

1. NEJMに武漢を中心とした中国のCOVID19感染症患者1099名の臨床所見のまとめが発表されました。
2. 喫煙者は生涯非喫煙者よりも重症化あるいはICU・レスピレータ管理・死亡というエンドポイントに到達するリスクが大きかったことがわかりました。
3. 生涯非喫煙者とくらべて、現在＋過去喫煙者の重症化リスクが**1.66**倍、人工呼吸器装着or死亡のリスクが**3.24**倍となっていました。

2020年2月29日

日本禁煙学会理事
松崎道幸

Wei-Jie Guan 1 , Zheng-Yi Ni 1 , Yu Hu, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. N Engl J Med 2020 Feb 28[Online ahead of print]

Abstract

Background: Since December 2019, when coronavirus disease 2019 (Covid-19) emerged in Wuhan city and rapidly spread throughout China, data have been needed on the clinical characteristics of the affected patients.

Methods: We extracted data regarding 1099 patients with laboratory-confirmed Covid-19 from 552 hospitals in 30 provinces, autonomous regions, and municipalities in China through January 29, 2020. The primary composite end point was admission to an intensive care unit (ICU), the use of mechanical ventilation, or death.

Results: The median age of the patients was 47 years; 41.9% of the patients were female. The primary composite end point occurred in 67 patients (6.1%), including 5.0% who were admitted to the ICU, 2.3% who underwent invasive mechanical ventilation, and 1.4% who died. Only 1.9% of the patients had a history of direct contact with wildlife. Among nonresidents of Wuhan, 72.3% had contact with residents of Wuhan, including 31.3% who had visited the city. The most common symptoms were fever (43.8% on admission and 88.7% during hospitalization) and cough (67.8%). Diarrhea was uncommon (3.8%). The median incubation period was 4 days (interquartile range, 2 to 7). On admission, ground-glass opacity was the most common radiologic finding on chest computed tomography (CT) (56.4%). No radiographic or CT abnormality was found in 157 of 877 patients (17.9%) with nonsevere disease and in 5 of 173 patients (2.9%) with severe disease. Lymphocytopenia was present in 83.2% of the patients on admission.

Conclusions: During the first 2 months of the current outbreak, Covid-19 spread rapidly throughout China and caused varying degrees of illness. Patients often presented without fever, and many did not have abnormal radiologic findings. (Funded by the National Health Commission of China and others.).

表1. 対象症例の臨床所見：重症度別・エンドポイント到達の有無別

Table 1. Clinical Characteristics of the Study Patients, According to Disease Severity and the Presence or Absence of the Primary Composite End Point.*

Characteristic	All Patients (N=1099)	Disease Severity		Presence of Primary Composite End Point†	
		Nonsevere (N=926)	Severe (N=173)	Yes (N=67)	No (N=1032)
		Smoking history — no./total no. (%)			
Never smoked	927/1085 (85.4)	793/913 (86.9)	134/172 (77.9)	44/66 (66.7)	883/1019 (86.7)
Former smoker	21/1085 (1.9)	12/913 (1.3)	9/172 (5.2)	5/66 (7.6)	16/1019 (1.6)
Current smoker	137/1085 (12.6)	108/913 (11.8)	29/172 (16.9)	17/66 (25.8)	120/1019 (11.8)

	患者総数 (n=1099)	重症度 (米国胸部疾患学会基準)		エンドポイント到達 (ICU管理・レスピレータ装着・死亡のいずれか)	
		非重症(N=926)	重症(N=173)	あり(N=67)	なし(N=1032)
生涯非喫煙	927/1085(85.4)	793/913(86.9)	134/172(77.9)	44/66(66.7)	883/1019(86.7)
前喫煙	21/1085(1.9)	12/913(1.3)	9/172(5.2)	5/66(7.6)	16/1019(1.6)
現在喫煙	137/1085(12.6)	108/913(11.8)	29/172(16.9)	17/66(25.8)	120/1019(11.8)

現在喫煙者は生涯非喫煙者より**1.46**倍重症化していた

	重症	非重症	重症化率
現在喫煙者	29名	108名	21.2%
生涯非喫煙者	134名	793名	14.5%
リスク比 (現在喫煙者/生涯非喫煙者)			1.46

現在喫煙者は生涯非喫煙者より**2.84**倍ICU入床、レスピレータ管理、死亡リスクが高かった

	エンドポイント(ICU,レスピレータ,死亡)		
	到達	非到達	到達率
現在喫煙者	17名	120名	14.2%
生涯非喫煙者	44名	883名	5.0%
リスク比 (現在喫煙者/生涯非喫煙者)			2.84

現在 + 過去喫煙者は生涯非喫煙者より**1.66**倍重症化していた

	重症	非重症	重症化率
現在+過去喫煙者	38名	120名	24.1%
生涯非喫煙者	134名	793名	14.5%
リスク比 (現在+過去喫煙者/生涯非喫煙者)			1.66

現在喫煙者は生涯非喫煙者より**3.24**倍ICU入床、レスピレータ管理、死亡リスクが高かった

	エンドポイント(ICU,レスピレータ,死亡)		
	到達	非到達	到達率
現在+過去喫煙者	22名	136名	16.2%
生涯非喫煙者	44名	883名	5.0%
リスク比 (現在+過去喫煙者/生涯非喫煙者)			3.24