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EPIDEMIOLOGIE - MESURES DE CONTROLE ET PREVENTION

COVID-19 Aviation Health Safety Protocol: Guidance for the management of airline passengers in relation to the COVID-19 pandemic

The European Union Aviation Safety Agency (EASA) and the European Centre for Disease Prevention and Control (ECDC) have developed the following guidelines. Their purpose is to serve as an aviation health safety protocol and to provide a source of best practice on how airport operators, aeroplane operators conducting commercial and non-commercial passenger transport operations (hereinafter aeroplane operators)

and national aviation authorities can ensure the health and safety of passengers, as well as the staff and crew who serve them, by maintaining safe and secure operations whilst minimising the risk of virus transmission. This should complement the advice of public health authorities and help employers in their duties under the relevant legislation on protection of workers' health and safety.

ECDC (e-date: 01/07/2020)

[Lien original](#)

Gestion des cas et des contacts relatifs à la COVID-19 en Ontario

Ministère de la santé Ontario (e-date: 23/06/2020)

[Lien original](#)

Strategies for Optimizing the Supply of Facemasks

These considerations are intended for use by federal, state, and local public health officials; leaders in occupational health services and infection prevention and control programs; and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.

CDC (e-date: 28/06/2020)

[Lien original](#)

Guidance on Integration of COVID-19 in Existing Acute Febrile Illness (AFI) Surveillance Systems

Key actions to reduce transmission of COVID-19, include active case finding, care and isolation, contact tracing, and quarantine. Acute Febrile Illness (AFI) surveillance systems are typically used to better understand common causes of fever. They may also be effectively leveraged to monitor activity associated with SARS-CoV-2 virus infection as fever may be part of the clinical presentation of COVID-19. In addition, AFI is an umbrella syndrome that, depending on the case definition in use, can envelop a sub-set of the surveillance population presenting with influenza-like illness (ILI) or severe acute respiratory infection (SARI), two syndromes traditionally associated with surveillance of respiratory diseases similar to COVID-19. (...)

CDC (e-date: 30/06/2020)

[Lien original](#)

COVID-19 rapid evidence summary: vitamin D for COVID-19

Vitamin D is important for bone and muscle health. It has also been hypothesised that vitamin D may have a role in the body's immune response to respiratory viruses. Although sunlight exposure is the major source of vitamin D for most people, it can also be obtained from the diet or supplements. The 2 major forms of vitamin D, vitamin D3 (colecalciferol) and vitamin D2 (ergocalciferol), are licensed for the prevention and treatment of vitamin D deficiency. Vitamin D supplements are not specifically licensed for preventing or treating any infection, including the novel coronavirus infection that causes COVID-19.

National Institute for health and Care Excellence (NICE) (e-date: 29/06/2020)

[Lien original](#)

Infection prevention and control and preparedness for COVID-19 in healthcare settings - fourth update

This document aims to provide guidance to EU/EEA healthcare facilities and healthcare providers on infection prevention and control (IPC) measures for the management of possible and confirmed cases of COVID-19 infection in healthcare settings, including long-term care facilities (LTCF). It also offers guidance on the management of specimens at laboratories in the EU/EEA. This is the fourth update of the ECDC guidance dated 13 May 2020 'Infection prevention and control and preparedness for COVID-19 in healthcare settings'.

ECDC (e-date: 03/07/2020)

[Lien original](#)

Rapid Risk Assessment: Resurgence of reported cases of COVID 19 in the EU/EEA, the UK and EU candidate and potential candidate countries

The COVID-19 pandemic is posing an unprecedented threat to EU/EEA countries and the UK as well as countries worldwide, many of which have been experiencing widespread transmission of the virus in the community for several months. While decreasing trends in disease incidence are being observed in Europe overall (12% decrease in 14-day incidence of reported cases between 16 and 30 June), there is still community transmission reported in most EU/EEA countries, the UK and EU candidate and potential candidate countries. Additionally, some countries are reporting a resurgence of observed cases or large localised outbreaks. (...)

ECDC (e-date: 02/07/2020)

[Lien original](#)

Use of gloves in healthcare and non-healthcare settings in the context of the COVID 19 pandemic

Key messages :

- There is currently insufficient evidence to recommend the regular use of gloves as a preventive measure in the context of COVID-19 to the public and to people in most occupations.
- Use of gloves in the community may lead to the misconception that hand hygiene practices can be neglected.
- Regular use of gloves may confer the risk of dermatological side effects.
- The generation of waste from unnecessary glove use causes environmental damage. (...)

ECDC (e-date: 02/07/2020)

[Lien original](#)

Infection prevention and control and surveillance for coronavirus disease (COVID-19) in prisons in EU/EEA countries and the UK

Prisons and general detention settings necessitate a strong and tailored surveillance and public health response to infectious diseases to limit spread and reduce the impact among prisoners and staff. Prisons are an intricate environment where public health and prison authorities and other stakeholders interact, and have a dynamic population and staff with significant daily turnover. Whilst prisons are by definition closed environments, the connections with the local community mean that progress in addressing infectious diseases in the community will be hampered if prisons are not addressed. (...)

ECDC (e-date: 03/07/2020)

[Lien original](#)

Organismes communautaires : mesures de prévention de la COVID-19 en milieu de travail

Ces recommandations visent à protéger les travailleurs et travailleuses des organismes communautaires en contact direct avec la clientèle, de même que les personnes qui travaillent bénévolement pour soutenir les activités de ces organismes. Ces recommandations visent aussi à protéger les personnes qui ont recours aux services de ces organismes et à minimiser la propagation du virus dans la population en général. (...)

INSPQ (e-date: 02/07/2020)

[Lien original](#)

Organismes communautaires offrant de l'hébergement : mesures de prévention de la COVID-19 en milieu de travail

INSPQ (e-date: 02/07/2020)

[Lien original](#)

Guide de gestion des décès reliés à la COVID-19

Objectifs poursuivis par ce guide :

Faciliter la prise en charge d'une situation d'une personne décédée dont le statut de COVID-19 positif est connu avant ou après le décès, que ce soit confirmé par laboratoire ou par lien épidémiologique;

Faire les interventions appropriées dans la gestion des contacts, en post-mortem, si indiqué;

Assurer la manipulation sécuritaire des dépouilles, du lieu du décès au lieu de disposition

INSPQ (e-date: 03/07/2020)

[Lien original](#)

Topic: COVID-19 Models, Scenarios and Thresholds. COVID-19 Scientific Advisory Group Rapid Evidence Report

Key research questions :

1. Considering the various models that have been used internationally, information from past pandemics, and patterns in COVID-19 transmission in countries that have begun reducing public health restrictions, what are the most likely scenarios around COVID-19 transmission and case numbers in Alberta over the next 24 months (assuming no vaccine is available within that period)?

2. What indicators or thresholds are other provinces and health systems using, and is there evidence that these indicators or thresholds can reliably predict hospital and ICU use and demand on other resources (e.g., public health resources including contact tracing)?

Alberta Health Services (e-date: 02/07/2020)

[Lien original](#)

Key Research Question: What is the effectiveness of wearing medical masks, including home-made masks, to reduce the spread of COVID-19 in the community? [Updated June 19, 2020]. COVID-19 Scientific Advisory Group Rapid Response Report

Key Messages from the Evidence Summary: As medical masks are often bundled with other IPC interventions and have variable compliance, clinical trials on the effectiveness of medical masks have been challenging. Systematic reviews of randomized controlled trials in health care settings have not demonstrated a significant reduction in acute respiratory infections, (ARIs), ILIs or laboratory confirmed viral infections with medical mask use although it is acknowledged there were methodological flaws and smaller underpowered studies in the data analyzed. (...)

Alberta Health Services (e-date: 30/06/2020)

[Lien original](#)

COVID-19 – What We Know So Far About... Wearing Masks in Public

Key Points :

- Public mask wearing is likely beneficial as source control when worn by persons shedding infectious SARS-CoV-2 virus when physical distancing is not possible in public spaces (e.g. public transit, visiting grocery store).

- There is emerging data from ecological studies showing a decrease in new COVID-19 cases in regions where mandatory public mask policies were implemented compared to regions where such policies were delayed. However, there may be confounding by other public health measures. (...)

Santé publique Ontario (e-date: 24/06/2020)

[Lien original](#)

COVID-19 – What We Know So Far About... Asymptomatic Infection and Asymptomatic Transmission

Santé publique Ontario (e-date: 19/06/2020)

[Lien original](#)

Report 30: The COVID-19 epidemic trends and control measures in mainland China

Hubei and other provinces in China were the first to experience COVID-19 transmission between January and March 2020. Transmission was mostly contained following the implementation of several control measures. To understand the epidemic trends of COVID-19 in China, we carried out data collation and descriptive analysis in 31 provinces and municipalities, with a focus on the six most affected. An overview of control measures at the subnational level revealed that school closures, travel restrictions, community-level lockdown (closed-off management) and contact tracing were introduced concurrently around late January. (...)

Imperial College London (e-date: 03/07/2020)

[Lien original](#)

Foyers d'infection de la COVID-19 dans les services de garde et les écoles (primaires et secondaires) à travers le monde: facteurs de risques, symptômes, et taux d'attaque

Les données probantes semblent démontrer que la susceptibilité et le risque de développer des symptômes cliniques suite à une infection au SARS-CoV-2 augmentent avec l'âge. De plus, les enfants sont souvent asymptomatiques, ce qui rend d'autant plus difficile l'obtention d'une estimation valide du taux d'attaque dans cette population.

Centre de recherche en santé publique (CRéSP)- Québec (e-date: 25/06/2020)

Pelland-St-Pierre L

[Lien original](#)

Fiche technique pour les enquêtes épidémiologiques réalisées à la suite d'une déclaration de COVID-19. [Mis à jour le 03/07/2020]

Ministère de la Santé et des Services sociaux du Québec (e-date: 03/07/2020)

[Lien original](#)

Prévention de la transmission de la COVID-19 en période de déconfinement

L'objectif de ce document est de décrire les mesures de prévention de la transmission de la COVID-19 universellement requises pour toutes les activités et pour tous les milieux déconfinés, lorsque la distanciation physique de deux mètres est exigée (commerces, industries, tourisme, hébergement, transport, milieux communautaires, etc.).

Ministère de la Santé et des Services sociaux du Québec (e-date: 25/06/2020)

[Lien original](#)

Eye protection in health and care settings for the prevention of COVID-19 transmission. Rapid review

Transmission of infectious agents can occur when splashes or droplets of contaminated body fluids land on the mucous membranes in the eyes, mouth or nose, or when the same mucous membranes come into contact with contaminated skin, such as when rubbing the eyes with a contaminated hand. Current UK COVID-19 infection prevention and control (IPC) guidance states that eye protection can be achieved by wearing polycarbonate safety glasses or equivalent, but that during aerosol-generating procedures (AGPs) a full face shield or visor must be used. Concern has been raised regarding the suitability and efficacy of safety glasses procured for use in UK health and care settings as part of the COVID-19 pandemic response.

The aim of this rapid review is to assess the available evidence to determine the most effective mode of eye protection for the prevention of transmission of COVID-19 in health and care settings.

Health Protection Scotland (e-date: 03/07/2020)

[Lien original](#)

Coronavirus (COVID-19): how to self-isolate when you travel to the UK [Mis à jour le 06/07/2020]

Public Health England (e-date: 06/07/2020)

[Lien original](#)

Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) [Mis à jour le 30/06/2020]

This interim guidance is for clinicians caring for patients with confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19).

CDC (e-date: 30/06/2020)

[Lien original](#)

Considerations for Traveling Amusement Parks and Carnivals [Mis à jour le 04/07/2020]

As traveling amusement park and carnival operations, such as those at county and state fairs or traveling carnivals, resume in some areas of the United States, CDC offers the following considerations for ways in which operators of these venues can protect staff, guests, and communities from the spread of coronavirus disease 2019 (COVID-19).

These considerations are focused primarily on traveling amusement park and carnival midways that include rides, games, interactive exhibits, and concessions stands. (...)

CDC (e-date: 04/07/2020)

[Lien original](#)

Sero-surveillance of COVID-19 [Mis à jour le 02/07/2020]

Control of COVID-19 requires the ability to detect asymptomatic and mild infections, that would not present to healthcare and would otherwise remain undetected through existing surveillance systems. This is important to determine the true number of infections within the general population to understand transmission, to inform control measures such as social distancing and school closures and to provide a denominator for the estimation of severity measures such as infection fatality and infection hospitalisation ratios. (...)

Public Health England (e-date: 02/07/2020)

[Lien original](#)

Covid-19 : surveillance de la circulation du SARS-Cov-2 dans les eaux usées, indicateur simple de suivi de la pandémie de Covid-19.

Communiqué

Un enjeu majeur pour suivre la pandémie de Covid-19 est la surveillance de la circulation du virus dans la population pour prévenir le plus tôt possible d'éventuelles résurgences. Cela peut être réalisé par des tests qRT-PCR systématiques sur la population dans le but d'identifier et d'isoler les porteurs sains du SARS-Cov-2. On peut aussi le faire par des études séro-épidémiologiques basées sur la détection d'anticorps spécifiques contre le coronavirus, ce qui permet d'estimer aujourd'hui le taux de l'immunité collective à 5 à 10 % de la population française.

En complément de ces tests d'une mise en œuvre lourde, l'analyse microbiologique des eaux usées peut jouer un rôle stratégique dans la surveillance prospective et régulière de la circulation du virus. Il est établi que le SARS-Cov-2 peut se multiplier dans les entérocytes et qu'environ 10 % des cas de Covid-19 présentent des troubles gastro-intestinaux, notamment une diarrhée. De plus, les porteurs asymptomatiques ou paucisymptomatiques potentiellement contagieux éliminent momentanément le virus dans leurs selles (jusqu'à 30 à 50 %). Le SARS-Cov-2 a une faible stabilité dans

l'environnement et est très sensible aux agents oxydants comme l'hypochlorite. Il est rapidement inactivé dans l'eau, contrairement aux entérovirus sans enveloppe. (...)

Académie nationale de médecine (e-date: 07/07/2020)

[Lien original](#)

Use of Contact Tracing Apps to Contain COVID-19. Briefing note

The urgency of limiting the spread of COVID-19 remains a significant challenge for many jurisdictions across Canada. The utilization of contact tracing apps is being explored as a public health tool in order to help prevent further spread of the disease by tracking those who have been confirmed or assessed as likely to be carriers of COVID-19. CADTH has prepared a briefing note that describes elements of both manual and digital contact tracing efforts; and the resources required for conducting contact tracing as well as the privacy considerations pertaining to the sharing, management, and governance of data. Other factors such as uptake, accuracy and health equity concerns, not discussed in this document, are likely to influence the effectiveness of contact tracing apps.

CADTH (Canada) (e-date: 29/05/2020)

[Lien original](#)

Report 28 - Excess non-COVID-19 deaths in England and Wales between 29th February and 5th June 2020

There were 189,403 deaths from any cause reported in England from 29th February to 5th June 2020 inclusive, and 11,278 all-cause deaths in Wales over the same period. Of those deaths, 44,736 (23.6%) registered COVID-19 on the death certificate in England, and 2,294 (20.3%) in Wales, while 144,667 (76.4%) were not recorded as having been due to COVID-19 in England, and 8,984 (79.7%) in Wales. However, it could be that some of the 'non-COVID-19' deaths have in fact also been caused by COVID-19, either as the direct cause of death, or indirectly through provisions for the pandemic impeding access to care for other conditions.(...)

Imperial College London (e-date: 18/06/2020)

[Lien original](#)

Critical preparedness, readiness and response actions for COVID-19.

Interim guidance

All countries should increase their level of preparedness, alert and response to identify, manage and care for new cases of COVID-19. Countries should prepare to respond to different public health scenarios, recognizing that there is no one-size-fits-all approach to managing cases and outbreaks of COVID-19. Each country should assess its risk and rapidly implement the necessary measures at the appropriate scale to reduce both COVID-19 transmission and economic, public and social impacts.

WHO (e-date: 24/06/2020)

[Lien original](#)

Analysis of excess all-cause mortality in Ireland during the COVID-19 epidemic

This report presents an estimate of the extent of excess mortality in Ireland during the recent COVID-19 epidemic. The analysis uses RIP.ie death notice data from 11 March 2020 (the date of the first reported COVID-19 death within Ireland) to 16 June 2020. Excess mortality estimates are calculated based on predicted expected deaths modelled using death notification data from previous years. The estimated excess mortality is contrasted with officially reported figures for deaths due to COVID-19 during the same period.

Health information and quality authority (HIQA) (e-date: 03/07/2020)

[Lien original](#)

Rapid review - public health guidance for residential care facilities

To inform guidance development by the Health Protection Surveillance Centre (HPSC) and decision making by the National Public Health Emergency Team

(NPHET), HIQA is undertaking an ongoing rapid review of guidance for residential care facilities in the context of COVID-19. The review summarises recommendations that have been issued internationally to limit the spread of COVID-19 and protect healthcare workers and residents.

Health information and quality authority (HIQA) (e-date: 03/07/2020)

[Lien original](#)

Review of restrictive public policy measures to limit COVID-19

To limit the spread of COVID-19, governments around the world introduced restrictions on travel; limited social interactions, or mass gatherings; restricted the movement of people; closed schools and businesses; and prohibited access to public amenities, such as parks and beaches.

As the growth in the number of new cases has slowed in many countries, there has been a shift towards easing or relaxing restrictions. HIQA undertook a review of the steps being taken in a number of countries to ease restrictions initially introduced to limit or prevent the spread of the coronavirus.

Health information and quality authority (HIQA) (e-date: 02/07/2020)

[Lien original](#)

COVID-19 : Mesures pour la gestion des cas et des contacts dans la communauté : recommandations intérimaires

Cette fiche présente les mesures recommandées en présence d'une personne sous investigation, d'un cas confirmé d'infection COVID-19, d'un cas suspect ou d'un contact dans la communauté.

www.inspq.qc.ca (e-date: 08/07/2020)

[Lien original](#)

COVID-19 : Manipulation de l'argent

La transmission du virus par contact pose la question de la possibilité de contamination via les transactions monétaires, que ce soient des échanges de billets de banque, pièces de monnaie, chèques, manipulation de cartes bancaires ou de cellulaires. (...)

INSPQ (e-date: 06/07/2020)

[Lien original](#)

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DEPISTAGE

COVID-19 –Aide-mémoire des conseils de la Santé publique concernant les tests et les congés. Version 8.0

Version 8.0 25 juin 2020 • Toutes les personnes asymptomatiques dont le test est positif pour la première fois doivent être prises en charge comme si elles étaient atteintes actuellement de la COVID-19, en ce qui concerne l'auto-isolement immédiat jusqu'à ce que l'infection soit éliminée (voir ci-dessous) et le suivi des contacts par la santé publique • Une personne asymptomatique qui la

les symptômes sont apparus (p. ex., symptômes récents) et de la probabilité que les symptômes soient dus la COVID-19 (p. ex., exposition connue un cas confirmé de COVID-19 avant l'apparition des symptômes). Version 8.0 25 juin 2020 Approches concernant les congés de l'isolement des cas Approche Quand l

Ministère de la santé Ontario (e-date: 25/06/2020)

[Lien original](#)

Overview of Testing for SARS-CoV-2 [Mis à jour le 02/07/2020]

This document provides a summary of considerations and current Centers for Disease Control and Prevention (CDC) recommendations regarding SARS-CoV-2 testing strategy. The CDC recommendations for SARS-CoV-2 testing have been developed based on what is currently known about COVID-19 and are subject to change as additional information becomes available.

CDC (e-date: 01/07/2020)

[Lien original](#)

Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 [Mis à jour le 02/07/2020]

Testing of HCP can be considered in four situations:

1. Testing HCP with signs or symptoms consistent with COVID-19
2. Testing asymptomatic HCP with known or suspected exposure to SARS-CoV-2
3. Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification in special settings (e.g., nursing homes)
4. Testing HCP who have been diagnosed with SARS-CoV-2 infection to determine when they are no longer infectious

CDC (e-date: 02/07/2020)

[Lien original](#)

Key Research Question: Are there demographic, clinical, basic lab or radiologic features that predict testing positive for COVID-19 infection? COVID-19 Scientific Advisory Group Rapid Response Report

Key Messages from the Evidence Summary: There is a lack of scientifically rigorous evidence to support the use of patient demographic, environmental or clinical factors as a means to stratify pre-test probability for a positive COVID-19 RTPCR test result. Although research studies have identified various predictive factors with a suitable level of statistical significance, the quality of these studies is low due to small sample sizes, lack of control groups, methodologic shortcomings, risk of bias, risk of model overfitting, and study participants not being representative of the predictive models' targeted populations. (...)

Alberta Health Services (e-date: 02/07/2020)

[Lien original](#)

Infrared thermal imaging in health and care settings for the prevention of COVID-19 transmission. Rapid literature review

Infrared thermal imaging (ITI) of the skin is currently utilised in airports for mass temperature screening to detect febrile patients for the prevention of infectious disease transmission. The benefits of ITI over conventional temperature measurement include contactless application, and rapid on the spot testing which is ideal for high volume crowds transiting in airports. (...) This aim of this review is to assess the available evidence to determine if ITI is feasible for the detection of COVID-19 cases in health and care settings.

Health Protection Scotland (e-date: 03/07/2020)

[Lien original](#)

COVID-19 testing data: methodology note [Mis à jour le 04/07/2020]

Department of Health and Social Care (UK) (e-date: 04/07/2020)

[Lien original](#)

Serological Tests for COVID-19

If accurate, antibody-based serology tests may provide information on who has COVID-19 or who has been infected. Health Canada is actively assessing these tests within the expedited access process. However, to date, the performance and role of

these tests in clinical settings has not been completely demonstrated. Currently, evidence to confirm that individuals have immunity to COVID-19 or are protected from reinfection is lacking.

CADTH (Canada) (e-date: 28/05/2020)

[Lien original](#)

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VULNERABILITE - PRISE EN CHARGE - SYMPTOMES - TRAITEMENTS

Coronavirus SARS-CoV-2 recommandations thérapeutiques

Le Haut Conseil de la santé publique actualise les recommandations relatives aux traitements pouvant être prescrits dans le Covid-19 à la suite de ses avis des 5 et 23 mars 2020 et du 20 mai 2020.

Le HCSP a pris en compte les recommandations nationales et internationales, les rapports des centres régionaux de pharmacovigilance en France, les données issues des recherches bibliographiques et de l'analyse des publications, des éléments relatifs à l'hydroxychloroquine et au remdésivir et l'avis du HCSP relatif à l'utilisation de plasma thérapeutique. (...)

HCSP (e-date: 28/06/2020)

[Lien original](#)

Coronavirus SARS-CoV-2, reprise du travail des personnes à risque

Le HCSP rappelle que les risques liés à la reprise d'activité professionnelle sont dus à la possibilité d'être en contact avec une personne excréant le SARS-CoV-2 sur le lieu de travail ou dans les transports collectifs utilisés pour se rendre sur ce lieu de travail, en l'absence de mesures de protection adaptées. Toutefois, le risque de contamination n'est pas plus important en milieu professionnel qu'en milieu communautaire.

Le HCSP souligne que le télétravail doit être privilégié lorsqu'il est possible.

HCSP (e-date: 30/06/2020)

[Lien original](#)

Key Research Question: For patients with suspected/confirmed COVID-19 in the community, are there predictive risk tools or tests (e.g., Roth test; oxygen saturation where possible) that can assist in deciding who is at risk of clinical deterioration and should be assessed in the emergency department? (Updated June 15, 2020). COVID-19 Scientific Advisory Group Rapid Response Report

Key Messages from the Evidence Summary: In patients with suspected or confirmed COVID-19, the presence of dyspnea (i.e., shortness of breath) appears to be the most common and prevalent symptom for assessing potential decompensation in mild-to-moderate cases in primary care settings. Decompensating patients with increasing dyspnea need to be assessed for a rapid decrease in oxygen saturation and should present to the emergency department.(...)

Alberta Health Services (e-date: 23/06/2020)

[Lien original](#)

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 [Mis à jour le 08/07/2020]

People who are identified as clinically extremely vulnerable may be at high risk of serious illness if they catch coronavirus (COVID-19). They have been advised to take additional action to prevent themselves from coming into contact with COVID-19 when transmission of coronavirus in the community is high. (...)

Public Health England (e-date: 06/07/2020)

[Lien original](#)

L'OMS met un terme à l'étude de l'hydroxychloroquine et du lopinavir/ritonavir comme traitements potentiels de la COVID-19

L'OMS a accepté aujourd'hui la recommandation du Comité directeur international de l'essai clinique Solidarity d'interrompre les volets de cet essai destinés à tester l'hydroxychloroquine et l'association lopinavir/ritonavir. L'essai Solidarity a été mis en place par l'OMS dans le but de trouver un traitement efficace de la COVID-19 pour les patients hospitalisés.

OMS (e-date: 04/07/2020)

[Lien original](#)

Prise en charge des patients atteints de COVID-19 en orthophonie.

Réponse rapide

L'intervention orthophonique en milieu hospitalier ou en ambulatoire, auprès des patients atteints de COVID-19, basée sur un bilan posant le diagnostic orthophonique et le projet thérapeutique, cible les complications de réanimation (dysphonie et dysphagie post-intubation ou suite à une neuromyopathie de réanimation, sevrage de trachéotomie) et les séquelles neurologiques de l'atteinte virale (anosmie-agueusie, troubles cognitifs, troubles du langage et de la communication). (...)

Haute Autorité de Santé (HAS) (e-date: 03/07/2020)

[Lien original](#)

Prise en charge de premier recours des patients suspectés de COVID-19 après la levée du confinement. Réponses rapides

Haute Autorité de Santé (HAS) (e-date: 26/06/2020)

[Lien original](#)

Rapid review of protective measures for vulnerable people

HIQA undertook a review of public health guidance on COVID-19, to summarise the range of advice and recommendations that have been issued to protect vulnerable groups who may be at risk of severe illness.

Health information and quality authority (HIQA) (e-date: 07/07/2020)

[Lien original](#)

What are the dermatological manifestations of COVID-19 and what are the implications for assessment and treatment?

Health Service Executive (HSE) - National Health Library (Irlande) (e-date: 01/07/2020)

[Lien original](#)

Support for Rehabilitation: Self-Management after COVID-19. Related Illness

The Rehabilitation self-management leaflet provides basic exercises and advice for adults who have been severely unwell and admitted to the hospital with COVID-19. The leaflet assist in self-rehabilitation and recovery management, addressing specifically the common residual COVID-19 symptoms, specifically breathlessness, starting exercise, getting back to functional activities, mental health and post intubation symptoms such as voice weakness, eating, drinking and attention and memory deficits.

WHO Europe (e-date: 07/07/2020)

[Lien original](#)

Reprise d'une activité physique adaptée des personnes atteintes de maladies chroniques et des personnes âgées pendant l'épidémie de Covid-19

Le Haut Conseil de la santé publique émet des recommandations relatives à la reprise d'une activité physique adaptée (APA) pour les personnes avec des maladies chroniques et les personnes âgées dans le contexte de l'épidémie de Covid-19. Dans cet avis, le HCSP souligne les bénéfices thérapeutiques de cette APA et donc la nécessité d'une reprise dès que possible après la période de confinement.

HCSP (e-date: 06/07/2020)

[Lien original](#)

Avis relatif à l'actualisation des recommandations thérapeutiques dans le Covid-19

Le Haut Conseil de la santé publique actualise les recommandations relatives aux traitements pouvant être prescrits dans le Covid-19 à la suite de ses avis des 5 et 23 mars 2020 et du 20 mai 2020.

Le HCSP a pris en compte les recommandations nationales et internationales, les rapports des centres régionaux de pharmacovigilance en France, les données issues des recherches bibliographiques et de l'analyse des publications, des éléments relatifs à l'hydroxychloroquine et au remdésivir et l'avis du HCSP relatif à l'utilisation de plasma thérapeutique. (...)

HCSP (e-date: 28/06/2020)

[Lien original](#)

Prise en charge des personnes considérées rétablies et présentant à nouveau un test positif pour le SRAS-CoV-2

À ce jour, on rapporte au Québec plus de 4 500 personnes ayant eu un test TAAN positif suite à un résultat négatif (fichier V10, extraction du 2 juin 2020). Cet avis porte sur l'interprétation de ces résultats et sur la prise en charge des personnes qui présentent à nouveau un test TAAN positif après avoir été considérées guéries. (...)

INSPQ (e-date: 06/07/2020)

[Lien original](#)

Manifestations cutanées de type perniose possiblement liées à l'infection au SRAS-CoV-2 - Recommandations pour la gestion des cas et des contacts

Cet avis a été rédigé à partir de la réponse rapide produite par l'Institut national d'excellence en santé et services sociaux (INESSS,2020) *COVID-19 : manifestations cutanées (lésions de type perniose, lésions associées à des dommages vasculaires et autres types de lésions)* ainsi que d'une recension complémentaire des écrits scientifiques et des positions des différents groupes d'experts et d'instances de santé publique, réalisée par l'INSPQ. De plus, une extraction de données du fichier de déclaration des cas de COVID-19 (V10) a été effectuée pour la recherche de cas signalés au Québec.

L'avis a été révisé par le Comité élargi sur la gestion des cas et des contacts dans la communauté de l'INSPQ. (...)

INSPQ (e-date: 06/07/2020)

[Lien original](#)

[Sommaire](#)

ADDICTIONS

Frequently asked questions (FAQ) about alcohol and COVID-19

Reliable information on the risks of alcohol consumption during the COVID-19 pandemic is an important factor and, as part of its public health response, WHO has worked with partners to develop a set of new materials to address misinformation and provide guidance to individuals and countries during the pandemic. This includes answers to a set of frequently asked questions on alcohol and COVID-19 collected in the WHO factsheet “Alcohol and COVID-19: what you need to know”.

WHO Europe (e-date: 02/06/2020)

[Lien original](#)

Managed Alcohol Programs for Adults With SARS or COVID-19: Safety and Guidelines. Rapid Response report

CADTH conducted a Rapid Response report to search for evidence on managed alcohol programs for adults with severe acute respiratory syndrome or COVID-19. CADTH also searched for any evidence-based guidelines on these topics; however, no relevant literature and no evidence-based guidelines were identified. Additional resources of potential interest can be found in an appendix to the report.

CADTH (Canada) (e-date: 08/05/2020)

[Lien original](#)

Alcohol consumption during the COVID-19 lockdown in the UK. Summary of emerging evidence from the UK

In response to the COVID-19 pandemic, the UK went into lockdown on 23rd March 2020.

There have been reports of increased supermarket spending on alcohol, but it is not yet known how overall alcohol sales have changed throughout this period.

In addition to ongoing research with data collection, a number of surveys have been set up specifically on the issue of drinking during the pandemic. This briefing summarises the emerging evidence base on changes in UK alcohol consumption during the lockdown, by bringing together findings from different sources.(...)

Institute of Alcohol Studies (UK) (e-date: 07/07/2020)

[Lien original](#)

[Sommaire](#)

CLIMAT - FORTES CHALEURS - POLLUTION ATMOSPHERIQUE

Environmental Weather Conditions and Influence on Transmission of SARS-CoV-2

Weather conditions appear to influence transmission of SARS-CoV-2, although evidence is not sufficient nor consistent enough to allow causation to be definitely inferred. Available studies, of low to moderate quality, tend to report lower transmission at warmer temperatures, and higher transmission in colder temperatures typical of the winter season, along with exacerbating effects of humidity, high levels of pollution, and low wind speed.

University of Oxford (e-date: 03/07/2020)

Spencer EA, Brassey J, Jefferson T, Heneghan C

[Lien original](#)

[Sommaire](#)

ENFANTS - ADOLESCENTS

Negative Impacts of Community-Based Public Health Measures During a Pandemic (e.g., COVID-19) on Children and Families. Rapid review

Key Findings:

- Evidence on the negative effects of community-based public health measures on young children and families is limited. It includes studies from the 2009 H1N1 pandemic, and more recent studies from the COVID-19 pandemic.
- Reported effects of the COVID-19 public health response so far have been decreased vaccination coverage, decreased movement behaviour, impacts on nutrition (e.g., low physical activity, poor diet, increased screen time, and sedentary behaviour) and on children's mental health.(...)

Santé publique Ontario (e-date: 16/06/2020)

[Lien original](#)

Directives pour la prise en charge des enfants - COVID-19. [Version du 02/07]

Ministère de la Santé et des Services sociaux du Québec (e-date: 02/07/2020)

[Lien original](#)

Covid-19 : pas d'immunité croisée conférée par d'autres coronavirus chez les enfants

Les coronavirus saisonniers sont responsables chaque hiver de rhumes et de bronchites répétées dès la petite enfance. La question de l'éventuelle immunité croisée conférée par les quatre coronavirus saisonniers vis-à-vis de la Covid-19, a été récemment posée en raison de la mise en évidence d'anticorps et de cellules de l'immunité reconnaissant le virus SARS-CoV-2 chez des individus avant la phase épidémique. L'existence d'une telle immunité aurait un impact important sur notre compréhension de l'avenir de l'épidémie. Les enfants font des formes de Covid-19 peu symptomatiques qui passent souvent inaperçues. Toutefois, ils peuvent, quoique rarement, avoir des atteintes sévères apparentées à la maladie de Kawasaki. Dans une nouvelle étude, des chercheurs de l'Institut Pasteur, de l'Inserm, de l'AP-HP et d'Université de Paris ont montré que les fréquentes infections des enfants par les coronavirus saisonniers ne les protègent ni de l'infection par le virus SARS-CoV-2, responsable de la Covid-19, ni des formes graves apparentées à la maladie de Kawasaki. Les résultats ont été pré-publiés sur MedRxiv, le 30 juin 2020.

Institut Pasteur (e-date: 06/07/2020)

[Lien original](#)

Guidance for full opening: schools

This guidance is intended to support schools, both mainstream and alternative provision, to prepare for this. It applies to primary, secondary (including sixth forms), infant, junior, middle, upper, school-based nurseries and boarding schools. We expect independent schools to follow the control measures set out in this document in the same way as state-funded schools. The guidance also covers expectations for children with special educational needs and disability (SEND), including those with education, health and care plans, in mainstream schools. (...)

Department of Education (UK) (e-date: 02/07/2020)

[Lien original](#)

[Sommaire](#)

ETHIQUE

Enjeux éthiques lors du dé-confinement : Responsabilité, solidarité et confiance. Réponse à la saisine du Conseil scientifique Covid-19 du 4 mai 2020

Comité consultatif national d'éthique (e-date: 20/05/2020)

[Lien original](#)

[Sommaire](#)

INEGALITES SOCIALES DE SANTE

Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic

The objective of this document is to provide guidance for civil society and non-governmental organisations (NGOs) as well as for national and regional authorities in the European Union and European Economic Area (EU/EEA) and the United Kingdom (UK), who are providing support for people who have medical and social vulnerabilities during the coronavirus disease (COVID-19) pandemic. Specifically, it aims to identify some of the major cross-cutting challenges, successes and lessons learned by these organisations during the period of stay-at-home and other measures from March-May 2020. It is hoped that the findings presented may be applicable to support service providers across the EU/EEA and the UK as the pandemic evolves, and in particular in the event of an upsurge in cases over the coming months that necessitates a subsequent return to stay-at-home measures or other restrictions in movement. (...)

ECDC (e-date: 03/07/2020)

[Lien original](#)

COVID-19 in Racial and Ethnic Minority Groups [Mis à jour le 25.06/2020]

Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. Among some racial and ethnic minority groups, including non-Hispanic black persons, Hispanics and Latinos, and American Indians/Alaska Natives, evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons. As of June 12, 2020, age-adjusted hospitalization rates are highest among non-Hispanic American Indian or Alaska Native and non-Hispanic black persons, followed by Hispanic or Latino persons. (...)

CDC (e-date: 25/06/2020)

[Lien original](#)

A review of the report by Public Health England into disparities in risks and outcomes of COVID-19 between ethnic groups and by level of deprivation. Evidence into action

This briefing suggests that a closer look at the data contained in the first PHE report paints a clearer picture of disproportionate impact and its drivers and, as importantly, some of the actions we need to take now. The crucial thing that the report does is to split the chances of dying from COVID-19 into two parts, namely, the chances of dying if someone is infected and the chances of becoming infected in the first place. This split is important because whereas the first reflect risks faced by someone who is already a patient or a client of health or care services, the second are more to do with the social and economic conditions of someone's life. The line between the two is not clear-cut but the mix of factors is likely to be different

Race equality foundation (e-date: 07/07/2020)

PERINATALITE

Coronavirus et grossesse, ou comment préserver la santé maternelle dans la Région européenne

La pandémie de COVID-19 a poussé de nombreux systèmes de santé aux limites du possible. Les soins non urgents ont été relégués au second plan pour faire place à des milliers de patients COVID-19. Or, certains services, comme les soins de santé maternelle, ne peuvent attendre.

On observe en effet une hausse du nombre de femmes et de nouveau-nés souffrant de complications ou décédant pendant la grossesse, l'accouchement et la période postnatale en raison de la réduction de l'accès et du recours aux services essentiels de santé maternelle et néonatale durant la pandémie. (...)

OMS Europe (e-date: 30/06/2020)

[Lien original](#)

Directives pour la prise en charge des femmes enceintes et des nouveau-nés - COVID-19. [Version du 02/07/2020]

Ministère de la Santé et des Services sociaux du Québec (e-date: 02/07/2020)

[Lien original](#)

POLITIQUE SANTE

Séjour de la santé - propositions de l'académie nationale de médecine

En une quarantaine d'années, la gouvernance de l'hôpital s'est transformée: à une vision médicale et soignante de l'hôpital, s'est substituée une vision managériale exclusive à dominances réglementaire, économique et budgétaire. Les strates hiérarchiques et l'inertie qu'elles induisent ont alimenté l'incompréhension et le rejet d'un système de management. Il s'en est suivi une inflation injustifiée du nombre des effectifs administratifs formés dans une seule école (École des hautes études en santé publique) développant une vision gestionnaire et juridique de l'hôpital (...)

Académie nationale de médecine (e-date: 01/07/2020)

[Lien original](#)

Une réflexion prospective des acteurs de la promotion de la santé en réponse à l'épidémie COVID-19. Promouvoir la santé de tous en temps de crise et au-delà !

L'actualité brûlante de l'épidémie de SRAS-Cov-2 nous amène à partager nos réflexions et nos expériences sur la meilleure façon de relever les nombreux défis auxquels nous sommes actuellement confrontés. Nous souhaitons proposer ici une réflexion du point de vue de la promotion de la santé. Les discussions à travers le monde portent sur le devant de la scène, avec des implications inédites, des enjeux sociaux comme la santé, l'équité, la durabilité, la solidarité ou la dignité humaine. Il nous semble qu'une perspective systématique fait défaut. La promotion de la santé offre un cadre permettant d'offrir une approche intégrée, dans un effort commun pour

aider les systèmes de soins de santé et l'ensemble des acteurs sociaux à faire face à l'épidémie.

EUPHA-HP, UIPES, Chaire UNESCO EducationS & Santé (e-date: 03/07/2020)

Saboga-Nunes L; Levin-Zamir D; Bittlingmayer U; et al.

[Lien original](#)

Investing in and building longer-term health emergency preparedness during the COVID-19 pandemic. Interim guidance

This document is to help Member States build on actions taken during the COVID-19 pandemic to improve national medium- to long-term preparedness for future threats. It maps COVID-19 preparedness and response actions to the building of sustainable International Health Regulations (2005) core capacities; locates relevant supporting WHO resources that are not specific to the pandemic; and advocates for the conscious and effective allocation of COVID-19 funds to also meet countries' longer-term needs.

WHO (e-date: 06/07/2020)

[Lien original](#)

Améliorer la qualité du système de santé et maîtriser les dépenses. Propositions de l'Assurance Maladie pour 2021

Ce document permet à l'Assurance Maladie de formuler à la fois des propositions concrètes d'économies pour respecter les objectifs de dépenses et garantir ainsi le maintien d'un système de santé solidaire, performant et soutenable mais aussi de formuler des propositions destinées à améliorer la qualité du système de santé. Cette année, au regard de la crise sanitaire sans précédent à laquelle le système de santé a été confronté, le rapport comporte également une section « analyses et enseignements » dédiée à la crise sanitaire.

Assurance maladie (e-date: 02/07/2020)

[Lien original](#)

Johns Hopkins Center for Health Security's Recommendations for Improving America's Readiness for the Next Pandemic

Putting effective systems in place to reduce health and economic impacts is a challenge made considerably more difficult during a large disease outbreak. As policymakers at all levels continue to respond to COVID-19 and its lasting consequences, they must also prepare for the next pandemic, which could appear at any time. In response, the Johns Hopkins Center for Health Security has outlined 11 recommendations for policymakers to better prepare to fight the next pandemic. (...)

Johns Hopkins Center for Health Security (e-date: 07/07/2020)

[Lien original](#)

[Sommaire](#)

SANTE MENTALE

The impact of COVID-19 on mental health in England

This report outlines the effects of the COVID-19 outbreak on population mental health and calls for improvements to mental health services to ensure they can respond to needs of the population.

British Medical Association (BMA) (e-date: 07/07/2020)

[Lien original](#)

What is the psychological impact of COVID-19 on patients recovering from the disease who need rehabilitation?

There is limited data on the psychological impact of COVID-19 on patients recovering from the disease. Available studies so far list reduced sleep quality, depression,

anxiety and post-traumatic stress disorder (PTSD) as the main symptoms.

Evidence from previous SARS and MERS epidemics support this pattern 20-26, as do studies looking at survivors of critical illness. Follow-up data in these patient groups reported symptoms of anxiety, depression, and PTSD ranging from 15% to 44%. One recent multi-centre Chinese study found self-reported PTSD symptoms in 96% of recovered COVID-19 patients. Data from the SARS outbreak show that stress and other psychiatric symptoms persisted long term. (...)

Health Service Executive (HSE) - National Health Library (Irlande) (e-date: 30/06/2020)

[Lien original](#)

What impact is cocooning and the increased level of anxiety due to COVID-19 having on the mental health of those identified as at-risk due to a chronic disease [immunocompromised]? What interventions have been identified and deemed efficacious?

Health Service Executive (HSE) - National Health Library (Irlande) (e-date: 25/06/2020)

[Lien original](#)

[Sommaire](#)

DIVERS : AUTRES IMPACTS DE LA CRISE COVID-19

Report 29 - The impact of the COVID-19 epidemic on all-cause attendances to emergency departments in two large London hospitals: an observational study

The health care system in England has been highly affected by the surge in demand due to patients afflicted by COVID-19. Yet the impact of the pandemic on the care seeking behaviour of patients and thus on Emergency department (ED) services is unknown, especially for non-COVID-19 related emergencies. In this report, we aimed to assess how the reorganisation of hospital care and admission policies to respond to the COVID-19 epidemic affected ED attendances and emergency hospital admissions. (...)

Imperial College London (e-date: 01/07/2020)

[Lien original](#)

Covid-19 : pénurie médicamenteuse et chirurgie. Anticiper la menace

La pandémie a perturbé l'activité chirurgicale et de réanimation en France. L'affectation des anesthésistes-réanimateurs, des soignants, des blocs et lits de chirurgie aux malades Covid-19 nécessitant des soins de réanimation a imposé la déprogrammation d'interventions chirurgicales. Jointe aux mesures sanitaires, celle-ci est source d'un engorgement des tableaux opératoires et rend difficile la reprise d'une activité normale.

La pandémie a aussi mis en lumière un problème préoccupant : en plus de la pénurie de matériel (blouses, masques, ventilateurs, consommables, etc.), de nombreux centres chirurgicaux et services de réanimation, publics et privés, ont été confrontés à la nondisponibilité de médicaments communs aux réanimateurs, anesthésistes et chirurgiens comme les anesthésiques, les analgésiques (opiacés...) et les myorelaxants (curares...)(...)

Académie nationale de Médecine; Académie nationale de Chirurgie (e-date: 06/07/2020)

[Lien original](#)

