

Characteristics and outcomes of patients hospitalized with the new coronavirus in Cabo Verde in the semester after the country's first case

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Introduction

Cabo Verde had one of the highest COVID 19 attack rates in Africa. Contact tracing and free mass testing implemented early on allowed for high case detection, while the overall fatality rate remained under 1%. However, little is known concerning those requiring hospitalization. This study aimed to describe the clinical, sociodemographic characteristics and outcomes of patients hospitalized with severe acute respiratory syndrome coronavirus 2 (SARS CoV 2) between March 19th (date of the first case) to September 30th, 2020.

Methods

Descriptive retrospective study using medical files of patients with SARS CoV 2 infection in the islands of São Vicente, Boavista, and Santiago (cities of Praia and Assomada). Frequencies, measures of central tendency, and relative measures were calculated using.

Results

Included 179 patients. Their average age was 57 (DP=23.5), and 51% (n=92) were female. At admission to the infirmary, 67% (n=120) had a respiratory rate over 20 breaths/minutes, 49% (n=87) had a cough, and 7% (n=12) presented axillar temperature $\geq 38^{\circ}\text{C}$. The median hospital stay was seven days (Range: 0 72), and 15% (n=26)

of patients required hospitalization at a Special Care Unit. Acute Respiratory Distress Syndrome (18%; n=31), sepsis (13%; n=23) and acute kidney injury (11%; n=20) were the most frequent complications. Of the 108 patients needing ventilation support at some point, 14% (15) received invasive mechanical ventilation. At the endpoint, 79% (142) of individuals had been discharged, 19% (33) had died, and 2% (4) were non residents transferred to hospitals abroad upon request. Among those who died, 32 presented with respiratory rate over 20 breaths/minute (p=0.000), 17 had diabetes (p=0.001), 8 had obesity (p=0.036) and 24 had hypertension (p=0.045).

Conclusion

Mortality was high among those with some comorbidities and in older strata. COVID 19 policies and resource allocation should be reinforced to attend vulnerable groups.