

SCIENTIFIC RESEARCH MONITORING ON COVID-19

2 OCTOBER 2020

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SCIENTIFIC RESEARCH MONITORING ON COVID-19

(ISSUE 244)



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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Public Health Response

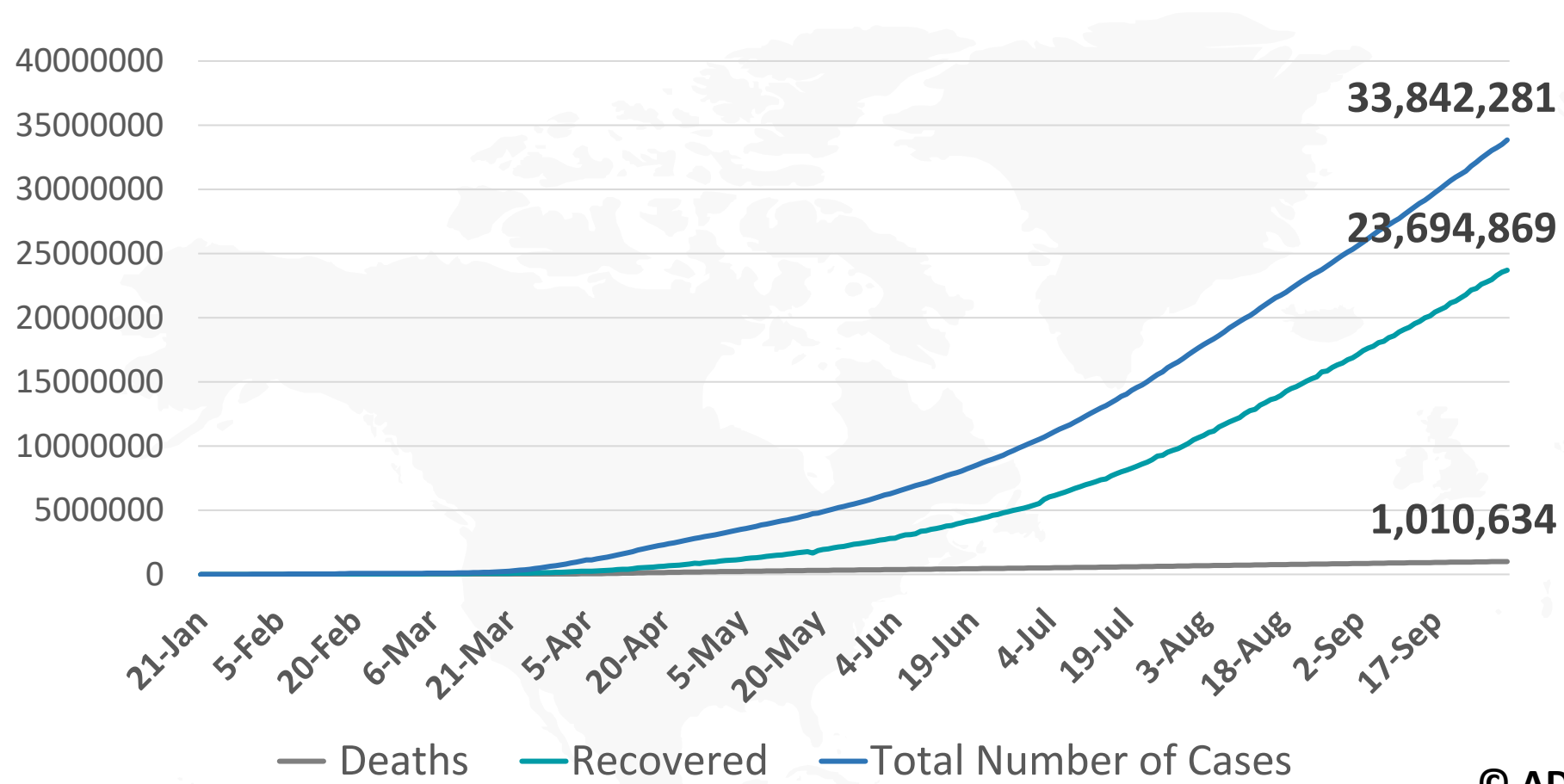
**COVID-19 Vaccination:
Returning to WHO's Health
for All**

Clinical Features

**COVID-19 and Diabetes: A
Co-Conspiracy?**



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)

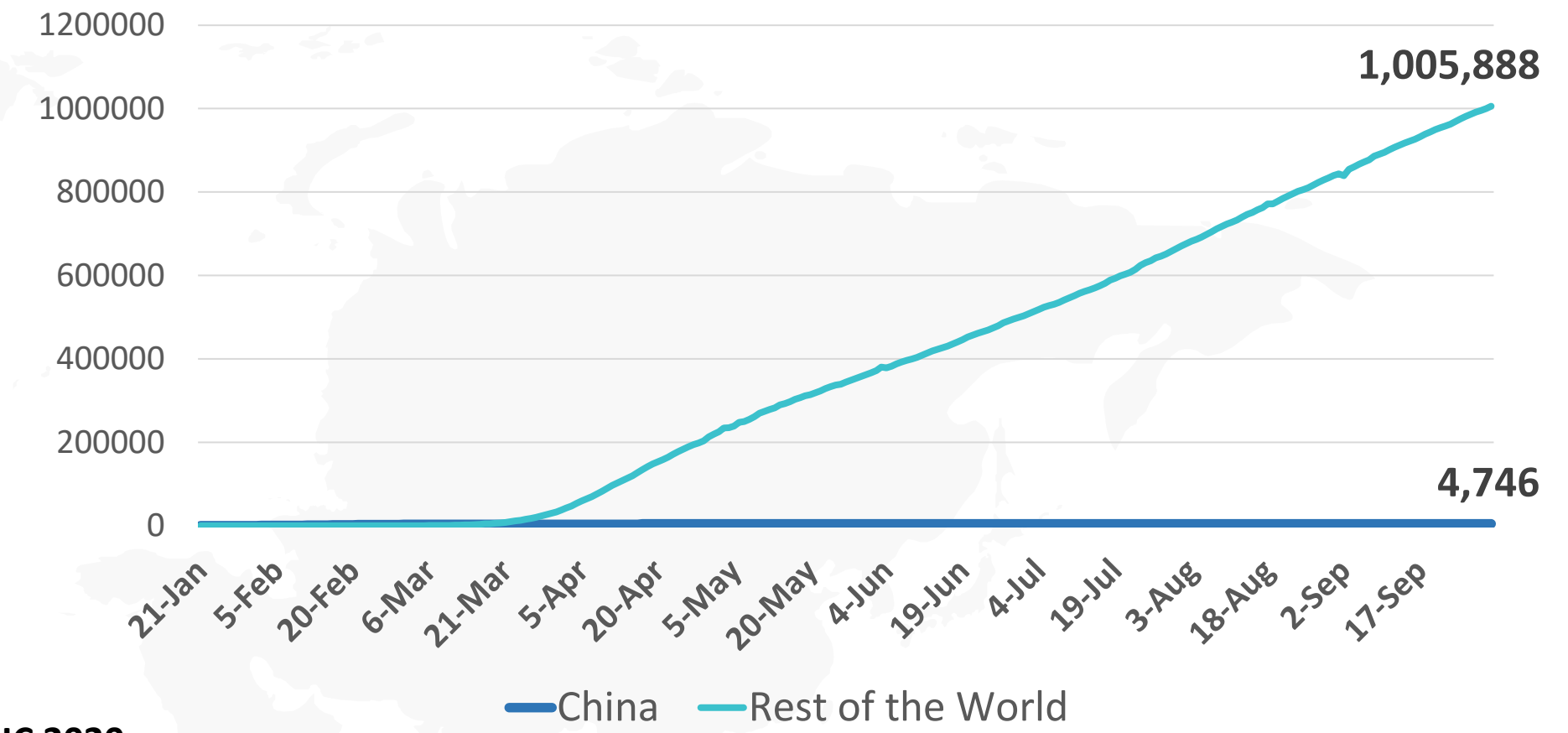


Figure 2: Daily New Infected COVID-19 Cases (China and rest of the world)

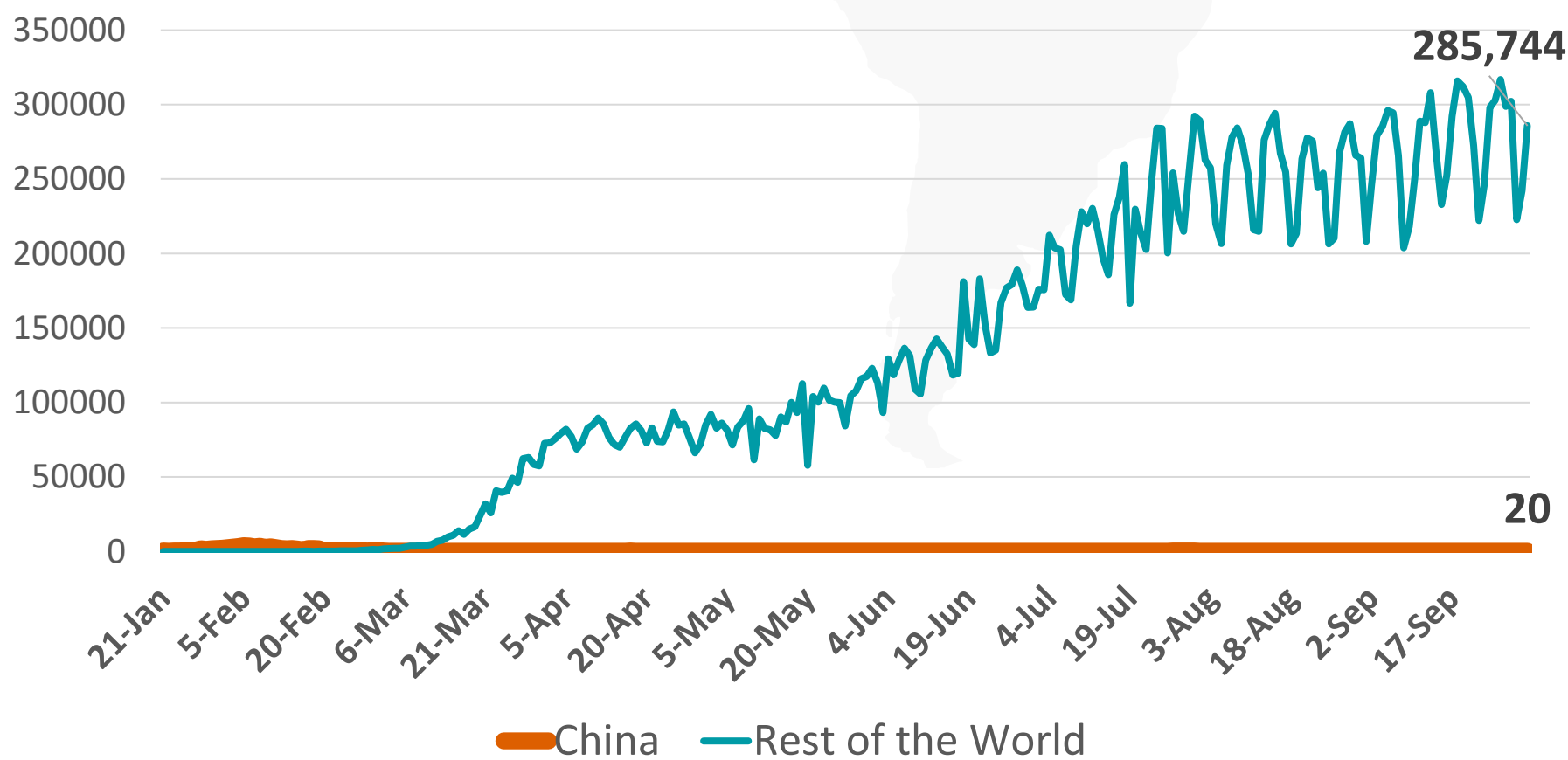


Figure 4: Global Daily New Deaths Due to COVID-19 (china and rest of the world)

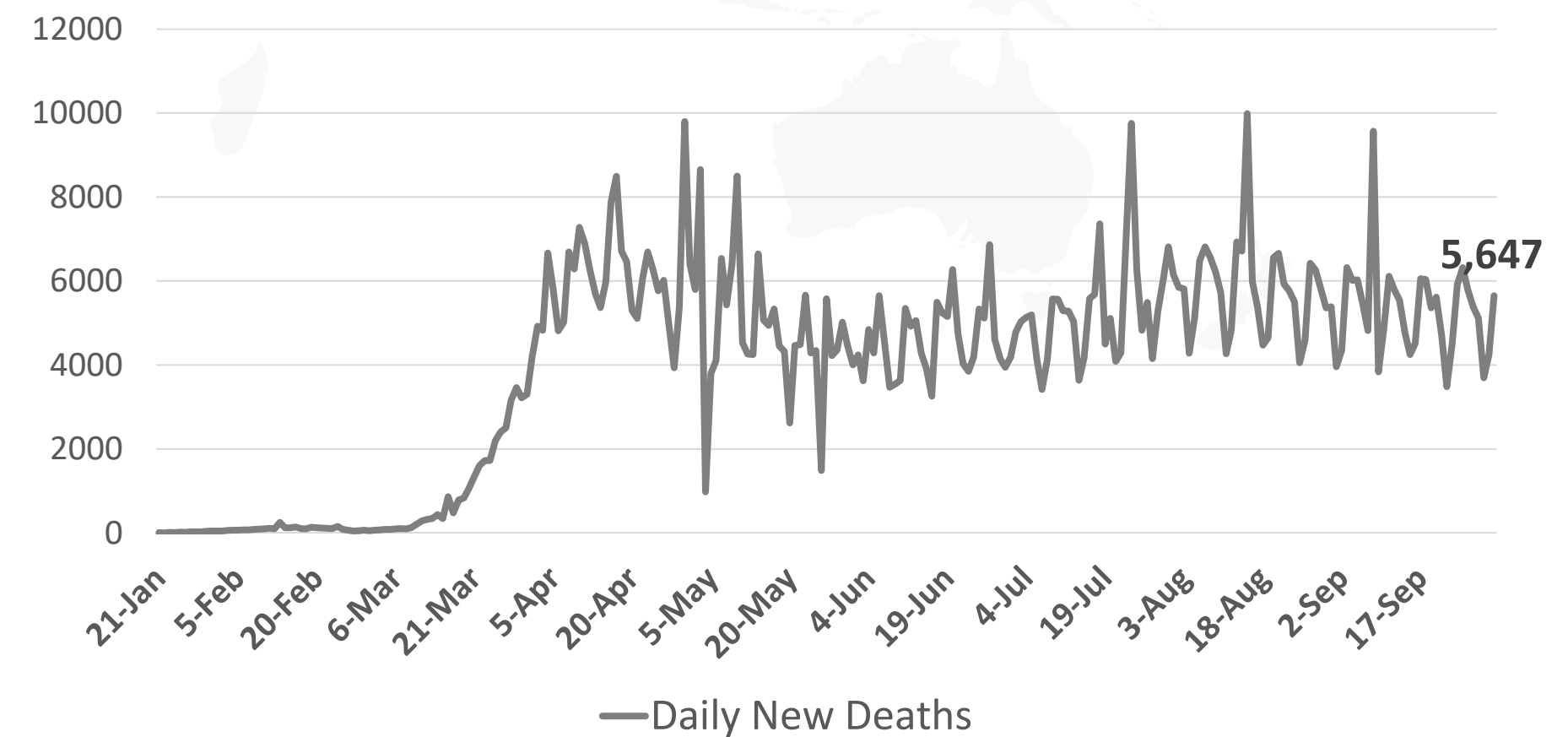
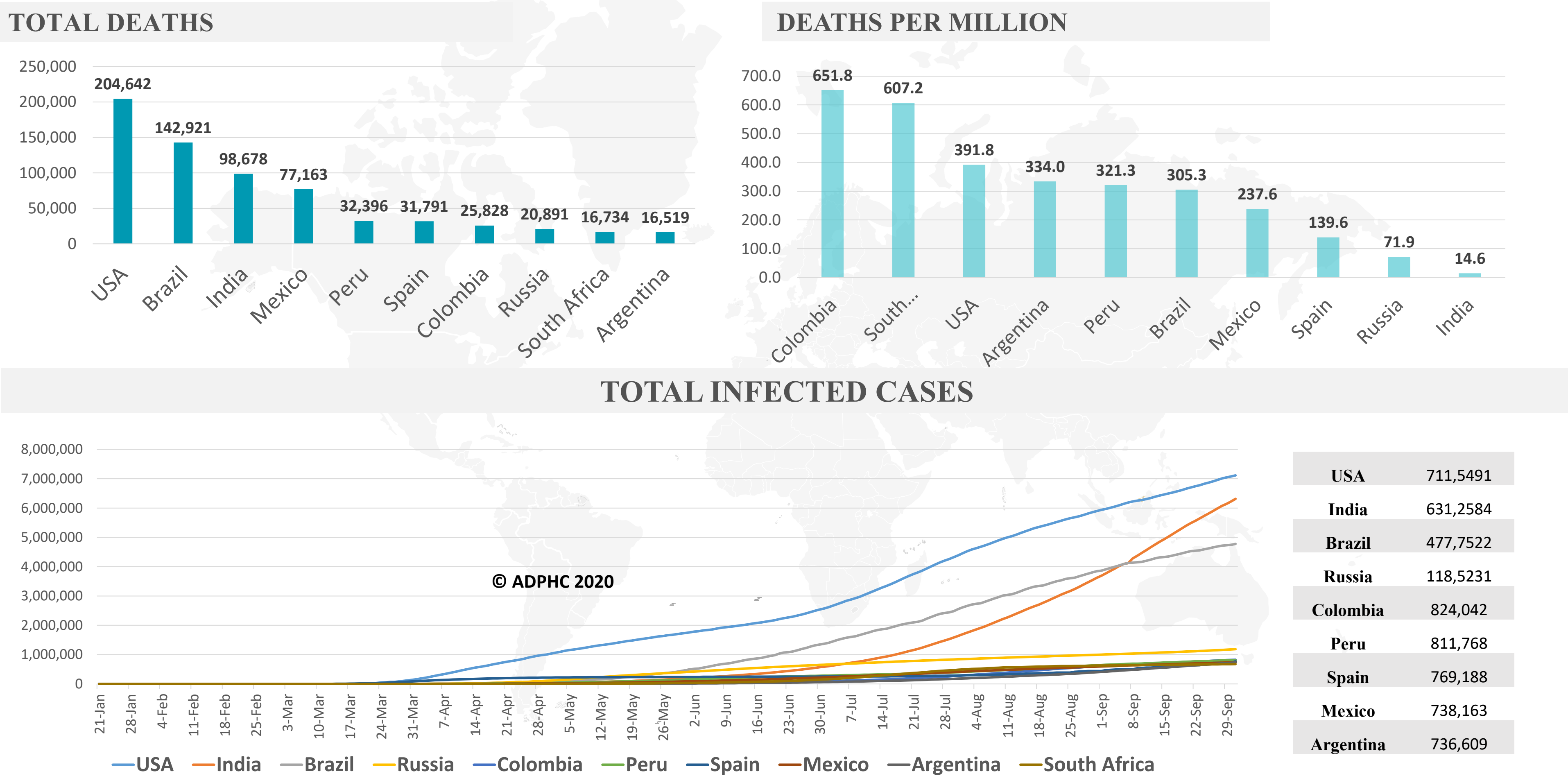
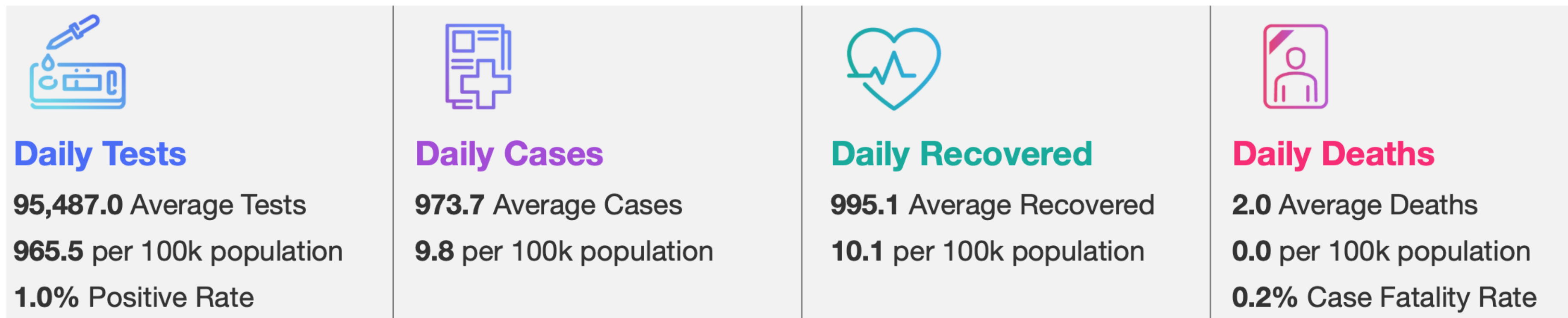


Figure 5: Top 10 Countries in the Total Number of Cases Due to COVID-19



*No announced data Spain, and WHO don't report data Spain from 28 to 30 of September

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

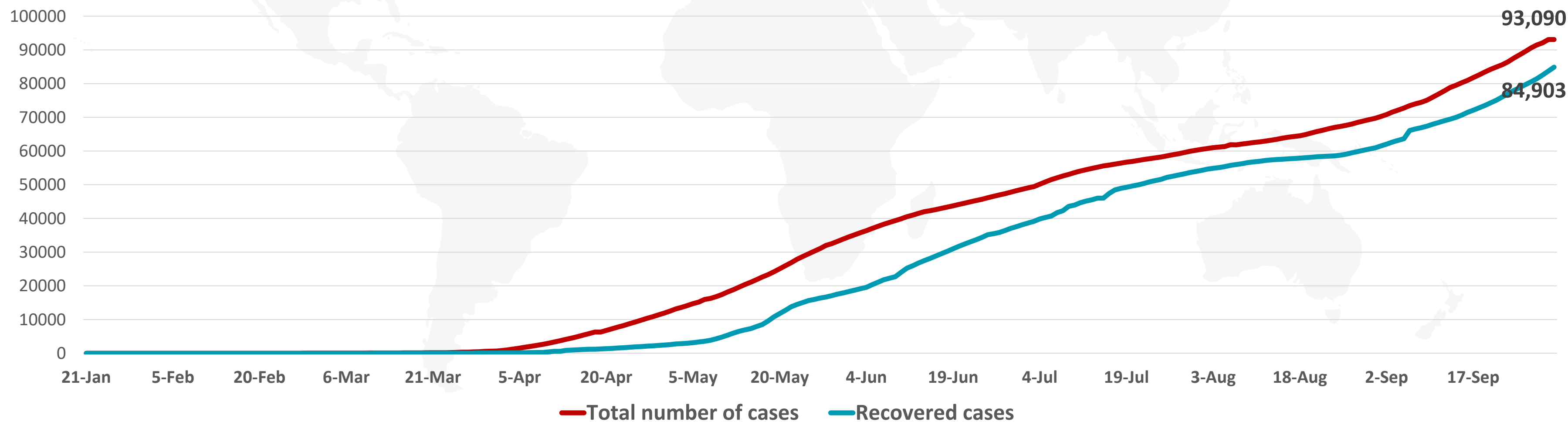
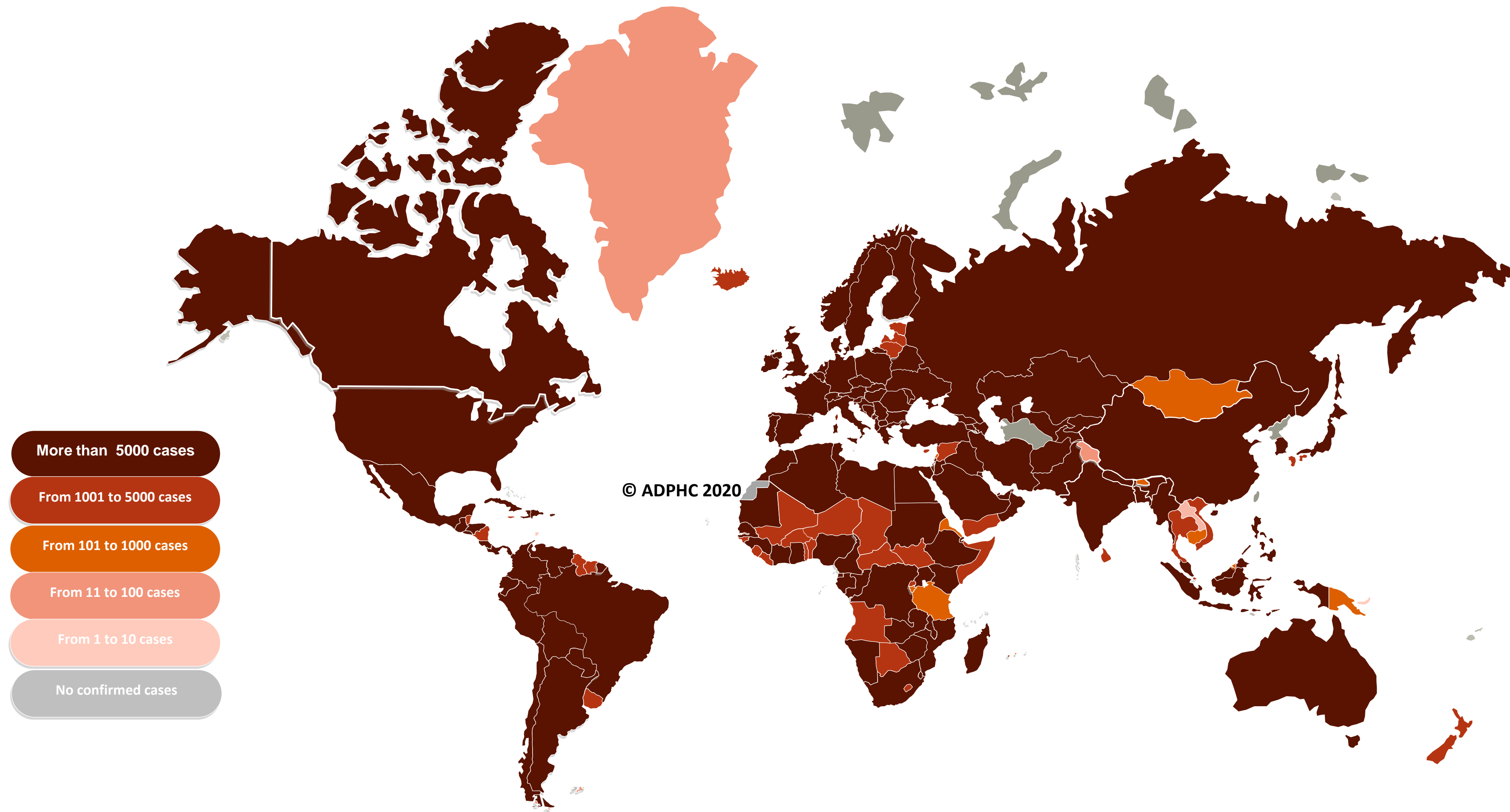


Figure 7A : Global Distribution of COVID-19 Cases



More than 5000 cases

From 1001 to 5000 cases

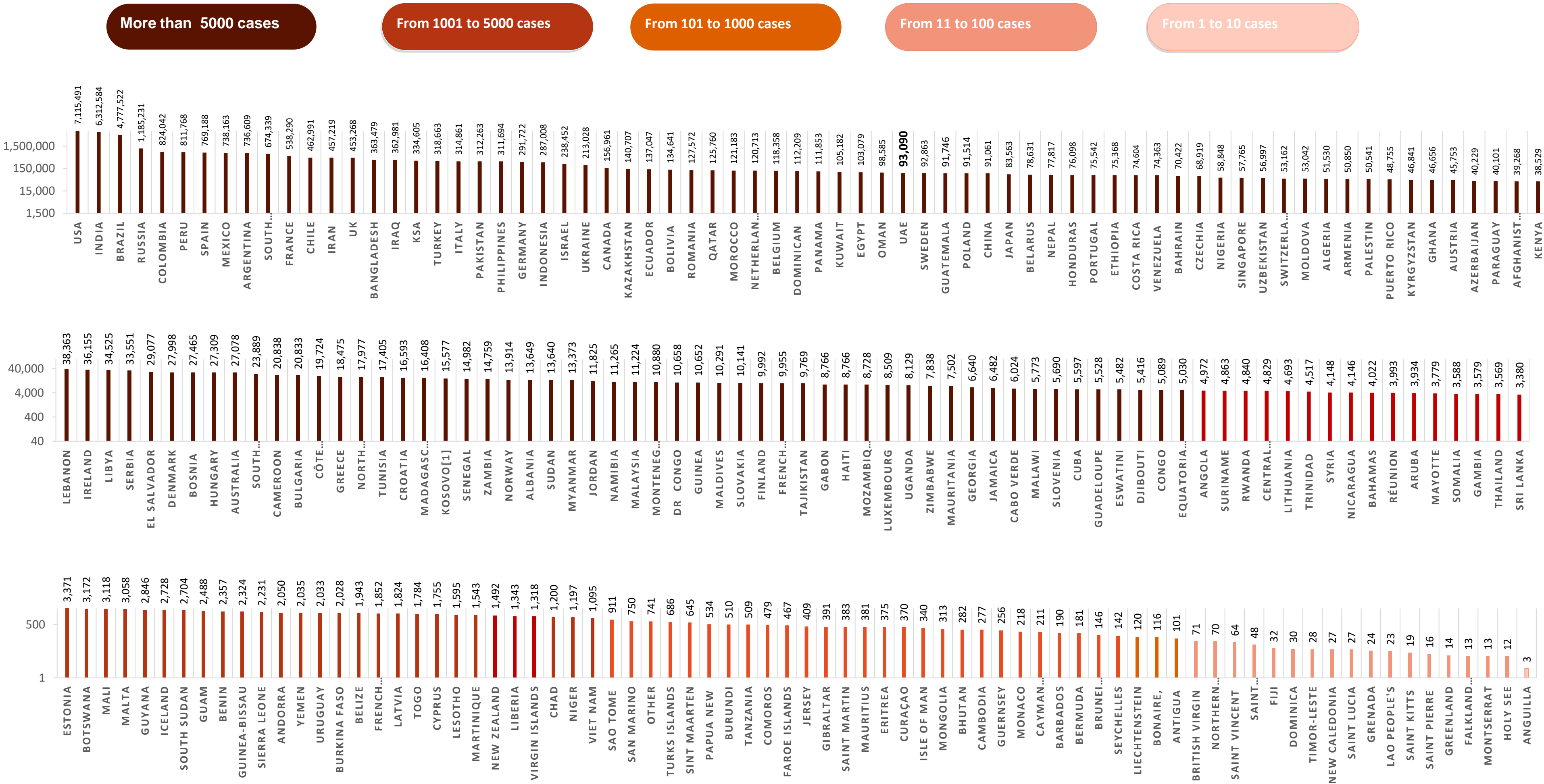
From 101 to 1000 cases

From 11 to 100 cases

From 1 to 10 cases

No confirmed cases

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

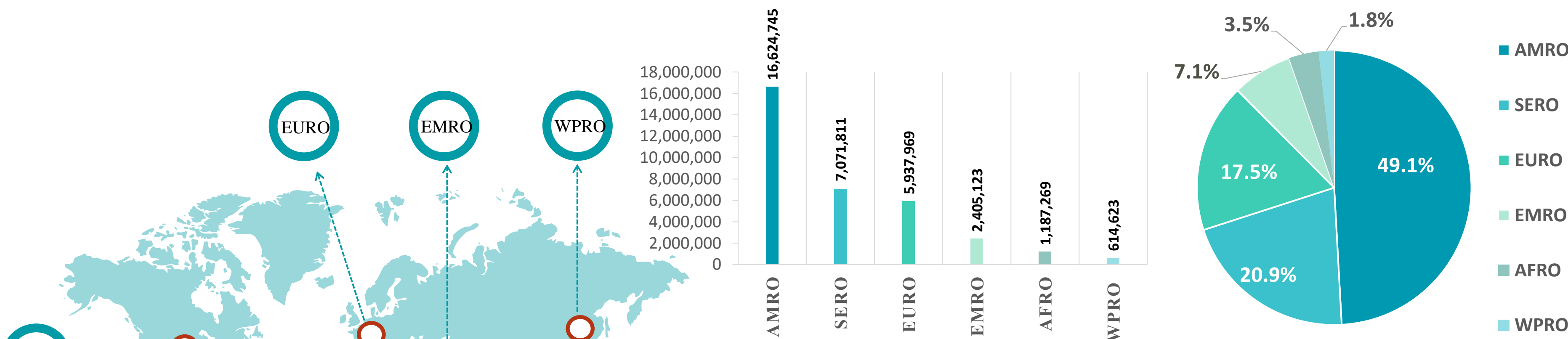


Other*: includes cases and deaths reported under the international conveyance(Diamond Princess)

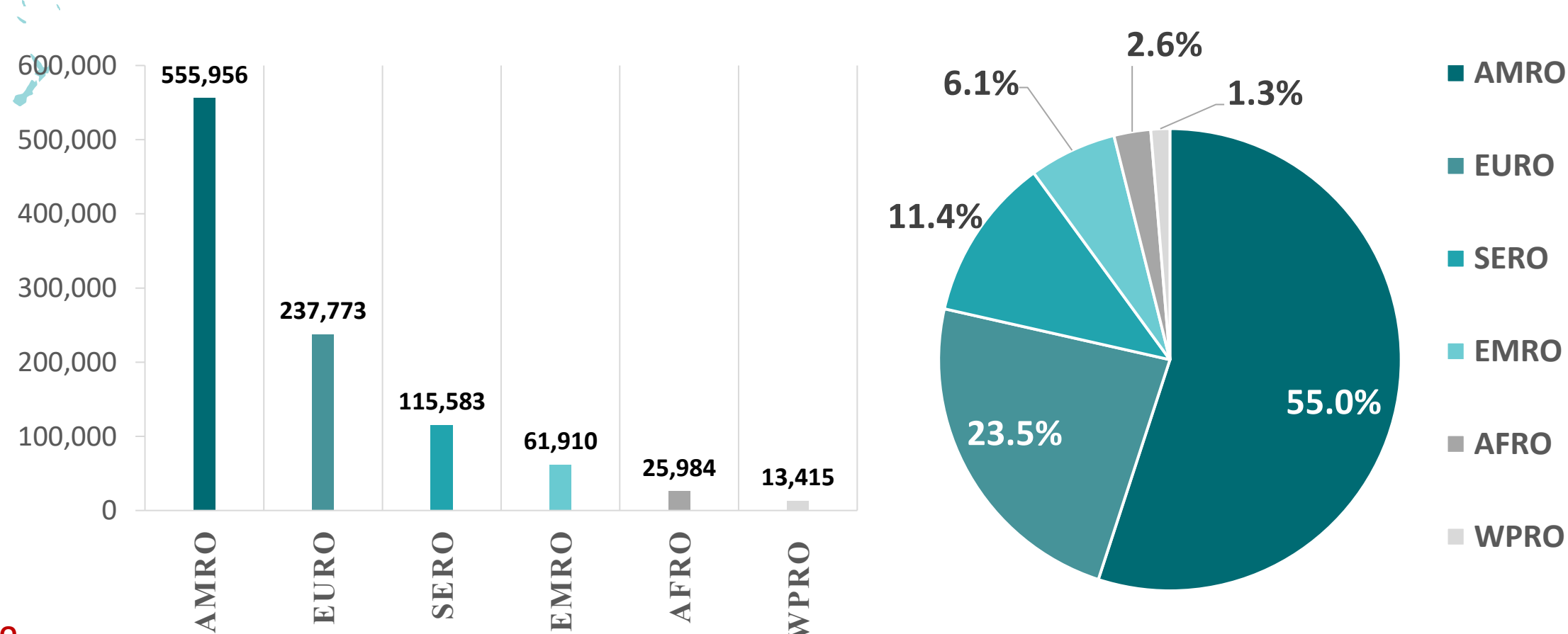


Figure 8: Global Distribution of COVID-19 Cases per Region

INFECTED



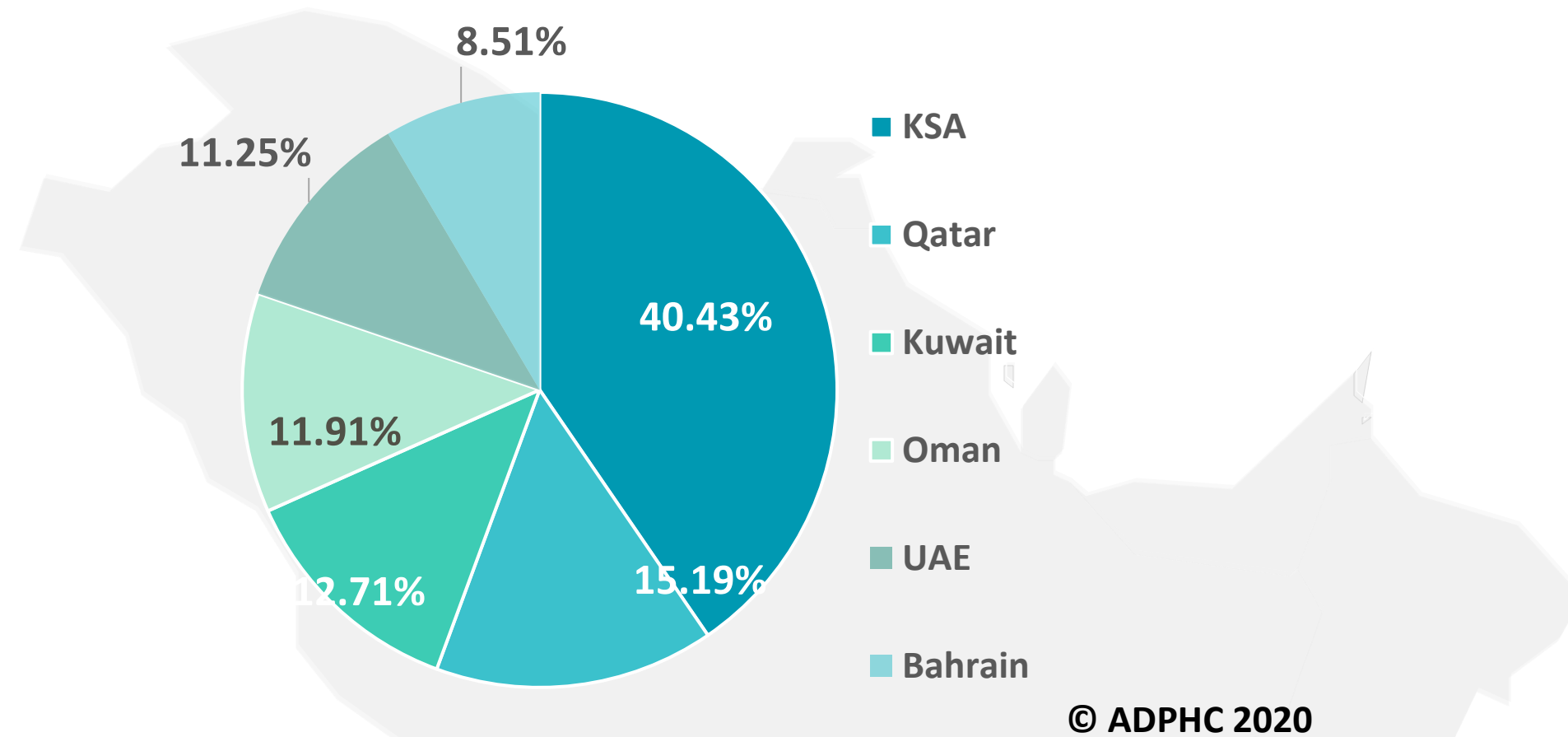
DEATHS



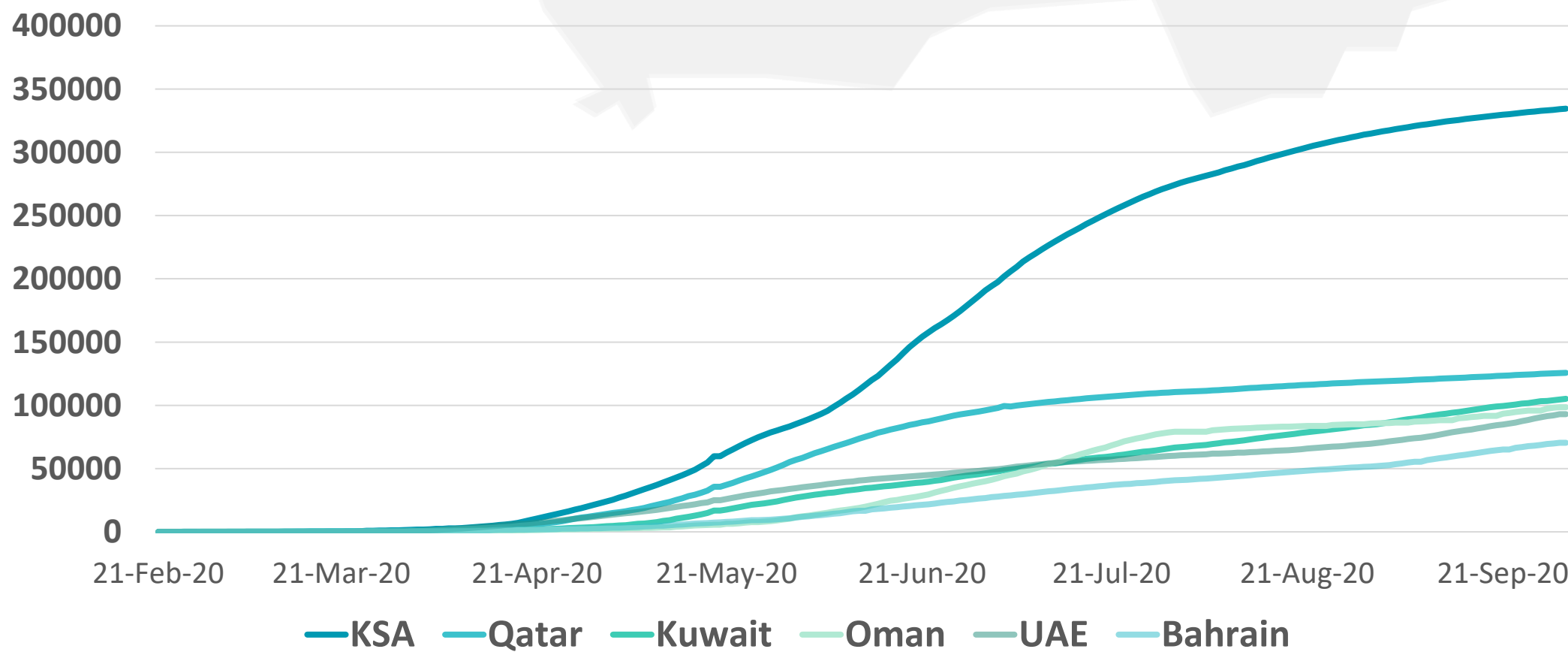
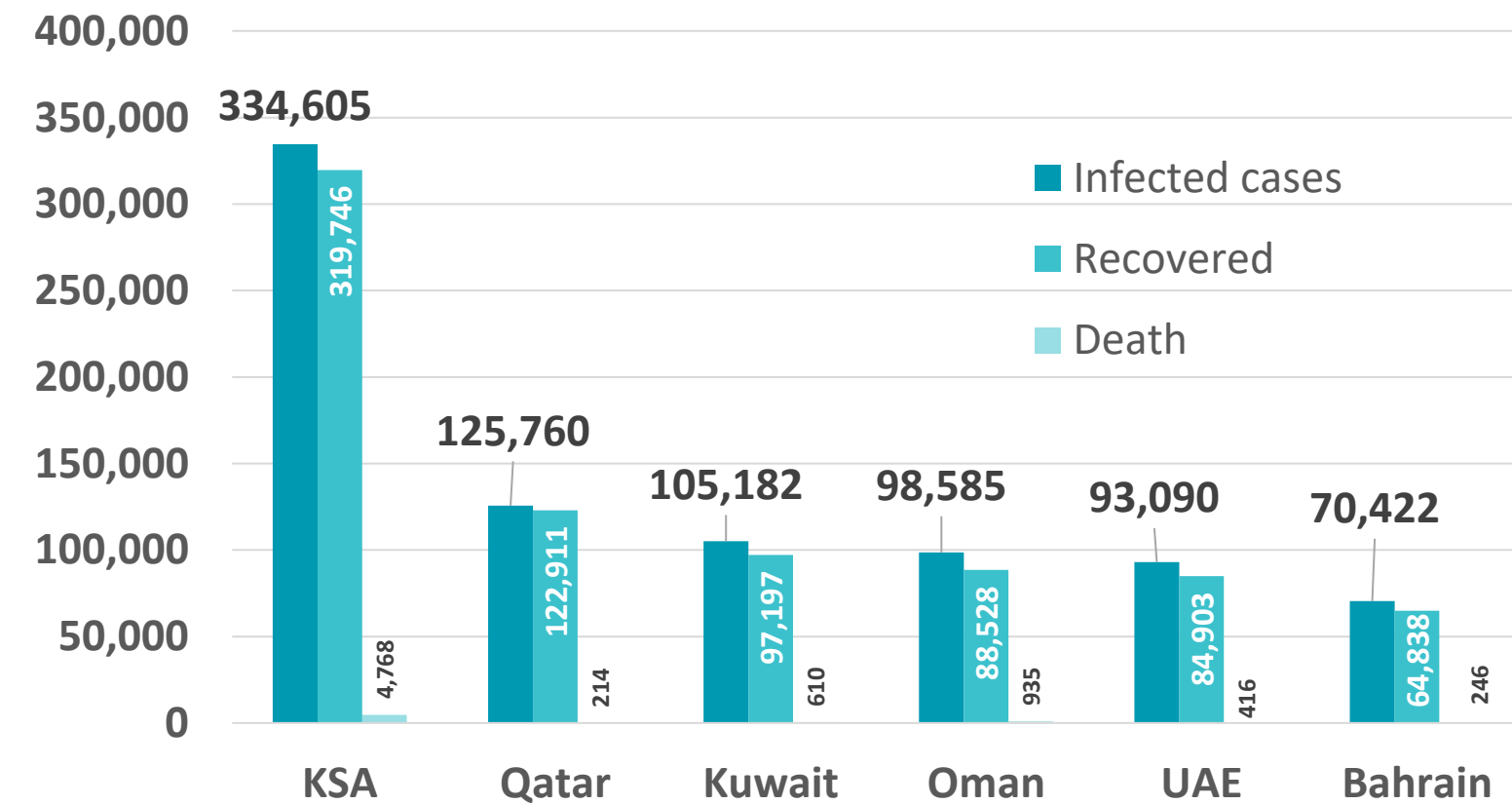
Graphs published by Abu Dhabi Public Health Center 2020 | Data resources: [WHO](#)

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

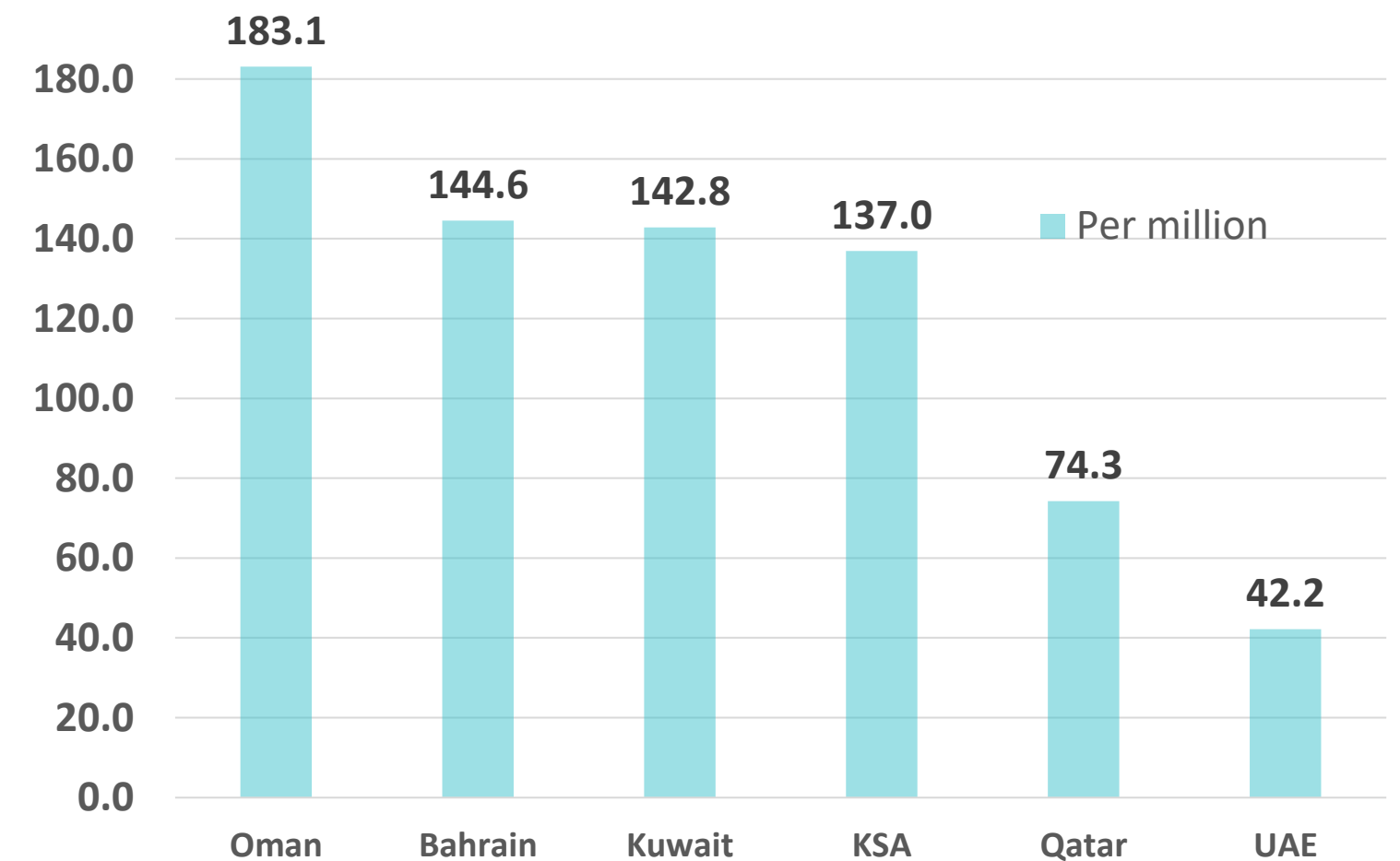
TOTAL NUMBER OF INFECTED CASES



TOTAL NUMBER OF INFECTED, RECOVERED AND DEATHS



DEATHS PER MILLION



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

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

UAE



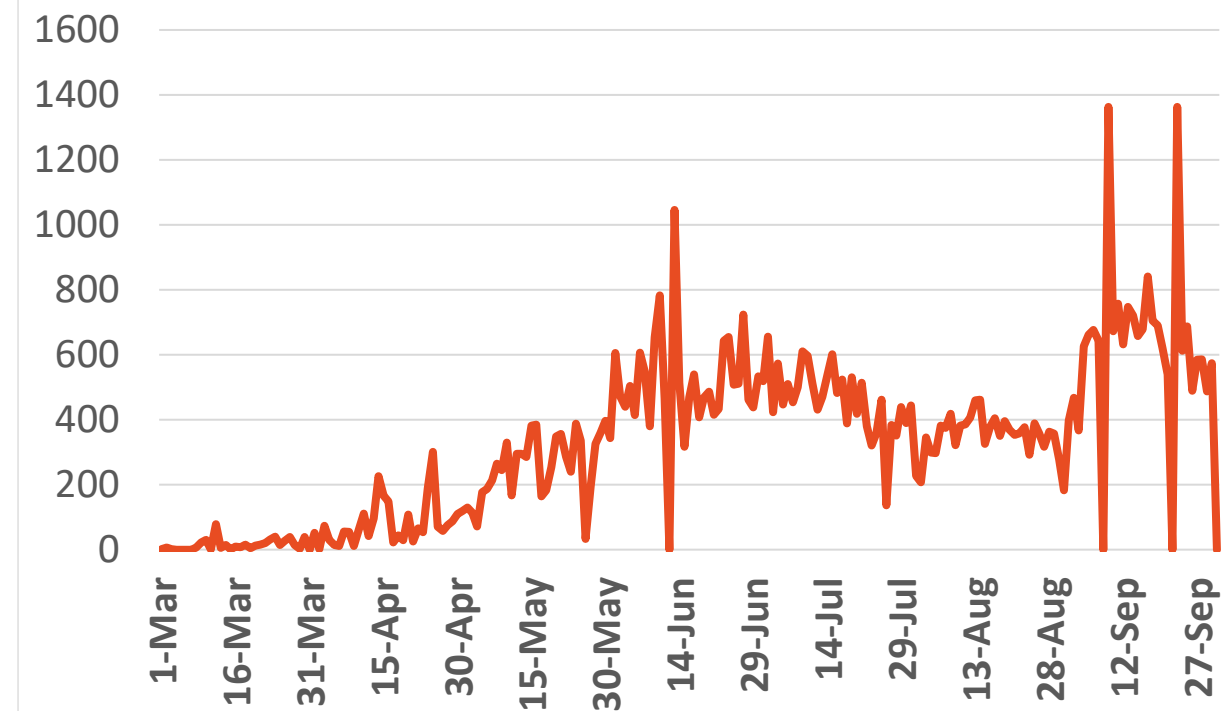
Source : National Emergency Crisis and Disaster Management Authority

KSA



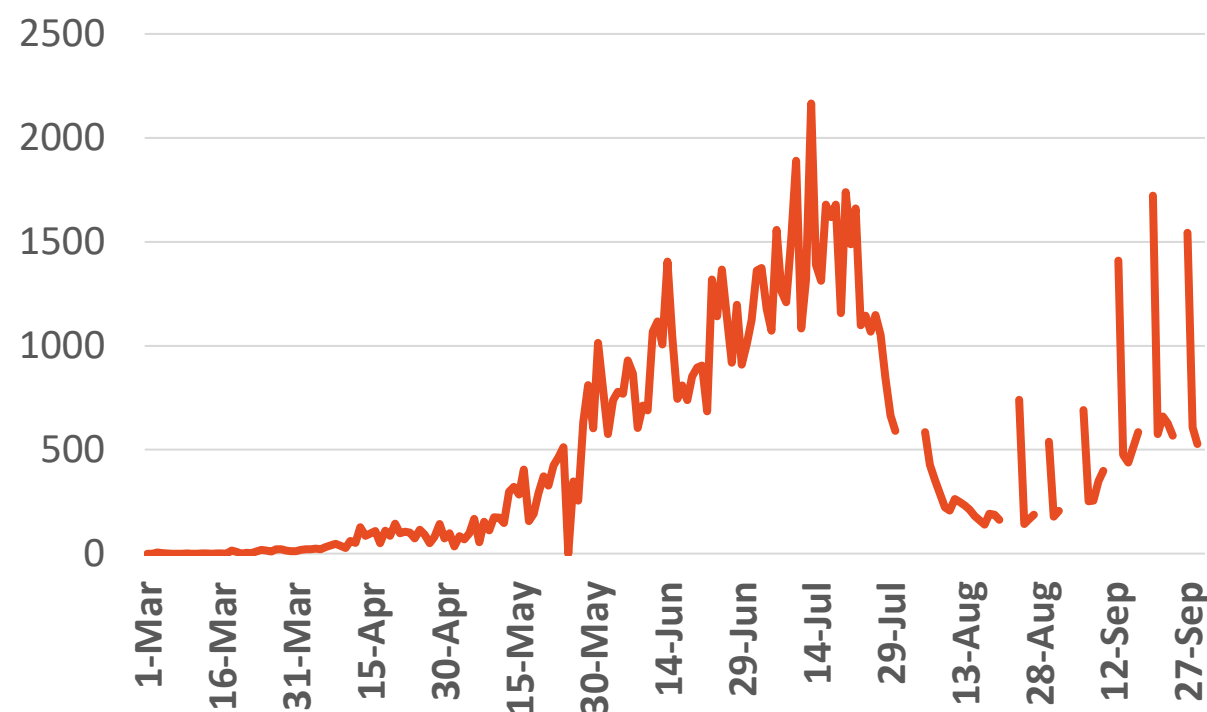
Source : KSA ministry of health

Bahrain



Source :WHO

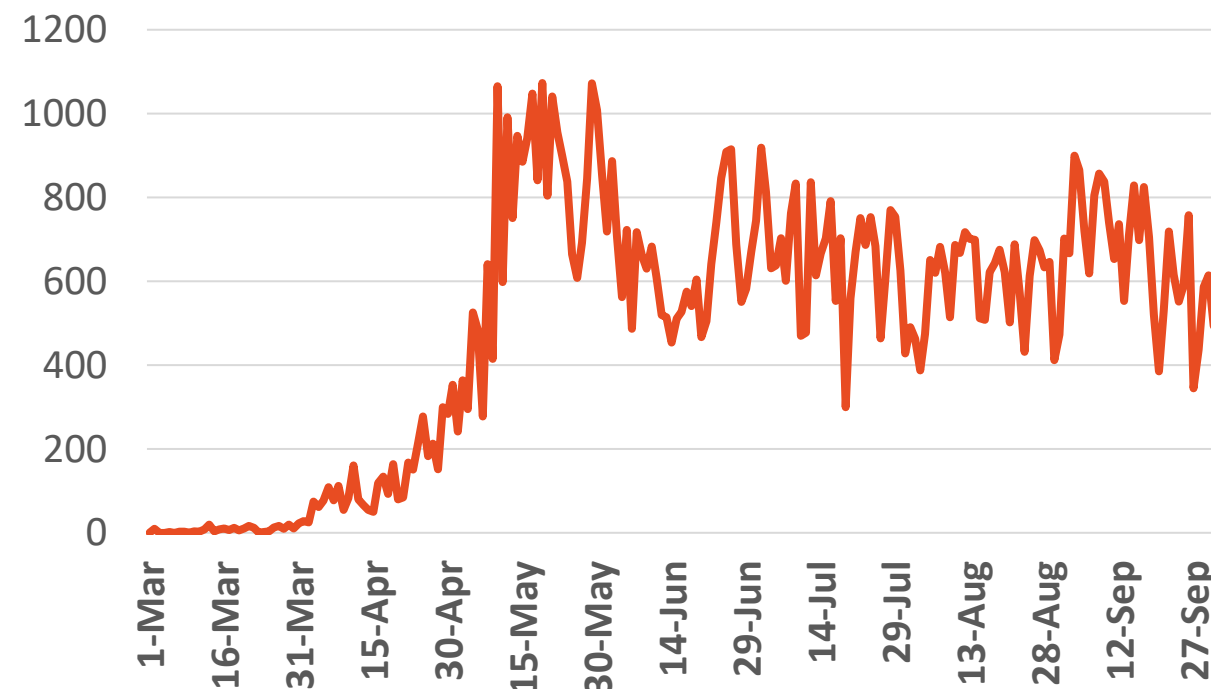
Oman



Source :Oman ministry of health

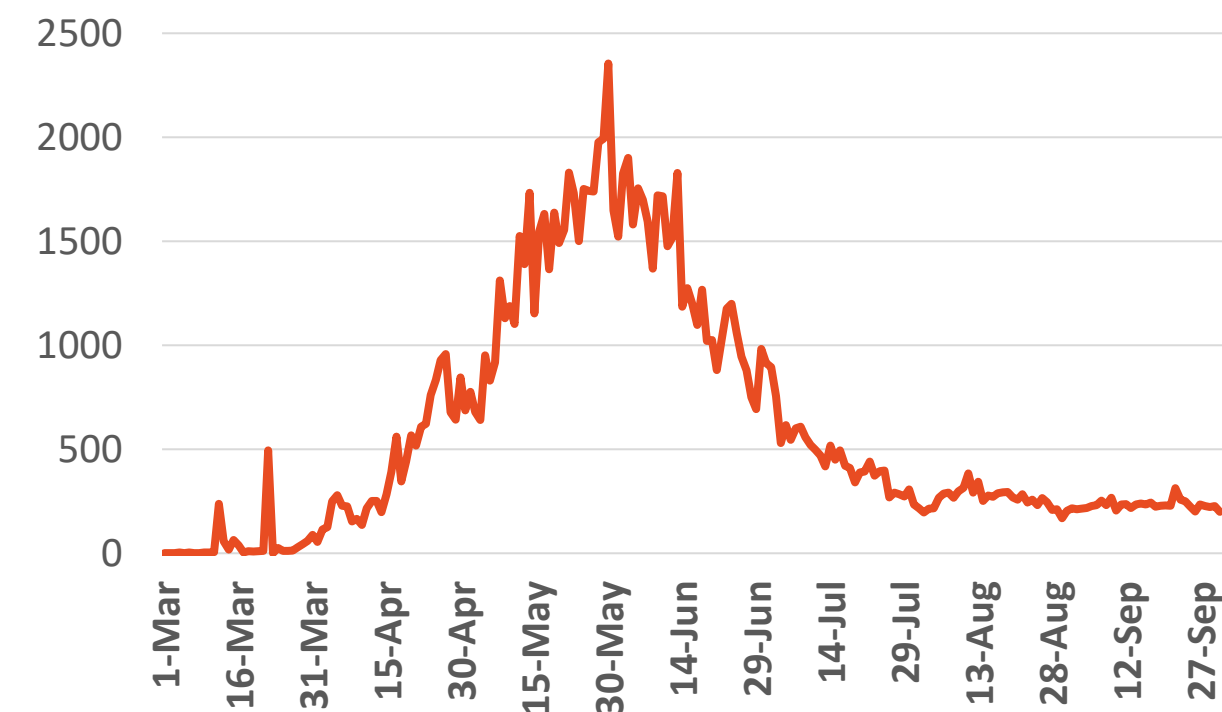
Kuwait

© ADPHC 2020



Source : Kuwait ministry of health

Qatar

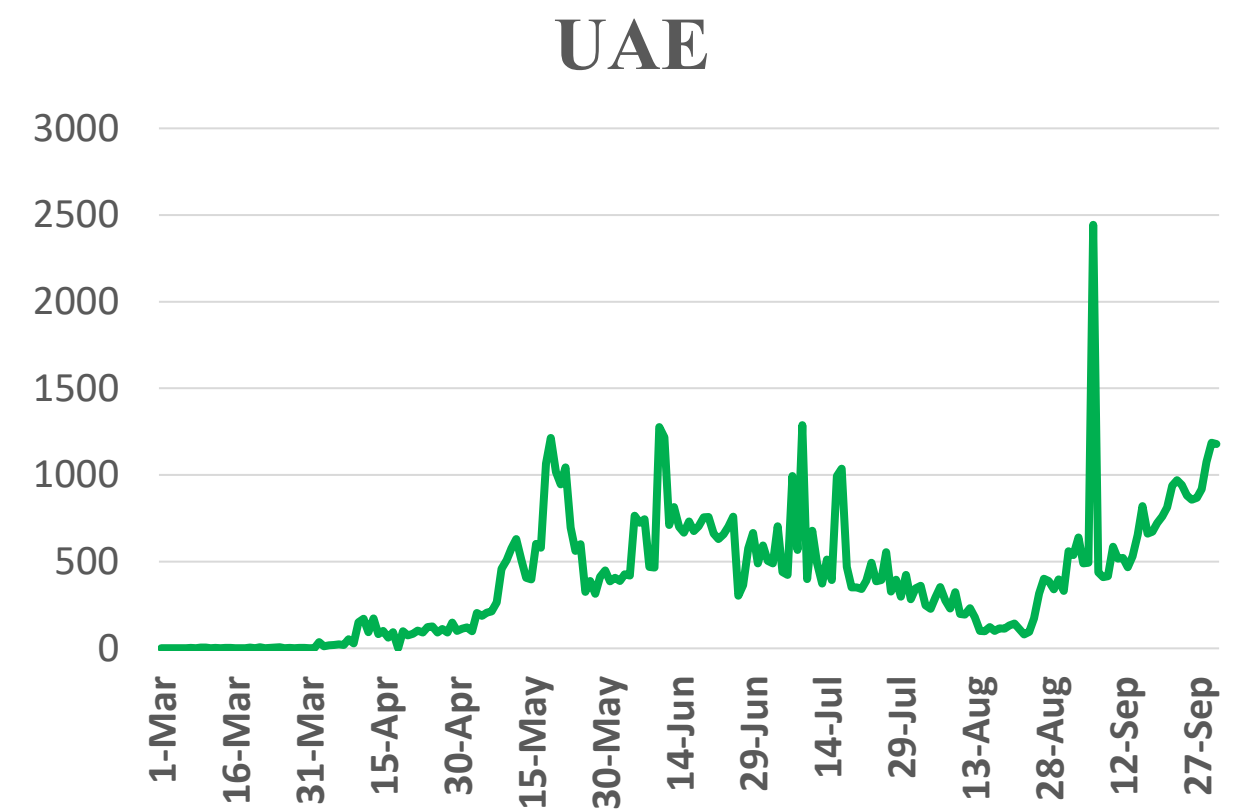


Source : Qatar ministry of health

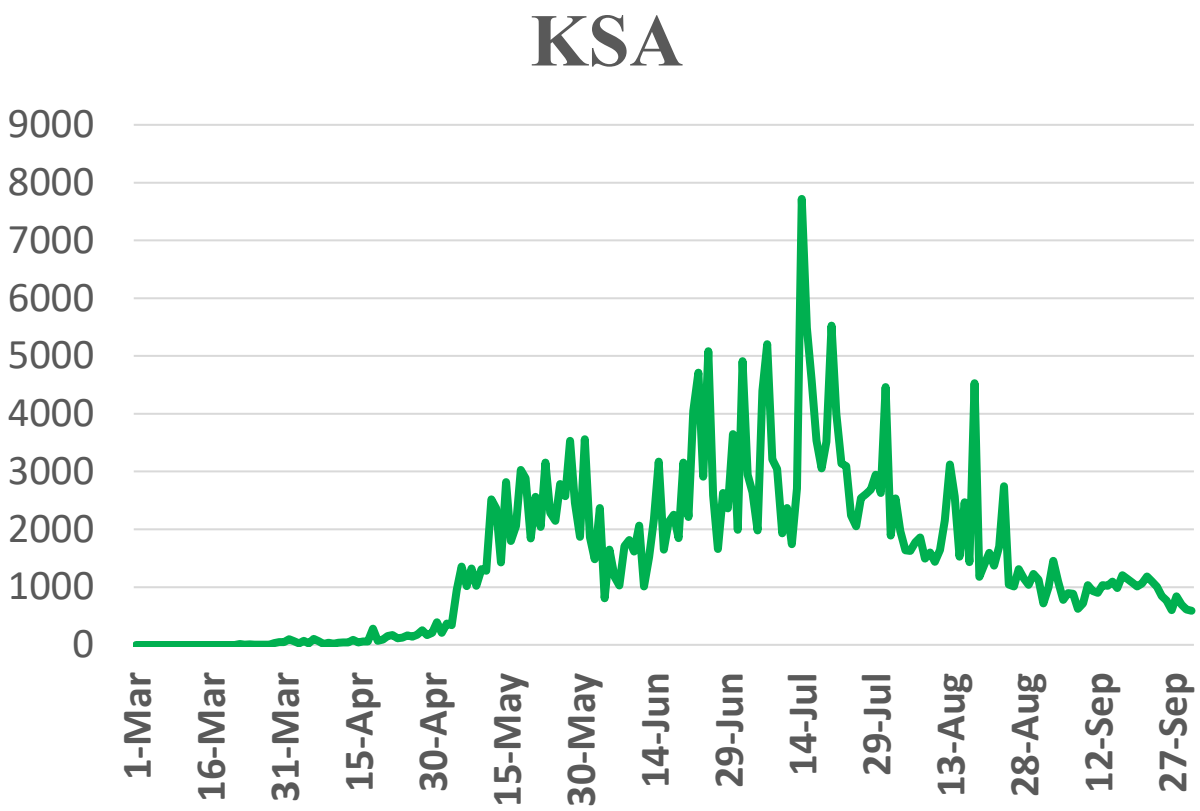
*No announced statistic data from 31 July to 4 August, 21,23,28,30 August 2, 4, 5,11,12,18,19,25 ,26,30 September & 1 October
*No announced statistic data on weekends and official holidays.



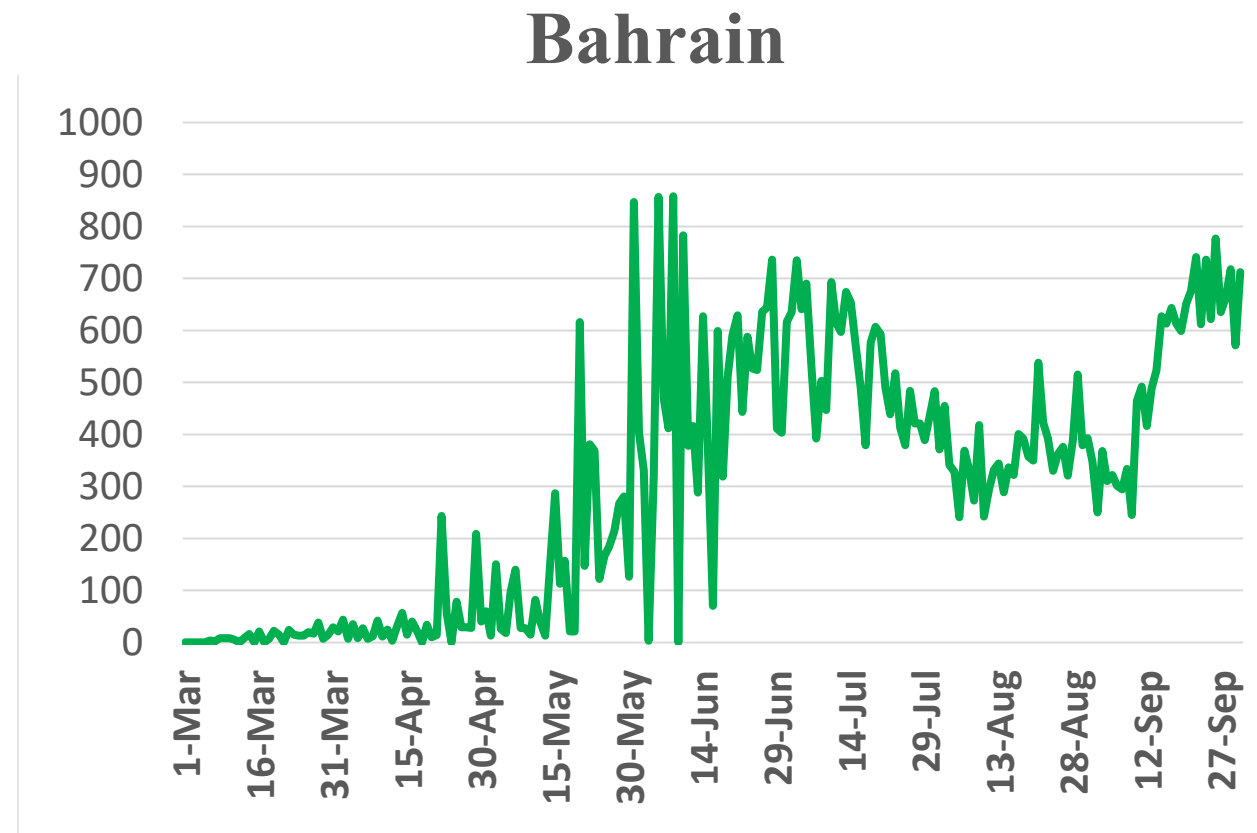
Figure 11: Comparative Analysis of the Distribution of COVID-19 Newly Recovered Cases in GCC Countries



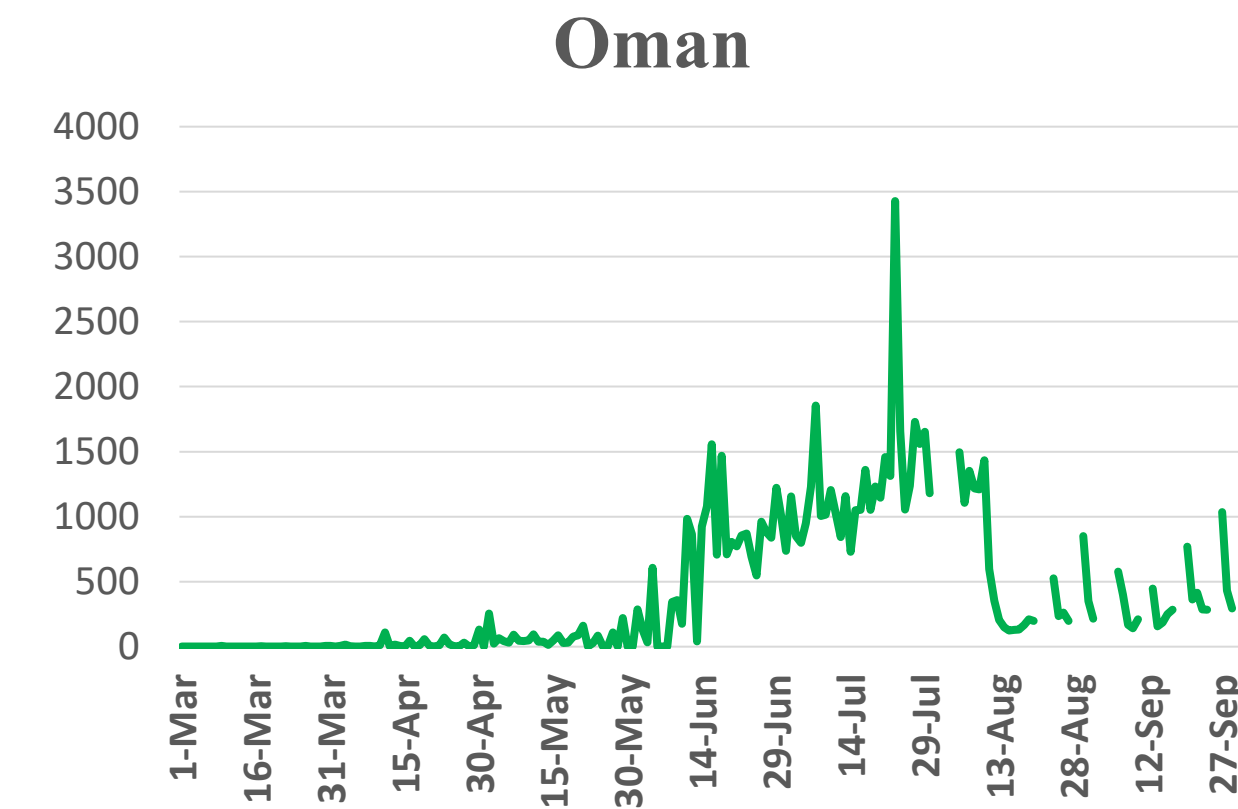
Source : National Emergency Crisis and Disaster Management Authority



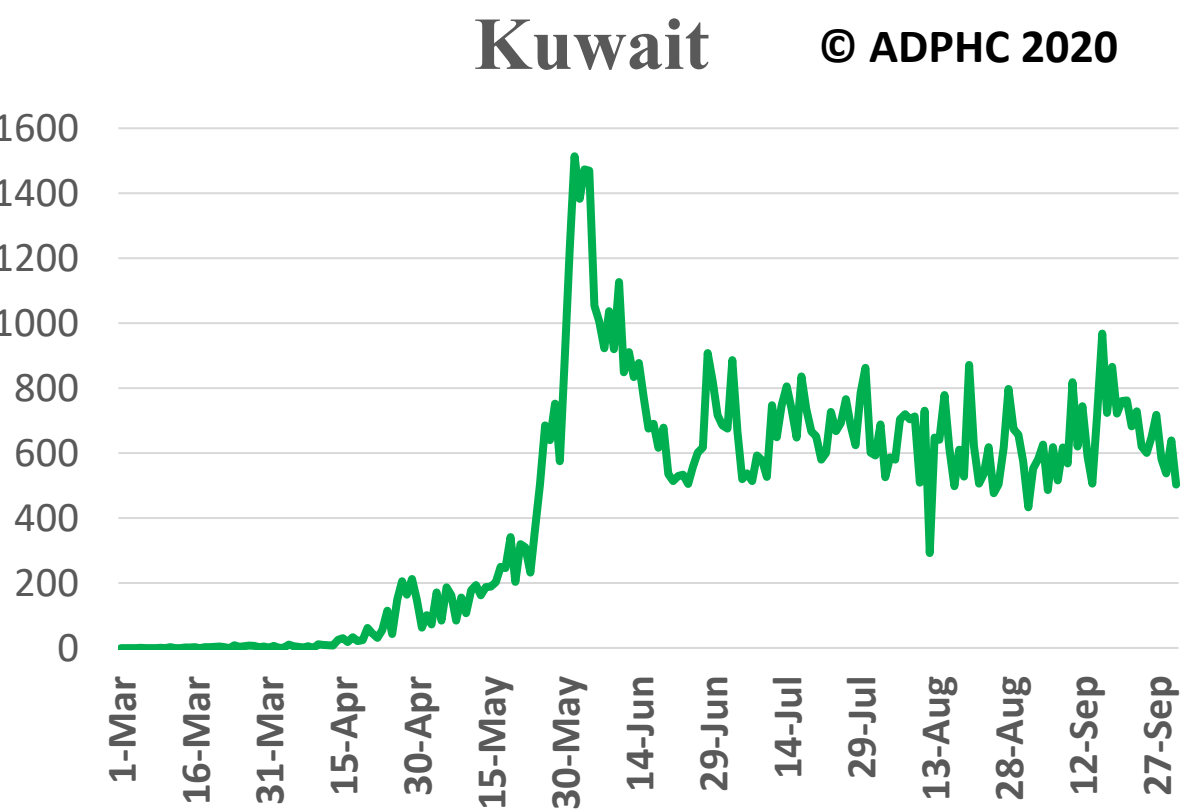
Source : KSA ministry of health



Source : Bahrain ministry of health



Source : Oman ministry of health



Source : Kuwait ministry of health



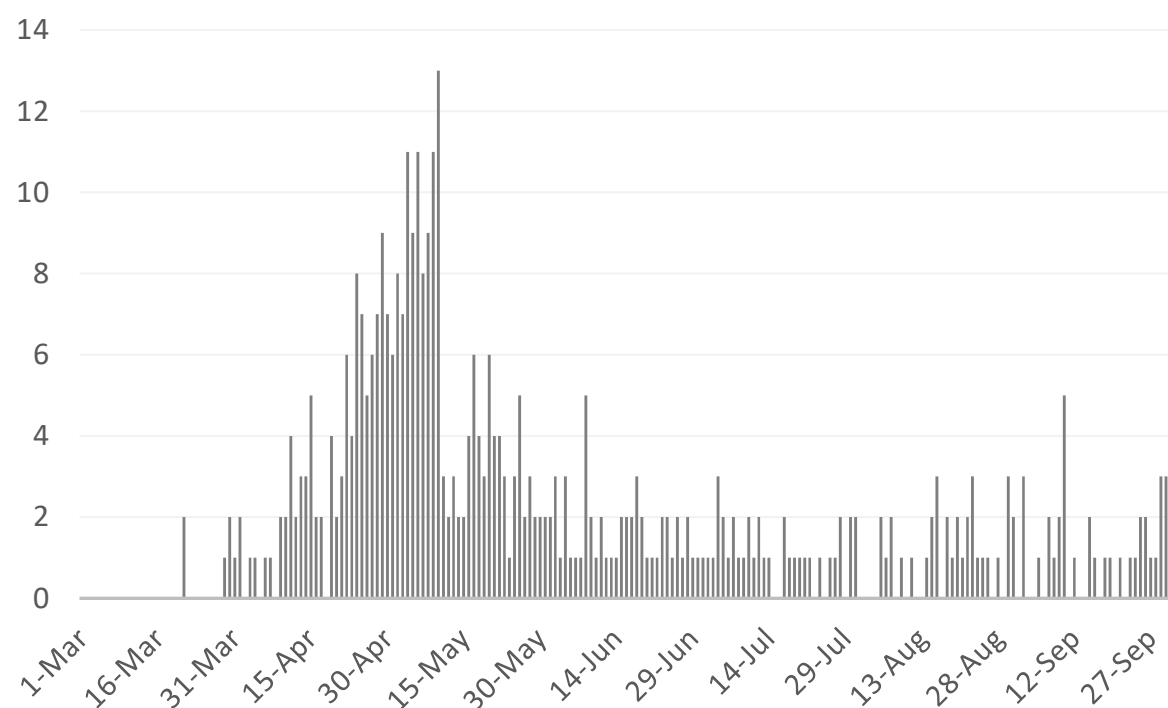
Source : Qatar ministry of health

*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 October
*No announced statistic data on weekends and official holidays.



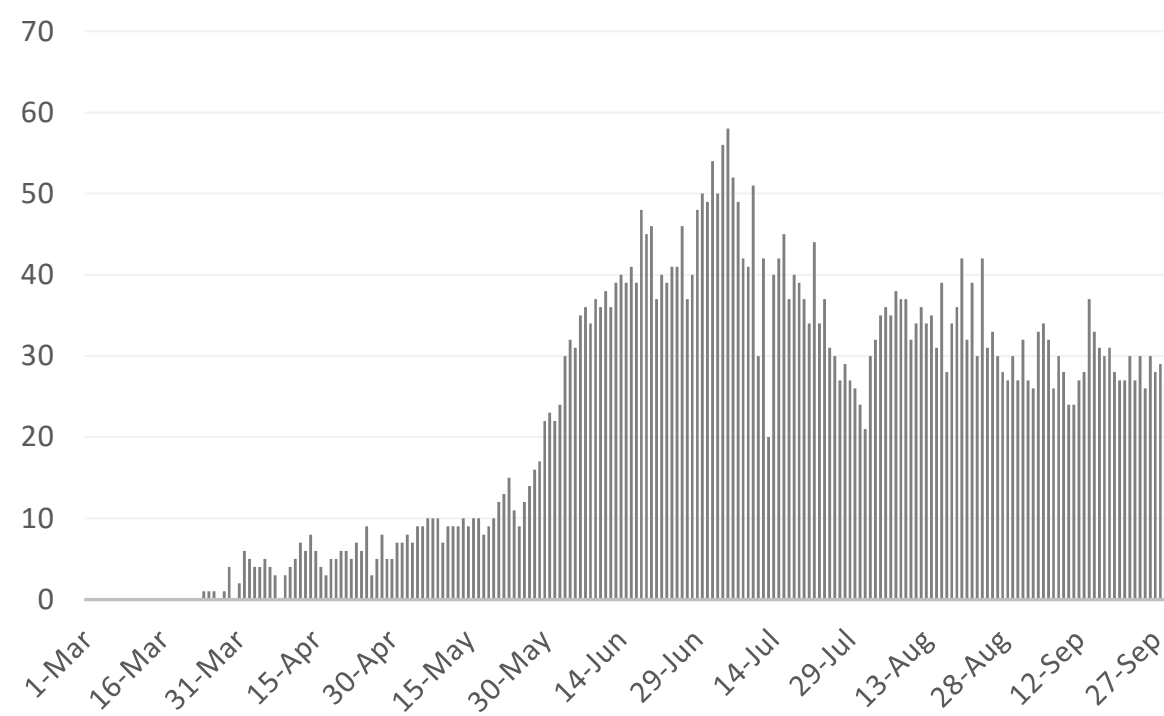
Figure 12: Comparative Analysis of the Distribution of COVID-19 New Death Cases in GCC Countries

UAE



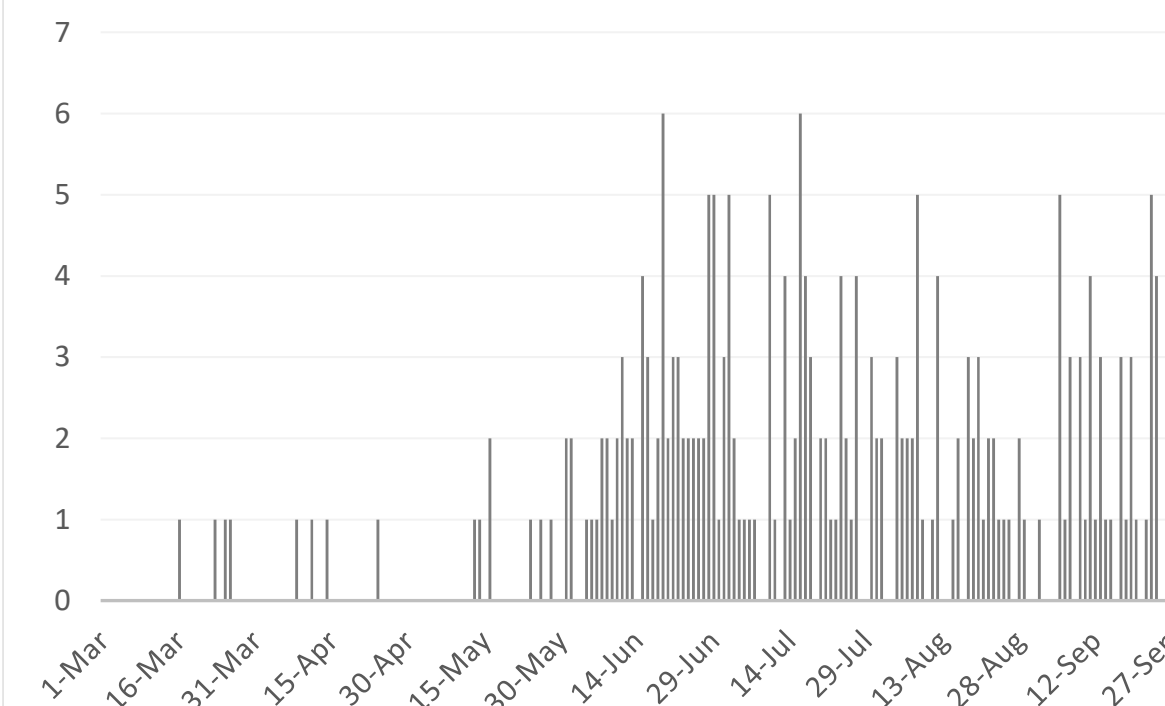
Source : National Emergency Crisis and Disaster Management Authority

KSA



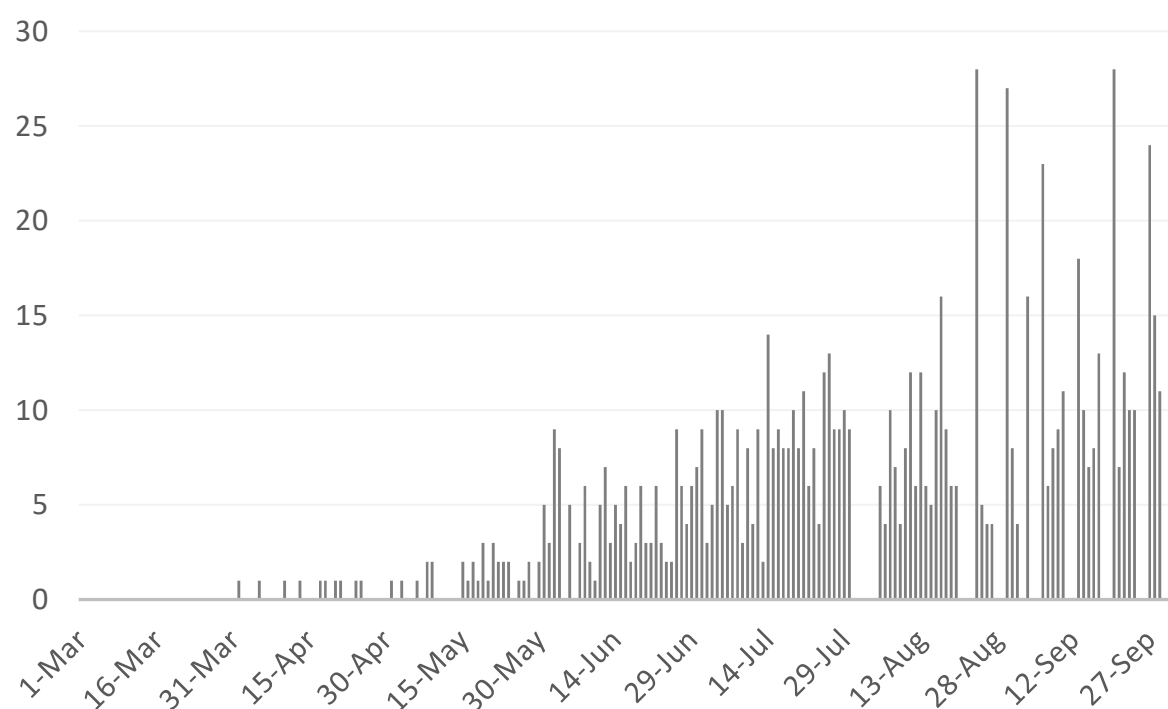
Source : KSA ministry of health

Bahrain



Source :WHO

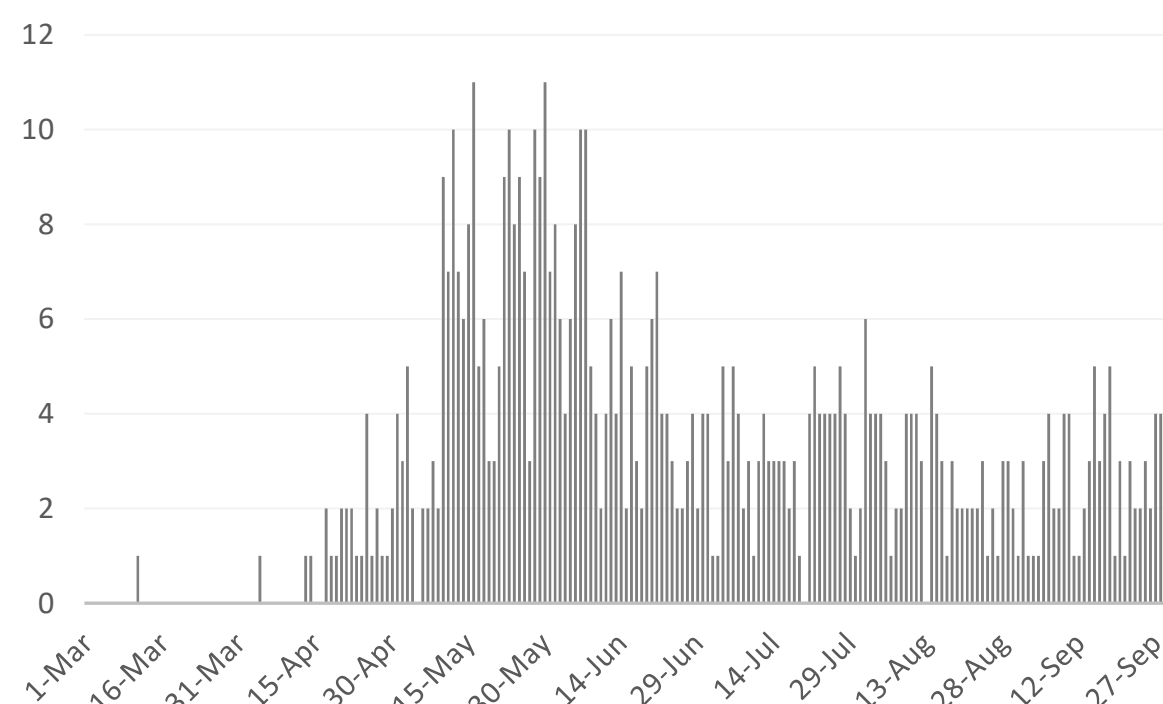
Oman



Source :Oman ministry of health

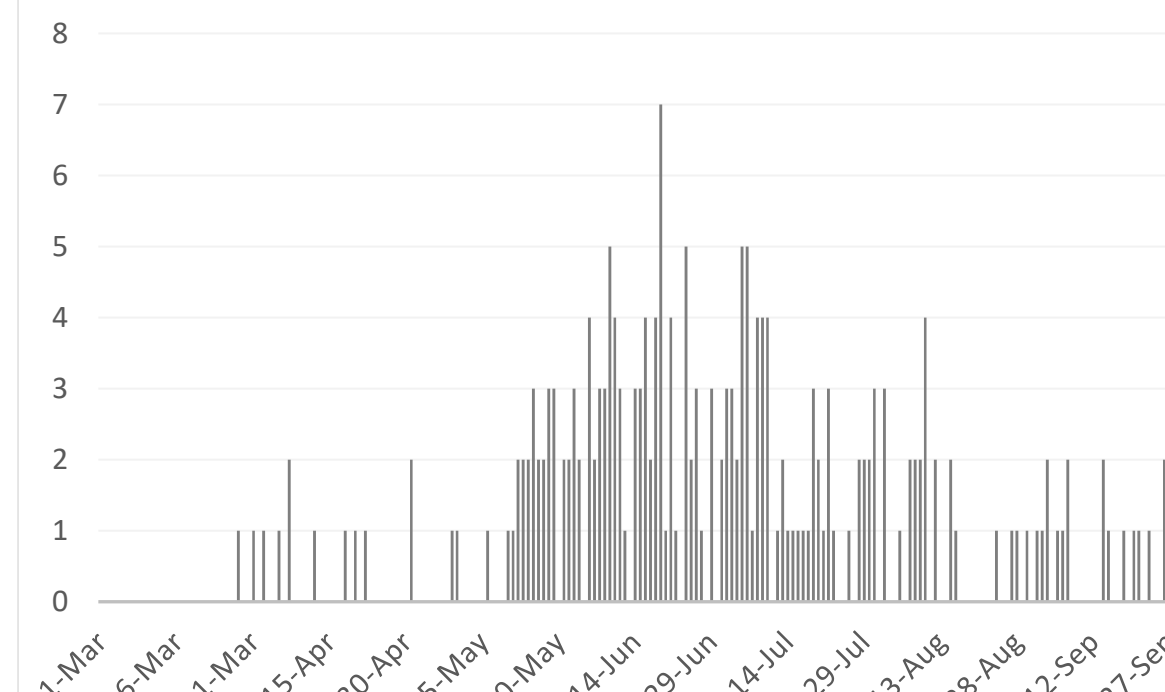
Kuwait

© ADPHC 2020



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

COVID-19 vaccination: returning to WHO's Health For All

Published

September 25, 2020 [THE LANCET Global Health](#)

- The authors of this commentary have highlighted the need for an all-inclusive and transparent approach to be taken by WHO to develop and distribute the COVID-19 vaccine at the global level. The vaccine could be a game-changer in the course of the COVID-19 pandemic provided that equitable access to the vaccine by the global community is ensured.
- Some of the current challenges include COVAX. The COVID-19 vaccine initiative was undertaken by different international and national players including WHO as well as private and public stakeholders is potentially at risk of excluding some of the relevant stakeholders while privileging others as has been seen in other similar WHO alliances.
- Furthermore, WHO's budget and financing scheme is structured in a way that may lead to inadequate vaccine response for some countries.
- Historically, diplomacy has been a hindrance in taking bold steps in the management of biased data in epidemics.
- WHO's "Health for All" agenda could be incorporated into COVID-19 control by applying the following approach to COVAX and the proposed WHO Science Council (to be established in late 2020):
 - Evaluate initial steps for meaningful inclusion so that relevant stakeholders get a fair representation
 - Set conditions to oversee COVAX and the proposed WHO Science Council to promote transparency
 - Global inclusion and transparency are fundamental to the success of the control of the pandemic.



Article 2

COVID-19 and Diabetes: A Co-Conspiracy?

Published

October, 2020 [THE LANCET Diabetes & Endocrinology](#)

- **COVID-19 related mortality by type of diabetes** was studied in more than 61,000,000 individuals in England. The odds for in-hospital deaths with COVID-19 among diabetes patients compared with people without diabetes were:
 - 3.51 (95% CI 3.16–3.90) for people with type 1 diabetes
 - 2.03 (95% CI 1.97–2.09) for people with type 2 diabetes
- Additionally, a national dataset linked to national civil death registrations covering 98% of general practices in England was used to investigate the **associations between various risk factors and COVID-19-related mortality in people with both types of diabetes**. Several risk factors were independently associated with COVID-19-related deaths:
 - Age, sex, ethnicity, and socioeconomic deprivation
 - Hyperglycemia
- Hyperglycemia is a modifiable risk factor. This emphasizes the importance of supporting people with diabetes in effective self management to reduce the risk of infection and its consequences.
- On the other hand, patterns indicating **reverse causality between COVID-19 and diabetes** have been observed:
 - COVID-19 could precipitate acute metabolic complications of diabetes such as diabetic ketoacidosis and hyperglycemia.
 - It has been postulated that SARS-CoV-2 exposure can precipitate type 1 diabetes onset (March–June 2020 data).
- In June 2020, CoviDIAB, a global registry of COVID-19-related diabetes has been launched to study new onset diabetes and metabolic dysfunction in pre-existing patients with diabetes. This can help define the best interventions.
- The rising trend of non-communicable diseases (NCD) coupled with the associations with COVID-19 disease calls for prioritizing of NCD control and prevention.

THANK YOU

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