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Predictors of disease duration and symptom course of outpatients with acute COVID-19: a retrospective cohort study

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Title: Predictors of disease duration and symptom course of outpatients with acute covid-19: a retrospective cohort study

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ABSTRACT

Objective: Describe the disease course in a cohort of outpatients with covid-19 and evaluate factors predicting duration of symptoms

Design: Retrospective cohort study

Setting: Telemedicine clinic at a large medical system in Atlanta, Georgia

Participants: 273 patients with COVID-19. Exclusion criteria included: (1) intake more than 10 days after symptom onset, (2) hospitalization for covid-19, (3) symptoms at less than two visits.

Main outcome measures: Symptom duration in days

Results: Common symptoms at diagnosis are upper respiratory (64% cough, 53% loss of smell or taste, 50% sinus congestion, 22% sore throat), systemic (50% headache, 48% body aches, 36% chills, 22% dizziness, 18% fever). The most frequent remaining symptoms at 30 days were cough (7%), loss of smell or taste (5%), body aches (5%), nasal congestion (5%), shortness of breath with exertion (5%), and joint pain (5%). Day of symptom onset was earliest for upper respiratory symptoms (mean 1.26 days, 95% confidence interval 1.15 to 1.4), followed by systemic symptoms (1.54, 1.39 to 1.7), with later onset of lower respiratory (2.86, 2.54 to 3.22) and gastrointestinal symptoms (3.46, 3.07 to 3.89), when present. Cough had the longest duration when present with 12.2 days (10.9 to 13.6). Loss of smell or taste had the second longest duration with 11.0 days (9.9 to 12.2). Provider-Assessed Symptom Severity (PASS) is the best predictor of symptom duration (P <0.005 for multiple symptoms) and patients with "Moderate" PASS compared to "Mild" at their intake visit have higher rates of symptoms at 30 days, including cough (12%), nasal congestion (10%), joint pain (10%), body aches (9%), loss of taste or smell (7%), headache (7%), and shortness of breath with exertion (6%).

Conclusions: Covid-19 illness in outpatients follows a pattern of progression from systemic symptoms to lower respiratory symptoms and persistent symptoms are common across categories. Provider-assessed symptom severity is the best predictor of disease duration.

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Strengths and limitations of this study

Strengths:

- By systematically calling patients throughout acute illness, we are able to provide a clear visual representation of symptoms of acute illness in outpatients.
- There is minimal missing data due to the nature of our clinic (following enrolled patients until resolution).
- We used standardized visits and templates for all patients and therefore are able to analyze predictors of symptom duration for specific variables including age, comorbidities and symptom severity.

Limitations

- We are a single center study with limited patient numbers (and low numbers of some comorbidities).
- We do not follow patients for long-term symptoms and therefore cannot define a specific end date for all symptoms.

WHAT IS ALREADY KNOWN ON THIS TOPIC

Covid-19 symptoms in non-hospitalized adults span multiple organ systems, most often including respiratory and systemic symptoms

Symptom duration varies substantially between patients, ranging from brief (days) to prolonged (weeks to months)

WHAT THIS STUDY ADDS

Disease duration is predicted by early symptom severity during the acute illness Disease course can be described in a pattern with early systemic symptoms, followed by lower respiratory and, less often, gastrointestinal symptoms

Multiple symptoms may persist to 30 days, most often cough, loss of smell or taste, sinus congestion, shortness of breath on exertion, body aches, and headache

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INTRODUCTION

Coronavirus disease 2019 (covid-19) has brought large numbers of patients to medical attention within a span of months for care of a previously undescribed illness. Early reports on the presentation and natural history of covid-19 appropriately focused attention on the severe cases and critically ill.[1-5] Subsequent surveillance has demonstrated that the majority of patients have milder forms of illness [6] and it is recommended that they remain at home with medical supervision.[7,8] Although the duration of home isolation is defined based on symptoms,[7] understanding of the symptom course of outpatients with covid-19 is limited and most reports include presenting symptoms alone or cross-sectional follow-up information.[9-17] Longitudinal symptom data and predictors of individual symptom duration have not been described.

In March 2020, we established a virtual clinic for the care of patients in home isolation with covid-19: the "Virtual Outpatient Management Clinic" (VOMC), using available knowledge for assessment and treatment guidelines. All patients underwent telemedicine intake visits with a physician or advanced practice provider (APP), including assessment of specific covid-19 symptoms using a standardized clinical note. Patients were followed for symptom management with regular telephone calls by registered nurses (RNs) and APPs until improvement or hospitalization.

As it became clear in clinical practice that symptom duration varies substantially between patients, we undertook this study to determine the predictors of symptom course of our VOMC

cohort. We hypothesized that risk factors for covid-19 complications severity (demographics,

comorbidities, symptom severity) would predict symptom duration.

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METHODS

Study setting

The study was a retrospective cohort study, conducted at Emory Healthcare, the largest academic health system in Georgia (serving the greater Atlanta metropolitan area), which includes more than 250 provider locations and 120 primary care locations. The VOMC comprised an intake team of 14 physicians and 3 APPs from two primary care clinics; and follow-up call teams included 19 redeployed registered nurses (RNs) and 20 APPs. All intake providers were trained in the use of the risk assessment tool in a one-hour webinar and conducted a median of 25 intake visits during the study period (range: 5-99), with the majority of intake visits conducted by physicians (83.6%).

Study cohort

We included outpatient adults who completed their VOMC intake visit between 24 March 2020 and 26 May 2020 with initial symptom dates between 17 March and 20 May. Exclusion criteria were: (1) intake visit more than 10 days after symptom onset, (2) hospitalization for covid-19 at any time, (3) symptoms at less than two visits (i.e. to be included, we required a minimum of one symptom reported during at least 2 separate visits, including intake visit and follow-up calls). We chose the exclusion criteria a priori in order to improve the accuracy of early symptom reporting and completeness of follow-up.

Subsets from this cohort have been reported elsewhere in a small case series[18] and for hospitalization risk prediction,[19] but the current study is the first to analyze complete longitudinal symptom reporting for the cohort.

During the study period, outpatient covid-19 testing was conducted by medical providers using nasopharyngeal sampling for real-time reverse transcription–polymerase chain reaction (RT-PCR) detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Adult patients with positive RT-PCR results from the screening clinics or emergency departments were called by a result notification team to provide self-care advice and refer for enrollment in the VOMC. The details of care are outlined in Box 1. Overall symptom severity was assessed by the Provider-Assessed Symptom Severity (PASS) criteria in Box 1. It was based primarily on respiratory symptoms.

BOX 1	: Virtual Outpatient Management Clinic Care
Outpat	ent covid-19 testing criteria (March-April 2020):
1.	Either (a) fever, cough, or shortness of breath or (b) two symptoms from the following: sore throat congestion, myalgias, fatigue, diarrhea, loss of smell.
2.	Prioritize: (a) frontline healthcare workers, (b) students on-campus and health professions, (c) CDC employees, (d) patients with risk factors (age, comorbidity, immunosuppression, work in a commu setting).
хомс	enrollment criteria:
1.	Diagnosis of covid-19 by nasopharyngeal PCR, and
2.	Requiring outpatient management of covid-19 symptoms
Intake	elemedicine visit:
1.	Documentation template includes symptom history, symptom severity (patient-reported and prov assessed), past medical history, physical examination and risk assessment.
2.	Symptoms assessed: "systemic" (fever, chills, body aches, dizziness, confusion, headache, joint pai "upper respiratory" (loss of smell or taste, sinus congestion, sore throat, cough), "lower respirator
	(chest tightness, shortness of breath with exertion, shortness of breath at rest, wheezing),
	"gastrointestinal" (abdominal pain, nausea, diarrhea), and rash. Note: symptoms assessed as a sing
	and not grouped into categories during assessment.
3.	Provider gives advice for (1) symptom management, (2) home isolation guidance and (3) outpatier
	monitoring.
Provide	r-Assessed Symptom Severity definition:
1.	Mild
	a. Respiratory: Cough, sputum production
-	b. Systemic: Fever, chills, malaise, myalgia, anorexia, diarrhea, vomiting, headache
2.	Moderate
	a. Respiratory: Severe cough, dyspnea on exercion, wheezing or sensation of mid-chest tight
2	b. Systemic: N/A (Not provided in VOIVIC clinical guideline)
3.	Severe
	a. Resting dyspited, labored breathing, resting pulse oximetry 592%, pleutilic pain, nemoply
Follow	un nhone calls (March-June 2020):
1	Patients receive follow-up telephone calls on the following schedule:
1.	a Low risk: every other day for a minimum of 7 days from symptom opset
	h Intermediate risk: daily for a minimum of 14 days from symptom onset
	c High risk twice daily for a minimum of 21 days from symptom onset
2	All nations called until the intervals above and for a minimum 3 days after improvement in fevers
۷.	(without antipyretics) and improvement in respiratory symptoms (whichever criteria was longer)
٦	Patients with improving or worsening symptoms could change tier after enrollment at provider dis
3.	Patients with improving or worsening symptoms could change tier after enrollment at provider di
Data s	ources
Study	data were obtained from two specific provider notes types deployed in March 2020

The intake assessment note template included (1) documentation of specific covid-19 symptoms including onset and offset dates, (2) patient reported and provider-assessed symptom severity (PASS), and (3) documentation of specific medical conditions associated with risk of severe covid-19 (based on medical literature search in March 2020). The follow-up telephone call template included an identical symptom list with "yes/no" selection for documentation of the presence or absence of symptoms at follow-up.

If symptom onset date was not identified in VOMC notes, we conducted manual chart review of telephone records prior to VOMC enrollment. Additional demographic information including age, gender, and race (if recorded) was included from the electronic health record.

To ensure that symptoms were counted only once a day per patient, among patients receiving 2 calls per day, if a symptom was listed as present more than once for a particular day, it was counted only once. Among patients receiving calls every other day, if a symptom was present on both the preceding and subsequent day it was listed as present on the single non-call day in between for symptom duration.

Main outcomes

The main outcome was symptom duration in days. The outcomes were the durations for each specific symptom. For symptoms not present on all dates (i.e. waxing and waning), we used the first and last documented dates of the symptom to document duration. The secondary outcome was the day of symptom onset. Symptoms were groups into systems: upper

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respiratory (cough, congestion, sore throat, loss of smell or taste), systemic (body aches, chills, dizziness, headache, joint pain), lower respiratory (shortness of breath with exertion, shortness of breath at rest, chest tightness) and gastrointestinal (nausea, abdominal pain, diarrhea). Clinical record extraction was conducted 21 June 2020 at which time all enrolled patients had at least 30 days of follow up based on symptom start date and all patients had received their final VOMC nurse call.

Bias

Screening criteria are noted in Box 1. Healthcare employees were prioritized in the screening process and may be overrepresented in the cohort. Patient enrollment in VOMC was voluntary at the time of results notification, which may result in selection bias. Patients were scheduled for the minimum recommended follow-up calls at the time of intake (and could later extend care further if needed) but could disengage on request, which could lead to attrition bias.

Predictors

Demographics, comorbidities, patient reported symptom severity and PASS were tested as predictors of disease duration.

Statistical analysis

Duration of symptoms (in days) was found to have a positive skew so a natural logarithmic transformation was used. This was compared to a gamma loglink, negative binomial with loglink and a square root transformation of duration. The natural logarithmic transformation

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was chosen because it had the smallest Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC). Mean durations and 95% confidence interval were calculated based on the log transformation and then exponentiated back to obtain the result in days. One-way ANOVA was used to compare the mean log durations for each symptom between different groups for each predictor. Because multiple comparisons are being made we were looking for p values < 0.005 rather than 0.05. Different predictors significant to this level were to then be included in a multi-way ANOVA. The results were then exponentiated back from natural log of days to days for results.

Similarly, the day of symptom onset organized by systems was found to be positively skewed. In this case a natural logarithmic transformation was also used because it had a smaller AIC and BIC than the gamma log link and negative binomial with loglink of start day. Square root transformation of start day had a slightly better AIC (2108 vs 2161) and BIC (2132 vs 2185) than the logarithmic transformation, but we used the logarithmic transformation to maintain consistency with symptom duration (which was transformed with a natural logarithm). ANOVA compared the day of symptom onset between the different systems (systemic, upper respiratory, lower respiratory and gastrointestinal). After analysis the natural exponent was taken of the results to present the result in day of symptom onset.

Patient and public involvement

Patients and the public were not involved in the design and conduct of the study, outcomes, recruitment, or planned dissemination.

RESULTS:

551 intake visits were completed in VOMC between 24 March 2020 and 26 May 2020. We included 273 patients in the study after excluding: 123 patients with intake visit more than 10 days after symptom onset, 62 patients hospitalized at any time for covid-19, 57 patients with symptoms on less than two visits, 26 patients that did not receive follow up calls, 7 patients without documented positive RT-PCR test for SARS-CoV-2, and 3 patients with blank or uninterpretable symptom entries.

Characteristics of the study population

Table 1 describes demographics, comorbidities, and symptoms at intake visit for the cohort. Since subsequent analysis showed only symptom severity as significantly predicting disease duration, we also describe our cohort by PASS. With all patients hospitalized for covid-19 excluded, we only had four patients with PASS "severe" in our study. All four were black women, and their only comorbidities were asthma, hypertension, and obesity. There was no statistically significant difference in age by PASS. Patients in our study had mean age 45.7 years, 69% women, and 47% black. The PASS groups differed significantly (p<0.05) for comorbidities asthma and immunosuppression.

Table 1 Demographics	, comorbidities and	symptoms at initial visit
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		Provider Assessed	Symptom Severity (PASS)		ANOVA
	Total (n=273)	Mild (n=164)	Moderate (n=86)	Severe (n=4)	severe p
Demographics:					
Age, mean (95% Cl,					
ANOVA p value)	45.7 (44.0-47.5)	44.6 (42.4-46.8, ref)	48.2 (45.0-51.4, 0.143)	51 (43.8-58.2, 0.651)	0.923
ANOVA p value)					
Symptom onset to					
first VOMC visit	5.68 (5.37-5.99)	5.58 (5.16-6.00, ref)	5.91 (5.43-6.39, 0.338)	6.00 (2.56-9.44, 0.746)	0.943
last phone call	20.9 (19.84-21.95)	18.63 (17.46-19.8, ref)	(22.73-26.50, <0.001)	(21.63-46.87, < 0.001)	0.002
Count, (%)					Chi ² p value
Gender, women	189 (69.2%)	122 (74.4%)	63 (73.3%)	4 (100%)	0 481
Gender, men	84 (30.8%)	56 (34.1%)	28 (32.6%)	(0%)	0.701
Race, black	129 (47.3%)	79 (48.2%)	46 (53.5%)	4 (100%)	
Race, white	44 (16.1%)	28 (17.1%)	16 (18.6%)	0 (0%)	0.261
Race, other/unknown	81 (29.7%)	57 (34.8%)	24 (27.9%)	0 (0%)	
Co-morbidities:					
Age>60	46 (16.8%)	28 (17.1%)	18 (20.9%)	0 (0%)	0.492
Asthma	35 (12.8%)	14 (8.5%)	20 (23.3%)	1 (25%)	0.011
Coronary artery disease	9 (3.3%)	3 (1.8%)	6 (7%)	0 (0%)	0.193
Cancer	20 (7.3%)	15 (9.1%)	5 (5.8%)	0 (0%)	0.615
COPD	2 (0.7%)	0 (0%)	2 (2.3%)	0 (0%)	0.145
Diabetes	32 (11.7%)	19 (11.6%)	13 (15.1%)	0 (0%)	0.541
Drug abuse	3 (1.1%)	2 (1.2%)	1 (1.2%)	0 (0%)	1.000
Heart failure	5 (1.8%)	2 (1.2%)	3 (3.5%)	0 (0%)	0.393
Hypertension	86 (31.5%)	49 (29.9%)	35 (40.7%)	2 (50%)	0.175
Immunosuppression	14 (5.1%)	4 (2.4%)	10 (11.6%)	0 (0%)	0.022
Lung disease	8 (2.9%)	3 (1.8%)	5 (5.8%)	0 (0%)	0.233
Reported obesity	77 (28.2%)	47 (28.7%)	29 (33.7%)	1 (25%)	0.781
Renal disease	7 (2.6%)	4 (2.4%)	3 (3.5%)	0 (0%)	0.727
Symptom present at Init	ial Visit:				
Fever	49 (17.9%)	20 (12.2%)	26 (30.2%)	2 (50%)	<0.001
Chills	98 (35.9%)	40 (24.4%)	47 (54.7%)	4 (100%)	<0.001
Body aches	130 (47.6%)	62 (37.8%)	60 (69.8%)	3 (75%)	<0.001
Dizziness	60 (22%)	20 (12.2%)	34 (39.5%)	2 (50%)	<0.001
Confusion	3 (1.1%)	1 (0.6%)	1 (1.2%)	1 (25%)	0.047
Headache	137 (50.2%)	73 (44.5%)	53 (61.6%)	3 (75%)	0.015
Loss of smell or taste	145 (53.1%)	80 (48.8%)	52 (60.5%)	4 (100%)	0.031
Sinus congestion	136 (49.8%)	78 (47.6%)	45 (52.3%)	2 (50%)	0.814
Sore throat	59 (21.6%)	31 (18.9%)	22 (25.6%)	3 (75%)	0.023
Cough	176 (64.5%)	96 (58.5%)	66 (76.7%)	4 (100%)	0.004

Chest tightness	77 (28.2%)	29 (17.7%)	37 (43%)	4 (100%)	<0.001
SOB at rest	31 (11.4%)	12 (7.3%)	16 (18.6%)	1 (25%)	0.014
SOB with exertion	90 (33%)	32 (19.5%)	47 (54.7%)	3 (75%)	<0.001
Wheezing	22 (8.1%)	4 (2.4%)	17 (19.8%)	(0%)	<0.001
Abdominal pain	32 (11.7%)	14 (8.5%)	16 (18.6%)	(0%)	.065
Nausea	48 (17.6%)	20 (12.2%)	25 (29.1%)	1 (25%)	.003
Diarrhea	64 (23.4%)	29 (17.7%)	32 (37.2%)	(0%)	.002
Join pain	58 (21.2%)	23 (14%)	33 (38.4%)	1 (25%)	<.001
Rash	9 (3.3%)	5 (3%)	3 (3.5%)	1 (25%)	.193

COPD=Chronic Obstructive Pulmonary Disease, SOB=Shortness of Breath

Symptoms at initial visit

The symptoms reported by the cohort at the intake visit included 64% cough, 53% loss of smell or taste, 50% sinus congestion, 50% headache, 48% body aches, 36% chills, 33% shortness of breath with exertion, 28% chest tightness, 23% diarrhea, 22% dizziness, 22% sore throat, 22% joint pain, 18% fever, 11% shortness of breath, 8% wheezing, 3% rash (Table 1). The groups differed significantly except for rash, abdominal pain, and sinus congestion.

Time course of individual symptoms

Figure 1 displays the heat map of symptoms over a 30 day follow up period for all 273 patients by percentage of patients with symptoms. Among all patients, the most prevalent symptom reported during 30 days of follow up was cough (62%), loss of smell or taste (54%), body aches (52%), headache (50%), and nasal congestion (47%). The most frequent remaining symptoms at 30 days were cough (7%), loss of smell or taste (5%), body aches (5%), nasal congestion (5%), shortness of breath with exertion (5%), and joint pain (5%). Fever was not a prominent symptom during 30 days of follow up, present in 27% of patients early in the course of illness.

Time course of symptoms by Provider-Assessed Symptom Severity

The heat map findings for Mild PASS was similar to the entire cohort, with loss of smell or taste in 52% over 30 days and 4% at 30 days and cough in 54% over 30 days and 3% at 30 days of follow up (Figure 1). At 30 days, 3% of patients described both body aches and joint pain. The heat map for Moderate PASS had higher rates of cough (74%), body aches (71%), loss of taste or smell (60%), headache (57%), nasal congestion (55%), shortness of breath with exertion (53%), chills (53%), fever (36%), diarrhea (42%), joint pain (36%) and dizziness (35%). At 30 days the most prominent symptom remaining was cough (12%), nasal congestion (10%), joint pain (10%), body aches (9%), loss of taste or smell (7%), headache (7%), and shortness of breath with exertion (6%). The heat map for the four patients with Severe PASS shows 75% of patients experienced chills, body aches, headache, loss of smell or taste, sore throat, cough, chest tightness, and shortness of breath with exertion during 30 days of follow up. At 30 days, 3 patients (75%) still had cough.

Timing of symptom onset of by system

The day of symptom onset was earliest for upper respiratory symptoms, followed by systemic symptoms, with later onset of lower respiratory and gastrointestinal symptoms, when present (figure 2).

Duration of each symptom

Figure 3 describes the mean days and 95% confidence interval for each symptom followed in the cohort over 30 days. Cough had the longest duration with 12.2 days (95% confidence

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interval 10.9 to 13.6, N=223). Loss of Smell or Taste had the second longest duration with 11.0 days (9.9 to 12.2, N=196).

Symptom duration by Provider-Assessed Symptom Severity

PASS and patient-reported symptom severity were the only two predictors of disease duration that met prespecified statistical significance with p < 0.005. PASS was significantly correlated with more symptoms on ANOVA and, thus, was chosen for the model. No other predictors, including demographics and comorbidities, met significance for more than a single symptom and therefore multi-way ANOVA was not performed. Figure 4 shows the duration of symptoms for the overall group alongside the duration for each PASS group. Body aches, shortness of breath with exertion, headache, diarrhea and congestion had significant difference in durations between mild and more severe PASS groups. Chest tightness had significant difference in duration in moderate versus severe PASS. Body aches, shortness of breath with exertion, dizziness and chest tightness did not reach the level of statistical significant we set out in methods likely due to the small number of patients in the severe PASS group. Loss of smell or taste also did not reach the threshold set out in methods section but we kept it to compare with other publications.

DISCUSSION

Principal findings

In this cohort of non-hospitalized patients with covid-19, disease course follows a pattern of progression that is illustrated with visual heatmaps of symptom frequency over time. The most common initial symptoms are systemic, upper respiratory and cough. Lower respiratory and gastrointestinal symptoms are less frequent and have a later onset in the disease course. The symptoms with the longest duration, when present, are cough, loss of smell or taste, sinus congestion, shortness of breath on exertion, body aches, and headache.

Patients were assigned a symptom severity (PASS) at the intake visit using a tool primarily aimed at determining hospitalization risk,[19] which was therefore based primarily on respiratory symptoms. Consistent with this, PASS is significantly associated with the presence of lower respiratory symptoms such as cough, chest tightness and shortness of breath with exertion. However, PASS was also associated with systemic symptoms (chills, body aches and dizziness) as well as greater incidence of symptoms from other organ systems (headache, loss of smell or taste, nausea, diarrhea). With clinical experience, it is possible that providers developed knowledge of other symptom categories and integrated these into the PASS. It is notable that sinus congestion, a common upper respiratory complaint, did not differ significantly between provider-rated severity groups.

An important observation in this study is that patient factors used to predict risk of severe disease (age, comorbidities) did not predict disease duration. Instead, we find that initial

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provider assessment of symptom severity is the best predictor of disease duration. PASS predicts duration for a number of symptoms, with significant associations for respiratory symptoms as well as non-respiratory symptoms (including body aches, dizziness, chills, headache, and diarrhea). This highlights a role for clinical providers in the assessment of acute covid-19 and providing expectant counseling that may be difficult to replace with automated patient monitoring systems using self-reported symptom severity.

Comparison with other studies

Initial symptoms reported are similar to previous studies of mild covid-19 and non-hospitalized subsets.[12, 15] It differs from the overall reported literature, summarized in a recent systematic review of 148 studies.[14] Notably, fever was less common (n=49, 17.9%) compared with 78% in the systematic review, while other symptoms are more common, for example: headache (50.2% vs 13%), body aches (47.6% vs 17%), hyposmia (53.1% vs 25%). The higher frequency of multiple symptoms may be due to our systematic approach to symptom inquiry. Rate of fever may be underreported due to template wording "current fever" but also may be less frequent in this cohort as increased testing availability has expanded the symptom profile of "mild covid-19" patients eligible for screening.

We find that the course of illness and predictors of symptom duration have not been well described and this is an important contribution of this analysis. Narrative reviews have noted symptom progression similar to our report[21] and the visual course reported here in heatmap

form illustrates the development of respiratory symptoms during and after the first week of illness among patients never requiring hospitalization for covid-19.

The persistence of symptoms identified in our study is also an important finding for clinical practice. Patients and providers may be reassured that gradual resolution is typical based on our findings. In our experience providing in-person care, many patients present for evaluation of non-resolving symptoms during subacute or convalescent illness.[22] Other reports have noted long duration of medical leave among persons with covid-19, for example first responders in New York (leave duration mean 25.3 days, SD=13.2).[23] We are able to differentiate the likelihood of prolonged symptoms in patients using mild and moderate PASS, which may aid in clinical counseling and anticipation of symptom recovery times. Given reports of delayed recovery of symptoms after hospitalization,[24] the differentiation by symptom severity in outpatients is plausible.

Strengths and limitations of study

Our data on symptom course in outpatients is robust due to the structure of the VOMC, which was staffed to meet the anticipated "surge" of patients in March-May 2020 and therefore had skilled providers contacting patients and completing full note templates regularly through the course of acute illness. Missing clinical data were minimal (e.g. low risk patients contacted every 48 hours instead of 24 hours), allowing for standard approach to imputation.

The primary limitation of this study is that it represents a single-center cohort of patients screened during the early SARS-CoV-2 pandemic. Screening criteria favored the inclusion of working-age individuals in the cohort and our exclusion of hospitalized patients favors younger and healthier patients. We have limited numbers of patients with comorbidities and cannot therefore draw conclusions about the duration of symptoms related to specific conditions (e.g. chronic obstructive pulmonary disease).

Another limitation of the structured VOMC cohort data is the time to intake visit. Usual care requires a positive SARS-CoV-2 test prior to enrollment, and delays in testing could attenuate recall of initial symptoms. We therefore limited the study to patients within 10 days of symptom onset and used chart review to verify symptoms reported in the screening process. Discharge timing in the VOMC was a limitation for our follow-up data: the VOMC discharge criteria mirrored the CDC terminology of symptom "improvement," but not resolution. We find in other work (unpublished data) that minor residual symptoms are common after VOMC discharge (reported in 55 of 158, 34.8%, of patients contacted a mean of 37.9 days after discharge) and that few (n=7, 4.4%) have symptoms requiring medical follow-up (e.g. by a primary care physician or specialist).[25] These residual symptoms are not captured in the heatmap data after their final VOMC call.

CONCLUSION

Overall, we find that the symptom course of outpatients with covid-19 follows a pattern described in early observations with a typical illness course progressing from early symptoms (systemic, upper respiratory, and cough) to lower respiratory and gastrointestinal symptoms. We confirm that symptoms of altered smell or taste and headache are common in outpatients. Prolonged symptoms are common and the severity of symptoms in the acute phase of illness is dictor of u. the most significant predictor of disease duration.

MANUSCRIPT INFORMATION

Ethics

The study was approved by the Emory University Institutional Review Board (STUDY00000766), which granted both a waiver of informed consent and a waiver of the Health Information Portability and Privacy Act as the study posed no more than minimal risk.

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Data Sharing Statement: Deidentified data are available for sharing upon reasonable request.

Dissemination declaration: We plan to disseminate our results publicly but it would not be feasible to reach discharged patients with study results and therefore we do not plan to contact study participants for dissemination.

Author Contributions:

The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted. David Tong had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Transparency statement: David Tong attests that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as originally planned have been explained.

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Acquisition, analysis, or interpretation of data: All authors

Drafting of the manuscript: JO, BT, DT

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FIGURES

Figure 1: Time course of individual symptoms

Figure 1a: All patients, n=273 (% patients having symptom each day of covid-19 disease)

Figure 1b: Mild provider assessed symptom severity n=164

- Figure 1c: Moderate provider assessed symptom severity n=86
- Figure 1d: Severe provider assessed symptom severity n=4

Figure 2: Day of Symptom Onset by System

Figure 3: Duration of Symptoms

Figure 4: Symptom Duration by Provider Assessed Symptom Severity

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Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Fever	24	27	25	23	21	20	18	17	15	12	10	11	7	4	3	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1
Chills	29	38	40	40	36	34	30	26	23	18	15	13	11	8	7	4	3	2	2	1	1	2	2	3	2	2	1	1	1	1
Body Aches	38	47	52	51	48	42	39	37	35	31	27	26	21	18	16	14	11	7	8	10	9	9	8	8	8	8	7	6	6	5
Dizzy	8	14	16	18	19	19	18	17	18	18	15	13	11	10	8	7	6	5	4	4	4	4	4	3	3	3	2	1	1	1
Confusion	0	0	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
НА	39	48	50	48	49	47	41	38	34	33	28	27	24	22	21	18	16	14	11	11	9	10	11	11	8	7	6	5	5	4
Loss of Smell/Taste	27	36	41	46	51	54	52	54	54	47	44	38	35	33	29	23	21	18	15	12	14	14	11	10	9	8	7	6	5	5
Congestion	34	40	45	47	47	45	46	44	44	43	40	34	32	29	28	27	25	21	17	15	15	15	11	10	8	7	6	6	5	5
Sore Throat	22	24	25	24	21	19	18	17	14	12	12	10	8	10	9	8	8	7	6	4	3	4	3	4	5	4	2	3	2	2
Cough	48	55	58	60	62	61	59	61	60	57	51	46	42	40	39	37	34	28	23	21	19	21	17	16	15	13	11	8	8	7
Chest Tightness	14	18	22	24	25	24	25	25	23	21	21	19	16	15	14	12	11	9	7	6	5	5	5	5	4	4	4	4	3	3
SOB at rest	5	5	7	10	10	9	10	10	9	6	6	7	5	3	3	3	1	1	1	1	1	1	1	1	1	2	1	1	1	1
SOB with exertion	15	19	24	26	29	30	33	34	31	32	29	29	27	23	22	23	21	16	14	14	14	13	12	11	10	9	9	7	5	5
Wheezing	4	5	6	8	10	8	8	8	6	5	4	4	3	3	2	3	1	1	1	1	1	1	2	1	1	0	1	1	1	1
Abdominal Pain	5	6	7	8	10	11	9	9	8	8	7	6	5	5	5	4	3	2	2	2	3	4	3	3	1	2	2	1	2	1
Nausea	8	10	11	13	15	17	17	16	15	14	14	12	9	9	9	7	3	4	4	4	5	5	4	3	3	2	2	2	1	0
Diarrhea	15	18	17	20	23	25	24	24	22	21	22	17	12	12	12	9	8	6	5	5	6	5	4	3	2	3	3	1	1	1
Joint Pain	12	15	18	19	22	22	20	17	15	15	16	14	14	11	11	10	9	8	8	7	7	7	6	6	6	5	5	5	4	5
		-	-	2	2	2	2	2	2	2	2	2	2	2	3	3	2	2	2	1	1	2	2	3	3	2	1	2	2	2
Rash Moderate n=86 Symptom	1	2	3	3 4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Rash Moderate n=86 Symptom	1 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Rash Moderate n=86 Symptom Fever	1 1 30	2 2 36	3 3 33	4 33	5 30	6 30	7 28	8 22	9 19	10 17	11 17	12 19	13 12	14 6	15	16 1	17	18	19 1	20 1	21	22	23	24	25	26 1	27	28	29	30 2
Rash Moderate n=86 Symptom Fever Chills	1 30 30	2 2 36 43	3 33 50	4 33 53	5 30 51	6 30 51	7 28 49	8 22 41	9 19 36	10 17 29	11 17 27	12 19 21	13 12 17	14 6 9	15 5 7	16 1 3	17 1 2	18 1 2	19 1 1	20 1 1	21 2 2	22 3 2	23 1 3	24 2 6	25 2 5	26 1 3	27 1 2	28 1 3	29 2 3	30 2 2
Rash Moderate n=86 Symptom Fever Chills Body Aches	1 30 30 44	2 2 36 43 57	3 33 50 66	4 33 53 70	5 30 51 71	6 30 51 65	7 28 49 63	8 22 41 60	9 19 36 57	10 17 29 50	11 17 27 42	12 19 21 35	13 12 17 30	14 6 9 23	15 5 7 24	16 1 3 21	17 1 2 19	18 1 2 14	19 1 1 15	20 1 1 17	21 2 2 15	22 3 2 15	23 1 3 12	24 2 6 12	25 2 5 14	26 1 3 13	27 1 2 13	28 1 3 10	29 2 3 9	30 2 2 9
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion	1 30 30 44 13	2 36 43 57 22	3 33 50 66 26	4 33 53 70 28	5 30 51 71 30	6 30 51 65 29	7 28 49 63 34	8 22 41 60 35	9 19 36 57 34	10 17 29 50 29	11 17 27 42 24	12 19 21 35 21	13 12 17 30 17	14 6 9 23 13	15 5 7 24 13	16 1 3 21 9	17 1 2 19 8	18 1 2 14 7	19 1 1 15 6	20 1 1 17 7	21 2 2 15 7	22 3 2 15 7	23 1 3 12 7	24 2 6 12 6	25 2 5 14 5	26 1 3 13 5	27 1 2 13 2	28 1 3 10 1	29 2 3 9 1	30 2 9 1
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion	1 30 30 44 13 1	2 36 43 57 22 1	3 33 50 66 26 1	4 33 53 70 28 0	5 30 51 71 30 0	6 30 51 65 29 0	7 28 49 63 34 2	8 22 41 60 35 2	9 19 36 57 34 1	10 17 29 50 29 0	11 17 27 42 24 0	12 19 21 35 21 0	13 12 17 30 17 1	14 6 9 23 13 0	15 5 7 24 13 1	16 1 3 21 9 0	17 1 2 19 8 0	18 1 2 14 7 0	19 1 15 6 0	20 1 1 17 7 0	21 2 2 15 7 0	22 3 2 15 7 0	23 1 3 12 7 0	24 2 6 12 6 0	25 2 5 14 5 0	26 1 3 13 5 0	27 1 2 13 2 0	28 1 3 10 1 0	29 2 3 9 1 0	30 2 9 1 0
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Small/Tests	1 30 30 44 13 1 44	2 36 43 57 22 1 51	3 33 50 66 26 1 57	4 33 53 70 28 0 57	5 30 51 71 30 0 57	6 30 51 65 29 0 52	7 28 49 63 34 2 51	8 22 41 60 35 2 51	9 19 36 57 34 1 48	10 17 29 50 29 0 47	11 17 27 42 24 0 38	12 19 21 35 21 0 37	13 12 17 30 17 1 38	14 6 9 23 13 0 35	15 5 7 24 13 1 31	16 1 3 21 9 0 24	17 1 2 19 8 0 26	18 1 2 14 7 0 23	19 1 15 6 0 19	20 1 1 17 7 0 20	21 2 15 7 0 15	22 3 2 15 7 0 15 21	23 1 3 12 7 0 15	24 2 6 12 6 0 16	25 2 5 14 5 0 13	26 1 3 13 5 0 10	27 1 2 13 2 0 8	28 1 3 10 1 0 8	29 2 3 9 1 1 0 7	30 2 9 1 0 7
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Consection	1 30 30 44 13 1 44 24 24	2 36 43 57 22 1 51 38	3 33 50 66 26 1 57 44	4 33 53 70 28 0 57 50	5 30 51 71 30 0 57 52	6 30 51 65 29 0 52 56	7 28 49 63 34 2 51 58	8 22 41 60 35 2 51 63	9 19 36 57 34 1 48 60	10 17 29 50 29 0 47 50	11 17 27 42 24 0 38 49	12 19 21 35 21 0 37 37 45	13 12 17 30 17 1 38 44	14 6 9 23 13 0 35 42	15 5 7 24 13 1 31 35	16 1 3 21 9 0 24 30	17 1 2 19 8 0 26 27	18 1 2 14 7 0 23 28 24	19 1 15 6 0 19 21	20 1 17 7 0 20 17	21 2 15 7 0 15 22	22 3 2 15 7 0 15 21	23 1 3 12 7 0 15 16	24 2 6 12 6 0 16 13	25 2 5 14 5 0 13 10	26 1 3 13 5 0 10 10	27 1 13 2 0 8 10	28 1 3 10 1 0 8 10	29 2 3 9 1 0 7 8	30 2 9 1 0 7 7
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sara Throat	1 30 30 44 13 1 44 24 30 23	2 36 43 57 22 1 51 38 37 23	3 33 50 66 26 1 57 44 41	4 33 53 70 28 0 57 50 42	5 30 51 71 30 0 57 52 47	6 30 51 65 29 0 52 56 43	7 28 49 63 34 2 51 58 51 21	8 22 41 60 35 2 51 63 50 10	9 19 36 57 34 1 48 60 55	10 17 29 50 29 0 47 50 51	11 17 27 42 24 0 38 49 44	12 19 21 35 21 0 37 45 40	13 12 17 30 17 1 38 44 37	14 6 9 23 13 0 35 42 40	15 5 7 24 13 1 31 35 38	16 1 3 21 9 0 24 30 36	17 1 2 19 8 0 26 27 37	18 1 2 14 7 0 23 28 34	19 1 15 6 0 19 21 30	20 1 17 7 0 20 17 29	21 2 15 7 0 15 22 28	22 3 2 15 7 0 15 21 30	23 1 3 12 7 0 15 16 19	24 2 6 12 6 0 16 13 20	25 2 5 14 5 0 13 10 16	26 1 3 13 5 0 10 10 10 15	27 1 2 13 2 0 8 10 13	28 1 3 10 1 0 8 10 13	29 2 3 9 1 1 0 7 8 10 2	30 2 9 1 0 7 7 10
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cente	1 30 30 44 13 1 44 24 30 22	2 36 43 57 22 1 51 38 37 23	3 33 50 66 26 1 57 44 41 24	4 33 53 70 28 0 57 50 42 24	5 30 51 71 30 0 57 52 47 23	6 30 51 65 29 0 52 56 43 21	7 28 49 63 34 2 51 58 51 21	8 22 41 60 35 2 51 63 50 19	9 19 36 57 34 1 48 60 55 16	10 17 29 50 29 0 47 50 51 12	11 17 27 42 24 0 38 49 44 10	12 19 21 35 21 0 37 45 40 6	13 12 17 30 17 1 38 44 37 7	14 6 9 23 13 0 35 42 40 12	15 5 7 24 13 1 31 35 38 13	16 1 3 21 9 0 24 30 36 12	17 1 2 19 8 0 26 27 37 9	18 1 2 14 7 0 23 28 34 34 8	19 1 15 6 0 19 21 30 6	20 1 17 7 0 20 17 29 5 26	21 2 15 7 0 15 22 28 5	22 3 2 15 7 0 15 21 30 6	23 1 3 12 7 0 15 16 19 5	24 2 6 12 6 0 16 13 20 9	25 2 5 14 5 0 13 10 16 10	26 1 3 13 5 0 10 10 10 15 7	27 1 2 13 2 0 8 10 13 6 16	28 1 3 10 1 0 8 10 13 6 12	29 2 3 9 1 1 0 7 8 10 3 12	30 2 9 1 0 7 7 10 2
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chart Tightness	1 30 30 44 13 1 44 24 30 22 56	2 36 43 57 22 1 51 38 37 23 65	3 33 50 66 26 1 57 44 41 24 71	4 33 53 28 0 57 50 42 24 72	5 30 51 71 30 0 57 52 47 23 74	6 30 51 65 29 0 52 56 43 21 70	7 28 49 63 34 2 51 58 51 21 21 71	8 22 41 60 35 2 51 63 50 19 74	9 19 36 57 34 1 48 60 55 16 74	10 17 29 50 29 0 47 50 51 12 71	11 17 27 42 24 0 38 49 44 10 59	12 19 21 35 21 0 37 45 40 6 6 20	13 12 17 30 17 1 38 44 37 7 59	14 6 9 23 13 0 35 42 40 12 56	15 5 7 24 13 1 31 35 38 13 56	16 1 3 21 9 0 24 30 36 12 55	17 1 2 19 8 0 26 27 37 37 9 51	18 1 14 7 0 23 28 34 8 40	19 1 15 6 0 19 21 30 6 35	20 1 17 7 0 20 17 29 5 5 36	21 2 15 7 0 15 22 28 5 33	22 3 2 15 7 0 15 21 30 6 33	23 1 3 12 7 0 15 16 19 5 27	24 2 6 12 6 0 16 13 20 9 26	25 2 5 14 5 0 13 10 16 10 26	26 1 3 13 5 0 10 10 10 15 7 19	27 1 13 2 0 8 10 13 6 16	28 1 3 10 1 0 8 10 13 6 12	29 2 3 9 1 1 0 7 8 10 3 12	30 2 2 9 1 0 7 7 10 2 12
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOR at rect	1 30 30 44 13 1 44 24 30 22 56 14	2 36 43 57 22 1 38 37 23 38 37 23 65 21	3 33 50 66 26 1 57 44 41 24 71 30	4 33 53 53 70 28 0 57 50 57 50 42 24 72 33	5 30 51 71 30 0 57 52 47 23 74 31	6 30 51 65 29 0 52 56 43 21 70 30	7 28 49 63 34 21 51 58 51 21 21 71 37	8 22 41 60 35 2 51 63 50 19 74 36	9 19 36 57 34 1 48 60 55 16 74 35 12	10 17 29 50 29 0 47 50 51 12 71 28	11 17 27 42 24 0 38 49 49 41 10 59 22	12 19 21 35 21 0 37 45 40 6 20 6 20	13 12 17 30 17 1 38 44 37 7 59 19	14 6 9 23 13 0 355 42 40 12 56 20	15 5 7 24 13 1 31 35 38 13 56 16	16 1 3 21 9 0 24 30 36 12 55 15	17 1 2 19 8 0 26 27 37 9 51 12	18 1 2 14 7 0 23 28 34 8 40 8	19 1 15 6 0 19 21 30 6 35 8	20 1 17 7 0 20 17 29 5 36 6	21 2 15 7 0 15 22 28 5 33 33 8	22 3 2 15 7 0 15 21 30 6 33 8	23 1 3 12 7 0 15 16 19 5 27 8	24 2 6 12 6 0 16 13 20 9 26 10	25 2 5 14 5 0 13 10 16 10 26 8	26 1 3 13 5 0 10 10 10 15 7 19 8 2	27 1 2 13 2 0 8 10 13 6 16 8 2	28 1 3 10 1 0 8 10 13 6 12 8 2	29 2 3 9 1 1 0 7 8 10 3 12 5 1	30 2 9 1 0 7 7 10 2 12 7
RashModerate n=86SymptomFeverChillsBody AchesDizzyConfusionHALoss of Smell/TasteCongestionSore ThroatCoughChest TightnessSOB at restSOB at rest	1 30 30 44 13 1 44 24 30 22 56 14 7 7	2 36 43 57 22 1 51 38 37 23 65 21 7 7	3 33 50 66 26 1 57 44 41 24 71 30 9	4 33 53 70 28 0 57 50 42 24 72 33 15	5 30 51 71 30 0 57 52 47 23 74 31 16	6 30 51 65 29 0 52 56 43 21 70 30 13	7 28 49 63 34 2 51 58 51 21 71 37 19	8 22 41 60 35 2 51 63 50 19 74 36 15	9 19 36 57 34 1 48 60 55 16 74 35 13	10 177 29 50 29 0 477 50 51 12 71 28 8 8	11 17 27 42 24 0 388 49 44 10 59 22 8 8	12 19 21 35 21 0 37 45 40 6 62 20 8	13 12 17 30 17 1 38 44 37 7 59 19 6	14 6 9 23 13 0 355 42 40 12 56 20 3 26	15 5 7 24 13 1 31 35 38 13 56 16 5 5	16 1 3 21 9 0 24 30 36 12 55 15 5 5	17 1 2 19 8 0 26 27 37 9 51 12 12	18 1 2 14 7 0 23 28 34 8 40 8 40 8 1	19 1 15 6 0 19 21 30 6 35 8 1	20 1 1 17 7 0 20 17 29 5 36 6 0 0	21 2 2 15 7 0 15 22 28 5 33 8 1 22	22 3 2 15 7 0 15 21 30 6 33 8 1	23 1 3 12 7 0 15 16 19 5 27 8 1 21	24 2 6 0 16 13 20 9 26 10 2 2 6	25 2 5 14 5 0 13 10 16 10 26 8 1	26 1 3 13 5 0 10 10 10 10 15 7 19 8 3 12	27 1 2 3 2 0 8 10 13 6 16 8 3 14	28 1 3 10 1 0 8 10 13 6 12 8 2	29 2 3 9 1 0 7 8 10 3 10 3 12 5 1 1 5	30 2 9 1 0 7 7 10 2 12 7 1
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion	1 30 30 44 13 1 44 24 30 22 56 14 7 7 27	2 36 43 57 22 1 51 38 37 23 65 21 7 33	3 33 50 66 26 1 57 44 41 24 71 30 9 40	4 33 53 70 28 0 57 50 42 24 72 33 15 43	5 30 51 71 30 0 57 52 47 23 74 31 16 48	6 30 51 65 29 0 52 56 43 21 70 30 13 48	7 28 49 63 34 2 51 58 51 21 71 37 19 51	8 22 41 60 35 2 51 63 50 19 74 36 15 53 19	9 19 36 57 34 1 48 60 55 16 74 35 13 50 13	10 17 29 50 29 0 47 50 51 12 71 28 8 8 51	11 17 27 42 24 0 38 49 44 10 59 22 8 8 47	12 19 21 35 21 0 37 45 40 6 62 20 8 44	13 12 17 30 17 1 38 44 37 7 59 19 6 42	14 6 9 23 13 0 35 42 40 12 56 20 36 5	15 5 7 24 13 1 31 35 38 13 56 16 5 35	16 1 3 21 9 0 24 30 36 12 55 15 5 31	17 1 2 19 8 0 26 27 37 9 51 12 12 1 35	18 1 2 14 7 0 23 28 34 8 40 8 40 8 1 24	19 1 1 5 6 0 19 21 30 6 35 8 1 22	20 1 17 7 0 20 17 29 5 36 6 0 23	21 2 2 15 7 7 0 15 22 28 5 33 8 5 33 8 8 1 23	22 3 2 15 7 7 0 15 21 30 6 33 8 1 21	23 1 3 12 7 0 15 16 19 5 27 8 1 21	24 2 6 122 6 0 16 13 20 9 26 10 2 2 19	25 2 5 14 5 0 13 10 16 10 26 8 11 3	26 1 3 13 5 0 10 10 10 15 7 19 8 3 13	27 1 2 13 2 0 8 8 10 13 6 16 8 8 3 14	28 1 3 10 1 0 8 10 13 6 12 8 2 10	29 2 3 9 1 1 0 7 8 10 3 12 5 1 1 5 1 1 6 0	30 2 9 1 0 7 10 2 12 7 1 6 1
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion Wheezing	1 30 30 44 13 1 44 24 30 22 56 14 7 7 27 6	2 36 43 57 22 1 51 38 37 23 65 21 7 7 33 9 9	3 33 50 66 26 1 57 44 41 24 71 30 9 40 13	4 33 53 70 28 0 57 50 42 24 72 33 15 43 16	5 30 51 71 30 0 57 52 47 23 74 31 16 48 17	6 30 51 65 29 0 52 56 43 21 70 30 13 48 48 14	7 28 49 63 34 2 51 58 51 21 71 37 19 51 17	8 22 41 60 35 2 51 63 50 19 74 36 15 53 19	9 19 36 57 34 1 48 60 55 16 74 35 13 50 13	10 17 29 50 29 0 47 50 51 12 71 28 8 51 10	11 17 27 42 24 0 38 49 44 10 59 22 8 47 7 7	12 19 21 35 21 0 37 45 40 6 220 8 44 6	13 12 17 30 17 1 38 44 37 7 59 19 6 42 5	14 6 9 23 13 0 35 42 40 12 56 20 3 36 5	15 5 7 24 13 1 31 35 38 13 56 6 6 5 55 2 2 6	16 1 3 21 9 0 24 30 36 12 55 5 5 31 3 6	17 1 2 19 8 0 26 27 37 9 51 12 12 12 35 2 2	18 1 2 14 7 0 23 34 8 40 8 1 24 24	19 1 1 15 6 0 19 21 30 6 35 8 1 22 1	20 1 1 1 7 7 0 20 17 29 5 36 6 0 23 1 1	21 2 2 15 7 0 15 22 28 5 33 8 8 1 23 3 3	22 3 2 15 7 0 15 21 30 6 33 8 8 1 21 3 9	23 1 3 12 7 0 15 16 19 5 27 8 1 21 21 5 7	24 2 6 6 0 1 6 6 0 1 1 6 1 3 20 9 9 26 10 2 2 6 10 2 2 6 5 10 2 2 6 5 10 2 2 6 5 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	25 2 5 14 5 0 13 10 16 10 26 8 11 3 0 0 5	26 1 3 13 5 0 10 10 15 7 19 8 3 13 0 0	27 1 2 13 2 0 8 10 13 6 16 8 3 14 1 2	28 1 3 10 1 0 8 10 13 6 12 8 2 10 1 2 2	29 2 3 9 1 0 7 8 10 3 12 5 1 1 5 1 1 6 0 7	30 2 2 9 1 0 7 10 2 12 7 1 6 1 2
Rash Moderate n=86 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion Wheezing Abdominal Pain	1 30 30 44 13 1 44 24 30 22 56 14 7 7 6 7	2 36 43 57 22 1 51 38 37 23 65 21 7 33 9 9 10	3 33 50 66 26 1 57 44 41 24 71 30 9 40 13 15 21	4 33 53 70 28 0 57 50 42 24 72 33 15 43 16 13	5 30 51 71 30 0 57 52 47 23 74 31 16 48 17 15	6 30 51 65 29 0 52 56 43 21 70 30 13 48 14 16 26	7 28 49 63 34 2 51 58 51 21 71 37 19 51 17 15 27	8 22 41 60 35 2 51 63 50 19 74 36 15 53 19 15 26	9 19 36 57 34 1 48 60 55 16 74 35 13 50 13 13 22	10 17 29 50 29 0 47 50 51 12 71 28 8 8 51 10 10	11 17 27 42 24 0 38 49 44 10 59 22 8 47 7 10 19	12 19 21 35 21 0 37 45 40 6 62 20 8 44 6 9 15	13 12 17 30 17 38 44 37 7 9 9 6 42 5 8 14	14 6 9 23 13 0 35 42 40 12 56 20 36 5 9 14	15 5 7 24 13 1 31 35 38 13 56 6 6 5 5 5 2 6 14	16 1 3 21 9 0 24 30 36 12 55 31 3 6 12	17 1 2 19 8 0 26 27 37 9 51 12 12 1 35 2 6 6	18 1 2 14 7 0 23 28 34 8 34 8 40 8 1 24 2 5 5 7	19 1 15 6 0 19 21 30 6 35 8 1 22 1 6 7	20 1 1 1 7 7 0 20 17 29 5 36 6 0 23 1 6 9	21 2 15 7 0 15 22 28 5 33 8 1 23 3 8 1 23 3 6	22 3 2 15 7 0 15 21 30 6 33 8 1 21 3 9 9	23 1 3 12 7 0 15 16 19 5 27 8 1 27 8 1 21 5 7 8	24 2 6 122 6 0 16 13 20 9 9 26 10 2 2 19 22 6 6	25 2 5 14 5 0 13 10 16 10 26 8 8 1 13 0 5 5	26 1 3 13 5 0 10 10 10 10 15 7 19 8 3 13 0 3 5	27 1 2 13 2 0 8 10 13 6 16 8 3 14 1 3 2	28 1 3 10 1 0 8 10 13 6 12 8 8 2 10 1 2 2 2	29 2 3 9 1 0 7 8 10 3 12 5 1 1 6 0 1 5 1 2 3	30 2 9 1 0 7 7 10 2 12 7 1 6 1 3 0
RashModerate n=86SymptomFeverChillsBody AchesDizzyConfusionHALoss of Smell/TasteCongestionSore ThroatCoughChest TightnessSOB at restSOB with exertionWheezingAbdominal PainNauseaDiarthea	1 30 30 44 13 1 44 24 30 22 56 14 7 7 6 7 6 7 16	2 36 43 57 22 1 51 38 37 23 65 21 7 33 9 9 10 17 27	3 33 50 66 26 1 57 44 41 24 41 24 71 30 9 40 13 15 21	4 33 53 70 28 0 57 50 42 24 72 33 15 43 16 13 20 25	5 30 51 71 30 0 57 52 47 23 74 31 16 48 17 15 22 23	6 30 51 65 29 0 52 56 43 21 70 30 13 48 14 16 26 26 42	7 28 49 63 34 2 51 58 51 21 71 37 19 51 17 15 27 41	8 22 41 60 35 2 51 63 50 19 74 36 15 53 19 15 26 26 37	9 19 36 57 34 1 48 60 55 16 74 35 13 50 13 13 23 23 37	10 17 29 50 29 0 47 50 51 12 71 28 8 51 10 10 22 234	11 17 27 42 24 0 38 49 44 10 59 22 8 47 7 10 19 31	12 19 21 35 21 0 37 45 40 6 20 8 44 6 9 16 26	13 12 17 30 17 38 44 37 7 59 19 6 42 5 8 14 20	14 6 9 23 13 0 35 42 40 12 56 20 3 36 5 9 14 16	15 5 7 24 13 1 31 35 38 13 56 6 16 5 5 55 2 6 14	16 1 3 21 9 0 24 30 36 12 55 31 3 6 12 15 5 31 3 6 12 16	17 1 2 19 8 0 26 27 37 9 51 12 12 12 35 2 6 6 6	18 1 2 14 7 0 23 28 34 8 40 8 1 24 2 5 7 14	19 1 15 6 0 19 21 30 6 35 8 1 22 1 6 7 7	20 1 17 7 0 20 17 29 5 36 6 0 23 1 6 9 12	21 2 15 7 0 15 22 28 5 33 8 1 23 3 8 1 23 3 6 10	22 3 15 7 0 15 21 30 6 33 8 1 21 3 9 9 9	23 1 3 12 7 0 15 16 19 5 27 8 1 21 5 7 7 8 8	24 2 6 122 6 0 16 13 20 9 26 10 2 2 6 8 8 7	25 2 5 14 5 0 13 10 16 10 26 8 11 13 0 5 6 7	26 1 3 13 5 0 10 10 10 10 15 7 19 8 3 13 0 3 5 5 6	27 1 2 13 2 0 8 10 13 6 16 8 3 14 1 3 3 5	28 1 3 10 1 0 8 10 13 6 12 8 2 10 1 2 3 3 2	29 2 3 9 1 1 0 7 8 10 3 12 3 12 5 1 1 6 0 1 5 1 1 6 1 1 6 1 1 1 1 5 1 1 1 1 1 1 1	30 2 9 1 0 7 7 10 2 12 7 1 6 1 3 0
RashModerate n=86SymptomFeverChillsBody AchesDizzyConfusionHALoss of Smell/TasteCongestionSore ThroatCoughChest TightnessSOB at restSOB with exertionWheezingAbdominal PainNauseaDiarrheaLoint Pain	1 30 30 44 13 1 44 24 30 22 56 14 7 27 6 7 16 7 16 21	2 36 43 57 22 1 51 38 37 23 65 21 7 33 9 10 17 7 27	3 33 50 66 26 1 57 44 41 24 41 24 71 30 9 40 13 15 21 30	4 33 53 70 28 0 57 50 42 24 72 33 15 43 16 13 20 35	5 30 51 71 30 0 57 52 47 23 74 31 16 48 17 15 22 36 36	6 30 51 65 29 0 52 56 43 21 70 30 13 48 14 16 26 42 35	7 28 49 63 34 2 51 58 51 21 71 37 19 51 17 15 27 41 26	8 22 41 60 35 2 51 63 50 19 74 36 15 53 19 15 26 37 24	9 19 36 57 34 1 48 60 55 16 74 35 13 50 13 13 23 37 20	10 17 29 50 29 0 47 50 51 12 71 28 8 51 10 10 10 22 34	11 17 27 42 24 0 38 49 44 10 59 22 8 47 7 10 19 31 26	12 19 21 35 21 0 37 45 40 6 20 8 44 6 9 16 26 27	13 12 17 30 17 38 44 37 7 9 9 6 42 5 8 14 20	14 6 9 23 13 0 35 42 40 12 56 20 3 36 5 9 14 16 15	15 5 7 24 13 1 31 35 38 13 56 6 16 5 5 55 2 6 14 16 19	16 1 3 21 9 0 24 30 36 12 55 31 3 6 12 31 3 6 12	17 1 2 19 8 0 26 27 37 9 51 12 12 1 35 2 6 6 6 16	18 1 2 14 7 0 23 28 34 8 40 8 1 24 2 5 7 14	19 1 15 6 0 19 21 30 6 35 8 1 22 1 6 7 12	20 1 17 7 0 20 17 29 5 36 6 0 23 1 6 9 13 12	21 2 15 7 0 15 22 28 5 33 8 1 23 3 8 1 23 3 6 10 13	22 3 15 7 0 15 21 30 6 33 8 1 21 3 9 9 9 9 10	23 1 3 12 7 0 15 16 19 5 27 8 1 21 5 7 8 8 8 8 7	24 2 6 122 6 0 16 13 20 9 26 10 2 2 6 8 8 7 7	25 2 5 14 5 0 13 10 16 10 26 8 11 13 0 5 6 7 10	26 1 3 13 5 0 10 10 10 15 7 19 8 3 13 0 3 5 6 8	27 1 2 13 2 0 8 10 13 6 16 8 3 14 1 3 3 5 9	28 1 3 10 1 0 8 10 13 6 12 8 2 10 1 2 3 3 3 9	29 2 3 9 1 1 0 7 8 10 3 12 3 12 5 1 1 6 0 5 5 1 1 6 0 1 5 1 3 3 2 8	30 2 9 1 0 7 7 10 2 12 7 1 6 1 3 0 1
RashModerate n=86SymptomFeverChillsBody AchesDizzyConfusionHALoss of Smell/TasteCongestionSore ThroatCoughChest TightnessSOB at restSOB with exertionWheezingAbdominal PainNauseaDiarrheaJoint PainPach	1 30 30 44 13 1 44 24 30 22 56 14 7 7 6 7 16 21 17	2 36 43 57 22 1 51 38 37 23 65 21 7 33 65 21 7 7 33 9 9 10 17 7 27 24	3 33 50 66 26 1 57 44 41 24 41 24 71 30 9 40 13 15 21 30 31	4 33 53 70 28 0 57 50 42 24 72 33 15 43 16 13 20 35 33 20	5 30 51 71 30 0 57 52 47 23 74 31 16 48 17 15 22 36 36 36 36	6 30 51 65 29 0 52 56 43 21 70 30 13 48 14 16 26 42 35	7 28 49 63 34 2 51 58 51 21 71 37 19 51 17 15 27 41 36	8 222 41 60 35 2 51 63 50 19 74 36 15 53 19 15 26 37 34 34	9 19 36 57 34 1 48 60 55 16 74 35 13 50 13 13 23 37 30	10 17 29 50 29 0 47 50 51 12 71 28 8 51 10 10 10 22 34 28	11 17 27 42 24 0 38 49 44 10 59 22 8 47 7 10 19 31 26	12 19 21 35 21 0 37 45 40 6 20 8 44 6 9 16 26 26	13 12 17 30 17 38 44 37 7 9 9 6 42 5 8 14 20 24	14 6 9 23 13 0 35 42 40 12 56 20 3 36 5 9 14 16 15	15 5 7 24 13 1 31 35 38 13 56 16 5 5 35 2 6 14 16 19 9	16 1 3 21 9 0 24 30 36 12 55 31 3 6 12 16 16	17 1 2 19 8 0 26 27 37 9 51 12 12 1 35 2 6 6 6 16 19	18 1 2 14 7 0 23 24 8 40 8 11 228 34 8 40 8 12 24 25 7 14 16 1	19 1 15 6 0 19 21 30 6 35 8 1 22 1 6 7 12 16	20 1 17 7 0 20 17 29 5 36 6 0 23 1 6 9 13 13 0	21 2 15 7 0 15 22 28 5 33 8 1 23 3 8 1 23 3 6 10 13 9 9	22 3 15 7 0 15 21 30 6 33 8 1 21 3 9 9 9 10 9 9	23 1 3 12 7 0 15 16 19 5 27 8 1 21 5 7 8 8 8 8 8 7	24 2 6 122 6 0 16 13 20 9 9 26 10 2 2 6 8 8 7 7 8	25 2 5 14 5 0 13 10 16 10 26 8 11 13 0 5 6 7 10	26 1 3 5 0 10 10 10 15 7 19 8 3 13 0 3 5 6 8 8	27 1 2 13 2 0 8 10 13 6 16 8 3 14 1 3 3 5 9 0	28 1 3 10 1 0 8 10 13 6 12 8 2 10 1 2 3 3 9 0 0	29 2 3 9 1 1 0 7 8 1 0 3 1 2 5 1 1 6 0 5 1 1 6 0 1 5 1 3 1 2 1 3 1 2 1 3 1 2 1 3 1 1 1 1 1 1	30 2 9 1 0 7 7 10 2 12 7 1 6 1 3 0 1 1 0 1

Mild	n=1	64
IVIIIU	11-1	04

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Fever	21	24	22	18	16	15	14	15	14	10	7	7	5	4	2	2	2	1	1	1	1	1	1	0	1	1	0	0	0	0
Chills	27	34	32	30	27	24	20	17	14	10	7	7	5	5	5	2	1	0	1	0	1	1	1	1	1	1	1	0	0	1
Body Aches	35	41	46	42	36	30	27	24	24	21	20	21	15	13	10	9	6	3	3	5	5	5	5	4	3	4	3	3	3	3
Dizzy	4	10	11	13	14	14	11	8	9	11	10	8	7	7	4	3	2	2	2	2	2	2	2	1	1	1	1	1	1	1
Confusion	0	0	0	1	1	1	1	1	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
НА	35	46	46	43	45	43	35	30	25	26	22	22	16	15	13	15	12	10	8	7	5	7	9	8	5	5	5	3	3	2
Loss of Smell/Taste	27	33	41	43	49	52	51	49	49	45	41	34	30	28	25	19	18	13	11	9	10	10	9	8	7	7	4	4	4	4
Congestion	35	41	45	47	45	45	41	38	38	37	38	31	28	24	23	22	18	14	10	8	7	8	7	6	4	4	3	3	3	2
Sore Throat	21	24	24	23	19	18	16	15	13	11	12	10	9	9	6	5	5	5	4	3	2	2	2	2	2	2	1	1	1	1
Cough	42	49	51	53	54	54	52	54	52	51	46	38	33	32	29	26	24	21	16	13	12	15	12	10	9	8	7	5	4	3
Chest Tightness	11	14	15	18	18	19	16	16	15	15	17	16	13	11	10	8	7	7	5	4	4	3	2	2	1	1	1	1	1	1
SOB at rest	4	4	5	7	6	7	4	6	7	5	4	7	5	3	2	2	1	1	1	1	1	1	1	1	1	1	0	0	0	0
SOB with exertion	7	10	13	14	16	18	21	22	18	19	19	19	18	15	13	15	12	9	7	7	8	8	7	6	7	6	5	3	2	2
Wheezing	2	2	2	3	5	5	4	3	4	3	4	4	3	2	2	2	1	1	1	1	0	0	0	0	1	1	1	1	1	1
Abdominal Pain	4	5	4	7	8	9	7	7	7	7	7	4	4	4	4	2	1	1	1	1	1	1	1	1	0	1	1	1	1	1
Nausea	4	5	6	9	12	13	12	12	11	10	11	9	6	5	7	4	1	1	1	1	1	2	1	1	1	1	2	1	1	1
Diarrhea	13	15	12	14	17	17	17	18	15	16	18	12	8	11	10	5	4	2	1	1	2	2	1	1	0	1	1	1	1	1
Joint Pain	9	11	12	13	15	15	12	9	9	9	12	9	10	9	8	7	4	3	4	5	4	5	5	4	2	3	3	3	3	3
Rash	1	2	2	2	3	3	3	2	2	2	2	2	2	4	4	3	2	2	2	1	1	1	2	2	2	2	1	1	2	2
Severe n=4														7	5,															
Severe n=4 Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Severe n=4 Symptom Fever	1 50	2 50	3 50	4 50	5 50	6 50	7 50	8 50	9 50	10 50	11 25	12 25	13 25	14 25	15 25	16 0	17 0	18 0	19 0	20	21	22 0	23 0	24	25 0	26 0	27	28 0	29	30 0
Severe n=4 Symptom Fever Chills	1 50 75	2 50 100	3 50 100	4 50 100	5 50 100	6 50 100	7 50 75	8 50 75	9 50 75	10 50 75	11 25 75	12 25 75	13 25 75	14 25 75	15 25 75	16 0 75	17 0 50	18 0 25	19 0 25	20 0 25	21 0 0	22 0 25	23 0 25	24 0 0	25 0 0	26 0 0	27 0 0	28 0 0	29 0 0	30 0 0
Severe n=4 Symptom Fever Chills Body Aches	1 50 75 75	2 50 100 75	3 50 100 75	4 50 100 75	5 50 100 75	6 50 100 100	7 50 75 100	8 50 75 100	9 50 75 100	10 50 75 100	11 25 75 75	12 25 75 75	13 25 75 75	14 25 75 100	15 25 75 100	16 0 75 75	17 0 50 50	18 0 25 50	19 0 25 75	20 0 25 50	21 0 0 25	22 0 25 50	23 0 25 50	24 0 0 75	25 0 0 75	26 0 0 50	27 0 0 50	28 0 0 50	29 0 0 50	30 0 0 50
Severe n=4 Symptom Fever Chills Body Aches Dizzy	1 50 75 25	2 50 100 75 25	3 50 100 75 25	4 50 100 75 25	5 50 100 75 25	6 50 100 100 50	7 50 75 100 50	8 50 75 100 50	9 50 75 100 50	10 50 75 100 50	11 25 75 75 25	12 25 75 75 25	13 25 75 75 25	14 25 75 100 50	15 25 75 100 50	16 0 75 75 50	17 0 50 50 50	18 0 25 50 50	19 0 25 75 50	20 0 25 50 50	21 0 0 25 25	22 0 25 50 25	23 0 25 50 25	24 0 0 75 25	25 0 0 75 25	26 0 0 50 25	27 0 0 50 25	28 0 0 50 25	29 0 0 50 25	30 0 0 50 0
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion	1 50 75 75 25 0	2 50 100 75 25 0	3 50 100 75 25 25	4 50 100 75 25 25	5 50 100 75 25 25	6 50 100 100 50	7 50 75 100 50	8 50 75 100 50 0	9 50 75 100 50 0	10 50 75 100 50 0	11 25 75 25 25 0	12 25 75 75 25 0	13 25 75 75 25 0	14 25 75 100 50 0	15 25 75 100 50 0	16 0 75 75 50 0	17 0 50 50 50 0	18 0 25 50 50 0	19 0 25 75 50	20 0 25 50 50 0	21 0 25 25 0	22 0 25 50 25 0	23 0 25 50 25 0	24 0 0 75 25 0	25 0 0 75 25 0	26 0 0 50 25 0	27 0 0 50 25 0	28 0 0 50 25 0	29 0 0 50 25 0	30 0 0 50 0 0
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA	1 50 75 25 0 50	2 50 100 75 25 0 75	3 50 100 75 25 25 75	4 50 100 75 25 25 75	5 50 100 75 25 25 75	6 50 100 100 50 0 75	7 50 75 100 50 0 75	8 50 75 100 50 0 50	9 50 75 100 50 0 50	10 50 75 100 50 0 50	11 25 75 25 0 25 25	12 25 75 25 0 25	13 25 75 25 0 25 25	14 25 75 100 50 0 25	15 25 75 100 50 0 25	16 0 75 75 50 0 0	17 0 50 50 50 0 0 0	18 0 25 50 50 0 0	19 0 25 75 50 0 0	20 0 25 50 50 0 0	21 0 25 25 0 0	22 0 25 50 25 0 0	23 0 25 50 25 0 0 0	24 0 0 75 25 0 25	25 0 0 75 25 0 25	26 0 0 50 25 0 25	27 0 0 50 25 0 25	28 0 0 50 25 0 25	29 0 0 50 25 0 25 25	30 0 50 0 25
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste	1 50 75 25 0 50 50	2 50 100 75 25 0 75 50	3 50 100 75 25 25 75 50	4 50 100 75 25 25 75 75	5 50 100 75 25 25 75 75	6 50 100 100 50 0 75 100	7 50 75 100 50 50 75 75	8 50 75 100 50 50 50 50	9 50 75 100 50 50 50 75	10 50 75 100 50 0 50 100	11 25 75 25 25 0 25 100	12 25 75 25 0 25 25 75	13 25 75 25 00 25 100	14 25 75 100 50 0 25 100	15 25 75 100 50 0 25 100	16 0 75 50 0 0 100	17 0 50 50 50 0 0 0 0 50	18 0 25 50 50 0 0 25	19 0 25 75 50 0 0 0 0 50	20 0 25 50 50 0 0 25	21 0 25 25 0 0 0 25	22 0 25 50 25 0 0 0 0 25	23 0 25 50 25 0 0 0 25	24 0 0 25 25 0 25 50	25 0 0 75 25 0 25 75	26 0 50 25 0 25 75	27 0 0 50 25 0 25 50	28 0 0 50 25 0 25 25	29 0 50 25 0 25 25 25	30 0 50 0 25 25
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion	1 50 75 25 0 50 50 25	2 50 100 75 25 0 75 50 25	3 50 100 75 25 25 75 50 25	4 50 100 25 25 25 75 50	5 100 75 25 25 75 75 50	6 50 100 50 50 75 100 50	7 50 75 100 50 0 75 75 50	8 50 75 100 50 50 50 75 50	9 50 75 100 50 50 50 75 50	10 50 75 100 50 0 50 100	11 25 75 25 25 0 25 100 50	12 25 75 25 25 0 25 75 50	13 25 75 25 25 0 25 100 50	14 25 75 100 50 0 25 100 25	15 25 75 100 50 0 25 100 25	16 0 75 50 0 0 100 25	17 0 50 50 50 0 0 0 50 50 25	18 0 25 50 50 0 0 25 25	19 0 25 75 50 0 0 0 50 50 25	20 0 25 50 50 0 0 25 25 0 0	21 0 25 25 0 0 25 0 25 25	22 0 25 50 25 0 0 25 25 25	23 0 25 50 25 0 0 25 0 25 0 0	24 0 75 25 0 25 50 50	25 0 75 25 0 25 75 75 0	26 0 50 25 0 25 75 0	27 0 50 25 0 25 50 50	28 0 0 25 0 25 25 25 0	29 0 50 25 0 25 25 25 25	30 0 50 0 25 25 0
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat	1 50 75 25 0 50 50 25 50	2 50 100 75 25 0 75 50 25 50	3 50 100 75 25 25 25 50 25 50	4 50 100 25 25 25 75 50 50	5 100 755 255 255 755 500 755	6 50 100 50 0 75 100 50 50	7 50 75 100 50 0 75 75 50 50	8 50 75 100 50 50 50 75 50 75	9 50 75 100 50 50 50 50 50	10 50 75 100 50 50 100 50 50	11 25 75 25 25 00 25 100 50	12 25 75 25 25 0 25 75 50 50	13 25 75 25 00 25 100 50 50	14 25 75 100 50 25 100 25 100 25	15 25 75 100 50 0 25 100 25 100	16 0 75 50 50 0 0 100 25 50	17 50 50 50 4 50 50 50 50 50 50 25 4 50 50 50 50 50 50 50 50 50 50	18 0 25 50 50 0 0 25 25 25 25	19 025 750 500 00 500 500 255	20 0 25 50 50 4 0 25 2 5 0 1 25 3 0 1 2 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21 0 25 25 0 0 25 25 25 25	22 0 25 50 25 0 0 0 25 25 25	23 0 25 50 25 0 0 25 0 25 0 0 25 0	24 0 75 25 0 25 50 50 0 0	25 0 75 25 0 25 75 0 0 0 0	26 0 50 25 0 25 75 0 0 0	27 00 500 250 255 500 00 00	28 0 50 25 0 25 25 25 0 0 25	29 0 50 25 0 25 25 25 0 0	30 0 50 0 25 25 0 50
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough	1 50 75 25 0 50 50 25 50 25 50 75	2 50 100 75 25 0 0 75 50 25 50 25	3 50 100 25 25 75 50 25 50 25	4 50 100 25 25 25 75 75 50 50	5 50 100 25 25 25 75 75 50 50 75 100	6 50 100 50 0 75 100 50 75 75	7 50 75 50 50 75 50 550 75 100	8 50 75 50 50 50 75 50 75 100	9 50 75 100 50 50 50 50 50 50	10 50 75 50 50 50 100 50 50 100	11 25 75 25 00 25 100 50 50	12 25 75 25 00 25 75 50 50 100	13 25 75 25 00 25 100 50 50	14 25 75 100 50 0 25 100 25 50 50	15 25 75 100 50 0 25 100 25 100 25 50	16 0 75 50 0 0 0 100 25 50 100	17 0 50 50 4 50 0 1 50 1 1 50 1	18 0 25 50 50 0 0 25 25 25 0 0 25	19 25 75 50 0 0 1 0 2 1 2 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	20 25 50 50 4 50 50 4 50 50 50 50 50 50 50 50 50 50	21 0 25 25 0 0 25 25 25 25	22 0 25 50 25 0 0 0 25 25 25 50	23 0 25 50 25 0 0 25 0 25 0 0 0 0 50	24 0 75 25 0 25 50 50 0 0 0 0	25 0 75 25 0 25 75 0 0 0 0	26 0 50 25 0 25 75 0 0 0 0	27 0 50 25 0 25 50 50 0 0 0 0	28 0 50 25 0 25 25 25 0 25 3 25	29 0 30 25 0 25 25 25 25 3 0 50 5 0	30 0 50 0 25 25 0 50 50
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness	1 50 75 25 0 50 50 25 50 75 100	2 50 100 75 25 0 75 50 25 50 75 100	3 50 100 75 25 25 50 25 50 25 50 75 50 75	4 50 100 75 25 25 75 75 50 50 50 100	5 50 100 25 25 25 75 75 50 50 75 100	6 50 100 50 0 75 100 50 75 100 75	7 50 75 50 50 75 50 50 75 50 75 100	8 50 75 100 50 50 50 75 50 75 100 100	9 50 75 100 50 50 75 50 50 100	10 50 75 100 50 50 100 50 50 100	11 25 75 25 25 0 25 100 50 50 100	12 25 75 25 0 25 75 50 50 50 50 100	13 25 75 25 25 00 25 100 50 50 100	14 25 75 100 50 25 100 25 100 25 50 100	15 25 75 100 50 0 25 100 25 50 50 100	16 0 75 50 0 0 100 25 50 100 100	17 0 50 50 4 50 4 50 50 50 50 50 50 50 50 50 50	18 0 25 50 0 0 25 25 25 0 75 8	19 0 25 75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 0 25 50 0 0 25 0 25 0 0 25 0 500	21 0 25 25 0 0 25 25 25 25 25 25	22 0 25 50 25 0 0 25 25 25 25 25 50	23 0 25 50 25 0 0 25 0 0 25 0 0 0 50 50	24 0 75 25 0 25 50 0 0 0 0 75 5 0	25 0 75 25 0 25 75 0 0 0 0 100	26 0 50 25 0 25 75 0 0 0 0 0 0 0	27 0 50 25 0 25 50 50 0 0 0 0 0 75 50	28 0 0 250 25 25 25 0 25 0 25 5 0 25	29 0 50 25 0 25 25 25 0 50 50 50 50	30 0 50 0 25 25 25 0 50 50 75
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest	1 50 75 25 0 50 50 25 50 75 100 0	2 50 100 75 25 0 75 50 25 50 25 50 75 100	3 50 100 75 25 25 350 25 50 25 50 25 50 25 100	4 50 100 75 25 75 75 50 50 50 100 100	5 50 100 75 25 25 75 75 50 75 50 75 100 100	6 50 100 50 0 75 100 50 75 100 75 100 75 100	7 50 75 100 50 75 50 75 50 75 100 75 100	8 50 75 100 50 50 50 75 50 75 100 100	9 50 75 100 50 50 50 50 100 100 255	10 50 75 100 50 50 50 50 50 100 100	11 25 75 25 0 25 0 25 0 100 50 50 100 100	12 25 75 25 0 25 0 25 50 50 50 50 50 50 50 50 50 50 50 50 50	13 25 75 25 00 25 00 50 50 50 50 50 50 50	14 25 75 100 50 25 100 25 50 50 100 100 25 50 100	15 25 75 100 50 25 100 25 50 100 100 75 50	16 0 75 50 0 0 100 25 50 100 100 100	17 0 50 50 50 0 50 1 5 1 50 1 50 1 50 1 50 1 5	18 0 25 50 0 0 0 25 0 0 1 0 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	19 0 25 50 50 0 0 50 50 25 25 25 25 3 50 0	20 0 25 50 50 4 50 1 50 50 50 50 50 50 50 50 50 50	21 0 25 25 0 0 25 25 25 25 25 25 25	22 0 25 50 25 0 0 25 25 25 50 25 25	23 0 25 0 25 0 0 25 0 0 25 0 0 0 25 25 25	24 0 75 25 0 25 50 50 0 0 75 50 25 25	25 0 75 25 0 25 75 0 0 0 0 0 0 100 75 255	26 0 50 25 0 25 75 0 0 0 0 100 75 25	27 0 50 25 0 25 0 25 0 0 0 0 0 75 50 50 50 50 50	28 0 50 25 0 25 25 25 0 25 50 50 50	29 0 50 25 0 25 25 25 50 50 50	30 0 50 0 25 25 0 50 75 50 25
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB at rest	1 50 75 25 0 50 50 25 50 75 100 0 75	2 50 100 75 25 50 25 50 75 50 75 100 0 75	3 50 100 75 25 25 50 25 50 75 50 75 100 25 75	4 50 100 75 25 75 50 50 50 100 25 75 75 75 75 75 70 100 25 75	5 50 100 75 25 25 75 50 75 50 75 100 100 25 75	6 50 100 50 75 100 50 75 100 75 100 75 100 75 100 75 100	7 50 75 50 50 75 50 75 50 75 100 75 25 100	8 50 75 50 50 75 50 75 100 100 25 100	9 50 75 50 50 50 50 50 100 25 100	10 50 75 50 50 50 50 50 50 100 100 25 100	11 25 75 25 0 25 100 50 50 100 100 25 100	12 25 75 25 0 25 75 50 50 50 100 75 25 25 100	13 25 75 25 0 25 0 50 50 100 75 25 100 75 25 100 75 25 100	14 25 75 100 50 0 25 100 25 50 100 25 50 100 75 25 100 75 200	15 25 75 100 50 0 25 100 25 50 100 75 25 100	16 0 75 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0	18 0 25 50 0 25 0 25 0 25 0 25 0 25 0 25 0 25 0 25 0 25 0 25 26 27 26 27 26 27 26 27 27 27	19 0 25 75 50 0 0 0 0 1 50 1 50 1 50 50 1 5 1 50 1 5	20 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0	21 0 25 25 0 25 25 25 25 25 25 25 25	22 0 25 50 25 0 25 25 25 50 25 25 50	23 0 25 50 25 0 0 25 0 0 0 0 50 25 25 50	24 0 75 25 0 0 25 50 0 0 0 0 75 25 25 25 75	25 0 75 25 75 0 0 0 0 0 0 0 0 0 0 100 75 25 100	26 0 50 25 75 0 0 0 0 100 75 25 100	27 0 50 25 50 25 50 0 0 0 75 50 25 100	28 0 50 25 25 25 25 0 25 75 50 25 50 25	29 0 30 25 0 25 25 0 30 50 50 50 250	30 0 50 0 25 25 0 50 75 50 25 100
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion Wheezing	1 50 75 25 0 50 50 25 50 75 100 0 75 25	2 50 100 75 25 0 75 50 25 50 75 100 0 75 255	3 50 100 75 25 75 50 25 50 75 100 25 75 100 25 75	4 50 100 75 25 75 60 75 50 50 100 25 75 50 50 50 100 25 75 25	5 50 100 75 25 75 75 50 75 100 100 25 75 25 50	6 50 100 50 0 50 0 75 100 75 100 75 100 75 100 75 100 25 100 25	7 50 75 100 50 0 75 50 75 100 75 100 25 100 0 0	8 50 75 100 50 50 50 75 100 100 25 100 25	9 50 75 50 50 50 50 50 100 25 100 25	10 50 75 50 50 50 50 50 50 50 100 25 100 25	11 25 75 25 0 25 100 50 100 25 100 25 100 20	12 25 75 25 0 25 75 50 50 50 100 75 25 100 0 0	13 25 75 25 0 25 0 50 50 100 75 25 100 50 100 75 25 100 0 0	14 25 75 100 50 0 25 100 25 50 100 25 100 25 100 75 25 100 0 100 0 0	15 25 75 100 0 25 100 25 100 25 100 25 100 25 100 100 100 100 0 100 0 100 0	16 0 75 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0	18 0 250 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 00 500 00 00 00 00 00 00 00 00 00 00	21 0 0 25 25 0 0 25 25 25 25 25 25 25 25 25 25 25 25 25	22 0 25 50 25 0 0 25 25 50 25 50 25 50 25 50	23 0 25 0 25 0 0 0 25 0 0 0 50 25 25 50 0 0	24 0 75 25 0 0 25 50 0 0 0 75 25 75 25 75 25	25 0 75 25 75 25 0 0 0 0 0 0 0 0 100 75 25	26 0 50 25 75 0 0 0 0 100 75 25 100 0 0	27 0 50 25 50 0 0 0 0 50 25 50 25 100 0	28 0 50 25 0 25 25 0 25 50 25 50 25 100 25	29 0 0 25 0 25 25 0 0 50 50 25 100 25	30 0 50 0 25 25 0 50 75 50 25 100 25
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion Wheezing Abdominal Pain	1 50 75 25 0 50 50 25 50 75 100 0 75 25 25 0 0	2 50 100 75 25 0 75 50 75 50 75 50 75 100 0 75 25 0 0	3 50 100 75 25 50 25 50 75 50 75 100 25 75 25 75 25 0 0	4 50 100 75 25 75 75 50 50 50 100 100 25 75 25 75 25 0 0	5 50 100 75 25 75 75 50 75 100 100 25 75 25 75	6 50 100 50 0 75 100 75 100 75 25 100 25 0 0	7 50 75 100 50 0 75 50 75 100 75 25 100 0 0 0	8 50 75 100 50 50 75 50 75 100 25 100 0 0 0	9 50 75 50 50 50 50 50 50 100 25 100 0 0 0 0	10 50 75 50 50 50 50 50 50 50 100 25 100 25 100 0 0 0	11 25 75 25 0 25 100 50 50 100 25 100 25 100 0 0 0 0	12 25 75 25 0 25 75 50 50 50 50 100 75 25 100 0 0 0	13 25 75 25 0 25 100 50 50 100 75 25 100 0 0 0 0 0 0 0	14 25 75 100 50 0 25 100 25 100 25 100 25 100 25 100 25 100 100 0 0 0 0 0	15 25 75 100 0 0 25 100 25 100 25 100 0 0 0 0 0 0 0 0 0	16 0 75 50 0 0 100 25 100 25 100 100 100 0 0 100 0 0 0 0 0 0 0 0 0 0 0	17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0	18 0 25 50 0 25 0 25 0 25 0 75 75 25 0 75 75 0 0 0 10	19 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 250 500 00 00 00 00 00 00 00 00	21 0 25 25 0 0 25 25 25 25 25 25 25 30 25 30 25 30 0 0	22 0 25 25 0 0 0 25 25 25 25 25 25 50 25 50 0 0 0	23 0 25 0 25 0 0 0 25 25 25 50 0 0 0 0 0	24 0 75 25 0 0 25 50 0 0 0 75 25 75 25 75 25 0 0	25 0 75 25 0 25 75 0 0 0 0 0 0 100 75 25 100 25 0 0	26 0 50 25 75 0 0 0 0 100 75 25 100 0 0 0	27 0 0 25 0 25 50 0 0 0 0 75 50 25 100 0 0 0 0 0	28 0 0 25 0 25 25 0 25 50 25 50 25 100 25 25 0 0 25 100	29 0 0 25 0 25 25 25 0 0 50 50 25 100 25 25 20 25 20 25 20 20 20 20 20 20 20 20 20 20 20 20 20	30 0 50 0 25 25 0 50 75 50 25 100 25 0 0
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion Wheezing Abdominal Pain Nausea	1 50 75 25 0 50 50 25 50 75 100 0 75 25 0 0 25 0 0 25	2 50 75 25 0 75 50 25 50 75 100 0 75 25 0 0 25	3 50 100 75 25 50 25 50 75 50 75 25 75 25 25 0 0 25	4 50 75 25 25 75 50 50 50 100 25 75 25 25 0 0 25	50 50 75 25 75 75 50 75 100 25 75 25 25 0 0 25	6 50 100 50 0 75 100 75 25 100 25 0 0 25	7 50 75 50 0 75 50 75 50 75 100 75 25 100 0 0 0 0 25	8 500 750 000 500 000 750 1000	9 50 75 100 50 75 50 50 50 100 25 100 0 0 0 25	10 50 75 50 50 50 50 50 50 50 25 100 25 100 0 0 0 0 25	11 25 75 25 0 25 100 50 50 100 25 100 25 100 0 0 0 0 0 0	12 25 75 25 0 25 75 50 50 50 75 25 100 0 0 0 0 0 0	13 25 75 25 0 25 100 50 100 75 25 100 75 25 100 0 0 0 0 0 0 0 0 0 0	14 25 75 100 0 0 25 100 25 50 100 75 50 100 0 0 0 0 0 0 0 0 0 0	15 25 75 100 0 25 100 25 50 100 75 25 100 0 0 0 0 0 0 0 0	16 0 75 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0	18 0 25 50 0 25 0 25 0 75 75 75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0	21 0 25 25 0 0 25 25 25 25 25 25 25 25 25 25 25 25 25	22 0 25 25 0 0 0 25 25 25 25 25 25 25 0 0 0 0	23 0 25 0 25 0 0 0 25 25 50 0 0 0 25 50 0 0 25	24 0 75 25 0 0 25 50 0 0 75 25 25 25 25 25 0 0 25 25	25 0 75 25 0 25 75 0 0 0 0 100 75 25 100 25 0 0 25	26 0 50 25 0 25 75 0 0 0 0 0 0 0 0 0 0 0 0 0 0	27 0 50 25 50 0 75 50 0 75 50 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	28 0 0 25 0 25 0 25 75 50 25 50 25 100 25 0 0 0 0	29 0 0 25 0 25 0 0 50 0 50 0 25 0 25 0 0 25 0 0 25 0 0 0 0	30 0 0 0 0 25 25 0 50 50 25 50 25 100 25 0 0 0
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB with exertion Wheezing Abdominal Pain Nausea Diarrhea	1 50 75 25 0 50 50 25 50 75 100 0 75 25 0 0 25 0 25 0 0	2 50 75 25 0 75 50 25 50 25 100 0 75 25 0 0 25 0 0	3 50 100 75 25 50 25 50 25 50 25 25 25 0 25 0	4 50 25 25 75 50 50 100 25 25 0 25 0 25 0 25	5 50 100 75 25 55 75 50 75 50 100 25 25 0 25 25 0 25 25 25	6 50 100 50 0 75 100 50 0 75 100 75 100 25 0 255 255	7 50 50 50 50 75 50 75 100 75 100 75 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 500 100 500 00 500 00 00 100 1	9 50 75 100 50 75 50 50 50 100 25 100 0 0 25 25 25	10 50 75 50 0 50 50 50 50 50 100 25 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 25 75 25 0 25 100 50 100 25 100 25 100 0 0 0 0 0 0 0 0 0 0 0	12 25 75 25 0 25 50 50 50 75 50 75 25 100 0 0 0 0 0 0 0 0	13 25 75 25 0 25 100 50 100 75 25 100 75 100 0 0 0 0 0 0 0 0 0 0 0 0 0	14 25 75 100 0 0 25 100 25 100 100 25 100 100 100 100 0 0 0 0 0 0 0 0 0 0 0 0 0	15 25 75 100 0 25 100 25 50 100 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16 0 75 50 0 25 50 100 25 100 <tr< td=""><td>17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>18 0 25 50 0 25 0 25 0 75 0 75 0</td><td>19 0 25 7 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>20 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>21 0 25 25 0 0 25 25 25 25 25 25 25 25 25 25 25 25 25</td><td>22 0 25 50 0 0 25 25 25 25 25 25 25 0 0 0 0</td><td>23 0 25 50 0 0 25 0 0 0 50 25 50 0 0 0 0 0</td><td>24 0 75 25 0 25 50 0 0 75 25 25 25 25 0 0 25 25 25</td><td>25 0 75 25 0 25 75 0 0 100 75 25 100 25 0 0 25 0</td><td>26 0 50 25 75 75 75 0 0 0 75 25 100 0 0 0 0 0 0 0 0 0 0 0 0 25</td><td>27 0 50 25 50 0 50 0 75 50 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>28 0 50 25 0 25 25 0 25 50 25 50 25 50 25 50 25 50 0 0 0</td><td>29 0 0 25 0 25 0 0 50 0 50 25 2 5 0 25 2 5 0 2 5 0 2 5 0 2 5 0 2 5 0 0 2 5 0 0 0 2 5 0 0 0 0</td><td>30 0 50 0 25 25 0 50 50 25 50 25 0 0 25 0 0 0 25</td></tr<>	17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0	18 0 25 50 0 25 0 25 0 75 0 75 0	19 0 25 7 0 0 0 0 0 0 0 0 0 0 0 0 0	20 0 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0	21 0 25 25 0 0 25 25 25 25 25 25 25 25 25 25 25 25 25	22 0 25 50 0 0 25 25 25 25 25 25 25 0 0 0 0	23 0 25 50 0 0 25 0 0 0 50 25 50 0 0 0 0 0	24 0 75 25 0 25 50 0 0 75 25 25 25 25 0 0 25 25 25	25 0 75 25 0 25 75 0 0 100 75 25 100 25 0 0 25 0	26 0 50 25 75 75 75 0 0 0 75 25 100 0 0 0 0 0 0 0 0 0 0 0 0 25	27 0 50 25 50 0 50 0 75 50 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	28 0 50 25 0 25 25 0 25 50 25 50 25 50 25 50 25 50 0 0 0	29 0 0 25 0 25 0 0 50 0 50 25 2 5 0 25 2 5 0 2 5 0 2 5 0 2 5 0 2 5 0 0 2 5 0 0 0 2 5 0 0 0 0	30 0 50 0 25 25 0 50 50 25 50 25 0 0 25 0 0 0 25
Severe n=4 Symptom Fever Chills Body Aches Dizzy Confusion HA Loss of Smell/Taste Congestion Sore Throat Cough Chest Tightness SOB at rest SOB at rest SOB with exertion Wheezing Abdominal Pain Nausea Diarrhea Joint Pain	1 50 75 25 0 50 50 25 50 75 100 0 75 25 0 0 25 0 0 25 0 0 25	2 50 75 25 0 75 50 25 50 25 100 0 75 25 0 0 25 0 0 25 0 0 25	3 50 100 75 25 50 25 50 25 50 25 25 25 0 25 0	4 50 25 25 75 50 50 50 100 25 25 0 25 0 25 0 0 25 0 0 25	5 50 100 75 25 55 75 50 75 100 25 25 25 0 25 25 25 25 25 25	6 50 100 50 0 75 100 50 0 75 100 50 100 50 100 50 100 25 0 255 255 255 255	7 50 50 50 50 75 50 75 100 75 100 75 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 500 100 500 00 500 100 0 100 1	9 50 75 50 0 50 75 50 100 25 100 0 0 0 0 0 0 0 0 25 25 25 25	10 50 75 50 0 50 50 50 50 100 25 100 0 0 0 0 0 0 0 0 0 50 0 0 0 50	11 25 75 25 0 25 100 50 100 25 100 25 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 25 75 25 0 25 50 50 50 75 50 75 25 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13 25 75 25 0 25 100 50 100 75 25 100 0 0 0 0 0 0 0 0 0 0 0 0 25	14 25 75 100 50 0 25 100 25 100 100 25 100 100 0 0 0 0 0 0 0 0 0 0 0 0 25	15 25 75 00 0 25 100 25 50 100 75 25 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16 0 75 50 0 0 0 0 0 0 0 0 0 0 0 0 0	17 0 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0	18 0 25 50 0 25 0 25 0 75 25 75 0	19 0 25 75 0 0 0 0 0 0 25 25 25 25 25 25 25 20 25 20 25 20 20 20 20 20 20 20 20 20 20 20 20 20	20 0 25 50 0 0 0 25 0 25 0 25 0 0 25 0 0 25 0 0 25 0 0 25 0 0 0 0 0 0 0 0 0 0 0 0 0	21 0 25 3 3 4 3 5 5 3 5 5 0 2 5 5 0 2 5 0 0 2 5 0 0 0 2 5 1 0 0 0 2 5 1 5 1	22 0 25 50 0 0 25 25 50 25 25 50 0 0 0 0	23 0 25 50 0 0 25 0 0 0 50 25 50 0 0 0 0 25 50 0 0 0	24 0 75 25 0 25 50 0 0 75 25 25 25 25 25 25 50	25 0 75 25 0 25 75 0 0 100 25 25 0 25 0 25 0 0 25 0 0 25	26 0 50 25 0 25 75 0 0 0 0 75 25 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	27 0 50 25 50 0 50 0 75 50 25 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	28 0 50 25 0 25 25 0 25 50 25 50 25 50 25 50 25 50 0 0 0	29 0 0 25 0 25 0 0 50 0 50 25 25 25 25 25 20 25 20 25 20 25 20 20 20 20 20 20 20 20 20 20 20 20 20	30 0 50 0 25 25 0 50 50 25 50 25 0 0 25 0 0 25 0 0 25 0 0











STROBE Statement—Checklist of items that should be included in reports of cohort studies

	Item No	Recommendation	Page No
Title and abstract	1	(<i>a</i>) Indicate the study's design with a commonly used term in the title or the abstract	1-2
		(b) Provide in the abstract an informative and balanced summary of what was	
		done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4-5
Methods		The second se	
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of	6
Sering		recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of	6
		participants. Describe methods of follow-up	
		(b) For matched studies, give matching criteria and number of exposed and	
		unexposed	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and	7-10
		effect modifiers. Give diagnostic criteria, if applicable	
Data sources/	8*	For each variable of interest, give sources of data and details of methods of	8-9
measurement		assessment (measurement). Describe comparability of assessment methods if	
		there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	10
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable,	9-10
-		describe which groupings were chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those used to control for	10-
		confounding	11
		(b) Describe any methods used to examine subgroups and interactions	
		(c) Explain how missing data were addressed	
		(d) If applicable, explain how loss to follow-up was addressed	
		(<i><u>e</u></i>) Describe any sensitivity analyses	
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially	12
		eligible, examined for eligibility, confirmed eligible, included in the study,	
		completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social)	12-
		and information on exposures and potential confounders	14
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) Summarise follow-up time (eg, average and total amount)	
Outcome data	15*	Report numbers of outcome events or summary measures over time	14- 16
BMJ Open

Main results	16	(<i>a</i>) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	16
		(b) Report category boundaries when continuous variables were categorized	
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a	
		meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	17- 18
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	19- 20
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18- 19
Generalisability	21	Discuss the generalisability (external validity) of the study results	20
Other informati	ion		
Funding	22	Give the source of funding and the role of the funders for the present study and, if	NA
c		applicable, for the original study on which the present article is based	

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

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Predictors of disease duration and symptom course of outpatients with acute covid-19: a retrospective cohort study

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Title: Predictors of disease duration and symptom course of outpatients with acute covid-19: a retrospective cohort study

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ABSTRACT

Objective: Describe the disease course in a cohort of outpatients with covid-19 and evaluate factors predicting duration of symptoms

Design: Retrospective cohort study

Setting: Telemedicine clinic at a large medical system in Atlanta, Georgia

Participants: 340 patients with COVID-19. Exclusion criteria included intake more than 10 days after symptom onset.

Main outcome measures: Symptom duration in days

Results: Common symptoms at intake visit are upper respiratory (74% cough, 55% loss of smell or taste, 57% sinus congestion, 32% sore throat), systemic (65% headache, 64% body aches, 53% chills, 30% dizziness, 36% fever). Day of symptom onset was earliest for systemic and upper respiratory symptoms (median onset day 1 for both), followed by lower respiratory symptoms (day 3, 95% CI 2-4), with later onset of gastrointestinal symptoms (day 4, 3 to 5), when present. Cough had the longest duration when present with median 17 days (15 to 21), with 42% not resolved at final visit. Loss of smell or taste had the second longest duration with 14 days (12 to 17), with 38% not resolved at final visit. Initial symptoms severity is the best predictor of symptom duration (p<0.01 for multiple symptoms).

Conclusions: Covid-19 illness in outpatients follows a pattern of progression from systemic symptoms to lower respiratory symptoms and persistent symptoms are common across categories. Initial symptom severity is the best predictor of disease duration.

Strengths and limitations of this study

Strengths:

 $\cdot\,$ By systematically calling patients throughout acute illness, we are able to provide a visual representation of symptoms of acute illness in outpatients.

 \cdot Missing data are minimal during acute illness as patients are followed until symptom improvement.

• We used standardized templates for all patients and are able to analyze predictors of symptom duration for specific variables including age, comorbidities and symptom severity.

Limitations

- We are a single center study with limited patient numbers.
- We do not follow patients until disease resolution and cannot define an end date for all symptoms.

WHAT IS ALREADY KNOWN ON THIS TOPIC

Covid-19 symptoms in non-hospitalized adults span multiple organ systems, most often including respiratory and systemic symptoms

Symptom duration varies substantially between patients, ranging from brief (days) to prolonged (weeks to months)

WHAT THIS STUDY ADDS

Disease duration is predicted by the severity of initial symptoms during the acute illness Disease course can be described in a pattern with early systemic symptoms, followed by lower respiratory and, less often, gastrointestinal symptoms Multiple symptoms may persist to 30 days, most often cough, loss of smell or taste,

sinus congestion, shortness of breath on exertion, body aches, and headache

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INTRODUCTION

Coronavirus disease 2019 (covid-19) has brought large numbers of patients to medical attention within a span of months for care of a previously undescribed illness. Early reports on the presentation and natural history of covid-19 appropriately focused attention on the severe cases and critically ill.[1-5] Subsequent surveillance has demonstrated that the majority of patients have milder forms of illness [6] and it is recommended that they remain at home with medical supervision.[7,8] Although the duration of home isolation is defined based on symptoms,[7] understanding of the symptom course of outpatients with covid-19 is limited and most reports include presenting symptoms alone or cross-sectional follow-up information.[9-17] Longitudinal symptom data and predictors of individual symptom duration have not been described.

In March 2020, we established a virtual clinic for the care of patients in home isolation with covid-19: the "Virtual Outpatient Management Clinic" (VOMC), using available knowledge for assessment and treatment guidelines. All patients underwent VOMC intake visits with a physician or advanced practice provider (APP), including assessment of specific covid-19 symptoms using a standardized clinical note. Patients were followed for symptom management with regular telephone calls by registered nurses (RNs) and APPs until improvement or hospitalization. Subsets from this cohort have been reported elsewhere in a small case series[18] and for hospitalization risk prediction;[19] the current study is the first to analyze complete longitudinal symptom reporting for the cohort.

As it became clear in clinical practice that symptom duration varies substantially between patients, we undertook this study to determine the predictors of the symptom course of our VOMC cohort. We hypothesized that a combination of demographics, comorbidities, and initial symptom severity would predict symptom duration.

METHODS

Study setting

The study was a retrospective cohort study, conducted at Emory Healthcare, the largest academic health system in Georgia (serving the greater Atlanta metropolitan area), which includes more than 250 provider locations and 120 primary care locations. The VOMC comprised an intake team of 14 physicians and 3 APPs from two primary care clinics; and follow-up call teams included 19 redeployed registered nurses (RNs) and 20 APPs. All intake providers were trained in the use of the risk assessment tool in a one-hour webinar and conducted a median of 25 intake visits during the study period (range: 5-99), with the majority of intake visits conducted by physicians (83.6%).

Study cohort

We included outpatient adults who completed their VOMC intake visit between 24 March 2020 and 26 May 2020 with initial symptom dates between 17 March and 20 May. We excluded patients with an intake visit more than 10 days after symptom onset in order to improve the accuracy of early symptom reporting.

During the study period, outpatient covid-19 testing was conducted by medical providers

using nasopharyngeal sampling for real-time reverse transcription-polymerase chain

reaction (RT-PCR) detection of severe acute respiratory syndrome coronavirus 2

(SARS-CoV-2). Adult patients with positive RT-PCR results from the screening clinics or

emergency departments (EDs) were called by a result notification team to provide self-

care advice and refer for enrollment in the VOMC. The criteria for testing and details of

care are outlined in Box 1. Symptom severity was assessed both by the provider using

criteria in Box 1 as well as self-reported by the patient.

BOX 1: Virtual Outpatient Management Clinic (VOMC) Care Outpatient covid-19 testing (March-April 2020):

1. Symptom(s): either (a) fever, cough, or shortness of breath or (b) two symptoms from the following: sore throat, congestion, myalgias, fatigue, diarrhea, loss of smell.

2. Prioritize: (a) frontline healthcare workers, (b) students on-campus and health professions, (c) CDC employees, (d) patients with risk factors (age, comorbidity, immunosuppression, work in a communal setting).

3. Setting: outpatient clinic repurposed as testing site (12 March 2020) and additional drivethrough site added to expand capacity (9 April 2020).

Emergency Department covid-19 testing (March 2020):

1. Symptom(s): cough, fever, sore throat, or shortness of breath.

2. Prioritize: (a) severe illness (difficulty breathing or other indication for admission), (b) high risk comorbidities including chronic lung disease, heart disease, chronic kidney disease, diabetes, immunocompromising conditions, or (c) communal housing or living with high-risk individual.

VOMC enrollment criteria:

- 1. Diagnosis of covid-19 by nasopharyngeal PCR, and
- 2. Requesting* outpatient monitoring and/or management of covid-19 symptoms.

*All patients with positive results were notified by telephone and offered VOMC referral.

Intake VOMC visit:

1. Documentation template includes symptom history, symptom severity (patient-reported and provider-assessed), past medical history, physical examination and risk assessment.

 Symptoms assessed: "systemic" (fever, chills, body aches, dizziness, headache, joint pain), "upper respiratory" (loss of smell or taste, sinus congestion, sore throat, cough), "lower respiratory" (chest tightness, shortness of breath with exertion, shortness of breath at rest, wheezing), "gastrointestinal" (abdominal pain, nausea, diarrhea), as well as confusion and rash. Note: symptoms assessed as a single list and not grouped into categories during assessment.
 Provider gives advice for (1) symptom management, (2) home isolation guidance and (3)

outpatient monitoring.

Provider-assessed symptom severity definition:

1. Mild

a. Respiratory: Cough, sputum production

b. Systemic: Fever, chills, malaise, myalgia, anorexia, diarrhea, vomiting, headache

2. Moderate

a. Respiratory: Severe cough, dyspnea on exertion, wheezing or sensation of mid-chest tightness

b. Systemic: N/A (Not provided in VOMC clinical guideline)

3. Severe

a. Resting dyspnea, labored breathing, resting pulse oximetry ≤92%, pleuritic pain,

hemoptysis

b. Systemic: acute confusion, severe weakness, syncope, acute decline in functional status

Follow-up phone calls (March-June 2020):

1. Patients receive VOMC follow-up telephone calls based on hospitalization risk tool[19] that includes age, comorbidity, symptom severity, and social support:

- a. Low risk: every other day for a minimum of 7 days from symptom onset
- b. Intermediate risk: daily for a minimum of 14 days from symptom onset
- c. High risk: twice daily for a minimum of 21 days from symptom onset

2. All patients called until the intervals above and for a minimum 3 days after improvement in fevers (without antipyretics) and improvement in respiratory symptoms (whichever criteria was longer).

3. Patients with improving or worsening symptoms could change risk level after enrollment at provider discretion.

Data sources

Study data were obtained from two specific provider note types deployed in March 2020 within the Emory Healthcare electronic health record (Cerner Corp., Kansas City, Missouri, United States): (1) VOMC provider intake visit and (2) VOMC follow-up telephone call. The intake visit assessment note template included (1) documentation of specific covid-19 symptoms including onset and offset dates, (2) patient reported and provider-assessed symptom severity, and (3) documentation of specific medical conditions associated with risk of severe covid-19 (based on medical literature search in March 2020). The VOMC follow-up telephone call template included an identical symptom list with "yes/no" selection for documentation of the presence or absence of symptoms at follow-up.

If symptom onset date was not identified in VOMC notes, we conducted manual chart review of telephone records prior to VOMC enrollment. Additional demographic

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information including age, gender, and race (if recorded) was included from the electronic health record.

To ensure that symptoms were counted only once a day per patient, among patients receiving 2 calls per day, if a symptom was listed as present more than once for a particular day, it was counted only once. Among patients receiving calls every other day, if a symptom was present on both the preceding and subsequent day it was listed as present on the single non-call day in between for symptom duration.

Main outcomes

To create a visual representation of overall disease as a heatmap, we define day 1 as the first day a patient had any symptom and each individual symptom is counted only on days present.

The main outcome was duration in days for each specific symptom, using the first and last documented dates a symptom was present. Because patients could be discharged from VOMC with ongoing symptoms, if a symptom was present on the last nurse phone call it was considered censored for survival analysis. If a symptom was not present on the last nurse phone call then the symptom was considered resolved.

The secondary outcome was the day of symptom onset. Symptoms were grouped into systems: upper respiratory (cough, congestion, sore throat, loss of smell or taste),

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systemic (fever, body aches, chills, dizziness, headache, joint pain), lower respiratory (shortness of breath with exertion, shortness of breath at rest, chest tightness, wheezing) and gastrointestinal (nausea, abdominal pain, diarrhea). Confusion and rash were not included into symptom groups. For initial symptom severity, we used the provider-assessed severity at the intake visit (criteria in Box 1). If provider-assessed severity was not available (n=25) then the patient-reported severity at intake visit was used (n=18 mild and n=7 moderate). Clinical record extraction was conducted 21 June 2020 at which time all enrolled patients had at least 30 days of follow up based on symptom start date and all patients had received their final VOMC nurse call.

Bias

Screening criteria are noted in Box 1. Healthcare employees were prioritized in the outpatient screening process and may be overrepresented in the cohort. Screening in the emergency room prioritized patients with more severe symptoms and likely underrepresented mild disease. Patient enrollment in VOMC was voluntary at the time of results notification, which may also result in selection bias for more symptomatic patients. Patients were scheduled for the minimum recommended follow-up calls at the time of intake (and could later extend care further if needed) but could disengage on request, which could lead to attrition bias.

Predictors

Demographics, comorbidities, and initial symptom severity were tested as predictors of symptom duration.

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Statistical analysis

Survival analysis was used to analyze symptom start date by system and duration of individual symptoms. Kaplan-Meier curves were constructed for symptom onset (grouped by systems) to calculate median day of onset, and for median duration of symptoms. Pairwise log-rank test was used to compare the system groupings. Kaplan-Meier curves were also used to determine the median duration for each symptom. Cox proportional hazard models were constructed but the proportional hazards requirement was not met for several covariate symptom combinations so Cox models were not used. Time-varying covariates can be included as strata but different baseline hazards are modeled for each strata so the effect of the strata covariate is not estimated.[20] Time-by-covariate interactions can be incorporated into the models but would be hard to interpret (supplement table 1).

Subsequent analysis showed accelerated failure time (AFT) models had a better fit. AFT models are an alternate method of survival analysis which is parametric and does not require proportional hazards. To decrease the chance of false positive findings we screened each comorbidity to see if it was a significant predictor of symptom duration with symptom duration analyzed as strata (supplement table 2). Models were developed for each symptom including only the covariates that were significant (gender, initial symptom severity, race, asthma, immunosuppression, obesity) to the p<0.001 level. Statistically significant covariates for each symptom's model were retained in the final AFT models. The Akaike information criterion (AIC) showed the AFT models were a

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better fit than the Cox proportional hazards models (supplement table 3). Log-normal and log-logistic distribution AFT models appeared to fit the data the best with very similar results (supplement table 4), and we present the log-logistic distribution model in this paper with projected survival curves for different models in supplement figure 1. Goodness-of-fit testing was performed for the log-normal and log-logistic AFT models (supplement figure 2a and 2b). Self-reported symptom severity was used if provider-assessed symptom severity was missing (n=25). This resulted in a similar goodness of fit compared to imputing the missing provider assessed severity (supplement table 5). Statistical analysis was performed using RStudio version 4.0.3 packages survival and flexsurv (R core Team, 2020).

Patient and public involvement

Patients and the public were not involved in the design and conduct of the study, outcomes, recruitment, or planned dissemination.

RESULTS:

551 intake visits were completed in VOMC between 24 March 2020 and 26 May 2020. We included 340 patients in the study after excluding: 198 patients with VOMC intake visit more than 10 days after symptom onset, 6 patients without documented positive RT-PCR test for SARS-CoV-2, 3 patients with blank or uninterpretable symptom entries and 1 patient with neither provider or self-reported initial symptom severity. Of the included hospitalized patients, 33 were seen initially in VOMC (before hospitalization) and 3 patients were hospitalized prior to being seen in VOMC (with 2 readmitted during

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the time of VOMC care). Nine of the hospitalized patients resumed VOMC care after hospital discharge.

The testing location for included patients was primarily outpatient (n=304, 89%), followed by ED (n=34, 10%), and 2 patients tested as inpatients (1%). During the study period (testing dates 15 March 2020 to 22 May 2020), the following number of patients were tested at Emory Healthcare: 730 in the outpatient setting, 170 in the ED, 740 in the inpatient setting, 1 in ambulatory surgery and 1 patient in hospice.

Characteristics of the study population

Table 1 describes demographics, comorbidities, and symptoms recorded at the VOMC intake visit for the cohort grouped by initial symptom severity. Our study population had a mean age of 45.6 years, 68% women, and 52% black. The mean number of days from symptom onset to VOMC intake visit was 5.8 days, with follow-up phone calls continuing until mean symptom day 19. There was a significant difference in the initial symptom severity by patient age. Asthma, heart failure, hypertension, and diabetes were significantly different (P<0.05) between the initial symptom severity groups. Only eight patients had severe initial symptoms severity and four (50%) were hospitalized during care. Of the four nonhospitalized patients in the severe symptom group, two were evaluated by the in-person covid-19 clinic and determined to be stable for outpatient monitoring and two were managed by the VOMC telemedicine team alone without escalation to in-person care.

Table 1 Demographics, comorbidities and symptoms at VOMC intake visit

		Initial Sym	ptom Severity		Anova p
Demographics:	Total (n=340)	mild (n=225)	moderate (n=107)	severe (n=8)	value
Age, mean (95% CI)	45.6 (44.1-47.2)	43.9 (42.0-45.7)	48.3 (45.6-51.1)	57.9 (44.8-71.0)	<0.001
Symptom onset to intake VOMC visit (days, 95% CI)	5.8 (5.5-6.0)	5.6 (5.3-6.0)	6.0 (5.6-6.4)	5.6 (4.1-7.1)	0.309
Symptom onset to last phone call (days, 95% CI)	19.0 (17.9-20.0)	17.2 (16.1-18.3)	22.7 (20.6-24.7)	19.9 (6.3-33.5)	<0.001
Count, (%)					Chi ² p value
Gender, Men	108 (32%)	74 (33%)	34 (32%)	0 (0%)	0.146
Gender, Women	232 (68%)	151 (67%)	73 (68%)	8 (100%)	0.140
Race, White	59 (17%)	38 (17%)	19 (18%)	2 (25%)	
Race, Black	177 (52%)	114 (51%)	57 (53%)	6 (75%)	0.403
Race, Other/Unknown	104 (31%)	73 (32%)	31 (29%)	0 (0%)	
Co-morbidities:					
Age>=60	62 (18%)	35 (16%)	25 (23%)	2 (25%)	0.200
Alcohol abuse/addiction	4 (1%)	2 (1%)	2 (2%)	0 (0%)	0.706
Asthma	43 (13%)	19 (8%)	22 (21%)	2 (25%)	0.005
Cancer or malignancy	24 (7%)	17 (8%)	6 (6%)	1 (13%)	0.674
Confirmed Pregnant	1 (0.3%)	1 (0.4%)	0 (0%)	0 (0%)	0.774
COPD	2 (1%)	0 (0%)	2 (2%)	0 (0%)	0.112
Coronary artery disease	9 (3%)	5 (2%)	4 (4%)	0 (0%)	0.647
Diabetes	49 (14%)	26 (12%)	20 (19%)	3 (38%)	0.038
Drug abuse/addiction	3 (1%)	2 (1%)	1 (1%)	0 (0%)	0.963
Heart failure	3 (1%)	1 (0.4%)	1 (1%)	1 (13%)	0.002
Hypertension	111 (33%)	64 (28%)	41 (38%)	6 (75%)	0.007
Immune suppression	19 (6%)	9 (4%)	9 (8%)	1 (13%)	0.181
Lung disease	8 (2%)	3 (1%)	5 (5%)	0 (0%)	0.156
Obesity (BMI > 30)	101 (30%)	60 (27%)	37 (35%)	4 (50%)	0.150
Renal disease	8 (2%)	5 (2%)	3 (3%)	0 (0%)	0.859
Symptom present prior to o	r at intake visit				
current fever	121 (36%)	67 (30%)	51 (48%)	3 (38%)	0.004
chills	181 (53%)	103 (46%)	72 (67%)	6 (75%)	0.001
body aches	217 (64%)	128 (57%)	83 (78%)	6 (75%)	0.001
dizziness when standing	103 (30%)	48 (21%)	51 (48%)	4 (50%)	<0.001
confusion	10 (3%)	4 (2%)	4 (4%)	2 (25%)	0.001
headache	222 (65%)	142 (63%)	74 (69%)	6 (75%)	0.470
loss of smell or taste	188 (55%)	114 (51%)	67 (63%)	7 (88%)	0.022
sinus congestion	193 (57%)	123 (55%)	65 (61%)	5 (63%)	0.548
sore throat	109 (32%)	71 (32%)	35 (33%)	3 (38%)	0.925

cough	250 (74%)	151 (67%)	92 (86%)	7 (88%)	0.001
chest tightness	111 (33%)	55 (24%)	50 (47%)	6 (75%)	<0.001
SOB at rest	47 (14%)	19 (8%)	23 (21%)	5 (63%)	<0.001
SOB with exertion	125 (37%)	50 (22%)	69 (64%)	6 (75%)	<0.001
wheezing	44 (13%)	21 (9%)	22 (21%)	1 (13%)	0.0173
abdominal pain	54 (16%)	28 (12%)	25 (23%)	1 (13%)	0.038
nausea	84 (25%)	33 (15%)	46 (43%)	5 (63%)	<0.001
diarrhea	113 (33%)	63 (28%)	48 (45%)	2 (25%)	0.008
joint pain	95 (28%)	45 (20%)	47 (44%)	3 (38%)	<0.001
rash	13 (4%)	6 (3%)	6 (6%)	1 (13%)	0.184

COPD=Chronic Obstructive Pulmonary Disease, SOB=Shortness of Breath

Symptoms at VOMC intake visit

The most frequently reported symptoms occurring prior to and at the time of the VOMC intake visit included: 74% cough, 65% headache, 64% body aches, 57% sinus congestion, 55% loss of smell or taste, and 53% chills (table 1). All symptoms within the systemic, lower respiratory, and gastrointestinal systems were significantly different between severity groups. The only symptoms that were not significant were headache, sinus congestion, sore throat, and rash.

Time course of individual symptoms

Figure 1 displays heat maps of symptoms for 305 patients, presenting the daily percentage of patients with specified symptoms over a 30 day follow up period. The 35 patients hospitalized after VOMC intake are not included in figure 1 because daily symptom data were not collected during hospitalizations. Among symptoms included in this visual, the highest daily prevalence reported during 30 days of follow up was for cough (60%), loss of smell or taste (50%), body aches (45%), headache (45%), and sinus congestion (45%). The most frequent remaining symptoms at 30 days were

cough (5%), body aches (4%), sinus congestion (3%), and shortness of breath with exertion (3%). Fever was not a prominent symptom during 30 days of follow up, with peak daily prevalence of 22% in the first two days of illness.

Time course of symptoms by initial symptom severity

The heat map findings for mild initial symptom severity group (n=210 for heat map) demonstrate similar rates of initial upper respiratory symptoms compared to the entire heat map cohort, with peak daily prevalence of cough in 52% and sinus congestion in 45% during the first week (figure 1). Rates of lower respiratory symptoms were lower (e.g. shortness of breath with exertion in 20% on day 8, vs 30% in overall cohort). Rates of persistent symptoms at 30 days were lower in the mild initial symptom severity cohort, with no more than 1% reporting persistence of each individual symptom.

The heat map for moderate initial symptom severity had higher rates of all symptoms (compared to overall group and mild initial symptom severity). Differences were less for upper respiratory symptoms such as sinus congestion (peak prevalence 54% in moderate group compared with 45% overall) and greater for lower respiratory symptoms (e.g. shortness of breath with exertion 56% vs 30%), systemic symptoms (e.g. joint pain 36% vs 18%), and gastrointestinal symptoms (e.g. diarrhea 36% vs 21%). At 30 days the most frequent symptoms remaining were cough (9%), sinus congestion (8%), body aches (8%), joint pain (6%), loss of taste or smell (5%), shortness of breath with exertion (5%), and headache (4%). The heat map for the four nonhospitalized patients with severe initial symptom severity shows high prevalence

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(100% within the first week) of chills, body aches, loss of smell or taste, sore throat, cough, chest tightness, and shortness of breath with exertion. At 30 days, 3 patients (75%) still had cough and shortness of breath with exertion.

Timing of symptom onset of by system

The median day of symptom onset determined by Kaplan-Meier curves is shown in figure 2. The onset for systemic and upper respiratory symptoms frequently occurred on day 1, with gastrointestinal and lower respiratory symptoms occurring later. Recognizing that cough can be a manifestation of upper airway or lower airway infections, we analyzed cough separately, finding a median start of 1 day (95% confidence interval 1 to 1). This was not different from the median start day for upper respiratory symptoms (p=0.253), but it was significantly different than the median start day for lower respiratory symptoms (p<0.001) so we grouped cough with the upper respiratory system.

Duration of each symptom

Figure 3 describes the median days and 95% confidence interval for each symptom obtained from Kaplan-Meier survival curves of the full study population (n=340), censoring hospitalized patients at time of admission (unless re-enrolled in VOMC after discharge). When present, cough had the longest duration with 17 days (95% confidence interval 15 to 21), followed by loss of smell or taste with 14 days (12 to 17) and sinus congestion with 13 days (11 to 15). Shortness of breath with exertion, when present, lasted 12 days (10 to 16).

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Patients reporting improving symptoms could be discharged from VOMC with symptoms present. The percentage of patients reporting resolution of each symptom is presented in table 2. The symptoms most frequently unresolved at the time of the final phone call were cough (116 of 279 patients with cough, 42%), loss of smell or taste (89 of 233, 38%), sinus congestion (90 of 246, 37%), and shortness of breath with exertion (66 of 191, 35%).

Table 2 Symptoms unresolved at last phone call

	Total patients with	Number symptomatic	Percent unresolved
Symptom	symptom	at last phone call	at last phone call
Fever	145	18	12%
Chills	196	20	10%
Body aches	234	53	23%
Dizzy	151	25	17%
Confusion	20	3	15%
Headache	259	56	22%
Loss of smell or taste	233	89	38%
Congestion	246	90	37%
Sore throat	141	29	21%
Cough	279	116	42%
Chest tightness	150	27	18%
SOB at rest	89	19	21%
SOB with exertion	191	66	35%
Wheezing	72	12	17%
Abdominal pain	101	11	11%
Nausea	126	24	19%
Diarrhea	169	24	14%
Joint pain	138	31	22%
Rash	33	7	21%

Symptom duration predicted by covariates

Table 3 presents the results of the final AFT models with log-logistic distribution fitted individually for each symptom. The AFT deceleration factor is the factor by which the

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survival time is multiplied for that group compared to the baseline group. For example, obesity was the only significant predictor of joint pain duration with 1.73 (95% CI 1.09-2.75) fold longer duration, which is 73% (95% CI 9-175%) longer symptoms. Asthma was the only significant predictor for wheezing, increasing duration by 160% (95% CI 37-394%). Asthma and black race were both predictors of duration for SOB at rest, with asthma increasing SOB duration by 101% (95% CI 22-232%) and black race by 178% (57-492%). Diarrhea is more complex. Patients with moderate initial symptom severity had 71% longer (95% CI 24-137%) duration of diarrhea, while blacks had a 44% (95% CI -16 to -63%) shorter duration of diarrhea. Initial symptom severity was a significant predictor for over half of our symptoms: body aches, chest tightness, chills, congestion, cough, diarrhea, dizziness, fever, headache, nausea, SOB with exertion, and sore throat. Moderate initial symptom severity increased average symptom duration by 63%. Severe initial symptom severity increased average symptom duration by 228% compared to those with mild initial symptom severity (see table 3 for details and confidence intervals). The residual plots to analyze goodness of fit for each symptom's 07/2 model are in supplement figure 2.

Table 3 Accelerated Failur	e Time model for each sy	mptom modeled sep	parately
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Symptom	Covariate	Deceleration factor (95% CI)	p value
Abdominal Pain	Immune suppression	7.50 (3.27-17.19)	<0.001
Body Aches	Moderate initial symptom severity	1.87 (1.44-2.42)	<0.001
Body Aches	Severe initial symptom severity	4.01 (1.66-9.67)	0.002
Chest Tightness	Moderate initial symptom severity	1.33 (0.93-1.89)	0.116
Chest Tightness	Severe initial symptom severity	4.27 (1.67-10.95)	0.002
Chills	Moderate initial symptom severity	1.57 (1.21-2.03)	0.001
Chills	Severe initial symptom severity	2.75 (1.28-5.90)	0.010
Confusion	Race = Black	1.63 (0.96-2.77)	0.070

Confusion	Race = Other	7.44 (3.98-13.92)	<0.001
Sinus Congestion	Female	1.55 (1.10-2.18)	0.011
Sinus Congestion	Moderate initial symptom severity	1.62 (1.16-2.26)	0.004
Sinus Congestion	Severe initial symptom severity	1.99 (0.59-6.71)	0.270
Cough	Moderate initial symptom severity	1.54 (1.17-2.01)	0.002
Cough	Severe initial symptom severity	3.49 (1.27-9.61)	0.016
Diarrhea	Moderate initial symptom severity	1.71 (1.24-2.37)	0.001
Diarrhea	Severe initial symptom severity	3.40 (0.91-12.69)	0.068
Diarrhea	Race = Black	0.56 (0.37-0.84)	0.005
Diarrhea	Race = Other	0.61 (0.39-0.96)	0.033
Dizziness	Moderate initial symptom severity	1.78 (1.23-2.58)	0.002
Dizziness	Severe initial symptom severity	6.07 (1.80-20.45)	0.004
Fever	Moderate initial symptom severity	1.39(0.98-1.98)	0.066
Fever	Severe initial symptom severity	4.84(1.55-15.06)	0.007
Headache	Moderate initial symptom severity	2.15 (1.62-2.85)	<0.001
Headache	Severe initial symptom severity	2.15 (0.83-5.59)	0.117
Joint Pain	Obesity	1.73 (1.09-2.75)	0.02
Loss of Smell or Taste	Female	1.63 (1.25-2.14)	<0.001
Loss of Smell or Taste	Immune suppression	3.05 (1.48-6.30)	0.003
Nausea	Moderate initial symptom severity	1.76 (1.17-2.65)	0.007
Nausea	Severe initial symptom severity	2.75 (0.73-10.36)	0.136
SOB at rest	Asthma	2.01 (1.22-3.32)	0.006
SOB at rest	Race = Black	2.78 (1.57-4.92)	<0.001
SOB at rest	Race = Other	1.50 (0.78-2.87)	0.223
SOB with exertion	Moderate initial symptom severity	1.75 (1.19-2.56)	0.004
SOB with exertion	Severe initial symptom severity	1099097.56 (out of range)	0.995
Sore Throat	Moderate initial symptom severity	1.25 (0.83-1.87)	0.281
Sore Throat	Severe initial symptom severity	4.21 (1.70-10.45)	0.002
Wheezing	Asthma	2.60 (1.37-4.94)	0.003
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DISCUSSION

Principal findings

Whereas other studies have looked at cross sectional analysis of covid-19 symptoms,

our study describes the longitudinal symptom course over the acute illness period for a

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telemedicine cohort, including the duration of reporting for each symptom and predictors of symptom duration.

We found that symptom onset starts with upper respiratory and systemic symptoms followed by lower respiratory and GI symptoms. This is consistent with the fact that infected individuals produce large quantities of virus in the upper respiratory tract during the prodromal period.[21] An important observation in this study is that initial symptom severity (at intake visit after test result) was a predictor for the symptom profile over time. Initial symptom severity predicts duration for the majority of symptoms, with significant associations for upper and lower respiratory symptoms as well as nonrespiratory symptoms (including body aches, dizziness, chills, fever, headache, nausea and diarrhea). Notable exceptions were joint pain and wheezing whose only predictors of symptom duration were the underlying risk factors of obesity and asthma, respectively. While these associations make sense clinically, an explanation for immunosuppression leading to longer duration of specific symptoms (abdominal pain and loss of smell or taste) is less intuitive. To decrease the chance of finding false positives, we fit models only for covariates that were significant predictors of overall symptom duration with symptoms analyzed as strata, but some of the findings in the final models may be spurious. Nonetheless, the majority are very significant (p<0.01) along with clinically significant changes in duration.

Comparison with other studies

Initial symptoms reported are similar to previous studies of mild covid-19 and nonhospitalized subsets.[12,15] It differs from the overall reported literature, summarized in a systematic review of 148 studies.[14] Notably, fever was less common (n=121, 36%) compared with 78% in the systematic review, while other symptoms are more common, for example: headache (65% vs 13%), body aches (64% vs 17%), hyposmia (55% vs 25%). The higher frequency of multiple symptoms may be due to our systematic approach to symptom inquiry. Rate of fever may be underreported due to template wording "current fever" but also may be less frequent in this cohort as increased testing availability has expanded the symptom profile of "mild covid-19" patients eligible for screening (Box 1).

We find that the course of illness and predictors of symptom duration have not been well described and this is an important contribution of this analysis. Narrative reviews have noted symptom progression similar to our report[22] and the visual course reported here in heat map form illustrates the development of respiratory symptoms during and after the first week of illness among patients never requiring hospitalization for covid-19.

The persistence of symptoms identified in our study is also an important finding for clinical practice. In our experience providing in-person care, many patients present for evaluation of non-resolving symptoms during subacute or convalescent illness.[23] Other reports have noted long duration of medical leave among persons with covid-19,

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for example first responders in New York (leave duration mean 25.3 days, SD=13.2).[24] We are able to differentiate the likelihood of prolonged symptoms in patients using mild and moderate initial symptom severity, which may aid in clinical counseling and anticipation of symptom recovery times. Given reports of delayed recovery of symptoms after hospitalization,[25] and in outpatients [18] the differentiation by symptom severity in outpatients is plausible.

Comparisons to reports of the severe acute respiratory syndrome (SARS) in 2003 and the Middle East respiratory syndrome (MERS) are limited as mild cases of these diseases were uncommon and most patients with SARS and MERS required hospital admission (requiring intensive care in >20% of SARS cases and >50% of MERS cases).[26, 27] The sequence of symptoms we describe for covid-19 is similar to descriptions of SARS, with initial presentation of systemic symptoms and cough, followed by lower respiratory symptoms and gastrointestinal manifestations.[26] Notable differences include that fever is universal in reports of SARS (99.9%) and upper respiratory symptoms are less common than with covid-19 (e.g. rhinorrhea, sore throat both <20%). Patients with MERS also more frequently have fever and dyspnea, with lower rates of upper respiratory symptoms.[27] Gastrointestinal symptoms appear at similar rates (20-30%) in SARS and MERS, despite the overall higher severity of respiratory disease.

Strengths and limitations of study

Our data on the course of symptoms in outpatients is robust due to the structure of the VOMC, which was staffed to meet the anticipated "surge" of patients in March-May 2020 and therefore had skilled providers contacting patients and completing full note templates regularly through the course of acute illness. Exclusion criteria was minimal and primarily in place to improve accuracy of symptom recollection. Missing clinical data were minimal (e.g. low risk patients contacted every 48 hours instead of 24 hours), allowing for standard approach to imputation.

The primary limitation of this study is that it represents a single-center cohort of patients screened during the early SARS-CoV-2 pandemic. Screening criteria favored the inclusion of working-age individuals in the cohort. We have limited numbers of patients with comorbidities and cannot therefore draw conclusions about the duration of symptoms related to specific conditions (e.g. chronic obstructive pulmonary disease). Because of the relatively small size of the cohort, we also have small numbers of less common symptoms (e.g. confusion and rash).

Another limitation of the structured VOMC cohort data is the time to intake visit. Usual care requires a positive SARS-CoV-2 test prior to enrollment, and delays in testing could attenuate recall of initial symptoms. We therefore limited the study to patients within 10 days of symptom onset and used chart review to verify symptoms reported in the screening process. Discharge timing in the VOMC was a limitation for our follow-up data: the VOMC discharge criteria mirrored the CDC terminology of symptom

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"improvement," but not resolution. The percent of patients still symptomatic at the last phone call varied among symptoms (table 2). We find in other work (unpublished data) that minor residual symptoms are common after VOMC discharge (reported in 55 of 158, 34.8%, of patients contacted a mean of 37.9 days after discharge) and that few (n=7, 4.4%) have symptoms requiring medical follow-up (e.g. by a primary care physician or specialist).[28] These residual symptoms are not captured in the heat map data after their final VOMC call.

"Long covid" has now been described as symptoms persisting beyond the acute illness [29], including fatigue, palpitations, "brain fog" and other symptoms that were not known in March 2020. We have identified these symptoms in individual cases within the VOMC cohort who received prolonged care [18] but did not capture these specific symptoms during the acute care described in this study.

CONCLUSION

Overall, we find that the symptom course of outpatients with covid-19 follows a pattern described in early observations with a typical illness course progressing from early symptoms (systemic, upper respiratory, and cough) to lower respiratory and gastrointestinal symptoms. We confirm that symptoms of altered smell or taste and headache are common in outpatients. Prolonged symptoms are common and the severity of symptoms in the acute phase of illness is the most significant predictor of disease duration.

MANUSCRIPT INFORMATION

Ethics

The study was approved by the Emory University Institutional Review Board (STUDY00000766), which granted both a waiver of informed consent and a waiver of the Health Information Portability and Privacy Act as the study posed no more than minimal risk.

Acknowledgments:

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Data Sharing Statement: Deidentified data are available for sharing upon reasonable request to David Tong (ORCID 0000-0001-9761-6124). Data include patient demographics and comorbidities as well as symptom dates for all participants.

Dissemination declaration: We plan to disseminate our results publicly but it would not be feasible to reach discharged patients with study results and therefore we do not plan to contact study participants for dissemination.

Conflict of Interest Disclosures: All authors have completed the Unified Competing Interest form (available on request from the corresponding author) and declare: no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years, no other relationships or activities that could appear to have influenced the submitted work. Dr. G. O'Keefe served on an advisory board of Eyepoint Pharmaceuticals in 2019. It is unrelated to the current work.

Author Contributions:

The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted. David Tong had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Transparency statement: David Tong attests that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as originally planned have been explained.

Concept and design: JO, GO, DT

Acquisition, analysis, or interpretation of data: JO, ET, GO, DT

Drafting of the manuscript: JO, ET, DT

Critical revision of the manuscript for important intellectual content: JO, ET, GO, DT

Statistical analysis: DT

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Meeting Presentations: Emory University Department of Medicine Research Day (2020)

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FIGURES

Figure 1: Heatmap of incidence of individual symptoms by illness day

Figure 1a: All patients, n=305 (% patients having symptom each day of covid-19 disease)

Figure 1b: Mild provider assessed symptom severity n=210

Figure 1c: Moderate provider assessed symptom severity n=91

Figure 1d: Severe provider assessed symptom severity n=4

Figure 2: Median day of symptoms onset by system determined from Kaplan-Meier curves

Figure 3: Median duration of symptoms from Kaplan-Meier curves

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| 18 | body aches | 34 | 38 | 38 | 36 | 30 | 26 | 23 | 22

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32 | Moderate initial symptoms n = 91
Symptom
current fever | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8

 | 9 | 10
10 | 11
15 | 12
16

 | 13
8 | 14
 | 15
4 | 16
3 | 17
2 | 18
3 | 19
3 | 20 | 21 :
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1 | 29 30
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| 31
32
33 | Moderate initial symptoms n = 91
Symptom
current fever
chills | 1
27
28 | 2
29
41 | 3
28
46 | 4
25
48 | 5
25
49 | 6
26
48 | 7
26
49 | 8
17
31

 | 9
15
34 | 10
10
24 | 11
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19 | 12
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 | 13
8
12 | 14
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| 31
32
33
34 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches | 1
27
28
41 | 2
29
41
53 | 3
28
46
59 | 4
25
48
67 | 5
25
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67 | 6
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59 | 7
26
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61 | 8
17
31
58

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15
34
58 | 10
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24
41 | 11
15
19
37 | 12
16
16
36

 | 13
8
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28 | 14
6
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28
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3
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5
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13 | 19
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2
16 | 20
2
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14 | 21 :
2
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33
34
35 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches
dizziness when standing
conficien | 1
27
28
41
12 | 2
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41
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46
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25
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26 | 6
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59
27 | 7
26
49
61
30 | 8
17
31
58
31

 | 9
15
34
58
31 | 10
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41
26 | 11
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37
25 | 12
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24

 | 13
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12
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18
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4
7
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13 | 16
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7
20
9 | 17
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8 | 21 3
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| 31
32
33
34
35
36 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches
dizziness when standing
confusion
headache | 1
27
28
41
12
1
43 | 2
29
41
53
19
1
50 | 3
28
46
59
21
0
56 | 4
25
48
67
25
0
58 | 5
25
49
67
26
0
56 | 6
26
48
59
27
0
52 | 7
26
49
61
30
3
50 | 8
17
31
58
31
2
50

 | 9
15
34
58
31
31
49 | 10
10
24
41
26
0
42 | 111
155
199
377
255
00
377 | 12
16
16
36
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0
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 | 13
8
12
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2
35 | 14
6
7
28
18
1
31
 | 15
4
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32 | 16
3
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9
0
23 | 17
2
5
19
14
1
23 | 18
3
2
13
10
0
21 | 19
3
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8
0
17 | 20
2
2
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19 | 21 3
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 | 4 25 1 2 5 3 2 12 3 5 0 0 5 8

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| 31
32
33
34
35
36
37 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches
dizziness when standing
confusion
headache
loss of smell or taste | 1
27
28
41
12
1
43
21 | 2
29
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19
1
50
36 | 3
28
46
59
21
0
56
41 | 4
25
48
67
25
0
58
50 | 5
25
49
67
26
0
56
54 | 6
26
48
59
27
0
0
52
52 | 7
26
49
61
30
3
50
60 | 8
17
31
58
31
31
2
50
50

 | 9
15
34
58
31
31
49
49 | 10
10
24
41
26
0
42
42
50 | 111
155
199
337
255
37
372 | 12
16
36
24
0
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45

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8
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19
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35
39 | 14
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18
18
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19 | 21 3
2 4
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16 5
16 1
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16 1 | 3 24 1 1 5 5 2 12 5 3 0 0 4 16 4 14
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 | 26 1 0 3 3 4 13 5 2 0 0 8 13 0 12 | 27
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32
33
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37
38 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches
dizziness when standing
confusion
headache
loss of smell or taste
sinus congestion | 1
27
28
41
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43
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46
59
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67
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45 | 5
25
49
67
26
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56
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26
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39 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches
dizziness when standing
confusion
headache
loss of smell or taste
sinus congestion
sore throat | 1
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58 | 2
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43
23
72 | 4
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73 | 7
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74 | 8
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39
40 | Moderate initial symptoms n = 91
Symptom
current fever
chills
body aches
dizziness when standing
confusion
headache
loss of smell or taste
sinus congestion
sore throat
cough
chest tightness | 1
27
28
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12
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43
21
35
23
23
58
14 | 2
29
41
53
19
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366
41
24
67
21 | 3
28
46
59
21
00
56
41
43
23
23
72
28 | 4
25
48
67
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50
45
21
74
31 | 5
49
677
266
00
566
544
49
19
19
75
30 | 6
26
48
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19
73
34 | 7
26
49
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20
74 | 8 17 31 58 31 58 31 50 50 62 51 17 76 39

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334
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29
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10
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31
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39
7 | 19
3
2
16
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18
30
30
5
37 | 20
22
14
8
0
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19
24
24
3
8
38 | 21 1
2 4
3 4
16 7
5 7
16 7
16 7
26 7
31 7
 | 22 2
1 2
2 3
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dizziness when standing
confusion
headache
loss of smell or taste
sinus congestion
sore throat
cough
chest tightness
shortness of breath at rest
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chills
body aches
dizziness when standing
confusion
headache
loss of smell or taste
sinus congestion
sore throat
cough
chest tightness
shortness of breath at rest
shortness of breath at rest
shortness of breath with exertion
wheezing
abdominal pain
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diarrhea
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Severe initial symptoms n = 4
Symptom
current fever
chills
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Symptom
current fever
chills
body aches
dizziness when standing
confusion
headache
loss of smell or taste
sinus congestion
sore throat
cough
chest tightness
shortness of breath at rest
shortness of breath at rest
shortness of breath with exertion
wheezing
abdominal pain
nausea
diarrhea
joint pain
rash
Severe initial symptoms n = 4
Symptom
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Figure 2: Median day of symptoms onset by system determined from Kaplan-Meier curves 149x188mm (300 x 300 DPI)



Table 1 Cox models with AIC	(time interaction terms	for time varving	covariates)
		ior time varying	covariates

Symptom	Covariate	Hazard Ratio (95% CI)	p value	AIC
Abdominal pain	Immune suppression	0.03 (0.002-0.37)	0.006	649 88
	time*Immune suppression	1.15 (1.02-1.31)	0.024	0 10.00
Body Aches	Female	1.30 (0.71-2.38)	0.395	1657 02
	Moderate initial symptom severity	0.50 (0.36-0.68)	<0.001	1007.02
	Severe initial symptom severity	0.28 (0.09-0.90)	0.003	
	time*Female	0.90 (0.84-0.96)	0.001	
Chest Tightness	Female	0.7 (0.46-1.05)	0.085	1003.77
	Moderate initial symptom severity	0.69 (0.47-1)	0.050	
	Severe initial symptom severity	0.28 (0.09-0.91)	0.033	
Chills	Female	0.72 (0.52-0.99)	0.045	1523.19
	Moderate initial symptom severity	0.57 (0.42-0.78)	<0.001	
	Severe initial symptom severity	0.36 (0.15-0.91)	0.031	
Confusion	Obesity	3.72 (1.21-11.47)	0.022	68.68
Cough	Moderate initial symptom severity	0.67 (0.48-0.93)	0.017	1548.72
	Severe initial symptom severity	0.24 (0.06-0.99)	0.049	
	Asthma	0.66 (0.4-1.08)	0.098	
Fever	Moderate initial symptom severity	0.73 (0.51-1.06)	0.098	1005.47
	Severe initial symptom severity	0.17 (0.04-0.74)	0.019	
	Immune suppression	0.45 (0.2-0.98)	0.043	
	Obesity	0.63 (0.42-0.93)	0.020	
Diarrhea	Moderate initial symptom severity	0.62 (0.44-0.87)	0.006	1194.12
	Severe initial symptom severity	0.29 (0.07-1.21)	0.090	
	AgeGTE60	1.77 (1.14-2.75)	0.011	
Dizziness	Moderate initial symptom severity	0.6 (0.42-0.86)	0.006	1030.48
	Severe initial symptom severity	0.24 (0.06-1)	0.050	
HA	Female	0.62 (0.46-0.84)	0.002	1902.62
	Moderate initial symptom severity	0.5 (0.37-0.68)	< 0.001	
	Severe initial symptom severity	0.49 (0.16-1.55)	0.226	
Joint Pain	Obesity	0.67 (0.44-1.02)	0.060	880.83
Loss Smell or Taste	Female	0.52 (0.36-0.74)	< 0.001	1305.62
	Immune suppression	0.25 (0.08-0.78)	0.017	
Nausea	Female	0.56 (0.35-0.9)	0.016	802.69
Rash				
	no significant covariates			
SOB at rest	no significant covariates no significant covariates			
SOB at rest SOB with exertion	no significant covariates no significant covariates no significant covariates			
SOB at rest SOB with exertion Congestion	no significant covariates no significant covariates no significant covariates Female	0.65 (0.47-0.91)	0.013	1472.22
SOB at rest SOB with exertion Congestion	no significant covariatesno significant covariatesno significant covariatesFemaleModerate initial symptom severity	0.65 (0.47-0.91) 0.6 (0.43-0.85)	0.013	1472.22
SOB at rest SOB with exertion Congestion	no significant covariatesno significant covariatesno significant covariatesFemaleModerate initial symptom severitySevere initial symptom severity	0.65 (0.47-0.91) 0.6 (0.43-0.85) 0.64 (0.16-2.59)	0.013 0.004 0.528	1472.22
SOB at rest SOB with exertion Congestion Sore Throat	no significant covariatesno significant covariatesno significant covariatesFemaleModerate initial symptom severitySevere initial symptom severityModerate initial symptom severity	0.65 (0.47-0.91) 0.6 (0.43-0.85) 0.64 (0.16-2.59) 0.88 (0.49-1.59)	0.013 0.004 0.528 0.682	1472.22 891.69
SOB at rest SOB with exertion Congestion Sore Throat	no significant covariatesno significant covariatesno significant covariatesFemaleModerate initial symptom severitySevere initial symptom severityModerate initial symptom severitySevere initial symptom severitySevere initial symptom severitySevere initial symptom severity	0.65 (0.47-0.91) 0.6 (0.43-0.85) 0.64 (0.16-2.59) 0.88 (0.49-1.59) 0.04 (0-1.01)	0.013 0.004 0.528 0.682 0.051	1472.22 891.69
SOB at rest SOB with exertion Congestion Sore Throat	no significant covariatesno significant covariatesno significant covariatesFemaleModerate initial symptom severitySevere initial symptom severityModerate initial symptom severitySevere initial symptom severitySevere initial symptom severitytime*Moderate initial symptom severity	0.65 (0.47-0.91) 0.6 (0.43-0.85) 0.64 (0.16-2.59) 0.88 (0.49-1.59) 0.04 (0-1.01) 0.97 (0.92-1.02)	0.013 0.004 0.528 0.682 0.051 0.250	891.69
SOB at rest SOB with exertion Congestion Sore Throat	no significant covariatesno significant covariatesno significant covariatesFemaleModerate initial symptom severitySevere initial symptom severityModerate initial symptom severitySevere initial symptom severitySevere initial symptom severitytime*Moderate initial symptom severitytime*Severe initial symptom severity	0.65 (0.47-0.91) 0.6 (0.43-0.85) 0.64 (0.16-2.59) 0.88 (0.49-1.59) 0.04 (0-1.01) 0.97 (0.92-1.02) 1.11 (0.97-1.27)	0.013 0.004 0.528 0.682 0.051 0.250 0.145	891.69
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Table 2 Univariate analysis of covariates predicting all symptoms but analyzed as strata

Covariate	log logistic p value	log normal p value
emale	<0.001	<0.001
Moderate initial symptom severity	<0.001	<0.001
Severe initial symptom severity	<0.001	<0.001
Race = Black	0.634	<0.001
Race = Others	<0.001	<0.001
Age ≥ 60	0.122	0.101
Alcohol abuse	0.339	0.340
Asthma	<0.001	<0.001
Cancer	0.225	0.322
Pregnant	0.066	0.056
COPD	0.319	0.164
CAD	0.173	0.309
Diabetes	0.437	0.416
Drug abuse	0.373	0.359
leart failure	0.303	0.245
Hypertension	0.100	0.241
mmune suppression	<0.001	<0.001
ung disease	0.156	0.377
Dbesity	<0.001	<0.001
Renal disease	0.961	0.932

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	Log	Log					
	normal	logistic	Exponential*	Weibull	Logistic	Gaussian	Cox PH
Abdominal Pain	513.24	520.12	534.11	534.11	630.11	652.56	649.88
Body Aches	1270.64	1267.81	1303.56	1297.08	1434.51	1460.96	1657.02
Chest Tightness	870.16	872.76	873.78	870.23	938.33	945.44	1003.77
Chills	1040.50	1044.37	1069.62	1049.86	1147.28	1191.61	1523.19
Confusion	52.71	53.72	65.02	55.88	80.99	84.83	68.68
Cough	1364.56	1357.13	1371.20	1353.51	1438.89	1434.31	1548.72
Fever	774.82	782.74	780.88	774.37	848.20	855.35	1005.47
Diarrhea	901.05	909.57	915.87	910.76	1004.42	1015.55	1194.12
Dizziness	773.75	781.33	792.40	790.78	894.19	910.16	1030.48
HA	1421.81	1425.91	1451.17	1439.46	1596.60	1615.10	1902.62
Joint Pain	763.35	766.31	770.20	772.18	867.79	875.86	880.83
Loss of Smell Taste	1129.68	1122.00	1148.41	1122.00	1183.54	1184.97	1305.62
Nausea	662.65	666.80	667.27	671.80	741.28	750.72	802.69
							no
Rash	197.16	198.85	180.30	195.28	197.90	196.01	covariates
							no
SOB at rest	395.17	397.92	410.46	411.75	481.16	503.80	covariates
							no
SOB with exertion	966.97	969.14	969.58	969.61	1059.54	1062.07	covariates
Congestion	1219.23	1217.56	1221.87	1217.33	1333.03	1337.98	1472.22
Sore Throat	753.64	757.36	763.23	761.29	850.99	869.91	891.69
Wheezing	372.37	375.22	373.32	374.98	436.12	445.80	396.64

Table 3 Aikake information criteria for different distributions in the accelerated failure time model before removing nonsignificant covariates

*Exponential distribution can not be modeled with symptoms as strata so the variables that were significant for the loglogistic distribution when screened with symptom as strata were used for the exponential model to calculate the AFT exponential distribution model to obtain the AIC.

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Table 4 Comparing final models for lognormal and loglogistic distributions

Symptom	Predictor	Lognormal Deceleration factor (95% CI)	Lognormal p value	Loglogistic Deceleration factor (95% CI)	Logic p val
Abdominal Pain	Immune suppression	6.96 (2.92-16.57)	<0.001	7.50 (3.27-17.19)	<0.00
Body Aches	Moderate initial symptom severity	1.90 (1.44-2.49)	<0.001	1.87 (1.44-2.42)	<0.00
Body Aches	Severe initial symptom severity	3.39 (1.43-8.06)	0.006	4.01 (1.66-9.67)	0.002
Chest Tightness	Moderate initial symptom severity	1.41 (0.99-2.01)	0.056	1.33 (0.93-1.89)	0.116
Chest Tightness	Severe initial symptom severity	4.84 (1.63-14.37)	0.004	4.27 (1.67-10.95)	0.002
Chills	Moderate initial symptom severity	1.54 (1.19-2.00)	0.001	1.57 (1.21-2.03)	0.001
Chills	Severe initial symptom severity	2.71 (1.26-5.83)	0.011	2.75 (1.28-5.90)	0.010
Confusion	Race = Black	1.61 (0.90-2.88)	0.106	1.63 (0.96-2.77)	0.070
Confusion	Race = Other	7.25 (3.36-15.68)	<0.001	7.44 (3.98-13.92)	<0.00
Congestion	Female	1.54 (1.08-2.19)	0.016	1.55 (1.10-2.18)	0.011
Congestion	Moderate initial symptom severity	1.55 (1.10-2.19)	0.012	1.62 (1.16-2.26)	0.004
Congestion	Severe initial symptom severity	2.27 (0.54-9.53)	0.265	1.99 (0.59-6.71)	0.270
Cough	Moderate initial symptom severity	1.51 (1.12-2.02)	0.006	1.54 (1.17-2.01)	0.002
Cough	Severe initial symptom severity	4.09 (1.28-13.02)	0.017	3.49 (1.27-9.61)	0.016
Diarrhea	Moderate initial symptom severity	1.68 (1.23-2.30)	0.001	1.71 (1.24-2.37)	0.001
Diarrhea	Severe initial symptom severity	3.4 (1.00-11.63)	0.051	3.40 (0.91-12.69)	0.068
Diarrhea	Race = Black	0.57 (0.38-0.85)	0.007	0.56 (0.37-0.84)	0.005
Diarrhea	Race = Other	0.62 (0.40-0.97)	0.037	0.61 (0.39-0.96)	0.033
Dizziness	Moderate initial symptom severity	1.71 (1.21-2.43)	0.003	1.78 (1.23-2.58)	0.002
Dizziness	Severe initial symptom severity	6.06 (1.53-24.03)	0.010	6.07 (1.80-20.45)	0.004
Fever	Moderate initial symptom severity	1.20 (0.86-1.68)	0.289	1.39(0.98-1.98)	0.066
Fever	Severe initial symptom severity	4.43 (1.24-15.9)	0.022	4.84(1.55-15.06)	0.007
Fever	Immune suppression	2.04 (1.06-3.92)	0.033	not in model	
Fever	Obesity	1.45 (1.01-2.07)	0.043	not in model	
Headache	Moderate initial symptom severity	2.16 (1.62-2.88)	< 0.001	2.15 (1.62-2.85)	<0.00
Headache	Severe initial symptom severity	2.42 (0.93-6.30)	0.070	2.15 (0.83-5.59)	0.117
Joint Pain	Obesity	1.63 (1.04-2.57)	0.035	1.73 (1.09-2.75)	0.020
Loss of Smell or Taste	Female	1.69 (1.26-2.26)	<0.001	1.63 (1.25-2.14)	<0.00
Loss of Smell or Taste	Immune suppression	3.41 (1.52-7.66)	0.003	3.05 (1.48-6.30)	0.003
Nausea	Moderate initial symptom severity	1.66 (1.12-2.47)	0.012	1.76 (1.17-2.65)	0.007
Nausea	Severe initial symptom severity	2.45 (0.73-8.24)	0.148	2.75 (0.73-10.36)	0.136
SOB at rest	Asthma	2.00 (1.21-3.30)	0.007	2.01 (1.22-3.32)	0.006
SOB at rest	Race = Black	2.62 (1.46-4.69)	0.001	2.78 (1.57-4.92)	<0.00
SOB at rest	Race = Other	1.50 (0.78-2.88)	0.219	1.50 (0.78-2.87)	0.223
SOB with exertion	Moderate initial symptom severity	1.78 (1.21-2.62)	0.003	1.75 (1.19-2.56)	0.004
SOB with exertion	Severe initial symptom severity	3756.98 (out of range	0.990	1099097.56 (out of range)	0.995
Sore Throat	Moderate initial symptom severity	1.22 (0.83-1 79)	0.321	1.25 (0.83-1.87)	0.281
Sore Throat	Severe initial symptom severity	4.23 (1.45-12 32)	0.008	4.21 (1.70-10.45)	0.002
	Asthere	2 24 (1 22 4 05)	0.000	2 60 (1 37-4 94)	0.002

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Table 5 AIC for AFT models for each symptoms similar comparing imputing provider assessed symptom severity with
using related observation of self reported symptom severity

Abdominal Pain Body Aches Chest Tightness Chills	520.1186 1267.808 872.7642	520.1186 1273.045
Body Aches Chest Tightness Chills	1267.808 872.7642	1273.045
Chest Tightness Chills	872.7642	070 3064
Chills		872.3861
	1044.367	1049.595
Confusion	53.71975	53.71975
Cough	1357.125	1361.773
Fever	784.0569	783.9897
Diarrhea	909.5731	911.5716
Dizzy	781.3268	783.1709
HA	1425.913	1436.004
Joint Pain	766.3087	766.3087
Loss of Smell or Taste	1122.003	1122.003
Nausea	666.8013	662.8563
Rash	185.651	185.651
SOB at rest	397.9211	397.9211
SOB with exertion	969.144	972.3846
Congestion	1217.556	1219.118
Sore Throat	757.3605	757.5769
Wheezing	375.2166	375.2166

Figure 1 Survival curves for different models





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Figure 2a Goodness of fit, Kaplan Meier estimation of residual plotted against log-logistic distribution





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Figure 2b Goodness of fit, Kaplan Meier estimation of residual plotted against log-normal distribution





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STROBE Statement—Checklist of items that should be included in reports of cohort studies

	Item No	Recommendation	Page No
Title and abstract	1	(<i>a</i>) Indicate the study's design with a commonly used term in the title or the abstract	1-2
		(b) Provide in the abstract an informative and balanced summary of what was	
		done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4-5
Methods			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of	6
		participants. Describe methods of follow-up	
		(b) For matched studies, give matching criteria and number of exposed and unexposed	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and	7-10
		effect modifiers. Give diagnostic criteria, if applicable	
Data sources/	8*	For each variable of interest, give sources of data and details of methods of	8-9
measurement		assessment (measurement). Describe comparability of assessment methods if	
		there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	10
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9-10
Statistical methods	12	(a) Describe all statistical methods, including those used to control for	10-
		confounding	
		(b) Describe any methods used to examine subgroups and interactions	
		(c) Explain how missing data were addressed	
		(d) If applicable, explain how loss to follow-up was addressed	
		(<u>e</u>) Describe any sensitivity analyses	
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow up, and analysed	12
		(b) Give reasons for non-participation at each stage	
		(a) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eq demographic clinical social)	12-
	14	and information on exposures and potential confounders	14
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) Summarise follow-up time (eq. average and total amount)	
Outcome data	15*	Report numbers of outcome events or summary measures over time	14-
Guicome uata	15	Report numbers of outcome events of summary measures over time	16

1	Main results	16	(<i>a</i>)
2			prec
4			and
5			(<i>b</i>)]
6			(c) I
/ 8			mea
9	Other analyses	17	Rep
10			anal
11 12	Discussion		
12	Key results	18	Sun
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15	Limitations	19	Disc
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17	Interpretation	20	Giv
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20	Generalisability	21	Disc
21	Other informati	ion	
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54			

Main results	16	 (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period 	16
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	17- 18
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	19- 20
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18- 19
Generalisability	21	Discuss the generalisability (external validity) of the study results	20

Funding	22	Give the source of funding and the role of the funders for the present study and, if	NA
		applicable, for the original study on which the present article is based	

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

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Description of symptom course in a telemedicine monitoring clinic for acute symptomatic covid-19: a retrospective cohort study

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Title: Description of symptom course in a telemedicine monitoring clinic for acute symptomatic covid-19: a retrospective cohort study

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Keywords: COVID-19, SARS-CoV-2, symptoms, outpatient, telemedicine

ABSTRACT

Objective: Describe the disease course in a cohort of outpatients with covid-19 and evaluate factors predicting duration of symptoms

Design: Retrospective cohort study

Setting: Telemedicine clinic at a large medical system in Atlanta, Georgia

Participants: 337 patients with acute COVID-19. Exclusion criteria included intake visit more than 10 days after symptom onset and hospitalization prior to intake visit.

Main outcome measures: Symptom duration in days

Results: Common symptoms at intake visit are upper respiratory (73% cough, 55% loss of smell or taste, 57% sinus congestion, 32% sore throat), systemic (66% headache, 64% body aches, 53% chills, 30% dizziness, 36% fever). Day of symptom onset was earliest for systemic and upper respiratory symptoms (median onset day 1 for both), followed by lower respiratory symptoms (day 3, 95% Cl 2-4), with later onset of gastrointestinal symptoms (day 4, 3 to 5), when present. Cough had the longest duration when present with median 17 days (15 to 21), with 42% not resolved at final visit. Loss of smell or taste had the second longest duration with 14 days (12 to 17), with 38% not resolved at final visit. Initial symptoms severity is a significant predictor of symptom duration (p<0.01 for multiple symptoms).

Conclusions: Covid-19 illness in outpatients follows a pattern of progression from systemic symptoms to lower respiratory symptoms and persistent symptoms are common across categories. Initial symptom severity is a significant predictor of disease duration for most considered symptoms.

Strengths and limitations of this study

Strengths:

 \cdot By systematically calling patients throughout acute illness, we are able to provide a visual representation of symptoms of acute illness in outpatients.

• Missing data are minimal during acute illness as patients are followed until symptom improvement.

• We used standardized templates for all patients and are able to analyze predictors of symptom duration for specific variables including age, comorbidities and symptom severity.

Limitations

- We are a single center study with limited patient numbers.
- \cdot We do not follow patients until disease resolution and cannot define an end date for all symptoms.

WHAT IS ALREADY KNOWN ON THIS TOPIC

Covid-19 symptoms in non-hospitalized adults span multiple organ systems, most often including respiratory and systemic symptoms

Symptom duration varies substantially between patients, ranging from brief (days) to prolonged (weeks to months)

WHAT THIS STUDY ADDS

Disease duration is predicted by the severity of initial symptoms during the acute illness Disease course can be described in a pattern with early systemic symptoms, followed by lower respiratory and, less often, gastrointestinal symptoms Multiple symptoms may persist to 30 days, most often cough, loss of smell or taste,

sinus congestion, shortness of breath on exertion, body aches, and headache

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INTRODUCTION

Coronavirus disease 2019 (covid-19) has brought large numbers of patients to medical attention within a span of months for care of a previously undescribed illness. Early reports on the presentation and natural history of covid-19 appropriately focused attention on the severe cases and critically ill.[1-5] Subsequent surveillance has demonstrated that the majority of patients have milder forms of illness[6] and it is recommended that they remain at home with medical supervision.[7,8] Although the duration of home isolation is defined based on symptoms,[7] understanding of the symptom course of outpatients with covid-19 is limited and most reports include presenting symptoms alone or cross-sectional follow-up information.[9-18] Predictors of individual symptom duration have not been described.

In March 2020, we established a virtual clinic for the care of patients in home isolation with covid-19: the "Virtual Outpatient Management Clinic" (VOMC), using available knowledge for assessment and treatment guidelines. All patients underwent VOMC intake visits with a physician or advanced practice provider (APP), including assessment of specific covid-19 symptoms using a standardized clinical note. Patients were followed for symptom management with regular telephone calls by registered nurses (RNs) and APPs until improvement or hospitalization. Subsets from this cohort have been reported elsewhere in a small case series[19] and for hospitalization risk prediction;[20] the current study is the first to analyze complete longitudinal symptom reporting for the cohort.

As it became clear in clinical practice that symptom duration varies substantially between patients, we undertook this study to determine the predictors of the symptom course of our VOMC cohort. We hypothesized that a combination of demographics, comorbidities, and initial symptom severity would predict symptom duration.

METHODS

Study setting

The study was a retrospective cohort study, conducted at Emory Healthcare, the largest academic health system in Georgia (serving the greater Atlanta metropolitan area), which includes more than 250 provider locations and 120 primary care locations. The VOMC comprised an intake team of 14 physicians and 3 APPs from two primary care clinics; and follow-up call teams included 19 redeployed registered nurses (RNs) and 20 APPs. All intake providers were trained in the use of the risk assessment tool in a one-hour webinar and conducted a median of 25 intake visits during the study period (range: 5-99), with the majority of intake visits conducted by physicians (83.6%).

Study cohort

We included outpatient adults who completed their VOMC intake visit between 24 March 2020 and 26 May 2020 with initial symptom dates between 17 March and 20 May. We excluded patients hospitalized prior to the intake visit and patients with an

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intake visit occurring more than 10 days after symptom onset in order to improve the accuracy of early symptom reporting.

During the study period, outpatient covid-19 testing was conducted by medical providers using nasopharyngeal sampling for real-time reverse transcription–polymerase chain reaction (RT-PCR) detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Testing of outpatients occurred primarily at a screening clinic (converted outpatient clinical space) and did not include a clinical assessment except for triage of visibly unstable patients. As test volume increase in April 2020, a drive-through site was added (accounting for 27% of VOMC referrals during the study period). Patients requiring in-person evaluation could be triaged at any time in their illness to the emergency department (ED) or a lower acuity "in-person" Acute Respiratory Clinic (ARC), described elsewhere.[21] During the study period, 12% of VOMC patients were seen in the ARC (either for initial diagnosis or evaluation of symptoms).

Adult patients with positive RT-PCR results from the outpatient sites or emergency departments were called by a result notification team to provide isolation advice and refer to the VOMC. All patients with positive RT-PCR were offered VOMC referral during the study period. The criteria for testing and details of care are outlined in Box 1. During the VOMC intake visit, symptom severity was assessed by the provider using criteria in Box 1 as well as self-reported by the patient.

BOX 1: Virtual Outpatient Management Clinic (VOMC) care during study period Outpatient covid-19 testing criteria (March-April 2020):

1. Symptom(s): either (a) fever, cough, or shortness of breath or (b) two symptoms from the following: sore throat, congestion, myalgias, fatigue, diarrhea, loss of smell.

2. Prioritize: (a) frontline healthcare workers, (b) students on-campus and health professions, (c) CDC employees, (d) patients with risk factors (age, comorbidity, immunosuppression, work in a communal setting).

3. Setting: outpatient clinic repurposed as testing site (12 March 2020) and additional drivethrough site added to expand capacity (9 April 2020).

Emergency Department covid-19 testing criteria (March 2020):

1. Symptom(s): cough, fever, sore throat, or shortness of breath.

2. Prioritize: (a) severe illness (difficulty breathing or other indication for admission), (b) high risk comorbidities including chronic lung disease, heart disease, chronic kidney disease, diabetes, immunocompromising conditions, or (c) communal housing or living with high-risk individual.

Acute Respiratory Clinic in-person care site (April-May 2020):

1. Referrals for evaluation (and testing if needed) from sources: covid-19 hotline (triage of incoming patient calls), physician offices, and VOMC for in-person evaluation of VOMC patients.

2. Testing criteria: none specified, at provider discretion only.

3. Setting: primary care clinic repurposed as acute care site for respiratory complaints (known or possible covid-19), with services including phlebotomy, plain radiography, EKG, pulse oximetry. Staffed daily by 1-2 physicians and APPs from the General Internal Medicine and one Infectious Disease specialist.

VOMC enrollment criteria:

- 1. Diagnosis of covid-19 by nasopharyngeal PCR, and
- 2. Requesting* outpatient monitoring and/or management of covid-19 symptoms.
- 3. Able to complete telemedicine intake (synchronous audio/video connection by smartphone or computer preferred), with telephone-only visit as backup option.
- *All patients with positive results were notified by telephone and offered VOMC referral.

Intake VOMC visit:

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1. Documentation template includes symptom history, symptom severity (patient-reported and provider-assessed), past medical history, physical examination and risk assessment.

 Symptoms assessed: "systemic" (fever, chills, body aches, dizziness, headache, joint pain), "upper respiratory" (loss of smell or taste, sinus congestion, sore throat, cough), "lower respiratory" (chest tightness, shortness of breath with exertion, shortness of breath at rest, wheezing), "gastrointestinal" (abdominal pain, nausea, diarrhea), as well as confusion and rash. Note: symptoms assessed as a single list and not grouped into categories during assessment.
 Provider gives advice for (1) symptom management, (2) home isolation guidance and (3)

outpatient monitoring.

Provider-assessed symptom severity definition (at VOMC intake visit):

1. Mild

- a. Respiratory: Cough, sputum production
- b. Systemic: Fever, chills, malaise, myalgia, anorexia, diarrhea, vomiting, headache
- 2. Moderate

a. Respiratory: Severe cough, dyspnea on exertion, wheezing or sensation of mid-chest tightness

b. Systemic: N/A (Not provided in VOMC clinical guideline)

3. Severe

a. Resting dyspnea, labored breathing, resting pulse oximetry ≤92%, pleuritic pain, hemoptysis

b. Systemic: acute confusion, severe weakness, syncope, acute decline in functional status

Follow-up phone calls (March-June 2020):

1. Patients receive VOMC follow-up telephone calls based on hospitalization risk tool[20] that includes age, comorbidity, symptom severity, and social support:

- a. Low risk: every other day for a minimum of 7 days from symptom onset
- b. Intermediate risk: daily for a minimum of 14 days from symptom onset
- c. High risk: twice daily for a minimum of 21 days from symptom onset

2. All patients called until the intervals above and for a minimum 3 days after improvement in fevers (without antipyretics) and improvement in respiratory symptoms (whichever criteria was longer).

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3. Patients with improving or worsening symptoms could change risk level after enrollment at provider discretion.

Data sources

Study data were obtained from two specific provider note types deployed in March 2020 within the Emory Healthcare electronic health record (Cerner Corp., Kansas City, Missouri, United States): (1) VOMC provider intake visit and (2) VOMC follow-up telephone call. The intake visit assessment note template included (1) documentation of specific covid-19 symptoms including onset and offset dates, (2) patient reported and provider-assessed symptom severity, and (3) documentation of specific medical conditions associated with risk of severe covid-19 (based on medical literature search in March 2020). The VOMC follow-up telephone call template included an identical symptom list with "yes/no" selection for documentation of the presence or absence of symptoms at follow-up.

If symptom onset date was not identified in VOMC notes, we conducted manual chart review of telephone records prior to VOMC enrollment. Additional demographic information including age, gender, and race (if recorded) was included from the electronic health record.

To ensure that symptoms were counted only once a day per patient among patients receiving 2 calls per day, if a symptom was listed as present more than once for a particular day, it was counted only once. Among patients receiving calls every other

day, if a symptom was present on both the preceding and subsequent day it was listed as present on the single non-call day in between for symptom duration.

Main outcomes

To create a visual representation of overall disease as a heatmap, we define day 1 as the first day a patient had any symptom and each individual symptom is counted only on days present.

The main outcome was duration in days for each specific symptom, using the first and last documented dates a symptom was present. Because patients could be discharged from VOMC with ongoing symptoms, if a symptom was present on the last nurse phone call it was considered censored for survival analysis. If a symptom was not present on the last nurse phone call, then the symptom was considered resolved.

The secondary outcome was the day of symptom onset. Symptoms were grouped into systems: upper respiratory (cough, congestion, sore throat, loss of smell or taste), systemic (fever, body aches, chills, dizziness, headache, joint pain), lower respiratory (shortness of breath with exertion, shortness of breath at rest, chest tightness, wheezing) and gastrointestinal (nausea, abdominal pain, diarrhea). Confusion and rash were not included into symptom groups. For initial symptom severity, we used the provider-assessed severity at the intake visit (criteria listed in Box 1). If provider-assessed severity was not available (n=25) then the patient-reported severity at intake

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visit was used (n=18 mild and n=7 moderate). Clinical record extraction was conducted 21 June 2020 at which time all enrolled patients had at least 30 days of follow up based on symptom start date and all patients had received their final VOMC nurse call.

Potential bias

Testing criteria are noted in Box 1. Healthcare employees were prioritized in the outpatient screening process and may be overrepresented in the cohort. Testing in the emergency department prioritized patients with more severe symptoms and likely underrepresented mild disease. Furthermore, patient enrollment in VOMC was voluntary at the time of results notification, which may result in selection bias. Patients were scheduled for the minimum recommended follow-up calls at the time of intake (and could later extend care further if needed) but could disengage on request, which could ich lead to attrition bias.

Predictors

Demographics, comorbidities, and initial symptom severity were tested as predictors of symptom duration.

Statistical analysis

Survival analysis was used to analyze symptom start date by system and duration of individual symptoms. Kaplan-Meier curves were constructed for symptom onset (grouped by systems) to calculate median day of onset with pairwise log-rank test used to compare the system groupings. Kaplan-Meier curves were also used to determine

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the median duration for each symptom. Cox proportional hazard models were constructed but the proportional hazards requirement was not met for several covariate symptom combinations so Cox models were not used. Time-varying covariates can be included as strata but different baseline hazards are modeled for each strata so the effect of the strata covariate is not estimated.[22] Cox models with time-by-covariate interactions are difficult to interpret and are included in the supplement (supplement table 1).

Subsequent analysis showed accelerated failure time (AFT) models had a better fit. AFT models are an alternate method of survival analysis which is parametric and does not require proportional hazards. To decrease the chance of false positive findings we screened each comorbidity to see if it was a significant predictor of symptom duration with symptom duration analyzed as strata (supplement table 2). Models were developed for each symptom including the covariates that were significant (gender, initial symptom severity, asthma, immunosuppression, obesity) to the p<0.001 level and race. Statistically significant covariates for each symptom's model were retained in the final AFT models. The Akaike information criterion (AIC) showed the AFT models were a better fit than the Cox proportional hazards models (supplement table 3). Log-normal and log-logistic distribution AFT models appeared to fit the data the best with very similar results (supplement table 4), and we present the log-logistic distribution model in this paper with projected survival curves for different models in supplement figure 1. Goodness-of-fit testing was performed for the log-normal and log-logistic AFT models (supplement figure 2). Self-reported symptom severity was used if provider-assessed

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symptom severity was missing (n=25). This resulted in a similar goodness of fit compared to imputing the missing provider assessed severity (supplement table 5). Statistical analysis was performed using RStudio version 4.0.3 packages survival and flexsurv (R core Team, 2020).

Patient and public involvement

Patients and the public were not involved in the design and conduct of the study, outcomes, recruitment, or planned dissemination.

RESULTS:

There were 551 intake visits completed in the VOMC between 24 March 2020 and 26 May 2020. We included 337 patients in the study after excluding: 198 patients with VOMC intake visit more than 10 days after symptom onset, 6 patients without documented positive RT-PCR test for SARS-CoV-2, 3 patients hospitalized prior to VOMC enrollment, 3 patients with blank or uninterpretable symptom entries and 4 patients with neither provider nor self-reported initial symptom severity. Of the included patients, 33 (10%) were subsequently hospitalized and seven of the hospitalized patients resumed VOMC care after hospital discharge.

The testing location for included patients was primarily outpatient (n=304, 90%), followed by ED (n=33, 10%). During the study period (testing dates 15 March 2020 to 22 May 2020), the following number of patients tested positive for SARS-CoV-2 by RT-

PCR at Emory Healthcare: 730 in the outpatient setting, 170 in the ED, 740 in the inpatient setting, 1 in ambulatory surgery and 1 patient in hospice.

Characteristics of the study population

Table 1 describes demographics, comorbidities, and symptoms recorded at the VOMC intake visit for the cohort grouped by initial symptom severity. Our study population had a mean age of 45.7 years, 68% women, and 52% black. The mean number of days from symptom onset to VOMC intake visit was 5.8 days, with follow-up phone calls continuing until mean symptom day 19. There was a significant difference in the initial symptom severity by patient age. Asthma, heart failure, and hypertension were significantly different (P<0.05) between the initial symptom severity groups. Only eight patients had severe initial symptoms severity and four (50%) were hospitalized during care. Of the four nonhospitalized patients in the severe symptom group, two were evaluated by the ARC and determined to be stable for outpatient monitoring and two were managed by the VOMC telemedicine team alone without escalation to in-person care.

		Initial sym	otom severity		Anova p
	Total (n=337)	Mild (n=223)	Moderate (n=106)	Severe (n=8)	value
Demographics:					
Age, mean (95% CI)	45.7 (44.1-47.2)	44.6 (42.2-45.9)	48.1 (45.5-60.9)	57.9 (44.8-71.0)	0.003
Symptom onset to first VOMC visit (days, 95% CI)*	5.8 (5.5-6.0)	5.7 (5.3-6.0)	6.0 (5.6-6.4)	5.6 (4.1-7.1)	0.508
Symptom onset to last phone call (days, 95% CI) [†]	19.0 (18.0-20.0)	17.3 (16.2-18.4)	22.5 (20.5-24.6)	19.9 (6.3-33.5)	<0.001

Table 1 Demographics, comorbidities and symptoms at VOMC intake visit

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Count, (%)					Chi ² value	
Gender, men	108 (32%)	74 (33%)	34 (32%)	0 (0%)	0.14	
Gender, women	232 (68%)	149 (67%)	72 (68%)	8 (100%)	0.14	
Race, white	59 (17%)	38 (17%)	19 (18%)	2 (25%)		
Race, black	177 (52%)	112 (50%)	56 (53%)	6 (75%)	0.39	
Race, other/unknown	104 (31%)	73 (33%)	31 (29%)	0 (0%)		
Comorbidities:						
Age>=60	61 (18%)	35 (16%)	24 (23%)	2 (25%)	0.27	
Alcohol abuse/addiction	4 (1%)	2 (1%)	2 (2%)	0 (0%)	0.69	
Asthma	43 (13%)	19 (9%)	22 (21%)	2 (25%)	0.00	
Cancer or malignancy	24 (7%)	17 (8%)	6 (6%)	1 (13%)	0.67	
Confirmed pregnant	1 (0.3%)	1 (0.4%)	0 (0%)	0 (0%)	0.77	
COPD	2 (1%)	0 (0%)	2 (2%)	0 (0%)	0.12	
Coronary artery disease	9 (3%)	5 (2%)	4 (4%)	0 (0%)	0.64	
Diabetes	48 (13%)	26 (12%)	19 (18%)	3 (38%)	0.05	
Drug abuse/addiction	3 (1%)	2 (1%)	1 (1%)	0 (0%)	0.96	
Heart failure	3 (1%)	1 (0.4%)	1 (1%)	1 (13%)	0.0	
Hypertension	110 (33%)	64 (29%)	41 (38%)	6 (75%)	0.00	
Immune suppression	17 (5%)	7 (3%)	9 (8%)	1 (13%)	0.07	
Lung disease	8 (2%)	3 (1%)	5 (5%)	0 (0%)	0.15	
Obesity (BMI > 30)	100 (30%)	60 (27%)	36 (34%)	4 (50%)	0.1	
Renal disease	8 (2%)	4 (2%)	3 (3%)	0 (0%)	0.7	
Symptom present prior to c	or at intake Visit					
Current fever	121 (36%)	66 (30%)	51 (48%)	4 (50%)	0.0	
Chills	180 (53%)	102 (46%)	72 (68%)	6 (75%)	<0.0	
Body aches	216 (64%)	127 (57%)	83 (78%)	6 (75%)	0.0	
Dizziness when standing	102 (30%)	47 (21%)	51 (48%)	4 (50%)	<0.0	
Confusion	10 (3%)	4 (2%)	4 (4%)	2 (25%)	0.00	
Headache	221 (66%)	141 (63%)	74 (70%)	6 (75%)	0.4	
Loss of smell or taste	187 (55%)	114 (51%)	66 (62%)	7 (88%)	0.03	
Sinus congestion	192 (57%)	122 (55%)	65 (61%)	5 (63%)	0.50	
Sore throat	108 (32%)	70 (31%)	35 (33%)	3 (38%)	0.9	
Cough	247 (73%)	149 (67%)	91 (86%)	7 (88%)	0.0	
Chest tightness	110 (33%)	55 (25%)	49 (46%)	6 (75%)	<0.0	
SOB at rest	46 (14%)	19 (8%)	22 (21%)	5 (63%)	<0.0	
SOB with exertion	122 (36%)	48 (22%)	68 (64%)	6 (75%)	<0.0	
Wheezing	43 (13%)	20 (9%)	22 (21%)	1 (13%)	0.0	
Abdominal pain	53 (16%)	27 (12%)	25 (24%)	1 (13%)	0.02	
Nausea	82 (24%)	32 (15%)	45 (42%)	5 (63%)	<0.0	
Diarrhea	112 (33%)	62 (28%)	48 (45%)	2 (25%)	0.00	
Rash 13 (4%) 6 (3%) 6 (6%) 1 (13%) 0.187	Joint pain	94 (28%)	44 (20%)	47 (44%)	3 (38%)	<0.001
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	Rash	13 (4%)	6 (3%)	6 (6%)	1 (13%)	0.187

COPD=chronic obstructive pulmonary disease; SOB=shortness of breath; VOMC=virtual outpatient management clinic

*Number of days from initial symptom(s) of covid-19 to completion of telemedicine intake visit for the Virtual Outpatient Management Clinic (VOMC), inclusive of time required for testing, result notification, and scheduling with VOMC.

†Number of days from initial symptom(s) of covid-19 to the final telephone call with VOMC. The calls would end with patient-reported symptom improvement (not necessary resolution) or hospital admission.

Symptoms at VOMC intake visit

The most frequently reported symptoms occurring prior to and at the time of the VOMC intake visit included: 73% cough, 66% headache, 64% body aches, 57% sinus congestion, 55% loss of smell or taste, and 53% chills (table 1). All symptoms within the systemic, lower respiratory, and gastrointestinal systems were significantly different between severity groups. The only symptoms that were not significant were headache, sinus congestion, sore throat, and rash.

Time course of individual symptoms

Figure 1a displays heat maps of symptoms for 304 patients, presenting the daily percentage of patients with specified symptoms over a 30 day follow up period. The 33 patients hospitalized after VOMC intake are not included in figure 1 because daily symptom data were not collected during hospitalizations. Among symptoms included in this visual, the highest daily prevalence reported during 30 days of follow up was for cough (60%), loss of smell or taste (50%), sinus congestion (46%), body aches (46%), and headache (45%).. The most frequent remaining symptoms at 30 days were cough

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(5%), body aches (4%), sinus congestion (3%), and shortness of breath with exertion (3%). Fever was not a prominent symptom during 30 days of follow up, with peak daily prevalence of 22% in the first two days of illness.

Time course of symptoms by initial symptom severity

The heat map findings for mild initial symptom severity group (n=209 for heat map) demonstrate similar rates of initial upper respiratory symptoms compared to the entire heat map cohort, with peak daily prevalence of cough in 52% and sinus congestion in 45% during the first week (figure 1b). Rates of lower respiratory symptoms were lower (e.g. shortness of breath with exertion in 20% on day 8, vs 30% in overall cohort). Rates of persistent symptoms at 30 days were lower in the mild initial symptom severity cohort, with no more than 1% reporting persistence of each individual symptom.

The heat map for moderate initial symptom severity (figure 1c, n=91) had higher rates of all symptoms (compared to overall group and mild initial symptom severity). Differences were less for upper respiratory symptoms such as sinus congestion (peak prevalence 54% in moderate group compared with 46% overall) and greater for lower respiratory symptoms (e.g. shortness of breath with exertion 56% vs 30%), systemic symptoms (e.g. joint pain 36% vs 18%), and gastrointestinal symptoms (e.g. diarrhea 36% vs 21%). At 30 days the most frequent symptoms remaining were cough (9%), sinus congestion (8%), body aches (8%), joint pain (6%), loss of taste or smell (5%), shortness of breath with exertion (5%), and headache (4%).

There were too few nonhospitalized patients with severe initial symptom severity (n=4) to represent with a heatmap. This group had high prevalence (100% within the first week) of chills, body aches, loss of smell or taste, sore throat, cough, chest tightness, and shortness of breath with exertion. At 30 days, 3 patients (75%) still had cough and shortness of breath with exertion.

Timing of symptom onset of by system

The median day of symptom onset determined by Kaplan-Meier curves is shown in table 2. The onset for systemic and upper respiratory symptoms frequently occurred on day 1, with gastrointestinal and lower respiratory symptoms occurring later. Recognizing that cough can be a manifestation of upper airway or lower airway infections, we analyzed cough separately, finding a median start of 1 day (95% confidence interval 1 to 1). This was not different from the median start day for upper respiratory symptoms (p=0.253), but it was significantly different than the median start day for lower respiratory symptoms (p<0.001) so we grouped cough with the upper respiratory system.

System	median (95% CI)		p value	
System		vs Systemic	vs Upper	vs Lower
Systemic	1 (1-1)	n/a	0.032	p<0.001
Upper	1 (1-1)	0.032	n/a	p<0.001
Lower	3 (2-4)	p<0.001	p<0.001	n/a
Gastrointestinal	4 (3-5)	p<0.001	p<0.001	0.306

Table 2 Median day of symptoms onset by system determined from Kaplan-Meier curves

Systemic=fever, body aches, chills, dizziness, headache, joint pain; Upper=cough, congestion, sore throat, loss of smell or taste; Lower=shortness of breath with exertion, shortness of breath at rest, chest tightness, wheezing; Gastrointestinal=nausea, abdominal pain, diarrhea

Duration of each symptom

Table 3 describes the median days and 95% confidence interval for each symptom obtained from Kaplan-Meier survival curves, censoring symptoms if present at the final VOMC phone call. When present, cough had the longest duration with 17 days (95% confidence interval 15 to 21), followed by loss of smell or taste with 14 days (12 to 17) and sinus congestion with 13 days (11 to 15). Shortness of breath with exertion, when present, lasted 12 days (10 to 16).

Table 3 Median	duration of s	vmptoms fro	om Kaplan-Meier	curves for all	patients*
	auration of 0	ymptomo ne			patiento

Symptom	Number patients with symptom	Median duration in days (95% CI)
Cough	276	17 (15-21)
Loss of smell or taste	232	14 (12-17)
Congestion	244	13 (11-15)
SOB with exertion	188	12 (10-16)
Body aches	233	9 (8-10)
Chest tightness	149	9 (7-12)
Headache	258	9 (7-11)
Joint pain	137	9 (7-11)
Rash	33	9 (6-17)
Sore throat	140	7 (6-9)
Nausea	124 🛁	7 (6-8)
Current fever	144	7 (5-8)
Diarrhea	168	6 (5-8)
Chills	195	6 (5-7)
Wheezing	70	6 (4-9)
Dizziness	150	5 (4-7)
SOB at rest	88	5 (3-6)
Abdominal pain	100	4 (2-6)
Confusion	20	2 (1-3)

SOB=shortness of breath

*censoring symptoms if present at the final VOMC phone call

Patients reporting improving symptoms could be discharged from VOMC with symptoms present. The percentage of patients reporting resolution of each symptom is presented in table 4. The symptoms most frequently unresolved at the time of the final phone call were cough (115 of 276 patients with cough, 42%), loss of smell or taste (89 of 232, 38%), sinus congestion (89 of 244, 36%), and shortness of breath with exertion (65 of 188, 35%).

|--|

	Total patients with	Number symptomatic at	Percent unresolved at
Symptom	symptom at any time	last phone call	last phone call
Cough	276	115	42%
Loss of smell or taste	232	89	38%
Congestion	244	89	36%
SOB with exertion	188	65	35%
Body aches	233	52	22%
Joint pain	137	30	22%
Headache	258	56	22%
SOB at rest	88	19	22%
Rash	33	7	21%
Sore throat	140	28	20%
Nausea	124	23	19%
Chest tightness	149	27	18%
Dizziness	150	24	16%
Wheezing	70	11	16%
Confusion	20	3	15%
Diarrhea	168	23	14%
Current fever	144	18	13%
Abdominal pain	100	10	10%
Chills	195	19	10%

SOB=shortness of breath

Symptom duration predicted by covariates

Table 5 presents the results of the final AFT models with log-logistic distribution fitted individually for each symptom. The AFT duration multiplier is the factor by which the survival time is multiplied for that group compared to the reference group. For example,

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obesity was the only significant predictor of joint pain duration with 1.74 (95% CI 1.09-2.76) fold longer duration, which is 74% (95% CI 9-176%) longer symptoms than those without obesity. Asthma was the only significant predictor for wheezing, increasing duration by 166% (95% CI 39-408%). Asthma and black race were both predictors of duration for SOB at rest, with asthma increasing SOB duration by 97% (95% CI 20-224%) and black race by 178% (63-407%). Diarrhea is more complex. Patients with moderate initial symptom severity had 72% longer (95% CI 24-138%) duration of diarrhea than those with mild initial symptom severity, while blacks had a 44% (95% CI -63 to -16%) shorter duration of diarrhea. Initial symptom severity (from VOMC intake visit) was a significant predictor for over half of our symptoms: body aches, chest tightness, chills, congestion, cough, diarrhea, dizziness, fever, headache, nausea, SOB with exertion, and sore throat (table 5). Moderate initial symptom severity increased symptom duration by an average of 63%. Severe initial symptom severity increased symptom duration by an average of 260% compared to those with mild initial symptom severity. The residual plots to analyze goodness of fit for each symptom's model are in supplement figure 2.

Table 5 Covariates affecting duration of symptoms derived from Accelerated Failure Time model with each symptom modeled separately

		Duration multiplier	
Symptom	Covariate	(95% CI)	p value
Abdominal pain	Immune suppression	7.48 (3.26-17.18)	<0.001
Body aches	Mild initial symptom severity*	reference	
	Moderate initial symptom severity	1.87 (1.44-2.42)	<0.001
	Severe initial symptom severity	4.01 (1.66-9.68)	0.002
Chest tightness	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.36 (0.96-1.93)	0.083
	Severe initial symptom severity	4.26 (1.68-10.78)	0.002
Chills	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.57 (1.21-2.03)	0.001

	Severe initial symptom severity	2.75 (1.28-5.90)	0.009
Confusion	Race=White	reference	
	Race=Black	1.65 (1.03-2.63)	0.036
	Race=Other	7.44 (3.98-13.92)	<0.001
Congestion	Female	1.57 (1.12-2.20)	0.009
	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.66 (1.20-2.31)	0.002
	Severe initial symptom severity	1.97 (0.59-6.57)	0.27
Cough	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.52 (1.15-1.99)	0.003
	Severe initial symptom severity	3.46 (1.25-9.58)	0.017
Diarrhea	Race=White	reference	
	Race=Black	0.56 (0.37-0.84)	0.005
	Race=Other	0.61 (0.39-0.96)	0.033
	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.72 (1.24-2.38)	0.001
	Severe initial symptom severity	3.41 (0.91-12.74)	0.068
Dizziness	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.79 (1.24-2.58)	0.002
	Severe initial symptom severity	6.09 (1.80-20.54)	0.004
Fever	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.31 (0.92-1.87)	0.132
	Severe initial symptom severity	4.76 (1.51-15.07)	0.008
	Immune suppression	1.97 (1.01-3.85)	0.048
Headache	Female	1.34 (1.01-1.79)	0.043
	Mild initial symptom severity	reference	
	Moderate initial symptom severity	2.10 (1.58-2.78)	<0.001
	Severe initial symptom severity	1.91 (0.74-4.98)	0.184
Joint pain	Obesity	1.74 (1.09-2.76)	0.019
Loss of smell or taste	Female	1.63 (1.24-2.13)	<0.001
	Immune suppression	3.06 (1.48-6.34)	0.003
Nausea	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.73 (1.15-2.61)	0.009
	Severe initial symptom severity	2.76 (0.73-10.42)	0.135
SOB at rest	Race=White	reference	
	Race=Black	2.87 (1.63-5.07)	<0.001
	Race=Other	1.50 (0.79-2.85)	0.219
	Asthma	1.97 (1.20-3.24)	0.007
SOB with exertion	Mild initial symptom severity	reference	
	Moderate initial symptom severity	1.71 (1.16-2.52)	0.006
	Severe initial symptom severity	1202794.22 (0.00-Inf)	0.995

Sore throat	Mild initial symptom severity	reference							
	Moderate initial symptom severity	1.25 (0.83-1.88)	0.279						
	Severe initial symptom severity	4.22 (1.70-10.47)	0.002						
Wheezing	Asthma	2.66 (1.39-5.08)	0.003						

SOB=shortness of breath

*Initial symptom severity is the symptom severity as assessed by the provider at VOMC intake visit (see Box 1) or patient reported severity if provider-assessed severity not available.

DISCUSSION

Principal findings

Whereas other studies have looked at cross sectional analysis of covid-19 symptoms, our study describes the longitudinal symptom course over the acute illness period for a telemedicine cohort, including the duration of reporting for each symptom and predictors of symptom duration.

We found that symptom onset starts with upper respiratory and systemic symptoms followed by lower respiratory and GI symptoms. This is consistent with the fact that infected individuals produce large quantities of virus in the upper respiratory tract during the prodromal period.[23] An important observation in this study is that initial symptom severity (at intake visit after test result) was a predictor for the symptom profile over time. Initial symptom severity predicts duration for the majority of symptoms, with significant associations for upper and lower respiratory symptoms as well as nonrespiratory symptoms (including body aches, dizziness, chills, fever, headache, nausea and diarrhea). Notable exceptions were joint pain and wheezing whose only predictors of symptom duration were the underlying risk factors of obesity and asthma, respectively. While these associations make sense clinically, an explanation for

immunosuppression leading to longer duration of specific symptoms (abdominal pain and loss of smell or taste) is less intuitive. To decrease the chance of finding false positives, we fit models only for covariates that were significant predictors of overall symptom duration with symptoms analyzed as strata, but some of the findings in the final models may be spurious. Nonetheless, the majority are very significant (p<0.01) along with clinically significant changes in duration.

Comparison with other studies

Initial symptoms reported are similar to previous studies of mild covid-19 and nonhospitalized subsets.[12,15] It differs from the overall reported literature, summarized in a systematic review of 148 studies.[14] Notably, fever was less common (n=121, 36%) compared with 78% in the systematic review, while other symptoms are more common, for example: headache (65% vs 13%), body aches (64% vs 17%), hyposmia (55% vs 25%). The higher frequency of multiple symptoms may be due to our systematic approach to symptom inquiry. Rate of fever may be underreported due to template wording "current fever" but also may be less frequent in this cohort as increased testing availability has expanded the symptom profile of "mild covid-19" patients eligible for testing (Box 1).

We find that the visual course of illness and predictors of symptom duration have not been well described and this is an important contribution of this analysis. Narrative reviews have noted symptom progression similar to our report[24] and the visual course

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reported here in heat map form illustrates the development of respiratory symptoms during and after the first week of illness among patients never requiring hospitalization for covid-19. One longitudinal study of the first 10 days of illness included a follow-up call (day 30-45), reporting similar initial symptom profile (reporting loss of smell or taste, cough, fatigue and headache more common than fever) and persistent symptoms profile including loss of smell or taste, dyspnea, cough, and headache.[18] Notably, the investigators found fatigue (not captured in our study) was prominent at acute and follow-up calls.

In our experience, many patients present for evaluation of non-resolving symptoms in the weeks that follow acute covid-19.[21] Reports have noted long duration of medical leave among persons with covid-19, for example first responders in New York (leave duration mean 25.3 days, SD=13.2).[25] We are able to differentiate the likelihood of prolonged symptoms in our cohort using mild and moderate initial symptom severity, which may aid in clinical counseling and anticipation of symptom recovery times. Given reports of delayed recovery of symptoms after hospitalization,[26] and in outpatients [19] the differentiation by symptom severity in outpatients is plausible.

Comparisons to reports of the severe acute respiratory syndrome (SARS) in 2003 and the Middle East respiratory syndrome (MERS) are limited as mild cases of these diseases were uncommon and most patients with SARS and MERS required hospital admission (requiring intensive care in >20% of SARS cases and >50% of MERS cases).[27, 28] The sequence of symptoms we describe for covid-19 is similar to descriptions of SARS, with initial presentation of systemic symptoms and cough,

followed by lower respiratory symptoms and gastrointestinal manifestations.[27] Notable differences include that fever is universal in reports of SARS (99.9%) and upper respiratory symptoms are less common than with covid-19 (e.g. rhinorrhea, sore throat both <20%). Patients with MERS also more frequently have fever and dyspnea, with lower rates of upper respiratory symptoms.[28] Gastrointestinal symptoms appear at similar rates (20-30%) in SARS and MERS, despite the overall higher severity of respiratory disease.

Strengths and limitations of study

Our data on the course of symptoms in outpatients is robust due to the structure of the VOMC, which was staffed to meet the anticipated "surge" of patients in March-May 2020 and therefore had skilled providers contacting patients and completing full note templates regularly through the course of acute illness. Exclusion criteria was minimal and primarily in place to improve accuracy of symptom recollection. Missing clinical data were minimal (e.g. low risk patients contacted every 48 hours instead of 24 hours), allowing for standard approach to imputation.

The primary limitation of this study is that it represents a single-center cohort of patients early in the SARS-CoV-2 pandemic. Testing criteria favored the inclusion of workingage individuals in the cohort. We have limited numbers of patients with comorbidities and cannot therefore draw conclusions about the duration of symptoms related to specific conditions (e.g. chronic obstructive pulmonary disease). Furthermore, we note

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that asymptomatic or mildly symptomatic cases would be less likely to qualify for testing at the time of this study (see criteria in Box 1) and may have been less likely, even if tested, to accept a referral to VOMC (we do not have data on reasons for declined referrals). Because of the relatively small size of the cohort, we also have small numbers of less common symptoms (e.g. confusion and rash).

Another limitation to the VOMC cohort data is the time delay to the VOMC intake visit. Our usual care requires a positive SARS-CoV-2 test prior to VOMC enrollment, and delays in the testing process or results notification could attenuate patient recall of initial symptoms. It is also possible that delays would reduce the intake of patients with severe symptoms (as they escalate to admission) as well as mild symptoms (as they resolve). To reduce the effects of testing delays on our study, we limited the study to patients within 10 days of symptom onset and used chart review to verify symptoms reported in the testing process.

Discharge timing in the VOMC was a limitation for our follow-up data: the VOMC discharge criteria mirrored the CDC terminology of symptom "improvement," but not resolution. The percent of patients still symptomatic at the last phone call varied among symptoms (table 4). We find in other work (unpublished data) that minor residual symptoms are common after VOMC discharge (reported in 55 of 158, 34.8%, of patients contacted a mean of 37.9 days after discharge) and that few (n=7, 4.4%) have symptoms requiring medical follow-up (e.g. by a primary care physician or

specialist).[29] These residual symptoms are not captured in the heat map data after their final VOMC call.

"Long covid" has now been described as symptoms persisting beyond the acute illness [30], including fatigue, palpitations, "brain fog" and other symptoms that were not known in March 2020. We have identified these symptoms in individual cases within the VOMC cohort who received prolonged care [19] but did not capture these specific symptoms during the acute care described in this study.

CONCLUSION

Overall, we find that the symptom course of outpatients with covid-19 follows a pattern described in early observations with a typical illness course progressing from early symptoms (systemic, upper respiratory, and cough) to lower respiratory and gastrointestinal symptoms. We confirm that symptoms of altered smell or taste and headache are common in outpatients. Prolonged symptoms are common and the severity of symptoms in the acute phase of illness is the most significant predictor of disease duration.

MANUSCRIPT INFORMATION

Ethics

The study was approved by the Emory University Institutional Review Board (STUDY00000766), which granted both a waiver of informed consent and a waiver of the Health Information Portability and Privacy Act as the study posed no more than minimal risk.

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Data Sharing Statement: Deidentified data are available for sharing upon reasonable request to David Tong (ORCID 0000-0001-9761-6124). Data include patient demographics and comorbidities as well as symptom dates for all participants.

Dissemination declaration: We plan to disseminate our results publicly but it would not be feasible to reach discharged patients with study results and therefore we do not plan to contact study participants for dissemination.

Conflict of Interest Disclosures: All authors have completed the Unified Competing Interest form (available on request from the corresponding author) and declare: no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years, no other relationships or activities that could appear to have influenced the submitted work. Dr. G. O'Keefe served on an advisory board of Eyepoint Pharmaceuticals in 2019. It is unrelated to the current work.

Author Contributions:

The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted. David Tong had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Transparency statement: David Tong attests that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as originally planned have been explained.

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41	FIGURES
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43	Figure 1: Heatman of incidence of individual symptoms by illness day
44	Figure 1. Heating of incluence of individual symptoms by inness day $F_{inverse}$ to All potients $n=204$ (0/ potients begins supertops each dou of equid 40
45	Figure 1a: All patients, n=304 (% patients having symptom each day of covid-19
40 47	disease)
48	Figure 1b: Mild provider assessed symptom severity n=209
49	Figure 1c: Moderate provider assessed symptom severity n=91
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egend (Percent of patients experiencing a symptom each day of COVID disease) 0 20 40 60 80 100 BMJ Open Page 34 of 56														56																
All patients n=304 Symptom 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30																														
Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
durrent fever	22	22	21	20	18	18	16	14	11	8	10	9	5	3	2	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
chills	27	34	35	34	31	29	26	19	18	12	10	9	6	5	5	4	3	1	1	0	1	0	1	1	1	1	1	1	1	0
Body aches	37	43	45	46	42	37	35	34	32	26	23	21	19	16	14	11	9	7	8	7	7	7	6	7	6	6	5	4	4	4
dizziness when standing	5	11	12	15	15	16	14	15	15	14	13	11	10	10	7	5	6	5	3	3	2	2	3	2	2	1	1	0	1	0
Eonfusion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Readache	37	44	45	43	42	38	35	33	29	27	25	23	20	19	17	14	12	11	10	10	8	8	9	8	5	7	6	4	4	2
loss of smell or taste	22	30	37	42	48	50	50	50	48	43	41	33	29	27	25	18	20	16	13	12	10	9	8	8	7	7	5	4	3	2
8 nus congestion	32	37	43	45	46	44	45	42	40	38	37	32	29	25	25	21	21	19	16	12	12	11	8	8	7	6	5	4	4	3
Spre throat	21	24	23	22	20	17	16	14	13	10	10	7	7	7	7	6	6	6	6	3	 २	3	2	2	3	2	1	2	1	1
dough	46	52	55	57	60	57	56	56	56	52	47	/1	20	36	2/	20	30	25	21	20	10	12	14	14	12	10	Q	7	7	-
dhast tightnass	11	15	10	21	22	22	25	22	22	20	10	10	14	12	10	10	0	- 25		20	10	10	14	2	21	10	2	-	2	2
abbet tightness	11	15		21	- 22	23	25	23	- 22	20	19	10	14	21	20	10	1	/ 2	ر 1	4		4	4	1	<u> </u>	4	5	-		2
	4	4	5	/	/	/	/	/	/	5	5	25	3	3	3	2		2	1	10	0	10	0	1	0	1	0		0	0
shortness of breath with exertion	13	1/	20	21	23	26	29	30	30	27	25	25	22	22	20	20	16	14	13	13	11	10	9	8	/	8	8	5	6	3
W/fleezing	3	4	5	6	6	7	7	6	7	6	5	4	2	1	0	1	1	1	0	1	0	1	1	0	1	0	1	1	1	0
albdominal pain	3	4	6	7	10	10	7	7	7	7	5	3	2	3	3	2	2	1	1	0	2	1	2	1	0	1	0	0	0	1
ាំ ត៍ usea	6	7	8	10	12	13	13	13	14	12	11	9	7	8	7	6	3	3	3	2	3	3	3	2	1	1	1	1	0	0
điẩrrhea	12	15	15	18	20	21	20	19	16	15	13	12	9	10	10	7	6	5	4	4	4	2	2	1	1	1	1	1	0	0
j þ &nt pain	9	13	15	17	18	18	17	14	14	12	13	14	12	11	10	8	7	7	6	5	4	5	4	4	3	3	3	3	3	2
rfa99h	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	0	1	0	0	0
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Mild initial symptoms = 209																														
22 Symptom	1	2	3	Δ	5	6	7	8	q	10	11	12	13	1/1	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
atrent fover	10	10	17	17	14	14	, 11	11	2	10	7	12	13	1	1	10	1/	10	1.0	20	0	22	25	27	25	20	27	20	25	0
	20	19	20	27	14	20	10	12	10		/		2 2	1 2	1	1	1	0	0	0	0	0	0	0	0	0	0			0
	26	30	29	27	22	20	10	12	10	6	5	4	3	3	2	1	1	0	0	0	0	0	0	0	0	0	0			0
b gdy aches	34	38	38	36	31	26	23	22	20	18	16	13	13	9	/	6	4	3	3	3	2	4	3	3	2	2	2	1	1	1
dig ziness when standing	2	7	8	11	10	10	6	7	8	9	8	6	6	5	4	2	2	1	0	0	1	1	1	1	0	0	0	0	0	0
confusion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
þ gadache	33	40	39	36	35	32	29	25	21	20	20	14	12	13	11	10	7	6	7	6	5	5	6	4	3	4	4	2	2	1
ဖြားရှား of smell or taste	21	27	34	38	44	46	45	44	43	38	36	27	24	23	21	14	15	11	9	8	7	6	5	5	4	5	3	1	1	0
sinus congestion	31	36	43	45	44	43	40	37	34	32	33	25	24	21	18	17	14	13	9	7	6	6	5	4	4	2	2	1	1	1
sore throat	19	24	22	22	19	15	12	11	10	9	10	6	5	4	4	4	5	5	6	2	2	2	1	1	1	0	0	0	0	0
- S I cough	40	47	48	49	52	50	47	46	47	43	38	31	29	27	24	22	21	18	13	11	11	11	9	7	6	5	4	1	3	1
ebest tightness	9	11	12	14	17	17	16	15	14	13	14	13	10	7	7	7	6	6	4	3	3	2	2	1	0	0	0	0	0	1
shortness of breath at rest	2		2	3	7	1	2	5	1	3	3	13	2	י ר	, 2	, 2	1	1		0	0	-	-	1	0	0	0		0	
shortness of breath with exertion	5	0	10	11	12	1 5	17	20	10	16	15	14	12	12	11	12		0	0	7	6		5	4	2	2	2		2	1
	2	0	10	11	12	10	17	20	10	10	15	14	12	10	11	15	9	0	0	/	0	5	5	4	5	<u> </u>	5		2	-
waeezing	2	2	2	3	4	5	4	3	4	4	4	4	1	1	0	L	0	0	0	0	0	0	0	0	0	0	0		0	0
abdominal pain	3	1	3	5	7	7	4	5	4	5	3	2	1	2	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
nausea	3	4	5	8	9	10	9	9	11	9	9	5	3	5	5	3	1	1	1	0	1	1	0	0	0	0	0	0	0	0
diarrhea	10	11	10	13	14	15	13	14	10	11	8	7	6	8	7	3	2	1	0	0	1	0	0	0	0	0	0	0	0	0
joint pain	7	9	10	11	12	11	8	7	6	6	6	8	7	7	6	5	3	3	2	3	2	3	2	2	1	1	1	1	1	0
rash	0	1	0	1	2	2	1	1	1	1	1	2	2	2	2	1	1	1	0	0	0	0	1	0	1	0	1	0	0	0
41																														
42 Moderate initial symptoms n = 91																														
43 Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
44 current fever	27	29	28	25	25	26	26	17	15	10	15	16	8	6	4	3	2	3	3	2	2	1	1	1	1	0	2	1	2	1
45 chills	28	41	46	/18	19	/18	19	31	3/	24	19	16	12	7	. 7	7	5	2	2	2	2	2	5	5		<u>ר</u> ע			5	1
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confusion 49	1	1	0	0	0	0	3	2	1	0	0	0	2	1	1	0	1	0	0	0	0	0	0	0	0	0	0	-0	0	0
héadache	43	50	56	58	56	52	50	50	49	42	37	42	35	31	32	23	23	21	17	19	16	15	14	16	8	13	9	9	8	4
စြန်န of smell or taste	21	36	41	50	54	57	60	62	59	50	50	45	39	32	30	25	26	26	18	19	16	16	14	14	10	12	9	9	6	5
sinus congestion	35	41	43	45	49	46	54	51	53	50	45	47	39	36	39	29	36	31	30	24	26	23	15	18	13	16	13	10	10	8
sore throat	23	24	23	21	19	19	20	17	18	10	9	8	8	14	13	9	6	7	5	3	4	6	4	9	7	7	4	5	3	2
53 cough	58	67	72	74	75	73	74	76	76	71	64	62	61	54	52	47	48	39	37	38	31	31	23	27	20	19	16	16	13	9
54 - chest tightness	14	21	28	31	30	34	42	39	37	30	26	27	20	21	16	13	10	7	7	6	7	8	7	8	6	9	8	6	8	4
Shortness of breath at rest	2	8	10	15	15	1/	16	9	13	7	8	5	2		5	1	1	1	0	0	1	0	0	2	1	2	2	2	1	1
Shortness of broath with avertice	5	25	20	42	42	4	E2	50		50			20	20	20	21	20	25	21	24	10	10	15	15	12	17	14	12	-	
5 Zoozing	27		10	42	40	49	15	15	10	10	43	43	59	30	29	21	29	20	21	24	2	10	13 -	2	12	1/	14	-2	2	1
Salansia da d	5	8	10	13	10	12	15	15	14	10	8	5	4	3	3	3	3	3	2	2	3	5	5	2	3	2	3	4	2	1
apdominal pain	4	9	13	12	17	15	13	12	14	12	10	6	4	6	7	6	5	4	5	1	5	5	6	5	2	4	2	2	0	3
nausea	13	13	15 Jeer	14	17 ew	19	24	23	21	19 00e	17 n br	17	14	14	12 abo	12	uicle	7 Hine	6 S.XI	6 tml	7	6	7	7	4	5	4	3	2	2
diarrhea	17	25	28	28	31	36	35	31	31	26	25	24	18	15	18	16	14	15	12	10	9	6	6	5	5	3	4	3	1	0
joint pain	14	21	28	31	32	32	36	31	30	25	28	28	21	21	19	16	17	16	15	9	8	6	7	7	6	8	9	7	6	6
rash	3	3	3	3	3	2	4	3	3	2	3	2	1	1	2	2	2	1	2	2	2	3	2	1	1	0	0	0	0	1

Table 1 Cox models with AIC (time interaction terms for time varying covariates)

Symptom	Covariates	Hazard Ratio (95% CI)	p value	AIC
Abdominal Pa	in Immune suppression	0.26 (0.11-0.62)	0.002	654.96
Body aches	Female	1.3 (0.71-2.38)	0.392	1656.88
	Mild initial symptom severity	reference		
	Moderate initial symptom severity	0.5 (0.36-0.68)	< 0.001	
	Severe initial symptom severity	0.28 (0.09-0.9)	0.033	
	time*Female	0.9 (0.84-0.96)	0.001	
Chest Tightne	ss Mild initial symptom severity	reference		996.36
	Moderate initial symptom severity	0.72 (0.49-1.04)	0.076	
	Severe initial symptom severity	0.26 (0.08-0.85)	0.025	
Chills	Female	0.72 (0.52-0.99)	0.047	1522.9
	Mild initial symptom severity	reference		
	Moderate initial symptom severity	0.57 (0.42-0.78)	0.000	
	Severe initial symptom severity	0.36 (0.14-0.91)	0.030	
Confusion	No significant covariates	0.73 (0.22-2.38)	0.600	73.94
Sinus Congest	ion Female	0.65 (0.46-0.9)	0.011	1460.06
	Mild initial symptom severity	reference		
	Moderate initial symptom severity	0.59 (0.42-0.83)	0.003	
	Severe initial symptom severity	0.64 (0.16-2.6)	0.531	
Cough	Mild initial symptom severity	reference		1529.85
	Moderate initial symptom severity	0.64 (0.46-0.89)	0.008	
	Severe initial symptom severity	0.24 (0.06-0.96)	0.044	
Diarrhea	Race=White	reference		1195.59
	Race=Black	1.66 (1.05-2.63)	0.029	
	Race=Other	1.69 (1.03-2.78)	0.038	
	Mild initial symptom severity	reference		
	Moderate initial symptom severity	0.63 (0.44-0.89)	0.008	
	Severe initial symptom severity	0.3 (0.07-1.24)	0.096	
Dizziness	Mild initial symptom severity	reference		1029.99
	Moderate initial symptom severity	0.6 (0.42-0.86)	0.005	
	Severe initial symptom severity	0.24 (0.06-1)	0.050	
Current Fever	Mild initial symptom severity	reference		995.01
	Moderate initial symptom severity	0.74 (0.51-1.08)	0.118	
	Severe initial symptom severity	0.16 (0.04-0.74)	0.018	
	Immune suppression	0.4 (0.17-0.93)	0.033	
	Obesity	0.63 (0.42-0.93)	0.022	
Headache	Female	0.61 (0.45-0.83)	0.002	1891.72
	Mild initial symptom severity	reference		
	Moderate initial symptom severity	0.5 (0.37-0.68)	0.000	
	Severe initial symptom severity	0.49 (0.16-1.56)	0.231	
Joint Pain	Obesity	0.67 (0.44-1.01)	0.059	880.52

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Loss of smell or	Female	0.52 (0.26 0.74)	-0.001	1200.02
laste			<0.001	1296.92
NI		0.23 (0.08-0.79)	0.010	702 72
Nausea	Female	0.56 (0.35-0.91)	0.018	/93./2
Rash	No significant covariates	0.36 (0.04-2.86)	0.332	
SOB with exertion	No significant covariates	1.36 (0.55-3.33)	0.502	
SOB at rest	Race=White	reference		493.45
	Race=Black	0.38 (0.19-0.76)	0.006	
	Race=Other	0.62 (0.3-1.29)	0.203	
Sore Throat	Mild initial symptom severity	reference		891.43
	Moderate initial symptom severity	0.88 (0.49-1.59)	0.673	
	Severe initial symptom severity	0.04 (0-1.01)	0.051	
	time*Moderate initial symptom			
	severity	0.97 (0.92-1.02)	0.253	
	time*Severe initial symptom severity	1.11 (0.97-1.27)	0.144	
Wheezing	Asthma	0.37 (0.19-0.7)	0.002	387.95

Table 2 Univariate analysis of covariates predicting symptom duration with symptom analyzed as strata comparing accelerated time models (AFT) and Cox proportional hazards

	AFT log logistic	AFT log normal		
Covariate	distribution p value	distribution p value	Cox PH p value	
Female	<0.001	<0.001	<0.001	
Moderate initial symptom severity	<0.001	<0.001	<0.001	
Severe initial symptom severity	<0.001	<0.001	<0.001	
Race = Black	0.612	<0.844	0.137	
Race = Others	0.21	<0.223	0.578	
Age > 60	0.112	0.103	0.018	
Alcohol abuse	0.339	0.340	0.059	
Asthma	<0.001	<0.001	<0.001	
Cancer	0.227	0.324	0.306	
Pregnant	0.065	0.056	0.39	
COPD	0.306	0.156	0.104	
CAD	0.215	0.372	0.264	
Diabetes	0.412	0.423	0.213	
Drug abuse	0.373	0.359	0.087	
Heart failure	0.304	0.246	0.144	
Hypertension	0.109	0.242	0.212	
Immune suppression	<0.001	<0.001	<0.001	
Lung disease	0.165	0.394	0.152	
Obesity	<0.001	<0.001	0.001	
Renal disease	0.781	0.753	0.938	

CAD=Coronary artery disease; COPD=Chronic obstructive pulmonary disease

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Table 3 Aikake information criteria for different distributions in the accelerated failure time model before removing nonsignificant covariates

	Log	Log					
Symptom	Normal	Logistic	Exponential	Weibull	Logistic	Gaussian	CoxPH
Abdominal Pain	522.31	528.74	538.46	540.07	641.16	661.67	662.13
Body Aches	1271.56	1268.97	1297.72	1287.54	1433.33	1457.26	1668.71
Chest Tightness	869.11	871.32	873.9	868.28	935.01	941.97	1001.29
Chills	1047.42	1052.25	1070.01	1050.3	1150.68	1190	1529.56
Confusion	56.61	57.37	78.53	54.12	59.32	59.33	69.03
Congestion	1219.12	1217.91	1218.98	1217.15	1328.11	1331.83	1467.46
Cough	1355.72	1348.91	1361.19	1346.34	1424	1420.67	1537.54
Diarrhea	906.87	916	921.74	917.28	1009.03	1020.68	1202.37
Dizziness	779.7	787.85	792.09	792.42	899.24	910.85	1033.56
Current Fever	775.89	783.77	781.93	773.33	848.94	853.62	998.89
Headache	1423.19	1427.12	1435.94	1431.09	1581.8	1596.36	1899.1
Joint Pain	767.77	771.15	772.18	773.85	871.19	879.27	883.76
Loss of smell or			0				
taste	1127.54	1119.6	1147.22	1118.66	1181.16	1183.8	1301.67
Nausea	660.31	663.2	666.42	666.23	740.78	750.79	801.15
Rash	193.51	195.34	190.98	191.71	202.77	201.81	140.62
SOB at rest	393.58	397.14	406.33	405.56	479.09	496.32	493.19
SOB with exertion	957.25	959.16	959.53	960.89	1045.89	1050.46	1085.54
Sore Throat	758.05	760.69	767.72	767.27	855.31	874.14	899.92
Wheezing	373.17	375.35	374.05	374.66	435.96	444.06	395.88

SOB=shortness of breath

* Covariates were Gender, initial symptom severity, Race, Asthma, Immunosuppression and Obesity for all models

Table 4 Comparing final AFT models with log normal and log logistic distributions

		Log normal		Log logistic	
Symptom	Covariate	Duration Multiplier	p value	Duration Multiplier	p value
Abdominal Pain	Immune suppression	6.95 (2.91-16.57)	<0.001	7.48 (3.26-17.18)	<0.001
Body Aches	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.90 (1.45-2.49)	<0.001	1.87 (1.44-2.42)	<0.001
	Severe initial symptom severity	3.40 (1.43-8.07)	0.006	4.01 (1.66-9.68)	0.002
Chest Tightness	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.47 (1.03-2.08)	0.032	1.36 (0.96-1.93)	0.083
	Severe initial symptom severity	4.83 (1.65-14.11)	0.004	4.26 (1.68-10.78)	0.002
Chills	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.54 (1.19-2.00)	0.001	1.57 (1.21-2.03)	0.001
	Severe initial symptom severity	2.71 (1.26-5.84)	0.011	2.75 (1.28-5.90)	0.009
Confusion	Race=White	reference		reference	
	Race=Black	1.90 (1.15-3.15)	0.013	1.65 (1.03-2.63)	0.036
	Race=Other	6.48 (3.16-13.30)	<0.001	7.44 (3.98-13.92)	<0.001
	Obesity	0.65 (0.43-0.99)	0.046	Not in model	

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Congestion	Female	1.57 (1.11-2.22)	0.011	1.57 (1.12-2.20)	0.009
	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.61 (1.15-2.27)	0.006	1.66 (1.20-2.31)	0.002
	Severe initial symptom severity	2.24 (0.54-9.28)	0.265	1.97 (0.59-6.57)	0.27
Cough	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.49 (1.11-2.00)	0.008	1.52 (1.15-1.99)	0.003
	Severe initial symptom severity	4.07 (1.27-13.02)	0.018	3.46 (1.25-9.58)	0.017
Diarrhea	Race=White	reference		reference	
	Race=Black	0.57 (0.38-0.85)	0.006	0.56 (0.37-0.84)	0.005
	Race=Other	0.62 (0.40-0.97)	0.037	0.61 (0.39-0.96)	0.033
	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.69 (1.23-2.31)	0.001	1.72 (1.24-2.38)	0.001
	Severe initial symptom severity	3.41 (1.00-11.68)	0.051	3.41 (0.91-12.74)	0.068
Dizziness	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.72 (1.21-2.44)	0.002	1.79 (1.24-2.58)	0.002
	Severe initial symptom severity	6.08 (1.53-24.13)	0.01	6.09 (1.80-20.54)	0.004
Fever	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.19 (0.84-1.67)	0.325	1.31 (0.92-1.87)	0.132
	Severe initial symptom severity	4.41 (1.22-15.89)	0.023	4.76 (1.51-15.07)	0.008
	Immune suppression	2.18 (1.08-4.37)	0.029	1.97 (1.01-3.85)	0.048
	Obesity	1.44 (1.01-2.07)	0.045	Not in model	
Headache	Female	Not in model		1.34 (1.01-1.79)	0.043
	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	2.16 (1.62-2.88)	<0.001	2.10 (1.58-2.78)	<0.001
	Severe initial symptom severity	2.42 (0.93-6.31)	0.071	1.91 (0.74-4.98)	0.184
Joint Pain	Obesity	1.63 (1.04-2.57)	0.034	1.74 (1.09-2.76)	0.019
Loss of smell or					
taste	Female	1.69 (1.26-2.26)	<0.001	1.63 (1.24-2.13)	<0.001
	Immune suppression	3.42 (1.52-7.70)	0.003	3.06 (1.48-6.34)	0.003
Nausea	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.64 (1.10-2.44)	0.016	1.73 (1.15-2.61)	0.009
	Severe initial symptom severity	2.46 (0.73-8.29)	0.147	2.76 (0.73-10.42)	0.135
SOB at rest	Race=White	reference		reference	
	Race=Black	2.77 (1.57-4.88)	<0.001	2.87 (1.63-5.07)	<0.001
	Race=Other	1.51 (0.80-2.85)	0.2	1.50 (0.79-2.85)	0.219
	Asthma	1.91 (1.18-3.12)	0.009	1.97 (1.20-3.24)	0.007
0.00	Immune suppression	4.17 (1.14-15.24)	0.031	Not in model	
soB with exertion	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.76 (1.19-2.60)	0.005	1.71 (1.16-2.52)	0.006
	Severe initial symptom severity	3911.07 (0.00-Inf)	0.99	1202794.22 (0.00- Inf)	0.995
Sore Throat	Mild initial symptom severity	reference		reference	
	Moderate initial symptom severity	1.22 (0.83-1.79)	0.318	1.25 (0.83-1.88)	0.279
	Severe initial symptom severity	4.24 (1.46-12.35)	0.008	4.22 (1.70-10.47)	0.002
Wheezing	Asthma	2 28 (1 25-4 15)	0.007	2 66 (1 39-5 08)	0.003

SOB=shortness of breath

Table 5 AIC for AFT models for each symptoms similar comparing imputing provider assessed symptom severity with using related observation of self reported symptom severity

_			
/ 8 9		Using patient self reported symptom severity if provider	Imputed initial provider assessed symptom severity if provider
10		assessed symptom severity	assessed symptom severity
11	Symptom	missing (log-logistic distribution)	missing (log-logistic distribution)
12	Abdominal Pain	520.1	520.1
13 14	Body Aches	1267.75	1267.75
15	Chest Tightness	866.08	866.82
16	Chills	1044.26	1044.66
17	Confusion	53.45	53.45
18 19	Congestion	1209.54	1210.35
20	Cough	1342.34	1344.29
21	Diarrhea	909.39	909.37
22 22	Dizzy	781.09	782.33
23 24	Fever	778.75	778.75
25	Headache	1418.73	1419.43
26	Joint Pain	766.18	766.18
27 28	Loss of smell or taste	1113.56	1113.56
29	Nausea	657.75	657.53
30	Rash	185.65	185.65
31 32	SOB at rest	390.65	390.65
33	SOB with exertion	954.27	955.19
34	Sore Throat	757.25	757.25
35	Wheezing	368.78	368.78
37 38 39 40 41 42 43 44 45 46 47 48 49 50			
51 52			



Figure 1 Survival curves for different models

















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STROBE Statement—Checklist of items that should be included in reports of cohort studies

	Item No	Recommendation	Page No
Title and abstract	1	(<i>a</i>) Indicate the study's design with a commonly used term in the title or the abstract	1-2
		(b) Provide in the abstract an informative and balanced summary of what was	
		done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4-5
Methods			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of	6
		recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of	6
		participants. Describe methods of follow-up	
		(b) For matched studies, give matching criteria and number of exposed and	
		unexposed	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and	7-10
		effect modifiers. Give diagnostic criteria, if applicable	
Data sources/	8*	For each variable of interest, give sources of data and details of methods of	8-9
measurement		assessment (measurement). Describe comparability of assessment methods if	
		there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	10
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9-10
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	10- 11
		(b) Describe any methods used to examine subgroups and interactions	
		(c) Explain how missing data were addressed	
		(d) If applicable, explain how loss to follow-up was addressed	
		(a) Describe any sensitivity analyses	
D 14 .		(c) Describe any sensitivity analyses	
Results	12*	(a) Poport numbers of individuals at each stage of study or numbers notantially	12
Participants	13.	(a) Report numbers of individuals at each stage of study—eg numbers potentially aligible, examined for aligibility, confirmed aligible, included in the study	12
		completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eq demographic clinical social)	12-
Descriptive data	14.	and information on exposures and potential confounders	14
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) Summarise follow-un time (eg. average and total amount)	
Outcome data	15*	Report numbers of outcome events or summary measures over time	14-
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Main results	16	(<i>a</i>) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	16
		(b) Report category boundaries when continuous variables were categorized	
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	17- 18
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	19- 20
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18- 19
Generalisability	21	Discuss the generalisability (external validity) of the study results	20
Other information	on		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	NA

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.