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Estimating the incidence of Long-Covid related consultations in family medicine in Switzerland: A study within the Sentinella Network

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Introduction: The initial prevalence estimates of long-COVID exhibited significant heterogeneity. In Switzerland, early findings estimated prevalence of Long-COVID symptoms in 39–53% of adult patients who tested positive for SARS-CoV-2. However, anecdotal data and small studies in primary care suggested a significantly lower burden of care, with long-COVID accounting for less than 1% of family medicine consultations. The purpose of this study was to measure the incidence of long-COVID-related consultations in Swiss family medicine practices, to address this gap.

Method: This repeated cross-sectional study was conducted using the data collected by family doctors (general internists and paediatricians) within the Swiss Sentinella network part of the epidemiological surveillance system managed by the Federal Office of Public Health (FOPH). Data was collected from August 2021 to April 2023 using monthly reports of physicians' activity over the past 4 weeks. Physician characteristics were measured and analysed for associations with monthly median incidence rates of long-COVID-related consultations.

Results: 183 family physicians provided data for at least one month during the study (156 general internists and 27 paediatricians). 85% of physicians were general internists, 32% were women, and 74% worked in an urban area. The median incidence of monthly Long-COVID related consultations was 3/1000 consultations for general internists and 0/1000 consultations for paediatricians. The multivariable ordinal multinomial logistic regression confirmed that this difference in incidence between general internists and paediatricians was statistically significant. Also, physicians in central Switzerland were more likely to have a higher median incidence of long-COVID-related consultations in comparison to counterparts in other regions. No statistical differences were observed in other variables: rate of activity, gender, or in other regions.

Conclusion: Our study suggests that family physicians in Switzerland are not confronted with a high number of patients with long COVID compared to published studies. This difference may stem from the sampling strategies of initial studies, leading to an overestimation of long-COVID prevalence by including more severe cases and potential challenges in distinguishing between post-intensive care syndrome and Long-COVID.

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Incidence of Myocardial Injury Following the Second Booster of COVID-19 mRNA-1273 Vaccine in Healthcare Professionals (MACIS II)

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Introduction. The frequency and severity of myocardial injury following the second booster dose of the COVID-19 vaccine are not well-established. This active surveillance study aims to fill this gap by evaluating the incidence, characteristics, and outcomes of myocardial injury in healthcare professionals following the second booster vaccination with the COVID-19 mRNA-1273 vaccine.

Methods. Myocardial injury was defined as an acute dynamic increase in high-sensitivity cardiac troponin T (hs-cTnT) concentration above the sex-specific upper limit of normal, observed on follow-up (day 3 or day 4) post-vaccination, without evidence of an alternative cause. Major adverse cardiac events, such as acute heart failure, cardiac death, life-threatening arrhythmia, and acute myocardial infarction, were evaluated during the 30-day follow-up period.

Results. In a cohort of 498 participants (median age 38.7 years, 64.3% women), myocardial injury associated with COVID-19 mRNA-1273 Second Booster Vaccination was confirmed in 12 participants (2.4% [95% CI 1.2–4.2%]), all of whom were women. For the overall cohort, hs-cTnT levels remained stable, showing a consistent pattern from baseline (5.0 ng/L [4.0–7.0]) to day 3 (5.0 ng/L 3.0–7.0) and day 4 (5.0 ng/L [4.0–7.0]). However, in the group of participants with adjudicated myocardial injury, a notable increase in hs-cTnT levels was observed. Levels rose from 5.5 ng/L [5.0–6.2] at baseline to 9.0 ng/L [5.8–10.0] on day 3, then to 9.5 ng/L [6.5–11.0] on day 4, followed by a decrease to 7.0 ng/L [6.0–9.5] on day 5. Women with myocardial injury were older (57.0 [47.0–59.0] y.o.), in comparison to those without injury (38.0 [30.0–49.0] y.o.), $p < 0.001$ and had a higher frequency of fever and/or chills (103 (21.2%) and 6 (50%), $p = 0.042$). The CRP concentration significantly increased in both groups. In the group without myocardial injury, CRP levels rose from 1.0 [0.5–2.0] to 7.0 [3.6–13.7] mg/L. In the group with myocardial injury, the increase was from 0.5 [0.42–1.65] to 6.65 [2.2–10.6] mg/L. On day 4 after vaccination, the CRP concentrations in the groups without and with myocardial injury were 4.2 [2.2–8.3] mg/L and 4.6 [1.3–10.5] mg/L, respectively.

Conclusion. The mRNA-1273 vaccine-associated myocardial injury was mild, transient, and observed only in women. Women with vaccine-associated myocardial injury tended to be older compared to those without it. No connection was found between myocardial injury and CRP concentration.