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CICLO CARLOS CHAGAS DE PALESTRAS

9ª EDIÇÃO

SAÚDE MENTAL E DOENÇA DE CHAGAS: MUITO A DESVENDAR PARA ENFRENTAR

LIVRO DE RESUMOS

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★**#25 Area: Epidemiology**

Chagas' disease mortality and the COVID pandemic: experience of the Evandro Chagas National Institute of Infectious Diseases (INI), Fiocruz

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Introduction: The first cases of the new coronavirus (SARS-CoV-2) infection were identified in Brazil at the end of February 2020. Since then,1.3 to 3.2 million Brazilian patients with Chagas disease (CD) are at risk to be exposed to this viral infection. There are no studies on how this pandemic affected patient with CD and whether the cardiac involvement, that is present in 30% of these individuals, may interfere the evolution of the COVID-19.

Objective: To describe the mortality rates (all-cause and by COVID-19) during pandemic period and to investigate the relationship between Chagas heart disease (CHD), presence of comorbidities and death.

Method: Retrospective observational study, consisting of patients with CD followed at the outpatient center at INI-Fiocruz, from March 2020 and May 2021. CHD was classified according to the 2nd Brazilian Consensus on CD.

Results: A total of 909 records were reviewed, 58.1% women, with an average age of 64.5 ±11,3 years. Most patients were born in Bahia (24.8%) and Minas Gerais (20%) states. CD classification was as follows, 532 (58.5%) had the indeterminate form, 222 patients (24.4%) were at CHD stage-A, 93 (10.2%) at CHD stage-B1, 28 (3.1%) at CHD stage-B2, 33 (3.6%) at CHD stage-C and 1 (0.1%) at CHD stage-D. Thirty-five deaths were identified (3.9% all-cause mortality rate), of those 13 related to CD, 16 not related to CD, 11 due to COVID-19, and 6 from unknown causes. Therefore, 31.4% of the deaths were related to COVID-19. Of the 11 patients who died from COVID-19 (mean age 72.5±10,1 years), most were women (n=8), 2 had the indeterminate form (18.2%), 4 were at CHD stage-A (36.4%), 1 at CHD stage-B2 (9.0%) and 4 at CHD stage-C (36.4%). All of them had comorbidities (most three or more) with a predominance of arterial hypertension (100%) and dyslipidemia (81.8%). Comparing deaths from Covid and deaths from other causes, regarding cardiomyopathy, there were no differences between patients with normal echocardiogram (n=13 [44.8%]) and patients with altered echocardiogram (n=16 [55.2%]) (chi-squared p-value=0.41). However, regarding comorbidities, there were differences between those who had three or more (n=7/29 [24.2%]) and those who did not or had one or two (n=22/29 [75.8%]) (chi-squared p-value<0.001).

Conclusion: COVID-19 represented one-third of deaths in CD patients during the pandemic period. The presence of multiple comorbidities seems to make CD population highly susceptible to an ominous prognosis in COVID-19.