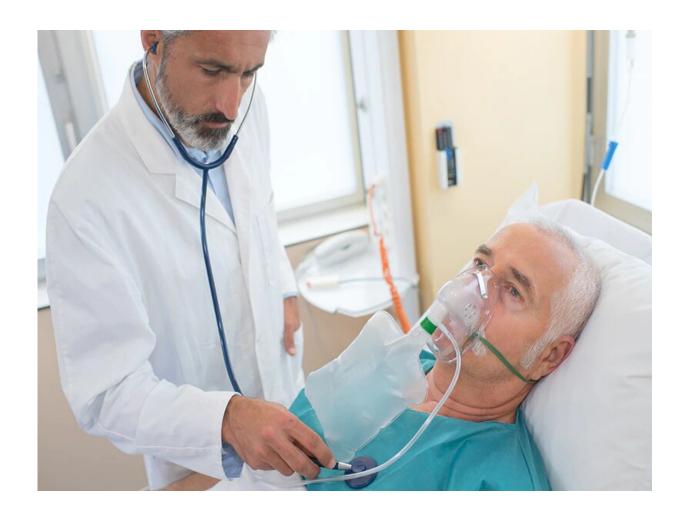


## SARS-CoV-2 mortality mainly linked to older age, comorbidity

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(HealthDay)—For U.S. veterans with COVID-19, mortality is mainly



associated with older age, male sex, and comorbidity, according to a study published online Sept. 23 in *JAMA Network Open*.

George N. Ioannou, B.M.B.Ch., from the Veterans Affairs Puget Sound Healthcare System in Seattle, and colleagues examined excess risk and risk factors associated with hospitalization, mechanical ventilation, and mortality in COVID-19. The study included 88,747 patients tested for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), of whom 10,131 tested positive.

The researchers found that of those who tested positive for SARS-CoV-2, characteristics significantly associated with mortality included older age, high regional COVID-19 disease burden, higher Charlson comorbidity index score, fever, dyspnea, and abnormalities in certain blood tests that exhibited dose-response links to mortality, including aspartate aminotransferase, creatinine, and neutrophil-to-lymphocyte ratio. The same characteristics were independently associated with mechanical ventilation, with the exception of geographic region and with the addition of Black race, male sex, diabetes, and hypertension. Obesity, Black race, Hispanic ethnicity, chronic obstructive pulmonary disease, hypertension, and smoking were not significantly associated with mortality in adjusted analyses. In this cohort, most deaths occurred in patients aged ≥50 years, male patients, and those with a Charlson comorbidity score of at least 1 (63.4, 12.3, and 11.1 percent, respectively).

"Recognizing risk factors for adverse outcomes is a preliminary step toward developing prognostic models that will allow for real-time identification of patients most and least likely to benefit from available interventions," the authors write.

One author disclosed ties to the pharmaceutical and medical technology industries.



## **More information:** Abstract/Full Text

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