

**Subject:** FW: News from MultiHelix ThinkTank in Lund - October 2020

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*Newsletter 4; 2020*

## MultiHelix Think Tank - October

The first newsletters we sent from MultiHelix Think Tank this spring were well received. Therefore we will continue with this service. This is a continuation of the International Think Tank that some of you attended in Lund, autumn 2019. We want in this way to increase cooperation and what we call "mind expansion" in topics related to life sciences and healthcare. In Lund, MultiHelix organizes five national Think Tanks per year and you as TIM members will get a brief summary of the presentations after each one. The following discussion is not included in this newsletter. If you find an area of particular interest or want to know more about the discussion, let me know and I will give you more details. I look forward to have feedback from you regarding the newsletters.

Happy reading,  
Ursula

**Covid-19 - What do we do now?**

During our latest Think Tank, we increased our awareness of crisis preparedness. We heard about some different initiatives that have become extra important based on what happens during the Covid-19 pandemic. Unfortunately, we are not "After Covid-19" as the headline from last spring read. Exciting reading is summarized in this MTT Courier, which helps us get further "mind expansion".



Some areas in the spirit of MultiHelix that were touched upon during the Think Tank:

- \* What happens to society and the individual in crisis?
- \* Can a pandemic accelerate medical research, including methodology for the benefit of the future - or?
- \* How can we prepare for the next virus outbreak that we know is coming? What research is needed, and how can we collaborate for better results?
- \* What happened during the spring in healthcare in Skåne, and how can we learn for future pandemics. How to deal with the pent-up need for care if a second wave washes over us? What will be the "new normal" in healthcare? How to take advantage of the healthcare staff's initiative that enabled the transition to deal with the covid-19 crisis in days/weeks?

As a Think Tank, can we contribute to using our common lessons from the last six months to help build a resilient society?

The word for the day, for many of us, is TRUST. Without trust, everything breaks.

This was a little peak of the presentations and you will find lots of interesting reading about it below. Happy reading!

// Ursula

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Lars Dencik - Social Psychologist, Roskilde University

Corona pandemic: Social life in X-ray examination - obscured predicaments exposed.

*Lars Dencik, professor of social psychology, reflected on the effects of the corona epidemic from a social science perspective. It is obvious that the situation has forced us to reconsider our lives and the world around us - often in a way marked by paradoxes.*



Lars started by pointing out what has become visible due to the pandemic from two different levels - partly the social skeleton, partly our own lives.

- **Social class**

Already vulnerable groups have been hardest hit - both by the coronavirus and by the pandemic's social consequences. Others can flee to their summer places and wait out the pandemic. In the USA, it has been seen that the ethnic dimension is of great importance - tendencies to this are also evident in Sweden. Earlier decisions that have been made in life are now becoming

clearer in their consequences, e.g., that you have divorced or not had children.

- **Biological age**

The biological age has become significant with the pandemic, and it has become undeniable in society. The elderly cost more and get more attention. Simultaneously, as they call for special care, the structural gerontophobia in current Swedish society is also becoming clearer.

- **The weaknesses in society's organizational structures**

It turned out to be difficult to know who would do what and who was responsible for what. Who does the tests? Who takes responsibility in elderly care?

Many paradoxes have arisen during the corona pandemic when we live with increased concern and existential uncertainty about what the future will be like.

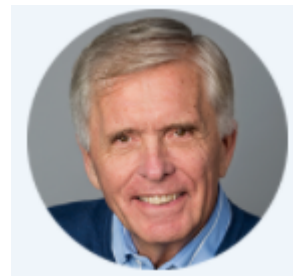
- The pandemic has caused the whole of humanity to have the same common destiny. It would be easy to imagine that this would lead to increased solidarity, but that did not happen. Instead, local protectionism emerged.
- The need for individuals to take their own responsibility to prevent the spread of infection has increased. At the same time, those in power have taken a firmer grip and instituted emergency laws. About 70 political elections around the world have been canceled or reduced due to the pandemic. When measures are experienced as being pushed down from above instead of building on people's own responsibility, they tend to become ineffective and sometimes lead to revolts.
- Soft values such as **Trust** become social hard currency. Trust is required to get people to follow guidelines such as being vaccinated. However, if the trust is eroded by the actions of politicians and commercial stakeholders, it can quickly lead to medical and social disaster. Trends to that are evident today in the United States. In addition to trust, effective and transparent communication is needed because infection control is based on the individual, based on insight into and understanding, undertaking to do what the situation demands of him.
- Everyone who has been quarantined has benefitted from that digital communication is so widespread; without the internet, the situation would have been unbearable for many.
- People have noticed the importance of human closeness. At the same time, there is a tendency to see all people around them as potential carriers. In Denmark, the word 'contagious shame' has been coined. There is a reluctance to tell that you are infected; you experience being judged as a person who did not behave if you became infected.

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Johan Brun- Senior Medical Advisor, The research-based pharmaceutical industry

The state of research during the corona crisis creates added value - or?

**Johan Brun from the research-based pharmaceutical industry told about the decisive activity that the corona crisis has triggered in the pharmaceutical industry. The good news is that the collaboration between business, academia and healthcare has been incredibly good. At the same time, one must have realistic expectations of the vaccines that are now being developed.**



Johan Brun began with an optimistic message: during the past six months, we have seen incredible collaboration results between academia, healthcare, and business. Never before has so much science been published: 3,000 registered studies and 40,000 publications around the world. (However, one should keep in mind that much that has been published does not necessarily hold the highest level and that some had probably not been published before the pandemic.)

There are two tracks to follow in this pandemic: either to prevent or to treat. There is a great focus on the vaccine, several vaccines are being tested right now. In fact, so many studies have never been done on the same disease before. The media coverage has been exceptional. Unfortunately, the knowledge about drug production among politicians has not always been so high. In the past, it took 10-15 years to develop a vaccine, but now it should go as fast as ever. The question now is how we should create a working

vaccination strategy when politicians push for a new treatment. Does vaccination do any good, or is it just to comfort the population? It will be impossible to vaccinate the entire world. Instead, you have to think about whether and how you can benefit from herd immunity. If so, how do we choose who should be vaccinated? Maybe test the individual for covid-19 before vaccination and see if they already have antibodies? Or vaccinate blindly?

In the USA, it is believed that as early as April / May 2021, it will be possible to vaccinate almost the country's entire population. This if you will only need to be vaccinated once. If two doses are needed, however, it will take about 3 years. There is also a logistical problem with the vaccination as it is required that the vaccine is transported at a temperature somewhere in between  $-20^{\circ}\text{C}$  and  $-70^{\circ}\text{C}$ . Unfortunately, this means that it is not possible to transport the vaccine to 30% of the world's population.

Another issue concerning the vaccination process is what effect the vaccine will have. Most vaccines affect 50-60%. The effect will likely be there for young individuals, but it will be significantly lower in the elderly population; here, the effect can be as low as 25%. This means that vaccination programs will not necessarily help in the fight against corona. Instead, vaccines can do more harm than good. It is not known which of the vaccinated individuals have protection. However, despite this, the vaccinated individual will feel safe and then develop a risk behavior. We must have realistic expectations for a vaccine! This can be compared to a study from England. Here, one group had been allowed to use a mouthguard, and one group was without a mouth guard - both groups were then allowed to follow the other restrictions. What could be seen was that there was a greater spread of the virus in the group that used mouth guards because they felt they were safe and then showed a higher-risk behavior.

In cases where the individual has already become infected and in cases where the patient has become seriously ill, it has been a matter of finding a cure and relief. Therefore, attempts have been made to use drugs that have already been tested and approved to see if they have any effect on covid patients. Unfortunately, these drugs have had a marginal effect. No drug has yet been registered with new use in covid healthcare. The only treatment that has shown a positive effect is cortisone (dexamethasone). Plasma treatment is also an area that has been the subject of much research because it is an area that is scientifically sound. Although 100,000 treatments have been performed, no effect has yet been seen; in principle, this means that the method is ineffective.

It is interesting and very positive that the pandemic has strengthened cooperation between different actors and that digitalization has also exploded.

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Joakim Esbjörnsson - Associate Professor of Virology, Lund University

Corona pandemic today, disease X tomorrow - The importance of being proactive instead of reactive?

**Joakim Esbjörnsson, a virus researcher from Lund university, gave an overview of knowledge about viral diseases. He stated that more research is needed - a call that the WHO is also behind. "If we work proactively instead of reactively, we will be better equipped when the next pandemic comes," he said.**



Joakim Esbjörnsson's main message was: "Proactive instead of reactive!" He noted that the corona pandemic has affected virtually the entire world population and began by providing some necessary information about viruses. It is a piece of genetic material encapsulated in a protein shell or fat membrane. It can only multiply on its own with the help of living cells. However, it has a remarkable ability to change and adapt to the environment to survive. It is this rapid ability to change that allows viruses to jump between different species. There are at least 16 common types of viruses in Sweden alone against which there is no vaccine or treatment, causing significant ill-health and strain on healthcare. Also, at least 370 different variants of these are known! In total, there are about 130 different types of viruses that can affect humans. However, there are only vaccines for eleven of them and effective treatments for five of them.

The genetic adaptability makes it easy for viruses to develop resistance. Therefore, treatments must be continuously changed. This applies not least to HIV, where new resistant forms are becoming more common. All the six emergencies that the WHO has declared during 2009–2020 have been based on viruses. On the WHO's list of diseases that need more research, eight out of nine conditions are viruses. The ninth disease is called Disease X - it is an imaginary disease that has not yet affected us. However, it will likely be a viral disease.

Viruses affect our daily lives and cost society much money. Most people in Sweden have a cold at least 1-2 times a year. This costs the industry SEK 27 billion per year in reduced working capacity. There is an estimated cost for the Swedish Social Insurance Agency of approximately SEK 7 billion per year. Against this background, one can reflect on the distribution between, on the one hand, research on viruses, and the other hand, research on antibiotic resistance. However, Joakim Esbjörnsson pointed out that significant investments in virus research should not lead to cuts in investments in antibiotic resistance research.

In Sweden, we will need to find a way forward even after the corona pandemic. Virus research is getting a lot of attention and research funding. Hopefully, this will not be forgotten in the general desire to return to normal. If we work proactively instead of reactively - as we have done so far - we will be better equipped when the next pandemic comes.

Lund university virus center will be the country's first center for virus research. The decision to build the center was made before the corona pandemic broke out. The aim is to prepare us for the future when it comes to viral diseases.

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Jenny Wingerstrand- Head of the hospital in Ystad

"Local innovation capacity is needed to meet the deferred care"



***Jenny Wingerstrand, Head of the Hospital in Ystad, gave a description of the measures that the corona pandemic triggered in a small emergency hospital. When the worst of the crisis is over, a huge question arises: how should healthcare handle the deferred care?***



Jenny started by looking back at the situation this spring:

"At this time, everything was quite chaotic in society. The situation with protective equipment was slightly hysterical. Our warehouses with protective equipment would only last one day for some days. Therefore, we sat in many meetings and discussed how we would get the equipment needed to run safe care. At the hospital, we moved units every week and everyone cut in where they could to help."

But the storm they had prepared for when they saw the situation in China, Italy, and Stockholm never came - and still has not come. Letting everyone stand on their toes and wait for something that may come only works for a while - in the end, you need to return to everyday life. In May, the corona operation at IVA was closed down in Ystad. Now began the work to handle the deferred care. It had been built up when everything that was not of the utmost importance had to be postponed to the future.

Among the first things that were done was to change the word "care debt" to "deferred care". This is because healthcare does not have a debt to anyone. You had to make the priorities needed to cope with the difficult situation you were facing. All decisions that have been made in line with the National Board of Health and Welfare's priorities for mobilizing staff and materials. In general, healthcare has not been available to see so many new care needs due to corona. Psychiatry sees more referrals for eating disorders and gambling addiction.

We have calculated that the deferred care is about 90% of the difference between what was done this year and what was done during the same period

last year. This is partly since some ailments have passed in the meantime, and partly because some have sought care in another way instead. This deferred care is estimated to take about a year to work off. For some areas, you have another year to make up for care where accessibility is low.

It is crucial to keep in mind that the same care system has worked incredibly hard during the spring, summer, and autumn that is now expected to conduct the usual care and make-up for the deferred care. The region needs to produce shared and transparent waiting lists, create short-term solutions and involve private actors. There is not much extra competence to be found. Instead, local innovation skills are needed.

The role of politics in healthcare has also been made visible because politicians have taken a step back during the pandemic and trusted that healthcare does what is best. As the situation calms down, politicians return to health care policy again. Lack of trust in certain parts of healthcare must be addressed in the future. Many problems that existed in the past have been exposed.



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