

The impact of Intensive Care Unit admission, sex and vaccination on COVID-19 death

Catarina Cardoso¹, Maria F. Mineiro¹, Matilde Gomes¹, Natacha Oliveira¹, Rui P. Leitão², Vera Afreixo³

¹Department of Mathematics, University of Aveiro, 3810-193 Aveiro, Portugal

²Public Health Unit of Baixo Vouga Health Centers Cluster, 3804-502 Aveiro, Portugal

³Center for Research and Development in Mathematics and Applications (CIDMA), Department of Mathematics, University of Aveiro, 3810-193 Aveiro, Portugal

Introduction:

On March 2nd, 2020, the first case of Sars-Cov-2 was detected in Portuguese territory [1]. The disease set off by this virus, Covid-19, has reportedly been known to affect the respiratory system and cause higher fatality rates. [2][3]

The employed database for this study was provided by the Baixo Vouga ACeS, and it includes data gathered during the epidemiological investigation of all COVID-19 confirmed cases reported in this area, between March 2020 and January 2022. [4]

We aimed to find significant correlations between various variables and death from COVID-19, as well as a subsequent appropriate regression model.

Methods:

All reported cases of COVID-19 from March 8, 2020 until January 31, 2022 in Baixo Vouga region were the subjects of a retrospective study. The incidence per 1,000,000 population was estimated by habitants residing in each county using PORDATA data of Census 2021 Population description. Employing R software 33 variables were analyzed with 42746 observations. To evaluate daily incidence of COVID-19 a seasonal plot was elaborated (EpiEstim package) showcasing the standardized incidence of the viral disease by county, using packages tmap, Tcpp, sp, raster, rgdal, terra and rgeos, and the design was exported from government data site. [5] To select the interesting variables it was performed a Welch two-sample ttest for the variable Age, a 4-point z-test for equality of proportions without continuity correction for the variable Sex and a 2-point z-tests for equality of proportions for the variables Comorbidities, COVID-19 Symptoms and Intensive Care. A logistic regression model for death was performed and the odds ratio for each explanatory variable was calculated. The assumptions, quality and significance of the model were validated. The significance level was set at 0.05.

Results:

The incidence of COVID-19 during its inception until January 2022 had several oscillations. It is evident that there are five observable peaks of incidence, firstly when COVID-19 cases started appearing in Portugal and the last coinciding with the highest number of cases ever in regional Baixo Vouga, it seems that this region follows the national peaks (Figure 1). It's interesting to note that cases dropped during months of stricter lockdowns in the country, the beginning of Spring in 2020 and 2021. More cases seem to be reported since the beginning of Autumn and end of Winter in both years analyzed, rather than during Spring and Summer, which is supported by global literature. Perhaps climate, lockdowns and self-protection interventions can explain the variations.

Ovar, Ílhavo, Sever do Vouga, Águeda and Anadia were the most affected (between 120,000 and 140,000 cases per 1,000,000 habitants), in Aveiro district (Figure 2).

In univariate statistical analysis, tests were applied to the variables of interest for the outcome "Death". All tests revealed a p-value less than 0.05. They were therefore all included in the logistic regression model.

From the multivariate analysis, p-values less than 0.05 appear for the variables Age, Intensive Care and Vaccinated. These are also the only variables whose 95% CI of the ORs do not include the value 1. VIFs were obtained with values between 1.00 and 1.15, and the likelihood-ratio test applied reached a p-value of 3.54 x 10-8. The deviance and AIC values in table 1 of our model are lower than the values of the null model.

Keywords: Covid-19, logistic regression model, Covid-19 mortality, Baixo Vouga ACeS, incidence

Corresponding author: Catarina Silva Cardoso catarinacardoso00@ua.pt

Conflict of interest: The authors declare no conflict of interests.

First published: 20JUL2022



© 2022 The Authors. This is an open access article distributed under CC BY license, whis license allows reusers to distribute, remix, adapt, and build upon the material in any medium or format, so long as attribution is given to the creator. The license allows for commercial use (<u>https://creativecommons.org/licenses/by/4.0/</u>).



EXTENDED ABSTRACT

Table 1 - Death Regression Models

	Normal Model			Null Model		
Predictors	Odds Ratios	Conf.Int (95%)	P-Value	Odds Ratios	Conf.Int (95%)	P-Value
(Intercept)	0.000	0.000 - 0.004	<0.001	0.174	0.128 - 0.236	<0.001
Age	1.066	1-035 - 1.103	<0.001			
Sex (Male)	1.645	0.842 - 3.270	0.148			
Comorbidities	3.501	0.614 - 67.177	0.249			
Symptoms COVID-19	1.907	0.740 - 5.940	0.216			
Intensive Care	5.212	1.401 - 19.518	0.013			
Vaccination	0.360	0.163 - 0.744	0.008			
Observations		324			324	
Deviance		226.213			271.825	
AIC		240.213			273.825	



Figure 1 - Daily COVID-19 incidence across time, with seasons highlighted in different colors.



Figure 2 - Heatmap of Covid-19 cases in Baixo Vouga ACeS, from March 2020 to January 2022, standardized by population per county.

Discussion:

The Aveiro region, like Portugal, has suffered the surge of infection cases and death caused by this virus, alongside the rest of the world. In this study we have explored how the incidence varied by season and county, although the incidence may vary according to air temperature and lockdowns.

In Figure 2 the area that covers the Baixo Vouga ACeS can be marked (area in orange).

From multivariate analysis, the p-values from the variables Age, Intensive Care and Vaccinated indicate that these are significant for obtaining the outcome.

The ORs values show that the odds of dying increase 6.6% per one year older, are increased by 421.2% for patients in an ICU, and are decreased by 277.8% when the vaccination is present.

The VIFs values tell us that there is no multicollinearity between regressors, and the p-value of the likelihood ratio test demonstrates that the model is statistically different from the null model. Lastly, AICs and deviances measures mentioned reveal that our model has higher quality than the null model.

Acknowledgements:

This work is supported by Portuguese Foundation for Science and Technology (FCT - Fundação para a Ciência e a Tecnologia) through The Center for Research and Development in Mathematics and Applications (CIDMA), references UIDB/04106/2020 and UIDP/04106/2020.

References:

- Milhinhos, A., Costa, P. M. On the Progression of COVID-19 in Portugal: A Comparative Analysis of Active Cases Using Non-linear Regression. Frontiers in public health. 2020; 495(8). https://doi.org/10.3389/fpubh.2020.00495
- Qi, S., Ngwa, C., Morales Scheihing, D.A. et al. Sex differences in the immune response to acute COVID-19 respiratory tract infection. Biol Sex Differ. 2021; 66(12). https://doi.org/10.1186/s13293-021-00410-2
- Mueller, A. L., McNamara, M. S., & Sinclair, D. A. Why does COVID-19 disproportionately affect older people?. Aging. 2020; 12(10): 9959–9981. https://doi.org/10.18632/aging.103344
- ACeS Baixo Vouga. Perfil Local de Saúde 2016. Serviço Nacional de Saúde. 2014. https://bicsp.min- saude.pt/pt/biufs/2/20019/QUEM%20SERVIMOS/PLS2016_A23_BV.pdf
- 5. FFMS. População Residente por Município. PORDATA Estatísticas, gráficos e indicadores de Municípios, Portugal e Europa. 2022. Retrieved March, 25, 2022, from http://www.pordata.pt