



Con il patrocinio di



Newsletter Scientifica COVID 19 & MEDICAL HUMANITIES

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Questa newsletter redatta dal Servizio Formazione e Sviluppo Risorse Umane della ASL BI in collaborazione con la Biblioteca Biomedica 3Bi, si rivolge ai professionisti sanitari impegnati nella fase di emergenza Covid-19. Fedeli alla filosofia che ha animato l'agire del nostro Servizio, la newsletter Covid 19 & Medical Humanities affianca alle risorse bibliografiche e agli articoli tratti dalle principali fonti istituzionali e scientifiche alcuni contributi che fanno riferimento alle discipline umanistiche. Crediamo nel valore generato dall'integrazione dei saperi e ci auguriamo che la pubblicazione incontri il vostro gradimento. Buona lettura!

Arrivederci a venerdì 18 febbraio!

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I numeri di queste Newsletter sono visibili e scaricabili dal sito aziendale cliccando qui



Pagina Pensieri Circolari



Pagina Fondazione 3Bi

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Medico ASL BI e Consigliere Ordine dei Medici di Biella

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Questa settimana la BVS-P presenta:



progetto realizzato per promuovere la conoscenza delle attività di ricerca svolte dalle nostre **ASL** e da **ARPA**.

Mette a disposizione tutte le schede bibliografiche degli articoli indicizzati presso le principali Banche dati biomediche internazionali: **PubMed, Embase, Medline**.

Gli Operatori avranno anche la possibilità di segnalare i loro articoli e libri in modo da renderli disponibili sul catalogo.

Per consultarlo cliccare sul link:

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bvs-p

**Per ricercare
la letteratura internazionale**

La Biblioteca Virtuale per la Salute - Piemonte è uno strumento di supporto all'attività degli Operatori della sanità piemontese. La BVS-P offre periodici elettronici e banche dati agli operatori della sanità piemontese per consentire loro di ricercare progressi e significati nella letteratura scientifica, sui temi della salute e dell'ambiente.

Inoltre si propone di promuovere la medicina basata sulle evidenze, e di contribuire alla formazione nel campo della ricerca bibliografica e della valutazione critica della letteratura scientifica.

Lancet Respir Med. 2021 Dec 17;S2213-2600(21)00559-2. doi: 10.1016/S2213-2600(21)00559-2. Online ahead of print.

[Omicron variant and booster COVID-19 vaccines](#)

Talha Khan Burki

PMID: 34929158 PMCID: PMC8683118 DOI: 10.1016/S2213-2600(21)00559-2

Abstract

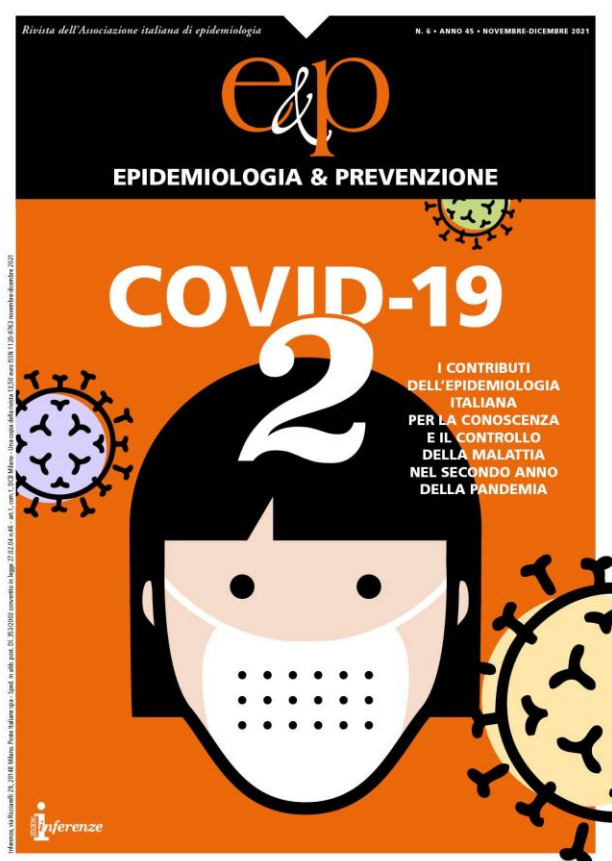
On Dec 13, 2021, the UK Health Security Agency (UKHSA) confirmed that a patient in England had died after contracting the omicron variant of SARS-CoV-2. The previous day, prime minister Boris Johnson launched a drive to offer all adults in the UK a third dose of the COVID-19 vaccine by the end of the year. "We are now facing an emergency", stated Johnson. "There is a tidal wave of omicron coming and I am afraid it is now clear that two doses of vaccine are simply not enough." WHO categorises the risk associated with omicron as very high. The new variant, which is also known as B.1.1.529, was identified in November, 2021. It has since been detected in more than 60 countries. As The Lancet Respiratory Medicine went to press, the UK had registered 10 017 cases of omicron. The true caseload is likely to be considerably larger. On Dec 15, 2021, 78 610 people tested positive for SARS-CoV-2 in the UK. "There will be an increasing number of omicron patients going into the NHS, going into hospital, going into intensive cares", cautioned Chris Whitty, England's Chief Medical Officer. "That will begin to become apparent, in my view, fairly soon after Christmas." In the week ending Dec 12, Africa recorded 196 000 cases of COVID-19, an increase of 86% on the previous week. Cases of COVID-19 rose by 66% in South Africa, where omicron was first detected. But bed occupancy rates in the country's intensive care units remain low.

The original strain of SARS-CoV-2 has an R0 of 2.5, while the delta variant (B.1.617.2) has an R0 of just under 7. Martin Hibberd, professor of emerging infectious diseases at London School of Hygiene & Tropical Medicine (London, UK), reckons omicron's R0 could be as high as 10. In the UK, cases of omicron are doubling every 2–3 days, which puts it on track to supplant delta as the dominant variant in the country by mid-December. It also complicates control efforts. "Contact tracing works well if you have about a week between one infection and the next", explained Hibberd, "But it is almost impossible to make it work if you only have 2 or 3 days between infections. We may have to rely on other measures, like daily testing." It is too soon to know the exact extent to which vaccination or previous infection with SARS-CoV-2 protects against infection with omicron. The early signs are worrying. 70% of the UK population have had two doses of the COVID-19 vaccine, while the proportion of the population who harbour antibodies against SARS-CoV-2 exceeds 90%. Although vaccination rates are considerably lower in South Africa, infection rates with SARS-CoV-2 are thought to have been extremely high over the course of the pandemic. Yet omicron is spreading rapidly in both nations. The UKHSA has suggested that protection against symptomatic disease at 25 weeks after two doses of the COVID-19 vaccine could be less than 10% for the omicron variant, compared with 40% for the delta variant.

"It certainly looks like a three-shot vaccination schedule will be needed against omicron", commented Susanna Dunachie, professor in infectious diseases at the University of Oxford (Oxford, UK). In which case, the term booster might need to be retired. As of Dec 11, 34% of the UK population had received three doses of the COVID-19 vaccine; if this is now regarded as the equivalent of full vaccination, the country is back to where it was in the fourth week of May, 2021.

Pfizer-BioNTech and Moderna, the manufacturers of the two mRNA vaccines that have been approved for COVID-19, have stated that they could produce vaccines specific to omicron within 100 days. "It might be the right time to consider changing the vaccine", said Hibberd. "The current vaccines are based on the Wuhan strain of SARS-CoV-2, but that is not what the virus looks like anymore." A vaccine based on omicron would presumably require only two doses. "There are a lot of mutations in omicron that are similar to the other variants of concern that we have seen so far, so there is no reason to think you would not get strong cross-protection from a vaccine based on omicron", added Hibberd. "The major issue is that we risk creating a two-tier system, with poorer countries stuck with out-of-date vaccines."

Much will depend on the scale and severity of the breakthrough infections associated with omicron. Currently, researchers are heavily reliant on the sequencing data for omicron, which reveals more than 30 mutations in the spike protein upon which the COVID-19 vaccines are based, and neutralising antibody data, which shows that the variant has partial but not complete resistance to pre-existing immunity. But vaccine effectiveness is also determined by binding antibodies, which prevent SARS-CoV-2 from getting into the cells, and T-cells, which attack infected cells and help with antibody production. "T-cells respond to the whole of the spike protein, so they are less likely to be bothered by a few mutations", points out Dunachie. "They probably play a part in preventing severe disease, though we do not yet know how big a part." When it eventually emerges, the vaccine effectiveness data might indicate that Omicron does not significantly increase the risk of severe disease or death in vaccinated populations. But billions of people around the world are not part of a vaccinated population. Just 7% of Africans have received two jabs with the COVID-19 vaccines. How omicron will interact with populations with low immunity against COVID-19 remains to be seen.



E&P 2021, 45 (6) novembre-dicembre, p. 434-435

[Training first aid rescuers at workplace during the COVID-19 pandemic in Italy: challenges and opportunities/La formazione dei lavoratori designati al primo soccorso sul luogo di lavoro durante la pandemia di COVID-19 in Italia: sfide e opportunità](#)

Francesco Chirico, Angelo Sacco, Lukasz Szarpak, Gabriella Nucera

DOI: <https://doi-org.bvssp.idm.oclc.org/10.19191/EP21.6.110>

Abstract: Out-of-Hospital Cardiac arrest (OHCA) is a major cause of mortality in the general population, even if the cardiac arrest is promptly recognized, appropriate Cardiopulmonary Resuscitation (CPR) is done on site by laypeople, and rapid defibrillation is followed by Emergency Medical Services.

The majority of the adult population spends most of their time at workplace. Therefore, occupational settings have been identified as instrumental to shed basics of cardiopulmonary resuscitation (CPR). Since the late Nineties, Italian legal framework has enforced as mandatory the appointment of an appropriate number of employees as first-aiders (Law Decree N. 81, 09.04.2008, art. 45), specifically requiring their training in first aid manoeuvres and in basic CPR (Inter-Ministerial Decree N. 388, released on 15.07.2003). Interestingly, some studies have showed a frightening increased rate of OHCA during the ongoing COVID 19 pandemic. The reasons remain unclear, but reasonably include both direct (i.e., cardiotoxic effect of SARS-CoV-2 infection) and indirect factors, such as diagnostic delay, increasing difficulties in

receiving appropriate medical treatment because of saturation of healthcare resources, or simply hesitance towards healthcare services as feared to be 'at risk' for SARS-CoV-2 infection. Not coincidentally, the recent Circular of the Italian Ministry of Health released on 07.01.2021 has established that First Aid training courses must retain their priority, being carried out on despite the COVID-19 pandemic. On the one hand, some interpretations of legal requirements have suggested that theoretical sessions of First Aid Courses may be performed as online training (Consultation of 01.10.2012; Ministry of Labour and Social Policies; Decree of the President of the Council of Ministers of 03.12.2020), reserving in-person training for hands-on training only. Interestingly, a certain base of evidence has stressed that non-frontal formation courses (e.g., Internet-based tutorials) may be suitable alternative to more conventional CPR training when dealing with the theoretical issues, both in terms of skills acquisition and retention. However, Italian legal framework explicitly rules out such option (Annex 5, Agreement of the Conference State-Regions of 07.07.2016).

On the other hand, both the Circular of the Ministry of Health of 23.06.2020, and European Resuscitation Council guidelines³ have issued specific requirements for training courses to be held 'in presence' that are much severe than those

reported by the aforementioned Agreement of the Conference State-Regions of 07.07.2016 (i.e., no more than 35 trainees per session). Briefly, preventive measures may be summarized both administrative and environmental ones. Examples of administrative measures include reducing the number of trainees (i.e., no more than 6 candidates for hands-on training) and appropriate use of personal protective equipment (PPE) (i.e., surgical mask, or even Filtering Facepiece 2 – FFP2, gloves, eye and face protection, and long-sleeved gown by both teachers and learners, when hands-on training happens without sufficient distance). Environmental measures are represented by:

1. choosing as site for training only large rooms with sufficient natural air ventilation;
2. cleaning manikins and equipment following every single training session with disinfectant compatible with the materials;
3. avoiding or limiting any formal/informal break.

Am J Transplant. 2022 Jan 9. doi: 10.1111/ajt.16950. Online ahead of print.

Anti-SARS-CoV-2 spike protein and neutralizing antibodies at one and 3 months after 3 doses of SARS-CoV-2 vaccine in a large cohort of solid-organ-transplant patients

Nassim Kamar, Florence Abravanel, Olivier Marion, Laure Esposito, Anne Laure Hebral, Chloé Médrano, Joelle Guitard, Laurence Lavayssière, Olivier Cointault, Marie Bétriace Nogier, Julie Bellière, Stanislas Faguer, Chloé Couat, Arnaud Del Bello, Jacques Izopet

PMID: 35000296 DOI: 10.1111/ajt.16950

Abstract: The immunogenicity of SARS-CoV-2 vaccine was improved by the administration of a third dose. The aim of our retrospective study was to assess the evolution of binding and neutralizing antibody concentration until 3 months after the third dose in a large cohort of solid-organ-transplant (SOT) patients (n=872). At one month after the third dose, anti-SARS-CoV-2 antibodies were detected by means of ELISA tests in 578 patients (66.3%). In a subgroup of patients 70% (180 out of 257) had anti-SARS-CoV-2 antibody concentration ranging from 1.2 to 18 411 BAU/mL and 48.5% (115 out of 239) had a neutralizing antibodies titer that can confer a clinical protection against SARS-CoV-2. Three-hundred ninety-three patients out of the 416 (94.5%) who were seropositive at month 1 and were tested at 3 months after vaccination remained seropositive. Between months 1 and 3 after vaccination, binding and neutralizing antibodies concentrations decreased significantly. The proportion of protected patients against the SARS-CoV-2 also slightly decreased. In conclusion, this study shows that, although two-third of SOT develop anti-SARS-CoV-2 antibodies after three doses, one third of them remain weakly or non-protected. It is important to measure anti-SARS-CoV-2 antibodies to define the strategy that can optimize SOT protection against SARS-CoV-2.

Keywords: COVID-19; humoral response; neutralization; organ transplantation; vaccine.



E&P 2021, 45 (6) novembre-dicembre, p. 449-451

The effect of COVID-19 on scientific publishing in Italy/Gli effetti di COVID-19 sulla pubblicazione scientifica in Italia

Paola Berchiulla, Sara Urru, Veronica Sciannameo

DOI: <https://doi-org.bvsp.idm.oclc.org/10.19191/EP21.6.136>

Abstract: Since the beginning of the COVID-19 outbreak, a flood of Coronavirus research has spurred, and it has produced an unprecedented number of publications, favoured by rapid publishing, reduced fees, and specific COVID-19 paper calls that many biomedical journals have provided. Let us look over some numbers. LitCOVID, a daily updated literature hub tracking relevant COVID-19 related articles indexed in PubMed, at the end of October 2021 reported having collected a database of 187,206 citations. The COVID-19 Open Research Dataset (CORD-19), another corpus of tens of scholarly articles about COVID-19 and SARS-CoV-2 regularly updated with new research published in peer-reviewed journals and preprint repository, counted more than 280,000 scientific papers at the same date. We can fairly say that, during all the COVID-19 pandemic, as researchers we have been daily exposed to scientific information we were used to getting in biomedical conferences that happened yearly.

To give a sense of context to the volume of such scientific production, in 2020, the total number of publications indexed by PubMed was more than 1.4 million, corresponding to a 15% increase over 2019. This increase in publications was not only due to COVID-19 related articles submission. The same year, a growing number of non-COVID-19 related articles has been submitted to scientific journals, probably explained by the fact that many researchers, because of lockdown, were forced to work from home and could focus on writing down papers than conducting experiments in laboratories.

However, disease-specific comparator searches in citation database like PubMed suggest that the pandemic almost drove

the sharp increase in publication volume. Searching how many articles focused, for example, on cardiovascular diseases that are not COVID-19 neither SARS-CoV-2 related supports this observation. In 2017, cardiovascular diseases were the leading cause of years of life lost. Searching on PubMed, the number of articles retrieved rose from 111,769 in 2019 to 119,646 in 2020, accounting for only a 7% increase. Similarly, such pattern occurs for almost any other disease.

An interesting scientometric analysis performed on novel Coronavirus publications in 2020 shows that Italy has played a significant part in COVID-19 research, ranking as the 5th most productive country in terms of publications. This result is striking since Italy has never ranked in the top five publishing countries before the pandemic. A similar pattern, even if at a smaller size, is displayed in other countries like Brazil and Hong Kong: the widespread and the severe impact of the pandemic can explain it.

Let's look a bit more in detail at the figures of Italian COVID-19 research published so far. To have a reasonable idea of the volume of the Italian COVID-19 research, we get the data from two main sources: Scopus and PubMed. Applying the COVID-19 article filters used to collect relevant articles in the LitCOVID database from November 2019 to 20 October 2021, from PubMed we identified 16,088 relevant articles with at least one author with an Italian affiliation. Performing the same research in Scopus, using the automatic term mapping feature to create the search string, we identified 18,146 articles. After deduplication, we finally obtained 19,331 relevant articles. As a matter of interest, the majority of COVID-19 papers were published in Open Access high-ranked journals, like International Journal of Environmental Research and Public Health, Journal of Clinical Medicine, Critical Care, only to mention a few.

Looking at the temporal trend, a growing number of publications started from March 2020, coinciding with the first wave, and peaked in August 2020. Then, a second peak occurred in December 2020, at the end of the second wave. Finally, an almost constant number of publications (about 1,000) was maintained from February to August 2021. Figure 1 depicts the temporal trend of publications.

Professioni Infermieristiche V. 74 N. 3 (2021) : 250-257.

Sintomi Burnout-correlati tra il personale sanitario italiano di Terapia Intensiva durante l'emergenza COVID-19. Indagine conoscitiva multicentrica

Vincenzo Damico, Viola Margosio, Mauro Teli, Liana Murano, Clara Ripamonti

Abstract

Scopo: analizzare la prevalenza del Burnout definito dal MBI-GS tra il personale sanitario di Terapia Intensiva (TI) durante l'emergenza COVID-19.

Metodo: è stato condotto uno studio trasversale multicentrico. Un campione composto da 197 sanitari (135 infermieri e 62 Medici) ha partecipato allo studio. Tra il 25 Marzo e il 15 Maggio 2020, il questionario Maslach Burnout Inventory-General Survey (MBI-GS), è stato inviato online tramite la piattaforma Google Forms al fine di rilevare e misurare la gravità della Sindrome di Burnout (BOS).



Risultati : i sintomi BOS-correlati (punteggio medio o alto) per i singoli domini della MBI-GS sono stati identificati in almeno il 69% dei sanitari. Novantotto sanitari (49.7%) presentavano un rischio medio-alto di esaurimento emotivo, 108 (54.8%) di depersonalizzazione e 102 (51.8%) di ridotta realizzazione personale. Un rischio alto di esaurimento emotivo (27.4% vs 8.1%, $p=0.002$), un rischio moderato di depersonalizzazione (56.3% vs 32.2%, $p=0.0017$) e un rischio moderato per la ridotta realizzazione personale (60.7% vs 24.2%, $p<0.001$) è stato maggiormente osservato tra il personale infermieristico.

Dalla relazione tra Burnout ed età anagrafica, è stata osservata una forte associazione tra aumento dell'età e aumento del rischio di Burnout severo ($F=12.226$; $p<0.001$) in tutto il personale intervistato.

Conclusioni: i risultati suggeriscono come il personale sanitario durante l'emergenza abbia avuto alti livelli di sofferenza lavorativa e sia stato a rischio di esaurimento fisico ed emotivo. Tuttavia ulteriori ricerche dovrebbero essere intraprese per stabilire relazioni causali tra BOS e fattori di rischio personale e ambientale tra gli operatori sanitari in relazione all'esperienza COVID-19.

Psychopathology. 2022 Jan 11;1-11.

[How Social Exclusion, Embitterment, and Conspiracy Beliefs Mediate Individual's Intention to Vaccination against COVID-19: Results from a Moderated Serial Mediation Analysis](#)

Dennis Koroma, Maria I Pestalozzi, Hansjörg Znoj

PMID: 35016189 DOI: 10.1159/000521016

Abstract

Introduction: As Switzerland faced the "second wave" of COVID-19 incidences, a discussion of a potential vaccine against the virus emerged. While some individuals accept vaccines, others challenge or refuse to be vaccinated, a phenomena called vaccine hesitancy. Here, trust plays a vital role in vaccination intention. Embitterment not only goes along with the sense of being treated unjust but also innates a distrust in others. Thus, embitterment may influence individuals' vaccination intention against COVID-19. In the present study, we investigate how feelings of being socially excluded and the perceived negative impact of the pandemic are associated with embitterment and in turn, how embitterment is related to individuals' vaccination intention and the tendency to hold COVID-19-related conspiracy beliefs (CCBs). This is in regard of the perceived communication style by the government.

Method: A convenience sample of 281 individuals completed an online survey developed on Qualtrics. In this cross-sectional, nonexperimental designed study, indirect effects of a moderated serial mediation were analyzed using Jamm (Jamovi, Version 0.9; 2019).

Results: Results indicated that embitterment went along with increased feelings of social exclusion ($\beta = 0.45$, $p < 0.001$). Further, individuals high in embitterment generally indicated a higher vaccination intention against COVID-19 ($\beta = 0.15$, $p < 0.01$). However, embittered individuals holding CCBs had a decreased vaccination intention against COVID-19 ($\beta = -0.71$, $p < 0.001$). Thus, whether or not embittered individuals develop CCBs might be a crucial determinant for their vaccination intention. Noteworthy, the relationship between embitterment and the tendency to hold CCBs was reinforced by the notion of an unsatisfactory style of communication by the government.

Conclusion: Taken together, results suggest that embitterment not only plays a relevant role in vaccination intention against COVID-19 but also for the susceptibility to engage in conspiracy beliefs.

Keywords: Conspiracy theories; Coping; Embitterment; Social exclusion; Vaccination.

Evidence 2021;13(1): e1000216 doi: 10.4470/E1000216

[Linee guida per gestire la long term COVID-19](#)

BEST PRACTICE
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Abstract: In alcune persone la COVID-19 provoca conseguenze a lungo termine che possono avere un impatto significativo sulla qualità della vita. Secondo l'Office for National Statistics, circa una persona su cinque positive alla COVID-19 sviluppa dei sintomi di durata ≥ 5 settimane. Ciò rappresenta una sfida per determinare gli standard clinico-assistenziali, perchè non esiste né una definizione clinica condivisa della long term COVID-19, né una chiara definizione del percorso terapeutico. Al fine di supportare i medici, il National Institute for Health and Care Excellence (NICE), lo Scottish Intercollegiate Guidelines Network (SIGN) e il Royal College of General Practitioners (RCGP) hanno elaborato una linea guida (LG) per il trattamento degli effetti a lungo termine della COVID-19. La LG formula raccomandazioni per l'assistenza di pazienti con segni e sintomi di durata >4 settimane, sviluppati durante o dopo un'infezione compatibile con COVID-19 e che non possono essere spiegati da diagnosi alternative.

La LG definisce gli effetti della COVID-19 nelle diverse fasi della malattia e fornisce indicazioni basate sulle migliori evidenze disponibili e sul parere degli esperti relativamente a diagnosi e trattamento. Il documento sarà soggetto ad una revisione settimanale di alcune sezioni e, in presenza di nuove evidenze, ad un aggiornamento ("living approach"). Questo articolo sintetizza le raccomandazioni della LG pubblicata il 18 dicembre 2020, con una particolare attenzione all'ambito delle cure primarie. Gli aggiornamenti sono disponibili sul sito del NICE.

La LG fa parte di una serie di LG rapide sulla COVID-19. Le evidenze disponibili sono di scarsa qualità, come è normale attendersi considerata la nuova natura di questa condizione clinica, e le raccomandazioni sono prevalentemente basate sul parere degli esperti.



Testimoni

Tutto questo che guardi sembra dirti che è notte fonda.
Che anche nelle case più sicure c'è un segreto di morte,
vetri sul pavimento, parole come scorie.
Domani altro dolore da schivare:
i notiziari, l'ora legale, la conta dei decessi.
E invece tu lo guardi come uno che non può
testimoniare un finale diverso per il corpo,
un'altra casa, un altro essere figlio
oppure padre senza figli,
sempre inchiodato alla frontiera, sempre
nel vivo dell'enigma.



Emanuele Franceschetti

da "XV Quaderno di Poesia Italiana Contemporanea"
Marcos y Marcos 2021

Tratto da "E POI, I BAMBINI: I NOSTRI FIGLI AL TEMPO DEL CORONAVIRUS"
Editore Solferino



(...) Un tempo i ragazzi si divertivano con mezzi di fortuna in un cortile o sul marciapiedi
Ma ai giovani di oggi è stato negato anche quello.

Nei mesi della pandemia, a causa delle restrizioni imposte dal coronavirus, i bambini sono stati cancellati dai provvedimenti governativi. Senza libertà di uscire, i nostri figli sono stati costretti a rinunciare a ritmi e rituali quotidiani e ai rapporti scolastici che ne scandivano l'esistenza e su cui si fonda in parte la loro identità.

Hanno vissuto in spazi ristretti, senza poter esprimere la spontanea vitalità nei movimenti, schiavi di tv e tablet. E con un clima soffocante in cui si sono accumulate le tensioni dei genitori per il contagio, le loro apprensioni per le rinunce pesanti, le incertezze lavorative. La situazione degli adolescenti è, se possibile, ancora più complessa: si sono trovati bloccati in famiglia, senza poter incontrare gli amici e il mondo esterno e dovendo limitare poi le modalità della vita sociale.

Come usciranno i «coroniani» dal periodo della pandemia con le nuove regole sociali che ancora impone e di fronte a una possibile ripresa dell'epidemia? Come possiamo aiutarli a superare un'esperienza che non ha precedenti per i ragazzi e per i loro genitori?

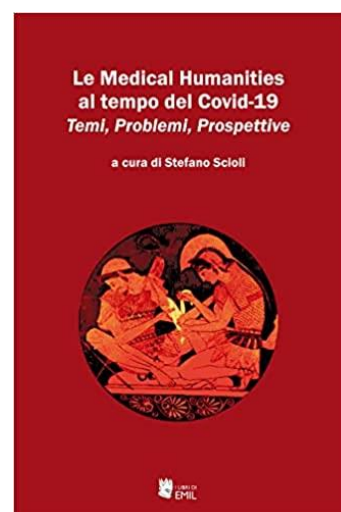
Massimo Ammaniti, psicoanalista, è professore onorario di Psicopatologia dello sviluppo presso la facoltà di Medicina e Psicologia della "Sapienza" Università di Roma e membro della International Psychoanalytical Association.



"LE MEDICAL HUMANITIES AL TEMPO DEL COVID-19. TEMI, PROBLEMI, PROSPETTIVE"
Editore Emil

Si raccolgono nel volume – in veste rielaborata e arricchita – i contributi presentati nel corso del Seminario di studio Le Medical Humanities al tempo del Covid-19, realizzato online il 17 novembre 2020 dal Centro Studi Medical Humanities del Dipartimento di Filologia Classica e Italianistica dell'Alma Mater Studiorum-Università di Bologna. L'incontro ha visto il concorso di studiosi attivi in diversi campi del sapere, chiamati a confrontarsi sul tema drammaticamente offerto dall'attuale pandemia e a condividere con gli altri l'esito o tratti di svolgimento della propria competente riflessione. L'auspicio, con questo lavoro, è di contribuire a stimolare un dibattito su fatti attuali e da essi su questioni legate più in generale agli orizzonti delle Medical Humanities, capace di coinvolgere anche altre voci impegnate in vari ambiti dello scibile, tramite l'apertura di ulteriori traiettorie di pensiero (accanto all'allargamento e all'approfondimento di quelle già dischiuse), e nel contempo vigilare sull'esistente, promuovendo un dialogo serrato nella comunità scientifica (e non solo), che sappia farsi ricerca congiunta tra professionalità diverse ma pure, l'una con l'altra, poste in solidale relazione d'intenti e vedute.

Stefano Scioli: è assegnista di ricerca presso il dipartimento di Filologia classica e Italianistica dell'Alma Mater Studiorum – Università di Bologna.





Cogliamo l'occasione per segnalare la sezione in costante aggiornamento dedicata al tema **Covid-19** dove reperire la documentazione prodotta dalle istituzioni più autorevoli; arricchita dal contributo di materiali e articoli prodotti dalle principali riviste medico scientifiche internazionali, è realizzata dalla **Biblioteca Virtuale della Salute – Piemonte** e fruibile sul portale della stessa al link: <https://www.bvspiemonte.it/nuovo-coronavirus-covid-19/>.

La consultazione è aperta a tutti.

WEBINAR



**FONDAZIONE
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Webinar | Si può prevedere l'imprevedibile? La lezione del Covid per affrontare future pandemie e nuove malattie.

Per seguire il video cliccare sul link: <https://www.youtube.com/watch?v=a3-kQkKtS4g>



Mercoledì 19 gennaio si terrà il secondo appuntamento del webinar

"L'intervista narrativa tra ricerca e pratiche di cura".

Piattaforma GoToWebinar Ore 17.00 - 18.30

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