

Health Management And Vaccination 健康管理与疫苗





Title

Internal Medicine
Physician

Degrees

MD

Department

Internal Medicine

Language

English

French

Mandarin

Dr. Wu has long been engaged in the clinical practice of common chronic diseases in internal medicine, especially in metabolic disease. She is also experienced in the management of critical patients with cardiovascular, respiratory and nervous system diseases, adapting therapy in consideration of coexisting and concurrent diseases, and giving patients guidance in diet and exercise, guiding self-care and evaluation.

Dr. Wu received her Master degree of Medicine from Shanghai Jiaotong University in 2007. She completed her residency in internal medicine at Lariboisiere Hospital in Paris in 2006. In 2010, she participated in medical research of metabolic syndrome (MetS) and non alcoholic fatty liver disease (NAFLD) in Novel Hopital Civil in Strasbourg in France. She was later awarded a medical Doctor's degree in 2018 from Shanghai Jiaotong University.

1

Personal Health Management



Who needs proper medical care?

Everyone needs proper medical care!

And especially for those who have:

- pre-existing disease
- family history: cancer
- high risks:
 - obesity
 - smoker
 - frequent alcohol intake
 - age and gender and race
 - high working load and stress

Shanghai United Family Hospital Executive Health Management Center



Pre-existing
checkup center

UFH
Health Management
Center

Packages with fixed items

Personalized design based on
physical condition

The report gives the results of
examination, without analysis or
instructions for solving this
health problems

A face-to-face report
interpretation, with analysis of the
results, and prediction of a certain
disease.

Pipeline operation

One-stop service

No second year
follow-up plan

Personalized recommendation on a
next year checkup

Needs to seek extra-medical help

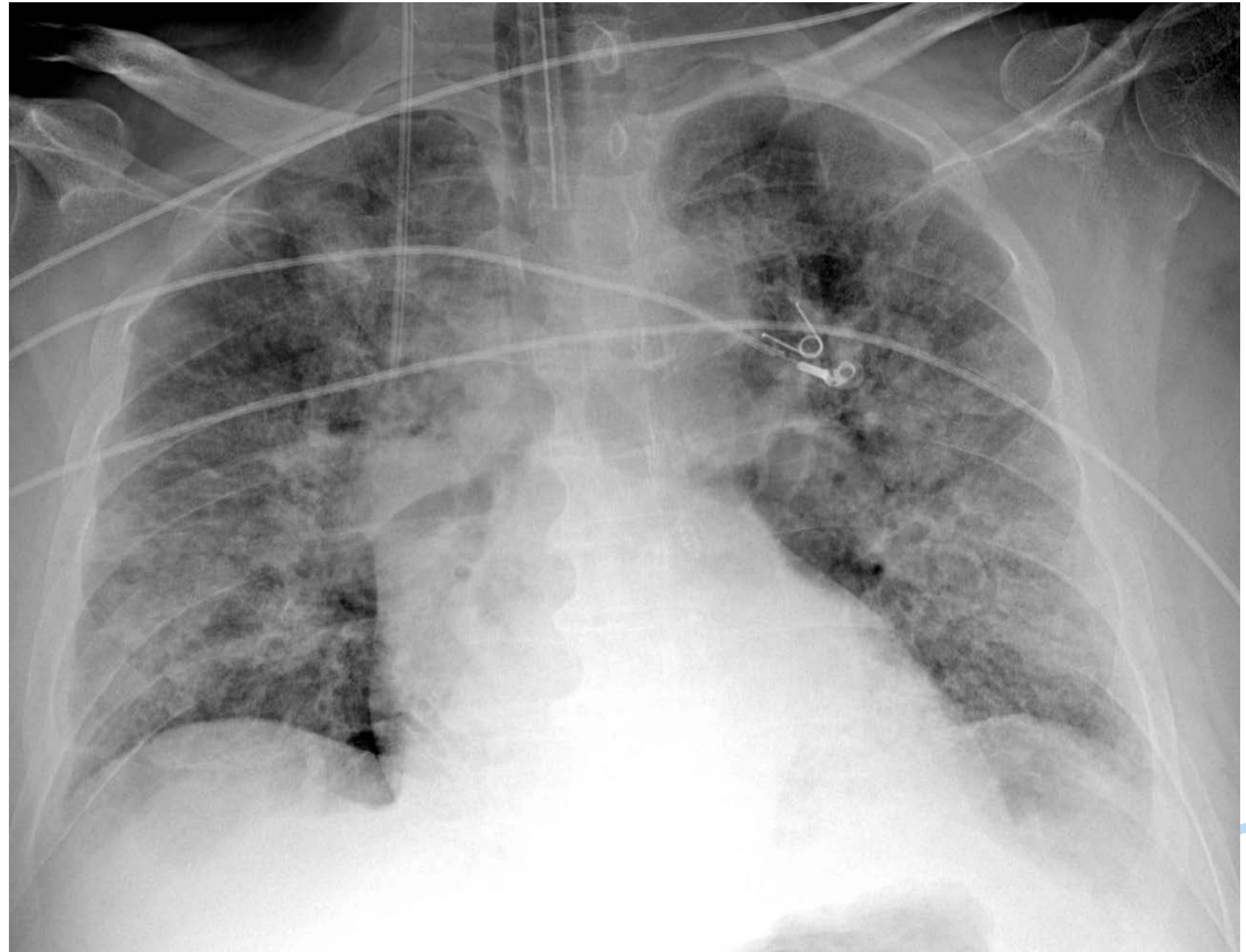
Problem solved in the same facility

2

Vaccines to prevent COVID-19 infection

Background

- ✓ At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in **Wuhan**.
- ✓ In February 2020, the WHO named this disease **COVID-19**, which stands for coronavirus disease 2019.
- ✓ There is a lack of effective drugs
- ✓ So **vaccines** to prevent coronavirus infection are considered the most promising approach for curbing the pandemic.



	Inactivated Vaccine	Vector Vaccine	recombinant protein nanoparticle vaccine	mRNA Vaccine
Mechanism	<p>virus cultured outside the body, and then inactivated, so that it is not toxic, but the "corpse" of these viruses.</p> <p>can still stimulate the human body to produce antibodies, so that immune cells remember the appearance of the virus.</p>	<p>Spike protein is the key to the novel coronavirus invasion of human cells. And ACE2 receptor acts as a door lock.</p> <p>Spike protein binds to ACE2 receptor and open the door to infect a human cell.</p> <p>Adenovirus as a vector, loaded into the S protein gene of novel Coronavirus, stimulate the human body to produce antibodies.</p>	<p>Subunit vaccine is through the genetic engineering method</p> <p>huge production of novel coronavirus most likely as antigen Spike protein</p> <p>inject it into the human body, stimulate the human body to produce antibodies.</p>	<p>mRNA or DNA are injected into the human body, and use human body cells to synthesize S protein, stimulate the body to produce antibodies.</p> <p>It is the equivalent of handing over a detailed virus profile to the body's immune system.</p>
Advantage	higher safety	Storage is more convenient	high specificity	produces not only IgG and IgM antibodies also cellular immune responses.
Disadvantage	Antibody-dependent enhancement of effector adverse drug event	when a virus vector is used that the body has been exposed to, it may weaken the effectiveness of the immune response	difficult to find a good expression system	<p>It's very unstable, so it requires very high storage conditions. Pfizer vaccines need to be stored at -80° and Moderna at -20°.</p> <p>it is unclear how long the immunity gained with the vaccine will last, or whether there will be side effects in the long term.</p>

Name	CoronaVac	BBV152	BBIBP-CorV	Gam-COVID-Vac (Sputnik V)	ChAdOx1 nCoV-19/AZD1222	Ad26.COV2.S	NVX-CoV2373	BNT162b2	mRNA-1273
developer	SinoVac	Bharat Biotech	Sinopharm	Gamaleya Institute	AstraZeneca	Janssen/Johnson & Johnson	Novavax	Pfizer/BioNTech	Moderna
Platform	Inactivated virus vaccine	Inactivated virus vaccine	Inactivated virus vaccine	Replication-incompetent adenovirus vector	Replication-incompetent adenovirus vector	Replication-incompetent adenovirus vector	Recombinant protein	mRNA	mRNA
Doses	2 doses	2 doses	2 doses	2 doses	2 doses	1 dose	2 doses	2 doses	2 doses
intended interval	2 weeks apart	4 weeks apart	3 weeks apart	3 weeks apart	8 to 12 weeks apart (WHO)	/	3 weeks apart	3 weeks apart	4 weeks apart
Efficacy against original strain	50%	81%	79%	92%	82%	66% against moderate to severe COVID-19	96%	95%	94%
Efficacy against B1.351 SA variant	?	?	?	?	10%	57%	55%	?	?
Efficacy against B1.1.7 UK variant	?	?	?	?	?	?	86%	?	?
Storage requirements	Refrigerated (2 to 8°C)	Refrigerated (2 to 8°C)	Refrigerated (2 to 8°C)	Refrigerated (2 to 8°C)	Refrigerated (2 to 8°C)	Refrigerated (2 to 8°C)	Refrigerated (2 to 8°C)	freezer (−80 to −60°C) then freezer (−25 to −15°C)	Refrigerated (2 to 8°C)
Rare adverse effects	Unknown	Unknown	Unknown	Unknown	thrombotic complications associated with thrombocytopenia: Cerebral venous sinus thrombosis (169 of ≈ 34 million) Splanchnic vein thrombosis (54 of ≈ 34 million)	thrombotic complications associated with thrombocytopenia: Cerebral venous sinus thrombosis	Unknown	Anaphylaxis (approximately 5 per million)	Anaphylaxis (approximately 2.8 per million)

Q&A about the vaccination

Q1: What are the adverse reactions?

Local reactions: On the arm where you got the shot

- Pain
- Redness
- Swelling

Systemic reactions: Throughout the rest of your body

- Tiredness
- Headache, muscle pain
- Pruritus, rash
- Fever and/or chills
- Nausea
- Scratchy sensations in the throat
- Mild respiratory symptoms.

Q&A about the vaccination

Q2: How to deal with the adverse reaction?

Self observation, contact doctor.

Respiratory symptoms or systemic symptoms that occur after the first couple days following vaccination could be indicative of COVID-19 and warrant testing.

Q3: Do I need to check antibody after the injection?

Unless indicated to evaluate for suspected infection, there is no role for routine post-vaccination testing for COVID-19.

Specifically, serologic testing following vaccination to confirm an antibody response is not warranted. Many serologic tests will not detect the type of antibodies elicited by vaccination.

Vaccine, or not?

**Always balance benefits and risks.
Statistic doesn't matter individuals.**



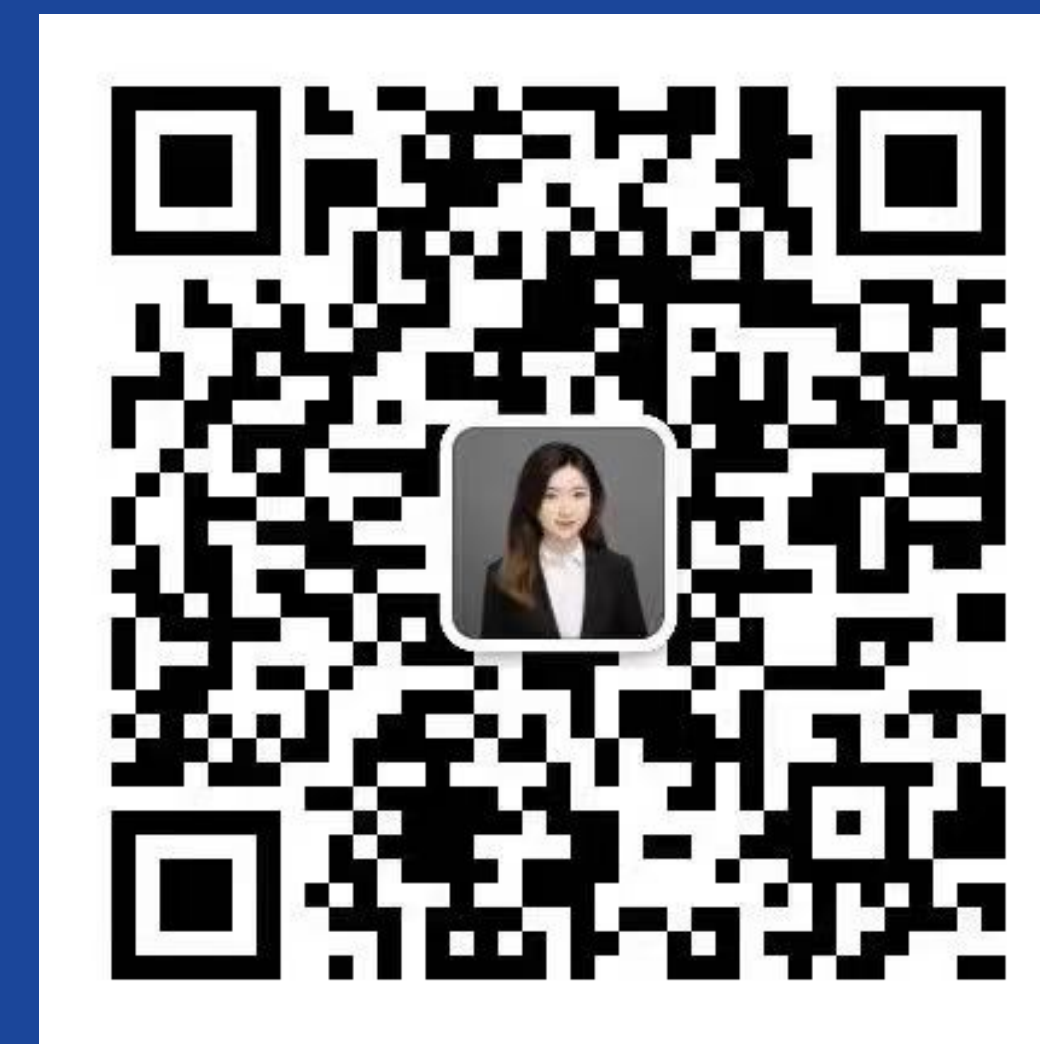
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