

SCIENTIFIC RESEARCH MONITORING ON COVID-19

12 SEPTEMBER 2020

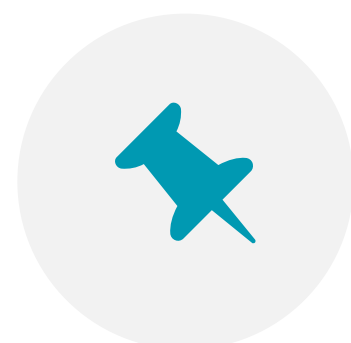
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SCIENTIFIC RESEARCH MONITORING ON COVID-19

(ISSUE 223)

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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Clinical Features

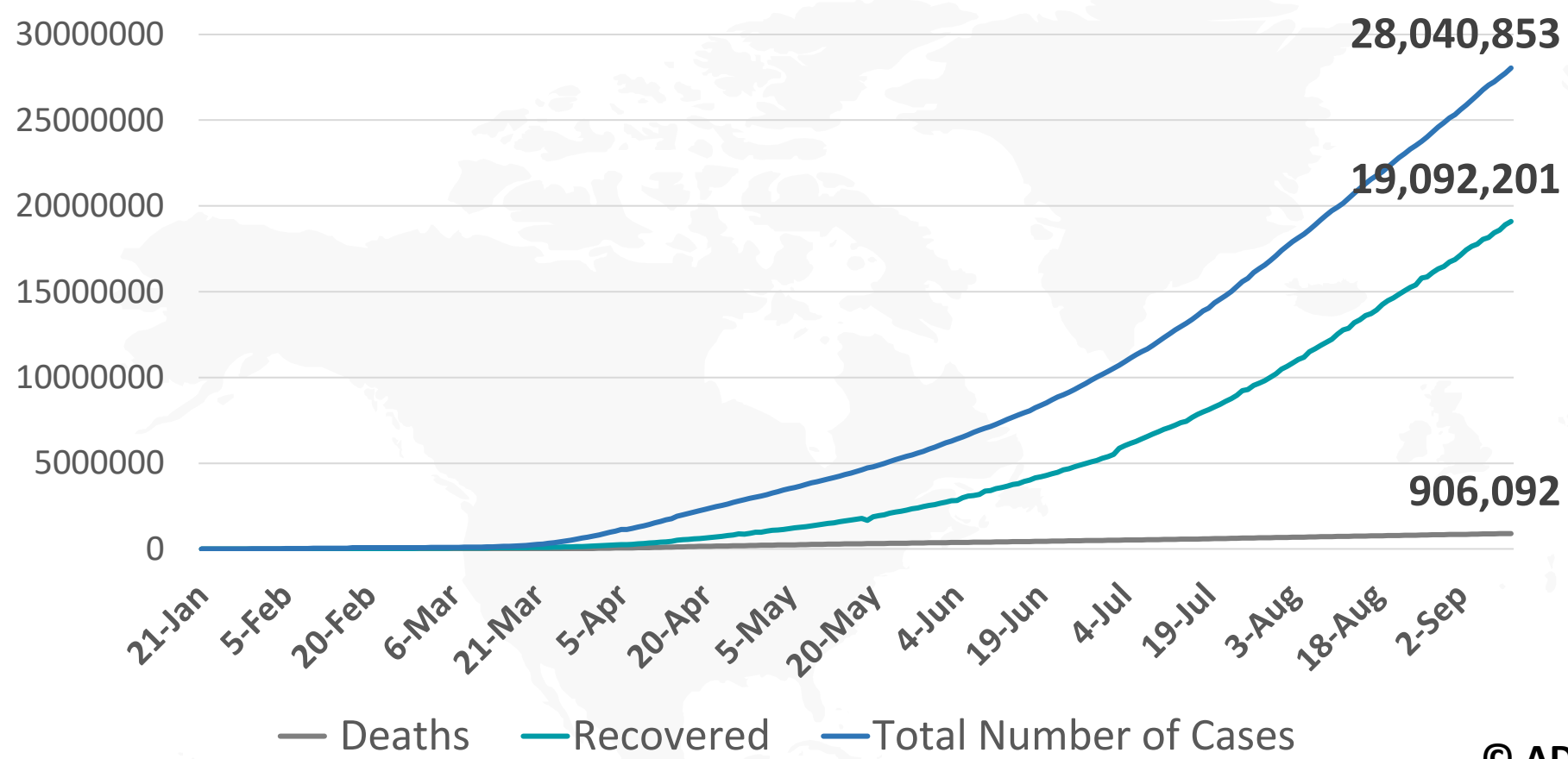
Obesity and Hypertension in the Time of COVID-19

Clinical Features

Clinical Outcomes in Young US Adults Hospitalized with COVID-19



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)

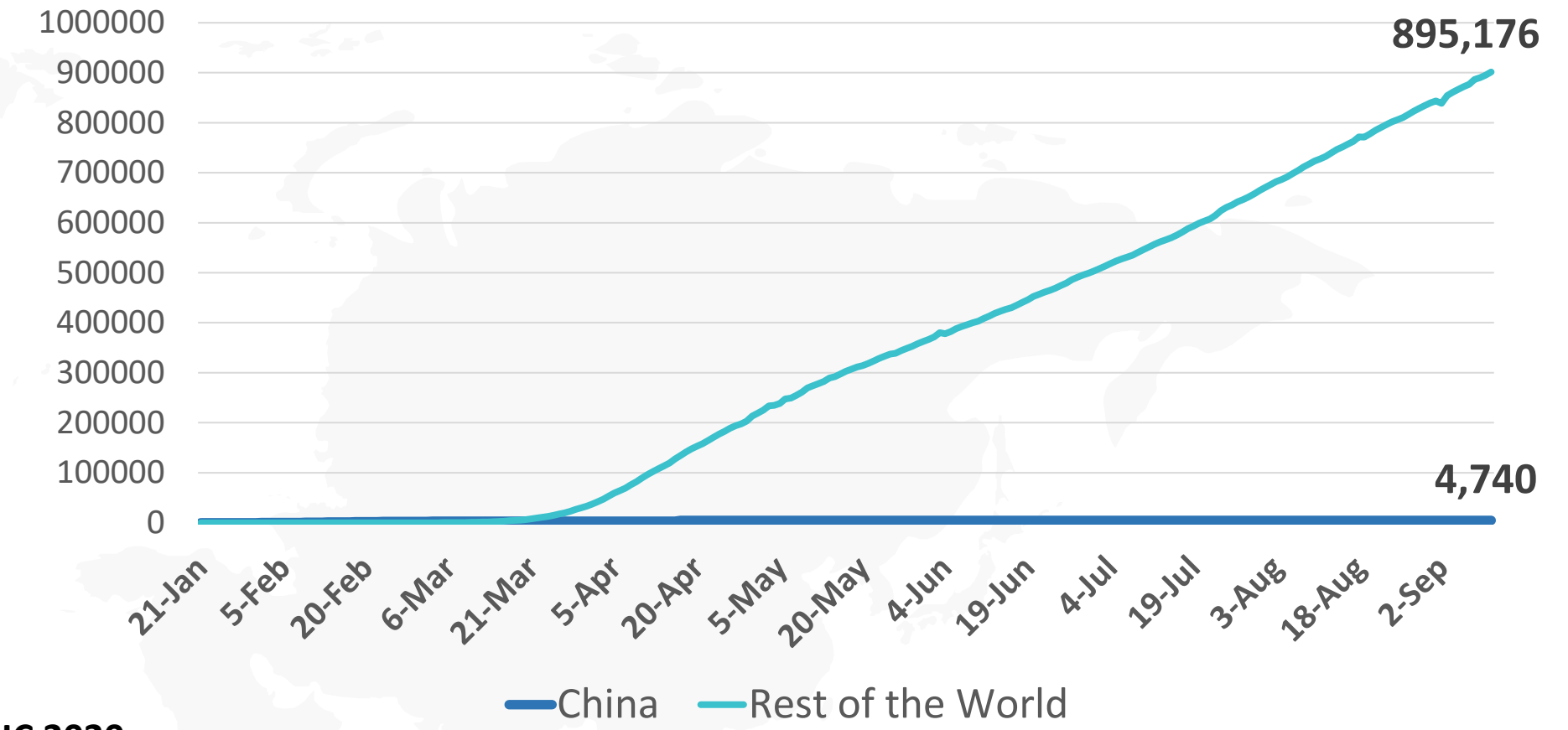


Figure 2: Daily New Infected COVID-19 Cases (China and rest of the world)

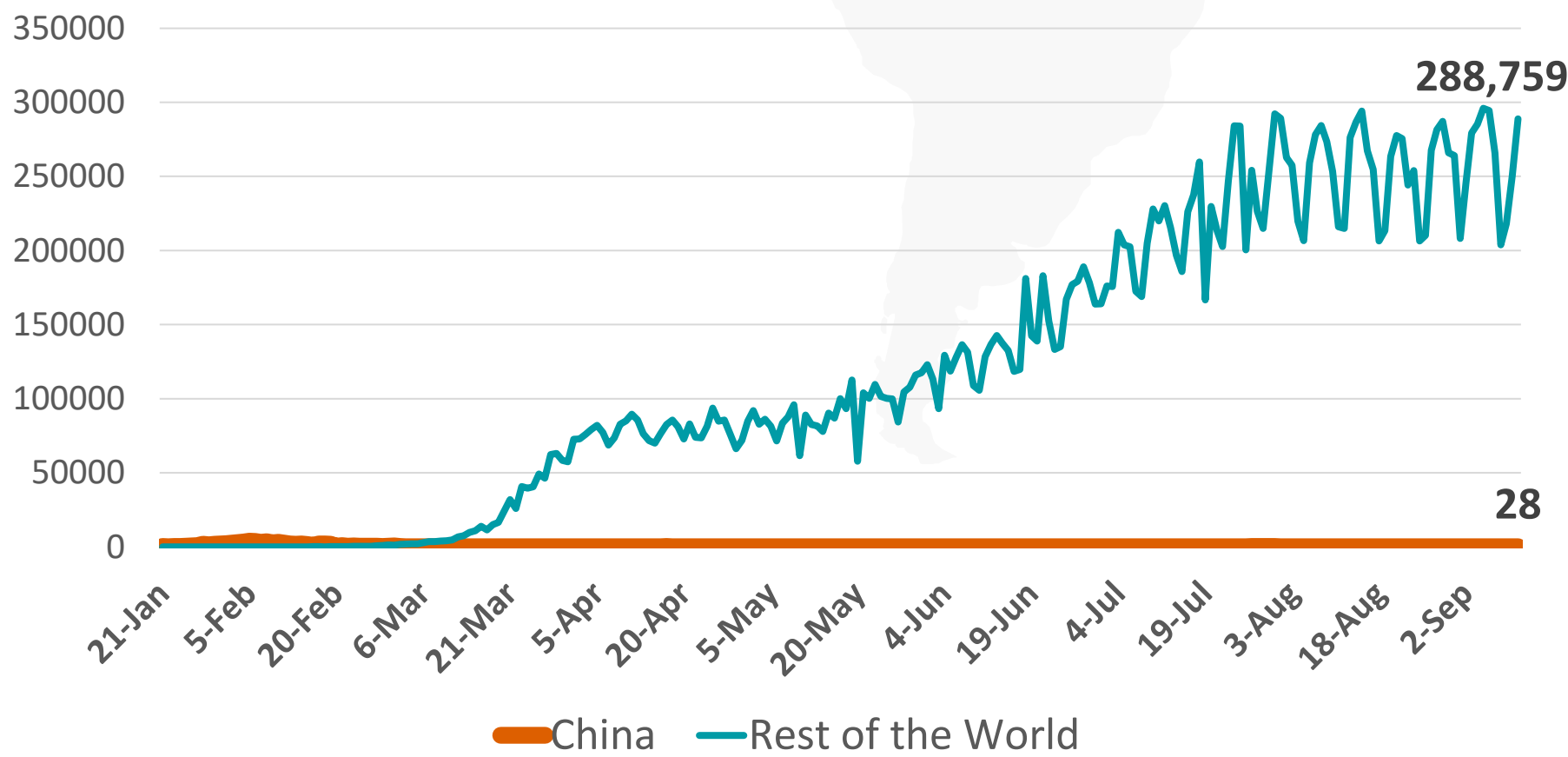


Figure 4: Global Daily New Deaths Due to COVID-19 (china and rest of the world)

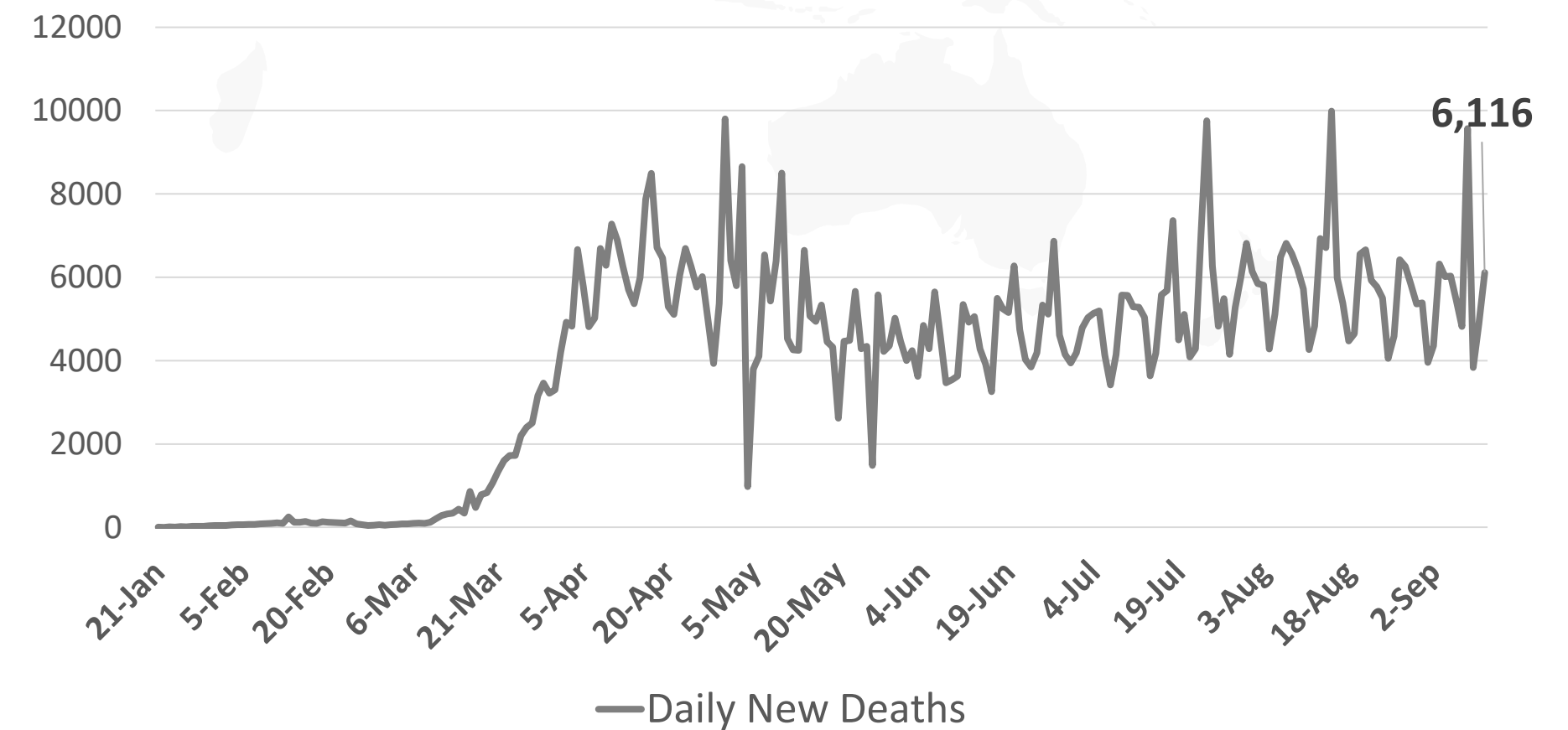
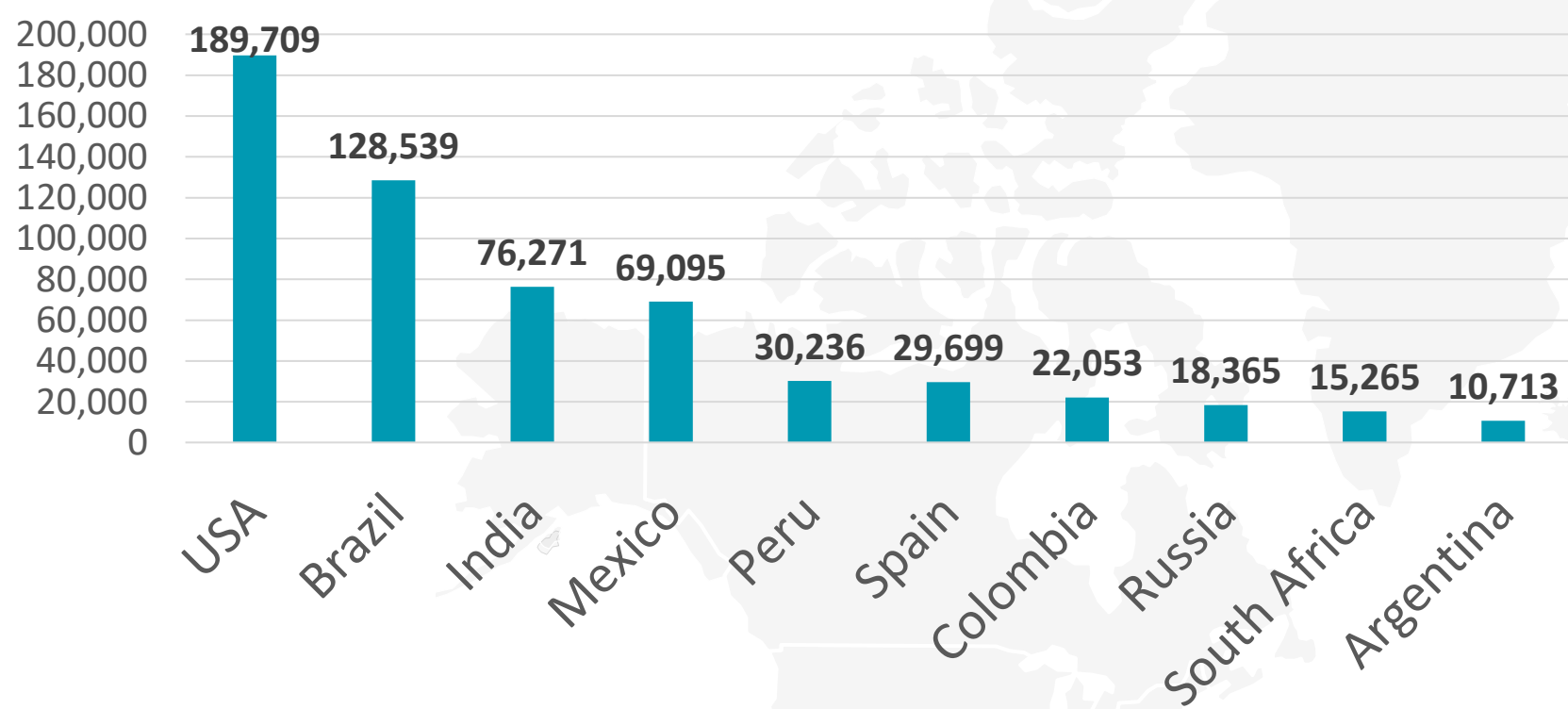
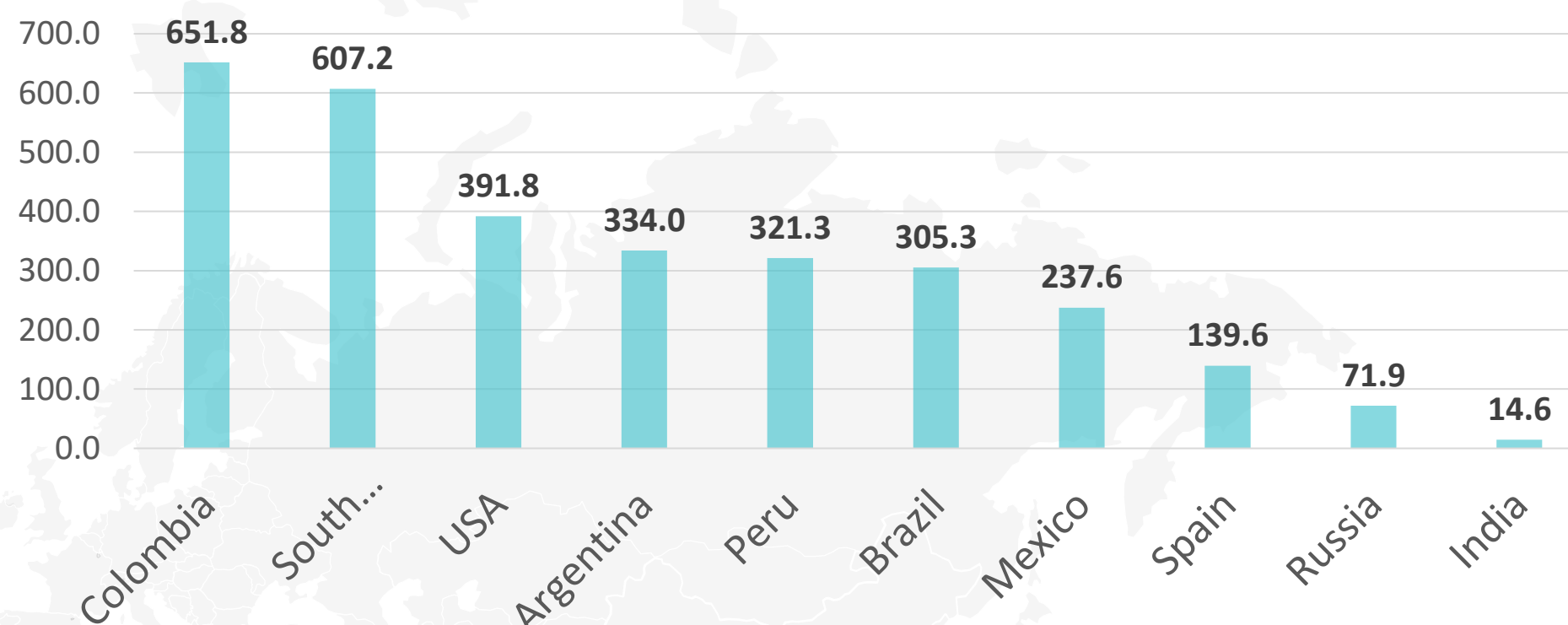


Figure 5: Top 10 Countries in the Total Number of Cases Due to COVID-19

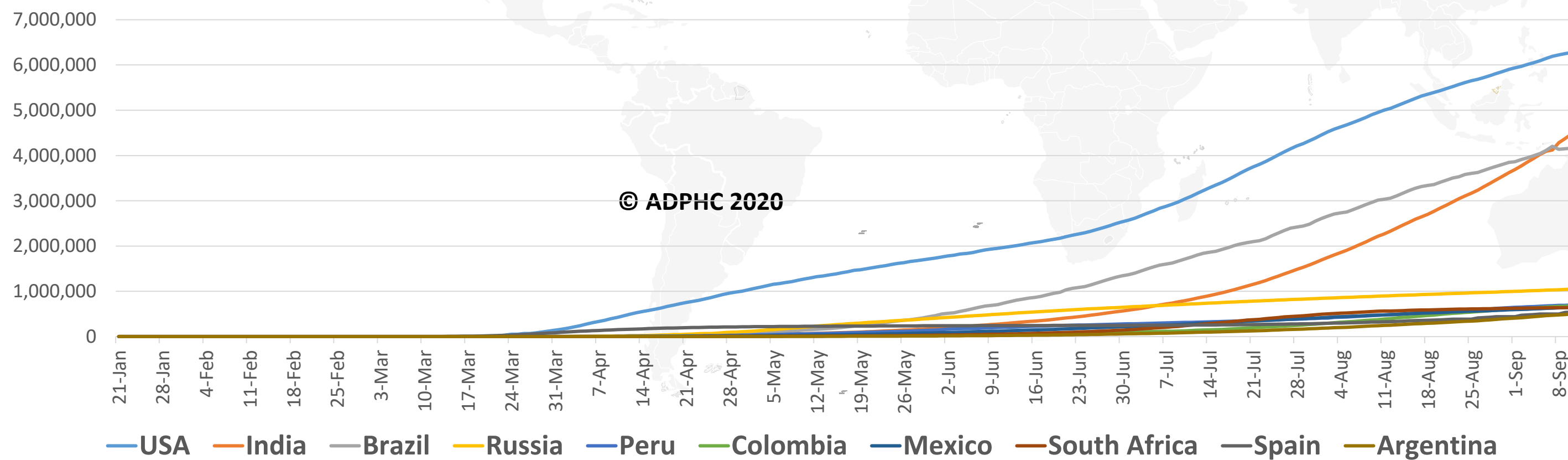
TOTAL DEATHS



DEATHS PER MILLION

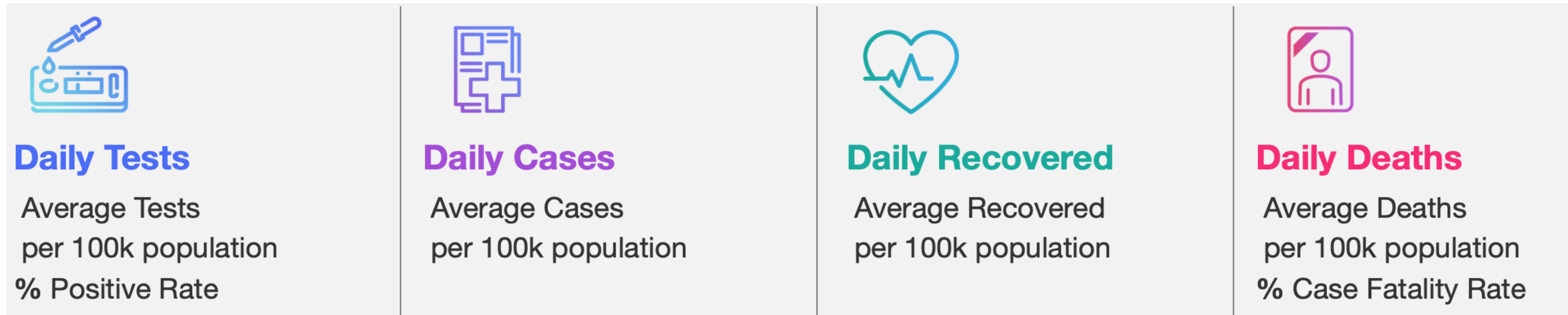


TOTAL INFECTED CASES



USA	6,304,181
Brazil	4,562,414
India	4,197,889
Russia	1,051,874
Peru	702,776
Colombia	686,851
Mexico	647,507
South Africa	644,438
Spain	554,143
Argentina	512,293

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

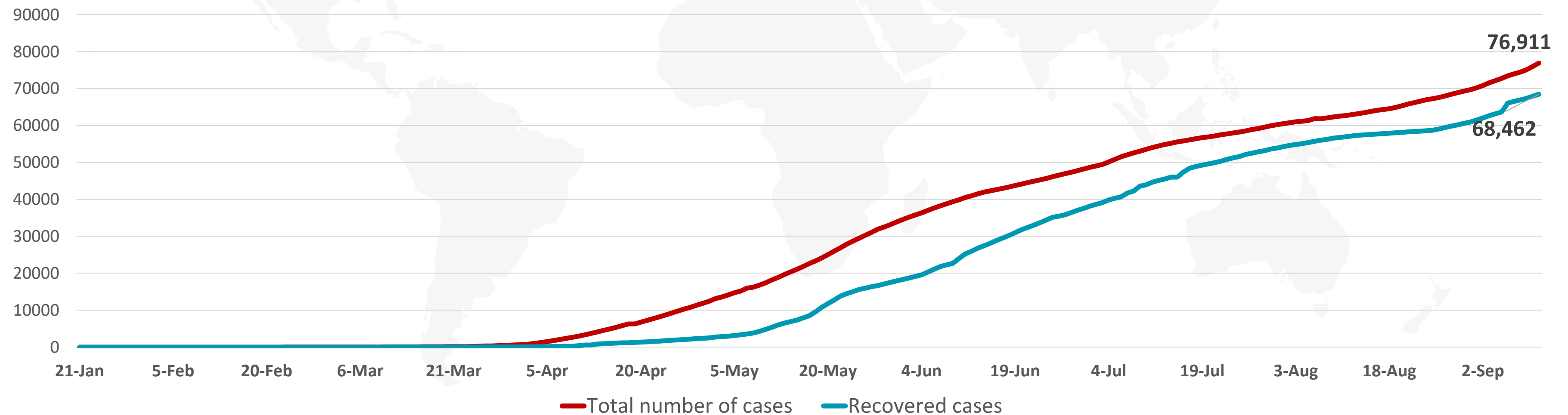
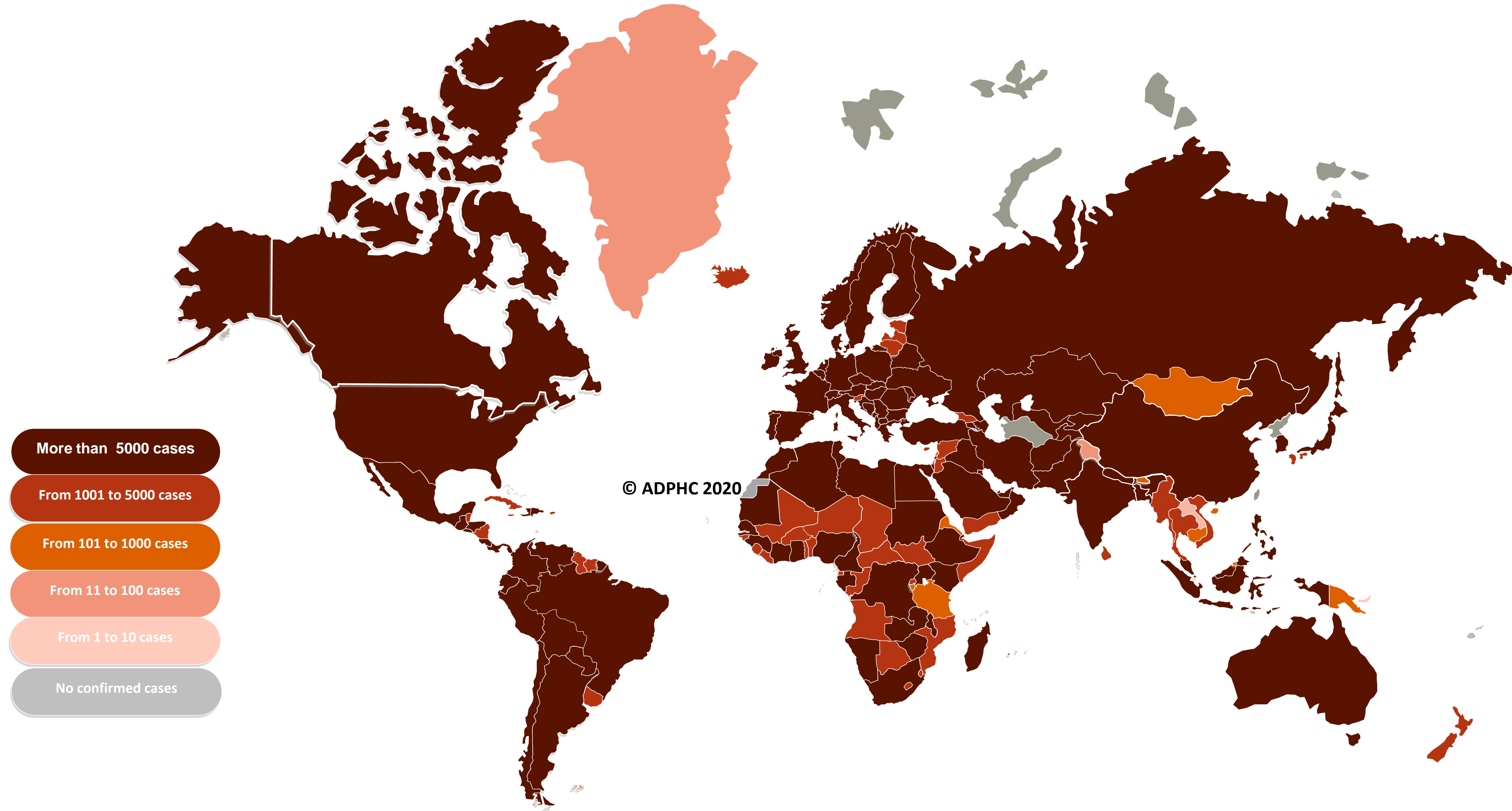


Figure 7A : Global Distribution of COVID-19 Cases



More than 5000 cases

From 1001 to 5000 cases

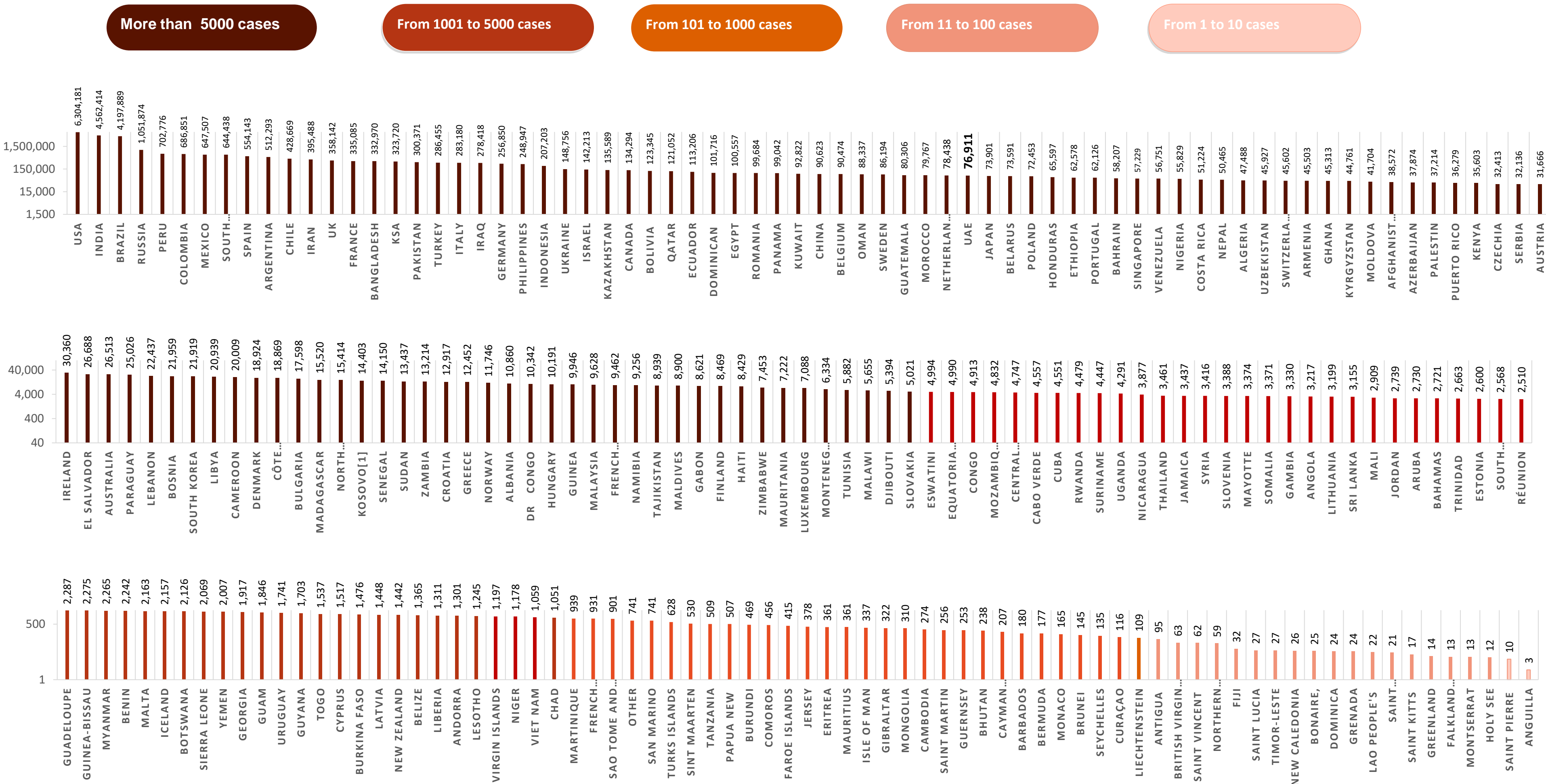
From 101 to 1000 cases

From 11 to 100 cases

From 1 to 10 cases

No confirmed cases

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

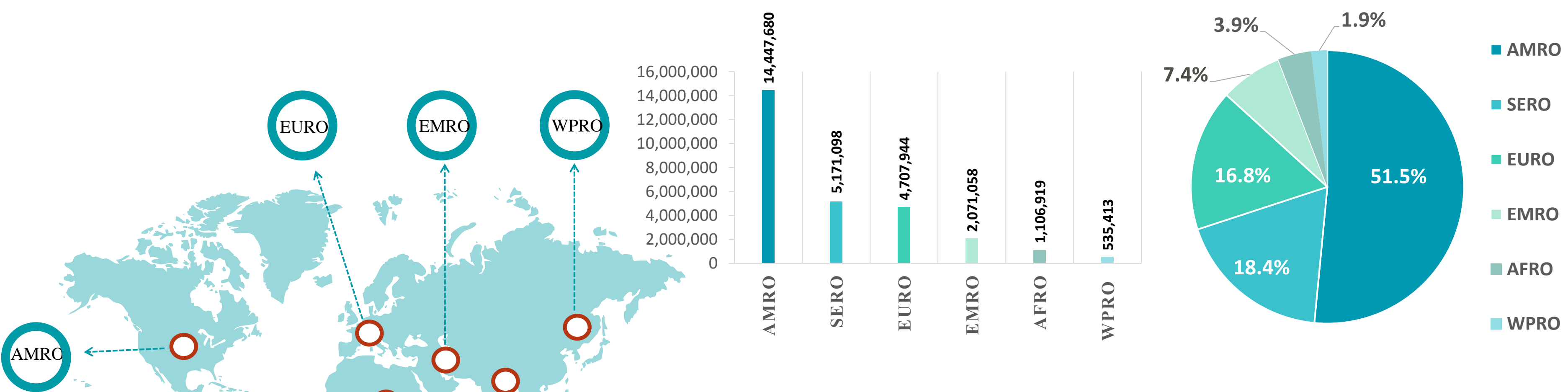


Other*: includes cases and deaths reported under the international conveyance(Diamond Princess)



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

INFECTED



DEATHS

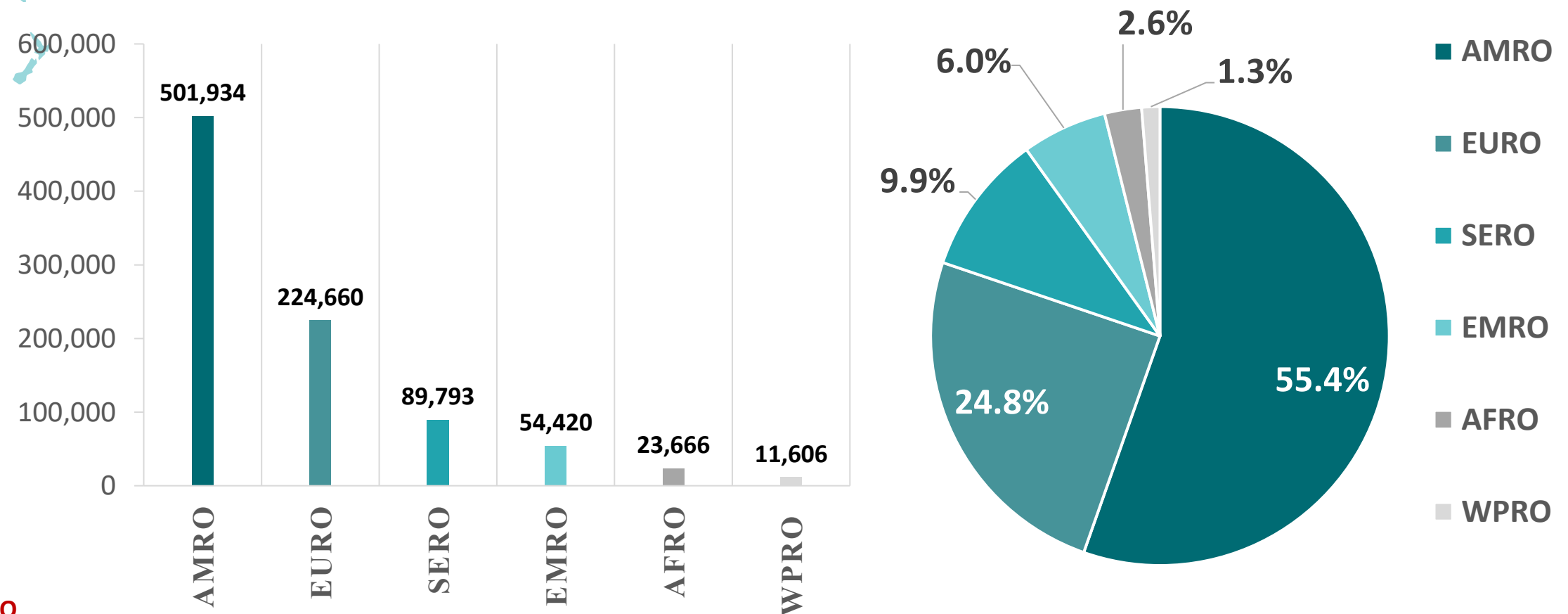
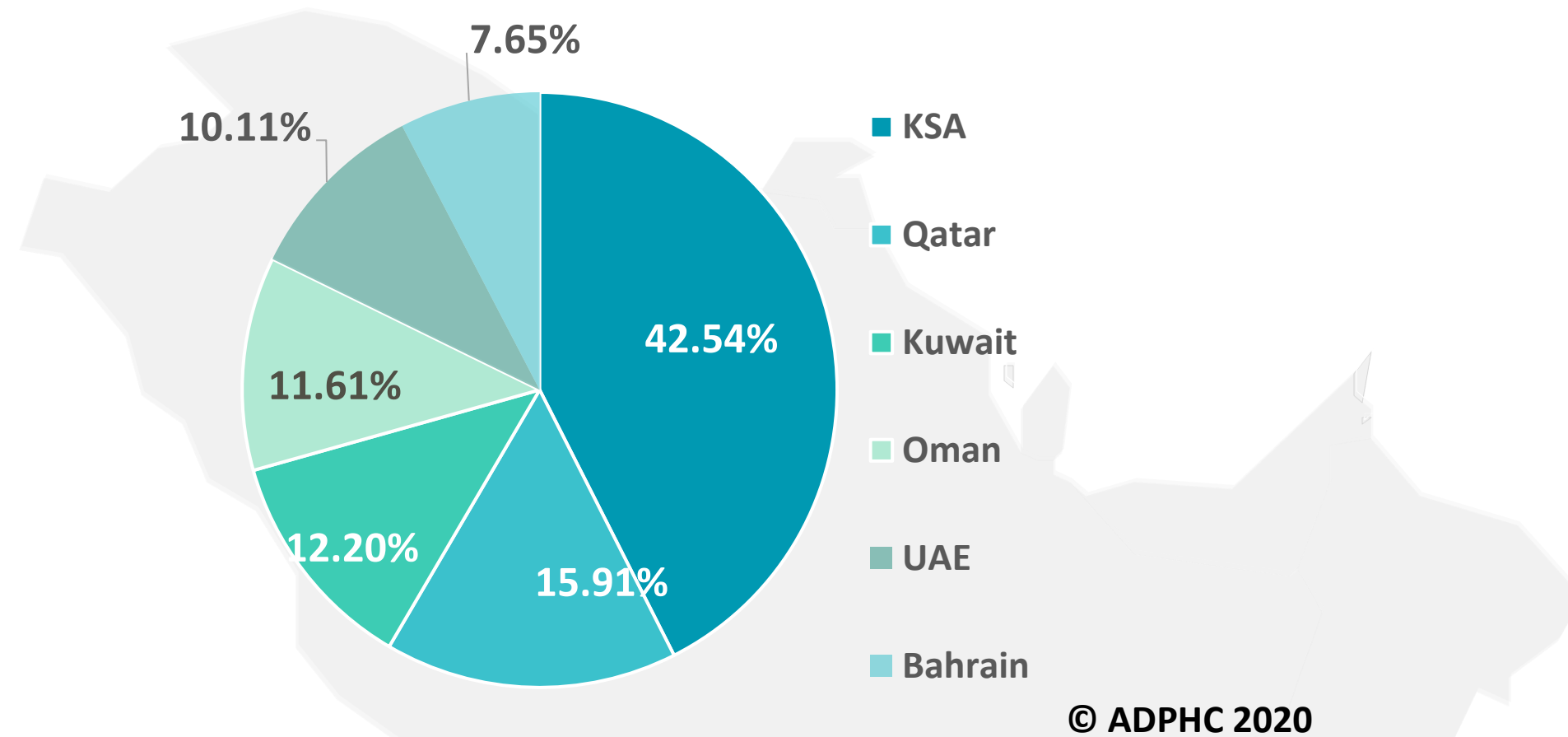
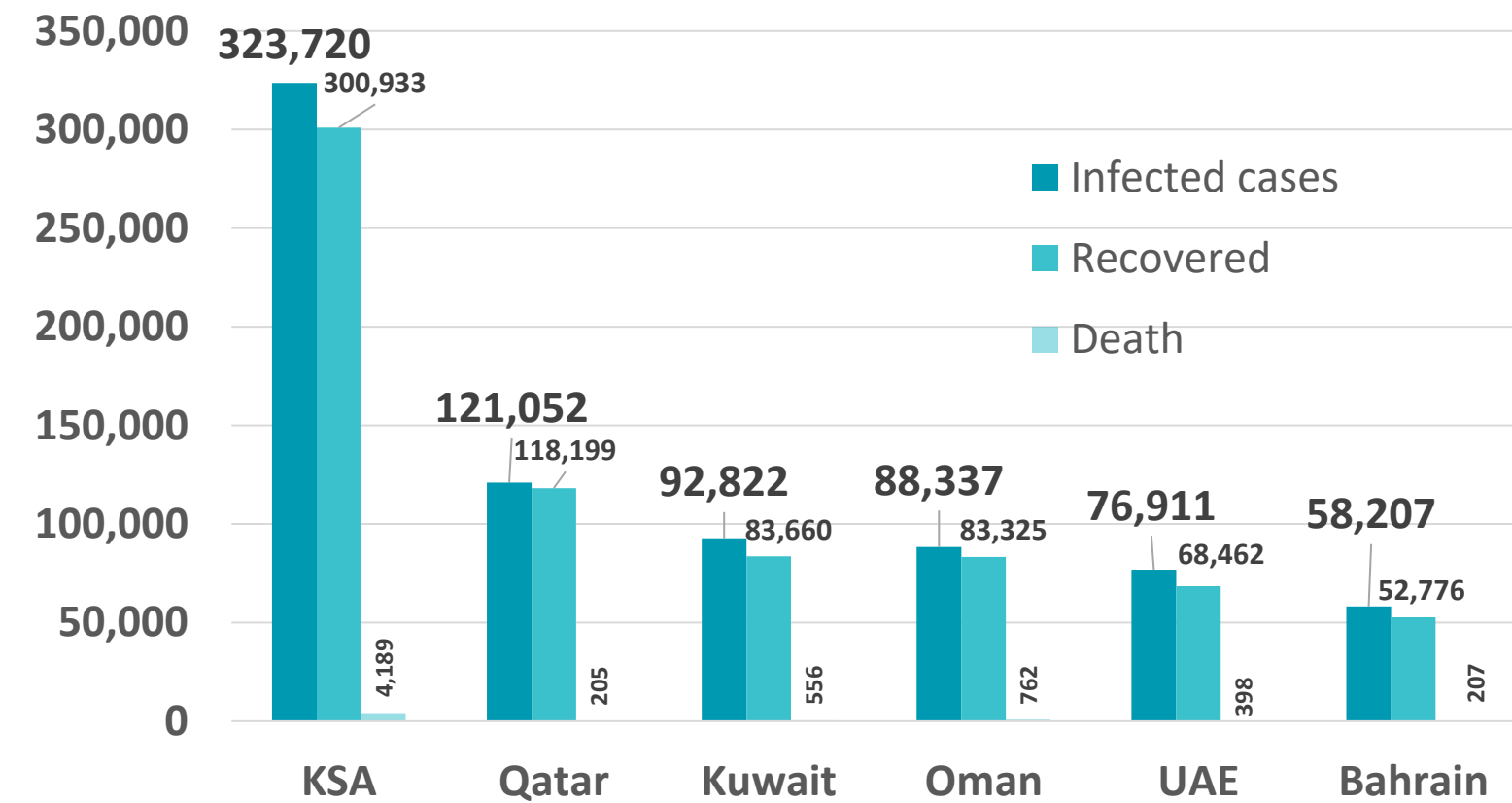


Figure 9: Comparative Analysis of the Distribution of COVID-19 Cases in GCC Countries

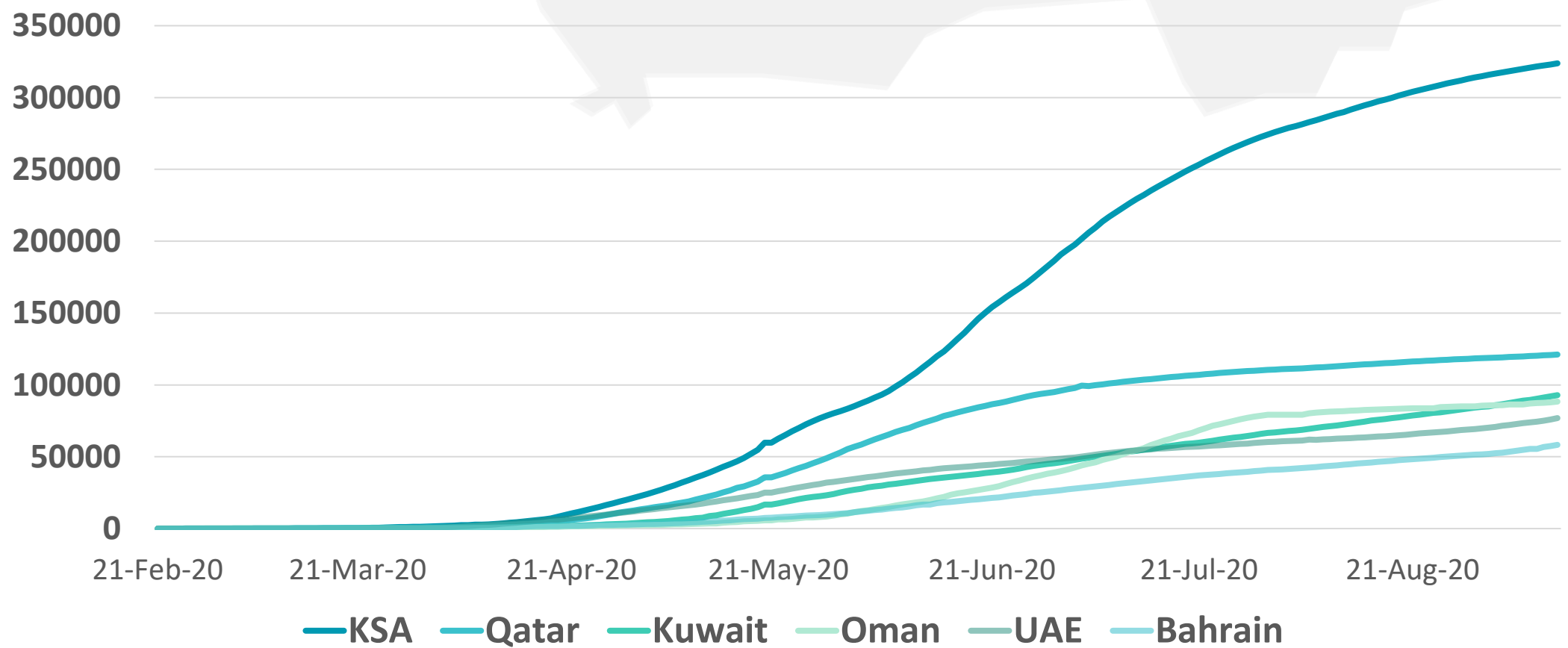
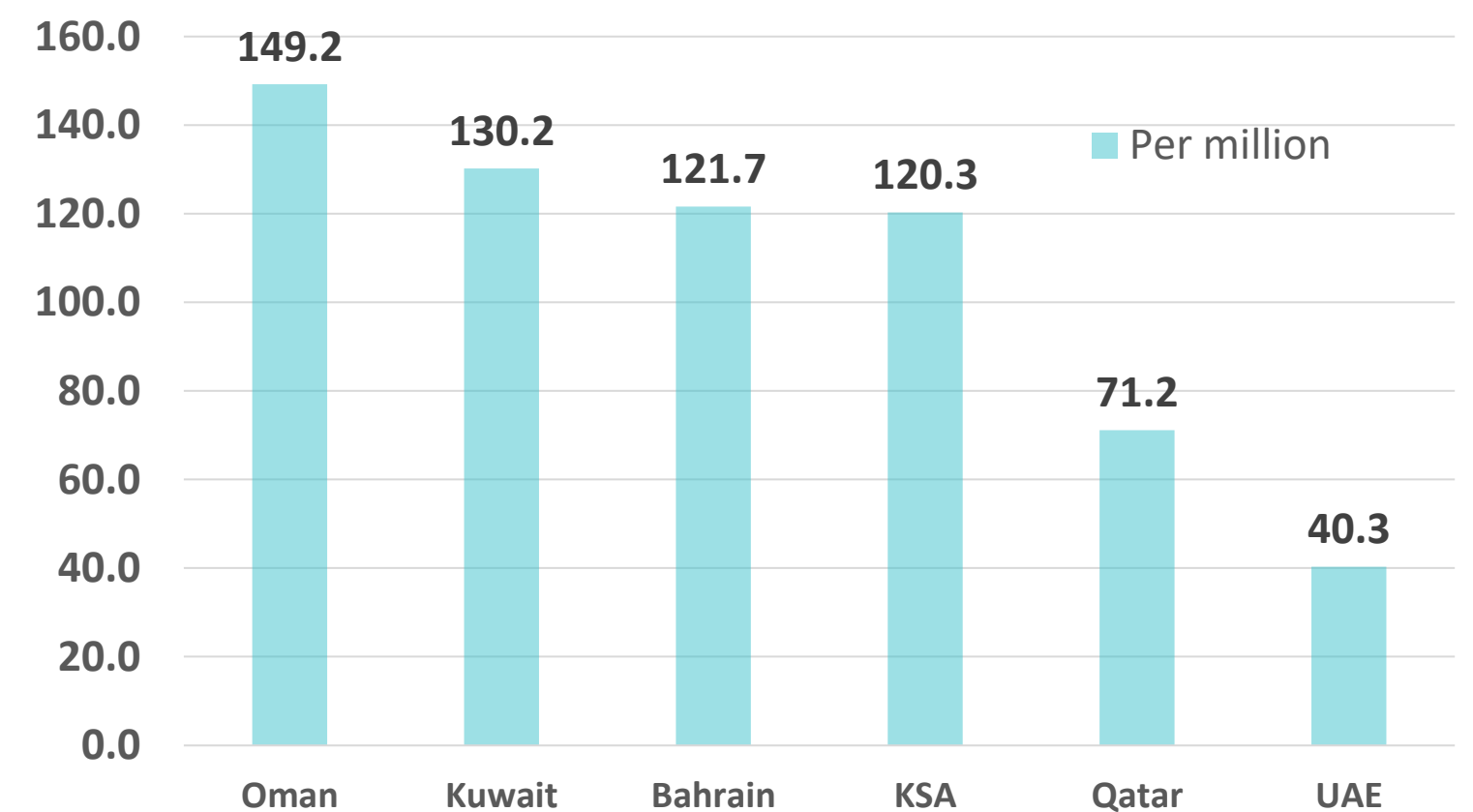
TOTAL NUMBER OF INFECTED CASES



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



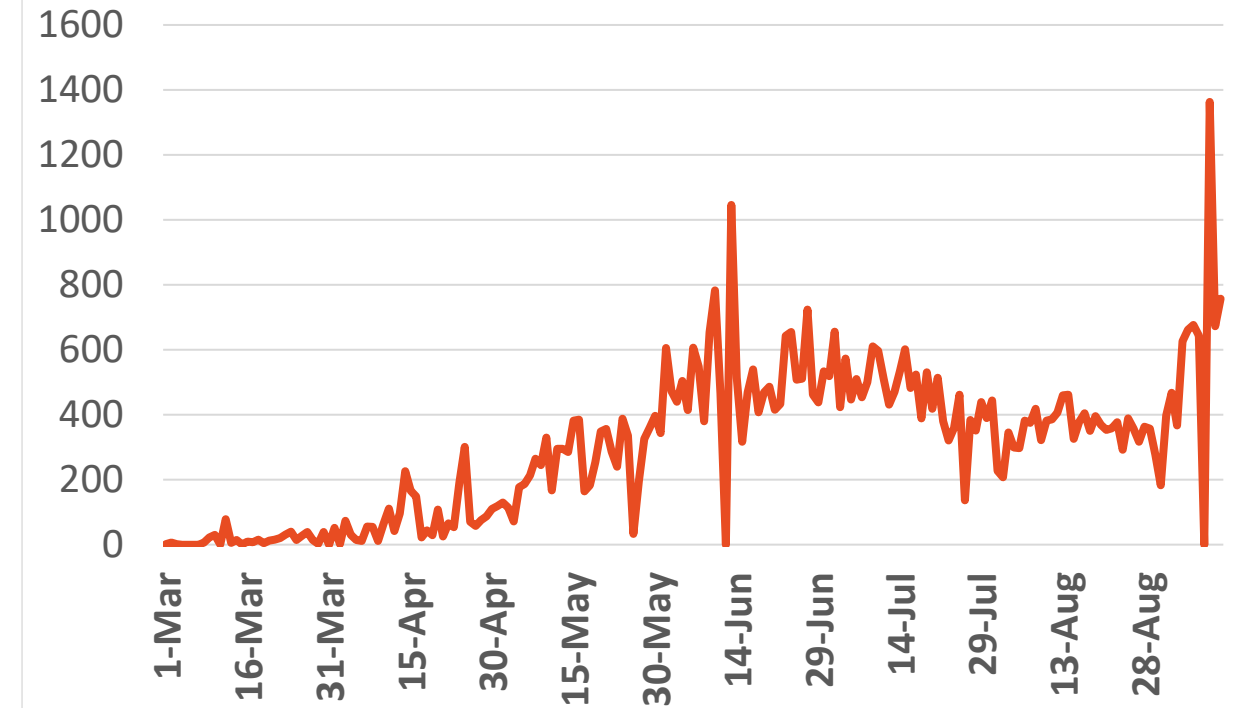
Source : National Emergency Crisis and Disaster Management Authority

KSA



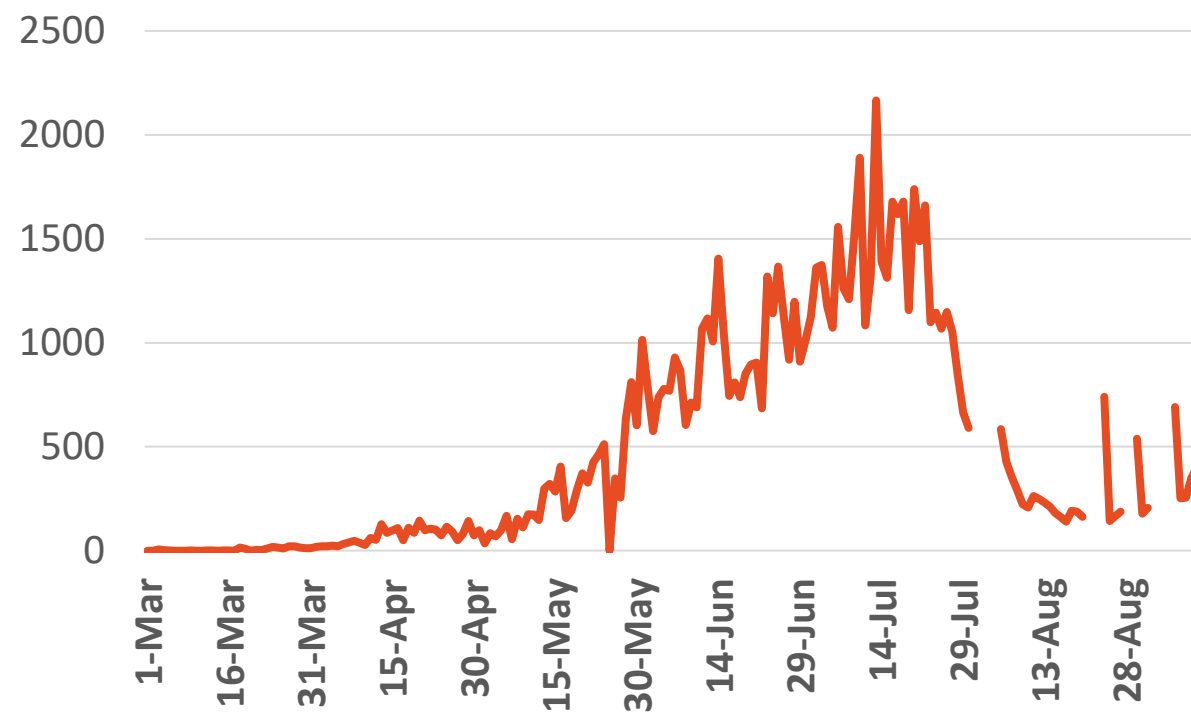
Source : KSA ministry of health

Bahrain



Source :WHO

Oman

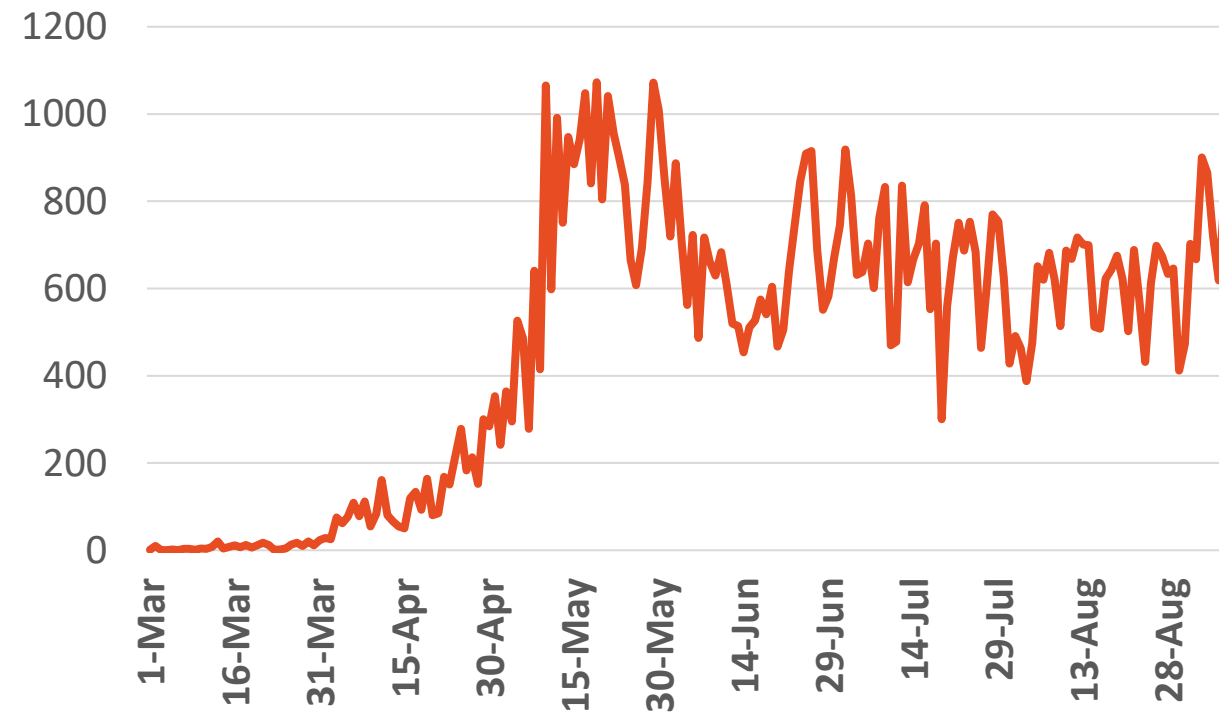


Source :Oman ministry of health

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

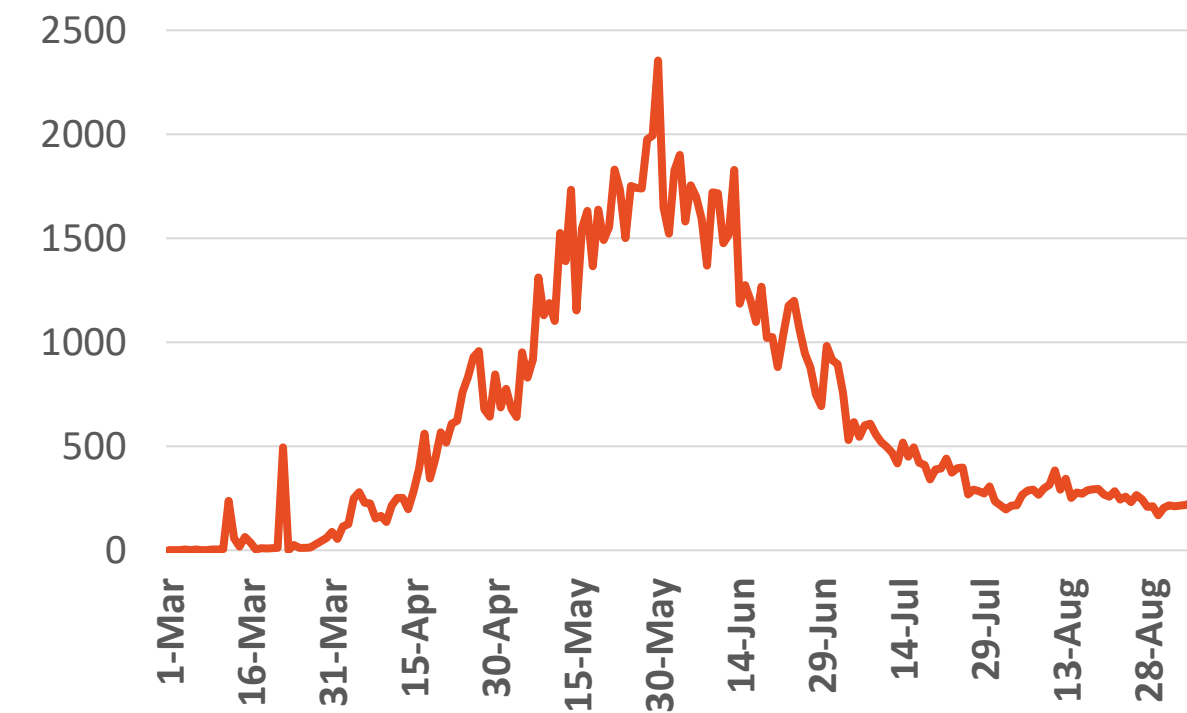
Kuwait

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Source : Kuwait ministry of health

Qatar



Source : Qatar ministry of health



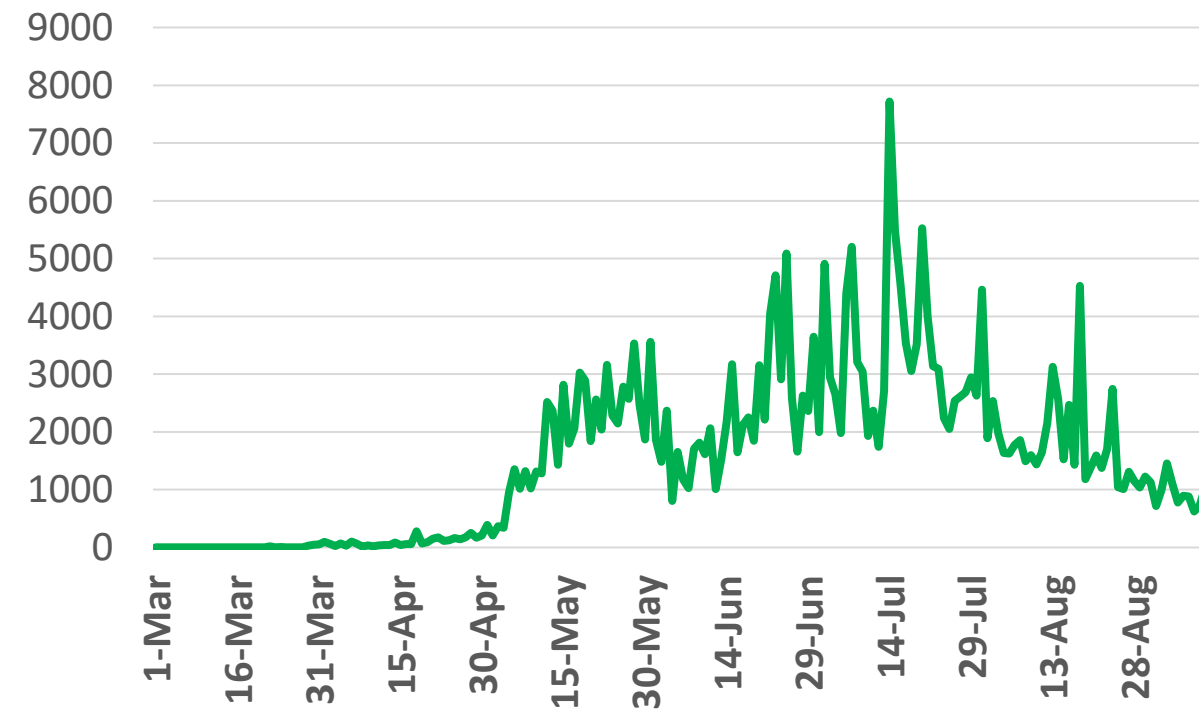
Figure 11: Comparative Analysis of the Distribution of COVID-19 Newly Recovered Cases in GCC Countries

UAE



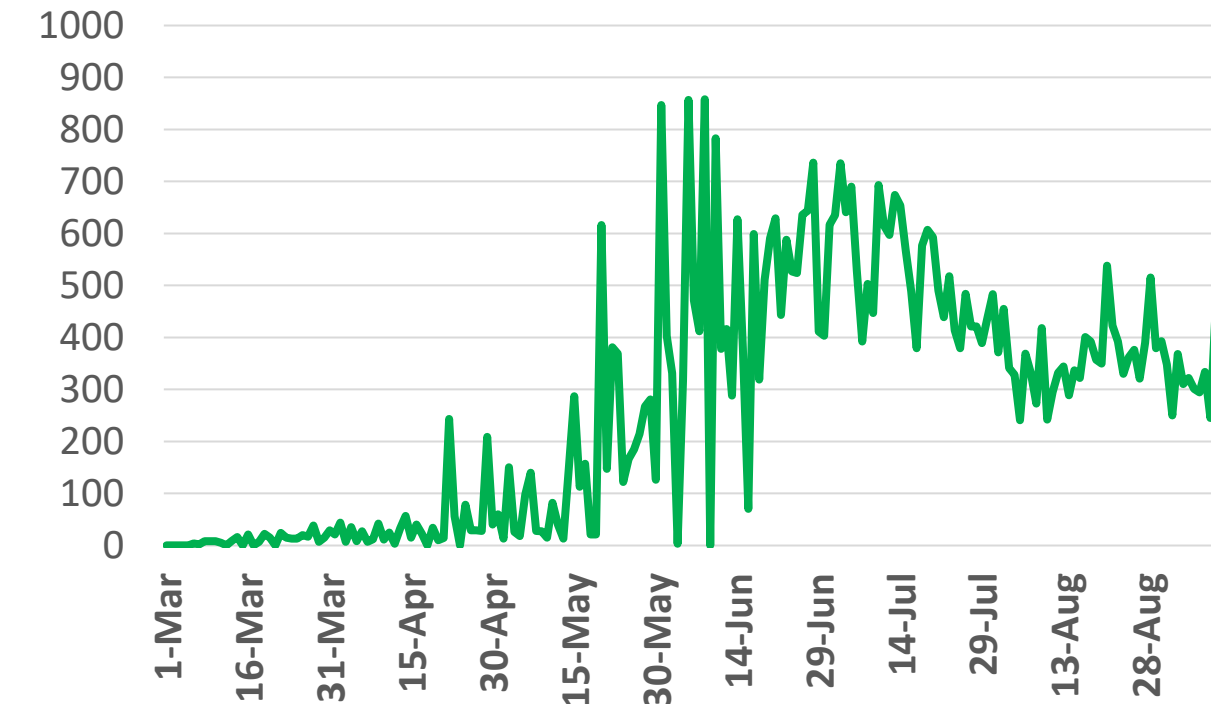
Source : National Emergency Crisis and Disaster Management Authority

KSA



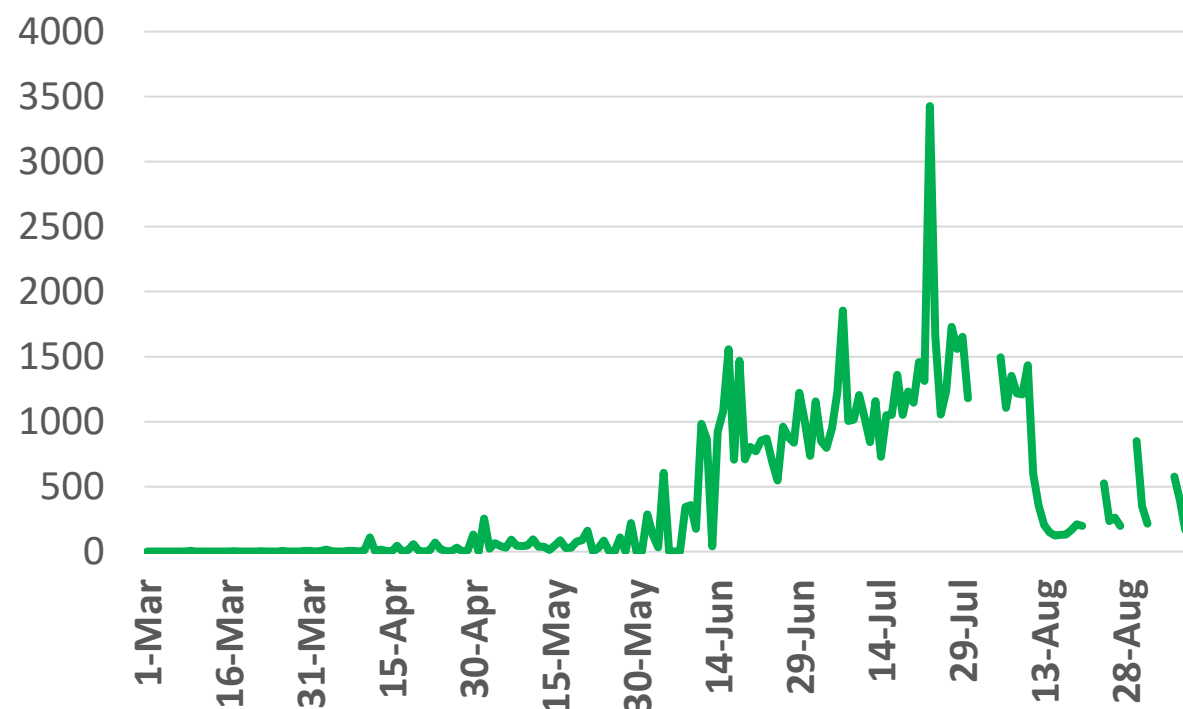
Source : KSA ministry of health

Bahrain



Source : Bahrain ministry of health

Oman



Source : Oman ministry of health

Kuwait

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Source : Kuwait ministry of health

Qatar



Source : Qatar ministry of health

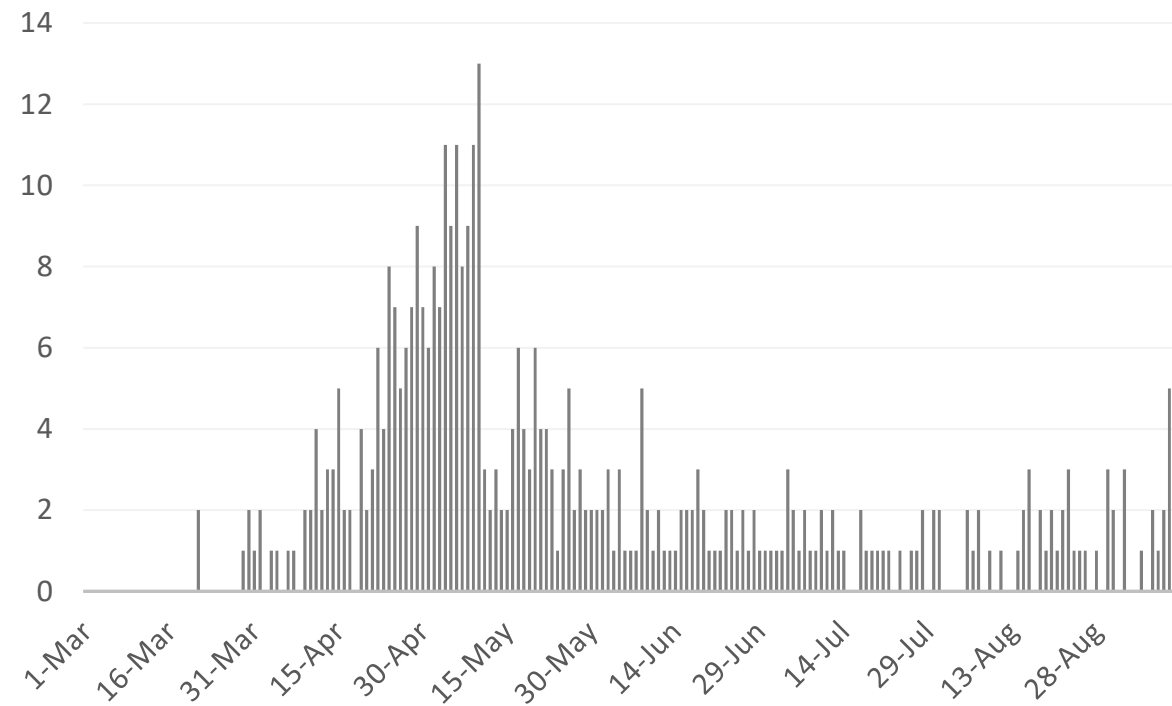
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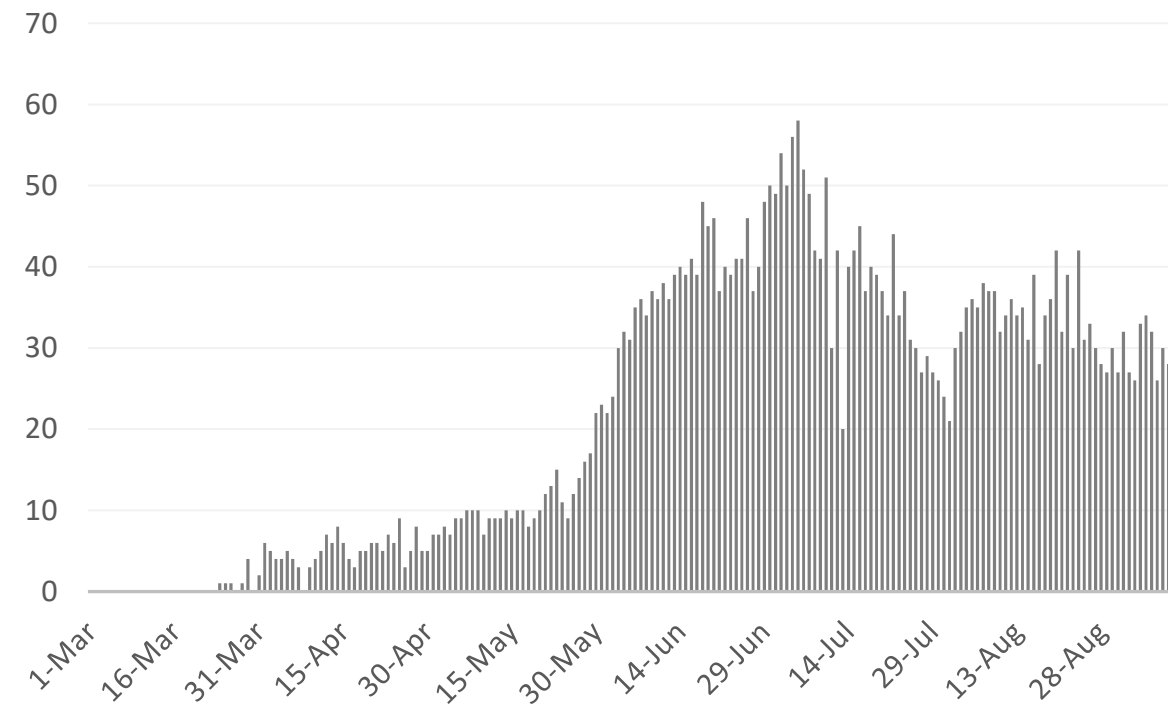
Figure 12: Comparative Analysis of the Distribution of COVID-19 New Death Cases in GCC Countries

UAE



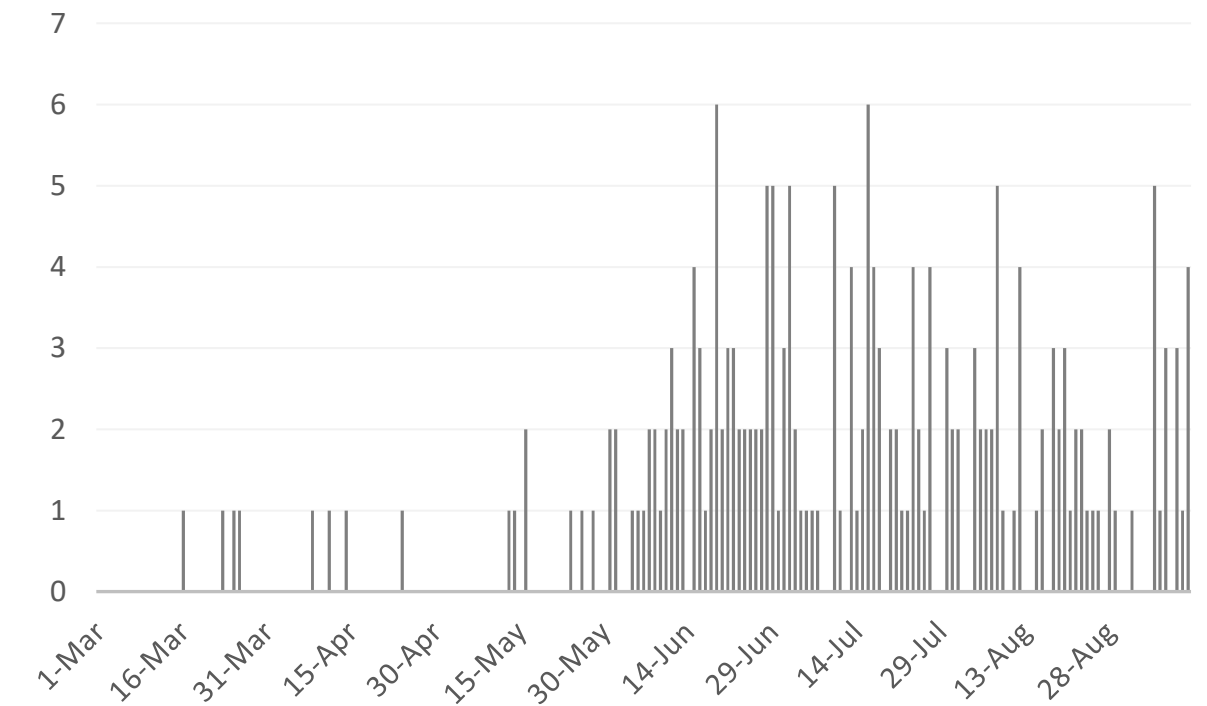
Source : National Emergency Crisis and Disaster Management Authority

KSA



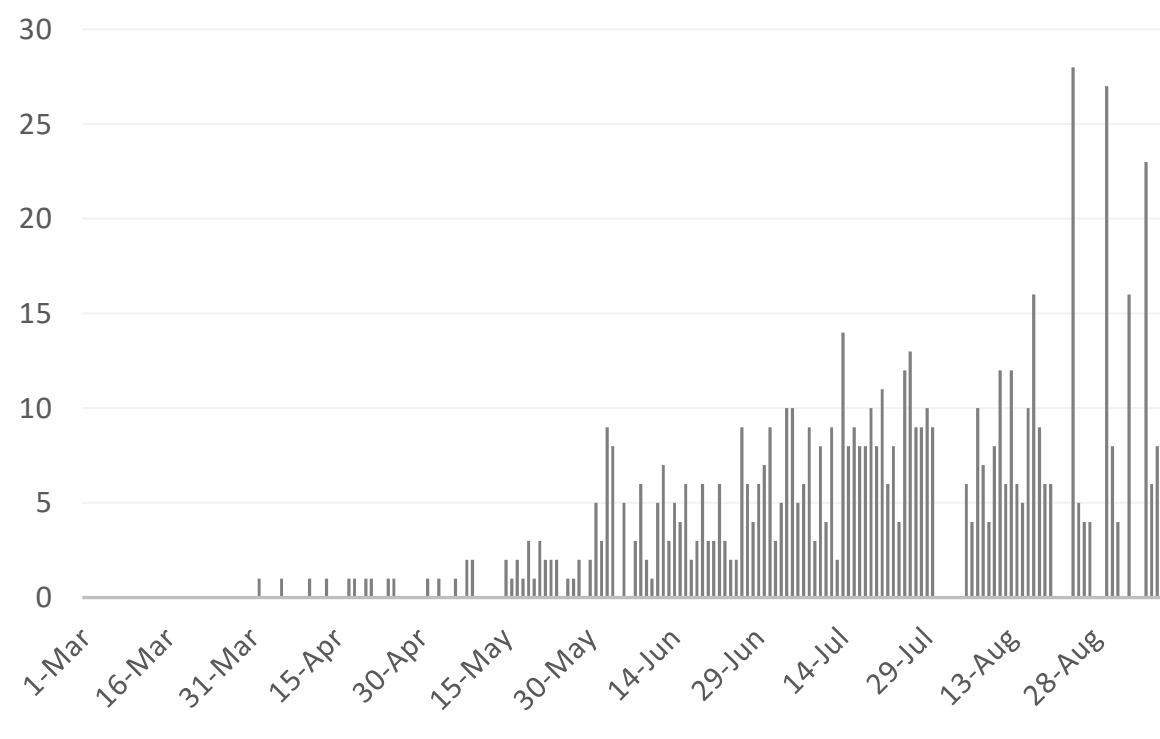
Source : KSA ministry of health

Bahrain



Source :WHO

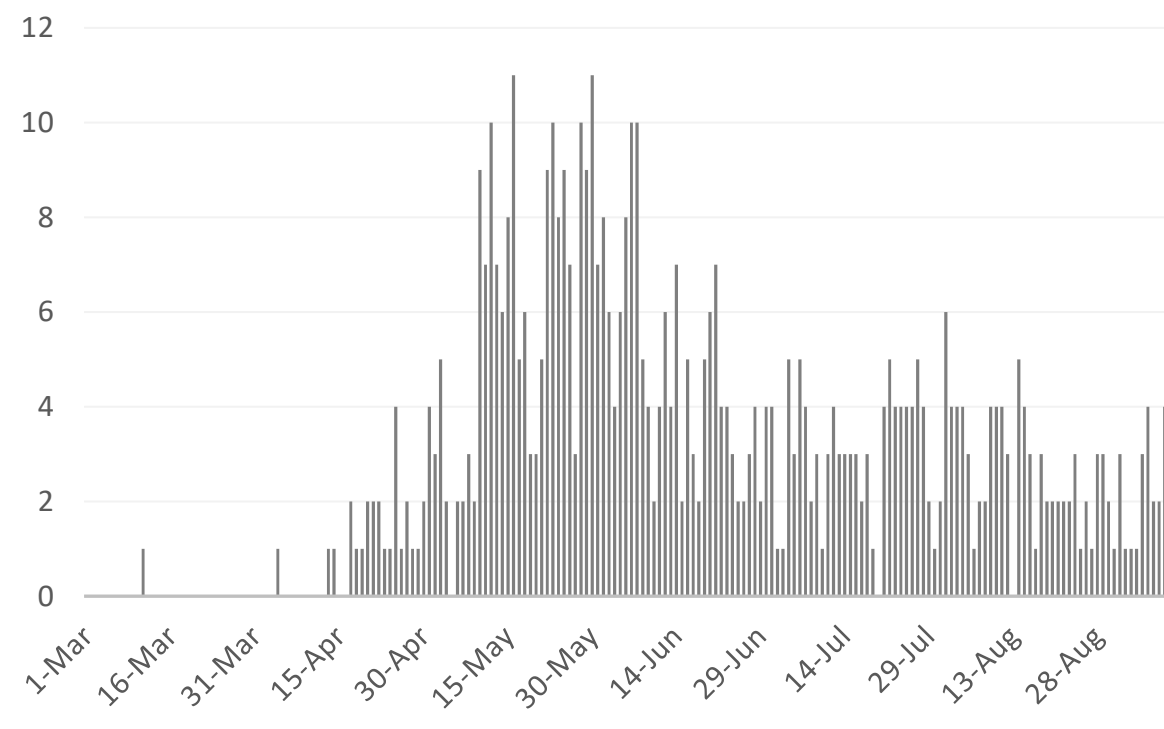
Oman



Source :Oman ministry of health

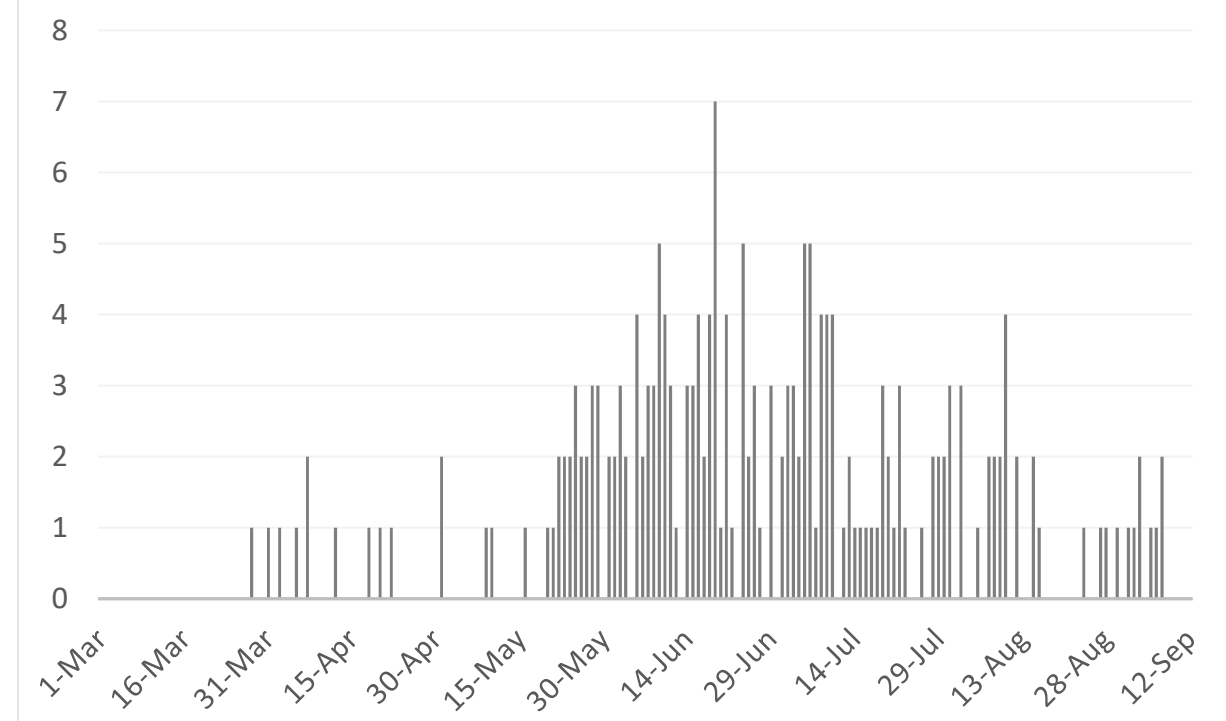
Kuwait

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Source : Kuwait ministry of health

Qatar



Source : Qatar ministry of health

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CLINICAL FEATURE

Article 1

Obesity and Hypertension in the Time of COVID-19

Published

09 September 2020 [JAMA](#)

- The presence of obesity, diabetes, or cardiovascular disease, are known risk factors for severe illness from COVID-19. In the United States (US), Black, Hispanic, American Indian, and Pacific Islander have increased rates of infection and disproportionately poor outcomes, including a higher risk of death as compared to the non-Hispanic white population. The convergence of the trends in obesity, hypertension, and COVID-19 within communities of color appears to reflect a complex interplay of contributing factors that are rooted in the social determinants of health and structural racism.
- The devastating effects of COVID-19 on communities of color is related to the intersectionality between race and class that increases exposure to the COVID-19 pandemic related to employment in essential service sectors and limited capacity to physical distancing in crowded housing conditions.
- The National Institutes of Health (NIH) is committed to supporting research to understand and improve the causes and consequences of diseases that disproportionately affect minority and underserved populations. The NIH is also committed to evaluating the success of interventional studies to reduce the risk factors that contribute to mortality among ethnic minority groups including obesity and hypertension and to monitor the magnitude of these contributing factors and subsequent outcomes in epidemiological studies.
- Multilevel approaches include policy, environmental, and community interventions and those engaging non-traditional partners outside the health care system to address areas such as early care and education, housing insecurity, and income inequality. Engaging patients, health advocacy organizations, families, community members, and others in research is another important approach to reduce health disparities.





Article 2

Clinical Outcomes in Young US Adults Hospitalized with COVID-19

Published

09 September 2020 [JAMA](#)

- Young adults (n = 3,222; aged between 18 and 34 years) diagnosed with COVID-19 who were discharged between April 01 and June 30, 2020, were identified in the Premier Healthcare Database and included in this study. Pregnant young women (n = 1644) were excluded as many were admitted for childbirth and not for COVID-19 infection. Only a patient's first hospitalization for COVID-19 was considered.
- During hospitalization, 684 (21%) patients required intensive care, 331 (10%) mechanical ventilation, and 88 (2.7%) died. Vasopressors or inotropes were used for 217 (7%), central venous catheters for 283 (9%), and arterial catheters for 192 (6%). The median length of stay was 4 days. Those who survived hospitalization, 99 (3%) were discharged to a post-acute care facility.
- Morbid obesity [adjusted odds ratio (OR) - 2.30; 95% CI: 1.77-2.98] and hypertension [adjusted OR -2.36; 95% CI: 1.79-3.12] were common and in addition to male [adjusted OR - 1.53; 95% CI: 1.20-1.95] were associated with greater risk of death or mechanical ventilation. Diabetes was associated with increased risk of this outcome in univariable analysis [OR - 1.82; 95% CI: 1.41-2.36].
- Morbid obesity, hypertension, and diabetes were common and associated with greater risks of adverse events. Young adults with > 1 of these conditions faced risks comparable with those observed in middle-aged adults without them. More than half of the patients who required hospitalization were Black or Hispanic that was consistent with previous findings of disproportionate illness severity among these groups.



THANK YOU

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