Review of: "Smoking, vaping and hospitalization for COVID-19"

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Forsalinos et al. examined the prevalence of current smoking (and electronic cigarette use) among patients hospitalized for COVID-19 in China. Data are from 13 publications. The authors report a 6.5% (95%CI; 4.9 to 8.2) smoking rate. Current smoking was probably assessed by self-report without biochemical verification. They estimated that the prevalence of current smoking is 31.1 % (95%CI: 29 to 33.4) in the general population in China. Because of this lower prevalence among COVID + hospitalized patients compared to the general population's prevalence, the authors suggest that their findings do not support the argument that current smoking is a risk factor for hospitalization for COVID-19 and that smoking might even have a protective role. They also raise the hypothesis that nicotine may have a beneficial effects on COVID-19.

The main weakness of this paper is the lack of adequate comparison group e.g. COVID-19 negative patients hospitalized in China and having the same clinical and other characteristics. It is inadequate to compare COVID-19 patients needing hospitalization with the general population. Therefore, no conclusions and hypotheses can be drawn. Moreover, it is likely, that in an adequate comparison group the prevalence of selfreported current smoking would be even less than 6.5%: hospitalized individuals are older, may have several comorbidities with higher likelihood of being former smokers, etc. It is difficult to conceive that smoking, a known and major risk factor for bacterial and viral infections (e.g. Arcavi & Benowitz: Cigarette smoking and infection. Arch Intern Med 2004; 164: 2206-16) and which negatively affects the respiratory tract can be protective against a viral infection targeting mainly the same tissues. Moreover, smoking behavior is characterized by repetitive hand-to-mouth movements, a risk factor for SARS-CoV-2 infection which are strongly advised against to reduce viral contamination.