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Clinical-epidemiological characterization of positive and suspected COVID-19 patients in a medical office in Cienfuegos

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ABSTRACT

Introduction: the appearance of the SARS-CoV-2 virus generated a state of health emergency worldwide and has caused one of the largest pandemics in history, so knowing the behavior of the disease is essential. Objective: to characterize clinically and epidemiologically positive and suspected COVID-19 patients belonging to a medical office in Cienfuegos. Method: an observational, descriptive, cross-sectional study was carried out in confirmed and suspected cases of COVID-19 belonging to the medical office No. 9 of the municipality of Rodas, Cienfuegos; in the period between July and August 2021. The universe consisted of 56 patients. Descriptive statistics were used. Results: a predominance of the female sex was evidenced with a total of 33 patients (58.92 %) and the age group 60 years and over with 14 patients (25 %). Of the 56 patients studied, 32 were confirmed cases (57.14 %) and 24 were suspected cases (42.85 %). Positive reverse transcriptase polymerase chain reaction results predominated in a total of 17 patients (30 %). Hypertension was present in 30 patients (53.57 %). It was observed that 42 patients (75 %) had fever and 35 patients (62.5 %) had asthenia and cough. Conclusions: elderly patients, women and hypertensive patients were more likely to fall ill, mostly with an autochthonous source of infection. The clinical picture was not very spectacular with a predominance of symptoms such as fever and cough, mainly.

Keywords: Coronavirus; COVID-19; Epidemiology; Pandemic.

Coronaviruses, which constitute a family of viruses that trigger infections in humans and some animals, have been studied throughout history[1]. In China, during December 2019, an epidemic outbreak of pneumonia of viral etiology was reported for the first time. By February 2020, the authorities decided to name it severe acute respiratory syndrome (SARS)-associated coronavirus (CoV) type 2. Therefore, several reports of SARS-CoV-2 appeared worldwide, causing a disease that began to be called COVID-19[1,2]

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Conflict of interests
The authors declare no conflict of interests.

In January 2020, the World Health Organization (WHO) declared the disease a health emergency and on March 11th, it was declared a pandemic, due to the increase in the number of infections[3,4,5]. It was also described that the disease is highly contagious, and the collapse of health services was reported worldwide[6].

The disease has a varied clinical picture. Patients may be asymptomatic, have mild symptoms, or progress to severe forms. Reported symptomatology includes dry cough, fever, dyspnea, fatigue, headache, rhinorrhea, anosmia, diarrhea, vomiting, and others[1,2,7].

Up to August 31rst, 2021, 190 countries and 32 territories had reported cases of COVID-19, with a total of 218 511 670 confirmed cases and 4 532 508 deaths for a case fatality rate of 2,07 %[8].

Up to this date, 85 038 849 confirmed cases were reported in The Americas, representing 38,92 % of the total number of reported cases in the world, with 8 579 037 active cases and 2 125 437 deaths, for a case fatality rate of 2,5 % in the region[8].

In Cuba, the first diagnosis of the disease was made on March 11th, 2020, when health authorities reported the detection of the virus in three Italian tourists, who were in Trinidad and, after three days of stay in the country, they began to present suggestive symptoms of COVID-19[9].

By the end of August 31rst, 2021, Cuba had accumulated a total of 659 464 confirmed cases and 5 377

deaths, for a case fatality rate of 0,82 %, lower than in the region of The Americas and the world[8].

Data from the Department of Epidemiology of the Ministry of Public Health of the Republic of Cuba show that, in Cienfuegos province, from the first report of a positive case in the national territory until March 31rst, 2021, a total of 1 076 patients, confirmed with the disease, had been accumulated[5].

However, by the end of August 2021, this figure was higher than 40 000 cases due to the fact that from March to August there was a complex epidemiological situation caused by a resurgence of the disease[10].

Taking into account the alarming statistics that were evidenced during the period in which the study was framed, in the country, fundamentally in Cienfuegos and, above all, in Rodas municipality, it was decided to carry out the present investigation. In addition, the clinic to which the studied cases belonged was one of the most affected in the municipality and it is necessary to study the disease during the aforementioned period.

Therefore, the objective of this research was to clinically and epidemiologically characterize COVID-19 positive and suspected patients of a medical office in Cienfuegos, from July to August 2021.

METHOD

Type of study: an observational, descriptive, cross-sectional study of the confirmed and suspected cases of COVID-19 admitted to their home, of the family doctor's office number 9 of Rodas, Cienfuegos, from July 15th to August 15th, 2021, was carried out.

Universe and sample: the universe was composed of 56 patients who were confirmed or suspected cases of COVID-19, of the doctor's office number 9 of Rodas, Cienfuegos. The total population was studied. Patients who were positive to the antigen test by nasopharyngeal sample or to the reverse transcriptase polymerase chain reaction (RT-PCR) test were included, as well as patients suspected of COVID-19 because they were contacts of confirmed cases who had negative diagnostic tests.

Variables and data collection: studied variables were sex, age groups, type of case (confirmed or suspected), source of infection (contact of a confirmed case or not specified), personal pathological history (hypertension, diabetes mellitus, chronic obstructive pulmonary disease, history of atopy, ischemic heart disease and others -where neurological, metabolic and gastrointestinal diseases were included,), diagnostic tests (RT-PCR and nasopharyngeal antigen test), symptoms and signs (fever, cough, diarrhea, dyspnea, headache, nasal secretion, anosmia, ageusia, asthenia, others -including myalgia, arthralgia, vomiting, anorexia, and lumbar pain- and asymptomatic cases).

A confirmed case was defined as any patient who presented a positive antigen test by nasopharyngeal sample and/or positive RT-PCR (according to the protocol in force in Cuba at the time of the study) and as a suspect those patients who were contacts of confirmed cases and had negative diagnostic tests.

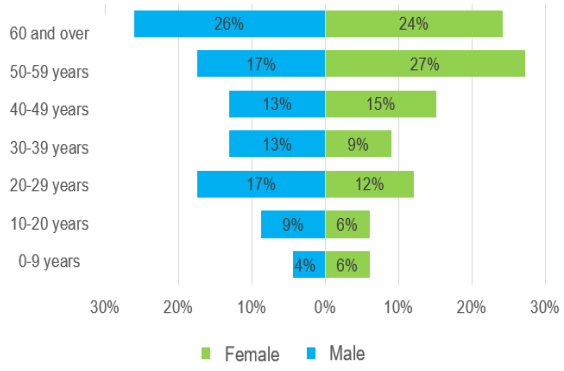
The information was collected during the visit to the patients at their home by means of an applied survey (*Available in Complementary Files to the article*), which was approved by the Ethics Committee and Scientific Council of the "Raúl Suárez Martínez" Teaching Clinic, which belongs to Rodas municipality. Epidemiological surveys and individual clinical histories were also used, as well as the databases of the statistics department of the health area.

Statistical processing: a database was created in Microsoft Excel 2016. Data analysis involved the calculation of absolute and relative percentage frequencies.

Ethical standards: no therapeutic intervention was performed during the study and the confidentiality of the obtained data was respected. The universal ethical principles set out in the Declaration of Helsinki were considered. Approval was received from the Ethics Committee of the institution and its Scientific Council. Informed consent was also requested from the study participants. The information was only used for scientific purposes.

RESULTS

Females predominated with a total of 33 patients (58,92 %), as well as the age group of 60 years old and over, with 14 patients (25 %). (Figure 1)



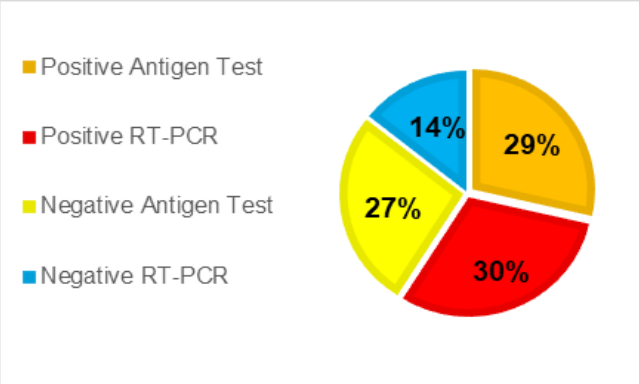
Source: Survey applied.

Figure 1. Distribution of positive and suspected cases of COVID-19 according to age group and sex. Medical office number 9, Rodas, Cienfuegos. July-August 2021

Among the 56 studied patients, 32 were confirmed cases (57.14 %) and 24 were suspected cases (42.85 %).

A total of 52 patients (93 %) were contacts of confirmed cases and in only 4 patients (7 %) the source of infection could not be determined.

Regarding the diagnostic tests performed, there was a predominance of positive RT-PCR, in a total of 17 patients (30 %), followed by 16 patients (29 %) with positive antigen tests (Figure 2).



Legend: RT-PCR (reverse transcriptase polymerase chain reaction).
Source: Department of Statistics of the Rodas Health Area, Cienfuegos and applied survey.

Figure 2. Distribution of confirmed and suspected COVID-19 patients according to the results of diagnostic tests performed

There was a predominance of arterial hypertension in a total of 30 patients (53.57 %), followed by 20 patients who presented other antecedents (35.71 %). (Table 1)

Table 1. Distribution of the personal pathological history in confirmed and suspected patients of COVID-19 according to the sex

Personal pathological history (n=56)	Male		Female		Total	
	No.	%	No.	%	No.	%
Hypertension	7	12,5	23	41,07	30	53,57
Diabetes mellitus	4	7,14	7	12,5	11	19,64
Bronchial Asthma	5	8,92	8	14,28	13	23,21
Chronic obstructive pulmonary disease	1	1,78	4	7,14	5	8,92
History of atopy	2	3,57	8	14,28	10	17,85
Ischemic heart disease	1	1,78	2	3,57	3	5,37
Others	4	7,14	16	28,57	20	35,71

Source: Epidemiological surveys and individual clinical histories.

It was found that 42 patients had fever (75 %) and 35 patients (62.5 %) presented asthenia and cough. Only 3 patients were found to be asymptomatic (5.35 %). (Table 2)

Table 2. Distribution of confirmed and suspected COVID-19 patients according to symptoms and signs presented

Symptoms and signs	No.	% (n=56)
Fever	42	75
Cough	35	62,5
Asthenia	35	62,5
Ageusia	27	48,21
Nasal secretion	22	39,28
Anosmia	22	39,28
Headache	21	37,5
Diarrhea	10	17,85
Dyspnea	9	16,07
Sore throat	7	12,5
Other symptoms	20	35,71
Asymptomatic	3	5,35

Source: Epidemiological surveys.

DISCUSSION

The new coronavirus is a challenge for medical services. Citizen responsibility and the perception of the high risk that this disease entails are fundamental elements in combating this pandemic[11].

In the study, females predominated over males, a fact that coincides with national demographic statistics[12] and with studies carried out in several provinces of the country[4,5,12,13,14]. However, Ferrer-Castro et al[15], Herrera-Horta et al[16] and Torres-Concepción et al[7] did not coincide.

According to Ruiz-Cantero[17] the differences between sexes are not very clear in the case of COVID-19 infection, since the disease affects both men and women, and in order to find specific recommendations by sex or gender, all the indicators by sex and age should be presented together, although the author points out that lethality has been related to age.

In a research carried out by Vásquez-Ochoa et al[18], the high population aging in the Cuban society at present is evidenced and the increase of chronic diseases due to this phenomenon can be appreciated. This data is collected in the Statistical Yearbook of Health of Cuba 2020[12] and in the study carried out by Jiménez-Franco et al who, in addition, state that aging is a programmed physiological process, of slow onset and is the result of the changes of the organism, detected in previous stages of life.

In the research carried out, patients over 60 years of age predominated, coinciding with what was previously stated and the results obtained by other researchers[16,19]. However, it did not coincide with the study by Ferrer-Castro et al[15].
This demonstrates the importance of strict surveillance in elderly adults by the family doctor's office.

Therefore, the daily follow-up of elderly adults with COVID-19 should be an essential task in primary health care in order to avoid complications associated with the disease and fatal outcomes.

It is worth mentioning that Vázquez-González et al[11] in Las Tunas carried out a study on the level of knowledge of elderly adults about COVID-19, where they pointed out that, at the beginning of the study, patients with an insufficient or inadequate level of knowledge predominated, which coincided with Díaz-Rodríguez et al[19] in a similar study carried out in Havana.

Therefore, health education for elderly patients should be a premise for health professionals. The different hygienic-sanitary measures that are indispensable in confronting the new coronavirus should be explained in detail to these patients, as well as the importance of their strict compliance.

In this study, confirmed cases predominated over suspected cases, which do not coincide with the investigations carried out by Riverón-Cruzata et al[9], Ferrer-Castro et al[15], and Herrera-Horta et al16. These results could be related to the resurgence of the epidemic in the country because the circulation of new variants of the virus has been detected[20].

Consulted studies[4,5,7,21,22] are limited to characterizing patients confirmed with the disease, which is of great relevance for understanding its behavior. However, the authors of the present study consider it important to study suspected cases as part of the follow-up of epidemiological chains.

Palomino-Cabrera et al[4], Jiménez-Franco et al[5], Riverón-Cruzata et al9 and Herrera-Horta et al[16] agreed that the source of infection of patients was mostly through contact with confirmed cases, which was observed in the present study. This was described by Quiroz-Carrillo et al[23] who explain that contact between infected patients in places where the exchange of saliva particles can occur and also contact with contaminated surfaces is a means of transmission.

Hierrezuelo-Rojas et al[21], in their study, explain that it is essential to carry out adequate clinical-epidemiological surveillance of those patients who have had contact with confirmed or suspected cases of COVID-19. In addition, these authors warn of the need to limit mobility in order to avoid contagion.

The technique of selection for the microbiological diagnosis of the disease is the detection of SARS-CoV-2 ribonucleic acid (RNA) in respiratory samples. The sample is taken from the back of the pharynx and nasal passages, which allows detection of the virus[24]. Consulted research[3,25,26] describes the antigen test and RT-PCR as the most commonly used diagnostic methods.

Antigen detection is currently used as a type of rapid diagnostic test. In this test, it is possible to detect viral proteins expressed by the virus. This technique consists in the detection of structural proteins, like protein S, when it is possible to detect the virus completely, or protein N when fragments of the virus are identified. All the above is possible through the use of specific antibodies, which detect the mentioned proteins when they capture the virus. If the antigen is detected in sufficient concentrations, it will bind to specific antibodies fixed to a matrix and within 30 minutes will trigger a visually detectable sign[24,27].

There are molecular diagnostic methods that facilitate the detection of nucleic acids, which are based on the search and recognition of the viral genome, present in the sample taken. Worldwide, the most widely used technique is RT-PCR[27].

In the study conducted, both diagnostic tests were taken into account and there was a predominance of patients diagnosed by RT-PCR, which, according to Cancino-Mesa et al[28] and Salazar-Carranza et al[29], is the test of choice for detecting the presence of SARS-CoV-2.

It should be noted that the study also diagnosed several patients using the antigen test, a fact that does not coincide with other studies[4,5,16,13,27] where only RT-PCR was used as a diagnostic test.

The above results differ due to the fact that during the time the research was carried out, a new Cuban protocol for the management of COVID-1920 was in force, which considered as a confirmed patient anyone who presented a positive antigen test accompanied by suggestive symptomatology, without the need to wait for the RT-PCR result, for which medical treatment was initiated immediately.

According to Hart-Casares[27] one of the key actions to reduce contagion and prevent the spread of the disease is to have tests that facilitate early diagnosis and with which asymptomatic patients can be detected.

The authors of this study consider that early diagnosis of suspected patients is essential to break the chain of transmission of the virus, that´s why the use of antigen testing in the diagnosis of infected patients should be as important as the use of RT-PCR, which will make it possible to identify and isolate patients in order to minimize the number of infections.

Since the beginning of the pandemic, a significant association of severe cases and mortality with advanced age and chronic diseases such as diabetes, cardiovascular disease, and arterial hypertension has been described[30]. A study carried out in Spain[31], points out that chronic respiratory or cardiac diseases increase the risk of suffering the disease, independently of the severity of the disease, with which Fonseca-Machado et al[1] concurred.

Arterial hypertension, diabetes mellitus, and obesity are predictors of poor prognosis, due to the endothelial damage caused by these diseases and their impact on oxidative metabolic processes and the inflammation produced at the cellular and tissue level.

Riverón-Cruzata et al[9] found a predominance of arterial hypertension in the patients included in the

study, coinciding with the results obtained by Suárez et al[32] and with the results of the present study.

Several factors have been described that may be related to the above, since most of the studied patients were older than 35 years, and it is known that with aging there is a detriment of vascular status, in which sedentary lifestyle also plays an important role[14].

The clinical profile of COVID-19 is diverse, with mild and asymptomatic cases being the most frequent. To a greater degree, pulmonary infiltrates can be found, and in the most severe cases, dyspnea is observed on the fifth day of evolution[23].

According to several studies carried out worldwide[26,28,31,32,33] and in some Cuban provinces[5,15,16,21] the most frequent symptoms in infected patients are fever, headache, dry cough, and loss of smell and taste, which coincided with this research.

Likewise, it is necessary to point out that, in some studies[4,5,21] a considerable number of asymptomatic patients were obtained, a fact that does not coincide with the research. This fact seems to be related to the circulation of new variants of the virus in the country and in Cienfuegos province, which are more contagious[20].

At present, in view of the sanitary situation that is evident every day, compliance with the hygienic-sanitary measures oriented by the authorities should be a premise. The Basic Working Group of the family doctor's offices, together with the support of the students of medical sciences, linked to the confrontation of the pandemic, should ensure compliance with these measures and the follow-up of positive and suspected COVID-19 patients.

CONCLUSIONS

Elderly patients, women, and hypertensive patients were more likely to be ill, most of them with an autochthonous source of infection. The clinical picture was mild with a predominance of symptoms such as fever and cough, mainly.

AUTHORSHIP

RAPO: conceptualization, data curation, formal analysis, research, methodology, writing - original draft, writing - REVIEW and editing.
ALNB: data curation, formal analysis, methodology, writing - original draft, writing - review and editing.
SSS: data curation, formal analysis, methodology, supervision, writing - original draft, writing - review and editing.
DGL: data curation, formal analysis, methodology, writing - original draft, writing - review and editing.

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Caracterización clínico-epidemiológica de pacientes positivos y sospechosos de COVID-19 en un consultorio médico en Cienfuegos

RESUMEN

Introducción: la aparición del virus SARS-CoV-2 generó un estado de emergencia sanitaria a nivel mundial y ha provocado una de las pandemias más grandes de la historia, por lo que conocer el comportamiento de la enfermedad resulta primordial. Objetivo: caracterizar clínica y epidemiológicamente a pacientes positivos y sospechosos de COVID-19 pertenecientes a un consultorio médico en Cienfuegos. Método: se realizó un estudio observacional, descriptivo de corte transversal en casos confirmados y sospechosos de COVID-19 pertenecientes al consultorio médico No. 9 del municipio de Rodas, Cienfuegos; en el período comprendido entre julio y agosto de 2021. El universo estuvo integrado por 56 pacientes. Se utilizó estadística descriptiva. Resultados: se evidenció un predomino del sexo femenino con un total de 33 pacientes (58,92 %) y del grupo etario 60 años y más con 14 pacientes (25 %). De los 56 pacientes estudiados, 32 fueron casos confirmados (57,14 %) y 24 fueron casos sospechosos (42,85 %). Predominaron los resultados positivos de la reacción en cadena de la polimerasa con transcriptasa inversa en un total de 17 pacientes (30 %). La hipertensión arterial estuvo presente en 30 (53,57 %). Se observó que 42 pacientes (75 %) tuvieron fiebre y 35 pacientes (62,5 %) presentaron astenia y tos. Conclusiones: los pacientes de edad avanzada, las féminas y los hipertensos fueron más propensos a enfermar, en su mayoría con fuente de infección autóctona. El cuadro clínico fue poco aparatoso con predominio de síntomas como la fiebre y la tos, fundamentalmente.

Palabras clave: Coronavirus; COVID-19; Epidemiología; Pandemia.