

- (2) Universidad Politécnica de Zacatecas, Fresnillo, Zacatecas, México.
 (3) Departamento de Clínicas, Centro Universitario de Los Altos, Universidad de Guadalajara. Tepatlán de Morelos, Jalisco, México.

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Universal screening for SARS-CoV-2 in obstetric patients

Dear editor: In Mexico and the world maternal morbidity and mortality have increased drastically during the Covid-19 pandemic.¹ In 2020, 21.6% of maternal deaths in Mexico were caused by Covid-19 related complications.² A high percentage

of asymptomatic SARS-CoV-2 infection has been described in pregnant patients.³ Internationally routine Covid-19 testing prior to admission to the obstetric ward and safety protocols have shown to be the most reliable method to detect and manage Covid-19 positive patients promptly.³

We conducted a cross-sectional study seeking to describe the prevalence of SARS-CoV-2 and the clinical presentation in positive pregnant patients in an academic hospital in Northeast Mexico where universal screening for SARS-CoV-2 is carried out. We reviewed the records of patients admitted to the service for obstetric management between April and July 2020 at our institution.

In total, 684 were admitted and screened through RT-PCR (TaqMan 2019-nCoV Assay Kit by ThermoFisher Scientific); 641 patients were

admitted for birth care; 43 patients were admitted for other obstetric procedures, and only seven patients were admitted for Covid-19 disease management. Regarding SARS-CoV2 status, 626 (91.5%) patients were negative and 58 (8.4%) were positive. 75.9% of positive patients were asymptomatic at initial evaluation. Only one patient that was initially asymptomatic developed symptoms of mild Covid-19 disease during management. In the symptomatic group, the most common reported symptoms were fever (57%), cough (50%), dyspnea (50%), and headache (42%). Notably, only six patients required intensive care unit management. The rest of the clinical and management data are depicted in table I.

Most of the patients in the positive group were asymptomatic upon admission and during the course of

Table I.
CHARACTERISTICS OF SARS-CoV-2 CARRIERS AND NON-CARRIERS
ADMITTED TO OUR OBSTETRIC UNIT

	SARS-CoV-2 PCR negative patients (n=626)	SARS-CoV-2 PCR positive patients (n=58)	
		Symptomatic (n=14)	Asymptomatic (n=44)
Emergency consult	212	13	20
Scheduled operative procedure	414	1	24
Reason for admission			
Coronavirus disease	0	7	0
Obstetric cause	626	7	44
Severity			
Mild-Moderate	NA	6	1
Severe	NA	6	0
Critical	NA	2	0
Covid-19 management			
Antibiotics/Antivirals	NA	8	1
Steroids	NA	6	0
Plasma	NA	1	0
Ventilatory support	NA	9	0
-O2 nasal canula	NA	5	1
-High flow nasal canula	NA	2	0
-Mechanical ventilation	NA	2	0
ICU admission	NA	6	0

ICU: intensive care unit

Data collected from April-July 2020; Hospital Zambrano Hellion TecSalud and Hospital San Jose TecSalud

their hospital stay. These patients were identified and treated correctly due to the universal SARS-CoV-2 detection policy that exists in our institution. Asymptomatic patients and patients in the latent phase of the disease represent a safety risk both for themselves and for the health personnel providing care for them. We consider that although there may be logistic complications and a theoretical increase in the cost of care with the implementation of universal screening, this allows the early identification of cases and ensures their correct management and infection precaution implementation.

Declaration of conflict of interests. The authors declare that they have no conflict of interests.

Gerardo I Magallanes-Garza, MD,^{(1,2)*}
gerardo.magallanes@tec.mx
Armando Monroy-Faudoa, MD,^{(1,2)*}
Carolina Valdez-Alatorre, MD,^(1,2)
Daniel Dávila-González, MD, PhD,⁽¹⁾
Gloria P Rodríguez-Gómez, MD,⁽¹⁾
Mariana Moncada-Madrazo, MD,^(1,2)
Carlos Villegas-Cruz, MD,^(1,2)

(1) School of Medicine and Health Sciences,
Tecnológico de Monterrey. Monterrey, Mexico.

(2) Obstetrics and Gynecology Department, TecSalud,
Tecnológico de Monterrey. Monterrey, Mexico.

*These authors contributed equally.

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Reflexiones sobre la estrategia de vacunación en México para personas de 50 a 59 años

Señor editor: El editorial de *Salud Pública de México*, volumen 63, número 2, corresponde al Grupo Técnico Asesor de Vacunación Covid-19 (GTAV Covid-19). En él se resalta la mayor probabilidad de muerte por Covid-19 entre personas de 50 y 59 años en general y con comorbilidades; además se señala que, con la vacuna, en conjunción con el personal de salud, se esperaría una disminución hasta de 80% en la mortalidad total.¹

Es así que el artículo del GTAV Covid-19,² alojado dentro del mismo número de la revista, analiza principios y valores para la protección equitativa, y prioriza grupos específicos de población para recibir la vacuna contra Covid-19, de forma inicial y escalonada. Los primeros en vacunarse serían los trabajadores de la salud, seguidos

de personas de 60 años o más, al igual que de 50 o más con comorbilidades.²

Pese a lo anterior, el proceso de vacunación ha sido diferente: las personas de 50 años o más con comorbilidades no fueron vacunadas con las de 60 o más.³ Aunque el GTAV Covid-19 consideró priorizar a la población económicamente activa,¹ excluir a aquellos de 50 a 59 años supone un rezago desde el punto de vista económico, ya que constituyen 20% de la población en edad laboral.⁴ La Organización Mundial de la Salud señala que rezagar a este grupo no minimiza las infecciones ni los años de vida perdidos.⁵

Para analizar el riesgo creciente con la edad, el GTAV Covid-19 muestra razones de letalidad de 2.2 para las personas de 30 a 39 años; de 4.9 para las de 40 a 49; de 9.0 para las de 50 a 59; de 13.6 para las de 60 a 69 y de 18.4 para las de 70 años o más. Así como razones de positividad de 7% para las personas de 30 a 39; de 12% para las de 40 a 49; de 18% para las de 50 a 59 y de 24% para las de 60 o más (grupo de referencia 20-29 años). En el párrafo previo a la exposición de la estrategia de vacunación, se apunta, sin citar otros

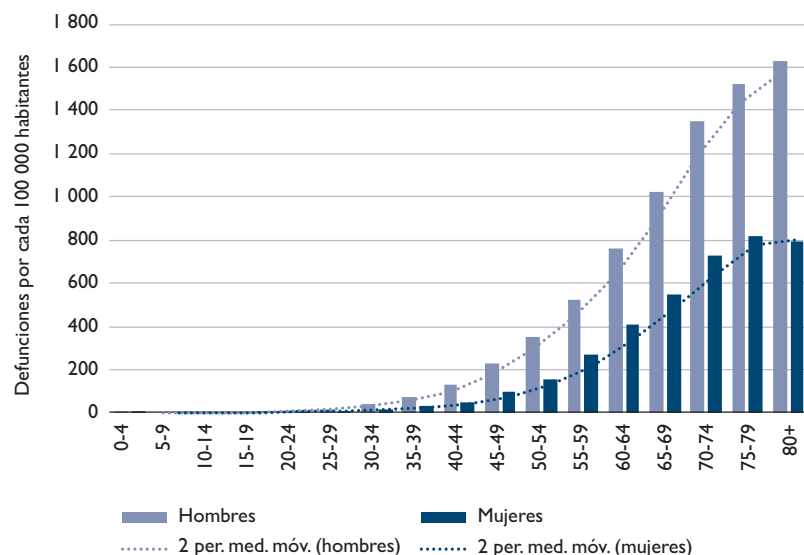


FIGURA 1. TASA DE MORTALIDAD ESPECÍFICA POR COVID-19. MÉXICO, FEBRERO 2020 A MARZO 2021