



17TH WORLD CONGRESS ON PUBLIC HEALTH 2023 May 2-6 ROME ITALY

ABSTRACT BOOK



Abstract book by:





ORGANISING COMMITTEE

CMC

The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

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The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organisations, European health non-governmental organisations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary programme of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

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The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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Background Social determinants of health heavily impact population outcomes. The association between the impact of covid-19 pandemic and health inequalities have been identified in several countries. Comorbidities such as diabetes, cardiovascular diseases and obesity are more prevalent among people from deprived areas. This study aimed to evaluate the association between socioeconomic status, based on a Deprivation Index, and the covid-19 related mortality in a Region of Southern Italy in the pre-vaccination pandemic era. **Methods** A retrospective observational study was conducted considering all SARS-CoV-2 positive patients from Abruzzo Region, Southern Italy, from February 24th, 2020 to January 15th, 2021. Data such as demographic information, comorbidities, hospitalizations and mortality, was obtained during contact-tracing procedures. The Italian socioeconomic deprivation index (DI), divided in quintiles (from 1st less deprived to the 5th most deprived) was attributed to all patient, based on the municipality of residence. A multivariable logistic regression models was performed to evaluate the association between death, as a dependent variable, and DI, dividing the study population in two samples, hospitalized patients and no-hospitalized patients. **Results** In the study period, 67,489 SARS-Cov-2 positive were considered, of which 2,746 (4.06%) were hospitalized. The prevalence of deaths among those who have been hospitalized is 4.66%, for all others 0.18%. Among hospitalized patients, no association between death and DI was shown. Among patients died outside the hospital, there is a positive association with the fourth (aOR 2.58;95%CI 1.34-4.94) and fifth quintile (aOR 2.39;95%CI 1.21-4.17) of the DI. **Conclusions** The socioeconomic deprivation is associated with mortality in non-hospitalized SARS-CoV-2 patients and not among hospitalized patients. The care of patient out of the hospital represents an important challenge and these evidences can be of help the policy maker in order to promote preventive measures to address inequalities.

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From alpha to omicron: how variants shaped sars-cov-2 school transmission

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Background and objective: SARS-CoV-2 transmission among young children in schools is of major importance due to their potential role in fueling community-wide transmission. Initial studies found little within-school transmission, with few reports after more infectious variants emerged. We aimed to determine how variants of concern (VOCs) altered within-school transmission dynamics among young children.

Methods: We implemented a prospective observational surveillance study in 3 pre-school and 2 primary schools in the canton of Geneva, Switzerland. We sampled children between 2 and 6 years of age, educational staff, and household members. We collected oral-swab PCR tests, capillary blood for anti-spike serology and questionnaires for household and class members at the time of outbreak declaration and at two subsequent time points (day+2 and day+30). All available virological samples underwent whole genome sequencing. We developed a mathematical model of SARS-CoV-2 transmission to infer time-varying force of infection within schools and from the community at large.

Results: Between March 2021 and June 2022, we recruited a total of 351 children and 107 staff, and 111 of their household members. We investigated eleven SARS-CoV-2 outbreaks (two Alpha, six Delta and three Omicron), involving a total of 33 classes. Phylogenetic analysis on 56 available sequences from seven of the outbreaks (one Alpha, three Delta and three Omicron) indicate that clustering differed between variants, with a higher degree within-school clustering for the Alpha outbreak and lower for the Omicron outbreaks. Modeling results integrating epidemiological and genetic data supported a changing importance of within-school vs. community transmission as more infectious variants emerged.

Conclusion: The importance of within-school SARS-CoV-2 transmission changed with the emergence of more infectious variants. The potential impact of

interventions in educational settings depends on these changes and could be tailored to specific transmission scenarios.

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Impacts of the osvaldo cruz foundation plan to combat covid 19 in the favelas of Rio de Janeiro: Community participation and inter-institutional work in response to the pandemic

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Background and objective: The Oswaldo Cruz Foundation (Fiocruz) Plan to Combat COVID19 in the Favelas of Rio de Janeiro (PFECFRJ) is an inter-institutional action coordinated by Fiocruz, in partnership with the Brazilian Association of Collective Health, Brazilian Society of Progress for Science, universities and civil society, which acts directly to mitigate the multidimensional effects of COVID19 pandemic in favelas. With a budget of USD 4 million dollars, PFECFRJ supported 54 projects with a focus on comprehensive territorial-based health actions aimed at reducing COVID19. The main objective of this work is to analyze the results of the implementation of this public health policy between 2020-2022 and point recommendations for health actions aimed at socially vulnerable populations in contexts of health emergencies.

Methods: The research methodology has as its object the analysis of the genesis, formulation and implementation of the PFECFRJ, based on thematic axes: political actors; political process; agenda setting; policy formulation; and policy implementation. The theoretical approach focuses on Kingdon's multiple flows model (Kingdon, 2003). The research used data from the monthly and final reports of the 54 projects supported by the PFECFRJ as a source and carried out 70 semi-structured interviews with actors who acted in the set of these health actions.

Results: The study shows the direct impact of the actions carried out on indicators associated with the reduction of food insecurity in the analyzed territories, the expansion of territorial-based health surveillance actions and the expansion of community communication in health with a focus on the prevention of COVID19. **Conclusion:** The research points out that the partnership between academia, public health management and civil society has a greater potential for incidence in territories in contexts of greater social vulnerability in the response to COVID19 when community participation is a structural element of the organization of the health network.

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Buffer spaces in healthcare facilities: strategies for managing and designing strategic areas

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Introduction: The recent covid-19 experience highlighted the difficulty of healthcare facilities in responding promptly to emergencies. hospitals had to reorganize their spaces, suspending the ordinary medical activities for ensuring the emergency management of the patients' surplus.

A working group of the postgraduate training course in healthcare management by altems school in rome conducted a survey on the buffer space (bs), which could support, in case of emergency, the hospitals.

Methodology: The team elaborated a double questionnaire to be administered respectively to healthcare staff and designers with a series of questions aimed at understanding the features of bss. the questions were divided into general information, activities carried out during the pandemic and specific questions on the features of bss. many questions were the same for the two types of participants, while some differed in relation to the respective organizational and design skills of the users.

Results: 102 healthcare professionals and 56 designers took part to the survey. the data analysis permitted to highlight a series of specific inputs that the bs project should take in consideration, such as: a) proximity to the emergency department (ed), intensive care (icu) and inpatient wards (iws); b) location within the hospital but separate from other medical areas; c) independent access; d) organizational and spatial features similar to ed, icu and iws; e) configuration of an operational space ready for whatever type of need; f) the bs should host approximately 12% of the ed stations (40 sqm/per station).

Conclusions: The research aims to become a starting milestone for future

investigations: in fact it is necessary to carry out a widespread analysis at the international level.

Although the research was focused in hospital settings, the covid-19 pandemic referred also to the territorial healthcare facilities and therefore some considerations on that issue need to be improved.

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Mental health during the covid-19 pandemic, a population-based observational study of antidepressant dispensing

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Background: In Ireland, national surveys have been conducted to measure the impact of COVID-19 pandemic on well-being, however national statistics on mental distress are lacking. This study aimed to investigate the effect of the pandemic by analysing a key indicator of mental distress, antidepressant prescribing.

Methods: Population-based observational study over 7 years analysing two national datasets of anonymised aggregate dispensing data of WHO ATC classification N06A (antidepressants). The Health Market Research Ireland Ltd. (HMR) dataset is based on national retail pharmacy sales for both private and public patients; and the General Medical Services (GMS) dataset is based on publicly-funded prescriptions (approx. 31% of population eligible). Non-GMS figures are derived from the HMR and GMS datasets. Gender and age group data only available for GMS dataset. Descriptive statistics, and poisson regression were performed using STATA 15. Incidence Rate Ratios (IRR) with a p-value of <0.05 were considered statistically significant.

Results: Annual trends found statistically significant changes in the prescribing of antidepressants. Rates increased year on year in both datasets. In the HMR dataset increased prescribing was accelerated by the pandemic; a rate of prescribing in 2020 was 1.07 times higher than 2019 (IRR:1.03), increasing further in 2021 (IRR:1.09). However, in the GMS dataset, the rates decelerated from an IRR of 1.05 in 2019 to 1.04 in 2020 and 1.01 in 2021. By deducting the GMS figures from the HMR figures 'non-GMS' prescriptions increased from 1.02 in 2019 to 1.09 in 2020 to 1.16 in 2021.

Conclusion: This study validates national well-being studies with findings that mental distress increased over time during the pandemic. A novel finding is the different impact on two study populations. In the publicly funded GMS dataset, females accounted for two thirds of prescriptions, and the pandemic impacted the mental health of younger age groups greatest, particularly young females.

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Brazilian northeast's responses to the covid-19 pandemic: what was missed to end the epidemic?

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Background: Brazil's response to the COVID-19 pandemic was one of the worst in the world. However, governors and mayors of the northeast region of the country, among the poorest states in Brazil, joined to organize their technical, economic and political responses to the pandemic to reduce hospitalizations, deaths and the economic impact of the pandemic. However, as the pandemic continued, the response became less effective and appropriate. The aim of this study is to document and review this history and the reasons for the growing ineffectiveness of the planning and the interventions.

Methods: A timeline of intervention events was established for the nine states. Surveillance data was added to the timeline. A desk review was conducted reviewing published and unpublished accounts of policies and programs as well as pandemic major news and political events that captured public attention.

The narrative constructed was then shared with expert public health specialists in the nine states to guarantee accurateness.

Results: In the first wave of the pandemic, most governors in northeastern Brazil responded actively to mitigate the impact of the pandemic. Physical distancing was promoted, including some lockdowns, the use of masks was made mandatory throughout 2020 and part of 2021, vaccination was carried out as doses were received from the federal government, the number of ICU beds was increased, economic measures were instituted to alleviate the situation of families that were left without permanent or temporary employment. However, over time as economic pressure increased and despite the entry of several more transmissible variants, masks were withdrawn, emphasis on immunization was reduced, communication

with the population regarding the increase in cases declined, as well as the need to return to masks, complementing doses or boosters of the vaccine and the impact of repeated reinfections on the body, even among those with frank disease.

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Risk factors associated with in-hospital death of COVID-19 patients in Khouribga province-Morocco, March, 13, 2020- March, 13, 2021

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The spread of the new coronavirus SARS-CoV-2, discovered in China in January 2020, led to a pandemic as early as March 2020. On March 13, 2021, the number of Morocco confirmed cases reached 488 632, and 8 718 deaths were recorded. The province of Khouribga recorded its first case on March 13, 2020. It was a Moroccan residing abroad (Italy). Until March 13, 2021, had 4239 confirmed cases, of whom 4086 were cured and 153 cases of death by COVID-19 including 115 cases at the hospital level. This study aimed to identify the risk factors associated with mortality of patients hospitalized with COVID-19, in Khouribga provincial hospital. This was a case-control study conducted from March 13, 2020 to March 13, 2021. The research involved 339 Patients residing in the province of Khouribga, 113 deceased COVID-19 patients and 226 discharged patients were included as the case group and control group, respectively. Sociodemographic, epidemiological, clinical, biological, radiological, therapeutic and comorbidity variables on admission were collected from medical records. The risk factors were determined by bivariate and multivariate analyzes. The Backward Stepwise Regression demonstrated that age of 62+ years (OR = 3,10 ; IC 95% : [1,34-7,17]), patients reported having two or more comorbidities (OR = 5,94 ; IC 95% : [2,05-17,23]), Diabetes (OR = 3,23 ; IC 95% : [1,16-8,98]), lymphopenia <1.2×10³ /mm³ (OR = 2,45 ; IC 95% : [1,09-5,46]), Oxygen saturation <89% (OR = 8,86 ; IC 95% : [3,60-21,78]), and Time between onset of clinical signs and admission to hospital > 7 days (OR = 3,30 ; IC 95% : [1,44-7,53]) were independent risk factors of mortality of COVID-19 patients. The risk factors identified may help to determine patients at high risk of death at an early stage and guide the optimal treatment.

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Protection of Omicron BA.5 from previous Omicron BA.1/BA.2 infection- and vaccine-induced immunity

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Background and Objective: The role of previous SARS-CoV-2 infection/vaccine-induced humoral immunity against protection of Omicron BA.5 infection is unknown. We examined the association between pre-infection anti-SARS-CoV-2 spike antibody titers and the effectiveness against Omicron BA.5 infection among staff of a medical and research center in Tokyo.

Methods: A total of 2610 staff participated in a serosurvey in June 2022 (baseline), were measured with anti-SARS-CoV-2 antibodies (spike and nucleocapsid [N] proteins; Abbott and Roche), and answered a questionnaire. Previous SARS-CoV-2 infection was defined according to a history of COVID-19 and anti-N seropositivity at baseline. Using in-house COVID-19 registry, we followed participants for SARS-CoV-2 infection from baseline to September 21, 2022, during the Omicron BA.5 epidemic in Japan. We used a Cox proportional hazard model to estimate the hazard ratio of Omicron BA.5 infection; and calculated effectiveness as (1 - hazard ratio)×100.

Results: At baseline, 92% have completed 3-dose vaccinations, whereas 16% had previous SARS-CoV-2 infection (mainly occurred during Omicron BA.1/BA.2 waves). Those with previous infection had higher anti-spike antibody titers than infection-naïve (median titer: 29,201 v.s. 4,849). After adjusting confounders, higher anti-spike antibody titers were associated with higher effectiveness (3.7% per 1000 titer [95% CI: 3.3-4.2]). The association appears stronger among those previously infected; 50% effectiveness was achieved at 20,000 and 28,000 AU/ml among those previously infected and infection-naïve participants, respectively, and 80% effectiveness was achieved only among the former at 54,000 AU/ml.

Conclusions: Among vaccine recipients (mainly 3-dose) who had experienced Omicron BA.1/BA.2 wave, we found that higher anti-spike antibody titers were associated with a lower risk of Omicron BA.5 infection, and the association was enhanced by previous infection. These data suggest that pre-infection spike antibody titers inform the risk of Omicron BA.5 infection and that high effectiveness can only be achieved with hybrid immunity from infection and 3-dose vaccination.



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