



## Cohort Study

### 1- The cohort study

By:

[Weich, S](#) (Weich, S)

[INTERNATIONAL REVIEW OF PSYCHIATRY](#)

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**Keywords Plus**

[SCHIZOPHRENIA](#)  
[SMOKING](#)



## Cohort Study

### 3- Japanese Legacy Cohorts: Six-Prefecture Cohort Study (Hirayama Cohort Study)

By:

[Akiba, S](#) (Akiba, Suminori) [\[1\]](#), [\[2\]](#); [Kinjo, Y](#) (Kinjo, Yoshihide) [\[3\]](#)

[JOURNAL OF EPIDEMIOLOGY](#)

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#### **Abstract**

Late Dr Takeshi Hirayama and his colleagues conducted a mortality follow-up of a large-scale cohort in six prefectures in Japan. This study is called the six-prefecture cohort study or Hirayama Cohort Study. The study subjects were residents aged 40 years or older at the baseline survey in 1965, which covered 94.8% of residents identified in the study area by the National Census conducted on October 1, 1965. The mortality of 264,118 cohort members was followed until the end of 1982. One of the most important findings made by this study was an association between second-hand smoke exposure and lung cancer. This finding is the origin of the worldwide spread of smoking ban in indoor public venues and workplaces. Other major findings obtained from the study are also briefly described in this article.

#### **Keywords**

##### **Author Keywords**

[cohort study](#)[smoking](#)[cancer](#) [epidemiology](#)

##### **Keywords Plus**

[LUNG-CANCER](#)[KARUNAGAPPALLY COHORT](#)[POOLED ANALYSIS](#)[TOBACCO-SMOKER](#)[RISK](#)[MORTALITY](#)[EXPOSURE](#)[WOMEN](#)



## Cohort Study

### 4- RESTRICTED COHORT STUDY DESIGNS

By:

[OAKES, D](#) (OAKES, D) ; [MCDONALD, JC](#) (MCDONALD, JC)

[SCANDINAVIAN JOURNAL OF WORK ENVIRONMENT & HEALTH](#)

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## Cohort Study

### 5- Swiss HIV Cohort Study

By:

[\[Anonymous\]](#)

[AIDS PATIENT CARE AND STDS](#)

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## Cohort Study

### 6- Rilpivirine use in the Swiss HIV cohort study: a prospective cohort study

**By:**

[Sculier, D](#) (Sculier, Delphine) [1]; [Gayet-Ageron, A](#) (Gayet-Ageron, Angele) [2], [3]; [Battegay, M](#) (Battegay, Manuel) [4]; [Cavassini, M](#) (Cavassini, Matthias) [5]; [Fehr, J](#) (Fehr, Jan) [6]; [Hirzel, C](#) (Hirzel, Cedric) [7]; [Schmid, P](#) (Schmid, Patrick) [8]; [Bernasconi, E](#) (Bernasconi, Enos) [9]; [Calmy, A](#) (Calmy, Alexandra) [1]

**Group Author:**

[Swiss HIV Cohort Study](#) (Swiss HIV Cohort Study)

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**Abstract**

**Background:** Rilpivirine is safe and effective in HIV-naive patients with low baseline HIV-RNA or in switch strategy. It offers the advantages of few drug-drug interactions and a favourable toxicity profile. We aimed to determine the reasons for prescribing the rilpivirine (RPV)/tenofovir disoproxil (TDF)/emtricitabine (FTC) co-formulation within the Swiss HIV Cohort Study and to assess its effectiveness and safety over a 24 months period.

**Methods:** All individuals enrolled in the Swiss HIV Cohort Study who initiated a RPV/TDF/FTC co-formulation between April 2013 and March 2014 were included. Primary outcomes were the HIV-RNA viral load (copies/mL) and CD4 cell count (cells/mm<sup>3</sup>) at 6, 12 and 24 months. Reasons for a switch to RPV/TDF/FTC were evaluated through a standardized questionnaire. We also assessed discontinuation and reasons for discontinuation of RPV/TDF/FTC until October 30, 2015.

**Results:** Of 644 individuals who started the RPV/TDF/FTC co-formulation, only 7.5% were treatment-naive. At 24 months, viral suppression (HIV-RNA <50 copies/mL) was achieved in 100% and 96.7% of cART-naive and cART-experienced patients respectively. The switch to RPV was mainly done for simplification (44.6%) and to overcome central nervous system toxicity symptoms due to efavirenz (24%). Six months after switch, 74.8% of patients reported an improvement of psycho-neurological symptoms with continued



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improvement at 12 months for almost 80%. However, one quarter of patients reported a discontinuation of RPV/TDF/FTC on October 30, 2015 after a median time of 18.4 months. Reasons for discontinuation included physician decision (5.3%) and side-effects (3.9%) mainly related to the central nervous system and to renal toxicity.

Conclusion: The RPV/TDF/FTC co-formulation was safe and effective throughout 24 months of follow-up but barely prescribed for HIV-naive patients. Despite excellent virological suppression among both treatment-naive and -experienced patients, we observed a high rate of treatment discontinuation.

### Keywords

#### Author Keywords

[HIV-1](#)[Rilpivirine](#)[First-line regimen](#)[Treatment simplification](#)[Virological response](#)[Safety](#)

#### Keywords Plus

[RILPIVIRINE/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE](#)[REVERSE-TRANSCRIPTASE INHIBITORS](#)[NAIVE HIV-1-INFECTED PATIENTS](#)[EFAVIRENZ](#)[TRIALEFFICACY](#)[THERAPY](#)[PHASE-3](#)[SAFETY](#)[ADULTS](#)



## Cohort Study

### 7- Isfahan Thyroid Cohort Study (ITCS)

By:

[Esfahani, SS](#) (Esfahani, Samaneh Shahrokh) [1]; [Tabatabaee, A](#) (Tabatabaee, Aliye) [1]; [Aminorroaya, A](#) (Aminorroaya, Ashraf) [1]; [Amini, M](#) (Amini, Masoud) [1]; [Feizi, A](#) (Feizi, Awat) [2]; [Janghorbani, M](#) (Janghorbani, Mohsen) [1]; [Tabatabaei, A](#) (Tabatabaei, Azamosadat) [1]; [Meamar, R](#) (Meamar, Rokhsareh) [3]; [Adibi, A](#) (Adibi, Atoosa) [1]; [Abyar, M](#) (Abyar, Majid) [1]; ...More

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Article

**Abstract**

Background: The Isfahan Thyroid Cohort Study (ITCS) is one of the few population-based epidemiological studies in Iran that investigates the prevalence and incidence of thyroid disorders including hypothyroidism, hyperthyroidism, goiter, nodule, and iodine status. Methods: This cohort is located in Isfahan, Iran. The first phase was initiated in 2006 with 2523 participants (1275 males, 1248 females). The participants were selected using multi-stage cluster sampling from the general residents of Isfahan, Iran. The study had two phases (2006 and 2011) and its third stage is planned for 2020-2021. Results: The prevalence of thyroid function states was euthyroid (89.3%, 95% CI: 88%-90%), overt hypothyroidism (2.8%, 95% CI: 2%-3%), subclinical hypothyroidism (5.8%, 95% CI: 4%-6%), overt hyperthyroidism (0.8%, 95% CI: 0.4%-1%), and subclinical hyperthyroidism (0.99%, 95% CI: 0.6%-1%). Hypothyroidism and hyperthyroidism were significantly associated with goiter. The incidence of thyroid dysfunction was reported as follows: overt hypothyroidism (2.7, 95% CI: 1.6-3.7), subclinical hypothyroidism (20.6, 95% CI: 18-23), overt hyperthyroidism (1.9, 95% CI: 1-2.7) and subclinical hyperthyroidism (2.7, 95% CI: 1.6-3.7) per 1000 (person-year). Conclusion: We assessed the prevalence and incidence of thyroid disorders in Isfahan in the first and second phase, respectively. We are conducting the third phase of the ITCS in order



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to study the associations between thyroid peroxidase antibody (TPOAb) level and environmental factors such as infection.

### Keywords

### Author Keywords

[Cohort studies](#)[Goiter](#)[Hyperthyroidism](#)[Hypothyroidism](#)

### Keywords Plus

[CONGENITAL HYPOTHYROIDISMPREVALENCEPOPULATIONIRANDYSFUNCTIONHEALTHGOITERTSH](#)





## Cohort Study

### 8- Case-control or cohort study?

By:

[Ashutosh, T](#) (Ashutosh, Tamhane) [1]; [McGwin, G](#) (McGwin, Gerald) [1]

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[BRITISH JOURNAL OF OPHTHALMOLOGY](#)

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Letter



## Cohort Study

### 9- BORN IN GUANGZHOU COHORT STUDY

**By:**

[Passi, GR](#) (Passi, Gouri Rao)

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[INDIAN PEDIATRICS](#)

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## Cohort Study

### 10- Evolution of the cohort study

By:

[Samet, JM](#) (Samet, JM) ; [Munoz, A](#) (Munoz, A)

[EPIDEMIOLOGIC REVIEWS](#)

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Review

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[IMMUNODEFICIENCY-VIRUS TYPE-1](#) [MULTICENTER AIDS COHORT](#) [LONGITUDINAL DATA-ANALYSIS](#) [HIV-INFECTION](#) [HOMOSEXUAL MEN](#) [AIR-POLLUTION](#) [LUNG-CANCER](#) [DROP-OUT](#) [MODEL](#) [SURVIVAL](#)



## Cohort Study

### 11- NEPTUNE COHORT STUDY: PEDIATRIC PERSPECTIVES

**By:**

[Gibson, K](#) (Gibson, Keisha) [1]; [Greenbaum, L](#) (Greenbaum, Larry) [2]; [Trachtman, H](#) (Trachtman, Howard) [3]; [Kaskel, F](#) (Kaskel, Frederick) [4]; [Troost, J](#) (Troost, John) [5]; [Kretzler, M](#) (Kretzler, Matthias) [5]; [Gipson, D](#) (Gipson, Debbie) [5]

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2013-09-11

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Meeting Abstract



## Cohort Study

### 12- The Navajo Birth Cohort Study

By:

[Hunter, CM](#) (Hunter, Candis M.) [[1](#)]; [Lewis, J](#) (Lewis, Johnnye); [Peter, D](#) (Peter, Douglas); [Begay, MG](#) (Begay, Mae-Gilene); [Ragin-Wilson, A](#) (Ragin-Wilson, Angela)

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**Keywords**

**Keywords Plus**

[DEPLETED URANIUMUNITED-STATES](#)



## Cohort Study

### 13- The RCT Participant Cohort Study

**By:**

[Koralek, DO](#) (Koralek, Daniel O.) [1]; [Gatto, NM](#) (Gatto, Nicolle M.) [1]

[PHARMACOEPIDEMIOLOGY AND DRUG SAFETY](#)

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## Cohort Study

### 14- An ethiopian birth cohort study

By: [Asefa, M](#) (Asefa, M) ; [Drewett, R](#) (Drewett, R) ; [Hewison, J](#) (Hewison, J)

#### [PAEDIATRIC AND PERINATAL EPIDEMIOLOGY](#)

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#### DOI

10.1111/j.1365-3016.1996.tb00071.x

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Article

#### Abstract

A one-year birth cohort was studied in Jimma town, South West Ethiopia, in 1992-93. We report here on the design and on the methods used in the study and describe the principal health outcomes. Infants were visited bimonthly until their first birthday. Background data on the physical, cultural and economic environment of the home were collected at the first visit, and data on nursing and weaning, on traditional surgical and other practices, and on vaccination at the first visit and at each subsequent visit. Length, weight and mid upper arm circumference were measured, and details of the mother's handling of illness episodes recorded. Of 1563 children born, 86% were successfully followed to the end of their first year or to an earlier death. There were 141 deaths, indicating an infant mortality of 115/1000 (estimated probability of surviving to 1 year 0.8851, with s.e. 0.0101). The mean length and weight of the singleton infants at the end of their first year was - 1.41 and - 1.52 so from the median of the NCHS/WHO reference population. Weights throughout the first year were analysed in more detail using a Reed model, fitted as a random coefficient regression model in ML3-E. There were clear differences in growth across the different ethnic groups, with the best growing group weighing on average about 1 kg more at the end of the first year than the groups growing least well.

#### Keywords

#### Keywords Plus

[DEVELOPING-COUNTRIESGROWTHMORTALITYCHILDHOODSTANDARDS](#)



## Cohort Study

### 15- THE PORT PIRIE COHORT STUDY

**By:**

[BAGHURST, PA](#) (BAGHURST, PA) ; [ROBERTSON, EF](#) (ROBERTSON, EF) ; [MCMICHAEL, AJ](#) (MCMICHAEL, AJ) ; [VIMPANI, GV](#) (VIMPANI, GV) ; [WIGG, NR](#) (WIGG, NR) ; [ROBERTS, RR](#) (ROBERTS, RR)

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Meeting Abstract





## Cohort Study

### 16- The Aboriginal Birth Cohort Study: When is a cohort study not a cohort design?

By:

[Mackerras, DEM](#) (Mackerras, Dorothy E. M.) [[1](#)], [[2](#)]; [Singh, GR](#) (Singh, Gurmeet R.) [[1](#)]; [Sayers, S](#) (Sayers, Susan) [[1](#)]

#### [NUTRITION & DIETETICS](#)

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10.1111/j.1747-0080.2010.01451.x

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Article

**Abstract**

Aims:

The paper describes how a variety of different epidemiological study designs can be applied to data arising from a single prospective study.

Methods:

An overview of the data collection phases of the Aboriginal Birth Cohort Study is given. We illustrate how different research questions that require different analytical designs can be asked of the data collected in the present study.

Results:

With reference to five generic questions in health research, we showed how sixteen specific questions could be addressed in the Aboriginal Birth Cohort Study. These referred to a range of analytical designs.

Conclusion:

Readers need to take care not to confuse the overall design of a study with the design of a specific analysis. When conducting systematic literature reviews, studies should be classified according to the analytical design used in the specific report included in the review and not according to the design of the overall project.

**Keywords**

**Author Keywords**

[aboriginalcohortepidemiologic methodssystematic reviewsurban-rural](#)



## Cohort Study

### Keywords Plus

[INTRAUTERINE GROWTH-RETARDATIONRISK-FACTORSCHILDRENWEIGHT](#)



## Cohort Study

### 17- Mixed dementia: A cohort study

**By:**

[Mikhailova, NM](#) (Mikhailova, N. M.)

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[EUROPEAN PSYCHIATRY](#)

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## Cohort Study

### 18- THE HELSINKI BIRTH COHORT STUDY

**By:**

[Tiainen, AM](#) (Tiainen, A. M.) [[1](#)], [[2](#)]; [Mannisto, S](#) (Mannisto, S.) [[1](#)]; [Lahti, J](#) (Lahti, J.) ; [Lahti, M](#) (Lahti, M.) [[3](#)]; [Raikkonen, K](#) (Raikkonen, K.) [[3](#)]; [Heinonen, K](#) (Heinonen, K.) [[3](#)]; [Pesonen, AK](#) (Pesonen, A. K.) [[3](#)]; [Kajantie, E](#) (Kajantie, E.) [[1](#)]; [Eriksson, JG](#) (Eriksson, J. G.) [[1](#)], [[2](#)], [[4](#)], [[5](#)]

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**Keywords**

**Author Keywords**

[food intake](#)[temperament](#)[food frequency questionnaire](#)



## Cohort Study

### 19- The millennium cohort study: A 21-year prospective cohort study, of 140,000 military personnel

**By:**

[Gray, GC](#) (Gray, GC) ; [Chesbrough, KB](#) (Chesbrough, KB) ; [Ryan, MAK](#) (Ryan, MAK) ; [Amoroso, P](#) (Amoroso, P) ; [Boyko, EJ](#) (Boyko, EJ) ; [Gackstetter, GD](#) (Gackstetter, GD) ; [Hooper, TI](#) (Hooper, TI) ; [Riddle, JR](#) (Riddle, JR)

**Group Author:**

[Millennium Cohort Study Grp](#) (Millennium Cohort Study Grp)

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**Conference**

**Meeting**

[Conference on Illnesses Among Gulf War Veterans](#)

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ALEXANDRIA, VIRGINIA

**Date**

JAN 24-26, 2001

**Abstract**

Does military service, in particular operational deployment, result in a higher risk of chronic illness among military personnel and veterans? The Millennium Cohort Study, the largest Department of Defense prospective cohort study ever conducted, will attempt to answer this question. The probability-based sample of 140,000 military personnel will be surveyed every 3 years during a 21-year period. The first questionnaire, scheduled for release in summer 2001, will be sent to 30,000 veterans who have been deployed to southwest Asia, Bosnia, or Kosovo since August 1997 and 70,000 veterans who have not been deployed to these conflict areas. Twenty thousand new participants will be added to the group in each of the years 2004 and 2007 to complete the study population of 140,000. The participants will have the



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option of completing the study questionnaire either on the paper copy received in the mail or through the World Wide Web-based version, which is available at [www.MillenniumCohort.org](http://www.MillenniumCohort.org). This will be one of the first prospective studies ever to offer such an option. The initial survey instrument will collect data regarding demographic characteristics, self-reported medical conditions and symptoms, and health-related behaviors. Validated instruments will be incorporated to capture self-assessed physical and mental functional status (Short Form for Veterans), psychosocial assessment (Patient Health Questionnaire), and post-traumatic stress disorder (Patient Checklist-17). Information obtained from the survey responses will be linked with other military databases, including data on deployment, occupation, vaccinations, health care utilization, and disability. In addition to revealing changes in veterans' health status over time, the Millennium Cohort Study will serve as a data repository, providing a solid foundation upon which additional epidemiological studies may be constructed.

### Keywords

### Keywords Plus

[VETERANSCARE](#)



## Cohort Study

### 20- Constructing a contemporary gene-environmental cohort: study design of the Yamagata Molecular Epidemiological Cohort Study

By:

[Narimatsu, H](#) (Narimatsu, Hiroto) [1]

**Group Author:**

[YUGCC](#) (YUGCC) [1]

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Letter

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**Keywords Plus**

[RISK-FACTORDISEASES](#)



## Cohort Study

### 21- Metabolic syndrome mortality in a population-based cohort study: Jichi Medical School (JMS) Cohort Study

By:

[Niwa, Y](#) (Niwa, Yasunori) [1]; [Ishikawa, S](#) (Ishikawa, Shizukiyo) [1]; [Gotoh, T](#) (Gotoh, Tadao) [1]; [Kayaba, K](#) (Kayaba, Kazunori) [2]; [Nakamura, Y](#) (Nakamura, Yosikazu) [3]; [Kajii, E](#) (Kajii, Eiji) [1]

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Article

#### Abstract

**BACKGROUND:** Metabolic syndrome is known to increase morbidity and mortality of cardiovascular disease. The National Cholesterol Education Program Adult Treatment Expert Panel III in 2001 (revised in 2005) and the Japanese definition of metabolic syndrome were launched in 2005. No study regarding the association between metabolic syndrome by Japanese definition and mortality has been Performed. The aim of this study was to clarify the prevalence of metabolic syndrome and its effects to mortality in a population-based cohort study.

**METHODS:** A total of 2176 subjects who satisfied the necessary criteria for metabolic syndrome were examined between 1992 and 1995 as a part of Jichi Medical School Cohort Study by Japanese definition. Cox's proportional hazard models were used to analyze the association of metabolic syndrome with mortality.

**RESULTS:** The prevalence of metabolic syndrome was 9.0% in males and 1.7% in females. There were 17 deaths (14 males), including 6 cardiovascular deaths (5 males), during a 12.5-year follow-up period among metabolic syndrome subjects. After adjusting for age, smoking status, and alcohol drinking status, the hazard ratio (95% confidence interval) for all-cause mortality was 1.13 (0.64-1.98) in males and 1.31 (0.41-4.18) in females, and HR for cardiovascular mortality was 1.84 (0.68-4.96) in males, and 1.31 (0.17-9.96) in females.

**CONCLUSION:** No statistical significant relationship between metabolic syndrome by Japanese definition and all-cause mortality was observed in a population-based cohort study.





## Cohort Study

### Keywords

### Author Keywords

[metabolic syndrome](#) [Xmortality](#) [cohort studies](#) [Japan](#) [cardiovascular diseases](#)

### Keywords Plus

[GENERAL JAPANESE POPULATION](#) [CARDIOVASCULAR-DISEASE](#) [WAIST CIRCUMFERENCE](#) [HEART-DISEASE](#) [EUROPEAN MEN](#) [PREVALENCE](#) [DEFINITION](#) [DIAGNOSIS](#) [CRITERIA](#) [IMPACT](#)



## Cohort Study

### 22- Breast feeding and a birth cohort study respiratory morbidity in infancy: a birth cohort study

By:

[Oddy, WH](#) (Oddy, WH) ; [Sly, PD](#) (Sly, PD) ; [de Klerk, NH](#) (de Klerk, NH) ; [Landau, LI](#) (Landau, LI) ; [Kendall, GE](#) (Kendall, GE) ; [Holt, PG](#) (Holt, PG) ; [Stanley, FJ](#) (Stanley, FJ)

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[ARCHIVES OF DISEASE IN CHILDHOOD](#)

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2003-03-01

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Article

**Abstract**

**Aim:** To examine the relation between the duration of breast feeding and morbidity as a result of respiratory illness and infection in the first year of life.

**Methods:** Prospective birth cohort study of 2602 live born children ascertained through antenatal clinics at the major tertiary obstetric hospital in Perth, Western Australia. Main outcome measures were hospital, doctor, or clinic visits, and hospital admissions for respiratory illness and infection in the first year of life. Main exposure measures were the duration of predominant breast feeding (defined as the age other milk was introduced) and partial (any) breast feeding (defined as the age breast feeding was stopped). Main confounders were gender, gestational age less than 37 weeks, smoking in pregnancy, older siblings, maternal education, and maternal age.

**Results:** Hospital, doctor, or clinic visits for four or more upper respiratory tract infections were significantly greater if predominant breast feeding was stopped before 2 months or partial breast feeding was stopped before 6 months. Predominant breast feeding for less than six months was associated with an increased risk for two or more hospital, doctor, or clinic visits and hospital admission for wheezing, lower respiratory illness. Breast feeding for less than eight months was associated with a significantly increased risk for two or more hospital, doctor, or clinic visits or hospital admissions because of wheezing lower respiratory illnesses.

**Conclusions:** Predominant breast feeding for at least six months and partial breast feeding for up to one year may reduce the prevalence and subsequent morbidity of respiratory illness and infection in infancy.



## Cohort Study

### Keywords

### Keywords Plus

[1ST YEARTRACT ILLNESSFOLLOW-](#)

[UPMILKPROPHYLAXISINFECTIONSADMISSIONSMORTALITYCHILDRENHEALTH](#)



## Cohort Study

### 23- How to read a cohort study

**By:**

[Tata, L](#) (Tata, Laila J.)

**Edited by:**

[Talley, NJ](#) (Talley, NJ) ; [Locke, GR](#) (Locke, GR) ; [Moayyedi, P](#) (Moayyedi, P) ; [West, J](#) (West, J) ; [Ford, AC](#) (Ford, AC) ; [Saito, YA](#) (Saito, YA)

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[MORTALITY](#)



## Cohort Study

### 24- The profile of Rafsanjan Cohort Study

**By:**

[Hakimi, H](#) (Hakimi, Hamid) [1]; [Ahmadi, J](#) (Ahmadi, Jafar) [1]; [Vakilian, A](#) (Vakilian, Alireza) [1]; [Jamalizadeh, A](#) (Jamalizadeh, Ahmad) [1]; [Kamyab, Z](#) (Kamyab, Zahra) [1]; [Mehran, M](#) (Mehran, Mahya) [1]; [Malekzadeh, R](#) (Malekzadeh, Reza) [2]; [Poustchi, H](#) (Poustchi, Hossein) [2]; [Eghtesad, S](#) (Eghtesad, Sareh) [2]; [Sardari, F](#) (Sardari, Farimah) [3]; ...More

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#### [EUROPEAN JOURNAL OF EPIDEMIOLOGY](#)

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**Abstract**

Owning the largest human-made jungle of pistachio, the second largest copper mine, and being located on the trade route of opium transit, distinguish Rafsanjan from many other cities in Iran. The environmental exposures and lifestyle factors associated with these characteristics of Rafsanjan, have raised concern about possible health outcomes for individuals living in and around this city. Thus, local health authorities initiated the Rafsanjan Cohort Study (RCS), as part of the prospective epidemiological research studies in IrAN (PERSIAN). RCS is a population-based prospective cohort of men and women aged 35-70 years, launched in August 2015. Individuals from diverse socioeconomic levels and lifestyles were recruited from four urban and suburban areas of Rafsanjan (participation rate 67.42%). Questionnaire-based interviews regarding demographics, dietary and environmental exposures, medical and occupational history, as well as anthropometric measurements were completed for all participants. Additionally, bio-specimens (blood, urine, hair, and nail) were collected, and dental and eye examinations were performed. The enrollment phase ended in December 2017, and a 15-year follow-up is planned. A total of 9990 individuals were enrolled in RCS (53.41% females). About 26% of men are pistachio farmers. The baseline prevalence of major non-communicable disease (NCD) risk factors such as cigarette smoking,



### **Cohort Study**

alcohol consumption and opium use were 25.45%, 10.02%, and 23.81%, respectively. The mean +/- SD of other common risk factors are as follows: body mass index (27.83 +/- 4.89 mm Hg), systolic blood pressure (107.18 +/- 17.56 mm Hg) diastolic blood pressure (71.13 +/- 10.83), fasting blood sugar (113.27 +/- 39.11 mg/dL) and plasma cholesterol (198.78 +/- 41.89 mg/dL). These results indicate a concerning prevalence of NCD risk factors in Rafsanjan city, warranting further detailed investigations, particularly regarding the association of NDC with agricultural/industrial pollutants and drug abuse.

#### **Keywords**

#### **Author Keywords**

[CohortNCDsPERSIANRafsanjan](#)

#### **Keywords Plus**

[RISK-FACTOR SURVEILLANCEORAL-HEALTHIRANASSOCIATIONPOPULATIONOBESITYOPIUM](#)



## Cohort Study

### 25- Cohort Profile: Ravansar Non-Communicable Disease cohort study: the first cohort study in a Kurdish population

By:

[Pasdar, Y](#) (Pasdar, Yahya) [1]; [Najafi, F](#) (Najafi, Farid) [2]; [Moradinazar, M](#) (Moradinazar, Mehdi) [3]; [Shakiba, E](#) (Shakiba, Ebrahim) [3]; [Karim, H](#) (Karim, Hosain) [4]; [Hamzeh, B](#) (Hamzeh, Behrooz) [5]; [Nelson, M](#) (Nelson, Michael) [6], [7]; [Dobson, A](#) (Dobson, Annette) [8]

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## Cohort Study

### 26- Mixed dementia: A prospective cohort study

**By:**

[Mikhaylova, NM](#) (Mikhaylova, N. M.) [\[1\]](#)

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Budapest, HUNGARY

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NOV 08-11, 2007





## Cohort Study

### 27- Acute Aortic Occlusion: Nationwide Cohort Study

**By:**

[Grip, O](#) (Grip, Olivia) [1]; [Wanhainen, A](#) (Wanhainen, Anders) [1]; [Bjorck, M](#) (Bjorck, Martin) [1]

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[arterial occlusive diseases](#)[embolism](#)[graft occlusion](#)[vascular ischemia](#)[thrombosis](#)



## Cohort Study

### 28- Cohort profile: the GAZEL Cohort Study

#### By:

[Goldberg, M](#) (Goldberg, Marcel) ; [Leclerc, A](#) (Leclerc, Annette) ; [Bonenfant, S](#) (Bonenfant, Sebastien) ; [Chastang, JF](#) (Chastang, Jean Francois) ; [Schmaus, A](#) (Schmaus, Annie) ; [Kaniewski, N](#) (Kaniewski, Nadine) ; [Zins, M](#) (Zins, Marie)

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[ELECTRIC UTILITY WORKERSROAD TRAFFIC ACCIDENTSSELF-REPORTED HEALTHQUALITY-OF-LIFESICKNESS ABSENCESOCIAL-RELATIONSFRENCH VERSIONALCOHOL-CONSUMPTIONOCCUPATIONAL CLASSDECISION LATITUDE](#)



## Cohort Study

### 29- Myeloproliferative disorders: A retrospective cohort study

By:

[Ali, RM](#) (Ali, Rihan Mhmed) [1]; [Masoud, V](#) (Masoud, Verra) [1]

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### Abstract

Objectives: This study was aimed to identify the number, shape and distribution of megakaryocytes and to recognize blast cells and its location. Further, to identify presence of fibrosis or increased microvasculature. Also, study correlation between histological findings. Methods: A retrospective was conducted between January 2016 to December 2018 at al-muwassat university hospital. A total of 44 cases of myeloproliferative disorders using H&E and IHC stains were studied. Chi-square test was performed with descriptive statistics. Results: Most of our patients were men younger than 75 years of age. 40 was the most prevalent as a median number of megakaryocytes in bone marrow biopsy with normal shape and diffuse pattern, most of biopsies were fibrotic, paratrabeular pattern and absent of hemosiderin deposits that correlate significantly to women patients. Minimal blast cells were more common with diffuse pattern. Conclusion: Bone marrow biopsy is a useful investigation in myeloproliferative disorders. Evaluation of megakaryopoiesis, fibrosis, and localization of blasts are possible on a bone marrow biopsy.

### Keywords

#### Author Keywords

[Myeloproliferative disorders](#)[Chronic myeloid leukemia](#)[Essential thrombocytosis](#)[Polycythemia vera](#)[Marrow fibrosis](#)



## Cohort Study

### 30- INTERVIEWER EFFECTS IN A COHORT STUDY

By:

[JOHANNES, C](#) (JOHANNES, C) ; [MCKINLAY, J](#) (MCKINLAY, J) ; [CRAWFORD, S](#) (CRAWFORD, S)

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arrow\_drop\_downNEW ENGLAND RES INST INC,WATERTOWN,MA 02172



## Cohort Study

### 31- COHORT STUDY OF FORMALDEHYDE PROCESS WORKERS

By:

[ACHESON, ED](#) (ACHESON, ED) ; [BARNES, HR](#) (BARNES, HR) ; [GARDNER, MJ](#) (GARDNER, MJ) ; [OSMOND, C](#) (OSMOND, C) ; [PANNETT, B](#) (PANNETT, B) ; [TAYLOR, CP](#) (TAYLOR, CP)

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## Cohort Study

### 32- The PERSIAN Guilan Cohort Study (PGCS)

By:

[Mansour-Ghanaei, F](#) (Mansour-Ghanaei, Fariborz) [1]; [Joukar, F](#) (Joukar, Farahnaz) [1]; [Naghipour, MR](#) (Naghipour, Mohammad Reza) [1]; [Sepanlou, SG](#) (Sepanlou, Sadaf G.) [2], [3]; [Poustchi, H](#) (Poustchi, Hossein) [2], [3]; [Mojtahedi, K](#) (Mojtahedi, Kourosh) [1], [4]; [Balou, HA](#) (Balou, Heydar Ali) [1], [4]; [Heidarzadeh, A](#) (Heidarzadeh, Abtin) [1]; [Malekzadeh, R](#) (Malekzadeh, Reza) [2], [3]

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#### **Abstract**

The Guilan cohort study was conducted on 10 520 men and women between 35-70 years of age in Guilan province and Some'e Sara county, northern Iran, from October 8, 2014 to January 20, 2017 as part of the Prospective Epidemiological Research Studies in Iran (PERSIAN). Eligible participants were contacted over the phone and were invited to refer to the cohort center. Demographic information was inquired during the phone call. Upon arrival of participants at the cohort center, consent forms were filled out and additional data on demographic characteristics, socio-economic status, employment, fuel status and location, lifestyle habits, and sleep and food habits were obtained. Blood pressure and anthropometric indices were measured. Finally, biological samples were collected. There was a participation rate of 83.2%, and a 15-year active follow-up was planned for all of the participants.

The results showed that 53.5% of the participants were female and 56.1% of the participants were rural residents. A total of 1738 participants (16.5%) were illiterate. Of the total cohort participants, 4543 (43.2%) were hypertensive. Hypertension was defined as a systolic blood pressure  $\geq 140$  mm Hg or a diastolic blood pressure  $\geq 90$  mm Hg, or a prior diagnosis of hypertension by a health professional, or taking antihypertensive medications. Approximately one-third of participants ( $n = 3435$  or 32.7%) were obese, and most were females ( $n = 2647$ , 77.1%). Prevalence of diabetes (defined as fasting blood sugar equal or higher than 126 mg/dL or history of diagnosis with diabetes or taking glucose lowering medication) was 24.1% (20.2 % in males and 27.3% in females). We also obtained laboratory samples for



### **Cohort Study**

basic and genetic scientific research. According to laboratory evaluations, 3,585 (34.1%) of the participants had hematuria, and most of them were women (n = 2151 or 60%).

The preliminary results of our study demonstrate a high prevalence of metabolic risk factors for Non-Communicable Diseases and mainly cardiovascular diseases in Guilan province, which merit detailed investigation of their intricate relationships. The population-based design of the study as well as its large sample size were the main strengths of our cohort study that makes these investigations feasible. Researchers interested in using the information are invited to visit the following websites: <http://www.gums.ac.ir/cohort> and <http://persiancohort.com/>.

#### **Keywords**

#### **Author Keywords**

[Cohort profileIranNon-communicable diseases](#)

#### **Keywords Plus**

[CHRONIC DISEASESCANCERBURDEN](#)



## Cohort Study

### 33- Generalizability of Occupational Cohort Study Findings

**By:**

[Batty, GD](#) (Batty, G. David) [1]; [Shiple, M](#) (Shiple, Martin) [1]; [Tabak, A](#) (Tabak, Adam) [1]; [Singh-Manoux, A](#) (Singh-Manoux, Archana) [1]; [Brunner, E](#) (Brunner, Eric) [1]; [Britton, A](#) (Britton, Annie) [1]; [Kivimaki, M](#) (Kivimaki, Mika) [1]

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**Keywords**

**Keywords Plus**

[CORONARY-HEART-DISEASERISK-FACTORS](#)





## Cohort Study

### 34- Cohort Profile: The Doetinchem Cohort Study

**By:**

[Verschuren, WMM](#) (Verschuren, W. M. M.) [1]; [Blokstra, A](#) (Blokstra, A.) [1]; [Picavet, HSJ](#) (Picavet, H. S. J.) [1]; [Smit, HA](#) (Smit, H. A.) [1]

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[PARTICIPANTS AGED 24-81](#)[NORMATIVE DATA](#)[COGNITIVE PERFORMANCE](#)[RELATIVE VALIDITY](#)[DIETARY-INTAKE](#)[EDUCATION](#)[NETHERLANDS](#)[REPRODUCIBILITY](#)[CHOLESTEROL](#)[TRENDS](#)



## Cohort Study

### 35- The China birth cohort study (CBCS)

**By:**

[Yue, WT](#) (Yue, Wentao) [1]; [Zhang, EJ](#) (Zhang, Enjie) [1]; [Liu, RX](#) (Liu, Ruixia) [1]; [Zhang, Y](#) (Zhang, Yue) [1]; [Wang, CR](#) (Wang, Chengrong) [1]; [Gao, S](#) (Gao, Shen) [1]; [Su, SF](#) (Su, Shaofei) [1]; [Gao, X](#) (Gao, Xiao) [1]; [Wu, QQ](#) (Wu, Qingqing) [2]; [Yang, XK](#) (Yang, Xiaokui) [3]; ...More

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Article

**Abstract**

The China birth cohort study (CBCS) is a prospective longitudinal, mega-cohort study and the first national-based birth cohort study, aiming to establish a birth cohort covering representative geographical areas of the whole of China to investigate risk factors for birth defects and develop strategies for their reduction. Pregnant women who are of Chinese nationality, are 6-13(+6) weeks of gestation, plan to attend the routine antenatal examination and deliver in the study site, and give their informed, written consent are eligible to participate in this study. All participants are followed-up through an in-person interview at 20-23(+6) weeks and again at 28-33(+6) weeks of gestation, and at delivery, respectively. CBCS has been divided into three phases from 20th November 2017 to 31st December 2021, and the first two phases have now been completed on 29th February 2020, enrolling 120 377 eligible pregnant women during this period. During the same period a total of 40 837 participants had been followed up to the end of pregnancy. Study recruitment will continue until December 2021 to achieve the target of 500 000 participants. Meanwhile, biological samples including peripheral blood, amniocytes, cord blood, placenta, or umbilical cord tissue have been collected from participants according to various conditions. The incidence of birth defects in this group is 2.5% and congenital heart disease is the most common type of



## Cohort Study

birth defect seen so far. A website is in the advanced stages of planning, to allow seamless data transfer and facilitate collaboration with groups around the world.

### Keywords

#### Author Keywords

[Cohort study](#)[Birth defects](#)[Pregnancy](#)[China](#)

#### Keywords Plus

[NORWEGIAN MOTHERCHILD COHORT](#)[GEMENARCHE](#)[PROFILE](#)[HEALTH](#)[WOMEN](#)



## Cohort Study

### 36- Cohort profile: The Hertfordshire Cohort Study

**By:**

[Syddall, HE](#) (Syddall, HE) ; [Sayer, AA](#) (Sayer, AA) ; [Dennison, EM](#) (Dennison, EM) ; [Martin, HJ](#) (Martin, HJ) ; [Barker, DJP](#) (Barker, DJP) ; [Cooper, C](#) (Cooper, C)

**Group Author:**

[Hertfordshire Cohort Study Grp](#) (Hertfordshire Cohort Study Grp)

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## Cohort Study

### 37- Retaining and tracking cohort study members

By:

[Hunt, JR](#) (Hunt, JR) ; [White, E](#) (White, E)

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## Cohort Study

### 38- DENGUE INFANT COHORT STUDY IN BRAZIL

**By:**

[Pedro, RS](#) (Pedro, Renata Saraiva) [1]; [Girianella, V](#) (Girianella, Vania) [1]; [Wakimoto, M](#) (Wakimoto, Mayumi) [1]; [Penetra, S](#) (Penetra, Stephanit) [1]; [Damasceno, LS](#) (Damasceno, Luana Santana) [1]; [Carvalho, L](#) (Carvalho, Liege) [1]; [Cotrim, D](#) (Cotrim, Denise) [1]; [Salgueiro, JB](#) (Salgueiro, Jennifer Braathen) [1]; [Brasil, P](#) (Brasil, Patricia) [1]

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## Cohort Study

### 39- Post-craniotomy headache: a cohort study

By:

[Magalhaes, JE](#) (Magalhaes, J. E.) [\[1\]](#); [Rocha, PAS](#) (Rocha Filho, P. A. S.) [\[1\]](#)

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## Cohort Study

### 40- The Colorado high-risk cohort study

**By:**

[Hirsch, FR](#) (Hirsch, FR) ; [Byers, T](#) (Byers, T) ; [Prindiville, SA](#) (Prindiville, SA) ; [Miller, YE](#) (Miller, YE) ; [Franklin, WA](#) (Franklin, WA) ; [Bunn, PA](#) (Bunn, PA) ; [Kennedy, TC](#) (Kennedy, TC)

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## Cohort Study

### 41- Cohort Profile: The TEMPO Cohort Study

**By:**

[Mary-Krause, M](#) (Mary-Krause, Murielle) [1]; [Bustamante, JJH](#) (Herranz Bustamante, Joel Jose) [1]; [Bolze, C](#) (Bolze, Camille) [1]; [Galera, C](#) (Galera, Cedric) [2], [3], [4]; [Fombonne, EJ](#) (Fombonne, Eric J.) [5]; [Melchior, M](#) (Melchior, Maria) [1]

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[18-YEAR FOLLOW-UP YOUNG ADULTHOOD EDUCATIONAL-ATTAINMENT DRUG-USE CANNABIS CHILDHOOD SMOKING TOBACCO DIFFICULTIES ADOLESCENCE](#)



## Cohort Study

### 42- Differential Effects of Gamma-Aminobutyric Acidergic Sedatives on Risk of Post-Extubation Delirium in the ICU: A Retrospective Cohort Study From a New England Health Care Network

By:

[Azimaraghi, O](#) (Azimaraghi, Omid) [1], [2], [6]; [Wongtangman, K](#) (Wongtangman, Karuna) [2], [3], [6]; [Wachtendorf, L](#) (Wachtendorf, Luca J.) [1], [2], [6]; [Santer, P](#) (Santer, Peter) [1], [6]; [Rumyantsev, S](#) (Rumyantsev, Sandra) [1], [6]; [Ahn, C](#) (Ahn, Curie) [1], [6]; [Kiyatkin, ME](#) (Kiyatkin, Michael E.) [1], [6]; [Teja, B](#) (Teja, Bijan) [1], [4], [6]; [Sarge, T](#) (Sarge, Todd) [1], [6]; [Subramaniam, B](#) (Subramaniam, Balachundhar) [1], [6]; ...More

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#### [CRITICAL CARE MEDICINE](#)

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Article

#### Abstract

**OBJECTIVES:** To evaluate whether different gamma-aminobutyric acidergic (GABAergic) sedatives such as propofol and benzodiazepines carry differential risks of post-extubation delirium in the ICU. **DESIGN:** Retrospective cohort study. **SETTING:** Seven ICUs in an academic hospital network, Beth Israel Deaconess Medical Center (Boston, MA). **PATIENTS:** Ten thousand five hundred and one adult patients mechanically ventilated for over 24 hours. **INTERVENTIONS:** None. **MEASUREMENTS AND MAIN RESULTS:** We tested the hypothesis that benzodiazepine versus propofol-based sedation is associated with fewer delirium-free days within 14 days after extubation. Further, we hypothesized that the measured sedation level evoked by GABAergic drugs is a better predictor of delirium than the drug dose administered. The proportion of GABAergic drug-induced deep sedation was defined as the ratio of days with a mean Richmond Agitation-Sedation Scale of less than or equal to -3 during mechanical ventilation. Multivariable regression and effect modification analyses were used. Delirium-free days were lower in patients who received a high proportion of deep sedation using benzodiazepine compared with propofol-based sedation (adjusted absolute difference, -1.17 d; 95% CI, -0.64 to -1.69;  $p < 0.001$ ). This differential effect was magnified in



### Cohort Study

elderly patients (age > 65) and in patients with liver or kidney failure (p-for-interaction < 0.001) but not observed in patients who received a low proportion of deep sedation ( $p = 0.95$ ). GABAergic-induced deep sedation days during mechanical ventilation was a better predictor of post-extubation delirium than the GABAergic daily average effective dose (area under the curve 0.76 vs 0.69;  $p < 0.001$ ). CONCLUSIONS: Deep sedation during mechanical ventilation with benzodiazepines compared with propofol is associated with increased risk of post-extubation delirium. Our data do not support the view that benzodiazepine-based compared with propofol-based sedation in the ICU is an independent risk factor of delirium, as long as deep sedation can be avoided in these patients.

#### Keywords

#### Author Keywords

[benzodiazepinescritical caredeliriumintensive care unitpropofol sedation](#)

#### Keywords Plus

[CRITICALLY-ILL PATIENTSMECHANICALLY VENTILATED PATIENTSLONG-TERM OUTCOMESRANDOMIZED-TRIALCRITICAL ILLNESSUNITPROPOFOLLORAZEPAMPHARMACOKINETICSPHARMACODYNAMICS](#)



## Cohort Study

### 43- Hospital admission and emergency care attendance risk for SARS-CoV-2 delta (B.1.617.2) compared with alpha (B.1.1.7) variants of concern: a cohort study

#### By:

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#### Abstract

**Background** The SARS-CoV-2 delta (B.1.617.2) variant was first detected in England in March, 2021. It has since rapidly become the predominant lineage, owing to high transmissibility. It is suspected that the delta variant is associated with more severe disease than the previously dominant alpha (B.1.1.7) variant. We aimed to characterise the severity of the delta variant compared with the alpha variant by determining the relative risk of hospital attendance outcomes.

**Methods** This cohort study was done among all patients with COVID-19 in England between March 29 and May 23, 2021, who were identified as being infected with either the alpha or delta SARS-CoV-2 variant through whole-genome sequencing. Individual-level data on these patients were linked to routine health-care datasets on vaccination, emergency care attendance, hospital admission, and mortality (data from Public Health England's Second Generation Surveillance System and COVID-19-associated deaths dataset; the National Immunisation Management System; and NHS Digital Secondary Uses Services and Emergency



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Care Data Set). The risk for hospital admission and emergency care attendance were compared between patients with sequencing-confirmed delta and alpha variants for the whole cohort and by vaccination status subgroups. Stratified Cox regression was used to adjust for age, sex, ethnicity, deprivation, recent international travel, area of residence, calendar week, and vaccination status.

**Findings** Individual-level data on 43338 COVID-19-positive patients (8682 with the delta variant, 34656 with the alpha variant; median age 31 years [IQR 17-43]) were included in our analysis. 196 (2.3%) patients with the delta variant versus 764 (2.2%) patients with the alpha variant were admitted to hospital within 14 days after the specimen was taken (adjusted hazard ratio [HR] 2.26 [95% CI 1.32-3.89]). 498 (5.7%) patients with the delta variant versus 1448 (4.2%) patients with the alpha variant were admitted to hospital or attended emergency care within 14 days (adjusted HR 1.45 [1.08-1.95]). Most patients were unvaccinated (32078 [74.0%] across both groups). The HRs for vaccinated patients with the delta variant versus the alpha variant (adjusted HR for hospital admission 1.94 [95% CI 0.47-8.05] and for hospital admission or emergency care attendance 1.58 [0.69-3.61]) were similar to the HRs for unvaccinated patients (2.32 [1.29-4.16] and 1.43 [1.04-1.97];  $p=0.82$  for both) but the precision for the vaccinated subgroup was low.

**Interpretation** This large national study found a higher hospital admission or emergency care attendance risk for patients with COVID-19 infected with the delta variant compared with the alpha variant. Results suggest that outbreaks of the delta variant in unvaccinated populations might lead to a greater burden on health-care services than the alpha variant. Copyright Crown copyright (C) 2021 Published by Elsevier Ltd.



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### 44- Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study

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**Background** The SARS-CoV-2 delta (B.1.617.2) variant is highly transmissible and spreading globally, including in populations with high vaccination rates. We aimed to investigate transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community.

**Methods** Between Sept 13, 2020, and Sept 15, 2021, 602 community contacts (identified via the UK contract-tracing system) of 471 UK COVID-19 index cases were recruited to the Assessment of Transmission and Contagiousness of COVID-19 in Contacts cohort study and contributed 8145 upper respiratory tract samples from daily sampling for up to 20 days. Household and non-household exposed contacts aged 5 years or older were eligible for recruitment if they could provide informed consent and agree to self-swabbing of the upper respiratory tract. We analysed transmission risk by vaccination status for 231 contacts exposed to 162 epidemiologically linked delta variant-infected index cases. We compared viral load trajectories from fully vaccinated individuals with delta infection (n=29) with unvaccinated individuals with delta (n=16), alpha (B.1.1.7; n=39), and pre-alpha (n=49) infections. Primary outcomes for the epidemiological analysis were to assess the secondary attack rate (SAR) in household contacts



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stratified by contact vaccination status and the index cases' vaccination status. Primary outcomes for the viral load kinetics analysis were to detect differences in the peak viral load, viral growth rate, and viral decline rate between participants according to SARS-CoV-2 variant and vaccination status.

**Findings** The SAR in household contacts exposed to the delta variant was 25% (95% CI 18-33) for fully vaccinated individuals compared with 38% (24-53) in unvaccinated individuals. The median time between second vaccine dose and study recruitment in fully vaccinated contacts was longer for infected individuals (median 101 days [IQR 74-120]) than for uninfected individuals (64 days [32-97],  $p=0.001$ ). SAR among household contacts exposed to fully vaccinated index cases was similar to household contacts exposed to unvaccinated index cases (25% [95% CI 15-35] for vaccinated vs 23% [15-31] for unvaccinated). 12 (39%) of 31 infections in fully vaccinated household contacts arose from fully vaccinated epidemiologically linked index cases, further confirmed by genomic and virological analysis in three index case-contact pairs. Although peak viral load did not differ by vaccination status or variant type, it increased modestly with age (difference of 0.39 [95% credible interval -0.03 to 0.79] in peak  $\log_{10}$  viral load per la between those aged 10 years and 50 years). Fully vaccinated individuals with delta variant infection had a faster (posterior probability  $>0.84$ ) mean rate of viral load decline (0.95  $\log_{10}$  copies per mL per day) than did unvaccinated individuals with pre-alpha (0.69), alpha (0.82), or delta (0.79) variant infections. Within individuals, faster viral load growth was correlated with higher peak viral load (correlation 0.42 [95% credible interval 0.13 to 0.65]) and slower decline (-0.44 [-0.67 to -0.18]).

**Interpretation** Vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts. Host-virus interactions early in infection may shape the entire viral trajectory. (C) 2021 The Author(s). Published by Elsevier Ltd.



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### 45- Comparative analysis of the risks of hospitalisation and death associated with SARS-CoV-2 omicron (B.1.1.529) and delta (B.1.617.2) variants in England: a cohort study

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**Background** The omicron variant (B.1.1.529) of SARS-CoV-2 has demonstrated partial vaccine escape and high transmissibility, with early studies indicating lower severity of infection than that of the delta variant (B.1.617.2). We aimed to better characterise omicron severity relative to delta by assessing the relative risk of hospital attendance, hospital admission, or death in a large national cohort.

**Methods** Individual-level data on laboratory-confirmed COVID-19 cases resident in England between Nov 29, 2021, and Jan 9, 2022, were linked to routine datasets on vaccination status, hospital attendance and admission, and mortality. The relative risk of hospital attendance or admission within 14 days, or death within 28 days after confirmed infection, was estimated using proportional hazards regression. Analyses were stratified by test date, 10-year age band, ethnicity, residential region, and vaccination status, and were further adjusted for sex, index of multiple deprivation decile, evidence of a previous infection, and year of age within each age band. A secondary analysis estimated variant-specific and vaccine-specific





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vaccine effectiveness and the intrinsic relative severity of omicron infection compared with delta (ie, the relative risk in unvaccinated cases).

**Findings** The adjusted hazard ratio (HR) of hospital attendance (not necessarily resulting in admission) with omicron compared with delta was 0.56 (95% CI 0.54-0.58); for hospital admission and death, HR estimates were 0.41 (0.39-0.43) and 0.31 (0.26-0.37), respectively. Omicron versus delta HR estimates varied with age for all endpoints examined. The adjusted HR for hospital admission was 1.10 (0.85-1.42) in those younger than 10 years, decreasing to 0.25 (0.21-0.30) in 60-69-year-olds, and then increasing to 0.47 (0.40-0.56) in those aged at least 80 years. For both variants, past infection gave some protection against death both in vaccinated (HR 0.47 [0.32-0.68]) and unvaccinated (0.18 [0.06-0.57]) cases. In vaccinated cases, past infection offered no additional protection against hospital admission beyond that provided by vaccination (HR 0.96 [0.88-1.04]); however, for unvaccinated cases, past infection gave moderate protection (HR 0.55 [0.48-0.63]). Omicron versus delta HR estimates were lower for hospital admission (0.30 [0.28-0.32]) in unvaccinated cases than the corresponding HR estimated for all cases in the primary analysis. Booster vaccination with an mRNA vaccine was highly protective against hospitalisation and death in omicron cases (HR for hospital admission 8-11 weeks post-booster vs unvaccinated: 0.22 [0.20-0.24]), with the protection afforded after a booster not being affected by the vaccine used for doses 1 and 2.

**Interpretation** The risk of severe outcomes following SARS-CoV-2 infection is substantially lower for omicron than for delta, with higher reductions for more severe endpoints and significant variation with age. Underlying the observed risks is a larger reduction in intrinsic severity (in unvaccinated individuals) counterbalanced by a reduction in vaccine effectiveness. Documented previous SARS-CoV-2 infection offered some protection against hospitalisation and high protection against death in unvaccinated individuals, but only offered additional protection in vaccinated individuals for the death endpoint. Booster vaccination with mRNA vaccines maintains over 70% protection against hospitalisation and death in breakthrough confirmed omicron infections. Copyright (C) 2022 The Author(s). Published by Elsevier Ltd.



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### 46- Clinical and Virological Features of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Variants of Concern: A Retrospective Cohort Study Comparing B.1.1.7 (Alpha), B.1.351 (Beta), and B.1.617.2 (Delta)

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##### Abstract

In this retrospective cohort study we found an association between infection with B.1.617.2 (Delta) and increased disease severity. B.1.617.2 was also associated with higher viral loads and prolonged duration of viral shedding. Vaccination remained protective.

**Background** The impact of SARS-CoV-2 variants of concern (VOCs) on disease severity is unclear. In this retrospective study, we compared the outcomes of patients infected with B.1.1.7, B.1.351, and B.1.617.2 with wild-type strains from early 2020. **Methods** National surveillance data from January to May 2021 were obtained and outcomes in relation to VOCs were explored. Detailed patient-level data from all patients with VOC infection admitted to our center between December 2020 and May 2021 were analyzed. Clinical outcomes were compared with a cohort of 846 patients admitted from January to April 2020. **Results** A total of 829 patients in Singapore in the study period were infected with these 3 VOCs. After adjusting for age and sex, B.1.617.2 was associated with higher odds of oxygen requirement,



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intensive care unit admission, or death (adjusted odds ratio [aOR], 4.90; 95% confidence interval [CI]: 1.43-30.78). Of these patients, 157 were admitted to our center. After adjusting for age, sex, comorbidities, and vaccination, the aOR for pneumonia with B.1.617.2 was 1.88 (95% CI: .95-3.76) compared with wild-type. These differences were not seen with B.1.1.7 and B.1.351. Vaccination status was associated with decreased severity. B.1.617.2 was associated with significantly lower polymerase chain reaction cycle threshold (Ct) values and longer duration of Ct value  $\leq 30$  (median duration 18 days for B.1.617.2, 13 days for wild-type). Conclusions B.1.617.2 was associated with increased severity of illness, and with lower Ct values and longer viral shedding. These findings provide impetus for the rapid implementation of vaccination programs.

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