Symptoms of Post-COVID-19 Condition Among Canadian Emergency Department Patients with and without Proven SARS-CoV-2 Infection

Canadian COVID-19 ED Network

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INTRODUCTION

- Post COVID-19 Condition (PCC) occurs among people with probable or confirmed Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) infection, usually 3 months from the onset of COVID-19 with symptoms that persist for at least 2 months and cannot be explained by an alternative diagnosis.
- The World Health Organization (WHO) listed 50 symptoms which can clinch the diagnosis of PCC, yet many of these same symptoms could occur due to comorbidity or other viral infections, making it challenging to distinguish PCC from the sequelae of other physical and mental health conditions.
- In 2023, fewer patients are seeking or being offered diagnostic testing for SARS-CoV-2 now that the virus is less virulent and endemic. As a result, patients may develop PCC criteria without ever having been diagnosed with SARS-CoV-2.
- In June 2021, CIHR granted CCEDRRN funding to investigate the the prevalence and risk factors for developing PCC in Canadian ED patients.
- A Post COVID-19 Condition Assessment Questionnaire was codevelopped with patient partners, experts in PCC and rehabilitation experts, to address these tasks based on the WHO 2021 definition.
- This study focussed on identifying the proportion of patients living with PCC symptoms and the risk factors for developing PCC symptoms for patients' tested for SARS-CoV-2 in the ED.

AIMS

- To compare the proportion of ED patients who met PCC criteria at 3 months who tested positive for SARS-CoV-2 with those who tested positive and did not report subsequent symptomatic infection.
- To assess the risk factors for reporting PCC symptoms at 3 months.

METHODS

Design

Prospective multicenter cohort study

Definitions

- Positive SARS-CoV-2 patients were defined as those who had a laboratory-confirmed infection (NAAT or RAT)
- Negative SARS-CoV-2 patients were defined as those in whom all recorded SARS-CoV-2 tests were negative, who never reported a subsequent positive test or symptoms of acute infection at phone follow-up.

Participants

- Consecutive consenting patients ≥18 years
- Tested for SARS-CoV-2 at ED index visit
- Understand English or French

Data collection

- Research assistants (RA) abstracted data on tested patients from medical records
- RAs attempted to contact patients up to 5 times to obtain consent for phone follow-up comprising 2 interviews at 6 months and 12 months following the ED visit.

Measures and outcome

- Our primary outcome was the proportion of ED patients reporting PCC compatible symptoms at three months after the ED index visit.
- Our secondary outcome was the adjusted odds ratio of the factors associated with reporting PCC symptoms at 3 months.

At least 1 symptom must be present within 3 months from ED visit, last ≥2 months and still be present at the 3-month mark

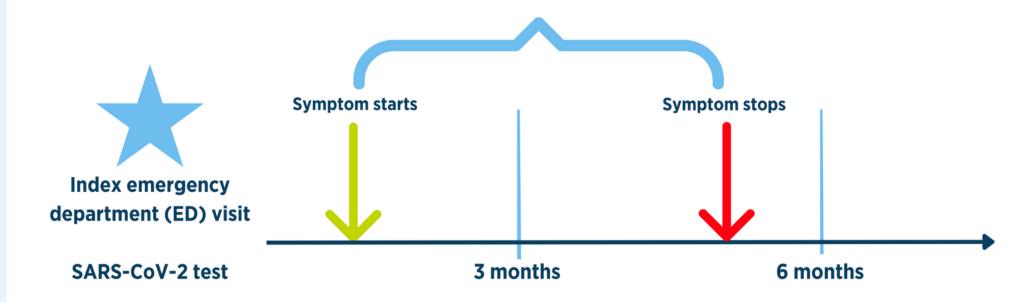


Figure 1. Schema representing how the WHO definition was applied to determine the presence of a PCC symptom at 3 months after the emergency department index visit.

What is CCEDRRN?

Canadian COVID-19 Emergency Department Rapid Response Network

- National collaboration with Public Health partners to harmonize data collection related to COVID-19 in more than 50 Emergency Departments across 8 provinces (BC, AB, SK, MB, ON, QC, NS, NB).
- Patient Engagement Committee consisting of 11 members from 6 provinces (BC, AB, SK, MN, ON,
- Unique pan-Canadian data with more than **208,000** patients
- In this study, PCC data collection at 6 & 12 months from 2021.11.16 through 2022.07.31 at 33 sites.

RESULTS

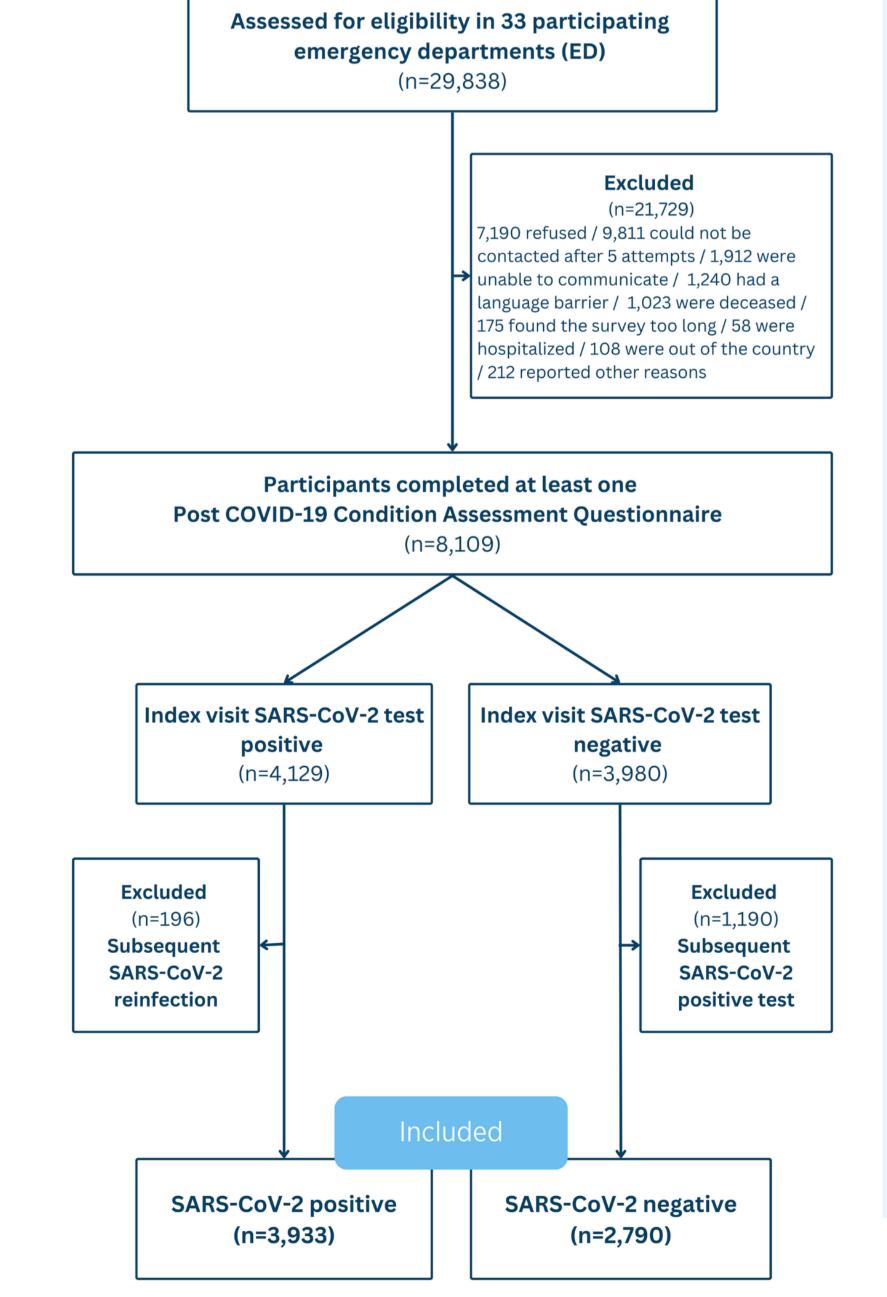
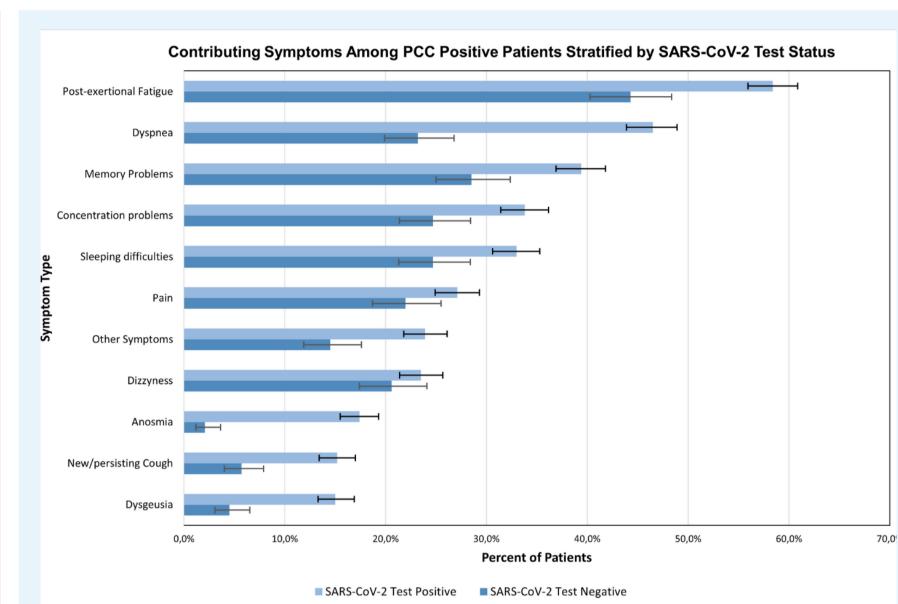


Figure 2. Flow diagram of the patients included in the study.



More than half of test-positive patients (54.9%, 95% CI: 52.4-57.4%) reported 3 or more contributing symptoms, compared to 29.2% (95% CI: 25.5-33.1%).

Compared to test positive patients, few test-negative patients reported anosmia (2.1%, 95% CI: 1.1-3.6%), dysgeusia (4.5%, 95% CI: 2.9-6.5%) or a new persistent cough (5.7%, 95% CI: 4.0-7.9%).

The proportion of patients reporting PCC symptoms at 3 months was 38.9% among SARS-CoV-2-positive patients compared to 20.7% among test-negative patients.

Figure 3. PCC symptoms 3 months after ED visit, stratified by SARS-CoV-2 status.

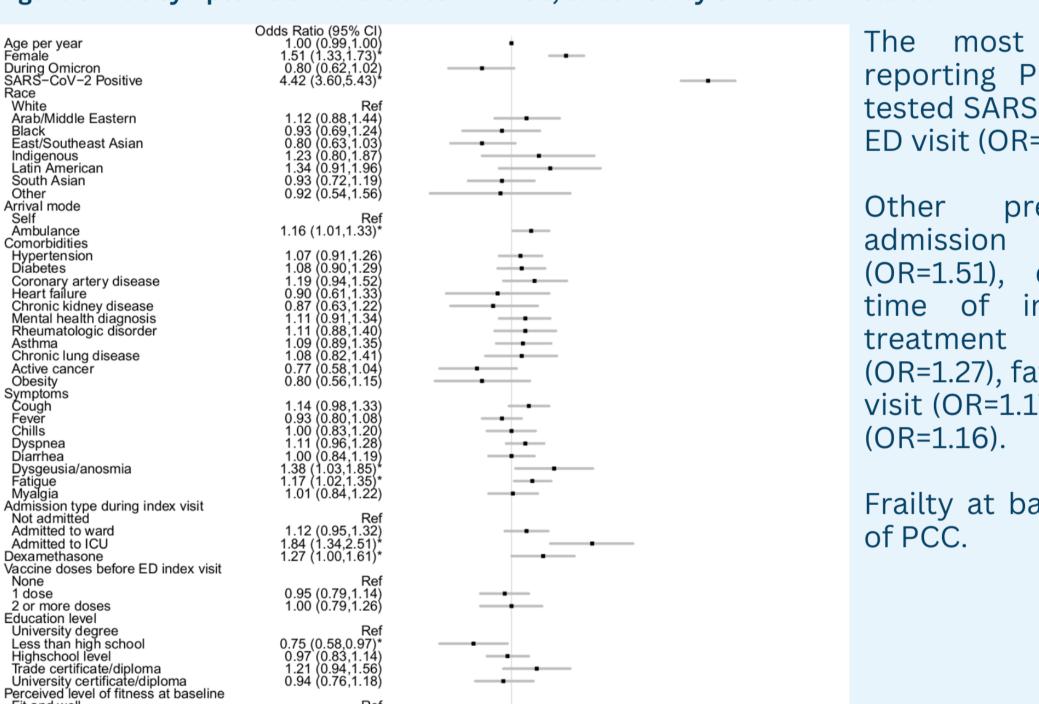


Figure 4. Adjusted odds ratio of factors associated with having PCC

symptoms among SARS-CoV-2 tested emergency department patients.

The most important predictor of reporting PCC symptoms was having tested SARS-CoV-2 positive during index ED visit (OR=4.42).

(OR=1.51), dysgeusia/anosmia at the (OR=1.27), fatigue at the time of index ED visit (OR=1.17), and arrival by ambulance

Frailty at baseline did not increase risk

CONCLUSIONS

- More than a third of patients who visited the ED for acute SARS-CoV-2 infections met PCC criteria 3 months later.
- While many patients without SARS-CoV-2 infection reported PCC-compatible symptoms at 3 months, a positive SARS-CoV-2 test was the single most important factor associated with PCC symptoms.
- Without diagnostic testing for acute SARS-CoV-2 infections, one in five ED patients can be expected to meet diagnostic criteria for PCC at 3 months.















