NOTICIAS

Desescalada FASE 0-1

Semana 18/05—24/05

Newsletter PTI Salud Global/Global Health Cov19

Principales novedades internacionales sobre IMPACTO

GRUPO TEMÁTICO DE TRABAJO 5

Coordinadores: Diego Ramiro y Ana Arenillas

Subtemáticas:
1.a. Social
1.b. Político
1.c. Económico
1.d. Medioambiental;
1. e. Dinámicas científicas e innovación

CENTROS E INSTITUTOS PARTICIPANTES

CBMSO, CEAB, CIB, CNB, EBD, EEAD, ICM, ICMAN, ICMAT, ICP, ICTAN, ICTJA, ICTP, ICSV, IDAEA, IEGD, IESA, IETCC, IFISC, IFS, IIM, ILLA, IMEDEA, IMF, INCAR, INGENIO, IPE, IPP, IQOG, ITQ, MNCN, RJB

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HOT TOPICS DE LA SEMANA

- Seroprevalencia
- Desigualdad
- Intervenciones tempranas
- Efectos confinamiento
- Open Access
- Diagnóstico
- Estadísticas de calidad
LA EVOLUCIÓN DE LA PANDEMIA COVID19 EN ESPAÑA. SOBREMORTALIDAD POR COVID19 Y SEROPREVALENCIA POR COMUNIDAD AUTÓNOMA.

Los sistemas de vigilancia epidemiológica de casos de enfermedad han detectado y dado un aviso temprano al inicio de la fase exponencial de crecimiento de la epidemia de la COVID-19. Esos sistemas de información son fundamentales para detectar los cambios en los ritmos de crecimiento de nuevos casos, lo que permite evaluar con rapidez la efectividad de las actuaciones de control en los distintos ámbitos donde se aplican. Por ello las estadísticas de casos de COVID-19, son la herramienta básica para el control de la epidemia.

Sin embargo, las estadísticas de casos diagnosticados, ingresados y fallecidos, son problemáticas cuando se pretenden hacer comparaciones de la incidencia de la epidemia entre naciones o regiones que la están sufriendo. Las dificultades de comparación de estas estadísticas provienen de diferencias en la organización y capacitación de los distintos sistemas sanitarios que generan la información necesaria para las mismas. Por ejemplo: la disponibilidad de pruebas diagnósticas o la priorización, protocolización y capacitación de los servicios de atención sanitaria en cada territorio puede ser muy heterogénea lo que conlleva variaciones en las coberturas diagnósticas y diferencias en los niveles de sensibilidad del sistema para detectar los infectados por SARS-COV-2, sobre todo en los casos leves o asintomáticos.

Los estudios de seroprevalencia de muestras poblacionales, son una de las mejores alternativas que los sistemas de vigilancia epidemiológica pueden aplicar para conseguir comparaciones objetivas del impacto de la epidemia en distintos ámbitos. Desafortunadamente son operaciones complejas, caras y muchas veces muestran el estado de la situación de la epidemia con más retraso del que los gestores precisan para sus decisiones.

En crisis epidémicas con significativa letalidad, como las que hoy estamos sufriendo, la vigilancia de la sobre-mortalidad observada sobre la esperada es una medida bastante objetiva y rápida de obtener. Está basada en los registros de defunciones, sistema bien consolidado y con una definición de caso poco discutible. Aunque haya diferencias temporales en cuanto al grado de consolidación de los datos en distintos ámbitos, con un retraso de unas pocas semanas es factible disponer de bastante información de suficiente calidad para hacer comparaciones objetivas entre países y ámbitos sub-nacionales.

En España, como en muchos países de Europa, los datos sobre mortalidad temprana están gestionados por el sistema de información sanitaria construido específicamente para la vigilancia del impacto de las olas de calor y la gripe: MOMO. Dicho sistema captura los datos directamente de los registros civiles informatizados, aplica ajustes a los últimos datos recibidos para compensar los retrasos en las inscripciones y la infra-cobertura en algunos ámbitos. A su vez MOMO suministra, además de los datos observados en el presente, las defunciones diarias esperadas predichas por un modelo estacional basado en las series temporales de fallecimientos de los últimos 5 años.

La validez de este indicador se demuestra por la alta correlación que presenta con la prevalencia de test inmunoglobulinas IgG+ para el SAR-CoV-2, que empezamos a conocer a partir de los informes preliminares de los resultados de la primera ola del Estudio Nacional de Sero-Epidemiología de la infección por SAR-CoV-2 ENE-Covi19.

Si este indicador de la intensidad de la epidemia se muestra adecuado en las comparaciones regionales, igualmente de útil puede ser su aplicación en comparaciones internacionales para estimar incidencias de la epidemia y evaluar la eficacia de las estrategias de control empleadas en cada ámbito.

Autores:
Francisco Viciana. IECA
Diego Ramiro Fariñas. IEGD-CSIC
This study provides preliminary evidence regarding associations between socioeconomic inequalities and variations in the number of COVID-19 confirmed cases across 923 municipalities in Catalonia, Spain, as of the 14th of May, 2020. We consider three types of inequalities at municipality-level: 1) economic development, i.e., unemployment rate, average income, immigrants proportion, and the prevalence of small residence; 2) health vulnerability, i.e., crude death rate and the proportion of elderly (aged 65+) population; and 3) information communication, i.e., the proportion of people with tertiary education. In addition to the static analysis with the total sum of COVID-19 cases, the dynamic analysis with daily moving weekly sum of cases is conducted. The result draws a rather complex picture of relationships between contextual socioeconomic inequalities and the spread of COVID-19 pandemic.

Autores: Mogi, Ryohei; Kato, Gento and Annaka, Susumu (2020)

Physical distancing measures are intended to mitigate the spread of COVID-19. However, the impact these measures have on social contact and disease transmission patterns remains unclear. We ran the first comparative contact survey (N=53,708) across eight countries (Belgium, France, Germany, Italy, Netherlands, Spain, UK, USA) for the period March 13 - April 13, 2020. Our results show that social contact numbers mainly decreased after governments issued physical distancing guidelines rather than after announcing national lockdown measures. Compared to pre-COVID levels, social contact numbers decreased by 48% - 85% across countries. Except in Italy, these reductions were smaller than those observed in Wuhan (China). However, they sufficed to bring the Ro below one in almost every context considered. Finally, in all countries studied, the numbers of contacts decreased more rapidly among older people than among younger people, indicating higher levels of protection for groups at greater risk.

Autores: Emanuele Del Fava, et al. (2020)

Although recognised as effective measures to curb the spread of the COVID-19 outbreak, social distancing and self-isolation, have been suggested to generate burden throughout the population. To provide scientific data to help identify risk-factors for the psychosocial strain during the COVID-19 outbreak, an international cross-disciplinary online survey was circulated in April 2020. This report outlines the mental, emotional and behavioural consequences of COVID-19 home confinement.

Conclusion: These findings elucidate the risk of psychosocial strain during the current home confinement period and provide a clear remit for the urgent implementation of technology-based intervention to foster an Active and Healthy Confinement Lifestyle (AHCL).

Autores: Ammar A. et al. (2020)
DIFFERENTIAL EFFECTS OF INTERVENTION TIMING ON COVID-19 SPREAD IN THE UNITED STATES

Assessing the effects of early non-pharmaceutical interventions on COVID-19 spread in the United States is crucial for understanding and planning future control measures to combat the ongoing pandemic. Here we use county-level observations of reported infections and deaths, in conjunction with human mobility data and a metapopulation transmission model, to quantify changes of disease transmission rates in US counties from March 15, 2020 to May 3, 2020. We find significant reductions of the basic reproductive numbers in major metropolitan areas in association with social distancing and other control measures. Counterfactual simulations indicate that, had these same control measures been implemented just 1-2 weeks earlier, a substantial number of cases and deaths could have been averted. Specifically, nationwide, 61.6% [95% CI: 54.6%-67.7%] of reported infections and 55.0% [95% CI: 46.1%-62.2%] of reported deaths as of May 3, 2020 could have been avoided if the same control measures had been implemented just one week earlier. We also examine the effects of delays in re-implementing social distancing following a relaxation of control measures. A longer response time results in a stronger rebound of infections and death. Our findings underscore the importance of early intervention and aggressive response in controlling the COVID-19 pandemic.

Autor: Sen Pei, Sasikiran Kandula, Jeffrey Shaman (2020)

Hot topics: Desigualdad; Distanciamiento social; Intervenciones tempranas; Amor; Vulnerabilidad; Efectos confinamiento: salud mental y estilo de vida

COMMUNITY COVID-19 VULNERABILITY INDEX IN INDIA

The population over age 50 and those suffering from chronic diseases are at a higher risk for severe infections and deaths due to Covid-19. The population of the elderly has increased in India since the census 2011 and more so in urban areas. Lack of sanitation and handwashing facilities compounded with congestion at homes makes it difficult to follow social distancing and maintaining proper hygiene and sanitation. Given the population size of the elderly, prevalence of co-morbidities, proportion of the population lacking basic water, sanitation and hygiene facilities, education level and the media exposure among household with at least on elderly, some areas of India are more vulnerable than the others. In this paper, we estimated several of these indicators for 640 districts of India using publicly available data and computed a community Covid-19 vulnerability index (CVI). We show that some areas of India are more at risk of severe infection and deaths than others. Identification of these areas at the lowest administrative level will help the government to define targeted interventions and campaigns and to be ready for the worst. We recommend the central and state governments to reach the vulnerable population through the vast network of local-level governments by empowering them to protect the community in their respective constituency.


MEASURING EXCESS MORTALITY DURING THE COVID-19 PANDEMIC IN LOW- AND LOWER-MIDDLE INCOME COUNTRIES: THE NEED FOR MOBILE PHONE SURVEYS

In low income and lower-middle income countries, data from civil registration systems do not allow monitoring excess mortality during the COVID-19 pandemic. Rapid mobile phone surveys aimed at measuring mortality trends on a monthly basis are a realistic and safe option for filling that data gap. The data generated by mobile phone surveys can play a key role in better targeting areas or population groups most affected by the pandemic. They can also help monitor the impact of interventions and programs, and rapidly identify what works in mitigating the impact of COVID-19.

Autor: Adjiwanou et al. (2020)
ESTADÍSTICA Y COVID-19

No se acaba de entender por qué todas, o casi todas, las estadísticas que se ofrecen y publican se presentan en cifras absolutas. Cuando se dice que Estados Unidos tiene más muertes que España, o que Madrid tiene más muertes que Castilla-Mancha, no se miente, pero se confunde a los ciudadanos. Cualquier persona sabe que una población mayor, a igualdad de otras circunstancias, tendrá más muertes de virus o de cualquier otra cosa que una población más pequeña. Por eso se han utilizado siempre las tasas o las proporciones, para comparar los hechos demográficos con la población total, pues es la única manera de comparar para obtener interpretaciones y conclusiones mejores.

Autor: Juan Díez Nicolás (2020).

OPEN ACCESS AND ALTMETRICS IN THE PANDEMIC AGE: FORECAST ANALYSIS ON COVID-19 LITERATURE

An analysis on the uptake of open access on COVID-19 related literature as well as the social media attention they gather when compared with non OA papers. We use a dataset of publications curated by Dimensions and analyze articles and preprints (sample includes 11,686 publications: 67.5% openly accessible). OA publications tend to receive the largest share of social media attention as measured by the Altmetric Attention Score. 37.6% of OA publications are bronze, which means toll journals are providing free access. MedRxiv contributes to 36.3% of docs. in repositories but papers in BiorXiv exhibit on average higher AAS. We predict the growth of COVID-19 literature in the following 30 days estimating ARIMA models for the overall publications set, OA vs. non OA and by location of the document. We estimate that COVID-19 publications will double in the next 20 days, but non OA publications will grow at a higher rate than OA publications. We conclude by discussing the implications of such findings on the dissemination and communication of research findings to mitigate the coronavirus outbreak.

Autor: Daniel Torres-Salinas et al. (2020)
EMOTIONAL CONSEQUENCES OF COVID-19 HOME CONFINEMENT: THE ECLB-COVID19 MULTICENTER STUDY

Background: Public health recommendations and government measures during the COVID-19 pandemic have enforced restrictions on daily living, which may include social distancing, remote work/school, and home confinement. While these measures are imperative to abate the spreading of COVID-19, the impact of these restrictions on mental health and emotional wellbeing is undefined. Therefore, an international online survey was launched on April 6, 2020 in seven languages to elucidate the impact of COVID-19 restrictions on mental health and emotional well-being. This report presents the preliminary results from the first thousand respondents on mental wellbeing and mood and feelings questionnaires.

Methods: The ECLB-COVID19 electronic survey was designed by a steering group of multidisciplinary scientists and academics, following a structured review of the literature. The survey was uploaded and shared on the Google online survey platform. Thirty-five research organizations from Europe, North-Africa, Western Asia and the Americas promoted the multi-languages survey through their networks to general society. Of the 64 questions, 7 were from the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), and 13 were from the Short Mood and Feelings Questionnaire (SMFQ), which are both validated instruments.

Results: Analysis was conducted on the first 1047 replies (54% women) from Asia (36%), Africa (40%), Europe (21%) and other (3%). The COVID-19 home confinement had a negative effect on both mental wellbeing and on mood and feelings. Specifically, a significant decrease (p<0.001 and Δ%= 9.4 %) in the total score of mental wellbeing was noted. More individuals (+12.89%) reported a low mental wellbeing during compared to before home confinement. Furthermore, results from the mood and feelings questionnaire (i.e., depressive symptoms) showed a significant increase by 44.9% (p<0.001) in total score with more people (+10%) developing depressive symptoms during compared to before home confinement.

Conclusion: The ECLB-COVID19 survey revealed an increased psychosocial strain triggered by the enforced home confinement. To mitigate this high risk of mental disorders and to foster an Active and Healthy Confinement Lifestyle (AHCL), a crisis-oriented interdisciplinary intervention is urgently needed.

Autor: Ammar, A. et al.(2020)

OTROS ARTÍCULOS DE INTERÉS

- LAS EPIDEMIAS COMO CATÁSTROFES Algunas reflexiones prospectivas sobre la pandemia de coronavirus. DOCUMENTOS DEL COLEGIO LIBRE DE EMÉritos N.º 1 [Baca, Enrique (2020)]

THE CONFOUNDED CRUDE CASE-FATALITY RATES FOR COVID-19 HIDE MORE THAN THEY REVEAL A COMPARISON OF AGE-SPECIFIC AND AGE-ADJUSTED RATES BETWEEN SIX COUNTRIES

Background: The reported crude case-fatality rates (CFRs) vary widely between countries. The serious limitations of using crude rates for comparisons are sometimes overlooked. In this paper we examined to what extent the age distribution of the cases is responsible for the differences in CFRs between countries. Methods: Data on COVID-19 were extracted from the reports of individual countries. Overall and age-specific CFRs were available for six countries. The CFRs by country were adjusted for age using the direct method, using the combined age-specific number of cases as the standard population. Findings: The age distribution of the cases varied widely between countries. The crude CFRs varied between 1.6% and 11%. The differences in the age-specific CFRs were much smaller and the age-adjusted rates were much closer than the crude rates. The ratio of the crude CFR for the country with the highest to that with the lowest, was reduced substantially from 7.4 to 2.3 for the age-adjusted rates. Conclusions: The age structure of the cases dramatically impacts on the differences in the crude CFRs between countries. Adjusting for age substantially reduces this variation. Other factors such as the differences in the definition of the denominators, the definition of a case and the standard of healthcare are likely to account for much of the residual variation. It is misleading to compare the crude COVID-19 CFRs between countries and should be avoided. Comparisons should be based on age-specific and age-adjusted rates.

Autor: Green, M.S. et al. (2020)
THE UNCOUNTED DEAD. WHY SOME PEOPLE WHO LIKELY DIED FROM COVID-19 AREN’T INCLUDED IN THE FINAL NUMBERS

Death is hard — hard to count, hard to experience. The personal and the statistical both reside in a space where the question of “what happened” can be answered as an absolute — as certain as we can ever be about a thing —while simultaneously remaining painfully inexact and mysterious. We will almost certainly never know exactly how many Americans died of COVID-19. But any count we get by leaving out deaths probably related to the virus — and, ultimately, leaving out Bob and a lot of people like him — will be less accurate than a count that includes them.

Autor: Maggie Koerth (2020)

AMERICA’S PATCHWORK PANDEMIC IS FRAYING EVEN FURTHER. THE CORONAVIRUS IS COURSING THROUGH DIFFERENT PARTS OF THE U.S. IN DIFFERENT WAYS, MAKING THE CRISIS HARDER TO PREDICT, CONTROL, OR UNDERSTAND.

The Patchwork Pandemic—-not one crisis but many interconnected ones playing out in very different ways across the country, making things harder to predict, control, or come to terms with. The piece has three parts. Part I is about our patchwork experience—what happens when shared purpose erodes, and some people resume normal life while others are still isolated. It’s also about 3 factors that make the pandemic hard to grasp and are amplified by the variations. Part II is about our patchwork response—how a lack of federal coordination has wasted valuable time, why states have had to forge their own wildly different paths, and what those decisions mean for the future, and what measures might still work. Part III is about our patchwork legacy—how the existing patchwork has emerged from much older, deeper ones, how it disproportionately affects Indigenous and minority groups, why those longstanding inequalities MUST be addressed, and how to do so. Of all the threats we know, the COVID-19 pandemic is most like a very rapid version of climate change—global in its scope, erratic in its unfolding, and unequal in its distribution. And like climate change, there is no easy fix. Our choices are to remake society or let it be remade, to smooth the patchworks old and new or let them fray even further.

TESTING EARLY, TESTING LATE: FOUR COUNTRIES’ APPROACHES TO COVID-19 TESTING COMPARED

We cannot learn about the outbreak from the number of confirmed cases, unless we also know the extent of testing by which these cases were discovered. Where every other person tested is found to be infected — as in the UK in early April before testing capacity increased — this is a clear indication that many infected people are going untested. In this circumstance, the number of confirmed cases gives an unreliable indication of the extent of the outbreak. Where only one in 100 people tested are found to be infected — as in South Korea at the same point in time — confirmed case numbers give a much more reliable picture of the outbreak.

CORONAVIRUS TRACKED: THE LATEST FIGURES AS COUNTRIES FIGHT TO CONTAIN THE PANDEMIC

Europe’s average count of coronavirus-related deaths overtook Asia in early March, with Italy, Spain and the UK becoming the new global hotspots. Since mid-April the focus has shifted to the US where the number of deaths has remained consistently high, accounting for 30 per cent of global deaths. Latin America and the Caribbean has recently seen its share increase to more than a third of new cases, fueled by a surge in Covid-19 deaths in Brazil.
MEN AND WOMEN AGREE: DURING THE COVID-19 PANDEMIC MEN ARE DOING MORE AT HOME

They differ over how much, but in most households the division of housework and childcare has become more equal.

COVID-19 HAS BECOME ONE OF THE BIGGEST KILLERS OF 2020

This year its global toll exceeds that of breast cancer or malaria.

Hot topics: Contar las muertes; Diagnostico; Division del trabajo domestico; Fin; Residencias; Privatización ciencia; Comunicación educativa; Consumo

OTRAS NOTICIAS RELEVANTES

- Scientists are drowning in COVID-19 papers. Can new tools keep them afloat?
- Forecasting covid-19. Early projections of covid-19 in America underestimated its severity. By luck or by design, they have improved markedly since.
- Covid-19 y desigualdad según Angus Deaton
- Sin matemáticas España no podrá competir con el resto del mundo.
- Data linking race and health predicts new COVID-19 hotspots
- 'It's a disaster': Egypt's doctors plead for more PPE and testing. Medics increasingly at odds with government that is urging citizens to ‘coexist’ with Covid-19
- U.S. 2019 Births Fall for Fifth Consecutive Year to 35-Year Low
- The Coronavirus (COVID-19) outbreak highlights serious deficiencies in scholarly communication
- Abrir (y privatizar) la ciencia en tiempos de la COVID-19
- El consumo alimentario tras la COVID-19: ¿Hacia un salto de escala en la agroecología?

HOW PANDEMICS END. AN INFECTIOUS OUTBREAK CAN CONCLUDE IN MORE WAYS THAN ONE. HISTORIANS SAY. BUT FOR WHOM DOES IT END, AND WHO GETS TO DECIDE?

When will the Covid-19 pandemic end? And how? According to historians pandemics typically have two types of endings: the medical, which occurs when the incidence and death rates plummet, and the social, when the epidemic of fear about the disease waves.
PÁGINAS WEB DE INTERÉS

1. INE. Información estadística para el análisis del impacto de la crisis COVID-19
2. WHO Coronavirus Disease (COVID-19) Dashboard
3. European Centre for Disease Prevention and Control. COVID-19 information
5. COVID19- Centro Nacional de Epidemiología incluyendo el panel MOMO
6. Johns Hopkins University Coronavirus Resource Center
7. Worldometers: Web con sección especial de COVID19
8. IUSSP Demographers’ contributions to the understanding of the COVID-19 pandemic
9. CEPAL Covid Respuesta
12. INED Crise sanitaire et confinement : l’apport de la démographie et des sciences de la population
14. OpenSAFELY
15. Longitudinal Covid-19 studies in countries internationally exploring the effects of the pandemic on mental health
16. Epidemias y salud global Reflexiones desde la Historia
17. Biblioteca Virtual del CSIC Recursos sobre COVID19
18. British Library online
19. L’Observatoire 19: evaluar los efectos de la pandemia sobre el Periodismo.
20. OCDE Country Policy Tracker
22. Acción Matemática contra el Coronavirus Comité Español de Matemáticas: Repositorio de fuentes de datos y web de interés relacionadas con COVID19.
23. The Ecological Society of America (ESA) publishes a series on ecology and COVID-19: Evolutionary Biology and Questions Regarding the Coronavirus!
24. LTC COVID Response, International Long-Term Care Policy Network: Apoyar las respuestas de atención comunitaria e institucional a largo plazo a COVID-19
25. 2019 Novel Coronavirus Research Compendium (NCRC)
26. The Economist’s tracker for covid-19 excess deaths
Recuerda que puedes encontrar información de TODAS las convocatorias abiertas en la wiki de la PTI Salud Global

CONVOCATORIAS ABIERTAS


2.- **EIT-Health.**

EIT Health was established in 2015, as a ‘knowledge and innovation community’ (KIC) of the European Institute of Innovation and Technology (EIT). The EIT is made up of various KICs who each focus on a different sector, or area, of innovation – in our case, that is health and aging. The idea behind the EIT KICs is that innovation flourishes best when the right people are brought together to share expertise.

The so called ‘knowledge triangle’, is the principle that when experts from business, research and education work together as one, an optimal environment for innovation is created. EIT Health is seeking to build a strong and impactful portfolio of activities to run in 2021 and beyond. With this call for proposals, we specify what activities we are expecting and explain the details on how to participate.

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**VIRTUAL EVENTS OR WORKSHOPS**

1.- **Demographic Insights into COVID-19: The Importance of Age, Sex, Family and...Denominators May 27,2020 Population Association of America**

1:00 – 2:30 PM EDT. 10:00 AM – 11:30 PDT

PAA President, Dr. Eileen Crimmins and Vice-President Sara Curran will host and moderate presentations from four esteemed colleagues.

- Jennifer Dowd (Oxford University)
  Overview of Traditional Demography and COVID So Far
- Steven Goodreau (University of Washington)
  Demography, Social Networks and COVID-19
- Marcia Castro (Harvard University)
  Challenges of COVID-19 in Latin America
- Andrew Noymer (Univ. Calif. – Irvine)
  What Next for Population Science and COVID-19?

Register here

2.- **Call for nominations: IPBES workshop on biodiversity and pandemics**

Considering the extraordinary situation caused by the novel Coronavirus and given the role that IPBES can play in strengthening the knowledge base on biodiversity links of current and future pandemics such as COVID-19 and in reaching a wide public, the IPBES Bureau and Multidisciplinary Expert Panel, after recent discussions, decided that IPBES will organize a virtual Platform workshop on the link between biodiversity and pandemics, from 27-31 July 2020.
NUESTRA WIKI
Para información actualizada de la actividad de las temáticas puedes consultar la wiki de la PTI Salud Global.

OTRA INFORMACIÓN QUE DEBES CONOCER
Puedes consultar la web pública de la PTI Salud Global para conocer más noticias y novedades de la actividad de nuestros investigadores en la lucha contra la pandemia provocada por la COVID-19.
Y si tienes cualquier consulta, puedes hacernosla llegar a través del email: pti@csic.es