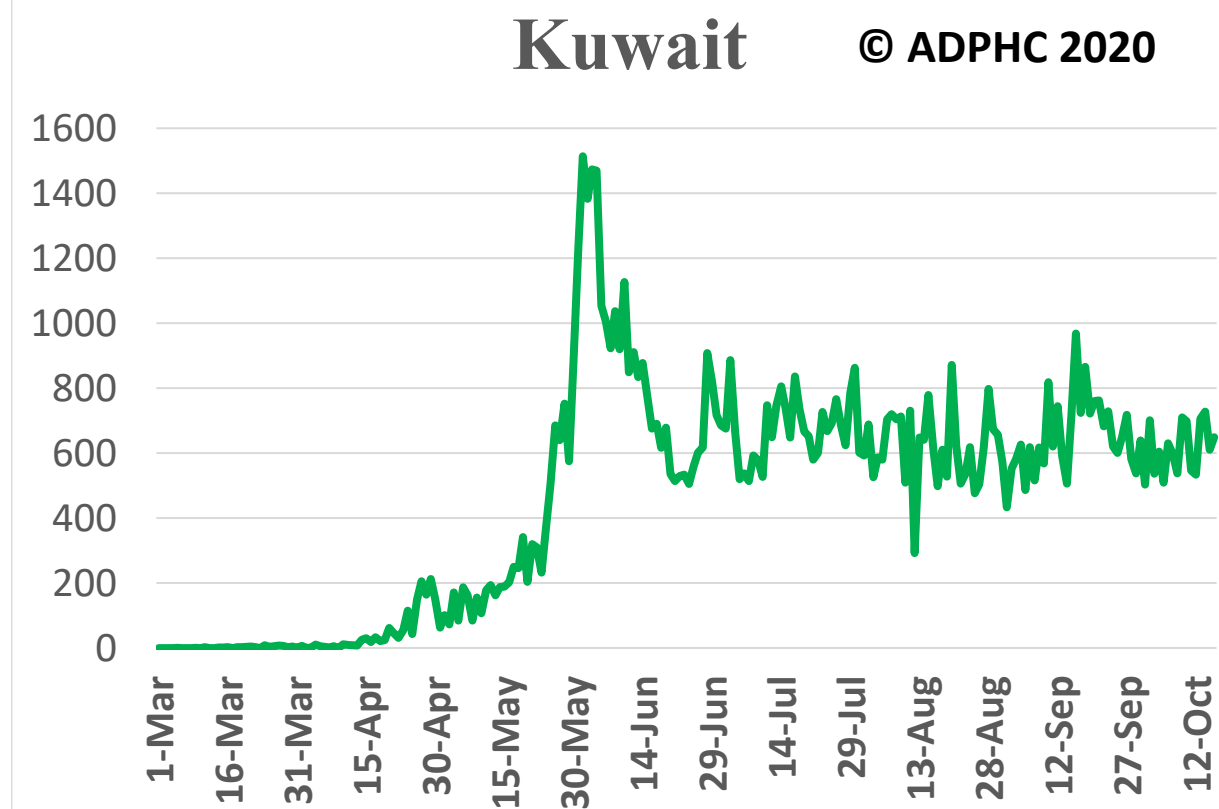
Source : KSA ministry of health



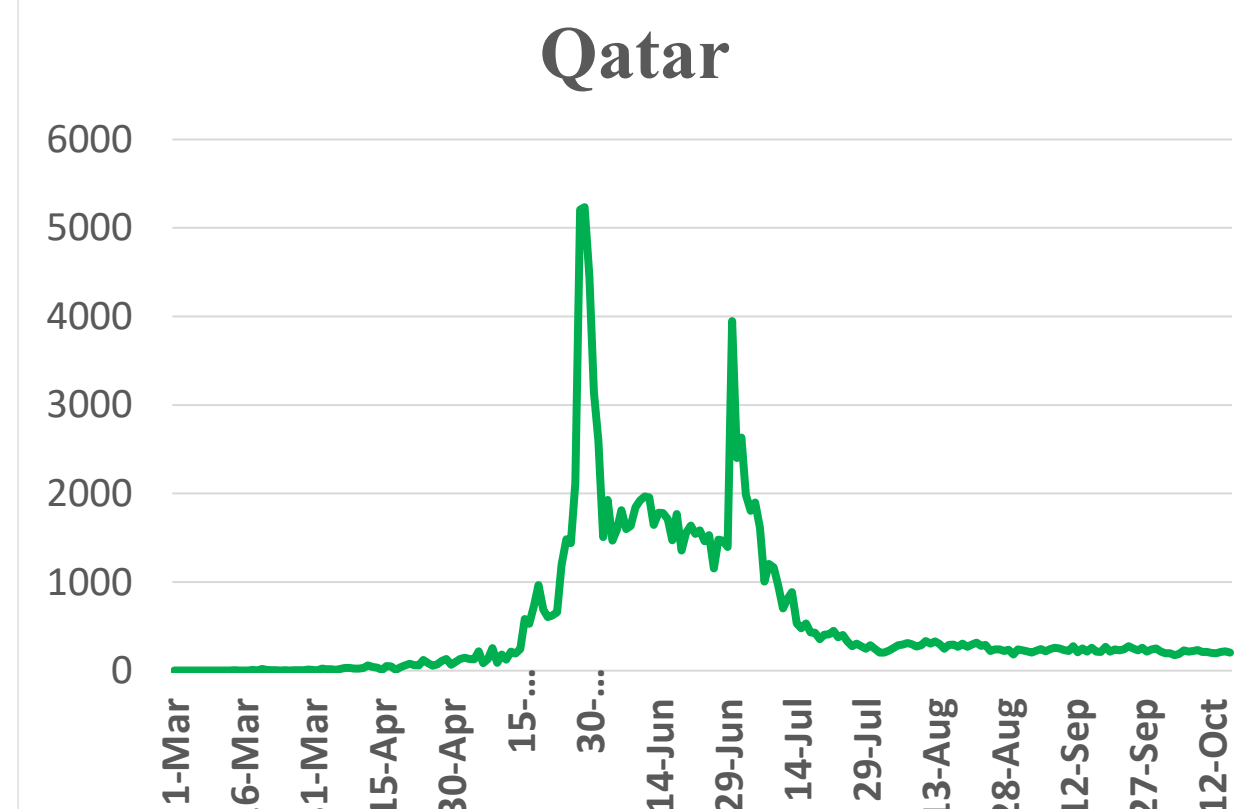
Source : Bahrain ministry of health



Source : Oman ministry of health



Source : Kuwait ministry of health



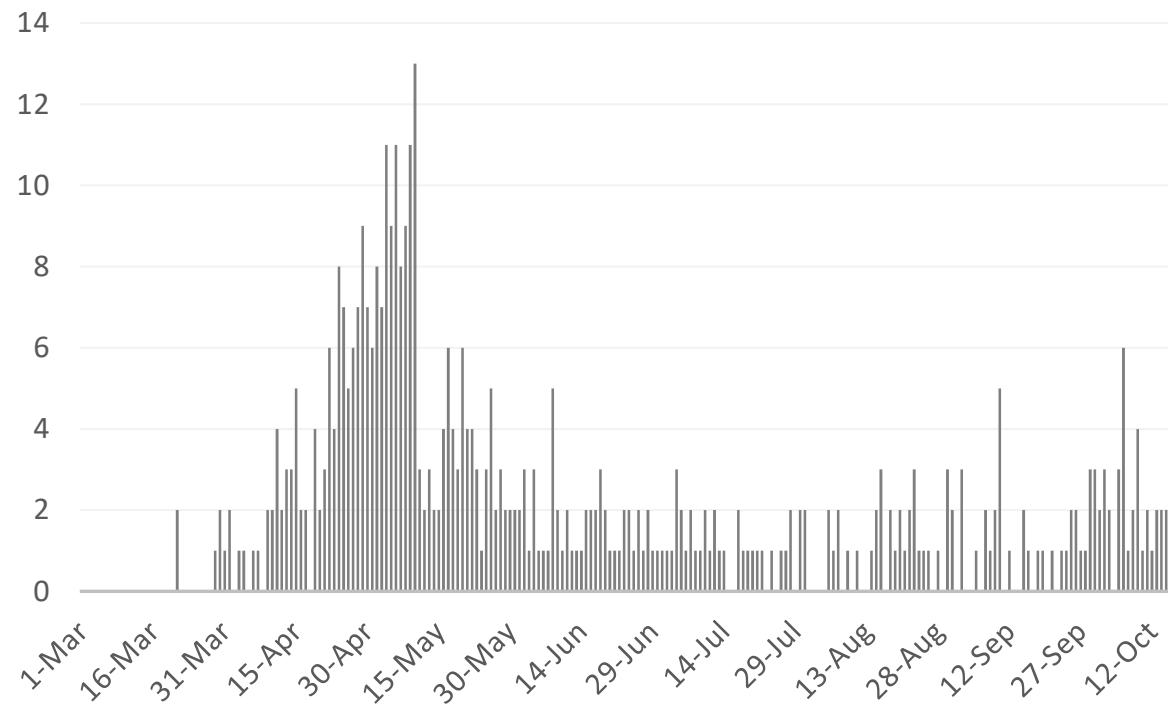
Source : Qatar ministry of health

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*No announced statistic data on weekends and official holidays.



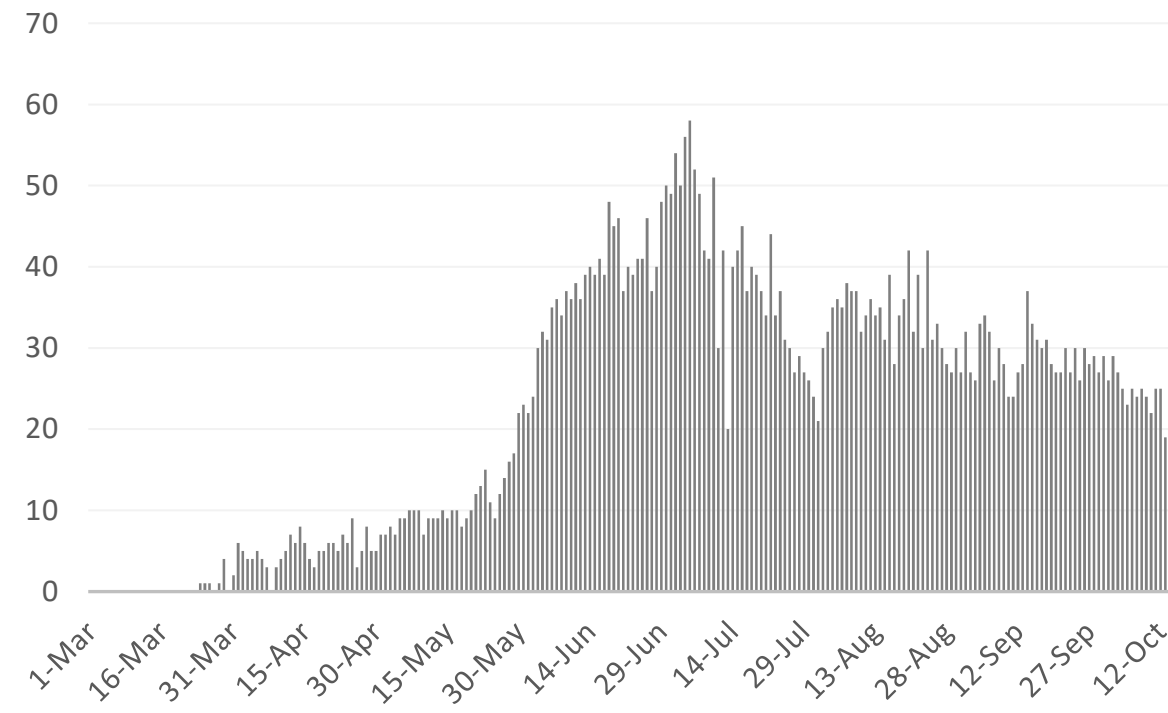
Figure 12: Comparative Analysis of the Distribution of COVID-19 New Death Cases in GCC Countries

UAE



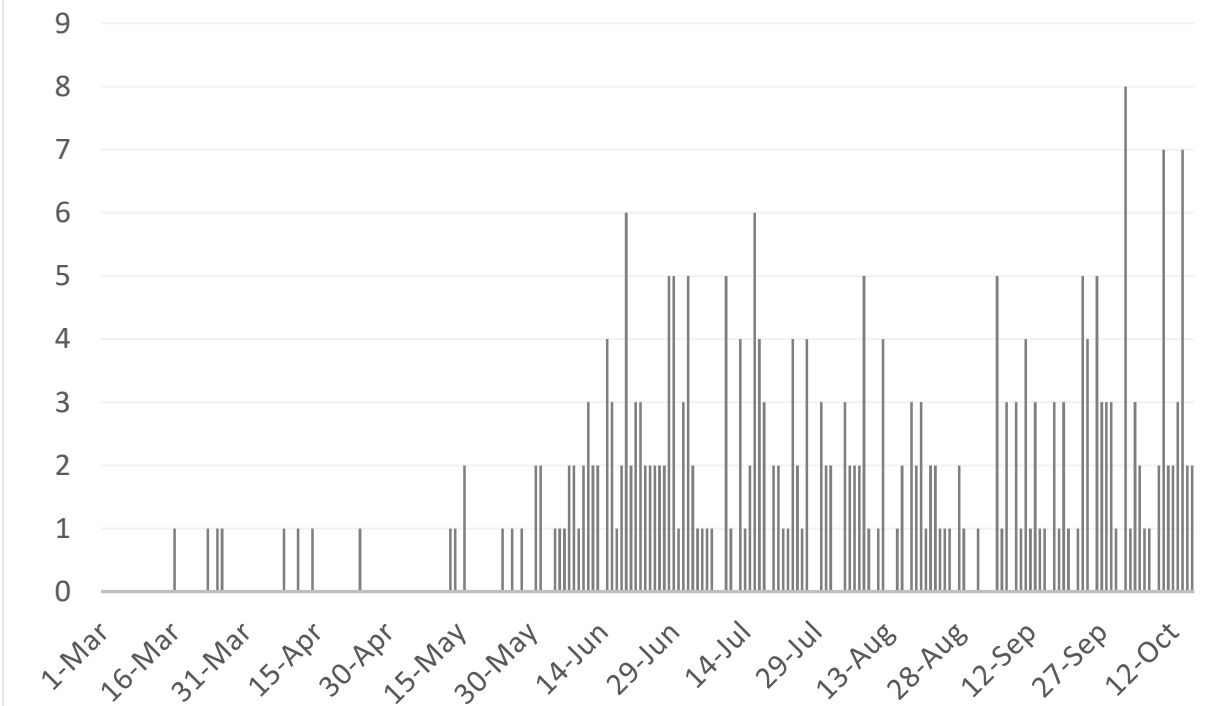
Source : National Emergency Crisis and Disaster Management Authority

KSA



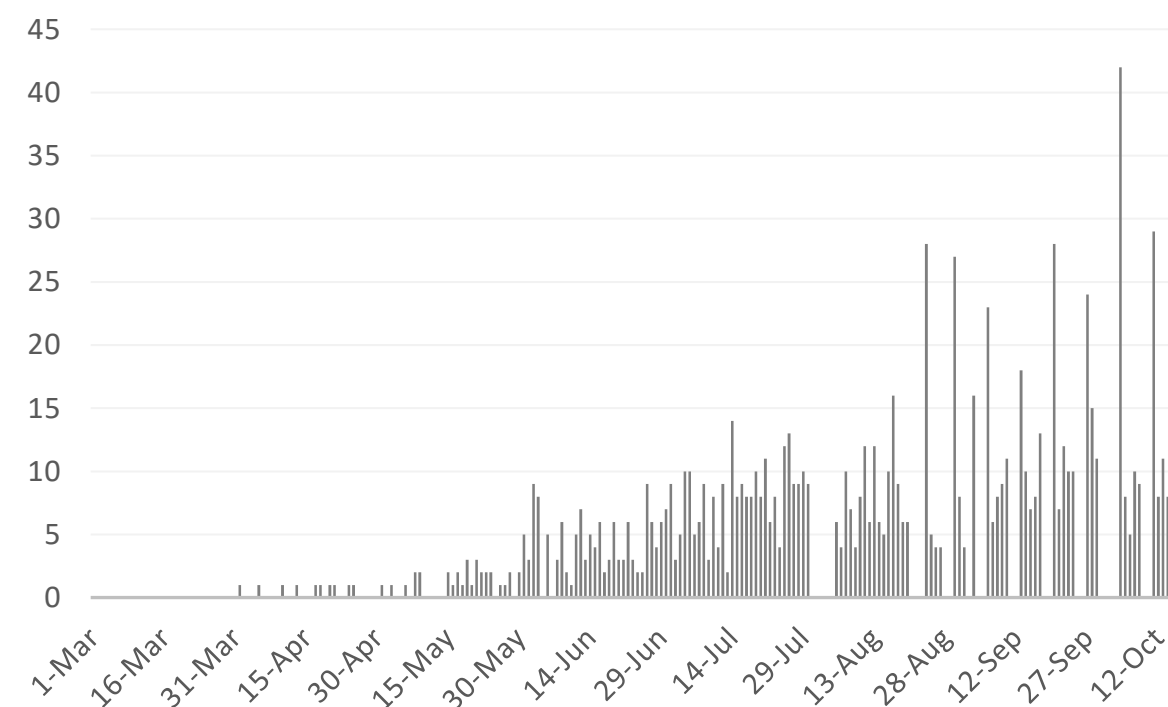
Source : KSA ministry of health

Bahrain



Source :WHO

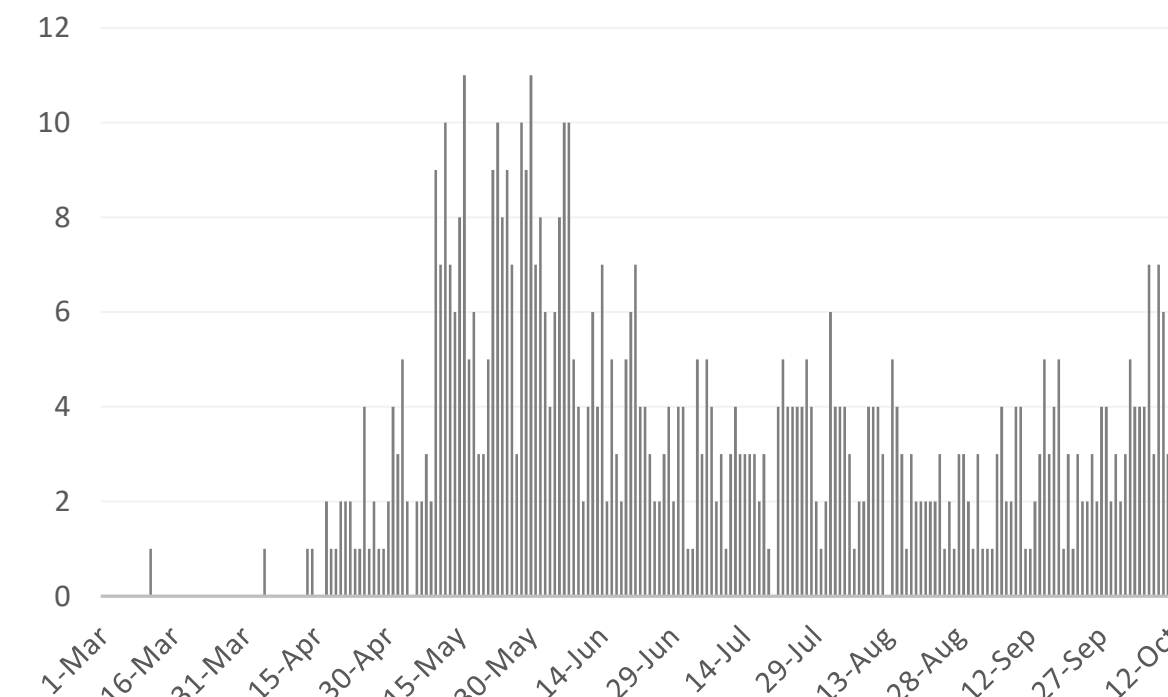
Oman



Source :Oman ministry of health

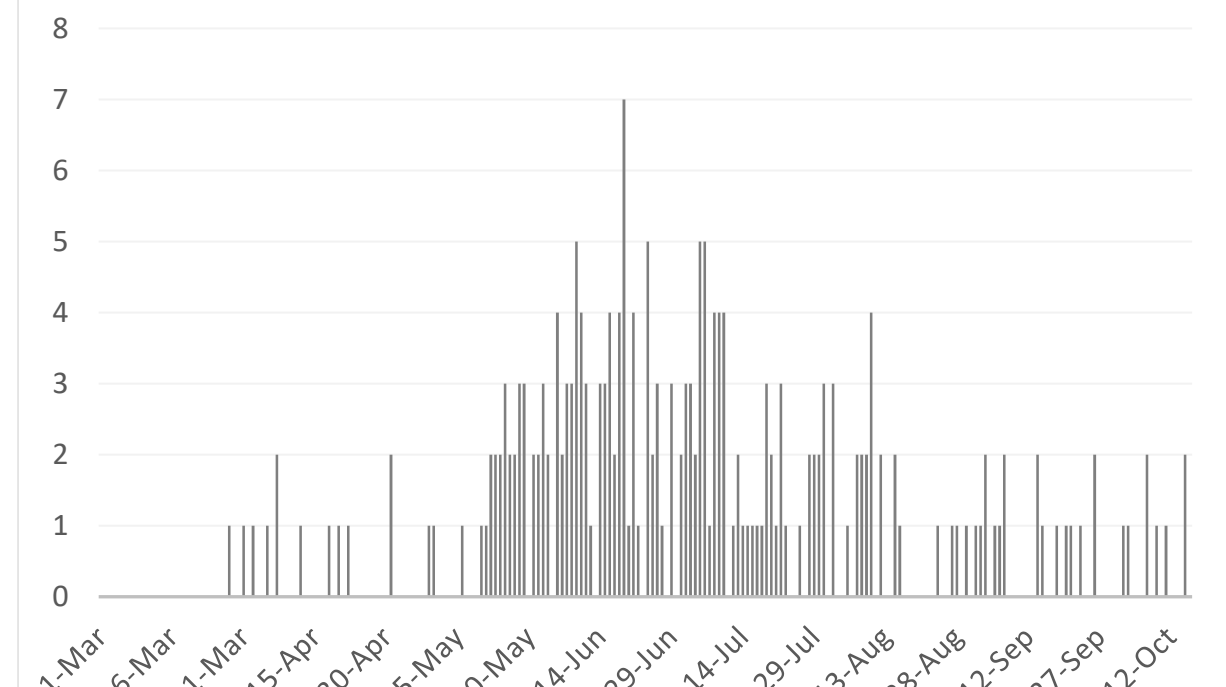
Kuwait

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Source : Kuwait ministry of health

Qatar



Source : Qatar ministry of health

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*No announced statistic data on weekends and official holidays.



Article 1

Published

October 08, 2020, [NEJM](#)

Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19

- Hydroxychloroquine and chloroquine, two 4-aminoquinoline drugs that were developed more than 70 years ago and have been used to treat malaria and rheumatologic conditions, have been proposed as treatments for Covid-19.
- The authors of this study sought to compare a range of possible treatments with usual care in patients hospitalized with Covid-19 in a randomized, controlled, open-label platform trial. A total of 1561 patients were randomized to receive hydroxychloroquine and 3155 to receive usual care looking at 28-day mortality.
- Death within 28 days occurred in 421 patients (27.0%) in the hydroxychloroquine group and in 790 (25.0%) in the usual-care group; ($P = 0.15$). The results suggest that patients in the hydroxychloroquine group were less likely to be discharged from the hospital alive within 28 days than those in the usual-care group.
- Among the patients who were not undergoing mechanical ventilation at baseline, those in the hydroxychloroquine group had a higher frequency of invasive mechanical ventilation or death (30.7% vs. 26.9%; risk ratio, 1.14; 95% CI, 1.03 to 1.27).
- The authors concluded that hospitalized patients with Covid-19, those who received hydroxychloroquine did not have a lower incidence of death at 28 days than those who received the standard of care.



Continued

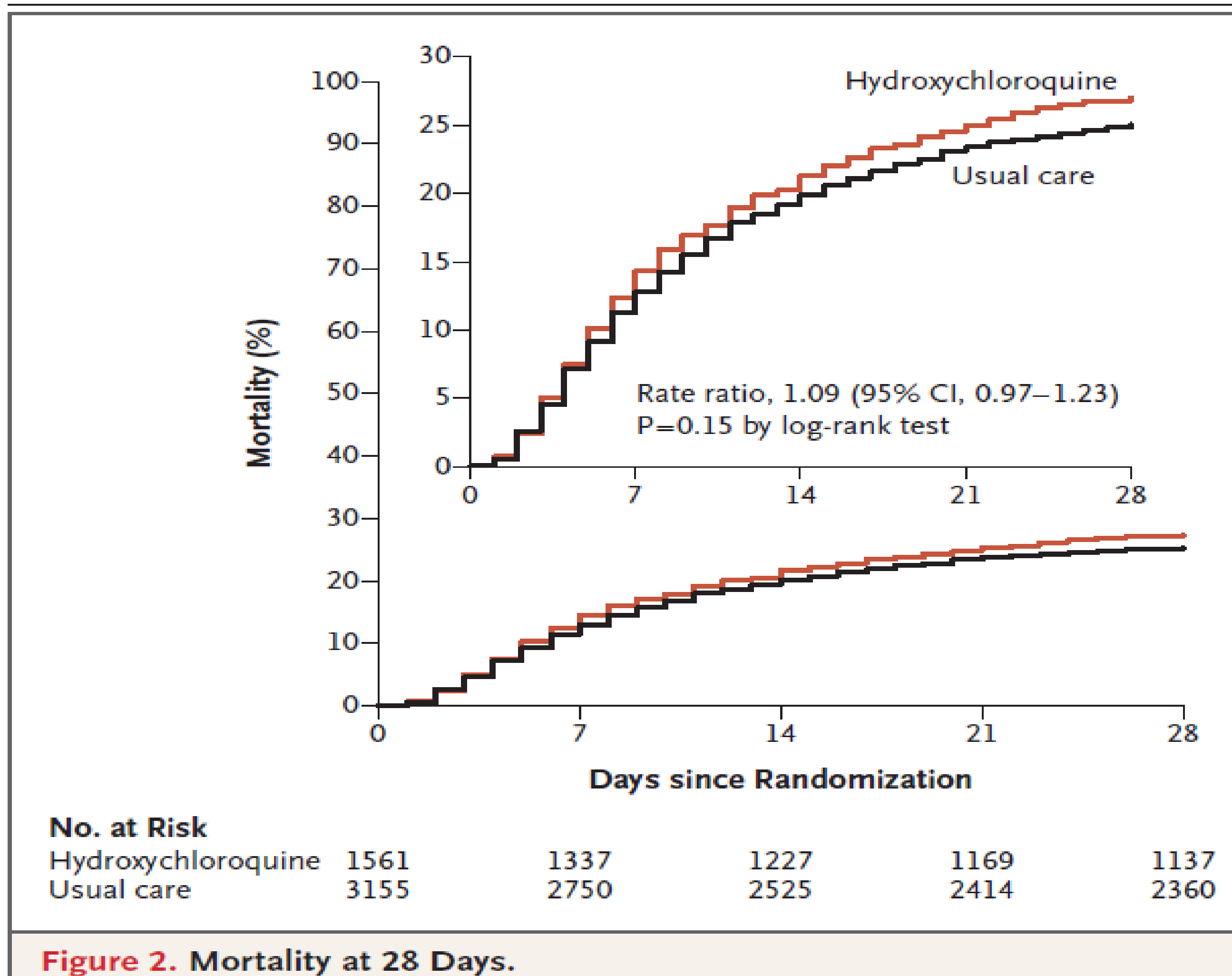


Figure 2. Mortality at 28 Days.



Article 2

China's Successful Control of COVID-19

Published

October 08, 2020, [THE LANCET Infectious Diseases](#)

How has China managed to get control of its pandemic?

- Centralized epidemic response system.
- Only 3% of China's elderly population live in care homes, whereas in several western countries such facilities have been major sources of infection.
- The speed of China's response was the crucial factor.
- Population movements were severely curtailed, including school closure and suspension of public transport.
- Within weeks, China had managed to test 9 million people for SARS-CoV-2 in Wuhan.
- Effective national system of contact tracing.
- Ramped up production of personal protective equipment (clinical gowns and surgical masks).
- High compliance with mask-wearing.
- On February 5, 2020, Wuhan opened three so-called Fangcang hospitals. Another 13 would appear over the next few weeks. The network of Fangcang hospitals, which held 13 000 beds, meant that patients with COVID-19 did not have to isolate at home.
- From controlling local transmission; to the prevention of imported cases.
- Anyone who entered the country were tested and quarantined.

Commitment to the greater good is engrained, in the culture in China.



Article 3

COVID-19 and the Future of Drug Marketing

Published

September 08, 2020, [JAMA Health Forum](#)

- During the COVID-19 pandemic, some changes (such as strict restrictions on access to clinics and hospitals) provide an opportunity to reset the boundaries and norms for physician-industry interactions. Pharmaceutical sales representatives are no longer have casual access to physicians, and they are forced to make online appointments to present their products. Free meals can no longer facilitate sales frequencies. Secret conversations about off label use become less stealthy when they have to be conducted by video.
- The shift to online presentations has made drug promotion less expensive for companies as there are no travel cost for sales representatives and physicians, no dining events, and less costly video call that can reach a large audience. Furthermore, as the remote working has dissolved the boundaries between home and office, sales representatives can reach physicians in their homes at any time.
- Increased use of smartphone and tablet apps to involve physicians create greater risks of unwanted collection of [data on their private information and phone activity](#). As webinars become a popular mode of promotional activity, it may be more difficult for physicians to distinguish between educational and marketing content.
- Policy makers should update the regulatory approaches because of shifting to digital promotion. Firms could be required to record their virtual contacts so that regulators can monitor interactions and content. New guidelines need to be issued regarding advertising webinars that will help physicians to distinguish between educational and promotional events.



THANK YOU

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