

Implementing a Follow-Up Call Program for Ambulatory Patients with Covid-19 in a Tertiary Center in Mexico City

Yamile G. Serrano-Pinto¹, Cristian E. Espejo-Ortiz¹, Lorena Guerrero-Torres¹, Alvaro Lopez-Iñiguez¹, Aldo Hernández-Alemon¹, David Iruegas-Nuñez², Ingrid V. Hernández-Martínez², Valeria E. Gómez-Islas², Dulce Oropeza-Viveros², Alexia Esquinca-González², Kevin R. García-Fong², Eduardo Gómez-Vásquez², Karen A. Arias-Delgado², Sandra E. Castro-Gómez³, Brenda E. Crabtree-Ramírez¹

¹Infectious Disease Department. Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico
²Medical Student. Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico
³Anesthesiology Attending. Centro Medico ABC, Mexico City, Mexico

 giovita03011989@gmail.com

BACKGROUND

The Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán (INCMNSZ) in México City is a teaching hospital which was converted into a COVID-19 designated hospital on mid-March 2020. In México City, the COVID-19 peak, started in mid-April 2020. A considerable proportion of patients with SARS-CoV-2 infection, were treated as outpatients. We aimed to describe the clinical characteristics at diagnosis of ambulatory patients diagnosed with COVID-19, the clinical outcomes at four months and their willingness to donate plasma.

METHODS

A call strategy follow-up program (FUP) was established on April 19, 2020. All ambulatory patients received at least 3 calls every 48-72 hours, followed by 2 weekly calls. A team of voluntary medical students, general practitioners, fellows, and medical specialists was assembled for this purpose. Signs of alarm (fever >72 hours, shortness of breath, respiratory distress) and other clinical signs were collected on every call. Willingness to donate plasma and possibility of an adequate physical distancing were also addressed.

Figure 1: General Distribution

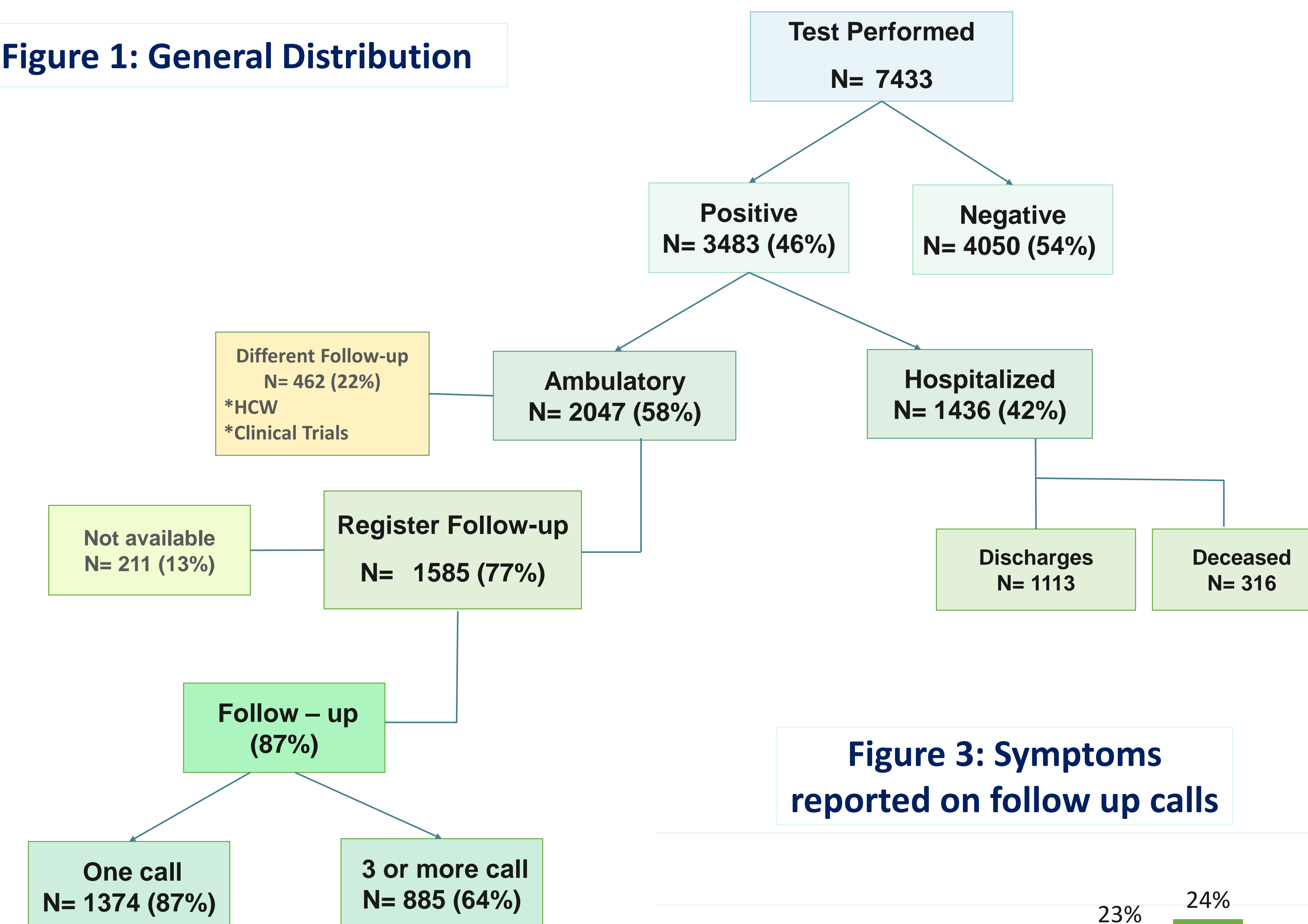


Figure 2: Sex distribution

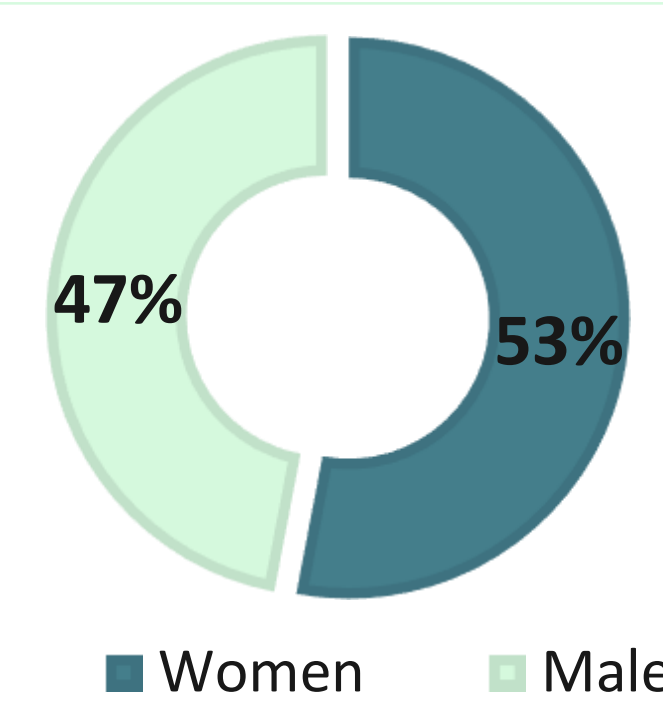


Table 1: Comorbidities

	n	(%)
Obesity	296	(21)
Smoking	156	(11)
Diabetes	150	(10)
Hypertension	150	(10)
Asthma	41	(3)
Cardiovascular disease	33	(2)
HIV	13	(1)
COPD	7	(0.5)

Figure 3: Symptoms reported on follow up calls

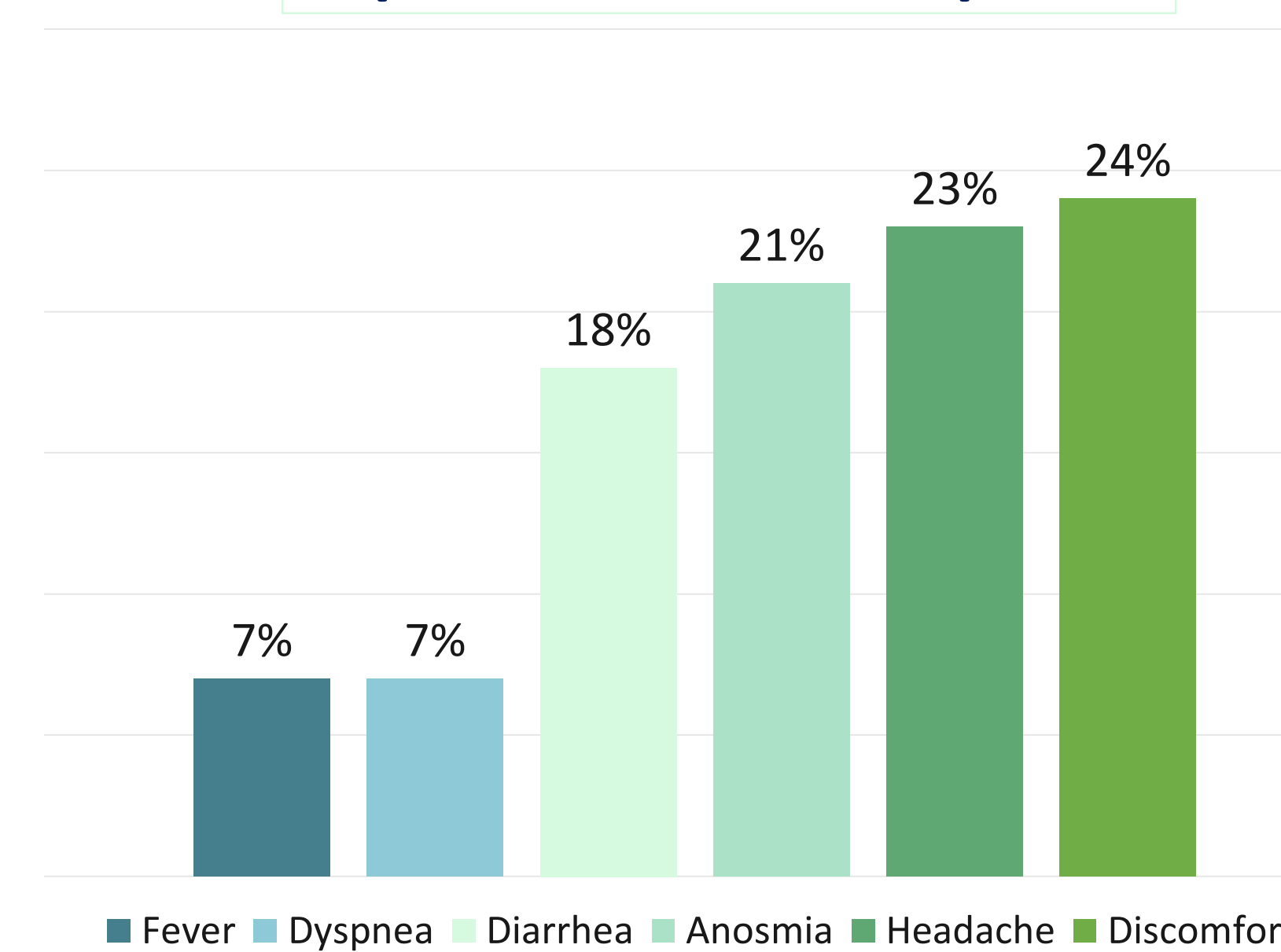
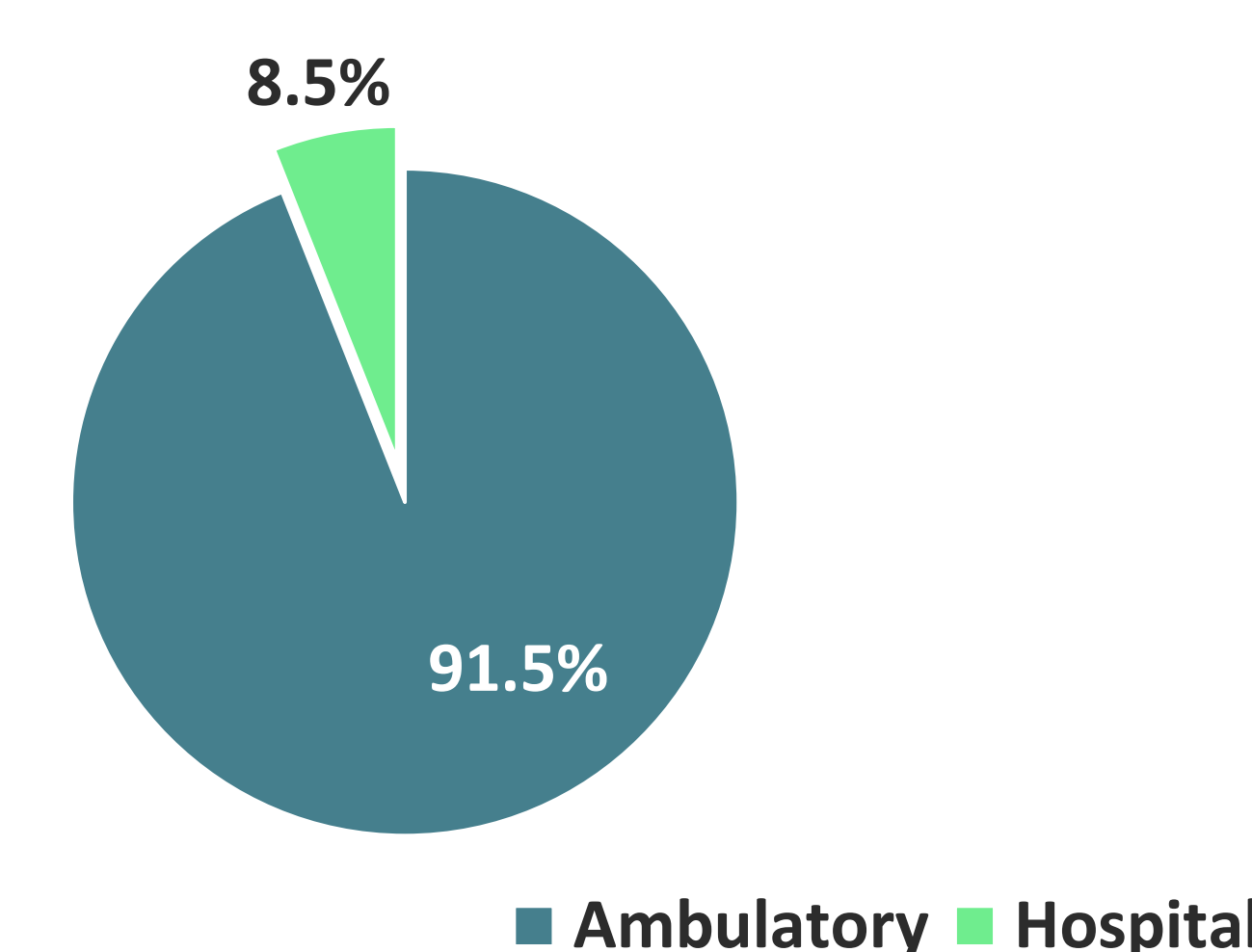


Figure 4: Patient who need hospitalization during follow-up



RESULTS

- From April 19 to August 31, 2020, a total of 3483 patients tested positive for SARS-CoV-2, of those 1585 were registered in the call center follow up and 1374 were ambulatory patients with follow-up.
- The median age was 41 years (IQR 31-52) and 53% were female.
- A total 1374 (87%) patients received at least one call, 885 (64%) had 3 or more calls and 211 (13%) were not located.
- We identified 506 patients with clinical manifestations indicating possible alarm signs during the calls, and 119 (23%) of them were directed to hospitalization during the call.
- During the follow-up, 24% referred fatigue that limited their activities, 23% headache, 21% anosmia, 18% diarrhea, and 7% fever and dyspnea.
- 93% were able to isolate themselves in their homes properly.
- The willingness to donate plasma was assessed in all patients, and only 482 (35%) expressed their desire to donate.

CONCLUSIONS

Ambulatory follow-up is feasible and effective to identify those who need hospitalization. Remarkably, half of the ambulatory patients had no comorbidities and they presented fatigue as the most frequent symptoms during follow-up. The willingness to donate plasma was low in this cohort.

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