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Predictors of mortality for patients with COVID-19 pneumonia caused by SARS-CoV-2

Hai-Jun Yang [1,2], Yan-Mei Zhang[1], Min Yang [1,2] and Xing Huang[1]

Affiliations: [1]Dept of Preventive Medicine, College of Basic Medicines, Hubei University of Chinese Medicine, Wuhan, China. [2]Institute of Epidemic Research, Hubei University of Chinese Medicine, Wuhan, China.

Correspondence: Hai-Jun Yang, Dept of Preventive Medicine, College of Basic Medicines, Hubei University of Chinese Medicine, No. 16 Huangjiahu West Road, Hongshan District, Wuhan 430065, China. E-mail: haijyang@126.com

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There are several issues which are worth clarifying in the paper "Predictors of mortality for patients with COVID-19 pneumonia caused by SARS-CoV-2: a prospective cohort study" published in the *European Respiratory Journal* https://bit.ly/336rv2Y

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To the Editor:

As an emerging infectious disease, coronavirus disease 2019 (COVID-19) pneumonia, which is caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has resulted in a severe global public health emergency. According to the World Health Organization (WHO) COVID-19 epidemic interactive dashboard, as of 19 June 2020, there have been 8 385 440 confirmed cases all over the world, including 450 686 deaths. Under such urgent conditions, it is of great clinical significance to distinguish patients with poor clinical outcome (such as severe, critical or death) from within the large number of patients with COVID-19 using regular parameters (such as demographic data, past health history, and common laboratory examination results). Du *et al.* [1] performed a single centre prospective cohort study to investigate the possible risk factors associated with the poorest clinical outcome (dying from COVID-19 pneumonia). They reported that age $\geqslant$65 years, pre-existing concurrent cardiovascular or cerebrovascular diseases, CD3+CD8+ T-cells $\leqslant$75 cells·μL^{-1} and cardiac troponin I $\geqslant$0.05 ng·mL^{-1} in patients with COVID-19 pneumonia were associated with increased risk of death from this disease [1]. They further identified that CD3+CD8+ T-cells $\leqslant$75 cells·μL^{-1} and cardiac troponin I especially $\geqslant$0.05 ng·mL^{-1} could be used as predictors for mortality of patients with COVID-19 pneumonia using a matched case–control study [1]. With great interest, we have read the full text of the paper and found that there are several issues which are worth clarifying.

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