# The clinical features of COVID - 19 in a group of Iraqi patients: A record review

**DOI:** https://doi.org/10.32007/jfacmedbagdad.6311799.

**Haider N. Dawood*** **FABM, FIBM, FIBM (Resp.)**
**Ayad Hwayyiz**** **HDFE, FETP**
**Ibrahim K. Alshemary***** **FICMS, FICMS clinical hematology**
**Imad Abdul Rahman ****** **MD, MSc, PhD**



**Abstract**

**Background:** The number of coronavirus infection cases has increased rapidly since early reports in the December 2019 in China. But data on the clinical features of infected peoples is variable from one country to the other.

**Objective:** Studying clinical features of patients with a positive RT PCR COVID – 19, in a group of Iraqi patients.

**Patients and Methods:** This is a record review study of 200 patients with a confirmed COVID - 19, conducted in Al Imamain Al Kadhimain Medical City from 1 May to 30 August 2020, the diagnosis of patients during this period. Data about demographic and the clinical characteristics have been recorded.

**Results:** The study included 200 patients with 133 (66.5%) males and 67 (33.5%) females, and age range of 14- 89 years, with mean age 46.4 years. A history of contact with a COVID -19 positive case was found in 80 patients (40%), Ischemic Heart Disease in 11 patients (5.5%), hypertension 34 (17%), diabetes mellitus 36 patients (18%). The most frequently seen age group was between 21-39 years (76 patients - 38%). The most frequently seen symptoms were fever 76.5% and generalized weakness 73%. A statistically significant association was found between age and dyspnea ($p = 0.014$) and also diarrhea ($p = 0.035$), as well as between gender and rhinorrhea ($p = 0.08$) and nausea and/ or vomiting ($p = 0.005$).

**Conclusion:** In this study fever and generalized weakness were the most common symptoms in COVID patients. The clinical features of COVID disease can be affected by age and gender of patients.

**Keywords:** Clinical features, COVID - 19, Iraqi patients.

*J Fac Med Baghdad*
*2021; Vol.63, No. 1*
*Received: Oct., 2020*
*Accepted: April, 2021*
*Published: May, 2021*

## Introduction:

COVID - 19 is a new infectious disease caused by a SARS-CoV-2 virus, which is manifested primarily as an acute respiratory disease with an interstitial alveolar pneumonia. However it can affect other organs including the heart, kidneys, nervous system, blood and the digestive tract (1). Coronaviruses are subdivided into four types: α-CoV, β-CoV, γ-CoV, and δ-CoV depending on the basis of the phylogenetic clustering. SARS-CoV-2 which causes COVID - 19 belongs to β group (2, 3). Infection with the novel coronavirus leads to development of an acute respiratory syndrome COVID - 19 (4). It is a complex pathogen because of the ability for infecting multiple hosts, and causing different diseases in spite of a common association with the acute respiratory infections in the humans (5). The droplet transmission can occur when the person is in close contact (about one meter) with another person who has the respiratory symptoms (like cough or sneeze) and is at a high risk to have the nasal and/ or oral mucosa or the conjunctiva exposed to the potentially infective droplets (of more than 5-10 µm in diameter) (6). A recent study revealed that the viral load detected in asymptomatic people was similar to that in symptomatic patients, which suggests the transmission potential from symptomatic or asymptomatic people (7). To limit the spread, regionally and globally many countries have adopted measures including lockdowns, closing airports and borders, and restrictions of travel to decrease the transmission (8). The incubation period of COVID - 19 can be up to 14 days from the time of exposure, (a median is 4 - 5 days) (7). The Infection is reported in all age groups including children. The majority of cases are mild, presenting with a flu-like illness. The common features of COVID - 19 are fever, cough, fatigue and myalgia (9). The features of upper respiratory infection as rhinorrhea and sputum are uncommon, except in children, with leucopenia

* *Al Immamin Al Kahdimin Medical city. Correspondence email: haidernoori2001@gmail.com.*
** *High Diploma Field Epidemiology\Baghdad Field Epidemiology Training Program \ CDC Atlanta_USA. email: ayadalmukhtar70@yahoo.com*
*** *Al Immmamin Al kahdimin Medical city dr_ibrahim_khalil@yahoo.com*
**** *Public Health unit, Al Immamin Al Kahdimin Medical city/ Baghdad .email: dr_imad72@yahoo.com*

(25%) and lymphopenia (63%) (9). Severe cases of pneumonia, dyspnea, tachypnea and disturbance of gas exchange happen in about 5% of patients leading to severe dysfunction of the lungs with the need for mechanical ventilation, shock and multiple organ failure (10). The rapid transmission of COVID - 19 among individuals and within communities and countries mandates the implementation of the proper physical and mental health health precautions (11). Several reports have shown the important event which leads to an increase in the mortality rate from COVID_19 infection which is the Acute Respiratory Distress Syndrome (ARDS) that results from non-modulated inflammatory responses which may lead to death (12, 13). Elderly patients and those with comorbidities may face an increased risk of death from COVID - 19. However, younger patients without comorbidities may present with lethal complications such as disseminated intravascular coagulopathy (DIC) and myocarditis (14). The accuracy of diagnosis by viral RNA swabs in a clinical practice may vary depending on the site and the quality of sample. The sensitivity of RT-PCR in one study of 205 patients was shown to be 93% for the Broncho-alveolar lavage (BAL), 72% for sputum, 63% for nasal swabs, and 32% for throat swabs (15). Accuracy also depends on the stage of the disease (16) and degree of the viral multiplication and clearance (17).

## Patients and Methods:

### Study design and participants

This is a record review study of 200 patients who had been confirmed as COVID – 19, conducted in Al Imamain Al Kadhimain Medical City from 1 May to 30 August 2020, when the diagnosis were during this period, patients were either hospitalized or treated as outpatients.

**Definitions** COVID - 19 was confirmed by the detection of SARS-CoV-2 RNA, in the swab samples from throat using a virus nucleic acid detection kit COVID-19, by a real-time polymerase chain reaction (RT-PCR). The case definition of the confirmed infection with SARS-Cov-2 was made according to the guidance from World Health Organization (WHO) (18). Confirmed patients were either hospitalized or treated as outpatients, these whom treated as outpatients have a record saved in public health department, from which data took.

### Data collection

A COVID - 19 data collection form was designed to collect the data including demographics and clinical features. The following information was collected for each patient: Age, gender, risk factors (ischemic heart disease, hypertension, and diabetes mellitus), COVID - 19 exposure history, symptoms (fever, dyspnea, nausea\vomiting, cough, rhinorrhea, sore throat, diarrhea, generalized weakness, and headache).

**Inclusion criteria:** All patients who have clinical features of COVID - 19 and positive a RT - PCR from the throat.

**Exclusion criteria:**

1- Patients with negative RT - PCR of throat.

2- Patients with incomplete data in the medical records.

**Statistical Analysis:** The collected data were entered and analyzed using SPSS (Statistical Packages for Social Sciences) version 20. Data were classified into qualitative and quantitative. The quantitative data were classified into parametric and non-parametric according to the normality tests. For nominal qualitative data, the Chi square and the Fisher exact tests were used for association. For quantitative data the mean measuring tests was used. P-value of $< 0.05$ was considered as statistically significant.

## Results

Two hundred patients were included in this study, of whom 133 (66.5%) were males and 67 (33.5%) were females, with an age range of 14- 89 years and a mean age of 46.4 years. A history of contact with a COVID – 19 case was found in 80 patients (40%), ischemic heart diseases (IHD) in 11 (5.5%), hypertension in 34 (17%), and diabetes mellitus in 36 (18%), table 1. Table 2 shows the distribution of the patients by age group. More than a third of the cases fell in the 21-39 years group with 76 patients (38%), followed by those 40-59 years with 66 patients (33%), and those ≥60 years with 52 patients (26%).

**Table 1:- Demographical features of the patients with COVID_19**

| Variables | | Number | % |
|---|---|---|---|
| Age (mean ± SD) (range) | | 46.39 ± 18.01 (14-89) | |
| Gender | Male | 133 | 66.5 |
| | Female | 67 | 33.5 |
| History of contact with COVID – 19 case | | 80 | 40 |
| IHD | | 11 | 5.5 |
| Hypertension | | 34 | 17 |
| Diabetes mellitus | | 36 | 18 |

**Table 2: Distribution of the patients according to the age and gender**

| Age group (Years) | Males | Females | Total | |
|---|---|---|---|---|
| | Number | Number | Number | % |
| ≤ 20 | 3 | 3 | 6 | 3 |
| 21-39 | 55 | 21 | 76 | 38 |
| 40-59 | 44 | 22 | 66 | 33 |
| ≥60 | 31 | 21 | 52 | 26 |
| Total | 133 | 67 | 200 | 100 |

Table 3 show that fever was the most frequent symptom (76.5%), followed by generalized weakness (73%), cough and dyspnea (65%) each, headache (59%), sore throat (58%), nausea and vomiting (28%), and rhinorrhea and diarrhea (25%) each. The table also shows the distribution of these clinical features by gender with a statistically significant association between gender and rhinorrhea ($p = 0.08$) and nausea and/ or vomiting ($p = 0.005$), both being higher among females than males. Table 4 shows a statistically significant association between age group and dyspnea ($p = 0.014$) and diarrhea ($p = 0.035$), but not with other symptoms.

**Table 3: Clinical features of the patients with COVID_19 distributed by gender**

| Clinical feature | Males | | Females | | Total | | P Value |
|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | |
| Fever | 102 | 76.7 | 51 | 76.1 | 153 | 76.5 | 0.53 |
| Generalized weakness | 94 | 70.7 | 52 | 77.6 | 146 | 73 | 0.192 |
| Dyspnea | 89 | 66.9 | 41 | 61.2 | 130 | 65 | 0.25 |
| Cough | 85 | 63.9 | 45 | 67.2 | 130 | 65 | 0.385 |
| Headache | 74 | 55.6 | 44 | 65.7 | 118 | 59 | 0.113 |
| Sore throat | 74 | 55.6 | 42 | 62.9 | 116 | 58 | 0.444 |
| Nausea and/or Vomiting | 29 | 21.8 | 27 | 40.3 | 56 | 28 | 0.005 |
| Rhinorrhea | 29 | 21.8 | 21 | 31.3 | 50 | 25 | 0.08 |
| Diarrhea | 36 | 27.1 | 14 | 20.9 | 50 | 25 | 0.219 |
| Total (100%) | 133 | | 67 | | 200 | | |

**Table 4: Distribution of the cases by age group and clinical features**

| Symptom | Age group (years) | | | P-value |
|---|---|---|---|---|
| | < 40 | 40- | ≥ 60 | |
| Dyspnea | 52 | 36 | 42 | 0.011 |
| Cough | 53 | 41 | 36 | 0.721 |
| Fever | 63 | 49 | 41 | 0.839 |
| Rhinorrhea | 24 | 14 | 12 | 0.496 |
| Sore throat | 51 | 37 | 27 | 0.549 |
| Nausea and/or Vomiting | 22 | 19 | 15 | 0.954 |
| Diarrhea | 27 | 13 | 10 | 0.097 |
| Headache | 53 | 38 | 27 | 0.482 |
| Generalized weakness | 59 | 44 | 43 | 0.145 |

## Discussion

In this study there were twice males as females. The World Health Organization data has also shown a male predominance in Iraq in June 2020, when out of the total of 12,366 infected by COVID-19, 56% were males (19). Ali et al (20) has also reported a higher percentage of Iraqi COVID-19 patients among males (59.7%). Dawei in Wuhan, China (21) reported a smaller male predominance of (54.3%). The age of our patients ranged from 14- 89 years, with a mean of 46.4 years. Omran in Basrah, Iraq (22) reported a median age of 45 years, with the youngest patient being 13 years old, while Xiao-Wei in Wuhan, China (23) reported a median age 41 years and a range of 32-52 years. A history of contact with a COVID – 19 case was present in 40% of our patients. Most of COVID-19 cases were linked to person-to-person transmission through close contact with a case with respiratory symptoms (24, 25) or close contact with a person during the incubation period, later confirmed to be COVID-19 (26, 27). Nitesh from India (28) reported the history of close contact with a case to be 38.1%. In the present study, 5.5% of the patients had IHD, 17% had hypertension, and 18% had diabetes mellitus, while Chaolin in China (29) showed IHD to be present in 15%, hypertension in 15%, and diabetes mellitus in 20%. Zhou in China (30) reported a much higher percentage of hypertension in his study (30%), diabetes (19%), and coronary heart disease (8%). Sarfraz in Saudi Arabia (31) reported Hypertension in (41%), Diabetes (18%), and Cardiovascular disease (18%) of their cases, but the latter study had a small number of cases (51 patients). In the present study, the highest percentage of patients were between 21-39 years (38%), follow by those 40-59 years (33%), and the lowest were those ≤ 20 years (3%). Xiao-Wei in China (23) reported that 40% of patients were between 19-40 years and 53% between 41-65 years, and only 3% between 10 - 11 years. A summary of report from the Chinese center of Disease Control and Prevention (CDC) (32), shows the age distribution to be as follows: ≥ 80 years (3%), 30-79 years (87%), 20-29 years (8%), 10-19 years (1%), and <10 years (1%). These studies together with the China CDC reports indicated that general population is susceptible to the SARS-CoV-2 infection, regardless the age. The clinical features of patients with the COVID-19 in the present study include fever (76.5%), generalized weakness (73%), cough and dyspnea (65%) each, and rhinorrhea and diarrhea (25%) each. The most common symptoms reported by Chaolin (29) were fever (98%), cough (76%), headache (8%), while 55% developed dyspnea. Yousef in Saudi Arabia (33) reported fever (85.6%), cough (89.4%), sore throat (81.6%), runny nose (72%), and headache (27.3%). Clinical studies showed that the occurrence of diarrhea ranges from 2% - 50%, and it may appear before or after the onset of respiratory symptoms. Analyses revealed that the overall percent of diarrhea is 10.4% (34). Barnaby in Singapore (35) reported Sore throat at (61%), rhinorrhea (6%) which may be due to the small number of cases in this study. Kim (36) reported headache in 31.4% and rhinorrhea in 26.2%. Clinicians must be aware about COVID-19 and consider the possibility of the COVID-19 even in the absence of fever, generalized weakens, or even respiratory symptoms to ensure the appropriate investigation for the diagnoses. Dyspnea and diarrhea had a statistically significant association with age in the present study, while other symptoms did not. Liu (37) found that only sore throat had a statistically significant association with age. Nicholas (38) found an age risk in the susceptibility to infection and the probability to have clinical symptoms of COVID-19, ranging from about 20% in children to about 70% in older adults. The present study found a statistically significant association between gender and rhinorrhea and nausea and/or vomiting. A previous study found that male patients were susceptible to have more severe symptoms in comparison with females (39). The definite factors underlying such difference remain unknown. The differences between males and females in their immune response to infectious diseases, inflammation and autoimmunity show that females appear to respond more vigorously to viral infections and produce more antibodies in response to the infection and vaccination (40). The limitations of this study include not classifying the patients according to the WHO classification for severity (mild, moderate, severe and critical cases), and the small number of cases in comparison to the cases of COVID-19 in Iraq. In conclusion, this study showed that fever and generalized weakness were the most common symptoms in COVID patients. The clinical features of COVID disease can be affected by the age and gender of patients.

**Author's Contributions:**

First author data collection and analysis
Second author data collection
Third author data analysis
Forth author data analysis

**References**


1- Wang D, Hu B, Hu C, Fangfang Z , Xing L , Jing Z, et al. Clinical Characteristics of 138 Hospitalized Patients with 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. JAMA. 2020; 323(11) : 1061-1069

2- Peng X, Xu X, Li Y, Cheng L, Zhou X, Ren B. Transmission routes of 2019-nCoV and controls in dental practice. Int J Oral Sci. 2020;12(1):9. doi: 10.1038/s41368-020-0075-9. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

3- Lu R, Zhao X, Li J, Niu P, Yang B, Wu H, et al. Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and receptor binding. Lancet. 2020;395(10224):565–574.

4- Zhu N, Zhang D, Wang W, Xingwang L , Yang B , Jingdong S, et al. A novel coronavirus from patients with pneumonia in China, 2019. N Engl J Med. 2020;382(8):727–33.

5- Fung TS, Liu DX. Human Coronavirus: Host-Pathogen Interaction. Annual review of microbiology 2019;73:529-57.

6- Word Health organization (WHO). Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations. 27 March 2020

7- Zou L, Ruan F, Huang M, Liang L, Huang H, Hong Z, et al. SARS-CoV-2 viral load in upper respiratory specimens of infected patients. N Engl J Med. 2020;382(12):1177-9.

8- Gostin LO, Wiley LF. Governmental public health powers during the COVID19 pandemic: stay-at-home orders, business closures, and travel restrictions. JAMA. 2020;10.1001

9- Wang W., Tang J., Wei F. Updated understanding of the outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China, J. Med. Virol. 92 (4) (2020) 441–447,

10- Joseph S, Kwok Y, Albert D, Klaus S, Yuen K, Osterhaus A. The severe acute respiratory syndrome. N Engl J Med 2003;349:2431–41.

11- Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72,314 cases from the Chinese Center for Disease Control and Prevention. JAMA 2020; 323(13):1239-1242.

12- Huang C, Wang Y, Li X, Ren L, Zhao J, Chaolin H , et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. The Lancet 2020; 395: 497–506.

13- Huang C., Wang Y., Li X, Ren L, Zhao j, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet, 395 (2020), pp. 497-506

14- Tang N, Li D, Wang X, Sun Z. Abnormal coagulation parameters are associated with poor prognosis in patients with novel coronavirus pneumonia. J Thromb Haemost 2020 Apr; 18(4): 844-847.

15- Goh K, Choong M, Cheong E, Kalimuddin S, Wen S, CheePhua G, et al. Rapid progression to acute respiratory distress syndrome: review of current understanding of critical illness from COVID-19 infection. Ann Acad Med Singap, 49 (2020), pp. 108-118

16- Sethuraman N, Sundararaj Stanleyraj J, Ryo A. Interpreting diagnostic tests for SARS-CoV-2. JAMA2020doi:10.1001/jama.2020.8259.CrossRefGoogle Scholar

17- Wölfel R, Corman VM, Guggemos W, Seilmaier M, Zange S , Müller M, et al. Virological assessment of hospitalized patients with COVID-2019. Nature2020. doi:10.1038/s41586-020-2196-x. pmid:32235945

18- WHO. Clinical management of severe acute respiratory infection when Novel coronavirus (nCoV) infection is suspected: interim guidance. Jan 11, 2020.

19- World Health Organization. Coronavirus disease (COVID-19) Dynamic Infographic Dashboard for Iraq. August 17, 2020

20- Ali H, Risala H, Raghdan H, Maha H, Ali J,Mustafa Y. Evaluating of the association between ABO blood groups and coronavirus disease 2019 (COVID-19) in Iraqi patients. Egyptian Journal of Medical Human Genetics (2020);21:1-6

21- Dawei W, Bo Hu, Chang Hu, Fangfang Z , Xing L , Jing Z et al. Clinical Characteristics of 138 Hospitalized Patients with 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA.2020;323(11):1061-1069

22- Omran S, Abbas K, Alaa H, Nihad Q. Epidemiological Features of COVD-19 Epidemic in Basrah Province-Southern Iraq-First Report. The Medical Journal of Basrah University Epidemiology of COVID19 Infection (2020);38(1): 7-18

23- Xiao-Wei X, Xiao-Xin W, Xian-Gao J, Kai-Jin X , Ling-Jun Y, Chun-Lian M et al. Clinical findings in a group of patients infected with the 2019 novel coronavirus (SARS-Cov-2) outside of Wuhan, China: retrospective case series. BMJ 2020;368: 1-7.

24- Burke RM, Midgley CM, Dratch A, Fenstersheib M, Haupt T, Holshue M, et al. Active monitoring of persons exposed to patients with confirmed COVID-19 — United States, January–February 2020. MMWR Morb Mortal Wkly Rep. 2020;69(9):245-6

25- Chan J, Yuan S, Kok KH, To KK, Chu H, Yang J, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. Lancet. 2020;395(10223):514-23.

26- Huang R, Xia J, Chen Y, Shan C, Wu C. A family cluster of SARS-CoV-2 infection involving 11 patients in Nanjing, China. Lancet Infect Dis. 2020;20(5):534-5

27- Tong Z-D, Tang A, Li K-F, Li P, Wang H-L, Yi J-P, et al. Potential presymptomatic transmission of

*SARSCoV-2, Zhejiang Province, China, 2020. Emerg Infect Dis. 2020;26(5):1052-4.*
*28- Nitesh G, Sumita A, Pranav I, Rajni G. Clinical and epidemiologic profile of the initial COVID-19 patients at a tertiary care centre in India. Monaldi Archives for Chest Disease 2020; volume 90:1294- 8.*
*29- Chaolin H, Yeming W, Xingwang L, Lili R, jianping Z, Yi H, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020 15-21 February; 395(10223): 497–506*
*30- Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: A retrospective cohort study. Lancet 2020;395:1054e1062.*
*31- Sarfraz S, Mohammed Al, Reem A, Fahad A, Faisal A, Rayan A, et al. Clinical Characteristics of Patients with COVID-19 in Saudi Arabia - A Single Center Experience. Res Rev Infect Dis 3(1):68-74*
*32- Zunyou Wu, Jennifer M. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China. JAMA. 2020;323(13):1239-1242.*
*33- Yousef M, Alsofayan A, Saqer M, Althunayyan B, Anas A. Clinical characteristics of COVID-19 in Saudi Arabia: A national retrospective study. Journal of Infection and Public Health. 2020; 13, Issue 7: 920-925*
*34- Ferdinando D, Daniel C, Silvio D, Laurent P. Diarrhea during COVID-19 Infection: Pathogenesis, Epidemiology, Prevention, and Management. Clinical Gastroenterology and Hepatology 2020;18:1663–1672.*
*35- Barnaby E, Sean Wei X, Shirin K, Jenny G , Seow Y, Jiashen L, et al. Epidemiologic Features and Clinical Course of Patients Infected With SARS-CoV-2 in Singapore. JAMA. 2020;323(15):1488-1494.*
*36- Kim G, Kim M, Ra S, Lee J, Bae S , Jung J, et al. Clinical characteristics of asymptomatic and symptomatic patients with mild COVID-19. Clinical Microbiology and Infection. 2020, Vol. 26, Issue 7, p948.e1–948.e3*
*37- Liu Y, Mao B, Liang S, Yang J, Lu H, Chain Y, et al. Association between age and clinical characteristics and outcomes of COVID-19. Eur Respir J 2020; 55: 2001112 [https://doi.org/10.1183/13993003.01112-2020].*
*38- Nicholas G, Petra K, Yang L, , Kiesha P, Mark J. Age-dependent effects in the transmission and control of COVID-19 epidemics. 2020;26 :1205–1211*
*39- Fan W, Su Z, Bin Y, Yan-Mei C, Wen W, Zhi-Gang S, et al. A new coronavirus associated with human respiratory disease in China. Nature, 2020. 579(7798): p. 265-269.*
*40- Klein, S. L. & Flanagan, K. L. Sex differences in immune responses. Nat Rev Immunol. (2016)16(10), 626-638.*

## السمات السريرية للمصابين بمرض كوفيد 19 في مجموعة من المرضى العراقيين: مراجعة البيانات

**د. حيدر نوري داود**
**د. اياد كريم**
**د. ابراهيم خليل الشمري**
**د. عماد م عبد الرحمن**

**الخلاصة:**
**المقدمة:** إزداد عدد حالات الإصابة بفيروس كورونا الجديد بسرعة منذ التقرير الأول في ديسمبر 2019 في مدينة ووهان، في الصين، لكن المعلومات عن السمات السريرية للمرضى المصابين تختلف من دولة إلى أخرى.
**الهدف من الدراسة:** دراسة السمات السريرية للمرضى المصابين بفيروس كوفيد من ذوي الفحص تفاعل البلمرة المتسلسل الموجب في مجموعة من المرضى العراقيين.
**المنهجية:** أجريت هذه الدراسة بمراجعة البيانات ل 200 من المرضى المصابين بمرض كوفيد المؤكدة اصابتهم من السجلات الطبية في مدينة الإمامين الكاظمين الطبية للفترة من 1 مايو إلى 30 أغسطس 2020، وتشمل البيانات المتعلقة بالخصائص الديموغرافية والسريرية للمرضى.
**النتائج:** شملت هذه الدراسة 200 مريض، 133 (66.5%) من الذكور و 67 (33.5%) من الإناث. تراوحت اعمارهم بين 14-89 سنة، مع متوسط العمر 46.4. كانت نسبة الملامسين لحالات كوفيد 40٪، المصابين بقصور الشرايين التاجية 5.5%، المصابين بارتفاع ضغط الدم 17%، المصابين بداء السكري 18%. الفئة العمرية الأعلى بين 21-39 سنة 38%. وأعلى نسبة إصابة بالأعراض هي الحمى 76.5%، يليها ضعف عام بنسبة 73%. كان هناك فرق مهم إحصائيا بين الفئة العمرية وضيق التنفس والاسهال. كان هناك أيضا فرق إحصائي هام بين الجنسين والسمات السريرية فيما يتعلق بـالسيلان الأنفي والغثيان/ التقيؤ. وهناك فرق مهم إحصائيا بين الفئة العمرية وبعض الامراض مثل قصور الشرايين التاجية، ارتفاع ضغط الدم، وداء السكري.
**الاستنتاجات:** في هذه الدراسة كانت الحمى والنحول الأعراض الأكثر شيوعا في مرضى COVID. يمكن أن تتأثر السمات السريرية لمرض COVID بعمر وجنس المرضى
**مفتاح الكلمات** : الخصائص السريريه, كوفيد-19 , المرضى العراقيين.