

# No increase seen in outpatient VTE for SARS-CoV-2-positive patients

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and developed VTE, viral testing took place in an outpatient setting (59.1 percent); 76.1 percent of these patients required subsequent hospitalization. Among patients who underwent outpatient viral testing, 30-day VTE incidence was higher among those with a positive versus a negative result (4.7 versus 1.6 cases per 1,000 tested). Patients with a positive versus a negative SARS-CoV-2 result had a significantly higher 30-day incidence of hospital-associated VTE (5.8 versus 3.0 per 1,000 tested), but not outpatient VTE (1.8 versus 2.2 cases per 1,000 tested).

"These findings suggest that VTE incidence outside of the [hospital](#) is not significantly increased with SARS-CoV-2 infection and argue against the routine use of outpatient thromboprophylaxis outside of [clinical trials](#)," the authors write.

**More information:** [Abstract/Full Text](#)

(HealthDay)—The incidence of outpatient venous thromboembolism (VTE) is similar among symptomatic patients with a positive versus negative severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) test, according to a research letter published online April 5 in *JAMA Internal Medicine*.

Nareg H. Roubinian, M.D., from Kaiser Permanente Northern California in Oakland, and colleagues examined the 30-day incidence of outpatient and hospital-associated VTE in a cohort study of 220,588 adult members of the Kaiser Permanente Northern California health plan who were tested for SARS-CoV-2.

The researchers found that 11.8 percent of those tested were positive for SARS-CoV-2 infection. Within 30 days of testing, a VTE was diagnosed in 198 and 1,008 patients with a positive and negative SARS-CoV-2 result, respectively (0.8 versus 0.5 percent, respectively). For most of the patients who had a positive SARS-CoV-2 result

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