### SUPPLEMENTARY MATERIAL

# Risk of hospitalization with coronavirus disease 2019 in healthcare workers and their household members: a nationwide linkage cohort study

Shah ASV<sup>1,2</sup>, Wood R<sup>3,4</sup>, Gribben C<sup>3</sup>, Caldwell D<sup>3</sup>, Bishop J<sup>3</sup>, Weir A<sup>3</sup>, Kennedy S<sup>3</sup>, Martin R<sup>3</sup>, Smith-Palmer A<sup>3</sup>, Goldberg D<sup>3</sup>, McMenamin J<sup>3</sup>, Fischbacher C<sup>3</sup>, Robertson C<sup>3</sup>, Hutchinson S<sup>3,5</sup>, McKeigue P<sup>6</sup>, Colhoun H<sup>3,7</sup>, McAllister DA<sup>3,8</sup>

- Non-communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK.
- 2. Department of cardiology, Imperial College NHS Trust
- 3. Public Health Scotland, Edinburgh, UK.
- 4. Centre for Population Health Sciences, University of Edinburgh
- 5. School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, UK.
- 6. MRC Institute of Genetics & Molecular Medicine, University of Edinburgh, Edinburgh, UK.
- 7. Usher Institute, University of Edinburgh, Edinburgh, UK.
- 8. Institute of Health and Wellbeing, University of Glasgow, Glasgow, UK.

### **Correspondence and requests for reprints:**

Dr David McAllister
Institute of health and well being
University of Glasgow,
Glasgow
United Kingdom

E-mail: david.mcallister@glasgow.ac.uk

All analyses code is available at our github repository.

### Appendix 1

### Descriptions and sources of national databases used for individual patient level linkage

### Scottish hospitalization record from SMR01

Comorbidities were defined using the Scottish morbidity record 01 (SMR01) - General/Acute Inpatient & Day Case. SMR01 an episode-based patient record relating to all inpatients and day cases discharged from non-obstetric and non-psychiatric specialties. A record is generated when a patient completes an episode of inpatient or day case care. Data collected include patient identifiable and demographic details, episode management details and general clinical information. Currently diagnoses are recorded using the ICD-10 classification and operations are recorded using the OPCS-4 classification. Further information on the national dataset and variables contained is available at <a href="https://www.ndc.scot.nhs.uk/Data-Dictionary/SMR-Datasets//Episode-Management/SMR-Record-Type/">https://www.ndc.scot.nhs.uk/Data-Dictionary/SMR-Datasets//Episode-Management/SMR-Record-Type/</a>

### National Records of Scotland (NRS)

The NRS covers all deaths in Scotland with approximately 55,000 deaths registered annually. The National Records of Scotland Death Records are linked with the NHS Scotland Scottish Morbidity Database which links together NHS Scotland inpatient, mental health and cancer registry datasets with the NRS Death Records. NRS records death status, cause of death and date of death.

Further information of the NRS death registry is available at <a href="https://www.ndc.scot.nhs.uk/National-Datasets/data.asp?SubID=13">https://www.ndc.scot.nhs.uk/National-Datasets/data.asp?SubID=13</a>

### **Prescribing Information System (PIS)**

The Prescribing Information System (PIS) is the definitive data source for all prescribing relating to all medicines and their costs that are prescribed and dispensed in the community in Scotland. The information is supplied by Practitioner & Counter Fraud Services Division (P&CFS) who is responsible for the processing and pricing of all prescriptions dispensed in Scotland. Primary care physicians write the vast majority of these prescriptions, with the remainder written by other authorised prescribers such as nurses and dentists. Also included in the dataset are prescriptions written in hospitals that are dispensed in the community. Note that prescriptions dispensed within hospitals are not included.

Further information on the Prescribing Information System operational in Scotland is available at <a href="https://www.ndc.scot.nhs.uk/National-Datasets/data.asp?SubID=9">https://www.ndc.scot.nhs.uk/National-Datasets/data.asp?SubID=9</a>

## <u>National microbiology register (Electronic Communication of Surveillance in Scotland [ECOSS])</u>

The Scottish microbiology surveillance registry, or 'Electronic Communication of Surveillance in Scotland' (ECOSS) as it is termed by NHS National Services Scotland, was used in the present study to provide individual patient-level data on SARS-Cov-2 testing and results. ECOSS is part of NHS Scotland's Infection Intelligence Platform (IIP), 1,2 which was

set-up in response to the UK's antimicrobial resistance (AMR) strategy (2013-2018) with the aim of providing "better access to and use of surveillance data".

Data were first collected and recorded within ECOSS in 2007. The dataset is maintained by NHS National Services Scotland on behalf of Public Health Scotland (formerly Health Protection Scotland). ECOSS is updated monthly and, as of 2017, it contained approximately 29 million records of positive microbiology laboratory specimens from across Scotland. It provides data for numerous national clinical and research activities, audit projects and Scottish Government reports, including: the identification of cases of severe infectious disease, infectious disease outbreaks and the evaluation of longer term trends in the incidence of laboratory-reported infections; surveillance of episodes of Clostridium difficile infections, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and surgical site infections. NHS National Services Scotland monitors the completeness and accuracy of ECOSS data through its 'Data Monitoring and Support Service'. Further, NHS National Services Scotland routinely informs data users of any problems affecting the accuracy or assurance of these data.

More information on the ECOSS data system is available at <a href="https://www.hps.scot.nhs.uk/data/">https://www.hps.scot.nhs.uk/data/</a>

### Scottish Workforce Information Standard System (SWISS)

The Scottish Workforce Information Standard System (SWISS) is a national human resources database held by NHS Education Scotland which contains data on all directly employed staff (ie not contracted staff such as general practitioners except where they are also directly employed in some other role) working in the NHS in Scotland. It includes data for territorial health boards, and boards providing a national service. It records the job title using a nationally agreed standard as well as, for medical and dental staff the medical specialty. It also includes data on occupation grade, part-time/whole time status, and the designated service area.

More information on the SWISS database is available at https://turasdata.nes.nhs.scot/media/2prjxbg4/2020-06-02-workforce-report.pdf.

### General Practitioner Contractor Database (GPCD)

The General Practitioner Contractor Database (GPCD) includes all contracted general practitioners working in Scotland. This includes GP partners who are independent contractors, and salaried GPs, but not locum GPs. GOs in training grades are employed centrally and so are included in SWISS.

More information on the GPCD database is available at <a href="https://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/">https://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/</a>.

### Rapid preliminary inpatient data (RAPID)

The RAPID database has been operational since to 2001 to monitor and predict emergency admissions and bed occupancy across National Health Service Boards in Scotland. Data from this database has already been used to provide information to NHS boards, healthcare workers and the public on the direct and indirect effects of the COVID-19 pandemic. These

dashboards can be found at: <a href="https://publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/">https://publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/</a>

In 2015 the data collection was expanded to include data items on individual patient level data on age, sex, times of admission and discharge, ward significant facility, diagnosis and operation codes and information on patient discharge.

Further information on the RAPID databases can be found here: <a href="https://www.ndc.scot.nhs.uk/National-Datasets/data.asp?ID=1&SubID=37">https://www.ndc.scot.nhs.uk/National-Datasets/data.asp?ID=1&SubID=37</a>

### References

- 1. Bennie M, Malcolm W, Marwick CA, Kavanagh K, Sneddon J, Nathwani D. Building a national Infection Intelligence Platform to improve antimicrobial stewardship and drive better patient outcomes: the Scottish experience. *J Antimicrob Chemother*. 2017 Oct 1;72(10):2938-42.
- 2. NHS National Services Scotland (NSS), 2014. Infection Intelligence Platform (IIP)-High level guide to IIP component datasets held by NHS National Services Scotland, <a href="https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Infection-Intelligence-Platform/Data/June-2014-Guide-to-IIP-Data.pdf">https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Infection-Intelligence-Platform/Data/June-2014-Guide-to-IIP-Data.pdf</a> (accessed 18<sup>th</sup> March, 2020)
- 3. Scottish Government, 2014. Scottish Management of Antimicrobial Resistance Action Plan 2014-2018. <a href="http://www.gov.scot/Publications/2014/07/9192">http://www.gov.scot/Publications/2014/07/9192</a> (accessed 2<sup>nd</sup> March, 2020)

### Appendix 2

The following tables show the exclusions from the Scottish Workforce Information Standard System (SWISS) and General Practitioner Contractor Database (GPCD), and their linkage to the Community Health Index (CHI) database. Note that pediatric staff were excluded where they *exclusively* worked in pediatrics.

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### Medical staff on SWISS database

Selection of medical and dental from SWISS	16,499
Drop staff where the grades clash	16,433
Drop implausible specialty combinations	16,402
Drop medical directors	16,379
Drop GPs in non-training grades	15,807
Drop where there is no specialty data	14,421
Final medical dataset	14,421

### Non-medical staff on SWISS database

### Combined staff on SWISS database

Non-medical and medical	164,552
Not in both medical and non-medical (one person)	164,550
Match in CHI database	162,945
Match in CHI database non-medical	148,930
Match in CHI database medical	14,015

### General Practice Contractor Database

General practice doctors	5,043
Not in medical or non-medical SWISS database	4,378
Of above, those which are household members of	596
medical or non-medical	

### GPCD and SWISS

01 02 4110 8 11 188	
General practice doctors and medical and non-	167,323
medical (162945 + 4378)	
Exclude dental and paediatric*	160,971
Exclude aged <18 or >65	158,445

<sup>\*</sup> Dental healthcare workers were excluded from all analyses because only a small proportion of the dental workforce is captured in the SWISS database and the majority of dental services were closed during the COVID-19 pandemic. Paediatric healthcare workers were excluded because children differ from adults in their propensity to transmit COVID-19 infection and, compared to the 160,971 NHS staff in Scotland, there were comparatively few staff solely working in paediatric roles.

# Appendix 3: Definitions used to categorize healthcare workers and list of specialties, job roles and service areas by categorization

These tables are also available in machine readable formats in our public-facing github repository (https://github.com/ChronicDiseaseEpi/hcw).

Definition of categorization for patient and non-patient facing and undetermined healthcare workers

	•	
Definition	Description	Definition
Any staff	Any member of NHS staff.	Included in SWISS or GPCD
		database
Patient facing,	Include if likely to currently	Specific list of AFC roles
any	be working in patient-facing	and/or medical specialties
	role.	(see below)
Non-patient-	Any member of NHS staff	Specific list of AFC roles
facing	likely to be in a non-patient-	and/or medical specialties
	facing role.	(see below)
Undetermined	Staff where it is not possible	Any staff not in "Patient-
	to allocate with confidence	facing, any" or "Non-
	to patient-facing or non-	patient-facing" (see below)
	patient-facing roles	

### <u>Definition of categorization for patient facing roles into those at front door, exposed to aerosolized generating procedures (AGP), in intensive care and other</u>

Definition	Description	Definition*	Comparator(s)
Patient-facing, front-door COVID19	Include if involved in acute medical receiving of patients with possible or probable COVID19 (ie not incidental finding such as COVID19 in patient with myocardial infarction).	Specific list of AFC roles and/or medical specialties and/or designated service area (see below).	Patient-facing, other
Patient-facing, Intensive care	Intensive care medicine and anaesthetic specialties	Specific list of AFC roles and/or medical specialties and/or designated service area (see below).	Patient-facing, other
Patient-facing, Resp-oral- nasal-AGP	Include if involved in work with high risk of exposure to oral, nasal or respiratory secretions and/or aerosol generating procedures (AGP) outwith intensive care settings.	Specific list of AFC roles and/or medical specialties and/or designated service area (see below).	Patient-facing, other
Patient-facing, other	Patient-facing role but not front-door COVID or resporal-nasal-AGP or intensive care.	Patient-facing role but not front-door COVID or resporal-nasal-AGP or intensive care.	

<sup>\*</sup>Nursing staff in the General Acute Nursing and Specialist Nursing and have been further assigned to specific roles according to the recorded service area. This was done for the following territorial Health Boards, in whom there is >= 95% completeness for the service area variable: - NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Orkney and NHS Shetland. The remaining territorial boards had lower completeness for service area (ranging from 91% to <1%)

### Definition of medical specialties into patient facing and non-patient facing roles\*

	Non patient-facing	Patient-facing**				
		Any	Front- door	Resp- oral- nasal- AGP	Intensive	
Acute Internal Medicine		Yes	Yes			
Allergy						
Anaesthetics		Yes			Yes	
Audio Vestibular Medicine						
Audiological Medicine						
Blood Transfusion						
Breast Screening Service						
Cardiology		Yes				
Cardiothoracic Surgery		Yes				
Chemical Pathology						
Clinical Genetics						
Clinical Neurophysiology						
Clinical Oncology		Yes				
Clinical Pharmacology and						
Therapeutics		Yes				
Clinical Radiology						
Community Psychiatry		Yes				
Community Sexual And Reproductive Health		Yes				
Dermatology						
Diagnostic Neuropathology	Yes					
Emergency Medicine		Yes	Yes			
Endocrinology and Diabetes		Yes				
Endodontics		Yes		Yes		
Ent Surgery		Yes		Yes		
Family Planning Service						
Fixed & Removable Prosthodontics						
Forensic Histopathology	Yes					
Forensic Psychiatry						
Gastroenterology		Yes				
General (Internal) Medicine		Yes	Yes			
General Psychiatry		Yes				
General Surgery		Yes				
Genito-Urinary Medicine		Yes				
Geriatric Medicine		Yes	Yes			
GP Other Than Obstetrics		Yes				

Haematology					
Histopathology	Yes				
Homeopathy					
Immunology					
Infectious Diseases		Yes	Yes		
Intensive Care Medicine		Yes			Yes
Medical Microbiology And Virology		1.03			
Medical Oncology		Yes			
Medical Ophthalmology		Yes			
Microbiology					
Neurology		Yes			
Neurosurgery		Yes			
Nuclear Medicine		1.03			
Obstetrics And Gynaecology		Yes			
Occupational Medicine		Yes			
Old Age Psychiatry		Yes			
Ophthalmology		Yes			
Oral And Maxillofacial Surgery		Yes		Yes	
Oral And Maxillofacial Pathology	Yes	103		165	
Oral Medicine	103	Yes		Yes	
Oral Microbiology		103		163	
Oral Pathology					
Oral Surgery		Yes		Yes	
Orthodontics		Yes		Yes	
Otolaryngology		Yes		Yes	
Pain Management		103		163	
Palliative Medicine					
Plastic Surgery		Yes			
Psychiatry Of Learning Disability		103			
Psychotherapy					
Public Health Medicine	Yes				
Rehabilitation Medicine	103	Yes			
Renal Medicine		Yes			
Respiratory Medicine		Yes		Yes	
Restorative Dentistry		1.03		1.03	
Rheumatology		Yes			
Special Care Dentistry		Yes		Yes	
Surgical Dentistry		Yes		Yes	
Trauma And Orthopaedic Surgery		Yes		1.53	
Urology		Yes			
Vascular Surgery		Yes			
Virology		1.03			
v.i. 0.106y					

There are two specialty fields in the SWISS database. These are "specialty" with around 85% completeness, and "second specialty" with lower completeness. We added data from TURAS

People (which holds data on doctors in training roles) to increase the completeness to approximately 98%.

<sup>\*</sup> Specialities unable to be to categorized into patient facing or non-patient facing roles were categorized into undetermined.

<sup>\*\*</sup>Patient facing medical specialties were categorized into front door, specialties exposed to aerosalized generating procedures and intensive care. Remaining specialties were categorized into 'other'

# Definition of nursing and midwifery, allied health professionals and support services into patient facing and non-patient facing roles\*

		Non patient-facing		Patient facing**		
Job Family	Job Sub Family		Any	Front-door	Resp-oral- nasal-AGP	Intensive care
ADMINISTRATIVE SERVICES	FINANCE	Yes				
ADMINISTRATIVE SERVICES	HUMAN RESOURCES	Yes				
ADMINISTRATIVE SERVICES	INFORMATION SYSTEMS/TECHNOLOGY	Yes				
ADMINISTRATIVE SERVICES	NA	Yes				
ADMINISTRATIVE SERVICES	NHS24 CALL HANDLER	Yes				
ADMINISTRATIVE SERVICES	OFFICE SERVICES	Yes				
ADMINISTRATIVE SERVICES	PATIENT SERVICES	Yes				
ALLIED HEALTH PROFESSION	AHP TRAINING/ADMINISTRATION	Yes				
ALLIED HEALTH PROFESSION	AMBULANCE PARAMEDIC		Yes	Yes		
ALLIED HEALTH PROFESSION	ARTS THERAPIES					
ALLIED HEALTH PROFESSION	DIAGNOSTIC RADIOGRAPHY		Yes			
ALLIED HEALTH PROFESSION	DIETETICS					
ALLIED HEALTH PROFESSION	GENERIC THERAPIES					
ALLIED HEALTH PROFESSION	OCCUPATIONAL THERAPY		Yes			
ALLIED HEALTH PROFESSION	ORTHOPTICS					
ALLIED HEALTH PROFESSION	ORTHOTICS		Yes			
ALLIED HEALTH PROFESSION	PHYSIOTHERAPY		Yes		Yes	
ALLIED HEALTH PROFESSION	PODIATRY		Yes			
ALLIED HEALTH PROFESSION	PROSTHETICS					
ALLIED HEALTH PROFESSION	SPEECH AND LANGUAGE THERAPY		Yes			
ALLIED HEALTH PROFESSION	THERAPEUTIC RADIOGRAPHY		Yes	Yes		

	T	1	1	1	1	
AMBULANCE	AMBULANCE CARE		Yes	Yes		
SERVICES	ASSISTANT					
AMBULANCE	AMBULANCE TECHNICIAN		Yes	Yes		
SERVICES						
AMBULANCE	DRIVER		Yes	Yes		
SERVICES						
AMBULANCE	EMDC OPERATIVE	Yes				
SERVICES						
AMBULANCE	OPERATIONAL MANAGER	Yes				
SERVICES						
AMBULANCE	PTS DAY CONTROL	Yes				
SERVICES						
EMERGENCY	AMBULANCE AUXILIARY		Yes	Yes		
SERVICES			105	105		
EMERGENCY	AMBULANCE CARE		Yes	Yes		
SERVICES	ASSISTANT		103	103		
EMERGENCY	AMBULANCE PARAMEDIC		Yes	Yes		
	AMBULANCE PARAMEDIC		res	res		
SERVICES	AMBLIL ANGE EEGIDUGIAN		***	3.7		
EMERGENCY	AMBULANCE TECHNICIAN		Yes	Yes		
SERVICES						
EMERGENCY	DRIVER		Yes	Yes		
SERVICES						
EMERGENCY	EMDC OPERATIVE	Yes				
SERVICES						
EMERGENCY	OPERATIONAL MANAGER	Yes				
SERVICES						
EMERGENCY	PTS DAY CONTROL					
SERVICES						
HEALTHCARE	BIOMEDICAL SCIENCES LIFE					
SCIENCES						
HEALTHCARE	CLIN PHOTO/ILLUSTRATE					
SCIENCES	PHYSICAL					
HEALTHCARE	CLINICAL PERFUSION					
SCIENCES	PHYSIOLOGY					
HEALTHCARE	CLINICAL PHYSIOLOGY					
	CLINICAL PH I SIOLOGI					
SCIENCES	CLINICAL GOENCEGLIE					
HEALTHCARE	CLINICAL SCIENCES LIFE					
SCIENCES						
HEALTHCARE	CLINICAL SCIENCES					
SCIENCES	PHYSICAL					
HEALTHCARE	CLINICAL SCIENCES					
SCIENCES	PHYSIOLOGY					
HEALTHCARE	CLINICAL TECHNOLOGY					
SCIENCES	LIFE					
HEALTHCARE	CLINICAL TECHNOLOGY					
SCIENCES	PHYSICAL			<u> </u>		
HEALTHCARE	MAXILLOFACIAL PROS					
SCIENCES	PHYSICAL					
HEALTHCARE	NA					
SCIENCES						
HEALTHCARE	STERILE SERVICES LIFE					
SCIENCES						
MEDICAL AND	DENTAL NURSING		Yes		Yes	
DENTAL SUPPORT			103			
DETTIL BUILDET	1	1		l .	1	

MEDICAL AND DENTAL SUPPORT	DENTAL TECHNOLOGY		Yes		Yes	
	OPERATING DEPARTMENT		Yes			
MEDICAL AND DENTAL SUPPORT	OPERATING DEPARTMENT		Yes			
MEDICAL AND	ORAL HEALTH		Yes		Yes	
DENTAL SUPPORT			105		105	
MEDICAL AND	PHYSICIANS ASSISTANT					
DENTAL SUPPORT						
MEDICAL AND	THEATRE SERVICES		Yes			
DENTAL SUPPORT	THE TIRE SERVICES		105			
MEDICAL	OPERATING DEPARTMENT		Yes			
SUPPORT			105			
MEDICAL	PHYSICIANS ASSISTANT		Yes			
SUPPORT			105			
MEDICAL	THEATRE SERVICES		Yes			
SUPPORT	THE TIRE SERVICES		105			
NURSING AND	COMMUNITY CHILDREN'S					
MIDWIFERY	NURSING					
NURSING AND	MIDWIFERY DIRECT CC		Yes		1	
MIDWIFERY	WIDWII EKT DIKECT CC		103			
NURSING AND	MIDWIFERY INDIRECT CC		Yes			
MIDWIFERY	WIDWII ERT INDIRECT CC		103			
NURSING AND	NA					
MIDWIFERY	INA.					
NURSING AND	NEONATAL MIDWIFERY CC		Yes			
MIDWIFERY	NEONATAL MIDWIFERT CC		168			
NURSING AND	NEONATAL MIDWIFERY		Yes	+		
MIDWIFERY	DIRECT CC		1 68			
NURSING AND	NEONATAL MIDWIFERY		Yes	+		
MIDWIFERY	INDIRECT CC		1 68			
NURSING AND	NEONATAL NURSING		Yes			
MIDWIFERY	DIRECT CC		168			
NURSING AND	NEONATAL NURSING		Yes			
MIDWIFERY	INDIRECT CC		1 68			
NURSING AND	NHS 24 NURSING	Yes				
MIDWIFERY	NHS 24 NUKSING	168				
NURSING AND	NURSING					
MIDWIFERY	TRAINING/ADMIN/MGT					
NURSING AND	PAEDIATRIC NURSING		Yes	Yes		
MIDWIFERY	PAEDIATRIC NURSING		1 68	168		
NURSING AND	PRACTICE NURSING		Yes		1	
MIDWIFERY	I RACTICE NURSING		168			
NURSING AND	PUBLIC HEALTH NURSING					
MIDWIFERY	I OBLIC HEALTH NURSING					
NURSING AND	SCHOOL NURSING					
MIDWIFERY	SCHOOL NURSING					
NURSING AND	SEXUAL AND				1	
MIDWIFERY	REPRODUCTIVE HEALTH					
NURSING AND	SPECIALIST NURSING		Yes		1	
MIDWIFERY	SI ECIALIST NURSING		168			
NURSING AND	STAFF NURSERY				1	
MIDWIFERY	STAFF NURSEK I					
NURSING AND	TREATMENT ROOM		Yes		1	
MIDWIFERY	NURSING		168			
MIDWILEKI	DILICATORI	1				

	T = = = = = = = = = = = = = = = = =	1	1 ==		
NURSING AND	BANK NURSING		Yes		
MIDWIFERY	DEC MIDONIC		37	37	
NURSING AND MIDWIFERY	BTS NURSING		Yes	Yes	
NURSING AND	CARE OF THE ELDERLY		Yes	Yes	
MIDWIFERY	NURSING		***		
NURSING AND	COMMUNITY GENERAL		Yes		
MIDWIFERY NURSING AND	NURSING DISTRICT NURSING		Yes		
MIDWIFERY	DISTRICT NURSING		res		
NURSING AND	FAMILY PLANNING				
MIDWIFERY	NURSING				
NURSING AND	GENERAL ACUTE NURSING		Yes	Yes	
MIDWIFERY	GENERAL ACCTE NORSHVO		103	103	
NURSING AND	HEALTH VISITOR NURSING				
MIDWIFERY					
NURSING AND	LEARNING DISABILITIES		Yes		
MIDWIFERY	NURSING				
NURSING AND	MENTAL HEALTH NURSING		Yes		
MIDWIFERY					
NURSING AND	MIDWIFERY		Yes		
MIDWIFERY					
OTHER	GENETIC COUNSELLING				
THERAPEUTIC					
OTHER	NA				
THERAPEUTIC					
OTHER	OPTOMETRY				
THERAPEUTIC					
OTHER	PHARMACY				
THERAPEUTIC	DUADAMA CV/ TECHNICIANG	X7			
OTHER THERAPEUTIC	PHARMACY TECHNICIANS	Yes			
OTHER	PLAY SPECIALIST		Yes		
THERAPEUTIC	PLAT SPECIALIST		res		
OTHER	PSYCHOLOGY				
THERAPEUTIC	131CHOLOG1				
PERSONAL AND	CARE AT HOME	1	Yes		
SOCIAL CARE			105		
PERSONAL AND	HEALTH PROMOTION				
SOCIAL CARE					
PERSONAL AND	HOSPITAL CHAPLAINCY				
SOCIAL CARE					
PERSONAL AND	RESIDENTIAL / DAY CARE		Yes		
SOCIAL CARE					
PERSONAL AND	SOCIAL WORK				
SOCIAL CARE					
SENIOR	NA	Yes			
MANAGERS					
SUPPORT	CATERING SERVICES				
SERVICES	DOLUMENTS STREET	1			
SUPPORT	DOMESTIC SERVICES				
SERVICES	ECTATEC	-			
SUPPORT	ESTATES				
SERVICES					

SUPPORT	GENERAL SERVICES		
SERVICES			
SUPPORT	GROUNDS SERVICES		
SERVICES			
SUPPORT	HOTEL SERVICES		
SERVICES			
SUPPORT	LAUNDRY/LINEN SERVICES		
SERVICES			
SUPPORT	NA		
SERVICES			
SUPPORT	PORTERING SERVICES	Yes	
SERVICES			
SUPPORT	SECURITY SERVICES		
SERVICES			
SUPPORT	STERILE SERVICES		
SERVICES			
SUPPORT	STORES SERVICES		
SERVICES			
SUPPORT	TRANSPORT SERVICES		
SERVICES			
UNALLOCATED /	NA		
NOT KNOWN			
UNALLOCATED /	NOT KNOWN		
NOT KNOWN			

<sup>\*</sup> Roles unable to be to categorized into patient facing or non-patient facing were categorized into undetermined.

### Definition of relevant service areas

	Front –door	Respiratory-oro- aerosol – generating	Intensive care
		procedures	
Accident and Emergency	Yes		
Anaesthetics			Yes
Ear Nose & Throat		Yes	
Endocrinology & Diabetes			
Gastroenterology			
General Medicine	Yes		
Infectious Diseases	Yes		
Intensive Care			Yes
Neonatal/SCBU			Yes
Oral & Maxillofacial		Yes	
Respiratory		Yes	
Restorative Dentistry		Yes	

<sup>\*\*</sup>Patient facing roles were categorized into front door, specialties exposed to aerosalized generating procedures and intensive care. Remaining specialties were categorized into 'other'

Rheumatology		
Surgical Dentistry	Yes	

### Appendix 4: Changes in infection prevention and control guidance in Scotland

The following text was taken from guidance documents produced by Health Protection Scotland and (when this joined with other NHS bodies to form Public Health Scotland) Public Health Scotland.

Version	Date	Staff	Clinicians	Visitors
	23-Jan-20	Ensure that staff are: - Familiar with all Personal Protective Equipment (PPE) required including, provision of adequate supplies, safe donning and removal procedures, where stored and how it should be used; - Aware of what actions to take if a case presents; - Aware of where a case will be isolated and the need for a negative pressure room, if available; - Familiar with FFP3 respirator use and that fit testing and checking has been undertaken before using this equipment	Clinicians must: - Admit patients requiring admission directly to a negative pressure isolation room. If this is not possible then a single room with en-suite facilities should be used. The room door must be kept closed Wear appropriate PPE: as a minimum, this should be a FFP3 respirator, disposable, long-sleeved, fluid resistant surgical gown, disposable gloves and eye/face protection Ask the patient (if tolerable) to wear a FRSM while being transported to the isolation room.	
5.0	07-Feb-20	Same as above	Same as above	
6.2	02-Mar-20	Same as above	Same as above	
7.0	12-Mar-20	Same as above  Same as above	Clinicians must: Same as above <b>plus</b> - Wear appropriate PPE  Same as above	If the person is admitted visitors should be restricted to essential visitors only; such as parents of paediatric patients or an affected patient's partner/main carer. Local risk assessment and practical management should be considered, ensuring a pragmatic and proportionate response, including the consideration of whether there is a requirement for visitors to wear PPE including RPE. These visitors must not visit any other care areas or facilities. A log of all visitors should be kept.
7.1	14-Mar-20	Same as above	Clinicians must: Same as above <b>plus</b> - Assess individuals in a single occupancy room.	
8.0	16-Mar-20	Same as above	Same as above	
8.1	19-Mar-20	Same as above <b>plus</b> : Staff who are pregnant or otherwise immunosuppressed should not provide direct care for a patient with possible or confirmed COVID-19, this includes obtaining samples. Any deviation from this should be a local decision. Pregnant staff or staff who are immunosuppressed should seek advice from the local Occupational Health Department.	Same as above	
8.2	27-Mar-20	Same as above plus Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to patients with possible or confirmed COVID-19. Staff who think they may be at	Same as above	

		increased risk should seek advice from their line manager or local Occupational Health service.	
8.3	30-Mar-20		Same as above plus Update on AGP procedures
9.0	02-Apr-20	Same as above plus  - COVID-19 Guidance for Infection Prevention and Control in Healthcare Settings [Item 1] describes the Infection Prevention and Control measures required for management of possible/confirmed COVID-19 patients.  - Table 1 of the guidance [Item 2] details the recommended PPE for Healthcare workers within the secondary care inpatient clinical setting within the NHS and independent sectors.  Table 4 of the guidance [Item 3] provides additional considerations, in addition to standard infection prevention and control precautions, where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent.	Same as above plus  Actions to take if possible case definition is met for COVID-19  Ensure the patient is placed in a negative pressure room, a single side room with en-suite facilities or within a specified cohort bay and the PPE described in COVID-19 Guidance for infection prevention and control in healthcare settings [Item 1]_ is worn by any person entering the room.  Ensure that the patient, potentially contaminated areas, and waste are managed as per the infection control guidance.
9.1	11-Apr-20	Same as above plus HCWs who come into contact with a COVID-19 patient or a patient suspected of having COVID-19 while not wearing personal protective equipment (PPE) should follow the advice on the guidance on Management of Exposed Healthcare Workers and Patients in Hospital setting [Item 4]	Same as above
9.2	29-Apr-20	Same as above	Same as above plus Staff should be aware of ongoing transmission within the hospital setting. An outbreak is defined as two or more confirmed or suspected cases of COVID-19 where nosocomial infection and ongoing transmission is suspected to have occurred within a 14-day period.



Item 1

The version of the document referred to in the guidance is no longer available at that link (<a href="https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-infection-prevention-and-control-in-healthcare-settings/">https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-infection-prevention-and-control-in-healthcare-settings/</a>), but can obtained on The Internet Archive (<a href="https://web.archive.org/">https://web.archive.org/</a>) by searching for the url. The first two pages have been reproduced here.













### Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-resistant gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Acute hospital inpatient and emergency	Performing a single aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup> in any setting outside a higher risk acute care area <sup>4</sup>	✓ single use <sup>5</sup>	×	✓ single use⁵	×	×	✓ single use <sup>5</sup>	✓ single use
departments, mental health, learning disability, autism. dental	Working in a higher risk acute care area4 with possible or confirmed case(s) $^{\rm 3}$	✓ single use⁵	✓ single use⁵	✓ sessional use <sup>6</sup>	×	×	sessional use <sup>8</sup>	✓ sessional us
and maternity settings	Working in an inpatient, maternity, radiology area with possible or confirmed case(s) <sup>3</sup> – direct patient care (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	×	×	sessional use <sup>6</sup>	×	sessional us
	Working in an inpatient area with possible or confirmed case(s) <sup>3</sup> (not within 2 metres)	×	×	×	×	sessional use <sup>6</sup>	×	✓ risk assess
	Working in an emergency department/acute assessment area with possible or confirmed case(s) <sup>3</sup> – direct patient care (within 2 metres)	✓ single use <sup>5</sup>	✓ single use <sup>5</sup>	×	×	sessional use <sup>6</sup>	×	sessional us
	All individuals transferring possible or confirmed case(s) <sup>3</sup> (within 2 metres)	single use <sup>5</sup>	✓ single use <sup>5</sup>	×	×	single or sessional use <sup>6,8</sup>	×	risk asses single or sessional use <sup>5,6</sup>
	Operating theatre with possible or confirmed case(s) <sup>3</sup> – no AGPs <sup>2</sup>	✓ single use⁵	✓ single use⁵	risk assess single use <sup>6,7</sup>	×	single or sessional use <sup>5,8</sup>	×	✓ single or sessional use <sup>5</sup>
	Labour ward/area – 2nd/3rd stage labour vaginal delivery (no AGPs) – possible or confirmed case <sup>5</sup>	✓ single use⁵	✓ single use <sup>5</sup>	✓ single use²	×	single or sessional use <sup>6,8</sup>	×	single or sessional use <sup>5/</sup>
	Inpatient care to any individuals in the extremely vulnerable group undergoing shielding <sup>6</sup>	✓ single use⁵	✓ single use <sup>5</sup>	×	✓ single use <sup>5</sup>	×	×	×
able 1								

4. Higher risk acute areas include: ICU/HDUs: ED resuscitation areas; wards with non-invasive ventilation; operating theatres; endoscopy units for upper Respiratory. ENT or upper Glandoscopy; and other clinical areas where AGPs are regularly performed

5. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session, dispose or decontaminate reusable items e.g. eye protection or respirator, after each patient contact as per Standard Infection Control Precautions (SICPs).

as per standard insection Control Precautions (siture).

A session refers to a period of three where a negativace worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for impatients. A session ends when the heathcare worker issues the care setting/exposure environment. Sessional use chould always be nick assessed and considered where there are nitrolly impatients causer. PPE chould be disposed of after each session or earlier if damaged, solled, or un 7. Rick assessed use refers to utilising PPE when there is an articipated/likely rick of contamination with optication, critically indice.

Patient use of PPE: In cohort words, communal waiting areas and during transportation, it is recommended that suspected or confirmed cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A surgical face mask should not be worn by patients if there is potential for their clinical care to be compromised (e.g., when receiving oxygen therapy).

Item 2 - The version of the document referred to in the guidance is no longer available at that link (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/877728/T1\_Recommended\_PPE\_for\_healthc are workers by secondary care clinical context poster.pdf), but can be obtained on The Internet Archive (https://web.archive.org/) and has

been reproduced as an image here.













# Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid- repellent coverall/ gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection¹
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case? (within 2 metres)	single use <sup>3</sup>	single use <sup>3</sup>	×	×	risk assess sessional use <sup>4,5</sup>	×	risk assess sessional use <sup>4,5</sup>
Any setting	Performing an aerosol generating procedure <sup>6</sup> on an individual that is not currently a possible or confirmed case <sup>6</sup>	single use <sup>3</sup>	×	single use <sup>3</sup>	×	×	single use <sup>3</sup>	single use <sup>3</sup>

#### Table 4

- This may be single or reusable face/eye protection/full face visor or googles.
- 2. A case is any individual meeting case definition for a possible or confirmed case: https://www.gov.uik/government/publications/wuhan-novel-coronavirus-initial-
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- 4. Rick assess refers to utilising PPE when there is an anticipated/likely rick of contamination with splashes, droplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are carring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single seasion.
- 5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/suppose environment e.g. on a word nount; providing ongoing care for inpatents. A session ender when the health care worker leakes the face setting/suppose environment sociational use should always be risk sesseed and consider the risk of infection to and from patients, received and care workers where COVID-19 is circulating in the community and nospitals. PPE should be disposed of after each session or earlier if damaged, coiled, or uncomfortable.
- 6. The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].





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Item 3 - The version of the document referred to in the guidance is no longer available at that link (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/877603/T4\_Additional\_considerations\_of\_C OVID-19\_poster.pdf), but the document can be obtained on The Internet Archive (https://web.archive.org/) and has been reproduced as an image here.

#### Item 4

(<u>https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings)</u> which was the original link is not now accessible. The text is reproduced below and the document can be obtained from the Internet Archive (<a href="https://web.archive.org/">https://web.archive.org/</a>).

"Healthcare workers (HCWs) are vital for the functioning of the health system to ensure that we can treat patients appropriately. In addition, managers have a high level of skill in assessing whether individual staff are developing symptoms that would require exclusion from work. HCWs themselves are educated about prevention of the nosocomial spread of disease. It is a well-established practice for individuals not to come to work with respiratory tract infections.

### 1. Staff exposures

HCWs who come into contact with a COVID-19 patient or a patient suspected of having COVID-19 while not wearing personal protective equipment (PPE) can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing.

HCWs should:

not attend work if they develop symptoms while at home (off-duty), and notify their line manager immediately self-isolate and immediately inform their line manager if symptoms develop while at work

If the HCW's symptoms do not get better after 7 days, or their condition gets worse, they should speak to their occupational health department or use the NHS 111 online coronavirus service. If they do not have internet access, call NHS 111. For a medical emergency dial 999.

The current recommended PPE that must be worn when caring for COVID-19 patients is described in the infection prevention and control guidance.

These are guiding principles and there may need to be an individual risk assessment based on staff circumstances, for example for those who are immunocompromised.

### 2. Staff return to work criteria

Symptomatic staff can return to work:

on day 8 after the onset of symptoms if clinical improvement has occurred and they have been afebrile (not feverish) for 2 days if a cough is the only persistent symptom on day 8, they can return to work (post-viral cough is known to persist for several weeks in some cases)

### 3. Patient exposures

In-patients who are known to have been exposed to a confirmed COVID-19 patient should be isolated or cohorted until their hospital admission ends, or until 14 days after last exposure.

If symptoms or signs consistent with COVID-19 occur in the 14 days after exposure then relevant diagnostic tests, including the COVID-19 test, should be performed.

On discharge, patients should be given written advice to stay at home and referred to the stay at home guidance if less than 14 days has elapsed since their exposure."

### Appendix 5: Comorbidity definitions

The following ICD-10 definitions were used to define each comorbidity (British National Formulary definitions are included in our public github repository).

CIDCIII	ATODX	DICOD	DEDC
CIRCUL	AIUKI	DISOR	ひたなる

Ischaemic heart disease I20-I25 Other heart disease I00-102

> I05-I09 I10-I15 I26-I28 I30-I52

Cerebrovascular Disease I60-I69

G45 = Transient cerebral ischaemic attacks

G46 = Vascular syndromes of brain in cerebrovascular

diseases

Other circulatory system

diseases

I70-I79 Diseases of arteries, arterioles and capillaries

I80-I89 Diseases of veins, lymphatic vessels and lymph nodes,

not elsewhere classified

195-199 Other and unspecified disorders of the circulatory

system

Z958 presence of vascular implants and grafts Z959 presence of vascular implants and grafts NOS

Neurological diseases except inflammatory

Epilepsy G40-G47 Episodic and paroxysmal disorders

Mono and

polyneuropathies

G50-G59 Nerve, nerve root and plexus disorders

G60-G64 Polyneuropathies and other disorders of the

peripheral nervous system

Other neurological

conditions

G10-G14 Systemic atrophies primarily affecting the central

nervous system

G20-G26 Extrapyramidal and movement disorders

G30-G32 Other degenerative diseases of the nervous system G35-G37 Demyelinating diseases of the central nervous

system

G70-G73 Diseases of myoneural junction and muscle G80-G83 Cerebral palsy and other paralytic syndromes

G90-G99 Other disorders of the nervous system

Respiratory diseases

Acute respiratory infections

J00-J06 Acute upper respiratory infections

J09-J18 Influenza and pneumonia

J20-J22 Other acute lower respiratory infections

Asthma J45 Asthma

### J46 Status asthmaticus

Other Chronic lower
respiratory disease

J40 Bronchitis, not specified as acute or chronic

J41 Simple and mucopurulent chronic bronchitis

J42 Unspecified chronic bronchitis

J43 Emphysema

J44 Other chronic obstructive pulmonary disease

J47 Bronchiectasis

J60-J70 Lung diseases due to external agents

J80-J84 Other respiratory diseases principally affecting

the interstitium

J85-J86 Suppurative and necrotic conditions of lower

respiratory tract

J90-J94 Other diseases of pleura

J95-J99 Other diseases of the respiratory system

G473 Sleep apnoea

### **Tuberculosis**

A15 Respiratory tuberculosis, bacteriologically and

histologically confirmed

A16 Respiratory tuberculosis, not confirmed bacteriologically

or histologically

A17 Tuberculosis of nervous system A18 Tuberculosis of other organs

A19 Miliary tuberculosis

### Connective tissue diseases

### Connective tissue disorder

M050 Felty syndrome

M051 Rheumatoid lung disease M052 Rheumatoid vasculitis

M053 Rheumatoid arthritis with involvement of other organs

and systems

M058 Other seropositive rheumatoid arthritis

M059 Seropositive rheumatoid arthritis, unspecified

M060 Seronegative rheumatoid arthritis

M063 Rheumatoid nodule

M069 Rheumatoid arthritis, unspecified M32 Systemic lupus erythematosus

M332 Polymyositis

M353 Polymyalgia rheumatica

M34 Systemic sclerosis

### Decompensated liver disease

C22.0 hepatocellular carcinoma

I85.0 Oesophageal varicesI98.3 Oesophageal varicesK70.4 Alcoholic hepatic failure

K72.0 Acute and subacute failure of the liver

K72.1 Chronic hepatic failure

K72.9 Hepatic coma

K76.7 hepatorenal syndrome

**R18** Ascites

Kidney disease

Advanced Chronic kidney N18.3 Chronic kidney disease stage 3

disease or RRT

N18.4 Chronic kidney disease stage 4 N18.5 Chronic kidney disease stage 5

Z490 Care involving dialysis Z491 Care involving dialysis Z492 Care involving dialysis Z940 Kidney transplant status Z992 Dependence on renal dialysis

Other chronic kidney

disease

N00-N08 Glomerular diseases

N10-N16 Renal Tubulo-interstitial disease N18.1 Chronic kidney disease stage 1 N18.2 Chronic kidney disease stage 2 N18.9 Chronic kidney disease unspecified

Diabetes

E10 Type 1 diabetes mellitus E11 Type 2 diabetes mellitus

E12 Malnutrition-related diabetes mellitus E13 Other specified diabetes mellitus E14 Unspecified diabetes mellitus

Malignant neoplasms C00-C97

Lung cancers C34 Malignant neoplasm of bronchus and lung

Blood cancers C81-C96 Malignant neoplasms, stated or presumed to be

primary, of lymphoid, haematopoietic and related tissue Everything else in C00-97 except c34 and C81-C96

Other cancers

Immunological disease

HIV B20 –B23 Human immunodeficiency virus [HIV] disease

Certain disorders involving the immune

system

Sickle cell disease

D80-D89 Certain disorders involving the immune system

SCD D57 Sickle-cell disorders

Cystic fibrosis E84 Cystic fibrosis

Organ transplantation other than kidney Organ transplantation Z941-Z949

# Supplementary table A: Baseline characteristics of healthcare workers in patient facing roles stratified by front door, intensive care, specialties exposed to aerosolized generating procedures and other

	Front door	ICU	AGP (non-ICU)	Other
Number, n (%)	49411	1348	4231	35743
Age, mean(sd)	42.87 (11.65)	41.49 (9.9)	41.19 (10.72)	44.07 (11.4)
Sex n(%)				
Female	40820 (82.6%)	593 (44%)	3396 (80.3%)	27637 (77.3%)
SIMD Quintile n(%)				
1 (least deprived)	7560 (15.3%)	33 (2.4%)	238 (5.6%)	4567 (12.8%)
2	9524 (19.3%)	71 (5.3%)	466 (11%)	6395 (17.9%)
3	9961 (20.2%)	143 (10.6%)	811 (19.2%)	7263 (20.3%)
4	11150 (22.6%)	365 (27.1%)	1152 (27.2%)	8460 (23.7%)
5 (most deprived)	11216 (22.7%)	736 (54.6%)	1564 (37%)	9058 (25.3%)
Ethnic group, n(%)				
White	47775 (96.7%)	1200 (89%)	4064 (96.1%)	34283 (95.9%)
South Asian	1064 (2.2%)	121 (9%)	128 (3%)	1039 (2.9%)
Black	251 (0.5%)	7 (0.5%)	5 (0.1%)	174 (0.5%)
Chinese	160 (0.3%)	13 (1%)	18 (0.4%)	116 (0.3%)
Other	161 (0.3%)	7 (0.5%)	16 (0.4%)	131 (0.4%)
Comorbidity, n(%)				
Ischaemic heart disease	435 (6.7%)	7 (5.9%)	18 (5.4%)	355 (7.7%)
Other heart disease	1164 (17.9%)	25 (21%)	59 (17.7%)	812 (17.5%)
Other circulatory system diseases	828 (12.8%)	17 (14.3%)	32 (9.6%)	493 (10.6%)
Advanced chronic kidney disease	27 (0.4%)	1 (0.8%)	2 (0.6%)	20 (0.4%)
Asthma and chronic lower respiratory disease	1103 (17%)	20 (16.8%)	36 (10.8%)	714 (15.4%)
Neurological disorders	221 (3.4%)	7 (5.9%)	17 (5.1%)	144 (3.1%)
Decompensated liver disease	29 (0.4%)	0 (0%)	0 (0%)	25 (0.5%)
Malignant Neoplasms	1662 (25.6%)	40 (33.6%)	125 (37.4%)	1243 (26.8%)
Disorders of esophagus, stomach and duodenum	1259 (19.4%)	20 (16.8%)	47 (14.1%)	834 (18%)
Diabetes, type 1	337 (5.2%)	5 (4.2%)	29 (8.7%)	233 (5%)
Diabetes, type 2	960 (14.8%)	11 (9.2%)	27 (8.1%)	849 (18.3%)
Diabetes (type unknown)	74 (0.1%)	0 (0%)	1 (0%)	71 (0.2%)
Comorbidity count, n(%)				
0	42923 (86.9%)	1229 (91.2%)	3897 (92.1%)	31106 (87%)
1	5216 (10.6%)	99 (7.3%)	287 (6.8%)	3750 (10.5%)
>= 2	1272 (2.6%)	20 (1.5%)	47 (1.1%)	887 (2.5%)
Immigration Status, n(%)				

UK National	44130 (89.3%)	1306 (96.9%)	4214 (99.6%)	35482 (99.3%)
Non UK National	277 (0.6%)	42 (3.1%)	17 (0.4%)	261 (0.7%)
Whole or Part Time, n(%)				
Whole time	25376 (51.4%)	1218 (90.4%)	2227 (52.6%)	22360 (62.6%)
Part time	19031 (38.5%)	130 (9.6%)	2004 (47.4%)	13383 (37.4%)

Abbreviation: SIMD – Scottish Index of Multiple Deprivation; AGP – Aerosolised generating procedure, Immigration status and whole or part time status are not included in the GPCD database hence the percentages do not sum to 100% for these variables.

### Supplementary table B: Model coefficients for healthcare workers

These tables show the complete set of regression models run as part of these analyses including sensitivity analyses. They are available in comma-separated (CSV) file formats in our public github repository (https://github.com/ChronicDiseaseEpi/hcw).

These coefficients and confidence intervals are provided in the interests of transparency to allow readers to judge the models presented and to view the additional models fitted as part of the wider analyses. Many of these models include sensitivity analyses, and so included groups with smaller numbers and/or included interaction terms. Therefore, the results presented in these tables should be interpreted with considerable caution. They should be examined alongside the R code used to fit the models (https://github.com/ChronicDiseaseEpi/hcw).

ps - penalised spline

### Cox models

Model	Parameters	Estimate and 95% Confidence interval
agesex	ps(age10)3	0.80 (0.47-1.35)
agesex	ps(age10)4	0.64 (0.22-1.83)
agesex	ps(age10)5	0.54 (0.12-2.52)
agesex	ps(age10)6	0.60 (0.10-3.59)
agesex	ps(age10)7	0.85 (0.14-5.31)
agesex	ps(age10)8	1.35 (0.23-7.99)
agesex	ps(age10)9	1.78 (0.32-10.11)
agesex	ps(age10)10	1.97 (0.35-11.02)
agesex	ps(age10)11	2.32 (0.41-13.03)
agesex	ps(age10)12	2.60 (0.46-14.68)
agesex	ps(age10)13	2.88 (0.49-16.98)
agesex	ps(age10)14	3.19 (0.48-21.25)
agesex	male	1.59 (1.22-2.08)
agesex	rolepf_any	3.31 (2.13-5.13)
agesex	roleundetermined	1.64 (0.99-2.72)
ethnicsimd	ps(age10)3	0.82 (0.49-1.37)
ethnicsimd	ps(age10)4	0.66 (0.23-1.88)
ethnicsimd	ps(age10)5	0.57 (0.12-2.62)
ethnicsimd	ps(age10)6	0.64 (0.11-3.77)
ethnicsimd	ps(age10)7	0.92 (0.15-5.63)
ethnicsimd	ps(age10)8	1.46 (0.25-8.51)
ethnicsimd	ps(age10)9	1.92 (0.34-10.69)
ethnicsimd	ps(age10)10	2.09 (0.38-11.50)
ethnicsimd	ps(age10)11	2.42 (0.44-13.41)
ethnicsimd	ps(age10)12	2.64 (0.47-14.72)

ethnicsimd	ps(age10)13	2.84 (0.49-16.50)
ethnicsimd	ps(age10)14	3.03 (0.46-20.01)
ethnicsimd	male	1.64 (1.25-2.14)
ethnicsimd	rolepf_any	3.29 (2.12-5.10)
ethnicsimd	roleundetermined	1.54 (0.93-2.57)
ethnicsimd	white	1.13 (0.53-2.41)
ethnicsimd	simd	0.81 (0.73-0.88)
como	ps(age10)3	0.81 (0.48-1.36)
como	ps(age10)4	0.66 (0.23-1.86)
como	ps(age10)5	0.56 (0.12-2.59)
	ps(age10)6	0.63 (0.11-3.70)
como	ps(age10)7	0.90 (0.15-5.49)
como	ps(age10)8	1.40 (0.24-8.18)
como	ps(age10)9	1.80 (0.32-10.05)
	1	1.91 (0.35-10.51)
como	ps(age10)10 ps(age10)11	1.91 (0.35-10.31) 2.14 (0.39-11.89)
como	ps(age10)11 ps(age10)12	2.14 (0.39-11.09)
como	ps(age10)12 ps(age10)13	2.25 (0.40-12.38) 2.31 (0.39-13.50)
como	ps(age10)13 ps(age10)14	2.31 (0.39-13.30)
como	1	,
como	male	1.56 (1.19-2.04)
como	rolepf_any	3.30 (2.13-5.13)
como	roleundetermined	1.55 (0.93-2.59)
como	white	1.21 (0.57-2.60)
como	simd	0.82 (0.75-0.90)
como	como_count	1.23 (1.03-1.46)
como	t2dm	2.08 (1.23-3.52)
ethnicalone	ps(age10)3	0.82 (0.50-1.34)
ethnicalone	ps(age10)4	0.67 (0.25-1.80)
ethnicalone	ps(age10)5	0.57 (0.13-2.44)
ethnicalone	ps(age10)6	0.62 (0.11-3.40)
ethnicalone	ps(age10)7	0.86 (0.15-4.91)
ethnicalone	ps(age10)8	1.33 (0.24-7.24)
ethnicalone	ps(age10)9	1.74 (0.33-9.08)
ethnicalone	ps(age10)10	1.91 (0.37-9.85)
ethnicalone	ps(age10)11	2.20 (0.42-11.38)
ethnicalone	ps(age10)12	2.34 (0.45-12.19)
ethnicalone	ps(age10)13	2.44 (0.45-13.27)
ethnicalone	ps(age10)14	2.53 (0.41-15.64)
ethnicalone	male	1.61 (1.23-2.11)
ethnicalone	white	1.12 (0.53-2.39)
occupation	ps(age10)3	0.81 (0.48-1.36)
occupation	ps(age10)4	0.66 (0.23-1.86)
occupation	ps(age10)5	0.56 (0.12-2.58)
occupation	ps(age10)6	0.62 (0.11-3.69)
occupation	ps(age10)7	0.89 (0.15-5.47)

occupation	ps(age10)8	1.40 (0.24-8.16)	
occupation	ps(age10)9	1.79 (0.32-10.03)	
occupation	ps(age10)10	1.90 (0.34-10.48)	
occupation	ps(age10)11	2.13 (0.38-11.88)	
occupation	ps(age10)12	2.25 (0.40-12.61)	
occupation	ps(age10)13	2.32 (0.40-13.57)	
occupation	ps(age10)14	2.37 (0.36-15.80)	
occupation	male	1.59 (1.21-2.09)	
occupation	rolepf_any	3.00 (1.68-5.36)	
occupation	roleundetermined	1.53 (0.91-2.56)	
occupation	white	1.23 (0.57-2.62)	
occupation	simd	0.82 (0.74-0.90)	
occupation	como_count	1.23 (1.03-1.46)	
occupation	t2dm	2.09 (1.23-3.53)	
occupation	nurs_med_ahp	1.12 (0.72-1.73)	
parttime	ps(age10)3	0.83 (0.49-1.42)	
parttime	ps(age10)4	0.69 (0.24-2.01)	
parttime	ps(age10)5	0.61 (0.13-2.90)	
parttime	ps(age10)6	0.71 (0.12-4.30)	
parttime	ps(age10)7	1.03 (0.16-6.53)	
parttime	ps(age10)8	1.62 (0.27-9.74)	
parttime	ps(age10)9	2.06 (0.36-11.80)	
parttime	ps(age10)10	2.16 (0.38-12.23)	
parttime	ps(age10)11	2.45 (0.43-13.99)	
parttime	ps(age10)12	2.64 (0.46-15.17)	
parttime	ps(age10)13	2.78 (0.46-16.79)	
parttime	ps(age10)14	2.90 (0.42-20.12)	
parttime	male	1.47 (1.10-1.96)	
parttime	rolepf_any	3.06 (1.73-5.43)	
parttime	roleundetermined	1.60 (0.96-2.69)	
parttime	white	1.21 (0.57-2.59)	
parttime	simd	0.83 (0.75-0.91)	
parttime	como_count	1.23 (1.03-1.46)	
parttime	t2dm	2.05 (1.21-3.46)	
parttime	nurs_med_ahp	1.13 (0.74-1.74)	
parttime	part_timep	0.75 (0.56-1.00)	
parttime	part_timegeneral practice	0.44 (0.16-1.18)	
gradeafc	ps(age10)3	0.75 (0.45-1.27)	
gradeafc	ps(age10)4	0.56 (0.20-1.61)	
gradeafc	ps(age10)5	0.45 (0.10-2.08)	
gradeafc	ps(age10)6	0.47 (0.08-2.86)	
gradeafc	ps(age10)7	0.65 (0.10-4.13)	
gradeafc	ps(age10)8	1.04 (0.17-6.26)	
gradeafc	ps(age10)9	1.43 (0.25-8.13)	
gradeafc	ps(age10)10	1.61 (0.29-8.97)	

gradeafc	ps(age10)11	1.84 (0.33-10.35)	
gradeafc	ps(age10)12	1.97 (0.35-11.11)	
gradeafc	ps(age10)13	2.09 (0.35-12.48)	
gradeafc	ps(age10)14	2.23 (0.32-15.44)	
gradeafc	male	1.32 (0.96-1.82)	
gradeafc	rolepf_any	2.94 (1.59-5.45)	
gradeafc	roleundetermined	1.66 (0.99-2.79)	
gradeafc	white	1.30 (0.41-4.09)	
gradeafc	simd	0.80 (0.72-0.90)	
gradeafc	como_count	1.26 (1.06-1.50)	
gradeafc	t2dm	2.00 (1.18-3.42)	
gradeafc	nurs_med_ahp	1.12 (0.71-1.78)	
gradeafc	part_timep	0.67 (0.50-0.91)	
gradeafc	part_timegeneral practice		
gradeafc	grade5-7	1.03 (0.75-1.41)	
gradeafc	grade8+	1.18 (0.53-2.62)	
grademed	ps(age)3	3.42 (2.23-5.24)	
grademed	ps(age)4	11.62 (4.94-27.37)	
grademed	ps(age)5	31.68 (7.92-126.70)	
grademed	ps(age)6	66.57 (7.79-568.67)	
grademed	ps(age)7	134.16 (12.32-1460.40)	
grademed	ps(age)8	172.11 (18.98-1560.42)	
grademed	ps(age)9	121.55 (13.98-1056.54)	
grademed	ps(age)10	70.52 (7.57-656.66)	
grademed	ps(age)11	56.89 (5.42-597.19)	
grademed	ps(age)12	61.05 (4.25-876.14)	
grademed	ps(age)13	70.34 (2.37-2088.26)	
grademed	ps(age)14	78.64 (1.05-5874.62)	
grademed	male	2.58 (1.06-6.29)	
grademed	simd	1.07 (0.68-1.68)	
grademed	gradespecialty_assoc_spec	0.83 (0.11-6.47)	
grademed	gradetraining_grade	2.02 (0.71-5.77)	
pt	ps(age10)3	0.83 (0.49-1.42)	
pt	ps(age10)4	0.69 (0.24-2.01)	
pt	ps(age10)5	0.61 (0.13-2.90)	
pt	ps(age10)6	0.71 (0.12-4.30)	
pt	ps(age10)7	1.03 (0.16-6.53)	
pt	ps(age10)8	1.62 (0.27-9.74)	
pt	ps(age10)9	2.06 (0.36-11.80)	
pt	ps(age10)10	2.16 (0.38-12.23)	
pt	ps(age10)11	2.45 (0.43-13.99)	
pt	ps(age10)12	2.64 (0.46-15.17)	
pt	ps(age10)13	2.78 (0.46-16.79)	
pt	ps(age10)14	2.90 (0.42-20.12)	
pt	male	1.47 (1.10-1.96)	

pt	rolepf_any	3.06 (1.73-5.43)
pt	roleundetermined	1.60 (0.96-2.69)
pt	white	1.21 (0.57-2.59)
pt	simd	0.83 (0.75-0.91)
pt	como_count	1.23 (1.03-1.46)
pt	t2dm	2.05 (1.21-3.46)
pt	nurs_med_ahp	1.13 (0.74-1.74)
pt	part_timep	0.75 (0.56-1.00)
pt	part_timegeneral practice	0.44 (0.16-1.18)
immigration	ps(age10)3	0.82 (0.49-1.40)
immigration	ps(age10)4	0.68 (0.23-1.95)
immigration	ps(age10)5	0.59 (0.12-2.77)
immigration	ps(age10)6	0.66 (0.11-4.02)
immigration	ps(age10)7	0.94 (0.15-5.90)
immigration	ps(age10)8	1.49 (0.25-8.87)
immigration	ps(age10)9	1.96 (0.35-11.14)
immigration	ps(age10)10	2.10 (0.37-11.75)
immigration	ps(age10)11	2.38 (0.42-13.39)
immigration	ps(age10)12	2.55 (0.45-14.49)
immigration	ps(age10)13	2.69 (0.45-16.09)
immigration	ps(age10)14	2.82 (0.41-19.36)
immigration	male	1.42 (1.06-1.91)
immigration	rolepf_any	3.09 (1.74-5.48)
immigration	roleundetermined	1.60 (0.96-2.69)
immigration	simd	0.82 (0.74-0.90)
immigration	como_count	1.24 (1.04-1.47)
immigration	t2dm	2.00 (1.18-3.37)
immigration	nurs_med_ahp	1.11 (0.72-1.71)
immigration	part_timep	0.74 (0.56-1.00)
immigration	part_timegeneral practice	
immigration	immigration	2.27 (0.73-7.11)
ageroleinter	ps(age10)3	0.88 (0.51-1.50)
ageroleinter	ps(age10)4	0.77 (0.26-2.25)
ageroleinter	ps(age10)5	0.72 (0.15-3.44)
ageroleinter	ps(age10)6	0.88 (0.14-5.46)
ageroleinter	ps(age10)7	1.37 (0.21-9.10)
ageroleinter	ps(age10)8	2.27 (0.34-15.20)
ageroleinter	ps(age10)9	3.04 (0.45-20.57)
ageroleinter	ps(age10)10	3.35 (0.47-23.79)
ageroleinter	ps(age10)11	3.98 (0.52-30.32)
ageroleinter	ps(age10)12	4.45 (0.55-36.15)
ageroleinter	ps(age10)13	4.81 (0.53-43.73)
ageroleinter	ps(age10)14	5.18 (0.47-56.64)
ageroleinter	male	1.48 (1.11-1.98)
ageroleinter	rolepf_any	8.34 (0.65-107.64)

ageroleinter	roleundetermined	2.10 (0.11-40.94)	
ageroleinter	white	1.21 (0.57-2.59)	
ageroleinter	simd	0.83 (0.75-0.91)	
ageroleinter	como_count	1.23 (1.03-1.46)	
ageroleinter	t2dm	2.04 (1.21-3.46)	
ageroleinter	nurs_med_ahp	1.13 (0.74-1.74)	
ageroleinter	part_timep	0.75 (0.56-1.00)	
ageroleinter	part_timegeneral practice	0.44 (0.16-1.17)	
ageroleinter	rolenpf:age10	1.05 (0.60-1.86)	
ageroleinter	rolepf_any:age10	0.87 (0.61-1.23)	
ageroleinter	roleundetermined:age10		
sexroleinter	ps(age10)3	0.84 (0.49-1.42)	
sexroleinter	ps(age10)4	0.70 (0.24-2.02)	
sexroleinter	ps(age10)5	0.62 (0.13-2.93)	
sexroleinter	ps(age10)6	0.72 (0.12-4.37)	
sexroleinter	ps(age10)7	1.06 (0.17-6.64)	
sexroleinter	ps(age10)8	1.66 (0.28-9.91)	
sexroleinter	ps(age10)9	2.10 (0.37-12.02)	
sexroleinter	ps(age10)10	2.21 (0.39-12.46)	
sexroleinter	ps(age10)11	2.51 (0.44-14.23)	
sexroleinter	ps(age10)12	2.69 (0.47-15.36)	
sexroleinter	ps(age10)13	2.81 (0.47-16.96)	
sexroleinter	ps(age10)14	2.94 (0.43-20.28)	
sexroleinter	male	1.13 (0.42-3.05)	
sexroleinter	rolepf_any	2.96 (1.55-5.66)	
sexroleinter	roleundetermined	1.17 (0.61-2.26)	
sexroleinter	white	1.20 (0.56-2.55)	
sexroleinter	simd	0.83 (0.75-0.91)	
sexroleinter	como_count	1.23 (1.03-1.46)	
sexroleinter	t2dm	2.04 (1.21-3.46)	
sexroleinter	nurs_med_ahp	1.14 (0.72-1.79)	
sexroleinter	part_timep	0.75 (0.57-1.01)	
sexroleinter	part_timegeneral practice	0.45 (0.17-1.21)	
sexroleinter	male:rolepf_any	1.17 (0.41-3.34)	
sexroleinter	male:roleundetermined	2.28 (0.70-7.47)	
sexrolemale	ps(age10)3	2.85 (1.81-4.49)	
sexrolemale	ps(age10)4	8.13 (3.28-20.14)	
sexrolemale	ps(age10)5	22.86 (5.76-90.68)	
sexrolemale	ps(age10)6	56.08 (7.76-405.18)	
sexrolemale	ps(age10)7	118.86 (10.20-1384.81)	
sexrolemale	ps(age10)8	218.31 (16.95-2811.59)	
sexrolemale	ps(age10)9	255.84 (22.29-2937.00)	
sexrolemale	ps(age10)10	202.06 (19.18-2128.91)	
sexrolemale	ps(age10)11	207.21 (19.74-2175.31)	
sexrolemale	ps(age10)12	250.44 (23.72-2643.78)	

subrole	role_subpf_front	2.09 (1.49-2.94)
subrole	role_subpf_resp_oro_agp	1.91 (0.90-4.07)
subrole	role_subpf_icu	1.22 (0.29-5.09)
subrole white 0.96 (0.44-2.06)		0.96 (0.44-2.06)
subrole	simd	0.86 (0.77-0.96)
subrole	como_count	1.22 (0.96-1.55)
subrole	t2dm	2.25 (1.23-4.12)
subrole	nurs_med_ahp	1.08 (0.57-2.03)
subrole	part_timep	0.69 (0.50-0.97)
subrole	part_timegeneral practice	0.31 (0.11-0.87)

Conditional logistic regression models

Model	Parameters	Estimate and 95% confidence interval
agesex	rolepopulation	0.92 (0.59-1.42)
ethnicsimd	rolepopulation	0.90 (0.58-1.40)
ethnicsimd	white	1.47 (0.86-2.50)
ethnicsimd	simd	0.87 (0.83-0.91)
como	rolepopulation	0.81 (0.52-1.26)
como	white	1.70 (1.00-2.92)
como	simd	0.91 (0.87-0.95)
como	como_count	1.76 (1.68-1.84)

# Supplementary table C: Risk of COVID-19 hospitalization within healthcare workers comparing occupational role (nursing and midwifery occupational role as the referent)

	Nursing and midwifery	Medical, other	Medical, general practice	Allied health professional	Support services	Administrative services	Other
Hospitalized (n)	125	20	4	27	30	19	18
Total population (n)	64560	11513	5004	14046	16661	28532	18129
Risk (%)	0.19	0.17	0.08	0.19	0.18	0.07	0.1
Model 1, Age, sex and role	1	0.93 (0.57-1.52)	0.37 (0.14-0.99)	1.05 (0.69-1.59)	1.28 (0.78-2.09)	0.76 (0.25-2.30)	0.88 (0.49-1.58)
Model 2, as model 1 plus socioeconomic deprivation and ethnicity	1	1.28 (0.76-2.17)	0.49 (0.18-1.32)	1.18 (0.78-1.81)	1.06 (0.64-1.75)	0.71 (0.23-2.15)	0.89 (0.50-1.61)
Model 3, as model 2, plus comorbidity	1	1.34 (0.79-2.26)	0.53 (0.20-1.40)	1.22 (0.80-1.86)	1.03 (0.62-1.71)	0.70 (0.23-2.12)	0.90 (0.50-1.62)
Model 4, as model 4 plus part time status	1	1.31 (0.77-2.21)	0.48 (0.18-1.28)	1.23 (0.80-1.87)	1.07 (0.65-1.76)	0.69 (0.23-2.08)	0.87 (0.48-1.55)

### Supplementary table D: Model coefficients for household members

These tables show the complete set of regression models run as part of these analyses including sensitivity analyses. They are available in comma-separated (CSV) file formats in our public github repository (https://github.com/ChronicDiseaseEpi/hcw). They should be interpreted with the same caveats noted in Supplementary table 2

### Cox models

Cox models		
Model	Parameters	Estimate and 95% confidence interval
agesex	ps(age10)3	1.02 (0.37-2.82)
agesex	ps(age10)4	1.13 (0.17-7.70)
agesex	ps(age10)5	1.60 (0.14-18.16)
agesex	ps(age10)6	3.15 (0.24-40.75)
agesex	ps(age10)7	8.41 (0.68-103.66)
agesex	ps(age10)8	21.21 (1.84-245.13)
agesex	ps(age10)9	33.21 (2.92-378.18)
agesex	ps(age10)10	33.08 (2.88-380.55)
agesex	ps(age10)11	37.48 (3.17-442.90)
agesex	ps(age10)12	46.35 (3.62-593.22)
agesex	ps(age10)13	51.36 (3.55-742.60)
agesex	ps(age10)14	55.87 (3.25-959.51)
agesex	male	2.06 (1.35-3.13)
agesex	rolepf_any	1.81 (1.11-2.94)
agesex	roleundetermined	1.68 (0.95-2.95)
agesex_kids	ps(age10)3	0.02 (0.00-0.08)
agesex_kids	ps(age10)4	0.00 (0.00-0.01)
agesex_kids	ps(age10)5	0.00 (0.00-0.00)
agesex_kids	ps(age10)6	0.00 (0.00-0.00)
agesex_kids	ps(age10)7	0.00 (0.00-0.00)
agesex_kids	ps(age10)8	0.00 (0.00-0.03)
agesex_kids	ps(age10)9	0.01 (0.00-0.21)
agesex_kids	ps(age10)10	0.00 (0.00-0.10)
agesex_kids	ps(age10)11	0.00 (0.00-0.14)
agesex_kids	ps(age10)12	0.00 (0.00-0.06)
agesex_kids	ps(age10)13	0.00 (0.00-0.01)
agesex_kids	ps(age10)14	0.00 (0.00-0.00)
agesex_kids	male	3.80 (0.44-32.73)
agesex_kids	rolepf_any	0.36 (0.06-2.15)
agesex_kids	roleundetermined	NA (NA-NA)
agesex_gt65	ps(age10)3	2.07 (0.58-7.43)
agesex_gt65	ps(age10)4	4.04 (0.38-43.41)
agesex_gt65	ps(age10)5	4.35 (0.32-59.32)
agesex_gt65	ps(age10)6	4.03 (0.34-47.78)
agesex_gt65	ps(age10)7	4.66 (0.41-52.47)
agesex_gt65	ps(age10)8	5.36 (0.53-54.04)
agesex_gt65	ps(age10)9	9.44 (0.85-105.32)
agesex_gt65	ps(age10)10	12.17 (0.99-149.71)
agesex_gt65	ps(age10)11	6.66 (0.54-82.38)
agesex_gt65	ps(age10)12	2.24 (0.20-25.69)
agesex_gt65	ps(age10)13	0.69 (0.06-8.00)
agesex_gt65	ps(age10)14	0.21 (0.02-2.79)
agesex_gt65	male	1.60 (0.62-4.13)
	1	/

agasay at65	rolanf any	1.81 (0.54-6.06)	
agesex_gt65	rolepf_any roleundetermined	,	
agesex_gt65 ethnicsimd	ps(age10)3	1.42 (0.33-6.17) 1.01 (0.37-2.81)	
	1 . U		
ethnicsimd	ps(age10)4	1.11 (0.16-7.64)	
ethnicsimd ethnicsimd	ps(age10)5	1.57 (0.14-17.92)	
	ps(age10)6	3.08 (0.24-40.15)	
ethnicsimd	ps(age10)7	8.26 (0.66-102.59)	
ethnicsimd	ps(age10)8	20.93 (1.80-243.80)	
ethnicsimd	ps(age10)9	32.66 (2.84-375.31)	
ethnicsimd	ps(age10)10	32.15 (2.77-373.40)	
ethnicsimd	ps(age10)11	36.07 (3.02-430.53)	
ethnicsimd	ps(age10)12	44.39 (3.43-575.25)	
ethnicsimd	ps(age10)13	49.07 (3.34-720.75)	
ethnicsimd	ps(age10)14	53.27 (3.04-932.66)	
ethnicsimd	male	2.07 (1.36-3.15)	
ethnicsimd	rolepf_any	1.79 (1.10-2.92)	
ethnicsimd	roleundetermined	1.63 (0.93-2.87)	
ethnicsimd	white	0.80 (0.36-1.81)	
ethnicsimd	simd	0.92 (0.81-1.04)	
ethnicalone	ps(age10)3	1.01 (0.37-2.81)	
ethnicalone	ps(age10)4	1.11 (0.16-7.65)	
ethnicalone	ps(age10)5	1.57 (0.14-18.01)	
ethnicalone	ps(age10)6	3.09 (0.24-40.37)	
ethnicalone	ps(age10)7	8.22 (0.66-102.20)	
ethnicalone	ps(age10)8	20.60 (1.77-240.07)	
ethnicalone	ps(age10)9	31.99 (2.79-367.45)	
ethnicalone	ps(age10)10	31.51 (2.72-365.04)	
ethnicalone	ps(age10)11	35.56 (2.99-422.36)	
ethnicalone	ps(age10)12	44.20 (3.43-569.03)	
ethnicalone	ps(age10)13	49.42 (3.39-721.22)	
ethnicalone	ps(age10)14	54.26 (3.11-945.06)	
ethnicalone	male	2.04 (1.34-3.10)	
ethnicalone	white	0.80 (0.35-1.80)	
como	ps(age10)3	1.01 (0.36-2.85)	
como	ps(age10)4	1.11 (0.16-7.84)	
como	ps(age10)5	1.57 (0.13-18.49)	
como	ps(age10)6	3.08 (0.23-40.97)	
como	ps(age10)7	7.95 (0.63-100.17)	
como	ps(age10)8	18.08 (1.53-213.67)	
como	ps(age10)9	22.66 (1.94-265.42)	
como	ps(age10)10	17.51 (1.48-207.79)	
como	ps(age10)11	18.11 (1.48-221.04)	
como	ps(age10)12	24.75 (1.82-336.12)	
como	ps(age10)13	32.79 (2.00-536.27)	
como	ps(age10)14	42.88 (2.02-908.35)	
como	male	1.94 (1.27-2.96)	
como	rolepf_any	1.78 (1.10-2.90)	
como	roleundetermined	1.60 (0.91-2.82)	
como	white	0.92 (0.41-2.07)	
como	simd	0.97 (0.85-1.09)	
como	como_count	1.60 (1.27-2.01)	
como	heart_other_any1	0.60 (0.30-1.21)	
como	t2dm	2.02 (1.22-3.37)	
		( 0.01)	

como	unkdm	4.84 (1.46-16.00)
como	ckd_any1	4.39 (1.40-13.77)
como	oad_any1	1.13 (0.52-2.46)
occupation	ps(age10)3	0.99 (0.35-2.80)
occupation	ps(age10)4	1.06 (0.15-7.59)
occupation	ps(age10)5	1.48 (0.12-17.76)
occupation	ps(age10)6	2.91 (0.21-39.81)
occupation	ps(age10)7	7.57 (0.58-98.17)
occupation	ps(age10)8	16.78 (1.38-203.81)
occupation	ps(age10)9	20.55 (1.71-247.11)
occupation	ps(age10)10	16.10 (1.32-196.25)
occupation	ps(age10)11	17.20 (1.37-215.39)
occupation	ps(age10)12	24.43 (1.76-339.99)
occupation	ps(age10)13	33.70 (2.01-564.21)
occupation	ps(age10)14	45.90 (2.12-994.59)
occupation	male	1.90 (1.25-2.88)
occupation	rolepf_any	1.60 (0.53-4.82)
occupation	roleundetermined	1.13 (0.36-3.53)
occupation	white	0.72 (0.32-1.64)
occupation	simd	1.03 (0.90-1.16)
occupation	como_count	1.60 (1.27-2.01)
occupation	heart_other_any1	0.60 (0.30-1.20)
occupation	t2dm	1.96 (1.17-3.27)
occupation	unkdm	4.81 (1.45-15.93)
occupation	ckd_any1	4.37 (1.40-13.71)
occupation	oad_any1	1.12 (0.52-2.42)
occupation	job_family_grpallied heal	2.03 (0.62-6.63)
occupation	job_family_grpadministrat	2.54 (0.57-11.34)
occupation	job_family_grpOther	2.92 (0.84-10.11)
occupation	job_family_grpoursing	3.39 (1.23-9.32)
occupation	and	3.37 (1.23-7.32)
occupation	job family grpsupport ser	5.00 (1.47-17.04)
pt	ps(age10)3	0.96 (0.34-2.72)
pt	ps(age10)4	1.00 (0.14-7.14)
pt	ps(age10)5	1.37 (0.11-16.29)
pt	ps(age10)6	2.67 (0.20-36.31)
pt	ps(age10)7	6.97 (0.54-90.07)
pt	ps(age10)8	15.30 (1.27-184.98)
pt	ps(age10)9	18.66 (1.56-223.73)
pt	ps(age10)10	14.65 (1.20-178.20)
pt	ps(age10)11	15.67 (1.25-195.84)
pt	ps(age10)12	22.47 (1.61-313.17)
pt	ps(age10)13	31.39 (1.86-530.86)
pt	ps(age10)14	43.29 (1.96-958.58)
pt	male	2.02 (1.33-3.07)
pt	rolepf_any	1.60 (0.53-4.76)
pt	roleundetermined	1.19 (0.39-3.66)
pt	white	0.74 (0.33-1.69)
pt	simd	1.03 (0.91-1.17)
pt	como_count	1.59 (1.26-2.01)
pt	heart_other_any1	0.60 (0.30-1.20)
pt	t2dm	1.96 (1.18-3.28)
pt	unkdm	4.79 (1.45-15.85)
Γ'	william	117 (1.10 10.00)

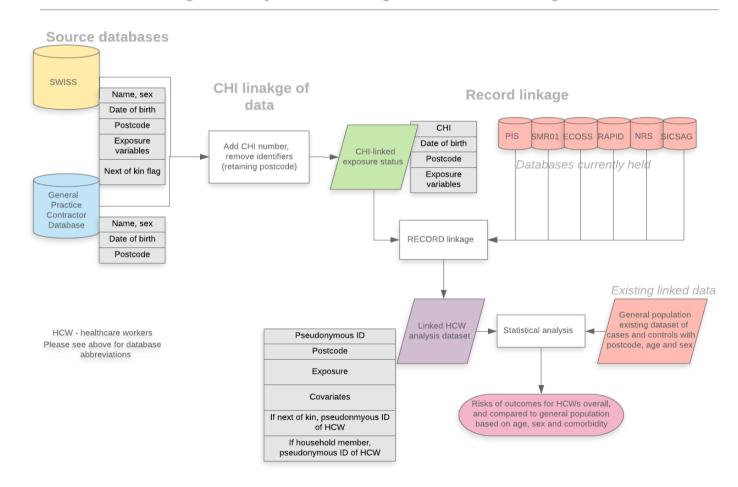
pt	ckd_any1	4.44 (1.40-14.04)
pt	oad_any1	1.12 (0.51-2.43)
pt	job_family_grpallied heal	1.87 (0.50-6.98)
pt	job_family_grpadministrat	2.31 (0.48-11.07)
pt	job_family_grpOther	2.48 (0.65-9.48)
pt	job_family_grpnursing	3.11 (0.97-9.96)
	and	
pt	job_family_grpsupport ser	4.75 (1.27-17.76)
pt	part_timep	0.70 (0.49-1.01)
pt	part_timegeneral practice	0.55 (0.06-5.39)

Conditional logistic regression models

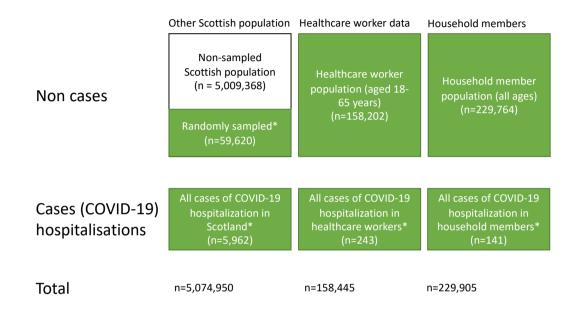
Contained to Since 103. Contained to Contain			
Model	Parameters	Estimate and 95% Confidence Interval	
agesex	rolepopulation	0.87 (0.50-1.49)	
ethnicsimd	rolepopulation	0.83 (0.48-1.43)	
ethnicsimd	white	1.49 (0.88-2.54)	
ethnicsimd	simd	0.87 (0.84-0.91)	
como	rolepopulation	0.86 (0.49-1.51)	
como	white	1.74 (1.02-2.98)	
como	simd	0.92 (0.88-0.96)	
como	como_count	1.76 (1.68-1.84)	
wa	hhold_wa	2.23 (1.78-2.79)	
modkids	rolepopulation	0.10 (0.01-1.60)	
modolder	rolepopulation	1.99 (0.62-6.41)	

### Supplementary figure A

### Overview of linkage and analysis for examining risk of COVID-19 among Healthcare workers



### Supplementary figure B



#### **Explanatory notes**

- Age, sex and Scottish index of multiple deprivation, and outcome data was available for all Scottish residents. Additional covariate information was available for those Scottish residents indicated in the green boxes.
- The total Scottish population, based on 2019 mid-year estimates was 5,463,300.
- The total number of cases in the Scottish population was 6,346
- \*this population forms part of the REACT-COVID-19 nested case control study. As such clinical
  information was available on all COVID-19 hospitalizations in Scotland including those in healthcare
  workers and their households as well as a random sample of controls.