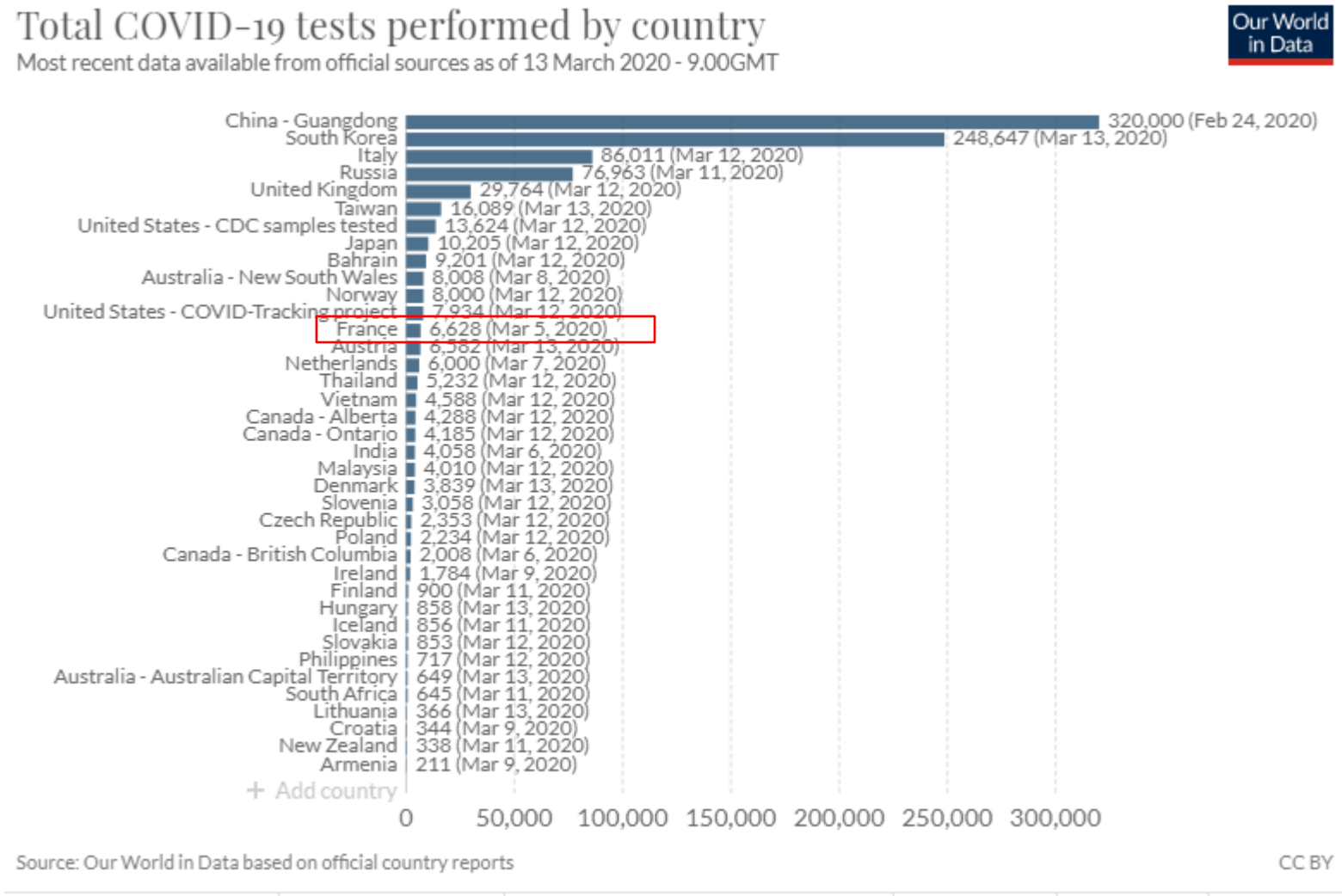
ASSEMBLEE GENERALE AP-HM SOINS ET DIAGNOSTIC :

Lundi 16 Mars 2020

COVID-19

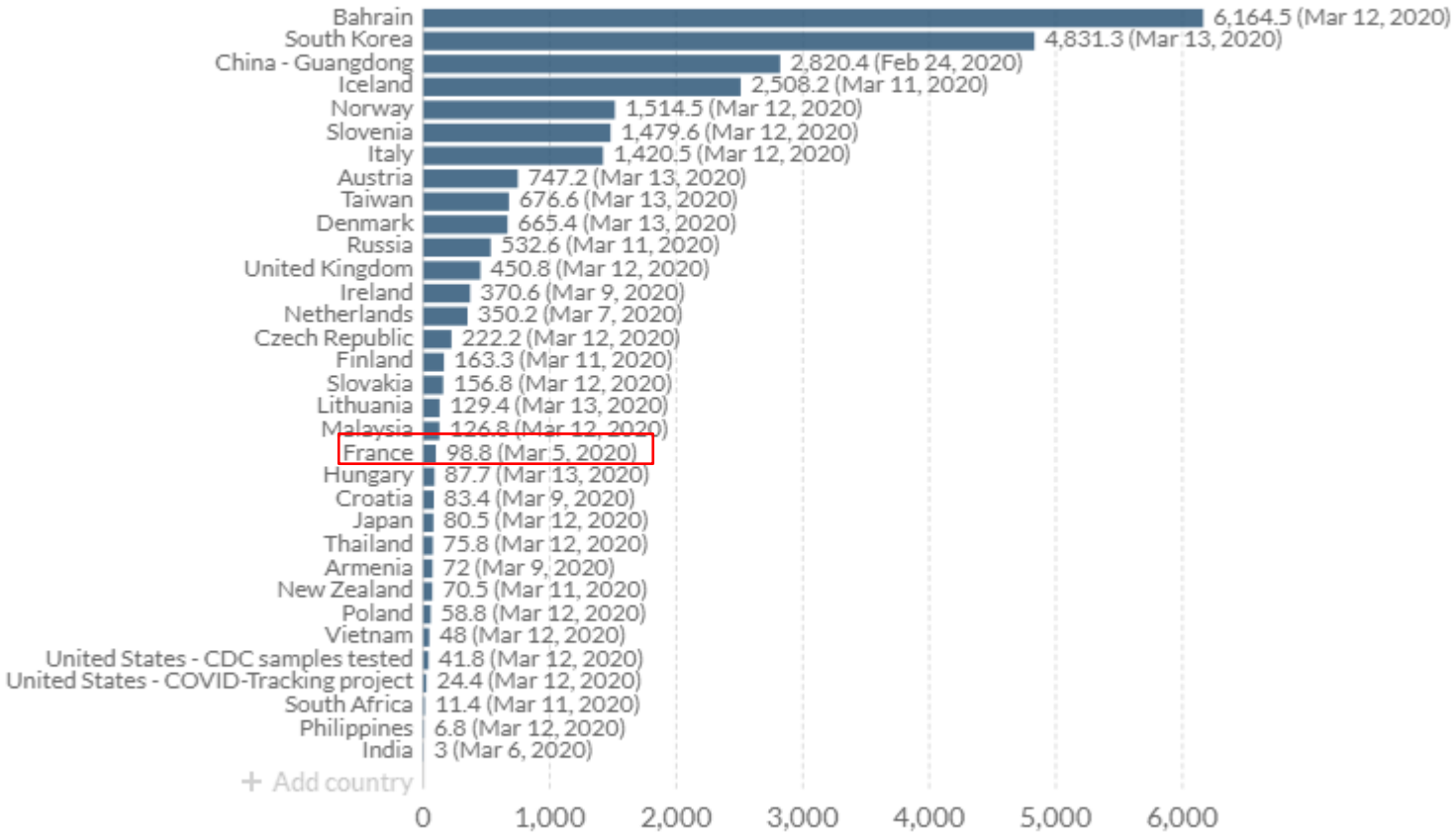
COVID-19


Total COVID-19 tests performed by country
Most recent data available from official sources as of 13 March 2020 - 9.00GMT
Our World in Data
China - Guangdong 320,000 (Feb 24, 2020)
South Korea 248,647 (Mar 13, 2020)
Italy 86,011 (Mar 12, 2020)
Russia 76,963 (Mar 11, 2020)
United Kingdom 29,764 (Mar 12, 2020)
Taiwan 16,089 (Mar 13, 2020)
United States - CDC samples tested 13,624 (Mar 12, 2020)
Japan 10,205 (Mar 12, 2020)
Bahrain 9,201 (Mar 12, 2020)
Australia - New South Wales 8,008 (Mar 8, 2020)
Norway 8,000 (Mar 12, 2020)
United States - COVID-Tracking project 7,934 (Mar 12, 2020)
France 6,628 (Mar 5, 2020)
Austria 6,582 (Mar 13, 2020)
Netherlands 6,000 (Mar 7, 2020)
Thailand 5,232 (Mar 12, 2020)
Vietnam 4,588 (Mar 12, 2020)
Canada - Alberta 4,288 (Mar 12, 2020)
Canada - Ontario 4,185 (Mar 12, 2020)
India 4,058 (Mar 6, 2020)
Malaysia 4,010 (Mar 12, 2020)
Denmark 3,839 (Mar 13, 2020)
Slovenia 3,058 (Mar 12, 2020)
Czech Republic 2,353 (Mar 12, 2020)
Poland 2,234 (Mar 12, 2020)
Canada - British Columbia 2,008 (Mar 6, 2020)
Ireland 1,784 (Mar 9, 2020)
Finland 900 (Mar 11, 2020)
Hungary 858 (Mar 13, 2020)
Iceland 856 (Mar 11, 2020)
Slovakia 853 (Mar 12, 2020)
Philippines 717 (Mar 12, 2020)
Australia - Australian Capital Territory 649 (Mar 13, 2020)
South Africa 645 (Mar 11, 2020)
Lithuania 366 (Mar 13, 2020)
Croatia 344 (Mar 9, 2020)
New Zealand 338 (Mar 11, 2020)
Armenia 211 (Mar 9, 2020)
+ Add country
0
50,000
100,000
150,000
200,000
250,000
300,000
Source: Our World in Data based on official country reports
CC BY

Total COVID-19 tests performed per million people

Most recent data available from official sources as of 13 March 2020 - 9.00GMT

Our World in Data



Source: Our World in Data based on official country reports

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Nombre de PCR SARS-CoV-2 réalisées et positives

Routine : 8095 tests – 5 positifs

Rétrospectifs :

- **Routine <2020** : 523 tests
- **Patients décédés** : 164 tests
- **Cohorte Voyageurs** : 135 tests
- **Cohorte Sénégal** : 144 tests

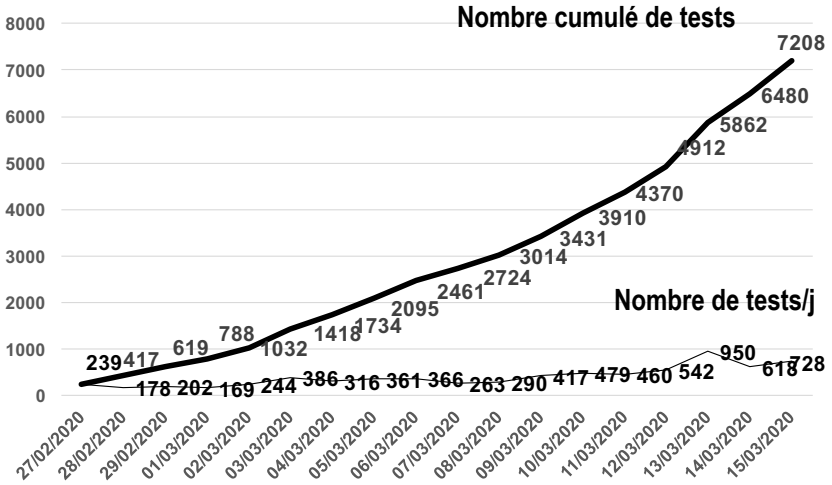
Rapatriés : 674 tests (337 personnes)

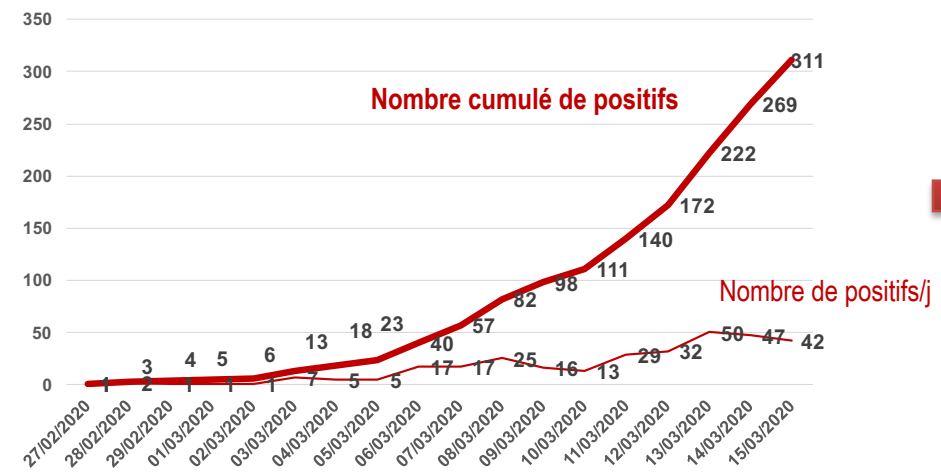
Cas suspects : 6118 tests - 311 positifs

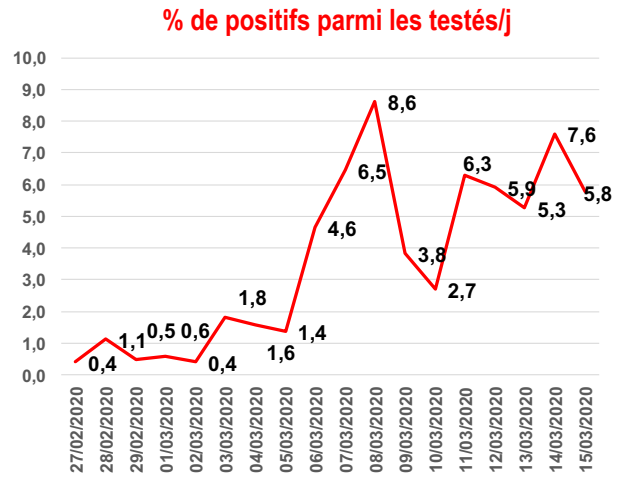
Total : 15,853 tests - 311 positifs

Lagier et al., Travel Med Infect Dis 2020; Amrane et al., Travel Med Infect Dis 2020; Colson et al., Eurosurveillance 2020

Nombre de tests SARS-CoV-2 et positifs depuis le 27/02/2020 (date de 1ère patient diagnostiqué)







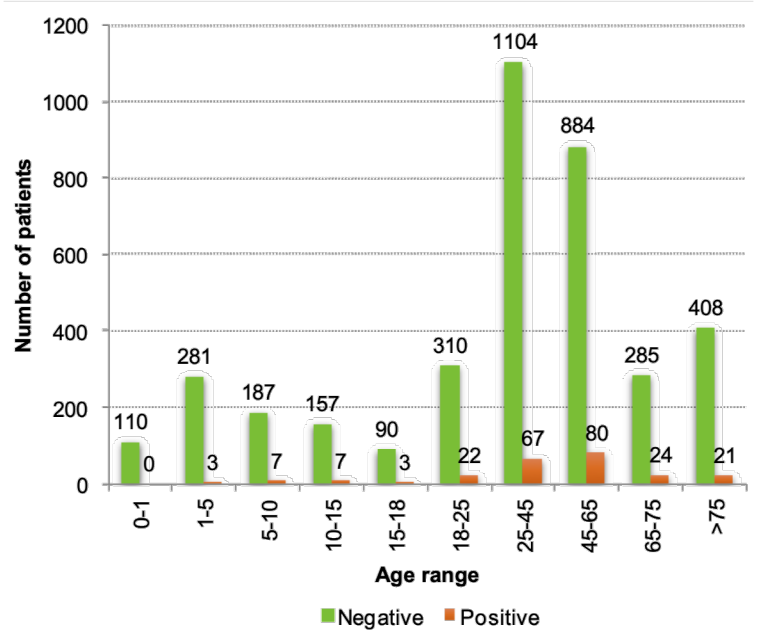
Distribution par classe d'âge des PCR SARS-CoV-2 négatives et positives

27/02/2020-14/02/2020

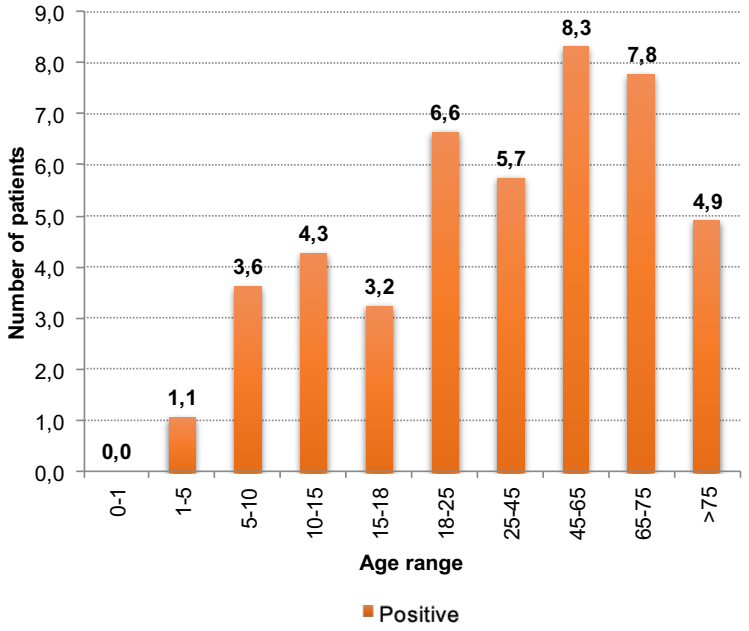
4,050 patients testés

234 patients positifs (5,8%)

Nombre de PCR positives et négative par classe d'âge



Proportion de PCR positive par classe d'âge



Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study

Fei Zhou, Ting Yu*, Ronghui Du*, Guohui Fan*, Ying Liu*, Zhibo Liu*, Jie Xiang*, Yeming Wang, Bin Song, Xiaoying Gu, Lulu Guan, Yuan Wei, Hui Li, Xudong Wu, Jiuyang Xu, Shengjin Tu, Yi Zhang, Hua Chen, Bin Cao*

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.

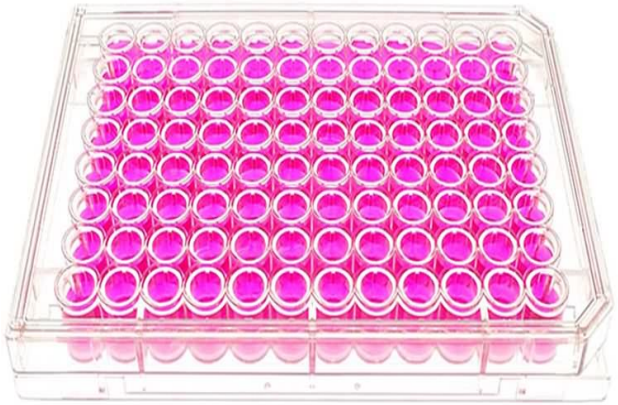
Methods In this retrospective, multicentre cohort study, we included all adult inpatients (≥18 years old) with laboratory-confirmed COVID-19 from Jinyintan Hospital and Wuhan Pulmonary Hospital (Wuhan, China) who had been discharged or had died by Jan 31, 2020. Demographic, clinical, treatment, and laboratory 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.

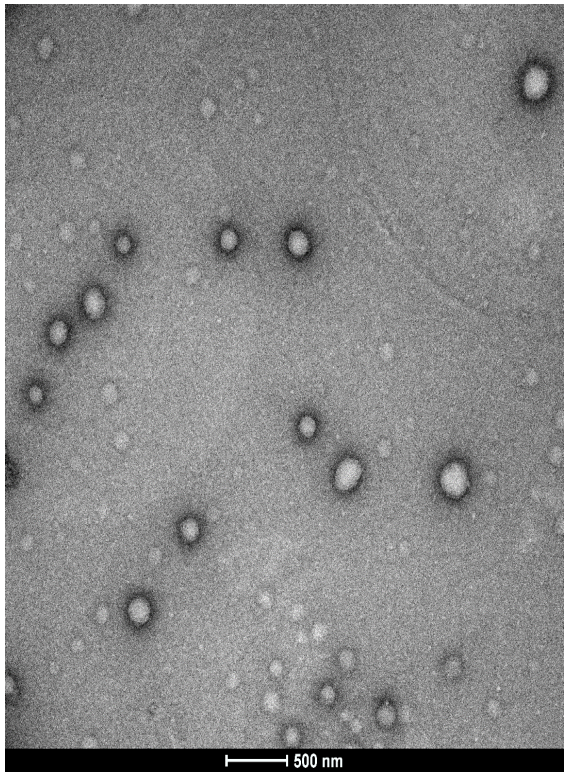
Interpretation The potential risk factors of older age, high SOFA score, and d-dimer greater than 1 μg/L could help clinicians to identify patients with poor prognosis at an early stage. Prolonged viral shedding provides the rationale for a strategy of isolation of infected patients and optimal antiviral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

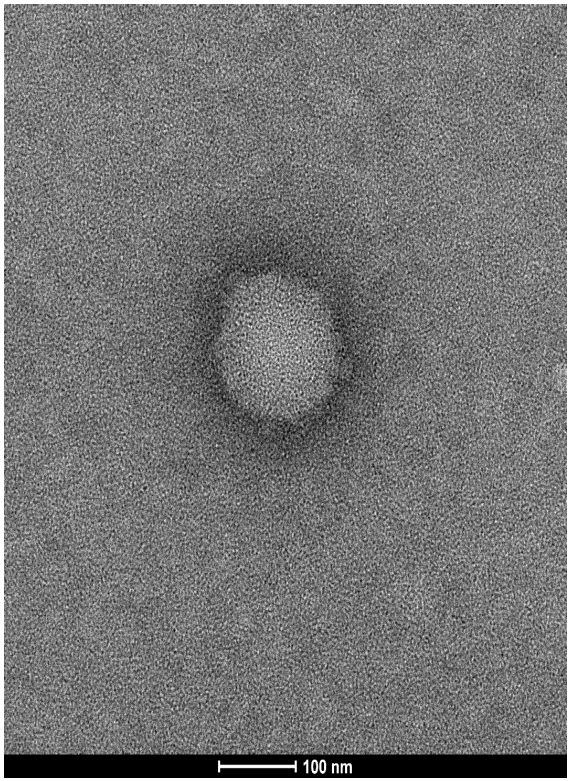
Funding Chinese Academy of Medical Sciences Innovation Fund for Medical Sciences; National Science Grant for Distinguished Young Scholars; National Key Research and Development Program of China; The Beijing Science and Technology Project; and Major Projects of National Science and Technology on New Drug Creation and Development.

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





Titres et bibliographie

Hydroxychloroquine as a treatment of COVID-19: results of an open-label non-randomized clinical trial

(1) Yao X, Ye F, Zhang M, Cui C, Huang B, Niu P, et al. In Vitro Antiviral Activity and Projection of Optimized Dosing Design of Hydroxychloroquine for the Treatment of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Clin Infect Dis. 2020 Mar 9. pii: ciaa237. doi: 10.1093/cid/ciaa237. [Epub ahead of print]

(2) Colson P, Rolain JM, Raoult D. Chloroquine for the 2019 novel coronavirus SARS-CoV-2. Int J Antimicrob Agents. 2020 Feb 15:105923. doi: 10.1016/j.ijantimicag.2020.105923. [Epub ahead of print]

(3) Wang M, Cao R, Zhang L, Yang X, Liu J, Xu M, et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. Cell Res 2020;10-0282.

(4) Colson P, Rolain JM, Lagier JC, Brouqui P, Raoult D. Chloroquine and hydroxychloroquine as available weapons to fight COVID-19. Int J Antimicrob Agents. 2020 [Epub ahead of print]

(5) Gao J, Tian Z, Yang X. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. Biosci Trends 2020 Feb 19. doi: 10.5582/bst.2020.01047. [Epub ahead of print]

(6) Armstrong N, Richez M, Raoult D, Chabriere E. Simultaneous UHPLC-UV analysis of hydroxychloroquine, minocycline and doxycycline from serum samples for the therapeutic drug monitoring of Q fever and Whipple's disease. J. Chromatogr. B Analyt. Technol. Biomed. Life Sci. 2017: 1060, 166-172.

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

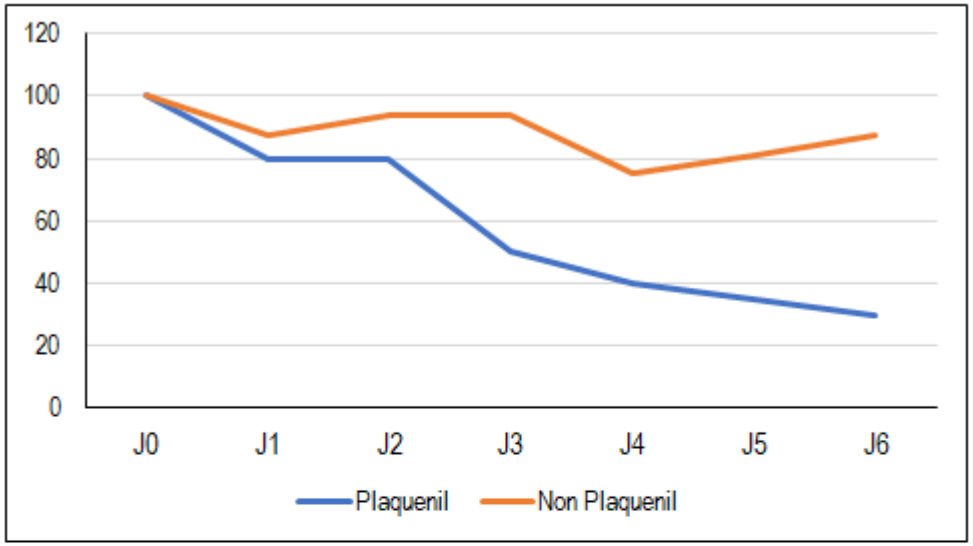


Figure 2: Pourcentage des positifs entre Non traité, PLQ seul et PLQ + AZT