ISARIC-4C: Lessons from 82 000 in-hospital patients with COVID-19

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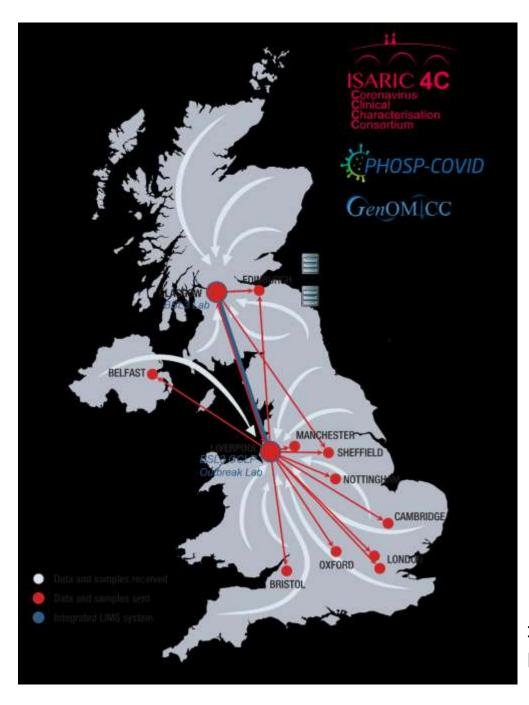




ISARIC-4C

ISARIC COVID-19 Clinical Data Report Contributors





ISARIC 4C

>90K patients Largest in-hospital dataset



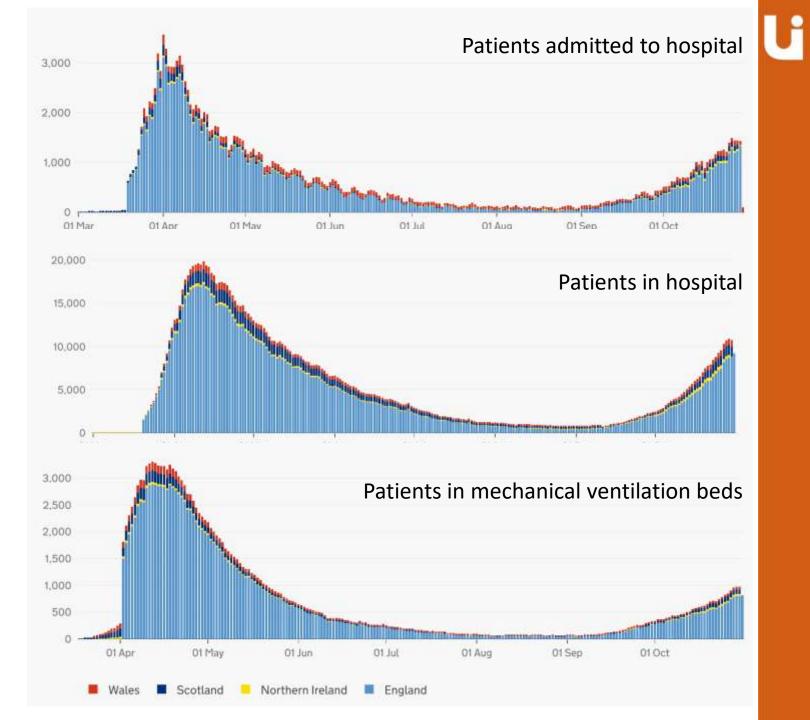
Summary

- 1. Characteristics of wave 1 vs. wave 2
- 2. Risk stratification of in-patients
- 3. Complications and sequelae of SARS-CoV-2 infection
- 4. Change in hospital mortality over duration of pandemic
- 5. Translating evidence into practice: Steroids and covid-19



Characteristics of wave 1 vs. wave 2

Current situation

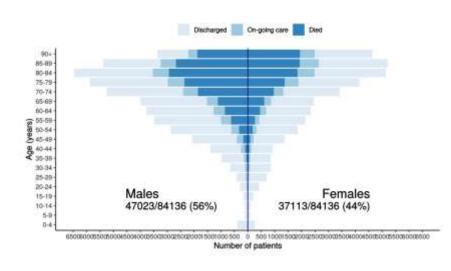


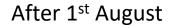
coronavirus.data.gov.uk

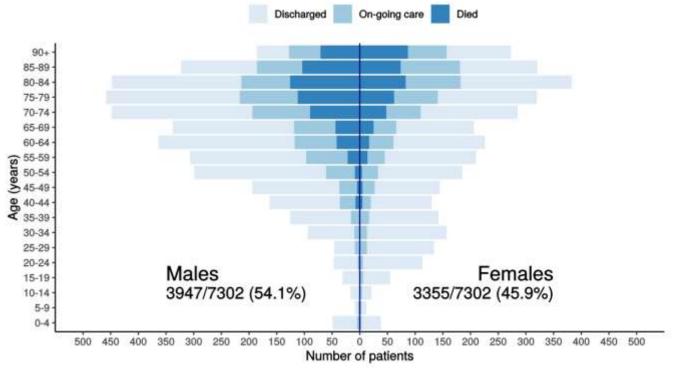


Age and sex

All

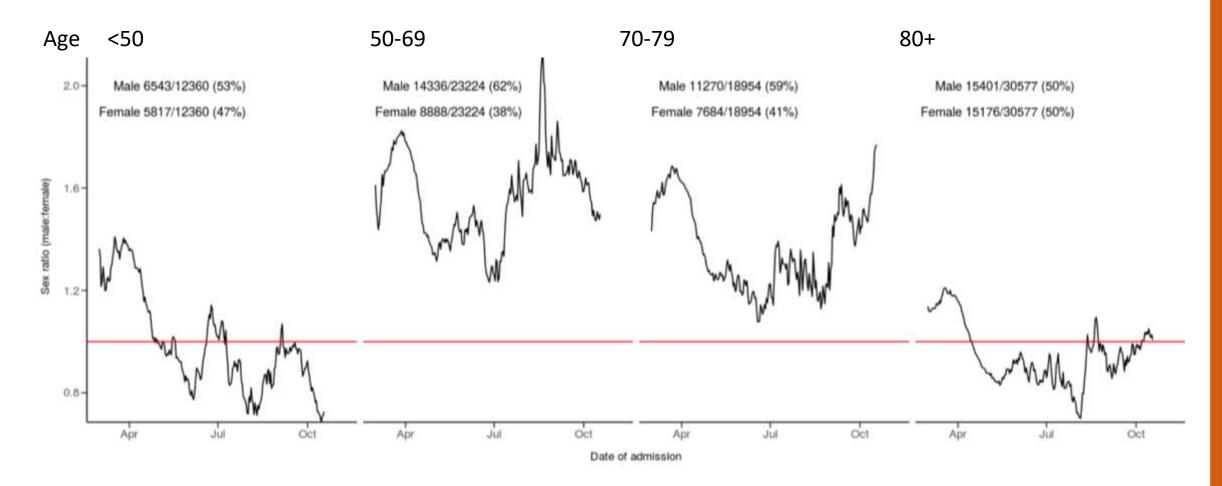






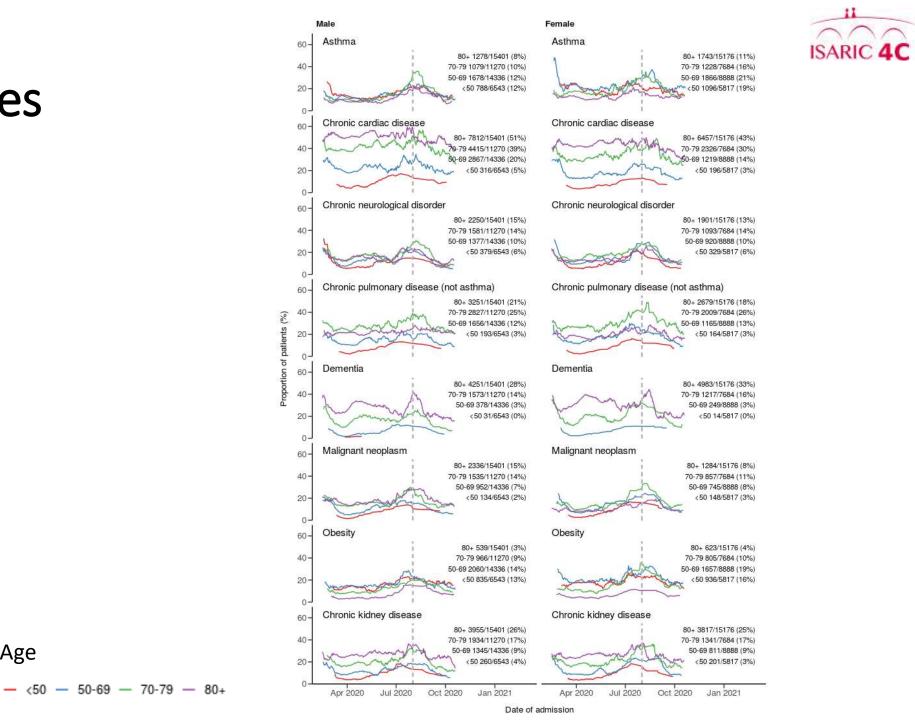


Sex ratio



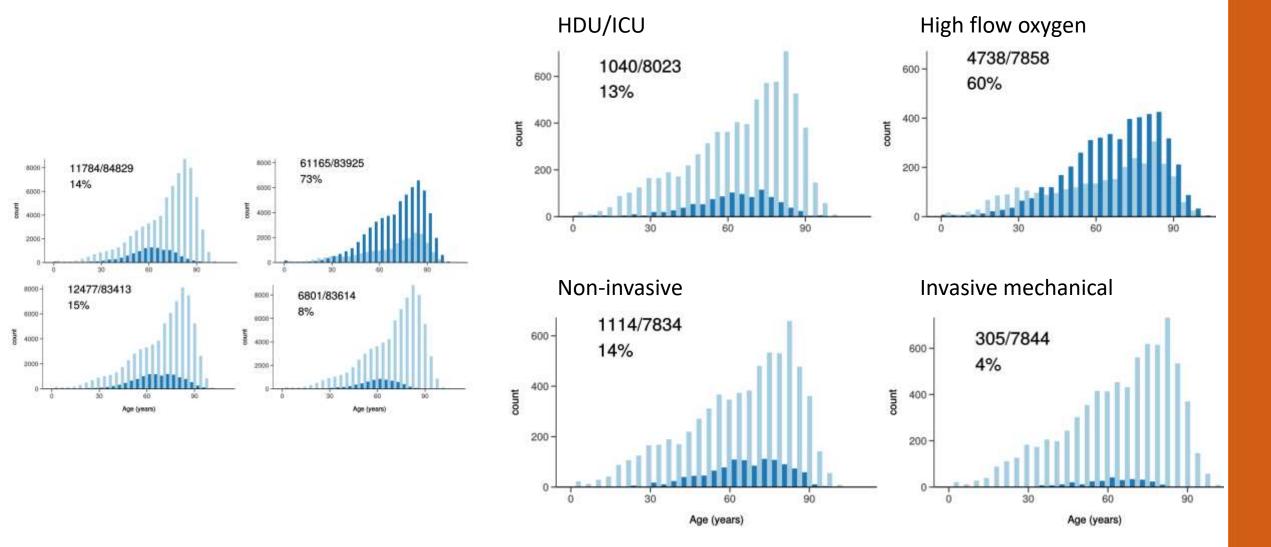
Comorbidities

Age



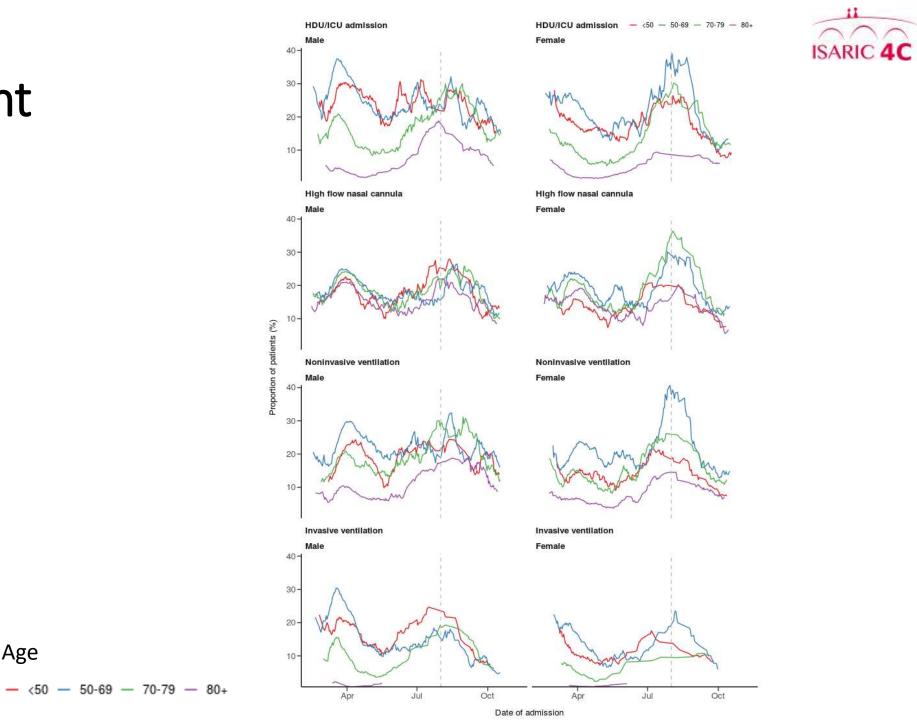


Management

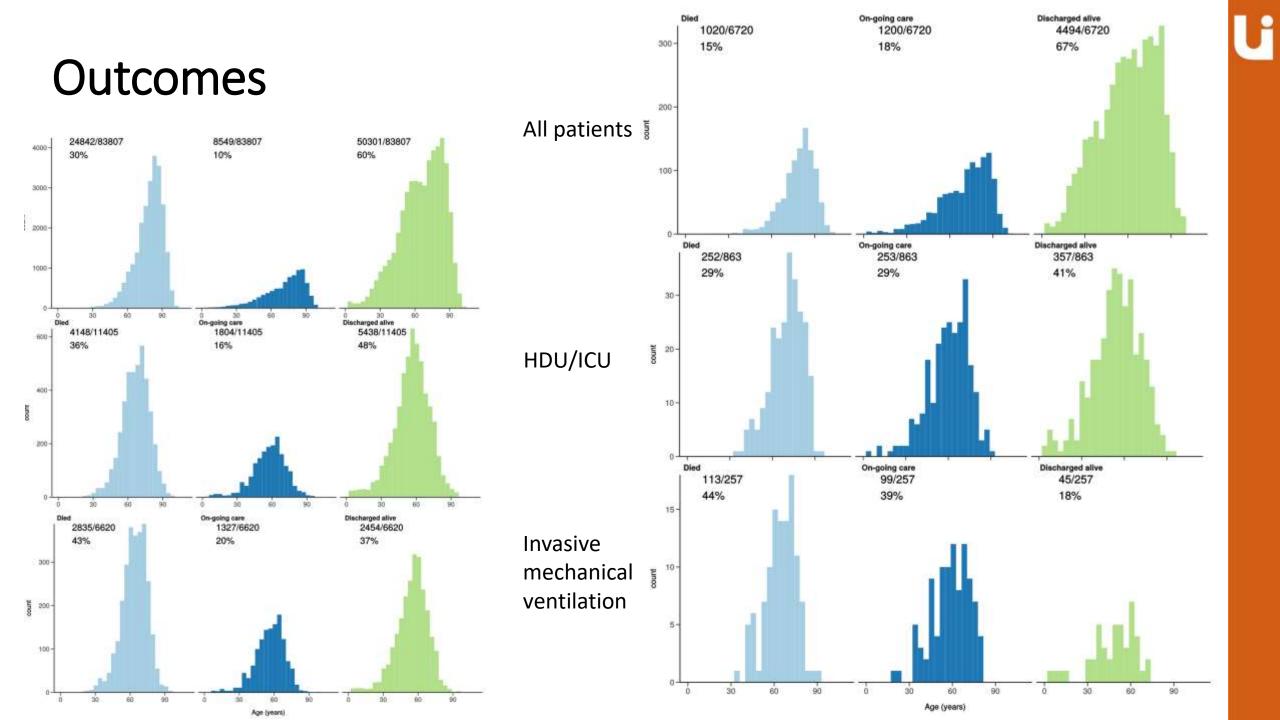


Management

Age



P





Risk stratification of inpatients

Risk
stratification

4C mortality score 4C deterioration model

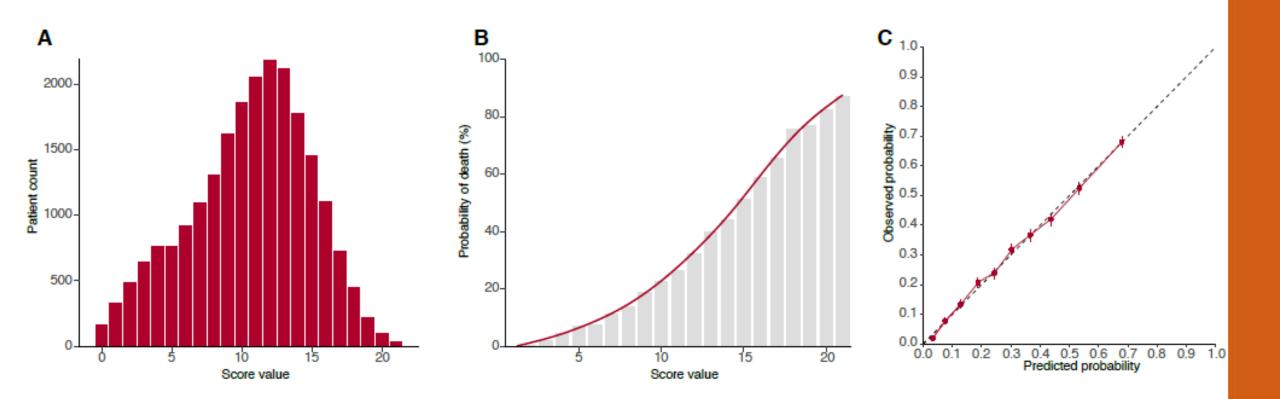
		4C
Variable		Mortality
		Score
	<50	
	50-59	+2
Age (years)	60-69	+4
	70-79	+6
	≥80	+7
Cour at hinth	Female	
Sex at birth	Male	+1
	0	
Number of comorbidities*	1	+1
	≥2	+2
	<20	
Respiratory rate (breaths/minute)	20-29	+1
	≥30	+2
Peripheral oxygen saturation on room	≥92	
air (%)	<92	+2
Classes Care Carls	15	
Glasgow Coma Scale	<15	+2
	<7	
Urea (mmol/L)	7-14	+1
	>14	+3
	<50	
CPP(mg/l)	50 00	⊥1

ISARIC 4C

Knight et al BMJ 2020



4C mortality score

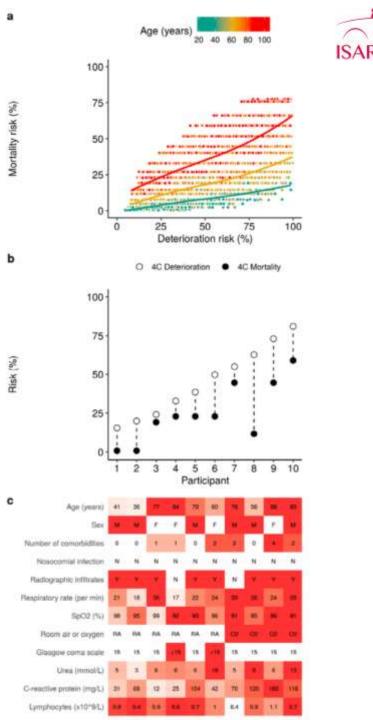


4C deterioration model

• +

- Lymphocyte count
- Radiological infiltrates
- Nosocomial infection

- 4C mortality
 - Simple score, high level risk of death
- 4C deterioration
 - Complex model, useful in younger age groups



4C mortality score

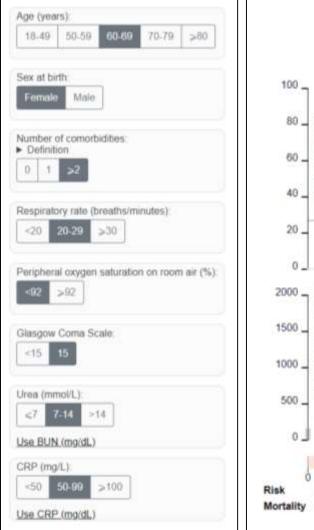
isaric4c.net/risk/

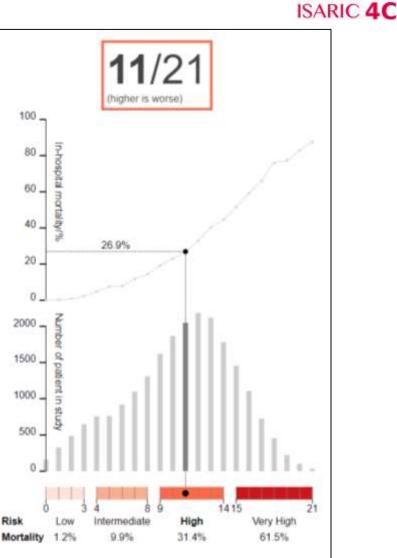
External validation

LETTER TO THE EDITOR | ARTICLES IN PRESS

Comparing the 4C mortality score for COVID-19 to established scores (CURB65, CRB65, qSOFA, NEWS) for respiratory infection patients

Zoe Wellbelove 🚊 🖾 - Chloe Walsh - Tanaraj Perinpanathan - Patrick Lillie - Gavin Barlow

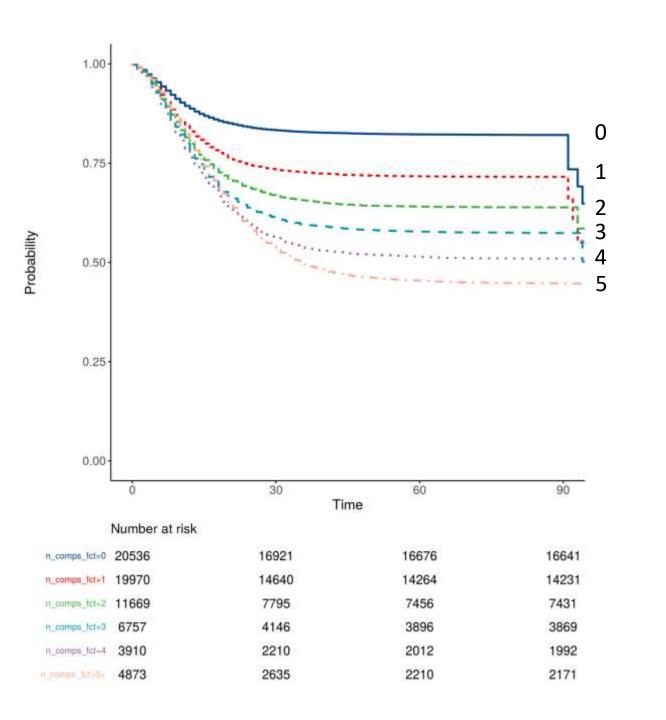






Complications and sequelae of SARS-CoV-2 infection

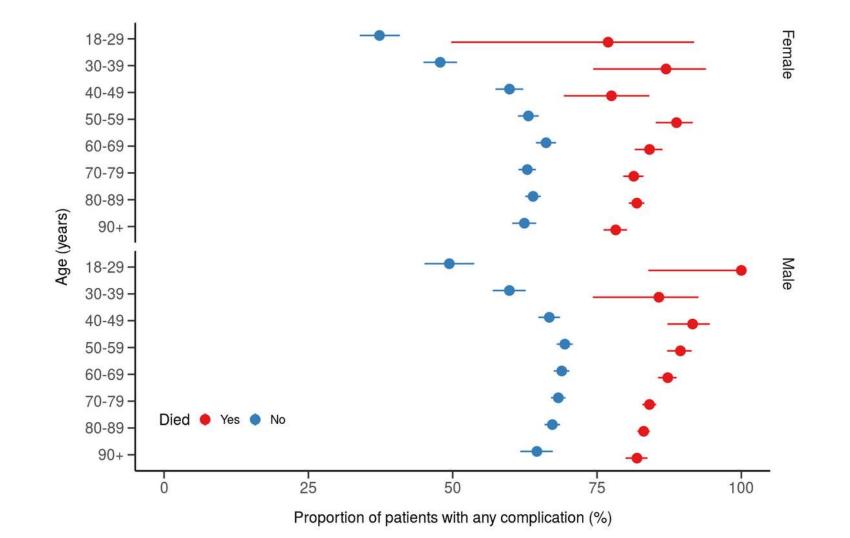
Complications and risk of death



ISARIC 4C



Complications by age and sex





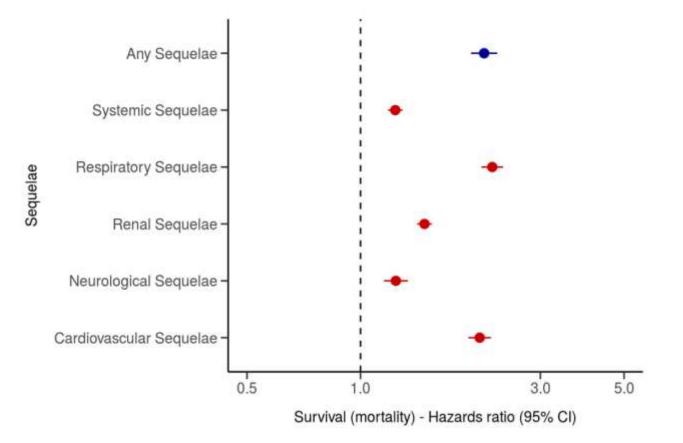
Complications by age and sex

		Systemic	Renal	Cardiovascular	Neurological	Respiratory	Any complication
Total N (%)		11748 (19.2)	16240 (25.2)	8046 (13.2)	2674 (4.4)	37442 (60.1)	45723 (70.5)
Age on admission (years)	18-29	156 (12.5)	121 (9.3)	44 (3.5)	32 (2.6)	441 (35.0)	564 (43.2)
	30-39	354 (15.7)	317 (13.4)	112 (4.9)	75 (3.3)	1104 (48.3)	1308 (55.0)
	40-49	724 (17.2)	793 (18.0)	315 (7.5)	143 (3.4)	2556 (59.7)	2899 (65.6)
	50-59	1492 (19.4)	1926 (23.7)	770 (10.0)	312 (4.1)	4926 (62.8)	5710 (70.0)
	60-69	1980 (21.2)	2817 (28.5)	1263 (13.5)	430 (4.6)	6029 (63.2)	7189 (72.5)
	70-79	2707 (19.5)	3960 (27.1)	2005 (14.5)	619 (4.5)	8590 (60.9)	10617 (72.1)
	80-89	3218 (19.4)	4711 (26.9)	2570 (15.5)	797 (4.8)	10182 (60.2)	12889 (73.1)
	90+	1117 (18.8)	1595 (25.2)	967 (16.2)	266 (4.5)	3614 (59.2)	4547 (71.4)



Association between complications and morality

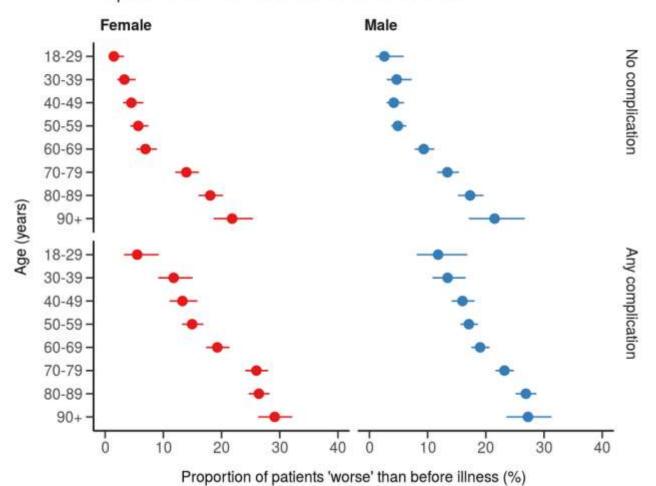
- Adjusted
 - Age, sex, comorbidity, deprivation





Ability to self-care at discharge

Ability to self-care at discharge after survival from covid-19 Proportion of survivors 'worse' than before before illness



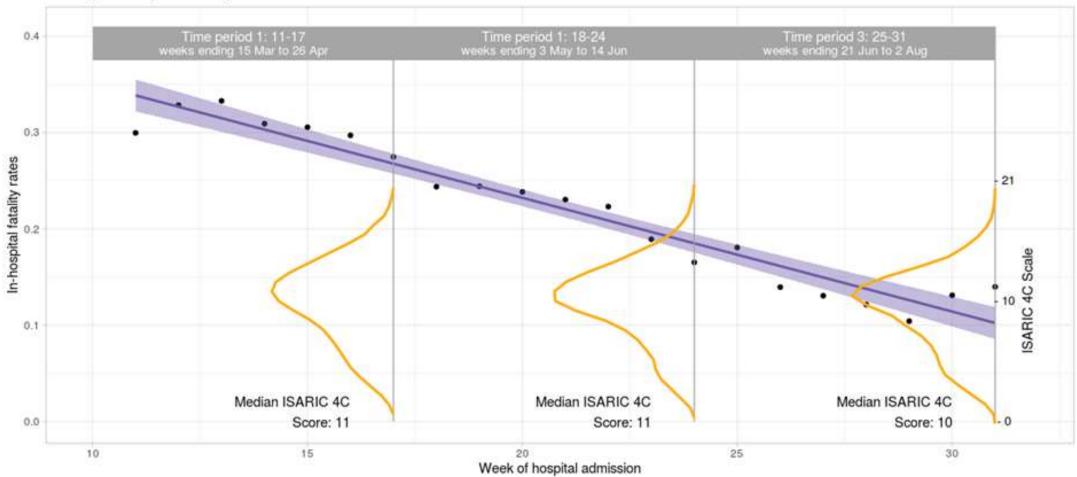


Change in hospital mortality over duration of pandemic



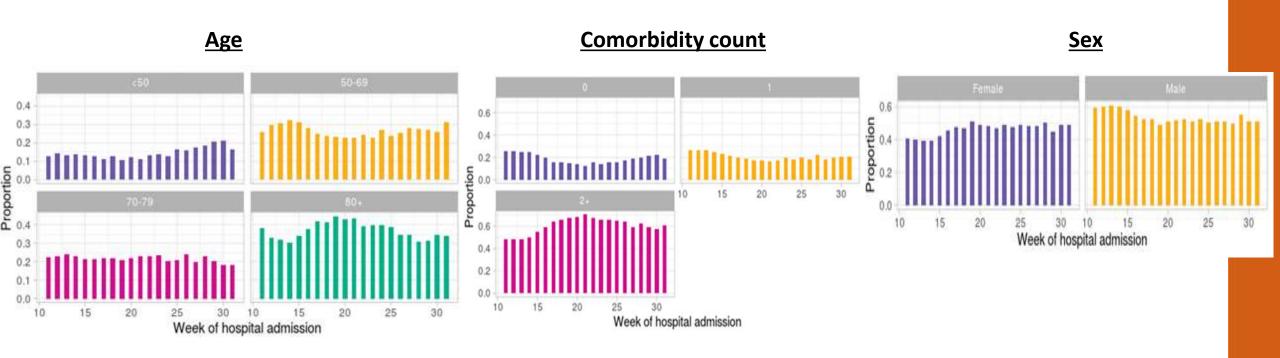
In hospital mortality over time

Weekly in-hospital fatality rates with ISARIC 4C Score distributions



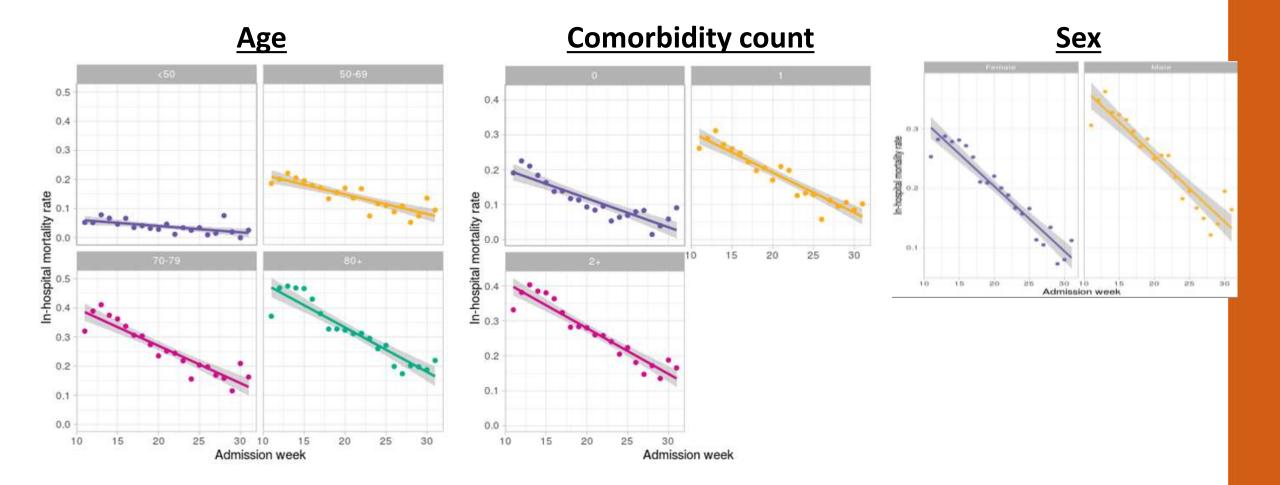


Changes in case-mix: Age, Comorbidity and Sex



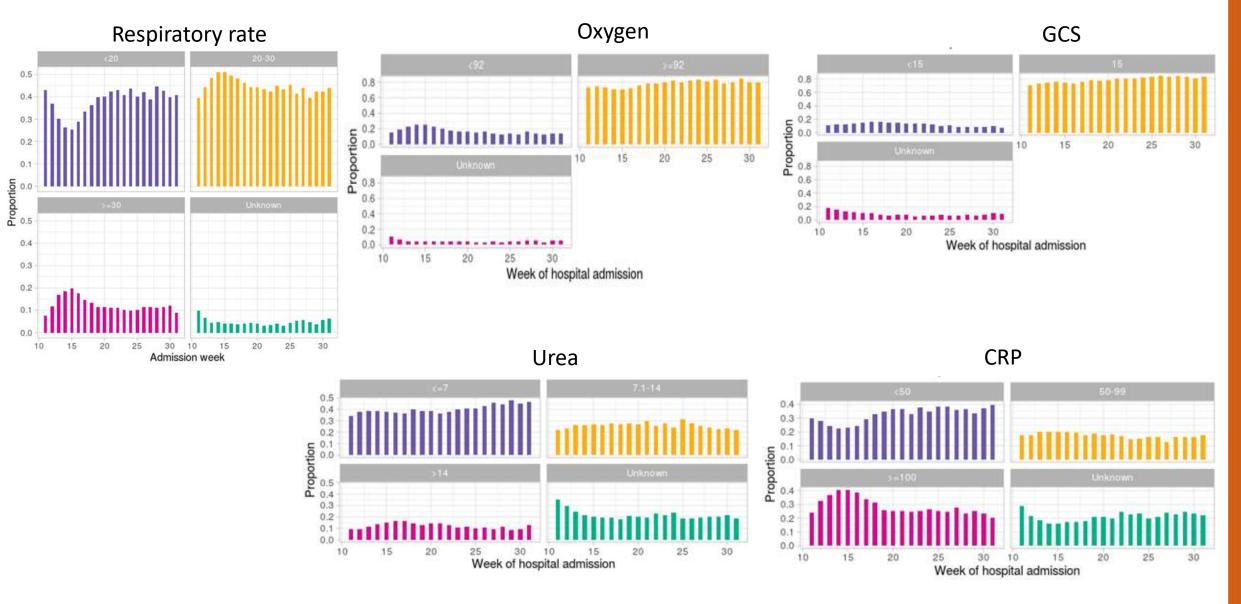


Age, Comorbidity, sex mortality over time



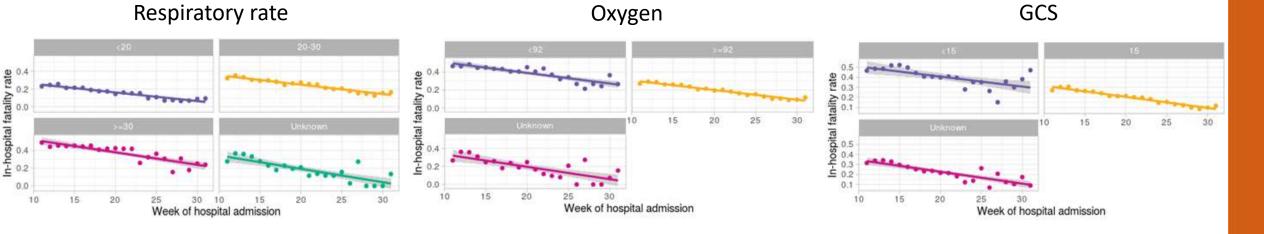


Illness severity at presentation



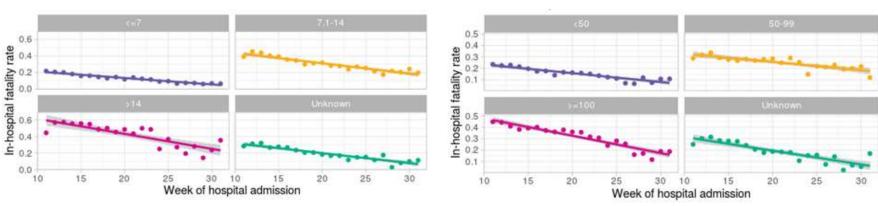
Illness severity at presentation





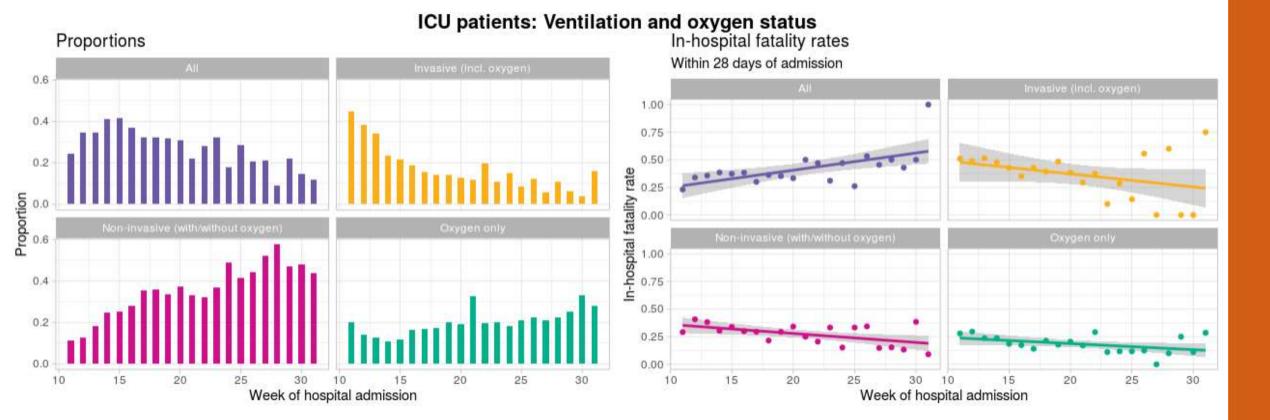
Urea

CRP





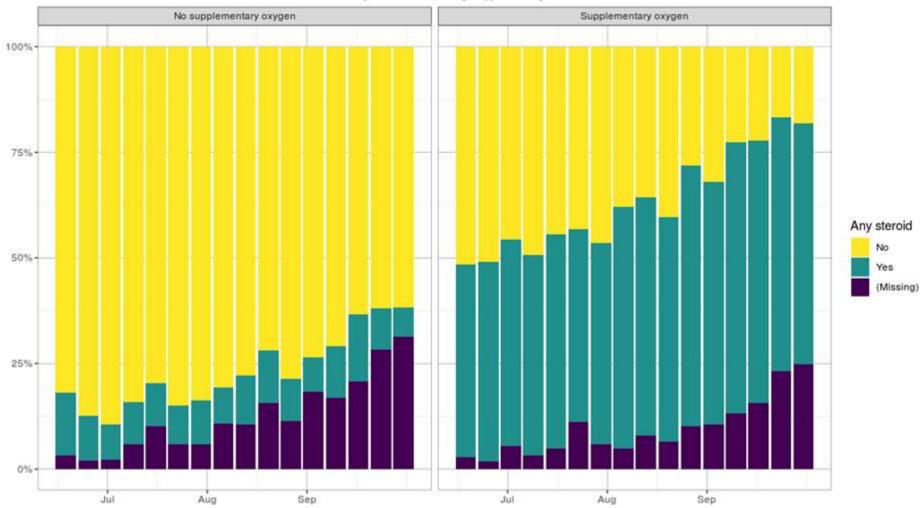
Respiratory support





Translating evidence into practice: Steroids and covid-19



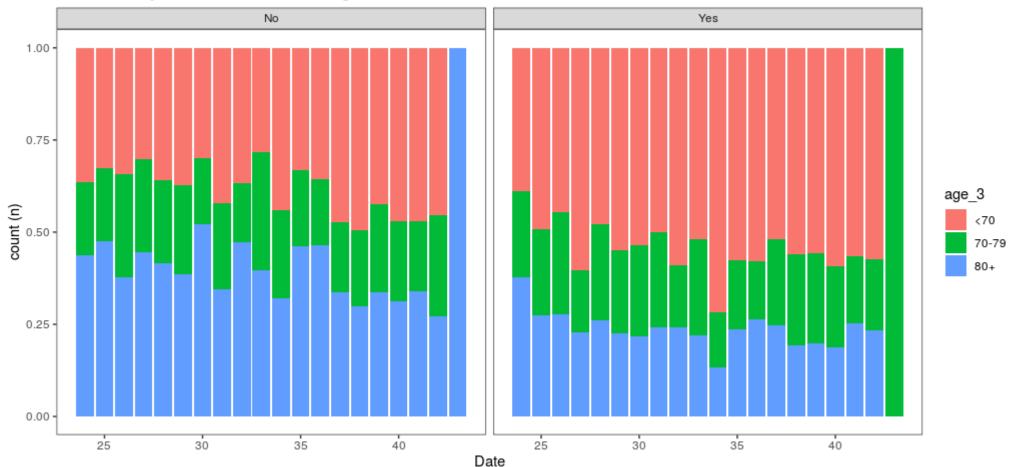


All adult patients, stratified by supplementary



Steroid use in patients on oxygen by age

patients on oxygen stratified by steroid use, colour = age



Steroid use by comorbidity

	No steroid (n=1360, 34.8%	Any steroid (n=2130, 54.5%)	Dexamethasone (n=1914, 49.0%)	Hydrocortisone (n=125, 3.2%)	Methylprednisolone (n=35, 0.9%)	Prednisolone (n=295, 7.6%	Missing (n=416, 10.7%)
Chronic cardiac disease	468 (40.8)	546 (47.6)	477 (41.6)	41 (3.6)	8 (0.7)	105 (9.2)	133 (11.6)
Non- asthmatic chronic pulmonary disease	270 (35.4)	414 (54.3)	308 (40.4)	56 (7.3)	4 (0.5)	145 (19.0)	79 (10.4)
Asthma	144 (26.1)	348 (63.0)	298 (54.0)	38 (6.9)	4 (0.7)	78 (14.1)	60 (10.9)
Diabetes	244 (31.9)	442 (57.9)	398 (52.1)	27 (3.5)	6 (0.8)	67 (8.8)	78 (10.2)
Obesity	127 (24.6)	328 (63.6)	307 (59.5)	18 (3.5)	7 (1.4)	32 (6.2)	61 (11.8)
Chronic neurological disease	163 (40.9)	196 (49.1)	176 (44.1)	14 (3.5)	3 (0.8)	23 (5.8)	40 (10.0)
Dementia	210 (53.0)	145 (36.6)	122 (30.8)	11 (2.8)	2 (0.5)	21 (5.3)	41 (10.4)
Pre-adm immuno- suppressant	96 (21.2)	318 (70.4)	237 (52.4)	43 (9.5)	5 (1.1)	122 (27.0)	38 (8.4)





Where to next...?

- Characterise the second wave
 - Re-infection
 - Co-infection
- Changes in hospital mortality
- Asthma/CPD
- Phenotypes by symptoms
- Cytokine response
- GWAS
- Data linkages

Acknowledgements



- This work uses data provided by patients and collected by the NHS as part of their care and support #DataSavesLives.
- We are extremely grateful to the 2 648 frontline NHS clinical and research staff and volunteer medical students, who collected this data in challenging circumstances; and the generosity of the participants and their families for their individual contributions in these difficult times.
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- For protocol, data sharing and sample access please visit <u>https://isaric4c.net</u>