



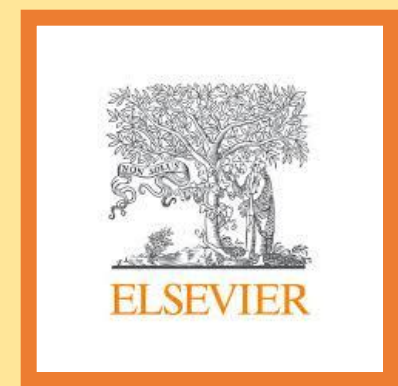
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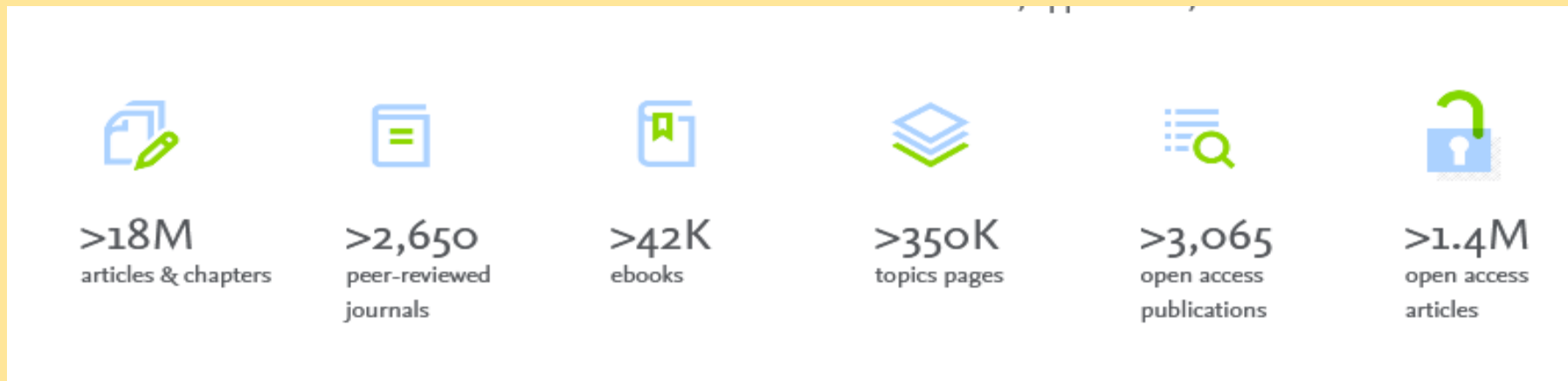
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Elizabeth Temkin ¹

the Healthcare Worker COVID-19 Surveillance Working Group

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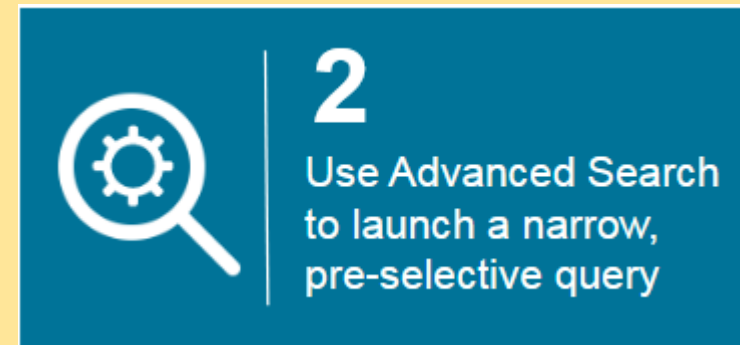
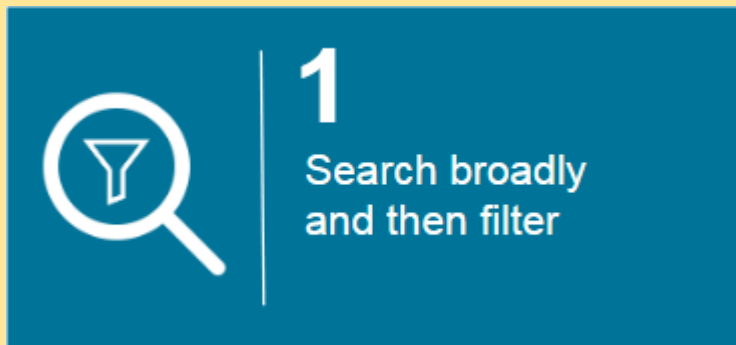
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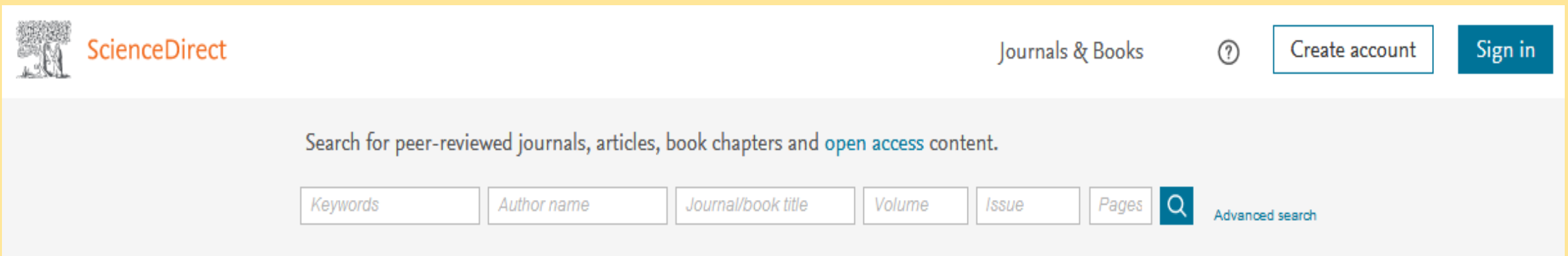


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European Journal of Cell Biology, Volume 98, Issues 2–4, June 2019, Pages 65–73

Anshuman Singh, C. B. Yadav, N. Tabassum, A. K. Bajpeyee, V. Verma

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Stem Cell Research, Volume 38, July 2019, Article 101475

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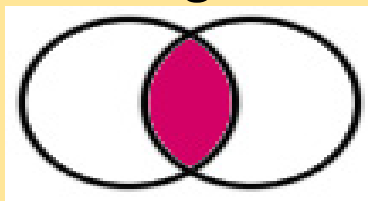
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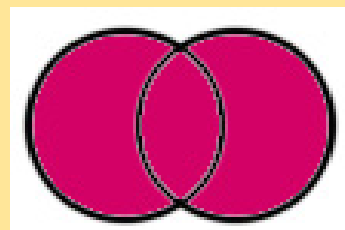


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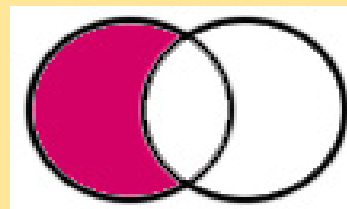
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Beatriz Perondi, Anna Miethke-Morais, Amanda C. Montal, Leila Harima, Aluis for the Hospital das Clinicas COVID-19 Crisis Management Committee ¹

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Abstract

As of August 30, 2020, Brazil ranked second among countries with the highest number of COVID-19 cases, with the city of São Paulo as the national epidemic epicenter. Local public healthcare institutions were challenged to respond to fast-growing hospital demand, reengineering care provision to optimize clinical outcomes and minimize intra-hospital coronavirus infection. In this paper we describe how the largest public hospital complex in Latin America faced this unprecedented burden, managing severe COVID-19 cases while sustaining specialized care to patients with other conditions. In our strategic plan a 900-bed hospital was exclusively designated for COVID-19 care and continuity of care to those not infected with coronavirus ensured in other inpatient facilities. After 152 days, 4241 patients with severe COVID-19 were hospitalized, 70% of whom have already been discharged, whereas the remaining Institutes of the complex successfully maintained high complexity inpatient and urgent/emergency care to non-COVID-19 patients.

Hyperlink >>>> topic page



Coronavirinae

CoV uses a range of receptors, with SARS-CoV employing angiotensin-converting enzyme 2 (ACE2) and MERS-CoV employing dipeptyl peptidase 4 (DPP4) (Li et al., 2003;

From: [Advances in Virus Research](#), 2016

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Seminars in Oncology Nursing

Volume 24, Issue 1, February 2008, Pages 16-26



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Mary E. Cooley , Rebecca L. Sipples, Meagan Murphy, Linda Sarna

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Objectives

To provide an overview of the impact of smoking after a diagnosis of **lung cancer**, discuss the relationship between **smoking cessation** and improved outcomes, present information about tobacco-dependence treatments, **reimbursement** for these treatments, and resources available for patients and health care professionals.

Data Sources

Published articles, reports, websites, and research studies.

Conclusion

Prevention of tobacco use and cessation are primary ways to prevent lung cancer. However, even after a diagnosis of lung cancer, smoking cessation is important in improving survival and quality of life. Although effective treatments are available to help smokers quit, persistent efforts over repeated contacts may be necessary to achieve long-term cessation.

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