

COVID-19 Outbreak: Impact.

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Short Note

The outbreak of the 2019 coronavirus disease (COVID-19) in China's Hubei province quickly spread nearly all over the world, with staggering medical, social and economic consequences. Worldwide, the pandemic accounts for more than 10 million confirmed cases and 500 000 deaths. While the USA, Brazil, Russia or UK presented the highest absolute numbers, Belgium, UK and Spain had the highest death rates. Thus, the figures made available in Spain by the Ministry of Health on 30 June 2020 showed 249 271 confirmed cases (5986 cases x 100 000 inhabitants), of which 125 183 were hospitalized and 11 664 required intensive care. Finally, this disease accounted for 28 355 deaths, with a case-fatality rate of 11.4% [1].

Several authors have posed a possible socioeconomic gradient in the COVID-19 outbreak and differences in knowledge, attitudes and practices towards COVID-19 by socioeconomic status. Health inequalities have been pointed out in the context of the pandemic, not only in low- and middle-income countries, but also in high-income countries among deprived populations (for example: having low income or lacking health insurance). In addition, the COVID-19 crisis has revealed the fragility of ageing societies to cope with infectious diseases in modern times. Indeed, individuals older than 70 years accounted for more than 85% of registered deaths in Italy. However, few studies in high-income countries have analyzed the age-adjusted impact of the COVID-19 pandemic in deprived and non-deprived areas, as measured by average income.

Improvements in the health literacy of citizens, defined as people's knowledge and capacity to obtain, process and understand health information and services to make appropriate health decisions, could help to reduce the risk of infection spreading and increase understanding of the need for social responsibility and adherence to disease prevention measures. Along this line, Zhong et al. showed that Chinese residents of relatively high socioeconomic status, and particularly women, had good knowledge, optimistic attitudes and appropriate practices towards COVID-19 during the initial rapid rise of the COVID-19 outbreak. In addition, racial disparities in knowledge, attitudes and practices regarding COVID-19 were described in the USA.

Thus, understanding community risk and making decisions about community mitigation, including social distancing and strategic healthcare resource allocation, requires monitoring the numbers of COVID-19 cases, deaths and changes in incidence in small, well-characterized areas of the general population [2].

Our results pointed out that efforts to contain an epidemic cannot ignore health equity issues. As the most deprived areas in Barcelona had the highest COVID-19 incidence, disease-control efforts should be more intensive in districts with the most marginalized and vulnerable population. In addition, ensuring equal treatment opportunities for all is key, but financial protection during outbreak also matters greatly. The link between poverty and disease has already been explored in depth. If this vicious cycle is not broken, local problems of health inequity will remain or could even be exacerbated in areas experiencing an epidemic.

References

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2. Zhong, BL, Luo, W, Li, HM. Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: A quick online cross-sectional survey. *Int J Biol Sci*. 2020;16:1745-1752.

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