

RELATIVE LOW INCIDENCE OF POST-COVID SYNDROME IN HOMELESS INFECTED DURING SECOND WAVE IN SPRING 2021 DURING COVID-19

Relatívne nízka incidencia post-COVID-syndrómu u bezdomovcov počas druhej vlny COVID-19 na jar 2021

Maria BIELOVA^{1,2}, Vladimierz MASLAK¹, Peter GOMBITA^{1,2}, Peter LACA^{1,2}, Vladimír KRCMERY⁴, Dana GIERTLIOVA², Emilia VRANKOVA^{1,2}, Božena IGLIAROVA^{1,2}, Andrej MATEL^{1,2}, Ladislav ROMAN^{1,2,3}, Vlastimil KOZON^{2,4}, Pavel CZARNECZKI^{1,2}, Rastislav HOCHMAN^{2,3}

¹Warsaw school of Management, Dept of Psychology, Warsaw, Poland

²St. Elizabeth University, St. Malla, Institute of Social work Košice,

³St. S. Salkahazy Institute of Social work Rožňava and S. Sera Institute Social work Banská Bystrica, Žilina, Trstena, Rimavska Sobota, Slovakia

⁴St. J.N Neumann Institute of Soc work SEU, Píbram and Prague, Czech Republic

⁵Dept of Tropical Disease Slovak Medicine University School of Medicine and Nursing, and University Gen Hospital Vienna joint TD programme and Collegium Elizabethinum Vienna, Austria

SUMMARY

Chronic post-covid syndrome is long lasting however not life-threatening consequence of acute Covid 19 disease specially in those undergoing severe clinical course. A case report presents multidisciplinary approach and minireview occurrence of chronic postcovid syndrome in a cohort of homeless from three sister cities.

Key words: chronic post-COVID-19 syndrome.

Lek Obz, 2021, 70(12): 454-456

SÚHRN

Chronický post-covid syndróm je dlhotrvajúca často chronická komplikácia akútnej infekcie, aj keď neohrozuje pacienta na živote, výrazne zhoršuje kvalitu života a práceschopnosť najmä pacientov s prekonaným ťažším priebehom. Opisujeme ka-
zuistiku chronického post-covid syndrómu s multiorgánovým postihnutím v skupine nízkeho výskytu tejto komplikácie u bezdomovcov z troch susediacich veľkomiest počas jarnej tzv. druhej vlny epidémie v r. 2021.

Kľúčové slová: Chronický post-covid syndrome.

Lek Obz, 70, 2021, č. 12, s. 454 – 456

Introduction

COVID-19 as acute disease is responsible for several million deaths worldwide, however its long-term consequences are discovered only nowadays (1,4). Chronic post-covid syndrome is a late complication of severe clinical course suffering patients mainly after pneumonia or ventilatory support. Chronic hypoxemia was considered as the main pathophysiological mechanism of CNS injury and related neurological symptoms such as headache, fatigue, depression, decrease working ability event also with intelligence parameters, however several other late sequelae such as cardiomyopathy, peripheral neuropathy, anosmia and psychiatric symptoms may occur requiring multidisciplinary approach and long treatments. Several patients suffer over

one year with little improvements (1-3). Here we describe a case of multiorgan chronic post-covid syndrome in a patient with fully asymptomatic PCR documented COVID disease, a homeless social facility center with a group of seniors from Jarna, Vienna and Prague, treated in a single community in spring and summer 2019.

Case report

76 years old male with coronary heart disease and peripheral neuropathy, however fully mobile, otherwise healthy, was infected in December 2020 and COVID infection was PCR test documented, however asymptomatic. He was infected by a colleague travelling to Prague, Vienna and Bratislava, despite travel ban, and

infected a series of homeless in their 30-bed facility. Repeatedly tested on day 5 and 10 with negative result. Fully asymptomatic course.

Two months after asymptomatic course, before vaccination fatigue depression and cardiac failure occurred, with cefalea without anosmia. Therapy with D vitamin B vitamins B6, B12, C vit, immunoglucan, Isoprinosin, given for 2 months, depression worsened other symptoms unchanged, cardiopathy however improved significantly. Polyneuropathy progression (unable to walk). After two courses of azithromycin and increasing Dvt patient again mobile, however insomnia, depression, weakness persisted. Currently 9 months after asymptomatic COVID still treated as chronic fatigue/post-covid syndrome.

Discussion and conclusion

In this case we see fully symptomatic post-covid syndrome presenting as chronic fatigue disease with psychiatric and neurologic symptomatology, transient cardiac symptomatology, with relatively late onset after PRC positivity. Another interesting finding is, that the late consequences are much worse than his initial infection, which was fully asymptomatic, and up to 2 months after seroconversion the patient received multiorgan symptomatic disease. Patient was vaccinated 3 months after first positive PCR, with mRNA vaccine, and he improved two weeks after first dose, however some symptoms still persist. Other infected clients did not present any consequences, however all had surprisingly either asymptomatic or mild course, which is in homeless population difficult to explain. Maybe isolation and quarantine after first case appeared decreased the viral load during their exposition to infected person (case O in particular facility). Last third interesting point - that event the average age 72.5 among homeless seniors from three cities, none of them got chronic post-covid syndrome, within a follow up 9m.

Usually such severe post-covid syndrome is described after severe cause of initial infection, after the acute phase immediately, and nonresponsive chronic fatigue and neurological symptoms disappear after 1-3 months. (1-4) Such long chronic course starting so late, is rare.

In conclusion, chronic post-covid syndrome may surprisingly appear after several weeks or months after the acute infection, even in individuals without symptomatic or severe disease with pneumonia, as described in other case series. Multidisciplinary treatment approach in the future in post-covid centers or directly in elderly or social care facilities directly, including specialists from neurology, cardiology, mental health and social work may be advisable.*

***Compliance with Ethics Requirements:** The authors declare no conflict of interest regarding this article. The authors declare, that all the procedures and experiments of this research respect the ethical standards in the Helsinki Declaration of 1975, as revised in 2008 (5), as well as the national law.

Conflict of interest: The authors declare no conflict of interest.

References

1. WHO. COVID-19 dg and management manual. World health organization. Geneva 2020, 55 pp.
2. KIMULI D., BENCA J., NAMULANDA V. et al.: To bring children from street to school – 20 years experience of educational/nutrition/healthcare programme focused on streetchildren and orphans in Burundi, Rwanda, Kenya, Sudan, Ethiopia, Uganda, Lesotho, Chad, Madagascar and Mozambique. *Lek Obz*, 2020, 69 (5): 157-159.
3. NADDOUR A., TRILISINSKAYA I., KOZON V. et al.: Scabies is the commonest skin/soft tissue infection (SSTI) in refugee children and adults escaping war from Middle East via Turkish and Ukrainian border. *Lek Obz*, 2020, 69 (5): 170-172.
4. PERI HAJ A., JACKULIKOVA M., SIMONEK T. et al.: High colimycin resistance in gramnegative wound pathogens in migrating adolescents in Lesbos and Sames Islands UNHCR refugee centers. *Lek Obz*, 2020, 69 (5): 152-154.
5. LULIAK M., GULAŠOVA M., VALLOVA J. et al.: Intervention of National Economies to Health and Social Security: Antibiotic Policy as an Example of EU Solidarity with Migration Crisis or Social Pathology? (Note) *Clinical social work and health intervention*, 2019, 10 (4): 22-24.
6. SIMONEK T., JACKULIKOVA M., TOPOLSKA A. et al.: Spectrum of Communicable Diseases in Lesbos Island UNHCR Refugee Camp. *Clinical social work and health intervention*, 2019, 10 (4): 57-59.
7. TRILISINSKAYA I., SIMONEK T., JACKULIKOVA M. et al.: Changing Spectrum of Migrants entering Greek Refugee Camp 2019 in Comparison to 2015/2016. (Psychological and social challenge) (Letter to the editor). *Clinical social work and health intervention*, 2019, 10 (4): 60-62.
8. MIKOLASOVA G., MLYNARCIK P., BOZIK J. et al.: Cohortation and testing of elderly homeless within COVID pandemics in an Urban environment. *Lek Obz*, 2020, 69 (11): 381-382.
9. MASZLAK V., ZEMKO P., HERDICS G. et al.: Zero Covid-19 incidence among two large shelters of homeless population in rural settlement- in march-to july 2020: An important role of partial lockdown. *Lek Obz*, 2020, 69 (11): 379-380.
10. SASVARY F., PALOCKOVÁ M., TAZIAROVA M. et al.: Spectrum of communicable and non communicable diseases in an outpatient department unit during refugee and migrant second wave in rural Albania. *Lek Obz*, 2020, 69 (11): 396-397.
11. OTRUBOVA J., KALATOVA D., MURGOVA A. et al.: Education Harmonization in Nursing and Social Work as Response to Vulnerable Patient/Client Groups in the new Candidate Member States – Solidarity from European Union (Note). *Clinical social work and health intervention*, 2019, 10 (4): 63-66.
12. PANDYA L., PHOHLA L., BUCKO L. et al.: Antimalnutrition program in low – cost children in rural regions in Karnataka state India and in Mandalay province, Myanmar. *Lek Obz*, 2020, 69 (5): 162-164.
13. MIKOLASOVA G., NADDOUR A., SIMONEK T. et al.: Absence of outbreaks of gastroenteritis in UNHCR refugee camp in children. *Lek Obz*, 2020, 69 (5): 168-169.
14. SHAHMAN A., HAEI H., SUVADA J. et al.: Antimalnutrition Projects for children and mothers in areas of armed conflict in Yemen and Autonomous Region – Kurdistan, Iraq. *Lek Obz*, 2020, 69 (5): 147-148.

15. PROCHAZKOVA C., GREY E., MIKOLASOVA G. et al.: Analysis of 9,896 Homeless Patients within an Urban Area in 2014 – 2019 – Social Pathology Leading to Poor Health. *Clinical social work and health intervention*, 2019, 10 (4): 67-69.
16. KALATOVA D., SUBRAMANIAN S., LULIAK M. et al.: Psychosocial and Medical Intervention before Emergency Travel in Humanitarian Workers – How early is not too late? *Clinical social work and health intervention*, 2019, 10 (4): 70-72.
17. KAZUNGU KATANA J., HOLKOVA J., BENCA J. et al.: HIV mobile clinic as a part of the comprehensive social and public health program in the Malindi Coastal Area. *Clinical social work and health intervention*, 2021, 12 (1): 15-16.
18. PALOCKOVA M., CHOVANCOVA S., SUGAROVA D. et al.: Covid-19 has only temporarily interrupted social and health services in rural Albania in 2020. *Clinical social work and health intervention*, 2021, 12 (1): 17-19.
19. RUSNAK T., ONDRUSOVA Z., OLAH M. et al.: St. Philippe rescue center in an area of high prevalence of HIV infection in Kisumu and street work for street boys in Nairobi. *Clinical social work and health intervention*, 2021, 12 (1): 20-22.
20. SAOSETHA V., UTESENA M., SECKOVA S. et al.: Educational social and health joint bicoloral world & SEU program for HIV positive Cambodian children – Research note. *Clinical social work and health intervention*, 2021, 12 (1): 23-25.
21. JACKULIKOVA M., TOTOHOVA M., BYDZOVSKY J. et al.: Comparison of the spectrum of outpatient visits before and after fire in the Moria Camp after arrival of Covid-19 positive refugees. *Clinical social work and health intervention*, 2021, 12 (1): 28-29.
22. MULAMA C., MIKLOSKOVA M., HAJDENOVA Z. et al.: Decreasing prevalence of resistant bacteria including MRSA colonizing children in orphanages in Ukraine, Kenya and Cambodia. *Lek Obz*, 2020, 69 (5): 149-151.
23. MIKLOSKOVA M., HOCHMAN R., JANCOVIC M. et al.: Low coverage of seasonal anti-influenza vaccination among orphanages in Cambodia, Kenya and Slovakia. *Lek Obz*, 2020, 69 (5): 155-156.
24. PERI HAJ A., SUBRAMANIAN S., SLADECKOVA V. et al.: Early detection of adverse therapy reactions in orphan children with AIDS (short communication). *Acta Missiologica*, 2019, 13 (2): 184-186.
25. RADI F., BUNDZEOLVA K., OLAH M., MUSS C.: Late psychosocial consequences of pandemics: prof HIV to COVID 19. *Clinical Social work and Health interv*, 2021, 12(2): 6-9.
26. LIPTAKOVA A.: Covid 19 in elderly. *Lek Ob*, 2020, 11, p. 2-5.
27. BAKOS M., JANKOVIC, DUBOVCOVA M.: Social aspects of diagnosis and treatment: -important factors affecting quality of life. *Clinical Social work health interv*, 12.2. 2021.
28. GOMBITA P., OLAH M., KOVAC R. et al.: Senior homeless population was Covid-19 free in 3 shelter communities after adapting the Life Island model (Note). *Clinical social work and health intervention*, 2020, 11 (3): 78-79.

Received 2.9.2021.

Address for correspondence:

Mgr. Rastislav Hochman
University program for Homeless seniors SEU
91743 Jarna
Slovakia
E-mail: hochman@vssvalzbety.sk