Compliance with home-quarantine and prognosis of COVID-19 among a cohort of Tunisian patients

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Background:
The COVID-19 disease has a spectrum ranging from asymptomatic infection to multi-organ dysfunction. Most patients with mild symptoms are isolated at home until recovery. However, compliance with home-quarantine and recovery are not warranted especially in developed countries where health capacity is poor. The purpose of the current study is to evaluate compliance with home-quarantine and the prognosis of COVID-19 among a cohort of patients isolated at home in the Governorate of Sousse, Tunisia.

Methods:
Prospective longitudinal study of three months was led among a cohort of 375 patients with COVID-19 isolated at home. Participants were randomly selected from the new declared cases in the governorate of Sousse. Data were collected using a pre-established and pre-tested questionnaire administered during phone calls interviews with trained medical doctors.

Results:
The median age of participants was 40.0 (IQR: 29.75-54.25) years. Females represented 60% of them. The average duration between close contact with symptomatic person and onset of
symptoms was 4.01(±1.9) days. The most commonly reported symptoms were asthenia (51.7%), smell disturbance (50.4%), myalgia (41.9%) and ageusia (40.8%). Thirty two (8.5%) participants required hospitalization and 4 (1.0%) were transferred to intensive care units. The median delay for recovery was 18 days (IQR 17.1-18.9). Otherwise, 95 (25.4%) declared not respecting the quarantine and 111 (29.6%) of participants transmitted the infection to their family members.

Conclusions:
Complications and intra-family transmission are frequent among COVID-19 patients isolated at home in Sousse. Accelerating the implementation of the Tunisian telemedicine law would provide a cost-effective solution for this problem.

Key messages:
- Isolation at home of COVID-19 patients should be associated with close monitoring by health professionals.
- Individual prevention measures should be reinforced among patients isolated at home to limit intra-family spread of COVID-19.