Infection and Drug Resistance

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RESPONSE TO LETTER

COVID-19 Clinical Features and Recovery Time: Factors Affecting the Outcome in *Infection and Drug Resistance* [Response to Letter]

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Dear editor

We would like to thank you for giving us the chance to respond to the letter "COVID-19 clinical features and recovery time: Factors affecting the outcome". We also thank Abdul Moeed, and Zunera Huda for reading, and for their interest to contribute to our article entitled, Clinical Features and Time to Recovery of Admitted COVID-19 Cases at Dilla University Referral Hospital Treatment Center, South Ethiopia. In our study, clinical features like tachycardia and headache were not shown as predictors of recovery time, even though some literatures, as Abdul Moeed, and Zunera Huda stated, showed as a predictive factor of prolonged length to recovery. This may be due to the sample size or socio-demographic factors differences; we analyzed only the records of 220 admitted patients and used only the baseline data that need further analysis with full follow up data.

We cannot generalize; the patients admitted in 2021 were more likely to have a shorter pre-discharge holding time compared to those hospitalized in 2020. The reason is: 1. the therapeutic management regimes use and healthcare providers' skills vary from region to region, and from health facility to health facility since the therapeutic management for covid-19 is mainly supportive care. 2. The immunization and immunity status of the patients, and a covid-19 variant involved can also matter. Likewise, severity of the disease can be affected by the variant that caused the disease which can also affects the time to recovery.

As our study was retrospective study, we analyzed only the data collected from the patients' records. Therefore, we could not get full information on supportive care practices; that is why we could not include them in to the analysis. We share with them the idea that further large-scale studies with well-developed methodologies are needed.

Disclosure

The authors report no conflicts of interest in this communication.

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