Universidad Zaragoza

Facultad de Medicina

Dpto. Medicina, psiquiatría y dermatología

Trabajo de Fin de Grado - ANEXOS

Los determinantes sociales de la salud y su influencia en la incidencia de COVID-19

Social determinants of health as influence factors on COVID-19 incidence

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ANEXO 1: EDUCACIÓN Y SALUD

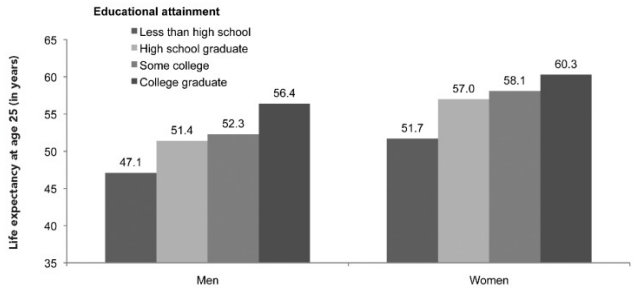

Figura 1. Esperanza de vida en EE. UU. a la edad de 25 años por educación y género, 2006.

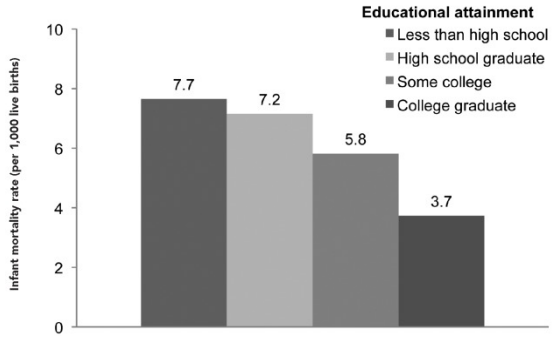

Figura 2. Tasa de mortalidad infantil en EE. UU. por nivel educativo de la madre, 2009

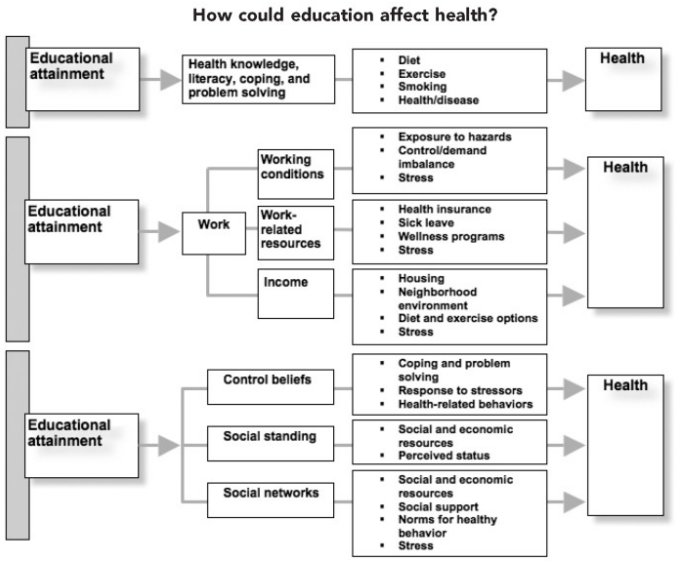

Figura 3. Vías a través de las que la educación puede afectar a la salud.

Fuente: Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014 Jan-Feb; Suppl 2:19-31

ANEXO 2: DIFERENCIAS ENTRE HOMBRES Y MUJERES EN EL PROCESO INFECCIOSO

	WHO BECOMES ILL?		COURSE AND OUTCOME	
Life-cycle	**Susceptibility and immunity**	**Exposure**	**Treatment**	**Morbidity and mortality**
Infants	Males have naturally weaker immune systems.	Exposure is similar for male and female infants.	In some countries boys are more often taken for treatment outside the home.	There is greater male mortality from infectious disease.
Children	Levels of immunization for boys and girls are similar in most parts of the world. There are lower rates of immunization of females in south-central Asia.	In some societies there are mobility differences (boys spend more time outside the home), which may account for differences in incidence and mortality for some diseases.	In some countries boys are more often and/or more quickly taken for treatment outside the home.	There are disease-specific differences in severity and outcome. For example, mortality from measles and whooping cough is greater in females. Morbidity and disability may have different consequences for girls and boys.
Adults	For most infectious diseases, differences in incidence rates between males and females are more likely to be due to differences in exposure than to differences in immunity.	Men and women have different occupational exposures. Women have greater exposure in homes; men have greater exposure outside. Women are exposed in care-taker roles within the family and in care-giving occupations.	In some societies women have poorer access to health care outside the home; access to outside care is controlled by males or other family members. Research on treatment often uses males – so there is less evidence for results for females.	There are disease-specific differences in severity and outcome. Morbidity and disability may have different consequences for males and females.
Pregnant and lactating women	Important changes in the immune system occur during pregnancy. Large knowledge gaps exist about the specific changes.	Exposures to some diseases may change during pregnancy. Pregnant women have more exposure to health care settings, so may be at greater risk for some nosocomial infections.	Some treatments and control measures are harmful to pregnant women or to fetus or breast-feeding baby. Pregnant women are excluded from research on treatment. Some treatments not given to pregnant women because of insufficient evidence of their safety.	Some diseases are particularly virulent during pregnancy. Some diseases adversely affect the fetus or breastfeeding baby.
	WHO BECOMES ILL?		**COURSE AND OUTCOME**	
Life-cycle	**Susceptibility and immunity**	**Exposure**	**Treatment**	**Morbidity and mortality**
The elderly	Both males and females have poorer immune systems in old age.	Lack of evidence.	Diagnosis is more difficult in the elderly for both males and females due to atypical presentations.	There are more women than men in this age group. Males die younger. Very little information is available on sex and gender differences and infectious diseases in this age group.

Tabla 1. Diferencias entre hombres y mujeres a lo largo del proceso infeccioso.

Fuente: Organización Mundial de la Salud. Adressing sex and gender in epidemic prone infectious diseases. 2007.