# Article information:

Development and validation of a nomogram to predict failure of 14-day negative nucleic acid conversion in adults with non-severe COVID-19 during the Omicron surge: a retrospective multicenter study | Infectious Diseases of Poverty | Full Text
<https://idpjournal.biomedcentral.com/articles/10.1186/s40249-023-01057-4>

# Article summary:

1. This study aimed to determine the predictors of prolonged viral RNA shedding in patients with non-severe COVID-19 and construct a nomogram to predict patients at risk of 14-day PCR conversion failure.

2. Older age, increasing comorbidities, incomplete vaccinations, and lack of antiviral therapy were identified as independent risk factors for prolonged viral RNA shedding.

3. A nomogram based on these predictors was developed and had an area under the ROC curve (AUC) of 0.73 in the training set (AUC, 0.74 in internal validation set; 0.76 in external validation set).

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is generally trustworthy and reliable due to its use of multiple sources from three hospitals in eastern China during Spring 2022, which provides a good sample size for analysis and increases the reliability of the results. The authors also used multivariable logistic regression to develop a nomogram to predict VST >14 days, which further strengthens the trustworthiness of their findings. Additionally, they provided detailed information about their methods and results, which allows readers to assess the validity of their conclusions.

However, there are some potential biases that should be noted when considering this article’s trustworthiness and reliability. First, it is possible that there may be selection bias due to the fact that only adult patients with non-severe COVID-19 were included in this study. Second, there may be recall bias since participants were asked to recall information about their vaccination status or antiviral therapy use prior to enrollment into this study. Third, it is possible that there may be confounding factors that were not taken into account when constructing the nomogram such as lifestyle habits or environmental exposures that could influence viral shedding time. Finally, it is important to note that this study was conducted during a specific period of time (Spring 2022) and thus may not be applicable to other contexts or populations where different variants are circulating or different public health measures are being implemented.

# Topics for further research:

* Selection bias in medical research
* Recall bias in medical research
* Confounding factors in medical research
* Variants of SARS-CoV-2
* Public health measures for COVID-19
* Nomogram for predicting viral shedding time

# Report location:

<https://www.fullpicture.app/item/a4422357834606ea3494ad8099018304>