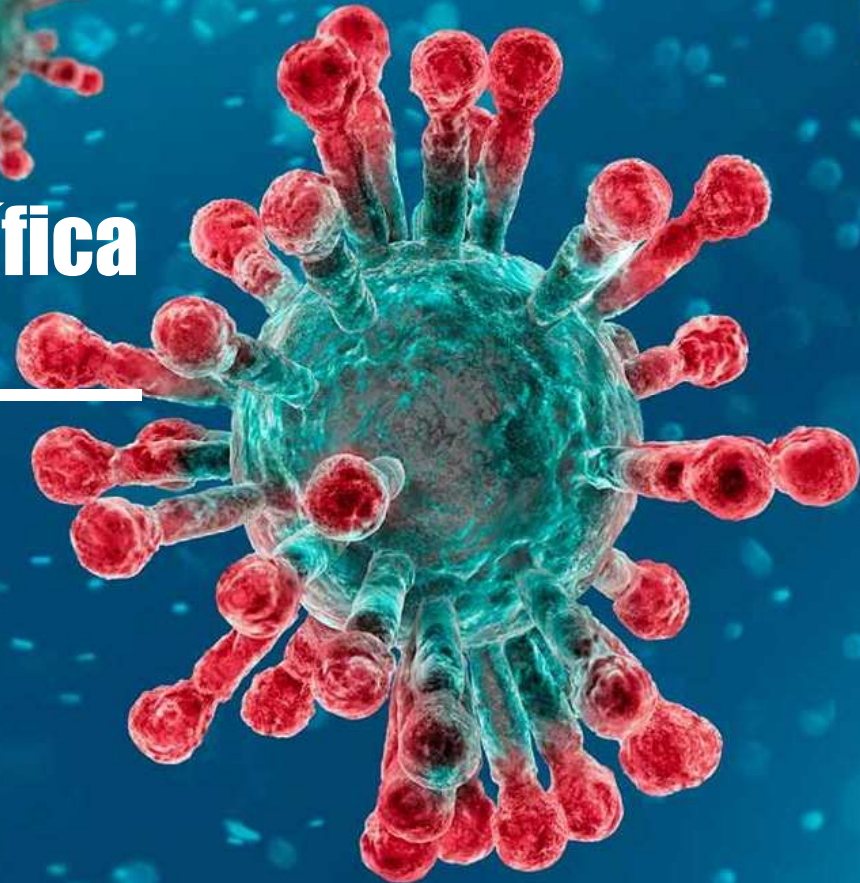




COVID-19

Actualización Científica

9 - Mayo - 2020



*Subdirección General
SAMUR – Protección Civil*



Actualización de datos en España

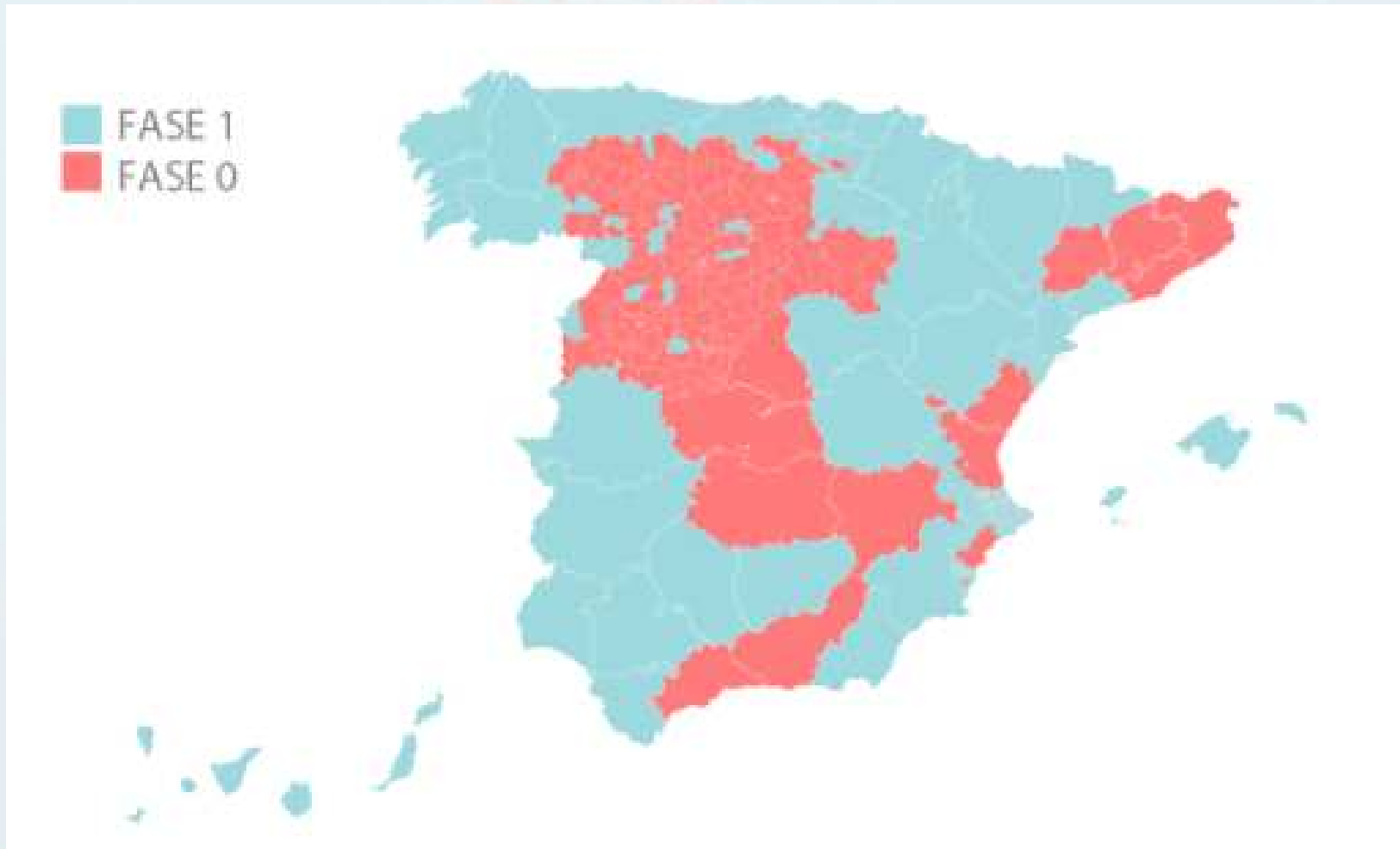
9 de Mayo

- **223 .578 casos**
 - Madrid – 64523 casos.
- 26.478 personas fallecidas.
 - 8.598 en Madrid.
- 133.952 pacientes recuperados.
- 604 casos nuevos (dato oficial). En realidad son 721, más los casos que faltan de Madrid, que tiene un conteo diferente.
 - 73 casos nuevos en Madrid (Dato oficial) En realidad , son 653
- 179 fallecidos nuevos
 - 46 fallecidos nuevos en Madrid



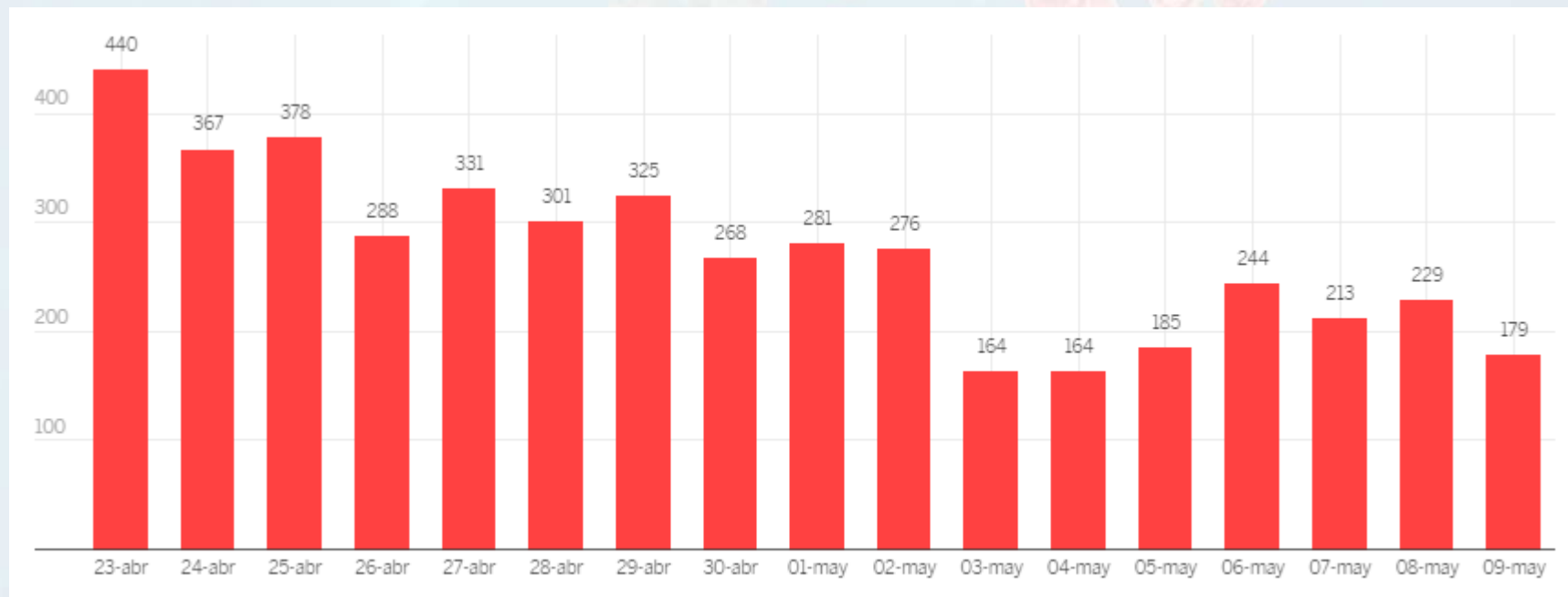
Desescalada.

División nacional en función de las fases.





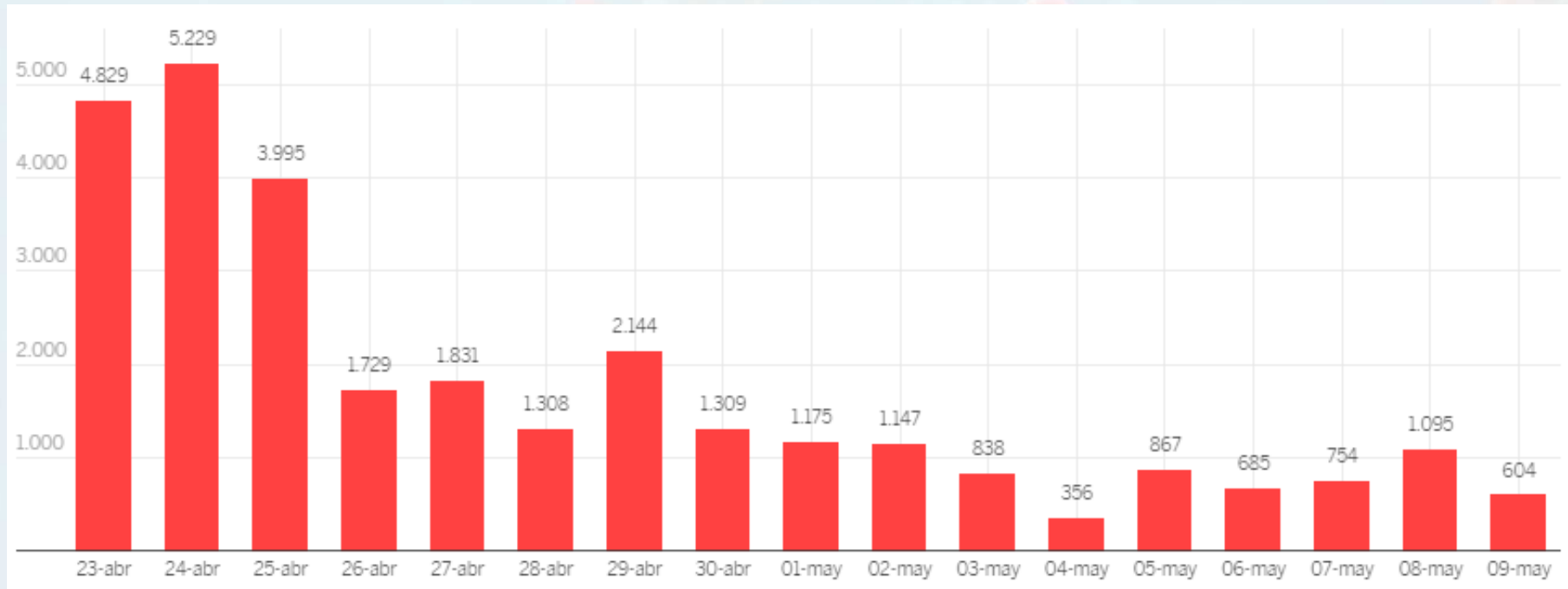
Fallecidos cada día 9 de Mayo (179)



**El número de fallecidos disminuyó en 50 casos
Madrid 46 fallecidos, 2 menos que el día anterior.**



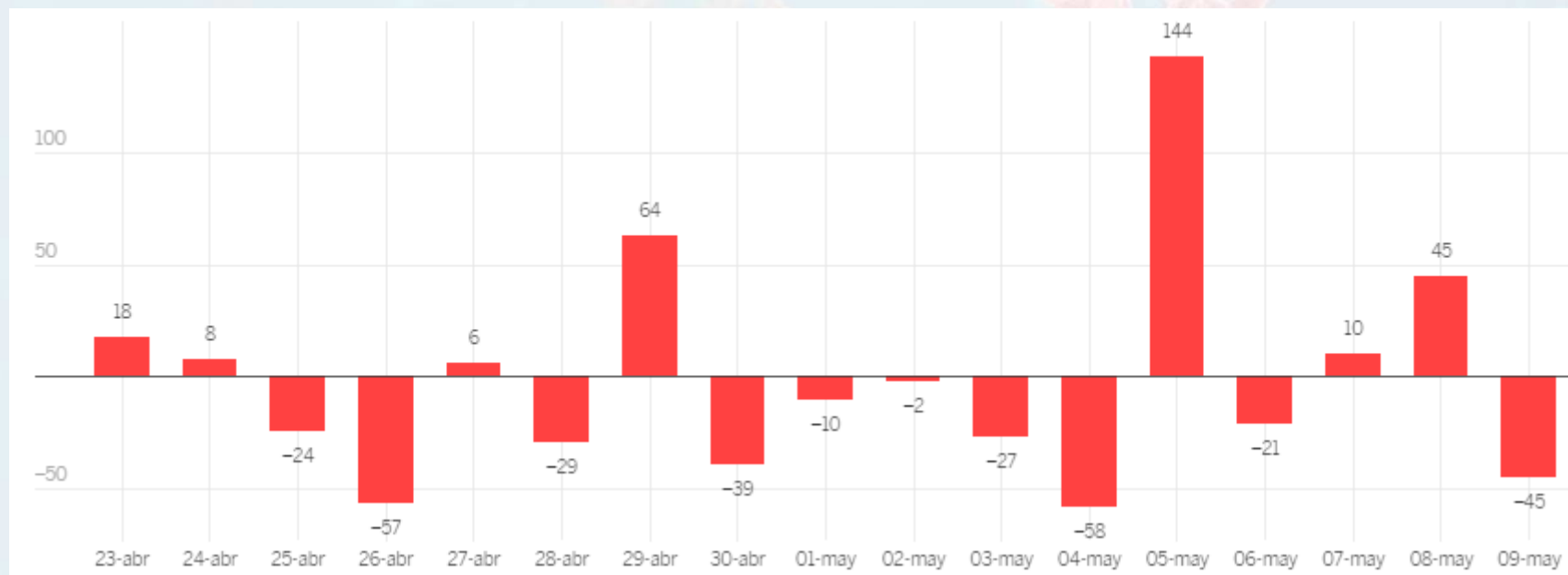
Nuevos casos cada día 9 de Mayo (721)



**801 casos menos que el día anterior.
Oficialmente serían 604 casos**

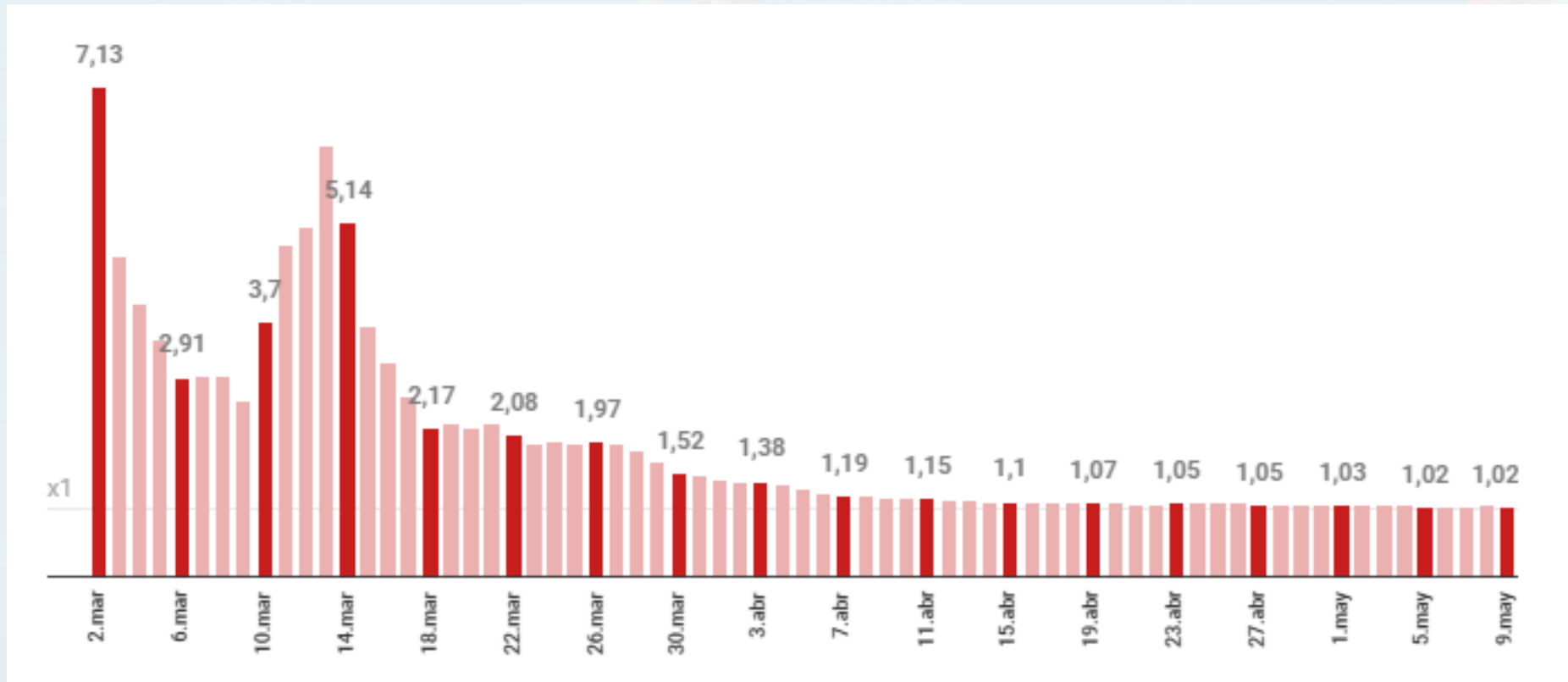


Variación en casos diarios en %





Ritmo del contagio (1,02)



Italia consigue un ritmo de 1,02. USA a 1,121

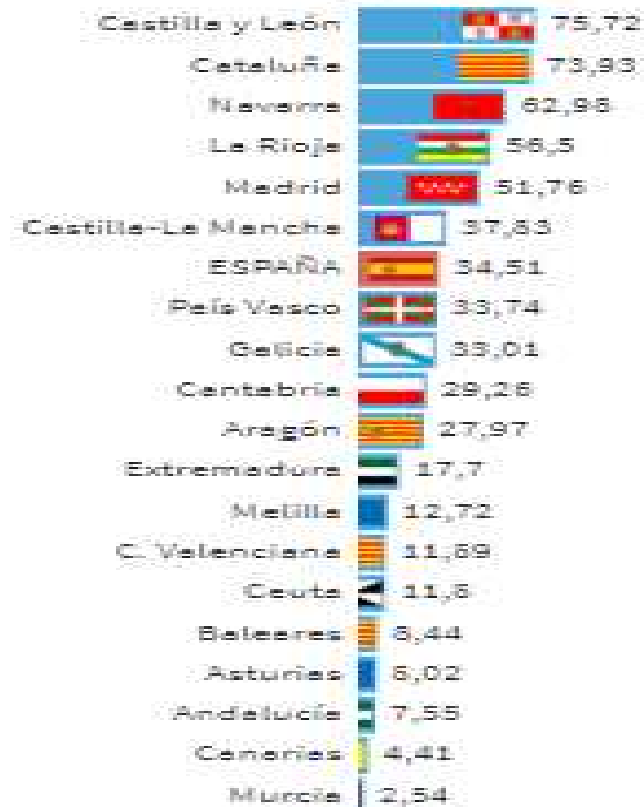


EL COVID en España, por CCAA

Comunidad Autónoma	Casos confirmados	Nuevos casos	Fallecidos	Curados	Incidencia acumulada últ. 14 días
Andalucía	12287	19	1301	8435	9,35
Aragón	5274	16	815	2953	30,85
Asturias	2336	10	292	983	8,7
Baleares	1935	6	202	1374	9,92
Canarias	2240	5	148	1318	4,64
Cantabria	2232	12	201	1786	30,46
Castilla - La Mancha	16237	53	2713	5981	42,9
Castilla y León	17716	91	1876	7231	84,35
Cataluña	51733	543	5471	23664	80,64
Ceuta	109	0	4	154	10,62
C. Valenciana	10619	27	1309	8181	13,59
Extremadura	2900	23	472	2312	17,05
Galicia	9184	50	588	7138	38,64
Madrid	64333	148	8552	38975	57,15
Melilla	119	0	2	108	13,87
Murcia	1504	3	137	1662	2,41
Navarra	5006	23	484	2827	64,96
País Vasco	13101	60	1390	13540	40,63
La Rioja	3992	6	342	2526	63,76
ESPAÑA	222857	1095	26299	131148	38,39

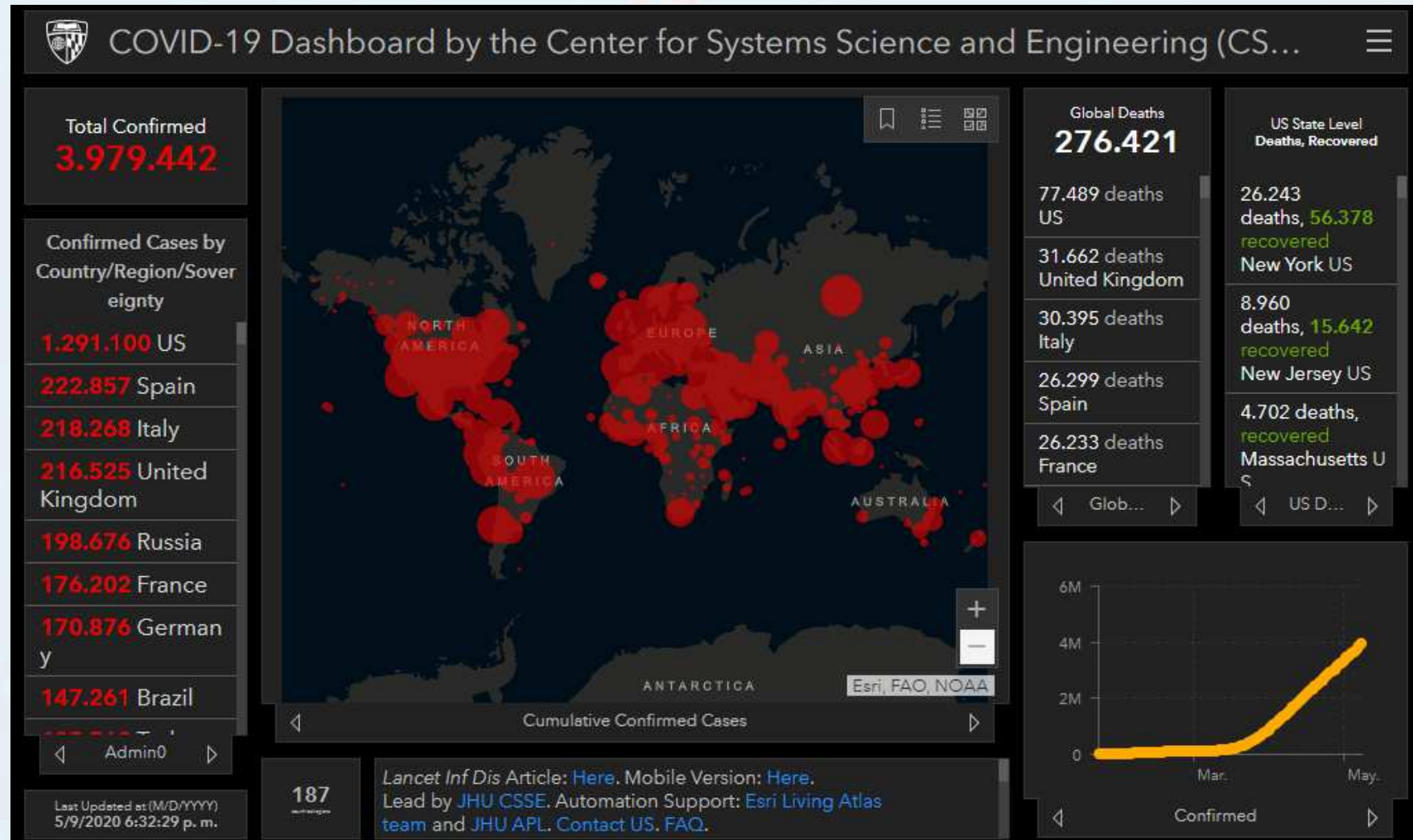


Incidencia acumulada en los últimos 14 días por regiones





Datos mundiales a 9 de mayo





Datos mundiales a 9 de mayo

Datos actualizados a 9 de mayo (11.00 hora peninsular española)

	Diagnostificados	Muertos	Curados
Mundo	3.940.002	275.111	1.326.764
Europa	1.682.651	154.469	682.468
EE UU	1.283.929	77.180	198.993
España*	223.578	26.478	133.952
Italia	217.185	30.201	99.023
China	83.976	4.637	78.993



Informe de la OMS sobre la situación mundial por Áreas geográficas

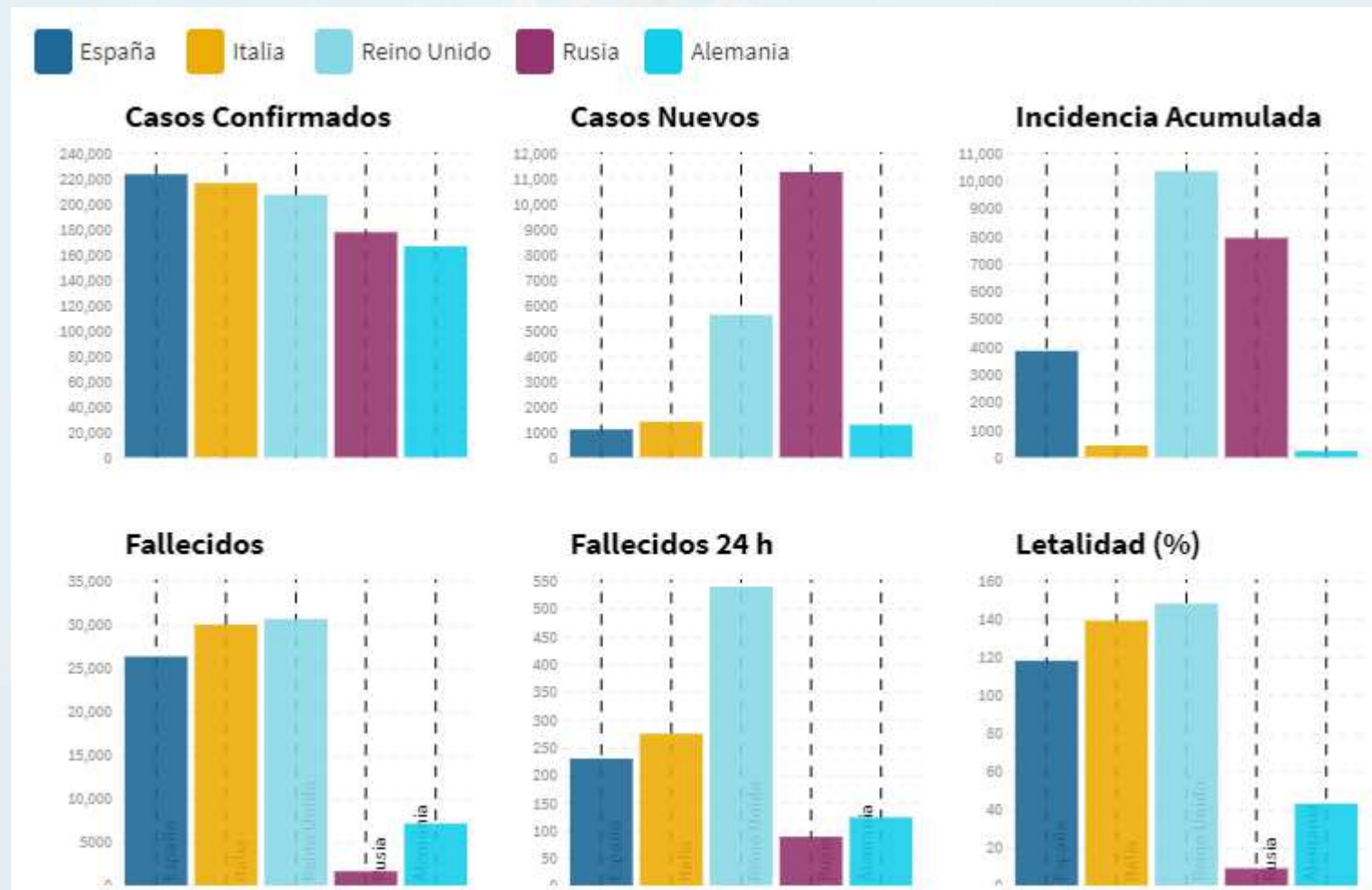
Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	3 759 967 cases (87 729)	259 474 deaths (5429)
Africa	37 717 cases (2247)	1275 deaths (47)
Americas	1 586 129 cases (43 300)	87 930 deaths (3126)
Eastern Mediterranean	237 323 cases (8125)	8608 deaths (143)
Europe	1 654 345 cases (28 308)	152 179 deaths (1941)
South-East Asia	86 294 cases (4486)	3075 deaths (139)
Western Pacific	157 447 cases (1263)	6394 deaths (33)



Comparación los 5 países europeos con más afectados





Triple combinación antivírica esperanzadora Lopinavir/Ritonavir + Interferon + Ribavirin

[Prof Ivan Fan-Ngai Hung, MD](#). Triple combination of interferon beta-1b, lopinavir–ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label, randomised, phase 2 trial. *Lancet*. May 08, 2020 DOI:[https://doi.org/10.1016/S0140-6736\(20\)31042-4](https://doi.org/10.1016/S0140-6736(20)31042-4)

- Ensayo clínico randomizado. Compararon con buen resultado esa triple combinación versus Lopinavir/Ritonavir, durante 14 días. Redujo a la mitad la negatividad de la PCR. Está hecho en los primeros días del proceso.

THE LANCET

ARTICLES | ONLINE FIRST

Triple combination of interferon beta-1b, lopinavir–ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label, randomised, phase 2 trial

[Prof Ivan Fan-Ngai Hung, MD](#) • [Kwok-Cheung Lung, FRCP](#) • [Eugene Yuk-Keung Tso, FRCP](#) • [Raymond Liu, FRCP](#) •

[Tom Wai-Hin Chung, MRCP](#) • [Man-Yee Chu, MRCP](#) • et al. [Show all authors](#)

Published: May 08, 2020 • DOI: [https://doi.org/10.1016/S0140-6736\(20\)31042-4](https://doi.org/10.1016/S0140-6736(20)31042-4) • [Check for updates](#)



Excelente Informe de la OMS sobre el estado de la Investigación en Vacunas

<https://www.who.int/who-documents-detail/draft-landscape-of-covid-19-candidate-vaccines>

Como podéis ver en el cuadro de la derecha, hay ya **8 vacunas en estado de Evaluación Clínica**, y otras 100 en periodo preclínico. Se adjunta LINK donde podéis consultar cada una el estado y características de cada una de ellas.

Platform	Type of candidate vaccine	Developer	Coronavirus target	Current stage of clinical evaluation/regulatory status-Coronavirus candidate	Same platform for non-Coronavirus candidates
Non-Replicating Viral Vector	Adenovirus Type 5 Vector	CanSino Biological Inc./Beijing Institute of Biotechnology	COVID-19	Phase 2 ChiCTR2000031781 Phase 1 ChiCTR2000030906	Ebola
RNA	LNP-encapsulated mRNA	Moderna/NIAID	COVID-19	Phase 2 (IND submission) Phase 1 NCT04283461	multiple candidates
Inactivated	Inactivated	Wuhan Institute of Biological Products/Sinopharm	COVID-19	Phase 1/2 ChiCTR2000031809	
Inactivated	Inactivated	Beijing Institute of Biological Products/Sinopharm	COVID-19	Phase 1/2 ChiCTR2000032459	
Inactivated	Inactivated + alum	Sinovac	COVID-19	Phase 1/2 NCT04352608	SARS
Non-Replicating Viral Vector	ChAdOx1	University of Oxford	COVID-19	Phase 1/2 NCT04324606	MERS, influenza, TB, Chikungunya, Zika, MenB, plague
RNA	3 LNP-mRNAs	BioNTech/Fosun Pharma/Pfizer	COVID-19	Phase 1/2 2020-001038-36	
DNA	DNA plasmid	Inovio Pharmaceuticals	COVID-19	Phase 1	multiple candidates



La hipoxemia es un factor independiente asociado a la mortalidad en el COVID 19

Xie J, Covassin N, Fan Z, Singh P, Gao W, Li G, et al. Association Between Hypoxemia and Mortality in Patients With COVID-19. *Mayo Clin Proc.* 2020 Apr 11.

- Los valores más altos de SpO₂ después de la administración de oxígeno se asociaron con una reducción de mortalidad independientemente de la edad y el sexo.

ARTICLE IN PRESS

MAYO CLINIC

ORIGINAL ARTICLE

Association Between Hypoxemia and Mortality in Patients With COVID-19

Jiang Xie, MD, PhD; Naima Covassin, PhD; Zhengyang Fan, MD; Prachi Singh, PhD; Wei Gao, MD; Guangxi Li, MD, PhD; Tomas Kara, MD, PhD; and Virend K. Somers, MD, PhD

Abstract

Objective: To identify markers associated with in-hospital death in patients with coronavirus disease 2019 (COVID-19)-associated pneumonia.

Patients and Methods: A retrospective cohort study was conducted of 140 patients with moderate to critical COVID-19-associated pneumonia requiring oxygen supplementation admitted to the hospital from January 28, 2020, through February 28, 2020, and followed up through March 13, 2020, in Union Hospital, Wuhan, China. Oxygen saturation (SpO₂) and other measures were tested as predictors of in-hospital mortality in survival analysis.

Results: Of 140 patients with COVID-19-associated pneumonia, 72 (51.4%) were men, with a median age of 60 years. Patients with SpO₂ values of 90% or less were older and were more likely to be men, to have hypertension, and to present with dyspnea than those with SpO₂ values greater than 90%. Overall, 36 patients (25.7%) died during hospitalization after median 14-day follow-up. Higher SpO₂ levels after oxygen supplementation were associated with reduced mortality independently of age and sex (hazard ratio per 1-U SpO₂, 0.93; 95% CI, 0.91 to 0.95; P<.001). The SpO₂ cutoff value of 90.5% yielded 84.6% sensitivity and 97.2% specificity for prediction of survival. Dyspnea was also