

Covid-19

Éléments de littérature scientifique

Bibliographie thématique

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Sommaire

Problématique	4
Addiction	4
ÉTUDES FRANÇAISES	4
ÉTUDES INTERNATIONALES	7
Aspects économiques	7
ÉTUDES FRANÇAISES	7
ÉTUDES INTERNATIONALES	12
Aspects sociétaux : comportement de santé, conditions de vie	17
ÉTUDES FRANÇAISES	17
ÉTUDES INTERNATIONALES	21
Aspects épidémiologiques et modèles de propagation de l'infection	26
ÉTUDES FRANÇAISES	26
ÉTUDES INTERNATIONALES	32
Innovations technologiques	48
ÉTUDES FRANÇAISES	48
ÉTUDES INTERNATIONALES	50
Maladies chroniques : comorbidité et facteurs de risque	53
ÉTUDES FRANÇAISES	53
ÉTUDES INTERNATIONALES	55
Mesures de politique publique	57
ÉTUDES FRANÇAISES	57
ÉTUDES INTERNATIONALES	68
Populations vulnérables et inégalités sociales	76
ÉTUDES FRANÇAISES	76
ÉTUDES INTERNATIONALES	84
Santé mentale	93
ÉTUDES FRANÇAISES	93
ÉTUDES INTERNATIONALES	98
Systèmes de santé : quelles réponses à la crise sanitaire ?	114
ÉTUDES FRANÇAISES	114
ÉTUDES INTERNATIONALES	124
Thérapeutique	137
ÉTUDES FRANÇAISES	137
ÉTUDES INTERNATIONALES	138
Travail et santé	141

ÉTUDES FRANÇAISES	141
ÉTUDES INTERNATIONALES	143
Quid de la fiabilité des revues de littérature sur la covid-19.....	146
Principales enquêtes en France	148
Ressources électroniques.....	152
EN FRANCE.....	152
A L'INTERNATIONAL	154

Problématique

L'objectif de cette bibliographie est de référencer des éléments de littérature scientifique (articles, littérature grise) sur la Covid 19 et son impact sur l'état de santé et les systèmes de santé en France et dans le monde. Elle constitue la deuxième partie de la bibliographie mise en ligne sur notre site en septembre 2020¹. La recherche bibliographique a été conduite sur Pubmed et Sciencedirect ainsi que sur des portails de littérature grise comme Nep-Repec, Iza, NBER, HAL... sur la période allant de septembre 2020 à février 2021. La littérature étant foisonnante sur le sujet, les références retenues portaient principalement sur les aspects suivants :

- Aspects économiques et sociétaux ;
- Épidémiologie et modèles de propagation de la maladie ;
- Mesures de politique publique (confinement, distanciation sociale, masques, dépistage...);
- Impact sur les systèmes de santé (hospitalisation, recours aux soins primaires) ;
- Comorbidités et facteurs de risque favorisant le développement de la maladie (maladies chroniques : diabète, hypertension, AVC, asthme, insuffisance rénale, cancer, maladies neurologiques, obésité...);
- Impact sur la santé mentale (addictions, dépression, troubles du sommeil...);
- Impact sur les populations fragiles (personnes âgées et handicapées, femmes enceintes, enfants, migrants...);
- Rôle des nouvelles technologies (télémédecine, applications mobiles, intelligence artificielle...).

Les références sont classées par thématique, puis par ordre alphabétique d'auteurs. Cette bibliographie ne prétend pas à l'exhaustivité. D'autres éléments de bibliographie sont accessibles notamment sur les sites suivants :

- [Data.gouv](http://Data.gouv.fr) ;
- Pubmed ;
- Bases archives de prépublications MedRxiv, BioRxiv et Arxiv ;
- Bibliovid ;
- Veille sur Isidore ;
- Veille universitaire des hôpitaux de Strasbourg ;

Cette bibliographie recense aussi les principales enquêtes menées en population générale en France sur la Covid-19 et se termine sur une sélection de ressources électroniques françaises et internationales.

Addiction

ÉTUDES FRANÇAISES

(2020). "COVID-19, confinement et addictions." *Bulletin De L'académie Nationale De Médecine* **204**(7): 682.
<https://doi.org/10.1016/j.banm.2020.05.071>

Blaise, M. (2020). "Inégalités, temporalité et addiction pendant le confinement." *Psychotropes* **26**(2): 221-227.
<https://www.cairn.info/revue-psychotropes-2020-2-page-221.htm>

Cet article relate l'organisation des soins à l'hôpital Marmottan, spécialisé dans la prise en charge des conduites addictives à Paris, lors du confinement lié à la pandémie de Covid-19. Il décrit notamment la façon dont cette période est venue bousculer la perception de la temporalité et aborde la question du lien. Par ailleurs, les inégalités de ressources des patients ont été particulièrement mises en évidence. Le déconfinement n'a finalement pas été plus simple, soulevant d'autres types de problèmes.

Hautefeuille, M. (2020). "Covid-19, confinement et addictions. Éditorial." *Psychotropes* **26**(2): 11-16.
<https://www.cairn.info/revue-psychotropes-2020-2-page-11.htm>

Jauffret-Roustide, M., Barratt, M., de Dinechin, S., et al. (2020). "Consommation d'alcool et d'autres produits psychoactifs pendant la pandémie de Covid-19 dans la Global Drug Survey : une perspective française." *Psychotropes* 26(2): 209-219.

<https://www.cairn.info/revue-psychotropes-2020-2-page-209.htm>

La Global Drug Survey est une enquête en ligne visant à étudier l'expérience des usagers de drogues en population générale, menée chaque année entre novembre et décembre. Ce volet spécial Covid-19 a été réalisé sur sept semaines, de mai à juin 2020. L'enquête avait comme objectif d'explorer de manière rétrospective l'impact du confinement et des premières semaines du déconfinement sur les consommations de produits psychoactifs en population générale. Les résultats de l'enquête mettent en évidence une augmentation du nombre de jours de consommation d'alcool, mais pas d'augmentation du binge drinking. Pour le cannabis, les usages sont restés relativement stables, même si une augmentation relative en comparaison aux autres pays est observée. Les usages d'ecstasy et de cocaïne ont baissé tout particulièrement. Enfin, les benzodiazépines ont vu leur usage augmenter. La Global Drug Survey note que la pandémie a modifié les usages de produits psychoactifs, sans qu'une augmentation des conduites déréglées ne soit observée. Les usagers ont adapté leurs pratiques en fonction des modifications relatives à leur environnement de vie.

Lapeyre-Mestre, M., Boucher, A., Daveluy, A., et al. (2020). "Addictovigilance contribution during COVID-19 epidemic and lockdown in France." *Therapies* 75(4): 343-354.

<https://doi.org/10.1016/j.therap.2020.06.006>

Summary Addictovigilance is a safety monitoring targeted at substances with potential for abuse and dependence. This vigilance was involved during the period of COVID-19 epidemic due to the significant changes in access to drugs and psychological disruption caused by the pandemic and lockdown. This article aims to present the different steps implemented by the French Addictovigilance network in collaboration with the French Health authorities from March to May 2020, including monitoring of potential harmful events, and scientific communication. The first events were identified through the continuity of the networking between the French addictovigilance centres and their partners: community pharmacies, general practitioners, specialized structures and emergency wards. As soon as the lockdown began, first cases of overdoses (lethal or not) were reported with opioids, mainly with methadone, and other opioids (heroin, oxycodone, tramadol or antitussive codeine). Lockdown-related noteworthy events consisted in clinical cases or other relevant information for which lockdown clearly played an important role: among the many substances identified at least once, pregabalin, benzodiazepines, cannabis, cocaine and nitrous oxide were the most significant in terms of prevalence, seriousness or particularly specific to the lockdown context. Despite significant decrease in the activity and travel limited to vital needs, community pharmacies continued to identify falsified prescriptions in this period, highlighting an increase in suspicious requests for pregabalin, codeine and tramadol. In parallel, the French addictovigilance network continued its communications efforts in the period, issuing a newsletter on tramadol, a press release on methadone and naloxone, and participating in the COVID-19 frequently asked questions (FAQs) of the French Society of Pharmacology and Therapeutic website (<https://sfpt-fr.org/covid19>). COVID-19 epidemic has been an important challenge for addictovigilance, and has proved that this monitoring is highly essential for alerting health professionals and health authorities to points of vigilance in the field of psychoactive substances.

Le Bourhis, G. (2020). "Nantes : comment les intervenants des CSAPA/CAARUD se sont adaptés pour accompagner les usagers de drogues pendant le confinement ?" *Psychotropes* 26(2): 51-56.

<https://www.cairn.info/revue-psychotropes-2020-2-page-51.htm>

Cet article relate la manière dont les établissements médico-sociaux, CSAPA et CAARUD de Nantes, ont organisé la continuité de l'accompagnement des usagers de drogues pendant la période de confinement lié à l'épidémie de Covid-19. Certaines activités ont dû s'adapter tandis que les équipes travaillaient à maintenir le lien social ainsi que l'accès au matériel de réduction des risques.

OFDT (2020). "Les addictions en France au temps du confinement." *Tendances (Ofdt)* (139)

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www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

<https://www.ofdt.fr/publications/collections/periodiques/lettre-tendances/les-addictions-en-france-au-temps-du-confinement/>

Ce numéro de Tendances offre un premier bilan des effets de la crise sanitaire sur l'offre et les usages de produits psychoactifs et des jeux d'argent et de hasard (JAH), complété par les premiers résultats de l'enquête en ligne conduite par l'OFDT auprès des consommateurs de cannabis entre le 10 juillet et le 7 août 2020. Il propose un aperçu des évolutions observées pour les trois produits les plus consommés (alcool, tabac et cannabis), à la fois du point de vue de l'offre (disponibilité à l'achat, facilité d'approvisionnement, évolution des prix, etc.) et de la demande (niveaux de consommation, contextes et pratiques d'usage, etc.), en lien avec les mesures prises pour encadrer la vente et limiter les occasions de consommation (maintien de l'ouverture des bureaux de tabac, fermeture des bars et des restaurants). Elle rend également compte de l'adaptation organisationnelle des établissements du champ sanitaire et de la réduction des risques et des dommages (RdRD) opérée, en temps réel, pendant cette période critique.

Refalo, V. et Tetaz, A. (2020). Evolution des conditions de travail et consommation de substances psychoactives en période d'épidémie. Paris Mildeca

<https://www.drogues.gouv.fr/presse/covid-19-isolement-conditions-de-travail-favorisent-conduites-addictives>

Depuis le premier confinement instauré en mars 2020, l'isolement au travail, l'augmentation des objectifs en matière de performance ainsi que la charge de travail ont joué un rôle dans l'augmentation des consommations de substances psychoactives. Tels sont les résultats de l'enquête menée par la Mildeca (Mission interministérielle de lutte contre les drogues et les conduites addictives) et ses partenaires

Santé Publique France (2020). Tabac, Alcool : quel impact du confinement sur la consommation des Français ?, Saint-Maurice : Santé publique France

<https://www.santepubliquefrance.fr/presse/2020/tabac-alcool-quel-impact-du-confinement-sur-la-consommation-des-francais>

Covid-19 inquiète et mobilise toute l'attention, qu'en est-il de la santé des Français et de leurs comportements? Pour le savoir, Santé publique France a lancé depuis le début du confinement une étude en plusieurs vagues auprès de la population pour connaître ses comportements et leurs évolutions. Selon cette enquête, environ un quart des fumeurs déclare avoir augmenté sa consommation de tabac. L'évolution des usages d'alcool semble moins défavorable, avec environ un consommateur sur dix déclarant avoir augmenté sa consommation mais un sur cinq l'avoir diminuée. Voir aussi l'étude de Seita sur le commerce du tabac en France : <https://www.seita.fr/PDF/Etude-marche-du-tabac-en-France-2017-2020%20.pdf>

Torres-Leguizamon, M., Reynaud, E. G., Néfau, T., et al. (2020). "La réduction des risques à distance : un programme adapté et efficace pour faire face à la pandémie de Covid-19." *Psychotropes* 26(2): 123-137.

<https://www.cairn.info/revue-psychotropes-2020-2-page-123.htm>

La mise en place de politiques de Réduction Des Risques (RDR) pour les usagers de drogues a des effets bénéfiques importants sur la santé des usagers en limitant notamment la propagation d'un certain nombre d'infections. Ces politiques de RDR ont mené à l'ouverture de centres spécialisés principalement localisés dans les grandes agglomérations et les zones à forte densité de population. Les services de RDR en France ont été complétés par la mise en place d'un programme de RDR à distance permettant d'atteindre des populations d'usagers ne fréquentant pas ces centres. Le programme de RDR à distance HaRePo (Harm Reduction by Post en anglais) ne nécessite pas la rencontre physique avec les usagers. Il est accessible par téléphone et/ou par courriel, les professionnels accueillent et accompagnent les usagers à distance en leur dispensant des conseils et des orientations vers les services de soins et de droit commun. Le matériel de RDR est envoyé par la poste en France métropolitaine et en Outre-Mer. La pandémie de Covid-19 et les conditions mêmes du confinement (notamment les limitations de sortie et de transport) ont rendu difficile l'accès au matériel de RDR pour certains usagers. La peur des usagers de se contaminer a également freiné leurs déplacements. De plus, les dispositifs d'accueil spécialisés en RDR ont été contraints d'adapter leurs

modes de fonctionnement et pour certains de réduire voire d'arrêter momentanément leurs activités (accueils, maraudes, etc.). De par ses caractéristiques et notamment le fait que la présence physique de l'utilisateur n'est pas nécessaire, le programme HaRePo a maintenu ses activités. Dans cet article, nous analysons comment la pandémie de Covid-19 et les mesures sanitaires associées ont affecté l'activité du programme de RDR à distance via deux indicateurs : i) le nombre de nouveaux usagers entrant dans le programme et ii) le nombre de colis contenant du matériel de RDR envoyés. Nous avons observé une augmentation du nombre de nouveaux usagers significativement plus élevée sur la période correspondant au confinement en comparaison aux années précédentes. Cette augmentation s'est poursuivie même après le déconfinement. De même, le nombre de colis contenant du matériel de RDR a très fortement augmenté. Nous avons néanmoins noté que l'augmentation de l'activité du programme de RDR à distance n'était pas la même en fonction des régions. Nous expliquons l'augmentation d'activité au cours de la période par : i) le transfert d'utilisateurs fréquentant d'habitude les centres de RDR spécialisés qui n'ont pas eu accès à ces centres pendant le confinement et ii) par une tendance à faire des stocks de matériel pour éviter une éventuelle pénurie.

ÉTUDES INTERNATIONALES

Attonito, J., Villalba, K. et Fontal, S. (2021). "Priorities for Alcohol Use Disorder Treatment and Prevention During COVID-19's Second Wave." *American Journal of Public Health* **111**(3): 359-362.

<https://doi.org/10.2105/AJPH.2020.306070>

Caponnetto, P., Inguscio, L., Saitta, C., et al. (2020). "Smoking behavior and psychological dynamics during COVID-19 social distancing and stay-at-home policies: A survey." *Health psychology research* **8**(1): 9124-9124. <https://pubmed.ncbi.nlm.nih.gov/32529094>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7270632/>

During the COVID-19 pandemic, about 60 million of Italians stayed at home. These circumstances may generate exceptional challenges and stress for people who regularly use cigarettes, ecigarettes, heated tobacco products, dual users, former smokers and never smokers. Here, we present results from a study that was aimed at surveying smoking behaviour and psychological dynamics during the Italian COVID-19 social distancing and stay-at-home policies. Participants living in Italy were invited to complete an online brief questionnaire. A questionnaire was prepared and uploaded in an online survey tool. They were asked to participate regardless of their current smoking status and were divided in seven subgroups. In total, 1825 participants were included in the analysis. Exclusive cigarette smokers; Dual users of cigarette and ecigarettes; Dual users of cigarette and heated tobacco products; Former smokers; Exclusive users of e-cigarette; Exclusive users of heated tobacco products; never smoker. Dual users of cigarette and e-cigarette and exclusive cigarette smokers perceived that their daily consumption has slightly decreased. Exclusive cigarette smokers and exclusive e-cigarette users changed the way of purchasing products. Most exclusive cigarette smokers have considered quitting but most exclusive e-cigarette users have not considered stopping the use of e-cigarettes. In former smokers' group, about one third of participants declared thoughts about starting to smoke again and in never smokers' group few participants declared intention to start smoking. The COVID-19 era could be considered a "transition" phase and as such requires a search for a new balance. These changes in everyday habits can be a significant moment to use established and emerging strategies to create a definitive smoke-free world.

Syed, N. K. et Griffiths, M. D. (2020). "Nationwide suicides due to alcohol withdrawal symptoms during COVID-19 pandemic: A review of cases from media reports." *Journal of Psychiatric Research* **130**: 289-291.

<http://www.sciencedirect.com/science/article/pii/S0022395620309328>

Aspects économiques

ÉTUDES FRANÇAISES

Blanc, Y. (2020). "Il n'y a plus d'après. Montée de l'incertitude et vigilance prospective." *Futuribles* **437**(4): 61-69.

<https://www.cairn.info/revue-futuribles-2020-4-page-61.htm>

Comme indiqué en ouverture de ce forum « Covid-19 : causes, impacts et stratégies », le sujet de la crise du Covid-19 et de ses conséquences n'est pas près d'être épuisé, et il prendra place peu à peu dans le contexte général d'analyse de nombreux champs d'études. Il nous est cependant apparu important d'en évoquer, encore « à chaud », différents aspects, d'ordre économique, social, sanitaire, alimentaire, écologique... Yannick Blanc montre ici combien cet événement — que l'on peut qualifier de « rupture » dans le langage habituel de la prospective — rend particulièrement nécessaire le recours à la prospective. Soulignant que la crise sanitaire vient d'enclencher un « ébranlement systémique » de notre société (qui couvait depuis longtemps), il en présente « les trois cercles de l'onde de choc » (ampleur de l'épidémie, crise du pétrole, et changement de stratégie de nombreux acteurs économiques à moyen terme). Il souligne ensuite les faiblesses institutionnelles (en particulier de l'État) pour faire preuve de résilience face aux incertitudes qui demeurent, et en appelle à la vigilance prospective pour construire l'après sur des bases solides et partagées. S.D.

Borrell, J. (2020). *L'Europe, le monde et la crise du Covid-19*, Paris : Terra Nova

<https://tnova.fr/notes/l-europe-le-monde-et-la-crise-du-covid-19>

L'épidémie de Covid-19 a déclenché une crise économique et sociale majeure : celle-ci est à la fois la plus importante et la plus globale que nous ayons connue depuis la Seconde Guerre mondiale. Cette double crise – sanitaire et économique – est encore loin d'être terminée. Il est donc encore bien entendu très difficile d'anticiper toutes ses conséquences. Il semble cependant d'ores et déjà acquis qu'elles seront importantes sur le plan des équilibres géopolitiques. Dans cette note, l'auteur, Haut représentant de l'Union européenne

Bourg, D. et Swaton, S. (2020). "Vers un retour sur Terre ?" *Futuribles* **437**(4): 71-76.

<https://www.cairn.info/revue-futuribles-2020-4-page-71.htm>

Dans le cadre du forum consacré par *Futuribles* à la crise du Covid-19 et ses impacts, divers experts ont été invités à réagir et évoquer, encore « à chaud », ce que leur inspire la situation actuelle... Dominique Bourg et Sophie Swaton, engagés de longue date en faveur de la transition écologique, présentent ici un agenda d'action, qu'ils avaient commencé à élaborer dans le cadre d'un collectif avant le déclenchement de la crise, mais que celle-ci a rendu d'autant plus urgent. Appelant à un « retour sur Terre », le manifeste qu'ils publient en juin, une semaine avant la sortie de ce numéro, formule 35 propositions concrètes pour replacer nos économies, nos sociétés et nos institutions sur un chemin de transition respectueux de notre planète. Dominique Bourg et Sophie Swaton en présentent ici les grandes lignes, parmi lesquelles la mise en place d'une chambre parlementaire dédiée au long terme, l'instauration d'un revenu de transition écologique... S.D.

CCSS (2020). Impact de la crise sanitaire sur les réserves des caisses de retraite. *Les comptes de la sécurité sociales. Résultats 2019, prévisions 2020 et 2021*, Paris : CCSS: 118-121.

<https://www.securite-sociale.fr/la-secu-en-detail/comptes-de-la-securite-sociale/rapports-de-la-commission>

Certaines caisses de retraite disposent de réserves financières permettant de garantir sur longue période le paiement des pensions. La crise sanitaire et ses conséquences économiques ont eu un impact limité sur le montant de ces réserves, malgré, dans certains régimes de travailleurs indépendants, une utilisation dérogatoire des réserves pour financer des mesures exceptionnelles de soutien aux cotisants.

Cordero, E. (2020). Conseil d'Orientation des retraites : note d'étape pour le premier ministre. Paris COR

<https://www.cor-retraites.fr/node/544>

En août 2020, le Premier ministre a demandé au Conseil d'orientation des retraites (COR) d'évaluer la situation financière du système de retraite au regard de la crise sanitaire et économique. En 2020, la

très forte contraction des ressources associée au repli du PIB (-10 %) ne serait pas compensée par la faible diminution des dépenses liée à la faible surmortalité des retraités enregistrée jusqu'à présent. En conséquence, le solde du système de retraite se creuserait très massivement et atteindrait 25,4 milliards d'euros (2019), soit -1,1 % du PIB. Cette forte dégradation du déficit serait de nature conjoncturelle. À l'horizon 2024, la croissance reviendrait au niveau envisagé avant-crise, mais le PIB en volume resterait durablement en deçà ce qui était prévu avant la crise sanitaire, en décrochage de l'ordre de 2,5 % par rapport à ce qui était anticipé en novembre 2019. La part des ressources dans le PIB reviendrait à son niveau de 2019 (13,4 %) tandis que la part des dépenses resterait plus élevée qu'attendu (14 % contre 13,8 %). À cet horizon, le PIB reviendrait sur sa trajectoire de croissance équilibrée et le solde serait de nature essentiellement structurelle, de l'ordre d'un demi-point de PIB soit 13,3 milliards d'euros 2019. À plus long terme (fin des années 2020) selon des estimations encore provisoires, la trajectoire des dépenses en pourcentage du PIB rejoindrait celle anticipée avant 2020. Le taux de prélèvement sur la richesse créée par les actifs nécessaires pour financer les retraites serait en diminution progressive.

Dauvin, M., Ducoudré, B., Heyer, É., et al. (2020). "Évaluation au 26 juin 2020 de l'impact économique de la pandémie de la Covid-19 et des mesures du confinement et du déconfinement en France." *Revue de l'OFCE* **166**(2): 111-160.

<https://www.cairn.info/revue-de-l-ofce-2020-2-page-111.htm>

Nous analysons les effets de la pandémie de la Covid-19 et des mesures prophylactiques engagées sur l'activité économique, l'emploi et les revenus des agents économiques durant la période allant du 17 mars 2020 au 5 juillet 2020. Les huit semaines de confinement ont conduit à une contraction du produit intérieur brut (PIB) de 32 %. Pendant la période de déconfinement progressif du 11 mai au 5 juillet 2020, l'activité se serait réduite de -11 points de PIB par rapport à la situation prévalant avant la crise, signifiant un retour partiel à l'activité « normale ». L'impact de la crise sanitaire serait massif sur la croissance annuelle de l'activité économique française en 2020 : au cours de ces seize semaines, la perte de PIB représente 165 milliards d'euros et pèserait de 6,6 points sur la croissance du PIB de l'année 2020. Les stabilisateurs automatiques et les politiques engagées pendant la pandémie pour préserver le tissu économique conduisent les administrations publiques (APU) à absorber 58 % de la perte d'activité. Les ménages et les entrepreneurs individuels encaissent une perte de revenu de 14 milliards, soit près de 10 % du total, les entreprises devant donc absorber un tiers de la perte de revenu, plus de 50 milliards d'euros. Les pertes de revenu des ménages sont plus que compensées par la diminution de la consommation, engendrant une épargne « forcée » atteignant 75 milliards d'euros sur les seize semaines. Cette épargne est concentrée au sein des ménages les plus riches. Le dispositif d'activité partielle constitue un instrument majeur de l'absorption du choc. Il permet d'indemniser les entreprises effectivement touchées par les conséquences de la pandémie, tout en limitant les destructions d'emplois et la perte de revenu des salariés. Les motifs principaux de recours à l'activité partielle évoluent : baisse d'activité pendant le confinement, gardes d'enfant et vulnérabilité au virus pendant les premières phases du déconfinement. Si le recours au dispositif « vulnérable » reste limité, il pourrait être un facteur plus déterminant au cours des prochains mois dans le cas d'un éventuel rebond de la pandémie.

Duc, C. et Souquet, C. (2020). "L'impact de la crise sanitaire sur l'organisation et l'activité des sociétés." *Insee Première*(1830): 4.

<https://www.insee.fr/fr/statistiques/4994488>

Le premier confinement lié à l'épidémie de Covid-19 au printemps 2020 a provoqué un recul historique de l'activité : 73 % des sociétés déclarent une baisse de leurs ventes supérieure à 10 %, et 35 % une baisse supérieure à 50 % durant cette période. Un tiers des sociétés ont fermé pour une durée moyenne de 57 jours, le plus souvent à la suite de restrictions administratives d'accueil du public (65 %), mais aussi pour des questions d'approvisionnement (8 %) ou de débouchés (7 %). Cette suspension d'activité a touché en priorité les activités les plus étroitement en contact avec le public : la restauration, l'hébergement, les services à la personne ou les activités culturelles et récréatives, mais aussi les transports aériens. En septembre 2020, 1 % des sociétés sont encore fermées.

Espagne, É. (2020). "Hiérarchies monétaires et hiérarchies écologiques Leçons et perspectives de la crise du COVID-19." *Regards croisés sur l'économie* 26(1): 133-144.

<https://www.cairn.info/revue-regards-croises-sur-l-economie-2020-1-page-133.htm>

La pandémie de COVID-19 a accentué des fragilités préexistantes du système monétaire et financier mondial. Elle jette ainsi une lumière crue sur les hiérarchies monétaires existant entre pays. Ce faisant, elle permet aussi d'établir un rapport entre ces hiérarchies monétaires et des formes de hiérarchies écologiques qui cantonnent certains pays dans des stratégies d'accumulation de réserves par exportation de matières premières. Réaliser un objectif de neutralité carbone à l'échelle globale, comme nous y oblige l'accord de Paris, implique une profonde évolution de cette architecture. Nous suggérons quelques pistes envisageables dans le contexte des réponses à la crise du COVID-19.

France Stratégie (2020). La lutte contre la pauvreté au temps du coronavirus. Note d'étape. Paris France Stratégie: 15.

<https://www.strategie.gouv.fr/publications/lutte-contre-pauvrete-temps-coronavirus>

La période de crise économique et sociale que nous traversons est d'une ampleur inédite depuis l'après-guerre, supérieure à la crise de 2008. Elle a déjà et aura certainement un effet intense sur la situation des plus démunis. Le comité d'évaluation de la stratégie nationale de prévention et de lutte contre la pauvreté a souhaité s'exprimer à ce sujet en amont de la publication de son prochain rapport en mars 2021. La présente note vise ainsi à revenir sur les impacts pour les plus modestes de la crise sanitaire et du confinement qui s'est ensuivi, à préciser les effets attendus de la dégradation économique engendrée par la crise sur leur situation, et d'exprimer un certain nombre de points de vigilance quant à la réponse politique à la crise. Pour la réaliser, le comité d'évaluation s'est appuyé sur les auditions réalisées depuis le début de la crise du coronavirus¹. Il a également consulté le collège composé de personnes en situation de précarité ou de pauvreté (5^e collège) du Conseil national des politiques de lutte contre la pauvreté et l'exclusion sociale (CNLE) et le panel citoyen².

Givord, P., Silhol, J. et al. (2020). "Confinement : des conséquences économiques inégales selon les ménages." *Insee Première*(1822)

<https://www.insee.fr/fr/statistiques/4801313>

Le confinement de la population mis en place entre le 17 mars et le 11 mai 2020 s'est traduit par une contraction sans précédent de l'activité économique en France. En mai 2020, un quart des personnes déclarent que leur situation financière s'est dégradée, et cette proportion est d'autant plus élevée que le niveau de vie du ménage était initialement bas. Les ménages avec enfants sont aussi plus touchés que les ménages sans enfant. Les dispositifs de maintien d'activité ont amorti les effets de la chute de l'activité économique sur les ménages de manière inégale selon leur profil. La moitié des ouvriers, et un quart des cadres, déclarent être passés, au moins en partie, par le chômage technique ou partiel entre le début du confinement et le mois de mai. Les cadres ont plus souvent travaillé à distance : 80 % des cadres en activité en mai ont eu recours au moins partiellement au télétravail, contre 35 % des employés et seulement 6 % des ouvriers. Un quart des personnes ayant télétravaillé ont le sentiment que leur temps de travail a augmenté. Si ces dispositifs ont permis de maintenir les relations d'emploi, au moins à court terme, pour la majorité des salariés, les jeunes ont été bien plus exposés aux conséquences de la chute de l'activité économique.

Kuperminc, J. et Le, G., M. (2020). "Repérer les besoins en santé, dans un contexte de crise sanitaire, à partir des déterminants sociaux." *Compas Zoom*(25): 6.

www.lecompas.fr/doc/CompaszOOm25-22Avril2020.pdf

La crise sanitaire que nous vivons actuellement révèle, sur l'ensemble du territoire national, des besoins en matière de santé pour l'ensemble de la population. Pour autant, là encore, les inégalités sociales opèrent puisque les publics les plus précaires subissent davantage les effets de la crise du Covid-19. Il importe donc de proposer aux décideurs et aux acteurs locaux des éléments de connaissance sur ces publics potentiellement les plus concernés par les besoins de soins et de prévention. Pour cela, le Compas propose un indice agrégé (baromètre©Compas) s'appuyant sur les différents travaux réalisés dans ce domaine afin de valider des déterminants sociaux de santé

pertinents, déclinables pour chaque commune et ses quartiers. Cet indicateur se veut opérationnel en définissant des zones d'actions prioritaires et pourra être croisé avec des projections de population
©Compas, l'offre de soins présente sur la commune ou l'intercommunalité et l'accessibilité aux soins.

HCFIS (2021). Rapport sur l'état des lieux du financement de la protection sociale. Paris HCFIS: 23.

<https://www.securite-sociale.fr/home/hcfips/zone-main-content/rapports-et-avis-du-hcfips/rapport-sur-letat-des-lieux-du-1.html>

Le HCFiPS produit à intervalles réguliers une note présentant l'état des lieux du financement de la protection sociale après le vote des lois financières annuelles. Ce rapport dresse un état des lieux du financement de la protection sociale. Il revient dans un premier temps sur l'ampleur de la crise sanitaire et économique. Elle présente ensuite les principaux canaux par lesquels la crise a affecté les comptes sociaux. Le vote des lois financières pour 2021 à l'automne dernier permet enfin d'apporter des éléments prospectifs pour les exercices à venir, même si de grandes incertitudes demeurent à ce stade.

Lustam, F., Viennot, M., Artus, P., et al. (2020). "Face aux crises du COVID-19." *Risques : Les Cahiers De L'assurance*(22): 9-92.

<https://www.revue-risques.fr/2020/06/risques-n-121/>

La revue de la Fédération française de l'assurance propose un numéro spécial d'analyses et de réflexions sur la situation liée à la pandémie de Covid-19, sous l'angle du risque et du rôle des assureurs. "Dans ces pages, nous avons fixé comme objectif de fournir à nos lecteurs tout ce dont nous disposons en termes d'information, tant sur le plan de l'analyse des chocs que sur les éléments de connaissance, en réservant bien évidemment au domaine de l'assurance un rôle premier. À très juste titre, nous soulignons le fait que l'assurance représente un des éléments incontournables de la sortie de crise, tout simplement parce que c'est largement là où se lie la confiance entre tous les acteurs de la vie économique et sociale."

Ragot, X. (2020). "La crise de la Covid-19 changera-t-elle notre façon de faire de l'économie ? Analyses et prévisions économiques par temps de crise." *Revue de l'OFCE* **166**(2): 5-21.

<https://www.cairn.info/revue-de-l-ofce-2020-2-page-5.htm>

La COVID-19 a provoqué une crise sanitaire et économique sans précédent dans l'histoire récente. Le changement brutal du fonctionnement de l'économie a conduit les économistes à adapter rapidement leurs outils d'analyses et leurs prévisions économiques. Il a fallu d'abord comprendre l'état de l'économie dans un contexte de grande incertitude sur l'évolution épidémiologique ainsi que sur les comportements des ménages et des entreprises. Cette crise singulière conduit à repenser les concepts-clés de l'analyse économique. On identifie quatre nouvelles questions : quel sens donner à l'évolution des prix des services quand la notion même de qualité ne peut être mesurée ? Comment la crise est-elle socialement partagée ? De quelle façon l'économie est-elle financée ? Qu'est-ce qu'un choc d'offre et un choc de demande et quelles sont leurs implications sectorielles ?

Timbeau, X. (2020). "Évaluation de la pandémie de Covid-19 sur l'économie mondiale." *Revue de l'OFCE* **166**(2): 59-110.

<https://www.cairn.info/revue-de-l-ofce-2020-2-page-59.htm>

Depuis la prise de conscience fin février dernier de la diffusion de l'épidémie de coronavirus, l'économie mondiale a subi un choc inédit bouleversant le paradigme conjoncturel. Comme le laissait pressentir l'évolution des indicateurs infra-trimestriels, les chiffres de croissance du PIB concrétisaient déjà, dans leur version provisoire, les effets économiques du confinement sur les deux dernières semaines du premier trimestre. Toutefois, au vu du degré de sévérité des fermetures, on pourrait s'attendre à des révisions importantes du PIB à la baisse comme à la hausse. Nous évaluons ensuite l'impact de choc sur l'économie mondiale en partant des tableaux entrées-sorties issus de la World Input-Output Database (WIOD). Les différentes mesures de mises en place pour le mois d'avril auraient un impact de -19 % sur la valeur ajoutée au niveau mondial. Tous les secteurs et tous les pays ne seraient pas impactés de la même manière. Au niveau sectoriel, la branche de l'hébergement-

restauration enregistrerait une diminution de 47 % de sa valeur ajoutée au niveau mondial. Au niveau géographique, l'Europe serait la zone la plus touchée, notamment l'Espagne, l'Italie et la France avec des chutes de valeur ajoutée de plus de 30 points. Bien que l'Allemagne ait subi une baisse moins importante de l'activité, en lien avec des mesures de confinement moins restrictives dans l'ensemble, le pays souffre cependant de sa forte exposition à la demande étrangère. Cette modélisation permet ensuite de décrire l'incidence du choc d'activité sur la demande de travail pour le mois d'avril. Pourtant, si l'ajustement de la demande de travail au choc de production est très marqué, l'impact final sur l'emploi salarié apparaît in fine, au moins en Europe, faible au regard des pertes potentielles d'emplois, en raison de la mise en œuvre de dispositifs d'activité partielle similaire. En l'absence d'un tel mécanisme, les États-Unis connaissent de plus fortes destructions d'emplois salariés, qui atteignent 14,6 % de l'emploi salarié total.

ÉTUDES INTERNATIONALES

Acharya, V. V., Jiang, Z. et Richmond, R. J. (2020). Divided We Fall: International Health and Trade Coordination During a Pandemic. NBER Working Paper Series ; 28176. Cambridge NBER
<https://www.nber.org/papers/w28176>

We analyze the role of international trade and health coordination in times of a pandemic by building a two-economy, two-good trade model integrated into a micro-founded SIR model of infection dynamics. Uncoordinated governments with national mandates can adopt (i) containment policies to suppress infection spread domestically, and (ii) (import) tariffs to prevent infection coming from abroad. The efficient, i.e., coordinated, risk-sharing arrangement dynamically adjusts both policy instruments to share infection and economic risks internationally. However, in Nash equilibrium, uncoordinated trade policies robustly feature inefficiently high tariffs that peak with the pandemic in the foreign economy. This distorts terms of trade dynamics and magnifies the welfare costs of tariff wars during a pandemic due to lower levels of consumption and production as well as smaller gains via diversification of infection curves across economies.

Arthi, V. et Parman, J. (2020). Disease, Downturns, and Wellbeing: Economic History and the Long-Run Impacts of COVID-19. NBER Working Paper Series ; 27805. Cambridge NBER
<https://www.nber.org/papers/w27805>

How might COVID-19 affect human capital and wellbeing in the long run? The COVID-19 pandemic has already imposed a heavy human cost—taken together, this public health crisis and its attendant economic downturn appear poised to dwarf the scope, scale, and disruptiveness of most modern pandemics. What evidence we do have about other modern pandemics is largely limited to short-run impacts. Consequently, recent experience can do little to help us anticipate and respond to COVID-19's potential long-run impact on individuals over decades and even generations. History, however, offers a solution. Historical crises offer closer analogues to COVID-19 in each of its key dimensions—as a global pandemic, as a global recession—and offer the runway necessary to study the life-course and intergenerational outcomes. In this paper, we review the evidence on the long-run effects on health, labor, and human capital of both historical pandemics (with a focus on the 1918 Influenza Pandemic) and historical recessions (with a focus on the Great Depression). We conclude by discussing how past crises can inform our approach to COVID-19—helping tell us what to look for, what to prepare for, and what data we ought to collect now.

Atkinson, A., Droste, M. C., Mina, M., et al. (2020). Economic Benefits of COVID-19 Screening Tests. NBER Working Paper Series ; 28031. Cambridge NBER
<https://www.nber.org/papers/w28031>

We assess the economic value of screening testing programs as a policy response to the ongoing COVID-19 pandemic. We find that the fiscal, macroeconomic, and health benefits of rapid SARS-CoV-2 screening testing programs far exceed their costs, with the ratio of economic benefits to costs typically in the range of 4-15 (depending on program details), not counting the monetized value of lives saved.

Unless the screening test is highly specific, however, the signal value of the screening test alone is low,

leading to concerns about adherence. Confirmatory testing increases the net economic benefits of screening tests by reducing the number of healthy workers in quarantine and by increasing adherence to quarantine measures. The analysis is undertaken using a behavioral SIR model for the United States with 5 age groups, 66 economic sectors, screening and diagnostic testing, and partial adherence to instructions to quarantine or to isolate.

Blahous, C. (2020). "How COVID-19 Is Affecting Social Security Benefits, and What to Do about It." Arlington Mercatus Center

www.mercatus.org/system/files/blahous_-_policy_brief_-_cfi_series_-_how_covid-19_is_affecting_social_security_benefits_and_what_to_do_about_it_-_v1.pdf

The economic contraction precipitated by the COVID-19 crisis is causing severe problems in Social Security. These problems include further weakening of Social Security finances, as payroll tax collections plunge during the recession, and a sharp decline in benefits for those eligible to begin collecting Social Security old-age benefits two years from now. To their credit, members of Congress are studying this unfolding crisis, and some are stepping forward with proposed responses. Many of these problems have their roots in Social Security law long predating the COVID-19 crisis, and they are simply being exacerbated or exposed by current conditions. Unfortunately, it is too easy for elected officials to react in a way that makes Social Security's various problems even worse, as a recently introduced House bill—H.R. 7499, the Social Security COVID Correction and Equity Act—would do. This policy brief explains the latest crises as well as other persistent problems facing Social Security and offers guidance on how to address them.

Blondel, S. et Vranceanu, R. (2020). Covid-19 Mortality and Health Expenditures across European Countries: The Positive Correlation Puzzle. Angers Université d'Angers ; Cergy-Pontoise Essec

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3679972

The positive correlation between health share expenditures and COVID-19 case fatalities in a cross-section of 31 European countries is puzzling. The positive relationships is also detected in weighted OLS and IV models that control for many usual suspects of the COVID-19 mortality: (1) health indicators (personal risk factors, medical resources), (2) virus ease of circulation, (3) macroeconomic variables related to the economic development and social orientation of the country. COVID-19 case fatalities are lower in countries with significant resources dedicated to health care (hospital beds and medical doctors); the contribution of virus circulation factors is less significant. Policy implications follow.

Bloom, D. E., Kuhn, M. et Prettnner, K. (2020). Modern Infectious Diseases: Macroeconomic Impacts and Policy Responses. Iza Dp ; 13625. Bonn Iza

<https://www.iza.org/publications/dp/13625/modern-infectious-diseases-macroeconomic-impacts-and-policy-responses>

We discuss and review literature on the macroeconomic effects of epidemics and pandemics since the late 20th century. First, we cover the role of health in driving economic growth and well-being and discuss standard frameworks for assessing the economic burden of infectious diseases. Second, we sketch a general theoretical framework to evaluate the tradeoffs policymakers must consider when addressing infectious diseases and their macroeconomic repercussions. In so doing, we emphasize the dependence of economic consequences on (i) disease characteristics; (ii) inequalities among individuals in terms of susceptibility, preferences, and income; and (iii) cross-country heterogeneities in terms of their institutional and macroeconomic environments. Third, we study pharmaceutical and nonpharmaceutical policies aimed at mitigating and preventing infectious diseases and their macroeconomic repercussions. Fourth, we discuss the health toll and economic impacts of five infectious diseases: HIV/AIDS, malaria, tuberculosis, influenza, and COVID-19. Although major epidemics and pandemics can take an enormous human toll and impose a staggering economic burden, early and targeted health and economic policy interventions can often mitigate both to a substantial degree.

Bloori, A. et Saghafian, S. (2020). COVID-19: Health and Economic Impacts of Societal Intervention Policies in the U.S. HKS Working Paper ; RWP20-027. Cambridge Harvard Kennedy School

Intervention policies, like stay-at-home orders, are shown to be effective in controlling the spread of the novel Coronavirus Disease 2019 (COVID-19). However, concerns over economic burdens of these policies have propelled U.S. states to move towards reopening. Decision-making in most states has been challenging, especially because of a dearth of quantitative evidence on health gains versus economic burdens of different intervention policies. To assist decision-makers, we make use of detailed data from 51 U.S. states on various factors, including number of tests, positive and negative results, hospitalizations, ICU beds and ventilators used, residents' mobility, and deaths, and provide an analytical framework to measure per capita total costs versus quality-adjusted life years (QALY) under various intervention policies. Our results show that, compared to a hypothetical no intervention during March-June 2020, the policies undertaken across the U.S. on average saved each person up to 4.04 days worth of QALY while incurring \$3,284.67 for him/her. Had the states undertaken more strict policies during the same time frame than those they adopted, the increase in the average QALY and cost per person would be up to 6 days and \$4,953.81, respectively. We also find that stricter policies are not cost-effective at the typical willingness-to-pay rates. Imposing such strict policies, however, may be inevitable in the near future, especially if the risk of a second wave of COVID-19 increases. Finally, in addition to quantifying the health and economic impacts of intervention policies, our results allow federal and state authorities to avoid following a "one-size-fits-all" strategy, and instead enact policies that are better suited for each state.

Boppart, T., Harmenberg, K. et Hassler, J. (2020). Integrated Epi-Econ Assessment. NBER Working Paper Series ;28282. Cambridge NBER
<https://www.nber.org/papers/w28282>

We formulate an economic time use model and add to it an epidemiological SIR block. In the event of an epidemic, households shift their leisure time from activities with a high degree of social interaction to activities with less, and also choose to work more from home. Our model highlights the different actions taken by young individuals, who are less severely affected by the disease, and by old individuals, who are more vulnerable. We calibrate our model to time use data from ATUS, employment data, epidemiological data, and estimates of the value of a statistical life. There are qualitative as well as quantitative differences between the competitive equilibrium and social planner allocation and, moreover, these depend critically on when a cure arrives. Due to the role played by social activities in people's welfare, simple indicators such as deaths and GDP are insufficient for judging outcomes in our economy.

Budish, E. (2020). Maximize Utility subject to $R=1$: A Simple Price-Theory Approach to Covid-19 Lockdown and Reopening Policy. NBER Working Paper Series ;28093. Cambridge NBER
<https://www.nber.org/papers/w28093>

This paper presents a simple price-theory approach to Covid-19 lockdown and reopening policy. The key idea is to conceptualize $R = 1$ as a constraint, allowing traditional economic and societal goals to be the policy objective, all within a simple static optimization framework. This approach yields two main insights. First, the $R = 1$ constraint imposes a disease-transmission budget on society. Society should optimally spend this budget on the activities with the highest ratio of utility to disease-transmission risk, dropping activities with too low a ratio of utility to risk. Second, masks, tests, and other simple interventions increase activities' utility-to-risk ratios, and hence expand how much activity society can engage in and utility society can achieve while staying within the $R = 1$ budget. A simple numerical example, based on estimates from the medical literature for R_0 and the efficacy of facemasks and complementary measures, suggests the potential gains are enormous. Overall, the formulation provides economics language for a policy middle ground between society-wide lockdown and ignore-the-virus, and a new infectious threat response paradigm alongside "eradicate" and "minimize".

Burgi, C. et Gorgulu, N. (2020). Social Distancing and the Economic Impact of COVID-19 in the United States. CESifo working paper ; 8577. München CESifo

https://www.cesifo.org/DocDL/cesifo1_wp8577.pdf

This study documents how the demographics of new infections and mortality changed over time across US counties. We find that counties with a larger population share aged above 60 were hit harder initially in terms of both cases and mortality in March and April while counties with a larger population share aged below 20 were hit harder in June and July. At the same time, how counties that voted Democratic in 2016 are affected does not change over time. Subsequently, we simulate an alternative evolution of the pandemic, assuming that states extended the lockdown measures until daily new cases reach the levels of European countries after their lockdown measures were relaxed. In the baseline simulation, we find that cases and deaths would have increased by around 50% less by the end of June, but it would have led to a 2 percentage point larger drop in Q2 GDP.

Codagnone, C., Bogliacino, F., Gómez, C., et al. (2020). "Assessing concerns for the economic consequence of the COVID-19 response and mental health problems associated with economic vulnerability and negative economic shock in Italy, Spain, and the United Kingdom." *PLoS One* **15**(10): e0240876-e0240876.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7591048/>

Many different countries have been under lockdown or extreme social distancing measures to control the spread of COVID-19. The potentially far-reaching side effects of these measures have not yet been fully understood. In this study we analyse the results of a multi-country survey conducted in Italy (N = 3,504), Spain (N = 3,524) and the United Kingdom (N = 3,523), with two separate analyses. In the first analysis, we examine the elicitation of citizens' concerns over the downplaying of the economic consequences of the lockdown during the COVID-19 pandemic. We control for Social Desirability Bias through a list experiment included in the survey. In the second analysis, we examine the data from the same survey to predict the level of stress, anxiety and depression associated with being economically vulnerable and having been affected by a negative economic shock. To accomplish this, we have used a prediction algorithm based on machine learning techniques. To quantify the size of this affected population, we compare its magnitude with the number of people affected by COVID-19 using measures of susceptibility, vulnerability and behavioural change collected in the same questionnaire. We find that the concern for the economy and for "the way out" of the lockdown is diffuse and there is evidence of minor underreporting. Additionally, we estimate that around 42.8% of the populations in the three countries are at high risk of stress, anxiety, and depression, based on their level of economic vulnerability and their exposure to a negative economic shock.

Deaton, A. et Schreyer, P. (2020). GDP, Wellbeing, and Health: Thoughts on the 2017 Round of the International Comparison Program. *NBER Working Paper Series ;28177*. Cambridge NBER

<https://www.nber.org/papers/w28177>

In March 2020, the International Comparison Project published its latest results, for the calendar year 2017. This round presents common-unit or purchasing-power-parity data for 137 countries on Gross Domestic Product and its components. We review a number of important issues, what is new, what is not new, and what the new data can and cannot do. Of great importance is the lack of news, that the results are broadly in line with earlier results from 2011. We consider the relationship between national accounts measures and health, particularly in light of the COVID-19 epidemic which may reduce global inequality, even as it increases inequality within countries. We emphasize things that GDP cannot do, some familiar—like its silence on distribution—and some less familiar—including its increasing detachment from national material wellbeing in a globalized world where international transfers of capital and property rights can have enormous effects on GDP, such as the 26 percent increase in Ireland's GDP in 2015.

Dudine, P., Hellwig, K. P. et Jahan, S. (2020). A Framework for Estimating Health Spending in Response to COVID-19. *IMF Working Paper; 20/145*. International Monetary Fund

<http://d.repec.org/n?u=RePEc:imf:imfwpa:2020/145&r=hea>

We estimate the additional health spending necessary to treat COVID-19 patients. We expand a Susceptible Infected Recovered model to project the number of people requiring hospitalization, use information about healthcare costs by country, and make assumptions about capacity constraints in

the health sector. Without social distancing and lockdowns, countries would need to expand health systems ten-fold, on average, to assist all COVID-19 patients in need of hospitalization. Under capacity constraints, effective social distancing and quarantine reduce the additional health spending from a range of \$0.6–1 trillion globally to \$130–231 billion, and the fatality rate from 1.2 to 0.2 percent, on average.

Harris, T. F., Yelowitz, A. et Courtemanche, C. J. (2020). Did COVID-19 Change Life Insurance Offerings? NBER Working Paper Series ;28172. Cambridge NBER
<https://www.nber.org/papers/w28172>

The profitability of life insurance offerings is contingent on accurate projections and pricing of mortality risk. The COVID-19 pandemic created significant uncertainty, with dire mortality predictions from early forecasts resulting in widespread government intervention and greater individual precaution that reduced the projected death toll. We analyze how life insurance companies changed pricing and offerings in response to COVID-19 using monthly data on term life insurance policies from Compulife. We estimate event-study models that exploit well-established variation in the COVID-19 mortality rate based on age and underlying health status. Despite the increase in mortality risk and significant uncertainty, we find limited evidence that life insurance companies increased premiums or decreased policy offerings due to COVID-19.

Jacob, G. (2020). "Health Economics In The Post-Covid-19 Era." Israel Economic Review **18**(1): 23-32.
<https://ideas.repec.org/a/boi/isrerv/v18y2020i1p23-32.html>

The Covid-19 phenomenon is exceptional and extraordinary. So much so, that the relevance of the insights we've gained over the years in economics in general, and in the area of health economics in particular, for understanding this phenomenon is especially small. Moreover, at this point in time there is a considerable lack of clarity regarding the various and important aspects of the pandemic, so that it is too early to express an opinion on the correct method of dealing with it. However, in contrast, I am of the opinion that it is possible and necessary to discuss the changes expected in the world of medicine and health management in the post-Covid-19 era. One of the most significant changes is the tremendous growth expected in "remote medicine", which alongside its numerous advantages incorporates numerous risks, both healthrelated and economic

Khan, N., Fahad, S., Naushad, M., et al. (2020). COVID-2019 : Current and Past Situation Analysis in the World and Its Impact on World Economy. SI Ssrn: 58.
<http://dx.doi.org/10.2139/ssrn.3715051>

The study was carried out since 12, October, 2020. The universe of the study was the whole world. The major objective of the study was to analyze the past and present situation of COVID-2019 analysis in the world and its impact on the world economy.

Moffitt, R. (2020). Covid-19 and the U.S. Safety Net. NBER Working Paper Series ; 27911. Cambridge NBER
<https://www.nber.org/papers/w27911>

We examine trends in employment, earnings, and incomes over the last two decades in the United States, and how the safety net has responded to changing fortunes, including the shutdown of the economy in response to the Covid-19 Pandemic. The U.S. safety net is a patchwork of different programs providing in-kind as well as cash benefits and had many holes prior to the Pandemic. In addition, few of the programs are designed explicitly as automatic stabilizers. We show that the safety net response to employment losses in the Covid-19 Pandemic largely consists only of increased support from unemployment insurance and food assistance programs, which did not replace the lost income for many households. We discuss possible options to reform social assistance in America that may provide more robust income floors in times of economic downturns.

Rajashri, C., Lindsay, M., William, N., et al. (2020). Investigating the Effect of Health Insurance in the COVID-19 Pandemic, Federal Reserve Bank of New York.
<https://ideas.repec.org/p/fip/fednls/88781.html>

Does health insurance improve health? This question, while apparently a tautology, has been the subject of considerable economic debate. In light of the COVID-19 pandemic, it has acquired a greater urgency as the lack of universal health insurance has been cited as a cause of the profound racial gap in coronavirus cases, and as a cause of U.S. difficulties in managing the pandemic more generally. However, estimating the effect of health insurance is difficult because it is (generally) not assigned at random. In this post, we approach this question in a novel way by exploiting a natural experiment—the adoption of the Affordable Care Act (ACA) Medicaid expansion by some states but not others—to tease out the causal effect of a type of health insurance on COVID-19 intensity.

Siegrist, J. (2020). "Health inequalities: the role of work and employment." *European Journal of Public Health* **30**(4): 620-620.

<https://doi.org/10.1093/eurpub/ckaa006>

The questions raised by Mackenbach¹ in his commentary are important, and some provocative statements in his text may instigate the intensity of search for answers. One such question concerns the persistence of relative social inequalities in health in economically well-developed Western societies, including Nordic European countries with advanced welfare state policies. Although a high prevalence of health-adverse behaviours in these countries was shown to account for part of the observed social differences, as measured by education, income or occupational position, the scope of this explanation is limited.² The same holds true for additionally suggested explanations, such as the contribution of differential patterns of upward social mobility to health inequalities, or the unequal access to health care and to the benefits of health-promoting activities. As we are left without a convincing answer to the question raised, should we then focus our research mainly on 'non-causal' (e.g. genetic) pathways? Or should we strive towards analysing those specific aspects of the social environment that may generate health inequalities by new, formerly unexplored pathways?

Simplice, A. A., Samba, D. et Joseph, N. (2020). The Geography of the Effectiveness and Consequences of Covid-19 Measures: Global Evidence, European Xtramile Centre of African Studies (EXCAS).

<https://ideas.repec.org/p/exs/wpaper/20-054.html>

This study has: (i) analysed the economic impact of the Covid-19 pandemic, (ii) evaluated the effectiveness and relevance of different measures against the pandemic and (iii) examined nexuses between the corresponding measures and economic outcomes. The study uses a sample of 186 countries divided into four main regions, notably: Asia-Pacific and the Middle East, Europe, Africa and America. 34 preventing and mitigating measures against the Covid-19 pandemic are classified into five main categories: lockdown, movement restrictions, governance and economic, social distancing, and public health measures. The empirical evidence is based on comparative difference in means tests and correlation analyses. The findings show how the effectiveness and consequences of the Covid-19 measures are different across regions. In adopting the relevant policies to fight the ongoing pandemic, the comparative insights from the findings in the study are worthwhile. Inter alia: (i) from a holistic perspective, only European countries have favourably benefited from the Covid-19 measures; (ii) lockdown measures at the global level have not been significant in reducing the pandemic; (iii) the restriction of movement measure has been relevant in curbing the spread in the American continent; (iv) social distancing has been productive in Europe and counter-productive in Africa; (v) governance and economic measures have exclusively been relevant in Europe and (vi) overall public health measures have not had the desired outcomes in flattening the infection curve probably because most of the underlying measures are awareness decisions or oriented toward people already infected.

Aspects sociétaux : comportement de santé, conditions de vie

ÉTUDES FRANÇAISES

Azria, E., Sauvegrain, P., Blanc, J., et al. (2020). "Racisme systémique et inégalités de santé, une urgence sanitaire et sociétale révélée par la pandémie COVID-19." *Gynécologie Obstétrique Fertilité & Sénologie* **48**(12): 847-849.

<https://doi.org/10.1016/j.gofs.2020.09.006>

Bréchet, C. (2020). "[The pandemic caused by SARS-CoV-2: more than a serious health crisis, a change of time and lessons to be learned urgently]." *Med Sci (Paris)*.

<https://doi.org/10.1051/medsci/2020245>

Brugeron, P. E., Claeys, S., Clause-Verdreau, C., et al. (2020). "Au cœur de la pandémie du coronavirus - Vivre, décider, anticiper." *Cahiers De L'espace Ethique* (N° H.S.): 111.

<https://www.espace-ethique.org/ressources/revues-et-publications/hors-serie-des-cahiers-au-coeur-de-la-pandemie-du-coronavirus>

La crise est ce moment où il n'est plus possible de vivre comme avant. Elle n'est pas seulement un temps d'exception et de suspension, mais une période de radicale incertitude dont nous ne connaissons ni la durée ni l'issue. Mais paradoxalement, alors que la crise nous plonge brutalement dans l'incertitude du futur, elle nous fait aussi mieux voir notre présent : nos valeurs, ce à quoi nous tenons, mais aussi les désaccords, les dysfonctionnements, les injustices qui, d'ordinaire cachés dans les replis de nos habitudes mentales et pratiques, se révèlent. La crise du coronavirus a durement éprouvé la vie sociale. Aussi bien le virus lui-même que les mesures de confinement prises pour endiguer sa propagation ont mis en crise les pratiques sociales les mieux ancrées dans nos vies : les conditions de la naissance, les rites funéraires, le travail, les déplacements, les usages des objets connectés, les pratiques soignantes, etc. Avec la crise, ces actes, parce qu'ils engagent potentiellement la vie d'autrui, perdent leur caractère d'évidence et requièrent avant d'être accomplis une délibération éthique, que ce soit à l'échelle politique, locale, familiale ou personnelle. D'un seul coup, l'éthique entre dans nos vies. C'est dans ce contexte de crise et d'incertitude que l'Espace éthique Ile-de-France a souhaité publier ce hors-série des Cahiers de l'Espace éthique, pour rendre compte d'expériences vécues et ouvrir la réflexion à travers un document qui tient davantage du journal de bord que d'une « encyclopédie des enjeux éthiques de la Covid ».

Constant, A., Conserve, D. F., Gallopel-Morvan, K., et al. (2020). "Socio-Cognitive Factors Associated With Lifestyle Changes in Response to the COVID-19 Epidemic in the General Population: Results From a Cross-Sectional Study in France." *Front Psychol* **11**(2407). =

<https://www.frontiersin.org/article/10.3389/fpsyg.2020.579460>

BackgroundThe aims of the present study were to assess changes in lifestyles in the general population in response to coronavirus disease 2019 (COVID-19) lockdown and the influence of COVID-19 perceptions, as assessed by the Extended Parallel Process Model (EPPM), on these changes. **Methods**Data were collected from 4005 individuals through an online survey conducted 3–4 weeks after the nationwide lockdown implementation in France. Participants were asked whether they practiced five behaviors (i.e., screen watching, snacking, eating fruits and vegetables, exercising, and walking) less often, as often as, or more often than prior to the lockdown. Beliefs and expectations toward the COVID-19 epidemic were also assessed using an adapted version of Witte's EPPM, together with sociodemographic and environmental variables. Among the respondents consuming regularly alcohol and tobacco, logistic regressions were performed to estimate the Odds ratios (ORs) of increase (yes/no) and decrease (yes/no) in drinking and smoking since the lockdown. **Results**More than 8 in 10 respondents reported unhealthy changes in lifestyle since the lockdown, mostly in relation to physical activity. The unhealthy changes were positively associated with male sex (RR = 1.17; confidence interval [95% CI] = 1.10–1.24), living urban density, having a garden (RR = 1.16 [1.07–1.26]), financial difficulties because of COVID-19 (RR = 1.09 [1.02–1.18]), and lack of fear control (RR = 1.04 [1.01–1.09]) and negatively with cognitive avoidance (RR = 0.92 [0.89–0.95]). Less than 4 in 10 respondents reported healthy changes over the same period, mostly in relation to better eating habits. They were positively associated with living with more than two persons (RR = 1.22 [1.02–1.45]), having a terrace (RR = 1.14 [1.02–1.29]), and perceived efficacy (RR = 1.11 [1.04–1.08]) and negatively with being aged 40 or higher. Alcohol consumption overall declined in regular drinkers, while a slight increase in tobacco use was observed in regular smokers. **Discussion**The COVID-19 pandemic and

lockdown resulted in frequent and mostly unhealthy changes in lifestyle among the general population. These changes were related to individual and environmental characteristics but also to EPPM appraisals in the wake of fear appeal from COVID-19 campaigns. Communication and preventive measures should include messages and initiatives toward the maintenance of healthy lifestyles during pandemics such as the adaptation of physical activity and eating guidelines to the particular contexts of mobility restriction and infection control.

Dedet, J. P., Zylberman, P., Magne, P., et al. (2020). "Les sociétés face aux épidémies : de la peste à la Covid-19." Sève : Les Tribunes De La Santé(66): 25-88.

L'épidémie de Covid-19 a envahi notre quotidien. Elle brutalise notre société, déstabilise notre économie et défie nos institutions. Les articles de ce numéro éclairent plusieurs facettes de l'adaptation des sociétés aux impératifs de la santé publique. D'abord à travers une brève histoire des épidémies et un retour sur un siècle de pandémies grippales (1889-1970). Ensuite, avec un focus sur deux institutions essentielles en cas d'épidémie : le Centre opérationnel de réception et de régulation des urgences sanitaires et sociales (Coruss) et Santé Publique France. Enfin, au gré d'une revue des législations face aux épidémies.

Demaison, C., Grivet, L., Lesdos, C., et al. (2020). France, portrait social, Paris : Insee
<https://www.insee.fr/fr/statistiques/4928952>

Dans cette édition 2020 du portrait social, la vue d'ensemble porte sur l'impact social de la crise sanitaire de la Covid-19 et du confinement, dans des domaines tels que la santé, l'emploi, les inégalités femmes-hommes, la scolarité des enfants, les pratiques culturelles, etc. Un éclairage est ensuite apporté sur les enfants, sous l'angle des inégalités sociales.

Escalon, H., Deschamps, V. et Verdot, C. (2021). "Activité physique et sédentarité des adultes pendant la période de confinement lié à l'épidémie de Covid-19 : état des lieux et évolutions perçues." Bulletin Épidémiologique Hebdomadaire (Beh)(3)
<https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/article/activite-physique-et-sedentarite-des-adultes-pendant-la-periode-de-confinement-lie-a-l-epidemie-de-covid-19-etat-des-lieux-et-evolutions-percues>

Dans le contexte de la pandémie de Covid-19, dès l'annonce du confinement mis en place du 17 mars au 11 mai 2020, Santé publique France a lancé un dispositif de surveillance comportementale (enquête CoviPrev) permettant d'évaluer l'impact du confinement sur la santé de la population. La sixième vague de cette enquête conduite du 4 au 6 mai 2020 a permis d'analyser les niveaux d'activité physique et de sédentarité de la population adulte pendant le confinement, l'évolution perçue de ces comportements par rapport à avant le confinement et les facteurs qui lui sont associés.

Galmiche, S., Charnet, T., Schaeffer, L., et al. (2020). Étude des facteurs sociodémographiques, comportements et pratiques associés à l'infection par le SARS-CoV-2 (ComCor), Paris : Institut Pasteur
<https://www.pasteur.fr/fr/espace-presse/documents-presse/etude-comcor-lieux-contamination-au-sars-cov-2-ou-francais-s-infectent-ils>

l'Institut Pasteur, en partenariat avec la Caisse nationale de l'Assurance Maladie (Cnam), Santé publique France, et l'institut Ipsos, présente dans cette publication les résultats de l'étude épidémiologique ComCor sur les circonstances et les lieux de contamination par le virus SARS-CoV-2. L'objectif de cette étude est d'identifier les facteurs sociodémographiques, les lieux fréquentés, et les comportements associés à un risque augmenté d'infection par le SARS-CoV-2. L'étude comporte deux volets : le premier volet décrit les circonstances de contamination des cas index, diagnostiqués positifs pour le SARS-CoV-2 pendant la période du couvre-feu, notamment quand la personne source de l'infection est connue ; le deuxième volet compare les caractéristiques, comportements, et pratiques des cas index à ceux d'une série de témoins appariés sur l'âge, le sexe, la région, et la densité populationnelle, pendant la période du couvre-feu et celle du confinement.

Mueller, J. E. et al. "Étude transversale des intentions de vaccination contre la grippe saisonnière et la Covid-19 des professionnels de santé ? Quels leviers pour la promotion vaccinale ?" Bulletin Épidémiologique Hebdomadaire (Beh) (2)
http://beh.santepubliquefrance.fr/beh/2021/Cov_2/pdf/2021_Cov_2.pdf

Une bonne couverture vaccinale des soignants contre la grippe saisonnière est un objectif de santé publique, en particulier dans le contexte de l'épidémie de Covid-19. Un questionnaire destiné aux soignants exerçant en France a été mis en ligne et diffusé par le réseau Geres durant l'été 2020. Les questions portaient sur leur statut vaccinal antigrippal antérieur et les raisons de vaccination ou non ainsi que sur leurs intentions vaccinales contre la grippe pour la période hivernale 2020-2021 et contre la Covid-19. 3 556 professionnels de santé exerçant en majorité en établissement de santé, social ou médico-social ont répondu. Les résultats reflètent, pour les deux vaccinations, le gradient professionnel d'adhésion à la vaccination, plus fort chez les médecins que chez les infirmiers et moins fort chez les aides-soignants. L'analyse révèle qu'il serait possible d'améliorer la couverture vaccinale antigrippale en ciblant les personnels vaccinés occasionnellement au cours des dernières années et en améliorant l'accès à la vaccination. L'acceptation théorique de la vaccination contre la Covid-19 apparaît corrélée à la vaccination antigrippale même pratiquée sporadiquement.

Neuburger, R. (2020). "Intimité, couple et famille à l'heure du confinement." Cahiers critiques de thérapie familiale et de pratiques de réseaux 65(2): 157-167.
<https://www.cairn.info/revue-cahiers-critiques-de-therapie-familiale-2020-2-page-157.htm>

Les conséquences négatives du confinement obligatoire sont étudiées sous l'angle de conflits entre territoires d'intimité, qui peuvent survenir de façon plus fréquente dans ce contexte : entre intimité des personnes, intimité du couple, voire intimité fraternelle, tous composants de l'intimité familiale. Des propositions thérapeutiques sont faites destinées à éviter ou atténuer ces risques de conflits qui peuvent mener à des violences à tous niveaux, violences dans le couple, violences parents-enfants voire enfants-parents ou enfants entre eux.

Raude, J., Lecrique, J.-M., Lasbeur, L., et al. (2020). "Determinants of Preventive Behaviors in Response to the COVID-19 Pandemic in France: Comparing the Sociocultural, Psychosocial, and Social Cognitive Explanations." Front Psychol 11(3345).
<https://www.frontiersin.org/article/10.3389/fpsyg.2020.584500>

In absence of effective pharmaceutical treatments, the individual's compliance with a series of behavioral recommendations provided by the public health authorities play a critical role in the control and prevention of SARS-CoV2 infection. However, we still do not know much about the rate and determinants of adoption of the recommended health behaviors. This paper examines the compliance with the main behavioral recommendations, and compares sociocultural, psychosocial, and social cognitive explanations for its variation in the French population. Based on the current literature, these 3 categories of factors were identified as potential determinants of individual differences in the health preventive behaviors. The data used for these analyses are drawn from 2 cross-sectional studies (N = 2,000 in survey 1 and 2,003 in survey 2) conducted after the lockdown and before the peak of the COVID-19 epidemic in France. The participants were drawn from a larger internet consumer panel where recruitment was stratified to generate a socio-demographically representative sample of the French adult population. Overall, the results show a very high rate of compliance with the behavioral recommendations among the participants. A hierarchical regression analysis was then performed to assess the potential explanatory power of these approaches in complying with these recommendations by successively entering sociocultural factors, psychosocial factors, social cognitive factors in the model. Only the inclusion of the cognitive variables substantially increased the explained variance of the self-reported adoption of preventive behaviors (R^2 change = 23% in survey 1 and 2), providing better support for the social cognitive than the sociocultural and psychosocial explanations.

Valdano, E., Lee, J., Colizza, V., et al. (2020). Mobility during the first week of the second lockdown in France. Paris Inserm.
https://www.epicx-lab.com/uploads/9/6/9/4/9694133/inserm_covid-19-lockdown2-mobility_20201112.pdf

Cette étude s'est appuyée sur les données des téléphones mobiles pour analyser la mobilité de la population française au cours de la première semaine ouverte du confinement actuel (du 2 au 6 novembre 2020). Ces données rendent compte pour chaque journée des déplacements sur 1436 différentes zones géographiques réparties sur tout le territoire français et sont stratifiées en fonction de l'âge des personnes et de l'heure de la journée à laquelle intervient le déplacement.

Ward, J. K., Alleaume, C., Peretti-Watel, P., et al. (2020). "The French public's attitudes to a future COVID-19 vaccine: The politicization of a public health issue." *Social Science & Medicine* **265**: 113414.
<https://doi.org/10.1016/j.socscimed.2020.113414>

As Covid-19 spreads across the world, governments turn a hopeful eye towards research and development of a vaccine against this new disease. But it is one thing to make a vaccine available, and it is quite another to convince the public to take the shot, as the precedent of the 2009 H1N1 influenza illustrated. In this paper, we present the results of four online surveys conducted in April 2020 in representative samples of the French population 18 years of age and over (N = 5018). These surveys were conducted during a period when the French population was on lockdown and the daily number of deaths attributed to the virus reached its peak. We found that if a vaccine against the new coronavirus became available, almost a quarter of respondents would not use it. We also found that attitudes to this vaccine were correlated significantly with political partisanship and engagement with the political system. Attitudes towards this future vaccine did not follow the traditional mapping of political attitudes along a Left-Right axis. The rift seems to be between people who feel close to governing parties (Centre, Left and Right) on the one hand, and, on the other, people who feel close to Far-Left and Far-Right parties as well as people who do not feel close to any party. We draw on the French sociological literature on ordinary attitudes to politics to discuss our results as well as the cultural pathways via which political beliefs can affect perceptions of vaccines during the COVID-19 pandemic.

ÉTUDES INTERNATIONALES

Ahrendt, D., Cabrita, J., Clerici, E., et al. (2020). Living, working and Covid-19. Luxembourg Publications Office of the European Union.
<https://www.eurofound.europa.eu/fr/publications/report/2020/living-working-and-covid-19>

This report presents the findings of the Living, working and COVID-19 e-survey, carried out by Eurofound to capture the far-reaching implications of the pandemic for the way people live and work across Europe. The survey was fielded online, among respondents who were reached via Eurofound's stakeholders and social media advertising. Two rounds of the e-survey have been carried out to date: one in April, when most Member States were in lockdown, and one in July, when society and economies were slowly re-opening. The findings of the e-survey from the first round reflected widespread emotional distress, financial concern and low levels of trust in institutions. Levels of concern abated somewhat in the second round, particularly among groups of respondents who were benefiting from support measures implemented during the pandemic. At the same time, the results underline stark differences between countries and between socioeconomic groups that point to growing inequalities. The results confirm the upsurge in teleworking across all countries during the COVID-19 pandemic that has been documented elsewhere, and the report explores what this means for work-life balance and elements of job quality.

Azoulay, P., Hegeness, M. L. et Kao, J. L. (2020). A Theory of Voluntary Testing and Self-isolation in an Ongoing Pandemic. *NBER Working Paper Series ; 27941*. Cambridge NBER
<https://www.nber.org/papers/w27941>

Thinking beyond Covid-19, there is a growing interest in what economic structures will be needed to face ongoing pandemics. In this paper we focus on the diagnostic problem and examine a new paradigm of voluntary self-testing by private individuals. People without symptoms face daily choices

of either taking the risk of going out (to work and socialize), versus staying at home in self-isolation. Our theory shows that two types of people voluntarily test themselves: those who otherwise would have self-isolated, and those who would have gone out indiscriminately. Our central insight is that the equilibrium infection risk falls when home-based testing becomes cheaper and easier to use, even if tests are not always accurate. Our results challenge the clinical mainstream view that diagnostic testing is a prerogative of the medical profession, and supports the notion that frequent self-testing is vital for an economy facing an ongoing pandemic.

Borgonovi, F. et Andrieu, E. (2020). "Bowling together by bowling alone: Social capital and COVID-19." *Social Science & Medicine* **265**: 113501.
<https://doi.org/10.1016/j.socscimed.2020.113501>

Social capital describes the social bonds that exist within a community and comprises norms of reciprocity and trust as well as social relationships and social networks. We use data from counties in the United States to identify if community level responses to COVID-19 during the early phase of the pandemic (February 17 – May 10) depended on levels of social capital. We find that individuals who lived in counties with high levels of social capital reduced mobility faster than individuals living in counties with low levels of social capital and that they especially reduced mobility directed at retail and recreational activities, i.e. non-essential activities with higher potential risk. Difference-in-difference results show that the adoption of shelter-in-place orders (SIPOs) in a county, an increase in the number of diagnosed COVID-19 cases and a rainy weather were all associated with a decline in mobility, but that effects were heterogeneous and depended on community level social capital. Effects were more pronounced in high social capital communities. Based on these findings, we map the level of vulnerability of communities in the United States to COVID-19: counties with a large share of the population suffering from pre-existing medical conditions and low levels of community level social capital are especially susceptible to experiencing severe health outcomes because of COVID-19.

Daoust, F., Belanger, E., Dassonneville, R., et al. (2020). Face-Saving Strategies Increase Self-Reported Non-Compliance with COVID-19 Preventive Measures: Experimental Evidence from 12 Countries. Edinbourg University of edinbourg
https://privpapers.ssrn.com/sol3/papers.cfm?abstract_id=3686342&dgcid=ejournal_html_email_public_goods:regulation:in:health:economics:ejournal_abstractlink

Studies of citizens' compliance with COVID-19 preventive measures routinely rely on survey data. While essential, public health restrictions provide clear signals of what is socially desirable in this context, creating a potential source of response bias in self-reported measures of compliance. In this research, we examine whether the results of a face-saving-strategy that was recently proposed by Daoust et al. (2020) to loosen this constraint are generalizable across twelve countries, and whether the treatment effect varies across subgroups. Our findings show that the face-saving strategy is a very useful tool in every country included, increasing respondents' proclivity to report non-compliance by 9 to 16 percentage points. This effect holds for different subgroups based on gender, age and education. We conclude that the inclusion of this strategy should be the new standard for survey research that aims to provide crucial data on the current pandemic.

Eichenbaum, M. S., Godinho-Dematos, M., Lima, F., et al. (2020). How do People Respond to Small Probability Events with Large, Negative Consequences? *NBER Working Paper Series ;27988*. Cambridge NBER
<https://www.nber.org/papers/w27988>

We study how people react to small probability events with large negative consequences using the outbreak of the COVID-19 epidemic as a natural experiment. Our analysis is based on a unique administrative data set with anonymized monthly expenditures at the individual level. We find that older consumers reduced their spending by more than younger consumers in a way that mirrors the age dependency in COVID-19 case-fatality rates. This differential expenditure reduction is much more prominent for high-contact goods than for low-contact goods and more pronounced in periods with high COVID-19 cases. Our results are consistent with the hypothesis that people react to the risk of contracting COVID-19 in a way that is consistent with a canonical model of risk taking.

Hamidi, S. et Zandiatashbar, A. (2021). "Compact development and adherence to stay-at-home order during the COVID-19 pandemic: A longitudinal investigation in the United States." *Landscape and Urban Planning* **205**: 103952.

<https://doi.org/10.1016/j.landurbplan.2020.103952>

In the absence of a vaccine and medical treatments, social distancing remains the only option available to governments in order to slow the spread of global pandemics such as COVID-19 and save millions of lives. Despite the scientific evidence on the effectiveness of social distancing measures, they are not being practiced uniformly across the U.S. Accordingly, the role of compact development on the level of adherence to social distancing measures has not been empirically studied. This longitudinal study employs a natural experimental research design to investigate the impacts of compact development on reduction in travel to three types of destinations representing a range of essential and non-essential trips in 771 metropolitan counties in the U.S during the shelter-in-place order amid the COVID-19 pandemic. We employed Multilevel Linear Modeling (MLM) for the three longitudinal analyses in this study to model determinants of reduction in daily trips to grocery stores, parks, and transit stations; using travel data from Google and accounting for the hierarchical (two-level) structure of the data. We found that the challenges of practicing social distancing in compact areas are not related to minimizing essential trips. Quite the opposite, residents of compact areas have significantly higher reduction in trips to essential destinations such as grocery stores/pharmacies, and transit stations. However, residents of compact counties have significantly lower reduction in their trips to parks possibly due to the smaller homes, lack of private yards, and the higher level of anxiety amid the pandemic. This study offers a number of practical implications and directions for future research.

Herby, J. (2021). A First Literature Review: Lockdowns Only Had a Small Effect on COVID-19. Cepos

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3764553&dgcid=ejournal_html_email_public_goods:regulation:in:health:economics:ejournal_abstractlink

How important were the economic lockdowns in the spring of 2020 in curbing the COVID-19 pandemic and how important was lockdown as compared to voluntary changes in behavior? In the spring, the overall social response to the COVID-19 pandemic consisted of a mix of voluntary and government mandated behavioral changes. Voluntary behavioral changes occurred on the basis of information, such as the number of people infected and the number of COVID-19-deaths, and on the basis of the signal value associated with the official lockdown combined with appeals to the population to change its behavior. Mandated behavioral changes took place as a result of the banning of certain activities deemed non-essential. Studies which differentiate between the two types of behavioral change find that, on average, mandated behavioral changes accounts for only 9% (median: 0%) of the total effect on the growth of the pandemic stemming from behavioral changes. The remaining 91% (median: 100%) of the effect was due to voluntary behavioral changes. This is excluding the effect of curfew and facemasks, which were not employed in all countries.

Jones, N. R., Qureshi, Z. U., Temple, R. J., et al. (2020). "Two metres or one: what is the evidence for physical distancing in covid-19?" *Bmj* **370**: m3223.

<https://www.bmj.com/content/bmj/370/bmj.m3223.full.pdf>

Knepple Carney, A., Graf, A. S., Hudson, G., et al. (2020). "Age Moderates Perceived COVID-19 Disruption on Well-Being." *The Gerontologist* **61**(1): 30-35.

<https://doi.org/10.1093/geront/gnaa106>

It is not fully understood how large-scale events affect well-being. Older adults showed the highest levels of resilience following the September 11th (9/11) terrorist attacks, but during the severe acute respiratory syndrome outbreak, there were no age-related differences in well-being. The current study examined the Coronavirus Disease 2019 (COVID-19) disruption on well-being throughout adulthood. Perceived stress and affect were examined in 166 community-dwelling adults (Mage = 35.65; SD = 15.53; range = 18–79) in relation to the perceived disruption of the COVID-19 pandemic to their lives. A significant moderation was found for age and COVID-19 disruption on perceived stress [$F(5, 153) = 8.88, p < .05, R^2 = .22$] and negative affect [$F(5, 154) = 4.91, p < .05, R^2 = .14$], but not

for positive affect. For participants over 50, those who rated COVID-19 as a low or high disruption had similar scores on stress and negative affect, but with younger aged participants, perceiving high disruption corresponded with higher levels of stress and negative affect. Findings are consistent with the strength and vulnerability integration (SAVI) model, wherein older adults try to maintain positive emotional well-being, with middle-aged and older adults in the current study having experienced less negative impact on well-being. Middle-aged and older adults may be better able to regulate negative emotions from COVID-19 than younger adults. SAVI proposes a greater negative impact on older adults when they experience sustained stressors; as the challenges with COVID-19 continue, further data will need to be examined.

Mitra, R., Moore, S. A., Gillespie, M., et al. (2020). "Healthy movement behaviours in children and youth during the COVID-19 pandemic: Exploring the role of the neighbourhood environment." *Health & Place* **65**: 102418. <https://doi.org/10.1016/j.healthplace.2020.102418>

This paper explores patterns of increased/ decreased physical activity, sedentary and sleep behaviours among Canadian children and youth aged 5-17 years during the COVID-19 pandemic, and examines how these changes are associated with the built environment near residential locations. A cluster analysis identified two groups who were primarily distinguished by the changes in outdoor activities. Compliance to 24-hour movement guidelines was low among both groups. For children, houses (versus apartments) was correlated with increased outdoor activities; proximity to major roads was a barrier. For youth, low dwelling density, and access to parks in high-density neighbourhoods, increased the odds of increased outdoor activities during the pandemic. Our findings can inform future urban and health crisis planning practices by providing new insights into the desirable public health messaging and characteristics of healthy and resilient communities.

Nivette, A., Ribeaud, D., Murray, A., et al. (2021). "Non-compliance with COVID-19-related public health measures among young adults in Switzerland: Insights from a longitudinal cohort study." *Social Science & Medicine* **268**: 113370. <https://doi.org/10.1016/j.socscimed.2020.113370>

Rationale Adolescents and young adults were identified internationally as a group with potentially low compliance rates with public health measures aimed at curbing the spread of coronavirus disease 2019 (COVID-19). Although non-compliance research during pandemics has typically focused on concurrent correlates, less is known about how prior social and psychological risk factors are associated with non-compliance during pandemics. Objective This paper leverages a prospective-longitudinal cohort study with data before and during the pandemic to describe patterns of non-compliance with COVID-19 related public health measures in young adults and to identify which characteristics increase the risk of non-compliance. Methods Data came from an ongoing cohort study in Zurich, Switzerland (n=737). Non-compliance with public health measures and concurrent correlates were measured at age 22. Antecedent sociodemographic, social, and psychological factors were measured at ages 15-20. Young adults generally complied with COVID-19 public health measures, although non-compliance with some measures (e.g., cleaning/disinfecting mobile phones, standing 1.5-2 meters apart) was relatively higher. Results Non-compliance, especially with hygiene-related measures, was more prevalent in males, and in individuals with higher education, higher SES, and a nonmigrant background. Non-compliance was higher in young adults who had previously scored high on indicators of "antisocial potential," including low acceptance of moral rules, pre-pandemic legal cynicism, low shame/guilt, low self-control, engagement in delinquent behaviors, and association with delinquent peers. Young adults with low trust, including in the government's measures for fighting the virus, also complied less. Conclusions In order to increase voluntary compliance with COVID-19 measures, public health campaigns should implement strategies that foster moral obligation and trust in authorities, or leverage trustworthy individuals in the community to disseminate information. For young adults with low self-control, self-monitoring, environmental restructuring, or nudging may increase compliance. Long-term investments into integrating youth with antisocial potential into society may decrease rule-breaking behaviors, including during pandemics when compliance saves lives.

Sangnam, A., Seonghoon, K. et Kanghyock, K. (2020). Changes in Healthcare Utilization, Spending, and Perceived Health during COVID-19: A Longitudinal Study from Singapore. *IZA Discussion Paper ; 13715*. Bonn IZA

<http://ftp.iza.org/dp13715.pdf>

The COVID-19 pandemic has challenged the capacity of healthcare systems around the world and can potentially compromise healthcare utilization and health outcomes among non-COVID-19 patients. Using monthly panel data of nationally representative middle-aged and older Singaporeans, we examined the associations of the pandemic with healthcare utilization, out-of-pocket medical costs, and perceived health. At its peak, doctor visits decreased by 30% and out-of-pocket medical spending decreased by 23%, mostly driven by reductions in inpatient and outpatient care. Although there were little changes in self-reported health and sleep quality, COVID-19 increased depressive symptoms by 4%. We argue that it is imperative to monitor COVID-19's long-term health effects among non-COVID-19 patients since our findings indicated delayed healthcare and worsened mental health during the outbreak.

Sobol, M., Blachnio, A. et Przepiórka, A. (2020). "Time of pandemic: Temporal perspectives related to compliance with public health regulations concerning the COVID-19 pandemic." *Social Science & Medicine* **265**: 113408.

<https://doi.org/10.1016/j.socscimed.2020.113408>

One of the main determinants of the spread of epidemics in human population centres is the degree of compliance with public health regulations. The aim of this study was to investigate the relationships between time perspective and compliance with public health regulations concerning the COVID-19 pandemic. The participants were 500 adults (275 women, 225 men) aged 18 to 82 years. Sociodemographic surveys, surveys concerning knowledge about COVID-19 and compliance with public health regulations, the Polish Short Version of the Zimbardo Time Perspective Inventory, the Present-Fatalistic Scale, the Dark Future Scale, and the Carpe Diem Scale were used. Female gender and Carpe Diem were predictors of compliance with public health regulations. Men complied with public health regulations significantly less often than women. The results of our study suggest that in announcements communicating public health regulations concerning COVID-19 pandemic, emphasis should be placed on stressing the significance of focusing on 'here and now' and the importance of current behaviours for the future.

Sunstein, C., Altieri, H., Kim, M., et al. (2020). Behavioural considerations for acceptance and uptake of COVID-19 vaccines. Genève OMS

<https://apps.who.int/iris/handle/10665/337335>

Ce rapport du groupe consultatif technique de l'Organisation mondiale de la santé sur les connaissances comportementales et les sciences pour la santé aborde le sujet de l'acceptation et de l'utilisation des vaccins contre la Covid-19. Il conclut que l'acceptation et le recours aux vaccins peuvent être augmentés par le fait de : Créer un environnement propice – rendre la vaccination facile, rapide et abordable, à tous les égards pertinents : Exploiter les influences sociales – en particulier de la part de personnes qui sont particulièrement fiables et identifiées avec les membres des communautés concernées ; Accroître la motivation – grâce à un dialogue et une communication ouverts et transparents sur l'incertitude et les risques, y compris sur la sécurité et les avantages de la vaccination.

Whitehead, B. R. et Torossian, E. (2020). "Older Adults' Experience of the COVID-19 Pandemic: A Mixed-Methods Analysis of Stresses and Joys." *The Gerontologist* **61**(1): 36-47.

<https://doi.org/10.1093/geront/gnaa126>

The coronavirus disease 2019 (COVID-19) pandemic is experienced differently across individuals, and older adults' different life experiences lead to a variety of ways of coping. The present study explores older adults' reports of what about the pandemic is stressful, and what brings joy and comfort in the midst of stress. An online survey asked 825 U.S. adults aged 60 and older to complete questionnaires assessing 3 psychological well-being indicators: perceived stress, negative affect, and positive affect. Participants also responded to open-ended questions about what was stressful and what brought joy

or comfort at the time of the survey. A mixed-method approach first qualitatively analyzed the open-ended responses, content analysis identified themes most frequently reported, and quantitative analysis examined the associations between various stressors and joys and the psychological well-being indicators. Qualitative analysis revealed 20 stress categories and 21 joy/comfort categories. The most commonly reported stressors were confinement/restrictions, concern for others, and isolation/loneliness; the most commonly reported sources of joy/comfort were family/friend relationships, digital social contact, and hobbies. Demographic comparisons revealed variations in experience. Independent t tests revealed stress from concern for others, the unknown future, and contracting the virus to be significantly associated with poorer psychological well-being; faith, exercise/self-care, and nature were associated with more positive psychological well-being. Results are discussed in the context of stress and coping theory, highlighting the importance of understanding the unique stress experience of each individual for effective distress intervention.

Zajenkowski, M., Jonason, P. K., Leniarska, M., et al. (2020). "Who complies with the restrictions to reduce the spread of COVID-19? Personality and perceptions of the COVID-19 situation." Personality and Individual Differences **166**: 110199.

<https://www.sciencedirect.com/science/article/pii/S0191886920303883>

In 2020, many countries around the world created and enforced heavy restrictions geared towards reducing the spread of the coronavirus (i.e., COVID-19). In this study (N = 263), we examined the role of personality traits (i.e., Big Five and Dark Triad) and individual differences in perceptions of the COVID-19 pandemic situation (the situational eight: Duty, Intellect, Adversity, Mating, Positivity, Negativity, Deception, and Sociality) in accounting for individual differences in compliance with the governmental restrictions in Poland. We found that the way people perceived the situation explained more variance in compliance than personality traits which is in accordance with the hypothesis that strong situations, such as the COVID-19 pandemic, leave less room for dispositional tendencies in predicting behaviors than situational cues. Moreover, people scoring low on agreeableness and high on aspects of the Dark Triad traits (i.e., Machiavellianism, psychopathy Factor 1, and narcissistic rivalry) were less likely to comply with the restrictions. Additionally, we replicated and extended what is known about the associations between personality and individual differences in the perception of situations when the latter were assessed in relation to a strong situation and the former were assessed with long and multidimensional measures.

Aspects épidémiologiques et modèles de propagation de l'infection

ÉTUDES FRANÇAISES

(2020). "COVID-19 : interprétation des données de morbidité et mortalité." Bulletin De L'académie Nationale De Médecine **204**(8): 772-773.

<https://doi.org/10.1016/j.banm.2020.07.009>

(2020). "Covid-19 : surveillance de la circulation du SARS-Cov-2 dans les eaux usées, indicateur simple de suivi de la pandémie de Covid-19." Bulletin De L'académie Nationale De Médecine **204**(8): 795-796.

<https://doi.org/10.1016/j.banm.2020.07.046>

(2020). "Que déduire des études évaluant l'effet du climat sur la COVID-19 ?" Bulletin De L'académie Nationale De Médecine **204**(7): 725-726.

<https://doi.org/10.1016/j.banm.2020.06.003>

Amdaoud, M., Arcuri, G. et Levratto, N. (2020). Covid-19 : analyse spatiale de l'influence des facteurs socio-économiques sur la prévalence et les conséquences de l'épidémie dans les départements français. Document de travail ; 2020-4. Paris Economix

https://economix.fr/pdf/dt/2020/WP_EcoX_2020-4.pdf

Cet article s'intéresse aux déterminants socio-économiques des hospitalisations et des taux de décès liés à la Covid-19 entre les semaines 9 et 15 d'une part et à la surmortalité observée cette année par rapport aux précédentes, d'autre part. Il propose une approche territoriale de ces questions grâce au recours à des données calculées au niveau des départements français, publiées par Santé France et l'Insee. L'analyse spatiale exploratoire réalisée révèle d'abord l'hétérogénéité et l'autocorrélation spatiale de la maladie et de ses conséquences. Le recours à des modèles d'économétrie spatiale permet ensuite de mettre en évidence l'influence de la densité démographique, des inégalités sociales, de la part des ouvriers dans la population active et des services d'urgence sur les phénomènes étudiés. Enfin, nous rendons également compte du rôle des effets de débordements entre départements situés à proximité les uns des autres. Ces derniers interviennent davantage dans la diffusion des cas et décès liés à la Covid-19 que dans la surmortalité.

Baunez, C., Degoulet, M., Luchini, S., et al. (2020). An Early Assessment of Curfew and Second COVID-19 Lock-down on Virus Propagation in France, HAL.

<https://EconPapers.repec.org/RePEc:hal:wpaper:halshs-03002354>

This note provides an early assessment of the reinforced measures to curb the COVID-19 pandemic in France, which include a curfew of selected areas and culminate in a second COVID-19-related lock-down that started on October 30, 2020 and is still ongoing. We analyse the change in virus propagation across age groups and across départements using an acceleration index introduced in Baunez et al. (2020). We find that while the pandemic is still in the acceleration regime, acceleration decreased notably with curfew measures and this more rapidly so for the more vulnerable population group, that is, for people older than 60. Acceleration continued to decline under lock-down, but more so for the active population under 60 than for those above 60. For the youngest population aged 0 to 19, curfew measures did not reduce acceleration but lock-down does. This suggests that if health policies aim at protecting the elderly population generally more at risk to suffer severe consequences from COVID-19, curfew measures may be effective enough. However, looking at the departmental map of France, we find that curfews have not necessarily been imposed in départements where acceleration was the largest.

Bertin, M. d. et Fontanet, A. p. (2021). Glossaire d'épidémiologie : 50 notions pour comprendre la pandémie de Covid-19, Rennes : Presses de Ehesp

L'année 2020 restera particulièrement marquée par un événement de nature épidémiologique : la pandémie de COVID-19. Des notions épidémiologiques, habituellement familières aux seuls acteurs de la santé publique, sont dorénavant massivement partagées par l'ensemble des citoyens. Chaque jour ou presque, les données épidémiologiques, diffusées via les institutions de l'État et les scientifiques, sont commentées dans les médias et sur les réseaux sociaux. Ces données servent de socle aux décisions politiques de santé publique. Une bonne compréhension de ces notions est par conséquent cruciale pour favoriser l'adhésion et impliquer la population dans la mise en place d'actions de santé publique. C'est dans cet esprit que s'inscrit ce glossaire d'épidémiologie. Il n'a pas vocation à être exhaustif. Son objectif est de permettre de s'approprier ces notions et de fournir les éléments-clés pour mieux apprécier et critiquer, de façon éclairée, les données, graphiques ou commentaires qui foisonnent dans les médias. Accessible, cet ouvrage, préfacé par Arnaud Fontanet, se veut accueillant et pratique : « accessible » car les définitions sont abordées de manière pédagogique, à portée d'un public non expert ; « accueillant » car chaque notion est illustrée par des exemples concrets tirés de la pandémie de COVID-19, et « pratique » car les notions sont répertoriées par ordre alphabétique et associées à des notions voisines appartenant au même champ d'étude. Pour aller plus loin, un index thématique par domaine est également proposé en fin d'ouvrage.

Canoui-Poitrine, F., Rachas, A., Thomas, M., et al. Magnitude, change over time, demographic characteristics and geographic distribution of excess deaths among nursing home residents during the first wave of COVID-19 in France: a nationwide cohort study. États-Unis, Cold Spring Harbor Laboratory

<https://doir.org/10.1101/2021.01.09.20248472>

Importance Nursing home (NH) residents are particularly vulnerable to SARS-CoV-2 infections and coronavirus disease 2019 (COVID-19) lethality. However, excess deaths in this population have rarely

been documented. Objectives The primary objective was to assess the number of excess deaths among NH residents during the first wave of the COVID-19 pandemic in France. The secondary objectives were to determine the number of excess deaths as a proportion of the total excess deaths in the general population and determine whether a harvesting effect was present. Design We studied a cohort of 494,753 adults (as of March 1st, 2020) aged 60 and over in 6,515 NHs in mainland France. This cohort was exposed to the first wave of the COVID-19 pandemic (from March 1st to May 31st, 2020) and was compared with the corresponding, reference cohorts from 2014 to 2019 (using data from the French National Health Data System). Main outcome and measures The main outcome was all-cause death. Weekly excess deaths and standardized mortality ratios (SMRs) were estimated. Result There were 13,505 excess deaths among NH residents. Mortality increased by 43% (SMR: 1.43). The mortality excess was higher among males than among females (SMR: 1.51 and 1.38, respectively) and decreased with age (SMRs in females: 1.61 in the 60-74 age group, 1.58 for 75-84, 1.41 for 85-94, and 1.31 for 95 or over; Males: SMRs: 1.59 for 60-74, 1.69 for 75-84, 1.47 for 85-94, and 1.41 for 95 or over). We did not observe a harvesting effect (up until August 30th, 2020). By extrapolating to all NH residents nationally (N=570,003), the latter accounted for 51% of the total excess deaths in the general population (N=15,114 out of 29,563). Conclusion

Carrat, F., Figoni, J., Henny, J., et al. (2021). "Evidence of early circulation of SARS-CoV-2 in France: findings from the population-based "CONSTANCES" cohort." *Eur J Epidemiol*.

<https://doi.org/10.1007/s10654-020-00716-2>

Using serum samples routinely collected in 9144 adults from a French general population-based cohort, we identified 353 participants with a positive anti-SARS-CoV-2 IgG test, among whom 13 were sampled between November 2019 and January 2020 and were confirmed by neutralizing antibodies testing. Investigations in 11 of these participants revealed experience of symptoms possibly related to a SARS-CoV-2 infection or situations at risk of potential SARS-CoV-2 exposure. This suggests early circulation of SARS-CoV-2 in Europe.

Cauchemez, S., Kiem, C. T., Paireau, J., et al. (2020). "Lockdown impact on COVID-19 epidemics in regions across metropolitan France." *The Lancet* **396**(10257): 1068-1069.

[https://doi.org/10.1016/S0140-6736\(20\)32034-1](https://doi.org/10.1016/S0140-6736(20)32034-1)

Causse, G. (2020). "16. La peste et le virus." *Études Hors-série*(13): 63-65.

<https://www.cairn.info/revue-etudes-2020-13-page-63.htm>

Concialdi, P. (2020). "L'évolution de la surmortalité durant la pandémie de Covid-19 : éléments de comparaison internationale." *Chronique Internationale de l'IREs* **171**(3): 26-35.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-26.htm>

Cette note se concentre sur l'évolution de la surmortalité qui constitue l'indicateur le plus robuste, notamment en comparaison internationale, pour observer la dégradation de l'état de santé durant la « première vague » de la pandémie de Covid-19 au printemps dernier. La surmortalité a augmenté plus fortement aux États-Unis qu'en Europe, avec des situations cependant très hétérogènes au sein des pays européens. Sur les huit premiers mois de l'année 2020, on peut estimer à moins de 20 000 le nombre de décès excédentaires en France.

Deriviere, D. et Fabre, J. (2020). "Plus de décès pendant l'épisode de Covid-19 du printemps 2020 qu'au cours de la canicule de 2003." *Insee Première*(1816)

https://www.insee.fr/fr/statistiques/4764693?pk_campaign=avis-parution

Au cours des vingt dernières années, en France métropolitaine, deux événements ont entraîné de fortes hausses des décès : la canicule de l'été 2003 et la Covid-19 au printemps 2020. Dans les deux cas, l'augmentation des décès, toutes causes confondues, a surtout concerné les plus âgés. Pendant l'épisode de la Covid-19, le surcroît de décès a dépassé de 12 000 celui observé pendant la canicule (environ 27 000 décès supplémentaires entre le 10 mars et le 8 mai 2020 contre 15 000 entre le 1^{er} et le 24 août 2003). Cet écart s'explique par l'augmentation et le vieillissement de la population entre 2003 et 2020, ainsi que par la durée de l'épidémie (60 jours contre 24 jours pour la canicule). Pour

autant, le nombre de décès par jour était bien plus élevé en 2003. L'Île-de-France est la région la plus fortement affectée par les deux phénomènes. La canicule de 2003 a, quant à elle, généré une importante hausse des décès également en Centre-Val de Loire et la Covid-19 dans le Grand Est.

HAS (2020). Aspects immunologiques et virologiques de l'infection par le SARS-CoV-2. Saint-Denis HAS: 134.
https://has-sante.fr/upload/docs/application/pdf/2020-11/rapport_-_immunit%C3%A9_au_cours_de_linfection_par_le_sars-cov-2_2020-11-30_17-25-10_860.pdf

Mobilisée depuis le début de la crise sanitaire, la HAS propose aujourd'hui une synthèse de l'état des connaissances sur le virus Sars-Cov-2, la réponse immunitaire observée durant l'infection et les pistes vaccinales. Ce document – qui n'est ni un avis, ni une recommandation – sera mis à jour régulièrement, en fonction des nouvelles données disponibles.

Inserm (2020). Que dit la science à propos de l'épidémiologie des maladies infectieuses émergentes ?, Paris : Inserm
<https://presse.inserm.fr/wp-content/uploads/2020/09/MiseAuPoint-EpidemioMallInfectieuses.pdf>

Ce livret décrit de façon simple et didactique les techniques utilisées pour identifier le nombre de cas (tests de dépistage), estimer la transmissibilité d'un virus (taux de reproduction de base R0), mesurer la sévérité d'une maladie et, enfin, classer la dangerosité d'une épidémie.

Lot, F. et Lydie, N. (2020). "Dépistage du VIH : nouvelles expérimentations, données de surveillance et impact de la Covid." Bulletin Épidémiologique Hebdomadaire (Beh) (33-34): 39.
http://beh.santepubliquefrance.fr/beh/2020/33-34/pdf/2020_33-34.pdf

Ce fascicule rassemble différents articles sur le dépistage du Sida : expérimentation "Au labo sans ordo", impact de la covid-19 avec un focus dressant un état des lieux du dépistage en 2019 et sur les sept premiers mois de l'année 2020.

Mahieu, R. et Dubée, V. (2020). "Caractéristiques cliniques et épidémiologiques de la Covid-19." Actualités Pharmaceutiques 59(599): 24-26.
<https://doi.org/10.1016/j.actpha.2020.08.006>

Le severe acute respiratory syndrome coronavirus 2, coronavirus à tropisme respiratoire responsable de la Covid-19, a été isolé pour la première fois en Chine fin 2019. Plusieurs mois après sa découverte et malgré sa diffusion pandémique, il reste de nombreuses zones d'ombre concernant la physiopathologie et le traitement de la Covid-19. Nous disposons en revanche de données solides concernant ses caractéristiques épidémiologiques et l'expression clinique de cette maladie est maintenant bien décrite. Clinical and epidemiological characteristics of COVID-19 Severe acute respiratory syndrome coronavirus 2, the coronavirus with respiratory tropism responsible for COVID-19, was isolated for the first time in China at the end of 2019. Several months after its discovery and despite its pandemic spread, there are still many grey areas concerning the pathophysiology and treatment of COVID-19. However, we have strong data on its epidemiological characteristics and the clinical expression of this disease is now well described.

Ndeindo, N., Pascal, M., Laaidi, K., et al. (2020). Saisonnalité et Covid-19 : état des connaissances sur la transmission du virus, mise à jour 24 juillet 2020. Synthèse rapide. Saint-Maurice Santé publique France
<https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/synthese-rapide-des-connaissances/saisonnalite-de-la-transmission-du-sars-cov-2>

Les éléments présentés dans cette synthèse rapide s'appuient sur une recherche sélective rapide et non exhaustive des données disponibles dans la littérature au 4 juin 2020. Ils seront susceptibles d'être mis à jour en fonction des nouvelles connaissances. Points clés : Les coronavirus humains autres que le SARS-CoV-2 ont un comportement saisonnier avec une transmission atténuée durant la saison estivale. L'augmentation de la température et de l'humidité diminue expérimentalement la survie du SARS-CoV-2. Plusieurs études montrent une corrélation écologique négative entre ces variables

climatiques et l'incidence de l'infection. Néanmoins, les augmentations de température et d'humidité relative durant la saison estivale 2020 devraient avoir un effet limité sur la diffusion. L'effet à long terme de la saisonnalité dépendra essentiellement du niveau d'immunité conféré par l'infection à SARS-CoV-2 ou par l'immunité croisée avec les autres coronavirus.

Olivier, C., Brunet, J. B., Bouvet, E., et al. (2020). "Contexte de contamination des soignants par le SARS-CoV-2 pendant la première vague de l'épidémie en France." Bulletin Epidémiologique Hebdomadaire (Beh) (35): 689-695.

<https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/magazines-revues/bulletin-epidemiologique-hebdomadaire-8-decembre-2020-n-35>

Deux mille trois cent vingt-neuf professionnels de santé, exerçant en établissements de soins, médico-sociaux ou dans le secteur libéral, contaminés par le SARS-CoV-2 pendant la première vague de l'épidémie en France, ont répondu à une enquête par questionnaire en ligne sur les circonstances potentielles de leur contamination. L'analyse fait apparaître des différences importantes dans l'utilisation de masques de protection adaptés au risque d'infection. Ces différences sont à mettre en relation avec la disponibilité de ces équipements et les recommandations ou protocoles utilisés, variables suivant le type d'établissement et le secteur d'activité pendant la période de février à avril 2020 où se sont produites 96% des contaminations des répondants lors de cette première phase de l'enquête. Celle-ci se poursuit jusqu'en avril 2021.

Orfeuillat, J. P. (2020). "Densité et mortalité du covid-19 : la recherche urbaine ne doit pas être dans le déni !" Metropolitiques

https://metropolitiques.eu/IMG/pdf/met_orfeuillat3.pdf

La densité a-t-elle favorisé la diffusion du virus ? Jean-Pierre Orfeuillat propose des éléments pour clarifier les débats et interroger les conséquences de la pandémie pour l'urbanisme.

Papon, S. et Beaumel, C. (2021). "Bilan démographique 2020. La fécondité se stabilise en France : Avec la pandémie de Covid-19, nette baisse de l'espérance de vie et chute du nombre de mariages." Insee Première(1834)

https://www.insee.fr/fr/statistiques/5012724?pk_campaign=avis-parution

Au 1^{er} janvier 2021, la France compte 67,4 millions d'habitants. Au cours de l'année 2020, la population a augmenté de 0,3 %. Cette progression est due pour moitié au solde naturel (+ 82 000 personnes), différence entre les nombres de naissances et de décès. Il a fortement baissé du fait de la forte hausse des décès liée à la pandémie de Covid-19. En 2020, 740 000 bébés sont nés en France. En recul depuis 2015, l'indicateur conjoncturel de fécondité s'établit à 1,84 enfant par femme en 2020. La France reste, en 2018, le pays le plus fécond de l'Union européenne. En 2020, 658 000 personnes sont décédées en France, soit 7,3 % de plus qu'en 2019. La pandémie de Covid-19 a particulièrement affecté les décès au printemps et en fin d'année. L'espérance de vie à la naissance s'établit à 85,2 ans pour les femmes et à 79,2 ans pour les hommes. Elle diminue nettement par rapport à 2019 (- 0,4 an pour les femmes et - 0,5 an pour les hommes). La baisse est bien plus forte qu'en 2015, année marquée par une forte grippe hivernale (- 0,3 an et - 0,2 an). En 2020, 148 000 mariages ont été célébrés, en recul de 34 % par rapport à 2019, la pandémie ayant empêché la tenue des célébrations ou incité à les repousser en raison de la limitation du nombre d'invités.

Penot, P., Delaval, A., L'Hour, F., et al. (2020). "Enquête « TRANSEPS » : évaluation rétrospective de la circulation du virus SARS-CoV-2 au sein de deux crèches hospitalières de Seine-Saint-Denis accueillant les enfants du personnel soignant réquisitionné pendant la période de confinement de la population française." Publication accélérée: 7.

http://beh.santepubliquefrance.fr/beh/2020/23/2020_23_1.html

L'efficacité de la fermeture des crèches et des écoles sur le contrôle de l'épidémie de SARS-CoV2 n'est pas connue, notamment parce que la participation des enfants aux chaînes de transmission n'est pas complètement établie. Du 29 mai au 2 juillet 2020, une étude rétrospective a retracé la circulation du

virus pendant la période de confinement dans deux populations : des soignants hospitaliers de Seine-Saint-Denis réquisitionnés pour prendre en charge des patients Covid et des professionnels de la petite enfance réquisitionnés en crèches hospitalières auprès des enfants des premiers. Un questionnaire a reconstitué l'historique de symptômes, les contacts avec des cas suspects ou avérés de Covid et les caractéristiques sociodémographiques des participants. Un prélèvement sanguin a recherché des anticorps anti-SARS-CoV-2. Le taux d'attaque était de 11,5% dans la population de soignants hospitaliers (6/52) et de 17,4% parmi les professionnels des crèches (8/46). Une épidémie précoce est survenue parmi le personnel de la crèche de Montreuil: elle n'a pas affecté les parents des enfants gardés sur la période ($p=0,029$). À Aulnay-sous-Bois, 3 professionnels de la crèche ont été infectés? Aucun n'avait pris en charge l'enfant d'un soignant séropositif; de même, parmi les parents d'enfants qui avaient été confiés à ces 3 professionnels, aucun n'a développé d'anticorps. Douze des 14 infections ont pu être reliées à un contaminateur probable, le plus souvent un collègue. La reconstitution de la circulation virale entre les deux populations de notre étude suggère que les enfants gardés dans ces deux crèches n'ont pas participé à diffuser le virus.

Philippe, C. (2020). "Retour sur les épidémies du passé : que nous apprennent-elles ?" *Médecine* **16**(8): 377-384.

La France – ... le monde ! – est en émoi devant la pandémie de coronavirus, partie de Chine en fin d'année dernière, et qui fait de nombreuses victimes dans nos pays. Si le nombre de sujets atteints reste actuellement bien moindre que celui de nos gripes saisonnières (qui frappent régulièrement entre 1 et 4 millions de Français par an), sa mortalité actuelle est dix à vingt fois supérieure et explique ce « branle-bas de combat ». Sans dissenter sur l'épidémie en cours dont tous les tenants ne sont pas encore connus à l'heure où j'écris, il peut être intéressant de se repencher sur les grandes épidémies du passé, pour voir quelles leçons en ont été tirées... et parfois oubliées.

Vigneron, E. (2020). "Lectures géographiques/2 : aujourd'hui plus qu'hier et bien moins que demain ?" *Gestions Hospitalières*(597): 336-340.

Vigneron, E. (2020). "Lectures géographiques/3 : le fleuve bleu et la banane bleue (Covid-19)." *Gestions Hospitalières*(598): 396-399.

Cet article illustre par des cartes la diffusion de l'épidémie de coronavirus dans le monde et en France. Il compare aussi ces cartes avec celles d'autres fléaux comme la peste au Moyen-Age.

Warszawski, J., Bajos, N., Meyer, L., et al. (2020). En mai 2020, 4,5 % de la population vivant en France métropolitaine a développé des anticorps contre le SARS-CoV-2. Paris Drees
<https://drees.solidarites-sante.gouv.fr/publications/etudes-et-resultats/en-mai-2020-45-de-la-population-vivant-en-france-metropolitaine>

L'enquête EpiCoV a été élaborée par l'Institut national de la santé et de la recherche médicale (Inserm) et la DREES, en collaboration avec Santé publique France et l'Institut national de la statistique et des études économiques (Insee) dans le contexte de la pandémie de Covid-19. Cette enquête, réalisée auprès d'un échantillon représentatif de la population, est la seule qui permet d'estimer la diffusion de l'épidémie à un niveau national et départemental et les facteurs notamment liés aux conditions de vie associés à l'exposition au virus. Elle permet également d'étudier les répercussions du confinement et de l'épidémie sur la population. D'après cette enquête, la séroprévalence du SARS-CoV-2, c'est-à-dire la proportion de personnes avec des anticorps contre le virus, estimée à partir de prélèvements réalisés au décours du confinement, en mai 2020, s'élève à 4,5 % en France métropolitaine parmi les personnes âgées de 15 ans ou plus. La séroprévalence est la plus élevée à Paris (9,0 %), dans les départements de la petite couronne (9,5 %) et le Haut-Rhin (10,8 %). Le fait de vivre dans une commune à forte densité urbaine, d'exercer une profession dans le domaine du soin ou de vivre avec un nombre élevé de personnes dans le même logement sont associés à un risque plus élevé d'avoir un test positif. Indépendamment de ces facteurs, la proportion de tests positifs est également plus élevée lorsqu'un membre du ménage a présenté des symptômes ou a été testé positivement pour le SARS-CoV-2, montrant également le rôle de la contamination intrafoyer dans la circulation du virus. La séroprévalence est plus élevée parmi la tranche d'âge des 30-49 ans et aux

extrêmes de la distribution des niveaux de vie. Elle est également plus élevée chez les personnes immigrées nées hors de l'Europe que chez les personnes non immigrées. Cela s'explique par les conditions de vie moins favorables dans lesquelles une partie d'entre elles vivent, car cette différence disparaît lorsqu'on prend en compte les conditions de vie socio-économiques.

ÉTUDES INTERNATIONALES

Allcott, H., Boxell, L. et Conway, J. C. (2020). What Explains Temporal and Geographic Variation in the Early US Coronavirus Pandemic? *NBER Working Paper Series ; 27965*. Cambridge NBER

<https://www.nber.org/papers/w27965>

We provide new evidence on the drivers of the early US coronavirus pandemic. We combine an epidemiological model of disease transmission with quasi-random variation arising from the timing of stay-at-home orders to estimate the causal roles of policy interventions and voluntary social distancing. We then relate the residual variation in disease transmission rates to observable features of cities. We estimate significant impacts of policy and social distancing responses, but we show that the magnitude of policy effects is modest, and most social distancing is driven by voluntary responses. Moreover, we show that neither policy nor rates of voluntary social distancing explain a meaningful share of geographic variation. The most important predictors of which cities were hardest hit by the pandemic are exogenous characteristics such as population and density.

Alwan, N. A., Burgess, R. A., Ashworth, S., et al. (2020). "Scientific consensus on the COVID-19 pandemic: we need to act now." *The Lancet* **396**(10260): e71-e72.

[https://doi.org/10.1016/S0140-6736\(20\)32153-X](https://doi.org/10.1016/S0140-6736(20)32153-X)

Amdaoud, M., Arcuri, G., Levratto, N., et al. (2020). Geography of COVID-19 outbreak and first policy answers in European regions and cities.

<https://halshs.archives-ouvertes.fr/halshs-03046489>

Antras, P., Redding, S. J. et Rossi-Hansberg, E. (2020). Globalization and Pandemics. *NBER Working Paper Series ; 27840*. Cambridge NBER

<https://www.nber.org/papers/w27840>

We develop a model of human interaction to analyze the relationship between globalization and pandemics. Our framework provides joint microfoundations for the gravity equation for international trade and the Susceptible-Infected-Recovered (SIR) model of disease dynamics. We show that there are cross-country epidemiological externalities, such that whether a global pandemic breaks out depends critically on the disease environment in the country with the highest rates of domestic infection. A deepening of global integration can either increase or decrease the range of parameters for which a pandemic occurs, and can generate multiple waves of infection when a single wave would otherwise occur in the closed economy. If agents do not internalize the threat of infection, larger deaths in a more unhealthy country raise its relative wage, thus generating a form of general equilibrium social distancing. Once agents internalize the threat of infection, the more unhealthy country typically experiences a reduction in its relative wage through individual-level social distancing. Incorporating these individual-level responses is central to generating large reductions in the ratio of trade to output and implies that the pandemic has substantial effects on aggregate welfare, through both deaths and reduced gains from trade.

Aparicio, A. F. et Grossbard, S. (2020). Are COVID Fatalities in the US Higher Than in the EU, and If So, Why? *IZA Discussion Paper ; 13683*. Bonn Iza

<http://ftp.iza.org/dp13683.pdf>

The COVID crisis has severely hit both the United States and the European Union. Even though they are the wealthiest regions in the world, they differ substantially in economic performance, demographic characteristics, type of government, health systems, and measures undertaken to counteract COVID. We construct comparable measures of the incidence of the COVID crisis and find

that US states had more COVID-related deaths than EU countries. When taking account of demographic, economic, and political factors (but not health-policy related factors) we find that fatalities at 100 days since onset are 1.3 % higher in a US state than in an EU country. The US/EU gap disappears when we take account of health-policy related factors. Differences in number of beds per capita, number of tests, and early lockdown measures help explain the higher impact of COVID on US fatalities measured either 50 or 100 days after the epidemic started in a nation/state.

Arauzo-Carod, J.-M. (2020). "A first insight about spatial dimension of COVID-19: analysis at municipality level." *Journal of Public Health*.

<https://doi.org/10.1093/pubmed/fdaa140>

This paper is about spatial patterns of by corona virus disease-2019 (COVID-19). Using data for the first 21 weeks from municipalities in Catalonia, we analyse whether reported positive cases appear randomly or following some kind of spatial dependence. Global and local measures of spatial autocorrelation are used. There are some clusters alongside Catalan municipalities that change over time. Use of spatial analysis techniques is suggested to identify spatial disease patterns and to provide spatially disaggregated public health policy recommendations.

Baser, O. (2020). "Population density index and its use for distribution of Covid-19: A case study using Turkish data." *Health Policy*.

<https://doi.org/10.1016/j.healthpol.2020.10.003>

Since March 2020, many countries around the world have been experiencing a large outbreak of a novel coronavirus (2019-nCoV). Because there is a higher rate of contact between humans in cities with higher population weighted densities, Covid-19 spreads faster in these areas. In this study, we examined the relationship between population weighted density and the spread of Covid-19. Using data from Turkey, we calculated the elasticity of Covid-19 spread with respect to population weighted density to be 0.67 after controlling for other factors. In addition to the density, the proportion of people over 65, the per capita GDP, and the number of total health care workers in each city positively contributed to the case numbers, while education level and temperature had a negative effect. We suggested a policy measure on how to transfer health care workers from different areas to the areas with a possibility of wide spread.

Blanchpower, D. G. et Bryson, A. (2020). The Contagion Externality of a Superspreading Event: The Sturgis Motorcycle Rally and COVID-19. *NBER Working Paper Series ; 27813*. Cambridge NBER

<https://www.nber.org/papers/w27813>

Large in-person gatherings without social distancing and with individuals who have traveled outside the local area are classified as the "highest risk" for COVID-19 spread by the Centers for Disease Control and Prevention (CDC). Between August 7 and August 16, 2020, nearly 500,000 motorcycle enthusiasts converged on Sturgis, South Dakota for its annual motorcycle rally. Large crowds, coupled with minimal mask-wearing and social distancing by attendees, raised concerns that this event could serve as a COVID-19 "super-spreader." This study is the first to explore the impact of this event on social distancing and the spread of COVID-19. First, using anonymized cell phone data from SafeGraph, Inc. we document that (i) smartphone pings from non-residents, and (ii) foot traffic at restaurants and bars, retail establishments, entertainment venues, hotels and campgrounds each rose substantially in the census block groups hosting Sturgis rally events. Stay-at-home behavior among local residents, as measured by median hours spent at home, fell. Second, using data from the Centers for Disease Control and Prevention (CDC) and a synthetic control approach, we show that by September 2, a month following the onset of the Rally, COVID-19 cases increased by approximately 6 to 7 cases per 1,000 population in its home county of Meade. Finally, difference-in-differences (dose response) estimates show that following the Sturgis event, counties that contributed the highest inflows of rally attendees experienced a 7.0 to 12.5 percent increase in COVID-19 cases relative to counties that did not contribute inflows. Descriptive evidence suggests these effects may be muted in states with stricter mitigation policies (i.e., restrictions on bar/restaurant openings, mask-wearing mandates). We conclude that the Sturgis Motorcycle Rally generated public health costs of as much as \$12.2 billion.

Brown, K. A., Jones, A., Daneman, N., et al. (2020). "Association Between Nursing Home Crowding and COVID-19 Infection and Mortality in Ontario, Canada." *JAMA Intern Med.*
<https://doi.org/10.1001/jamainternmed.2020.6466>

Nursing home residents have been disproportionately affected by coronavirus disease 2019 (COVID-19). Prevention recommendations emphasize frequent testing of health care personnel and residents, but additional strategies are needed. To develop a reproducible index of nursing home crowding and determine whether crowding was associated with COVID-19 cases and mortality in the first months of the COVID-19 epidemic. This population-based retrospective cohort study included more than 78 000 residents across more than 600 nursing homes in Ontario, Canada, and was conducted from March 29 to May 20, 2020. The nursing home crowding index equaled the mean number of residents per bedroom and bathroom. The cumulative incidence of COVID-19 cases confirmed by a validated nucleic acid amplification assay and mortality per 100 residents; the introduction of COVID-19 into a home (≥ 1 resident case) was a negative tracer. Of 623 homes in Ontario, we obtained complete information on 618 homes (99%) housing 78 607 residents (women, 54 160 [68.9%]; age ≥ 65 years, 42 919 [54.6%]). A total of 5218 residents (6.6%) developed COVID-19 infection, and 1452 (1.8%) died of COVID-19 infection as of May 20, 2020. COVID-19 infection was distributed unevenly across nursing homes; 4496 infections (86%) occurred in 63 homes (10%). The crowding index ranged across homes from 1.3 (mainly single-occupancy rooms) to 4.0 (exclusively quadruple occupancy rooms); 308 homes (50%) had a high crowding index (≥ 2). Incidence in high crowding index homes was 9.7% vs 4.5% in low crowding index homes ($P < .001$), while COVID-19 mortality was 2.7% vs 1.3%, respectively ($P < .001$). The likelihood of COVID-19 introduction did not differ (high = 31.3% vs low = 30.2%; $P = .79$). After adjustment for regional, nursing home, and resident covariates, the crowding index remained associated with an increased incidence of infection (relative risk [RR] = 1.73, 95% CI, 1.10-2.72) and mortality (RR, 1.69; 95% CI, 0.99-2.87). A propensity score analysis yielded similar conclusions for infection (RR, 2.09; 95% CI, 1.30-3.38) and mortality (RR, 1.83; 95% CI, 1.09-3.08). Simulations suggested that converting all 4-bed rooms to 2-bed rooms would have averted 998 COVID-19 cases (19.1%) and 263 deaths (18.1%). In this cohort of Canadian nursing homes, crowding was common and crowded homes were more likely to experience larger and deadlier COVID-19 outbreaks.

Buss, L. F., Prete, C. A., Abraham, C. M. M., et al. (2021). "Three-quarters attack rate of SARS-CoV-2 in the Brazilian Amazon during a largely unmitigated epidemic." *Science* **371**(6526): 288-292.
<https://science.sciencemag.org/content/sci/371/6526/288.full.pdf>

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) incidence peaked in Manaus, Brazil, in May 2020 with a devastating toll on the city's inhabitants, leaving its health services shattered and cemeteries overwhelmed. Buss et al. collected data from blood donors from Manaus and São Paulo, noted when transmission began to fall, and estimated the final attack rates in October 2020 (see the Perspective by Sridhar and Gurdasani). Heterogeneities in immune protection, population structure, poverty, modes of public transport, and uneven adoption of nonpharmaceutical interventions mean that despite a high attack rate, herd immunity may not have been achieved. This unfortunate city has become a sentinel for how natural population immunity could influence future transmission. Events in Manaus reveal what tragedy and harm to society can unfold if this virus is left to run its course. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spread rapidly in Manaus, the capital of Amazonas state in northern Brazil. The attack rate there is an estimate of the final size of the largely unmitigated epidemic that occurred in Manaus. We use a convenience sample of blood donors to show that by June 2020, 1 month after the epidemic peak in Manaus, 44% of the population had detectable immunoglobulin G (IgG) antibodies. Correcting for cases without a detectable antibody response and for antibody waning, we estimate a 66% attack rate in June, rising to 76% in October. This is higher than in São Paulo, in southeastern Brazil, where the estimated attack rate in October was 29%. These results confirm that when poorly controlled, COVID-19 can infect a large proportion of the population, causing high mortality.

Cacciapaglia, G. et Sannino, F. (2020). "Interplay of social distancing and border restrictions for pandemics via the epidemic renormalisation group framework." *Scientific Reports* **10**(1): 15828.
<https://doi.org/10.1038/s41598-020-72175-4>

One of the biggest threats to humanity are pandemics. In our global society they can rage around the world with an immense toll in terms of human, economic and social impact. Forecasting the spreading of a pandemic is, therefore, paramount in helping governments to enforce a number of social and economic measures, apt at curbing the pandemic and dealing with its aftermath. We demonstrate that the epidemic renormalisation group approach to pandemics provides an effective and simple way to investigate the dynamics of disease transmission and spreading across different regions of the world. The framework also allows for reliable projections on the impact of travel limitations and social distancing measures on global epidemic spread. We test and calibrate it on reported COVID-19 cases while unveiling the mechanism that governs the delay in the relative peaks of newly infected cases among different regions of the globe. We discover that social distancing measures are more effective than travel limitations across borders in delaying the epidemic peak. We further provide the link to compartmental models such as the time-honoured SIR-like models. We also show how to generalise the framework to account for the interactions across several regions of the world, replacing or complementing large scale simulations.

Chang, S., Pierson, E., Koh, P. W., et al. (2020). "Mobility network models of COVID-19 explain inequities and inform reopening." *Nature*.

<http://europepmc.org/abstract/MED/33171481>

<https://doi.org/10.1038/s41586-020-2923-3>

Les auteurs ont cartographié les déplacements des lieux de résidence à des lieux comme des restaurants et lieux de cultes de 98 millions d'habitants des 10 plus grandes métropoles des États-Unis. Ces données sont issues de leurs téléphones mobiles et en introduisant un modèle mathématique qui permet de simuler la propagation du SARS-CoV-2, cette étude a notamment mis en évidence que certains lieux publics minoritaires sont ceux qui sont pourtant les plus contaminants. Ces résultats pourraient donner des éléments précieux pour déconfiner.

Chaudhry, R., Dranitsaris, G., Mubashir, T., et al. (2020). "A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes." *EClinicalMedicine* **25**.

<https://doi.org/10.1016/j.eclinm.2020.100464>

Background A country level exploratory analysis was conducted to assess the impact of timing and type of national health policy/actions undertaken towards COVID-19 mortality and related health outcomes.

Clouston, S. A. P., Natale, G. et Link, B. G. (2021). "Socioeconomic inequalities in the spread of coronavirus-19 in the United States: A examination of the emergence of social inequalities." *Social Science & Medicine* **268**: 113554.

<http://www.sciencedirect.com/science/article/pii/S0277953620307735>

Objectives To quantify the contribution variation in socioeconomic status in predicting the distribution of COVID-19 cases and deaths. Methods Analyses used incidence data on daily COVID + case counts from all counties from the initial wave of infections, merged with data from the U.S. census data to measure county-level SES and confounders. Multivariable analyses relied on survival analyses and Poisson regression to examine timing of county-level index cases and of COVID-19 incidence and mortality in infected counties to examine the spread and severity of COVID-19 while adjusting for adjusted for Black race, Hispanic ethnicity, age, gender, and urbanicity. Effect moderation by social distancing parameters was examined. Results Results indicate that higher SES was associated with earlier incidence of index cases, but that as social distancing took place inequalities in SES inverted so that growth in incidence was slower in higher SES counties, where case-fatality rates were lower. Conclusions This study is the first to date to show what happens when an opportunistic disease that could affect anyone meets the American system of inequality and is powerfully shaped by it.

Cordes, J. et Castro, M. C. (2020). "Spatial analysis of COVID-19 clusters and contextual factors in New York City." *Spatial and Spatio-temporal Epidemiology* **34**: 100355.

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

<http://www.sciencedirect.com/science/article/pii/S1877584520300332>

Identifying areas with low access to testing and high case burden is necessary to understand risk and allocate resources in the COVID-19 pandemic. Using zip code level data for New York City, we analyzed testing rates, positivity rates, and proportion positive. A spatial scan statistic identified clusters of high and low testing rates, high positivity rates, and high proportion positive. Boxplots and Pearson correlations determined associations between outcomes, clusters, and contextual factors. Clusters with less testing and low proportion positive tests had higher income, education, and white population, whereas clusters with high testing rates and high proportion positive tests were disproportionately black and without health insurance. Correlations showed inverse associations of white race, education, and income with proportion positive tests, and positive associations with black race, Hispanic ethnicity, and poverty. We recommend testing and health care resources be directed to eastern Brooklyn, which has low testing and high proportion positives.

Decoster, A., Minten, T. et Spinnewijn, H. (2020). The income gradient in mortality during the Covid-19 crisis: evidence from Belgium. *Discussion Paper Series ; DPS20.18*. Leuven KU Leuven
<https://econpapers.repec.org/paper/eteceswps/660900.htm>

We use population-wide data from linked administrative registers to study the distributional pattern of mortality before and during the Covid-19 pandemic in Belgium. Excess mortality is only found among those aged 65 and over. For this group, we find a significant negative income gradient in excess mortality, with excess deaths in the bottom income decile more than twice as high as in the top income decile for both men and women. However, given the high inequality in mortality in normal times, the income gradient in all-cause mortality is only marginally steeper during the peak of the health crisis when expressed in relative terms. Leveraging our individual-level data, we gauge the robustness of our results for other socioeconomic factors and find that conclusions about the income gradient in excess mortality based on aggregate data can be misguided.

Demombynes, G. (2020). COVID-19 Age-Mortality Curves Are Flatter in Developing Countries. *Policy Research Working Paper; 9313*. Washington World Bank Group
<http://d.repec.org/n?u=RePEc:wbk:wbrwps:9313&r=age>

Abstract: A greater share of reported COVID-19 deaths occur at younger ages in low- and middle-income countries (LMICs) compared to high-income countries (HICs). Based on data from 26 countries, people age 70 and older constitute 37 percent of deaths attributed to COVID-19 in LMICs on average, versus 87 percent in HICs. Only part of this difference is accounted for by differences in population age structure. In this paper, COVID-19 mortality rates are calculated for each age group by dividing the number of COVID-19 deaths by the underlying population. The resulting age-mortality curves are flatter in countries with lower incomes. In HICs, the COVID-19 mortality rate for those ages 70-79 is 12.6 times the rate for those ages 50-59. In LMICs, that ratio is just 3.5. With each year of age, the age-specific mortality rate increases by an average of 12.6 percent in HICs versus 7.1 percent in LMICs. This pattern holds overall and separately for men's and women's mortality rates. It reflects some combination of variation across countries in age patterns of infection rates, fatality rates among those infected, and under-attribution of deaths to COVID-19. The findings highlight that experiences with COVID-19 in wealthy countries may not be generalizable to developing countries.

Eichengreen, B., Aksoy, C. V. et Saka, O. (2020). Revenge of the Experts: Will Covid-19 Renew or Diminish Public Trust in Science? *NBER Working Paper Series ;28112*. Cambridge NBER
<https://www.nber.org/papers/w28112>

It is sometimes said that an effect of the COVID-19 pandemic will be heightened appreciation of the importance of scientific research and expertise. We test this hypothesis by examining how exposure to previous epidemics affected trust in science and scientists. Building on the “impressionable years hypothesis” that attitudes are durably formed during the ages 18 to 25, we focus on individuals exposed to epidemics in their country of residence at this particular stage of the life course. Combining data from a 2018 Wellcome Trust survey of more than 75,000 individuals in 138 countries with data on global epidemics since 1970, we show that such exposure has no impact on views of

science as an endeavor but that it significantly reduces trust in scientists and in the benefits of their work. We also illustrate that the decline in trust is driven by the individuals with little previous training in science subjects. Finally, our evidence suggests that epidemic-induced distrust translates into lower compliance with health-related policies in the form of negative views towards vaccines and lower rates of child vaccination.

Fagiolo, G. (2020). Assessing the Impact of Social Network Structure on the Diffusion of Coronavirus Disease (COVID-19): A Generalized Spatial SEIRD Model. Working paper ; 2020/27. Pisa Scuola Superiore Sant'Anna di Pisa
<http://www.lem.sssup.it/WPLem/files/2020-27.pdf>

In this paper, I study epidemic diffusion in a generalized spatial SEIRD model, where individuals are initially connected in a social or geographical network. As the virus spreads in the network, the structure of interactions between people may endogenously change over time, due to quarantining measures and/or spatial-distancing policies. I explore via simulations the dynamic properties of the co-evolutionary process dynamically linking disease diffusion and network properties. Results suggest that, in order to predict how epidemic phenomena evolve in networked populations, it is not enough to focus on the properties of initial interaction structures. Indeed, the co-evolution of network structures and compartment shares strongly shape the process of epidemic diffusion, especially in terms of its speed. Furthermore, I show that the timing and features of spatial-distancing policies may dramatically influence their effectiveness.

Florida, R. et Mellander, C. (2020). The Geography of COVID-19 in Sweden. CESIS Paper No. 487. Stockholm CESIS
<https://econpapers.repec.org/paper/hhscesisp/0487.htm>

This paper examines the geographic factors that are associated with the spread of COVID-19 in Sweden. The country is a useful case study to examine because it did not impose mandatory lockdowns, and thus we would expect the virus to spread in a more unimpeded way across communities. A growing body of research has examined the role of factors like density, household size, air connectivity, income, race and ethnicity, age, political affiliation, temperature and climate, and policy measure like lockdowns and physical distancing among others. The research examines the effects of some of these factors on the geographic variation of COVID-19 cases and on deaths, across both municipalities and neighborhoods. Our findings show that the geographic variation in COVID-19 is significantly but modestly associated with variables like density, population size, and the socio-economic characteristics of places, and somewhat more associated with variables for household size. What matters more is the presence of high-risk nursing homes and the onset of infections with places that were hit earlier by COVID-19 cases experiencing more severe outbreaks. Still, all these variables explain little of the geographic variation in COVID-19 across Sweden. There appears to be a high degree of randomness in the geographic variation of COVID-19 across Sweden and the degree to which some places were hit harder than others.

Fontanet, A., Autran, B., Lina, B., et al. "SARS-CoV-2 variants and ending the COVID-19 pandemic." The Lancet.
[https://doi.org/10.1016/S0140-6736\(21\)00370-6](https://doi.org/10.1016/S0140-6736(21)00370-6)

Franch-Pardo, I., Napoletano, B. M., Rosete-Verges, F., et al. (2020). "Spatial analysis and GIS in the study of COVID-19. A review." Science of The Total Environment **739**: 140033.
<https://doi.org/10.1016/j.scitotenv.2020.140033>

This study entailed a review of 63 scientific articles on geospatial and spatial-statistical analysis of the geographical dimension of the 2019 coronavirus disease (COVID-19) pandemic. The diversity of themes identified in this paper can be grouped into the following categories of disease mapping: spatiotemporal analysis, health and social geography, environmental variables, data mining, and web-based mapping. Understanding the spatiotemporal dynamics of COVID-19 is essential for its mitigation, as it helps to clarify the extent and impact of the pandemic and can aid decision making, planning and community action. Health geography highlights the interaction of public health officials, affected actors and first responders to improve estimations of disease propagation and likelihoods of

new outbreaks. Attempts at interdisciplinary correlation examine health policy interventions for the siting of health/sanitary services and controls, mapping/tracking of human movement, formulation of appropriate scientific and political responses and projection of spatial diffusion and temporal trends. This review concludes that, to fight COVID-19, it is important to face the challenges from an interdisciplinary perspective, with proactive planning, international solidarity and a global perspective. This review provides useful information and insight that can support future bibliographic queries, and also serves as a resource for understanding the evolution of tools used in the management of this major global pandemic of the 21 Century. It is hoped that its findings will inspire new reflections on the COVID-19 pandemic by readers.

Gibertoni, D., Adja, K. Y. C., Golinelli, D., et al. (2021). "Patterns of COVID-19 related excess mortality in the municipalities of Northern Italy during the first wave of the pandemic." *Health & Place* **67**: 102508.
<https://www.sciencedirect.com/science/article/pii/S1353829221000046>

The impact of Coronavirus Disease 2019 (COVID-19) on mortality in Italy has been described at the regional level, while less is known about mortality in municipalities, although the spatial distribution of COVID-19 in its first wave has been uneven. We aimed to describe the excess mortality due to COVID-19 from February 23rd to April 30th, 2020 in the three most affected Italian regions, in age and gender subgroups within each municipality. Excess mortality varied widely among municipalities even within the same region; it was higher among the elderly and higher in males except in the ≥ 75 age group. Thus, nearby municipalities may show a different mortality burden despite being under common regional health policies, possibly as a result of local reinforcements of regional policies. Identifying the municipalities where mortality was higher and the pathways used by the virus to spread may help to concentrate efforts in understanding the reasons why this happened and to identify the frailest areas in light of recurrences of the epidemic.

Gjerstad, S. et Molle, A. (2020). Comorbidity Factors Influence COVID-19 Mortality Much More than Age. *ESI Working Paper 20-30*. Orange Chapman University
https://digitalcommons.chapman.edu/esi_working_papers/325

We examine the impacts of age, income and insurance plan on behavior in a virtual environment with cash-motivated subjects, who live multi-period lives in which they earn income and spend on enjoyment, insurance, and investments in health. Health shocks increase simulating aging. The 2x2 experimental has high and low income subjects, and offers employer-based or actuarial insurance. We find: 1) subject behavior approximated optimal responses; 2) in all treatments, subjects under-invested in health early in life and over-invested in health late in life; 3) subjects in the employer based plan purchased insurance at higher rates; 4) the employer-based plan reduced differences due to income and age; 5) subjects in the actuarial plan engaged in more health-promoting behaviors, but still below optimal levels, and did save at the level required, so did realize the full benefits of the plan. Should these results generalize, they have clear implications for the health insurance policy.

Godlee, F. (2021). "Covid 19: Two million deaths, so what went wrong?" *Bmj* **372**: n393.
<https://www.bmj.com/content/bmj/372/bmj.n393.full.pdf>

Grzelak, L., Velay, A., Madec, Y., et al. (2020). "Sex differences in the decline of neutralizing antibodies to SARS-CoV-2." *medRxiv*: 2020.2011.2012.20230466.
<https://www.medrxiv.org/content/medrxiv/early/2020/11/15/2020.11.12.20230466.full.pdf>

The evolution of SARS-CoV-2 humoral response in infected individuals remains poorly characterized. Here, we performed a longitudinal study of sera from 308 RT-qPCR+ individuals with mild disease, collected at two time-points, up to 6 months post-onset of symptoms (POS). We performed two anti-S and one anti-N serology assays and quantified neutralizing antibodies (NAbs). At month 1 (M1), males, individuals ≥ 50 years of age or with a body mass index (BMI) ≥ 25 exhibited higher levels of antibodies. Antibody levels decreased over time. At M3-6, anti-S antibodies persisted in 99% of individuals while anti-N IgG were measurable in only 59% of individuals. The decline in anti-S and NAbs was faster in males than in females, independently of age and BMI. Our results show that some serology tests are less reliable overtime and suggest that the duration of protection after SARS-CoV-2

infection or vaccination will be different in women and men. Competing Interest Statement SFK, YM, RG, LT, FA, PS, CSM, NC, AB, AV, NL, MM, NM, DR, BH, JDS and AF have no competing interest to declare. LG, IS, TB, and OS are holder of a provisional patent on the S-Flow assay Clinical Trial NCT04441684 Clinical Protocols <https://clinicaltrials.gov/ct2/show/study/NCT04441684> Funding Statement SFK lab is funded by Strasbourg University Hospitals (SeroCoV-HUS; PRI 7782), the Agence Nationale de la Recherche (ANR-18-CE17-0028), Laboratoire d'Excellence TRANSPLANTE (ANR-11-LABX-0070_TRANSPLANTE), and Institut National de la Santé et de la Recherche Médicale (UMR_S 1109). O.S. is funded by Institut Pasteur, Urgence COVID-19 Fundraising Campaign of Institut Pasteur, ANRS, Sidaction, the Vaccine Research Institute (ANR-10-LABX-77), Labex IBEID (ANR-10-LABX-62-IBEID), "TIMTAMDEN" ANR-14-CE14-0029, "CHIKV-Viro-Immuno" ANR-14-CE14-0015-01, and the Gilead HIV cure program. ANR/Fondation Pour la Recherche Médicale Flash COVID. LG is supported by the French Ministry of Higher Education, Research and Innovation. The funders had no role in study design, data collection, interpretation, or the decision to submit the work for publication. Author Declarations I confirm all relevant ethical guidelines have been followed, and any necessary IRB and/or ethics committee approvals have been obtained. Yes The details of the IRB/oversight body that provided approval or exemption for the research described are given below: The study has been approved by the CPP (comité de protection des personnes) SUD MEDITERRANEE III, Number 2020.04.15 bis_20.04.10.66856 and has been registered at ClinicalTrials.gov under the identifier: NCT04441684 All necessary patient/participant consent has been obtained and the appropriate institutional forms have been archived. Yes I understand that all clinical trials and any other prospective interventional studies must be registered with an ICMJE-approved registry, such as ClinicalTrials.gov. I confirm that any such study reported in the manuscript has been registered and the trial registration ID is provided (note: if posting a prospective study registered retrospectively, please provide a statement in the trial ID field explaining why the study was not registered in advance). Yes I have followed all appropriate research reporting guidelines and uploaded the relevant EQUATOR Network research reporting checklist(s) and other pertinent material as supplementary files, if applicable. Yes All data are available

Hamidi, S., Ewing, R. et Sabouri, S. (2020). "Longitudinal analyses of the relationship between development density and the COVID-19 morbidity and mortality rates: Early evidence from 1,165 metropolitan counties in the United States." *Health & Place* **64**: 102378.

<https://doi.org/10.1016/j.healthplace.2020.102378>

This longitudinal study aims to investigate the impacts of development density on the spread and mortality rates of COVID-19 in metropolitan counties in the United States. Multilevel Linear Modeling (MLM) is employed to model the infection rate and the mortality rate of COVID-19, accounting for the hierarchical (two-level) and longitudinal structure of the data. This study finds that large metropolitan size (measured in terms of population) leads to significantly higher COVID-19 infection rates and higher mortality rates. After controlling for metropolitan size and other confounding variables, county density leads to significantly lower infection rates and lower death rates. These findings recommend that urban planners and health professionals continue to advocate for compact development and continue to oppose urban sprawl for this and many other reasons documented in the literature, including the positive relationship between compact development and fitness and general health.

Harris, J. E. (2020). Geospatial Analysis of the September 2020 Coronavirus Outbreak at the University of Wisconsin – Madison: Did a Cluster of Local Bars Play a Critical Role? *NBER Working Paper Series* ;28132. Cambridge NBER

<https://www.nber.org/papers/w28132>

We combined smartphone mobility data with census track-based reports of positive case counts to study a coronavirus outbreak at the University of Wisconsin-Madison campus, where nearly three thousand students had become infected by the end of September 2020. We identified a cluster of twenty bars located at the epicenter of the outbreak, in close proximity to on-campus residence halls and off-campus housing. Smartphones originating from the two hardest hit residence halls (Sellery and Witte), where about one in five students were infected, were 2.95 times more likely to visit the 20-bar cluster than smartphones originating in two more distant, less affected residence halls (Ogg and Smith). By contrast, smartphones from Sellery-Witte were only 1.55 times more likely than those from

Ogg-Smith to visit a group of 68 restaurants in the same area. Physical proximity thus had a much stronger influence on bar visitation than on restaurant visitation (rate ratio 1.91, 95% CI 1.29-2.85, $p = 0.0007$). In a separate analysis, we determined the per-capita rates of visitation to the 20-bar cluster and to the 68-restaurant comparison group by smartphones originating in each of 19 census tracts in the university area, and related these visitation rates to the per-capita incidence of newly positive coronavirus tests in each census tract. In a multivariate regression, the visitation rate to the bar cluster was a significant determinant of infection rates (elasticity 0.90, 95% CI 0.26-1.54, $p = 0.009$), while the restaurant visitation rate showed no such relationship. Researchers and public health professionals need to think more about the potential super-spreader effects of clusters and networks of places, rather than individual sites.

Hradsky, O. et Komarek, A. (2021). "Demographic and public health characteristics explain large part of variability in COVID-19 mortality across countries." *European Journal of Public Health* **31**(1): 12-16.
<https://doi.org/10.1093/eurpub/ckaa226>

The numbers of coronavirus disease 2019 (COVID-19) deaths per million people differ widely across countries. Often, the causal effects of interventions taken by authorities are unjustifiably concluded based on the comparison of pure mortalities in countries where interventions consisting different strategies have been taken. Moreover, the possible effects of other factors are only rarely considered. We used data from open databases (European Centre for Disease Prevention and Control, World Bank Open Data, The BCG World Atlas) and publications to develop a model that could largely explain the differences in cumulative mortality between countries using non-interventional (mostly socio-demographic) factors. Statistically significant associations with the logarithmic COVID-19 mortality were found with the following: proportion of people aged 80 years and above, population density, proportion of urban population, gross domestic product, number of hospital beds per population, average temperature in March and incidence of tuberculosis. The final model could explain 67% of the variability. This finding could also be interpreted as follows: less than a third of the variability in logarithmic mortality differences could be modified by diverse non-pharmaceutical interventions ranging from case isolation to comprehensive measures, constituting case isolation, social distancing of the entire population and closure of schools and borders. In particular countries, the number of people who will die from COVID-19 is largely given by factors that cannot be drastically changed as an immediate reaction to the pandemic and authorities should focus on modifiable variables, e.g. the number of hospital beds.

Hubiche, T., Cardot-Leccia, N., Le Duff, F., et al. (2020). "Clinical, Laboratory, and Interferon-Alpha Response Characteristics of Patients With Chilblain-like Lesions During the COVID-19 Pandemic." *JAMA Dermatology*.
<https://doi.org/10.1001/jamadermatol.2020.4324>

Chilblain-like lesions have been reported during the coronavirus 2019 (COVID-19) pandemic. The pathophysiology of such manifestations remains largely unknown. To perform a systematic clinical, histologic, and biologic assessment in a cohort of patients with chilblain-like lesions occurring during the COVID-19 pandemic. In this prospective case series carried out with a COVID-19 multidisciplinary consultation group at the University Hospital of Nice, France, 40 consecutive patients presenting with chilblain-like lesions were included. Patients underwent a thorough general and dermatologic examination, including skin biopsies, vascular investigations, biologic analyses, interferon-alpha (IFN- α) stimulation and detection, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) polymerase chain reaction (PCR) and serologic analysis. Overall, 40 consecutive patients with chilblain-like lesions were included. Most patients were young, with a median (range) age of 22 (12-67) years; 19 were male and 21 were female. The clinical presentation was highly reproducible with chilblain-like lesions mostly on the toes. Bullous and necrotic evolution was observed in 11 patients. Acrocyanosis or cold toes were reported in 19 (47.5%) cases. Criteria compatible with COVID-19 cases were noted in 11 (27.5%) within 6 weeks prior to the eruption. The real-time PCR (rt-PCR) testing results were negative in all cases. Overall, SARS-CoV-2 serology results were positive in 12 patients (30%). D-dimer concentration levels were elevated in 24 (60.0%) cases. Cryoglobulinemia and parvovirus B19 serologic results were negative for all tested patients. The major histologic findings were features of lymphocytic inflammation and vascular damage with thickening of venule walls and pericyte hyperplasia. A significant increase of IFN- α production after in vitro stimulation was observed in the

chilblain population compared with patients with mild-severe acute COVID-19. Taken together, our results suggest that chilblain-like lesions observed during the COVID-19 pandemic represent manifestations of a viral-induced type I interferonopathy. *ClinicalTrials.gov Identifier: NCT04344119*

Ilin, C., Annan-Phan, S. E. et Tai, X. H. (2020). Public Mobility Data Enables COVID-19 Forecasting and Management at Local and Global Scales. *NBER Working Paper Series ;28120*. Cambridge NBER <https://www.nber.org/papers/w28120>

Policymakers everywhere are working to determine the set of restrictions that will effectively contain the spread of COVID-19 without excessively stifling economic activity. We show that publicly available data on human mobility — collected by Google, Facebook, and other providers — can be used to evaluate the effectiveness of non-pharmaceutical interventions and forecast the spread of COVID-19. This approach relies on simple and transparent statistical models, and involves minimal assumptions about disease dynamics. We demonstrate the effectiveness of this approach using local and regional data from China, France, Italy, South Korea, and the United States, as well as national data from 80 countries around the world.

Ioannidis, J. P. A. (2020). "Infection fatality rate of COVID-19 inferred from seroprevalence data." *Bulletin of the World Health Organization* (Ahead of print) https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

The objectives of this study are to estimate the infection fatality rate of coronavirus disease 2019 (COVID-19) from seroprevalence data. The author conducted a search in Pubmed and preprint servers for COVID-19 seroprevalence studies with a sample size ≥ 500 as of 9 September, 2020. He also retrieved additional results of national studies from preliminary press releases and reports. He concluded that the infection fatality rate of COVID-19 can vary substantially across different locations and this may reflect differences in population age structure and casemix of infected and deceased patients and other factors. The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic.

Islam, N., Sharp, S. J., Chowell, G., et al. (2020). "Physical distancing interventions and incidence of coronavirus disease 2019: natural experiment in 149 countries." *Bmj* **370**: m2743. <https://www.bmj.com/content/bmj/370/bmj.m2743.full.pdf>

Objective To evaluate the association between physical distancing interventions and incidence of coronavirus disease 2019 (covid-19) globally. Design Natural experiment using interrupted time series analysis, with results synthesised using meta-analysis. Setting 149 countries or regions, with data on daily reported cases of covid-19 from the European Centre for Disease Prevention and Control and data on the physical distancing policies from the Oxford covid-19 Government Response Tracker. Participants Individual countries or regions that implemented one of the five physical distancing interventions (closures of schools, workplaces, and public transport, restrictions on mass gatherings and public events, and restrictions on movement (lockdowns)) between 1 January and 30 May 2020. Main outcome measure Incidence rate ratios (IRRs) of covid-19 before and after implementation of physical distancing interventions, estimated using data to 30 May 2020 or 30 days post-intervention, whichever occurred first. IRRs were synthesised across countries using random effects meta-analysis. Results On average, implementation of any physical distancing intervention was associated with an overall reduction in covid-19 incidence of 13% (IRR 0.87, 95% confidence interval 0.85 to 0.89; n=149 countries). Closure of public transport was not associated with any additional reduction in covid-19 incidence when the other four physical distancing interventions were in place (pooled IRR with and without public transport closure was 0.85, 0.82 to 0.88; n=72, and 0.87, 0.84 to 0.91; n=32, respectively). Data from 11 countries also suggested similar overall effectiveness (pooled IRR 0.85, 0.81 to 0.89) when school closures, workplace closures, and restrictions on mass gatherings were in place. In terms of sequence of interventions, earlier implementation of lockdown was associated with a larger reduction in covid-19 incidence (pooled IRR 0.86, 0.84 to 0.89; n=105) compared with a delayed implementation of lockdown after other physical distancing interventions were in place (pooled IRR 0.90, 0.87 to 0.94; n=41). Conclusions Physical distancing interventions were associated with reductions in the incidence of covid-19 globally. No evidence was found of an

additional effect of public transport closure when the other four physical distancing measures were in place. Earlier implementation of lockdown was associated with a larger reduction in the incidence of covid-19. These findings might support policy decisions as countries prepare to impose or lift physical distancing measures in current or future epidemic waves.

Kontis, V., Bennett, J. E., Rashid, T., et al. (2020). "Magnitude, demographics and dynamics of the effect of the first wave of the COVID-19 pandemic on all-cause mortality in 21 industrialized countries." *Nat Med*.

<https://doi.org/10.1038/s41591-020-1112-0>

The Coronavirus Disease 2019 (COVID-19) pandemic has changed many social, economic, environmental and healthcare determinants of health. We applied an ensemble of 16 Bayesian models to vital statistics data to estimate the all-cause mortality effect of the pandemic for 21 industrialized countries. From mid-February through May 2020, 206,000 (95% credible interval, 178,100–231,000) more people died in these countries than would have had the pandemic not occurred. The number of excess deaths, excess deaths per 100,000 people and relative increase in deaths were similar between men and women in most countries. England and Wales and Spain experienced the largest effect: ~100 excess deaths per 100,000 people, equivalent to a 37% (30–44%) relative increase in England and Wales and 38% (31–45%) in Spain. Bulgaria, New Zealand, Slovakia, Australia, Czechia, Hungary, Poland, Norway, Denmark and Finland experienced mortality changes that ranged from possible small declines to increases of 5% or less in either sex. The heterogeneous mortality effects of the COVID-19 pandemic reflect differences in how well countries have managed the pandemic and the resilience and preparedness of the health and social care system.

Levin, A. T., Cochran, K. B. et Walsh, S. P. (2020). Assessing the Age Specificity of Infection Fatality Rates for COVID-19: Meta-Analysis & Public Policy Implications. *NBER Working Paper Series ; 27597*. Cambridge NBER

<https://www.nber.org/papers/w27597>

This paper assesses the age specificity of the infection fatality rate (IFR) for COVID-19. Our benchmark meta-regression synthesizes the age-specific IFRs from six recent large-scale seroprevalence studies conducted in Belgium, Geneva, Indiana, New York, Spain, and Sweden. The estimated IFR is close to zero for children and younger adults but rises exponentially with age, reaching about 0.3 percent for ages 50-59, 1.3 percent for ages 60-69, 4.6 percent for ages 70-79, and 25 percent for ages 80 and above. We compare those predictions to the age-specific IFRs implied by recent seroprevalence estimates for nine other U.S. locations, three small-scale studies, and three countries (Iceland, New Zealand, and Republic of Korea) that have engaged in comprehensive tracking and tracing of COVID-19 infections. We also review seroprevalence studies of 32 other locations whose design was not well-suited for estimating age-specific IFRs. Our findings indicate that COVID-19 is not just dangerous for the elderly and infirm but also for healthy middle-aged adults, for whom the fatality rate is more than 50 times greater than the risk of dying in an automobile accident. Consequently, the overall IFR for a given location is intrinsically linked to the age-specific pattern of infections. In a scenario where the U.S. infection rate reaches 20 percent, our analysis indicates that protecting vulnerable age groups could prevent more than 200,000 deaths.

Levratto, N., Arcuri, G. et Amdaoud, M. (2020). "La confiance, un facteur explicatif clé des écarts de mortalité liée à la Covid-19 en Europe." *The Conversation*: html.

<https://theconversation.com/la-confiance-un-facteur-explicatif-cle-des-ecarts-de-mortalite-liee-a-la-covid-19-en-europe-151773>

Dès les premiers cas signalés en Europe, début 2020, certaines études ont souligné que les régions européennes n'étaient pas également touchées par l'épidémie de coronavirus. La cartographie des taux de mortalité cumulés liés à la Covid-19 à la fin du mois de juillet 2020 révèle de fortes différences entre les territoires périphériques, où le taux d'infection reste limité, et les régions centrales où les taux atteignent plus souvent des niveaux élevés. Les cas de la France, de l'Italie et de l'Espagne sont emblématiques de ces disparités. Différents groupes d'indicateurs peuvent expliquer l'hétérogénéité spatiale de la mortalité due à la pandémie de Covid-19 : les facteurs démographiques et de concentration (densité de population, proportion de la population âgée de 65 ans et plus, espérance de vie), les indicateurs du revenu et de la richesse (PIB par habitant, indice de pauvreté), les

caractéristiques du système de soins (lits d'hôpitaux). La combinaison de ces indicateurs calculés à l'échelle locale (NUTS 2 ou 3) à partir de sources diverses offre une vision d'ensemble de la situation et des écarts observés.

Lokshin, M., Kolchin, V. et Ravillion, M. (2020). Scarred but Wiser: World War 2's COVID Legacy. NBER Working Paper Series ;28291. Cambridge NBER
<https://www.nber.org/papers/w28291>

The paper formalizes and tests the hypothesis that greater exposure to big shocks induces stronger societal responses for adaptation and protection from future big shocks. We find support for this hypothesis in various strands of the literature and in new empirical tests using cross-country data on deaths due to COVID-19 and deaths during World War 2. Countries with higher death rates in the war saw lower death rates in the first wave of the COVID pandemic, though the effect faded in the pandemic's second wave. Our tests are robust to a wide range of model specifications and alternative assumptions.

Milovidov, V. (2020). Pandemic in the Network Society. the Comparative Analysis of COVID-19 Spreading Features in Europe and Latin America, MGIMO University School of International Economic Relation
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3683358

The article examines a set of factors that determine the impact of network communication and network connections on the likelihood of contracting a new coronavirus in European and Latin American countries. The author presents several data sets to prove several suggestions: 1) the generalized indicators of economic development and society's globalization are not indicators of how vulnerable a country's population may be in a pandemic; 2) not the economy as such, but the conventional way of life of people, their daily behavior, and habits have a decisive influence on disease spread ; 3) such factors of protection and health promotion as the habit of exercise, distance, and network communications use modern online services to become protective factors against the risk of infection only at a certain level of development of the country; 4) in developed countries, a much broader set of factors than developing countries determine protection against disease risk; 5) the evolution of a networked society opens up significant opportunities for developing countries, improved quality of life, and the emergence of new traditions. The results of the data analysis carried out by the author indicate the direction of further research.

Modig, K., Ahlbom, A. et Ebeling, M. (2020). "Excess mortality from covid-19: Weekly excess death rates by age and sex for Sweden and its most affected regions." European Journal of Public Health.
<https://doi.org/10.1093/eurpub/ckaa218>

Sweden has one of the highest numbers of COVID-19 deaths per inhabitant globally. However, absolute death counts can be misleading. Estimating age- and sex-specific mortality rates is necessary in order to account for the underlying population structure. Furthermore, given the difficulty of assigning causes of death, excess all-cause mortality should be estimated to assess the overall burden of the pandemic. By estimating weekly age- and sex-specific death rates during 2020 and during the preceding five years, our aim is to get more accurate estimates of the excess mortality attributed to COVID-19 in Sweden, and in the most affected region Stockholm. Eight weeks after Sweden's first confirmed case, the death rates at all ages above 60 were higher than for previous years. Persons above age 80 were disproportionately more affected, and men suffered greater excess mortality than women in ages up to 75 years. At older ages, the excess mortality was similar for men and women, with up to 1.5 times higher death rates for Sweden and up to 3 times higher for Stockholm. Life expectancy at age 50 declined by less than 1 year for Sweden and 1.5 years for Stockholm compared to 2019. The excess mortality has been high in older ages during the pandemic, but it remains to be answered if this is because of age itself being a prognostic factor or a proxy for comorbidity. Only monitoring deaths at a national level may hide the effect of the pandemic on the regional level.

Morgan, D. (2020). Measuring the direct and indirect impact of COVID-19. Document de travail sur la santé ; 122. Paris OCDE
https://www.oecd-ilibrary.org/social-issues-migration-health/excess-mortality_c5dc0c50-en

Assessing the direct and indirect health impact of the COVID 19 pandemic is central in managing public health and other policy measures while learning to co-exist with the virus. Many countries are publishing statistics on COVID 19 related mortality. While the frequent and timely publication of such figures provides insights into the ongoing trends in a given country, differences in coding and reporting practices pose challenges for international comparisons. Looking at the number of total deaths can help to overcome some of these differences in national practices whilst also providing a better view of the overall impact of COVID 19, by taking into account not just the possible underreporting of COVID 19 deaths but also indirect mortality caused, for example, by health systems not being able to cope with other conditions – acute and chronic.

Mylona, E. K., Shehadeh, F., Kalligeros, M., et al. (2020). "Real-Time Spatiotemporal Analysis of Microepidemics of Influenza and COVID-19 Based on Hospital Network Data: Colocalization of Neighborhood-Level Hotspots." *American Journal of Public Health*: e1-e8.

<https://doi.org/10.2105/AJPH.2020.305911>

Objectives. To identify spatiotemporal patterns of epidemic spread at the community level. **Methods.** We extracted influenza cases reported between 2016 and 2019 and COVID-19 cases reported in March and April 2020 from a hospital network in Rhode Island. We performed a spatiotemporal hotspot analysis to simulate a real-time surveillance scenario. **Results.** We analyzed 6527 laboratory-confirmed influenza cases and identified microepidemics in more than 1100 neighborhoods, and more than half of the neighborhoods that had hotspots in a season became hotspots in the next season. We used data from 731 COVID-19 cases, and we found that a neighborhood was 1.90 times more likely to become a COVID-19 hotspot if it had been an influenza hotspot in 2018 to 2019. **Conclusions.** The use of readily available hospital data allows the real-time identification of spatiotemporal trends and hotspots of microepidemics. **Public Health Implications.** As local governments move to reopen the economy and ease physical distancing, the use of historic influenza hotspots could guide early prevention interventions, while the real-time identification of hotspots would enable the implementation of interventions that focus on small-area containment and mitigation.

Nguyen, L. H., Drew, D. A., Graham, M. S., et al. (2020). "Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study." *The Lancet Public Health* 5(9): e475-e483.

[https://doi.org/10.1016/S2468-2667\(20\)30164-X](https://doi.org/10.1016/S2468-2667(20)30164-X)

Background Data for front-line health-care workers and risk of COVID-19 are limited. We sought to assess risk of COVID-19 among front-line health-care workers compared with the general community and the effect of personal protective equipment (PPE) on risk.

Nicodemo, K., Barzin, S., Lasserson, D. S., et al. (2020). Measuring Geographical Disparities in England at the Time of COVID-19: Results Using a Composite Indicator of Population Vulnerability. *IZA Discussion Paper* :

13757. Bonn Iza

<http://ftp.iza.org/dp13757.pdf>

Objectives: The growth of COVID-19 infections in England raises questions about system vulnerability. Several factors that vary across geographies, such as age, existing disease prevalence, medical resource availability, and deprivation, can trigger adverse effects on the National Health System during a pandemic. In this paper, we present data on these factors and combine them to create an index to show which areas are more exposed. This technique can help policy makers to moderate the impact of similar pandemics. **Design:** We combine several sources of data, which describe specific risk factors linked with the outbreak of a respiratory pathogen, that could leave local areas vulnerable to the harmful consequences of large-scale outbreaks of contagious diseases. We combine these measures to generate an index of community-level vulnerability. **Setting:** 191 Clinical Commissioning Groups (CCGs) in England. **Main outcome measures:** We merge 15 measures spatially to generate an index of community-level vulnerability. These measures cover prevalence rates of high-risk diseases; proxies for the at-risk population density; availability of staff and quality of healthcare facilities. **Results:** We find that 80% of CCGs that score in the highest quartile of vulnerability are located in the North of England (24 out of 30). Here, vulnerability stems from a faster rate of population ageing and from the

widespread presence of underlying at-risk diseases. These same areas, especially the North-East Coast areas of Lancashire, also appear vulnerable to adverse shocks to healthcare supply due to tighter labour markets for healthcare personnel. Importantly, our Index correlates with a measure of social deprivation, indicating that these communities suffer from long-standing lack of economic opportunities and are characterised by low public and private resource endowments. Conclusions: Evidence-based policy is crucial to mitigate the health impact of pandemics such as COVID-19. While current attention focuses on curbing rates of contagion, we introduce a vulnerability index combining data that can help policy makers identify the most vulnerable communities. We find that this index is positively correlated with COVID-19 deaths and it can thus be used to guide targeted capacity building. These results suggest that a stronger focus on deprived and vulnerable communities is needed to tackle future threats from emerging and re-emerging infectious disease

O'Driscoll, M., Dos Santos, G. R., Wang, L., et al. (2020). "Age-specific mortality and immunity patterns of SARS-CoV-2." *Nature*.

<https://doi.org/10.1038/s41586-020-2918-0>

Estimating the size and infection severity of the SARS-CoV-2 epidemic is made challenging by inconsistencies in available data. The number of COVID-19 deaths is often used as a key indicator for the epidemic size, but observed deaths represent only a minority of all infections^{1,2}. Additionally, the heterogeneous burden in nursing homes and variable reporting of deaths in elderly individuals can hamper direct comparisons across countries of the underlying level of transmission and mortality rates³. Here we use age-specific COVID-19 death data from 45 countries and the results of 22 seroprevalence studies to investigate the consistency of infection and fatality patterns across multiple countries. We find that the age distribution of deaths in younger age groups (<65 years) is very consistent across different settings and demonstrate how this data can provide robust estimates of the share of the population that has been infected. We estimate that the infection-to-fatality ratio (IFR) is lowest among 5-9 years old, with a log-linear increase by age among individuals older than 30 years. Population age-structures and heterogeneous burdens in nursing homes explain some but not all of the heterogeneity between countries in infection-fatality ratios. Among the 45 countries included in our analysis, we estimate approximately 5% of these populations had been infected by the 1st of September 2020, with much higher transmission likely to have occurred in a number of Latin American countries. This simple modelling framework can help countries assess the progression of the pandemic and can be applied wherever reliable age-specific death data exists.

Peretz, P. J., Islam, N. et Matiz, L. A. (2020). "Community Health Workers and Covid-19 — Addressing Social Determinants of Health in Times of Crisis and Beyond." *New England Journal of Medicine*.

<https://www.nejm.org/doi/full/10.1056/NEJMp2022641>

Pierron, J. P. (2020). "[What's the covid's name?]." *Ethique Sante* **17**(3): 137-141.

The massive irruption of Covid-19 expression in the hospital environment as well as in our lives has brought to light a strange analogy between the expansion of a virus and viral dissemination, too, in a way of speaking and naming for action. This article proposes to question the impact of the expression Covid-19 on the language of caregivers. It proposes to discuss the ethical dimension of a care of care words when a way of speaking imposes itself on them. It also questions the epistemological and ethical pluralism involving medicine between science, clinical and politics.

Qiu, Y., Chen, X. et Shi, W. (2020). "Impacts of social and economic factors on the transmission of coronavirus disease 2019 (COVID-19) in China." *Journal of Population Economics* **33**(4): 1127-1172.

<https://doi.org/10.1007/s00148-020-00778-2>

This study models local and cross-city transmissions of the novel coronavirus in China between January 19 and February 29, 2020. We examine the role of various socioeconomic mediating factors, including public health measures that encourage social distancing in local communities. Weather characteristics 2 weeks prior are used as instrumental variables for causal inference. Stringent quarantines, city lockdowns, and local public health measures imposed in late January significantly decreased the virus transmission rate. The virus spread was contained by the middle of February.

Population outflow from the outbreak source region posed a higher risk to the destination regions than other factors, including geographic proximity and similarity in economic conditions. We quantify the effects of different public health measures in reducing the number of infections through counterfactual analyses. Over 1.4 million infections and 56,000 deaths may have been avoided as a result of the national and provincial public health measures imposed in late January in China.

Richards-Belle, A., Orzechowska, I., Gould, D. W., et al. (2020). "COVID-19 in critical care: epidemiology of the first epidemic wave across England, Wales and Northern Ireland." *Intensive Care Medicine* **46**(11): 2035-2047. <https://doi.org/10.1007/s00134-020-06267-0>

To describe critical care patients with COVID-19 across England, Wales and Northern Ireland and compare them with a historic cohort of patients with other viral pneumonias (non-COVID-19) and with international cohorts of COVID-19.

Riffe, T. et Acosta, E. (2020). COVerAGE-DB: a database of age-structured COVID-19 cases and deaths. *MPIDR Working Paper WP 2020-032*. Rostock Max Planck Institute for Demographic Research <https://www.demogr.mpg.de/papers/working/wp-2020-032.pdf>

COVerAGE-DB is an open access database including cumulative counts of confirmed COVID-19 cases, deaths, and tests by age and sex. Original data and sources are provided alongside data and measures in age-harmonized formats. The database is still in development, and at this writing, it includes 87 countries, and 195 subnational areas. Cumulative counts of COVID-19 cases, deaths, and tests are recorded daily (when possible) since January 2020. Many time series thus fully capture the first pandemic wave and the beginning of later waves. An international team, composed of more than 60 researchers, contributed to the collection of data and metadata in COVerAGE-DB from governmental institutions, as well as to the design and implementation of the data processing and validation pipeline.

Rodriguez-Pose, A. et Burlina, C. (2020). Institutions and the uneven geography of the first wave of the COVID-19 pandemic. *Geography and Environment Discussion Paper Series; 16*. London London School of Economics and Political Science

This paper examines the uneven geography of COVID-19-related excess mortality during the first wave of the pandemic in Europe, before assessing the factors behind the geographical differences in impact. The analysis of 206 regions across 23 European countries reveals a distinct COVID-19 geography. Excess deaths were concentrated in a limited number of regions —expected deaths exceeded 20% in just 16 regions— with more than 40% of the regions considered experiencing no excess mortality during the first six months of 2020. Highly connected regions, in colder and dryer climates, with high air pollution levels, and relatively poorly endowed health systems witnessed the highest incidence of excess mortality. Institutional factors also played an important role. The first wave hit regions with a combination of weak and declining formal institutional quality and fragile informal institutions hardest. Low and declining national government effectiveness, together with a limited capacity to reach out across societal divides, and a frequent tendency to meet with friends and family were powerful drivers of regional excess mortality.

Romano, A., Sotis, C., Dominionini, G., et al. "The scale of COVID-19 graphs affects understanding, attitudes, and policy preferences." *Health Economics n/a*(n/a). <https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4143>

Mass media routinely present data on coronavirus disease 2019 (COVID-19) diffusion with graphs that use either a log scale or a linear scale. We show that the choice of the scale adopted on these graphs has important consequences on how people understand and react to the information conveyed. In particular, we find that when we show the number of COVID-19 related deaths on a logarithmic scale, people have a less accurate understanding of how the pandemic has developed, make less accurate predictions on its evolution, and have different policy preferences than when they are exposed to a linear scale. Consequently, merely changing the scale the data is presented on can alter public policy preferences and the level of worry about the pandemic, despite the fact that people are routinely

exposed to COVID-19 related information. Providing the public with information in ways they understand better can help improving the response to COVID-19, thus, mass media and policymakers communicating to the general public should always describe the evolution of the pandemic using a graph on a linear scale, at least as a default option. Our results suggest that framing matters when communicating to the public.

Toufique, M. M. K. (2020). Why do some countries have more COVID-19 cases than others? Evidence from 70 most affected countries sans China? Noakhali Science and Technology University
<http://d.repec.org/n?u=RePEc:zbw:esprep:222456&r=hea>

Using data from 70 of the most COVID-19 affected countries, this paper attempts to explain the cross-country variations in the number of officially confirmed COVID-19 positive cases. The findings indicate that regional characteristics play an essential role. Percent of people living in the urban area, number of tests, air passenger transport also come out as determinants with substantial influence. Besides, the impacts of trade relationships with China and per capita health expenditure appear to be noteworthy. The study does not find evidence in favor of the endogeneity of the total number of tests done.

Tsang, T. K., Wu, P., Lin, Y., et al. (2020). "Effect of changing case definitions for COVID-19 on the epidemic curve and transmission parameters in mainland China: a modelling study." *The Lancet Public Health* 5(5): e289-e296.
[https://doi.org/10.1016/S2468-2667\(20\)30089-X](https://doi.org/10.1016/S2468-2667(20)30089-X)

When a new infectious disease emerges, appropriate case definitions are important for clinical diagnosis and for public health surveillance. Tracking case numbers over time is important to establish the speed of spread and the effectiveness of interventions. We aimed to assess whether changes in case definitions affected inferences on the transmission dynamics of coronavirus disease 2019 (COVID-19) in China.

Ulyte, A., Radtke, T., Abela, I. A., et al. (2020). "Seroprevalence and immunity of SARS-CoV-2 infection in children and adolescents in schools in Switzerland: design for a longitudinal, school-based prospective cohort study." *International Journal of Public Health* 65(9): 1549-1557.
<https://doi.org/10.1007/s00038-020-01495-z>

This longitudinal cohort study aims to assess the extent and patterns of seroprevalence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) antibodies in school-attending children, and their parents and school personnel. It will examine risk factors for infection, the relationship between seropositivity and symptoms, and temporal persistence of antibodies.

Verdery, A. M., Newmyer, L., Wagner, B., et al. (2020). "National Profiles of Coronavirus Disease 2019 Mortality Risks by Age Structure and Preexisting Health Conditions." *The Gerontologist* 61(1): 71-77.
<https://doi.org/10.1093/geront/gnaa152>

Although individual age and preexisting health conditions are well-documented risk factors for coronavirus disease 2019 (COVID-19) mortality, it is unclear whether these 2 factors capture unique dimensions of risk for epidemic severity at the national level. In addition, no studies have examined whether national distributions of these factors are associated with epidemic experiences to date. Drawing on surveys of older adults from 42 countries and estimated case fatality ratios by age and preexisting health conditions, we document and compare national profiles of COVID-19 mortality risks among older adults. We develop 2 measures of national risk profiles: one based on age structures and another based on distributions of preexisting health conditions. Our analysis compares these constructs and documents their associations with national COVID-19 mortality rates. National profiles of COVID-19 mortality risk based on age structure and preexisting health conditions are moderately uncorrelated, capturing different aspects of risk. Both types of national risk profiles correlate meaningfully with countries' COVID-19 mortality experiences to date. Measures of population age structure are readily available for every country in the world, while cross-national measures of older adult population health are more limited. In the COVID-19 crisis, these factors give different pictures of the countries with high and low risks of COVID-19 mortality. Moreover, our results suggest that

both types of national risk profiles based on population health reflect current COVID-19 mortality severity in several countries, highlighting the need for more cross-national comparative data on older adult population health.

Wu, Y., Yan, X., Zhao, S., et al. (2020). "Association of time to diagnosis with socioeconomic position and geographical accessibility to healthcare among symptomatic COVID-19 patients: A retrospective study in Hong Kong." *Health & Place* **66**: 102465.

<https://doi.org/10.1016/j.healthplace.2020.102465>

Early diagnosis is important to control COVID-19 outbreaks. This study aimed to assess how individual and area socioeconomic position and geographical accessibility to healthcare services were associated with the time to diagnosis among symptomatic COVID-19 patients in Hong Kong. Multivariable generalized linear regression was used to estimate the associations while adjusting for sociodemographic characteristics and case classification. This study found living in public rental housing and living in an area with low education were associated with longer time to diagnosis in the first wave of infections. Specifically, the risk of delayed diagnosis for public rental housing residents was mitigated by the higher density of public clinics/hospitals but was slightly increased by the higher density of private medical practitioners nearby. No such relations were found in the second wave of infections when the surveillance measures were enhanced. Given the grave impact of pandemics around the world, our findings call on taking inequalities into account when public health policies are being devised.

Innovations technologiques

ÉTUDES FRANÇAISES

(2020). "Contre la COVID-19, utiliser à grande échelle les outils numériques." *Bulletin De L'académie Nationale De Médecine* **204**(7): 698-699.

<https://doi.org/10.1016/j.banm.2020.05.067>

(2020). "L'utilisation de Smartphones pour le suivi du déconfinement du Covid-19 en France." *Bulletin De L'académie Nationale De Médecine* **204**(7): 685-686.

<https://doi.org/10.1016/j.banm.2020.05.089>

(2020). "Télémédecine appliquée aux maladies cardiovasculaires et neurovasculaires en période de confinement." *Bulletin De L'académie Nationale De Médecine* **204**(7): 695-696.

<https://doi.org/10.1016/j.banm.2020.05.079>

Advenier, F. et Reça, M. (2020). "Téléconsultations pendant le confinement en cabinet de ville." *L'information psychiatrique* **96**(8): 607-615.

<https://www.cairn.info/revue-l-information-psychiatrique-2020-8-page-607.htm>

Les entretiens médicaux durant une téléconsultation médicale tendent à être courts, simples et centrés sur un problème spécifique. Nous tentons de cerner dans cet article les difficultés de la téléconsultation et la symptomatologie psychiatrique que nous avons observées durant le confinement en lien avec la pandémie de la Covid-19. Le cadre de nos observations est celui d'une pratique psychiatrique libérale, centrée sur la personne, et qui peut lier un travail de prescription et de psychothérapie. Les principales difficultés techniques ont été liées à des modifications émotionnelles chez le praticien avec un émoussement affectif, un aplatissement de la rêverie élaborative, une extrême fatigue. Nous avons observé dans la majorité des cas une stabilisation de la symptomatologie chez les patients. Nous tentons de mettre en avant plusieurs facteurs possiblement explicatifs. Ceux qui sont liés au contexte social : la restriction des libertés, l'ambiance de désolation, le changement radical d'habitudes de travail. Ceux liés aux modalités techniques d'entretien en l'absence de corps réels : les bouleversements majeurs des modalités de contact et donc de son examen, la modification

d'un cadre contenant pour que se déploie une parole touchant à l'intime, la possibilité d'investir un espace, et d'émergence d'actes fantasmatiques.

Chevallier, J. (2020). "Un nouvel outil numérique : StopCovid." Revue française d'administration publique **174**(2): 519-528.

<https://www.cairn.info/revue-francaise-d-administration-publique-2020-2-page-519.htm>

La création de StopCovid a répondu à une préoccupation d'ordre sanitaire : l'objectif a été de tenter d'enrayer la diffusion de l'épidémie par traçage des contacts ; l'intérêt pratique de cette innovation a été cependant faible. Derrière la finalité sanitaire, se profilent en réalité d'autres enjeux, technologiques, administratifs, économiques et politiques liés à l'exploitation de cet outil numérique, qui expliquent les controverses ayant entouré le dispositif.

Delmas, V. (2020). "Télémédecine : des limites persistantes." Gestions Hospitalières(598): 458-460.

La télémédecine est passée de technique future à pratique actuelle ; pourtant l'essentiel reste en devenir. En libérant - temporairement - le cadre réglementaire et les possibilités de financement de financement pour éviter les consultations physique dans la lutte contre la covid-19, le volume de recours à la télémédecine a explosé mais la plupart des dispositifs s'inscrivent encore dans une phase expérimentale.

Health Care Data Institute (2020). COVID-19 : l'enjeu des données

https://healthcaredatainstitute.com/wp-content/uploads/2020/11/covid-19_enjeu_des_donness_healthcare_data_institute_2020.pdf

Dans le cadre de la 6^{ème} édition du HDI Day, le Healthcare Data Institute, think tank dédié à la transformation du système de santé à travers l'usage scientifique et économique des données de santé au bénéfice des acteurs du système et des citoyens, présente ses recommandations stratégiques et pratiques qui démontrent la nécessité d'accélérer l'utilisation raisonnée des données de santé pour gérer la crise Covid-19 au profit de tous.

López, R. N. O. et Hanon, C. (2020). "Demain est déjà aujourd'hui : le futur de la consultation médicale." L'information psychiatrique **96**(8): 623-626.

<https://www.cairn.info/revue-l-information-psychiatrique-2020-8-page-623.htm>

La crise Covid-19 a profondément affecté nos sociétés. Elle a mis en avant les vulnérabilités de nos systèmes de santé, qui étaient plus axés sur l'offre que sur la demande. Cette crise a pour effet d'accélérer un mouvement d'émancipation du patient et une remise en cause de la médecine paternaliste. C'est dans la télémédecine que ces deux mouvements se rejoignent. Quoiqu'il y ait encore bien à apprendre de part et d'autre, cette évolution tient de belles promesses. Le patient se sent plus responsable de sa propre santé et se prend plus en charge. Le système de santé, et les médecins en premier lieu, sont plus disponibles en cas de besoin. Ce « e-mouvement » soulage les services ambulatoires surchargés, permettant ainsi d'imaginer un système de santé abordable et durable.

Lucas, J., Parmentier, F., Jaafar, D., et al. (2020). "L'IA en santé : des mythes aux réalités." Gestions Hospitalières(598): 400-445.

Ce dossier sur l'intelligence artificielle aborde ses différentes applications dans le domaine de la santé ainsi que les aspects éthiques et réglementaires.

Lucas, J. F. (2020). La Covid 19, accélératrice et amplificatrice des fractures numériques. Paris Sciences Po

<https://www.sciencespo.fr/public/chaire-numerique/wp-content/uploads/2020/10/COVID-19-acc%C3%A9l%C3%A9ratrice-et-amplificatrice-des-fractures-num%C3%A9riques-J.F.-Lucas.pdf>

Cette étude passe en revue les différentes inégalités d'accès qu'elles soient d'ordre matérielles, sociales ou économiques, mises en exergue par le confinement. Il tire de ce diagnostic une série de

recommandations pour réduire les barrières matérielles, renforcer la formation au numérique, améliorer la conception des services publics dématérialisés et leurs alternatives, afin d'assurer un accès universel aux services numériques de base.

Monziols, M., Chaput, H., Verger, P., et al. (2020). Trois médecins généralistes sur quatre ont mis en place la téléconsultation depuis le début de l'épidémie de Covid-19. Paris Drees

<https://drees.solidarites-sante.gouv.fr/publications/etudes-et-resultats/trois-medecins-generalistes-sur-quatre-ont-mis-en-place-la>

Au cours des mois de mai et de juin 2020, les participants au quatrième Panel d'observation des pratiques et des conditions d'exercice en médecine générale de la DREES ont été interrogés sur leur pratique de la téléconsultation pendant la première vague de l'épidémie de Covid-19. Les trois quarts des médecins généralistes ont mis en place la téléconsultation depuis le début de l'épidémie de Covid-19, alors que moins de 5 % la pratiquaient auparavant. Au cours de la première semaine du déconfinement, 7 médecins sur 10 ont réalisé au moins une téléconsultation. Parmi eux, 1 sur 10 a déclaré avoir même réalisé plus de 25 % de ses consultations par ce biais. L'utilisation de cet outil entraîne cependant certaines difficultés pour les médecins généralistes : plus de la moitié de ceux qui l'ont utilisé estiment que l'examen clinique en présentiel reste souvent ou systématiquement indispensable. Un peu moins de la moitié a souvent ou systématiquement rencontré des problèmes techniques. Les médecins sont partagés sur la satisfaction qu'ils retirent de la pratique de la médecine via la téléconsultation : un peu moins de la moitié des médecins se disent moyennement satisfaits, mais un tiers d'entre eux en sont peu ou pas satisfaits et, à l'inverse, un quart d'entre eux en sont très ou tout à fait satisfaits. C'est dans les départements les plus touchés par l'épidémie que son utilisation a été la plus importante et que la satisfaction des médecins est plutôt plus élevée.

Piraux, A., Mosnier, A. et Barthelmé, T. (2020). "Covigie, une plateforme pour les soignants et les coordonnateurs d'équipes de soins." *Actualités Pharmaceutiques* 59(599): 54-56.

<https://doi.org/10.1016/j.actpha.2020.08.014>

Dispositif mis en place face à la pandémie mondiale de la Covid-19, Covigie est une plateforme accessible en ligne gratuitement. Elle a permis à tous les soignants et coordonnateurs d'équipes de soins de premier recours de faire remonter en temps réel les initiatives, les observations, les questionnements et les problèmes rencontrés dans la lutte contre le nouveau coronavirus. L'équipe Covigie résumait les informations issues des différentes contributions reçues, individuelles ou collectives, les adressait aux autorités sanitaires et les partageait avec les soignants. Covigie, a platform for caregivers and care team coordinators Covigie is a free online platform set up in response to the COVID-19 global pandemic. It has enabled all caregivers and coordinators of primary care teams to report in real time the initiatives, observations, questions and problems encountered in the fight against the new coronavirus. The Covigie team summarised the information from the various contributions received, individual or collective, sent them to the health authorities and shared them with the caregivers.

Sesam (2020). Ce que la covid-19 a vraiment montré en matière de e-santé : retour d'expérience en Ile-de-France. Paris Sesam

https://www.sesan.fr/wp-content/uploads/2020/10/GCS_SESAN_REX_Covid-19-vF2web.pdf

La pandémie de Covid-19 a mis à l'épreuve notre système de santé, ses personnels mais aussi ses outils numériques. Dans ce retour d'expérience, le Sesam, expert opérationnel en Systèmes d'Information pour les acteurs de santé franciliens a souhaité observer les usages du digital pendant la crise sanitaire.

ÉTUDES INTERNATIONALES

Boudreaux, B., DeNardo, M. A., Denton, S. W., et al. (2020). Data Privacy During Pandemics. A Scorecard Approach for Evaluating the Privacy Implications of COVID-19 Mobile Phone Surveillance Programs. Santa Monica Rand Corporation

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

https://www.rand.org/pubs/research_reports/RRA365-1.html

Public health officials around the world are struggling to respond to the coronavirus disease 2019 (COVID-19) pandemic. To contain the highly infectious disease, governments have turned to mobile phone surveillance programs to augment traditional public health interventions. These programs have been designed to track COVID-19 symptoms, map population movement, trace the contacts of infected persons, enforce quarantine orders, and authorize movement through health passes. Although these programs enable more-robust public health interventions, they also raise concerns that the privacy and civil liberties of users will be violated. In this report, the authors evaluate the short- and long-term privacy harms associated with the use of these programs—including political, economic, and social harms. They consider whether two potentially competing goals can be achieved concurrently: (1) the use of mobile phones as public health surveillance tools to help manage COVID 19 and future public health crises, and (2) the protection of privacy and civil liberties. To evaluate the privacy implications of COVID-19 mobile surveillance programs, the authors create a concise, transparent, and standardized privacy scorecard. They use this scorecard approach to evaluate 40 mobile phone surveillance programs from around the world. The results indicate that the privacy implications vary considerably across programs, even within programs designed to accomplish similar public health goals. The authors offer recommendations to U.S. federal, state, and local officials to implement COVID-19 surveillance programs that better protect privacy, especially that of vulnerable and marginalized communities.

Haller, D. M., Sebo, P., Tudrej, B., et al. (2020). "Is a COVID-19 prediction model based on symptom tracking through an app applicable in primary care?" *Family Practice* **37**(6): 866-867.

<https://doi.org/10.1093/fampra/cmaa069>

'We need a prediction score'. This sentence has most certainly been through the mind of most general practitioners (GPs) confronted with the challenge of identifying patients with potential COVID-19 in their practice. Just as the Centor/McIsaac risk stratification score for pharyngitis, a COVID-19 prediction score could help us triage patients, restricting the need for Reverse Transcription Polymerase Chain Reaction (RT-PCR) to patients in an intermediate risk category (1). We thus commend Menni et al. for proposing a smart and ingenious method to predict potential COVID-19 using real-time symptom tracking through an app (2). We recognize the fantastic potential of their prediction score, combining loss of smell and taste, fatigue, cough and loss of appetite in prospectively identifying individuals at risk of having SARS-CoV-2 infection. However, as GPs at the forefront of early identification efforts in the community, we advise caution if applying this score in clinical practice. Both the population involved in this study, and the nature of the prospectively collected real-time data from app users are potentially different from what can be expected in primary care.

Hossain, M. M., McKyer, E. L. J. et Ma, P. (2020). Applications of artificial intelligence technologies on mental health research during COVID-19, Center for Open Science.

<https://ideas.repec.org/p/osf/socarx/w6c9b.html>

The coronavirus disease (COVID-19) pandemic has impacted mental health globally. It is essential to deploy advanced research methodologies that may use complex data to draw meaningful inferences facilitating mental health research and policymaking during this pandemic. Artificial intelligence (AI) technologies offer a wide range of opportunities to leverage advancements in data sciences in analyzing health records, behavioral data, social media contents, and outcomes data on mental health. Several studies have reported the use of several AI technologies such as vector machines, neural networks, latent Dirichlet allocation, decision trees, and clustering to detect and treat depression, schizophrenia, Alzheimer's disease, and other mental health problems. The applications of such technologies in the context of COVID-19 is still under development, which calls for further deployment of AI technologies in mental health research in this pandemic using clinical and psychosocial data through technological partnerships and collaborations. Lastly, policy-level commitment and deployment of resources to facilitate the use of robust AI technologies for assessing and addressing mental health problems during the COVID-19 pandemic.

Patel, S. Y., Mehrotra, A., Huskamp, H. A., et al. (2021). "Variation In Telemedicine Use And Outpatient Care During The COVID-19 Pandemic In The United States." *Health Affairs* **40**(2): 349-358.

<https://doi.org/10.1377/hlthaff.2020.01786>

Coronavirus disease 2019 (COVID-19) spurred a rapid rise in telemedicine, but it is unclear how use has varied by clinical and patient factors during the pandemic. We examined the variation in total outpatient visits and telemedicine use across patient demographics, specialties, and conditions in a database of 16.7 million commercially insured and Medicare Advantage enrollees from January to June 2020. During the pandemic, 30.1 percent of all visits were provided via telemedicine, and the weekly number of visits increased twenty-three-fold compared with the prepandemic period. Telemedicine use was lower in communities with higher rates of poverty (31.9 percent versus 27.9 percent for the lowest and highest quartiles of poverty rate, respectively). Across specialties, the use of any telemedicine during the pandemic ranged from 68 percent of endocrinologists to 9 percent of ophthalmologists. Across common conditions, the percentage of visits provided during the pandemic via telemedicine ranged from 53 percent for depression to 3 percent for glaucoma. Higher rates of telemedicine use for common conditions were associated with smaller decreases in total weekly visits during the pandemic.

Perrault, A., Charpignon, M. et Gruber, J. (2020). Designing Efficient Contact Tracing Through Risk-Based Quarantining. *NBER Working Paper Series* ;28135. Cambridge NBER

<https://www.nber.org/papers/w28135>

Contact tracing for COVID-19 is especially challenging because transmission often occurs in the absence of symptoms and because a purported 20% of cases cause 80% of infections, resulting in a small risk of infection for some contacts and a high risk for others. Here, we introduce risk-based quarantine, a system for contact tracing where each cluster (a group of individuals with a common source of exposure) is observed for symptoms when tracing begins, and clusters that do not display them are released from quarantine. We show that, under our assumptions, risk-based quarantine reduces the amount of quarantine time served by more than 30%, while achieving a reduction in transmission similar to standard contact tracing policies where all contacts are quarantined for two weeks. We compare our proposed risk-based quarantine approach against test-driven release policies, which fail to achieve a comparable level of transmission reduction due to the inability of tests to detect exposed people who are not yet infectious but will eventually become so. Additionally, test-based release policies are expensive, limiting their effectiveness in low-resource environments, whereas the costs imposed by risk-based quarantine are primarily in terms of labor and organization.

Puaschunder, J. M. (2020). The Future after Covid-19: Healthcare, Digitalization and Inequality: Scientia Moralitas Conference proceedings. New York The New School, Department of Economics

<http://d.repec.org/n?u=RePEc:smo:scmowp:001jp&r=hea>

The ongoing COVID-19 crisis accounts for one of the most unpredicted economic disruptions in the history of humankind. COVID-19 as an external shock implies widespread and sustainable changes in the way humans live, work and interact on a global scale. With economic turmoil and social perturbation opens an abyss of novel and unprecedentedly described inequalities in the legal and economic spheres. The paper addresses novel trends that may spring out of COVID-19 in the healthcare sector, in regards to digitalization and inequality. Studying these forward-looking trend predictions aids us to understand the challenges that lie ahead in our post-COVID-19 world to come.

Rannan-Eliya, R. P., Wijemunige, N., Gunawardana, J., et al. (2020). "Increased Intensity Of PCR Testing Reduced COVID-19 Transmission Within Countries During The First Pandemic Wave." *Health Affairs*:

<https://doi.org/10.1377/hlthaff.2020.01409>

Experts agree that reverse transcription polymerase chain reaction (PCR) testing is critical in controlling coronavirus disease 2019 (COVID-19), but decision-makers disagree on how much testing is optimal. Controlling for interventions and ecological factors, we used linear regression to quantify testing's impact on COVID-19's average reproduction number, representing transmissibility, in 173 countries and territories, accounting for 99% of the world's COVID-19 cases, during March to June 2020.

Amongst interventions, PCR testing had the greatest influence. A ten-fold increase in the ratio of tests to new cases reported reduced the average reproduction number by 9% across a range of testing levels. Our results imply that mobility reductions (e.g., shelter-in-place orders) were less effective in developing countries than in developed countries. Our results help explain how some nations achieved near-elimination of COVID-19 and the failure of lockdowns to slow COVID-19 in others. Our findings suggest that World Health Organization and other testing benchmarks are insufficient for COVID-19 control. Increased testing and isolation may represent the most effective, least costly alternative in terms of money, economic growth and human life for controlling COVID-19.

Rehse, D. et Tremohlen, F. (2020). Fostering participation in digital public health interventions: The case of digital contact tracing. Leipzig Leibniz Centre for Economic Research
<http://d.repec.org/n?u=RePEc:zbw:zewdip:20076&r=hea>

The SARS-CoV-2 pandemic has made all the more clear that public health is a public good. Public health interventions try to encourage contributions to this public good. Digital public health interventions are increasingly being used to complement traditional public health interventions. The rollout of digital contact tracing apps during the SARS-CoV-2 pandemic is a prominent example. We review the literature on how participation in such digital public health interventions could be fostered, provide an overview of digital contact tracing as one such intervention, provide policy recommendations on how to increase its adoption and usage as well as recommendations for further research.

Maladies chroniques : comorbidité et facteurs de risque

ÉTUDES FRANÇAISES

(2020). "Comment gérer, après confinement, les malades porteurs d'une affection chronique à risque ?" *Bulletin De L'académie Nationale De Médecine* **204**(8): 776-777.
<https://doi.org/10.1016/j.banm.2020.07.013>

Baudelot, C., Caille, Y. et Leo, M. (2020). *Vivre l'épidémie avec une maladie chronique*, Paris : Terra Nova
https://tnova.fr/system/contents/files/000/002/188/original/Terra-Nova_Cycle-Covid_Vivre-l-epidemie-avec-une-maladie-chronique_Renaloo_121120.pdf?1605179828

Les patients insuffisants rénaux, dialysés et transplantés, paient un lourd tribut à l'épidémie de Coronavirus. Leur mortalité en cas de contamination est de l'ordre de 20 %. Ils sont en effet confrontés à un risque important de forme grave de covid-19. Au 12 octobre, l'Agence de la biomédecine recensait 3 050 patients dialysés (726) ou greffés rénaux (2 324) infectés par le covid-19. Depuis mars 2020, ces personnes traversent des moments très anxiogènes. Elles se plient autant que possible à un confinement strict, qui continue de leur être recommandé. Elles n'ont qu'un accès parcellaire aux informations concernant les risques non seulement pour leurs vies, mais aussi pour leur santé compte tenu des séquelles souvent lourdes d'une infection. Afin de mieux connaître la réalité de leur expérience, l'association Renaloo a lancé le 22 juin 2020, au tout début de la phase de déconfinement, une enquête en ligne destinée à toutes les personnes atteintes d'une maladie ou d'une insuffisance rénale. Cette note en analyse les résultats.

Borgies, L. (2020). Cancer et covid-19 : un retour d'expérience du réseau des centres de cancérologie d'Ile-de-France. Paris Oncorif
www.oncorif.fr/cancer-et-covid19-retour-dexperience-en-ile-de-france/

A la demande de l'INCa et du Ministère de la Santé, le réseau régional de cancérologie en Ile-de-France en lien avec l'Agence régionale de santé propose un retour d'expérience sur l'organisation de la prise en charge des patients ayant un cancer depuis le mois de mars 2020. Celui-ci a été élaboré à partir des différentes enquêtes menées au plan national et régional, de l'analyse des données PMSI et de suivi des indicateurs RCP, et enrichi d'entretiens avec les experts et acteurs de la région. Les

résultats montrent que l'accès aux soins a été impacté et le dispositif d'annonce souvent mis en retrait.

Carte Blanche Partenaires (2020). COVID-19 et santé visuelle, un impact sur le long terme, Paris : Carte blanche partenaires

www.carteblanchepartenaires.fr/sites/default/files/2020-12/2020-12-15%20-%20CBP%20-%20communiqu%C3%A9%20optique.pdf

D'après les données de Carte Blanche Partenaires, le marché de l'optique a connu une baisse du chiffre d'affaires de 8% entre le 1er janvier et le 30 novembre dernier, par rapport à la même période pour 2019.

Chazelle, E., Chan-Chee, C., Fouquet, N., et al. (2020). "Étude de la survenue et de l'évolution de la lombalgie selon la situation de travail pendant le confinement lié à l'épidémie de Covid-19, du 17 mars au 10 mai 2020, en France métropolitaine." Bulletin Épidémiologique Hebdomadaire (Beh) (26)

http://beh.santepubliquefrance.fr/beh/2020/26/2020_26_1.html

Avec le confinement mis en place pour lutter contre l'extension de l'épidémie de Covid-19, l'organisation professionnelle de la plupart des Français a fortement été modifiée, avec notamment des interruptions de travail et un déploiement massif du télétravail. L'objectif est ici de mesurer les effets de la modification de l'organisation du travail liée au confinement, sur la survenue et l'évolution de la lombalgie. Au cours de trois vagues de l'enquête CoviPrev menées par internet (panel BVA) en population générale entre le 8 juin et le 8 juillet 2020, les personnes en activité (n=3 224) ont été interrogées rétrospectivement sur leur situation de travail pendant le confinement et leurs symptômes du bas du dos (courbatures, douleurs, gêne), avant et à l'issue du confinement. Le taux de survenue d'une lombalgie chez les travailleurs qui en étaient indemnes avant le confinement (n=2113) était de 10,4% (IC95%: [9,1-10,7]). La situation de travail pendant le confinement était associée à la survenue d'une lombalgie avec un risque significativement augmenté chez les personnes qui étaient nouvellement placées en télétravail, et chez celles qui avaient continué à travailler à l'extérieur du domicile avec un rythme plus soutenu que d'habitude (vs celles qui avaient continué à travailler à l'extérieur du domicile au rythme habituel ; odds-ratio respectivement de 2,81 [1,77-4,46] et 2,76 [1,50-5,09]). La situation de travail pendant le confinement était également significativement associée à l'évolution des symptômes de lombalgie chez les travailleurs qui en souffraient avant le confinement (n=1 111, 34,3% [32,7-36,0]) avec un risque augmenté d'aggravation pour le travail à l'extérieur avec un rythme plus soutenu (odds-ratio 3,39 [1,38-8,31]) et plus de chances d'amélioration pour les travailleurs habituellement en télétravail (odds-ratio 1,86 [1,00-3,43]). Alors que l'épidémie de Covid-19 est de nouveau dans une phase croissante, des mesures pourraient être proposées aux travailleurs pour prévenir un nouvel accroissement de la lombalgie et de ses conséquences.

Epi-Phare (2021). Covid-19 : facteurs de risque et d'hospitalisation. Paris Epi-Phare

<https://www.epi-phare.fr/rapports-detudes-et-publications/covid-19-facteurs-risques/>

EPI-PHARE a réalisé une analyse quasi-exhaustive des données de la population française, soit plus de 66 millions de personnes, afin d'identifier les maladies chroniques et des facteurs tels que l'âge ou le genre susceptibles de présenter un sur-risque d'hospitalisation ou de décès pour Covid-19. Réalisée à partir des données du Système national des données de santé (SNDS), cette étude de cohorte est l'une des plus vastes jamais réalisée en population générale. Portant sur la première vague de l'épidémie (du 15 février au 15 juin 2020), elle étudie le lien entre 47 maladies chroniques et le risque de développer une forme sévère de la Covid-19. Durant cette période, ce sont un peu plus de 87 800 personnes qui ont été hospitalisées pour cette pathologie, dont 15 660 en sont décédées à l'hôpital.

Lalau, J.-D. (2020). "COVID-19 et diabète de type 2 : des enquêtes nationales en France et leur analyse."

Médecine des Maladies Métaboliques **14**(7): 651-656.

<https://doi.org/10.1016/j.mmm.2020.07.006>

Résumé Il y a le fait, et le rapport au fait. Aussi, s'agissant de la pandémie COVID-19 actuelle, importe-t-il de prendre appui sur le ressenti de la population ; de croiser ainsi l'objectif et le subjectif. C'est

dans cet esprit que sont présentés ici les résultats de plusieurs enquêtes populationnelles, ainsi qu'une analyse. Où apparaîtront des faits robustes, mais à vrai dire connus : la prise de poids, le déséquilibre du diabète, la difficulté de prendre son traitement ou de consulter un médecin. Des éléments moins attendus seront notés quand l'analyse sera affinée avec des croisements selon l'âge, les catégories socioprofessionnelles ou encore la zone géographique. L'article est conclu avec deux problématiques : celle d'une temporalité qui, par la force des choses, n'est pas encore véritablement déployée ; celle aussi de la défiance envers les différents canaux d'information. Summary There is the fact, and the way it is perceived. Therefore, concerning the current COVID-19 pandemic, it is important to take patient testimony into consideration; to link the objective and the subjective. It is in that spirit that results of some surveys are presented here, to which a personal analysis is added. Some facts were expected, e.g. weight gain, diabetes disequilibrium, however, some facts are less expected after crossing data with age, socio-professional categories or geographic area. It is concluded with two issues: that of temporality, which has not yet deployed by force of circumstance, and that of distrust of different sources of information.

ÉTUDES INTERNATIONALES

Clement, J., Jacobi, M. et Greenwood, B. N. (2020). Patient Access to Chronic Medications During the Covid-19 Pandemic: Evidence from a Comprehensive Dataset of US Insurance Claims. Ssrn <http://dx.doi.org/10.2139/ssrn.3738323>

Objective: Patient access and adherence to chronic medications is critical. We evaluated whether disruptions related to COVID-19 affected new and existing patients' access to pharmacological therapies without interruption. Design: We performed a retrospective analysis on a dataset of 9.4 billion US prescription drug claims from 252 million patients (about 93% of prescriptions dispensed) from May, 2019 through August, 2020. Using fixed effect (conditional likelihood) linear models, we evaluate continuity of care, how many days of supply patients received, and the likelihood of discontinuing therapy for drugs from classes with significant population health impacts. Results: More prescriptions were filled in March 2020 than in any prior month, followed by a significant drop in dispensing. Compared to the pre-COVID era, a patient's likelihood of discontinuing some medications increased after the spread of COVID: norgestrel-ethinyl estradiol (hormonal contraceptive) increased 0.62% (95% CI: 0.59% to 0.65%, $p < 0.001$); dexamethylphenidate HCL (ADHD) increased 2.84% (95% CI: 2.79% to 2.89%, $p < 0.001$); escitalopram oxalate (SSRI) increased 0.57% (95% CI: 0.561% to 0.578%, $p < 0.001$); and haloperidol (antipsychotic) increased 1.49% (95% CI: 1.41% to 1.57%, $p < 0.001$). In contrast, the likelihood of discontinuing tacrolimus (immunosuppressant) decreased 0.15% (95% CI: 0.12% to 0.19%, $p < 0.001$). The likelihood of discontinuing buprenorphine/naloxone (opioid addiction therapy) decreased 0.59% (95% CI: 0.55% to 0.62% decrease, $p < 0.001$). We also observe a notable decline in the count of new patients accessing these therapies. Conclusions and Impact: Most US patients were able to access chronic medications during the early months of COVID-19, but still were more likely to discontinue their therapies. Further, fewer than normal new patients started taking crucial medications. Providers would do well to inquire about adherence and provide prompt, nonjudgmental, re-initiation of medications. From a policy perspective, opioid management programs seem to demonstrate a robust ability to manage existing patients in spite of disruption.

Duan, W., Bu, H. et Chen, Z. (2020). "COVID-19-related stigma profiles and risk factors among people who are at high risk of contagion." *Social Science & Medicine* **266**: 113425. <https://doi.org/10.1016/j.socscimed.2020.113425>

Rationale COVID-19 is likely to be stigmatized. The people of Hubei province perceived courtesy and affiliate stigma due to the geographic linkage to COVID-19. Perceived courtesy stigma refers to the perception of stigma of people who are associated with COVID-19 (e.g., the geographic linkage). Affiliate stigma is the internalization and psychological responses of perceived courtesy stigma among the associates. Objective The current study aims to reveal different patterns of perceived courtesy and affiliate stigma among people who are at high risk of contagion of COVID-19, and to examine the possible risk factors. Method A sample including 2813 adults who located in Hubei Province, China (female: $n = 2,184$, 77.64%; male: $n = 629$, 22.36%; mean age = 37.85 years, SD = 6.61 years,

range = 18–63 years) were employed in the current study, using latent profile analysis for searching stigma profiles. Results Three profiles of stigma were found: the “Denier” (35.98%), “Confused moderate” (48.13%) and “Perceiver” (15.89%) displaying the low, moderate and high level of perceived courtesy and affiliate stigma, respectively. Multinomial logistic regression analyses revealed that generally people with a high level of education, perceived threats, anxiety symptoms, and familiarity with quarantined cases have a high likelihood to be distributed into the “Perceiver”. Discussion and Conclusions Our findings highlight the issues of COVID-19-related stigma and provide evidence for launching effective health actions to promote a cohesive society and culture of health. The media can transmit scientific knowledge, promote positive interactions and social cohesion between the stigmatized group and the dominant group, and create spaces for stories that nurture group identification among the implicated people. Future studies should use more representative sample and improve the measures.

Hanna, T. P., King, W. D., Thibodeau, S., et al. (2020). "Mortality due to cancer treatment delay: systematic review and meta-analysis." *Bmj* **371**: m4087.

Objective To quantify the association of cancer treatment delay and mortality for each four week increase in delay to inform cancer treatment pathways. Design Systematic review and meta-analysis. Data sources Published studies in Medline from 1 January 2000 to 10 April 2020. Eligibility criteria for selecting studies Curative, neoadjuvant, and adjuvant indications for surgery, systemic treatment, or radiotherapy for cancers of the bladder, breast, colon, rectum, lung, cervix, and head and neck were included. The main outcome measure was the hazard ratio for overall survival for each four week delay for each indication. Delay was measured from diagnosis to first treatment, or from the completion of one treatment to the start of the next. The primary analysis only included high validity studies controlling for major prognostic factors. Hazard ratios were assumed to be log linear in relation to overall survival and were converted to an effect for each four week delay. Pooled effects were estimated using DerSimonian and Laird random effect models. Results The review included 34 studies for 17 indications (n=1 272 681 patients). No high validity data were found for five of the radiotherapy indications or for cervical cancer surgery. The association between delay and increased mortality was significant ($P < 0.05$) for 13 of 17 indications. Surgery findings were consistent, with a mortality risk for each four week delay of 1.06-1.08 (eg, colectomy 1.06, 95% confidence interval 1.01 to 1.12; breast surgery 1.08, 1.03 to 1.13). Estimates for systemic treatment varied (hazard ratio range 1.01-1.28). Radiotherapy estimates were for radical radiotherapy for head and neck cancer (hazard ratio 1.09, 95% confidence interval 1.05 to 1.14), adjuvant radiotherapy after breast conserving surgery (0.98, 0.88 to 1.09), and cervix cancer adjuvant radiotherapy (1.23, 1.00 to 1.50). A sensitivity analysis of studies that had been excluded because of lack of information on comorbidities or functional status did not change the findings. Conclusions Cancer treatment delay is a problem in health systems worldwide. The impact of delay on mortality can now be quantified for prioritisation and modelling. Even a four week delay of cancer treatment is associated with increased mortality across surgical, systemic treatment, and radiotherapy indications for seven cancers. Policies focused on minimising system level delays to cancer treatment initiation could improve population level survival outcomes.

Mahase, E. (2020). "Covid-19: Why are age and obesity risk factors for serious disease?" *Bmj* **371**: m4130. <https://www.bmj.com/content/bmj/371/bmj.m4130.full.pdf>

Scheen, A. J., Marre, M. et Thivolet, C. (2020). "Prognostic factors in patients with diabetes hospitalized for COVID-19: Findings from the CORONADO study and other recent reports." *Diabetes & Metabolism* **46**(4): 265-271. <https://doi.org/10.1016/j.diabet.2020.05.008>

Diabetes mellitus is challenging in the context of the COVID-19 pandemic. The prevalence of diabetes patients hospitalized in intensive care units for COVID-19 is two- to threefold higher, and the mortality rate at least double, than that of non-diabetes patients. As the population with diabetes is highly heterogeneous, it is of major interest to determine the risk factors of progression to a more serious life-threatening COVID-19 infection. This brief review discusses the main findings of CORONADO, a prospective observational study in France that specifically addressed this issue as well as related

observations from other countries, mainly China and the US. Some prognostic factors beyond old age have been identified: for example, an increased body mass index is a major risk factor for requiring respiratory assistance. Indeed, obesity combines several risk factors, including impaired respiratory mechanics, the presence of other comorbidities and inappropriate inflammatory responses, partly due to ectopic fat deposits. While previous diabetic microvascular (renal) and macrovascular complications also increase risk of death, the quality of past glucose control had no independent influence on hospitalized diabetes patient outcomes, but whether the quality of glucose control might modulate risk of COVID-19 in non-hospitalized diabetes patients is still unknown. In addition, no negative signs regarding the use of RAAS blockers and DPP-4 inhibitors and outcomes of COVID-19 could be identified. Hyperglycaemia at the time of hospital admission is associated with poor outcomes, but it may simply be considered a marker of severity of the infection. Thus, the impact of glucose control during hospitalization on outcomes related to COVID-19, which was not investigated in the CORONADO study, is certainly deserving of specific investigation.

Targher, G., Mantovani, A., Wang, X. B., et al. (2020). "Patients with diabetes are at higher risk for severe illness from COVID-19." *Diabetes Metab* **46**(4): 335-337.

- It is currently uncertain whether people with diabetes are at higher risk of severe illness from coronavirus disease 2019 (COVID-19).
- We found that diabetes was associated with an approximately 4-fold increased risk of having severe/critical COVID-19 illness.
- This association was independent of age, sex, obesity, hypertension and smoking.
- These findings highlight the urgent need for a multidisciplinary team-based approach to management of this patient population.

Mesures de politique publique

ÉTUDES FRANÇAISES

(2020). "La solution à la crise passe par les territoires ». Regards croisés des administrateurs et administratrices territoriaux sur le Covid-19." *Revue française d'administration publique* **176**(4): 965-970.

<https://www.cairn.info/revue-francaise-d-administration-publique-2020-4-page-965.htm>

Si la crise du Covid-19 suppose une réponse globale, la question du rôle du local dans la gestion de l'épidémie mérite d'être soulevée tant l'action au niveau des territoires peut être un relais ou un complément à l'action étatique. Mettre l'accent sur le local permet ainsi de mieux saisir comment les différents niveaux d'action publique s'articulent concrètement. Surtout, c'est au niveau local que les politiques publiques sont concrètement mises en œuvre et que se joue leur réussite ou leur échec. Appréhender la gestion de la crise par le bas permet tout à la fois de mieux comprendre les logiques des acteurs locaux de premier rang que sont les maires et les préfets, de réintégrer dans l'analyse les contraintes auxquelles ils font face, et de recueillir des éléments qui permettront ultérieurement de contribuer à l'évaluation des politiques publiques mises en œuvre. Ce dossier a été réalisé principalement, mais non exclusivement, en mobilisant le réseau du GIS-GRALE. Il combine les analyses de spécialistes issus de plusieurs disciplines afin de mieux comprendre l'articulation entre les politiques locales et nationales pendant la crise sanitaire. Les contributions portent sur la période qui s'écoule de la mi-mars 2020 au 10 juillet 2020, date qui marque légalement la fin de l'état d'urgence sanitaire. Au terme de la première vague de l'épidémie de Covid-19, leurs conclusions permettent de tirer un premier bilan sur la manière dont celle-ci a été gérée localement. Elles livrent surtout quelques clés pour appréhender l'avenir des relations entre l'État et les collectivités territoriales, à un moment où le Gouvernement entend ouvrir une nouvelle page de la décentralisation en promouvant la différenciation territoriale. (2020). "Les phases de sortie de la crise du COVID-19." *Bulletin De L'académie Nationale De Médecine* **204**(7): 693-694.

<https://doi.org/10.1016/j.banm.2020.05.081>

(2020). "Pandémie de Covid-19 : mesures barrières renforcées pendant le confinement et en phase de sortie de confinement." *Bulletin De L'académie Nationale De Médecine* **204**(7): 654-655.

<https://doi.org/10.1016/j.banm.2020.05.033>

(2020). "Recommander le port du masque sans masquer la vérité." Bulletin De L'académie Nationale De Médecine **204**(7): 708-709.

<https://doi.org/10.1016/j.banm.2020.05.091>

(2020). "Vacciner contre la COVID-19 : la quête du Graal ?" Bulletin De L'académie Nationale De Médecine **204**(8): 774-775.

<https://doi.org/10.1016/j.banm.2020.07.011>

Atlani-Duault, L., Lina, B., Malvy, D., et al. (2020). "COVID-19: France grapples with the pragmatics of isolation." The Lancet Public Health **5**(11): e573-e574.

[https://doi.org/10.1016/S2468-2667\(20\)30235-8](https://doi.org/10.1016/S2468-2667(20)30235-8)

Atlani-Duault, L., Lina, B., Chauvin, F., et al. "Immune evasion means we need a new COVID-19 social contract." The Lancet Public Health.

[https://doi.org/10.1016/S2468-2667\(21\)00036-0](https://doi.org/10.1016/S2468-2667(21)00036-0)

Berg, N. (2020). "La grande peur de l'an 2020. Le bug du coronavirus et le grand confinement." Futuribles **437**(4): 43-52.

<https://www.cairn.info/revue-futuribles-2020-4-page-43.htm>

Le printemps 2020, marqué par la diffusion en Europe (après l'Asie de l'Est) de la pandémie de Covid-19, constituera, à n'en pas douter, une rupture dans l'organisation et le fonctionnement de nos sociétés, dans de multiples domaines. La France, à peine sortie du confinement au moment où se préparait ce numéro d'été de la revue *Futuribles*, paiera aussi son tribut à cette pandémie et aux conséquences qui l'ont suivie. Le sujet de la crise du Covid-19 et de ses impacts n'est pas près d'être épuisé, et il intégrera progressivement le contexte général d'analyse de nombreux champs d'études. Il nous est cependant apparu important, en ce début d'été 2020, d'ouvrir un forum, dans nos colonnes, à divers experts pour en évoquer, encore « à chaud », certains aspects, d'ordre économique, social, sanitaire, alimentaire, écologique... C'est Nicolas Berg qui ouvre ce dossier « Covid-19 : causes, impacts et stratégies » par une analyse critique vis-à-vis de la longue imprévoyance de la communauté internationale face au risque pandémique et des réponses apportées qu'il juge, comme d'autres observateurs, trop indiscriminées et souvent disproportionnées. Il souligne les conséquences lourdes et durables de cette épidémie, « un tsunami économique, social et démocratique » qui risque de faire plus de dégâts que ceux que l'on a cherché à éviter, y compris en termes de morbidité et de mortalité. Il plaide pour le retour rapide à une évaluation plus mesurée et régulièrement ajustée du risque, et recommande de tirer rapidement tous les enseignements d'une gestion de crise gouvernée comme jamais par l'émotion. S.D.

Bergeron, H., Borraz, O., Castel, P., et al. (2020). Covid-19 : une crise organisationnelle, Paris : SciencesPo

La crise du Covid-19 révèle la difficulté des décideurs à appréhender des problèmes complexes : pour les sociologues Olivier Borraz et Henri Bergeron (CSO), le réflexe qui consiste à créer de nouvelles organisations en réponse à l'incertitude a fait la preuve de son inefficacité. Selon eux, les dirigeants devraient, face aux défis de la crise sanitaire en cours, adopter une démarche scientifique plutôt que d'attendre de la science une vérité absolue.

Bergeron, H., Borraz, O., Castel, P., et al. (2020). Gestion de crise : comment tirer les leçons du coronavirus ?, AOC média

<https://www.pourunerepubliqueecologique.org/2020/04/27/gestion-de-crise-comment-tirer-les-lecons-du-coronavirus-par-henri-bergeron-olivier-borraz-patrick-castel-et-fran%C3%A7ois-dedieu/>

La crise du coronavirus bat son plein. Et si le temps du bilan n'est pas encore venu, les informations dont nous commençons à disposer, l'observation en temps réel de la crise et les connaissances acquises sur la gestion de crises plus anciennes, permettent déjà d'avancer quelques leçons concernant la préparation et la gestion des situations d'urgence. En scientifiques, nous cherchons ici les bénéfices de la commutativité : que peut nous apporter une synthèse des enseignements formés à

partir de l'analyse d'autres événements majeurs et en quoi ceux-ci peuvent-ils nourrir la décision et l'action publique aujourd'hui et plus encore demain ?

Borowczyk, J. et Ciotti, E. (2020). Rapport d'information de la mission d'information relative à l'impact, la gestion et les conséquences dans toutes ses dimensions de l'épidémie de coronavirus - covid 19. Paris Assemblée Nationale

<https://www.espace-social.com/documents/Rapport-de-la-mission-d-information-sur-la-gestion-de-l-epidemie-de-Covid-19.pdf>

Ce rapport parlementaire dresse un bilan de la gestion de la crise sanitaire due à la covid-19 par le gouvernement. Il met en exergue une succession d'impréparations et un désarmement de l'Etat face à une telle crise sanitaire. Parmi les failles, la réduction des stocks stratégiques, à commencer par les masques, qui semble s'être opérée dans l'indifférence ou l'ignorance du pouvoir politique, qu'il s'agisse des ministres de la santé ou de leurs cabinets et, en tout état de cause, n'a jamais été portée dans le débat public. Le rapport égrille également l'organisation nationale et territoriale de la gestion de la crise. En cause notamment, les lourdeurs bureaucratiques et administratives. Est en particulier évoquée la gestion des tests et des frontières. Au niveau national, l'absence de pilotage unifié et la multiplication des instances décisionnelles et consultatives «ont entraîné confusion et perte d'efficacité. A l'échelle locale, la commission estime que les limites «inhérentes aux ARS» ont été révélées notamment leur déconnexion «de leur environnement territorial». Enfin, l'«hospitalo-centrisme» de la réponse médicale apportée à la crise «a contribué à aggraver des tensions déjà exacerbées par l'affaiblissement structurel du système de santé». Une trentaine de recommandations et propositions sont formulées pour «contribuer à une meilleure appréhension, à l'avenir, des crises sanitaires d'ampleur». Parmi les pistes évoquées, la création d'un ministère délégué, auprès du Premier ministre, à l'anticipation des crises. La commission préconise également de redéfinir la liste des produits et équipements devant figurer dans les stocks stratégiques, ainsi que de rétablir la souveraineté et l'indépendance sanitaire française. Autres suggestions, la départementalisation des agences de santé et le transfert de la compétence territoriale de la gestion des crises sanitaires aux préfets de département.

Bourdin, S. et Noiret, G. (2020). Geography of COVID-19 outbreak and first policy answers in European regions and cities. Luxembourg Epsom

Cette étude est issue de l'activité de recherche appliquée menée par Espon et des partenaires universitaires européens pour aider à mieux comprendre les modèles territoriaux de l'épidémie (rôle des déterminants territoriaux dans la propagation de l'épidémie, analyse des réponses politiques locales, ...) et aider à la définition de politiques territoriales renouvelées pour s'attaquer à la crise socio-économique à venir.

Champeil-Desplats, V. (2020). "Qu'est-ce que l'état d'urgence sanitaire ? D'un état d'urgence à l'autre, ou l'intégration des régimes d'exception dans les États de droit contemporains." Revue française d'administration publique 176(4): 875-888.

<https://www.cairn.info/revue-francaise-d-administration-publique-2020-4-page-875.htm>

Pour répondre à l'épidémie de Covid-19, la loi no 2020-290 du 23 mars 2020 crée, entre autres mesures, un état d'urgence sanitaire. Cet état d'exception confère des compétences de police spéciale au Premier ministre, au ministre chargé de la santé et, sur habilitation, aux représentants de l'État. Il permet des limitations sans précédent à l'exercice des droits et libertés. Si ses promoteurs insistent sur la continuité de l'État de droit, les arrangements singuliers apportés à ce dernier tendent cependant, ces dernières années, à se répéter, voire à se normaliser, au point que le concept même d'État de droit pourrait s'en trouver modifié.

CCL-Covid (2020). Pour un système d'information au service d'une politique cohérente de lutte contre l'épidémie : avis du 15 septembre 2020. Paris CCL-COVID: 17.

<https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/etat-des-lieux-et-actualites/article/avis-ccl-covid-du-15-septembre-2020>

La loi n°2020-546 du 11 mai 2020 prorogeant l'état d'urgence sanitaire et complétant ses dispositions, notamment son article 11, institue un Comité de contrôle et de liaison COVID-19 (dénommé « CCL-COVID ») chargé d'associer la société civile et le Parlement aux opérations de lutte contre la propagation de l'épidémie par suivi des contacts ainsi qu'au déploiement des systèmes d'information prévus à cet effet.

Costernalle, V., Courtejoie, N. et Miron de l'Épinay, A. (2020). "À la veille du deuxième confinement, le système de dépistage détectait plus de la moitié des personnes infectées par la Covid-19 - SARS-CoV-2 : mise en cohérence des données françaises de dépistage (SI-DEP), de contamination dans les établissements médico-sociaux (COVID-19 EHPAD/EMS), d'hospitalisation (SI-VIC) et de sérologie en population générale (EpiCov)." Dossiers De La Drees (Les) (72)
<https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/la-veille-du-deuxieme-confinement-le-systeme-de-depistage>

La DREES publie une étude inédite permettant d'estimer les taux d'hospitalisation des individus infectés par le SARS-CoV-2 au cours de la première vague de l'épidémie de Covid-19 mais aussi la capacité de détection du système de dépistage de la Covid-19 par RT PCR depuis son déploiement fin mai 2020.

Dedet, G. et Oliu-Barton, M. (2020). Vaccination contre le Covid-19 : quelle stratégie pour la France ?, Paris : Institut Montaigne
<https://www.institutmontaigne.org/blog/vaccination-contre-le-covid-19-quelle-strategie-pour-la-france>

L'immunisation progressive de la population face au Covid-19 ne pourra être véritablement effective qu'avec un vaccin sûr et efficace. Cependant, lors du lancement des programmes de vaccination contre le Covid-19, l'approvisionnement en vaccins sera limité et les efforts devront se concentrer sur certaines populations prioritaires. Le Center for Disease Control américain a publié fin octobre son "Vaccination program interim playbook for jurisdiction operations" qui vise à apporter des premiers éléments de réponse à la stratégie de vaccination américaine. Dès lors, quelle pourrait être la stratégie à adopter en France ? Guillaume Dedet, médecin et analyste des politiques de santé à l'OCDE, et Miquel Oliu Barton, maître de conférences à l'Université Paris-Dauphine, ont répondu aux questions de Laure Millet, responsable du Programme santé de l'Institut Montaigne.

Delfraissy, J. F., Atlani-Duault, L. et Benamouzig, D. (2021). Avis du Conseil scientifique du 8 janvier 2021 : prorogation de l'état d'urgence sanitaire. Paris ministère chargé de la santé
https://solidarites-sante.gouv.fr/IMG/pdf/avis_conseil_scientifique_8_janvier_2021.pdf

Le 6 janvier 2021, le Conseil scientifique a de nouveau été saisi sur la prolongation des deux régimes : d'une part, la prorogation de l'état d'urgence sanitaire jusqu'au 1er juin 2021, et d'autre part, le régime transitoire de sortie de l'état d'urgence sanitaire, du 1er juin au 31 décembre 2021. Cet avis exprime sa position à ce sujet. A la demande du gouvernement, le Conseil scientifique s'est déjà prononcé à différentes reprises, en tenant compte de l'évolution de l'épidémie, sur la prorogation de l'état d'urgence sanitaire (Note du 28 avril 2020), sur l'organisation de la sortie de l'état d'urgence sanitaire (Avis du 8 juin 2020 relatif), sur la prorogation du régime transitoire

Delfraissy, J. F. et al. (2020). Une deuxième vague entraînant une situation sanitaire critique : Note du 26 octobre 2020 du Conseil scientifique COVID-19. Paris Ministère chargé de la santé
https://solidarites-sante.gouv.fr/IMG/pdf/note_conseil_scientifique_26_octobre_2020.pdf

On observe depuis une dizaine de jours une accélération importante du nombre de nouveaux cas journaliers, de type quasi exponentielle (autour de 50 000 cas diagnostiqués, correspondant probablement à 80 000 - 100 000 infections réelles par jour, compte tenu d'une proportion importante de cas non diagnostiqués). Cette circulation massive du virus est observée sur l'ensemble du territoire, et sur l'ensemble de la population – et pas seulement chez les jeunes. Cette accélération dont la brutalité est surprenante, pourrait être expliquée par le refroidissement climatique observé fin septembre, qui favoriserait la persistance du virus et le retour des personnes en milieu intérieur. Cette circulation virale massive va entraîner un retentissement majeur pour le système de soins. Cette note

présente les recommandations du Conseil scientifique Covid-19 pour juguler au mieux cette deuxième vague et éviter notamment la saturation des hôpitaux.

Derouche, C., Jomier, B. et Vermeillet, S. (2020). Rapport de la commission d'enquête pour l'évaluation des politiques publiques face aux grandes pandémies à la lumière de la crise sanitaire de la covid-19 et de sa gestion : Tome 1. Paris Sénat

<https://www.senat.fr/presse/cp20201210a.html>

Dans la réponse à l'épidémie de covid-19, ce rapport parlementaire de la mission d'évaluation du Sénat fait le triple constat d'un défaut de préparation, d'un défaut de stratégie ou plutôt de constance dans la stratégie et d'un défaut de communication adaptée. La France n'était pas prête. Aucun pays européen d'ailleurs ne l'était vraiment. Cependant, la triste saga des masques restera le symbole d'une impréparation lourde de conséquences dans la lutte initiale contre l'épidémie, alimentant le désarroi voire la colère des soignants. Les pays qui ont le mieux répondu à la crise sont ceux qui ont conservé dans leur mémoire collective récente les marques de l'épreuve d'un événement comparable. Devant ce constat de l'impréparation, la stratégie a donné le sentiment, face à un phénomène totalement nouveau, de négliger l'arsenal disponible (plan pandémie grippale, cellule interministérielle de crise, organismes d'expertise sanitaire, circuits d'approvisionnement et de distribution des équipements...). En l'absence de traitements ou de vaccin et devant beaucoup d'incertitudes, la réponse des autorités sous la forme du triptyque "tester, tracer, isoler", appliquée avec une certaine efficacité au tout début de la crise a connu ensuite des fluctuations et des difficultés de mise en œuvre qui ont considérablement altéré ses effets. Dans un climat général de défiance envers la parole publique qui s'accompagne désormais d'une défiance envers la parole médicale et scientifique, le discours gouvernemental a oscillé devant l'épidémie entre le "lutter contre" et le "vivre avec" le virus, entre un discours de prescription et un discours de valeurs, entre la mobilisation de la "patrie en danger" et la promotion de la santé publique. Sur tous ces aspects, les rapporteurs appellent à un nouveau départ, une "année zéro" de la santé publique, qui suppose autant une réforme des structures que de la façon dont elles sont mobilisées, articulées et confrontées à la démocratie sanitaire. Car, pour les rapporteurs "la crise de la covid-19 aura in fine confirmé que ce ne sont pas seulement notre organisation et notre gouvernance en santé publique qui sont interrogées mais tout autant notre culture commune, celle de responsables publics qui ont depuis tant d'années beaucoup concentré leurs efforts sur la construction d'un système de soins et beaucoup moins sur une culture partagée de santé publique".

Di Domenico, L., Sabbatini, C., Pullano, J., et al. (2020). Impact of January 2021 social distancing measures on SARS-CoV-2 B.1.1.7 circulation in France. Paris Inserm

https://www.epicx-lab.com/uploads/9/6/9/4/9694133/inserm_covid-19-voc_socialdistancing-20210214.pdf

Compte tenu de nouveaux variants et de l'incidence élevée enregistrée en France, les mesures de distanciation sociale ont été progressivement renforcées en janvier 2021. En utilisant un modèle mathématique à 2 souches calibré sur les estimations de la première enquête Flash pour la circulation du variant britannique (B.1.1.7), nous avons estimé que ces mesures ont conduit à la stabilisation des hospitalisations, résultante d'un équilibre entre le recul de la souche historique (celle en circulation avant l'arrivée du variant; taux de reproduction effectif estimé <1) et la croissance rapide du variant britannique. Ces estimations sont validées par les résultats préliminaires de la deuxième enquête Flash du 27 janvier. Le variant britannique est attendu devenir majoritaire fin février-début mars en France, avec une grande hétérogénéité géographique (mi-février en Île-de-France). Dans l'absence de mesures de contrôle renforcées, une croissance rapide des cas est attendue dans les semaines venir.

Eliaou, J. F., Leseul, G., Provote, S. d. I., et al. (2020). La stratégie vaccinale face à l'épidémie de covid-19. Paris Assemblée nationale

https://www.assemblee-nationale.fr/dyn/15/rapports/ots/l15b3695_rapport-information.pdf

L'Office parlementaire d'évaluation des choix scientifiques et technologiques (OPECST) a engagé au début du mois de décembre 2020 une étude sur la stratégie vaccinale face à l'épidémie de Covid-19, répondant ainsi au souhait du président de l'Assemblée nationale, Richard Ferrand, et du président du Sénat, Gérard Larcher, de voir le Parlement développer sa capacité d'évaluation dans ce domaine.

L'Office a en outre été saisi par la commission des affaires sociales de l'Assemblée nationale. Les rapporteurs du rapport ont tenu de nombreuses auditions entre le 9 et le 14 décembre dont six ont fait l'objet d'une diffusion publique sur les sites de l'Assemblée nationale et du Sénat. Ils se sont également appuyés sur l'échange qui a eu lieu le 19 novembre entre l'Office et l'Académie nationale de médecine sur l'état des connaissances concernant les vaccins. L'étude s'inscrit dans une démarche claire et rigoureuse : - appréhender le sujet de la vaccination contre la Covid-19 dans une perspective globale : sanitaire, économique, industrielle, sociétale, territoriale, européenne, etc. ; - adopter une démarche problématique, mettant en évidence les connaissances acquises et les incertitudes à lever, les contraintes, les choix ouverts et les critères des décisions à prendre ; - apporter toute la transparence nécessaire sur les choix de politique publique.

FNSPF (2020). Crise de la covid-19 : rapport de synthèse des sapeurs-pompiers de France sur la gestion de la 1^{re} phase. Paris FNSPF: 28.

https://www.pompiers.fr/sites/default/files/content/download-file/rapport_de_synthese_sapeurs-pompiers_de_france_gestion_1ere_vague_crise_covid19_09-11-2020.pdf

Par son ampleur et son intensité, la crise de la Covid-19 a sévèrement éprouvé le système de secours en France et révélé les forces et les faiblesses de notre modèle de gestion des crises. Elle a agi comme un prisme grossissant en exacerbant les limites voire les dysfonctionnements du système actuel auxquels les sapeurs-pompiers sont confrontés quotidiennement. Ce rapport de synthèse analyse la gestion de cette crise et en identifie ses lacunes. Il souligne aussi les difficultés et les insuffisances, et montre comment l'adaptabilité locale a permis le succès de la gestion territoriale de la crise malgré, par endroits, une participation des sapeurs-pompiers peu souhaitée par les autorités sanitaires en charge de la gestion de cette crise.

Freyssinet, J. (2020). "Une sous-estimation initiale du risque, puis une gestion chaotique." *Chronique Internationale de l'IRES* 171(3): 172-187.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-172.htm>

La sous-estimation initiale du risque engendré par la pandémie a laissé place à une gestion chaotique des étapes du confinement puis du premier déconfinement. La brutale diffusion du virus a mis en évidence les défaillances d'un système de santé soumis depuis les années 1980 à des politiques de privatisation et affaibli depuis 2010 par l'austérité budgétaire. Face à l'afflux des malades, les hôpitaux publics ont été handicapés par des sous-effectifs massifs et sont restés dépourvus, pendant de longues semaines, des équipements indispensables. Les mesures d'urgence ont certes permis de faire face, mais dans des conditions qui ont révélé l'ampleur des inégalités devant la pandémie.

Gaudilliere, J. P., Izambert, C. et Juven, P. A. (2021). *Pandémo-politique : réinventer la santé en commun*, Paris : Editions La Découverte

Nous n'avons pas eu à effectuer le terrible tri des malades » a-t-on pu entendre au printemps 2020. Mais en est-on si sûrs ? Loin d'être un geste extraordinaire, le triage fait en réalité partie intégrante des champs de la médecine et de la santé. Seulement, la crise du SARS-CoV-2 a montré que le triage clinique n'était qu'une des dimensions et conséquences d'un triage systémique façonné par les politiques néolibérales et une technocratie sanitaire qui a, de longue date, négligé la santé publique.

Gay, R. et Steffen, M. (2020). "Une gestion étatique centralisée et désordonnée." *Chronique Internationale de l'IRES* 171(3): 122-138.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-122.htm>

L'article analyse la gestion sanitaire de l'épidémie de Covid-19 par les autorités étatiques françaises de février à août 2020. Il met en évidence le caractère centralisé et relativement désordonné des interventions publiques qui s'explique par des logiques institutionnelles, politiques et économiques de plus long terme. Le confinement général de la population, le rôle central donné aux hôpitaux et leur difficile approvisionnement matériel sont ainsi en grande partie dues aux spécificités d'un État sanitaire qui, malgré le renforcement organisationnel récent de la santé publique, reste marqué par

une approche biomédicale et curative de la santé mais dont l'autonomie industrielle et technologique est faible.

Ghorra-Gobin, C. (2020). "Le Covid-19 : une raison supplémentaire de revoir l'image de la métropole ?" *Tous urbains* 30-31(2): 61-65.

<https://www.cairn.info/revue-tous-urbains-2020-2-page-61.htm>

Durant la dernière décennie, le débat politique français s'est beaucoup organisé en fonction de l'opposition entre les métropoles et le territoire. Comme si les premières incarnaient un univers à part, organisé autour de leurs seules connexions mondiales, qui les portent à ignorer le territoire en raison de l'ancrage purement national de celui-ci. Pour sortir de cette vision simpliste, il suffit de considérer la manière dont les chercheurs urbains, surtout anglo-américains, se sont employés à décrire l'urbanisation contemporaine pour en faire ressortir la multiplicité des échelles et surtout la capacité des institutions métropolitaines à intégrer le territoire dans leur déploiement au lieu de le refouler.

Gruny, P. et Harribey, L. (2020). Rapport d'information fait au nom de la commission des affaires européennes sur l'Union européenne et la santé. Paris Sénat: 48.

<http://www.senat.fr/rap/r19-648/r19-6481.pdf>

Ce rapport analyse l'ensemble des interventions de l'Union européenne dans le domaine de la santé, puis évaluera son action face à la pandémie de COVID-19 avant de proposer des améliorations susceptibles de rendre son action plus efficace.

Hashmi, F. K. (2020). Stratégie de vaccination contre le covid-19 : anticipation des scénarios possibles de vaccination et recommandations préliminaires sur les populations cibles. Rapport et note de cadrage. Saint-Denis HAS

https://www.has-sante.fr/jcms/p_3197106/fr/strategie-de-vaccination-contre-le-covid-19-anticipation-des-scenarios-possibles-de-vaccination-et-recommandations-preliminaires-sur-les-populations-cibles

A la demande du ministère des Solidarités et de la Santé, la Haute Autorité de santé formule des recommandations préliminaires pour anticiper l'élaboration de la stratégie vaccinale contre le COVID-19 dans la perspective de l'arrivée future d'un ou plusieurs vaccins. Qui vacciner ? Selon quel schéma ? Par quels professionnels ? Pour éclairer la décision publique, la HAS dessine les différentes stratégies de vaccination envisageables à travers quatre scénarios fondés sur le niveau de circulation du virus sur le territoire. Ce travail sera actualisé en fonction de l'évolution des connaissances sur le virus et sur l'épidémie, de la disponibilité de traitements, de vaccins et du nombre de doses requises.

Hashmi, F. K. (2020). Stratégie de vaccination contre le Sars-Cov-2 : recommandations préliminaires sur la stratégie de priorisation des populations à vacciner. Saint-Denis HAS: 58.

www.has-sante.fr/upload/docs/application/pdf/2020-11/strategie_de_vaccination_contre_le_sars-cov-2_2020-11-30_10-40-59_242.pdf

Conformément à sa note de cadrage, la Has anticipe, depuis mai, ses travaux portant sur la stratégie vaccinale contre la Covid-19. Elle avait en juillet dernier, émis des recommandations préliminaires sur l'anticipation de scénarios possibles de vaccination et sur les populations qui pourraient être prioritaires. A la demande du Ministère chargé de la santé, la HAS en s'appuyant sur la Commission technique des vaccinations, actualise aujourd'hui ces recommandations sur les populations prioritaires compte tenu des données disponibles depuis juillet dernier et selon le calendrier prévisionnel d'approvisionnement des vaccins pour la France. La stratégie vaccinale recommandée repose sur l'identification de 5 phases par ordre de priorité, qui progresseront en fonction des doses de vaccins disponibles et des connaissances scientifiques. Les personnes âgées en établissement de santé, ainsi que les professionnels qui s'en occupent, ayant eux-mêmes des facteurs de risque, sont les cibles de la 1^{ère} phase. Ils représentent moins d'1 million de personnes.

HCSP (2020). Coronavirus : recommandations du HCSP relatives au port de masque dans les lieux collectifs. Paris HCSP: 21.

<https://www.hcsp.fr/Explore.cgi/AvisRapportsDomaine?clefr=902>

Alors que la surveillance épidémiologique de la Covid-19 indique que la circulation du virus SARS-CoV-2 augmente en France, le HCSP se prononce sur le port de masques et sur les évolutions à apporter à différents protocoles sanitaires. Cet avis cible les établissements d'enseignement supérieur mais peut s'appliquer à d'autres ERP. Un autre avis spécifique aux lieux culturels et sportifs viendra le compléter.

HCSP (2020). Coronavirus SARS-CoV-2 : actualisation de la prise en charge. Paris HCSP: 291.

<https://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=899>

Depuis l'émergence du SARS-CoV-2, les publications et observations ont permis de renforcer les connaissances relatives au virus SARS-CoV-2 et au Covid-19. Ce rapport tente d'en faire la synthèse. Il est centré sur la maladie Covid-19 et n'aborde pas l'ensemble des éléments relatifs au confinement et aux nombreuses mesures des différentes phases du déconfinement. Il repose sur des éléments disponibles au 15 juillet 2020, en sachant que la totalité des avis n'a pas été pris en compte. Il se présente en 3 parties composées de chapitres indépendants. Les références figurent à la fin de chacun des chapitres. Une première partie traite des données générales : épidémiologie, données virologiques, transmission, physiopathologie et anatomopathologie de l'infection à SARS-CoV-2, signes cliniques, facteurs de risque de forme grave, imagerie médicale, critères de guérison et prévention. La deuxième partie est consacrée à la thérapeutique générale et spécifique. Pour cette partie, une analyse exhaustive de la littérature a été réalisée par un groupe de méthodologistes. La troisième partie est composée de fiches pratiques.

Lang, T. et Saurel Cubizolles, M. J. (2020). "Covid-19 : l'approche scientifique aveugle au contexte social." The Conversation

<https://theconversation.com/covid-19-lapproche-scientifique-aveugle-au-contexte-social-151707>

La crise sanitaire liée à la pandémie de Covid-19 a révélé de façon brutale la réalité des inégalités sociales de santé. À l'instar de la stratégie nationale de santé ou du plan national de santé publique, les grands textes d'orientation de la santé publique française affichent pour objectif de réduire au maximum ces inégalités. Par ailleurs, l'accès à la santé, et pas seulement aux soins est un enjeu de cohésion sociale largement partagé dans notre pays. On constate pourtant que dans le milieu scientifique, cette préoccupation reste très marginale.

Larrieu, S., Spaccaferri, G., Pouey, J., et al. (2020). "Évaluation précoce de l'impact des mesures de freinage mises en place pour contrôler la deuxième vague de Covid-19 dans 22 métropoles françaises, octobre-novembre 2020." Bulletin Épidémiologique Hebdomadaire (Beh) (38)

http://beh.santepubliquefrance.fr/beh/2020/38/pdf/2020_38_1.pdf

En France, une série de mesures de freinage a été mise en place pour contrôler la deuxième vague de Covid-19, incluant un couvre-feu dans certaines métropoles suivi d'un confinement national. Cette étude vise à réaliser une évaluation précoce de leurs effets par une approche descriptive. Une modification de l'évolution de l'incidence des cas confirmés et des admissions à l'hôpital a été observée 7 à 10 jours après la mise en œuvre des mesures de freinage. Ces changements sont survenus plus précocement dans les métropoles où ces mesures ont été initialement mises en œuvre. Cette relation temporelle suggère un impact positif du couvre-feu, confirmant les expériences internationales.

Marsaudon, A., Dourgnon, P., Jusot, F., et al. (2020). "Anticiper les conséquences de l'épidémie de la Covid-19 et des politiques de confinement pour les personnes sans titre de séjour." Questions D'économie De La Santé (Irdes) (253)

<https://www.irdes.fr/recherche/questions-d-economie-de-la-sante/253-anticiper-les-consequences-de-l-epidemie-covid-19-et-des-politiques-de-confinement-pour-les-personnes-sans-titre-de-sejour.pdf>

À partir des données de l'enquête Premiers pas, réalisée en 2019 auprès de personnes étrangères sans titre de séjour et de structures leur proposant de l'assistance, cette étude éclaire les risques encourus par cette population du fait de l'épidémie et des confinements successifs. La vulnérabilité des

personnes sans titre de séjour aux facteurs de risque médicaux, leur situation économique ainsi que leurs problèmes de santé mentale les rendent plus fragiles aux conséquences de la mise en quarantaine. Alors qu'un second confinement est en place, il est important d'en anticiper les conséquences sur une population mal connue. Ce Questions d'économie de la santé s'inscrit dans la suite des travaux menés à partir de l'enquête Premiers pas sur la santé et l'accès aux soins des personnes étrangères sans titre de séjour en France. Il vient compléter trois autres Questions d'économie de la santé. Le premier revenait sur l'histoire des droits des personnes étrangères sans titre de séjour en France et dressait un état des lieux des connaissances concernant l'Aide médicale de l'État (AME). Le second présentait la méthodologie de l'enquête et le troisième était consacré à l'analyse de l'accès à l'AME.

Migus, A., Netter, P., Boitard, C., et al. (2020). "Les phases de l'épidémie du Covid-19 : critères, défis et enjeux pour le futur." *Bulletin De L'académie Nationale De Médecine* **204**(8): 748-760.

<https://doi.org/10.1016/j.banm.2020.07.003>

Ministère chargé de la Santé Note d'éclairage du Conseil scientifique Covid-19 du 12 décembre 2020 - Accompagner une fin d'année pas comme les autres, Paris : Ministère chargé de la santé

www.vie-publique.fr/sites/default/files/rapport/pdf/277716.pdf

12 décembre 2020 - Dans leur note d'éclairage les membres du conseil scientifique rappellent qu'il est nécessaire de limiter au maximum les réunions familiales et amicales en particulier durant cette période de fin d'année. Pour ceux qui passeront tout de même les fêtes en famille, le conseil scientifique préconise de se confiner préventivement en posant des congés ou en télétravaillant une semaine avant le 24 ou le 31 décembre.

Piccoli, M., Tannou, T., Hernandorena, I., et al. (2020). "Une approche éthique de la question du confinement des personnes âgées en contexte de pandémie COVID-19 : la prévention des fragilités face au risque de vulnérabilité." *Ethics, Medicine and Public Health* **14**: 100539.

<https://doi.org/10.1016/j.jemep.2020.100539>

Résumé La pandémie à COVID-19 touche particulièrement les personnes les plus âgées et expose à un risque de mortalité les plus fragiles. Des mesures de confinement, de distanciation sociale et d'isolement ont été mises en place pour limiter la propagation virale. S'il existe un rationnel clair pour réduire la contagiosité de l'infection par ce biais, les conséquences néfastes de cet isolement social, en particulier pour cette population hétérogène, âgée et fragile sont difficiles à appréhender. En particulier, la rupture avec les structures habituelles de support et de soutien à domicile ou en institution, mais aussi le risque d'une diminution de « l'empowerment » de la personne âgée par rapport à ses propres décisions de santé et de vie sociale, imposent une vigilance particulière pour éviter un risque d'âgisme sociétal. Il peut ainsi exister, en regard de cette population particulière, des conflits de valeurs entre protection individuelle et collective, d'une part, et respect de l'autonomie et de l'indépendance, d'autre part. Cet article propose une réflexion éthique de la question du confinement des personnes âgées à risque de fragilités, s'appuyant sur des principes de l'éthique médicale, pour ouvrir les pistes de réflexion qui permettent une approche positive de la vulnérabilité, garante du respect de la dignité de la personne et de l'équité dans l'accès aux soins. Summary COVID-19 pandemic particularly affects older people and exposes them to a higher risk of mortality. Containment, social distancing and isolation measures have been implemented to limit viral transmission. While there is a clear rationale for reducing the contagiousness of the infection through this means, the adverse consequences of this social isolation, especially for this heterogeneous, aged and frail people, are difficult to apprehend. In particular, the disruption of the usual support and care ecosystems at home or in institutions may paradoxically increase the frailty of these people and lead to adverse events we wanted to avoid. On the other hand, the risk of a decrease in the older person's empowerment regarding his or her own health and social life decisions requires particular vigilance to prevent the risk of societal ageism. Regarding this population in particular, a possible conflict of values between individual and collective protection on one hand and respect for autonomy and independence on the other hand could exist. This article proposes an ethical reflection on the issue of containment of frail ageing people, based on medical ethics principles, in order to open up positive

approaches of vulnerability that guarantee respect for the dignity of the person and equity in care access.

Pisany-Ferry, J. (2020). Les États face au test de la pandémie. Paris ; Terra Nova: 4.

<https://tnova.fr/notes/les-etats-face-au-test-de-la-pandemie-l-analyse-de-jean-pisani-ferry>

La gestion de la crise sanitaire a été moins efficace en Europe et aux Etats-Unis qu'en Asie. En ce qui concerne la comparaison des mesures économiques prises pour limiter la crise, quelles leçons peut-on tirer des différences entre décisions européennes et américaines ? La chronique de l'économiste Jean Pisani-Ferry pour Terra Nova, qui analyse chaque mois les grands enjeux de l'actualité européenne et internationale tentent de répondre à cette question.

Pittet, D. (2020). Mission indépendante nationale sur l'évaluation de la gestion de la crise Covid-19 et sur l'anticipation des risques pandémiques : rapport d'étape. Paris Mission Indépendante d'Evaluation de la Covid-19: 39.

[https://s3-eu-west-](https://s3-eu-west-1.amazonaws.com/static.hospimedia.fr/documents/210475/5907/3. Rapport d e%CC%81tape Mission inde%CC%81pendante nationale e%CC%81valuation gestion crise Covid 131020.pdf?1602689303)

[1.amazonaws.com/static.hospimedia.fr/documents/210475/5907/3. Rapport d e%CC%81tape Mission inde%CC%81pendante nationale e%CC%81valuation gestion crise Covid 131020.pdf?1602689303](https://s3-eu-west-1.amazonaws.com/static.hospimedia.fr/documents/210475/5907/3. Rapport d e%CC%81tape Mission inde%CC%81pendante nationale e%CC%81valuation gestion crise Covid 131020.pdf?1602689303)

En date du 25 juin 2020, le Président de la République a souhaité que soit installée une Mission indépendante d'évaluation de la réponse française à la crise sanitaire engendrée par l'épidémie de Covid-19, dans une triple dimension sanitaire, économique et sociale. L'objectif poursuivi est de dresser un diagnostic des forces et faiblesses des dispositifs d'alerte et de gestion de crise sanitaire en France, dans une perspective de comparaison internationale, afin d'en tirer des enseignements et préconisations pour l'avenir. Il s'agit d'évaluer la rapidité, la pertinence et la proportionnalité de la réponse. Une telle démarche implique de définir et de comparer des indicateurs s'appuyant sur la constitution de bases de données internationales, de procéder à des analyses qualitatives de la gestion de crise et de ses répercussions. Elle impose de mettre en regard chaque décision avec l'état des connaissances scientifiques de l'instant. Les premiers travaux de la Mission, qui doivent être approfondis et détaillés, apprécient l'impact sanitaire de la pandémie par l'excès de mortalité, défini comme la différence entre la mortalité observée et la mortalité attendue, en tenant compte de la structure démographique de chaque pays. Sous réserve d'analyses complémentaires, en matière d'excès de mortalité, la France occuperait une position intermédiaire par rapport à ses voisins européens. Face au Covid-19, la réaction de la France n'a pas été si mauvaise, loin s'en faut, sans être pour autant exempte de "défauts manifestes d'anticipation, de préparation et de gestion". Installée par l'Élysée, la mission d'évaluation pilotée par le Pr Didier Pittet dresse un bilan d'étape mesuré, qu'elle espère utile face au rebond épidémique actuel.

Recchi, E. et Safi, M. (2020). Cinq leçons à tirer du premier confinement.

<https://theconversation.com/cinq-lecons-a-tirer-du-premier-confinement-148935>

Le projet Faire face au Covid-19 (CoCo) a étudié la manière dont la population française a vécu l'expérience du confinement en France. L'enquête a utilisé un échantillon préexistant représentatif de la population : le panel longitudinal ELIPSS composé de 1 400 répondants. Le projet CoCo a transformé ce dispositif en un baromètre de l'expérience du confinement et du déconfinement entre avril et juin 2020. Ce dispositif permet de décrire les transformations qui se sont produites dans les pratiques sociales (vie familiale, travail, relations sociales, éducation, etc.) ; il permet aussi de rendre compte de la perception de cette expérience unique en comparant des indicateurs saisis pendant et après le confinement avec les mêmes indicateurs collectés sur les mêmes individus avant le confinement.

Renaudie, O. (2020). "Collectivités territoriales et compétences en santé publique : sortir de l'ambiguïté ?"

Revue française d'administration publique **176**(4): 901-912.

<https://www.cairn.info/revue-francaise-d-administration-publique-2020-4-page-901.htm>

Les compétences des collectivités territoriales en matière de santé publique apparaissent marquées par une certaine ambiguïté. Alors que la politique de santé publique relève en principe de l'État, celles-

ci disposent dans ce domaine de quelques compétences marginales, dont elles ont su tirer profit à l'occasion de la crise du coronavirus. Il semble nécessaire de sortir de cette ambiguïté. Sur la forme, il convient de prendre la peine d'une réflexion globale sur la gestion locale de la santé publique. Sur le fond, des pistes de réforme sont envisageables, comme l'association des collectivités territoriales à l'élaboration des stratégies locales relative à la santé publique, aussi bien en période normale qu'en période de crise.

Rousseau, A., Bevort, H. et Ginot, L. (2020). "La santé publique au risque de la COVID19 : du premier retour d'expérience à la formulation de nouvelles exigences collectives." *Sante Publique* **32**(2): 183-187.

<https://www.cairn.info/revue-sante-publique-2020-2-page-183.htm>

La crise de l'épidémie de COVID a confirmé, de façon brutale, l'ampleur des inégalités sociales de santé, mais elle a aussi montré des possibilités d'action partagée, qui doivent être prolongées par des réorientations de pratiques en santé publique.

Roussellier, N. (2020). "L'État à l'âge de la crise sanitaire." *Études* **Septembre**(9): 33-44.

<https://www.cairn.info/revue-etudes-2020-9-page-33.htm>

La pandémie de Covid-19 a provoqué un grand nombre de bouleversements dans la vie sociale. Mais l'État semble avoir bien résisté. L'obéissance à l'État contraste avec la défiance à l'encontre des instances politiques. Mais il y a un paradoxe : par certains côtés, l'État apparaît fort ; par d'autres, du fait d'une absence de stratégie, il est visiblement faillible et peut être mis en procès. Cela peut soit renforcer la démocratie par reconnaissance de ses erreurs, soit l'affaiblir en accentuant la crise de confiance.

Sénat (2020). La gestion sanitaire de l'épidémie de Covid-19. *Recueil des notes de synthèse de mars à octobre 2020*, Paris : Sénat

www.senat.fr/lc/lc292/lc292.pdf

La présente étude porte sur la gestion sanitaire de l'épidémie de Covid-19 menée dans sept États : l'Allemagne, l'Autriche, le Danemark, la Finlande et le Portugal, ainsi que Singapour et la Nouvelle-Zélande. Ces pays réputés avoir relativement bien géré le premier semestre de pandémie, au regard de leurs statistiques de contaminations et de décès, offrent un échantillon diversifié de systèmes administratifs et sanitaires. Centrée sur la période allant de février à juillet 2020, l'évolution du cadre légal de gestion de la première vague de la pandémie, notamment sur les législations d'urgence, sur le pilotage et l'organisation du dispositif administratif et sur la politique de tests et de traçage. Des éléments sur l'accroissement des capacités hospitalières et des ressources en équipements de protection sont inclus. Le pilotage stratégique a généralement été confié à un organe central ad hoc, tout en conservant le rôle prépondérant du ministère de la santé et en associant le cas échéant les collectivités territoriales compétentes, et des pouvoirs exceptionnels ont été octroyés au gouvernement à titre temporaire, y compris dans les États fédéraux ou très fortement décentralisés. Les politiques menées se sont appuyées sur un très large consensus.

Spaccaferri, G., Larriou, S., Pouey, J., et al. (2020). "Early assessment of the impact of mitigation measures to control COVID-19 in 22 French metropolitan areas, October to November 2020." *Eurosurveillance* **25**(50): 2001974.

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.50.2001974>

Stiegler, B., Lagabrielle, F., Morisot, D., et al. (2020). "Covid-19 : autopsie d'une crise (1)." *Pratiques : Les Cahiers De La Médecine Utopique*(90)

Ce dossier est consacré à la pandémie Covid-19 survenue dans un contexte de délabrement du service public de santé. On y suit le témoignage des difficultés rencontrées par les soignants, leurs réflexions, leurs analyses, selon leur place et lieu de travail. On voit aussi comment des citoyens se sont mobilisés et organisés pour faire face au confinement. L'idée est de rendre compte de cette crise, toujours en cours, en référant l'expérience de ces acteurs à l'histoire de la déconstruction politique et idéologique des moyens et principes du soin qui vise à faire de la santé un produit commercial rentable... Cette

pandémie, qui s'est déclarée au cœur d'un bras de fer entre les soignants et l'État, agit comme un révélateur sociétal.

ÉTUDES INTERNATIONALES

(2020). "Approche québécoise de Santé publique face à la pandémie de COVID-19." Bulletin De L'académie Nationale De Médecine **204**(7): 741-743.

<https://doi.org/10.1016/j.banm.2020.06.009>

Abbasi, K. (2020). "The democratic, political, and scientific failures of covid-19." Bmj **371**: m4277.

<https://doi.org/10.1136/bmj.m4277>

Alsan, M., Braghieri, L., Eichmeyer, S., et al. (2020). Civil Liberties in Times of Crisis. NBER Working Paper Series ; 27972. Cambridge NBER

<https://www.nber.org/papers/w27972>

The respect for and protection of civil liberties are one of the fundamental roles of the state, and many consider civil liberties as sacred and "nontradable." Using cross-country representative surveys that cover 15 countries and over 370,000 respondents, we study whether and the extent to which citizens are willing to trade off civil liberties during the COVID-19 pandemic, one of the largest crises in recent history. We find four main results. First, many around the world reveal a clear willingness to trade off civil liberties for improved public health conditions. Second, consistent across countries, exposure to health risks is associated with citizens' greater willingness to trade off civil liberties, though individuals who are more economically disadvantaged are less willing to do so. Third, attitudes concerning such trade-offs are elastic to information. Fourth, we document a gradual decline and then plateau in citizens' overall willingness to sacrifice rights and freedom as the pandemic progresses, though the underlying correlation between individuals' worry about health and their attitudes over the trade-offs has been remarkably constant. Our results suggest that citizens do not view civil liberties as sacred values; rather, they are willing to trade off civil liberties more or less readily, at least in the short-run, depending on their own circumstances and information.

Brooks, J. T., Beezhold, D. H., Noti, J. D., et al. (2021). "Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021." Morbidity and Mortality Weekly Report **70**.

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm#suggestedcitation>

Universal masking is recommended to slow the spread of COVID-19. Cloth masks and medical procedure masks substantially reduce exposure from infected wearers (source control) and reduce exposure of uninfected wearers (wearer exposure). DC conducted experiments to assess two ways of improving the fit of medical procedure masks: fitting a cloth mask over a medical procedure mask, and knotting the ear loops of a medical procedure mask and then tucking in and flattening the extra material close to the face. Each modification substantially improved source control and reduced wearer exposure. These experiments highlight the importance of good fit to maximize mask performance. There are multiple simple ways to achieve better fit of masks to more effectively slow the spread of COVID-19.

Brown, T. M. (2021). "The COVID-19 Pandemic in Historical Perspective: An AJPH Dossier." American Journal of Public Health **111**(3): 402-404.

<https://doi.org/10.2105/AJPH.2020.306136>

In times of crisis, many of us are strongly drawn to history. We turn to it for desperately needed perspective, ideally for useful lessons from the past and even at times for reassuring bases of optimism in what seem the darkest of times. In the time of COVID-19, many are turning to the authors of epidemic and pandemic history in the hope that they will do for us what medical historian Henry E. Sigerist did for his generation in the dark days of worldwide depression and World War II, that is, to

give us perspective on the present by allowing us to see it through the lenses of time and social evolution.

Buthe, T., Barcelo, J., Cheng, C., et al. (2020). Patterns of Policy Responses to the COVID-19 Pandemic in Federal vs. Unitary European Democracies. Munich Hochschule für Politik at the Technical, University of Munich https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3692035

Do countries with federal political structures develop more or less effective policies compared to those with unitary political structures? We seek to resolve this long-standing theoretical debate by arguing that the extent to which federalist countries reap the benefits or suffer the costs of giving sub-national units greater autonomy depends on whether a given policy is itself more optimally implemented homogeneously or heterogeneously across different regions. Using both statistical and qualitative case study methods, we analyse national and sub-national policy responses to COVID-19 in 2 federal (Germany and Switzerland) and 2 unitary countries (France and Italy). We find that overall, federal countries are more likely to possess heterogeneity in their policy responses than unitary countries. We find mixed evidence as to whether federal or unitary countries' policies are more responsive to the severity of the COVID-19 crisis at the sub-national level.

Clemens, T. et Brand, H. (2020). "Will COVID-19 lead to a major change of the EU Public Health mandate? A renewed approach to EU's role is needed." *European Journal of Public Health* **30**(4): 624-625. <https://doi.org/10.1093/eurpub/ckaa103>

These days we see the first assessments on the EU's role as crisis manager. Commentators differ in their view whether the EU has failed, been late or has finally come to a substantial response.^{1,2} We should bear in mind that there is a limited EU role in crisis response specifically and for Public Health in general. With regard to the first, Member States (MS) and even sub-national levels are the first and key crisis managers addressing the responses to the pandemic. Moreover, despite some responsibilities and institutions for supporting the immediate crisis response (e.g. ECDC, Early Warning & Response System, Health Security Committee, Decision on serious cross-border threats), the EU role is with coordination, sharing information and building supporting structures for MS to be prepared better for an emergency response. With regard to Public Health in general, the EU has a narrow mandate³ with limited law-making powers. There is a strong reluctance by MS to hand over responsibilities, because health(care) is close to their citizens.

Coccia, M. (2020). Comparative analysis of the first and second wave of the COVID-19: is the on-going impact of second wave on public health stronger than first one? *Working Paper CocciaLab n. 57/2020*. Rome National Research Council of Italy

One of the fundamental problems in the crisis management of COVID-19 pandemic is to know the impact on public health of the second wave of the COVID-19 compared to first wave for designing effective policy responses to cope with this on-going socioeconomic and health crisis in society. The research here focuses on a case study of Italy, one of the first countries to experience a rapid increase in confirmed cases and deaths, and that implemented containment measures of lockdown and quarantine in the first and second COVID-19 pandemic wave. In particular, comparative analysis of the study here investigates the impact on public health of the first and second wave of COVID-19 in Italy. Statistical analyses consider daily data from February to November 2020 of the ratio of confirmed cases/total swabs, fatality rate (deaths / confirmed cases) and ratio of individuals in Intensive Care Units (ICUs) / Confirmed cases. The first wave of COVID-19 pandemic in Italy had a strong but declining impact on public health with the approaching of summer season and with the effects of containment measures. Results suggest, to date, that second wave of the COVID-19 has a growing trend of confirmed cases, whereas ICUs and deaths seem to have a stationary trend with lower impact on public health compared to first wave. Lessons learned from this comparative analysis between first and second wave of the COVID-19 pandemic can provide vital information to design effective policy responses of crisis management to constrain current and future waves of the COVID-19 pandemic in society.

Crucini, M. J. et O'Flaherty, O. (2020). Stay-at-Home Orders in a Fiscal Union. NBER Working Paper Series ;28182. Cambridge NBER
<https://www.nber.org/papers/w28182>

State and local governments throughout the United States attempted to mitigate the spread of Covid-19 using stay-at-home orders to limit social interactions and mobility. We study the economic impact of these orders and their optimal implementation in a fiscal union. Using an event study framework, we find that stay-at-home orders caused a 4 percentage point decrease in consumer spending and hours worked. These estimates suggest a \$10 billion decrease in spending and \$15 billion in lost earnings. We then develop an economic SIR model with multiple locations to study the optimal implementation of stay-at-home orders. From a national welfare perspective, the model suggests that it is optimal for locations with higher infection rates to set stricter mitigation policies. This occurs as a common, national policy is too restrictive for the economies of mildly infected areas and causes greater declines in consumption and hours worked than are optimal.

Dergiades, T., Milas, C., Mossialos, E., et al. (2020). Effectiveness of Government Policies in Response to the COVID-19 Outbreak. Ssrn
<http://dx.doi.org/10.2139/ssrn.3602004>

This paper assesses the quantitative impact of government interventions on deaths related to the COVID-19 outbreak. Using daily data for 32 countries and relying on the stringency of the conducted policies, we find that the greater the strength of government interventions at an early stage, the more effective these are in slowing down or reversing the growth rate of deaths. School closures have a significant impact on reducing the growth rate of deaths which is less effective compared to the case where a number of policy interventions are combined together. These results can be informative for governments in responding to future COVID-19 outbreaks or other pandemics not least because there is a possibility of further waves of COVID-19 infections and deaths as governments progressively relax their interventions.

Fitzpatrick, A. E., Beg, S. A. et Derksen, L. C. (2021). Health Knowledge and Non-Pharmaceutical Interventions During the COVID-19 Pandemic in Africa. NBER Working Paper Series ;28316. Cambridge NBER
<https://www.nber.org/papers/w28316>

Providing health information is a non-pharmaceutical intervention designed to reduce disease transmission and infection risk by encouraging behavior change. But does knowledge change behavior? We test whether coronavirus health knowledge promotes protective risk mitigation behaviors early in the COVID-19 pandemic across four African countries (Ghana, Malawi, Sierra Leone, and Tanzania). Despite reputations for weak health sectors and low average levels of education, health knowledge of the symptoms and transmission mechanisms was high in all countries in the two months after the virus entered the country. Higher knowledge is associated with increased protective measures that would likely lower disease risk with one exception—knowledge is inversely correlated with social distancing. Respondents largely adhered to mask mandates and lockdowns, but continued coming into contact with others at small, informal gatherings, gatherings not affected by mandates. Knowledge alone appears unlikely to reduce all risky activities, especially gatherings within other people's homes. Even early in the pandemic income loss or stress were commonly reported. Our results suggest that early and consistent government provision of health information, likely reduced the severity of the pandemic in Africa but was not a panacea.

Gabler, J., Raabe, T. et Rohrl, K. (2020). People Meet People: A Microlevel Approach to Predicting the Effect of Policies on the Spread of Covid-19. Iza Discussion Paper Series ; 3899. Bonn Iza
<http://ftp.iza.org/dp13899.pdf>

Governments worldwide are adopting nuanced policy measures to reduce the number of Covid-19 cases with minimal social and economic costs. Epidemiological models have a hard time predicting the effects of such fine grained policies. We propose a novel simulation-based model to address this shortcoming. We build on state-of-the-art agent-based simulation models but replace the way contacts between susceptible and infected people take place. Firstly, we allow for heterogeneity in the

types of contacts (e.g. recurrent or random) and in the infectiousness of each contact type. Secondly, we strictly separate the number of contacts from the probabilities that a contact leads to an infection. The number of contacts changes with social distancing policies, the infection probabilities remain invariant. This allows us to model many types of fine grained policies that cannot easily be incorporated into other models. To validate our model, we show that it can accurately predict the effect of the German November lockdown even if no similar policy has been observed in the time series that were used to estimate the model parameters.

Gao, J., Yin, Y., Jones, B. F., et al. (2020). Quantifying Policy Responses to a Global Emergency: Insights from the COVID-19 Pandemic. Northwestern University
<https://arxiv.org/abs/2006.13853>

Public policy must confront emergencies that evolve in real time and in uncertain directions, yet little is known about the nature of policy response. Here we take the coronavirus pandemic as a global and extraordinarily consequential case, and study the global policy response by analyzing a novel dataset recording policy documents published by government agencies, think tanks, and intergovernmental organizations (IGOs) across 114 countries (37,725 policy documents from January 2nd through May 26th 2020). Our analyses reveal four primary findings. (1) Global policy attention to COVID-19 follows a remarkably similar trajectory as the total confirmed cases of COVID-19, yet with evolving policy focus from public health to broader social issues. (2) The COVID-19 policy frontier disproportionately draws on the latest, peer-reviewed, and high-impact scientific insights. Moreover, policy documents that cite science appear especially impactful within the policy domain. (3) The global policy frontier is primarily interconnected through IGOs, such as the World Health Organization, which produce policy documents that are central to the COVID-19 policy network and draw especially strongly on scientific literature. Removing IGOs' contributions fundamentally alters the global policy landscape, with the policy citation network among government agencies increasingly fragmented into many isolated clusters. (4) Countries exhibit highly heterogeneous policy attention to COVID-19. Most strikingly, a country's early policy attention to COVID-19 shows a surprising degree of predictability for the country's subsequent deaths. Overall, these results uncover fundamental patterns of policy interactions and, given the consequential nature of emergent threats and the paucity of quantitative approaches to understand them, open up novel dimensions for assessing and effectively coordinating global and local responses to COVID-19 and beyond.

Gay, R. et Guillas-Cavan, K. (2020). "La gestion sanitaire de l'épidémie de Covid-19 par les États : recettes communes et logiques nationales." *Chronique Internationale de l'IRES* 171(3): 3-25.
<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-3.htm>

L'article propose une lecture transversale du numéro qui porte sur les mobilisations sanitaires de neuf États et de l'Union européenne face à la « première vague » de l'épidémie de Covid-19. En s'intéressant aux interventions publiques sur l'accès aux soins, les services de santé et l'industrie médicale, il montre que la plupart des États ont recours à des recettes similaires (confinement, mobilisation des hôpitaux, etc.) qui s'inscrivent cependant dans des logiques nationales liées aux configurations institutionnelles et économiques des systèmes de santé.

Gay, R., Guillas-Cavan, K. et al. (2020). "Les mobilisations sanitaires des États et de l'Union européenne face à la première vague de Covid-19." *Chronique Internationale de l'IRES*(171): 218.
<http://www.ires.fr/index.php/publications/chronique-internationale-de-l-ires/item/6271-telecharger-la-chronique-internationale-de-l-ires-n-171>

La gestion sanitaire de la première vague de l'épidémie de Covid-19 par les États et par l'Union européenne, tel est le sujet du numéro spécial de la Chronique internationale de l'IRES. Cette crise, inédite par son ampleur et son caractère mondialisé, a appelé, dans un temps très court, une mobilisation sanitaire massive de la part des États. Il s'agissait avant tout d'éviter la saturation des services de santé, notamment hospitaliers, mais aussi de renforcer le personnel soignant pour assurer la prise en charge des malades du Covid-19, et de disposer du matériel médical et de protection nécessaire, marqué par des pénuries. L'évaluation de la surmortalité lors du premier pic épidémique au printemps 2020 fait l'objet d'un premier article. Neuf monographies-pays analysent les réponses

apportées par des États aux systèmes de santé variés, dans l'Union européenne et dans le monde : la Chine, l'Argentine, les États-Unis, l'Allemagne, la France, l'Irlande, l'Italie, le Royaume-Uni et la Suède. Un article sur l'Union européenne vient interroger l'existence (ou non) d'une réponse coordonnée à ce niveau, et plus largement d'une Europe de la santé. L'analyse de ces différents cas permet d'apprécier le degré de ressemblance ou de divergence des réponses apportées par les exécutifs nationaux, et de voir dans quelle mesure les configurations institutionnelles et économiques des systèmes de santé ont influencé les interventions des États et pesé sur leur capacité à absorber le choc de cette première vague épidémique. À l'heure de la deuxième vague de l'épidémie, il est utile de revenir sur cette première vague afin de voir si des leçons en ont été tirées ou si au contraire, les mêmes errements ont été répétés.

Gupta, S., Simon, K. I. et Wing, C. (2020). Mandated and Voluntary Social Distancing During The COVID-19 Epidemic: A Review. *NBER Working Paper Series ;28139*. Cambridge NBER
<https://www.nber.org/papers/w28139>

For much of 2020, the COVID-19 epidemic upended social and economic life globally. In an effort to reduce COVID-19 risks in the U.S., state and local governments issued many recommendations and regulations to induce social distancing, adding to voluntary reductions in interpersonal contact. The responses to the epidemic helped contain spread, but also lead to high unintended societal costs. In the summer months, states took steps to revive the economy and lift social distancing regulations. However, as many epidemiologists expected, the scale of the epidemic has expanded very rapidly in the fall. In the week of October 14, the US generated around 57,000 new COVID-19 cases and 700 deaths each day. By November 15, the country was generating about 151,000 new cases and 1,200 deaths per day. These rapid increases in cases and deaths raise concerns about the capacity of local healthcare systems around the country. State governments are once again facing difficult choices about whether and how to use policies to address the spread of the virus. The incoming Biden-Harris administration faces an important challenge in trying to manage the epidemic as well as a large scale vaccination campaign. Although the epidemic is less than a year old, it has generated a huge volume of research by economists, epidemiologists, and others. This body of work may help inform policy decisions facing society in the coming months. In this paper, we make five broad contributions. First, we provide a concise review of economic and social science research on mobility patterns, labor market outcomes, consumer behavior, and population health during the first phase of the epidemic. Second, we sketch a simple microeconomic model that may be useful considering the determinants of social distancing and the role of different policy instruments in promoting distancing. Third, we present a simple typology of the policies that were used at the state and county levels during the closure and re-opening phases of the epidemic in the U.S. Fourth, we review a collection of new data sources that have played an important role in monitoring and analyzing population behavior this year. Fifth, we present results from event study regressions that try to disentangle private vs. policy-induced changes in mobility patterns during the early part of the epidemic.

Han, E., Tan, M. M. J., Turk, E., et al. (2020). "Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe." *The Lancet* **396**(10261): 1525-1534.
[https://doi.org/10.1016/S0140-6736\(20\)32007-9](https://doi.org/10.1016/S0140-6736(20)32007-9)

The COVID-19 pandemic is an unprecedented global crisis. Many countries have implemented restrictions on population movement to slow the spread of severe acute respiratory syndrome coronavirus 2 and prevent health systems from becoming overwhelmed; some have instituted full or partial lockdowns. However, lockdowns and other extreme restrictions cannot be sustained for the long term in the hope that there will be an effective vaccine or treatment for COVID-19. Governments worldwide now face the common challenge of easing lockdowns and restrictions while balancing various health, social, and economic concerns. To facilitate cross-country learning, this Health Policy paper uses an adapted framework to examine the approaches taken by nine high-income countries and regions that have started to ease COVID-19 restrictions: five in the Asia Pacific region (ie, Hong Kong [Special Administrative Region], Japan, New Zealand, Singapore, and South Korea) and four in Europe (ie, Germany, Norway, Spain, and the UK). This comparative analysis presents important lessons to be learnt from the experiences of these countries and regions. Although the future of the

virus is unknown at present, countries should continue to share their experiences, shield populations who are at risk, and suppress transmission to save lives.

Hilderink, H. B. M. (2020). "The corona crisis and the need for public health foresight studies." European Journal of Public Health **30**(4): 616-616.
<https://doi.org/10.1093/eurpub/ckaa115>

One thing that the Coronavirus outbreak has shown is that we hardly had a clue what a global pandemic would be like and how it could affect daily life. Its speed of spreading, the direct and indirect impacts it has on our health and quality of life, and even its domination of the media given opportunity to a legion of all kinds of experts, could hardly been foreseen. Having only 50% of the knowledge, but having to take 100% of the decisions is a quote from the Dutch Prime Minister that reflects the uncertain situation that we are currently in. Dealing with uncertainty is one of key elements of foresight methodology, also known as scenario studies or future outlooks, terms that can be considered as mutually exchangeable. This methodology addresses uncertainty which is unmistakably attached to future trends.

Horton, R. (2020). "Offline: Science and politics in the era of COVID-19." The Lancet **396**(10259): 1319.
[https://doi.org/10.1016/S0140-6736\(20\)32221-2](https://doi.org/10.1016/S0140-6736(20)32221-2)

Karaivanov, A., Lu, S. E., Shigeoka, H., et al. (2020). Face Masks, Public Policies and Slowing the Spread of COVID-19: Evidence from Canada. NBER Working Paper Series ; 27891. Cambridge NBER
<https://www.nber.org/papers/w27891>

We estimate the impact of mask mandates and other non-pharmaceutical interventions (NPI) on COVID-19 case growth in Canada, including regulations on businesses and gatherings, school closures, travel and self-isolation, and long-term care homes. We partially account for behavioral responses using Google mobility data. Our identification approach exploits variation in the timing of indoor face mask mandates staggered over two months in the 34 public health regions in Ontario, Canada's most populous province. We find that, in the first few weeks after implementation, mask mandates are associated with a reduction of 25 percent in the weekly number of new COVID-19 cases. Additional analysis with province-level data provides corroborating evidence. Counterfactual policy simulations suggest that mandating indoor masks nationwide in early July could have reduced the weekly number of new cases in Canada by 25 to 40 percent in mid-August, which translates into 700 to 1,100 fewer cases per week.

Mitze, T., Kosfeld, R., Rode, J., et al. (2020). Face Masks Considerably Reduce Covid-19 Cases in Germany: A Synthetic Control Method Approach. CESifo working paper ; 8479. Munich CESifo
https://www.cesifo.org/DocDL/cesifo1_wp8479.pdf

We use the synthetic control method to analyze the effect of face masks on the spread of Covid-19 in Germany. Our identification approach exploits regional variation in the point in time when wearing of face masks became mandatory in public transport and sales shops. Depending on the region we consider, we find that face masks reduced the number of newly registered SARS-CoV-2 infections between 15% and 75% over a period of 20 days after their mandatory introduction. Assessing the credibility of the various estimates, we conclude that face masks reduce the daily growth rate of reported infections by around 47%.

Mitze, T., Kosfeld, R., Rode, J., et al. (2020). Face masks considerably reduce COVID-19 cases in Germany, Darmstadt Technical University, Department of Business Administration, Economics and Law, Institute for Business Studies (BWL).
<https://www.iza.org/publications/dp/13319/face-masks-considerably-reduce-covid-19-cases-in-germany-a-synthetic-control-method-approach>

Mitigating the spread of COVID-19 is the objective of most governments. It is of utmost importance to understand how effective various public health measures are. We study the effectiveness of face masks. We employ public regional data about reported severe acute respiratory syndrome coronavirus

2 infections for Germany. As face masks became mandatory at different points in time across German regions, we can compare the rise in infections in regions with masks and regions without masks. Weighing various estimates, we conclude that 20 d after becoming mandatory face masks have reduced the number of new infections by around 45%. As economic costs are close to zero compared to other public health measures, masks seem to be a cost-effective means to combat COVID-19. We use the synthetic control method to analyze the effect of face masks on the spread of COVID-19 in Germany. Our identification approach exploits regional variation in the point in time when wearing of face masks became mandatory in public transport and shops. Depending on the region we consider, we find that face masks reduced the number of newly registered severe acute respiratory syndrome coronavirus 2 infections between 15% and 75% over a period of 20 days after their mandatory introduction. Assessing the credibility of the various estimates, we conclude that face masks reduce the daily growth rate of reported infections by around 47%. Public health data have been deposited in FigShare (<https://doi.org/10.6084/m9.figshare.13065920>). All study data are included in the paper and SI Appendix.

OCDE (2020). The territorial impact of covid-19: managing the crisis across levels of government. Paris OCDE <http://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/>

Cette étude porte sur l'impact territorial de la crise du COVID-19 dans ses différentes dimensions : sanitaire, économique, sociale et fiscale. Il fournit des exemples de réponses des gouvernements nationaux et infranationaux pour aider à atténuer les effets territoriaux de la crise et propose dix points à retenir sur la gestion de l'impact territorial du COVID-19. Enfin, le document offre des perspectives autour des conséquences à termes de la crise pour la gouvernance et formule à ce dessein des préconisations à destination des décideurs politiques afin de conduire des actions pour des territoires plus résilients.

OMS (2019). Un monde en péril : Rapport annuel sur l'état de préparation mondial aux situations d'urgence sanitaire. Genève OMS

https://apps.who.int/gmb/assets/annual_report/GPMB_Annual_Report_Exec_Summary_Foreword_and_About_French.pdf

Dans ce premier rapport annuel, le Conseil mondial de suivi de la préparation examine les besoins et les mesures les plus urgents pour accélérer la préparation aux situations d'urgence sanitaire. Le premier rapport est consacré aux épidémies et aux pandémies. La principale conclusion du rapport est que le monde doit s'efforcer de mettre en place les systèmes et la collaboration nécessaires pour détecter et combattre les flambées épidémiques potentielles. Ces mesures de préparation sont un bien public mondial qui doit permettre de mobiliser de manière constructive les communautés, du niveau local au niveau international, dans les activités de préparation, de détection, de riposte et de redressement. L'investissement dans la préparation aux situations d'urgence sanitaire améliorera les résultats sanitaires, renforcera la confiance de la communauté et réduira la pauvreté, contribuant ainsi également aux efforts déployés pour atteindre les objectifs de développement durable (ODD) des Nations Unies.

Pichler, S., Wen, K. et Ziebarth, N. R. "COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States." *Health Affairs* **39**(12): 2197-2204.

<https://doi.org/10.1377/hlthaff.2020.00863>

This analysis examines whether the coronavirus disease 2019 (COVID-19) emergency sick leave provision of the bipartisan Families First Coronavirus Response Act (FFCRA) reduced the spread of the virus. Using a difference-in-differences strategy, we compared changes in newly reported COVID-19 cases in states where workers gained the right to take paid sick leave (treatment group) versus in states where workers already had access to paid sick leave (control group) before the FFCRA. We adjusted for differences in testing, day-of-the-week reporting, structural state differences, general virus dynamics, and policies such as stay-at-home orders. Compared with the control group and relative to the pre-FFCRA period, states that gained access to paid sick leave through the FFCRA saw around 400 fewer confirmed cases per state per day. This estimate translates into roughly one

prevented case per day per 1,300 workers who had newly gained the option to take up to two weeks of paid sick leave.

Serikbayeva, B., Abdulla, K. et Oskembayev, Y. (2020). State capacity in responding to COVID-19. MPRA Paper : 86329. Munich MPRA
<https://mpra.ub.uni-muenchen.de/101511/>

This study investigates the link between state capacity and deaths from Covid-19. We examine the effects on the Covid-19 case fatality rate of state capacity of countries with an ordered probit estimation controlling for the level of democracy, government policy responses, the share of the elderly population, and health system resource capacity indicators. The study presents strong evidence for the critical role of state capacity in achieving positive policy outcomes. The effect of government effectiveness on the Covid-19 death level is consistently negative and statistically significant, suggesting that increased government effectiveness is significantly associated with decreased Covid-19 fatality rates. The findings show that in the models controlling for government effectiveness and the testing and stay at home requirements policies, non-free countries are more likely to have lower death levels than free countries. The effects of the testing and stay at home requirements policies have expected negative signs. Higher health system capacity represented by higher numbers of hospital beds and doctors is more likely to lower a country's case fatality rate. A higher proportion of the elderly population is associated with higher death levels from Covid-19.

Siedschlag, J. et Yan, W. (2020). Containing the COVID-19 Pandemic: What Determined the Speed of Government Interventions? ESRI Working Paper ; 680. Dublin Trinity College ; Dublin Economic and Social Research Institute
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3739487&dgcid=ejournal_html_email_public_goods_regulation:in:health:economics:ejournal_abstractlink

This paper examines the speed with which governments introduced lockdown measures to contain the COVID-19 pandemic. We use data on daily confirmed COVID-19 cases and related deaths combined with information on containment measures available for 124 countries as well as a range of annual country-specific data. In terms of methodology, we estimate time-to-event models to analyse the speed of starting government containment measures and the speed with which such measures reached their highest level from the first confirmed COVID-19 case and the first COVID-19 related death. Our results indicate that governments in countries with a weaker health system capacity and in countries with a larger share of elderly populations were more likely to start lockdown measures faster. Smaller and more open economies were more likely to move faster to the highest level of containment measures.

Thillaye, S., Deflesselles, B., Jerretie, C., et al. (2020). Rapport d'information sur l'action de l'Union européenne face à la pandémie du COVID-19. Paris Assemblée nationale
http://www.assemblee-nationale.fr/dyn/15/rapports/duel/15b3381_rapport-information#

Six communications composent ce rapport qui aborde différentes thématiques concernant l'action de l'Union européenne face à la pandémie du COVID-19. Une des communications s'interroge notamment sur la réponse sanitaire européenne face à la crise liée à la COVID et une autre sur la solidarité européenne.

Toffolutti, V., Stuckler, D. et McKee, M. (2020). "Is the COVID-19 pandemic turning into a European food crisis?" European Journal of Public Health **30**(4): 626-627.
<https://doi.org/10.1093/eurpub/ckaa101>

Italy was the first and hardest-hit Western nation by the coronavirus pandemic (COVID-19). The identification of the first case, on 20th February, created widespread panic as residents in Italy began stockpiling food. Social media posts pictured near empty supermarket aisles. Soon after, this rush to hoard food spread across many other European nations. But those rushing to the supermarkets were the fortunate ones who could afford to do so. On 30th March, Pope Francis noted: 'We're beginning to see people who are hungry because they can't work',¹ and pleaded for help. COVID-19 and the

lockdown have placed the global economy under tremendous strain but are also increasing the threat of longer term food insecurity. Notwithstanding problems of cross-national data comparability, it is clear that food insecurity is already widespread in many high-income countries.² In the aftermath of the global financial crisis in 2008, an estimated 13.5 million European households were tipped into food insecurity,³ while the current recession is already much deeper and is expected to last longer.^{4,5,6}

Populations vulnérables et inégalités sociales

ÉTUDES FRANÇAISES

(2020). "COVID-19, grossesse et accouchement." *Bulletin De L'académie Nationale De Médecine* **204**(7): 648.
<https://doi.org/10.1016/j.banm.2020.05.025>

(2020). Déconfinement : enquête nationale sur les enjeux éthiques des situations de handicap en établissement et à domicile. Paris Observatoire Covid-19 Ethique et Société
<https://www.espace-ethique.org/actualites/deconfinement-enquete-nationale-sur-les-enjeux-ethiques-des-situations-de-handicap-en>

Cette enquête, réalisée entre le 23 juin et le 13 juillet 2020 par l'Observatoire COVID-19, Ethique et société de l'Espace éthique/IDF, est une mise à disposition des travaux et des ressources de l'Observatoire « Covid-19, éthique et société / Situations de handicap », recueillis pendant la phase de déconfinement de la crise sanitaire du Covid-19. Cette contribution intervient en complément des documents de préconisation produits par les instances publiques ainsi que les sociétés savantes. La cellule de réflexion poursuit son travail de veille et présentera d'autres éclairages et propositions en accompagnement des évolutions de la pandémie et par la suite en retour d'expériences.

(2020). "La précarité : un risque majoré de COVID-19." *Bulletin De L'académie Nationale De Médecine* **204**(8): 784-785.
<https://doi.org/10.1016/j.banm.2020.07.023>

Aujard, Y., Billette Devillemeur, A., Claudet, I., et al. (2020). Avis relatif à la santé des enfants, l'épidémie de Covid-19 et ses suites. Paris HCSP
<https://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=860>

Avis rédigé en réponse à la saisine du Secrétariat d'Etat auprès du Ministre de la solidarité et de la santé adressée au Haut conseil de la santé publique le 14 avril 2020, relative à la continuité des soins hors Covid-19 et à l'impact du confinement sur la santé des enfants. Le confinement mis en place le mardi 17 mars 2020 dans le contexte de l'épidémie de Covid-19, et sa prolongation d'(au moins) un mois annoncée le lundi 13 avril 2020, conduisent à s'interroger sur leur impact sur la santé des enfants au regard de deux préoccupations : d'une part, l'importance de maintenir le suivi préventif, notamment pour les plus jeunes, ainsi que la prise en charge des soins hors Covid-19 et, d'autre part, le souci de limiter l'impact du confinement sur la santé des enfants et l'aggravation des inégalités sociales de santé (ISS). La vulnérabilité spécifique de certains enfants, notamment ceux en institution pour cause de handicap ou en foyers de l'enfance, mais aussi les mineurs non accompagnés, est à prendre en compte.

Aujard, Y., Brignon, J. M., Claudet, I., et al. (2020). Avis relatif à la gestion de l'épidémie Covid-19 et inégalités sociales de santé des enfants, leçons pour le futur. Paris HCSP
<https://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=896>

Le présent avis complète l'avis relatif à « la santé des enfants, l'épidémie de Covid-19 et ses suites » remis le 29 avril 2020. Il soulignait le fait que malgré la relative protection dont jouissent les enfants vis-à-vis de la Covid-19, ils étaient exposés à de multiples problèmes de santé, troubles psychologiques, accidents domestiques, maltraitance, retards aux soins et à la prévention,

déscolarisation et décrochage scolaire. Ces thèmes sont repris et situés dans la perspective des inégalités sociales. Le terme "enfants" dans cet avis se réfère à la classe d'âge de 0 à 18 ans, ce qui inclut les nourrissons, les enfants et les adolescents.

Bajos, N., Warszawski, J., Paihle, A., et al. (2020). "Les inégalités sociales au temps du Covid-19." Questions De Santé Publique(40)

https://www.iresp.net/wp-content/uploads/2020/10/IRESP_QSP40.web_.pdf

Notre pays — et la planète — traverse une crise épidémique majeure. Comme toute crise, elle peut être révélatrice des forces et faiblesses de la société, et de ses composantes : celles de son système de santé, de son système de recherche, du fonctionnement de la démocratie sanitaire... Cet article aborde la question des inégalités sociales au temps du COVID-19 : la crise sanitaire, la réaction politique et celle du système de santé les ont-elles amplifiées, atténuées ou les ont-elles laissées telles qu'elles étaient auparavant ? Ce numéro spécial apporte un éclairage sur cette question à partir de résultats originaux provenant de l'enquête « Épidémiologie et conditions de vie » (EpiCoV), permettant de documenter dans les meilleurs délais la situation exceptionnelle que nous traversons.

Basurko, C., Benazzouz, B., Boceno, C., et al. (2020). "La faim au temps du Covid-19 à Cayenne (Guyane) et dans ses environs." Bulletin Epidemiologique Hebdomadaire (Beh) (29)

http://beh.santepubliquefrance.fr/beh/2020/29/2020_29_1.html

En Guyane, la Croix Rouge française (CRf), Médecins du Monde (Mdm) et la Permanence d'accès aux soins de santé (Pass) du Centre hospitalier de Cayenne intervenant dans les quartiers précaires pendant la crise sanitaire Covid-19 ont constaté une majoration des préoccupations relatives à l'accès alimentaire. Ils ont alors décidé de mettre en place une enquête ayant pour objectif principal de quantifier l'insécurité alimentaire (IA) auprès de leurs bénéficiaires.

Botton, J., Drouin, J., Bertrand, M., et al. (2021). Fréquence des décès et des hospitalisations chez les résidents des établissements d'hébergement pour personnes âgées dépendantes (EHPAD) et des unités de soin longue durée (USLD) en France au cours des années 2018 et 2019. Paris ANSM

https://www.epi-phare.fr/app/uploads/2021/01/epi-phare_rapport_deces_hospit_ehpad_20210115.pdf

Ce travail confirme et quantifie la fréquence élevée des décès et des hospitalisations parmi les résidents des EHPAD et USLD en dehors du contexte de l'épidémie de Covid-19, et il permet d'estimer les nombres attendus au cours des mois à venir, alors que la campagne de vaccination débute. Ces chiffres, qui atteignent de l'ordre de 465 décès et plus de 1000 hospitalisations par jour, fournissent une première base de comparaison pour le suivi de la sécurité des vaccins dans cette population, dans l'attente de la mise en œuvre d'études de pharmaco-épidémiologie fines.

Chagué, V. (2020). "Les établissements d'hébergement pour personnes âgées dépendantes à l'épreuve de la Covid-19." Actualités Pharmaceutiques 59(599): 47-48.

<https://doi.org/10.1016/j.actpha.2020.08.011>

La pandémie a touché avec violence certains établissements d'hébergement pour personnes âgées dépendantes, mais tous ont dû se réorganiser. Leur fonctionnement ne sera plus jamais le même et la transparence vis-à-vis des salariés et des familles des résidents est devenue une obligation. La coopération avec les pharmaciens d'officine, qui peuvent être des relais d'information auprès des familles, doit s'intensifier. Accommodation facilities for dependent elderly people facing the COVID-19 The pandemic has severely affected some accommodation facilities for dependent elderly people, but all of them have had to reorganize. Their operation will never be the same again and transparency towards employees and the families of residents has become an obligation. Cooperation with dispensing pharmacists, who can act as information relays for families, must be stepped up.

Cristia-Leroy, C., Febvrel, D., Ouassak, F., et al. (2020). "Inégalités et Covid-19 : double peine pour les quartiers populaires." Cahiers Du Développement Social Urbain(72)

<https://www.labo-cites.org/publication/vient-de-paraitre-inegalites-et-covid-19-double-peine-pour-les-quartiers-populaires>

Ce numéro des cahiers du développement social urbain est consacré à la crise de la Covid-19 vue des quartiers populaires. Cette crise a mis en exergue et creusé des inégalités qui concernent notamment les quartiers prioritaires de la politique de la ville. Ces territoires fragiles souffrent, plus que d'autres, des effets de la crise et ce, à plusieurs niveaux : sanitaire, social, économique. Ce numéro a pour objectif premier de laisser une trace afin de ne pas oublier les spécificités de la crise dans ces quartiers et la manière dont les habitants la vivent, avec son lot de difficultés mais aussi de solidarités. Il ambitionne également de rappeler quelques-uns des fondamentaux de la politique de la ville, cette politique publique si souvent décriée, qui a su faire preuve dans cette période de son utilité, autant dans son approche politique que technique. Au-delà des constats et des analyses, et à partir des premiers enseignements de la crise, ce numéro vise aussi à fournir des pistes de réflexion pour l'avenir dont on sent bien qu'il est plus qu'incertain.

Delaunay, M., De Hzennezel, E., Garlaud, F., et al. (2020). "Grand âge et autonomie." *Regards* 57: 45-224.

<https://www.cairn.info/revue-regards-2020-1.htm>

Particulièrement mises en lumière à l'occasion de la crise sanitaire du coronavirus, les réalités et les difficultés du secteur du grand âge appellent des révisions conséquentes. Ce dossier de Regards présente ce que développe la protection sociale, ce qu'observent et proposent des gériatres et des gérontologues, mais aussi ce qui s'innove à travers le monde. Les réflexions portent sur l'assurabilité de la dépendance, sur l'organisation des parcours selon les attentes, les besoins, les configurations territoriales. Une clé d'entrée consiste à envisager les vulnérabilités des personnes âgées également comme gisement pour de nouvelles idées et activités. L'ambition générale vise la prévention de la perte d'autonomie, en agissant notamment au moment du passage à la retraite, en luttant contre l'isolement, en aidant à adapter les pratiques alimentaires. Tout ceci au service d'un bien-vieillir. Les chocs de l'épidémie de Covid-19 et du confinement commandent des observations sur les impacts pour la protection sociale. L'ensemble de l'édifice a été bousculé, financièrement et matériellement. S'occupant des premiers concernés, amortissant les secousses économiques et soutenant l'activité, le système – dont les soignants ont été applaudis – a su réagir. Les questions d'avenir sont cependant lourdes (résumé de l'éditeur).

Desjeux, C., Detuncq, M. et Terrien, A. (2020). Les oubliés du domicile. Paris Handéo

https://www.handeo.fr/sites/default/files/upload-files/OBS_RAPPORT_RETOUR_EXPERIENCE_COVID_VF_0.pdf

Handéo rend compte pour la première fois de la diversité des vécus pendant la période de confinement. Son rapport des retours d'expérience COVID-19 met en évidence toutes les situations que les acteurs du secteur du domicile (personnes en situation de handicap, personnes âgées, proches aidants, directeurs de SAAD, auxiliaire de vie sociale) ont rencontré durant la période de confinement.

Djaouidah, S. et Tanguy, D. (2020). "Épidémie de COVID-19 : des vulnérables et des invincibles." *Médecine* 16(7): 296-300.

Notre démonstration générale vise à comprendre les comportements transgressifs, voire « déviants » en lien avec la non-observance des consignes pour faire face à la crise sanitaire. Dans cette première partie d'article, nous proposons de faire une analyse comparative entre l'épidémie de COVID-19 et celle du VIH/SIDA afin de montrer la prégnance de rhétoriques similaires, reposant sur le ciblage stigmatisant de certaines populations, au sein des discours politiques, médicaux et médiatiques. Cette focalisation sur des pratiques individuelles, plutôt que sur la prise en compte de conditions de prévention socialement inégalitaires, induit une reconnaissance in fine différentielle du risque et de la transgression. Pour le dire autrement, le ciblage de populations pensées comme « vulnérables » ou « invincibles » doit se lire comme des discriminations, négatives ou positives, en termes de génération et de genre (ce que nous développerons plus particulièrement ici) et de classe et de race (ce que nous présenterons dans une seconde partie d'article).

Ginsburgh, V., Magerman, G. et Natali, I. (2021). "COVID-19 and the role of inequality in French regional departments." *The European Journal of Health Economics* 22(2): 311-327.

<https://doi.org/10.1007/s10198-020-01254-0>

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

In this paper, we examine the variation in the outbreak of COVID-19 across departments in continental France. We use information on the cumulated number of deaths, discharged patients and infections from COVID-19 at the department level, and study how these relate to income inequality, controlling for other factors. We find that unfortunately, inequality kills: departments with higher income inequality face more deaths, more discharged (gravely ill) patients and more infections. While other papers have studied the impact of the level of income on the severity of COVID-19, we find that it is in fact the dispersion across incomes within the same department that drives the results. Our results suggest that individuals in relatively more precarious conditions deserve dedicated policies, to avoid that temporary shocks such as COVID-19 lead to permanent increases in inequality.

Giraud, O., Petiau, A., Rist, B., et al. (2020). "« Ça fait des années qu'on est confinés ». La crise sanitaire du Covid-19 révélatrice de la condition des proches aidant·e·s de personnes en situation de dépendance." *Revue française des affaires sociales*(4): 243-260.

<https://www.cairn.info/revue-francaise-des-affaires-sociales-2020-4-page-243.htm>

L'épidémie de Covid-19 a mis sous tension l'ensemble des institutions sanitaires et bouleversé la vie quotidienne de tout un chacun. Particulièrement fragiles face à ce risque sanitaire, les personnes âgées et les personnes en situation de handicap ont traversé durant cette période des moments difficiles, illustrés notamment par le strict confinement dans les établissements d'hébergement pour personnes âgées dépendantes (EHPAD) et les vagues de décès qui y ont malgré tout sévi. Les expériences vécues au domicile des personnes vulnérables n'ont pas la même visibilité, bien que l'on puisse redouter un renforcement des situations d'isolement social et une intensification de l'aide apportée par les proches face à la fermeture de nombreux établissements et services d'accueil de jour, au retour à domicile de certaines personnes hospitalisées ou internalisées et à la discontinuité des services d'aide à domicile (difficultés de déplacement, manque de matériel de protection, arrêts de travail, maladie, etc.). L'aide et les soins à domicile pour les personnes en situation de dépendance reposent en grande partie sur les proches aidantes et aidants. Durant la crise sanitaire, ce sont ces parents – mères et pères, filles, fils, conjointes et conjoints ou autres petits enfants ou amis proches – qui ont dû faire face et réorganiser, parfois dans l'urgence, parfois de façon plus progressive, les systèmes de soins qu'ils avaient stabilisés au fil du temps. Pour comprendre les modalités de ce réajustement de l'aide aux personnes vulnérables et l'expérience vécue des proches aidantes et aidants, nous avons entrepris une postenquête auprès d'une douzaine de personnes parmi un échantillon de 60 aidantes et aidants interviewés dans le cours d'une recherche conduite entre 2016 et 2019. Cet article restitue les résultats de cette enquête.

Guedj, J. (2020). *Dénutrition : la maladie invisible de la Covid*, Paris : Fondation Jean-Jaurès

<https://jean-jaures.org/nos-productions/denutrition-la-maladie-invisible-de-la-covid#>

À l'occasion de la première semaine nationale de la dénutrition du 12 au 19 novembre 2020, le Collectif de lutte contre la dénutrition a souhaité mesurer, à travers une enquête conduite en partenariat avec la Fondation Jean-Jaurès et l'Ifop, la perception par les Français des enjeux de la dénutrition, maladie trop méconnue. Jérôme Guedj, directeur de l'Observatoire des politiques sociales de la Fondation, en livre les résultats dans le contexte de la Covid-19 et analyse les enjeux que pose cette maladie au système de santé et plus largement à l'ensemble de la société.

Harzoune, M. (2020). "De 1973 au Covid-19." *Hommes & Migrations* **1330**(3): 224-227.

<https://www.cairn.info/revue-hommes-et-migrations-2020-3-page-224.htm>

L'année 1973 est certainement une des plus violentes de l'histoire de la Ve République en matière de racisme et violences contre les immigrés tout en étant l'une des plus riches en mobilisations des travailleurs immigrés et de militantisme en leur faveur. Ce numéro interroge l'idée que la crise économique serait la source unique du tournant de la politique d'immigration et expliquerait la décision de fermeture des frontières en 1974. Il permet de nuancer les temporalités et les causalités de ce virage décisif dans la gestion et la perception de l'immigration dans la société française.

INSEE (2020). Les inégalités sociales à l'épreuve de la crise sanitaire : un bilan du premier confinement. Portrait social 2020, Paris : Insee
<https://www.insee.fr/fr/statistiques/4797670?sommaire=4928952>

En France, en mars-avril 2020, un surcroît de 27 000 décès (+ 27 %) est survenu, toutes causes confondues, par rapport à la même période en 2019, essentiellement en raison de la surmortalité provoquée par la Covid-19. L'Île-de-France (+ 91 %) et le Grand Est (+ 55 %) ont été les régions les plus affectées. Les personnes les plus âgées, celles nées à l'étranger et celles habitant dans les communes les plus pauvres et les plus denses ont été les plus touchées. Le risque d'exposition au virus varie selon les milieux sociaux : ouvriers et employés ont plus souvent continué à se rendre au travail à l'extérieur, les personnes les plus modestes vivent plus souvent dans des communes denses et des logements surpeuplés. De plus, ces dernières souffrent plus souvent d'obésité ou d'une pathologie associée à un risque élevé de développer une forme grave de Covid-19.

Jeanneau, L., Roquebert, Q. et Tenand, M. (2020). No more visits. Informal care in nursing homes prior to the outbreak of Covid-19. Document de Travail n° 2020 – 42. Strasbourg BETA
<https://econpapers.repec.org/paper/ulpsbbeta/2020-42.htm>

Amid the spread of the Covid-19, restrictions on external visits to nursing home residents were widely implemented. Such measures may affect the well-being of the institutionalized elderly, notably by depriving them of care that would otherwise be provided by relatives and friends. There is little quantitative evidence about informal care receipt by residents in 'normal times'. The aim of this study is twofold. First, it investigates quantitatively the importance of informal care in nursing homes, the forms it takes and its determinants outside the corona-crisis. Second, based on the findings, it discusses the likely implications of the Covid-19 restrictions on visits for nursing home residents. It relies on a sample representative of the French 60+ population living in nursing homes (N=3,223) from the 2016 CARE-Institutions survey. Over 80% of residents receive informal support. Relatives are primarily involved in help with the activities of daily living, which generally comes along with moral support. Residents are mostly helped with administrative tasks and activities related to mobility and the outside. Both the probability to receive informal care and its intensity highly depend on having close relatives alive (partner, children, siblings), age and health status. Loss of informal care due to visit bans may undermine the well-being of residents and entail medium- run adverse effects, in terms of further activity restrictions and deterioration of mental health. Policy makers should factor in the usual role of informal caregivers when assessing the benefits and costs of restrictions on visits for nursing home residents.

Laforgerie, F. (2020). "Santé des étrangers-ères : la dégradation en marche. Épisode 2 : on rentre dans le dur !" Cahier Gingembre : Remaides(111)
https://www.aides.org/sites/default/files/Aides/bloc_telechargement/gingembre_42.pdf

De loi sur l'immigration en loi sur l'immigration (on en compte plus de 100 en 75 ans, en France, les conditions d'accès à la santé des personnes étrangères, dont celles malades, n'ont cessé de se dégrader. Le phénomène est net, ces dernières années. Il s'est même emballé, ces récents mois. Sur cette période, les projets gouvernementaux, les protestations des ONG, la radicalisation du discours politique et les conséquences concrètes pour les personnes concernées, autant de sujets sur lesquels, Gingembre revient dans un feuilleton en deux parties : « Le temps des menaces » et « On rentre dans le dur ». Cette publication constitue la deuxième partie de l'étude.

Lazimi, G., Ferry, M., Chavannes, B., et al. (2020). "Covid-19 et confinement, violences faites aux femmes et aux enfants." Médecine : De La Médecine Factuelle à Nos Pratiques **16(10)**: 457-459.
https://www.jle.com/fr/revues/med/e-docs/covid_19_confinement_violences_faites_aux_femmes_et_aux_enfants_319158/article.phtml

Isolement, confinement, menace, face-à-face permanent laissent l'agresseur dans une toute-puissance pour instrumentaliser, humilier, blesser, frapper, agresser sexuellement et asseoir sa domination sur sa conjointe et ses enfants. Les éléments déclenchants s'il en faut s'appuieront comme justification sur la promiscuité, le bruit des enfants, la pandémie ou tout autre élément l'entraînant

dans sa spirale destructrice et de passage à l'acte. Dès les premières semaines, on a relevé une augmentation des signalements de violences conjugales et intra-familiales. L'ensemble des professionnels de santé doivent être vigilants, à l'écoute et questionner au moindre doute sur d'éventuelles violences.

Lachassinne, E., de Pontual, L., Caseris, M., et al. "SARS-CoV-2 transmission among children and staff in daycare centres during a nationwide lockdown in France: a cross-sectional, multicentre, seroprevalence study." The Lancet Child & Adolescent Health.
[https://doi.org/10.1016/S2352-4642\(21\)00024-9](https://doi.org/10.1016/S2352-4642(21)00024-9)

BackgroundThe extent to which very young children contribute to the transmission of SARS-CoV-2 is unclear. We aimed to estimate the seroprevalence of antibodies against SARS-CoV-2 in daycare centres that remained open for key workers' children during a nationwide lockdown in France.

Longchamps, C. et al. (2021). "Connaissances, attitudes et pratiques liées à l'épidémie de Covid-19 et son impact chez les personnes en situation de précarité vivant en centre d'hébergement en France : premiers résultats de l'étude ECHO." Bulletin Epidemiologique Hebdomadaire (Beh) (1)
http://beh.santepubliquefrance.fr/beh/2021/Cov_1/pdf/2021_Cov_1.pdf

Plusieurs études mettent en évidence des conséquences plus importantes de l'épidémie de Covid-19, tant sur le plan sanitaire que sur le plan socio-économique, dans les populations défavorisées. Ceci pourrait être expliqué par le cumul de plusieurs facteurs pouvant freiner l'application des mesures de prévention de l'infection à SARS-CoV-2 et le suivi du circuit de soins. L'objectif de l'étude ECHO est ainsi d'évaluer les connaissances, attitudes et pratiques liées à l'épidémie de Covid-19 (gestes barrières, vaccination, symptômes et conduite à tenir en cas de symptômes) ainsi que son impact parmi les personnes en situation de précarité vivant en centre d'hébergement en France.

Morch, S. et Buffet, M. G. (2020). Rapport pour mesurer et prévenir les effets de la crise du covid-19 sur les enfants et la jeunesse. Paris Assemblée nationale
https://www.assemblee-nationale.fr/dyn/15/rapports/cecovidj/l15b3703_rapport-enquete.pdf

Réalisé sur la base d'entretiens auprès des jeunes, ce rapport dresse un portrait de la jeunesse française actuelle et de l'impact de la crise sanitaire sur leurs conditions de vie (état de santé, situation économique...). Il ressort de cette analyse que la société, les médias, les adultes en général véhiculent une image négative et pessimiste de leur génération. Ils n'ont pas été contaminés par le virus, mais par la sinistrose. Le Covid-19 n'est pas le seul à leur avoir ravi leur insouciance déjà battue en brèche bien avant par les informations en continu, les attentats, la violence et la crise éco-climatique.

Observatoire Covid Ethique Santé (2020). Déconfinement : enquête nationale sur les enjeux éthiques des situations de handicap en établissement et à domicile. Paris Observatoire Covid-19 Ethique et Société: 47.
<https://www.espace-ethique.org/actualites/deconfinement-enquete-nationale-sur-les-enjeux-ethiques-des-situations-de-handicap-en>

Cette enquête, réalisée entre le 23 juin et le 13 juillet 2020 par l'Observatoire COVID-19, Ethique et société de l'Espace éthique/IDF, est une mise à disposition des travaux et des ressources de l'Observatoire « Covid-19, éthique et société / Situations de handicap », recueillis pendant la phase de déconfinement de la crise sanitaire du Covid-19. Cette contribution intervient en complément des documents de préconisation produits par les instances publiques ainsi que les sociétés savantes. La cellule de réflexion poursuit son travail de veille et présentera d'autres éclairages et propositions en accompagnement des évolutions de la pandémie et par la suite en retour d'expériences.

Rarrbo, K. (2020). Impacts du confinement et de la crise sanitaire sur la jeunesse. Constats, initiatives locales et préconisations. Paris Banque des Territoires
<https://www.banquedesterritoires.fr/impacts-du-confinement-sur-la-jeunesse>

Le confinement mis en place à la mi-mars 2020 pour contenir l'épidémie de covid-19 a surpris par son caractère soudain, puis par sa durée et les conséquences inédites qu'il a eues sur la vie

professionnelle, sociale et affective de l'ensemble de la population. La jeunesse a fortement ressenti les effets aussi bien de santé mentale, de sociabilité, de parcours scolaire, de précarité économique et de vie sociale dégradée d'une manière globale. Peu d'études ont été mises en œuvre afin de mesurer l'impact de la crise sanitaire et de la Covid-19 sur les jeunes. Pourtant de nombreuses initiatives ont pu être prises afin d'accompagner les jeunes durant cette période si particulière. À l'issue du confinement, Territoires Conseils, service de la Banque des Territoires, et l'Assemblée des Communautés de France (AdCF), qui fédère les intercommunalités, ont partagé ces constats et se sont accordés sur l'utilité de rassembler les observations, les analyses et les données existantes à destination des acteurs intervenant localement en matière de jeunesse. Cette étude flash, réalisée sur l'été 2020, ne prétend pas à l'exhaustivité. Elle vise à alimenter la réflexion des élus locaux et formule plusieurs préconisations stratégiques et opérationnelles au service des politiques jeunesse intercommunales.

Sehili, D. et Dufournet, T. (2020). "Épidémie de Covid-19 : des vulnérables et des invincibles." Médecine : De La Médecine Factuelle à Nos Pratiques **16**(7): 296-300.

La démonstration générale soutenue dans cet article vise à comprendre les comportements transgressifs, voire « déviants » en lien avec la non-observance des consignes pour faire face à la crise sanitaire. Cette première partie d'article propose de faire une analyse comparative entre l'épidémie de COVID-19 et celle du VIH/SIDA afin de montrer la prégnance de rhétoriques similaires, reposant sur le ciblage stigmatisant de certaines populations, au sein des discours politiques, médicaux et médiatiques. Cette focalisation sur des pratiques individuelles, plutôt que sur la prise en compte de conditions de prévention socialement inégalitaires, induit une reconnaissance in fine différentielle du risque et de la transgression. Pour le dire autrement, le ciblage de populations pensées comme « vulnérables » ou « invincibles » doit se lire comme des discriminations, négatives ou positives, en termes de génération et de genre (ce que est développé plus particulièrement ici) et de classe et de race (ce qui sera présenté dans une seconde partie d'article).

Sehili, D. et Dufournet, T. (2020). "Épidémie de Covid-19 : des vulnérables et des invincibles. Deuxième partie : Rhétoriques et pratiques discriminatoires du VIH au Covid-19 à l'aune de la classe et de la race." Médecine : De La Médecine Factuelle à Nos Pratiques **16**(9): 422-425.

Notre démonstration générale vise à comprendre les comportements transgressifs, voire « déviants » en lien avec la non-observance des consignes pour faire face à la crise sanitaire. Nous proposons de faire une analyse comparative entre l'épidémie du COVID-19 et celle du VIH/SIDA afin de montrer la prégnance de rhétoriques similaires, reposant sur le ciblage stigmatisant de certaines populations, au sein des discours politiques, médicaux et médiatiques. Cette focalisation sur des pratiques individuelles, plutôt que sur la prise en compte de conditions de prévention socialement inégalitaires, induit une reconnaissance in fine différentielle du risque et de la transgression. Pour le dire autrement, le ciblage de populations pensées comme « vulnérables » ou « invincibles » doit se lire comme des discriminations, négatives ou positives, en termes de Génération et de Genre (ce que nous avons développé dans une première partie d'article) et de Classe et de Race (ce que nous présenterons plus particulièrement dans cette seconde partie d'article).

Simac, L., Ledrans, M., Catelinois, O., et al. (2020). "Covid-19 dans la population vulnérable des quartiers Saint-Jacques et Haut-Vernet de Perpignan : de la détection des premiers cas jusqu'au suivi de la progression de l'épidémie, une surveillance réalisée grâce aux données locales." Bulletin Epidémiologique Hebdomadaire (Beh) (30)
http://beh.santepubliquefrance.fr/beh/2020/30/2020_30_1.html

Une augmentation brutale du nombre de cas et de décès avec un diagnostic de Covid-19 a été observée à Perpignan dès le 13 mars 2020. Cette augmentation concernait plus particulièrement la population des quartiers Saint-Jacques et Haut-Vernet, dont une majeure partie appartient à la communauté gitane. Le signal a entraîné la mise en place d'une surveillance spécifique autour de ce foyer épidémique, en s'appuyant principalement sur les données des centres dédiés Covid. Les indicateurs suivis ont mis en évidence une croissance rapide du nombre de cas les deux dernières semaines de mars pour ensuite décroître jusqu'à la fin du confinement (début mai). La circulation du

virus avait été plus importante dans les deux quartiers ciblés à Perpignan, où plus de 2% de la population a rapporté des signes cliniques compatibles avec une infection au Covid-19 lors de leur consultation. Ainsi, du 24 février au 10 mai 2020, l'incidence relative des consultations pour suspicion de Covid-19 à Saint-Jacques et dans le Haut-Vernet était trois fois plus importante que dans le reste de la ville de Perpignan, y traduisant un important fardeau sanitaire. Ces résultats de surveillance appellent à des études complémentaires pour mieux quantifier l'impact sanitaire de ce type d'épisode et identifier les déterminants sur lesquels il serait possible d'agir pour limiter la circulation du virus dans ces communautés.

Sirna, F. (2020). "Femmes migrantes dans le secteur hospitalier dans la région Sud en période de pandémie de Covid-19." *Hommes & Migrations* **1331**(4): 39-47.

<https://www.cairn.info/revue-hommes-et-migrations-2020-4-page-39.htm>

La crise sanitaire actuelle a mis en lumière les conditions de travail précaires et discriminatoires des professionnels de santé à diplôme étranger, en première ligne dans la lutte contre le virus de la Covid-19. Dans un secteur hospitalier caractérisé par une pénurie de main-d'œuvre à l'échelle mondiale, l'origine du diplôme demeure la clé des carrières. Une enquête qualitative en cours, dont les résultats présentés ici sont centrés sur les personnels féminins, permet d'approfondir la connaissance des liens entre parcours migratoires et professionnels au sein de l'hôpital.

Sizaret, A. (2020). *Ehpad et confinement : quels enseignements ? Dossier documentaire*, Besançon : Iresp

<https://ireps-bfc.org/sinformer/dossier-documentaire-ehpad-et-confinement-quels-enseignements>

Ce dossier a été réalisé à la demande de la CRSA Bourgogne-Franche-Comté et de la Commission médicosociale. Il a pour objet de dresser un état des lieux à partir d'études menées dans les EHPAD suite à la crise sanitaire de la Covid-19, sur les conséquences du confinement et du déconfinement, que ce soit auprès des résidents que des professionnels intervenant dans les établissements. Le dossier est structuré en 4 grandes parties : - Des éléments de contexte s'appuyant sur les données épidémiologiques publiées par Santé publique France ; - Des doctrines et des instructions mises à disposition sur le site internet du Ministère des solidarités et de la santé : - Des recommandations de sociétés savantes : les rapports de Jérôme Guedj et les avis émis par le Haut conseil de la santé publique ;

Santé Publique France (2020). *Covid-19 : premiers résultats d'une étude de séroprévalence auprès d'une population vulnérable de Perpignan*, Saint-Maurice : Santé publique France

<https://www.santepubliquefrance.fr/presse/2020/covid-19-premiers-resultats-d-une-etude-de-seroprevalence-aupres-d-une-population-vulnerable-de-perpignan>

Une enquête de séroprévalence des anticorps anti-SarsCov-2 (SCoPe) a été initiée par le Centre Hospitalier de Perpignan en partenariat avec Santé publique France, au sein de quartiers - dont une forte proportion de la population appartient à la communauté gitane, particulièrement impactés par l'épidémie de Covid-19 lors de la première vague, en mars dernier. Cette enquête vient en complément des mesures de gestion prises en urgence afin de permettre la prise en charge des malades et de ralentir la diffusion du virus dans ces quartiers. Selon les premiers résultats, 35,4 % des personnes ont été infectées confirmant une forte circulation du virus dans cette population.

Thierry, X., Geay, B. et Pailhé, A. (2020). "Les enfants à l'épreuve du premier confinement." *Population Et Sociétés*(585).

Le premier confinement du printemps 2020 a conduit à la fermeture des écoles et à la suspension des activités hors domicile. Assignés à résidence, les enfants d'école primaire se sont plutôt bien adaptés en continuant à faire leur travail scolaire et, profitant d'un temps libéré, ont pu pratiquer leurs activités quotidiennes plus qu'en temps « normal ». Mais pour les parents de statut socioéconomique modeste, le confinement a dégradé les relations familiales, largement accru le temps passé par les enfants sur les écrans, altéré leur sommeil et leur bien-être psychologique, et rendu plus complexes les apprentissages scolaires. Pour les enfants comme pour les adultes, le confinement a accru des inégalités susceptibles de se creuser à moyen terme.

Unaf (2020). Impact du confinement : une charge supplémentaire pour les aidants. Première partie : profil et évolution des situations d'aide. Paris Unaf

<https://www.unaf.fr/IMG/pdf/impact-du-confinement-aidants-enquete-ciaaf.pdf>

Afin de mesurer l'impact du confinement sur les aidants ainsi que sur leurs besoins suite à la période du confinement, le CIAAF, en collaboration avec l'Ires, a conduit une enquête en ligne entre le 24 avril et le 25 mai 2020, largement relayée par les réseaux des associations membres du CIAAF. 1032 aidants, issus de l'ensemble des régions françaises, outre-mer compris, y ont répondu. Les aidants familiaux ont largement pallié la fermeture des établissements ou la réduction des services d'aide à domicile. Le rôle déjà essentiel des aidants avant le confinement, s'est révélé comme étant vital dans la gestion de la crise sanitaire. Le CIAAF s'alarme des premiers résultats de l'enquête, qui dégagent 3 effets principaux du confinement sur les aidants : le confinement a fortement accru l'isolement des aidants, cet isolement leur a été imposé et les aides à apporter à leurs proches ont été intensifiées.

Vignau, M. (2020). Pauvreté : entendre les alarmes pour éviter la crise humanitaire. Paris Cese

www.lecese.fr/sites/default/files/pdf/Declarations/2020/201201_pauvrete.pdf

La COVID 19 frappe durement les systèmes de santé et met à l'épreuve les sociétés. Dans cette crise, les plus précaires sont une nouvelle fois les premières victimes, comme pour les crises sociales ou écologiques. Les estimations parlent du basculement d'un million de personnes dans la précarité, s'ajoutant selon l'Observatoire des inégalités aux 9 millions de celles déjà touchées avant la crise sanitaire.

ÉTUDES INTERNATIONALES

Aliberti, M. J. R., Covinsky, K. E., Garcez, F. B., et al. (2020). "A fuller picture of COVID-19 prognosis: the added value of vulnerability measures to predict mortality in hospitalised older adults." *Age and Ageing* **50**(1): 32-39.

<https://doi.org/10.1093/ageing/afaa240>

Although coronavirus disease 2019 (COVID-19) disproportionately affects older adults, the use of conventional triage tools in acute care settings ignores the key aspects of vulnerability. This study aimed to determine the usefulness of adding a rapid vulnerability screening to an illness acuity tool to predict mortality in hospitalised COVID-19 patients. Cohort study. Large university hospital dedicated to providing COVID-19 care. Participants included are 1,428 consecutive inpatients aged ≥ 50 years. Vulnerability was assessed using the modified version of PRO-AGE score (0–7; higher = worse), a validated and easy-to-administer tool that rates physical impairment, recent hospitalisation, acute mental change, weight loss and fatigue. The baseline covariates included age, sex, Charlson comorbidity score and the National Early Warning Score (NEWS), a well-known illness acuity tool. Our outcome was time-to-death within 60 days of admission. The patients had a median age of 66 years, and 58% were male. The incidence of 60-day mortality ranged from 22% to 69% across the quartiles of modified PRO-AGE. In adjusted analysis, compared with modified PRO-AGE scores 0–1 ('lowest quartile'), the hazard ratios (95% confidence interval) for 60-day mortality for modified PRO-AGE scores 2–3, 4 and 5–7 were 1.4 (1.1–1.9), 2.0 (1.5–2.7) and 2.8 (2.1–3.8), respectively. The modified PRO-AGE predicted different mortality risk levels within each stratum of NEWS and improved the discrimination of mortality prediction models. Adding vulnerability to illness acuity improved accuracy of predicting mortality in hospitalised COVID-19 patients. Combining tools such as PRO-AGE and NEWS may help stratify the risk of mortality from COVID-19.

Amram, O., Amiri, S., Lutz, R. B., et al. (2020). "Development of a vulnerability index for diagnosis with the novel coronavirus, COVID-19, in Washington State, USA." *Health & Place* **64**: 102377.

<https://doi.org/10.1016/j.healthplace.2020.102377>

Aw, D., Woodrow, L., Ogliari, G., et al. (2020). "Association of frailty with mortality in older inpatients with Covid-19: a cohort study." *Age and Ageing* **49**(6): 915-922.

<https://doi.org/10.1093/ageing/afaa184>

COVID-19 has disproportionately affected older people. The objective of this paper is to investigate whether frailty is associated with all-cause mortality in older hospital inpatients, with COVID-19. Cohort study. Secondary care acute hospital. Participants included are 677 consecutive inpatients aged 65 years and over. Cox proportional hazards models were used to examine the association of frailty with mortality. Frailty was assessed at baseline, according to the Clinical Frailty Scale (CFS), where higher categories indicate worse frailty. Analyses were adjusted for age, sex, deprivation, ethnicity, previous admissions and acute illness severity. Six hundred and sixty-four patients were classified according to CFS. Two hundred and seventy-one died, during a mean follow-up of 34.3 days. Worse frailty at baseline was associated with increased mortality risk, even after full adjustment ($P = 0.004$). Patients with CFS 4 and CFS 5 had non-significant increased mortality risks, compared to those with CFS 1–3. Patients with CFS 6 had a 2.13-fold (95% CI 1.34–3.38) and those with CFS 7–9 had a 1.79-fold (95% CI 1.12–2.88) increased mortality risk, compared to those with CFS 1–3 ($P = 0.001$ and 0.016 , respectively). Older age, male sex and acute illness severity were also associated with increased mortality risk. Frailty is associated with all-cause mortality risk in older inpatients with COVID-19.

Begley, T. A. et Eagley, D. (2020). Firm Finances and the Spread of COVID-19: Evidence from Nursing Homes. Washington University in Saint-Louis

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3659480

Residents of senior-care facilities account for over 40% of COVID-19-related deaths in the United States despite making up less than 1% of the population. We show that differences in nursing homes' finances help explain cross-sectional variation in the incidence of COVID-19. In addition to large drops in revenues, nursing homes were forced to make difficult risk mitigation investment decisions in the face of staggering increases in equipment, testing, and labor costs. We find that nursing homes with less liquidity (pre-pandemic days-cash-on-hand) had a higher likelihood of COVID-19 in their facility. Those with larger negative shocks to cash flow – thus lowering firm value and moving them closer to financial distress – also had a higher likelihood of COVID-19. These results have implications for the role finances can play in the welfare of customers, employees, and for broader public health.

Brennan, S. C. (2020). Disability rights during the pandemic. A global report on findings of the COVID-19 Disability Rights Monitor. *COVID-19 Disability Rights Monitor*

<https://covid-drm.org/statements/covid-19-disability-rights-monitor-report-highlights-catastrophic-global-failure-to-protect-the-rights-of-persons-with-disabilities>

In its final report, the COVID-19 Disability Rights Monitor (DRM) Coordinating Group calls for urgent action by States and the international community to halt the catastrophic failure to protect the lives, health and rights of persons with disabilities during the COVID-19 pandemic.

Burström, B. et Tao, W. (2020). "Social determinants of health and inequalities in COVID-19." *European Journal of Public Health*.

<https://doi.org/10.1093/eurpub/ckaa095>

The COVID-19 pandemic is affecting populations worldwide. Although everyone is susceptible to the virus, there are numerous accounts of the pandemic having a greater impact on lower socioeconomic groups and minorities.^{1,2} Also, in Stockholm, Sweden, the infection rate is 3–4 times higher in some socioeconomically disadvantaged residential areas compared to the regional average. Scientific studies of inequalities in Coronavirus disease 2019 (COVID-19) are lacking at present, but it is reasonable to assume that disparities in social determinants of health have contributed to these early observations and result in differential exposure to the virus, differential vulnerability to the infection and differential consequences of the disease.

Burton, J. K., Bayne, G., Evans, C., et al. (2020). "Evolution and effects of COVID-19 outbreaks in care homes: a population analysis in 189 care homes in one geographical region of the UK." *The Lancet Healthy Longevity* **1**(1): e21–e31.

[https://doi.org/10.1016/S2666-7568\(20\)30012-X](https://doi.org/10.1016/S2666-7568(20)30012-X)

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

Background COVID-19 has affected care home residents internationally, but detailed information on outbreaks is scarce. We aimed to describe the evolution of outbreaks of COVID-19 in all care homes in one large health region in Scotland.

Clark, R. L., Lusardi, A. et Mitchell, O. S. (2020). Financial Fragility during the COVID-19 Pandemic. NBER Working Paper Series ; 28207. Cambridge NBER
<https://www.nber.org/papers/w28207>

Early in the COVID-19 pandemic, much of the US economy was closed to limit the virus' spread, and several emergency interventions were implemented. Our analysis of older (45-75) respondents fielded in April-May of 2020 indicates that about one in five respondents was financially fragile and would have difficulty facing a mid-size emergency expense. Some subgroups were at particular risk of facing financial difficulties, especially younger respondents, those with larger families, Hispanics, and the low income. Moreover, the more financially literate were better able to handle such shocks, indicating that knowledge can provide some additional protection during a pandemic.

Connor, J., Madhavan, S., Mokashi, M., et al. (2020). "Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: A review." Social Science & Medicine **266**: 113364.
<https://doi.org/10.1016/j.socscimed.2020.113364>

Background The Covid-19 pandemic is straining healthcare systems in the US and globally, which has wide-reaching implications for health. Women experience unique health risks and outcomes influenced by their gender, and this narrative review aims to outline how these differences are exacerbated in the Covid-19 pandemic. Observations It has been well described that men suffer from greater morbidity and mortality once infected with SARS-CoV-2. This review analyzed the health, economic, and social systems that result in gender-based differences in the areas healthcare workforce, reproductive health, drug development, gender-based violence, and mental health during the Covid-19 pandemic. The increased risk of certain negative health outcomes and reduced healthcare access experienced by many women are typically exacerbated during pandemics. We assess data from previous disease outbreaks coupled with literature from the Covid-19 pandemic to examine the impact of gender on women's SARS-CoV-2 exposure and disease risks and overall health status during the Covid-19 pandemic. Conclusions Gender differences in health risks and implications are likely to be expanded during the Covid-19 pandemic. Efforts to foster equity in health, social, and economic systems during and in the aftermath of Covid-19 may mitigate the inequitable risks posed by pandemics and other times of healthcare stress.

Cronin, C. J. et Evans, W. N. (2020). Nursing Home Quality, COVID-19 Deaths, and Excess Mortality. NBER Working Paper Series ; 28012. Cambridge NBER
<https://www.nber.org/papers/w28012>

The COVID-19 pandemic in the US has been particularly devastating for nursing home residents. A key question is how have some nursing homes been able to effectively protect their residents, while others have not? Using data on the universe of US nursing homes, we examine whether establishment quality is predictive of COVID-19 mortality. Higher-quality nursing homes, as measured by inspection ratings, have substantially lower COVID-19 mortality. Quality does not predict the ability to prevent any COVID-19 resident or staff cases, but higher-quality establishments prevent the spread of resident infections conditional on having one. Preventing COVID-19 cases and deaths may come at some cost, as high-quality homes have substantially higher non-COVID deaths, a result consistent with high excess non-COVID mortality among the elderly since March. The positive correlation between establishment quality and non-COVID mortality is driven entirely by nursing homes located in counties with below-median COVID-19 case rates. As a result, high-quality homes in these counties have significantly more total deaths than their low-quality counterparts. The concentration of excess death in low-risk areas suggests that future suffering could be avoided with more nuanced guidelines, such as those recently suggested by CMS that outline a role for in-person visits in lower-risk areas.

Dean, A., Venkataramani, A. et Kimmel, S. (2020). "Mortality Rates From COVID-19 Are Lower In Unionized Nursing Homes." *Health Affairs*: 10.1377/hlthaff.2020.01011.

<https://doi.org/10.1377/hlthaff.2020.01011>

More than 40% of all reported coronavirus disease 2019 (COVID-19) deaths in the United States have occurred in nursing homes. As a result, health care worker access to personal protective equipment (PPE) and infection control policies in nursing homes have received increased attention. However, it is not known if the presence of health care worker unions in nursing homes is associated with COVID-19 mortality rates. Therefore, we used cross-sectional regression analysis to examine the association between the presence of health care worker unions and COVID-19 mortality rates in 355 nursing homes in New York State. Health care worker unions were associated with a 1.29 percentage point mortality reduction, which represents a 30% relative decrease in the COVID-19 mortality rate compared to facilities without health care worker unions. Unions were also associated with greater access to PPE, one mechanism that may link unions to lower COVID-19 mortality rates.

ECDC (2020). Covid-19 in children and the role of school settings in COVID-19 transmission. Stockholm ECDC

<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>

The aim of this document is to provide an overview of the epidemiology and disease characteristics of Covid-19 in children (0-18 years) in EU/EEA countries and the United Kingdom (UK), and an assessment of the role of childcare (preschools; ages 0-<5 years) and educational (primary and secondary schools; ages 5-18 years) settings in COVID-19 transmission.

Evamdrou, M., Falkingham, J., Min, Q., et al. (2020). Older and 'staying at home' during lockdown: informal care receipt during the COVID-19 pandemic amongst people aged 70 and over in the UK. Southampton University of Southampton

<http://d.repec.org/n?u=RePEc:osf:socarx:962dy&r=age>

Understanding Society Wave 9 data collected in 2018/19, in order to examine the extent of support received by individuals aged 70 and over in the first four weeks of lockdown from family, neighbours or friends not living in the same household, and how that support had changed prior to the outbreak of the coronavirus pandemic. The research distinguishes between different types of households as, given with guidance not to leave home and not to let others into the household, those older people living alone or living only with a partner also aged 70 and above are more likely to be particularly vulnerable. The results highlight both positive news alongside causes for concern. The receipt of assistance with Instrumental Activities of Daily Living (IADLs), especially shopping, has increased particularly among those living alone or with an older partner, reflecting the rise of volunteering and community action during this period. However, not all older people reported a rise, and the majority reported 'no change', in the support received. Moreover, amongst those older people reporting that they required support with at least one Activity of Daily Living (ADL) task prior to the pandemic, around one-quarter reported receiving no care from outside the household and one-in-ten of those with two or more ADL care needs reported receiving less help than previously. Although formal home care visits have continued during the pandemic to those who have been assessed by the local government to be in need, it is important to acknowledge that some older people risk not having the support they need.

Fasani, F. et Mazza, J. (2020). Being on the Frontline? Immigrant Workers in Europe and the COVID-19 Pandemic. *Iza Discussion Paper Series ; 13963*. Bonn Iza

<http://ftp.iza.org/dp13963.pdf>

We provide a first timely assessment of the pandemic crisis impact on the labour market prospects of immigrant workers in Europe by proposing a novel measure of their exposure to employment risk. We characterize migrants' occupations along four dimensions related to the role of workers' occupations in the response to the pandemic, the contractual protection they enjoy, the possibility of performing their job from home and the resilience of the industry in which they are employed. We show that our measure of employment risk closely predicts actual employment losses observed in European countries after the first wave of the COVID-19 pandemic. We estimate that, within industries and

occupations, Extra-EU migrants and women are exposed to higher risk of unemployment than native men and that women are losing jobs at higher rates than equally exposed men. According to our estimates, more than 9 million immigrants in the EU14+UK area are exposed to a high risk of becoming unemployed due to the pandemic crisis, 1.3 million of which are facing a very high risk.

Fraser, S., Lagacé, M., Bongué, B., et al. (2020). "Ageism and COVID-19: what does our society's response say about us?" *Age and Ageing* **49**(5): 692-695.

<https://doi.org/10.1093/ageing/afaa097>

The goal of this commentary is to highlight the ageism that has emerged during the COVID-19 pandemic. Over 20 international researchers in the field of ageing have contributed to this document. This commentary discusses how older people are misrepresented and undervalued in the current public discourse surrounding the pandemic. It points to issues in documenting the deaths of older adults, the lack of preparation for such a crisis in long-term care homes, how some 'protective' policies can be considered patronising and how the initial perception of the public was that the virus was really an older adult problem. This commentary also calls attention to important intergenerational solidarity that has occurred during this crisis to ensure support and social-inclusion of older adults, even at a distance. Our hope is that with this commentary we can contribute to the discourse on older adults during this pandemic and diminish the ageist attitudes that have circulated.

Gandal, M., Yonas, M., Feldman, M., et al. (2020). Long-Term Care Facilities As a Risk Factor for Death Due to COVID-19: Evidence from European Countries and U.S. States. Tel Aviv Tel Aviv University

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3616760

A large percentage of the deaths from Covid-19 occur among residents of long-term care facilities. There are two possible reasons for this phenomenon. First, the structural features of such settings may lead to death. Alternatively, it is possible that individuals in these facilities are in poorer health than those living elsewhere, and that these individuals would have died even if they had not been in these facilities. Our findings show that, controlling for the population density and the percentage of older adults in the population, there is a significant positive association between the number of long-term care beds per capita and Covid-19 mortality rates. This finding provides support for the claim that long-term care living arrangements (of older people) are a significant risk factor for dying from Covid-19

Göttinger, F., Santiago-García, B., Noguera-Julián, A., et al. (2020). "COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study." *The Lancet Child & Adolescent Health* **4**(9): 653-661.

[https://doi.org/10.1016/S2352-4642\(20\)30177-2](https://doi.org/10.1016/S2352-4642(20)30177-2)

Background To date, few data on paediatric COVID-19 have been published, and most reports originate from China. This study aimed to capture key data on children and adolescents with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection across Europe to inform physicians and health-care service planning during the ongoing pandemic.

Hollinghurst, J., Lyons, J., Fry, R., et al. (2020). "The impact of COVID-19 on adjusted mortality risk in care homes for older adults in Wales, UK: a retrospective population-based cohort study for mortality in 2016–2020." *Age and Ageing* **50**(1): 25-31.

<https://doi.org/10.1093/ageing/afaa207>

Mortality in care homes has had a prominent focus during the COVID-19 outbreak. Care homes are particularly vulnerable to the spread of infectious diseases, which may lead to increased mortality risk. Multiple and interconnected challenges face the care home sector in the prevention and management of outbreaks of COVID-19, including adequate supply of personal protective equipment, staff shortages and insufficient or lack of timely COVID-19 testing. We analysed the mortality of older care home residents in Wales during COVID-19 lockdown and compare this across the population of Wales and the previous 4 years. We used anonymised electronic health records and administrative data from the secure anonymised information linkage databank to create a cross-sectional cohort study. We anonymously linked data for Welsh residents to mortality data up to the 14th June 2020. We calculated

survival curves and adjusted Cox proportional hazards models to estimate hazard ratios (HRs) for the risk of mortality. We adjusted HRs for age, gender, social economic status and prior health conditions. survival curves show an increased proportion of deaths between 23rd March and 14th June 2020 in care homes for older people, with an adjusted HR of 1.72 (1.55, 1.90) compared with 2016. Compared with the general population in 2016–2019, adjusted care home mortality HRs for older adults rose from 2.15 (2.11, 2.20) in 2016–2019 to 2.94 (2.81, 3.08) in 2020. the survival curves and increased HRs show a significantly increased risk of death in the 2020 study periods.

Konetzka, R. T. (2021). "Improving the Fate of Nursing Homes During the COVID-19 Pandemic: The Need for Policy." *American Journal of Public Health*: e1-e3.
<https://doi.org/10.2105/AJPH.2020.306107>

Approximately 40% of all COVID-19 deaths in the United States have been linked to long-term care facilities.¹ Early in the pandemic, as the scope of the problem became apparent, the nursing home sector generated significant media attention and public alarm. A New York Times article in mid-April referred to nursing homes as « death pits » because of the seemingly uncontrollable spread of the virus through these facilities. This devastation continued during subsequent surges,³ but there is a role for policy to change this trajectory.

Lewis, E. G., Breckons, M., Lee, R. P., et al. (2020). "Rationing care by frailty during the COVID-19 pandemic." *Age and Ageing* **50**(1): 7-10.
<https://doi.org/10.1093/ageing/afaa171>

The coronavirus disease 2019 (COVID-19) pandemic is disproportionately affecting older people and those with underlying comorbidities. Guidelines are needed to help clinicians make decisions regarding appropriate use of limited NHS critical care resources. In response to the pandemic, the National Institute for Health and Care Excellence published guidance that employs the Clinical Frailty Scale (CFS) in a decision-making flowchart to assist clinicians in assessing older individuals' suitability for critical care. This commentary raises some important limitations to this use of the CFS and cautions against the potential for unintended impacts. The COVID-19 pandemic has allowed the widespread implementation of the CFS with limited training or expert oversight. The CFS is primarily being used to assess older individuals' risk of adverse outcome in critical care, and to ration access to care on this basis. While some form of resource allocation strategy is necessary for emergencies, the implementation of this guideline in the absence of significant pressure on resources may reduce the likelihood of older people with frailty, who wish to be considered for critical care, being appropriately considered, and has the potential to reinforce the socio-economic gradient in health. Our incomplete understanding of this novel disease means that there is a need for research investigating the short-term predictive abilities of the CFS on critical care outcomes in COVID-19. Additionally, a review of the impact of stratifying older people by CFS score as a rationing strategy is necessary in order to assess its acceptability to older people as well as its potential for disparate impacts.

Marmot, M., Allen, J., Goldblatt, P., et al. (2020). *Build Back Fairer: The COVID-19 Marmot Review*. London Institute of Health Equity
<http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>

This report examines inequalities in Covid-19 mortality, focusing on ethnic minorities and certain occupations as well as paying continued attention to the socio-economic gradient in health. It shows the effects that the pandemic, and the societal response to contain the pandemic, have had on social and economic inequalities, their effects on mental and physical health, and their likely effects on health inequalities in the future.

Naurin, E., Markstedt, E., Stolle, D., et al. (2020). "Pregnant under the pressure of a pandemic: a large-scale longitudinal survey before and during the COVID-19 outbreak." *European Journal of Public Health*.
<https://doi.org/10.1093/eurpub/ckaa223>

One of the groups that is most vulnerable to the COVID-19 pandemic is pregnant women. They cannot choose to refrain from care; they and their children are at risk of severe complications related to the

virus; and they lose comfort and support as clinics prohibit their partners and as societal restrictions demand isolation from friends and relatives. It is urgent to study how this group is faring during the pandemic and we focus here on their health-related worries. A longitudinal survey at a Swedish hospital starting six months before (16 September 2019) and continuing during the COVID-19 outbreak (until 25 August 2020). 6,941 pregnant women and partners of diverse social backgrounds were recruited. 96 percent of birth-giving women in the city take early ultrasounds where recruitment took place. 62 percent of the women with an appointment and 51 percent of their partners gave consent to participate. Pregnant women experienced dramatically increased worries for their own health, as well as for their partner's and their child's health in the beginning of the pandemic. The worries remained at higher than usual levels throughout the pandemic. Similar, but less dramatic changes, were seen among partners. There is a need for heightened awareness of pregnant women's and partners' health-related worries as a consequence of the COVID-19 pandemic. Related feelings such as anxiety have been linked to adverse pregnancy outcome and might have long-term effects. The health care system needs to prepare for follow-up visits with these families.

Nazroo, J., Murray, K., Taylor, H., et al. (2020). Rapid Evidence Review: Inequalities in relation to COVID-19 and their effects on London. Manchester University of Manchester
<https://data.london.gov.uk/dataset/rapid-evidence-review-inequalities-in-relation-to-covid-19-and-their-effects-on-london>

This report provides the outcomes of a rapid evidence review that was commissioned by the Greater London Authority. The objective of the review was to document and understand the impact of COVID-19 (in terms of both health and the broader impacts on existing social and economic inequalities) on those with protected characteristics, as well as those living in poorer, or more precarious, socioeconomic circumstances, paying particular attention to its effect in London. We identify substantial inequalities across protected characteristics and socioeconomic position in relation to the impacts of the coronavirus pandemic. This is both in terms of risk of COVID-19 infection, complications and mortality, and in terms of the negative economic, social and psychological consequences of Government policies to mitigate the health impacts of the pandemic. These COVID-19 related inequalities are caused by processes of marginalisation and oppression, which before the pandemic had led to well-documented social and health inequalities, inequalities that have been exacerbated during the coronavirus pandemic.

Reher, D. S., Requena, M. L., Santis, G. d., et al. (2020). The COVID-19 pandemic in an aging world. SI Center for Open Science
<https://econpapers.repec.org/paper/osfsocarx/bfvxt.htm>

Since death rates from the COVID-19 are highest among the oldest, the impact of the current pandemic in a given society depends to a large extent on the share of elderly persons and their living arrangements. Whereas the former is well known, the latter is not. Arguably, contagion itself and the severity of its symptoms are likely to vary among elderly persons living alone, co-residing with family members or dwelling in institutions. Arguments in favour and against the premise that single-living elderly are better able to self-isolate can be made. Long-term care facilities have worsened the effects of the epidemic because they have often become death traps in some but not all countries. Once contagion takes place, living arrangements can make a huge difference in the way the disease can be managed by the individual, his family and society. Properly understanding the dynamics of contagion and the handling of the disease in terms of living arrangements of elderly people is essential for effectively tackling future outbreaks of similar epidemics.

Rimmer, A. (2020). "Covid-19: Tackling health inequalities is more urgent than ever, says new alliance." *Bmj* **371**: m4134.
<https://www.bmj.com/content/bmj/371/bmj.m4134.full.pdf>

Roederer, T., Mollo, B., Vincent, C., et al. (2020). High seroprevalence of SARS-CoV-2 antibodies among people living in precarious situations in Ile de France, Paris : Médecins sans frontières Epicentre
https://epicentre.msf.org/sites/default/files/2020-10/High_seroprevalence_of_SARS-CoV-2_antibodies_among_people_living_in_precarious.pdf

Une enquête de séroprévalence menée par Médecins sans frontières (MSF), Epicentre et l'Institut Pasteur entre le 23 juin et le 2 juillet 2020 sur quatorze lieux d'intervention de l'ONG en région parisienne montre qu'une forte proportion de personnes y ont été infectées par le virus SARS-CoV-2: la séroprévalence varie de 18 à 94% selon les sites enquêtés. Cette étude est la seule à ce jour, en France et en Europe, à estimer, parmi les populations en situation de grande précarité, la proportion de personnes infectées et à évaluer les principaux facteurs associés.

Sabatello, M., Burke, T. B., McDonald, K. E., et al. (2020). "Disability, Ethics, and Health Care in the COVID-19 Pandemic." *American Journal of Public Health* **110**(10): 1523-1527.

This article considers key ethical, legal, and medical dilemmas arising for people with disabilities in the COVID-19 pandemic. We highlight the limited application of existing frameworks of emergency planning with and for people with disabilities in the COVID-19 pandemic, explore key concerns and issues affecting the health care of people with disabilities (i.e., access to information and clinician-patient communication, nondiscrimination and reasonable accommodations, and rationing of medical goods), and indicate possible solutions. Finally, we suggest clinical and public health policy measures to ensure that people with disabilities are included in the planning of future pandemic-related efforts. The devastation evoked by the COVID-19 pandemic raises challenging dilemmas in bioethics. It also speaks to social justice issues that have plagued historically marginalized communities in the United States. Responses to the pandemic must be bound by legal standards, principles of distributive justice, and societal norms of protecting vulnerable populations? core commitments of public health? to ensure that inequities are not exacerbated, and should provide a pathway for improvements to ensure equitable access and treatment in the future.

Selden, T. M., Berdahl, T. A. et Fang, Z. (2020). "The Risk Of Severe COVID-19 Within Households Of School Employees And School-Age Children." *Health Affairs*: 10.1377/hlthaff.2020.01536.

<https://doi.org/10.1377/hlthaff.2020.01536>

Across the United States, school districts are grappling with questions of whether and how to reopen elementary and secondary schools in the 2020-21 academic year. Using pre-pandemic household data, we examined how often persons at risk of severe coronavirus disease 2019 (COVID-19) were connected to schools, either as employees or by living in the same households as school employees or school-age children. Between 42.0 and 51.4 percent of all school employees met the Centers for Disease Control and Prevention's (CDC) definition for having increased risk or potentially having increased risk of severe COVID-19. Among all adults with CDC risk factors for severe COVID-19, between 33.9 million and 44.2 million had direct or within-household connections to schools.

Stall, N. M., Jones, A., Brown, K. A., et al. (2020). "Risqué d'éclosions de COVID-19 et de décès de résidents dans les foyers de soins de longue durée à but lucratif." *Canadian Medical Association Journal* **192**(48): E1662-E1672.

<https://www.cmaj.ca/content/cmaj/192/48/E1662.full.pdf>

Sultana, A., McKyer, E. L. J. et Hossain, M. M. (2020). Hospital at Home for Older Adults During COVID-19: A Strategic Approach for Strengthening Geriatric Care Across Health Systems, Center for Open Science.

<https://ideas.repec.org/p/osf/socarx/3y8nv.html>

The coronavirus disease (COVID-19) pandemic has affected health systems globally with a growing need for hospital beds and other institutional resources. Older adults are highly vulnerable to COVID-19 infection and associated adverse outcomes, whereas they often experience chronic diseases requiring institutional care. Hospital at home (HAH) is a strategic approach that may provide hospital-level care for older adults in their home settings. HAH may potentially minimize the health risks associated with COVID-19, ensure timely care for other health problems, improve health outcomes, reduce costs, increase satisfaction, and make institutional resources available for other patients during this pandemic. Healthcare providers, social workers, policymakers, and other key stakeholders should assess and address existing challenges for ensuring optimal geriatric care during this pandemic and improve the collective societal responses to the COVID-19 pandemic and future public health emergencies.

Swann, O. V., Holden, K. A., Turtle, L., et al. (2020). "Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicentre observational cohort study." *Bmj* **370**: m3249.

<https://www.bmj.com/content/bmj/370/bmj.m3249.full.pdf>

Objective To characterise the clinical features of children and young people admitted to hospital with laboratory confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the UK and explore factors associated with admission to critical care, mortality, and development of multisystem inflammatory syndrome in children and adolescents temporarily related to coronavirus disease 2019 (covid-19) (MIS-C). **Design** Prospective observational cohort study with rapid data gathering and near real time analysis. **Setting** 260 hospitals in England, Wales, and Scotland between 17 January and 3 July 2020, with a minimum follow-up time of two weeks (to 17 July 2020). **Participants** 651 children and young people aged less than 19 years admitted to 138 hospitals and enrolled into the International Severe Acute Respiratory and emergency Infections Consortium (ISARIC) WHO Clinical Characterisation Protocol UK study with laboratory confirmed SARS-CoV-2. **Main outcome measures** Admission to critical care (high dependency or intensive care), in-hospital mortality, or meeting the WHO preliminary case definition for MIS-C. **Results** Median age was 4.6 (interquartile range 0.3-13.7) years, 35% (225/651) were under 12 months old, and 56% (367/650) were male. 57% (330/576) were white, 12% (67/576) South Asian, and 10% (56/576) black. 42% (276/651) had at least one recorded comorbidity. A systemic mucocutaneous-enteric cluster of symptoms was identified, which encompassed the symptoms for the WHO MIS-C criteria. 18% (116/632) of children were admitted to critical care. On multivariable analysis, this was associated with age under 1 month (odds ratio 3.21, 95% confidence interval 1.36 to 7.66; P=0.008), age 10-14 years (3.23, 1.55 to 6.99; P=0.002), and black ethnicity (2.82, 1.41 to 5.57; P=0.003). Six (1%) of 627 patients died in hospital, all of whom had profound comorbidity. 11% (52/456) met the WHO MIS-C criteria, with the first patient developing symptoms in mid-March. Children meeting MIS-C criteria were older (median age 10.7 (8.3-14.1) v 1.6 (0.2-12.9) years; P<0.001) and more likely to be of non-white ethnicity (64% (29/45) v 42% (148/355); P=0.004). Children with MIS-C were five times more likely to be admitted to critical care (73% (38/52) v 15% (62/404); P<0.001). In addition to the WHO criteria, children with MIS-C were more likely to present with fatigue (51% (24/47) v 28% (86/302); P=0.004), headache (34% (16/47) v 10% (26/263); P<0.001), myalgia (34% (15/44) v 8% (21/270); P<0.001), sore throat (30% (14/47) v 12% (34/284); P=0.003), and lymphadenopathy (20% (9/46) v 3% (10/318); P<0.001) and to have a platelet count of less than 150 × 10⁹/L (32% (16/50) v 11% (38/348); P<0.001) than children who did not have MIS-C. No deaths occurred in the MIS-C group. **Conclusions** Children and young people have less severe acute covid-19 than adults. A systemic mucocutaneous-enteric symptom cluster was also identified in acute cases that shares features with MIS-C. This study provides additional evidence for refining the WHO MIS-C preliminary case definition. Children meeting the MIS-C criteria have different demographic and clinical features depending on whether they have acute SARS-CoV-2 infection (polymerase chain reaction positive) or are post-acute (antibody positive). **Study registration** ISRCTN66726260.

Tipirneni, R. (2021). "A Data-Informed Approach to Targeting Social Determinants of Health as the Root Causes of COVID-19 Disparities." *American Journal of Public Health*: e1-e3.

<https://doi.org/10.2105/AJPH.2020.306085>

Racial disparities in COVID-19 outcomes have called renewed attention to addressing systemic racism and health inequities in the United States. The drivers of these inequities have been debated but include social determinants of health (SDOH) such as poverty, employment in low-wage but essential worker occupations, crowded housing, and lack of access to regular medical care.¹ For those in the public health community, the importance of addressing both upstream and midstream SDOH to achieve health equity has been long recognized and discussed.

Tsouros, A. (2020). "The coronavirus pandemic should strengthen governments' will to invest in adolescent health." *International Journal of Public Health* **65**(8): 1217-1218.

<https://doi.org/10.1007/s00038-020-01503-2>

Werner, R. M., Hoffman, A. K. et Coe, N. B. (2020). "Long-Term Care Policy after Covid-19 — Solving the Nursing Home Crisis." *New England Journal of Medicine* **383**(10): 903-905.

<https://www.nejm.org/doi/full/10.1056/NEJMp2014811>

Zerah, L., Baudouin, É., Pépin, M., et al. (2020). "Clinical Characteristics and Outcomes of 821 Older Patients with SARS-Cov-2 Infection Admitted to Acute Care Geriatric Wards." *The Journals of Gerontology: Series A*.

<https://doi.org/10.1093/gerona/glaa210>

There is limited information describing the characteristics and outcomes of hospitalized older patients with confirmed coronavirus disease 2019 (COVID-19). We conducted a multicentric retrospective cohort study in 13 acute COVID-19 geriatric wards, from March 13 to April 15, 2020, in Paris area. All consecutive patients aged ≥ 70 years, with confirmed COVID-19, were enrolled. Of the 821 patients included in the study, the mean (SD) age was 86 (7) years; 58% were female; 85% had ≥ 2 comorbidities; 29% lived in an institution; and the median (interquartile range) Activities of Daily Living Scale (ADL) score was 4 [2-6]. The most common symptoms at COVID-19 onset were asthenia (63%), fever (55%), dyspnea (45%), dry cough (45%) and delirium (25%). The in-hospital mortality was 31% (95% confidence interval [CI], 27 to 33). On multivariate analysis, at COVID-19 onset, the probability of in-hospital mortality was increased with male gender (odds ratio [OR], 1.85; 95% CI, 1.30 to 2.63), ADL score ≤ 4 (OR, 1.84; 95% CI, 1.25 to 2.70), asthenia (OR, 1.59; 95% CI, 1.08 to 2.32), quick Sequential Organ Failure Assessment score ≥ 2 (OR, 2.63; 95% CI, 1.64 to 4.22) and specific COVID-19 anomalies on chest computerized tomography (OR, 2.60; 95% CI, 1.07 to 6.46). This study provides new information about older patients with COVID-19 who are hospitalized. A quick bedside evaluation at admission of sex, functional status, systolic arterial pressure, consciousness, respiratory rate and asthenia can identify older patients at risk of unfavorable outcomes.

Santé mentale

ÉTUDES FRANÇAISES

(2020). "COVID-19 et psychiatrie." *Bulletin De L'académie Nationale De Médecine* **204**(7): 680.

<https://doi.org/10.1016/j.banm.2020.05.049>

Batardière, N. (2020). "Le Covid avance masqué en pédopsychiatrie." *L'information psychiatrique* **96**(10): 705-708.

<https://www.cairn.info/revue-l-information-psychiatrique-2020-10-page-705.htm>

Bouchat, P., Metzler, H. et Rimé, B. (2020). "Crise et pandémie. Impact émotionnel et psychosocial du confinement." *Le Journal des psychologues* **380**(8): 14-20.

<https://www.cairn.info/revue-le-journal-des-psychologues-2020-8-page-14.htm>

Escalon, H., Deschamps, V. et Verdot, C. (2021). "Activité physique et sédentarité des adultes pendant la période de confinement lié à l'épidémie de Covid-19 : état des lieux et évolutions perçues." *Bulletin Epidemiologique Hebdomadaire (Beh)* (3)

<https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/article/activite-physique-et-sedentarite-des-adultes-pendant-la-periode-de-confinement-lie-a-l-epidemie-de-covid-19-etat-des-lieux-et-evolutions-percues>

Dans le contexte de la pandémie de Covid-19, dès l'annonce du confinement mis en place du 17 mars au 11 mai 2020, Santé publique France a lancé un dispositif de surveillance comportementale (enquête CoviPrev) permettant d'évaluer l'impact du confinement sur la santé de la population. La sixième vague de cette enquête conduite du 4 au 6 mai 2020 a permis d'analyser les niveaux d'activité physique et de sédentarité de la population adulte pendant le confinement, l'évolution perçue de ces comportements par rapport à avant le confinement et les facteurs qui lui sont associés.

Etile, F. et Geoffard, P. Y. (2020). Anxiety Increases the Willingness to Be Exposed to COVID-19 Risk Among Young Adults in France. Paris LSE ; Paris Inrae - UMR 1393 PjSE: 19.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3760993&dgcid=ejournal_html_email_health:the:economy:ejournal_abstractlink

The COVID-19 outbreak has generated significant uncertainty about the future, especially for young adults. Health and economic threats, as well as more diffuse concerns about the consequences of COVID-19, can trigger feelings of anxiety, leading individuals to adopt uncertainty-reducing behaviours. We tested whether anxiety was associated with an increase in willingness to be exposed to the risk of COVID-19 infection (WiRE) using an online survey administered to 3,110 French individuals aged between 18 and 35 years old during the lockdown period (April 2020). Overall, 56.5% of the sample declared a positive WiRE. Unemployment was associated with a higher WiRE (+8.2 percentage points (pp); 95% CI +0.9-15.4 pp). One standard deviation increases in income (+1160€) and psychological state anxiety raised the WiRE by +2.7 pp (95% CI: +1.1-4.4 pp) and +3.9 pp (95% CI: +1.6-6.2 pp), respectively. A one standard deviation increase in perceived hospitalisation risk was associated with a -4.1 pp (95% CI: -6.2-2.1 pp) decrease in the WiRE. Overall, our results suggest that both the prospect of economic losses and psychological anxiety can undermine young adults' adherence to physical distancing recommendations. Public policies targeting young adults must consider both their economic situation and their mental health, and they must use uncertainty-reducing communication strategies.

Fondation Jean Jaurès (2020). Les Français et le suicide : sondage Ifop pour la Fondation Jean Jaurès, Paris : Fondation Jean-Jaurès

<https://jean-jaures.org/nos-productions/suicide-l-autre-vague-a-venir-de-la-covid>

Le lien entre le risque suicidaire et les crises économiques et sociales est connu, notamment depuis la crise de 1929. Qu'en est-il s'agissant de la crise sanitaire (et de ses effets économiques et sociaux) que nous sommes collectivement en train de vivre ? Afin de mesurer, notamment, les effets du premier confinement sur le risque suicidaire de certaines catégories de la population, la Fondation Jean-Jaurès a réalisé une enquête dirigée par Michel Debout, professeur de médecine légale et membre de l'Observatoire national du suicide. Cette enquête met en lumière les conséquences psychologiques du confinement et du déconfinement sur les Français. Ainsi, 20% des Français ont déjà sérieusement pensé à se suicider. Parmi eux, 11% l'ont envisagé pendant le premier confinement et les chiffres passent à 17% après le confinement.

Gandre, C., Espagnacq, M., Coldefy, M., et al. (2021). "Déresse psychologique pendant le premier confinement lié à la Covid-19 : des facteurs de vulnérabilité spécifiques aux personnes vivant avec une maladie chronique ou un handicap." Questions D'économie De La Santé(Irdes) (255)

<https://www.irdes.fr/recherche/questions-d-economie-de-la-sante/255-detresse-psychologique-pendant-le-premier-confinement-lie-a-la-covid-19.pdf>

L'impact sur la santé mentale de la crise sanitaire et du premier confinement liés à la pandémie de Covid-19 en France a été objectivé par des enquêtes en population générale qui ont souligné le sur-risque de survenue de détresse psychologique chez les personnes vivant avec une maladie chronique ou un handicap. Mais les données issues de telles enquêtes ne permettent pas d'étudier avec précision la situation de ces populations spécifiques, du fait de leurs faibles effectifs parmi les répondants. Pour pallier ce manque d'informations et mieux comprendre les mécanismes impliqués, le choix a été fait de recourir à une enquête par internet diffusée par un réseau social et des associations de personnes vivant avec une maladie chronique ou un handicap. Malgré des facteurs de vulnérabilité communs à la population générale, la survenue de détresse psychologique au cours du confinement chez ces personnes s'avère également liée à des problématiques qui leur sont propres : difficultés à appliquer les mesures sanitaires, fait de penser ne pas être pris en charge comme les autres en cas d'infection par la Covid-19, arrêt ou diminution du suivi médical ou médico-social habituel pendant le confinement. Nos résultats soulignent ainsi l'importance de prendre en compte les besoins spécifiques des personnes vivant avec une maladie chronique ou un handicap dans le cadre de la réitération des politiques de confinement, d'autant que l'impact de la plupart des facteurs de vulnérabilité qui leur sont propres semble pouvoir être modéré par des politiques adaptées.

Hermand, M. et Benyamina, A. (2020). "Retour d'expérience du soutien porté au personnel soignant de l'hôpital Paul Brousse par le service de l'Albatros dans le cadre de la pandémie du coronavirus." *Psychotropes* **26**(2): 75-85.

<https://www.cairn.info/revue-psychotropes-2020-2-page-75.htm>

La pandémie de Covid-19 soumet la population générale à une pression psychologique importante. Au cœur de cette crise sanitaire se trouvent les soignants dont la santé mentale peut être affectée. À l'hôpital Paul Brousse, le personnel a pu compter (en parallèle des lignes de soutien téléphonique) sur les ressources locales et le soutien de proximité intra-site, promouvant ainsi le sentiment d'affiliation et la cohésion d'équipe. Le plus efficace a été de proposer des soins personnalisés répondant aux besoins de chaque service.

Isabelle, M., Dan, P., Laurence, G., et al. (2020). "Covid-19 et rôle de la nicotine : observations en psychiatrie hospitalière et pistes de recherche sur les facteurs de protection." *L'information psychiatrique* **96**(6): 403-413.

À mesure que le SARS-CoV-2 se propage au niveau mondial, diverses hypothèses sur les facteurs de diffusion apparaissent parmi lesquelles le rôle protecteur de la nicotine. Or, il est avéré depuis des décennies que les patients souffrant de pathologies psychiatriques chroniques sont beaucoup plus fumeurs que la moyenne. Il apparaît également que les patients hospitalisés en psychiatrie ont été, au terme de la période de confinement, beaucoup moins atteints par le coronavirus au niveau national que ne le craignaient les professionnels. Une observation est menée dans une unité dédiée à la prise en charge de patients contaminés au sein d'un hôpital ayant une activité psychiatrique et de SSR, dans une région fortement impactée (Île-de-France) : la théorie nicotinique est discutée et confirme l'intérêt d'inclure au sein des programmes de recherche l'examen des spécificités des patients suivis en psychiatrie et une attention soutenue pour leur état de santé somatique. Les traitements psychotropes pourraient jouer un rôle dans le mode d'action du SARS-CoV-2.

Jollant, F. (2020). "Covid-19 pandemic and suicide in France: An opportunity to improve information systems." *L'Encéphale* **46**(5): 317-318.

<https://pubmed.ncbi.nlm.nih.gov/33019971>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7501846/>

Jollant, F., Frioux, S., Dubertret, C., et al. (2020). "Covid-19 et psychiatrie en France." *L'Encéphale* **46**(35): S1-S127.

<https://www.em-consulte.com/revue/ENCEP/46/5/table-des-matieres/>

Malatre-Lansac, A., Docherty, M., Kasparian, N. A., et al. (2020). Santé mentale : faire face à la crise. Paris Institut Montaigne: 142P.

<https://www.institutmontaigne.org/publications/sante-mentale-faire-face-la-crise>

Les impacts psychiatriques de la pandémie du Covid-19 vont sans aucun doute constituer l'un des grands défis sanitaires et sociaux des prochaines années. Alors qu'un Français sur cinq est touché chaque année par un trouble psychiatrique, l'accès aux soins est extrêmement difficile. À peine la moitié des personnes souffrant de troubles psychiques est aujourd'hui prise en charge, avec une qualité de soins très inégale. Plusieurs raisons à cela : des ressources mal réparties sur le territoire, des délais d'attente très longs, des barrières financières, mais aussi des cloisonnements forts entre médecine somatique, psychiatrie et médico-social, ainsi qu'une forte stigmatisation. Pour répondre à ces défis, cette étude propose de reconnaître le rôle essentiel des médecins généralistes et des pédiatres dans la prise en charge des troubles fréquents et leur donner des moyens à la hauteur des enjeux, en favorisant notamment les collaborations entre professionnels et le partage d'information grâce au digital. En initiant une prise en charge innovante et collaborative des troubles les plus fréquents, elle ouvre la voie à une approche centrée sur les patients, à moins de stigmatisation et à un meilleur accès aux soins. Cette étude s'appuie sur les travaux scientifiques menés depuis plus de vingt ans sur ce sujet et sur de nombreux échanges de terrain avec des médecins de premiers recours, des patients, des psychiatres et des psychologues en France comme aux États-Unis.

Melchior, M., Vuillermoz, C. et Bertuzzi, L. (2020). "La santé mentale des soignants face à la Covid-19." The Conversation: html.

<https://theconversation.com/la-sante-mentale-des-soignants-face-a-la-covid-19-150229>

Les deux confinements, et plus largement l'ambiance générale dans laquelle sont plongés les Français depuis le début de la crise de Covid-19, portent un coup dur au moral. Plusieurs études en cours observent comment les troubles psychiques, combinés à d'autres facteurs antérieurs à la crise, influent sur la santé mentale des Français. Tous sont potentiellement concernés, cependant les professionnels de santé se retrouvent en première ligne.

Ministère chargé de la Santé (2020). Rapport des « retours d'expériences de la crise COVID-19 dans le secteur de la santé mentale » et de la psychiatrie. Paris Ministère chargé de la santé

<https://solidarites->

[sante.gouv.fr/IMG/pdf/document_sante_mentale_annexes_maquette_pdf_11.08.2020_1_.pdf](https://solidarites-sante.gouv.fr/IMG/pdf/document_sante_mentale_annexes_maquette_pdf_11.08.2020_1_.pdf)

Ce document présente un échantillon de retours d'expériences de la Crise COVID dans le secteur de la santé mentale et de la psychiatrie qui témoigne de l'importante mobilisation, de la réactivité et de l'inventivité des équipes pour s'adapter à cette situation inédite. Les pratiques ont été bouleversées de façon brutale et pourtant les missions ont été tenues. Les dispositifs mis en œuvre ont ouvert de nouvelles perspectives.

Normand, M. (2020). "Petite chronique de la psychiatrie au temps de la Covid-19." Le Journal des psychologues **381**(9): 72-75.

<https://www.cairn.info/revue-le-journal-des-psychologues-2020-9-page-72.htm>

Patrick, B. (2020). "Quelles conséquences du Covid-19 sur notre vie psychique ? Métamorphose et transformations liées au coronavirus." L'information psychiatrique **96**(5): 317-319.

Paul, E., Crommelinck, B., Decker, M., et al. (2020). "Impacts de la crise du Covid-19 sur un hôpital psychiatrique pour enfants et adolescents." Cahiers critiques de thérapie familiale et de pratiques de réseaux **65**(2): 185-204.

<https://www.cairn.info/revue-cahiers-critiques-de-therapie-familiale-2020-2-page-185.htm>

Le confinement imposé par la crise du Covid-19 a contraint l'hôpital « La Petite Maison » à poser un choix différent de ses pratiques thérapeutiques habituelles : confinement à l'hôpital ou en famille sans possibilité de maintenir une circulation entre lieu de vie et lieu de soins. L'hôpital a dû se réorganiser et aménager ses dispositifs : fusion de certaines unités alors que l'une d'entre elles va rester isolée, arrêt des entretiens familiaux en présentiel, arrêt des réunions d'équipe, etc. Les effets, tantôt positifs (ouverture, solidarité, créativité), tantôt négatifs (manque d'extériorité, sentiment d'injustice) de cette contrainte à laquelle les soignants ont été soumis sont analysés sous l'angle de la théorie de la privation relative. Du côté des jeunes et des familles, le maintien par l'hôpital du lien, soit entre le jeune hospitalisé et sa famille, soit avec le jeune confiné en famille, est analysé au travers de trois vignettes cliniques.

Peyrat-Apicella, D. et Gautier, S. (2020). "COVID-19 : aux frontières de la folie." Éthique & Santé **17**(3): 160-167.

<https://doi.org/10.1016/j.etiqe.2020.06.001>

Résumé Les désorganisations dues à la pandémie actuelle de coronavirus SARS-CoV-2, ayant nécessité un confinement national sur la période du 17 mars au 11 mai 2020, malmènent et questionnent. Au regard du caractère extrême de cette situation traumatique et des conséquences psychopathologiques observées, nous allons tenter de mettre du sens sur une situation ressentie comme proche de la folie. Notre élaboration commune, découlant d'un journal croisé de deux psychologues, confinée et non-confinée, tentant de mettre la théorie au service de la clinique, a pour objectif de construire un étayage structurant à la pensée. En effet, l'effraction de l'angoisse de mort véhiculée par le COVID-19 génère des mécanismes de défenses d'allure psychotique au sein de l'ensemble de la société. Alors que la situation soudaine et extrême que nous décrivons peut se lire tant du côté des injonctions paradoxales, que du déni et du clivage, nous axerons nos observations et

nos analyses à la fois sur les réalités sociétales et hospitalières, qui semblent mettre à mal les principes d'humanité et de dignité, de solidarité, d'équité et de justice, et enfin d'autonomie. Décrire et tenter de mettre en mots, d'analyser les mouvements à l'œuvre face à la situation actuelle, pourrait ainsi permettre de donner du sens à une situation qui en semble dénuée. Summary Disorganizations due to the current coronavirus SARS-CoV-2 pandemic that have required a national quarantine from the 17th of March to the 11 of May 2020, mangle and question. In view of the situation's extreme traumatic character and of the pathological consequences observed, we are going to try to give meaning to an almost chaotic situation. Our shared production, coming out of two psychologists – one being in quarantine and the other one not – crossed diary trying to put the theory in favor of the clinic, has for aim to build a support structuring thought. In fact, the breaking of COVID-19's death anxiety creates hysterical looking defense mechanisms within the entire society. When the extreme and sudden situation that we are describing can be understood as a paradoxical injunction as much as a denial of the split, we will focus our analyzes on both societal and hospital realities, that seems to jeopardize humanity, dignity, solidarity, equity, justice and autonomy principles. Describing, trying to put into words and analyzing all movements concerning the current situation, could lead to giving meaning to a situation which seems already deprived.

Sence, D. (2020). "Soigner le lien social en temps de Covid-19." *Psychotropes* 26(2): 65-73.

<https://www.cairn.info/revue-psychotropes-2020-2-page-65.htm>

Cet article questionne la qualité du lien social en temps de Covid-19 et de confinement, en particulier dans un lieu de soin qui concerne la clinique des addictions. L'auteur, assistante sociale à l'hôpital Marmottan, livre ici son expérience et ses questionnements : le confinement pourrait-il conduire à un isolement social et fragiliser certains des patients, notamment les plus précaires ? Comment ces patients seront-ils épaulés dans ce moment particulier, pour les démarches d'insertion, dans leur vie quotidienne, sur leur lieu de vie ? Comment préserver le lien social physique, auprès de patients usagers de produits psychoactifs et souffrant d'addiction ? En quoi le maintien de ce lien social physique est-il nécessaire et thérapeutique pour certains d'entre eux ?

Tourette-Turgis, C. et Chollier, M. (2020). "L'impact psychosocial du (dé)confinement : repenser l'accompagnement de la population générale en période de crise." *Psychotropes* 26(2): 191-207.

<https://www.cairn.info/revue-psychotropes-2020-2-page-191.htm>

L'impact psychosocial des mesures de confinement ou de quarantaine a été documenté depuis près de deux décennies au fil des différentes épidémies. Cependant, aucune de ces pandémies n'avait sévèrement impacté les pays d'Europe de l'Ouest. La Covid-19 est une pandémie globale dont la gestion a impacté la population à tous niveaux. En France, le confinement et la sortie du confinement ont été analysés par plusieurs recherches, les données préliminaires mettant en avant les différents facteurs de vulnérabilité et les populations les plus démunies. Les auteurs soulignent les enjeux de santé mentale publique et la nécessité d'une stratégie de prévention et d'accompagnement.

Traber, D., Jauffret-Roustide, M., Roumian, J., et al. (2020). "L'impact du confinement sur la santé mentale, l'importance des signaux faibles et des indicateurs fins. Résultats préliminaires de l'enquête Covadapt."

L'information psychiatrique 96(8): 632-638.

<https://www.cairn.info/revue-l-information-psychiatrique-2020-8-page-632.htm>

La pandémie du SARS-CoV-2 a plongé la France dans 8 semaines de confinement généralisé. Cette situation a et aura un impact sur la santé psychologique de la population générale. Le but de cet article est d'étudier l'impact au-delà des aspects psychopathologiques, sur l'équilibre global du fonctionnement des individus. Durant le confinement, nous avons mesuré des indicateurs directs de la détresse psychologique et des indicateurs plus faibles et fins. Sur plus de 6545 répondants, 22 % semblent impactés lorsque la mesure directe concerne les états psychologiques, contre 39 % lorsque la mesure concerne des indicateurs fins. Au-delà de la détresse psychologique, différents aspects moins visibles ne doivent pas être négligés ; ils touchent plus d'individus et sont liés à la soudaineté et la simultanéité de nombreux changements de la vie quotidienne. Ces éléments sont sources de vulnérabilité à long terme et questionnent la capacité à gérer d'autres mesures sanitaires.

Vachey, L., Allot, F. et Scotte, N. (2020). Rapport d'analyse des retours d'expériences de la crise COVID-19 dans le secteur de la santé mentale et de la psychiatrie. Paris Ministère chargé de la santé
http://www.igf.finances.gouv.fr/files/live/sites/igf/files/contributed/IGF%20internet/2.RapportsPublics/2020/2020-M-033-02_Rapport_Branche_Autonomie-vf.pdf

Ce document présente un échantillon de retours d'expériences de la Crise COVID dans le secteur de la santé mentale et de la psychiatrie qui témoigne de l'importante mobilisation, de la réactivité et de l'inventivité des équipes pour s'adapter à cette situation inédite. Les pratiques ont été bouleversées de façon brutale et pourtant les missions ont été tenues. Les dispositifs mis en œuvre ont ouvert de nouvelles perspectives de transformation des offres en santé mentale dans les territoires. Afin de conserver toute la richesse des expériences qui ont été majoritairement singulières, nous nous sommes abstenus d'en faire une synthèse « stricto sensu ». Ce document constitue plutôt une « banque d'informations » pour un partage d'expériences et, à ce titre, devenir source d'inspiration, de transposition pour les établissements. Enfin, ce retour d'expériences illustre les immenses besoins qui sont nés durant la crise et les très nombreux domaines et publics qui nécessitent des compétences en santé mentale. La feuille de route « Santé mentale et psychiatrie » qui sera adaptée s'attachera à en tenir compte

Vignaud, P. et Prieto, N. (2020). "Impact psychique de la pandémie de Covid-19 sur les professionnels soignants." *Actualités Pharmaceutiques* **59**(599): 51-53.
<https://doi.org/10.1016/j.actpha.2020.08.013>

À l'instar d'autres pandémies, celle de Covid-19 a eu un retentissement psychique important dans l'ensemble de la population. Néanmoins, cet impact s'est avéré encore plus aigu chez les personnels soignants, en lien avec l'exposition répétée au risque infectieux, la réorganisation des soins et leur positionnement spécifique. Les pharmaciens d'officine, qui ont assuré la continuité des soins dans un climat de télétravail généralisé, n'ont pas été épargnés. Des symptômes psychotraumatiques, anxieux et de dépression ont été observés. Psychological impact of the COVID-19 pandemic on health care professionals Like other pandemics, those of COVID-19 had a significant psychological impact on the general population. Nevertheless, this impact was even more acute among healthcare staff, in connection with repeated exposure to the risk of infection, the reorganization of healthcare and their specific positioning. Dispensary pharmacists, who ensured continuity of healthcare in a climate of widespread teleworking, were not spared. Psychotraumatic, anxiety and depressive symptoms were observed.

Wulfman, R., Jourdain, P. et Ourahou, O. (2020). "Pendant le trauma : une approche de la pathologie psychiatrique des patients atteints par le Covid-19 à travers la plateforme Covidom." *L'information psychiatrique* **96**(8): 627-631.
<https://www.cairn.info/revue-l-information-psychiatrique-2020-8-page-627.htm>

Covidom est une application e-santé qui permet aux patients porteurs ou suspectés du Covid-19, sans signe de gravité, de bénéficier d'un télé-suivi à domicile via des questionnaires médicaux. Elle a mis en évidence des troubles psychiatriques préexistants et une pathologie spécifique : les souffrances des soignants atteints et les deuils pathologiques. Les deuils étaient en rapport avec l'impossibilité d'assister aux derniers instants ou à des deuils anticipés. Pour les soignants, le sentiment de culpabilité prédominait : avoir abandonné ses collègues ou la crainte de contaminer les siens. La reconnaissance en maladie professionnelle est importante pour leur prise en charge.

ÉTUDES INTERNATIONALES

Arendt, F., Markiewitz, A., Mestas, M., et al. (2020). "COVID-19 pandemic, government responses, and public mental health: Investigating consequences through crisis hotline calls in two countries." *Social Science & Medicine* **265**: 113532.
<https://doi.org/10.1016/j.socscimed.2020.113532>

Rationale The coronavirus disease (COVID-19) pandemic is an immense global health threat that has invoked unheard-of containment measures in numerous countries to reduce the number of new infections. **Objective** The sequential introduction of severe measures, intentionally aiming at reducing the number of new infections, also imposes sharp restrictions on populations with potentially unintended, detrimental effects on public mental health. **Method** We used observational data reflecting the number of phone calls made to national crisis hotlines in Austria and Germany during the COVID-19 pandemic (January 2020–April 2020) to investigate the impact of government restrictions as well as their later revocations on public mental health. Importantly, both countries have comparable health care systems, are similar in their political and socio-economic idiosyncrasies, and took similar restrictive government measures in order to contain COVID-19—but implemented them at different points in time. **Results** Analysis indicated that the number of crisis hotline calls increased in both countries. This increase seemed to occur at around the same time as the implementation of restrictive governmental responses. Importantly, the revocation of these governmental restrictions (i.e., re-opening the economy, allowing more social contact) seemed to occur at around the same time as the decrease in the number of calls. **Conclusions** The present study supports the notion that the implementation of severe measures affects public mental health. However, the negative mental health effects of COVID-19 may be reduced if severe governmental restrictions are kept in place as briefly as possible.

Auxéméry, Y. et Tarquinio, C. (2020). "General sanitary containment during the Coronavirus epidemic: Medico-psychological consequences in general population, caregivers, and subjects suffering previously from mental disorders (Retrospective on the repercussions of lethal mass risks, scientific models of collective confinement, first clinical observations, implementation of countermeasures and innovative therapeutic strategies)." *Annales medico-psychologiques* **178**(7): 699-710.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7274609/>

BACKGROUND: The situation we are currently experiencing is unprecedented. Declaring a state of health emergency in order to curb a frightening epidemic, the authorities have decreed the home confinement of the majority of the population of our country for several weeks. In a few days, innumerable questions arise for very diverse spaces: epidemiological, immunological, sociological, information scientists, medical, administrative, political, etc. **OBJECTIVE:** We propose a reflection intended to describe the psychological risks, to clarify the disorders found, and to discuss the means to take care of them in the duration. **MATERIAL AND METHODS:** We base our thinking on a review of the literature confronted with our current clinical experience, including concerning the possibilities of dematerialised medico-psychological monitoring. **RESULTS:** We recall the collective repercussions of emerging lethal mass risks, and in particular viral infectious agents, before approaching the existing scientific models of collective confinement according to military operations in war zones, polar wintering missions and aerospace conquest. It appears that for the study of a global containment, somewhat studied during previous pandemics, the conceptions of stress reaction and psychodynamic adaptation prove to be relevant. We detail the psychological consequences of confinement on individual mental health and their countermeasures according to three population typologies: general population, population of caregivers on the front line against the epidemic, and population of subjects already suffering from mental illness or seeing their disorders reappear. We also refer to works in social cognitive psychology explaining how, in an anxiety-provoking situation, reasoning can be biased and lead to choices that ultimately prove to be not very rational, in the opinion of those who made them. The current situation in the health sector is favourable in this, as evidenced by the "debate on chloroquine" widely reported in the media and on social networks, opposing conclusions most often decided on the basis of beliefs on contrary to evidence based medicine. **DISCUSSION:** The psychological repercussions of confinement appear conditioned by the multiple forms that it can take: voluntary or suffered, more or less prolonged, spent at home or in another place, lived in individual isolation or in a small community, associated other stressors and/or traumatic factors, etc. The home confinement of a population across a country has never been assessed. This experience seems to us to confront our society as a whole with the taboo of death, which is imposed, death more and more evaded as the "Western man" tries to move away from his terrestrial origins. In this sense, psychotraumatic type repercussions are to be prevented. In order to face multiple challenges, the healthcare system has adapted with, in particular, the development of the use of the Internet for the provision of information intended to better experience confinement, or even the generalisation of e-

psychotherapy asking as many questions as it provides answers. These intricacies of computer techniques in the area of psychotherapy, techniques with which we had some questioning, became established as quickly as the virus: the task of clinicians and researchers to measure the issues and the consequences. CONCLUSION: Public health programs could emerge on the model of those already existing in order to manage well-known chronic endemic disorders: protection against the effects of an unbalanced diet associated with a sedentary lifestyle, fight against smoking and alcoholism, prevention of self-aggressive behaviour, etc. We will also need to support the caregivers who have been on the front line and who will emerge tested from this pandemic: depending on the sustainability of the action capacities of our healthcare system to return to its nominal state and also perhaps, so that it can face consequences resulting from other crises, especially social ones.

Barello, S., Falcó-Pegueroles, A., Rosa, D., et al. (2020). "The psychosocial impact of flu influenza pandemics on healthcare workers and lessons learnt for the COVID-19 emergency: a rapid review." *International Journal of Public Health* **65**(7): 1205-1216.

<https://doi.org/10.1007/s00038-020-01463-7>

During a pandemic, healthcare workers (HCWs) are essential to the health system response. Based on our knowledge, little information is available regarding the psychosocial impact on HCWs or interventions for supporting them during pandemics. Therefore, the study aimed to assess available literature on perceived stress and psychological responses to influenza pandemics in HCWs and identify implications for healthcare practice and future research.

Bäuerle, A., Teufel, M., Musche, V., et al. (2020). "Increased generalized anxiety, depression and distress during the COVID-19 pandemic: a cross-sectional study in Germany." *Journal of Public Health*.

<https://doi.org/10.1093/pubmed/fdaa106>

Since the first cases of the novel coronavirus disease SARS-CoV-2 were reported in December 2019 in China, the virus has spread in most countries. The aim of the present study was to assess initial data on the mental health burden of the German public during the COVID-19 pandemic. A cross-sectional study was conducted in Germany and collected complete datasets from 15 704 German residents aged 18 years and over. Besides demographics, generalized anxiety (GAD-7), depression (PHQ-2) and psychological distress (DT) were assessed. Furthermore, COVID-19-related fear, trust in governmental actions to face COVID-19 and the subjective level of information regarding COVID-19 were covered. Significantly increased symptoms were highly prevalent in all dimensions: generalized anxiety (44.9%), depression (14.3%), psychological distress (65.2%) and COVID-19-related fear (59%). Females and younger people reported higher mental burden. Trust in governmental actions to face COVID-19 and the subjective level of information regarding COVID-19 are negatively associated with mental health burden. However, the subjective level of information regarding COVID-19 is positively associated with increased COVID-19-related fear. The provision of appropriate psychological interventions for those in need and the provision of transparency and comprehensible information are crucial during the current pandemic.

Bruffaerts, R., Voorspoels, W., Jansen, L., et al. (2021). "Suicidality among healthcare professionals during the first COVID19 wave." *Journal of affective disorders* **283**: 66-70.

<https://doi.org/10.1016/j.jad.2021.01.013>

Background Prevalence estimates of suicidal thoughts and behaviours (STB) among clinically active healthcare professionals during the first wave of COVID19 pandemic are non-existing. The main aim of this study was to investigate the 30-day prevalence of STB and associated risk factors. Methods As part of the Recovering Emotionally from COVID study (RECOVID), 30-day STB among healthcare professionals (N = 6,409) was assessed in an e-survey in healthcare settings in Belgium. The prevalence of STB and associated risk factors were estimated in multivariable models with individual-level and society-level measures of association. We used post-stratification weights to make the data representative for the entire clinical workforce in Belgium. Results Prevalence was 3.6% death wish, 1.5% suicide ideation, 1.0% suicide plan, and 0.0% suicide attempt. Thirty-day STB was (a) increased among respondents with lifetime and current mental disorders (mostly depression) and those hospitalized for COVID19 infection, (b) decreased among respondents with social support, and (c)

unrelated to work environment. Limitations This is an explorative cross-sectional study using multivariate models that generates specific hypotheses on the prevalence of and risk factors for STB during the COVID19 pandemic rather than testing specific pathways that lead to STB onset. Conclusions Across age, gender, professional discipline, and exposure to COVID, lifetime and current mental disorders were highly associated with STB. These factors could guide governments and healthcare organizations in taking up responsibilities in preventing emotional problems and developing resilience among healthcare professionals during, but probably beyond, the current COVID19 pandemic.

Cable, N. (2020). "COVID-19 Pandemic: Urgent Needs to Support and Monitor Long-Term Effects of Mental Strain on People." *American Journal of Public Health* **110**(11): 1595-1596.
<https://doi.org/10.2105/AJPH.2020.305938>

Carr, M. J., Steeg, S., Webb, R. T., et al. (2021). "Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study." *The Lancet Public Health* **6**(2): e124-e135.
[https://doi.org/10.1016/S2468-2667\(20\)30288-7](https://doi.org/10.1016/S2468-2667(20)30288-7)

Summary Background The COVID-19 pandemic has adversely affected population mental health. We aimed to assess temporal trends in primary care-recorded common mental illness, episodes of self-harm, psychotropic medication prescribing, and general practitioner (GP) referrals to mental health services during the COVID-19 emergency in the UK. **Methods** We did a population-based cohort study using primary care electronic health records from general practices registered on the UK Clinical Practice Research Datalink (CPRD). We included patient records from Jan 1, 2010, to Sept 10, 2020, to establish long-term trends and patterns of seasonality, but focused primarily on the period January, 2019–September, 2020. We extracted data on clinical codes entered into patient records to estimate the incidence of depression and anxiety disorders, self-harm, prescriptions for antidepressants and benzodiazepines, and GP referrals to mental health services, and assessed event rates of all psychotropic prescriptions and self-harm. We used mean-dispersion negative binomial regression models to predict expected monthly incidence and overall event rates, which were then compared with observed rates to assess the percentage reduction in incidence and event rates after March, 2020. We also stratified analyses by sex, age group, and practice-level Index of Multiple Deprivation quintiles. **Findings** We identified 14 210 507 patients from 1697 UK general practices registered in the CPRD databases. In April, 2020, compared with expected rates, the incidence of primary care-recorded depression had reduced by 43·0% (95% CI 38·3–47·4), anxiety disorders by 47·8% (44·3–51·2), and first antidepressant prescribing by 36·4% (33·9–38·8) in English general practices. Reductions in first diagnoses of depression and anxiety disorders were largest for adults of working age (18–44 and 45–64 years) and for patients registered at practices in more deprived areas. The incidence of self-harm was 37·6% (34·8–40·3%) lower than expected in April, 2020, and the reduction was greatest for women and individuals aged younger than 45 years. By September, 2020, rates of incident depression, anxiety disorder, and self-harm were similar to expected levels. In Northern Ireland, Scotland, and Wales, rates of incident depression and anxiety disorder remained around a third lower than expected to September, 2020. In April, 2020, the rate of referral to mental health services was less than a quarter of the expected rate for the time of year (75·3% reduction [74·0–76·4]). **Interpretation** Consequences of the considerable reductions in primary care-recorded mental illness and self-harm could include more patients subsequently presenting with greater severity of mental illness and increasing incidence of non-fatal self-harm and suicide. Addressing the effects of future lockdowns and longer-term impacts of economic instability on mental health should be prioritised. Funding National Institute for Health Research and Medical Research Council.

Cloutier, R. L. et Marshaall, R. (2020). "A dangerous pandemic pair: Covid19 and adolescent mental health emergencies." *The American Journal of Emergency Medicine*.
<https://doi.org/10.1016/j.ajem.2020.09.008>

Constant, A. F. et Milewski, F. (2020). Self-selection in physical and mental health among older intra-European migrants. *Working paper series : 2020-037*. Maastricht UNU-MERIT
<https://www.merit.unu.edu/publications/wppdf/2020/wp2020-037.pdf>

The Healthy Immigrant Paradox found in the literature by comparing the health of immigrants to that of natives in the host country, may suffer from serious cultural biases. Our study evades such biases by utilizing a destination-origin framework, in which we compare the health of emigrants to that of their compatriots who stay in the country of origin. Isolating cultural effects can best gauge self-selection and host country effects on the health of emigrants with longer time abroad. We study both the physical and mental dimensions of health among European-born emigrants over 50, who originate from seven European countries and now live elsewhere in Europe. We use the Survey of Health, Ageing and Retirement in Europe and apply multi-level modeling. Regarding the physical health we find positive self-selection, beneficial adaptation effects, and effects from other observables for some but not all countries. With the notable exception of the German émigrés, we cannot confirm selection in mental health, while additional years abroad have only weak effects. Overall, living abroad has some favorable effects on the health of older emigrants. The economic similarity of countries and the free intra-European mobility mitigate the need for initial self-selection in health and facilitate the migration experience abroad.

Daly, Z., Slemon, A., Richardson, C. G., et al. (2021). "Associations between periods of COVID-19 quarantine and mental health in Canada." *Psychiatry Res* **295**: 113631.

<https://doi.org/10.1016/j.psychres.2020.113631>

Since the onset of the COVID-19 pandemic, many jurisdictions, including Canada, have made use of public health measures such as COVID-19 quarantine to reduce the transmission of the virus. To examine associations between these periods of quarantine and mental health, including suicidal ideation and deliberate self-harm, we examined data from a national survey of 3000 Canadian adults distributed between May 14-29, 2020. Notably, participants provided the reason(s) for quarantine. When pooling all reasons for quarantine together, this experience was associated with higher odds of suicidal ideation and deliberate self-harm in the two weeks preceding the survey. These associations remained even after controlling for age, household income, having a pre-existing mental health condition, being unemployed due to the pandemic, and living alone. However, the associations with mental health differed across reasons for quarantine; those who were self-isolating specifically due to recent travel were not found to have higher odds of suicidal ideation or deliberate self-harm. Our research suggests the importance of accounting for the reason(s) for quarantine in the implementation of this critical public health measure to reduce the mental health impacts of this experience.

Davillas, A. et Jones, A. M. (2021). The First Wave of the COVID-19 Pandemic and Its Impact on Socioeconomic Inequality in Psychological Distress in the UK. *Iza DP ; 14057*. Bonn Iza

<http://ftp.iza.org/dp14057.pdf>

We use data from the UK Household Longitudinal Study (UKHLS) to compare measures of socioeconomic inequality in psychological distress, measured by the General Health Questionnaire (GHQ), before (Waves 9 and the Interim 2019 Wave) and during the first wave of the COVID-19 pandemic (April to July 2020). Based on a caseness measure, the prevalence of psychological distress increased from 18.5% to 27.7% between the 2019 Wave and April 2020 with some reversion to earlier levels in subsequent months. Also, there was a systematic increase in total inequality in the Likert GHQ-12 score. However, measures of relative socioeconomic inequality have not increased. A Shapley-Shorrocks decomposition analysis shows that during the peak of the first wave of the pandemic (April 2020) other socioeconomic factors declined in their share of socioeconomic inequality, while age and gender account for a larger share. The most notable increase is evident for younger women. The contribution of working in an industry related to the COVID-19 response played a small role at Wave 9 and the Interim 2019 Wave, but more than tripled its share in April 2020. As the first wave of COVID-19 progressed, the contribution of demographics declined from their peak level in April and chronic health conditions, housing conditions, and neighbourhood characteristics increased their contributions to socioeconomic inequality.

De Figueiredo, C. S., Sandre, P. C., Portugal, L. C. L., et al. (2021). "COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors." *Prog Neuropsychopharmacol Biol Psychiatry* **106**: 110171.

<https://doi.org/10.1016/j.pnpbp.2020.110171>

Since the Coronavirus disease 2019 (COVID-19) pandemic, caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was announced, we had an unprecedented change in the way we organize ourselves socially and in our daily routine. Children and adolescents were also greatly impacted by the abrupt withdrawal from school, social life and outdoor activities. Some of them also experienced domestic violence growing. The stress they are subjected to directly impacts their mental health on account of increased anxiety, changes in their diets and in school dynamics, fear or even failing to scale the problem. Our aim is to bring up a discussion under different aspects and to alert public health and government agents about the need for surveillance and care of these individuals. We hope that the damage to their mental health as a result of the side effect of this pandemic can be mitigated by adequate and timely intervention.

Devaraj, S. et Patel, P. C. (2021). "Change in psychological distress in response to changes in reduced mobility during the early 2020 COVID-19 pandemic: Evidence of modest effects from the U.S." *Social Science & Medicine* **270**: 113615.

<https://doi.org/10.1016/j.socscimed.2020.113615>

Rationale During the early 2020 COVID-19 pandemic, several US states had implemented stay-in-place orders (SIPOs) with varying degrees of stringency which resulted in inter-state differences in mobility (i.e., longer presence at home). We test whether the inter-state differences in mobility influenced changes in reported psychological distress. Our study is not on the surge in COVID-19 in the later part of 2020. **Objective** To identify whether the change in state-level mobility is associated with the change in individuals' reported psychological distress during the early COVID-19 pandemic and whether the intensity of the association varies by older individuals, females, and nonwhites. **Methods** We use differences in state-level mobility and change in reported psychological distress between the two dates of interviews of 5,132 individuals who participated in March and April 2020 waves of Understanding America Study (UAS). **Results** We find support for modest effects, i.e., a one standard deviation decline in mobility was associated with a 3.02% higher psychological distress [95% CI: 0.4%–5.64%], and the effects are robust to controlling for reported changes in exercise intensity, alcohol consumption, cannabis use, recreational drug use, and meditation intensity. We also find support for a stronger association for females, but not for older individuals or non-whites. Further, we do not find support for the mediation effects from change in chance of running out of money or change in chance of getting COVID-19. **Conclusion** Our findings show that reduced mobility from lockdowns during the early COVID-19 wave in the US is associated with a modest increase in reported psychological distress, especially for females. However, these conclusions should not be construed as a small increase in psychological distress in general, as a variety of non-mobility related factors associated with COVID-19 could have exacerbated psychological distress during the early COVID-19 wave in the US.

Donnelly, R. et Farina, M. P. (2021). "How do state policies shape experiences of household income shocks and mental health during the COVID-19 pandemic?" *Social Science & Medicine* **269**: 113557.

<https://doi.org/10.1016/j.socscimed.2020.113557>

The tremendous job loss and wage cuts during the COVID-19 pandemic raises concerns about the mental health of the population. The impacts of income shocks on mental health may differ across U.S. states during the pandemic, as states have different policy contexts that likely influence mental health. The present study uses survey data from the Census Bureau's Household Pulse Survey (April–July 2020) to examine whether mental health outcomes vary across U.S. states and to what extent specific state-level contexts moderate the associations between household income shocks and depression (n = 582,440) and anxiety (n = 582,796). We find that the prevalence of depression and anxiety differs across states by household income shock status. For individuals, living in a state with supportive social policies – primarily those related to Medicaid, unemployment insurance, and suspended utility shut offs during the pandemic – weakens the association between household income shocks and mental health. Findings suggest that the lack of a strong federal response to the

pandemic alongside the devolution of federal power to states over the past 40 years contributes to inequalities in mental health across states. We provide insight about how specific existing and emergency-related policies can reduce adverse mental health consequences of household income shocks.

Fayaz Farkhad, B. et Albarracín, D. (2021). "Insights on the implications of COVID-19 mitigation measures for mental health." *Economics & Human Biology* **40**: 100963.

<https://doi.org/10.1016/j.ehb.2020.100963>

Given the unprecedented level and duration of mitigation policies during the 2020 COVID-19 pandemic, it is not surprising that the public and the media have raised important questions about the potential for negative mental health consequences of the measures. To answer them, natural variability in policy implementation across US states and over time was analyzed to determine if mitigation policies correlated with Google searches for terms associated with symptoms of depression and anxiety. Findings indicated that restaurant/bar limits and stay-at-home orders correlated with immediate increases in searches for isolation and worry but the effects tapered off two to four weeks after their respective peaks. Moreover, the policies correlated with a reduction in searches for antidepressants and suicide, thus revealing no evidence of increases in severe symptomatology. The policy implications of these findings are discussed.

Fonseca, L., Diniz, E., Mendonça, G., et al. (2020). "Schizophrenia and COVID-19: risks and recommendations." *Braz J Psychiatry* **42**(3): 236-238.

<https://doi.org/10.1590/1516-4446-2020-0010>

Haesebaert, F., Haesebaert, J., Zante, E., et al. (2020). "Who maintains good mental health in a locked-down country? A French nationwide online survey of 11,391 participants." *Health & Place* **66**: 102440.

<https://doi.org/10.1016/j.healthplace.2020.102440>

Lockdown measures can differentially affect mental wellbeing in populations depending on individual determinants. We aim to investigate the sociodemographic and environmental determinants of wellbeing on the French population during lockdown due to the SARS-CoV-2 pandemic with an online survey. Among 11,391 participants who completed the questionnaire, various factors negatively impacted wellbeing: being a female, a student, disabled, having no access to outdoor spaces, or living in a small home. Conversely, being employed and having more social contacts had a positive impact. During lockdowns, authorities should consider the vulnerability of specific populations, especially when they live in constrained housing conditions.

Haider, II, Tiwana, F. et Tahir, S. M. (2020). "Impact of the COVID-19 Pandemic on Adult Mental Health." *Pak J Med Sci* **36**(Covid19-s4): S90-s94.

The outbreak of the Novel Coronavirus (COVID-19) in December 2019 has progressed to the status of a global pandemic, with countries across the seven continents adversely affected and the number of human cases exceeding two million. With no available vaccine, the treatment is primarily symptomatic for those affected and preventative for those at risk. Most countries have taken action to curtail the spread of COVID-19 through measures such as lockdowns, social distancing and voluntary self-isolation. Whilst necessary, such measures and the disease itself, may have an adverse impact on mental health. In view of research from previous pandemic crises, it is known that such situations are likely to increase stress levels and have negative psychiatric effects. The impact is likely to be felt by the general public, sufferers of COVID-19, their families and friends, persons with pre-existing mental health conditions and healthcare workers.

INSPQ (2020). *Synthèse des connaissances sur l'impact d'une crise sanitaire ou économique sur les comportements suicidaires*, Montréal : INSPQ

<https://www.inspq.qc.ca/sites/default/files/publications/3073-impact-crise-sanitaire-economique-comportements-suicidaires-covid19.pdf>

Cette synthèse des connaissances porte sur l'impact d'une crise sanitaire ou économique sur les comportements suicidaires. Elle suggère que des facteurs de risque de suicide reconnus peuvent être aggravés et que certaines populations sont plus vulnérables au suicide en contexte de pandémie. En conclusion elle propose quelques pistes d'action. Le présent document a été rédigé dans un court laps de temps. Il est basé sur une recension non exhaustive et une analyse sommaire des écrits scientifiques ainsi que sur les connaissances

Kämpfen, F., Kohler, I. V., Ciancio, A., et al. (2020). "Predictors of mental health during the Covid-19 pandemic in the US: Role of economic concerns, health worries and social distancing." *PLoS One* **15**(11): e0241895-e0241895.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7657497/>

Despite the profound health and economic implications of Covid-19, there is only limited knowledge to date about the role of economic concerns, health worries and social distancing for mental health outcomes during the pandemic. We analyze online survey data from the nationally representative "Understanding America Study" (UAS) covering the period of March 10-31st 2020 (sample size: 6,585). Mental health is assessed by the validated PHQ-4 instrument for measuring symptoms of depression and anxiety. About 29% (CI:27.4-.30.4%) of the US adult population reported some depression/anxiety symptoms over the study period, with symptoms deteriorating over the month of March. Worsening mental health was most strongly associated with concerns about the economic consequences of the pandemic, while concerns about the potential implications of the virus for respondents' own health and social distancing also predicted increases in symptoms of depression and anxiety during the early stages of the pandemic in the US, albeit less strongly. Our findings point towards the possibility of a major mental health crisis unfolding simultaneously with the pandemic, with economic concerns being a key driving force of this crisis. These results highlight the likely importance of economic countermeasures and social policy for mitigating the impact of Covid-19 on adult mental health in the US over and above an effective public health response.

Kang, L., Li, Y., Hu, S., et al. (2020). "The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus." *Lancet Psychiatry* **7**(3): e14.

[https://doi.org/10.1016/s2215-0366\(20\)30047-x](https://doi.org/10.1016/s2215-0366(20)30047-x)

Kim, H. H.-s. et Jung, J. H. (2020). "Social Isolation and Psychological Distress During the COVID-19 Pandemic: A Cross-National Analysis." *The Gerontologist* **61**(1): 103-113.

<https://doi.org/10.1093/geront/gnaa168>

The coronavirus disease 2019 (COVID-19) pandemic resulted in social isolation globally, creating heightened levels of stress and anxiety. This study investigates the link between social isolation and mental well-being in later life, and how it varies across countries. We draw on a subset of older adults from Global Behaviors and Perceptions in the COVID-19 Pandemic, a unique global online survey of 13,660 participants from 62 countries. We use mixed-effects models to analyze the data. Social isolation (distancing) significantly predicts poor mental health operationalized as coronavirus-induced distress ($p < .01$). At the aggregate level, average distress varies positively across countries with higher numbers of coronavirus-related deaths ($p < .10$) and more fragile state capacity ($p < .05$), while varying negatively across those with more stringent anticoronavirus policies ($p < .05$). Finally, we report several cross-level interactions between social isolation and the total number of deaths ($p = .025$), policy stringency ($p = .065$), state fragility ($p = .061$), and globalization index ($p = .071$). Our study shows that a proper understanding of the impact of COVID-19 on the mental well-being of older adults should consider the moderating role of national context.

Kimhi, S., Marciano, H., Eshel, Y., et al. (2020). "Resilience and demographic characteristics predicting distress during the COVID-19 crisis." *Social Science & Medicine* **265**: 113389.

<https://doi.org/10.1016/j.socscimed.2020.113389>

Rationale Due to lack of vaccine or cure, the COVID-19 pandemic presents a threat to all human beings, undermining people's basic sense of safety and increasing distress symptoms. Objective To

investigate the extent to which individual resilience, well-being and demographic characteristics may predict two indicators of Coronavirus pandemic: distress symptoms and perceived danger. Method Two independent samples were employed: 1) 605 respondents recruited through an internet panel company; 2) 741 respondents recruited through social media, using snowball sampling. Both samples filled a structured online questionnaire. Correlations between psychological/demographic variables and distress and perceived danger were examined. Path analysis was conducted to identify predictive indicators of distress and perceived danger. Results Significant negative correlations were found between individual/community resilience and sense of danger (-0.220 and -0.255 respectively; $p < .001$) and distress symptoms (-0.398 and -0.544 respectively; $p < .001$). Significant positive correlations were found between gender, community size, economic difficulties and sense of danger (0.192, 0.117 and 0.244 respectively; $p < .001$). Gender and economic difficulties also positively correlated with distress symptoms (0.130 and 0.214 respectively; $p < .001$). Path analysis revealed that all paths were significant ($p < .008$ to $.001$) except between family income and distress symptoms ($p = .12$). The seven predictors explained 20% of sense of danger variance and 34% the distress symptoms variance. The most highly predictive indicators were the two psychological characteristics, individual resilience, and well-being. Age, gender, community size, and economic difficulties due to COVID-19 further add to predicting distress, while community and national resilience do not. . Conclusions Individual resilience and well-being have been found as the first and foremost predictors of COVID-19 anxiety. Though both predictors are complex and may be influenced by many factors, given the potential return of COVID-19 threat and other future health pandemic threats to our world, we must rethink and develop ways to reinforce them.

Lai, J., Ma, S., Wang, Y., et al. (2020). "Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019." *JAMA Netw Open* 3(3): e203976-e203976.

<https://doi.org/10.1001/jamanetworkopen.2020.3976>

Health care workers exposed to coronavirus disease 2019 (COVID-19) could be psychologically stressed. To assess the magnitude of mental health outcomes and associated factors among health care workers treating patients exposed to COVID-19 in China. This cross-sectional, survey-based, region-stratified study collected demographic data and mental health measurements from 1257 health care workers in 34 hospitals from January 29, 2020, to February 3, 2020, in China. Health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 were eligible. The degree of symptoms of depression, anxiety, insomnia, and distress was assessed by the Chinese versions of the 9-item Patient Health Questionnaire, the 7-item Generalized Anxiety Disorder scale, the 7-item Insomnia Severity Index, and the 22-item Impact of Event Scale-Revised, respectively. Multivariable logistic regression analysis was performed to identify factors associated with mental health outcomes. A total of 1257 of 1830 contacted individuals completed the survey, with a participation rate of 68.7%. A total of 813 (64.7%) were aged 26 to 40 years, and 964 (76.7%) were women. Of all participants, 764 (60.8%) were nurses, and 493 (39.2%) were physicians; 760 (60.5%) worked in hospitals in Wuhan, and 522 (41.5%) were frontline health care workers. A considerable proportion of participants reported symptoms of depression (634 [50.4%]), anxiety (560 [44.6%]), insomnia (427 [34.0%]), and distress (899 [71.5%]). Nurses, women, frontline health care workers, and those working in Wuhan, China, reported more severe degrees of all measurements of mental health symptoms than other health care workers (eg, median [IQR] Patient Health Questionnaire scores among physicians vs nurses: 4.0 [1.0-7.0] vs 5.0 [2.0-8.0]; $P = .007$; median [interquartile range {IQR}] Generalized Anxiety Disorder scale scores among men vs women: 2.0 [0-6.0] vs 4.0 [1.0-7.0]; $P < .001$; median [IQR] Insomnia Severity Index scores among frontline vs second-line workers: 6.0 [2.0-11.0] vs 4.0 [1.0-8.0]; $P < .001$; median [IQR] Impact of Event Scale-Revised scores among those in Wuhan vs those in Hubei outside Wuhan and those outside Hubei: 21.0 [8.5-34.5] vs 18.0 [6.0-28.0] in Hubei outside Wuhan and 15.0 [4.0-26.0] outside Hubei; $P < .001$). Multivariable logistic regression analysis showed participants from outside Hubei province were associated with lower risk of experiencing symptoms of distress compared with those in Wuhan (odds ratio [OR], 0.62; 95% CI, 0.43-0.88; $P = .008$). Frontline health care workers engaged in direct diagnosis, treatment, and care of patients with COVID-19 were associated with a higher risk of symptoms of depression (OR, 1.52; 95% CI, 1.11-2.09; $P = .01$), anxiety (OR, 1.57; 95% CI, 1.22-2.02; $P < .001$), insomnia (OR, 2.97; 95% CI, 1.92-4.60; $P < .001$), and distress (OR, 1.60; 95% CI, 1.25-2.04; $P < .001$). In this survey of health care workers in hospitals equipped with fever clinics or wards for patients with COVID-19 in Wuhan

and other regions in China, participants reported experiencing psychological burden, especially nurses, women, those in Wuhan, and frontline health care workers directly engaged in the diagnosis, treatment, and care for patients with COVID-19.

Lange, M., Joo, S., Couette, P. A., et al. (2020). "Impact on mental health of the COVID-19 outbreak among community pharmacists during the sanitary lockdown period." *Annales Pharmaceutiques Françaises* **78**(6): 459-463.

<https://doi.org/10.1016/j.pharma.2020.09.002>

Résumé Objectif L'épidémie de COVID-19 a pu avoir un impact sur la santé mentale y compris celle des professionnels de santé. L'objectif de cette étude était d'évaluer l'impact psychologique de la COVID-19 sur les pharmaciens d'officine français. **Matériels et méthodes** Nous avons réalisé une enquête postale pour évaluer l'impact psychologique de la COVID-19 chez des pharmaciens d'officine français titulaires à partir de 3 auto-questionnaires validés : l'échelle de stress perçu, l'échelle révisée Impact of Event et l'inventaire de Burnout de Maslach. **Résultats** L'échantillon consistait en 135 pharmaciens d'officine. Vingt-trois pharmaciens rapportaient des symptômes significatifs de stress post-traumatique (17 %). Un burnout élevé était observé chez 33 (25 %), 46 (34,9 %) et 4 (3 %) des participants. Les femmes avaient des scores plus élevés que les hommes à l'ensemble des questionnaires. **Conclusion** Cette étude est la première montrant l'impact psychologique de la COVID-19 chez les pharmaciens d'officine. Basée sur des questionnaires validés, jusqu'à 35 % des pharmaciens rapportent des difficultés psychologiques. Des interventions visant à promouvoir le bien-être psychologique des professionnels de santé devraient être développées.

Lee, P. H., Marek, J. et Nálevka, P. (2020). "Sleep pattern in the US and 16 European countries during the COVID-19 outbreak using crowdsourced smartphone data." *European Journal of Public Health*.

<https://doi.org/10.1093/eurpub/ckaa208>

To stop the spread of the new coronavirus disease in 2019 (COVID-19), many countries had completely locked down. This lockdown restricted the everyday life of the affected residents and changed their mobility pattern, but its effects on sleep pattern were largely unknown. Here, utilizing one of the largest crowdsourced database (Sleep as Android), we analyzed the sleep pattern of 25 217 users with 1 352 513 sleep records between 1 January and 29 April 2020 in the US and 16 European countries (Germany, UK, Spain, France, Italy, The Netherlands, Belgium, Hungary, Denmark, Finland, Norway, Czech, Sweden, Austria, Poland and Switzerland) with more than 100 records in all days of 2020. During the COVID-19 pandemic, the sleeping pattern before and after the country-level lockdown largely differed. The subjects increased their sleep duration by an average of 11.3 to 18.6 min on weekday nights, except Denmark (4.9 min) and Finland (7.1 min). In addition, subjects from all 16 European countries delayed their sleep onset from 10.7 min (Sweden) to 29.6 min (Austria). During the COVID-19 pandemic, residents in the US and 16 European countries delayed their bedtime and slept longer than usual.

Levesque, P. et Roberge, M. C. (2020). Synthèse des connaissances sur l'impact d'une crise sanitaire ou économique sur les comportements suicidaires. Montréal INSPQ

<https://www.inspq.qc.ca/publications/3073-impact-crise-sanitaire-economique-comportements-suicidaires-covid19>

Une synthèse des connaissances a été menée sur l'impact d'une crise sanitaire ou économique sur les comportements suicidaires. Elle suggère que la crise sanitaire pourrait aggraver des facteurs de risque de suicide reconnus comme la consommation d'alcool, l'isolement, la violence conjugale, les troubles du sommeil et le traitement médiatique favorisant une exposition répétée à des récits fatalistes ; les populations qui cumulaient déjà ces facteurs avant la crise sanitaire seraient plus à risque de comportement suicidaire en contexte de pandémie ; les personnes âgées, en raison d'un sentiment accru d'isolement ; les enfants et les adolescents dont les difficultés personnelles et familiales pourraient être accentuées ; les professionnels de la santé dont la détresse et les difficultés pourraient être augmentées considérant la nature de leur travail ; les communautés rurales suite à une augmentation des facteurs de risque de suicide déjà présents ; les personnes avec des problèmes de santé mentale à cause d'une intensification des symptômes ou de la difficulté d'accès aux services. Les

pertes d'emploi en période de pandémie ainsi que le recours à des prêts pour s'en sortir peuvent accroître le sentiment de perte de contrôle et conduire à des comportements suicidaires. Les actions à privilégier pour prévenir le suicide sont notamment le maintien d'une offre de services spécialisés en psychiatrie et de services spécifiques de santé mentale et la mise en place d'interventions pour favoriser la santé mentale et le bien-être des individus et des communautés.

Liu, N., Sun, J., Wang, X., et al. (2020). "The Impact of Dementia on the Clinical Outcome of COVID-19: A Systematic Review and Meta-Analysis." *Journal of Alzheimer's Disease* **78**: 1775-1782.

Background: The emergence of the coronavirus disease 2019 (COVID-19) has brought large challenges to dementia patients. We reviewed the existing literature on COVID-19 to assess the incidence and mortality of dementia comorbidities in COVID-19 patients. Objective: To investigate the impact of pre-existing dementia comorbidities on COVID-19. Methods: We searched the PubMed, Embase, and Web of Science databases for patients with preexisting dementia who were diagnosed with COVID-19. The statistical data on the prevalence and mortality of dementia comorbidities were examined. A fixed-or random-effect model was used to calculate the overall pooled risk estimates. Forest plots were generated to show the summarized results. Results: A total of 265 articles were retrieved from the three databases. After removing duplicates and performing two screenings, 10 articles were selected for meta-analysis, including 119,218 participants. Overall, the meta-analysis of the 10 studies showed that the incidence of dementia in COVID-19 patients was (R: 9%, [95% CI: 6% to 13%]). Moreover, the meta-analysis of 9 studies showed that the mortality rate of individuals with dementia after being infected with COVID-19 was higher than that of individuals with no dementia (OR: 5.17 [95% CI: 2.31 to 11.59]). Substantial heterogeneity was observed in this meta-analysis. Significant publication bias was also found. Conclusion: Emerging literature shows that dementia comorbidities are a high risk factor for the prevalence and mortality of COVID-19. Our results should have an impact on preventive interventions and encourage more targeted approaches to prioritize older people with specific risk factors, such as dementia.

Muller, A. E., Hafstad, E. V., Himmels, J. P. W., et al. (2020). "The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review." *Psychiatry Res* **293**: 113441.

<https://doi.org/10.1016/j.psychres.2020.113441>

The covid-19 pandemic has heavily burdened healthcare systems throughout the world. We performed a rapid systematic review to identify, assess and summarize research on the mental health impact of the covid-19 pandemic on HCWs (healthcare workers). We utilized the Norwegian Institute of Public Health's Live map of covid-19 evidence on 11 May and included 59 studies. Six reported on implementing interventions, but none reported on effects of the interventions. HCWs reported low interest in professional help, and greater reliance on social support and contact. Exposure to covid-19 was the most commonly reported correlate of mental health problems, followed by female gender, and worry about infection or about infecting others. Social support correlated with less mental health problems. HCWs reported anxiety, depression, sleep problems, and distress during the covid-19 pandemic. We assessed the certainty of the estimates of prevalence of these symptoms as very low using GRADE. Most studies did not report comparative data on mental health symptoms before the pandemic or in the general population. There seems to be a mismatch between risk factors for adverse mental health outcomes among HCWs in the current pandemic, their needs and preferences, and the individual psychopathology focus of current interventions.

OMS (2020). The impact of COVID-19 on mental, neurological and substance use services : results of a rapid assessment. Genève OMS

<https://www.who.int/publications/i/item/978924012455>

This report of a survey completed by 130 countries during the period June-August 2020 provides information about the extent of disruption to mental, neurological and substance use services due to COVID-19, the types of services that have been disrupted, and how countries are adapting to overcome these challenges. La pandémie COVID-19 a perturbé ou interrompu les services de santé mentale critiques dans 93% des pays du monde, tandis que les besoins augmentent, selon une

nouvelle enquête de l'OMS. Menée auprès de 130 pays, elle fournit les premières données mondiales montrant l'impact dévastateur de la COVID-19 sur l'accès aux services de santé mentale et souligne le besoin urgent d'augmenter le financement de ce secteur.

Ornell, F., Halpern, S. C., Kessler, F. H. P., et al. (2020). "The impact of the COVID-19 pandemic on the mental health of healthcare professionals." *Cad Saude Publica* **36**.

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2020000400504&nrm=iso

Pan, K.-Y., Kok, A. A. L., Eikelenboom, M., et al. "The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: a longitudinal study of three Dutch case-control cohorts." *The Lancet Psychiatry*.

[https://doi.org/10.1016/S2215-0366\(20\)30491-0](https://doi.org/10.1016/S2215-0366(20)30491-0)

Background The impact of the COVID-19 pandemic on mental health in people with pre-existing mental health disorders is unclear. In three psychiatry case-control cohorts, we compared the perceived mental health impact and coping and changes in depressive symptoms, anxiety, worry, and loneliness before and during the COVID-19 pandemic between people with and without lifetime depressive, anxiety, or obsessive-compulsive disorders.

Ran, L., Wang, W., Ai, M., et al. (2020). "Psychological resilience, depression, anxiety, and somatization symptoms in response to COVID-19: A study of the general population in China at the peak of its epidemic." *Social Science & Medicine* **262**: 113261.

<https://doi.org/10.1016/j.socscimed.2020.113261>

Rationale Psychological resilience is characterized as the ability to respond to extreme stress or trauma or adverse experience successfully. While the relation between public emergencies and psychological distress is well known, research on the relationship between psychological resilience and mental health is very limited during the outbreak of public health emergencies. Objective This research investigated the relationship between psychological resilience and mental health (depression, anxiety, somatization symptoms) among the general population in China. Method Psychological resilience, depression, anxiety, and somatization symptoms of 1770 Chinese citizens were investigated during the epidemic peak of coronavirus disease 2019 (COVID-19) (23rd February 2020 to 2nd March 2020). The analyses were done through the Connor-Davidson Resilience Scale (CD-RISC), the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7) scale, and the Patient Health Questionnaire-15 (PHQ-15) scale. Results The prevalence of depression, anxiety, somatization symptoms was found to be 47.1%, 31.9%, 45.9%, respectively, among all participants. From them, 18.2% showed moderate to severe symptoms of depression, 8.8% showed moderate to severe symptoms of anxiety, and 16.6% showed moderate to severe symptoms of somatization. Psychological resilience was negatively correlated with depression (standardized $\beta = -0.490$, $P < 0.001$), anxiety (standardized $\beta = -0.443$, $P < 0.001$), and somatization symptom scores (standardized $\beta = -0.358$, $P < 0.001$), while controlling for confounding factors. Analysis of the three-factor resilience structure showed that strength and tenacity were correlated with depression (standardized $\beta = -0.256$, $P < 0.001$; standardized $\beta = -0.217$, $P < 0.001$), anxiety (standardized $\beta = -0.268$, $P < 0.001$; standardized $\beta = -0.147$, $P < 0.001$), and somatization symptoms (standardized $\beta = -0.236$, $P < 0.001$; standardized $\beta = -0.126$, $P < 0.01$). Conclusions Our results suggest that there is a high prevalence of psychological distresses among the general population at the peak of the COVID-19 epidemic in China, which is negatively correlated with resilience. Psychological resilience represents an essential target for psychological intervention in a public health emergency.

Ravens-Sieberer, U., Kaman, A., Otto, C., et al. (2020). Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents. Bonn : Iza.

<https://ssrn.com/abstract=3721508>

Background: The COVID-19 pandemic has caused unprecedented changes in the lives of 1.6 billion children and adolescents. First non-representative studies from China, India, Brazil, the US, Spain, Italy, and Germany pointed to a negative mental health impact. The current study is the first nationwide representative study to investigate the impact of the COVID-19 pandemic on health-

related quality of life (HRQoL) and mental health of children and adolescents in Germany from the perspective of children themselves. Methods: A representative online survey was conducted among $n = 1,586$ families with 7- to 17-year-old children and adolescents between May 26 and June 10. The survey included internationally established and validated instruments for measuring HRQoL (KIDSCREEN-10), mental health problems (SDQ), anxiety (SCARED), and depression (CES-DC). Results were compared with data from the nationwide, longitudinal, representative BELLA cohort study ($n = 1,556$) conducted in Germany before the pandemic. Results: Two-thirds of the children and adolescents reported being highly burdened by the COVID-19 pandemic. They experienced significantly lower HRQoL (40.2% vs. 15.3%), more mental health problems (17.8% vs. 9.9%) and higher anxiety levels (24.1% vs. 14.9%) than before the pandemic. Children with low socioeconomic status, migration background and limited living space were affected significantly more. Discussion: Health promotion and prevention strategies need to be implemented to maintain children's and adolescents' mental health, improve their HRQoL, and mitigate the burden caused by COVID-19, particularly for children who are most at risk.

Shah, K., Mann, S., Singh, R., et al. (2020). "Impact of COVID-19 on the Mental Health of Children and Adolescents." *Cureus* **12**(8): e10051.

<https://doi.org/10.7759/cureus.10051>

The coronavirus disease 2019 (COVID-19) outbreak was first reported in Wuhan, China, and was later reported to have spread throughout the world to create a global pandemic. As of August 18th, 2020, the coronavirus had spread to more than 216 countries with at least 21,756,357 confirmed cases, resulting in 771,635 deaths globally. Several countries declared this pandemic as a national emergency, forcing millions of people to go into lockdown. This unexpected imposed social isolation has caused enormous disruption of daily routines for the global community, especially children. Among the measures intended to reduce the spread of the virus, most schools closed, canceled classes, and moved it to home-based or online learning to encourage and adhere to social distancing guidelines. Education and learnings of 67.6% of students are impacted globally due to coronavirus in 143 countries. The transition away from physical classes has significantly disrupted the lives of students and their families, posing a potential risk to the mental well-being of children. An abrupt change in the learning environment and limited social interactions and activities posed an unusual situation for children's developing brains. It is essential and obligatory for the scientific community and healthcare workers to assess and analyze the psychological impact caused by the coronavirus pandemic on children and adolescents, as several mental health disorders begin during childhood. Countries across the globe, including the United States, are in the dilemma of determining appropriate strategies for children to minimize the psychological impact of coronavirus. The design of this review is to investigate and identify the risk factors to mental health and propose possible solutions to avoid the detrimental consequence of this crisis on the psychology of our future adult generations.

Singh, S., Roy, D., Sinha, K., et al. (2020). "Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations." *Psychiatry Res* **293**: 113429.

<https://doi.org/10.1016/j.psychres.2020.113429>

Background COVID-19 pandemic and lockdown has brought about a sense of fear and anxiety around the globe. This phenomenon has led to short term as well as long term psychosocial and mental health implications for children and adolescents. The quality and magnitude of impact on minors is determined by many vulnerability factors like developmental age, educational status, pre-existing mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection. Aims This paper is aimed at narratively reviewing various articles related to mental-health aspects of children and adolescents impacted by COVID-19 pandemic and enforcement of nationwide or regional lockdowns to prevent further spread of infection. Methodology We conducted a review and collected articles and advisories on mental health aspects of children and adolescents during the COVID-19 pandemic. We selected articles and thematically organized them. We put up their major findings under the thematic areas of impact on young children, school and college going students, children and adolescents with mental health challenges, economically underprivileged children, impact due to quarantine and separation from parents and the advisories of international organizations. We have also provided recommendations to the above. Conclusion There is a pressing

need for planning longitudinal and developmental studies, and implementing evidence based elaborative plan of action to cater to the psycho social and mental health needs of the vulnerable children and adolescents during pandemic as well as post pandemic. There is a need to ameliorate children and adolescents' access to mental health support services geared towards providing measures for developing healthy coping mechanisms during the current crisis. For this innovative child and adolescent mental health policies with direct and digital collaborative networks of psychiatrists, psychologists, paediatricians, and community volunteers are deemed necessary.

Taquet, M., Luciano, S., Geddes, J. R., et al. "Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA." *The Lancet Psychiatry*. [https://doi.org/10.1016/S2215-0366\(20\)30462-4](https://doi.org/10.1016/S2215-0366(20)30462-4)

Background Adverse mental health consequences of COVID-19, including anxiety and depression, have been widely predicted but not yet accurately measured. There are a range of physical health risk factors for COVID-19, but it is not known if there are also psychiatric risk factors. In this electronic health record network cohort study using data from 69 million individuals, 62 354 of whom had a diagnosis of COVID-19, we assessed whether a diagnosis of COVID-19 (compared with other health events) was associated with increased rates of subsequent psychiatric diagnoses, and whether patients with a history of psychiatric illness are at a higher risk of being diagnosed with COVID-19.

Thompson, E. C., Thomas, S. A., Burke, T. A., et al. (2021). "Suicidal thoughts and behaviors in psychiatrically hospitalized adolescents pre- and post- COVID-19: A historical chart review and examination of contextual correlates." *Journal of Affective Disorders Reports* 4: 100100. <https://doi.org/10.1016/j.jadr.2021.100100>

Background: Psychiatrically vulnerable adolescents may be at heightened risk for suicide during the COVID-19 pandemic. This study characterizes suicidal ideation (SI) and suicide attempts (SA) in a sample of adolescents psychiatrically hospitalized during COVID-19. Rates of SI and SA are compared to a historical hospital sample from a matched period in the year prior. Associations between specific stressors and COVID-related SI are also explored. Methods: This cross-sectional chart review utilizes hospital intake data, including self-reports of SA, SI (general and COVID-related), and COVID-specific stressors. Results: SA and SI ratings were higher in the COVID-19 sample compared to the historical sample. Stressors related to missing special events, financial problems, in-home conflict, and changes in living circumstances were associated with COVID-related SI. Among first-time admissions, several interpersonal stressors were linked to COVID-related SI. Limitations: Analyses were cross-sectional, limiting our ability to draw conclusions about causality. Conclusions: This study offers preliminary evidence that COVID-19 may be contributing to suicidal thoughts and behaviors in high-risk adolescents.

Wathelet, M., Duhem, S., Vaiva, G., et al. (2020). "Factors Associated With Mental Health Disorders Among University Students in France Confined During the COVID-19 Pandemic." *JAMA Netw Open* 3(10): e2025591-e2025591. <https://doi.org/10.1001/jamanetworkopen.2020.25591>

The coronavirus disease 2019 (COVID-19) pandemic and quarantine measures have raised concerns regarding their psychological effects on populations. Among the general population, university students appear to be particularly susceptible to experiencing mental health problems. To measure the prevalence of self-reported mental health symptoms, to identify associated factors, and to assess care seeking among university students who experienced the COVID-19 quarantine in France. This survey study collected data from April 17 to May 4, 2020, from 69 054 students living in France during the COVID-19 quarantine. All French universities were asked to send an email to their students asking them to complete an online questionnaire. The targeted population was approximately 1 600 000 students. Living in France during the COVID-19 quarantine. The rates of self-reported suicidal thoughts, severe distress, stress, anxiety, and depression were assessed using the 22-item Impact of Events Scale-Revised, the 10-item Perceived Stress Scale, the 20-item State-Trait Anxiety Inventory (State subscale), and the 13-item Beck Depression Inventory, respectively. Covariates were sociodemographic characteristics, precariousness indicators (ie, loss of income or poor quality

housing), health-related data, information on the social environment, and media consumption. Data pertaining to care seeking were also collected. The results of this survey study suggest a high prevalence of mental health issues among students who experienced quarantine, underlining the need to reinforce prevention, surveillance, and access to care.

Wright, L., Steptoe, A. et Fancourt, D. (2021). "Does thinking make it so? Differential associations between adversity worries and experiences and mental health during the COVID-19 pandemic." *J Epidemiol Community Health*: jech-2020-215598.
<https://jech.bmj.com/content/jech/early/2021/01/22/jech-2020-215598.full.pdf>

Background There is evidence that the COVID-19 pandemic is having adverse effects on mental health. It is vital to understand what is causing this: worries over potential adversities due to the pandemic, or the toll of experiencing adverse events. **Methods** We used panel data from 41 909 UK adults in the COVID-19 Social Study assessed weekly from 1 April 2020 to 12 May 2020 to study the association between adversities and anxiety and depressive symptoms. We studied six categories of adversity including both worries and experiences of: illness with COVID-19, financial difficulty, loss of paid work, difficulties acquiring medication, difficulties accessing food, and threats to personal safety. Anxiety and depression were measured using the 7-item Generalised Anxiety Disorder Assessment and the 9-item Patient Health Questionnaire. We used fixed-effect regression models to account for time-invariant confounders. **Results** Cumulative number of worries and experience of adversities were both related to higher levels of anxiety and depression. A number of worries were associated more with anxiety than depression, but number of experiences were equally related to anxiety and depression. There were clear associations between specific worries and poorer mental health. There was weak evidence that individuals of lower socio-economic position were more negatively affected psychologically by the adverse experiences. **Conclusion** Measures over the first few weeks of lockdown in the UK appear to have been insufficient at reassuring people given that we see clear associations with mental health and cumulative worries. Interventions are required that seek to prevent adverse events (eg, redundancies) and reassure individuals and support adaptive coping strategies.

Xiao, X., Zhu, X., Fu, S., et al. (2020). "Psychological impact of healthcare workers in China during COVID-19 pneumonia epidemic: A multi-center cross-sectional survey investigation." *Journal of affective disorders* **274**: 405-410.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7236675/>

BACKGROUND: Since the outbreak of 2019 new coronavirus (COVID-19) pneumonia, healthcare workers (HCW) have suffered psychological stress. The present study is to examine the prevalence of stress, anxiety and depression of HCW in China during the COVID-19 epidemic, and to determine the risk factors predicting psychological morbidities that can be used as psychological intervention targets. **METHODS:** A cross-sectional survey was conducted to investigate the psychological levels of HCW in multiple centers in China. The prevalence of stress, anxiety and depression were determined by using Perceived Stress Scale (PSS-14) and Hospital Anxiety / Depression scale (HAD). Psychology related factors were evaluated and correlation between job title and contact history was analyzed. **RESULTS:** We received 958 of effective responses, 73.6% of which were from Wuhan and 67.2% were female participants. 55.1% of respondents had psychological stress that is higher than that of HCW during SARS. 54.2% and 58% of participants had symptoms of anxiety and depression. Stress levels of HCW were different in job titles and years of work experience. Anxiety and depression levels were different between different gender, job titles, degrees of protective measures and levels of contact history. Gender, intermediate title, protective measures and contact history were the independent risk factors for anxiety. Protective measures and contact history were the independent risk factors for depression. **CONCLUSIONS:** The COVID-19 epidemic has induced stress levels for HCW, and high percentages of HCW have anxiety and depression. The situation of HCW is worrying and intervention service is urgent.

Xiong, J., Lipsitz, O., Nasri, F., et al. (2020). "Impact of COVID-19 pandemic on mental health in the general population: A systematic review." *Journal of affective disorders* **277**: 55-64.

BACKGROUND: As a major virus outbreak in the 21st century, the Coronavirus disease 2019 (COVID-19) pandemic has led to unprecedented hazards to mental health globally. While psychological support is being provided to patients and healthcare workers, the general public's mental health requires significant attention as well. This systematic review aims to synthesize extant literature that reports on the effects of COVID-19 on psychological outcomes of the general population and its associated risk factors. **METHODS:** A systematic search was conducted on PubMed, Embase, Medline, Web of Science, and Scopus from inception to 17 May 2020 following the PRISMA guidelines. A manual search on Google Scholar was performed to identify additional relevant studies. Articles were selected based on the predetermined eligibility criteria. **RESULTS:** Relatively high rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark. Risk factors associated with distress measures include female gender, younger age group (≤ 40 years), presence of chronic/psychiatric illnesses, unemployment, student status, and frequent exposure to social media/news concerning COVID-19. **LIMITATIONS:** A significant degree of heterogeneity was noted across studies. **CONCLUSIONS:** The COVID-19 pandemic is associated with highly significant levels of psychological distress that, in many cases, would meet the threshold for clinical relevance. Mitigating the hazardous effects of COVID-19 on mental health is an international public health priority.

Yang, Y. et Xiang, X. (2021). "Examine the associations between perceived neighborhood conditions, physical activity, and mental health during the COVID-19 pandemic." *Health & Place* **67**: 102505.

<https://doi.org/10.1016/j.healthplace.2021.102505>

This study examined how neighborhood conditions changed and how neighborhood conditions were associated with physical activity and mental health during the COVID-19 pandemic among Americans. The major outcomes were stratified by the neighborhood's poverty and regression models were used to assess the associations between neighborhood conditions and their change during the pandemic and the outcomes of physical activity and mental health. The results show that low-poverty neighborhoods had more health-promoting neighborhood conditions before the outbreak and more positive changes during the outbreak. Health-promoting neighborhood conditions were associated with higher physical activity and moderate physical activity and lack of negative neighborhood conditions such as crime/violence and traffic were associated with a lower risk of mental health problems including loneliness, depression, and anxiety. Mental health problems were also significantly associated with the COVID-19 infection and death and household income level. Our findings suggest that it is plausible that the disparities of physical activity and mental health by neighborhood exacerbate due to the pandemic and people who living in socioeconomically disadvantaged neighborhoods bear increasingly disproportionate burden.

Zheng, J., Morstead, T., Sin, N., et al. (2021). "Psychological distress in North America during COVID-19: The role of pandemic-related stressors." *Social Science & Medicine* **270**: 113687.

<https://doi.org/10.1016/j.socscimed.2021.113687>

Rationale The COVID-19 pandemic has wreaked havoc on lives around the globe. In addition to the primary threat of infection, widespread secondary stressors associated with the pandemic have included social isolation, financial insecurity, resource scarcity, and occupational difficulties. **Objective** The current study examined the impact of these disruptions on psychological distress during the initial adjustment phase to the pandemic in North America. **Method** A sample of 2463 residents of the US and Canada completed both baseline and follow-up surveys across several weeks between March and May 2020. **Results** Those participants perceiving stress related to higher levels of personal threat to health and to the well-being of family members at baseline reported higher levels of depressive symptoms at follow-up, even after controlling for baseline depressive symptoms. In addition, pandemic-related secondary stressors (social isolation, financial insecurity, occupational difficulty, and resource scarcity) were all independently associated with depressive symptoms at follow-up, controlling for both baseline depression and perceived health threats. The results were robust and held up after controlling for demographic factors. Women, young adults, and those who reported lower income were all at higher risk for subsequent depressive symptoms. **Conclusion** Findings from

the present study can help to identify key groups at risk for mental health problems during the pandemic, and indicate actionable areas for targeted intervention.

Systemes de santé : quelles réponses à la crise sanitaire ?

ÉTUDES FRANÇAISES

(2020). "Comment maintenir une activité chirurgicale vitale en cas de crise sanitaire grave ? L'exemple de la transplantation chez l'adulte." Bulletin De L'académie Nationale De Médecine **204**(8): 786-787.

<https://doi.org/10.1016/j.banm.2020.07.025>

(2020). "COVID-19 et activités chirurgicales." Bulletin De L'académie Nationale De Médecine **204**(7): 668.

<https://doi.org/10.1016/j.banm.2020.05.043>

(2020). "Le médecin généraliste face à la COVID-19." Bulletin De L'académie Nationale De Médecine **204**(7): 712-713.

<https://doi.org/10.1016/j.banm.2020.05.107>

(2020). "Suivi des patients convalescents de la COVID-19 par le médecin généraliste." Bulletin De L'académie Nationale De Médecine **204**(8): 769.

<https://doi.org/10.1016/j.banm.2020.07.005>

(2020). "Suivi des soignants impliqués dans la prise en charge de la COVID-19." Bulletin De L'académie Nationale De Médecine **204**(8): 770-771.

<https://doi.org/10.1016/j.banm.2020.07.007>

ANSM (2020). Usage des médicaments de ville en France durant l'épidémie de la Covid-19 – point de situation jusqu'au 13 septembre 2020. Étude pharmaco-épidémiologique à partir des données de remboursement du SNDS. Paris ANSM

<https://www.epi-phare.fr/rapports-detudes-et-publications/covid-19-usage-des-medicaments-de-ville-en-france-rapport4/>

EPI-PHARE réalise depuis le début du confinement le suivi de la consommation des médicaments sur ordonnance délivrés en ville en France pour l'ensemble de la population française, à partir des données du Système National des Données de Santé (SNDS). Ce rapport couvre la période de confinement national (semaines 12 à 19 du 16 mars 2020 au 10 mai 2020) et de post-confinement jusqu'au 13 septembre 2020, soit au total un suivi de six mois. Ce suivi est régulièrement actualisé dans le temps. D'une façon générale, presque tous les médicaments dont l'administration nécessite le recours à un professionnel de santé ont baissé fortement pendant le confinement, sans réel rattrapage à ce jour, ce qui fait craindre des retards de prises en charge. Cette baisse s'élève à 75.000 doses pour les injections intraoculaires contre la dégénérescence maculaire de l'œil, 250.000 préparations pour coloscopies (-38%), 500.000 produits iodés pour scanner (-42%), 280.000 produits de contraste pour IRM (-36%). "La chute de ces trois derniers actes indispensables pour diagnostiquer et suivre certains cancers ou maladies graves n'a, à ce stade, pas été compensée et n'est pas rattrapable, car cela nécessite une forte organisation des soins", prévient Mahmoud Zureik, directeur d'Epi-Phare. Les campagnes de vaccination ont également pris un retard important. A la mi-septembre, la consommation du ROR (rougeole-oreillons-rubéole) était en baisse de 130.000 doses, celle du vaccin contre le papillomavirus de 150.000 doses, celle du vaccin contre le tétanos de 620.000 doses. En revanche, les ventes de psychotropes, tels les anxiolytiques de type Xanax®, Lexomil®, Valium®, ont progressé (+ 1,1 million de traitements délivrés en six mois par rapport à l'attendu), tout comme les hypnotiques (somnifères), dont 480.000 traitements supplémentaires ont été délivrés.

ANSM (2020). Usage des médicaments de ville en France durant l'épidémie de la Covid-19 : Étude pharmaco-épidémiologique à partir des données de remboursement du SNDS. Cinquième rapport. Paris ANSM.

<https://www.epi-phare.fr/rapports-detudes-et-publications/covid-19-usage-des-medicaments-rapport5/>

EPI-PHARE réalise depuis le début du confinement le suivi de la consommation des médicaments sur ordonnance délivrés en ville en France pour l'ensemble de la population française, à partir des données du Système National des Données de Santé (SNDS). Ce cinquième rapport couvre les périodes du premier confinement national (premier confinement du 16 mars 2020 au 10 mai 2020), du post-confinement jusqu'au 29 octobre 2020 et le début du deuxième confinement du 30 octobre jusqu'au 22 novembre, soit un suivi de plus de huit mois. Au total, durant les huit mois qui ont suivi le début de l'épidémie de Covid-19 en France (première vague, rebond épidémique de la seconde vague et deux longs confinements) il n'y pas eu de manque notable de médicaments en France pour des pathologies chroniques déjà traitées, probablement parce qu'il était donné aux patients la possibilité d'utiliser des ordonnances « périmées » tant pendant le premier que le second confinement, et aussi grâce au recours à la téléconsultation. C'est le cas notamment pour les antihypertenseurs, les antidiabétiques dont l'insuline et les antiépileptiques... Rien ne prouve néanmoins que les adaptations thérapeutiques nécessaires aient été réalisées. Pour les nouveaux malades, un déficit de mise en route des traitements, le plus souvent faible, a été constaté pour quelques classes thérapeutiques. Parmi les médicaments dont la consommation a au contraire augmenté en fin du premier confinement, durant la période qui a suivi et pendant le deuxième confinement, figuraient des médicaments des troubles mentaux : les anxiolytiques (augmentation de +1,7 million de traitements délivrés en huit mois par rapport à l'attendu) et les hypnotiques avec +680 000 traitements délivrés. Les antidépresseurs avec un décalage dans le temps sont aussi à la hausse avec +400 000 délivrances en huit mois par rapport à l'attendu.

Barthel, J., Guilhembet, N., Elbaum, M., et al. (2020). "La crise sanitaire et ses conséquences sur la protection sociale : dossier spécial." *Regards* 57: 13-44.

<https://www.cairn.info/revue-regards-2020-1.htm>

Trois articles composent ce dossier spécial consacré à la crise sanitaire et ses conséquences sur la protection sociale : La notion actuelle de durée du travail peut-elle résister au coronavirus ? Le deuxième article se penche sur le rôle de la protection sociale durant la crise sanitaire. Enfin, le dernier article examine les mesures d'adaptation de la protection sociale liées à la crise de la Covid-19.

Bergeat, M., Chaput, H., Verger, P., et al. (2021). "8 médecins généralistes sur 10 jugent efficace la généralisation du port du masque dans les lieux clos." *Études Et Résultats (Drees)* (1176)

<https://drees.solidarites-sante.gouv.fr/recherche>

Au cours des mois d'octobre et de novembre 2020, les participants au quatrième Panel d'observation des pratiques et des conditions d'exercice en médecine générale ont été interrogés sur les mesures prises entre juin et septembre 2020 pour endiguer l'épidémie de Covid-19. Malgré la période de forte reprise épidémique au moment de la collecte des données, moins d'un quart des médecins généralistes jugent l'épidémie de Covid-19 particulièrement grave, contre 4 sur 10 pendant le premier confinement, au printemps 2020. La majorité anticipe cependant un afflux plus important de patients pour l'hiver 2020-2021 par rapport à un hiver ordinaire. L'obligation du port du masque dans les lieux clos est généralisée depuis juillet 2020. Plus de 8 médecins sur 10 considèrent que cette mesure a été efficace pour contenir l'épidémie de Covid-19. Ils sont, en revanche, seulement 3 sur 10 à penser que les campagnes massives de tests de dépistage mises en place au cours de l'été 2020 ont fait preuve de leur efficacité face à l'épidémie.

Bergeat, M., Chaput, H., Verger, P., et al. (2021). "Comment les médecins généralistes prennent-ils en charge les patients atteints de la Covid-19 ?" *Études Et Résultats (Drees)* (1177)

<https://drees.solidarites-sante.gouv.fr/recherche>

Au cours des mois d'octobre et de novembre 2020, les participants au quatrième Panel d'observation des pratiques et des conditions d'exercice en médecine générale ont été interrogés sur la prise en charge de leurs patients atteints de la Covid-19. Les médecins généralistes ont adapté leur organisation logistique à l'épidémie. Ainsi, près d'un sur deux recourt à des tranches horaires spécifiques pour prendre en charge les patients suspectés d'avoir contracté la Covid-19. En octobre-novembre 2020, les médecins généralistes réalisent plus de consultations liées à la Covid-19 que

pendant le déconfinement en mai-juin 2020, y compris des consultations pour des patients dont les symptômes sont persistants plusieurs mois après leur infection contractée lors de la première vague de l'épidémie. Dans la plupart des cas, les médecins généralistes reçoivent leurs patients atteints de la Covid-19 à leur cabinet. Quatre médecins généralistes sur cinq sont informés des résultats des tests de dépistage en trois jours ou moins, le plus souvent directement via le laboratoire qui les a réalisés. Lors de la prise en charge des patients atteints de la Covid-19, deux médecins généralistes sur trois s'occupent de l'identification des cas contact des patients concernés.

Bontemps, A. (2020). "Accompagner la structuration des soins primaires après la Covid-19 : un nécessaire renversement du fonctionnement des institutions publiques de la santé." *Regards* 57: 225-241.

<https://www.cairn.info/revue-regards-2020-1-page-225.htm>

Cet article expose, à partir de l'expérience singulière de la constitution et de l'action de la mission organisation des soins au sein de la Cpm de Seine-Saint-Denis, une conviction : il n'y aura pas de structuration pérenne et en profondeur des soins primaires sans un changement majeur du mode de fonctionnement des institutions publiques dans leur travail avec les professionnels de santé. Cette transformation devrait embarquer tout à la fois: un changement de posture, sur le terrain, dans l'accompagnement des professionnels de santé, qui nécessite le développement de compétences nouvelles; un changement de mode de fonctionnement, au sein des institutions, et notamment dans les relations entre administration centrale et administrations déconcentrées, ainsi qu'entre les institutions déconcentrées elles-mêmes; un changement de boussole, qui ne peut être principalement budgétaire et viser prioritairement des objectifs de court terme. Cet article propose un constat de cette nécessaire évolution en profondeur (I), qui pourrait certainement être enrichi et prolongé. Il ne présente volontairement pas de propositions formalisées: celles-ci devraient, dans la lignée de ce que nous proposons ici, être élaborées conjointement avec tous les acteurs en présence. Il livre cependant un certain nombre de pistes qui pourraient être explorées, appuyées sur l'exemple de la gestion de crise en Seine-Saint-Denis (II).

Boussarsar, E., Robert, S., Villebrun, F., et al. (2020). "Organisation et résultats de cohorte d'un centre de consultations ambulatoires dédié COVID-19." *Médecine : De La Médecine Factuelle à Nos Pratiques* 16(10): 475-480.

https://www.jle.com/fr/revues/med/e-docs/organisation_et_resultats_de_cohorte_dun_centre_de_consultations_ambulatoires_dedie_covid_19_319173/article.phtml

Face à l'épidémie de COVID-19 et à la saturation du secteur hospitalier, les professionnels de santé de ville se sont mobilisés pour assurer une consultation pour tous les patients suspects, notamment en créant des centres de consultations ambulatoires dédiés COVID-19. Notre étude concerne le premier centre dédié COVID-19 dans un département en zone épidémique rouge créé dans le gymnase de la ville à l'initiative de praticiens de santé volontaires, centre de santé et libéraux, appartenant à une même Communauté Professionnelle Territoriale de Santé (CPTS). Cette étude permet de montrer la place importante de la médecine de ville dans la gestion de cette crise épidémique du COVID-19. Nos résultats vont permettre de faire la comparaison avec les autres centres dédiés qui ont vu le jour partout en France.

Cabarrot, P., Coniel, M., Haniquaut, F., et al. (2020). "La crise Covid a-t-elle submergé les barrières de sécurité du système de santé ? – Analyse des déclarations d'événements indésirables en lien avec la Covid-19 déclarés dans la base de l'accréditation des médecins et revue critique de la littérature." *Risques Et Qualité* 17(4): 195-204.

<https://www.hygienes.net/boutique/risques-qualite/la-crise-covid-a-t-elle-submerge-les-barrieres-de-securite-du-systeme-de-sante-analyse-des-declarations-devenements-indesirables-en-lien-avec-la-covid-19-declares-dans-la-base-de/>

La pandémie de Covid-19 s'est avérée être une épreuve très difficile pour les systèmes de santé, notamment au niveau local. Nous avons analysé 186 événements indésirables associés aux soins (EIAS) en lien avec cette crise sanitaire, qui ont été déclarés dans la base d'accréditation des médecins de la Haute Autorité de santé. Nous avons confronté cette analyse à une revue critique de la littérature afin

d'en tirer expérience. Cette analyse révèle un triple impact : sur les organisations, les professionnels de santé et bien sûr les patients. La plupart des barrières habituellement mises en œuvre pour éviter la survenue d'EIAS ont été débordées. Dans ce contexte parfois critique, le principal îlot de résilience a tenu à la capacité des équipes à travailler ensemble afin de faire face à d'importantes charges de travail en mode souvent dégradé. Pour maintenir la sécurité des patients au meilleur niveau, les facteurs humains ont été des éléments clés : communication, coopération, coordination, adaptation, et aussi leadership, objectifs partagés, gestion des conflits. Les professionnels de santé ont été soumis à rude épreuve du fait de la sévérité des pathologies, de la fatigue, du manque de temps, du contexte d'incertitude et d'un sentiment de forte insécurité. Leur souffrance a aussi été psychologique avec un sentiment de ne pouvoir délivrer des soins optimaux notamment pour leurs patients « non-Covid ». Tous ces éléments sont de nature à entraîner une diminution des performances et à contribuer à des défaillances telles que diagnostics erronés, retards de prises en charge, événements indésirables... autant de pertes de chances pour les patients. Un tel retour d'expérience, très attendu par les professionnels, apporte de riches enseignements pour appréhender la reprise de l'activité et adapter les modes de défense collective et individuelle pour mieux affronter, à l'avenir, ce type de crise.

Calmes, G., Granier, M., Tulerand, N., et al. (2020). "Impact, gestion et conséquences de l'épidémie (Covid-19) : le bilan des CH Sud Francilien (Evry-Corbeil) et d'Arpajon." *Gestions Hospitalières*(601): 604-610.

Comme l'ensemble de l'Ile-de-France, l'Essonne fait partie des départements français qui ont été les plus touchés par la crise de la Covid-19. Au cours de la première vague, 1349 patients confirmés ont été hospitalisés dont 194 en réanimation. Lors de la seconde vague, 976 patients confirmés ont été admis dont 106 en réanimation; les 6 lits soins critiques du CHA étant sanctuarisés non Covid.

CCNE (2020). Enjeux éthiques de la prise en charge et de l'accès aux soins pour tous en situation de forte tension liée à l'épidémie de Covid-19. Paris CCNE: 12.

https://www.ccne-ethique.fr/sites/default/files/ccne_-_saisine_triage.pdf

Déjà sollicité mi-mars, le Comité consultatif national d'éthique (CCNE) publie un nouvel avis à propos de l'épidémie de la maladie Covid-19. Cette nouvelle réponse porte spécifiquement sur les enjeux éthiques de la prise en charge et de l'accès aux soins pour tous en situation de forte tension liée à l'épidémie de la maladie Covid-19. Les décisions de réorganisation des soins, avec des fermetures de lits et des déprogrammations, soulèvent des questions éthiques autour du maintien d'une offre pour l'ensemble des patients. Cette exigence implique de respecter les principes éthiques intangibles de non-malfaisance, de non-discrimination, de non-hiérarchisation des vies, de respect des droits fondamentaux d'autonomie, de dignité, d'équité et d'attention aux plus vulnérables.

Courtejoie, N. et Dubost, C. L. (2020). Parcours hospitalier des patients atteints de la Covid-19 lors de la première vague de l'épidémie. Paris Drees

<https://drees.solidarites-sante.gouv.fr/IMG/pdf/dd67.pdf>

Cette étude a pour objet d'analyser les parcours de 90 800 patients hospitalisés en MCO (hospitalisation conventionnelle ou soins critiques) pour motif Covid-19 entre le 1er mars et le 15 juin 2020.

Delahaie, N. (2020). "Des fragilités du système de santé exacerbées par la crise sanitaire." *Chronique Internationale de l'IRE* **171**(3): 139-153.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-139.htm>

La survenance de la pandémie liée au Covid-19 a mis à l'épreuve le système public de santé qui se trouve déjà dans une situation critique : carence en lits d'hôpital, absence de couverture universelle pour les soins de santé primaire, forte intrication des secteurs public et privé, avec pour résultat des délais d'attente parmi les plus longs d'Europe et des inégalités d'accès aux soins. Pour tenter d'endiguer la « première vague » épidémique, les autorités misent sur des restrictions sociales et économiques, l'universalisation de l'accès aux soins primaires et la mobilisation des hôpitaux privés.

Donier, V. (2020). "« Sans les ARS, la coordination des différents acteurs du système de santé aurait été infernale »." *Revue française d'administration publique* **176**(4): 913-920.

<https://www.cairn.info/revue-francaise-d-administration-publique-2020-4-page-913.htm>

Si la crise du Covid-19 suppose une réponse globale, la question du rôle du local dans la gestion de l'épidémie mérite d'être soulevée tant l'action au niveau des territoires peut être un relais ou un complément à l'action étatique. Mettre l'accent sur le local permet ainsi de mieux saisir comment les différents niveaux d'action publique s'articulent concrètement. Surtout, c'est au niveau local que les politiques publiques sont concrètement mises en œuvre et que se joue leur réussite ou leur échec. Appréhender la gestion de la crise par le bas permet tout à la fois de mieux comprendre les logiques des acteurs locaux de premier rang que sont les maires et les préfets, de réintégrer dans l'analyse les contraintes auxquelles ils font face, et de recueillir des éléments qui permettront ultérieurement de contribuer à l'évaluation des politiques publiques mises en œuvre. Ce dossier a été réalisé principalement, mais non exclusivement, en mobilisant le réseau du GIS-GRALE. Il combine les analyses de spécialistes issus de plusieurs disciplines afin de mieux comprendre l'articulation entre les politiques locales et nationales pendant la crise sanitaire. Les contributions portent sur la période qui s'écoule de la mi-mars 2020 au 10 juillet 2020, date qui marque légalement la fin de l'état d'urgence sanitaire. Au terme de la première vague de l'épidémie de Covid-19, leurs conclusions permettent de tirer un premier bilan sur la manière dont celle-ci a été gérée localement. Elles livrent surtout quelques clés pour appréhender l'avenir des relations entre l'État et les collectivités territoriales, à un moment où le Gouvernement entend ouvrir une nouvelle page de la décentralisation en promouvant la différenciation territoriale.

Dumez, H., Minvielle, E. et Labaye, E. p. (2020). Le système hospitalier français dans la crise Covid-19. Une contribution des sciences de gestion. Paris Ecole polytechnique ; Paris CNRS

<https://i3.cnrs.fr/wp-content/uploads/2020/07/Flyer-rapport-Covid-19-1.pdf>

Dans cette étude, les auteurs ont voulu donner la parole aux acteurs en première ligne de la crise du Covid-19. Ceci, afin de présenter une vue globale de cet effort collectif, de comprendre comment le système hospitalier a surmonté l'épreuve et d'en tirer des enseignements pour l'avenir.

Elbaum, M. (2020). "Quelques remarques sur les mesures d'adaptation de la protection sociale liées à la crise de la Covid-19." *Regards* **57**(1): 37-44.

<https://www.cairn.info/revue-regards-2020-1-page-37.htm>

Particulièrement mises en lumière à l'occasion de la crise sanitaire du coronavirus, les réalités et les difficultés du secteur du grand âge appellent des révisions conséquentes. Ce dossier de Regards présente ce que développe la protection sociale, ce qu'observent et proposent des gériatres et des gérontologues, mais aussi ce qui s'innove à travers le monde. Les réflexions portent sur l'assurabilité de la dépendance, sur l'organisation des parcours selon les attentes, les besoins, les configurations territoriales. Une clé d'entrée consiste à envisager les vulnérabilités des personnes âgées également comme gisement pour de nouvelles idées et activités. L'ambition générale vise la prévention de la perte d'autonomie, en agissant notamment au moment du passage à la retraite, en luttant contre l'isolement, en aidant à adapter les pratiques alimentaires. Tout ceci au service d'un bien-vieillir. Les chocs de l'épidémie de Covid-19 et du confinement commandent des observations sur les impacts pour la protection sociale. L'ensemble de l'édifice a été bousculé, financièrement et matériellement. S'occupant des premiers concernés, amortissant les secousses économiques et soutenant l'activité, le système – dont les soignants ont été applaudis – a su réagir. Les questions d'avenir sont cependant lourdes. Le thème mérite bien un second dossier dans cette livraison de la revue.

Georges-Tarragano, C., Foudriat, M., Aras, N., et al. (2020/05-06). "Crise du Covid 19 : Une opportunité pour l'essor de pratiques collaboratives et la co-construction à l'hôpital." *Revue Hospitalière de France*(594): 18-24.

Cet article présente une analyse compréhensive de la réactivité du système hospitalier face à la crise sanitaire. Il met en perspective l'expérience des PASS avec les pratiques émergentes observées durant la crise. Enfin, il suggère pistes et hypothèses sur les transformations souhaitables du système hospitalier.

Gzil, F. (2020). "Triage et Covid-19 : qu'est-ce qui ne va pas avec l'approche utilitariste ?" *Revue française d'éthique appliquée* 10(2): 19-22.

<https://www.cairn.info/revue-francaise-d-ethique-appliquee-2020-2-page-19.htm>

Les développements récents de la génomique nous promettent de révéler nos prédispositions à développer une pathologie. La modélisation informatique de systèmes complexes nous permet de prévoir l'évolution du climat dans cent ans. Les études démographiques nous incitent à anticiper sur le vieillissement de la population à l'horizon 2050. C'est ce nouveau rapport au temps que nous questionnons dans ce numéro, car il pose, de manière aiguë, la question de notre avenir, de sa désirabilité et de ses conditions de possibilité. Pour dépasser le célèbre « There is no alternative », pour que l'avenir demeure ouvert, encore faut-il déterminer les contours de ce que nous voudrions préserver ou restaurer. C'est en cela qu'il faudrait d'abord questionner l'idée même d'un « avenir ouvert ». Les contributeurs interrogent ici la pertinence de cette notion, sa définition et ses implications pour faire entrer la notion d'avenir ouvert de manière plus large et argumentée dans les débats contemporains.

HCSP (2020). Covid-19 : délai de transfert dans un service de soins de suite ou un Ehdad. Paris HCSP

<https://www.hcsp.fr/Explore.cgi/Groupe?clef=4286>

Dans cet avis, le Haut Conseil de la santé publique actualise ses recommandations relatives au délai de transfert et maintien des mesures de prévention en services de soins de suite et de réadaptation (SSR) ou en établissement d'hébergement pour personnes âgées dépendantes (Ehdad) des patients atteints de Covid-19. Ce délai dépend de la gravité clinique et de l'existence ou non d'une immunosuppression.

Hentz, J.-G. (2020). "Joie de la collaboration médicale." *Études Hors-série*(13): 38-41.

<https://www.cairn.info/revue-etudes-2020-13-page-38.htm>

Praticien hospitalier anesthésiste et réanimateur émérite des Hôpitaux universitaires de Strasbourg, à la retraite depuis trois ans, j'ai accepté de reprendre du service pendant une période limitée, au cœur de la pandémie de Covid-19. En quarante ans de vie professionnelle, j'ai pu suivre les transformations de l'hôpital public français. J'y ai vécu l'installation progressive, au nom de la restructuration et du retour à l'équilibre budgétaire, de l'austérité par des réductions importantes du nombre de services hospitaliers, des lits d'hospitalisation et du personnel soignant et administratif. Malgré des dépenses représentant 11,2 % du produit intérieur brut (PIB), le système de santé français est nettement moins performant que son homologue allemand, par exemple, pour des raisons bien connues : trop faible collaboration entre médecine hospitalière et médecine de ville, médecine préventive peu développée, insuffisance de lits de réanimation et de personnel soignant, gestion centralisée et technocratique qui retarde la nécessaire réactivité face à une pandémie (retard à la commande de masques, écouvillons et réactifs) et, enfin, dépendance inacceptable de l'étranger pour des médicaments de première nécessité.

Libault, D. p. (2020). La protection sociale française après la Covid-19 : épreuves d'un système ancien et opportunités d'un nouveau modèle. Paris Iheps

<https://fr.calameo.com/read/004310504a9c10caec0d5>

La réflexion et les propositions d'action de court, moyen et long termes rédigées suite à la pandémie du SARS Coronavirus-2, ou Covid-19, et contenues dans ce rapport, sont issues de l'intelligence collective des anciens auditeurs de l'Iheps, tous praticiens de la protection sociale, « Think tank » indépendant de tout parti, syndicat, ONG, association, ou entreprise et organisation publique ou privée, existant en France.

Mejdoubi, M., Kyndt, X. et Djennaoui, M. (2020). "ICU admissions and in-hospital deaths linked to COVID-19 in the Paris region are correlated with previously observed ambient temperature." *PLoS One*: 1.

<https://doi.org/10.1371/journal.pone.0242268>

The purpose of this ecological study was to explore the association of weather with severity indicators of coronavirus disease 2019 (COVID-19). Daily COVID-19-related intensive care unit (ICU) admissions and in-hospital deaths in the Paris region and the daily weather characteristics of Paris midtown were correlated with a time lag. We assessed different study periods (41, 45, 50, 55, and 62 days) beginning from 31 March 2020. Daily ICU admissions and in-hospital deaths were strongly and negatively correlated to ambient temperatures (minimal, average, and maximal). The highest Pearson correlation coefficients and statistically significant p values were found 8 days before the occurrence of ICU admissions and 15 days before deaths. Partial correlations with adjustment on days since lockdown showed similar significant results. The study findings show a negative correlation of previously observed ambient temperature with severity indicators of COVID-19 that could partly explain the death toll discrepancies between and within countries.

Meriade, L. (2021). "Lits de réanimation : comprendre les contraintes qui pèsent sur la situation française." The Conversation
<https://theconversation.com/lits-de-reanimation-comprendre-les-contraintes-qui-pesent-sur-la-situation-francaise-152400>

Le taux d'incidence de la Covid-19, son taux de positivité ainsi que la disponibilité des lits de réanimation sont les indicateurs qui ont poussé à un nouveau confinement en France début novembre 2020, puis à un maintien de fortes restrictions durant les fêtes de fin d'année. S'agissant du dernier de ces indicateurs, lors de son intervention du 28 octobre 2020, le président Macron estimait que « la piste de l'augmentation des capacités de réanimation, que certains évoquent comme une piste qui nous permettrait de ne pas prendre des mesures difficiles », n'est « pas une bonne réponse » à l'épidémie.

Mesnier, J., Cottin, Y., Coste, P., et al. "Hospital admissions for acute myocardial infarction before and after lockdown according to regional prevalence of COVID-19 and patient profile in France: a registry study." The Lancet Public Health.
[https://doi.org/10.1016/S2468-2667\(20\)30188-2](https://doi.org/10.1016/S2468-2667(20)30188-2)

Background The COVID-19 pandemic has had a profound effect on general health care. We aimed to evaluate the effect of a nationwide lockdown in France on admissions to hospital for acute myocardial infarction, by patient characteristics and regional prevalence of the pandemic.

Monziols, M., Chaput, H., Verger, P., et al. (2020). Après le confinement, les médecins généralistes ne reviennent que progressivement à une activité normale. Paris Drees
<https://drees.solidarites-sante.gouv.fr/recherche>

Au cours des mois de mai et juin 2020, les participants au quatrième Panel d'observation des pratiques et des conditions d'exercice en médecine générale de la DREES ont été interrogés sur leur activité pendant la semaine du 11 mai 2020, au sortir du confinement lié à l'épidémie de Covid-19. Pendant cette semaine, le nombre de consultations par jour marque une reprise de l'activité, mais plus de la moitié des médecins généralistes déclarent encore une baisse du volume horaire hebdomadaire par rapport à une semaine ordinaire de travail. Cette baisse est cependant moindre que pendant le confinement, et estimée, en moyenne, entre 3 % et 7,5 % – contre 13 % et 24 % pendant la première quinzaine d'avril. Pour la grande majorité des médecins (9 sur 10), les consultations ayant pour motif le coronavirus représentent moins de 25 % de leur activité pendant cette période. Parallèlement, un certain rattrapage est observé pour les consultations liées à des maladies chroniques (pour suivi ou complications), alors que les demandes de soins liés à la santé mentale restent plus fréquentes qu'en temps normal. Encore près de la moitié des médecins estiment que les suivis pédiatriques sont moins fréquents qu'à l'habitude.

Nouguez, É. (2020). "Faut-il tout miser sur l'hôpital ?" Revue Projet **377**(4): 81-84.
<https://www.cairn.info/revue-projet-2020-4-page-81.htm>

Odenore (2021). Étude Odenore : près de 2 personnes sur 3 ont renoncé à se soigner pendant le premier confinement, Paris : Odenore ; Paris : Cnam

<https://www.ameli.fr/paris/medecin/actualites/etude-odenore-pres-de-2-personnes-sur-3-ont-renonce-se-soigner-pendant-le-premier-confinement>

L'observatoire des non-recours aux droits et services (Odenore) et l'Assurance Maladie ont lancé une enquête afin d'estimer l'ampleur, la nature, les causes et conséquences des non-réalisations de soins pendant la première période de confinement. Les premiers résultats de l'enquête montrent que 60 % des personnes interrogées disent ne pas avoir réalisé à leur initiative, pendant le premier confinement, au moins un soin dont elles avaient besoin. Parmi les personnes qui n'ont pas consulté de médecin généraliste pendant le 1er confinement malgré un besoin, une nette majorité (68 %) dit avoir consulté à l'issue du 1er confinement. Il ressort de cette étude un renoncement « définitif » assez faible (entre 2 % et 7 % selon le type de besoin de soins). La plupart des personnes qui n'ont toujours pas réalisé la consultation ou l'acte au moment de l'enquête garde l'intention de le faire.

Offner, D., Merigo, E., Tardivo, D., et al. (2020). "Soins bucco-dentaires et épidémie de Coronavirus COVID-19." *Sante Publique* **32**(2): 247-251.

<https://www.cairn.info/revue-sante-publique-2020-2-page-247.htm>

L'épidémie au Coronavirus SARS-CoV-2 (maladie COVID-19) a débuté en décembre 2019 en Chine, puis a progressé très rapidement en France. Elle a eu pour conséquences la mise en place de mesures nationales telles que le confinement de la population, mais aussi une désorganisation du système de santé et notamment concernant les soins bucco-dentaires. Ceux-ci sont, en effet, générateurs d'aérosols qui peuvent être chargés en particules virales, et constituer à ce titre une voie de contamination majeure par le virus. À la demande de la Conférence des Doyens des Facultés d'Odontologie, le Collège National des Chirurgiens-Dentistes Universitaires en Santé Publique (CNCDUSP) a constitué un groupe de travail, afin d'émettre des recommandations pour les soins bucco-dentaires dans le contexte d'épidémie au COVID-19, au vu des risques spécifiques auxquels les praticiens sont confrontés. Eu égard à la méconnaissance des spécificités de la pratique de la chirurgie dentaire dans le monde médical et auprès des décideurs, et compte tenu de la rapidité de la mise en place des mesures nationales de lutte contre l'épidémie, les recommandations du CNCDUSP ont dû être élaborées rigoureusement et rapidement avant de pouvoir être diffusées à la profession. Elles tiennent compte des données épidémiologiques liées au virus, des spécificités des soins bucco-dentaires, et proposent ainsi des mesures de protection pour les professionnels de la chirurgie dentaire. L'adaptation nécessaire de l'offre de soins en période d'épidémie permettra certainement de tirer des enseignements de cette crise sanitaire.

ORS Pays-de-la-Loire (2020). "Impact de l'épidémie de covid-19 et du premier confinement sur le recours aux services d'urgences en Pays de la Loire : Analyse des données de janvier à août 2020." 5.

https://www.orspaysdelaloire.com/sites/default/files/pages/pdf/2020_PDF/2020_ORU_ImpactCovidRecoursS Updl.pdf

Cette étude restitue, à distance de la première vague de l'épidémie de Covid-19, l'impact de celle-ci et du confinement de la population sur le recours aux services d'urgences de la région. Elle a été réalisée dans le cadre de la mission d'Observatoire régional des urgences (Oru), mise en œuvre par l'Ors et le Groupement régional d'appui au développement de la e-santé (GRADeS), et financée par l'Ars Pays de la Loire.

Oulehri, W. et Rolling, J. (2020). "Covid-19, retour d'expérience de la prise en charge réanimatoire des patients et du soutien médico-psychologique aux soignants à Strasbourg, France." *Revue de neuropsychologie* **12**(2): 115-121.

<https://www.cairn.info/revue-de-neuropsychologie-2020-2-page-115.htm>

Un numéro rédigé pendant le confinement. La pandémie mondiale de COVID-19 et les mesures de confinement ont eu des effets sur la vie personnelle et sociale de chacun de nous et plus encore sur celle des personnes fragiles, isolées et malades. Dans ce Numéro spécial de la Revue de neuropsychologie, des professionnels de la neuropsychologie, confrontés à la maladie dans des services hospitaliers de multiples spécialités, et les membres du conseil scientifique de l'Observatoire B2V des Mémoires, ont livré leur point de vue – au total plus de quarante articles – sur les marques

que laissera cet événement dans les pratiques de soins mais aussi dans les mémoires individuelles et collectives. Au total, des témoignages poignants et sans concession recueillis « à chaud » pendant le confinement et des éléments de réflexion sur les conséquences de cette crise sanitaire.

Payre, S., Tissioui, M. et Joffre, C. (2020). "Éditorial. Quels enseignements tirer de la crise du covid-19 que rencontre le système de Santé en termes d'organisation, de compétences et de métiers ?" Management & Avenir Santé **6**(1): 7-13.

<https://www.cairn.info/revue-management-et-avenir-sante-2020-1-page-7.htm>

Pitaval, J. L., Levy-Bourneu, L. et Deville-Cavellin, B., et al. (2020/05-06). "Nouvelles gouvernances hospitalières : Réflexions sur un leadership partagé." Revue Hospitalière de France(594): 27-31.

La gestion de crise engendrée par la pandémie Covid-19 renvoie à l'appréciation du leadership public. Dans son volet sanitaire, les actions ont été engagées dans un contexte de fortes tensions à l'hôpital et en Ehpad. En quoi les dernières transformations ont-elles façonné ce leadership ?

Robin-Poupard, F. (2020). "Distanciation sociale, masques et visioconférence : être thérapeute au temps de la Covid-19." Le Journal des psychologues **382**(10): 70-74.

<https://www.cairn.info/revue-le-journal-des-psychologues-2020-10-page-70.htm>

Saint-Lary, O., Gautier, S., Le Breton, J., et al. (2020). "How GPs adapted their practices and organisations at the beginning of COVID-19 outbreak: a French national observational survey." BMJ Open **10**(12): e042119.

OBJECTIVES: To describe how general practitioners (GPs) adapted their practices to secure and maintain access to care in the epidemic phase. A secondary objective was to explore if GPs' individual characteristics and type of practice determined their adaptation. **DESIGN:** Observational study using an online questionnaire. Organisational changes were measured by a main question and detailed in two specific outcomes. To identify which GPs' characteristics impacted organisational changes, successive multivariate logistic modelling was performed. First, we identified the GPs' characteristics related to organisational changes with a univariate analysis. Then, we tested the adjusted associations between this variable and the following GPs' characteristics: age, gender and type of practice. **SETTING:** The questionnaire was administered online between 14 March and 21 March 2020. Practitioners were recruited by email using the contact lists of different French scientific GP societies. **PARTICIPANTS:** The target population was GPs currently practising in France (n=46 056). We obtained a total of 7481 responses. **PRIMARY AND SECONDARY OUTCOME MEASURES:** Primary outcome: Proportion of GPs who adapted their practice. Secondary outcome: GPs' characteristics related to organisational changes. **RESULTS:** Among the 7481 responses, 5425 were complete and were analysed. 3849 GPs (70.9%) changed their activity, 3605 GPs (66.5%) increased remote consultations and 2315 GPs (42.7%) created a specific pathway for probable patients with COVID-19. Among the 3849 GPs (70.9%) who changed their practice, 3306 (91.7%) gave more answers by phone, 996 (27.6%) by email and 1105 (30.7%) increased the use of video consultations. GPs working in multi-professional group practices were more likely to have changed their activity since the beginning of the epidemic wave than GPs working in mono-professional group or single medical practices (adjusted OR: 1.32, 95% CI 1.12 to 1.56, p=0.001). **CONCLUSIONS:** French GPs adapted their practices regarding access to care for patients in the context of the COVID-19 epidemic. This adaptation was higher in multi-professional group practices.

Sauviat, C. (2020). "Système hospitalier, assurance santé et fédéralisme étasunien à l'épreuve." Chronique Internationale de l'IRES **171**(3): 73-89.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-73.htm>

C'est aux États-Unis que l'épidémie de Covid-19 s'est montrée la plus meurtrière, bien que les dépenses de santé par habitant y soient les plus élevées au monde. Elle aura ainsi mis au jour de manière flagrante les apories chroniques du système de santé et de l'assurance santé (coût exorbitant, fortes inégalités d'accès, sous-financement de la santé publique, système hospitalier gouverné par des logiques de marché). Elle aura aussi révélé les revers du fédéralisme américain sous l'administration

Trump, notamment sa capacité à gérer une crise sanitaire d'une telle ampleur, qui se sont illustrés tout particulièrement dans l'impéritie du leadership présidentiel.

Schmidt, M., Hajage, D., Demoule, A., et al. (2020). "Clinical Characteristics and Day-90 Outcomes of 4,244 critically ill adults with COVID-19: a prospective cohort study." *Intensive Care* (Ahead of print): 54.
https://www.esicm.org/wp-content/uploads/2020/10/2044_author_proof.pdf

Le taux de mortalité des patients en réanimation lors de la première vague a baissé. L'épidémie de Covid-19 continue de s'aggraver en France, avec 426 décès rapportés hier et désormais 3.878 patients en réanimation et en soins intensifs, soit 157 de plus que la veille. En Ile-de-France, environ 1.000 lits de réanimation sont désormais occupés, soit 80% des capacités des hôpitaux. Les dernières données de l'Inserm et de l'AP-HP montrent une chute de la mortalité des malades en réanimation, entre février et mai, passant de 42% à 25%. Sur la période, la proportion de malades intubés et ventilés a diminué, tandis que celle des ventilations non invasives augmentait. Les chercheurs restent prudents sur l'interprétation de ces chiffres, sans indiquer s'ils sont dus à une moindre gravité des atteintes, à une modification du profil des patients ou à une meilleure prise en charge. Selon le Dr Matthieu Schmidt, coordinateur de l'étude Covid-ICU, les données montrent enfin que la durée de séjour en réanimation est bien plus longue en cas de Covid par rapport aux syndromes de détresse respiratoire aiguë (SDRA) d'autres origines.

Tognetti Bordogna, M., Polillo, B. R. et Mallet, J.-O. (2020). "Après le choc initial, des ressources renouvelées pour le système sanitaire, en attendant une réforme plus ambitieuse ?" *Chronique Internationale de l'IRES* 171(3): 154-171.
<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-154.htm>

Premier pays européen touché par la pandémie de Covid-19, l'Italie a dû faire face à la crise en s'appuyant sur un système de santé affaibli par des coupes budgétaires après la grande récession de 2008-2009, et aux moyens variables selon les Régions. Les tensions entre l'État central, responsable en cas d'urgence sanitaire, et les Régions, en charge de l'organisation de soins, ont pu entraver les réponses à la pandémie. L'adoption rapide de mesures d'exception (décrets Cura Italia et Rilancio) a permis néanmoins de renforcer temporairement les moyens financiers et humains du système national de santé en prévision d'une seconde vague épidémique, et le choc traumatique de l'épidémie de ressusciter l'intérêt pour une réforme sanitaire ambitieuse.

Vaux, S., Fischer, E., Sainte-Rose, S., et al. (2020). "Prise en charge, dépistage et suivi de patients Covid-19 en centre ambulatoire dédié, Val-de-Marne, avril-juin 2020." *Bulletin Epidemiologique Hebdomadaire (Beh)* (25):
http://beh.santepubliquefrance.fr/beh/2020/25/2020_25_1.html

Du fait de la crise liée à la Covid-19, de la difficulté à prendre en charge des patients suspects d'être infectés par le SARS-CoV-2 dans des cabinets libéraux dans des conditions d'hygiène satisfaisantes pour les médecins et des patients et en l'absence de structure dédiée, un centre ambulatoire spécifique a été créé, en urgence, par un collectif de médecins généralistes. Les objectifs de l'article sont de décrire l'organisation générale du centre ambulatoire Covid-19, de présenter les caractéristiques épidémiologiques et cliniques des patients suspects Covid-19 prélevés pour recherche de SARS-CoV-2 et des patients confirmés ayant consulté entre le 7 avril et le 15 mai 2020.

Verger, P., Scronias, D., Bergeat, M., et al. (2021). "Vaccination contre la Covid-19 : trois médecins sur quatre interrogés en octobre-novembre 2020 y étaient a priori favorables." *Etudes Et Résultats (Drees)* (1178)
<https://drees.solidarites-sante.gouv.fr/recherche>

Au cours des mois d'octobre et de novembre 2020, les participants au quatrième Panel d'observation des pratiques et des conditions d'exercice en médecine générale ont été interrogés sur leurs perceptions et opinions quant aux futurs vaccins contre la Covid-19. Trois médecins généralistes sur quatre accepteraient a priori de se faire vacciner contre la Covid-19 et de recommander le vaccin à leurs patients. Les autres médecins sont hésitants ou réticents. Ces derniers sont plus souvent les médecins généralistes préoccupés par la sécurité des futurs vaccins, ceux n'ayant pas confiance dans le ministère chargé de la santé pour s'assurer de la sécurité des vaccins ou qui, en temps normal,

hésitent à suivre les recommandations vaccinales pour leurs patients à risque. D'autres enquêtes menées en Belgique francophone auprès de médecins généralistes et au Québec auprès d'infirmières montrent des résultats comparables à ce qui est observé en France.

Verger, P., Scronias, D., Monziols, M., et al. (2020). Perceptions et opinions des médecins généralistes lors du déconfinement. Paris Drees

<https://drees.solidarites-sante.gouv.fr/recherche>

Au cours des mois de mai et de juin 2020, les participants au quatrième Panel d'observation des pratiques et des conditions d'exercice en médecine générale de la DREES ont été interrogés sur leurs perceptions et opinions, notamment quant à leur rôle au sortir du confinement lié à l'épidémie de Covid-19. Le protocole d'identification et de notification auprès de l'Assurance maladie des « personnes contacts » de patients infectés est considéré comme approprié par les deux tiers des médecins généralistes, tandis qu'un tiers d'entre eux expriment des réticences (du fait de sa complexité, de la responsabilité qu'il implique, ou estiment qu'il ne fait pas partie de leurs missions). Presque la moitié pense que ce n'est pas compatible avec leur charge de travail. La très grande majorité des médecins s'estiment efficaces pour inciter leurs patients à respecter les mesures barrières. Ils sont favorables à la généralisation du port du masque pendant le déconfinement, à un moment où la décision de rendre obligatoire ce port dans les lieux publics n'avait pas encore été prise. L'accès aux tests PCR-Covid-19 s'est généralisé, et près de 3 médecins sur 4 déclarent y avoir accès rapidement, pour leurs patients, au moment de l'enquête, quand 1 sur 4 le perçoit encore comme limité. Depuis le début de l'épidémie, seul 1 médecin sur 4 s'est fait tester.

ÉTUDES INTERNATIONALES

(2021). Health Reform Reconstruction. Atlanta Georgia State University College.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3760086

This Article connects the failed, inequitable U.S. coronavirus pandemic response to conceptual and structural constraints that have held back U.S health reform for decades – and calls for reconstruction. For more than a half-century, an intellectually cramped “iron triangle” ethos has constrained health reform conceptually. The iron triangle centered individual interests in access to, quality of, and cost of medical care, while marginalizing equity and public health. In the iron triangle era, reforms unquestioningly accommodated four entrenched fixtures of American law—individualism, fiscal fragmentation, privatization, and federalism—that distort and diffuse any reach toward justice and solidarity. The profound racial disparities and public health failures of the U.S. pandemic response in 2020 agonizingly manifested the limitations of pre-2020 health reform and demand a reconstruction. Health reform reconstruction begins with the replacement of the iron triangle era with a new era in which reforms aim to realize health justice. Health justice does not itself overcome the fixtures of American law that constrain reform and propagate subordination. But it reveals the importance of doing so, despite the fixtures’ stubborn legal and logistical entrenchment. Because health reformers can no longer accept any conceptual goal short of health justice, incremental reforms must be measured chiefly by whether they confront or accommodate individualism, fiscal fragmentation, privatization, and federalism in health care. Through an uncompromising conceptual aspiration and a method of confrontational incrementalism focused on dismantling the legal structures that stand in the way of health justice, health reform reconstruction is possible. The Article describes how health reform reconstruction can chart the path of legal change and reflects on the usefulness of its methodology of confrontational incrementalism in other fields which recognize the necessity of reconstructive reform, along with its near impossibility, such as policing and drug policy.

Abrashkin, K. A., Zhang, J. et Poku, A. (2020). "Acute, Post-acute, and Primary Care Utilization in a Home-Based Primary Care Program During COVID-19." *The Gerontologist* 61(1): 78-85.

<https://doi.org/10.1093/geront/gnaa158>

Older adults with multiple comorbidities experience high rates of hospitalization and poor outcomes from Coronavirus Disease 2019 (COVID-19). Changes in care utilization by persons in advanced illness management (AIM) programs during the COVID-19 pandemic are not well known. The purpose of this study was to describe changes in care utilization by homebound AIM patients in an epicenter of the COVID-19 pandemic before and during the pandemic. Descriptive statistics and tests of differences were used to compare care utilization rates, including emergency department (ED) and inpatient admissions, acute and subacute rehabilitation, and AIM program utilization during the pandemic with rates 1 year prior. Acute and post-acute utilization for enrollees ($n = 1,468$) decreased March–May 2020 compared to 1 year prior ($n = 1,452$), while utilization of AIM program resources remained high. Comparing 2019 and 2020, ED visits/1,000 enrollees were 109 versus 44 ($p < .001$), inpatient admissions 213 versus 113 ($p < .001$), and rehabilitation facility admissions 56 versus 31 ($p = .014$); AIM program home visits were 1,935 versus 276 ($p < .001$), remote visits (telehealth/telephonic) 0 versus 1,079 ($p < .001$), and all other phone touches 3,032 versus 5,062 ($p < .001$). Home hospice admissions/1,000 increased: 16–31 ($p = .011$). Our results demonstrate decreased acute and post-acute utilization, while maintaining high levels of connectedness to the AIM program, among a cohort of homebound older adults during the COVID-19 pandemic compared with 1 year prior. While further study is needed, our results suggest that AIM programs can provide support to this population in the home setting during a pandemic.

Agarwal, S. D. et Sommers, B. D. (2020). "Insurance Coverage after Job Loss — The Importance of the ACA during the Covid-Associated Recession." *New England Journal of Medicine* **383**(17): 1603-1606.

<https://doi.org/10.1056/NEJMp2023312>

Ahn, S. et Koh, K. (2020). Changes in Healthcare Utilization, Spending, and Perceived Health during COVID–19: A Longitudinal Study from Singapore. Séoul Université de Corée

https://privpapers.ssrn.com/sol3/papers.cfm?abstract_id=3669090&

The outbreak of the novel coronavirus (COVID–19) has challenged the capacity of healthcare systems around the world and can potentially compromise healthcare utilization and health outcomes among non-COVID–19 patients. However, the empirical evidence regarding changes in healthcare utilization, healthcare spending, and health status among non-COVID–19 patients is limited. This aim of this study is to examine the associations of the COVID-19 pandemic with healthcare utilization, out-of-pocket medical costs, and perceived health status in Singapore. A retrospective observational study using a difference-in-differences method that examines changes in healthcare utilization, healthcare spending, and perceived health status before and during the outbreak of COVID-19 of the same individuals using monthly individual-level panel survey data.

Alban, A., Chick, S. E., Dongelmans, D. A., et al. (2020). "ICU capacity management during the COVID-19 pandemic using a process simulation." *Intensive Care Medicine* **46**(8): 1624-1626.

<https://doi.org/10.1007/s00134-020-06066-7>

Armstrong, D., Moore, J., Fraher, E. P., et al. "COVID-19 and the Health Workforce." *Medical Care Research and Review* **0**(0): 1077558720969318.

<https://doi.org/1077558720969318>

The health workforce has been greatly affected by COVID-19. In this commentary, we describe the articles included in this health workforce research supplement and how the issues raised by the authors relate to the COVID-19 pandemic and rapidly changing health care environment.

Bauer, J., Brüggmann, D., Klingelhöfer, D., et al. (2020). "Access to intensive care in 14 European countries: a spatial analysis of intensive care need and capacity in the light of COVID-19." *Intensive Care Medicine* **46**(11): 2026-2034.

<https://doi.org/10.1007/s00134-020-06229-6>

The coronavirus disease 2019 (COVID-19) poses major challenges to health-care systems worldwide. This pandemic demonstrates the importance of timely access to intensive care and, therefore, this

study aims to explore the accessibility of intensive care beds in 14 European countries and its impact on the COVID-19 case fatality ratio (CFR).

Baumann, S., Gaucher, L., Bourgueil, Y., et al. (2020). "Adaptation of independent midwives to the COVID-19 pandemic: a national descriptive survey." *Midwifery*: 102918.

<https://doi.org/10.1016/j.midw.2020.102918>

Objective : The main objective of this survey was to identify how independent midwives, mainly working in primary care, adapted their practices at the beginning of the COVID-19 pandemic in France. Our assumption was that this practice adaptation would vary according to both geographical area (timing of pandemic effect) and whether they practiced alone or in a group. **Design** We conducted an online national survey of independent midwives in France from March 16–23, 2020. **Setting** All districts in mainland France and the overseas territories. **Participants** Respondents from the population of all independent midwives working in France. **Measurements and findings** The primary outcome measure was the proportion of midwives reporting that they had adapted their practices to the context of the COVID-19 pandemic, and the rank, in order of frequency, of the postponed or cancelled activities. **Results :** Of the 1517 midwives who responded, i.e., 20.3% of the independent midwives in France, 90.6% reported adapting one or more of their practices. The main adjustment was the postponement or cancellation of consultations deemed non-essential, listed in descending order: postpartum pelvic floor rehabilitation (n=1270, 83.7%), birth preparation (n=1188, 78.3%), non-emergency preventive gynaecology consultation (n=976, 64.3%), early prenatal interview (n=170, 11.2%), and postnatal follow-up (n=158, 10.4%). **Key conclusions** Without guidelines, each midwife had to decide individually if and how to adapt her practice. Postpartum pelvic floor rehabilitation and birth preparation have been strongly affected. The results of this national survey indicate that a large majority of midwives have adapted their practices, independently of the local course of the pandemic, and that this reduction of contacts with women raises questions in this period of anxiety about intermediate-term adaptations to guarantee the continuity and safety of care. **Implications for practice** This study's results can be used to develop tools to handle cancelled consultations. Video, also called virtual, visits and coordination between independent practitioners and hospitals are probably the major challenges in the current context.

Birkmeyer, J. D., Barnato, A., Birkmeyer, N., et al. (2020). "The Impact Of The COVID-19 Pandemic On Hospital Admissions In The United States." *Health Affairs*: 10.1377/hlthaff.2020.00980.

<https://doi.org/10.1377/hlthaff.2020.00980>

Hospital admissions in the US fell dramatically with the onset of the coronavirus disease 2019 (COVID-19) pandemic. However, little is known about differences in admissions patterns among patient groups or the extent of the rebound. In this study of approximately 1 million medical admissions from a large nationally representative hospitalist group, we found that declines in non-COVID-19 admissions from February to April 2020 were generally similar across patient demographic subgroups and exceeded 20% for all primary admission diagnoses. By late June/early July 2020, overall non-COVID-19 admissions had rebounded to 16% below pre-pandemic baseline volume (8% including COVID-19 admissions). Non-COVID-19 admissions were substantially lower for patients residing in majority-Hispanic neighborhoods (32% below baseline) and remained well below baseline for patients with pneumonia (?44%), COPD/asthma (?40%), sepsis (?25%), urinary tract infection (?24%) and acute ST-elevation myocardial infarction (STEMI), ?22%). Health system leaders and public health authorities should focus on efforts to ensure that patients with acute medical illnesses can obtain hospital care as needed during the pandemic to avoid adverse outcomes.

Blavin, F. et Ramos, C. (2021). "Medicaid Expansion: Effects On Hospital Finances And Implications For Hospitals Facing COVID-19 Challenges." *Health Affairs* **40**(1): 82-90.

<https://doi.org/10.1377/hlthaff.2020.00502>

States? decisions to expand Medicaid may have important implications for their hospitals? financial ability to weather the coronavirus disease 2019 (COVID-19) pandemic. This study estimated the effects of the Affordable Care Act (ACA) Medicaid expansion on hospital finances in 2017 to update earlier findings. The analysis also explored how the ACA Medicaid expansion affects different types of

hospitals by size, ownership, rurality, and safety-net status. We found that the early positive financial impact of Medicaid expansion was sustained in fiscal years 2016 and 2017 as hospitals in expansion states continued to experience decreased uncompensated care costs and increased Medicaid revenue and financial margins. The magnitude of these impacts varied by hospital type. As COVID-19 has brought hospitals to a time of great need, findings from this study provide important information on what hospitals in states that have yet to expand Medicaid could gain through expansion and what is at risk should any reversal of Medicaid expansions occur.

Cantor, J. C., Sood, N., Bravata, D., et al. (2020). The Impact of the COVID-19 Pandemic and Policy Response on Health Care Utilization: Evidence from County-level Medical Claims and Cellphone data. NBER Working Paper Series ;28131. Cambridge NBER
<https://www.nber.org/papers/w28131>

The COVID-19 pandemic has forced federal, state and local policymakers to respond by legislating, enacting, and enforcing social distancing policies. However, the impact of these policies on healthcare utilization in the United States has been largely unexplored. We examine the impact of county-level shelter in place ordinances on healthcare utilization using two unique datasets—employer-sponsored insurance for over 6 million people in the US and cell phone location data. We find that introduction of these policies was associated with reductions in the use of preventive care, elective care, and the number of weekly visits to physician offices and hospitals. However, controlling for county-level exposure to the COVID-19 pandemic reduces the impact of these policies. Our results imply that while social distancing policies do lead to reductions in healthcare utilization, much of these reductions would have occurred even in the absence of these policies.

Chakrabarti, R., Meyerson, L., Nober, W., et al. (2020). The Affordable Care Act and the COVID-19 Pandemic: A Regression Discontinuity Analysis. New York Federal Reserve Bank of New-York
http://d.repec.org/n?s=https://www.newyorkfed.org/medialibrary/media/research/staff_reports/sr948.pdf

Did Medicaid expansion under the Affordable Care Act affect the course of the COVID-19 pandemic? We answer this question using a regression discontinuity design for counties near the borders of states that expanded Medicaid with states that did not. Relevant covariates change continuously across the Medicaid expansion frontier. We find that 1) health insurance changes discontinuously at the frontier, 2) COVID-19 cases do not change discontinuously at the frontier but the precision of this estimate is low, 3) COVID-19 deaths do not change discontinuously at the frontier and the confidence intervals exclude large declines in deaths in Medicaid expansion areas, 4) smart thermometer readings of fever rates from Kinsa, Inc. do not change discontinuously at the frontier, and 5) COVID-19-related doctor visits discontinuously increase in Medicaid expansion areas.

Chen, X. et Fan, A. (2021). Pandemic Economics and the Transformation of Health Policy. Iza Dp ; 4061. Bonn Iza
<http://ftp.iza.org/dp14061.pdf>

The Coronavirus Disease 2019 (COVID-19) pandemic is bringing about once-in-a-century changes to human society. This article summarizes key characteristics of the COVID-19 pandemic that should be incorporated in economics and health policy analyses. We then review the literature on the importance of public health measures, including taking early, targeted, and coordinated actions, enhancing social safety nets for vulnerable populations, and strengthening public communications. In the long term, addressing misallocation of health resources and improving health governance are critical. Drawing on evidence from past and present epidemics as well as comparing cross-country variations in their responses to the current public health emergency, we navigate long-awaited health reforms in areas that help optimize epidemics response and realign incentives of the major players in the health sector in preparation for the next pandemic.

Ciminelli, G. et Garcia-Mandicó, S. (2020). "How Healthcare Congestion Increases Covid-19 Mortality: Evidence from Lombardy, Italy*." medRxiv: 2020.2010.2027.20221085.
<https://doi.org/10.1101/2020.10.27.20221085>

Background The Covid-19 pandemic has caused generous and well-developed healthcare systems to collapse. This paper quantifies how much system congestion may have increased mortality rates, using distance to the ICU as a proxy for access to emergency care. **Methods** We match daily death registry data for almost 1,500 municipalities in Lombardy, Italy, to data on geographical location of all ICU beds in the region. We then analyze how system congestion increases mortality in municipalities that are far from the ICU through a differences-in-differences regression model. **Findings** We find that Covid-19 mortality is up to 60% higher in the average municipality – which is 15 minutes driving away from the closest ICU – than in a municipality with an ICU in town. This difference is larger in areas and in days characterized by an abnormal number of calls to the emergency line. **Interpretation** We interpret these results as suggesting that a sudden surge of critical patients may have congested the healthcare system, forcing emergency medical services to prioritize patients in the most proximate communities in order to maximize the number of lives saved. Through some back-of-the-envelope calculations, we estimate that Lombardy's death toll from the first Covid-19 outbreak could have been 25% lower had all municipalities had ready access to the ICU. Drawing a lesson from Lombardy's tale, governments should strengthen the emergency care response and palliate geographical inequalities to ensure that everyone in need can receive critical care on time during new outbreaks. **Funding** No funding. **Competing Interest Statement** The authors have declared no competing interest. **Funding Statement** No funding received. **Author Declarations** I confirm all relevant ethical guidelines have been followed, and any necessary IRB and/or ethics committee approvals have been obtained. **Yes** The details of the IRB/oversight body that provided approval or exemption for the research described are given below: **no** patients data used. All necessary patient/participant consent has been obtained and the appropriate institutional forms have been archived. **Yes** I understand that all clinical trials and any other prospective interventional studies must be registered with an ICMJE-approved registry, such as ClinicalTrials.gov. I confirm that any such study reported in the manuscript has been registered and the trial registration ID is provided (note: if posting a prospective study registered retrospectively, please provide a statement in the trial ID field explaining why the study was not registered in advance). **Yes** I have followed all appropriate research reporting guidelines and uploaded the relevant EQUATOR Network research reporting checklist(s) and other pertinent material as supplementary files, if applicable. **Yes** Data available upon request.

Comas-Herrera, A., Glanz, A., Curry, N., et al. (2020). The COVID-19 Long-Term Care situation in England. London International Long Term Care network
<https://itccovid.org/wp-content/uploads/2020/11/COVID-19-Long-Term-Care-situation-in-England-19-November-3.pdf>

This report provides an overview of the impact of Covid-19 so far on people who use and provide long-term care in England, and of the policy and practice measures adopted to mitigate its impact. It finds that the initial policy responses did not adequately consider the social care sector and that the pandemic has laid bare longstanding problems in the long-term care system in England.

Coron, G. et Sauviat, C. (2020). "L'Europe de la santé au prisme du Covid-19 : quelles avancées ?" *Chronique Internationale de l'IRE* **171**(3): 90-105.
<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-90.htm>

Les actions de l'Union européenne face à la crise sanitaire ont été contraintes par les traités (incompétence juridique) et de fait, par les ressources politiques et financières très limitées qui peuvent être consacrées à la politique de santé européenne. La sécurité des approvisionnements d'équipements médicaux à l'échelle européenne n'a pu être assurée, dans un contexte de divergence des trajectoires industrielles des États membres qui rend difficile l'émergence d'une politique industrielle commune.

Davillas, A. et Jones, A. M. (2020). Unmet health care need and income-related horizontal equity in access during the COVID-19 pandemic. *Iza Discussion Paper Series ; 13910*. Bonn Iza
<http://ftp.iza.org/dp13910.pdf>

Using monthly data from the Understanding Society (UKHLS) COVID-19 Survey we analyse the evolution of unmet need and assess how the UK health care system performed against the norm of

horizontal equity in health care access during the first wave of COVID-19 wave. Unmet need was most evident for hospital care, and less pronounced for primary health services (medical helplines, GP consultations, local pharmacist advice, over the counter medications and prescriptions). Despite this, there is no evidence that horizontal equity, with respect to income, was violated for NHS hospital outpatient and inpatient care during the first wave of the pandemic. There is evidence of pro-rich inequities in access to GP consultations, prescriptions and medical helplines at the peak of the first wave, but these were eliminated as the pandemic progressed. There are persistent pro-rich inequities for services that relate to individuals' ability to pay (over the counter medications and advice from the local pharmacist).

Denny-Brown, N., Stone, D., Hays, B., et al. (2020). COVID-19 Intensifies Nursing Home Workforce Challenges. Cambridge Mathematica

<http://d.repec.org/n?u=RePEc:mpr:mprres:b06e9d0da5254d51bbb74bfee6482748&r=age>

Approximately 3.9 million Americans receive care in nursing homes each year. Older adults and people with disabilities receive nursing home care either for a short stay in a skilled nursing facility (such as for rehabilitation after surgery or illness), or for a long stay in a nursing facility because they can no longer have their care needs met at home. Both long-stay nursing facilities and short stay post-acute skilled nursing facilities rely on the labor of 1.2 million health care personnel and support workers.² In recent years, the industry

El-Hage, W., Hingray, C., Lemogne, C., et al. (2020). "[Health professionals facing the coronavirus disease 2019 (COVID-19) pandemic: What are the mental health risks?]." *Encephale* **46**(3s): S73-s80.

OBJECTIVES: The coronavirus disease 2019 (COVID-19) pandemic has caused major sanitary crisis worldwide. Half of the world has been placed in quarantine. In France, this large-scale health crisis urgently triggered the restructuring and reorganization of health service delivery to support emergency services, medical intensive care units and continuing care units. Health professionals mobilized all their resources to provide emergency aid in a general climate of uncertainty. Concerns about the mental health, psychological adjustment, and recovery of health care workers treating and caring for patients with COVID-19 are now arising. The goal of the present article is to provide up-to-date information on potential mental health risks associated with exposure of health professionals to the COVID-19 pandemic. **METHODS:** Authors performed a narrative review identifying relevant results in the scientific and medical literature considering previous epidemics of 2003 (SARS-CoV-1) and 2009 (H1N1) with the more recent data about the COVID-19 pandemic. We highlighted most relevant data concerning the disease characteristics, the organizational factors and personal factors that may contribute to developing psychological distress and other mental health symptoms. **RESULTS:** The disease characteristics of the current COVID-19 pandemic provoked a generalized climate of wariness and uncertainty, particularly among health professionals, due to a range of causes such as the rapid spread of COVID-19, the severity of symptoms it can cause in a segment of infected individuals, the lack of knowledge of the disease, and deaths among health professionals. Stress may also be caused by organizational factors, such as depletion of personal protection equipment, concerns about not being able to provide competent care if deployed to new area, concerns about rapidly changing information, lack of access to up-to-date information and communication, lack of specific drugs, the shortage of ventilators and intensive care unit beds necessary to care for the surge of critically ill patients, and significant change in their daily social and family life. Further risk factors have been identified, including feelings of being inadequately supported, concerns about health of self, fear of taking home infection to family members or others, and not having rapid access to testing through occupational health if needed, being isolated, feelings of uncertainty and social stigmatization, overwhelming workload, or insecure attachment. Additionally, we discussed positive social and organizational factors that contribute to enhance resilience in the face of the pandemic. There is a consensus in all the relevant literature that health care professionals are at an increased risk of high levels of stress, anxiety, depression, burnout, addiction and post-traumatic stress disorder, which could have long-term psychological implications. **CONCLUSIONS:** In the long run, this tragic health crisis should significantly enhance our understanding of the mental health risk factors among the health care professionals facing the COVID-19 pandemic. Reporting information such as this is essential to plan future prevention strategies. Protecting health care professionals is indeed an

important component of public health measures to address large-scale health crisis. Thus, interventions to promote mental well-being in health care professionals exposed to COVID-19 need to be immediately implemented, and to strengthen prevention and response strategies by training health care professionals on mental help and crisis management.

Fond, G., Pauly, V., Leone, M., et al. (2020). "Disparities in Intensive Care Unit Admission and Mortality Among Patients With Schizophrenia and COVID-19: A National Cohort Study." *Schizophrenia Bulletin*.

<https://doi.org/10.1093/schbul/sbaa158>

Patients with schizophrenia (SCZ) represent a vulnerable population who have been understudied in COVID-19 research. We aimed to establish whether health outcomes and care differed between patients with SCZ and patients without a diagnosis of severe mental illness. We conducted a population-based cohort study of all patients with identified COVID-19 and respiratory symptoms who were hospitalized in France between February and June 2020. Cases were patients who had a diagnosis of SCZ. Controls were patients who did not have a diagnosis of severe mental illness. The outcomes were in-hospital mortality and intensive care unit (ICU) admission. A total of 50 750 patients were included, of whom 823 were SCZ patients (1.6%). The SCZ patients had an increased in-hospital mortality (25.6% vs 21.7%; adjusted OR 1.30 [95% CI, 1.08–1.56], $P = .0093$) and a decreased ICU admission rate (23.7% vs 28.4%; adjusted OR, 0.75 [95% CI, 0.62–0.91], $P = .0062$) compared with controls. Significant interactions between SCZ and age for mortality and ICU admission were observed ($P = .0006$ and $P < .0001$). SCZ patients between 65 and 80 years had a significantly higher risk of death than controls of the same age (+7.89%). SCZ patients younger than 55 years had more ICU admissions (+13.93%) and SCZ patients between 65 and 80 years and older than 80 years had less ICU admissions than controls of the same age (–15.44% and –5.93%, respectively). Our findings report the existence of disparities in health and health care between SCZ patients and patients without a diagnosis of severe mental illness. These disparities differed according to the age and clinical profile of SCZ patients, suggesting the importance of personalized COVID-19 clinical management and health care strategies before, during, and after hospitalization for reducing health disparities in this vulnerable population.

Galea, S. et Vaughan, R. (2021). "Preparing the Public Health Workforce for the Post–COVID-19 Era." *American Journal of Public Health* **111**(3): 350-352.

<https://doi.org/10.2105/AJPH.2020.306110>

Garrafa, E., Levaggi, R., Miniaci, R., et al. (2020). "When fear backfires: Emergency department accesses during the Covid-19 pandemic." *Health Policy*.

<https://doi.org/10.1016/j.healthpol.2020.10.006>

Introduction The increase in access to Emergency Departments (ED) worldwide causes inefficiencies, but also signals its importance. The Coronavirus (Covid-19) outbreak allows to study the reactions of patients to the news about the spreading of the infection, which may have generated the fear that ED was no longer safe. **Methods** We study access to ED of a large teaching hospital in Brescia - one of the most hit provinces in Italy by Covid-19 - during the pandemic (from the announcement of the first cases to the explosion of the pandemic, to months after end of the acute phase) to study how patients reacted to the news that ED could no longer be a safe place. We analyse triage code, mode of arrival to ED, and accesses related to chest and abdominal pain, to evaluate who was discouraged most. **Results** Accesses have drastically reduced immediately after the news of the first contagion. During the lockdown accesses and admissions to hospital ward have decreased; this may mean that some patients may have suffered reduced health or increased mortality risks because of this decision. At the end of June accesses to ED and admissions to hospital ward are still lower than usual. **Discussion** Fear of contagion and appeals not to use ED directly by Covid-19 patients may have discouraged access also for pressing health need.

Ghisolfi, S., Almås, I., Sandefur, J. C., et al. (2020). "Predicted COVID-19 fatality rates based on age, sex, comorbidities and health system capacity." *BMJ Global Health* **5**(9): e003094.

<https://gh.bmj.com/content/bmjgh/5/9/e003094.full.pdf>

Early reports suggest the fatality rate from COVID-19 varies greatly across countries, but non-random testing and incomplete vital registration systems render it impossible to directly estimate the infection fatality rate (IFR) in many low- and middle-income countries. To fill this gap, we estimate the adjustments required to extrapolate estimates of the IFR from high-income to lower-income regions. Accounting for differences in the distribution of age, sex and relevant comorbidities yields substantial differences in the predicted IFR across 21 world regions, ranging from 0.11% in Western Sub-Saharan Africa to 1.07% for high-income Asia Pacific. However, these predictions must be treated as lower bounds in low- and middle-income countries as they are grounded in fatality rates from countries with advanced health systems. To adjust for health system capacity, we incorporate regional differences in the relative odds of infection fatality from childhood respiratory syncytial virus. This adjustment greatly diminishes but does not entirely erase the demography-based advantage predicted in the lowest income settings, with regional estimates of the predicted COVID-19 IFR ranging from 0.37% in Western Sub-Saharan Africa to 1.45% for Eastern Europe.

Gilson, L., Marchal, B., Ayepong, I., et al. (2020). "What role can health policy and systems research play in supporting responses to COVID-19 that strengthen socially just health systems?" *Health Policy and Planning* **35**(9): 1231-1236.

<https://doi.org/10.1093/heapol/czaa112>

Gottlieb, J. D. et Zenilman, A. (2020). When Workers Travel: Nursing Supply During COVID-19 Surges. *NBER Working Paper Series* ;28240. Cambridge NBER

<https://www.nber.org/papers/w282440>

We study how short-term labor markets responded to an extraordinary demand shock during the COVID-19 pandemic. We use traveling nurse jobs - a market hospitals use to fill temporary staffing needs - to examine workers' willingness to move to places with larger demand shocks. We find a dramatic increase in market size during the pandemic, especially for those specialties central to COVID-19 care. The number of jobs increased far more than compensation, suggesting that labor supply to this fringe of the nursing market is quite elastic. To examine workers' willingness to move across different locations, we examine jobs in different locations on the same day, and find an even more elastic supply response. We show that part of this supply responsiveness comes from workers' willingness to travel longer distances for jobs when payment increases, suggesting that an integrated national market facilitates reallocating workers when demand surges. This implies that a simultaneous national demand spike might be harder for the market to accommodate rapidly.

Grogan, C. M., Lin, Y.-A. et Gusmano, M. K. (2021). "Health Equity and the Allocation of COVID-19 Provider Relief Funds." *American Journal of Public Health*: e1-e4.

<https://doi.org/10.2105/AJPH.2020.306127>

When the COVID-19 pandemic landed in the United States, and particularly once cases began to grow substantially in March, the entire health care system suffered, but the safety net was exceptionally hard hit. The health care safety net an ill-defined term that encompasses public and some nonprofit hospitals that take care of the poor and uninsured, was on the front lines of taking care of the bulk of individuals who had contracted COVID-19. These hospitals tended to suffer from a lack of adequate supplies and relatively low reimbursement in a system that was already financially weak.

Hien, H. (2020). "La résilience des systèmes de santé : enjeux de la COVID-19 en Afrique subsaharienne." *Santé Publique* **32**(2): 145-147.

<https://www.cairn.info/revue-sante-publique-2020-2-page-145.htm>

Jayasinghe, S., Weerawarana, S. et Jayaweera, D. T. (2021). "Addressing COVID-19 in Resource-Poor Settings: Comparing the Experiences of Vietnam and Sri Lanka." *American Journal of Public Health* **111**(3): 387-389.

<https://doi.org/10.2105/AJPH.2020.306108>

Jolivet, A. (2020). "Une gestion singulière de la crise sanitaire, un système de santé décentralisé sous forte tension." *Chronique Internationale de l'IREIS* **171**(3): 188-208.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-188.htm>

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

La Suède a mis en place une combinaison d'interdictions limitées et de recommandations. La volonté d'anticiper et de gérer la crise du Covid-19 sur un temps long s'est appuyée sur un partage des tâches clair et connu entre agences gouvernementales, gouvernement et acteurs locaux. Avec des capacités d'accueil ajustées à un niveau minimal, les hôpitaux ont dû se réorganiser, augmenter le temps de travail et recourir à du personnel supplémentaire. Une coordination centralisée s'est avérée nécessaire pour l'approvisionnement en matériels de protection et de soins et pour la gestion des places en soins intensifs.

Kahmann, M. (2020). "Une réponse coordonnée du système de santé sous l'impulsion de l'État fédéral." *Chronique Internationale de l'IRES* **171**(3): 106-121.

<https://www.cairn.info/revue-chronique-internationale-de-l-ires-2020-3-page-106.htm>

L'Allemagne résiste relativement bien aux ravages de la pandémie. La crise sanitaire est l'occasion de révéler les importants moyens « proactifs » du système de santé, mais met aussi au jour des difficultés à les faire fonctionner. Si ces dernières n'ont pas produit davantage de dégâts sanitaires, c'est aussi parce que le fédéralisme a su faire preuve de sa capacité de coordination. Craignant que le système ne résiste pas à une deuxième vague, l'État fédéral injecte d'importants moyens financiers afin de surmonter les faiblesses d'ordre social et industriel.

Kazatchkine, M. (2020). "[The urgency of deep institutional reforms in global health in the face of Covid-19 pandemic]." *Med Sci (Paris)* **36**(10): 831-832.

<https://doi.org/10.1051/medsci/2020204>

Kendall, E., Ehrlich, C., Chapman, K., et al. (2020). "Immediate and Long-Term Implications of the COVID-19 Pandemic for People With Disabilities." *American Journal of Public Health*: e1-e6.

<https://doi.org/10.2105/AJPH.2020.305890>

Some people with disabilities may have greater risk of contracting COVID-19 or experiencing worse outcomes if infected. Although COVID-19 is a genuine threat for people with disabilities, they also fear decisions that might limit lifesaving treatment should they contract the virus. During a pandemic, health systems must manage excess demand for treatment, and governments must enact heavy restrictions on their citizens to prevent transmission. Both actions can have a negative impact on people with disabilities. Ironically, the sociotechnical advances prompted by this pandemic could also revolutionize quality of life and participation for people with disabilities. Preparation for future disasters requires careful consideration. (*Am J Public Health*. Published online ahead of print October 15, 2020: e1-e6. <https://doi.org/10.2105/AJPH.2020.305890>)

Kluge, H., Gallina, S., Figueras, J., et al. (2020). "Health system responses to Covid-19." *Eurohealth* **26**(2)

<https://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth/health-system-responses-to-covid-19>

Many countries across the European region and beyond have faced another steep surge in transmissions and a continued challenge from COVID-19. This special issue of Eurohealth reviews some of the innovative practices across the European region and outlines policy lessons for the future. All the articles draw on the COVID-19 Health System Response Monitor (HSRM) platform, a major initiative led by the European Observatory on Health Systems and Policies, the WHO Regional Office for Europe and the European Commission.

Kuhlmann, E., Falkenbach, M., Klasa, K., et al. (2020). "Migrant carers in Europe in times of COVID-19: a call to action for European health workforce governance and a public health approach." *European Journal of Public Health* **30**(Supplement_4): iv22-iv27.

<https://doi.org/10.1093/eurpub/ckaa126>

The present study explores the situation of migrant carers in long-term care (LTC) in European Union Member States and the disruptions caused by the COVID-19 pandemic from a public health perspective. The aim is to bring LTC migrant carers into health workforce research and highlight a

need for trans-sectoral and European health workforce governance. We apply an exploratory approach based on secondary sources, document analysis and expert information. A framework comprising four major dimensions was developed for data collection and analysis: LTC system, LTC health labour market, LTC labour migration policies and specific LTC migrant carer policies during the COVID-19 crisis March to May 2020. Material from Austria, Italy, Germany, Poland and Romania was included in the study. Results suggest that undersupply of carers coupled with cash benefits and a culture of family responsibility may result in high inflows of migrant carers, who are channelled in low-level positions or the informal care sector. COVID-19 made the fragile labour market arrangements of migrant carers visible, which may create new health risks for both the individual carer and the population. Two important policy recommendations are emerging: to include LTC migrant carers more systematically in public health and health workforce research and to develop European health workforce governance which connects health system needs, health labour markets and the individual migrant carers.

Lal, A., Erondou, N. A., Heymann, D. L., et al. (2021). "Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage." *The Lancet* **397**(10268): 61-67. [https://doi.org/10.1016/S0140-6736\(20\)32228-5](https://doi.org/10.1016/S0140-6736(20)32228-5)

The COVID-19 pandemic has placed enormous strain on countries around the world, exposing long-standing gaps in public health and exacerbating chronic inequities. Although research and analyses have attempted to draw important lessons on how to strengthen pandemic preparedness and response, few have examined the effect that fragmented governance for health has had on effectively mitigating the crisis. By assessing the ability of health systems to manage COVID-19 from the perspective of two key approaches to global health policy?global health security and universal health coverage?important lessons can be drawn for how to align varied priorities and objectives in strengthening health systems. This Health Policy paper compares three types of health systems (ie, with stronger investments in global health security, stronger investments in universal health coverage, and integrated investments in global health security and universal health coverage) in their response to the ongoing COVID-19 pandemic and synthesises four essential recommendations (ie, integration, financing, resilience, and equity) to reimagine governance, policies, and investments for better health towards a more sustainable future.

Lotta, G. et Kuhlmann, E. "When informal work and poor work conditions backfire and fuel the COVID-19 pandemic: Why we should listen to the lessons from Latin America." *The International Journal of Health Planning and Management* **n/a**(n/a). <https://onlinelibrary.wiley.com/doi/abs/10.1002/hpm.3104>

Abstract Latin America is among the regions with the highest incidence of COVID-19 where the pandemic is creating a humanitarian crisis. In this Commentary we aim to reveal underlying problems of this crisis, that may be an underestimated global driver of the pandemic and a serious risk to health and healthcare systems. We set the focus on informal work and related poorly regulated sub-contracting which create poor work conditions as one dimension of the social determinants of health. We use the examples of Germany and Brazil, as opposite sides geographically and concerning the pandemic, to highlight a need for greater attention to these risks and for systematic inclusion in health systems resilience. In both countries, informal work may turn into hot spots of COVID-19, thus reinforcing social inequalities on a grand scale both nationally and globally. Our two contrasting country cases thus reveal a global threat that should be treated as such. There is much to learn for Europe and the world from Brazil and Latin America on what happens when informal labour and poor work environments backfire during the COVID-19 pandemic. We should listen carefully to these lessons.

Mauro, M. et Giancotti, M. (2021). "Italian responses to the COVID-19 emergency: Overthrowing 30 years of health reforms?" *Health Policy*. <https://doi.org/10.1016/j.healthpol.2020.12.015>

This paper discusses the measures adopted by the Italian government to face the COVID-19 emergency after the first wave in March/April 2020. This study places these measures in light of the massive reform process based on the "managerialism" of healthcare, which started in the 1990s.

These reforms, which were inspired by the ideas of 'New Public Management', introduced managerialism, regionalization and quasi-markets to the Italian National Health System. As a result, dramatic changes have been made in public healthcare, and the responsibility for healthcare was decentralized to regions, introducing a multi-level governance structure. The COVID-19 emergency has drawn the results of this approach into question. With the enactment of new decrees, the central government directly intervened in the management of the health system by introducing specific measures aiming to increase the number of hospital beds and personnel, which was previously downsized. We describe the main content of the new measures adopted to face the COVID-19 emergency and discuss how key points of the managerialization process in Italy are being questioned as a result of these measures. The COVID-19 emergency will likely redesign the trajectory of health reforms in Italy and other countries in Europe.

Meredith, J. W., High, K. P. et Freischlag, J. A. (2020). "Preserving Elective Surgeries in the COVID-19 Pandemic and the Future." *Jama*.

<https://doi.org/10.1001/jama.2020.19594>

"Cancel everything" has trended as a hashtag during the coronavirus disease 2019 (COVID-19) pandemic, and for good reason. The pandemic has touched virtually every aspect of society, substantially altering, and at its onset halting, the very ways nearly every person in the United States works, learns, lives, and maintains health. The practice of surgery has not been immune, with emergency declarations by many states to suspend elective procedures and office visits in mid-March. While only temporary, this abrupt cessation of surgery has had far-reaching implications that can inform future approaches in the context of both crisis and uncertainty.

OCDE (2020). Health at a glance : Europe 2020, state of health in the EU cycle. Paris OCDE.

https://www.keeppeek.com//Digital-Asset-Management/ocd/social-issues-migration-health/health-at-a-glance-europe-2020_82129230-en#page1

The 2020 edition of Health at a Glance: Europe focuses on the impact of the COVID-19 crisis. Chapter 1 provides an initial assessment of the resilience of European health systems to the COVID-19 pandemic and their ability to contain and respond to the worst pandemic in the past century. Chapter 2 reviews the huge health and welfare burden of air pollution as another major public health issue in European countries, and highlights the need for sustained efforts to reduce air pollution to mitigate its impact on health and mortality. The five other chapters provide an overview of key indicators of health and health systems across the 27 EU member states, 5 EU candidate countries, 3 European Free Trade Association countries and the United Kingdom. Health at a Glance: Europe is the first step in the State of Health in the EU cycle.

Oliver, D. (2020). "Covid-19: Hospital discharges during pandemic were often chaotic, says watchdog." *Bmj* **371**: m4155.

<https://www.bmj.com/content/bmj/371/bmj.m4155.full.pdf>

Paolo, B., Lovaglio, L. P., Paolo, P., et al. (2020). Real Time Forecasting of Covid-19 Intensive Care Units demand. *JRC Working Papers in Economics and Finance ; 2020/8*. Luxembourg Office des publications de l'Union européenne

<http://d.repec.org/n?u=RePEc:jrs:wpaper:202008&r=hea>

Response management to the SARS-CoV-2 outbreak requires to answer several forecasting tasks. For hospital managers, a major one is to anticipate the likely needs of beds in intensive care in a given catchment area one or two weeks ahead, starting as early as possible in the evolution of the epidemic. This paper proposes to use a bivariate Error Correction model to forecast the needs of beds in intensive care, jointly with the number of patients hospitalised with Covid-19 symptoms. Error Correction models are found to provide reliable forecasts that are tailored to the local characteristics both of epidemic dynamics and of hospital practice for various regions in Europe in Italy, France and Scotland, both at the onset and at later stages of the spread of the disease. This reasonable forecast performance suggests that the present approach may be useful also beyond the set of analysed regions.

Pichler, S., Wen, K. et Ziebarth, N. R. (2020). "COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States." *Health Affairs*: 10.1377/hlthaff.2020.00863.
<https://doi.org/10.1377/hlthaff.2020.00863>

This paper tests whether the coronavirus disease 2019 (COVID-19) emergency sick leave provision of the bipartisan Families First Coronavirus Response Act (FFCRA) reduced the spread of the virus. Using a difference-in-differences strategy, we compare pre-post FFCRA changes in newly reported COVID-19 cases in states where workers gained the right to take paid sick leave (treatment group) to states where workers already had access to paid sick leave (control group). We adjust for differences in testing, day-of-the-week reporting, structural state differences, general virus dynamics, and policies such as stay-at-home orders (SHO). Compared to the control group and relative to the pre-FFCRA period, states that gained access to paid sick leave through FFCRA saw a statistically significant 400 fewer confirmed cases per day. This estimate translates into roughly 1 prevented COVID-19 case per day, per 1300 workers who newly gained the option to take up to two weeks of paid sick leave.

Quentin, W., Albrecht, T., Bezzina, A., et al. (2020). "Adjusting Hospital Inpatient Payment Systems for COVID-19." *Eurohealth* 26(2): 88-92.

<https://apps.who.int/iris/bitstream/handle/10665/336287/Eurohealth-26-2-88-92-eng.pdf>

All countries in Europe will have to find solutions to protect hospitals from revenue shortfalls and to adequately reimburse for COVID-19-related costs of care. This article reports on changes to hospital payment systems in Belgium, Bulgaria, the Czech Republic, Finland, France, Germany, Israel, Poland, Romania, Switzerland, and the United Kingdom (England). Hospitals in these countries are paid for treating COVID-19 patients using the usual system, modified Diagnosis Related Groups or new mechanisms. In many countries, hospitals receive their usual budgets or new money to compensate for revenue shortfalls. Only a few countries are paying non-contracted providers.

Sangnam, A., Seonghoon, K. et Kanghyock, K. (2020). Changes in Healthcare Utilization, Spending, and Perceived Health during COVID-19: A Longitudinal Study from Singapore. *IZA Discussion Paper ; 13715*. Bonn IZA: 33.

<http://ftp.iza.org/dp13715.pdf>

The COVID-19 pandemic has challenged the capacity of healthcare systems around the world and can potentially compromise healthcare utilization and health outcomes among non-COVID-19 patients. Using monthly panel data of nationally representative middle-aged and older Singaporeans, we examined the associations of the pandemic with healthcare utilization, out-of-pocket medical costs, and perceived health. At its peak, doctor visits decreased by 30% and out-of-pocket medical spending decreased by 23%, mostly driven by reductions in inpatient and outpatient care. Although there were little changes in self-reported health and sleep quality, COVID-19 increased depressive symptoms by 4%. We argue that it is imperative to monitor COVID-19's long-term health effects among non-COVID-19 patients since our findings indicated delayed healthcare and worsened mental health during the outbreak.

Santucci, C., McMaster, D. et Veremu, M. (2020). "Out of hours experience in primary care during COVID-19." *Family Practice* 37(6): 865-865.

<https://doi.org/10.1093/fampra/cmaa070>

Barriers to participation in out of hours work include ensuring suitable supervision, appropriate financial remuneration and transport (3). We believe opening these opportunities locally on a volunteer basis will alleviate some of these barriers, attracting many of the thousands of medical students keen to help the National Health Service (NHS), but currently without the opportunity to do so. As COVID-19 continues and people avoid visiting their general practitioner, there will be an inevitable increase in prevalence of untreated chronic diseases (4). We still do not know what the effects of this increased burden will be, or the strains this will put on primary care services, but we do believe that medical students offer a valuable workforce to complement the current services. Out of hours work in general practice is a useful adjunct to existing primary care placements, and we have no

doubt it will be integrated into future curriculums. For the current cohort of medical students, there are valuable learning opportunities that can be utilized during this pandemic, alongside providing a useful workforce.

Sze, S., Pan, D., Williams, C. M. L., et al. (2020). "The need for improved discharge criteria for hospitalised patients with COVID-19—implications for patients in long-term care facilities." *Age and Ageing* **50**(1): 16-20. <https://doi.org/10.1093/ageing/afaa206>

In the COVID-19 pandemic, patients who are older and residents of long-term care facilities (LTCF) are at greatest risk of worse clinical outcomes. We reviewed discharge criteria for hospitalised COVID-19 patients from 10 countries with the highest incidence of COVID-19 cases as of 26 July 2020. Five countries (Brazil, Mexico, Peru, Chile and Iran) had no discharge criteria; the remaining five (USA, India, Russia, South Africa and the UK) had discharge guidelines with large inter-country variability. India and Russia recommend discharge for a clinically recovered patient with two negative reverse transcription polymerase chain reaction (RT-PCR) tests 24 h apart; the USA offers either a symptom based strategy—clinical recovery and 10 days after symptom onset, or the same test-based strategy. The UK suggests that patients can be discharged when patients have clinically recovered; South Africa recommends discharge 14 days after symptom onset if clinically stable. We recommend a unified, simpler discharge criteria, based on current studies which suggest that most SARS-CoV-2 loses its infectivity by 10 days post-symptom onset. In asymptomatic cases, this can be taken as 10 days after the first positive PCR result. Additional days of isolation beyond this should be left to the discretion of individual clinician. This represents a practical compromise between unnecessarily prolonged admissions and returning highly infectious patients back to their care facilities, and is of particular importance in older patients discharged to LTCFs, residents of which may be at greatest risk of transmission and worse clinical outcomes.

Webb, E., Hernandez Quevedo, C., Scarpetti, G., et al. (2020). "Restarting More Routine Hospital Activities During COVID-19: Approaches from Six Countries." *Eurohealth* **26**(2): 68-72. <https://apps.who.int/iris/bitstream/handle/10665/336300/Eurohealth-26-2-68-72-eng.pdf>

During the COVID-19 pandemic, hospitals face the concurrent challenges of maintaining routine services while attending to COVID-19 patients. This article shares approaches taken in six countries to resume hospital care after the first wave of the pandemic by surveying country experts and using data extracted from the COVID-19 Health Systems Response Monitor (HSRM). Four strategies were observed in all six countries: prioritisation or rationing of treatments, converting clinical spaces to separate patients, using virtual treatments, and implementing COVID-19 free hospitals or floors. Clear guidance about how to prioritise activities would

Williams, R., Jenkins, D. A., Ashcroft, D. M., et al. (2020). "Diagnosis of physical and mental health conditions in primary care during the COVID-19 pandemic: a retrospective cohort study." *The Lancet Public Health* **5**(10): e543-e550. [https://doi.org/10.1016/S2468-2667\(20\)30201-2](https://doi.org/10.1016/S2468-2667(20)30201-2)

BackgroundTo date, research on the indirect impact of the COVID-19 pandemic on the health of the population and the health-care system is scarce. We aimed to investigate the indirect effect of the COVID-19 pandemic on general practice health-care usage, and the subsequent diagnoses of common physical and mental health conditions in a deprived UK population.

Wu, K., Smith, C. R., Lembcke, B. T., et al. (2020). "Elective Surgery during the Covid-19 Pandemic." *New England Journal of Medicine* **383**(18): 1787-1790.

Wu, Y., Yan, X., Zhao, S., et al. (2020). "Association of time to diagnosis with socioeconomic position and geographical accessibility to healthcare among symptomatic COVID-19 patients: A retrospective study in Hong Kong." *Health & Place* **66**: 102465. <https://doi.org/10.1016/j.healthplace.2020.102465>

Early diagnosis is important to control COVID-19 outbreaks. This study aimed to assess how individual and area socioeconomic position and geographical accessibility to healthcare services were associated with the time to diagnosis among symptomatic COVID-19 patients in Hong Kong. Multivariable generalized linear regression was used to estimate the associations while adjusting for sociodemographic characteristics and case classification. This study found living in public rental housing and living in an area with low education were associated with longer time to diagnosis in the first wave of infections. Specifically, the risk of delayed diagnosis for public rental housing residents was mitigated by the higher density of public clinics/hospitals but was slightly increased by the higher density of private medical practitioners nearby. No such relations were found in the second wave of infections when the surveillance measures were enhanced. Given the grave impact of pandemics around the world, our findings call on taking inequalities into account when public health policies are being devised.

Thérapeutique

ÉTUDES FRANÇAISES

(2020). "Essais cliniques au cours de la pandémie COVID-19 : cibles thérapeutiques, exigences méthodologiques, impératifs éthiques." *Bulletin De L'académie Nationale De Médecine* **204**(7): 727-732.
<https://doi.org/10.1016/j.banm.2020.06.007>

HCSP (2020). Coronavirus SARS-CoV-2 : recommandations thérapeutiques. Paris HCSP: 71.
<https://www.hcsp.fr/Explore.cgi/avisrapportsdomaine?clefr=954>

Cette étude du Haut Conseil de la santé publique actualise son avis du 23 juillet 2020 concernant les recommandations thérapeutiques pour la prise en charge du Covid-19. Après une revue et une analyse de la littérature et des recommandations internationales, le présent avis concerne l'hydroxychloroquine, le remdésivir et le tocilizumab.

Plaze, M., Attali, D., Petit, A. C., et al. (2020). "Repositionnement de la chlorpromazine dans le traitement du COVID-19 : étude reCoVery." *L'Encéphale* **46**(3, Supplement): S35-S39.
<https://doi.org/10.1016/j.encep.2020.04.010>

Résumé Objectifs La pandémie mondiale actuelle de COVID-19 a touché environ 2 350 000 personnes et fait plus de 160 000 morts. Nous avons observé dans le GHU de Paris psychiatrie et neurosciences (site Sainte-Anne, Paris, France) une incidence moins importante de formes symptomatiques de COVID-19 chez les patients (environ 4 %) que dans notre personnel soignant (environ 14 % des infirmiers et médecins). Des retours similaires nous sont donnés par les unités psyCOVID en France et à l'étranger. Ces observations nous ont amenés à formuler l'hypothèse que la chlorpromazine (CPZ) pourrait avoir une action prophylactique sur le SARS-CoV-2 et protégeraient les patients des formes symptomatiques et virulentes de cette infection. Cette hypothèse est cohérente avec les propriétés antivirales connues de la CPZ. En plus de ses effets antipsychotiques classiques, plusieurs études in vitro ont également démontré une activité antivirale de cette phénothiazine via l'inhibition de l'endocytose dépendante des clathrines. Récemment, des études ont révélé un effet anti-MERS-CoV et anti-SARS-CoV-1 de la CPZ. **Méthodes** Dans ce contexte, l'étude ReCoVery, basée sur le repositionnement de la CPZ — molécule avec un excellent profil de tolérance et une biodistribution très élevée dans la salive, les poumons et le cerveau — vise à tester l'hypothèse que la CPZ pourrait diminuer l'évolution défavorable de l'infection COVID-19 chez des patients oxygénorequérants sans nécessité de soins en réanimation, mais aussi réduire la contagiosité du SARS-CoV-2. Nous allons réaliser pour cela un essai thérapeutique pilote de phase III multicentrique, randomisé, contrôlé (traitement standard vs CPZ+traitement standard) et en simple insu. **Conclusion** Le repositionnement de la CPZ comme antiviral anti-SARS-CoV-2 offre une stratégie alternative et rapide pour atténuer la propagation du virus ainsi que la gravité et la létalité du COVID-19.

ÉTUDES INTERNATIONALES

(2020). "Repurposed Antiviral Drugs for Covid-19 — Interim WHO Solidarity Trial Results." New England Journal of Medicine.

<https://doi.org/10.1056/NEJMoa2023184>

Article Inserm : <https://presse.inserm.fr/les-resultats-de-lessai-solidarity-discovery-publies-dans-le-new-england-journal-of-medicine/41642/>

Angelis, A., Baltussen, R. et Tervonen, T. (2021). "The Need for Novel Approaches in Assessing the Value of COVID-19 Vaccines." American Journal of Public Health **111**(2): 205-208.

<https://doi.org/10.2105/AJPH.2020.306066>

Berry, D. A., Berry, S., Hale, P., et al. (2020). A Cost/Benefit Analysis of Clinical Trial Designs for COVID-19 Vaccine Candidates. NBER Working Paper Series ; 27882. Cambridge NBER

<https://www.nber.org/papers/w27882>

We compare and contrast the expected duration and number of infections and deaths averted among several designs for clinical trials of COVID-19 vaccine candidates, including traditional randomized clinical trials and adaptive and human challenge trials. Using epidemiological models calibrated to the current pandemic, we simulate the time course of each clinical trial design for 504 unique combinations of parameters, allowing us to determine which trial design is most effective for a given scenario. A human challenge trial provides maximal net benefits—averting an additional 1.1M infections and 8,000 deaths in the U.S. compared to the next best clinical trial design—if its set-up time is short or the pandemic spreads slowly. In most of the other cases, an adaptive trial provides greater net benefits.

de Figueiredo, A., Simas, C., Karafillakis, E., et al. "Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study." The Lancet.

[https://doi.org/10.1016/S0140-6736\(20\)31558-0](https://doi.org/10.1016/S0140-6736(20)31558-0)

Background There is growing evidence of vaccine delays or refusals due to a lack of trust in the importance, safety, or effectiveness of vaccines, alongside persisting access issues. Although immunisation coverage is reported administratively across the world, no similarly robust monitoring system exists for vaccine confidence. In this study, vaccine confidence was mapped across 149 countries between 2015 and 2019.

Dequin, P.-F., Heming, N., Meziani, F., et al. (2020). "Effect of Hydrocortisone on 21-Day Mortality or Respiratory Support Among Critically Ill Patients With COVID-19: A Randomized Clinical Trial." Jama.

<https://doi.org/10.1001/jama.2020.16761>

Coronavirus disease 2019 (COVID-19) is associated with severe lung damage. Corticosteroids are a possible therapeutic option. To determine the effect of hydrocortisone on treatment failure on day 21 in critically ill patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and acute respiratory failure. Multicenter randomized double-blind sequential trial conducted in France, with interim analyses planned every 50 patients. Patients admitted to the intensive care unit (ICU) for COVID-19–related acute respiratory failure were enrolled from March 7 to June 1, 2020, with last follow-up on June 29, 2020. The study intended to enroll 290 patients but was stopped early following the recommendation of the data and safety monitoring board. Patients were randomized to receive low-dose hydrocortisone (n = 76) or placebo (n = 73). The primary outcome, treatment failure on day 21, was defined as death or persistent dependency on mechanical ventilation or high-flow oxygen therapy. Prespecified secondary outcomes included the need for tracheal intubation (among patients not intubated at baseline); cumulative incidences (until day 21) of prone position sessions, extracorporeal membrane oxygenation, and inhaled nitric oxide; Pao₂:Fio₂ ratio measured daily from day 1 to day 7, then on days 14 and 21; and the proportion of patients with secondary infections during their ICU stay. The study was stopped after 149 patients (mean age, 62.2 years; 30.2% women; 81.2% mechanically ventilated) were enrolled. One hundred forty-eight patients (99.3%) completed the study, and there were 69 treatment failure events, including 11 deaths in the hydrocortisone

group and 20 deaths in the placebo group. The primary outcome, treatment failure on day 21, occurred in 32 of 76 patients (42.1%) in the hydrocortisone group compared with 37 of 73 (50.7%) in the placebo group (difference of proportions, -8.6% [95.48% CI, -24.9% to 7.7%]; P = .29). Of the 4 prespecified secondary outcomes, none showed a significant difference. No serious adverse events were related to the study treatment. In this study of critically ill patients with COVID-19 and acute respiratory failure, low-dose hydrocortisone, compared with placebo, did not significantly reduce treatment failure (defined as death or persistent respiratory support) at day 21. However, the study was stopped early and likely was underpowered to find a statistically and clinically important difference in the primary outcome. ClinicalTrials.gov Identifier: NCT02517489

Fiolet, T., Guihur, A., Rebeaud, M., et al. (2020). "Effect of hydroxychloroquine with or without azithromycin on the mortality of COVID-19 patients: a systematic review and meta-analysis." *Clinical Microbiology and Infection*. <https://doi.org/10.1016/j.cmi.2020.08.022>

Background Hydroxychloroquine or chloroquine with or without azithromycin have been widely promoted to treat COVID-19 following early in vitro antiviral effects against SARS-CoV-2 **Objective** The aim of this systematic review and meta-analysis was to assess whether chloroquine or hydroxychloroquine with or without azithromycin decreased COVID-19 mortality compared to the standard of care. **Data sources** Pubmed, Web of Science, Embase Cochrane Library, Google Scholar and MedRxiv were searched until 25 July 2020. **Study eligibility criteria** We included published and unpublished studies comparing the mortality rate between patients treated with chloroquine or hydroxychloroquine with or without azithromycin and patients managed with standard of care. **Participants** Patients ≥18 years old with confirmed COVID-19. **Interventions** Chloroquine or hydroxychloroquine with or without azithromycin. **Methods** Effect sizes were pooled using a random-effects model. Multiple subgroup analyses were conducted to assess the drug safety. **Results** The initial search yielded 839 articles, of which 29 articles met our inclusion criteria. All studies except one were conducted on hospitalized patients and evaluated the effects of hydroxychloroquine with or without azithromycin. Among the 29 articles, 3 were randomized controlled trials (RCT), one was a non-randomized trial and 25 were observational studies, including 10 with a critical risk of bias and 15 with a serious or moderate risk of bias. After excluding studies with critical risk of bias, the meta-analysis included 11,932 participants for the hydroxychloroquine group, 8,081 for the hydroxychloroquine with azithromycin group and 12,930 for the control group. Hydroxychloroquine was not significantly associated with mortality: pooled Relative Risk RR=0.83 (95% CI: 0.65-1.06, n=17 studies) for all studies and RR=1.09 (95% CI: 0.97-1.24, n=3 studies) for RCTs. Hydroxychloroquine with azithromycin was associated with an increased mortality: RR=1.27 (95% CI: 1.04-1.54, n=7 studies). We found similar results with a Bayesian meta-analysis. **Conclusion** Hydroxychloroquine alone was not associated with reduced mortality in hospitalized COVID-19 patients but the combination of hydroxychloroquine and azithromycin significantly increased mortality.

Jones, I. et Roy, P. "Sputnik V COVID-19 vaccine candidate appears safe and effective." *The Lancet*. [https://doi.org/10.1016/S0140-6736\(21\)00191-4](https://doi.org/10.1016/S0140-6736(21)00191-4)

Martonosi, S., Behzad, B. et Cummings, K. (2020). Pricing the COVID-19 Vaccine: A Mathematical Approach. Claremont Harvey Mudd College. Department of Mathematics <http://d.repec.org/n?u=RePEc:arx:papers:2101.03234&r=hea>

According to the World Health Organization, development of the COVID-19 vaccine is occurring in record time. Administration of the vaccine has started the same year as the declaration of the COVID-19 pandemic. The United Nations emphasized the importance of providing COVID-19 vaccines as "a global public good", which is accessible and affordable world-wide. Pricing the COVID-19 vaccines is a controversial topic. We use optimization and game theoretic approaches to model the COVID-19 U.S. vaccine market as a duopoly with two manufacturers Pfizer-BioNTech and Moderna. The results suggest that even in the context of very high production and distribution costs, the government can negotiate prices with the manufacturers to keep public sector prices as low as possible while meeting demand and ensuring each manufacturer earns a target profit. Furthermore, these prices are consistent with those currently predicted in the media.

Matusik, É., Ayadi, M. et Picard, N. (2020). "COVID-19, management, therapeutic and vaccine approaches." *Actualités Pharmaceutiques* 59(599): 27-33.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7442000/>

While at the beginning of 2020, the COVID-19 epidemic was spreading at tremendous speed, many scientific teams set to work around the world. The management of severe acute respiratory syndrome coronavirus 2 infections is based on experimental non-specific (symptomatic) or specific (curative) treatments. The vaccine will be the key to long-term immunization.

Mullahy, J. (2020). Discovering Treatment Effectiveness via Median Treatment Effects--Applications to COVID-19 Clinical Trials. *NBER Working Paper Series ; 27895*. Cambridge NBER: 58
<https://www.nber.org/papers/w27895>

Comparing median outcomes to gauge treatment effectiveness is widespread practice in clinical and other investigations. While common, such difference-in-median characterizations of effectiveness are but one way to summarize how outcome distributions compare. This paper explores properties of median treatment effects as indicators of treatment effectiveness. The paper's main focus is on decisionmaking based on median treatment effects and it proceeds by considering two paths a decisionmaker might follow. Along one, decisions are based on point-identified differences in medians alongside partially identified median differences; along the other decisions are based on point-identified differences in medians in conjunction with other point-identified parameters. On both paths familiar difference-in-median measures play some role yet in both the traditional standards are augmented with information that will often be relevant in assessing treatments' effectiveness. Implementing both approaches is shown to be straightforward. In addition to its analytical results the paper considers several policy contexts in which such considerations arise. While the paper is framed by recently reported findings on treatments for COVID-19 and uses several such studies to explore empirically some properties of median-treatment-effect measures of effectiveness, its results should be broadly applicable.

Neumann, P. J., Cohen, J. T., Kim, D. D., et al. (2020). "Consideration Of Value-Based Pricing For Treatments And Vaccines Is Important, Even In The COVID-19 Pandemic." *Health Affairs* 40(1): 53-61.
<https://doi.org/10.1377/hlthaff.2020.01548>

Prices send signals about consumer preferences and thus stimulate producers to make more of what people want. Pricing in a pandemic is complicated and fraught. The policy puzzle involves balancing lower prices to ensure access to essential medications, vaccines, and tests against the need for adequate revenue streams to provide manufacturers with incentives to make the substantial, risky investments needed to develop products in the first place. We review alternative pricing strategies (cost recovery models, monetary prizes, and advance market commitments) for coronavirus disease 2019 (COVID-19) drugs, vaccines, and diagnostics. Hybrid pricing strategies are undoubtedly needed in a pandemic, but even in a public health crisis, value-based pricing is important. Cost-effectiveness analyses can inform pricing. Ideally, analyses would be conducted from both a health system and a societal perspective. Incorporating the added value of social benefits into cost-effectiveness analyses does not mean that manufacturers should capture the entire societal benefit of a diagnostic, vaccine, or therapy. Such analyses can provide important information and help policy makers consider the full costs and benefits of products and the wide-ranging ramifications of their actions.

The Writing Committee for the REMAP-CAP Investigators (2020). "Effect of Hydrocortisone on Mortality and Organ Support in Patients With Severe COVID-19: The REMAP-CAP COVID-19 Corticosteroid Domain Randomized Clinical Trial." *Jama*.
<https://doi.org/10.1001/jama.2020.17022>

Evidence regarding corticosteroid use for severe coronavirus disease 2019 (COVID-19) is limited. To determine whether hydrocortisone improves outcome for patients with severe COVID-19. An ongoing adaptive platform trial testing multiple interventions within multiple therapeutic domains, for example, antiviral agents, corticosteroids, or immunoglobulin. Between March 9 and June 17, 2020, 614 adult patients with suspected or confirmed COVID-19 were enrolled and randomized within at

least 1 domain following admission to an intensive care unit (ICU) for respiratory or cardiovascular organ support at 121 sites in 8 countries. Of these, 403 were randomized to open-label interventions within the corticosteroid domain. The domain was halted after results from another trial were released. Follow-up ended August 12, 2020. The corticosteroid domain randomized participants to a fixed 7-day course of intravenous hydrocortisone (50 mg or 100 mg every 6 hours) (n = 143), a shock-dependent course (50 mg every 6 hours when shock was clinically evident) (n = 152), or no hydrocortisone (n = 108). The primary end point was organ support-free days (days alive and free of ICU-based respiratory or cardiovascular support) within 21 days, where patients who died were assigned -1 day. The primary analysis was a bayesian cumulative logistic model that included all patients enrolled with severe COVID-19, adjusting for age, sex, site, region, time, assignment to interventions within other domains, and domain and intervention eligibility. Superiority was defined as the posterior probability of an odds ratio greater than 1 (threshold for trial conclusion of superiority >99%). After excluding 19 participants who withdrew consent, there were 384 patients (mean age, 60 years; 29% female) randomized to the fixed-dose (n = 137), shock-dependent (n = 146), and no (n = 101) hydrocortisone groups; 379 (99%) completed the study and were included in the analysis. The mean age for the 3 groups ranged between 59.5 and 60.4 years; most patients were male (range, 70.6%-71.5%); mean body mass index ranged between 29.7 and 30.9; and patients receiving mechanical ventilation ranged between 50.0% and 63.5%. For the fixed-dose, shock-dependent, and no hydrocortisone groups, respectively, the median organ support-free days were 0 (IQR, -1 to 15), 0 (IQR, -1 to 13), and 0 (-1 to 11) days (composed of 30%, 26%, and 33% mortality rates and 11.5, 9.5, and 6 median organ support-free days among survivors). The median adjusted odds ratio and bayesian probability of superiority were 1.43 (95% credible interval, 0.91-2.27) and 93% for fixed-dose hydrocortisone, respectively, and were 1.22 (95% credible interval, 0.76-1.94) and 80% for shock-dependent hydrocortisone compared with no hydrocortisone. Serious adverse events were reported in 4 (3%), 5 (3%), and 1 (1%) patients in the fixed-dose, shock-dependent, and no hydrocortisone groups, respectively. Among patients with severe COVID-19, treatment with a 7-day fixed-dose course of hydrocortisone or shock-dependent dosing of hydrocortisone, compared with no hydrocortisone, resulted in 93% and 80% probabilities of superiority with regard to the odds of improvement in organ support-free days within 21 days. However, the trial was stopped early and no treatment strategy met prespecified criteria for statistical superiority, precluding definitive conclusions. ClinicalTrials.gov Identifier: NCT02735707

Travail et santé

ÉTUDES FRANÇAISES

(2020). "Covid-19 et santé au travail." *Bulletin De L'académie Nationale De Médecine* **204**(7): 656.
<https://doi.org/10.1016/j.banm.2020.05.037>

Apouey, B. H. (2020). Gig Workers During the COVID-19 Crisis in France: Financial Precarity and Mental Well-Being. *Working Paper* ; 2020 – 54. Paris PSE
<http://d.repec.org/n?u=RePEc:hal:psewpa:halshs-02932784&r=hea>

We set out to explore how precarious workers, particularly those employed in the gig economy, balance financial uncertainty, health risks, and mental well-being. We surveyed and interviewed precarious workers in France during the COVID-19 crisis, in March and April 2020. We oversampled gig economy workers, in particular in driving and food delivery occupations (hereafter drivers and bikers), residing in metropolitan areas. These workers cannot rely on stable incomes and are excluded from the labor protections offered to employees, features which have been exacerbated by the crisis. We analyzed outcomes for precarious workers during the mandatory lockdown in France as an extreme case to better understand how financial precarity relates to health risks and mental well-being. Our analysis revealed that three weeks into the lockdown, 56% of our overall sample had stopped working and respondents had experienced a 28% income drop on average. Gig economy drivers reported a significant 20 percentage point larger income decrease than other workers in our sample. Bikers were significantly more likely to have continued working outside the home during the lockdown. Yet our

quantitative analysis also revealed that stress and anxiety levels were not higher for these groups, and that bikers in fact reported significantly lower stress levels during the lockdown. While this positive association between being a biker and mental health may be interpreted in different ways, our qualitative data led to a nuanced understanding of the effect of gig work on mental well-being in this population group.

Descatha, A., Hocquet, A.-S., Petit, A., et al. (2020). "De nouvelles organisations de travail." *Esprit Juillet-Août*(7): 17-21.

<https://www.cairn.info/revue-esprit-2020-7-page-17.htm>

Ce dossier coordonné par Jean Godefroy Bidima et Antoine Garapon fait entendre les voix multiples de l'Afrique. Depuis leur perspective propre, ces voix africaines débordent la question postcoloniale et invitent au dialogue ; elles participent à la construction d'une commune humanité autour d'un projet de respect de la vie. À lire aussi dans ce numéro double : la participation dans le travail social, les analogies historiques de la pandémie, les gestes barrières face aux catastrophes écologiques, l'antiracisme aux États-Unis et l'esprit européen de Stefan Zweig.

Jauneau, Y. et Vidalenc, J. (2020). "Durée travaillée et travail à domicile pendant le confinement : des différences marquées selon les professions." *Insee Focus*(207)

<https://www.insee.fr/fr/statistiques/4801229>

La période du confinement lié à l'épidémie de Covid-19 de mi-mars à mi-mai 2020 a entraîné une forte baisse de l'activité, principalement du fait de la durée travaillée des personnes en emploi. Pendant cette période, le nombre d'heures travaillées par personne a ainsi reculé de 34 % par rapport à l'année passée. Cinq situations d'emploi se sont dessinées pendant le confinement. La durée travaillée a moins reculé pour les professions mobilisées du fait de la situation sanitaire et du confinement (9 % des emplois, principalement dans la santé et le commerce) et pour celles ayant pu massivement recourir au télétravail (17 % des emplois, majoritairement des cadres). Dans d'autres professions, notamment dans les services administratifs, le travail à domicile s'est fortement développé, limitant la chute de l'activité (26 % des emplois). À l'inverse, le volume d'heures s'est effondré pour des professions où les possibilités de travail à domicile étaient limitées (assistantes maternelles, conducteurs routiers..., 26 % des emplois) ou dont l'activité s'est brusquement arrêtée avec le confinement (vendeurs spécialisés, serveurs..., 19 % des emplois).

Le Boterf, G. (2020). "La prise en charge des Covid-19 : quelle situation professionnelle, quelle réponse en termes de professionnalisme ?" *Gestions*(597): 347-351.

Dans les hôpitaux, les patients et leur entourage veulent pouvoir compter sur des professionnels de santé compétents, capables d'intervenir efficacement dans les situations cliniques ou pathologiques à traiter; Ces situations peuvent être simples ou complexes, habituelles ou rares, plus ou moins urgentes, stables ou évolutives, avec ou sans complications. Toutes supposent que ces professionnels agissent en fonction d'un savoir scientifique et clinique, certes pouvant évoluer mais préexistant. Or dans la prise en charge de la covid-19, des situations peuvent être inédites. Cet article s'interroge donc sur les réponses que les professionnels de santé peuvent apporter en termes de professionnalisme.

Malakoff Humanis (2020). Baromètre Absentéisme 2020 : regards croisés salariés et dirigeants face à l'arrêt de travail. Paris Malakoff Humanis:

<https://newsroom.malakoffhumanis.com/assets/barometre-absenteisme-2020-malakoff-humanis-d0b5-63a59.html?lang=fr>

Au travers des études mensuelles réalisées par le Comptoir de la nouvelle entreprise entre mars et Juin 2020, Malakoff Humanis a évalué l'impact de la crise sanitaire sur l'organisation du travail, la santé des salariés et les arrêts de travail. Alors que la France est entrée dans une nouvelle période de confinement, Malakoff Humanis publie les résultats de son baromètre annuel qui décrypte les tendances de fond des arrêts de travail et les évolutions plus récentes liées à la crise. Le baromètre montre que si le nombre de salariés qui se sont vu prescrire un arrêt de travail au cours des douze

derniers mois a baissé - en raison notamment du confinement et du chômage partiel liés à la Covid-19 -, les arrêts longs (supérieurs à 30 jours) ont, quant à eux, augmenté (+33 % par rapport à 2019). Par ailleurs, leur durée moyenne est de 94 jours. Ces éléments ne sont pas sans conséquence sur le coût de l'absentéisme maladie qui, selon un quart des dirigeants interrogés, a augmenté au cours des deux dernières années. Ce sujet préoccupe la moitié des chefs d'entreprise et 68 % des dirigeants confrontés à des arrêts de longue durée.

Ministère chargé du Travail (2020). Télétravail : résultats d'une étude sur l'activité professionnelle des Français pendant le confinement. Paris Ministère chargé du travail
<https://travail-emploi.gouv.fr/actualites/l-actualite-du-ministere/article/teletravail-resultats-d-une-etude-sur-l-activite-professionnelle-des-francais>

Suite à l'instauration d'un nouveau confinement pour enrayer la propagation de l'épidémie de Covid-19, le protocole sanitaire a évolué. Parmi les nouvelles mesures : la généralisation du télétravail pour toutes les tâches qui le permettent afin de protection sanitaire et poursuite de l'activité économique. Une enquête réalisée par Harris Interactive du 4 au 8 novembre 2020 pour le ministère du Travail, de l'Emploi et de l'Insertion confirme que tous les actifs ne peuvent pas télétravailler mais que les salariés pouvant le faire l'ont fait dans la très grande majorité et, en moyenne, un jour de plus que la semaine précédente. Cela montre qu'employeurs et salariés se sont emparés des nouvelles règles. Chacun est invité à poursuivre les efforts engagés. Ils sont essentiels dans la lutte contre le virus.

Morel, F. (2020). Rebondir face au covid : neuf idées efficaces en faveur de l'emploi, Paris : Institut Montaigne
<https://www.institutmontaigne.org/publications/rebondir-face-au-covid-19-neuf-idees-efficaces-en-faveur-de-emploi>

La crise sanitaire et économique du Covid-19 a, depuis mars, plongé la France dans une situation inédite en matière d'emploi. La baisse du chômage observée depuis le début du quinquennat s'est effacée au profit d'une augmentation du nombre de demandeurs d'emploi et de procédures de licenciements collectifs sans précédent. Cette période difficile se prête donc à des innovations, initiées par le gouvernement depuis le début de la crise sanitaire, pour permettre aux entreprises d'être adaptables et faire face à des aléas d'activité. Il est possible d'offrir un cadre souple et efficace, reposant sur le dialogue social, afin d'empêcher l'affaissement de pans entiers de notre économie. Cette note propose neuf idées constituant un arsenal de solutions concrètes et faciles d'accès ne bénéficiant pas, pour l'heure, d'un cadre juridique permettant leur mise en œuvre, afin de favoriser l'emploi et de rebondir face à la crise.

Telle-Lamberton, M. et Bouscaren, N. (2020). "Quels « travailleurs-clés » lors de la première vague de Covid-19 ?" Focus Sante En Ile-De-France
www.ors-idf.org/fileadmin/DataStorageKit/ORS/Etudes/2020/travailleur/2020_Focus_travailleurs_cles_2020-12-01.pdf

En Île-de-France, durant le premier confinement, plus de 700 000 travailleurs ont poursuivi leur activité sur leur lieu de travail habituel dont 500 000 plus particulièrement exposés, c'est-à-dire dans des métiers au contact de malades Covid-19 ou occasionnant de nombreux contacts sociaux. Du fait du caractère indispensable de leurs activités, ces professionnels sont souvent qualifiés de « travailleurs-clés ». Dans un contexte épidémique et de confinement, leur mobilisation sur le terrain a pu conduire à une surexposition au virus Sars-CoV-2 par rapport à l'ensemble de la population.

ÉTUDES INTERNATIONALES

Aum, S., Lee, S. Y. et Shin, Y. (2020). Who Should Work from Home during a Pandemic? The Wage-Infection Trade-off. NBER Working Paper Series ; 27908. Cambridge NBER
<https://www.nber.org/papers/w27908>

Shutting down the workplace is an effective means of reducing contagion, but can incur large economic losses. We construct an exposure index, which measures infection risks across occupations, and a work-from-home index, which gauges the ease with which a job can be performed remotely across both industries and occupations. Because the two indices are negatively correlated but distinct, the economic costs of containing a pandemic can be minimized by only sending home those jobs that are highly exposed but easy to perform from home. Compared to a lockdown of all non-essential jobs, the optimal policy attains the same reduction in aggregate exposure (32 percent) with one-third fewer workers sent home (24 vs. 36 percent) and with only half the loss in aggregate wages (15 vs. 30 percent). A move from the lockdown to the optimal policy reduces the exposure of low-wage workers the most and the wage loss of the high-wage workers the most, although everyone's wage losses become smaller. A constrained optimal policy under which health workers cannot be sent home still achieves the same exposure reduction with a one-third smaller loss in aggregate wages (19 vs. 30 percent).

Baughman, R. A., Stanley, B. et Smith, K. E. (2020). "Second Job Holding Among Direct Care Workers and Nurses: Implications for COVID-19 Transmission in Long-Term Care." *Medical Care Research and Review* 0(0) <https://doi.org/10.1177/1077558720974129>

One reason that nursing homes are a primary source of COVID-19 infections and deaths in the United States may be that workers hold multiple jobs. We use 2010-2019 Current Population Survey data to document the rate of second jobholding among nursing and long-term care workers. On average, 6.41% of personal care and nursing aides and 6.23% of licensed practical nurses and registered nurses hold second jobs; second job holding rates are 35% and 32% higher than those of other workers, respectively. Both wages and hours in the primary job are negatively associated with the probability of holding a second job for personal care and nursing aides, while lower hours are more strongly correlated with a second job for registered nurses and licensed practical nurses. Many of these workers move across health settings from their first to second jobs, and 15% of second jobs for personal care and nursing aides are in other "essential" occupations.

Baylis, P., Beaugard, P. L., Connolly, M., et al. (2020). The Distribution of COVID-19 Related Risks. *NBER Working Paper Series ; 27881*. Cambridge NBER <https://www.nber.org/papers/w27881>

This paper documents two COVID-related risks, viral risk and employment risk, and their distributions across the Canadian population. The measurement of viral risk is based on the VSE COVID Risk/Reward Assessment Tool, created to assist policymakers in determining the impacts of economic shutdowns and re-openings over the course of the pandemic. We document that women are more concentrated in high viral risk occupations and that this is the source of their greater employment loss over the course of the pandemic so far. They were also less likely to maintain one form of contact with their former employers, reducing employment recovery rates. Low educated workers face the same virus risk rates as high educated workers but much higher employment losses. Based on a rough counterfactual exercise, this is largely accounted for by their lower likelihood of switching to working from home which, in turn, is related to living conditions such as living in crowded dwellings. For both women and the low educated, existing inequities in their occupational distributions and living situations have resulted in them bearing a disproportionate amount of the risk emerging from the pandemic. Assortative matching in couples has tended to exacerbate risk inequities.

Bianchi, F., Bianchi, G. et Song, D. (2020). The Long-Term Impact of the COVID-19 Unemployment Shock on Life Expectancy and Mortality Rates. *NBER Working Paper Series ;28304*. Cambridge NBER <https://www.nber.org/papers/w28304>

We adopt a time series approach to investigate the historical relation between unemployment, life expectancy, and mortality rates. We fit a Vector-autoregression (VAR) for the overall US population and for groups identified based on gender and race. We find that shocks to unemployment are followed by statistically significant increases in mortality rates and declines in life expectancy. We use our results to assess the long-run effects of the COVID-19 economic recession on mortality and life expectancy. We estimate the size of the COVID-19-related unemployment to be between 2 and 5

times larger than the typical unemployment shock, depending on race/gender, resulting in a 3.0% increase in mortality rate and a 0.5% drop in life expectancy over the next 15 years for the overall American population. We also predict that the shock will disproportionately affect African-Americans and women, over a short horizon, while white men might suffer large consequences over longer horizons. These figures translate in a staggering 0.89 million additional deaths over the next 15 years.

Chopra, A., Devereux, M. B. et Lahiri, A. (2020). Pandemics Through the Lens of Occupations. NBER Working Paper Series ; 27841. Cambridge NBER
<https://www.nber.org/papers/w27841>

We outline a macro-pandemic model where individuals can select into working from home or in the market. Market work increases the risk of infection. Occupations differ in the ease of substitution between market and home work, and in the risk of infection. We examine the evolution of a pandemic in the model as well as its macroeconomic and distributional consequences. The model is calibrated to British Columbian data to examine the implications of shutting down different industries by linking industries to occupations. We find that endogenous choice to self-isolate is key: it reduces the peak infection rate by 2 percentage points but reduces the trough consumption level by 4 percentage points, even without policy mandated lockdowns. The model also produces widening consumption inequality, a fact that has characterized COVID-19.

Heffetz, O. et Reeves, D. (2020). Measuring Unemployment in Crisis: Effects of COVID-19 on Potential Biases in the CPS. NBER Working Paper Series ;28310. Cambridge NBER
<https://www.nber.org/papers/w28310>

From February to April 2020, as COVID-19 hit the U.S. economy, the official unemployment rate (UR) climbed from 3.5 percent—the lowest in more than 50 years—to 14.7—the highest since current measurement began in January 1948. This unprecedented, speedy quadrupling of UR coincided with major disruptions in survey-data-collection procedures and a dramatic, differential drop in response rates. To what extent did measurement issues contribute to this quadrupling? We revisit two recently studied potential biases in the Current Population Survey: rotation group bias (Krueger, Mas and Niu, 2017) and difficulty-of-reaching bias (Heffetz and Reeves, 2019). We extend the original analyses to the years prior to the crisis and focus on the six months of peak UR, from April to September 2020. Our ballpark estimates suggest that the peak official UR figure could be biased by up to ~1.5 percentage points in either direction.

Kuhlmann, E., Dussault, G. et Wismar, M. (2020). "Health labour markets and the 'human face' of the health workforce: resilience beyond the COVID-19 pandemic." European Journal of Public Health **30**(Supplement_4): iv1-iv2.
<https://doi.org/10.1093/eurpub/ckaa122>

There is a lot to learn for health systems and the health workforce from country responses to the COVID-19 crisis. Some of the major issues include: (i) health workforce surge capacity through mobilizing health workers, (ii) introducing rapid up-skilling and skill-mix changes according to local needs, (iii) protecting the physical and mental health of frontline health workers, (iv) compensating income loss of health workers and (v) protecting nursing homes and health workers in nursing homes.² For most of these issues, we can only hope that the lessons learned will be retained after the pandemic. We also need stronger political commitment to, and support for, European health workforce governance that ensures solidarity between countries. To this end, this Supplement could hardly be more timely and needed.

McLaren, J. et Wang, S. (2020). Effects of Reduced Workplace Presence on COVID-19 Deaths: An Instrumental-Variables Approach. NBER Working Paper Series ;28275. Cambridge NBER
<https://www.nber.org/papers/w28275>

Numerous government policies have attempted to keep workers out of the workplace, on the assumption that this will lower transmission of COVID-19. We test that assumption, measuring the effect of aggregate workplace absence on US COVID deaths at the county level through August.

Instrumenting with an index of how many local workers pre-pandemic can work from home, based on differences in county occupational mix, we find no effect of workplace absence until mid-May, then a sharply rising effect. By August, moving 10 percent of a county's workers from the workplace would lower deaths there by three quarters one month later.

Meekes, J., Hassink, W. et Kalb, G. (2020). Essential Work and Emergency Childcare: Identifying Gender Differences in Covid-19 Effects on Labour Demand and Supply. *Iza Discussion Paper ; 13843*
<http://ftp.iza.org/dp13843.pdf>

We examine whether the Covid-19 crisis affects women and men differently in terms of employment, working hours and hourly wages outcomes, and whether the effects are demand or supply driven. Covid-19 impacts are studied using administrative data on all Dutch employees up to 30 June 2020, focussing on the national lockdown and the emergency childcare for essential workers in the Netherlands. First, we find that the impact of COVID-19 is much larger for non-essential workers than for essential workers. Although, on average, women and men are equally affected, female non-essential workers are more affected than male non-essential workers. Second, partnered individuals with young children are equally affected by the crisis as others, irrespective of gender and spousal employment. Third, single-parent essential workers experience relatively large negative labour supply effects, suggesting emergency childcare was not sufficient for this group. However, overall, labour demand effects appear more important than labour supply effects.

OCDE (2020). Skill measures to mobilise the workforce during the COVID-19 crisis. Paris OCDE

This policy brief investigates how countries responded to immediate shortages of workers during the COVID-19 crisis. It first identifies which jobs were in demand using online vacancy data and describes the skills profiles of those jobs. By comparing them with the skills profiles of similar jobs in low demand, it considers the viability of redeploying unemployed adults to jobs where hiring is increasing. The brief shares examples of innovative ways in which countries retrained and redeployed their labour force to meet immediate demand during the health crisis. Lessons can be learnt for medium-term retraining efforts that will be needed to help workers transition to the post-COVID 19 economy, and to address ongoing skills shortages.

OIT (2021). La Covid-19 et le monde du travail. 7^e édition. Genève OIT

https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_767223.pdf

Cette étude met en avant que la crise de 2020 s'avère quatre fois plus dévastatrice que celle de 2009. Le nombre d'heures de travail perdues s'élève en effet à 8,8%, soit l'équivalent de 255 millions de temps pleins. L'OIT précise qu'il est important de prendre en considération l'inactivité des travailleurs durant la pandémie, car c'est un paramètre indispensable dans le contexte de l'année dernière. En effet, d'après l'étude, "les pertes d'emplois se sont traduites essentiellement par une augmentation de l'inactivité plutôt que du chômage". Les femmes et les jeunes travailleurs ont également été plus durement touchés. Enfin, les différents secteurs du marché du travail ont été affectés de manière très inégale.

Quid de la fiabilité des revues de littérature sur la covid-19

Bero, L. A. (2020). "Producing Independent, Systematic Review Evidence: Cochrane's Response to COVID-19." *American Journal of Public Health* **110**(7): 952-953.

<https://doi.org/10.2105/AJPH.2020.305734>

Bad advice can lead to tragedy, such as death from taking an unproven medication.¹ Now, more than ever, public health policies should be based on the best available evidence. Consumers, clinicians, and policymakers need balanced information that is free of commercial influence to make decisions about the best ways to prevent the spread and manage the symptoms and clinical consequences of COVID-

19. The benefits and harms of each decision must be considered. Public health measures such as isolation, quarantine, and social distancing have fundamentally changed the way we live. Systematic review is a rigorous methodology used to identify, critically evaluate, and synthesize all relevant evidence on a particular topic. The influence of systematic reviews on policy and practice has grown.² Cochrane is a global organization whose mission is to promote evidence-informed health decision making by producing high-quality, relevant, accessible systematic reviews and other synthesized research evidence. Cochrane systematic reviews, published in the Cochrane Library, are not funded by commercial sponsors or created by groups with conflicts of interest. Cochrane has rapidly launched a multipronged response to the COVID-19 pandemic with the aim of boosting the amount of COVID-19–relevant, independent, high-quality, synthesized evidence that is available to policymakers and clinicians. I briefly describe the COVID-19–related resources available from Cochrane.

Markram, K. (2020). The academic response to covid-19: a survey report. Lausanne *Frontiers in Public Health* <https://www.frontiersin.org/articles/10.3389/fpubh.2020.621563/full>

COVID-19 has posed an unprecedented challenge to the international scientific community. Along with the disruption faced by most of the world's population, many researchers have felt an added pressure to understand, cure and mitigate the virus. In order to gain insight into what impact COVID-19 has had on the international scientific community, their work and the implications for science, the authors conducted a survey with editors, reviewers and authors in May and June 2020. In one of the largest academic surveys ever conducted, 25,307 members of the academic community participated, representing diverse countries, roles, and areas of research.

Odone, A., Galea, S., Stuckler, D., et al. (2020). "The first 10 000 COVID-19 papers in perspective: are we publishing what we should be publishing?" *European Journal of Public Health* **30**(5): 849-850. <https://doi.org/10.1093/eurpub/ckaa170>

The members of the University Vita-Salute San Raffaele COVID-19 literature monitoring working group are available in Appendix 1. The COVID-19 pandemic has led to an unprecedented focus of the world's scientific community on one topic. To quantify, we have calculated that 4% of all scientific outputs during the last 5 months have been about COVID-19; this has increased from 0.3% in February, to 1.2% in March, 4.5% in April, 6.5% in May, 8.3% in June and 6.6% in July. We systematically retrieved and critically assessed the first 10 000 PubMed indexed papers on COVID-19. They were published between 20 January and 7 May 2020, with an average of nearly 100 new papers added every day, published in 1881 different scientific journals. Fewer than 8% of journals have published half of the total production, and 7 journals alone have indexed more than 100 papers each. By contrast, 43.3% of journals only published one paper on COVID-19. Unsurprisingly, the largest amount of papers, one-fourth of the 10,000, were published in the USA, the country with the largest COVID-19 burden and ranking first in the 2019 Nature Index for quality research,¹ followed by China (22.2%), Italy (9%), the UK (7.6%) and France (3.2%).

Rada, G., Verdugo-Paiva, F., Avila, C., et al. (2020). "Evidence synthesis relevant to COVID-19: a protocol for multiple systematic reviews and overviews of systematic reviews." *Medwave* **20**(3): e7868.

Introduction: The evidence on COVID-19 is being produced at high speed, so it is challenging for decision-makers to keep up. It seems appropriate, then, to put into practice a novel approach able to provide the scientific community and other interested parties with quality evidence that is actionable, and rapidly and efficiently produced. Methods and analysis: We designed a protocol for multiple parallel systematic reviews and overviews of systematic reviews in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA-P). We will search for primary studies and systematic reviews that answer different questions related to COVID-19 using both a centralized repository (Epistemonikos database) and a manual search in MEDLINE/PubMed, EMBASE, and the Cochrane Central Register of Controlled Trials. We will also search for literature in several other sources. At least two researchers will independently undertake the selection of studies, data extraction, and assessment of the quality of the included studies. We will synthesize data for each question using meta-analysis, when possible, and we will prepare Summary of Findings tables according to the GRADE approach. All the evidence will be organized in an open platform (L.OVE -

Living Overview of Evidence) that will be continuously updated using artificial intelligence and a broad network of experts. Ethics and dissemination: No ethics approval is considered necessary. The results of these articles will be widely disseminated via peer-reviewed publications, social networks, and traditional media, and will be sent to relevant international organizations discussing this topic.

Yu, Y., Shi, Q., Zheng, P., et al. (2020). "Assessment of the quality of systematic reviews on COVID-19: A comparative study of previous coronavirus outbreaks." *J Med Virol*.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.25901>

BACKGROUND: Several systematic reviews (SRs) have been conducted on COVID-19 outbreak, which together with the SRs on previous coronavirus outbreaks, form important sources of evidence for clinical decision and policy making. Here, we investigated the methodological quality of SRs on COVID-19, SARS, and MERS. **METHODS:** Online searches were performed to obtain SRs on COVID-19, SARS, and MERS. The methodological quality of the included SRs was assessed using the AMSTAR-2 tool. Descriptive statistics were used to present the data. **RESULTS:** In total, of 49 SRs that were finally included in our study, 17, 16, and 16 SRs were specifically on COVID-19, MERS, and SARS, respectively. The growth rate of SRs on COVID-19 was the highest (4.54/month) presently. Of the included SRs, 6, 12, and 31 SRs were of moderate, low, and critically low quality, respectively. SRs on SARS showed the optimum quality among the SRs on the three diseases. Subgroup analyses showed that the SR topic ($P < 0.001$), involvement of a methodologist ($P < 0.001$), and funding support ($P = 0.046$) were significantly associated with the methodological quality of the SR. According to the adherence scores, adherence to AMSTAR-2 items sequentially decreased in SRs on SARS, MERS, and COVID-19. **CONCLUSIONS:** The methodological quality of most SRs on coronavirus outbreaks is unsatisfactory, and those on COVID-19 have higher risks of poor quality, despite the rapid actions taken to conduct SRs. The quality of SRs should be improved in the future. Readers must exercise caution in accepting and using the results of these SRs.

Principales enquêtes en France

CoCo (Coping with Covid)

Responsable : Sciences Po

Nature et objet : Cette enquête vise à évaluer les effets sociaux de l'épidémie en France, au regard des inégalités sociales. Grâce à un dispositif empirique original fondé sur les méthodes mixtes (mêlant données quantitatives longitudinales, journaux personnels, groupes de discussion et entretiens individuels), CoCo propose d'analyser dans le temps un large éventail d'indicateurs socio-économiques, socio-psychologiques et socio-politiques, pour mettre en évidence les perturbations des pratiques quotidiennes induites par les règles de confinement.

Méthodologie : Utilisation de données de panel probabiliste ELIPSS.

En savoir plus : https://cdsp.sciences-po.fr/fr/le-cdsp/actualites/actualite/faire-face-au-covid-19-ecipss-en-appui_102/ (publication des résultats sur le site)

COCLICO (Coronavirus containment policies and impact on the population's mental health)

Responsable : Irdes

Nature et objet : Enquête internationale sur l'impact des politiques de confinement, liées à la lutte contre le Coronavirus, sur la santé mentale

Méthodologie : Enquête en ligne en population générale (3 vagues)+ une enquête en ligne auprès de personnes souffrant de maladies chroniques.

En savoir plus : <https://www.irdes.fr/recherche/enquetes/coclico-enquete-sante-mentale-coronavirus/actualites.html>

COCONEL (COronavirus et CONfinement)

Responsables : UMR Vitrome/EHESP/ORS PACA

Nature et objet : Enquête longitudinale en ligne déployée par l'institut de sondage Ifop auprès d'un panel d'un millier de personnes représentatif de la population française adulte sur divers aspects de la crise actuelle. Vise à suivre plus spécifiquement la réponse psychologique, émotionnelle et comportementale de la population française à l'épidémie de COVID-19 et au confinement.

Méthodologie : Enquête en ligne en plusieurs vagues.

En savoir plus : <http://www.orspaca.org/covid19/projets-recherche/coconel>

CONFÉADO

Responsable : Santé Publique France

Nature et objet : Cette étude vise à comprendre la manière dont les enfants et les adolescents âgés de 9 à 16 ans ont vécu le confinement jusqu'au 11 mai 2020 et comment celui-ci a pu avoir des conséquences sur leur bien-être. Elle permettra de faire des recommandations aux pouvoirs publics pour accompagner les enfants et les adolescents dans cette période de déconfinement et de reprise de l'école.

Méthodologie : Enquête en ligne auprès des parents + enquête en ligne auprès des enfants.

En savoir plus : <https://www.santepubliquefrance.fr/etudes-et-enquetes/conféado-une-etude-destinee-aux-enfants-sur-le-vecu-du-confinement-lie-a-l-epidemie-de-covid-19>

Com-Covid-19

Responsable : IMSIC (Université Aix Marseille)

Nature et objet : Une étude longitudinale où sont étudiés les effets de différents messages de santé publique sur les comportements de protection (gestes barrières...), la motivation à rester confiné, la santé mentale (moral...) et physique, la préparation au déconfinement... + une étude qualitative sur le ressenti général, l'adaptation psychosociale aux risques et au confinement, les réactions à la communication nationale de santé publique et discours gouvernementaux, les usages des médias...

Méthodologie : Interrogation de 1300 personnes pendant/après confinement pour l'étude longitudinale quantitative + entretiens en profondeur avec suivi longitudinal, tous les 10 jours, d'une population diversifiée de Français selon la méthode des quotas pour l'étude qualitative.

En savoir plus : <http://www.imsic.fr/com-covid-19>

CovidEhpad : Étude des questions relatives aux confinements, aux fins de vie et à la mort dans les EHPAD, liées à l'épidémie de Covid-19 en France.

Responsable : Université Bourgogne Franche-Comté via la Plateforme nationale pour la recherche sur la fin de vie

Nature et objet : Observation et analyse en temps réel des conséquences de l'épidémie dans les EHPAD.

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

Méthodologie : étude multicentrique qualitative

En savoir plus : <https://www.plateforme-recherche-findevie.fr/sites/default/files/inline-content/PNRFV/COVIDEHPAD/covidehpad-descriptif.pdf>

CoviPrev

Responsable : Santé Publique France

Nature et objet : L'enquête CoviPrev vise à suivre l'évolution des comportements (gestes barrières, confinement) et de la santé mentale en population générale (bien-être, troubles), ainsi que leurs principaux déterminants. Elle sera répétée de façon régulière pendant la période de confinement et de post confinement.

Méthodologie : Enquêtes quantitatives répétées sur échantillons indépendants+ Questionnaires auto-administrés à remplir en ligne.

En savoir plus : <https://www.santepubliquefrance.fr/etudes-et-enquetes/covid-19-une-enquete-pour-suivre-l-evolution-des-comportements-et-de-la-sante-mentale-pendant-l-epidemie#block-242827>

Enquête mensuelle de conjoncture auprès des ménages (Camme).

Responsable : Insee

Nature et objet : Cette enquête interroge les Français de métropole sur leurs conditions de vie durant le confinement au travers de vingt questions administrées du 27 avril au 16 mai 2020 et celle qui suit immédiatement. Plus de 1 600 personnes de 15 ans ou plus y ont répondu.

Méthodologie : Adaptation du questionnaire de l'[enquête mensuelle de conjoncture auprès des ménages \(Camme\)](#)

En savoir plus : <https://insee.fr/fr/statistiques/4513259#documentation>

EPICOV

Responsable : INSERM / DREES

Nature et objet : Cette enquête a pour but de renseigner sur la diffusion du virus dans la population et les conséquences de l'épidémie sur le quotidien et la santé des individus.

Méthodologie : 200 000 personnes de plus de 15 ans, représentatives de la population française et réparties sur l'ensemble du territoire métropolitain et outre-mer répondront à un questionnaire. La moitié de la cohorte, sur la base du volontariat, sera invitée à réaliser un prélèvement de quelques gouttes de sang (grâce à un kit expédié à domicile) afin de mesurer les anticorps "anti SARS-CoV-2"

En savoir plus : <https://www.epicov.fr/>

Heurs et malheurs du confinement

Responsable : Credoc

Nature et objet : Vécu du confinement

Méthodologie : Enquête conditions de vie et aspirations des Français. Réalisée en ligne auprès d'un échantillon représentatif de la population française comprenant 3 000 personnes (méthode des quotas). Une vague a été menée, en janvier 2020. A celle-ci a été ajoutée une vague exceptionnelle, dite « flash » menée du 20 au 4 mai, 3 semaines après le début du confinement, et 8 jours avant le début du déconfinement.

En savoir plus : <https://www.credoc.fr/publications/heurs-et-malheurs-du-confinement>

SAPRIS (Santé, pratiques, relations et inégalités sociales en population générale pendant la crise COVID-19)

Responsable : Inserm

Nature et objet : L'étude SAPRIS interrogera les participants à propos des enjeux spécifiques de l'épidémie et des mesures de confinement. Seront notamment étudiés l'incidence des symptômes de la Covid-19 et d'autres problèmes de santé, le recours ou le renoncement aux soins pour d'autres pathologies, la perception du risque pour soi-même et en général, les effets des mesures de prévention sur la vie quotidienne, les relations sociales et le travail, ainsi que la prise en charge des enfants.

Méthodologie : Un questionnaire de 30 minutes sera posé par internet dans quatre grandes cohortes épidémiologiques totalisant plus de 200 000 sujets : CONSTANCES, ELFE-EIPAGE, NUTRINET et E3N-E4N. Dès que des tests sérologiques seront disponibles, la prévalence de la Covid-19 pourra être établie, sur la base d'auto-prélèvements qui pourraient être proposés aux participants de cette étude, apportant des indications sur la prévalence au niveau national.

En savoir plus : <https://presse.inserm.fr/une-grande-enquete-nationale-pour-etudier-la-sante-et-les-enjeux-sociaux-de-la-pandemie-de-covid-19-et-du-confinement/39099/>

TEMPO

Responsable : Inserm

Nature et objet : L'objectif de cette enquête est d'évaluer la santé mentale des personnes, leurs conduites addictives (tabac, alcool, cannabis) tout au long de l'épidémie, en prenant en compte la situation familiale, résidentielle et professionnelle

Méthodologie : Interrogation en ligne de 1 200 personnes, de 26 à 45 ans, vivant dans toute la France pendant la durée du confinement et ce de manière hebdomadaire et un suivi sur un an.

En savoir plus : <http://www.iplesp.upmc.fr/tempo/>

ViQuoP (Vie quotidienne et prévention dans 60 foyers français à l'heure du coronavirus)

Responsable : Santé Publique France

Nature et objet : Etude lancée auprès de 60 personnes afin de suivre l'évolution des comportements de santé (gestes barrières, confinement, consommation d'alcool et de tabac, alimentation et activité physique) et de la perception de leur état santé (bien-être, troubles) dans le contexte de l'épidémie de la covid-19.

Méthodologie : Un panel de 60 participants, âgés de 19 à 73 ans et n'ayant jamais participé à une étude de ce genre auparavant, a été recruté à la suite d'un entretien individuel, et pour la durée de l'étude. 18 sollicitations ont été programmées sur 3 mois : deux sollicitations par semaine entre le 30 mars et le 4 mai 2020 (entre la 3e semaine et la 7e semaine de confinement), puis une sollicitation par semaine entre le 4 mai et le 23 juin 2020.

En savoir plus : <https://www.santepubliquefrance.fr/etudes-et-enquetes/covid-19-etude-viquop-vie-quotidienne-et-prevention-dans-60-foyers-francais-a-l-heure-du-coronavirus#block-259202>

Autres enquêtes de l'INSERM / <https://www.inserm.fr/actualites-et-evenements/actualites/covid-19-et-confinement-faites-avancer-connaissances-participez-enquetes-nos-chercheurs>

Ressources électroniques

EN FRANCE

Avis du conseil scientifique COVID-19

<https://solidarites-sante.gouv.fr/actualites/presse/dossiers-de-presse/article/covid-19-conseil-scientifique-covid-19>

Bibliovid

Veille bibliographique réalisée par une équipe d'étudiants en médecine et d'une ingénieure-épidémiologiste de l'Inserm

<https://bibliovid.org/>

Cartographie de suivi de l'épidémie (Etalab)

Cet outil open source développé sous l'impulsion d'Etalab, au sein de la direction interministérielle du numérique, propose une vision consolidée des différentes données officielles disponibles.

<https://dashboard.covid19.data.gouv.fr/>

Covidtracker

CovidTracker est un outil permettant de suivre l'évolution de l'épidémie à Coronavirus en France et dans le monde.

<https://covidtracker.fr/>

Craps - Un système de santé revisité par la Covid-19

Ce dossier est réalisé Pierre Simon ancien président-fondateur de la Société française de Télémedecine, directeur de Télémedaction conseil.

<https://www.thinktankcraps.fr/un-systeme-de-sante-reviste-par-le-covid/>

Crise sanitaire et confinement : l'apport de la démographie et des sciences de la population

Site de l'Ined qui expose tous les projets de recherche liés au covid-19. Il propose également une sélection d'articles et de vidéos pour mieux comprendre certains phénomènes démographiques, dont quelques-uns sont accentués en cette période de confinement.

Données hospitalières relatives à l'épidémie de COVID-19 (Santé Publique France)

<https://www.data.gouv.fr/fr/datasets/donnees-hospitalieres-relatives-a-lepidemie-de-covid-19/>

Dossier Covid-19 : confinement et stratégies de sortie de confinement (Collège des économistes de la santé)

Note synthétique discutant des orientations souhaitables pour la sortie de confinement ainsi que des documents annexes approfondissant certaines dimensions des questions posées. Cette note brève sera suivie dans les jours qui viennent par une note plus complète qui évaluera précisément les impacts sanitaires et économiques de différentes options possibles de sortie de confinement.

<https://www.ces-asso.org/dossier-covid-19-confinement-et-strategies-de-sortie-de-confinement>

Enfance et Covid

Enfance & Covid propose une plateforme de ressources utiles et validées, ainsi qu'une ligne d'écoute pour les parents, les futurs parents et les professionnels de l'enfance.

<http://www.enfance-et-covid.org/>

Ehesp Documentation

Bibliographie spécial Covid : les enjeux d'une crise sanitaire (2021/01)

Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

<https://documentation.ehesp.fr/ajax.php?module=cms&categ=document&action=render&id=371>

Institut Paris Région – le confinement : qui l’a mal vécu et pourquoi ?

<https://www.institutparisregion.fr/nos-travaux/publications/le-confinement-qui-la-mal-vecu-et-pourquoi.html?#>

Iresp France-Comté – Ehpad et confinement

<https://ireps-bfc.org/sinformer/dossier-documentaire-ehpad-et-confinement-quels-enseignements>

Mise à disposition en libre accès des données internationales sur les décès liés au COVID-19 documentées et détaillées par sexe et groupes d’âges (Ined)

<https://dc-covid.site.ined.fr/>

Infection au nouveau Coronavirus (SARS-CoV-2), COVID-19, France et Monde (Santé Publique France)

Chiffres clés, interviews d'experts, questions-réponses...pour tout savoir sur l'infection au coronavirus (SARS-CoV-2), COVID-19, en France et dans le Monde et sur l'action de Santé publique France.

<https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/articles/infection-au-nouveau-coronavirus-sars-cov-2-covid-19-france-et-monde>

Ministère de la santé

<https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/>

Perspectives sur le coronavirus (EHESS)

Espace regroupant des articles de chercheurs en sciences sociales sur la thématique du coronavirus

<https://www.ehess.fr/fr/carnet>

Recensement des initiatives d’accompagnement et de soutien des groupes de population fragiles face au COVID-19 (SFSP)

La SFSP présente ici, par groupe de population mais aussi par niveau de réponse (national ou local), les démarches, guides et outils développés par les actrices et acteurs qui œuvrent au quotidien, depuis le début de l'épidémie, dans l'accompagnement et le soutien des populations.

https://sfsp.fr/index.php?option=com_flexicontent&view=item&cid=10&id=16596:covid-19-recensement-des-initiatives-d-accompagnement-et-de-soutien-des-groupes-de-population-fragiles&Itemid=233

Veille de la HAS

<https://www.scoop.it/topic/coronavirus-covid-19-has-veille>

Veille du ministère de la santé (Portail netvibes)

https://www.netvibes.com/patmariecrdm#Organisations_francaises

Veille Coronavirus du CRES PACA

Newsletter hebdomadaire «spécial coronavirus»

<http://www.cres-paca.org/r/257/covid-19-la-veille-du-cres/>

Veille de la documentation des Hospices civiles de Lyon

<https://documentation.chu-lyon.fr/littecovid>

Veille Cismef

https://lite.framacalc.org/9fnh-veille_cismef_covid19

Veille documentaire de Santé Publique France

<https://www.santepubliquefrance.fr/dossiers/coronavirus-covid-19>

COVID-19 Base documentaire AP-HP

On trouvera principalement sur cette base documentaire librement accessible, les dernières versions validées de documents élaborés par les équipes de l'AP-HP. S'y ajoutent également ceux validés par l'ARS Irdes - Pôle Documentation - Marie-Odile Safon, Véronique Suhard

www.irdes.fr/documentation/syntheses-et-dossiers-bibliographiques.html

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.pdf

www.irdes.fr/documentation/syntheses/covid-19-elements-de-litterature-scientifique-2e-partie.epub

Ile-de-France (dont une partie des contributeurs travaillent à l'AP-HP). D'autres documents réalisés par des organismes officiels (Ministère de la Santé, HCSP, HAS...) ou des sociétés savantes (SRLF, SFAR, SFH²...) sont également disponibles quand ils constituent des compléments utiles. Par ailleurs, la partie « Autres références » de la base contient une liste de liens renvoyant vers les sites thématiques les plus pertinents.
<http://covid-documentation.aphp.fr/>

Veille documentaire de Huma-Num

<https://isidore.science/tag/e13tw6>

Revue de littérature du Pôle Expertises collectives de l'Inserm

<https://insermbiblio.inist.fr/>

Revue de littérature du consortium REACTing

<https://reacting.inserm.fr/literature-review/>

Recensement des publications en sciences humaines et sociales relatives à la pandémie de Covid-19, une initiative collaborative de la bibliothèque de l'École normale supérieure (Paris)

https://www.zotero.org/groups/2467117/documentation_relatif_au_nouveau_coronavirus_sars-cov-2

Thésaurus bilingue Français-anglais dans Lotere

<https://www.inist.fr/nos-actualites/un-thesaurus-covid-19-dans-loterre/>

A L'INTERNATIONAL**Carte en temps réel pour suivre l'évolution de l'épidémie (John Hopkins University)**

Elle répertorie tous les cas confirmés à travers la planète, ainsi que ceux suspectés. Elle est mise à jour en temps réel.

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

COVID-19 Clinical Research Resources

<https://isaric.org/research/covid-19-clinical-research-resources/>

Coronavirus disease (COVID-19) outbreak (OMS Europe)

Page qui rassemble les dernières actualités, les guides techniques et recommandations

<http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19>

Coronavirus & Infectious Disease Research Hub

Plateforme d'Elsevier recensant des articles en pré-publication sur le covid dans tous les champs disciplinaires.

<https://www.ssrn.com/index.cfm/en/coronavirus/>

Country Policy tracker (OCDE)

Outil de l'OCDE permettant d'avoir une vue d'ensemble des mesures prises par les pays en matière de santé, d'emploi et de politique sociale ainsi que les aspects recherche et innovations.

<http://www.oecd.org/coronavirus/fr/#country-policy-tracker>

COVID-19 guidance and research (PAHO)

L'Organisation panaméricaine de la santé a lancé une nouvelle base de données consultable qui contient les dernières orientations et recherches sur la pandémie de COVID-19 en provenance des Amériques et des pays touchés du monde entier.

<https://covid19-evidence.paho.org/>

COVID-19 Health Systems Response Monitor (HSRM) du Health systems and Policy Monitor

Cette initiative conjointe entre l'Organisation mondiale de la santé (OMS), la Commission européenne et l'Observatoire européen des systèmes et des politiques de santé permet de comparer les politiques de gestion de l'épidémie de Covid-19 et ses conséquences dans les différents pays européens. La plateforme, actualisée deux fois par semaine, couvre notamment les mesures mises en place pour ralentir la transmission du virus

dans la population, pour prendre en charge les patients infectés au sein du système de santé, la gouvernance de la crise ainsi que les mesures destinées à réduire l'impact économique de l'épidémie. La plateforme fournit un outil de comparaison directe par grande thématique des politiques mises en œuvre dans les différents pays pour gérer la crise du Covid-19.

<https://www.covid19healthsystem.org/mainpage.aspx>

Country Responses to the Covid19 Pandemic (Cambridge University)

Dans le cadre de la collaboration EHPG, le Cambridge University a mis à disposition sur son site des places pour des blogs Covid par pays. L'Irdes y participe pour la France.

> [Site de Cambridge University](#)

Focus. Etude de recherche internationale portant sur les effets de la pandémie de Covid-19 sur les jeunes vivant au Canada et en France

[Observatoire France Canada sur la covid](#)

Global research on coronavirus disease -COVID-19 (OMS)

L'OMS rassemble les dernières découvertes et connaissances scientifiques internationales multilingues sur COVID-19. La littérature mondiale citée dans la base de données WHO COVID-19 est mise à jour quotidiennement (du lundi au vendredi) à partir des recherches dans les bases de données bibliographiques, de la recherche manuelle et de l'ajout d'autres articles scientifiques référés par des experts. Cette base de données représente une source multilingue complète de la littérature actuelle sur le sujet. Bien qu'elle ne soit pas exhaustive, de nouvelles recherches sont ajoutées régulièrement.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>

Leading the policy response to covid-19

Site de la London school of economics consacré à la crise sanitaire : paroles d'experts, publications.

<https://www.lse.ac.uk/health-policy/COVID-19>

LTC response to COVID-19

Ce site géré par un réseau international vise à :

- documenter l'impact du COVID-19 sur les personnes qui dépendent des soins de longue durée (y compris les soins non rémunérés) et ceux qui les fournissent
 - Partager des informations sur les mesures politiques et pratiques pour atténuer l'impact du COVID-19 dans les soins de longue durée et collecter des preuves de leur succès ou non.
 - Analyser les implications à long terme de cette pandémie pour la politique de soins de longue durée.
- Dans ce cadre, il fait un inventaire des mesures adoptées par différents pays pour contenir et atténuer l'impact du virus.

<https://ltccovid.org/>

Plateforme européenne de données sur le COVID

Le portail de données COVID-19 rassemble tout un ensemble de données pertinentes pour le partage et l'analyse dans l'objectif d'accélérer la recherche sur les coronavirus. Il permet aux chercheurs de télécharger et d'analyser les données de référence et les ensembles de données spécialisées liées à COVID-19..

<https://www.covid19dataportal.org/>

Ressources ASPHER – Contacts par pays

<https://www.aspher.org/covid-19-coronavirus-response.html>

Site de l'Union européenne sur l'impact socio-économique de la Covid-19

<https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9753&furtherNews=yes>

World Pandemic Research Network

Répertoire mondial consultable des projets, initiatives et ressources scientifiques disponibles sur les impacts sociétaux et humains de la pandémie de Covid-19.

<https://wprn.org/>