

88 **Appendix A: Methods**

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90 This report is the result of a quality improvement project and as such was deemed
91 exempt from review from our institutional review board. All data was retrospectively
92 analyzed. Point prevalence of infection was determined by identification of virus-
93 specific (SARS-CoV-2) nucleic acids by polymerase chain reaction (PCR) in
94 samples collected by nasopharyngeal swab. All laboratory testing was performed in
95 a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

96 Detection of virus-specific (SARS-CoV-2) nucleic acids by polymerase chain
97 reaction (PCR) was performed using the Food and Drug Administration (FDA)

98 Emergency Use Authorization cobas® SARS-CoV-2 test performed on the cobas®

99 6800 (Roche) platform. The platform has a technical sensitivity of 100% for SARS-

100 Cov2 present at >5000 copies/mL and a clinical sensitivity in symptomatic

101 hospitalized patients of >90% for nasopharyngeal swabs performed during the first 5

102 days of symptom onset (Miller et al., unpublished data).