ASSEMBLEE GENERALE AP-HM SOINS ET DIAGNOSTIC :
Lundi 16 Mars 2020

COVID-19
Total COVID-19 tests performed by country
Most recent data available from official sources as of 13 March 2020 - 9.00GMT

Source: Our World in Data based on official country reports
Total COVID-19 tests performed per million people
Most recent data available from official sources as of 13 March 2020 - 9.00GMT

Source: Our World in Data based on official country reports
Nombre de PCR SARS-CoV-2 réalisées et positives

Routine : 8095 tests – 5 positifs

Rapatriés : 674 tests (337 personnes)

Cas suspects : 6118 tests - 311 positifs

Total : 15,853 tests - 311 positifs
Nombre de tests SARS-CoV-2 et positifs depuis le 27/02/2020 (date de 1ère patient diagnostiqué)
Distribution par classe d’âge des PCR SARS-CoV-2 négatives et positives
27/02/2020-14/02/2020
4,050 patients testés
234 patients positifs (5,8%)
Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study

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Summary
Background Since December, 2019, Wuhan, China, has experienced an outbreak of coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Epidemiological and clinical characteristics of patients with COVID-19 have been reported but risk factors for mortality and a detailed clinical course of illness, including viral shedding, have not been well described.

Methods In this retrospective, multicentre cohort study, we included all adult inpatients (≥18 years old) with laboratory-confirmed COVID-19 from Jinyintan Hospital and Wuhan Pulmonary Hospital (Wuhan, China) who had been discharged or had died by Jan 31, 2020. Demographic, clinical, treatment, and laboratory data, including serial samples for viral RNA detection, were extracted from electronic medical records and compared between survivors and non-survivors. We used univariable and multivariable logistic regression methods to explore the risk factors associated with in-hospital death.

Findings 191 patients (135 from Jinyintan Hospital and 56 from Wuhan Pulmonary Hospital) were included in this study, of whom 137 were discharged and 54 died in hospital. 91 (48%) patients had a comorbidity, with hypertension being the most common (58 [30%] patients), followed by diabetes (36 [19%] patients) and coronary heart disease (15 [8%] patients). Multivariable regression showed increasing odds of in-hospital death associated with older age (odds ratio 1·10, 95% CI 1·03–1·17, per year increase; p=0.0043), higher Sequential Organ Failure Assessment (SOFA) score (5·65, 2·61–12·23; p<0·0001), and d-dimer greater than 1 μg/L (18·42, 2·64–128·55; p=0·0033) on admission. Median duration of viral shedding was 20·0 days (IQR 17·0–24·0) in survivors, but SARS-CoV-2 was detectable until death in non-survivors. The longest observed duration of viral shedding in survivors was 37 days.

Interpretation The potential risk factors of older age, high SOFA score, and d-dimer greater than 1 μg/L could help clinicians to identify patients with poor prognosis at an early stage. Prolonged viral shedding provides the rationale for a strategy of isolation of infected patients and optimal antiviral interventions in the future.

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Secteur cultures cellulaires NSB3

322 échantillons mis en culture
A ce jour 143 souches isolées
Tests HO-Chloroquine et Azythromycine réalisés sur la souche IHUMI3
Hydroxychloroquine as a treatment of COVID-19: results of an open-label non-randomized clinical trial


Figure 1 : Pourcentage des positifs entre PLQ vs. Non PLQ

Figure 2: Pourcentage des positifs entre Non traité, PLQ seul et PLQ + AZT