



EPIDEMIOLOGICAL DATA ON POST-COVID19 PATIENTS REFERRED TO CLINIC FOR PULMONARY DISEASES „JORDANOVAC“ AT THE UNIVERSITY HOSPITAL CENTER ZAGREB

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Objective:

AIM

Even after more than a year, COVID-19 remains a medical enigma. There is great heterogeneity in disease transmission, clinical manifestations of acute illness and post-COVID-19 syndrome. In theory, SARS-CoV-2 can affect any organ system: gastrointestinal, renal, neurological, hematological, etc. Structured data in the form of an official register is needed to organize new knowledge regarding disease course, symptoms and the best form of treatment.



METHODS

We retrospectively analyzed epidemiological data from post-COVID-19 Register of the University Hospital Center Zagreb, Clinic for Pulmonary Diseases „Jordanovac“.

RESULTS

From the total 1010 registered post-COVID19 patients, 548 had complete data. Gender was almost equally represented with 53.7% males and 46.3% women. Average age of our patients was 54 years (TR 19-87). Most of the patients were recruited from outpatient clinic (81%), followed by ward patients (7.1%), rehab (6.8%), daily hospital (4%) and ICU (1.1%). Most of them were non-smokers (66%), followed by former smokers (26%) and current smokers (8%). As far as acute disease severity is concerned, 2.2% was asymptomatic, 33.5% was mild, 47% was moderate, 14.3% severe and 3.1% was critical. During acute phase 84.1% needed no respiratory support, 11.5% needed oxygen, 1.8% high-flow equipment, 0.5% non-invasive ventilation, 1.8% needed mechanical ventilation and 0.2% needed ECMO. In post-COVID19 phase, 96.5% did not need any respiratory support and 3.5% needed oxygen support. Other post-COVID19 symptoms included: fever 5.9%, loss of taste 2.6%, exhaustion 49%, cough 39.8%, activity dyspnea 45.5%, resting dyspnea 17.1%, chest oppression 27.9%, psychological problems 8.5%, general symptoms 53%, pulmonary 71.5%, neurological 3.3%, cardiac 5%, gastrological 0.7%, dermatological 2.8%, pulmonary embolism in first 4 weeks 3.2% and after first 4 weeks 1.8%. Age was positively correlated with acute disease severity ($r=.307$; $p<0,01$), while smoking and pack years were not ($r=.027$; $p>0,01$).



CONCLUSION

Our data follow the most published reports and suggest diverse clinical presentations in post-COVID19 patients, with emphasis on pulmonary symptoms (dyspnea and cough) as well as physical exhaustion. Age is, as expected, positively correlated with disease severity while smoking and pack-years are not. One of the reasons could be the overall small number of current smokers in our sample, but the lack of expected results further goes to show the unexpected nature of post-COVID19 clinical characteristics and suggest the need for further, structured data collection.