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Morbidity and mortality associated with COVID-19 patients from Luanda, Angola

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Background: The impact of SARS-CoV-2 infection in Africa is still unclear.

Objectives: Study the diseases associated with COVID-19 morbidity and mortality in Luanda, Angola.

Methods: A cross-sectional study was conducted with 1,683 patients ≥18 years old, treated at the Military Hospital in Luanda, from March 2020 to March 2021. The survey includes sociodemographic and clinical data. The chi-square test, Fisher's exact test or logistic regression were performed and considered significant when $p<0.05$.

Results: Patients who tested positive for SARS-CoV-2 (39%) were mostly men (64%), mean age 51.2±14.7 years. RT PCR positivity was associated with age ≥46 years, arterial hypertension and other cardiovascular diseases (aOR:1.75;$p<0.001$) and Diabetes Mellitus (aOR:1.96;$p<0.001$) however, HIV infection (aOR:0.26;$p<0.001$), pulmonary tuberculosis (aOR:0.33;$p=0.037$) and its sequelae (aOR:0.34;$p=0.025$) were associated with a protective effect. There were no significant association between SARS-CoV-2 infection and asthma, allergic rhinitis, chronic obstructive pulmonary disease (COPD) or smoking. Of the 663 positive patients, 14% died. The main comorbidities significantly related to mortality were only malignant diseases (aOR:12.00;$p=0.023$). There were no significant association between COVID-19 mortality and HIV infection, pulmonary tuberculosis and its sequelae, asthma, allergic rhinitis, COPD, or smoking.

Conclusion: Infectious diseases were associated with a protective effect for SARS-CoV-2 infection and were not associated with mortality, while chronic respiratory diseases were not associated with infection or mortality by COVID-19. Future studies should be carried out to better understand these aspects.