

# Risk for severe effects low after SARS-CoV-2 without hospitalization

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new drugs, except bronchodilating agents, specifically short-acting  $\beta$ 2-agonists (1.7 versus 1.3 percent) and triptans (0.4 versus 0.3 percent). The risk for receiving hospital diagnoses of dyspnea (1.2 versus 0.7 percent) and [venous thromboembolism](#) (0.2 versus 0.1 percent) were increased for SARS-CoV-2-positive individuals versus negative individuals, while no increased risk was seen for other diagnoses. For SARS-CoV-2-positive versus negative individuals, prior event rate ratio-adjusted rate ratios were increased for overall general practitioner visits and outpatient hospital visits (1.18 and 1.10, respectively), but not hospital admissions.

"Our study provides new evidence that the absolute risk of delayed acute complications such as venous thromboembolism, ischemic stroke, and psychoses after SARS-CoV-2 infection not requiring hospital admission is low," the authors write.

(HealthDay)—The risk for severe postacute complications is low after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection not requiring hospitalization, according to a study published online May 10 in *The Lancet Infectious Diseases*.

Lars Christian Lund, M.D., from the University of Southern Denmark in Odense, and colleagues conducted a population-based cohort study to examine prescription drug and health care use after SARS-CoV-2 infection not requiring hospital admission. Data were included for 10,498 eligible individuals who tested positive for SARS-CoV-2 in Denmark between Feb. 27 and May 31, 2020, of whom 85.6 percent were alive and not admitted to the hospital two weeks after a positive test. A matched SARS-CoV-2 negative reference population included 80,894 individuals.

The researchers found that compared with SARS-CoV-2-negative individuals, SARS-CoV-2-positive individuals were not at [increased risk](#) for initiating

Several authors disclosed financial ties to the pharmaceutical industry.

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