Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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without pre-existing chronic hypertension who delivered between 2010 and 2018 were included. Women were followed up from six weeks postpartum until onset of hypertension, a cardiovascular event, death or the study end date (31 December 2018). The main outcome was a diagnosis of permanent hypertension. We used Cox models to estimate hazard ratios of permanent hypertension for all types of HDP.

**Results** Overall, 2,663,573 women were included with a median follow-up time was 4.6 years. Among them, 180,063 (6.8%) had an HDP. Specifically, 57,595 (2.2%) had preeclampsia (PE), 113,803 (4.3%) had gestational hypertension (GH). Compared with women who had no HDP, the fully-adjusted hazard ratios (HR) of those with permanent hypertension were 5.45 [95% CI: 5.34—5.56] and 6.95 [6.37—7.58] for GH and PE, respectively. Among women with PE, HR were 1.67 [95% CI: 1.53—1.82], 1.34 [95% CI: 1.25—1.44] and 2.66 [95% CI: 2.46—2.87] for early PE, severe PE, and PE following GH, respectively. HDP exposure duration was a major risk factor of permanent hypertension for all PE subgroups, but not for GH. Women with HDP consulted a general practitioner or cardiologist more frequently and earlier (Fig. 1).

**Conclusion** HDP exposure greatly increased the risk of permanent hypertension in the first years following delivery.

![Cumulative incidence of permanent hypertension following childbirth according to type of hypertensive disorder of pregnancy (HDP).](image)

**Disclosure of interest** The authors declare that they have no competing interest.

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**093** Impact of the COVID-19 pandemic and a national lockdown on hospitalizations for venous thromboembolism and pulmonary embolism in France

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**Background** The COVID-19 pandemic and the national lockdown implemented in France have disturbed populations’ health behavior and overwhelmed hospitals. Furthermore, infection to SARS-CoV-2 has been found to be directly associated with an increased risk of venous thrombosis (VT) and pulmonary embolism (PE).

**Purpose** This study aimed to analyze the impact of the COVID-19 pandemic on the epidemiology of hospitalizations for VT and PE in France — with a special focus on the first lockdown period — in terms of the rates of patients hospitalized in 2020 versus 2017–19, their characteristics, and related in-patient and 90-day case-fatality rates. A secondary objective aimed at describe the prevalence of COVID-19 among patients hospitalized with VT and PE, respectively.

**Methods** All patients hospitalized with a diagnosis of VT and PE respectively in France between January and September (weeks 1—40) of each year from 2017 to 2020 were selected. Weekly incidence rates ratios (IRR) were computed to compare the rates of patients hospitalized between 2020 and 2017—19.

**Results** Compared with the 2017—2019 study period, the rates of patients hospitalized with a primary diagnosis (PD) of VT or PE in 2020 were significantly (50 and 40%, respectively) lower during weeks 12—13. By contrast, the rate of patients hospitalized with an associated diagnosis (AD) of PE during the country’s first lockdown (weeks 12—19 of 2020) was twice as high as in the same period in 2017—19, and even three times higher in week 13. The prevalence of COVID-19 in patients hospitalized with a PD of VT and PE, and in those hospitalized with an AD of VT and PE reached, respectively, 4.0, 9.6, 17.2 and 44.6 during the lockdown (weeks 12—19). Inpatients case-fatality rates in patients hospitalized with an AD of PE increased significantly during weeks 12—13.
**Conclusion**  This study highlights significant changes in the epidemiology of hospitalized VT and PE induced by the COVID-19 pandemic.

**Disclosure of interest**  The authors declare that they have no competing interest.

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**Prevalence, awareness and management of arterial hypertension: About a Tunisian population-based survey**

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**Background**  Hypertension represents a public health problem in Tunisia as in all the world.

**Purposes**  Estimate prevalence of hypertension in Tunisia, its associated cardiovascular risk factors and evaluate awareness and access of hypertensive patients to health care.

**Methods**  Descriptive transversal regional investigation, realized in 2009, which studied by a home survey a representative sample of Tunisian population. The study was conducted among 1340 persons aged 18 and over, residing in the area of Ariana in Tunisia. It included an interview and a physical examination with measurement of blood pressure and anthropometric measurements.

**Results**  Prevalence of hypertension was 36%, higher in men (41%) than women (34%). It was inversely related to educational and socioeconomic level. The prevalence of associated cardiovascular risk factors was high: 10% for diabetes, 9% for dyslipidemia, 24% for obesity and 25% for smoking. Half of hypertensive subjects were aware of having hypertension, among them 96% were receiving treatment.

**Conclusion**  The prevalence of hypertension was high in 2009 in this cohort of Tunisian population. As primary prevention, it is important to consider lifestyle modification of the Tunisian people in order to reduce this cardiovascular risk factor. Also, screening for hypertension and improving access to health must be established in order to reduce the burden of this cardiovascular risk factor.

**Disclosure of interest**  The authors declare that they have no competing interest.

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**Hypertension and relationship between blood pressure variations with overweight, obesity and excessive alcohol intake in adult population of Congo — Brazzaville**

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**Background**  Hypertension (HT) is a public health problem in sub-Saharan Africa. In addition, other cardiovascular risk factors are on the rise in this part of the world.

**Purpose**  To determine the proportion of HT and the relationship between blood pressure (BP) variation and overweight, obesity and excessive alcohol intake in the republic of the Congo.

**Methods**  Screening was conducted during the period from 15 May to 15 June 2019. Have been included, consenting persons, over 18 years of age, with no disabling signs or pathologies. The screening concerned urban and rural areas. The protocol May Measurement Month (M3M) of International Society of Hypertension (ISH) was applied.