

# Persistent viral shedding common in hospitalized COVID-19 patients

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For patients hospitalized with COVID-19, persistent viral shedding

occurs frequently and is associated with in-hospital delirium and increased six-month mortality, according to a study published online May 11 in *GeroScience*.

Ayush Batra, M.D., from the Northwestern University Feinberg School of Medicine in Chicago, and colleagues conducted a retrospective analysis of persistent viral shedding among Northwestern Medicine Healthcare [patients](#) between March and August 2020. Predictors of persistent viral shedding, in-hospital delirium, and six-month mortality were examined.

The researchers found that 959 of the 2,518 hospitalized patients with a confirmed diagnosis of COVID-19 underwent repeat severe acute respiratory syndrome coronavirus 2 reverse transcription-polymerase chain reaction (RT-PCR) assay testing at least 14 days from initial positive testing. Of these, 42.2 percent had persistent viral shedding. There were associations seen for persistent viral shedding with male sex, increased [body mass index](#), [diabetes mellitus](#), [chronic kidney disease](#), and exposure to corticosteroids during initial COVID-19 hospitalization. After adjustment for factors, including severity of respiratory dysfunction, persistent viral shedding was independently associated with the incidence of in-hospital delirium (odds ratio, 2.45). The association between persistent viral shedding and increased six-month mortality remained significant even after adjustment for age, severity of respiratory dysfunction, and occurrence of in-hospital delirium (odds ratio, 2.43).

"We were intrigued to see the strong and large association between persistent viral shedding and long-term posthospital mortality, even after adjusting for age, severity of respiratory dysfunction, and presence of [delirium](#)," Batra said in a statement. "This suggests that the presence of persistently positive RT-PCR tests has important clinical implications for patients."

**More information:** [Abstract/Full Text](#)

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