

Characteristics of SARS-CoV-2 patients dying in Italy Report based on available data on June 4th, 2020

1. Sample

The present report describes characteristics of 32,448 SARS-CoV-2 patients dying in Italy.* Geographic distribution across the 19 regions and 2 autonomous provinces of Trento and Bozen is presented in the table below. Data are update to June 4^{th} , 2020.

Table 1. Geographic distribution of deceased patients SARS-CoV-2 positive

REGION	N	%
Lombardia	16,172	49.8
Emilia Romagna	4,147	12.8
Piemonte	2,770	8.5
Veneto	1,934	6.0
Liguria	1,503	4.6
Toscana	1,060	3.3
Marche	929	2.9
Lazio	741	2.3
Puglia	514	1.6
Trento	467	1.4
Abruzzo	431	1.3
Campania	361	1.1
Friuli Venezia Giulia	337	1.0
Sicilia	293	0.9
Bolzano	292	0.9
Valle d'Aosta	143	0.4
Sardegna	132	0.4
Calabria	94	0.3
Umbria	76	0.2
Basilicata	29	0.1
Molise	23	0.1
9		
Total	32,448	100.0

^{*} SARS-CoV-2 related deaths presented in this report are those occurring in patients who test positive for SARS-CoV-2RT by PCR, independently from pre-existing diseases.

2. Demographics

Mean age of patients dying for SARS-CoV-2 infection was 80 years (median 82, range 0-100, IQR 74 -88). Women were 13,386 (41.3%). Figure 1 shows that median age of patients dying for SARS-CoV-2 infection was 20 years higher as compared with the national sample diagnosed with SARS-CoV-2 infection (median age 62 years). Figure 2 shows the absolute number of deaths by age group. Women dying for SARS-CoV-2 infection had an older age than men (median age women 85 - median age men 79).

SARS-CoV-2 Diagnosed

SARS-CoV-2 Deaths

SARS-CoV-2 Deaths

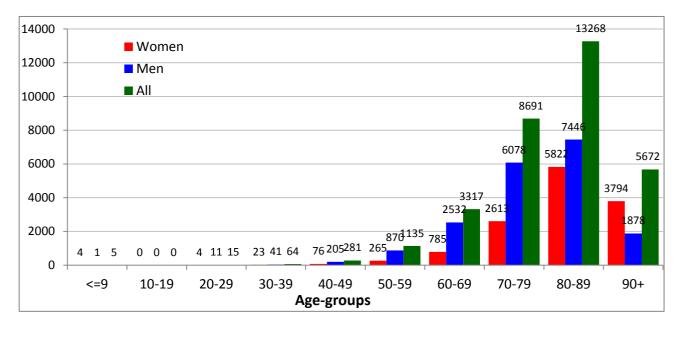
Min Max

Max

Median age (years)

Figure 1. Median age of patients with SARS-CoV-2 infection and SARS-CoV-2 positive deceased patients

Figure 2. Absolute number of deaths by age group



3. Pre-existing conditions

Table 2 presents most common comorbidities diagnosed before SARS-CoV-2 infection. Data on diseases were based on chart review and was available on 3,335 patients dying in-hospital for whom it was possible to analyse clinic charts. Mean number of diseases was 3.3 (median 3, SD 1.9). Overall, 4.1% of the sample presented with a no comorbidities, 14.8% with a single comorbidity, 21.5% with 2, and 59.7% with 3 or more.

Before hospitalization, 23% of SARS-CoV-2 positive deceased patients followed ACE-inhibitor therapy and 16% angiotensin receptor blockers-ARBs therapy. This information can be underestimated because data on drug treatment before admission were not always described in the chart.

Table 2. Most common comorbidities observed in SARS-CoV-2 positive deceased patients

Diseases	N	%
Ischemic heart disease	933	28.0
Atrial Fibrillation	739	22.2
Heart failure	524	15.7
Stroke	341	10.2
Hypertension	2256	67.6
Type 2-Diabetes	1011	30.3
Dementia	538	16.1
COPD (Chronic Obstructive Pulmonary Disease)	555	16.6
Active cancer in the past 5 years	529	15.9
Chronic liver disease	142	4.3
Chronic renal failure	674	20.2
Dialysis	65	1.9
Respiratory failure	172	5.2
HIV Infection	7	0.2
Autoimmune diseases	130	3.9
Obesity	366	11.0
Number of comorbidities		
0 comorbidities	136	4.1
1 comorbidity	493	14.8
2 comorbidities	716	21.5
3 comorbidities and over	1990	59.7

Table 3 presents the most common pre-existing chronic pathologies in patients who died, separately in men (n = 2,228 and women (n = 1,107). The average number of pathologies observed in women is 3.3 (median 3, Standard Deviation 1.9). In men the average number of pathologies observed is 3.2 (median 3, Standard Deviation 2.0).

Table 3. Most common comorbidities observed in SARS-CoV-2 positive deceased patients by gender

Women

Men

Diseases	N	%
Ischemic heart disease	232	21.0
Atrial Fibrillation	255	23.0
Heart Failure	203	17.8
Stroke	116	10.5
Hypertension	763	68.9
Type 2-Diabetes	317	28.6
Dementia	258	23.3
COPD (Chronic Obstructive Pulmonary Disease)	140	12.6
Active cancer in the past 5 years	179	16.2
Chronic liver disease	33	3.0
Chronic renal failure	200	18.1
Dialysis	19	1.7
Respiratory failure	58	5.2
HIV Infection	0	0.0
Autoimmune diseases	64	5.8
Obesity	121	10.9
Number of comorbidities		
0 comorbidities	31	2.8
1 comorbidity	158	14.3
2 comorbidities	244	22.0
3 comorbidities and over	674	60.9

N	%
701	31.5
484	21.7
321	14.1
225	10.1
1493	67.0
694	31.1
280	12.6
415	18.6
350	15.7
109	4.9
474	21.3
46	2.1
114	5.1
7	0.3
66	3.0
245	11.0
105	4.7
335	15.0
472	21.2
1316	59.1

4. Diagnosis of hospitalization

In 92.5% of hospitalizations, conditions (e.g. pneumonia, respiratory failure) or symptoms (e.g. fever, dyspnoea, cough) compatible with SARS-CoV-2 were mentioned. In 231 cases (7.5% of cases) the diagnosis of hospitalization was not related to the infection. In 36 cases the diagnosis of hospitalization concerned exclusively neoplastic pathologies, in 85 cases cardiovascular pathologies (for example Acute Myocardial Infarction-AMI, heart failure, stroke), in 28 cases gastrointestinal pathologies (for example cholecystitis, perforation of the intestine, intestinal obstruction, cirrhosis), in 82 cases other pathologies.

5. Symptoms

Figure 3 shows symptoms most commonly observed at hospital admission. Fever, dyspnoea and cough were the most commonly observed symptoms, while diarrhoea and haemoptysis were less commonly observed. Overall, 5.7% of patients did not present any symptoms at hospital admission.

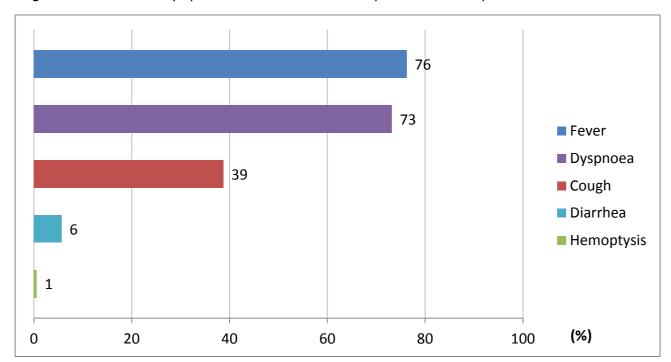


Figure 3. Most common symptoms observed in SARS-CoV-2 positive deceased patients

6. Acute conditions

Acute Respiratory Distress syndrome was observed in the majority of patients (97.0% of cases), followed by acute renal failure (22.3%). Superinfection was observed in 12.9% and acute cardiac injury in 11.0% of cases.

7. Treatments

Antibiotics were used by 86% of patients during hospital stay, while less used were antivirals (59%) and corticosteroids (38%). Concomitant use of these 3 treatments was observed in 23.1% of cases.

Out of SARS-CoV-2 positive deceased patients, 3.9% were treated with Tocilizumab during hospitalization.

8. Time-line

Figure 4 shows, for SARS-CoV-2 positive deceased patients, the median times, in days, from the onset of symptoms to death (11 days), from the onset of symptoms to hospitalization (5 days) and from hospitalization to death (6 days). The time from hospitalization to death was 4 days longer in those who were transferred to intensive care than those who were not transferred (9 days vs. 5 days).

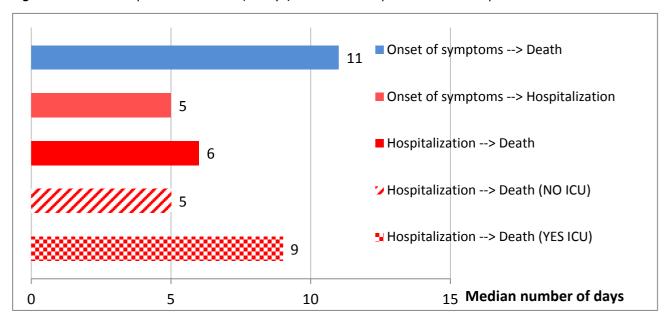


Figure 4. Median hospitalization times (in days) in SARS-CoV-2 positive deceased patients

9. Deaths under the age of 50 years

As of June 4th, 365 out of the 32,448 (1.1%) positive SARS-CoV-2 patients under the age of 50 died. In particular, 84 of these were less than 40 years (53 men and 31 women), age range between 0 and 39 years. For 8 patients under the age of 40 years no clinical information is available; out of the remaining ones, 62 had serious pre-existing pathologies (cardiovascular, renal, psychiatric pathologies, diabetes, obesity) and 14 had no major pathologies.

This report was produced by SARS-CoV-2 Surveillance Group

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