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Medical Complaints after Infection with Severe Break through COVID-19 Pandemic

Zuhal Karali*
Department of Medicine, Division of Infectious Diseases, Emory University School of Medicine, Atlanta, Georgia

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Description

The SARS CoV-2 variant Omicron (B.1.1.529) has been associated with less severe acute illness, however, concerns remain about whether long-term complaints persist to the same extent. Same as the previous variants or not. By studying 1,323,145 18- to 70-year-olds living in Norway with and without SARS CoV-2 infection in a prospective cohort study, we found that those infected with Omicron were at increased risk of developing Post-SARS CoV-2 disorders are similar. , cough, heart problems). palpitations, dyspnoea, and anxiety/depression) in Delta infected individuals (B.1.617.2), 14 to 126 days after testing positive, including during the acute phase (14 to 29 days)), subacute (30 to 89 days) and chronic post-covid (≥ 90 days). However, at ≥ 90 days after testing positive, individuals with Omicron infection had a lower risk of complaints (43 (95% CI=14 to 72) less per 10,000), as well as a greater risk of pain. Lower skeletal muscle (23 (95% CI=2-43) less per 10,000) than those with Delta infection. Our results suggest that the acute and subacute burden of post-covid claims on healthcare services is similar for Omicron and Delta.

Chronic burden for Omicron may be lower than for Delta when considering musculoskeletal pain, but not when considering other typical post-covid complaints. An increase in medical complaints following a mild infection with SARS-CoV-2, sometimes referred to as "prolonged covid", has been reported. Although the SARS-CoV-2 variant Omicron is associated with less severe acute illness and reduced risk of hospitalization compared with Delta, there are concerns about whether long-term complaints persist at this level.

Because of the increased rate of secondary attack when index cases have Omicrons instead of Deltas, and more symptomatic but less severe cases are expected even among vaccinated people, it is necessary to know the risks after treatment. Omicron for doctors, paramedics and paramedics. Policy makers. If the Omicron variant causes temporary or persistent post-covid complaints, it could place a huge burden on the healthcare industry and society.

Survey data have been used to identify persistent symptom patterns after SARS CoV-2 infection; however, estimates vary widely and cannot be used to infer consequences for health services. For example, dyspnea after recovery from initial SARS CoV-2 infection was reported in 10%-20% of patients in one survey study and in up to 75% of patients in another. Bias in reporting and response will affect the accuracy of symptoms and tests, leading to questionable validity and difficulty in making comparisons between studies. Nordic National Registry data based on health services freely available to all residents, i.e. medical records viewed in primary care showing both indications of claims experienced by the patient (and as such by a physician), and it represents a care relationship that poses a definite need for health care services.

Linking this medical record data to SARS CoV-2 infection data for each variant, including the recently emerged Omicron variant, can provide insights into post-covid causes. And the expected burden on the health system when more people are vaccinated and have mild illness. Therefore, we investigated whether individuals infected with the Omicron variant had an altered risk of post-covid complaints compared with (1) Delta infected individuals and (2) uninfected individuals. We also provide estimates of common claims for acute, subacute, and chronic post-covid periods, including data 3 months after a positive test result.

Contact: Zuhal Karali, Email: karalizuhal16@gmail.com

Finally, we performed some sensitivity analysis. First, because people who test negative may be more likely to get tested and then seek primary care due to (persistent) symptoms of body systems similar to of those affected by SARS CoV-2, we repeated the initial analyses and differentiated over time by group comparison including untested individuals (aged 18-70 years, no hospitalized and assigned a presumptive, randomized test date for the duration of our study) in a sensitivity analysis.