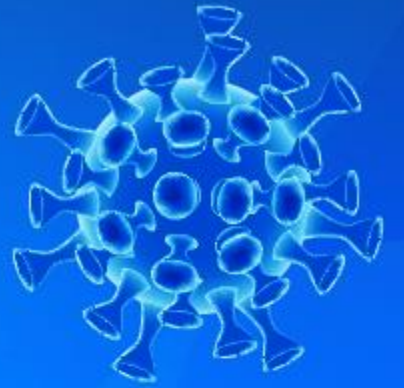
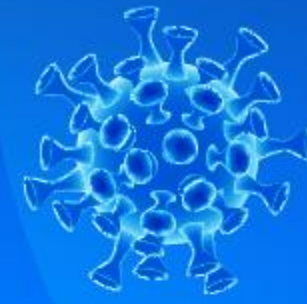
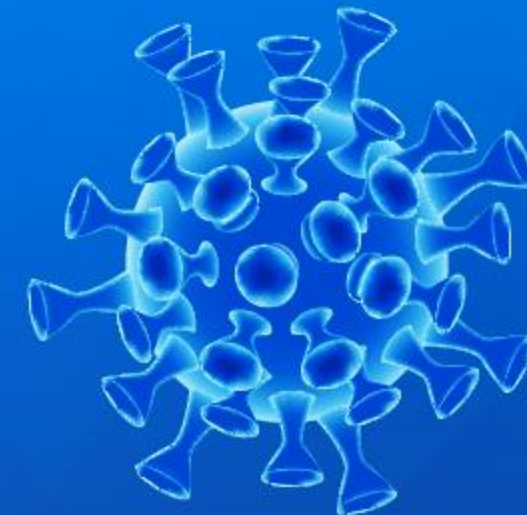


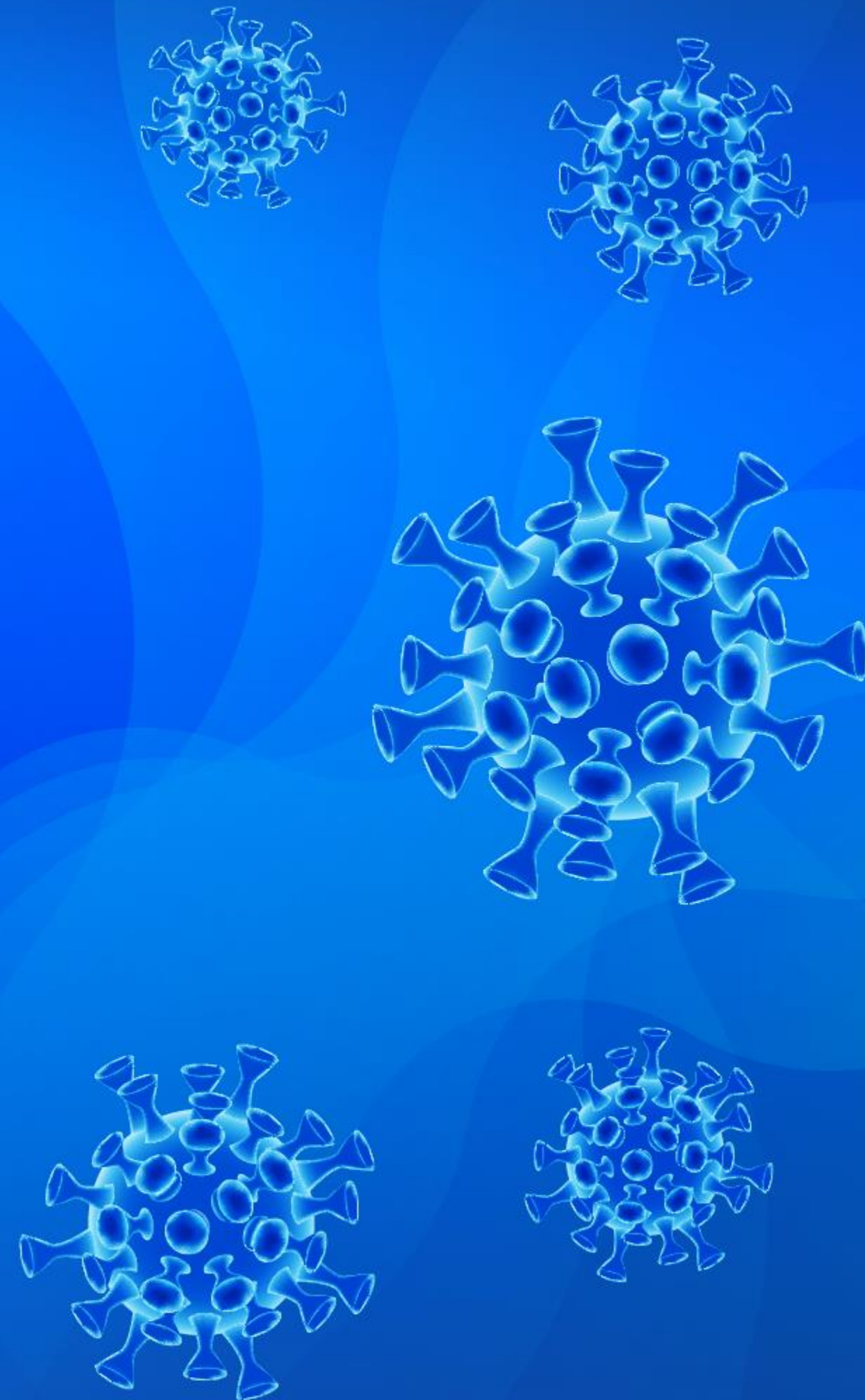
Інфекційна та інформаційна безпека

/супутній матеріал/



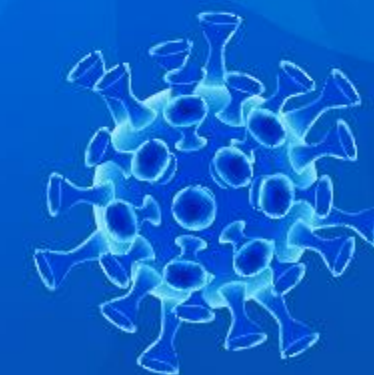
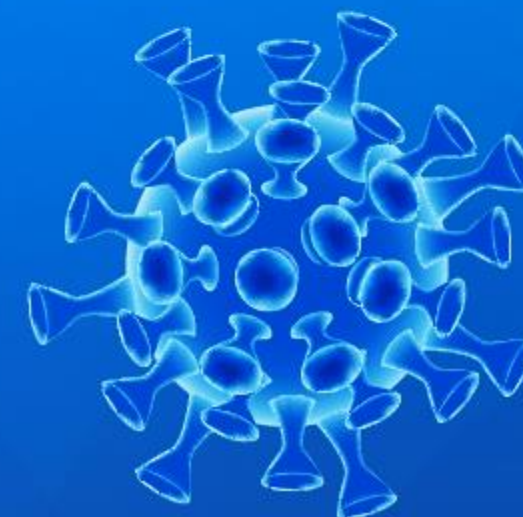
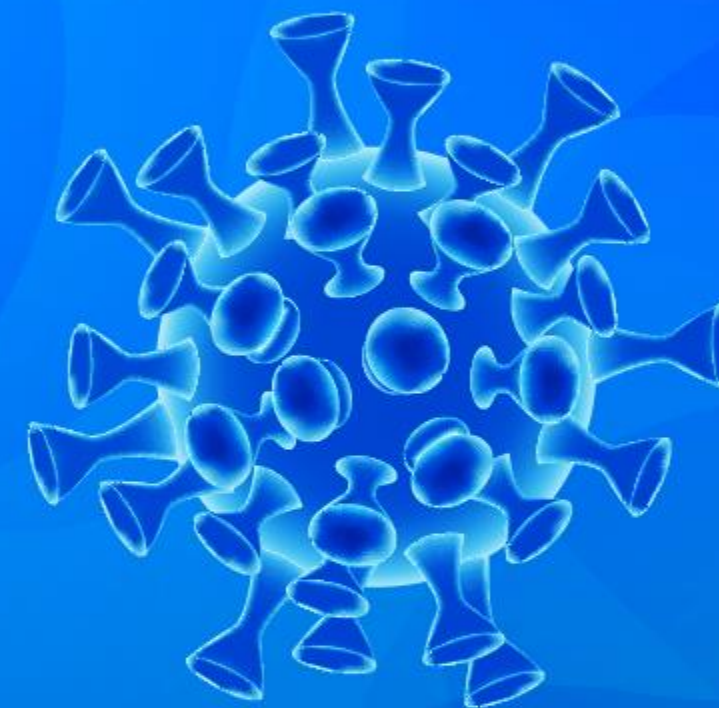
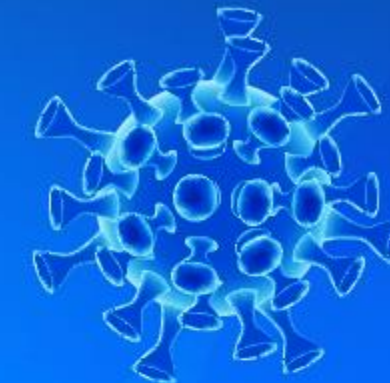
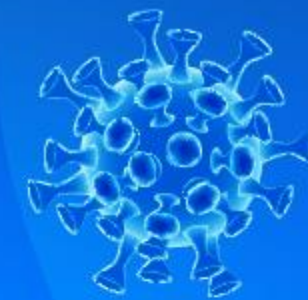
1. Інфекційна безпека

Смертність від COVID-19.
Італійський кейс





Державна установа **Istituto Superiore di Sanità (ISS)** — провідний науково-технічний орган Національної служби охорони здоров'я Італії, що проводить дослідження, випробування, контроль, консультування, документування та підготовку кадрів для системи охорони громадського здоров'я.

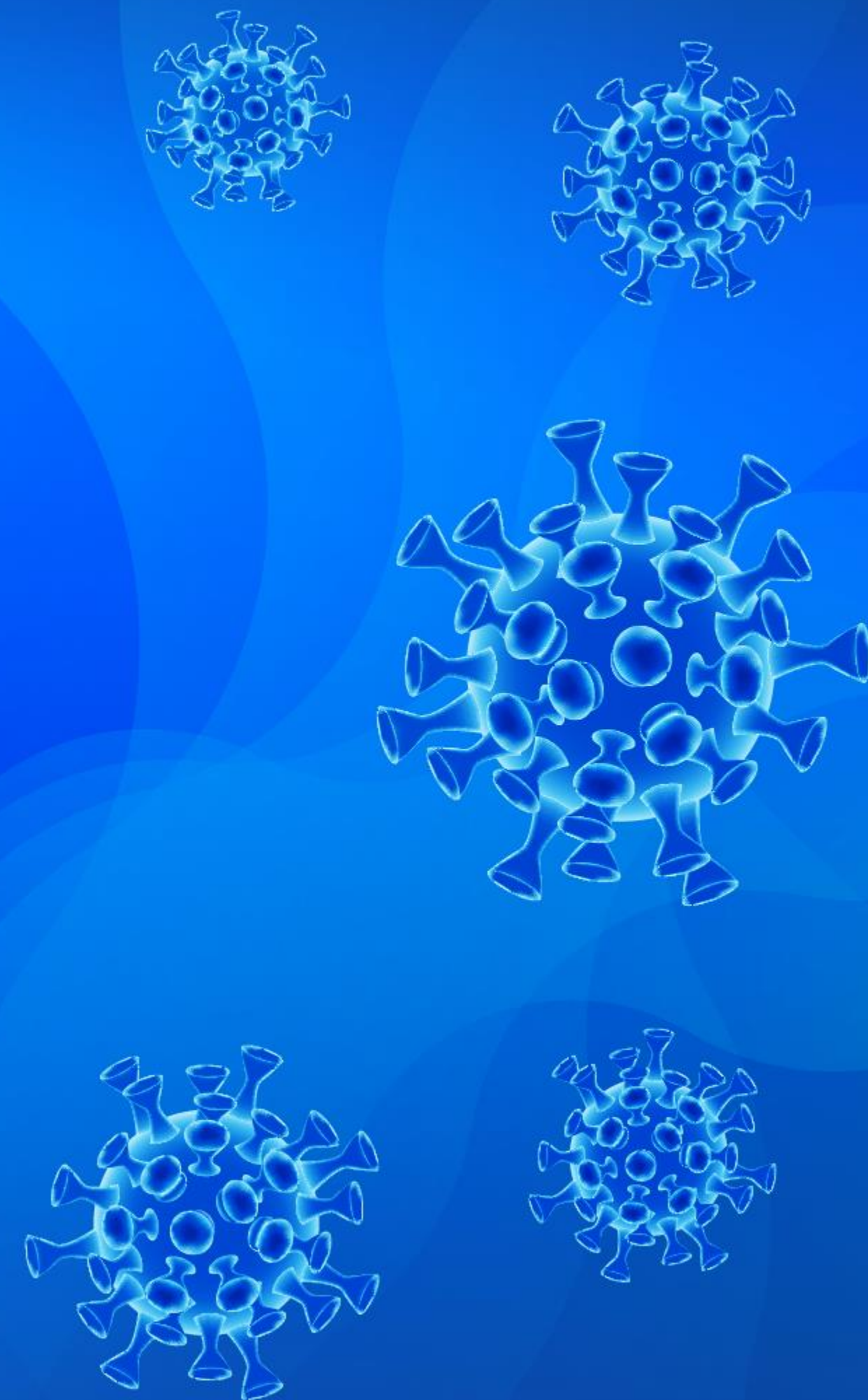




REGIONS	N	%
Abruzzo	7	0.2
Bolzano	14	0.4
Calabria	1	0.0
Campania	17	0.5
Emilia-Romagna	524	16.4
Friuli-Venezia Giulia	35	1.1
Lazio	31	1.0
Liguria	90	2.8
Lombardia	2175	68.0
Marche	36	1.1
Molise	3	0.1
Piemonte	69	2.2
Puglia	27	0.8
Sardegna	2	0.1
Sicilia	3	0.1
Toscana	14	0.4
Trento	12	0.4
Umbria	4	0.1
Veneto	136	4.3
Total	3200	100.0

* COVID-19 related deaths presented in this report are those occurring in patients who test positive for SARSCoV-2 RT by PCR, **independently from pre-existing diseases.**

NB! —



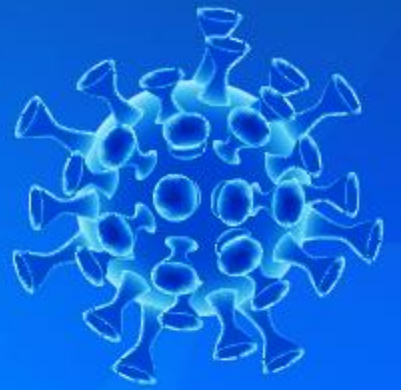
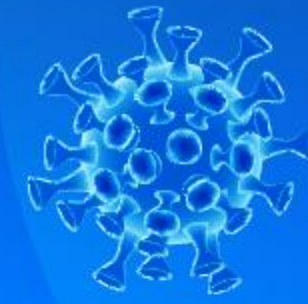
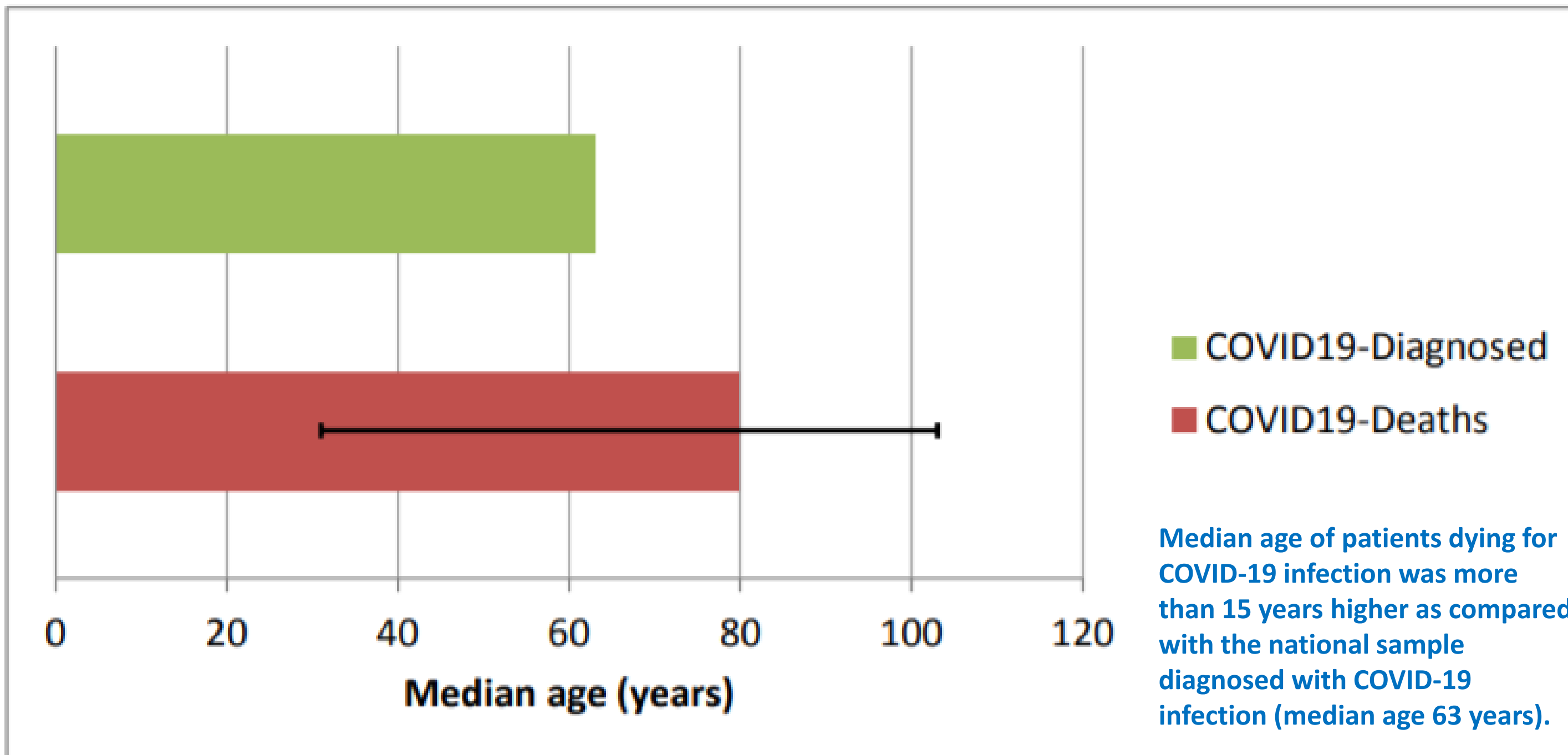


Figure 1. Median age of patients with COVID-2019 infection and COVID-19 positive deceased patients



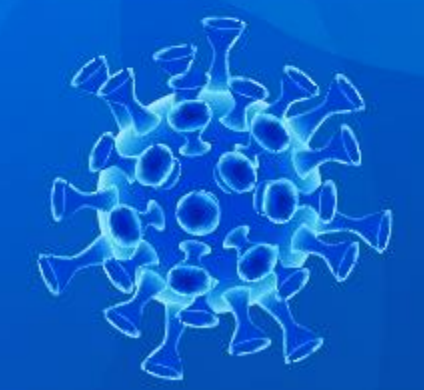
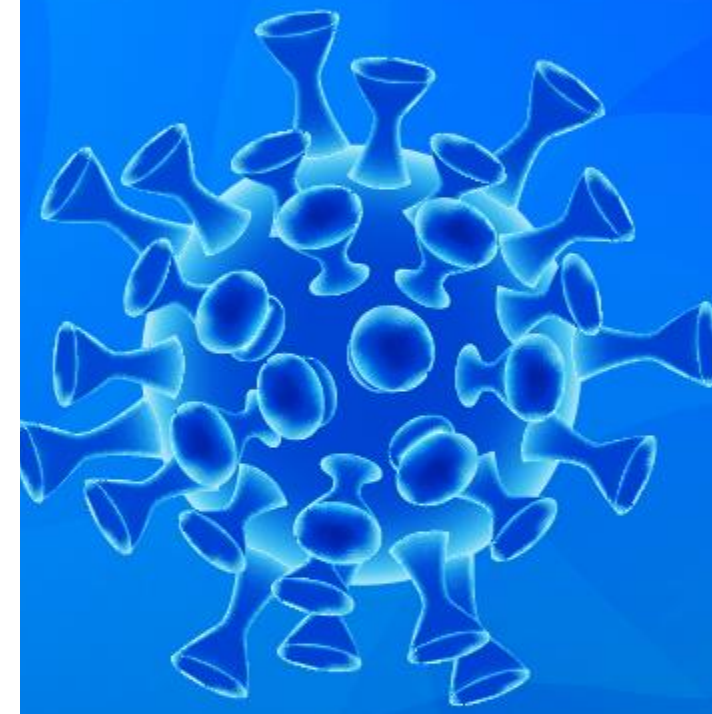
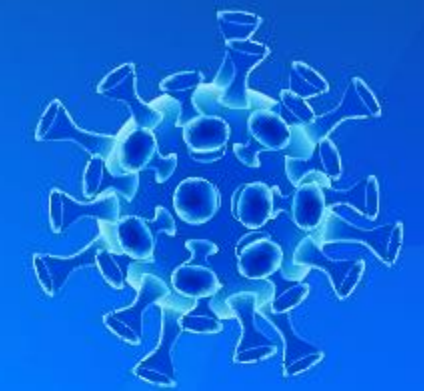
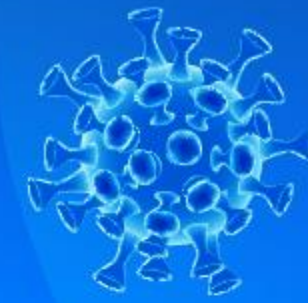
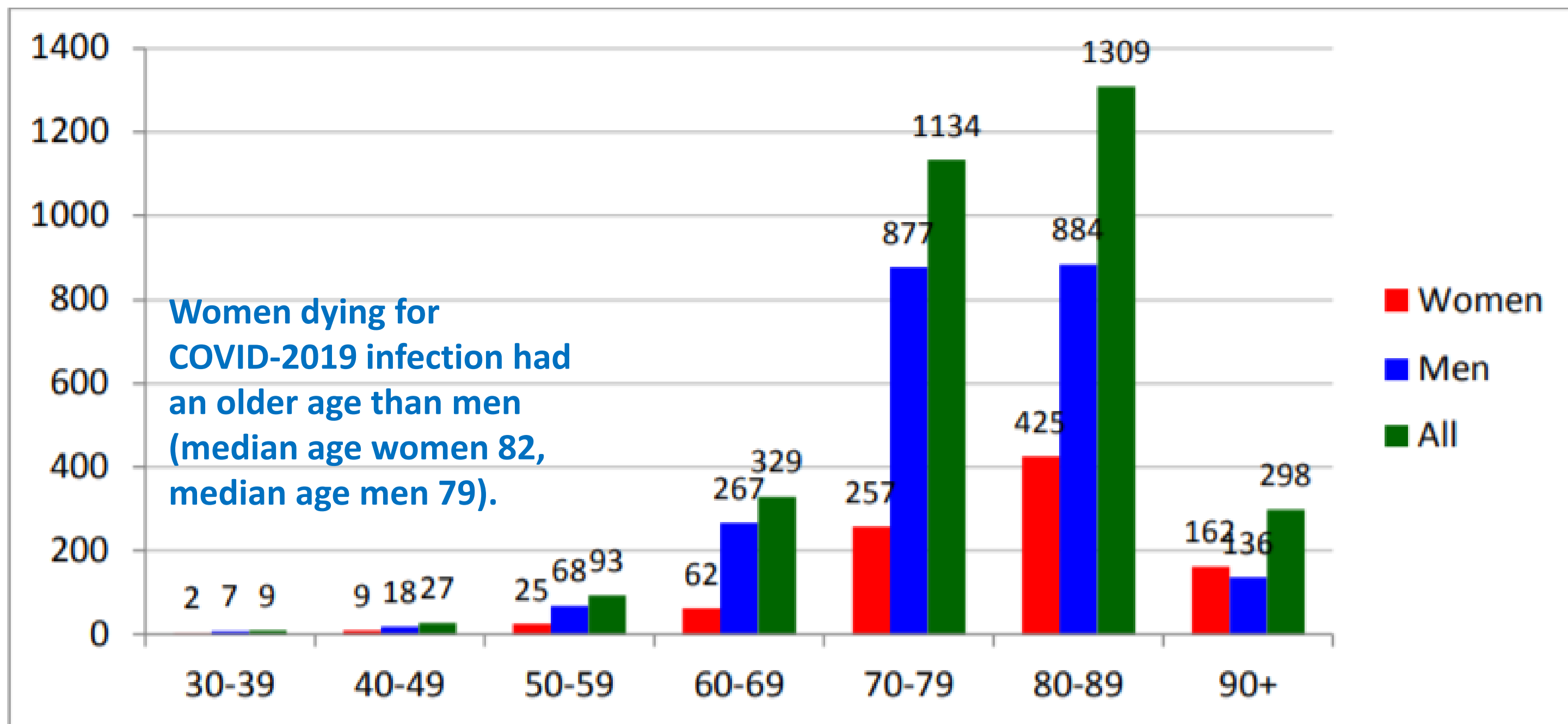


Figure 2. Absolute number of deaths by age group





Most common comorbidities observed in COVID-19 positive deceased patients

DISEASES	N	%
Hypertension	355	73.8
Diabetes	163	33.9
Ischemic heart disease	145	30.1
Atrial Fibrillation	106	22.0
Chronic renal failure	97	20.2
Active cancer in the past 5 years	94	19.5
COPD	66	13.7
Dementia	57	11.9
Stroke	54	11.2
Chronic liver disease	18	3.7

Number of comorbidities	N	%
0	6	1.2
1	113	23.5
2	128	26.6
3 and more	234	48.6

Overall,

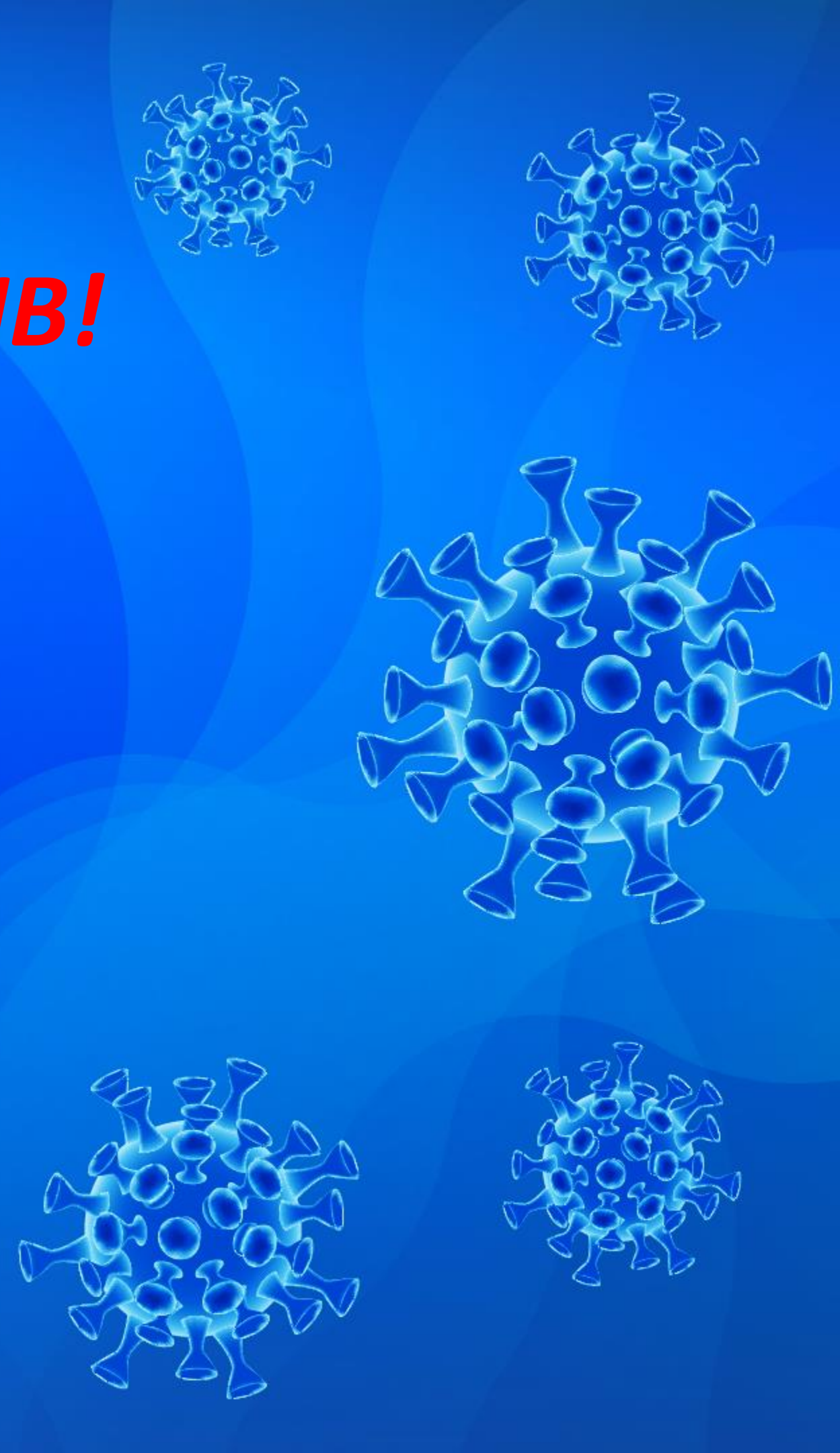
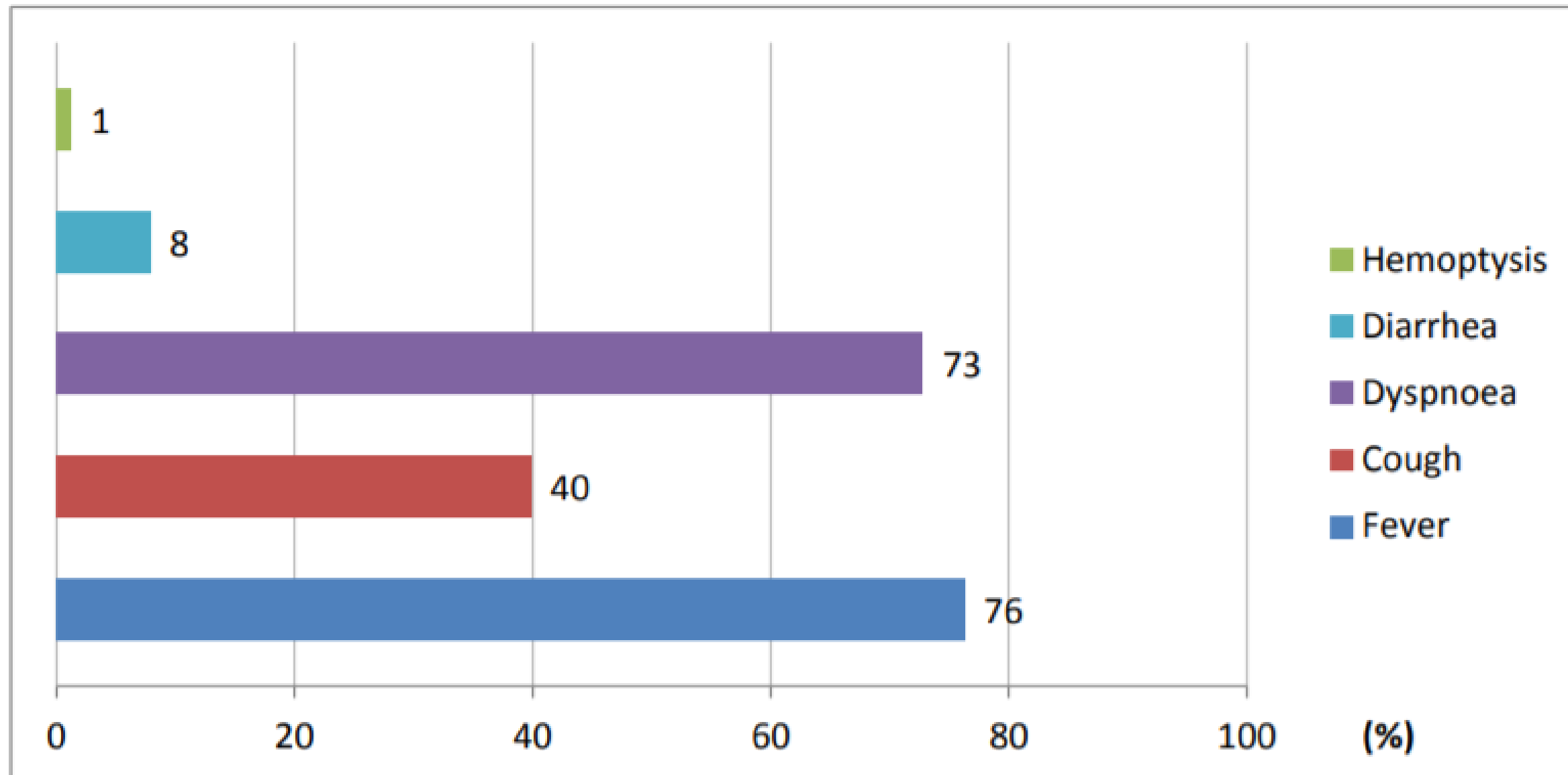
- ✓ 1,2% of the sample presented with a no comorbidities,
- ✓ 23,5% with a single comorbidity,
- ✓ 26,6% with 2, and
- ✓ 48,6% with 3 or more.

Data on diseases were based on chart review and was available on 481/3200 patients dying in-hospital (15.0% of the sample)



Overall, 5,7% of patients did not present any symptoms at hospital admission. — **NB!**

Figure 3. Most common symptoms observed in COVID-19 positive deceased patients

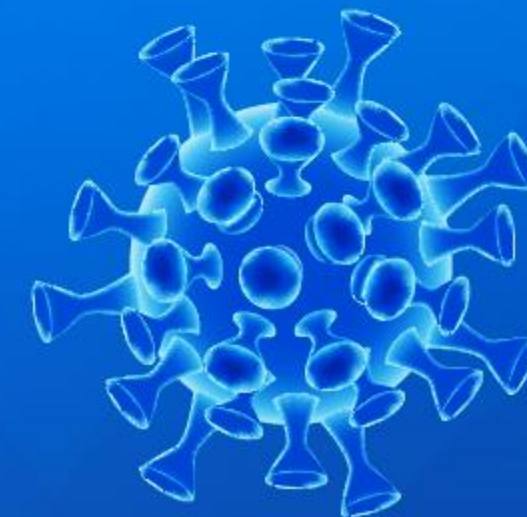
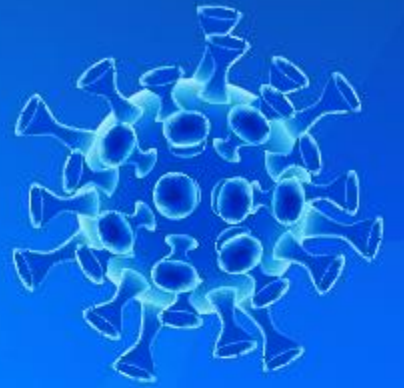
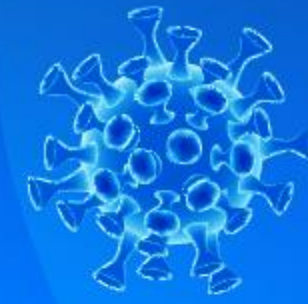




This report was produced by COVID-19 Surveillance Group.

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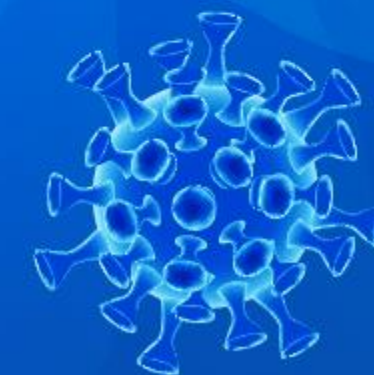
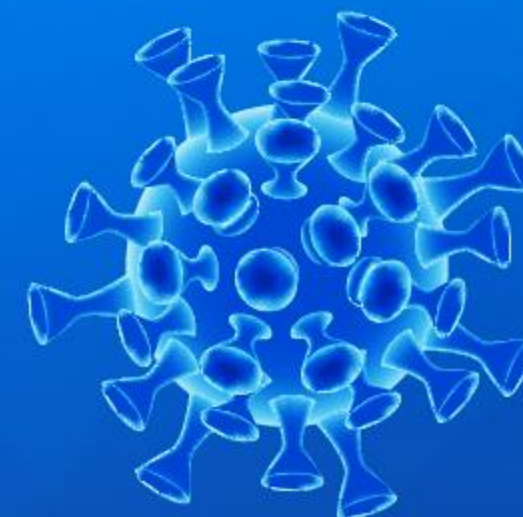
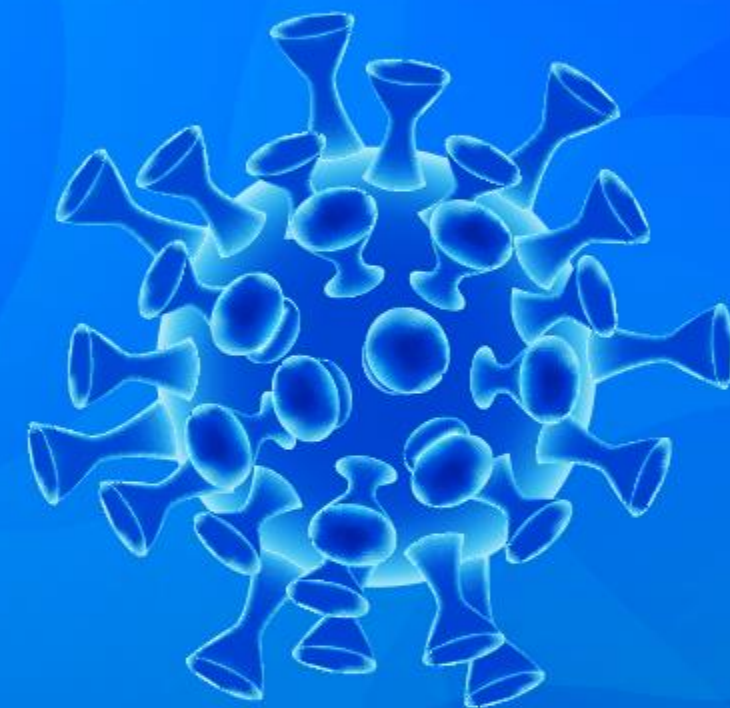
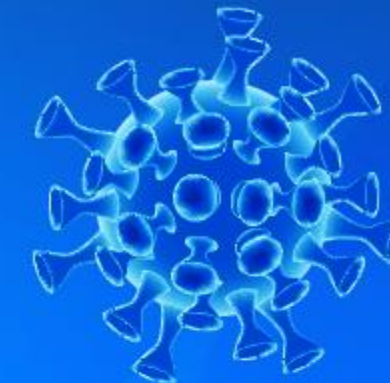
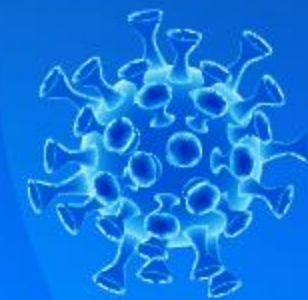


2. Інформаційна безпека

Як не заразитися?

І ГОЛОВНЕ:

Як не збожеволіти?



Рекомендаційні міркування ВООЗ щодо збереження психічного здоров'я упродовж спалаху COVID-19

Mental Health Considerations during COVID-19 Outbreak

6 March 2020

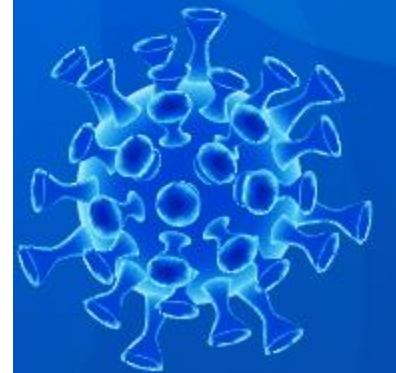
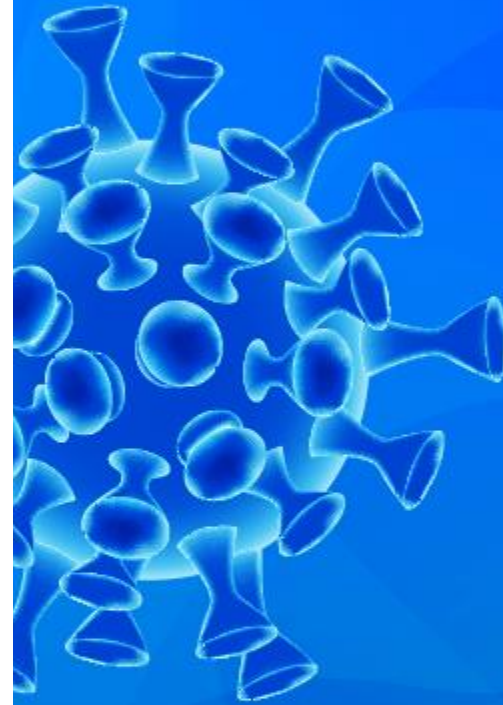
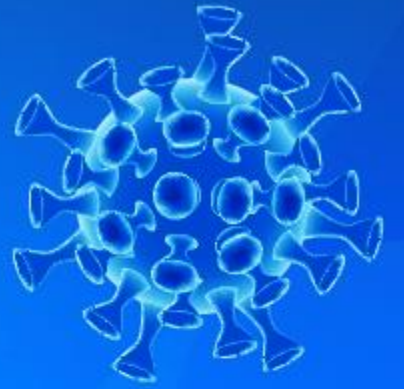


World Health
Organization

РЕКОМЕНДАЦІЇ ДЛЯ МЕДИЧНИХ ПРАЦІВНИКІВ

Health care workers

7. For health workers, feeling stressed is an experience that you and many of your health worker colleagues are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. [Managing your stress](#) and psychosocial wellbeing during this time is as important as managing your physical health.
8. Take care of your basic needs and employ helpful coping strategies- ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical wellbeing. This is a unique and unprecedented scenario for many workers, particularly if they have not been involved in similar responses. Even so, using the strategies that you have used in the past to manage times of stress can benefit you now. The strategies to benefit feelings of stress are the same, even if the scenario is different.
9. Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation far more difficult. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.
10. Use understandable ways to share messages with people with intellectual, cognitive and psychosocial disabilities. Forms of communication that do not rely solely on written information should be utilized If you are a team leader or manager in a health facility.





World Health
Organization

РЕКОМЕНДАЦІЇ ДЛЯ КЕРІВНОГО МЕДИЧНОГО ПЕРСОНАЛУ

Team leaders or managers in health facility

11. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfil their roles.
12. Ensure good quality communication and accurate information updates are provided to all staff. Rotate workers from high-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member impacted by a stressful event.
13. If you are a team leader or manager in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services. Managers and team leads are also facing similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role. It is important that the above provisions and strategies are in place for both workers and managers, and that managers are able to role-model self-care strategies to mitigate stress.
14. Orient responders, including nurses, ambulance drivers, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using [psychological first aid](#).