

I BEST OF THE WEEK (17 – 23 gen 2022)

Articolo	Abstract	Contenuto e Commento
<p>Abdullah F., et al. Int J Infect Dis Decreased severity of disease during the first global omicron variant covid-19 outbreak in a large hospital in Tshwane, South Africa. https://www.ijidonline.com/act ion/showPdf?pii=S1201-9712%2821%2901256-X</p>	<p>Introduction: The coronavirus disease 2019 (COVID-19) first reported in Wuhan China in December 2019 is a global pandemic that is threatening the health and wellbeing of people worldwide. To date there have been more than 274 million reported cases and 5.3 million deaths. The Omicron variant first documented in the City of Tshwane, Gauteng Province, South Africa on 9 November 2021 led to exponential increases in cases and a sharp rise in hospital admissions. The clinical profile of patients admitted at a large hospital in Tshwane is compared with previous waves. Methods: The methods should describe what study design you employed for the study and what your sample size was, as it is this is mainly results. 466 hospital COVID-19 admissions since 14 November 2021 were compared to 3976 prior admissions since 4 May 2020. Ninety-eight patient records at peak bed occupancy during the outbreak were reviewed for primary indication for admission, clinical severity, oxygen supplementation level, vaccination and prior COVID-19 infection. Provincial and city-wide daily cases and reported deaths hospitalizations and excess deaths data</p>	<p>Dai dati emersi in questo studio condotto in una città del Sud Africa la polmonite COVID-19 causata dalla variante Omicron sarebbe presente solo in circa un terzo dei pazienti ricoverati e in oltre il 70% di questi pazienti sarebbe di grado lieve-moderato. La mortalità confrontata con l'ondata precedente (prevalentemente causata dalla variante Delta) sarebbe del 4.5% vs. 21.3%.</p>

were sourced from the NICD, the National Department of Health and the South African Medical Research Council.

Results: Deaths and ICU admissions were 4.5% vs 21.3% ($p < 0.00001$), and 1% vs 4.3% ($p < 0.00001$); length of stay was 4.0 days vs 8.8 days; and mean age was 39 years vs 49 years for the Omicron and previous waves respectively.

Admissions peaked and declined rapidly with peak bed occupancy at 51% of highest previous peak. Sixty two (63%) patients in COVID-19 wards had incidental COVID-19 following a positive SARS-CoV-2 PCR test . Only one third (36) had COVID-19 pneumonia, of which 72% had mild to moderate disease.

The remaining 38% required high care or ICU admission.

Fewer than half (45%) of patients in COVID-19 wards compared to 99.5% in the first wave required oxygen supplementation. City and provincial rates show decoupling of cases, hospitalisations and deaths compared to previous waves, corroborating the clinical findings of milder omicron disease in the hospital.

Conclusion: There was decreased severity of disease in the Omicron driven fourth wave in the City of Tshwane, its first global epicentre.

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