

# SCIENTIFIC RESEARCH MONITORING ON COVID-19

**31 OCTOBER 2020**

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# SCIENTIFIC RESEARCH MONITORING ON COVID-19

## (ISSUE 542 )

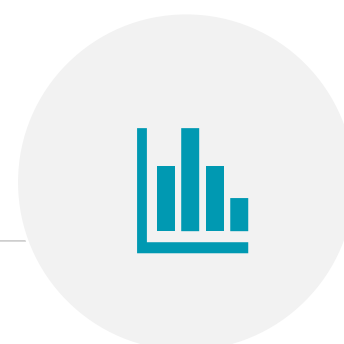


Abu Dhabi Public Health Center (ADPHC) is gathering the latest scientific research updates and trends on coronavirus disease (COVID-19) in a daily report. The report provides summaries on breakthrough or updated research on COVID-19 to allow health care professionals and public health professionals get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

Emergency Use Authorization of Covid Vaccines - Safety and Efficacy Follow-up Considerations

## Public Health Response

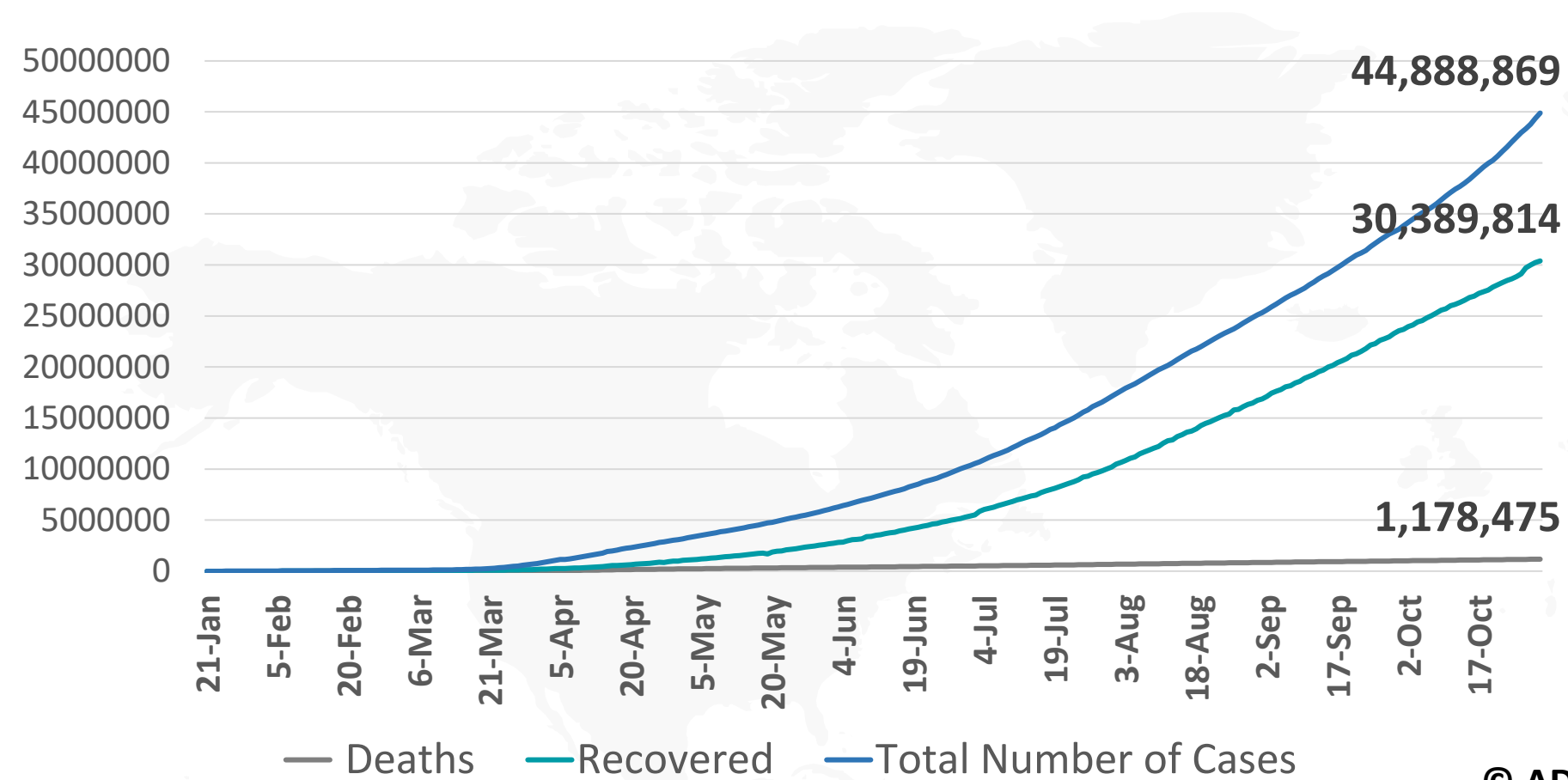
Colleges and COVID-19 Data Dashboards—Not Just an Academic Exercise

## Public Health Response

Reimagining Long-term Care

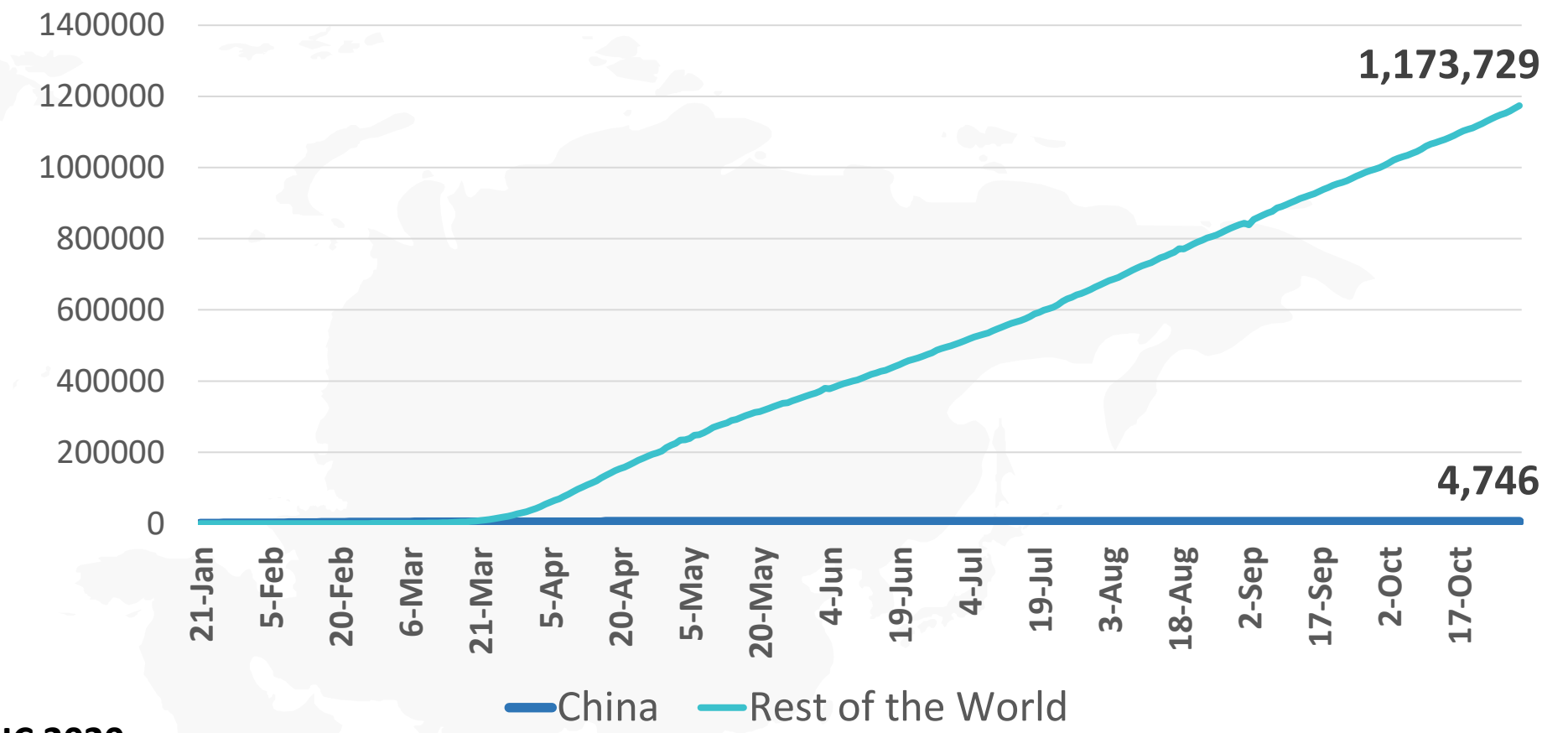


**Figure 1: Total Number of Infected, Recovered, and Death Cases**

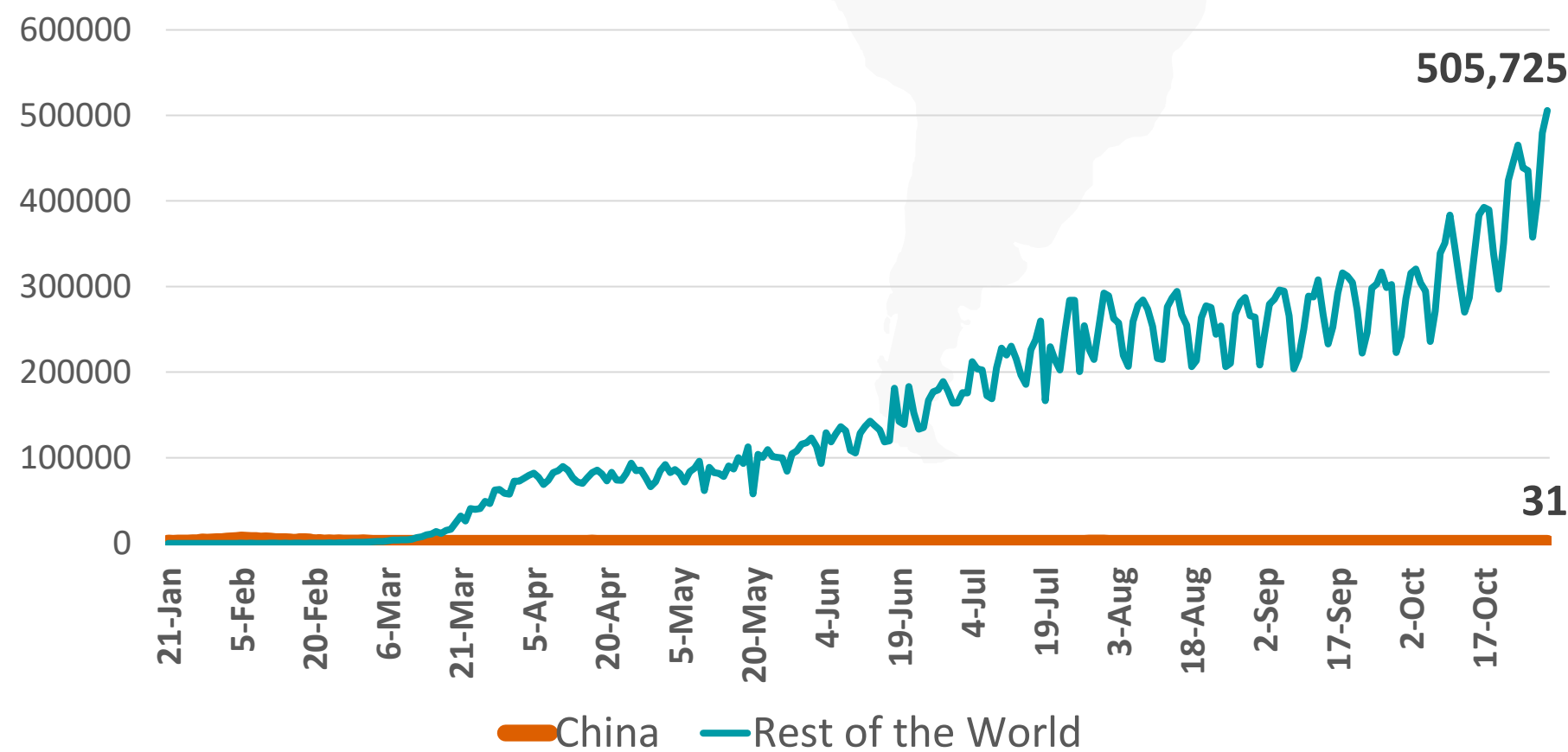


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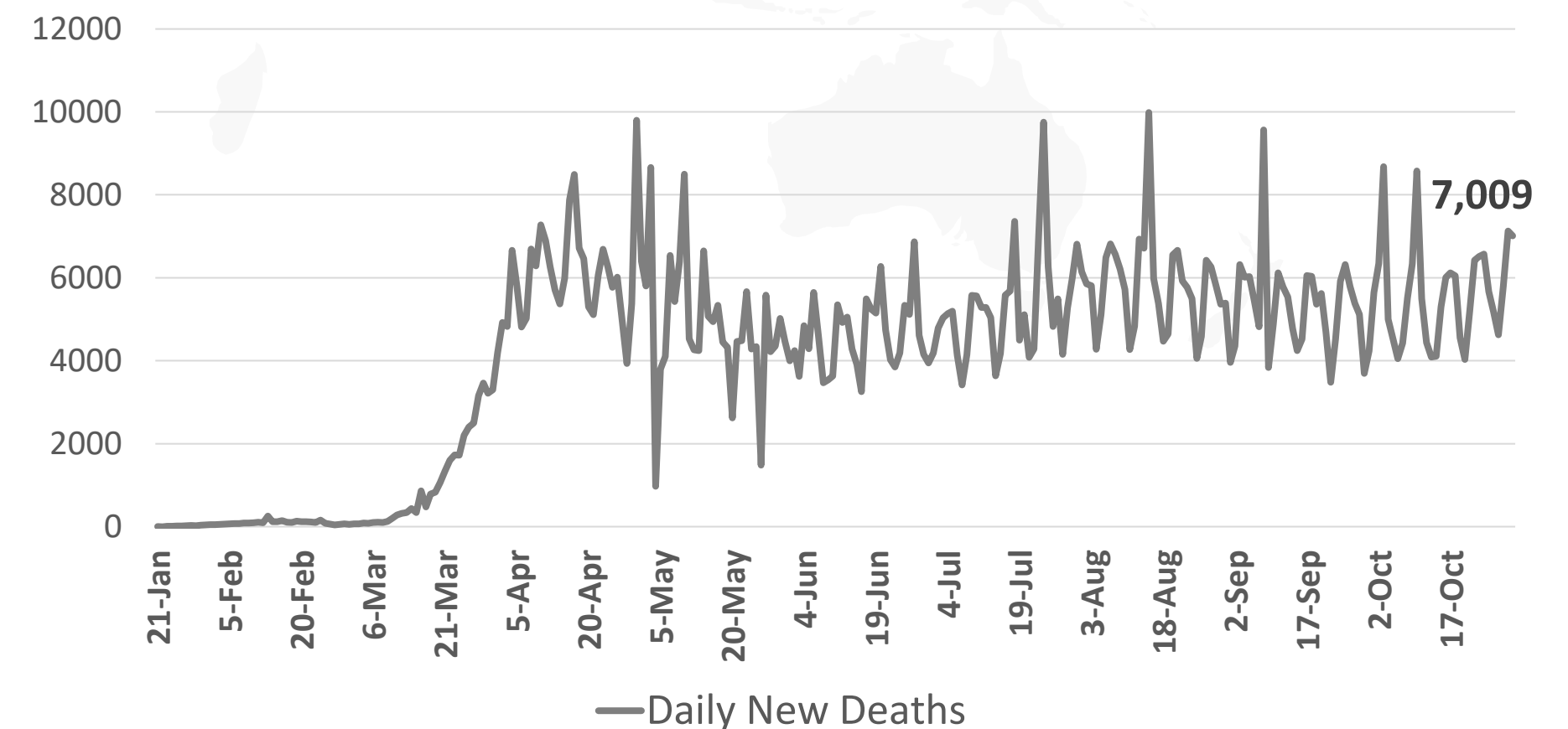
**Figure 3: Total Number of Death Due to COVID-19 (china and result of the world)**



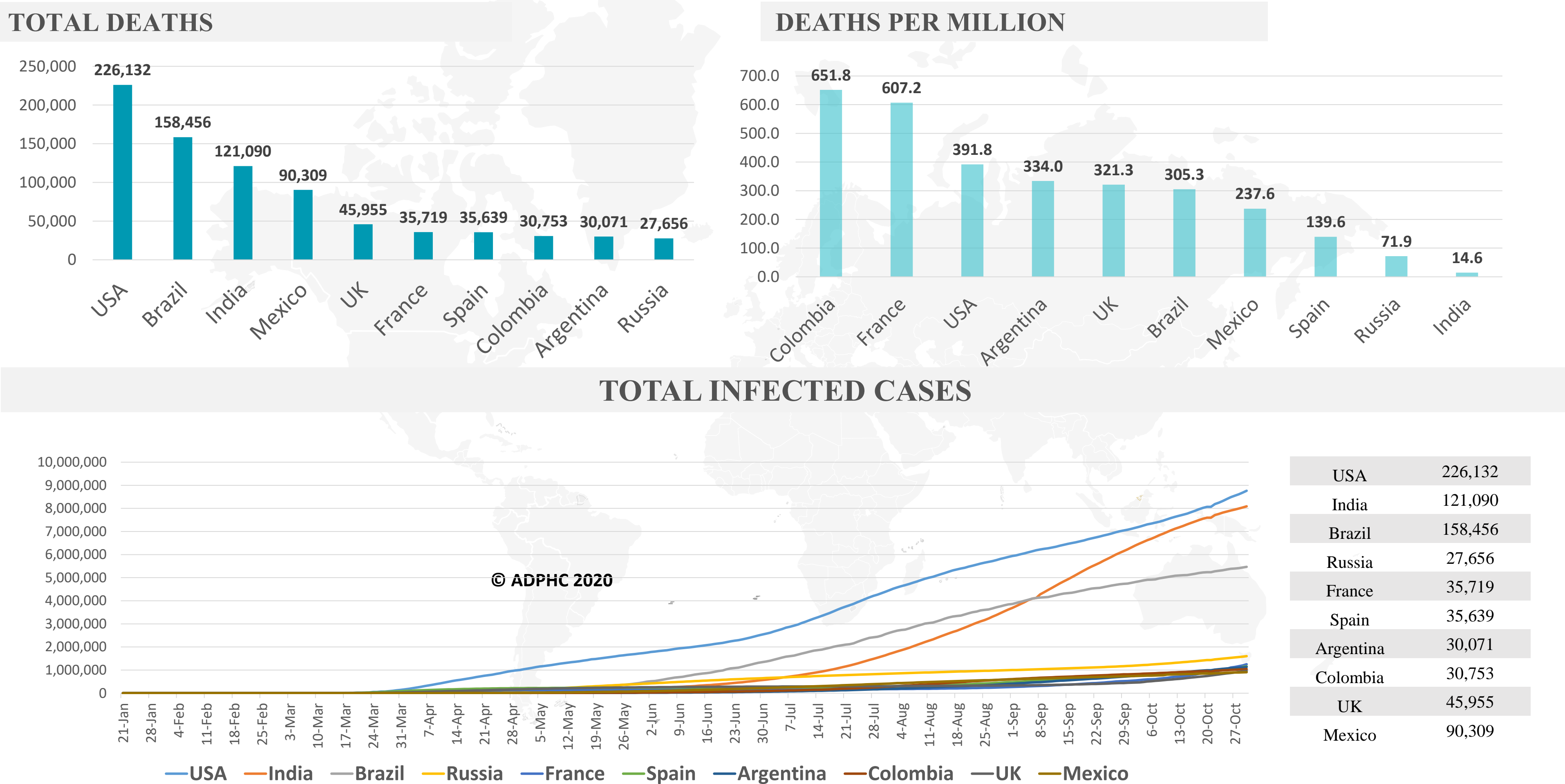
**Figure 2: Daily New Infected COVID-19 Cases (China and rest of the world)**



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



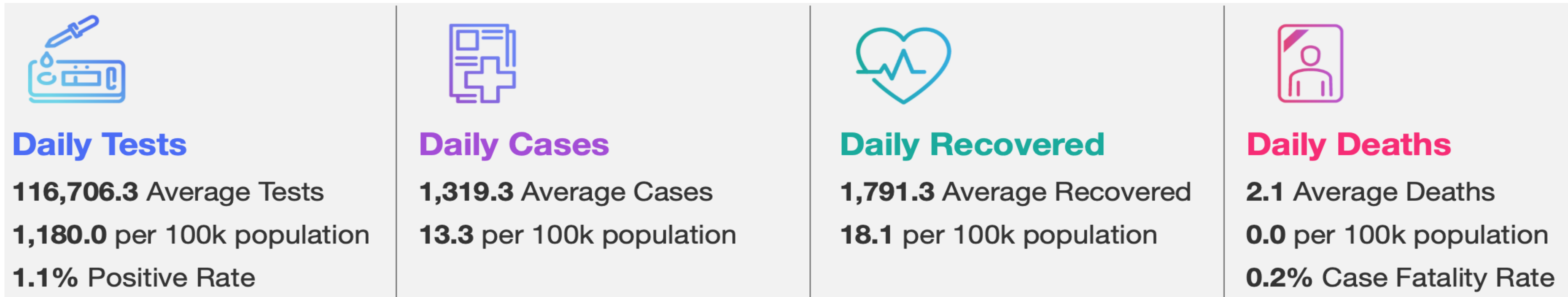
## Figure 5: Top 10 Countries in the Total Number of Cases Due to COVID-19



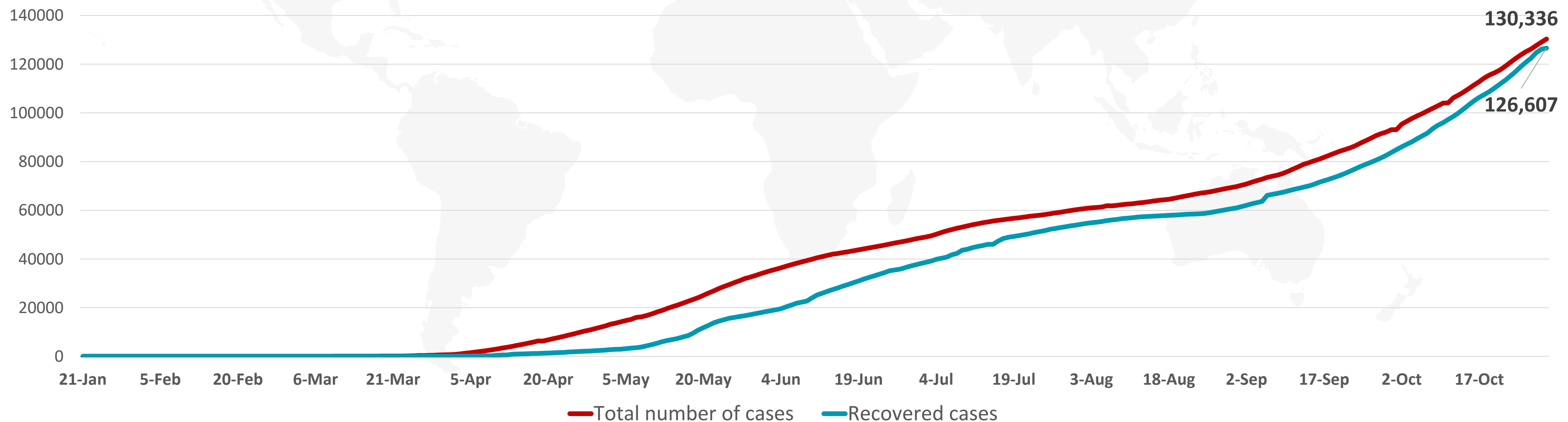
USA	226,132
India	121,090
Brazil	158,456
Russia	27,656
France	35,719
Spain	35,639
Argentina	30,071
Colombia	30,753
UK	45,955
Mexico	90,309



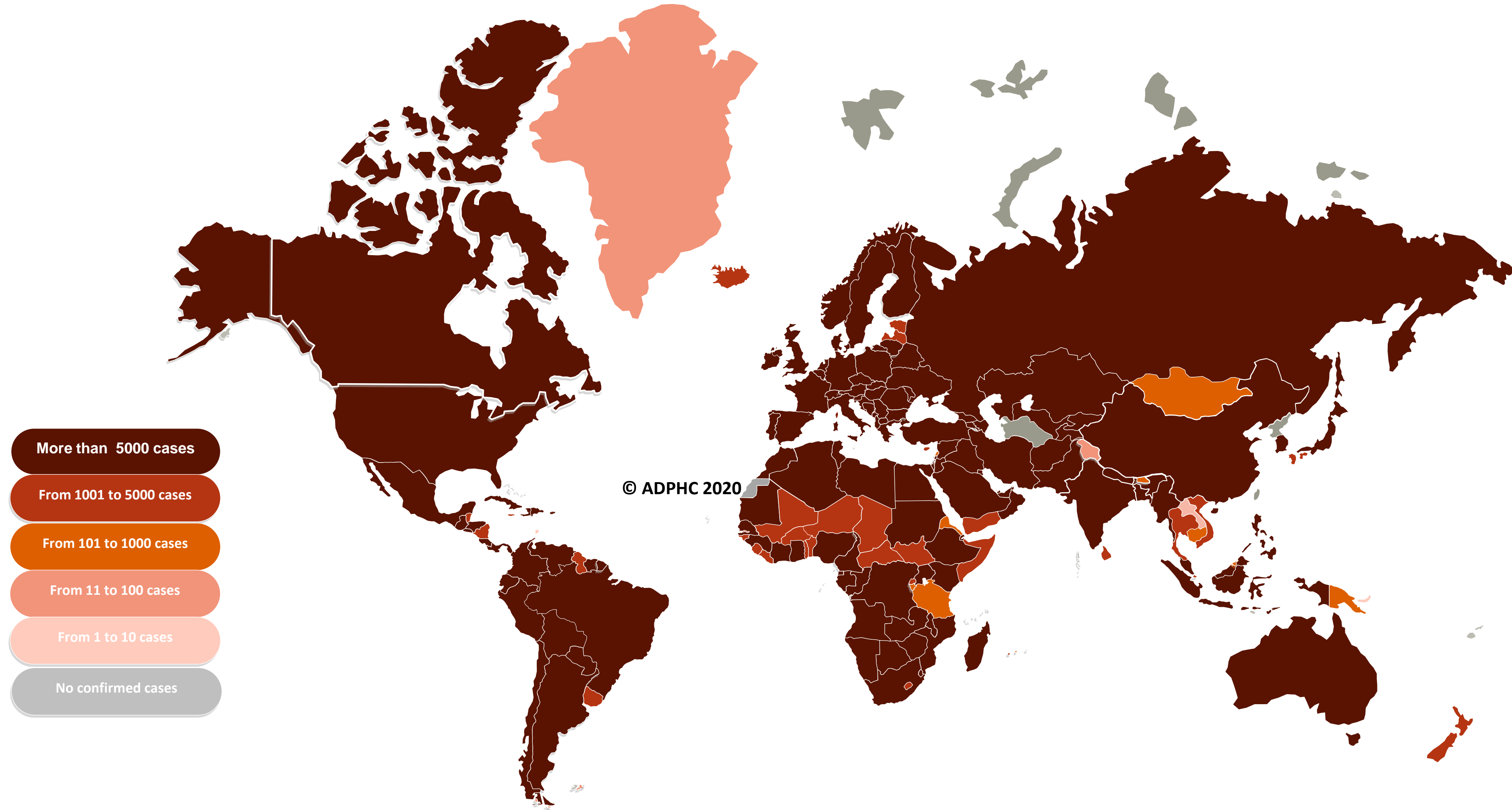
**Figure 6: COVID-19 Status in the UAE** (Federal Competitiveness and Statistics Authority Dashboard)



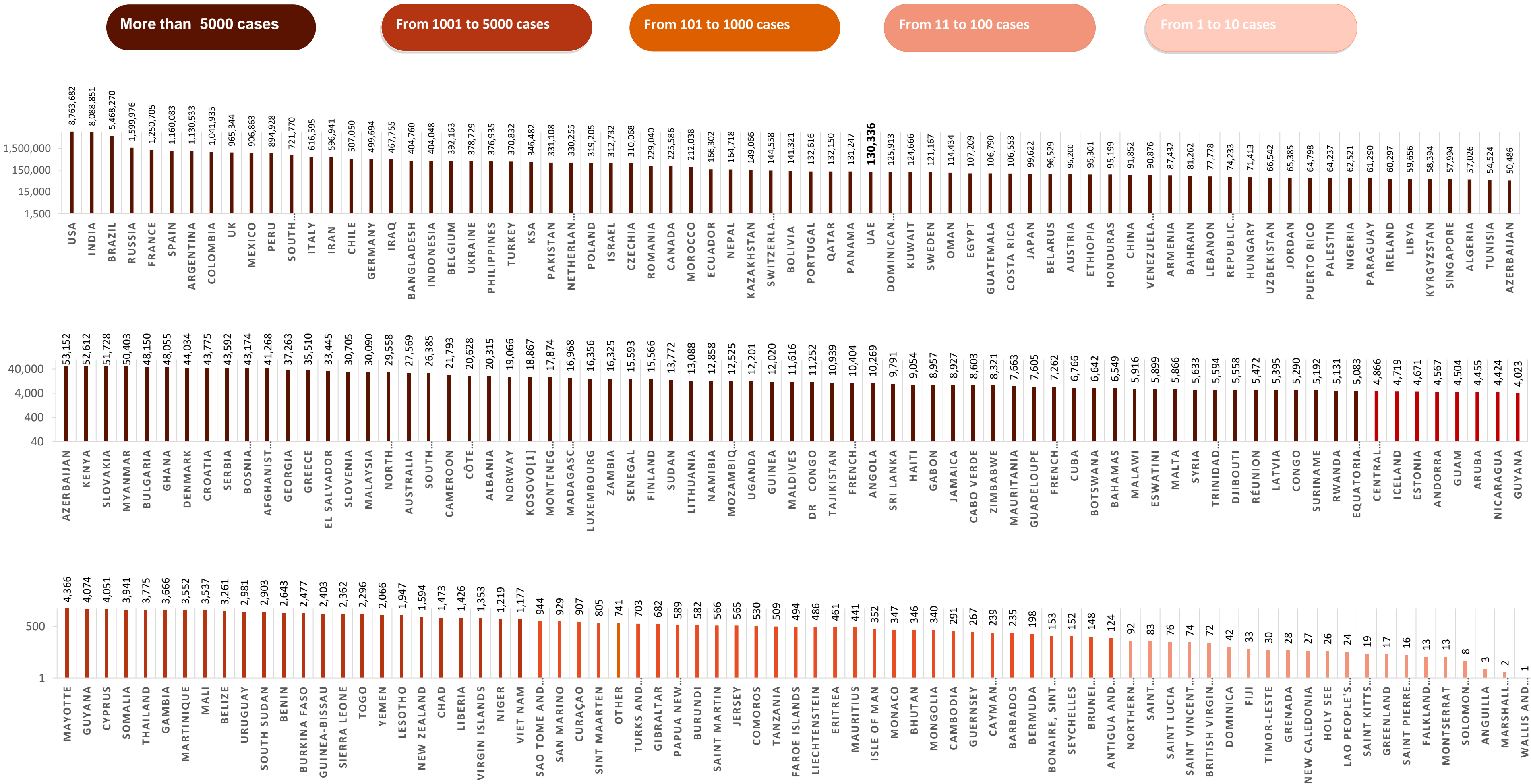
## TOTAL NUMBER OF INFECTED AND RECOVERED CASES DUE TO COVID-19 REPORTED BY THE UAE



## Figure 7A : Global Distribution of COVID-19 Cases



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

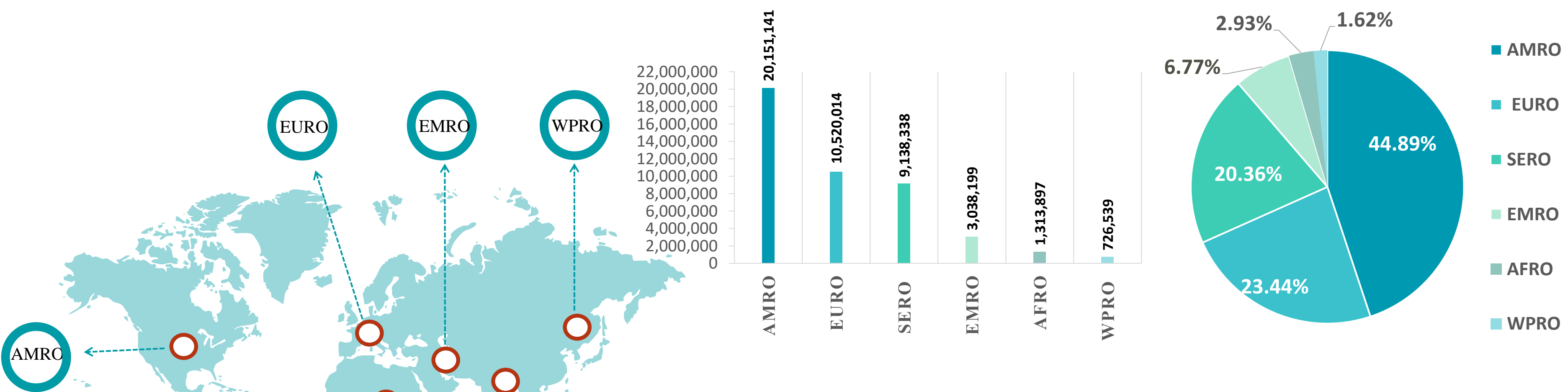


Other\*: includes cases and deaths reported under the international conveyance (Diamond Princess)

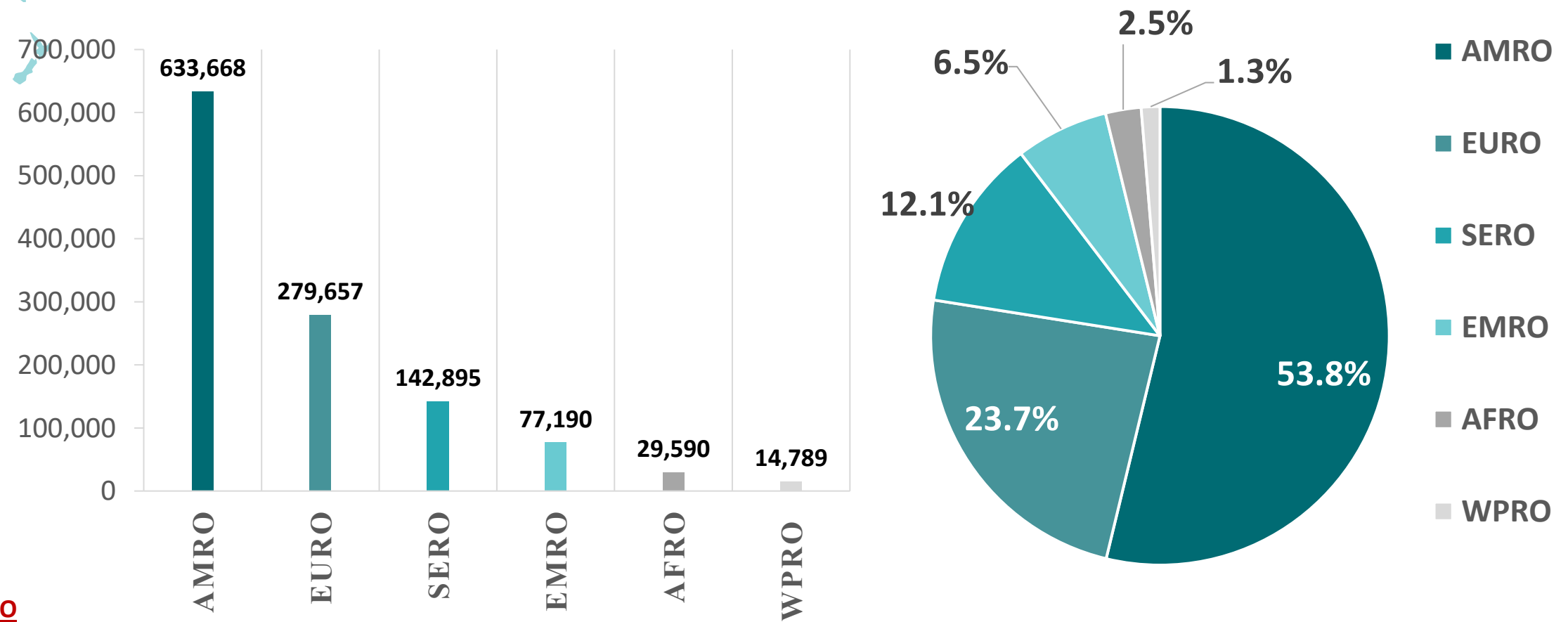


Figure 8: Global Distribution of COVID-19 Cases per Region

## INFECTED

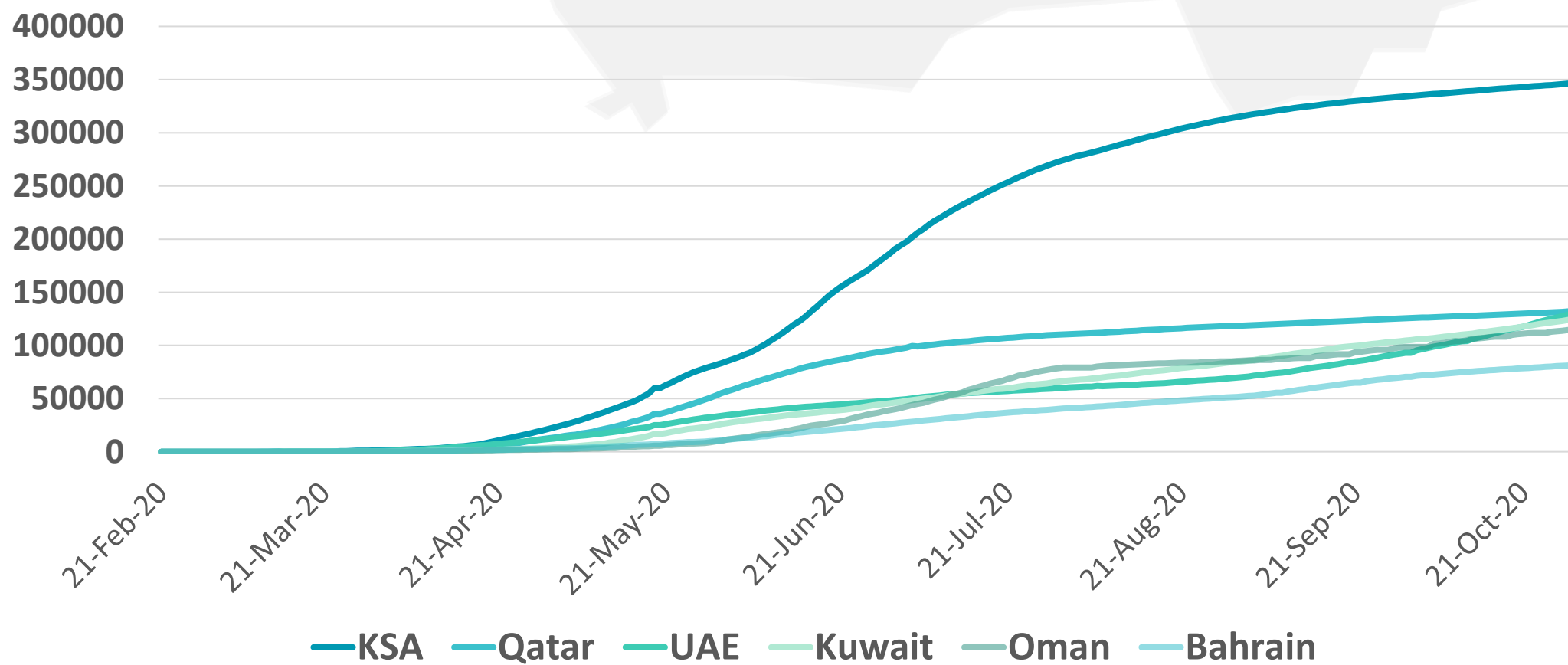
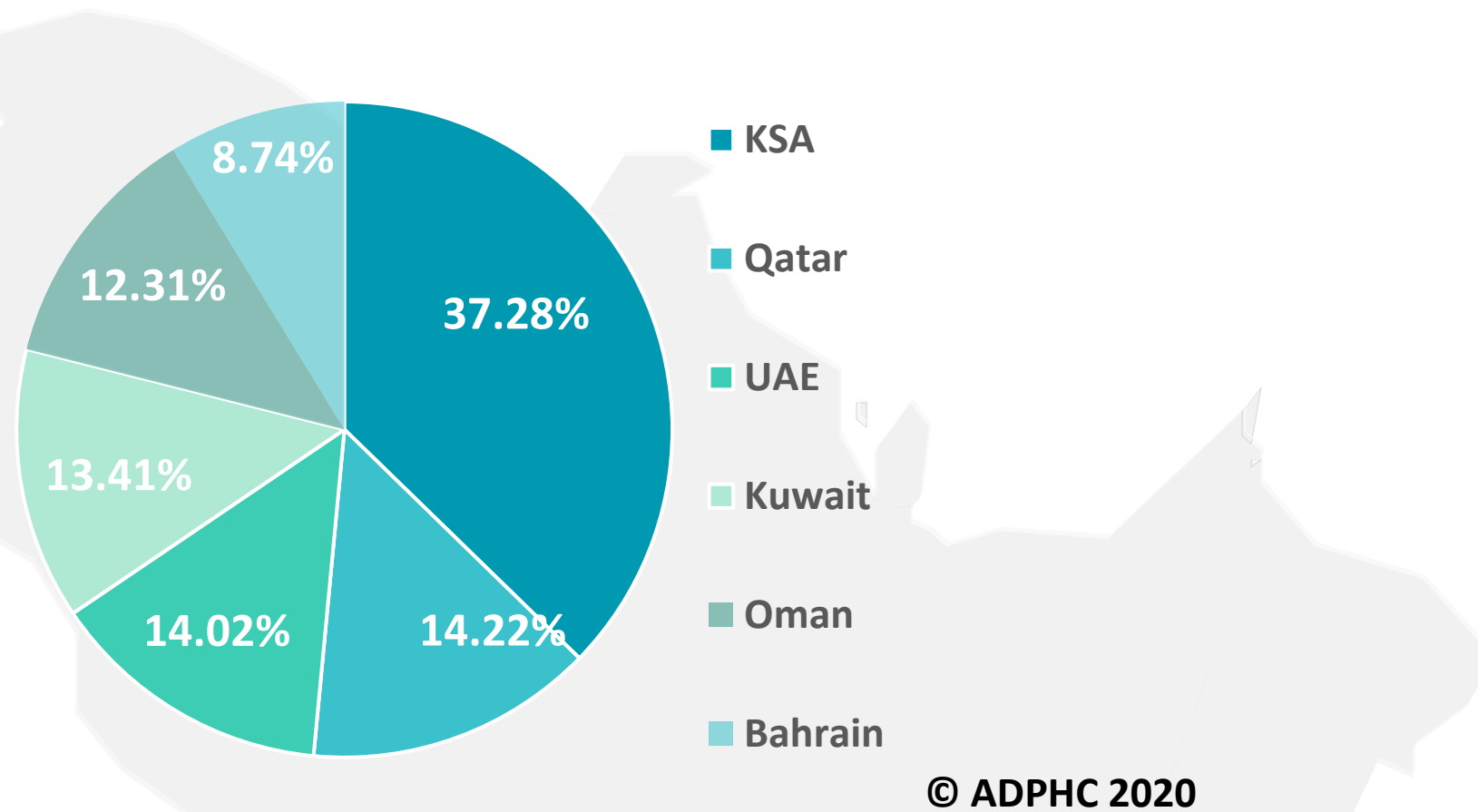


## DEATHS

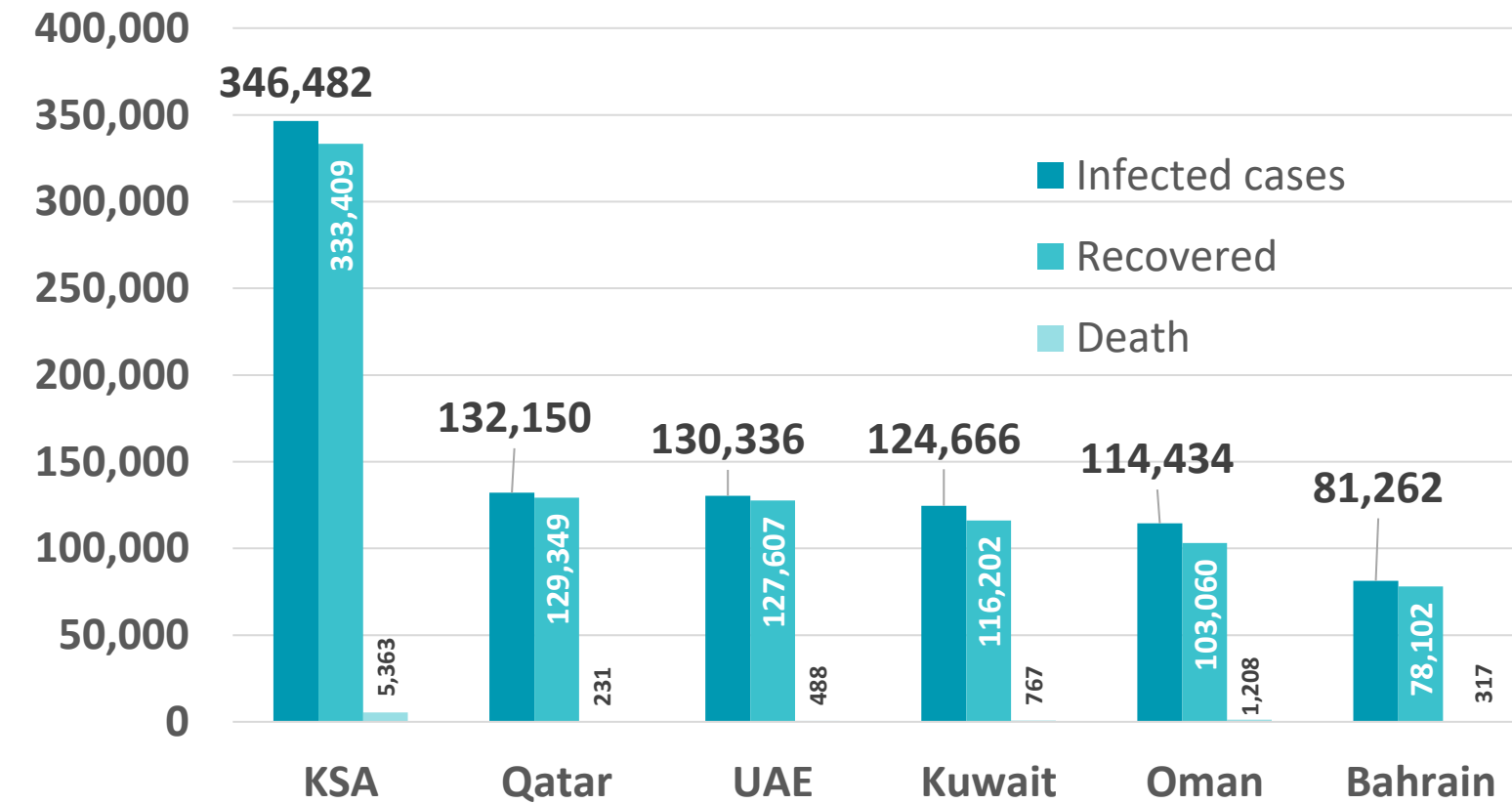


## Figure 9: Comparative Analysis of the Distribution of COVID-19 Cases in GCC Countries

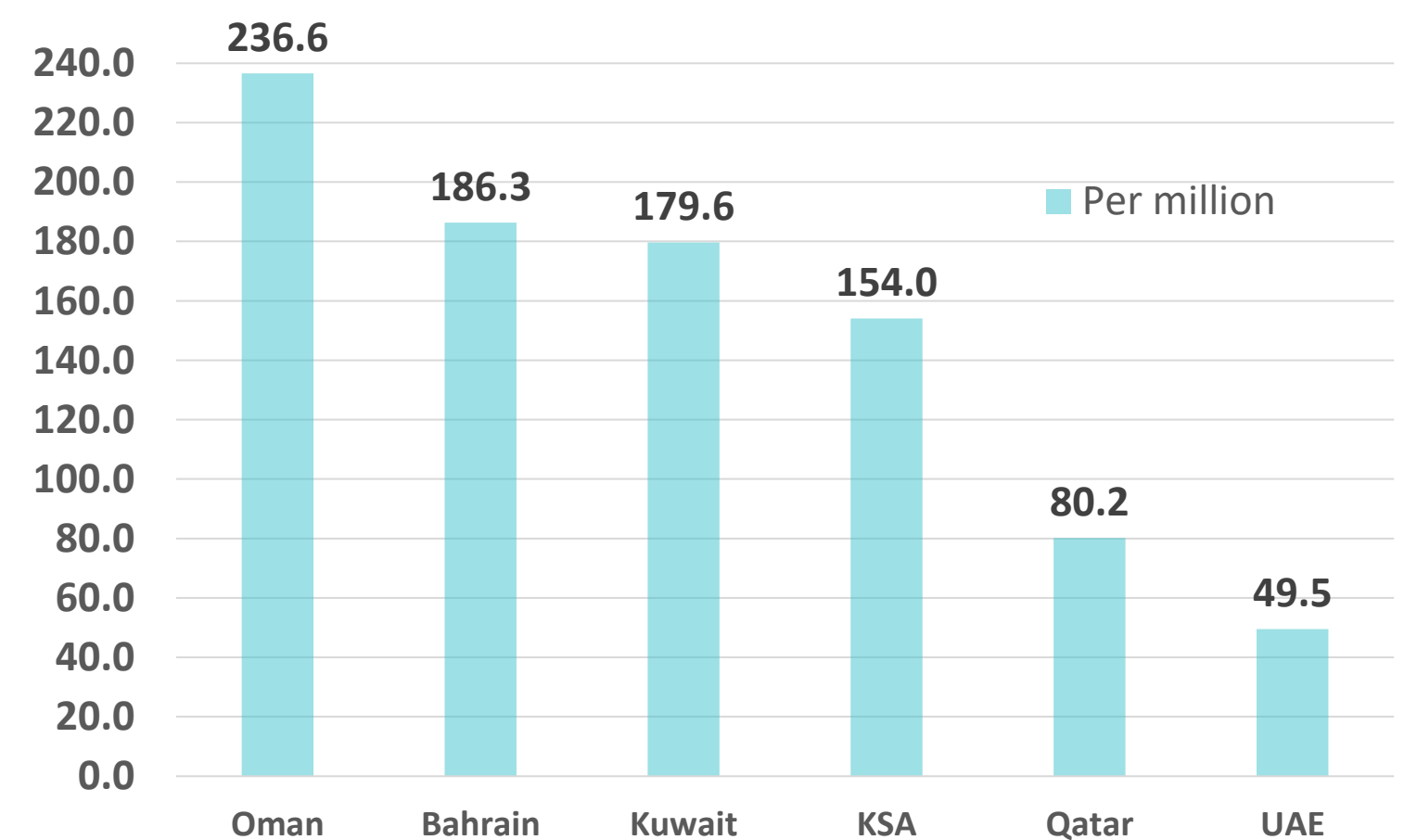
### TOTAL NUMBER OF INFECTED CASES



### TOTAL NUMBER OF INFECTED, RECOVERED AND DEATHS



### DEATHS PER MILLION



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

### UAE



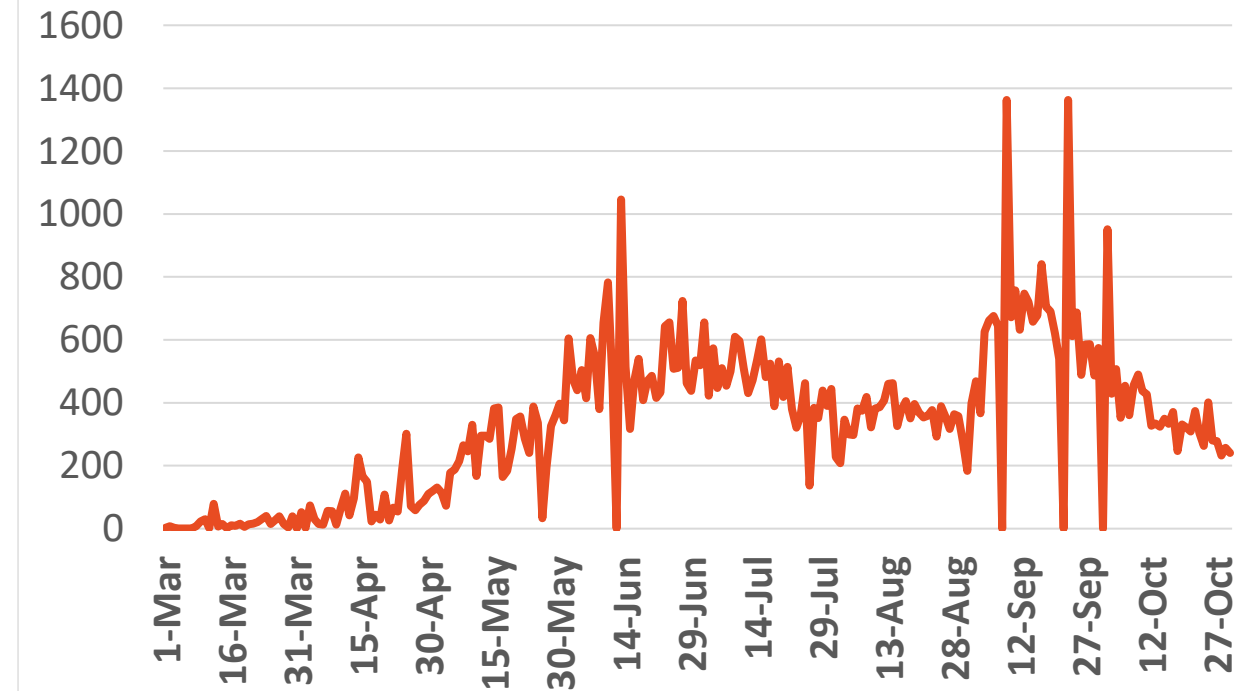
Source : National Emergency Crisis and Disaster Management Authority

### KSA



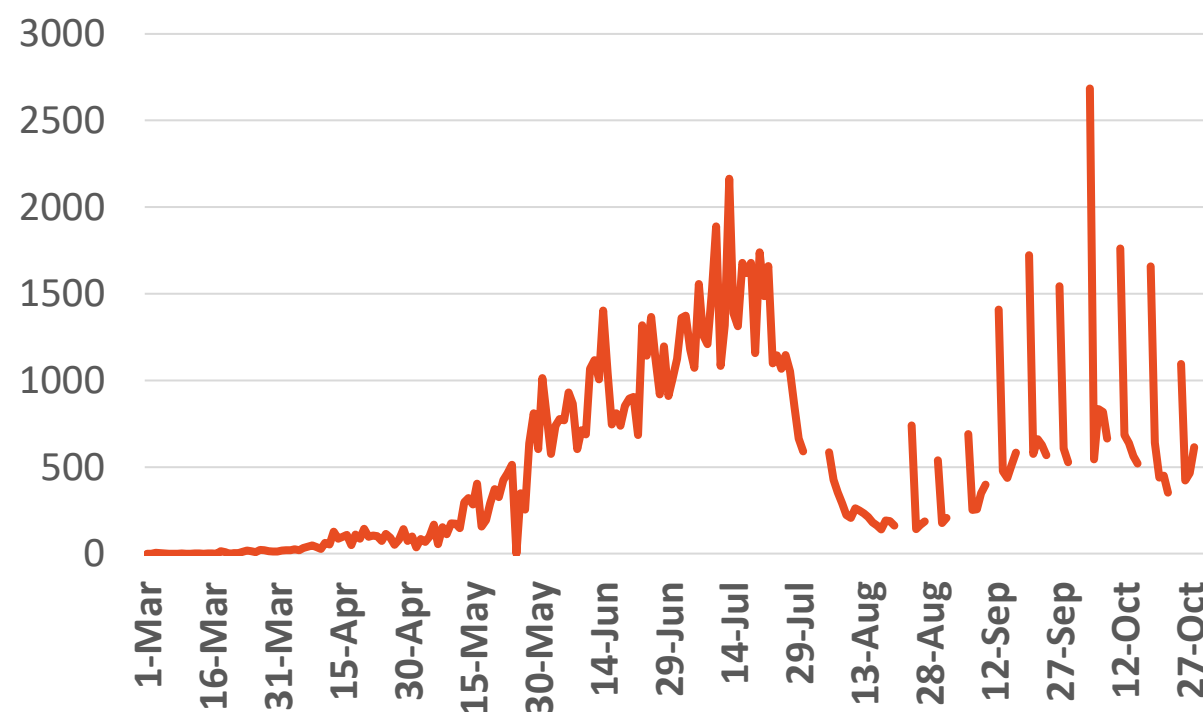
Source : KSA ministry of health

### Bahrain



Source :WHO

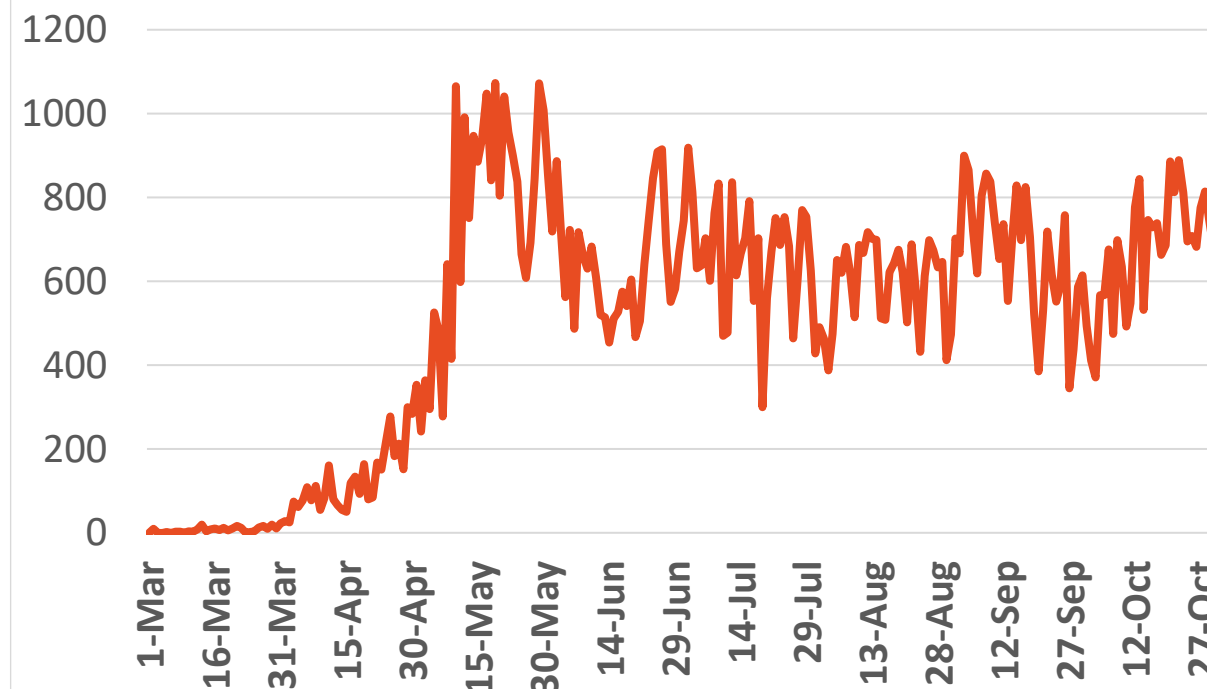
### Oman



Source :Oman ministry of health

### Kuwait

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Source : Kuwait ministry of health

### Qatar

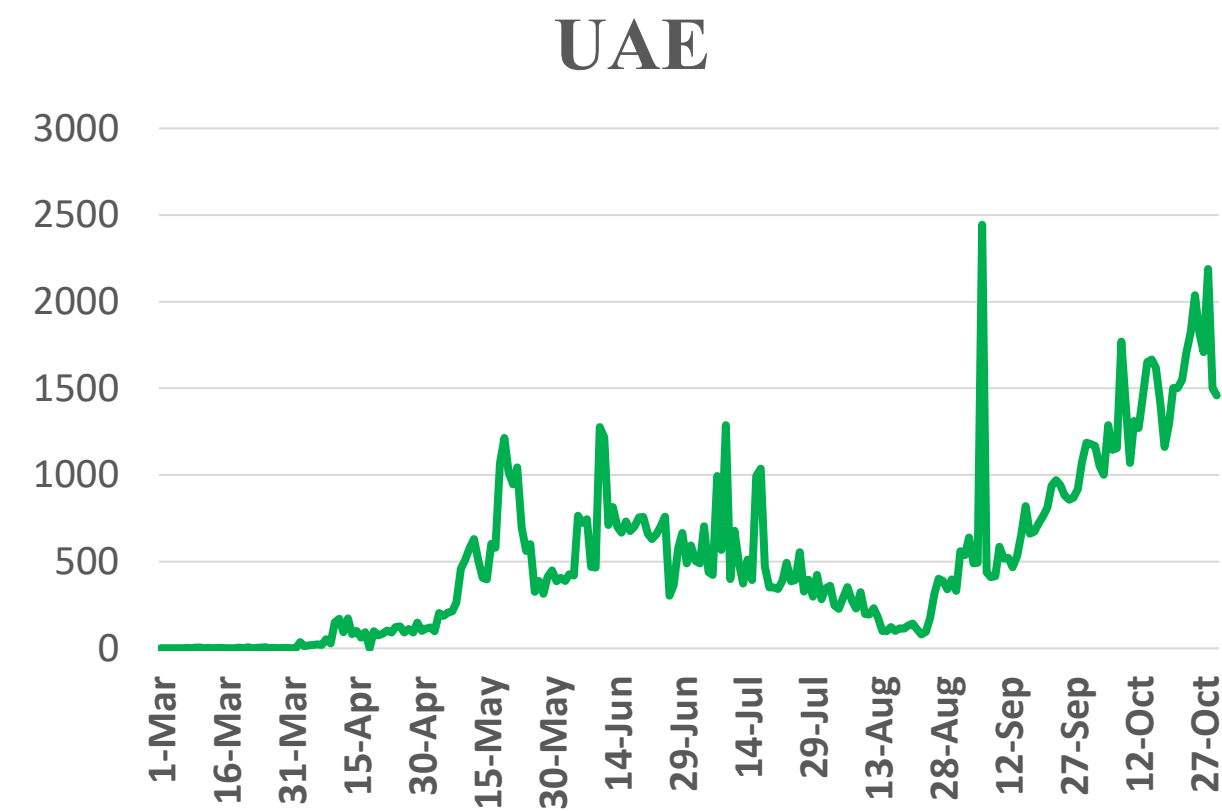


Source : Qatar ministry of health

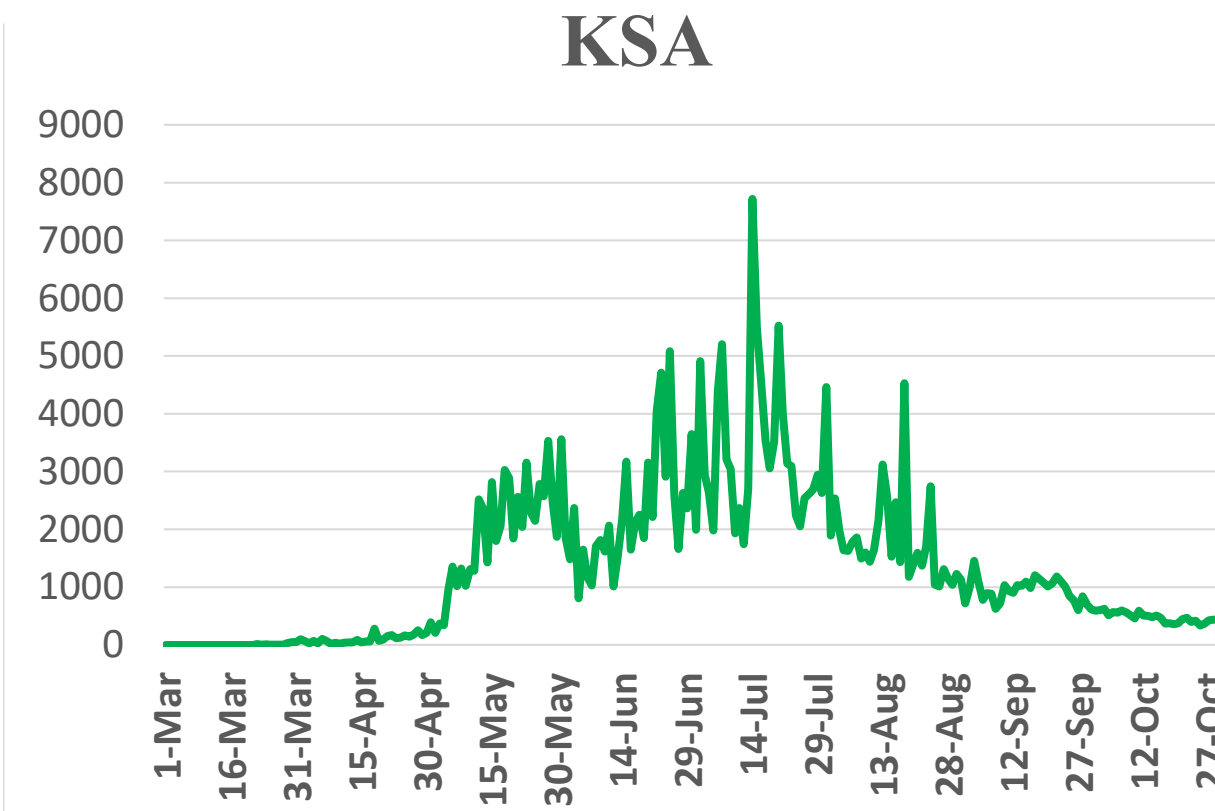
\*No announced statistic data from 31 July to 4 August, 21,23,28,30 August 2, 4, 5,11,12,18,19,25, 26,30 September,1,2,9,10,16,17,23 & 24 October  
\*No announced statistic data on weekends and official holidays.



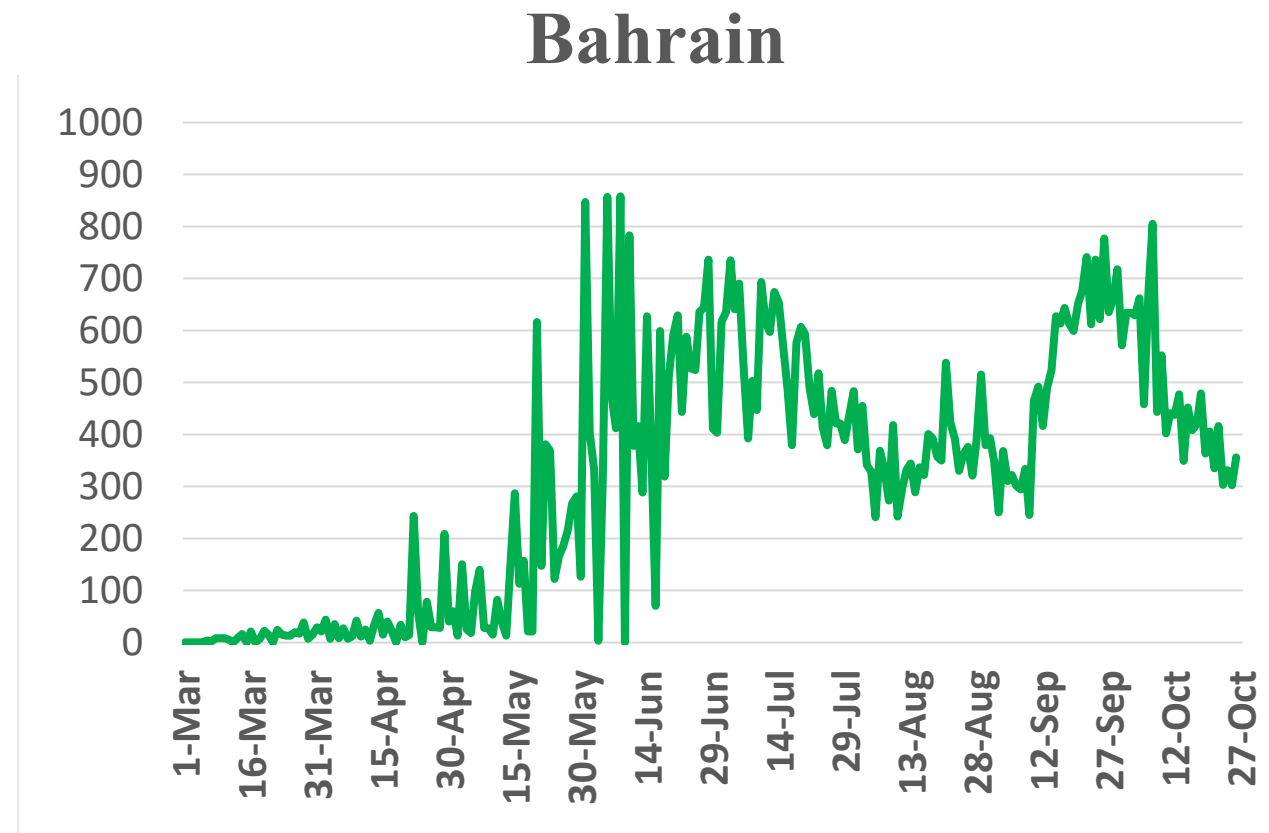
**Figure 11: Comparative Analysis of the Distribution of COVID-19 Newly Recovered Cases in GCC Countries**



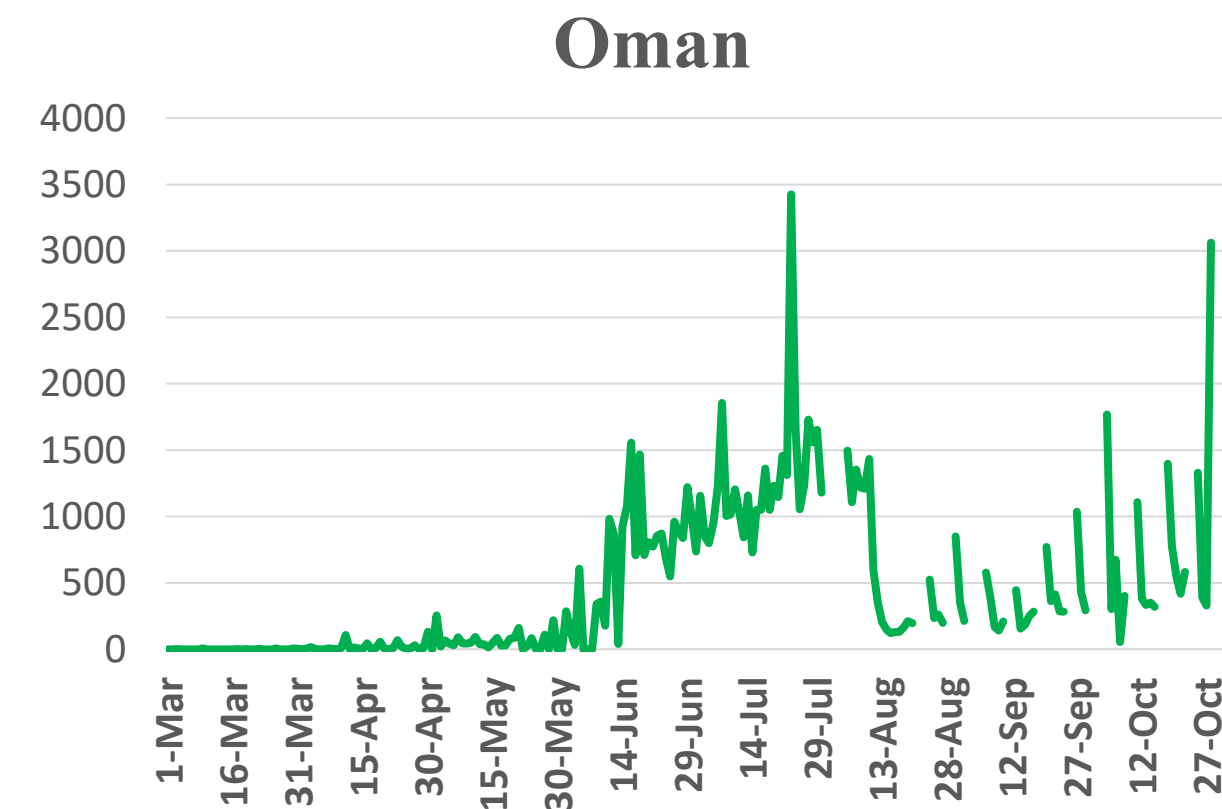
Source : National Emergency Crisis and Disaster Management Authority



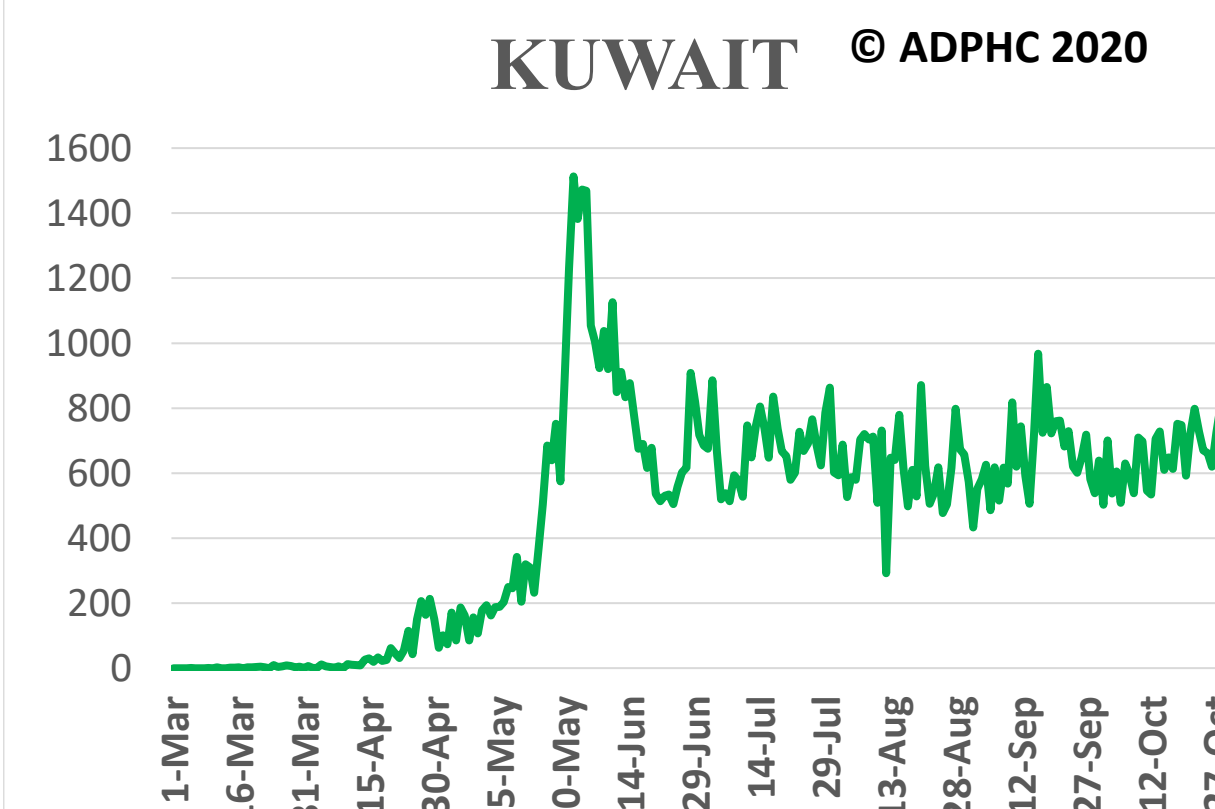
Source : KSA ministry of health



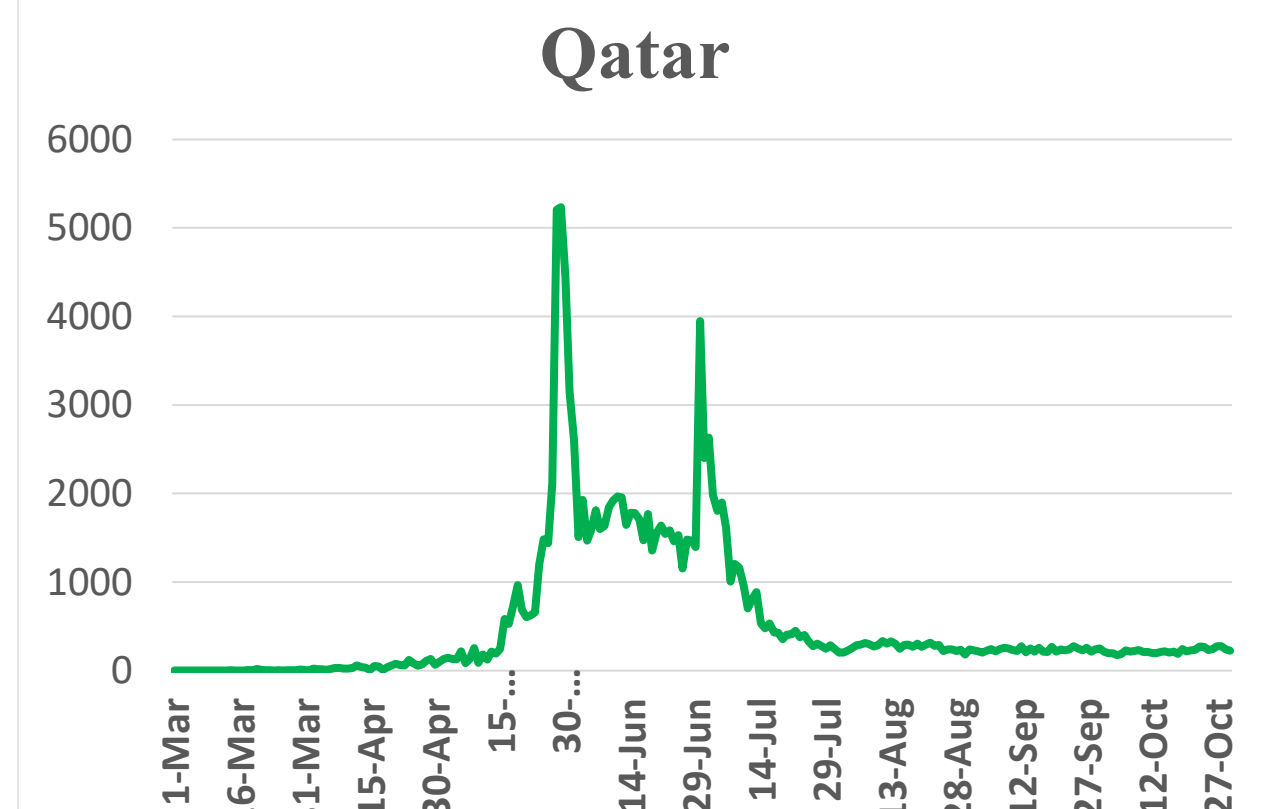
Source : Bahrain ministry of health



Source : Oman ministry of health



Source : Kuwait ministry of health



Source : Qatar ministry of health

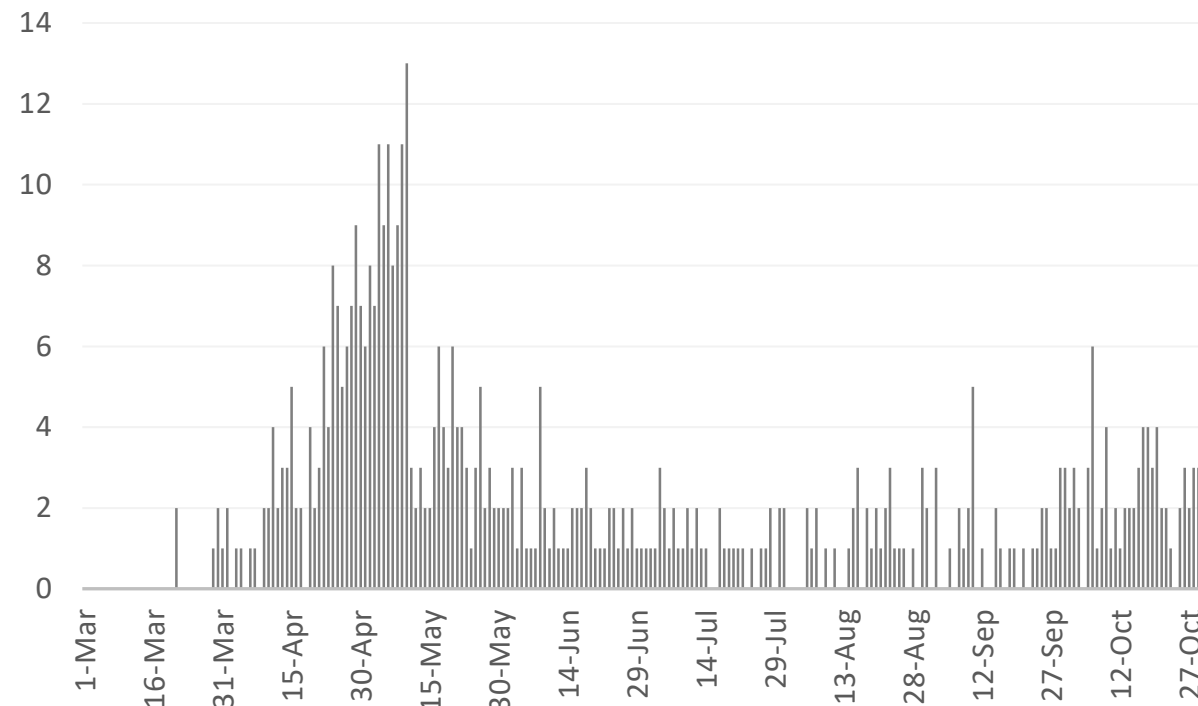
\*No announced statistic data from 31 July to 4 August, 21,23,28,30 August 2,4, 5,11,12,18,19,25,26,30 September,1,2,9,10,16 &17,23 &24 October  
\*No announced statistic data on weekends and official holidays.





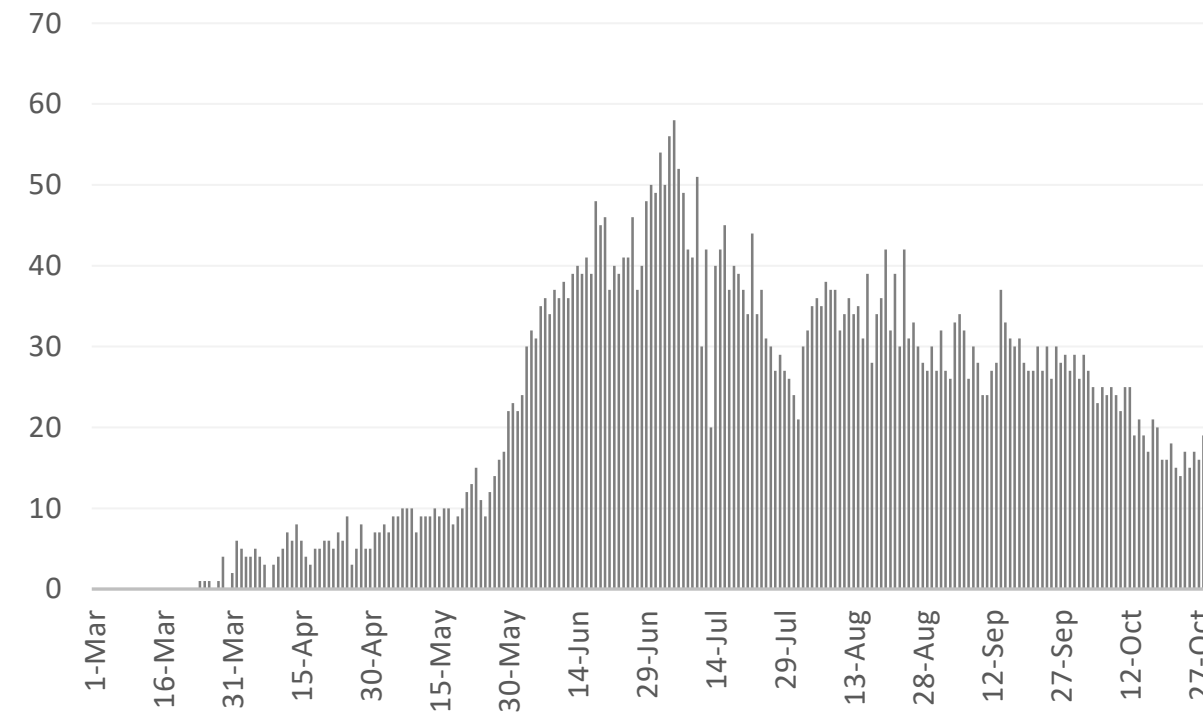
## Figure 12: Comparative Analysis of the Distribution of COVID-19 New Death Cases in GCC Countries

### UAE



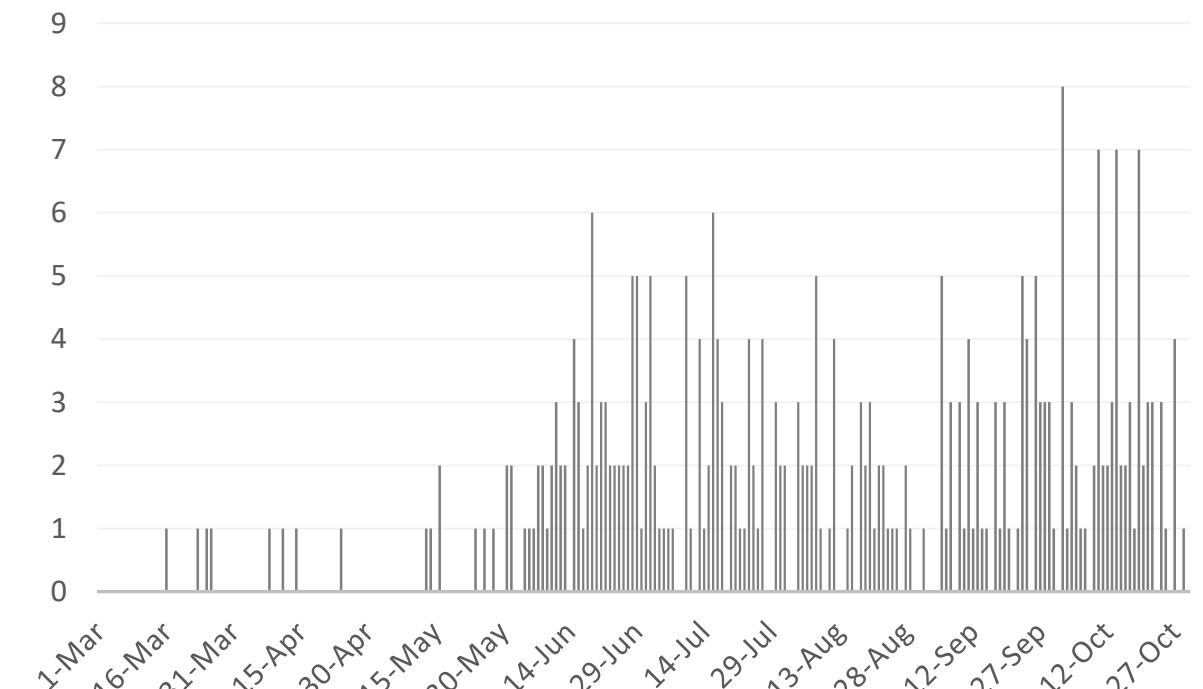
Source : National Emergency Crisis and Disaster Management Authority

### KSA



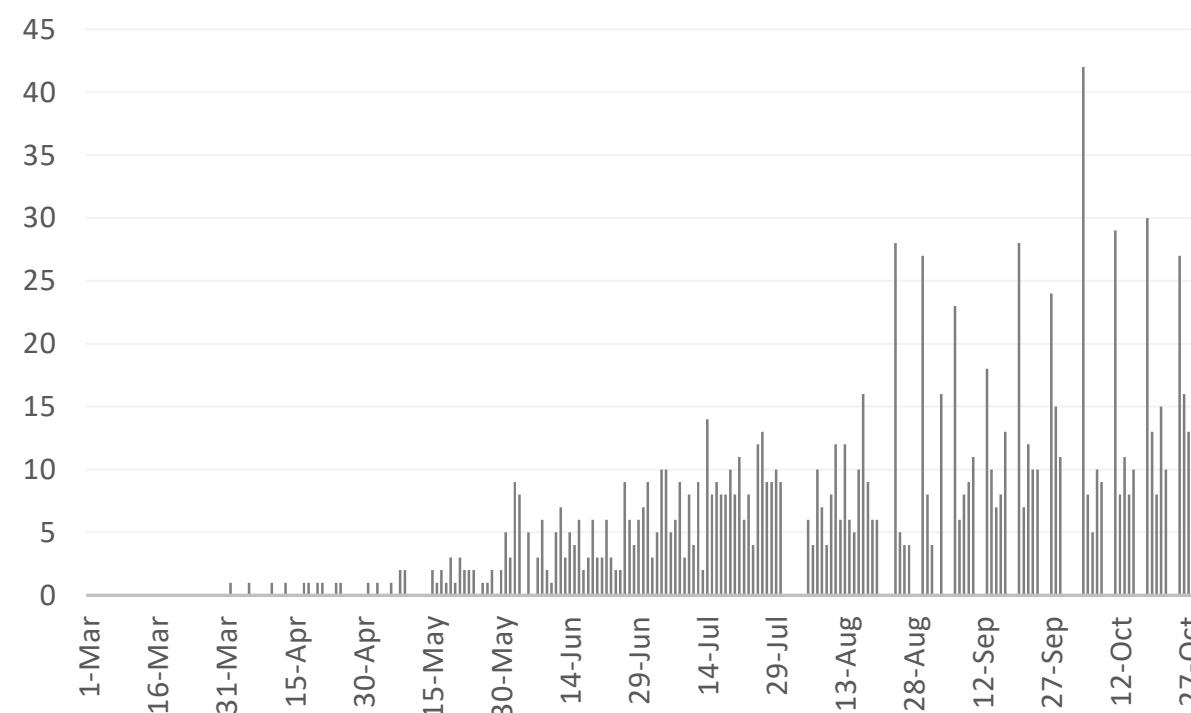
Source : KSA ministry of health

### Bahrain



Source :WHO

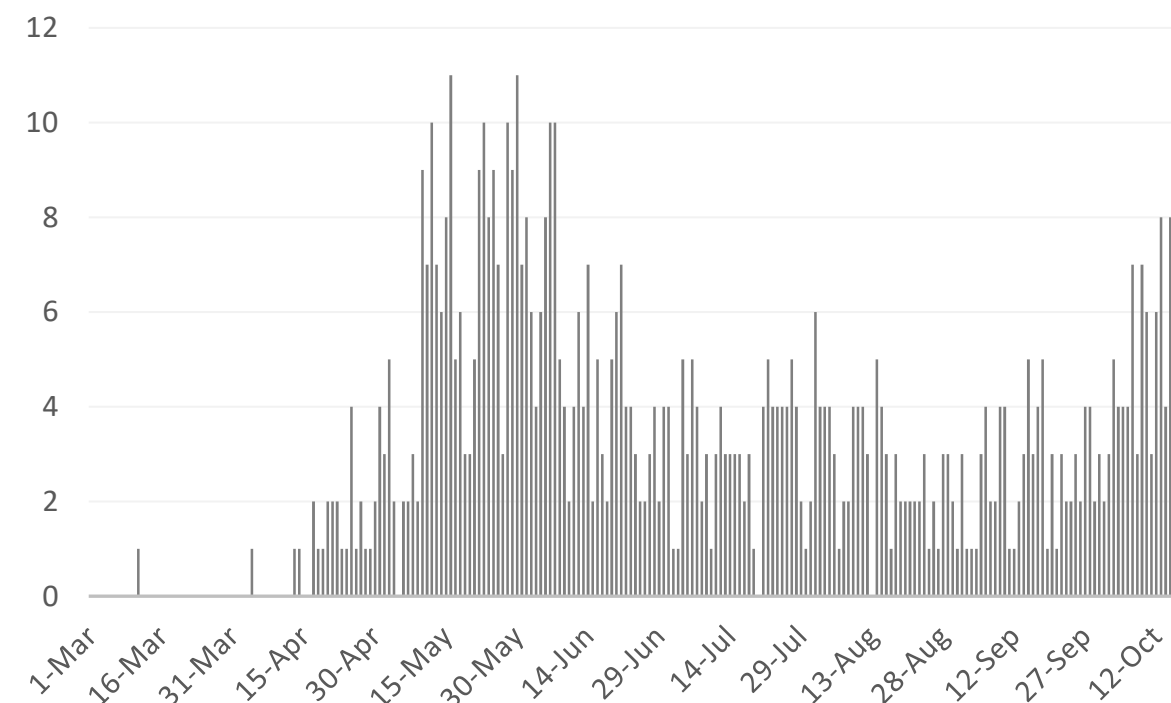
### Oman



Source :Oman ministry of health

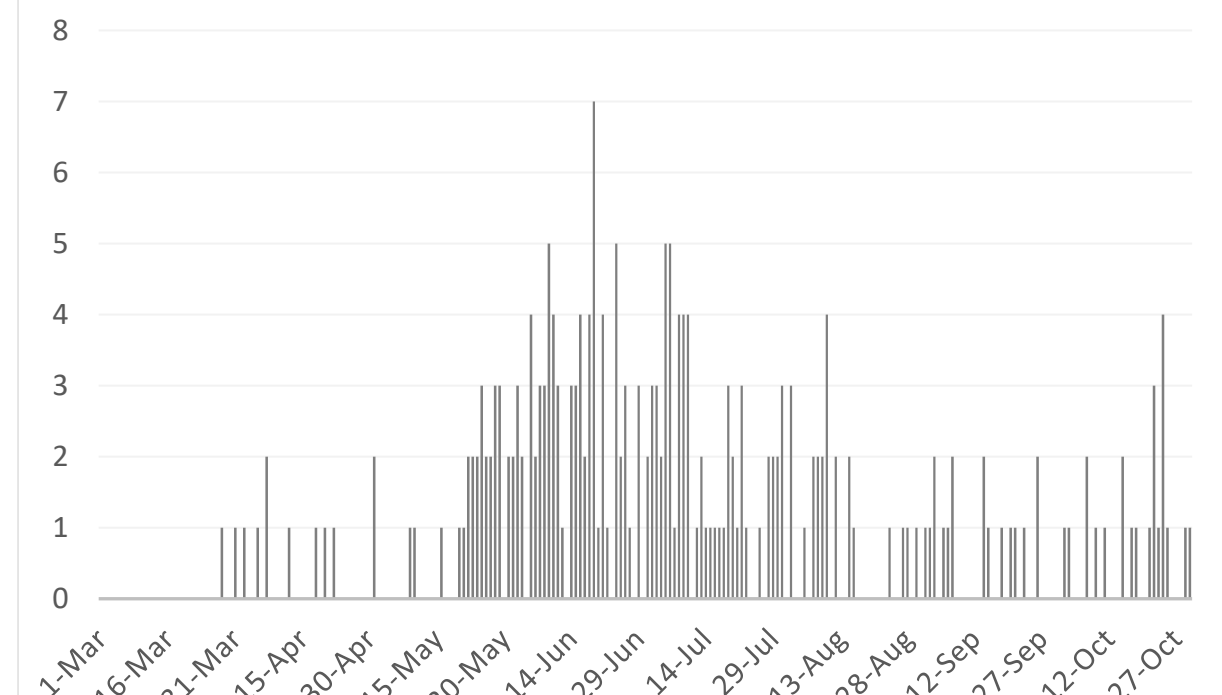
### Kuwait

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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,1,2,9,10,16 &17,23 &24 October  
\*No announced statistic data on weekends and official holidays.



## Article 1

Published

# Emergency Use Authorization of Covid Vaccines - Safety and Efficacy Follow-up Considerations

October 12, 2020 [NEJM](#)

- In the United States (US), the Food and Drug Administration (FDA) recommends that data from phase 3 trial should support an Emergency Use Authorization (EUA) include a median follow-up duration of at least two-months after completion of the full vaccination program. Continued follow-up of the study participants to refine efficacy estimates, evaluate the potential for enhanced disease and waning of immunity, and obtain additional active safety follow-up will be essential to ensure public confidence in a broadly administered vaccine.
- A two-month median follow-up after completion of the full vaccination program will allow identification of potential adverse events that were not detected in the immediate post-vaccination period. Adverse events considered plausibly linked to vaccination usually start within six weeks after vaccine receipt. Two months of follow-up will provide adequate time for potential immune-mediated adverse events that starts within six weeks to be evaluated.
- It is important to have data to evaluate if protection mediated by early responses, for example, the presence of IgM and IgG that peak from two to four weeks after vaccination has started to disappear. This evaluation is specifically pertinent to COVID-19 vaccines as natural immunity to coronavirus infection is comparatively short-lived. Although two-months of follow-up is inadequate to entirely assess the duration of vaccine protection, significant reducing of protective responses might start to become detectable in the second month.
- Acknowledging the current public health emergency and the importance of making a vaccine available as soon as possible, it is anticipated that a median two-month follow-up after completion of the vaccine program will provide necessary safety and effectiveness data to support the distribution of an investigational vaccine under an EUA.



# PUBLIC HEALTH RESPONSE

## Article 2

# Colleges and COVID-19 Data Dashboards - Not Just an Academic Exercise

Published

October 21, 2020, [JAMA](#)

- [‘We Rate Covid Dashboards’](#) was created to address the lack of guidance regarding college and university public reporting of COVID-19 data. The dashboards are rated, on if they include daily data on positive cases, number of tests, testing frequency and test result lag time, stratified student and employee data, number of students in quarantine or isolation, and a summary of overall institution status. Grades have been generated, ranging from F (no dashboard) to A++ (perfect score) based on these criteria.
- Initially, it was displayed only on Twitter; the account served as a platform to identify institutions that failed to report COVID-19 data and praised those who set a positive example for their peers. Most social media engagement has been from students, faculty, and parents; however, institutions have also expressed excitement when highlighted for comprehensive dashboards.
- Most dashboards lacked accessibility options. Additionally, no dashboards provide demographic information including age, gender, or race/ethnicity, on employees or students tested or infected. Reliable reporting of COVID-19 data by colleges and universities can help to generate knowledge. As institutions vary in their COVID-19 testing and mitigation approaches, accurate data are required to evaluate their impact and inform institutional and government policies.
- As the pandemic progresses, education institutions will continue to have a responsibility to keep their community members safe. Institutions are increasingly sharing extensive information on the impact of COVID-19 on campus, and it is anticipated that the ratings’ transparency can contribute to that process. The dashboard offers an initial step for public health experts to hold institutions accountable to high safety standards in their policy decisions.





## Article 3

# Reimagining Long-term Care

Published

October 24, 2020, [THE LANCET](#)

- According to the International Long-Term Care Policy Network report, approximately half of all COVID-19 deaths in 21 countries have been in care home residents. In the United States (US), United Kingdom (UK), Spain, and Belgium, COVID-19 has been linked to deaths of more than 4% of the population living in care homes.
- China's long-term care system highlights recurring global problems - a rapidly growing, often private, institutional care sector, a slow and small development of home and community-based care, inconsistent data monitoring, shortages in workforces, poor regulation, poor governance, and a lack of organized financing.
- Long-term care should value the heritage, experience, and contribution of older people, and see them as individuals who are part of a wider social network. During the 1980s, Denmark stopped building care homes, and older people living in social housing with care facilities are considered tenants. In Singapore, enabled communities are being built where residents are fellow citizens who contribute to a resilient society.
- Long-term care needs to be diverse and focus on the importance of a home and community with multi-generational possibilities, with built environments designed for older people, and access to high-quality care. The care workforce should be valued and receive appropriate training, better remuneration, and a structured career path that reflects their important and highly skilled roles.





# THANK YOU

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