

ANALYSIS OF CLINICAL CRITERIA OF COVID-19 AND TESTING METHODS IN THE PRACTICE OF A FAMILY DOCTOR

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Introductions. Coronavirus disease SARS-CoV-2 is currently the biggest health problem. This disease has led to a pandemic, a radical transformation of the world and the speed of its development exceeds the speed of finding diagnostic standards. Considering family physicians are the primary caregiver, it is important to provide them with the required number of COVID-19's search criteria, methods and diagnostic tools.

Aim. The purpose is to analyze the clinical features of SARS-CoV-2 and identify the most appropriate diagnostic methods in the practice of family practice.

Materials and methods. Using NCBI and UpToDate, electronic literature and research were searched to gather information on clinical symptoms and the diagnosis of COVID-19. Among the search elements were "SARS-CoV-2", "COVID-19" and "coronavirus infection".

Results and discussion. Based on the model of medical care in Ukraine, where the main doctor of each patient is his family specialist, the general practitioner is responsible for identifying the symptoms of COVID-19.

The family physician should first pay attention to the classic respiratory symptoms, the patient's contact with confirmed cases of coronavirus infection or their suspicion, visits to countries or regions with increased virus activity.

A study of more than 370,000 confirmed cases of SARS-CoV-2 reported to the CDC in the United States illustrated symptom's variants and their incidence rates:

- Cough in 50% of cases;

- Fever above 38°C - 43%;
- Myalgia and headache - 35%;
- Shortness of breath - 29%;
- Sore throat - 20%;
- Dyspeptic manifestations - 19%;
- Anosmia or ageusia - 8% of cases.

About 10% of confirmed cases were detected by chance (through contact with an infected person). These patients had no clinical manifestations, which complicates the diagnosis and control of the disease.

In the course of the study of statistical results, it becomes clear that there are no specific clinical signs that could reliably distinguish COVID-19 from other viral respiratory infections. If it is possible, all patients with suspected coronavirus infection should be tested and the diagnosis cannot be made without microbiological examination. A nasopharyngeal swab is the best choice for PCR testing during the first week of illness; serological methods require manifestations of the disease to ensure the accuracy of the results; rapid tests have low sensitivity but high execution speed. For many clinical cases, a single PCR is sufficient to confirm or rule out COVID-19. However, a negative result with respiratory symptoms, for which there is no alternative explanation, leads to a false-negative test. To control the infection, it is recommended to repeat the test in 24-48 hours.

But in the face of resource shortages, there may be difficulties with mass testing - there is a question of setting priorities, which solves the IDSA guideline:

1. High priority is given to seriously ill patients receiving assistance in the intensive care unit with viral pneumonia of unclear origin or respiratory failure; contact persons with fever or signs of airway damage and/or immunosuppression; medical workers;
2. The second priority is non-hospitalized patients with unexplained fever or signs of airway damage;
3. The third priority - outpatients with fever, cough, as well as chronic diseases; pregnant women; children;

4. The fourth priority is others.

Guideline needs to be adapt to the medical system of Ukraine, but its basic idea can improve the feasibility of using testing of potential patients.

Conclusions. Family physicians are at the forefront of the pandemic and should use modern and effective methods in the face of rapid disease spread. The clinical view of the specialist should be aimed at finding COVID-positive symptoms and confirming them by testing. In addition, accurate and practical guidelines for SARS-CoV-2 infection are needed for general practitioners. At present, all protocols need to be improved and adapted.

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