

Supplementary Material*

Garg S, Patel K, Pham H, et al. Clinical trends among U.S. adults hospitalized with COVID-19, March to December 2020. *Ann Intern Med.* 2021. [Epub ahead of print]. doi:10.7326/M21-1991

Supplement Table 1: Demographic Characteristics of Sampled versus All Adult Cases with Laboratory-Confirmed COVID-19-Associated Hospitalization by Month, COVID-NET, March–December 2020

Supplement Table 2A. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Age Group and Month, COVID-NET, March–December 2020 (n=116,743)

Supplement Table 2B. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Sex and Month, COVID-NET, March–December 2020 (n=116,743)

Supplement Table 2C. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Surveillance Site and Month, COVID-NET, March–December 2020 (n=116,743)†

Supplement Table 3A. COVID-19-Associated Intensive Care Unit Admission* and In-Hospital Death* Rates (and 95% Confidence Intervals) per 100,000 Population by Age Group and Month, COVID-NET, March–December 2020 (n=18,508)

Supplement Table 3B. COVID-19-Associated Intensive Care Unit Admission* and In-Hospital Death* Rates (and 95% Confidence Intervals) per 100,000 Population by Sex and Month, COVID-NET, March–December 2020 (n=18,508)

Supplement Table 4A. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Age and Race/Ethnicity, COVID-NET, March–May, June–September, October–December 2020 (n=101,021)*

Supplement Table 4B. COVID-19-Associated Intensive Care Unit Admission* and In-Hospital Death* Rates (and 95% Confidence Intervals) per 100,000 Population by Age and Race/Ethnicity, March–May, June–September, October–December 2020 (n=16,035)

Supplement Table 5. Percentage Receiving COVID-19-Associated Treatments Among a Sample of Hospitalized Adults with COVID-19 by Month, COVID-NET, March–December 2020 (n=18,508)

Supplement Table 6. Percentage with Select Clinical Interventions and Outcomes among a Sample of Hospitalized Adults with COVID-19 by Month, COVID-NET, March–December 2020* (n=18,508)

Supplement Figure. COVID-19-Associated Hospitalization Surveillance Case Report Form

* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.

Supplement Table 1: Demographic Characteristics of Sampled versus All Adult Cases with Laboratory-Confirmed COVID-19-Associated Hospitalization by Month, COVID-NET, March–December 2020

Variable	March		April		May		June		July	
	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %
Median Age (years)	61	61	63	63	60	60	55	56	58	57
Sex										
Male	59	55	53	53	49	50	51	49	47	50
Female	42	45	47	47	51	50	49	51	53	51
Race/Ethnicity										
NH White	35	37	39	36	31	32	26	27	29	29
NH Black	43	40	32	34	30	29	30	30	38	37
NH AI/AN	0	1	1	1	2	2	2	2	1	1
NH Asian	5	5	4	5	5	5	7	6	5	5
NH Multiracial	0	0	0	0	0	0	1	0	1	1
Hispanic or Latino	13	14	21	21	29	27	32	30	24	24
Unknown	3	4	2	3	2	4	3	5	3	4
Surveillance Site										
California	6	6	4	4	3	4	12	9	11	11
Colorado	17	17	14	13	6	8	6	5	4	5
Connecticut	7	8	12	12	7	7	2	2	1	1
Georgia	24	24	9	10	9	9	18	22	35	33
Iowa	0	0	1	1	1	1	0	0	1	0
Maryland	18	18	34	34	38	38	24	25	15	16
Michigan	7	7	5	5	1	1	0	1	1	1
Minnesota	3	3	6	6	15	14	11	10	7	7
New Mexico	1	1	2	2	3	3	3	3	4	4
New York	6	6	5	5	5	5	3	3	1	1
Ohio	3	3	3	3	4	4	5	5	5	5
Oregon	3	3	2	2	1	1	2	2	2	2
Tennessee	6	6	3	3	4	4	10	8	9	9
Utah	1	1	1	1	2	2	5	5	4	4

Supplement Table 1 Continued...

Variable	August		September		October		November		December	
	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %	Sampled Cases Weighted %	All Cases Unweighted %
Median Age (years)	60	58	60	60	62	62	64	64	65	65
Sex										
Male	49	49	49	49	53	51	50	51	53	50
Female	51	51	51	52	47	49	50	49	48	50
Race/Ethnicity										
NH White	35	33	41	41	45	46	51	50	51	48
NH Black	33	32	26	25	22	21	19	19	23	23
NH AI/AN	1	1	1	1	1	1	3	2	2	2
NH Asian	7	7	8	7	7	5	6	5	4	5
NH Multiracial	0	0	0	1	1	0	0	0	1	0
Hispanic or Latino	21	22	21	22	21	22	17	18	17	15
Unknown	3	5	4	5	4	5	4	8	3	7
Surveillance Site										
California	13	14	8	12	5	5	4	5	11	11
Colorado	5	4	5	6	13	13	15	14	8	7
Connecticut	2	1	2	2	3	3	5	5	5	5
Georgia	25	25	18	17	12	12	8	8	13	13
Iowa	1	1	1	1	1	1	1	1	0	0
Maryland	19	19	23	21	17	17	18	18	18	19
Michigan	1	1	2	2	4	4	5	5	4	4
Minnesota	12	12	13	13	14	14	14	15	9	9
New Mexico	2	3	3	3	7	7	7	7	5	5
New York	2	2	3	2	3	3	5	5	12	11
Ohio	4	4	5	5	4	4	3	3	2	2
Oregon	3	3	3	4	3	3	3	3	3	2
Tennessee	8	8	8	8	9	9	7	7	8	8
Utah	3	3	6	6	6	6	4	4	3	3

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; NH= Non-Hispanic; AI/AN = American Indian/Alaska Native; Asian/PI = Asian/Pacific Islander

Supplement Table 2A. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Age Group and Month, COVID-NET, March–December 2020 (n=116,743)

Month	Overall	18-49 years	50-64 years	≥65 years
	Hospitalization rate per 100,000 population (95% Confidence Interval)			
March	20.2 (19.6-20.8)	8.7 (8.2-9.2)	27.3 (26.0-28.6)	45.4 (43.5-47.3)
April	52.0 (51.1-52.9)	21.2 (20.4-22.0)	61.9 (59.9-63.9)	131.4 (128.1-134.6)
May	40.9 (40.2-41.7)	21.5 (20.7-22.2)	47.8 (46.0-49.5)	90.4 (87.7-93.1)
June	24.2 (23.6-24.8)	15.7 (15.1-16.4)	28.1 (26.8-29.4)	44.3 (42.4-46.2)
July	41.6 (40.8-42.4)	25.6 (24.8-26.4)	49.1 (47.4-50.8)	79.6 (77.1-82.1)
August	29.6 (28.9-30.2)	17.7 (17.0-18.4)	34.1 (32.7-35.6)	59.2 (57.0-61.4)
September	21.2 (20.7-21.8)	11.5 (11.0-12.1)	24.3 (23.0-25.5)	46.4 (44.5-48.4)
October	37.1 (36.3-37.8)	17.4 (16.7-18.1)	42.7 (41.0-44.3)	88.8 (86.1-91.4)
November	87.2 (86.1-88.4)	34.7 (33.7-35.6)	95.3 (92.9-97.7)	234.0 (229.7-238.4)
December	105.3 (104.1-106.6)	39.5 (38.5-40.5)	111.9 (109.2-114.5)	293.8 (289.0-298.7)

COVID-NET= COVID-19-Associated Hospitalization Surveillance

* All hospitalized COVID-NET cases were used for calculation of hospitalization rates. Unadjusted hospitalization rates per 100,000 population were calculated by taking the total number of hospitalized cases each month, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance

Supplement Table 2B. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Sex and Month, COVID-NET, March–December 2020 (n=116,743)

Month	Males	Females
	Hospitalization rate per 100,000 population (95% Confidence Interval)	
Overall	61.0 (59.6-62.4)	41.2 (40.1-42.3)
March	23.0 (22.1-23.8)	17.6 (16.9-18.3)
April	57.1 (55.7-58.4)	47.2 (46.0-48.4)
May	42.3 (41.2-43.5)	39.7 (38.6-40.7)
June	24.4 (23.6-25.3)	23.9 (23.1-24.7)
July	42.5 (41.3-43.6)	40.7 (39.6-41.8)
August	29.8 (28.8-30.7)	29.3 (28.4-30.3)
September	21.2 (20.4-22.1)	21.2 (20.4-22.0)
October	39.1 (38.0-40.2)	35.2 (34.1-36.2)
November	92.1 (90.4-93.8)	82.7 (81.1-84.2)
December	108.6 (106.8-110.4)	102.2 (100.5-104.0)

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network

*All hospitalized COVID-NET cases were used for calculation of hospitalization rates. Unadjusted hospitalization rates per 100,000 population were calculated by taking the total number of hospitalized cases each month, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance

Supplement Table 2C. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Surveillance Site and Month, COVID-NET, March–December 2020 (n=116,743)†

Month	CA	CO	CT	GA	IA	MD	MI	MN	NM	NY	OH	OR	TN	UT
Hospitalization rate per 100,000 population (95% Confidence Interval)														
Mar	10.8 (9.6-12.0)	38.5 (35.9-41.1)	47.4 (42.7-52.2)	38.2 (36.1-40.4)	1.0 (0.0-2.9)	19.4 (18.1-20.6)	36.5 (32.8-40.3)	5.3 (4.4-6.3)	3.8 (2.6-5.0)	16.7 (14.7-18.6)	8.3 (6.9-9.7)	9.7 (8.1-11.3)	22.1 (19.6-24.6)	6.2 (4.5-7.9)
Apr	16.5 (15.0-17.9)	79.2 (75.5-83.0)	191.0 (181.5-200.4)	42.1 (39.8-44.3)	92.5 (73.9-111.1)	95.3 (92.5-98.1)	63.5 (58.6-68.5)	33.9 (31.6-36.3)	22.1 (19.1-25.0)	35.0 (32.2-37.7)	26.6 (24.1-29.1)	15.0 (13.0-17.0)	28.6 (25.7-31.4)	21.4 (18.3-24.5)
May	12.7 (11.4-14.0)	38.2 (35.7-40.8)	88.4 (82.0-94.8)	28.1 (26.3-30.0)	53.5 (39.4-67.7)	84.0 (81.4-86.6)	13.6 (11.3-15.9)	62.2 (59.1-65.4)	30.5 (27.1-34.0)	30.3 (27.7-32.9)	27.0 (24.5-29.5)	6.2 (4.9-7.4)	26.7 (23.9-29.4)	24.9 (21.6-28.3)
Jun	17.7 (16.2-19.2)	13.1 (11.6-14.7)	16.3 (13.5-19.0)	43.1 (40.8-45.4)	24.3 (14.8-33.9)	32.3 (30.7-33.9)	3.2 (2.1-4.3)	26.7 (24.7-28.8)	18.6 (15.9-21.2)	10.3 (8.8-11.8)	17.7 (15.7-19.8)	10.1 (8.4-11.7)	36.7 (33.5-39.9)	36.2 (32.1-40.2)
Jul	39.7 (37.5-42.0)	22.5 (20.5-24.5)	12.1 (9.7-14.5)	111.2 (107.5-114.9)	40.9 (28.5-53.3)	35.8 (34.1-37.5)	10.7 (8.7-12.7)	32.6 (30.3-34.9)	38.9 (35.1-42.8)	9.3 (7.9-10.8)	31.7 (28.9-34.4)	15.8 (13.8-17.9)	70.9 (66.4-75.3)	44.8 (40.3-49.2)
Aug	36.3 (34.1-38.4)	13.6 (12.1-15.1)	12.2 (9.8-14.6)	58.6 (55.9-61.3)	51.6 (37.7-65.5)	30.1 (28.5-31.7)	7.0 (5.4-8.6)	37.8 (35.4-40.3)	18.5 (15.8-21.1)	8.1 (6.8-9.5)	18.1 (16.0-20.1)	15.9 (13.9-17.9)	46.5 (42.9-50.2)	28.5 (25.0-32.1)
Sept	20.9 (19.2-22.5)	14.7 (13.1-16.3)	10.6 (8.4-12.9)	29.4 (27.5-31.3)	46.7 (33.5-60.0)	23.4 (22.1-24.8)	9.5 (7.6-11.4)	29.2 (27.0-31.4)	18.2 (15.5-20.8)	7.2 (5.9-8.4)	15.1 (13.2-17.0)	13.3 (11.4-15.2)	32.7 (29.7-35.8)	34.7 (30.7-38.6)
Oct	15.8 (14.4-17.2)	54.3 (51.2-57.4)	32.9 (29.0-36.8)	36.2 (34.1-38.3)	77.9 (60.8-95.0)	33.9 (32.2-35.5)	34.3 (30.7-37.9)	56.5 (53.5-59.5)	63.7 (58.7-68.6)	18.3 (16.3-20.3)	23.9 (21.5-26.2)	17.1 (14.9-19.2)	61.1 (56.9-65.2)	64.0 (58.6-69.4)
Nov	34.4 (32.3-36.5)	144.1 (139.1-149.1)	134.4 (126.4-142.3)	55.8 (53.2-58.4)	209.3 (181.3-237.3)	85.5 (82.8-88.1)	102.3 (96.1-108.6)	136.0 (131.4-140.7)	151.9 (144.2-159.5)	69.2 (65.2-73.1)	44.7 (41.5-48.0)	48.7 (45.2-52.3)	112.9 (107.3-118.6)	103.5 (96.7-110.3)
Dec	93.8 (90.4-97.3)	89.4 (85.5-93.3)	152.6 (144.1-161.0)	109.8 (106.1-113.4)	84.7 (66.9-102.5)	110.4 (107.4-113.4)	107.4 (101.0-113.9)	100.7 (96.7-104.7)	143.6 (136.2-151.0)	174.9 (168.7-181.2)	35.5 (32.7-38.4)	44.3 (40.9-47.7)	152.5 (145.9-159.1)	86.0 (79.8-92.2)

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network

* All hospitalized COVID-NET cases were used for calculation of hospitalization rates. Unadjusted hospitalization rates per 100,000 population were calculated by taking the total number of hospitalized cases each month, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance

† Rates bolded and highlighted in red represent the highest monthly hospitalization rate for each site

Supplement Table 3A. COVID-19-Associated Intensive Care Unit Admission* and In-Hospital Death* Rates (and 95% Confidence Intervals) per 100,000 Population by Age Group and Month, COVID-NET, March–December 2020 (n=18,508)

Month	Overall		18-49 years		50-64 years		≥65 years	
	ICU Admission	In-Hospital Death	ICU Admission	In-Hospital Death	ICU Admission	In-Hospital Death	ICU Admission	In-Hospital Death
	Rate per 100,000 population (95% Confidence Interval)							
March	7.6 (7.3-8.0)	2.8 (2.6-3.0)	2.4 (2.1-2.6)	0.2 (0.2-0.3)	11.1 (10.3-11.9)	2.8 (2.4-3.2)	18.9 (17.7-20.1)	10.6 (9.7-11.5)
April	18.0 (17.5-18.5)	9.2 (8.9-9.6)	6.4 (6.0-6.8)	0.9 (0.7-1.0)	22.4 (21.2-23.6)	6.7 (6.1-7.4)	47.2 (45.3-49.2)	37.4 (35.7-39.1)
May	10.6 (10.2-11.0)	5.0 (4.7-5.3)	4.0 (3.7-4.3)	0.4 (0.3-0.5)	14.6 (13.7-15.6)	5.0 (4.5-5.6)	24.9 (23.5-26.3)	18.8 (17.6-20.0)
June	6.5 (6.2-6.8)	1.6 (1.5-1.8)	2.8 (2.5-3.1)	0.2 (0.2-0.3)	8.3 (7.6-9.0)	1.8 (1.5-2.2)	15.2 (14.1-16.3)	5.5 (4.8-6.2)
July	10.7 (10.3-11.1)	4.1 (3.9-4.4)	4.4 (4.1-4.8)	0.5 (0.4-0.6)	14.3 (13.4-15.3)	3.4 (3.0-3.9)	24.6 (23.2-26.0)	16.0 (14.9-17.2)
August	6.4 (6.1-6.7)	2.7 (2.5-2.9)	3.0 (2.7-3.3)	0.2 (0.1-0.2)	8.1 (7.4-8.8)	1.5 (1.2-1.8)	14.4 (13.3-15.4)	11.7 (10.8-12.7)
September	4.6 (4.3-4.8)	1.9 (1.7-2.0)	1.8 (1.6-2.0)	0.3 (0.2-0.3)	5.7 (5.1-6.3)	0.8 (0.6-1.0)	11.4 (10.4-12.3)	8.0 (7.2-8.8)
October	7.9 (7.6-8.3)	3.2 (3.0-3.4)	2.4 (2.1-2.6)	0.3 (0.2-0.4)	9.6 (8.9-10.4)	2.9 (2.5-3.3)	22.4 (21.1-23.8)	12.2 (11.2-13.2)
November	17.9 (17.4-18.4)	8.5 (8.2-8.9)	5.7 (5.3-6.1)	0.7 (0.6-0.9)	20.9 (19.7-22.0)	6.3 (5.7-7.0)	50.5 (48.4-52.5)	34.8 (33.1-36.5)
December	20.2 (19.7-20.8)	11.7 (11.3-12.1)	7.0 (6.6-7.5)	0.9 (0.7-1.0)	20.8 (19.6-21.9)	9.7 (9.0-10.5)	58.9 (56.8-61.1)	46.6 (44.7-48.6)

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; ICU= Intensive Care Unit

* A sample of hospitalized cases with completed chart reviews and a discharge disposition were used for calculation of ICU admission and in-hospital death rates. Unadjusted ICU admission and in-hospital death rates per 100,000 population among hospitalized patients were calculated using the weighted number of sampled cases per month with each outcome as the numerator, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance.

Supplement Table 3B. COVID-19-Associated Intensive Care Unit Admission* and In-Hospital Death* Rates (and 95% Confidence Intervals) per 100,000 Population by Sex and Month, COVID-NET, March–December 2020 (n=18,508)

Month	ICU Admission		In-Hospital Death	
	Males	Females	Males	Females
	Rate per 100,000 population (95% CI)			
Overall	137.3 (135.2-139.3)	85.1 (83.5-86.7)	61.0 (59.6-62.4)	41.2 (40.1-42.3)
March	10.3 (9.7-10.8)	5.2 (4.8-5.6)	4.1 (3.7-4.4)	1.6 (1.4-1.9)
April	21.6 (20.8-22.4)	14.7 (14.0-15.3)	11.1 (10.5-11.7)	7.5 (7.0-8.0)
May	13.5 (12.8-14.1)	7.8 (7.3-8.3)	6.3 (5.9-6.8)	3.8 (3.5-4.1)
June	8.0 (7.5-8.5)	5.1 (4.7-5.5)	2.1 (1.9-2.4)	1.1 (1.0-1.3)
July	12.1 (11.5-12.7)	9.3 (8.8-9.8)	4.9 (4.5-5.3)	3.5 (3.1-3.8)
August	8.2 (7.7-8.7)	4.7 (4.3-5.1)	2.8 (2.5-3.1)	2.6 (2.3-2.8)
September	5.6 (5.1-6.0)	3.6 (3.3-4.0)	2.1 (1.8-2.3)	1.6 (1.4-1.8)
October	10.1 (9.5-10.7)	5.9 (5.5-6.3)	4.9 (4.5-5.3)	1.6 (1.4-1.8)
November	23.0 (22.1-23.8)	13.1 (12.5-13.7)	10.3 (9.7-10.9)	6.9 (6.4-7.3)
December	24.9 (24.0-25.8)	15.8 (15.1-16.5)	12.5 (11.9-13.1)	11.0 (10.4-11.5)

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; ICU= Intensive Care Unit

* A sample of hospitalized cases with completed chart reviews and a discharge disposition were used for calculation of ICU admission and in-hospital death rates. Unadjusted ICU admission and in-hospital death rates per 100,000 population among hospitalized patients were calculated using the weighted number of sampled cases per month with each outcome as the numerator, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance.

Supplement Table 4A. COVID-19 Associated Hospitalization* Rates (and 95% Confidence Intervals) per 100,000 Population by Age and Race/Ethnicity, COVID-NET, March–May, June–September, October–December 2020 (n=101,021)*

Race/Ethnicity	Age Group (years)	Value	March-May	June-September	October-December
NH White	Overall	N	9,880	9,321	27,722
		Hospitalization Rate	63.8 (62.5-65.0)	60.2 (58.9-61.4)	178.9 (176.8-181.0)
	18-49	N	1,207	1,755	3,749
		Hospitalization Rate	15.2 (14.4-16.1)	22.1 (21.1-23.2)	47.3 (45.7-48.8)
	50-64	N	2,310	2,416	6,346
		Hospitalization Rate	57.2 (54.9-59.6)	59.9 (57.5-62.3)	157.3 (153.4-161.1)
65+	N	6,363	5,150	17,627	
	Hospitalization Rate	180.5 (176.1-184.9)	146.1 (142.1-150.1)	500.0 (492.6-507.4)	
NH Black	Overall	N	9,575	9,384	12,060
		Hospitalization Rate	220.9 (216.4-225.3)	216.5 (212.1-220.8)	278.2 (273.2-283.1)
	18-49	N	2,165	3,373	3,364
		Hospitalization Rate	80.9 (77.5-84.3)	126.1 (121.8-130.3)	125.8 (121.5-130.0)
	50-64	N	3,230	2,911	3,896
		Hospitalization Rate	312.1 (301.4-322.9)	281.3 (271.1-291.5)	376.5 (364.6-388.3)
65+	N	4,180	3,100	4,800	
	Hospitalization Rate	668.4 (648.1-688.6)	495.7 (478.2-513.1)	767.5 (745.8-789.2)	
Hispanic	Overall	N	6,246	7,098	9,735
		Hospitalization Rate	200.1 (195.2-205.1)	227.4 (222.1-232.7)	311.9 (305.7-318.1)
	18-49	N	3,103	3,686	3,831
		Hospitalization Rate	139.3 (134.4-144.2)	165.5 (160.1-170.8)	172.0 (166.5-177.4)
	50-64	N	1,945	1,985	2,889
		Hospitalization Rate	327.4 (312.9-342.0)	334.2 (319.5-348.9)	486.3 (468.6-504.1)
65+	N	1,198	1,427	3,015	
	Hospitalization Rate	400.4 (377.8-423.1)	477.0 (452.2-501.7)	1008 (971.8-1044)	

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; NH=Non-Hispanic; Hispanic = Hispanic or Latino

* All hospitalized COVID-NET cases with known race/ethnicity, who were classified as either NH White, NH Black or Hispanic were included in this analysis. Unadjusted hospitalization rates per 100,000 population were calculated by taking the total number of hospitalized cases each month, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance.

Supplement Table 4B. COVID-19-Associated Intensive Care Unit Admission* and In-Hospital Death* Rates (and 95% Confidence Intervals) per 100,000 Population by Age and Race/Ethnicity, March–May, June–September, October–December 2020 (n=16,035)

Race/Ethnicity	Age Group (years)	Value	March-May	June-September	October-December
NH White	Overall	N	3,208	2,706	1,555
		ICU Admission Rate	20.5 (19.8-21.2)	13.6 (13.1-14.2)	33.7 (32.8-34.6)
		In-hospital Death Rate	13.2 (12.7-13.8)	6.3 (5.9-6.7)	19.1 (18.4-19.8)
	18-49	N	685	700	277
		ICU Admission Rate	4.8 (4.3-5.2)	3.4 (3.0-3.8)	7.1 (6.5-7.7)
		In-hospital Death Rate	0.5 (0.4-0.7)	0.2 (0.1-0.3)	0.6 (0.5-0.8)
	50-64	N	776	744	520
		ICU Admission Rate	20.4 (19.0-21.8)	15.2 (14.0-16.4)	29.4 (27.7-31.1)
		In-hospital Death Rate	5.4 (4.7-6.1)	2.2 (1.7-2.7)	9.4 (8.4-10.3)
	65+	N	1,747	1,262	758
		ICU Admission Rate	56.1 (53.7-58.6)	35.0 (33.0-36.9)	98.6 (95.3-101.9)
		In-hospital Death Rate	50.9 (48.5-53.2)	24.9 (23.2-26.5)	71.8 (69.0-74.6)
NH Black	Overall	N	2,233	1,524	617
		ICU Admission Rate	69.5 (67.0-72.0)	49.6 (47.5-51.7)	50.8 (48.7-52.9)
		In-hospital Death Rate	30.3 (28.6-31.9)	18.0 (16.7-19.3)	25.1 (23.6-26.6)
	18-49	N	848	716	214
		ICU Admission Rate	17.6 (16.0-19.2)	18.6 (17.0-20.2)	13.8 (12.4-15.2)
		In-hospital Death Rate	2.4 (1.8-2.9)	1.2 (0.8-1.7)	1.5 (1.0-2.0)
	50-64	N	673	430	251
		ICU Admission Rate	98.1 (92.0-104.1)	64.0 (59.1-68.8)	74.3 (69.1-79.6)
		In-hospital Death Rate	35.3 (31.7-38.9)	15.6 (13.2-18.0)	35.9 (32.2-39.5)
	65+	N	712	378	152
		ICU Admission Rate	244.1 (231.9-256.3)	158.5 (148.6-168.3)	170.3 (160.1-180.5)

		In-hospital Death Rate	141.4 (132.1-150.7)	93.7 (86.1-101.3)	108.3 (100.1-116.4)
Hispanic	Overall	N	1,820	1,745	627
		ICU Admission Rate	65.8 (63.0-68.7)	60.2 (57.4-62.9)	85.6 (82.4-88.9)
		In-hospital Death Rate	18.3 (16.8-19.8)	18.1 (16.6-19.6)	34.9 (32.9-37.0)
	18-49	N	1,183	1,021	292
		ICU Admission Rate	36.1 (33.6-38.6)	33.9 (31.5-36.4)	40.9 (38.3-43.6)
		In-hospital Death Rate	4.4 (3.5-5.3)	4.5 (3.6-5.3)	5.6 (4.6-6.6)
	50-64	N	424	464	224
		ICU Admission Rate	142.3 (132.7-151.9)	105.1 (96.9-113.4)	142.5 (132.9-152.1)
		In-hospital Death Rate	41.4 (36.2-46.6)	21.5 (17.8-25.3)	60.0 (53.8-66.2)
	65+	N	213	260	111
		ICU Admission Rate	135.3 (122.1-148.5)	166.0 (151.4-180.6)	305.5 (285.7-325.4)
		In-hospital Death Rate	75.6 (65.7-85.4)	112.5 (100.5-124.5)	203.6 (187.4-219.7)

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; NH=Non-Hispanic; Hispanic = Hispanic or Latino; ICU= Intensive Care Unit

* A sample of hospitalized COVID-NET cases with completed chart reviews and a discharge disposition, and with known race/ethnicity, who were classified as either NH White, NH Black or Hispanic, were included in this analysis. Unadjusted ICU admission and in-hospital death rates per 100,000 population among hospitalized patients were calculated using the weighted number of sampled cases per month with each outcome as the numerator, divided by the National Center for Health Statistics' vintage 2019 bridge-race postcensal population estimates for the counties included in surveillance.

Supplement Table 5. Percentage Receiving COVID-19-Associated Treatments Among a Sample of Hospitalized Adults with COVID-19 by Month, COVID-NET, March–December 2020 (n=18,508)

Month	Unweighted N	Cortico-steroids	Remdesivir	Azithromycin	Convalescent Plasma	HCQ*	Tocilizumab	Zinc	Vitamin C	Protease Inhibitor†	Other Drug‡	Study Drug§	Remdesivir Study
Overall	18,508	54.80	36.13	25.96	10.48	8.19	2.54	6.86	6.61	0.30	1.64	0.72	0.29
March	1,375	18.88	1.75	43.52	0.46	48.93	4.90	3.61	2.55	4.28	0.94	0.06	1.44
April	3,488	20.87	2.78	32.84	3.83	40.85	7.83	7.99	7.11	0.60	0.97	0.37	0.40
May	3,466	19.59	15.53	22.67	10.40	8.58	6.56	8.94	8.91	0.09	0.94	1.28	0.30
June	1,523	31.17	29.88	22.02	12.42	0.56	3.67	6.20	6.46	0.02	0.52	2.50	0.36
July	2,176	61.12	31.61	29.95	13.97	0.78	2.48	6.12	5.94	0.07	1.01	1.41	0.02
August	1,823	59.19	32.06	26.02	11.64	1.09	0.87	5.81	5.88	0.34	0.85	1.01	0.34
September	1,472	58.57	38.74	22.58	11.28	0.24	1.07	5.91	5.28	0.00	1.18	1.03	0.80
October	901	65.00	45.47	24.14	17.42	0.38	1.38	7.75	6.56	0.00	1.08	0.55	0.13
November	1,429	73.98	54.33	24.07	12.18	0.39	0.60	5.23	5.31	0.00	1.17	0.58	0.26
December	855	74.19	53.82	22.19	9.71	0.36	0.36	8.15	8.22	0.00	3.85	0.19	0.05

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; HCQ= Hydroxychloroquine

*Hydroxychloroquine with or without azithromycin

† Protease inhibitors excluded if patient had known history of HIV

‡ Other drugs include chloroquine, sarilumab (Kevzara), Baricitinib (Olumiant), losartan, immunomodulators, casirivimab/imdevimab (REGN-COV2), bamlanivimab, IVIG, interferon, ivermectin, cholecalciferol and daclizumab

§ Study drugs other than remdesivir studies include: hydroxychloroquine study, losartan study, baricitinib study, monoclonal antibody study, interferon study, sarilumab (Kevzara) study, tocilizumab study, casirivimab/Imdevimab (REGN-COV2) study, kinase Inhibitor study, convalescent plasma study, dexamethasone study and other specified study drugs

Supplement Table 6. Percentage with Select Clinical Interventions and Outcomes among a Sample of Hospitalized Adults with COVID-19 by Month, COVID-NET, March–December 2020* (n=18,508)

Age Group (Years)	Variable	March		April		May		June		July	
		N	Wtd % (95%CI)	N	Wtd % (95%CI)						
All Ages 18+	N	1,375		3,488		3,466		1,523		2,176	
	ICU Admission	500	37.8 (33.9-41.8)	1,153	33.3 (31.0-35.7)	965	27.8 (25.3-30.3)	421	28.5 (24.4-32.8)	531	25.6 (22.6-28.8)
	Mechanical Vent	343	27.8 (24.2-31.5)	677	20.7 (18.8-22.8)	560	17.0 (15.0-19.2)	201	12.5 (9.7-15.7)	238	12.8 (10.5-15.5)
	CPAP/BIPAP	37	2.5 (1.4-4.0)	142	4.0 (3.1-5.1)	175	5.0 (3.8-6.3)	59	4.0 (2.3-6.3)	124	4.9 (3.6-6.5)
	HFNC	82	5.6 (3.9-7.8)	280	7.2 (6.0-8.6)	250	8.0 (6.6-9.7)	105	10.0 (7.2-13.4)	165	10.4 (8.3-12.9)
	RRT	80	6.3 (4.5-8.5)	206	6.7 (5.5-8.0)	178	5.9 (4.6-7.3)	58	4.6 (2.9-6.9)	69	5.1 (3.6-7.0)
	Vasopressor Use	278	22.7 (19.4-26.3)	589	18.2 (16.4-20.2)	534	17.0 (15.0-19.2)	197	12.1 (9.4-15.2)	199	11.2 (9.0-13.7)
	In-Hospital Death	163	13.9 (11.2-17.0)	487	17.1 (15.2-19.0)	394	13.2 (11.3-15.1)	91	7.1 (5.0-9.8)	146	9.9 (7.8-12.3)
	In-Hospital Death or Hospice	183	15.0 (12.2-18.1)	581	21.2 (19.3-23.3)	484	16.9 (14.8-19.1)	108	8.4 (6.0-11.3)	177	11.8 (9.6-14.4)
	LOS [‡] for cases discharged alive	1,203	6.0 (2.6-17.1)	2,990	6.1 (3.1-12.9)	3,045	4.9 (2.4-9.9)	1,424	4.7 (2.3-9.4)	2,015	4.3 (2.0-7.7)
	LOS [‡] for in-hospital deaths	163	9.0 (5.1-15.8)	487	8.0 (4.3-15.0)	394	8.1 (3.7-17.4)	91	15.6 (10.1-23.5)	145	12.8 (10.2-21.9)
LOS [‡] for all cases	1,372	6.4 (2.9-16.8)	3,480	6.5 (3.2-13.3)	3,443	5.2 (2.5-10.9)	1,520	5.1 (2.4-10.7)	2,164	4.7 (2.2-9.2)	
18-49	N	539		1,303		1,403		669		952	
	ICU Admission	174	28.5 (22.2-35.5)	385	29.0 (24.7-33.5)	310	19.4 (16.0-23.3)	137	17.8 (12.9-23.6)	163	17.2 (12.9-22.2)
	Mechanical Vent	112	18.7 (13.4-24.9)	208	15.9 (12.6-19.7)	155	9.2 (6.8-12.1)	49	4.8 (2.7-7.9)	68	6.8 (4.2-10.4)
	CPAP/BIPAP	15	2.1 (0.6-5.0) [†]	35	2.1 (1.0-3.7) [†]	37	3.5 (1.9-5.9)	13	2.4 (0.7-5.9) [†]	26	2.5 (1.0-5.3) [†]
	HFNC	30	4.8 (2.3-8.8) [†]	90	6.5 (4.4-9.2)	108	8.8 (6.2-12.0)	44	9.2 (5.4-14.3)	50	7.1 (4.2-11.1)
	RRT	31	4.8 (2.3-8.6) [†]	76	6.2 (4.1-8.9)	51	3.4 (1.9-5.5)	16	1.7 (0.7-3.3) [†]	13	0.8 (0.3-1.8) [†]
	Vasopressor Use	92	15.5 (10.7-21.5)	163	12.1 (9.2-15.6)	140	8.5 (6.2-11.3)	43	5.7 (3.0-9.7)	49	4.7 (2.6-7.9)
	In-Hospital Death	24	2.8 (1.2-5.5) [†]	47	4.0 (2.3-6.5)	26	1.9 (0.8-3.7) [†]	11	1.5 (0.3-4.6) [†]	12	1.8 (0.5-4.6) [†]
	In-Hospital Death or Hospice	25	2.9 (1.3-5.6) [†]	50	4.1 (2.4-6.6)	28	2.0 (0.9-3.8) [†]	13	1.7 (0.4-4.6) [†]	12	1.8 (0.5-4.6) [†]
	LOS [‡] for cases discharged alive	509	4.7 (2.0-9.0)	1,252	4.6 (2.3-9.0)	1,374	3.5 (1.9-6.9)	655	3.2 (1.7-6.2)	935	2.9 (1.5-5.4)
	LOS [‡] for in-hospital deaths	24	15.6* (7.6-30.7)	47	7.4 (5.7-9.2)	26	(4.9-16.6)	11	17.6 (14.2-20.9)	11	(9.7-15.6)
LOS [‡] for all cases	537	4.8 (2.1-9.3)	1,300	4.7 (2.4-9.0)	1,402	3.6 (1.9-7.1)	668	3.3 (1.7-6.4)	947	3.0 (1.6-5.6)	
50-64	N	376		882		879		448		595	

	ICU Admission	145	39.0 (32.1-46.1)	331	35.6 (31.4-40.0)	307	32.4 (27.7-37.4)	144	29.5 (22.4-37.5)	189	28.4 (22.9-34.5)
	Mechanical Vent	104	28.3 (22.3-34.9)	200	23.5 (19.8-27.5)	204	21.6 (17.6-26.1)	79	16.2 (10.7-23.0)	86	12.0 (8.2-16.7)
	CPAP/BIPAP	8	2.3 (0.8-5.2) [†]	37	3.2 (1.9-4.9)	37	3.8 (2.1-6.2)	23	3.9 (1.5-8.4) [†]	53	8.4 (5.4-12.5)
	HFNC	15	3.9 (1.6-7.8) [†]	72	7.2 (5.1-9.9)	51	6.2 (3.9-9.3)	30	8.8 (4.5-15.2)	53	11.4 (7.5-16.4)
	RRT	27	8.4 (5.0-13.0)	64	7.8 (5.7-10.4)	64	8.0 (5.4-11.2)	23	5.8 (2.9-10.2)	27	5.9 (3.2-9.9)
	Vasopressor Use	88	23.9 (18.3-30.4)	172	20.1 (16.7-24.0)	186	20.4 (16.5-24.8)	77	15.0 (10.0-21.3)	71	11.2 (7.5-15.8)
	In-Hospital Death	36	9.9 (6.1-14.9)	98	10.7 (8.1-13.8)	95	11.1 (8.1-14.7)	26	6.5 (3.3-11.4)	36	6.8 (3.8-11.0)
	In-Hospital Death or Hospice	37	10.2 (6.4-15.2)	114	13.1 (10.3-16.5)	96	11.1 (8.1-14.8)	29	6.7 (3.4-11.5)	37	7.5 (4.3-12.0)
	LOS [‡] for cases discharged alive	340	5.3 (2.2-15.2)	783	6.0 (2.7-13.1)	783	5.0 (2.4-10.7)	419	5.5 (2.5-10.3)	551	5.3 (2.5-8.8)
	LOS [‡] for in-hospital deaths	36	9.6 (4.7-18.3)	98	11.5 (4.5-21.0)	95	11.5 (6.3-20.4)	26	32.3 (11.6-40.5)	36	18.9 (11.0-28.2)
	LOS [‡] for all cases	376	5.7 (2.3-15.4)	882	6.5 (2.9-14.0)	878	5.4 (2.5-12.0)	447	5.8 (2.6-11.4)	590	5.7 (2.7-9.8)
65+	N	460		1,303		1,184		406		629	
	ICU Admission	181	42.0 (35.5-48.6)	437	34.1 (30.6-37.6)	348	30.9 (26.7-35.3)	140	40.9 (32.4-49.8)	179	31.5 (25.9-37.6)
	Mechanical Vent	127	32.4 (26.4-38.9)	269	21.4 (18.5-24.6)	201	19.7 (16.1-23.7)	73	18.6 (12.5-26.2)	84	19.5 (14.7-25.1)
	CPAP/BIPAP	14	2.8 (1.1-5.7) [†]	70	5.5 (3.9-7.4)	101	6.9 (4.9-9.5)	23	6.0 (2.5-11.9) [†]	45	4.3 (2.5-7.0)
	HFNC	37	7.5 (4.5-11.7)	118	7.5 (5.8-9.7)	91	8.7 (6.3-11.7)	31	12.2 (6.6-19.9)	62	12.8 (8.9-17.6)
	RRT	22	5.4 (2.8-9.2)	66	6.3 (4.6-8.4)	63	6.2 (4.2-8.9)	19	7.0 (3.0-13.6) [†]	29	8.6 (5.2-13.2)
	Vasopressor Use	98	25.7 (20.1-31.9)	254	20.0 (17.2-23.1)	208	21.2 (17.5-25.3)	77	17.4 (11.7-24.3)	79	17.6 (13.0-23.0)
	In-Hospital Death	103	23.3 (18.0-29.3)	342	26.9 (23.7-30.3)	273	23.3 (19.6-27.3)	54	14.7 (9.3-21.7)	98	20.3 (15.6-25.8)
	In-Hospital Death or Hospice	121	25.5 (20.0-31.6)	417	34.0 (30.6-37.7)	360	32.4 (28.2-36.8)	66	18.4 (12.1-26.1)	128	25.2 (20.0-31.0)
	LOS [‡] for cases discharged alive	354	9.8 (4.2-19.9)	955	7.4 (3.9-14.5)	888	6.3 (3.4-12.9)	350	7.3 (3.8-13.9)	529	5.2 (2.7-9.8)
	LOS [‡] for in-hospital deaths	103	8.1 (5.1-14.8)	342	7.7 (4.0-14.4)	273	7.0 (3.2-16.8)	54	12.7 (6.0-19.0)	98	12.6 (8.4-21.3)
	LOS [‡] for all cases	459	9.3 (4.5-19.4)	1,298	7.5 (3.9-14.5)	1,163	6.5 (3.3-13.6)	405	8.2 (4.0-15.6)	627	6.2 (3.1-12.2)

Supplement Table 6 continued...

Age Group (Years)	Variable	August		September		October		November		December	
		N	Wtd % (95%CI)	N	Wtd % (95%CI)	N	Wtd % (95%CI)	N	Wtd % (95%CI)	N	Wtd % (95%CI)
All Ages 18+	N	1,823		1,472		901		1,429		855	
	ICU Admission	410	21.4 (18.2-24.9)	345	22.3 (18.6-26.4)	184	21.7 (18.2-25.5)	294	21.1 (18.8-23.6)	163	20.5 (17.1-24.3)
	Mechanical Ventilation	171	10.2 (7.8-13.1)	151	10.2 (7.5-13.4)	76	8.7 (6.4-11.5)	154	10.8 (9.1-12.7)	97	12.3 (9.6-15.3)
	CPAP/BIPAP	118	6.1 (4.3-8.3)	93	4.5 (3.1-6.4)	53	7.0 (4.9-9.8)	112	8.1 (6.6-9.9)	60	7.5 (5.4-10.1)
	High Flow Nasal Cannula	121	7.5 (5.4-9.9)	101	6.9 (4.7-9.8)	92	10.3 (7.9-13.2)	131	9.5 (7.8-11.3)	69	8.7 (6.6-11.2)
	Renal Replacement Therapy	70	6.4 (4.5-8.8)	46	4.9 (2.8-7.9)	37	4.1 (2.6-6.2)	73	5.4 (4.1-6.9)	52	6.1 (4.4-8.2)
	Vasopressor Use	167	9.9 (7.5-12.7)	147	10.7 (7.9-14.1)	83	8.8 (6.6-11.4)	150	10.9 (9.1-12.9)	95	12.8 (10.0-16.0)
	In-Hospital Death	123	8.9 (6.7-11.6)	118	9.0 (6.6-12.1)	71	8.7 (6.5-11.5)	119	10.1 (8.3-12.1)	89	11.9 (9.2-15.1)
	In-Hospital Death or Hospice	150	10.9 (8.4-13.7)	135	10.5 (7.8-13.8)	87	12.3 (9.4-15.6)	137	12.0 (10.1-14.2)	107	15.7 (12.5-19.3)
	LOS [‡] for cases discharged alive	1,692	4.3 (2.1-7.8)	1,343	4.0 (1.9-7.2)	812	4.3 (2.0-7.6)	1,294	4.4 (2.3-8.5)	740	4.3 (2.0-8.4)
	LOS [‡] for in-hospital deaths	123	14.1 (5.0-21.7)	118	12.1 (7.0-19.8)	71	11.5 (7.2-16.8)	119	10.1 (4.4-18.2)	89	9.7 (5.3-18.7)
LOS [‡] for all cases	1,820	4.6 (2.3-8.6)	1,466	4.4 (2.0-8.1)	894	4.6 (2.1-8.6)	1,421	4.7 (2.4-9.4)	844	4.6 (2.2-9.0)	
18-49	N	711		555		275		417		242	
	ICU Admission	133	18.0 (12.9-24.2)	92	15.9 (10.5-22.7)	41	13.6 (9.3-19.0)	70	17.0 (13.4-21.2)	43	19.0 (13.6-25.5)
	Mechanical Ventilation	43	7.0 (3.8-11.8)	36	6.4 (3.4-10.7)	15	5.4 (2.6-9.9) [†]	39	9.8 (7.0-13.3)	22	9.5 (5.8-14.5)
	CPAP/BIPAP	42	6.4 (3.3-11.1)	19	1.7 (0.8-3.2)	7	1.7 (0.5-4.1) [†]	21	4.6 (2.8-7.1)	10	3.9 (1.7-7.6) [†]
	High Flow Nasal Cannula	30	5.1 (2.4-9.2) [†]	28	4.6 (2.0-8.8) [†]	20	7.6 (4.1-12.5)	32	7.4 (5.0-10.6)	14	6.8 (3.4-11.9)
	Renal Replacement Therapy	11	1.0 (0.3-2.5) [†]	13	3.0 (0.9-7.2) [†]	8	2.2 (0.7-5.1) [†]	13	3.2 (1.7-5.5)	15	7.8 (4.1-13.1)
	Vasopressor Use	35	4.6 (2.2-8.4) [†]	34	7.1 (3.4-12.6) [†]	17	4.4 (2.3-7.6)	32	7.9 (5.3-11.1)	22	9.5 (5.7-14.7)
	In-Hospital Death	9	1.0 (0.3-2.5) [†]	13	2.2 (0.8-5.0) [†]	5	1.9 (0.5-4.6) [†]	10	2.1 (1.0-4.0) [†]	8	2.4 (0.8-5.2) [†]
	In-Hospital Death or Hospice	12	1.3 (0.5-2.7) [†]	14	2.4 (0.9-5.1) [†]	6	3.0 (0.9-7.3) [†]	11	2.4 (1.1-4.4) [†]	8	2.4 (0.8-5.3) [†]
	LOS [‡] for cases discharged alive	696	3.2 (1.7-6.3)	536	2.9 (1.4-5.7)	269	2.9 (1.6-5.3)	404	3.4 (1.7-6.5)	228	3.8 (1.7-8.0)
	LOS [‡] for in-hospital deaths	9	14.6 (4.2-16.3)	13	(4.8-26.4)	5	1.8 (1.0-10.8) [†]	10	11.4 (5.3-17.4) [†]	8	8.0 (1.3-13.4) [†]
LOS [‡] for all cases	709	3.3 (1.7-6.4)	551	3.0 (1.4-5.9)	275	2.9 (1.5-5.3)	414	3.5 (1.8-7.0)	241	3.7 (1.7-8.0)	
50-64	N	483		396		312		526		276	
	ICU Admission	136	24.6 (18.3-31.9)	109	25.6 (18.6-33.6)	73	22.8 (16.9-29.7)	118	22.2 (18.6-26.1)	51	19.7 (14.7-25.5)

	Mechanical Ventilation	59	10.3 (6.1-16.1)	48	12.4 (7.0-20.0)	32	9.4 (5.9-14.1)	64	11.8 (9.2-14.9)	28	11.2 (7.4-16.1)
	CPAP/BIPAP	28	5.0 (2.2-9.6) †	33	7.1 (3.5-12.5) †	15	3.9 (1.8-7.2) †	41	7.3 (5.2-9.8)	18	6.9 (4.0-11.1)
	High Flow Nasal Cannula	45	7.8 (4.1-13.4)	34	8.7 (4.4-15.0)	35	10.6 (6.4-16.2)	58	11.5 (8.8-14.7)	24	9.6 (6.1-14.2)
	Renal Replacement Therapy	30	8.6 (4.5-14.4)	9	1.5 (0.5-3.4) †	18	6.9 (3.5-12.1)	37	7.3 (5.2-10.0)	22	8.1 (5.1-12.3)
	Vasopressor Use	63	11.8 (7.2-18.0)	51	12.3 (7.2-19.1)	36	10.6 (6.9-15.4)	63	11.7 (9.0-14.8)	27	11.5 (7.5-16.6)
	In-Hospital Death	29	4.5 (1.9-8.9) †	20	3.7 (1.7-6.8) †	20	6.9 (3.6-11.7)	35	6.8 (4.7-9.4)	24	9.2 (5.8-13.7)
	In-Hospital Death or Hospice	31	4.6 (2.0-9.1) †	24	4.0 (2.0-7.1) †	23	8.4 (4.7-13.6)	36	6.9 (4.9-9.6)	26	10.0 (6.4-14.6)
	LOS‡ for cases discharged alive	452	4.4 (2.4-9.0)	372	4.8 (2.7-7.8)	283	4.9 (2.9-7.6)	487	4.5 (2.5-8.1)	245	3.8 (1.8-7.5)
	LOS‡ for in-hospital deaths	29	22.8 (17.6-42.9)	20	19.5* (7.0-43.9)	20	15.8 (6.2-18.3)	35	12.4 (6.1-23.0)	24	13.3 (4.0-21.4)
	LOS‡ for all cases	482	4.6 (2.5-9.7)	394	5.0 (2.7-8.1)	309	5.1 (2.9-8.3)	525	4.6 (2.5-8.9)	273	4.0 (1.9-8.6)
65+	N	629		521		314		486		337	
	ICU Admission	141	22.0 (16.8-27.8)	144	25.1 (18.8-32.4)	70	25.8 (19.7-32.6)	106	22.4 (18.6-26.6)	69	21.6 (16.2-27.8)
	Mechanical Ventilation	69	12.7 (8.5-17.9)	67	11.7 (7.2-17.7)	29	10.3 (6.3-15.5)	51	10.7 (8.0-14.0)	47	13.9 (9.7-19.1)
	CPAP/BIPAP	48	6.5 (4.0-10.0)	41	5.1 (2.8-8.4)	31	12.2 (7.8-17.9)	50	10.1 (7.5-13.3)	32	9.2 (5.8-13.8)
	High Flow Nasal Cannula	46	9.1 (5.7-13.6)	39	7.7 (3.9-13.4)	37	11.8 (7.8-17.0)	41	9.3 (6.6-12.5)	31	9.0 (5.9-13.0)
	Renal Replacement Therapy	29	9.2 (5.7-14.0)	24	8.7 (4.2-15.5) †	11	3.5 (1.4-7.1) †	23	5.3 (3.3-8.1)	15	4.4 (2.2-7.6)
	Vasopressor Use	69	12.8 (8.6-18.1)	62	12.6 (7.8-18.9)	30	10.3 (6.5-15.3)	55	11.8 (8.9-15.2)	46	14.7 (10.2-20.3)
	In-Hospital Death	85	17.9 (13.1-23.5)	85	17.5 (12.1-24.1)	46	14.0 (9.7-19.3)	74	15.5 (12.2-19.2)	57	17.2 (12.6-22.8)
	In-Hospital Death or Hospice	107	22.3 (17.0-28.4)	97	20.7 (14.8-27.7)	58	20.2 (14.7-26.6)	90	19.1 (15.5-23.1)	73	24.0 (18.3-30.4)
	LOS‡ for cases discharged alive	544	5.0 (2.6-8.4)	435	4.6 (2.3-7.9)	260	5.0 (2.1-10.2)	403	5.0 (2.6-10.0)	267	4.9 (2.5-8.9)
	LOS‡ for in-hospital deaths	85	12.4 (4.6-19.7)	85	11.2 (7.2-17.4)	46	11.4 (7.6-16.0)	74	9.1 (4.2-17.4)	57	8.9 (5.4-16.7)
	LOS‡ for all cases	629	5.4 (2.9-9.9)	521	5.3 (2.5-9.7)	310	5.7 (2.5-11.3)	482	5.4 (2.8-11.0)	330	5.5 (2.8-9.6)

COVID-NET= COVID-19-Associated Hospitalization Surveillance Network; Wtd %= Weighted percentage; ICU= Intensive care unit; CPAP/BIPAP = continuous positive airway pressure/bilevel positive airway pressure; In-Hospital Death or Hospice= Died in-hospital or discharged alive to hospice; LOS = Hospital length of stay: LOS for all cases= length of stay among cases that were discharged alive (including discharged to hospice) and those who died in-hospital

*Missingness of data: ICU Admission 160 (1.5%); Mechanical Ventilation, CPAP/BIPAP and High Flow Nasal Cannula 230 (2.3%); Renal Replacement Therapy 227 (2.3%); Vasopressor Use 261 (2.4%); In-Hospital Death 141 (1.4%); LOS 84 (0.6%)

† Relative standard error >30%

‡ Median and Interquartile range presented for LOS

COVID-19-Associated Hospitalization Surveillance Case Report Form



Case ID: <u>C 2 0 2 1</u>	CDC 2019-nCoV ID: _____	NNDSS loc. rec. ID/Case ID: _____
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A. Patient Data – THIS INFORMATION IS NOT SENT TO CDC

Last Name:	First Name:	Middle Name:	Chart Number:
Address:			Address Type:
City:	State:	Zip Code:	
Site Use:			CDCTrack:

B. Abstractor Information – THIS INFORMATION IS NOT SENT TO CDC

1. Abstractor Name: _____	2. Date of Abstraction: ____/____/____
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C. Enrollment Information

1. Admission Type: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Observation only	2. State: _____	3. County: _____	4. Case Type: <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	5. Date of Birth: ____/____/____	6. Age: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months (if < 1 yr) <input type="checkbox"/> Days (if < 1 month)	7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Not specified		9. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not Specified		10. Type of Insurance <i>(select all that apply):</i> <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/state assistance program <input type="checkbox"/> Military <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Incarcerated <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____		11. Pregnant? (15-49 years of age only): <input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown <input type="checkbox"/> Not applicable (male)
12. Hospital ID Where Patient Treated: _____						
12a. Admission Date: ____/____/____						
12b. Discharge Date: ____/____/____						
13. Was patient transferred from another hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			13a. Transfer Hospital ID: _____		13b. Transfer Hospital Admission Date: ____/____/____	
13c. Transfer Date: ____/____/____						
14. Where did the patient reside at the time of hospitalization? (Indicate TYPE of residence.)						
<input type="checkbox"/> Private residence		<input type="checkbox"/> Alcohol/Drug Abuse Treatment		<input type="checkbox"/> Hospice		
<input type="checkbox"/> Private residence with services		<input type="checkbox"/> Hospitalized at birth		<input type="checkbox"/> Assisted living/Residential care		
<input type="checkbox"/> Homeless/shelter		<input type="checkbox"/> Rehabilitation facility		<input type="checkbox"/> Psychiatric facility		
<input type="checkbox"/> Nursing home/Skilled nursing facility		<input type="checkbox"/> Corrections facility		<input type="checkbox"/> Other long term care facility		
<input type="checkbox"/> LTACH						
<input type="checkbox"/> Group/Retirement home						
<input type="checkbox"/> Other, specify: _____						
<input type="checkbox"/> Unknown						

14a. If resident of a facility, indicate NAME of facility: _____

D. SARS-CoV-2 Testing Results (can add up to 10 test results in database)

1. Test 1: <input type="checkbox"/> Molecular Assay (e.g. RT-PCR, RVP) <input type="checkbox"/> Antigen detection test <input type="checkbox"/> Serology <input type="checkbox"/> Method Unknown <input type="checkbox"/> Other, specify: _____					
1a. Specimen collection date: ____/____/____		1b. Specimen collection ID: _____		1c. Testing facility ID: _____	
1d. Test result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate					
2. Test 2: <input type="checkbox"/> Molecular Assay (e.g. RT-PCR, RVP) <input type="checkbox"/> Antigen detection test <input type="checkbox"/> Serology <input type="checkbox"/> Method Unknown <input type="checkbox"/> Other, specify: _____					
2a. Specimen collection date: ____/____/____		2b. Specimen collection ID: _____		2c. Testing facility ID: _____	
2d. Test result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate					

E. ICU and Other Interventions (can add up to 3 ICU stays in database)

1. Was the patient admitted to an intensive care unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
1a. Date of 1st ICU Admission: ____/____/____ <input type="checkbox"/> Unknown	1b. Date of 1st ICU Discharge: ____/____/____ <input type="checkbox"/> Unknown
2. BiPAP or CPAP use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3. High flow nasal cannula (e.g., Vapotherm)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Invasive mechanical ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5. ECMO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6. Vasopressor use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (Common vasopressors are Dobutamine, Dopamine, Epinephrine, Milrinone, Neosynephrine, Norepinephrine, Vasopressin)	
7. Systemic steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (Common systemic steroids include: Methylprednisolone, Prednisone, Prednisolone, Dexamethasone, Hydrocortisone, Cortisone)	
7a. Systemic steroid start date: ____/____/____ <input type="checkbox"/> Unknown	7b. Systemic steroid end date: ____/____/____ <input type="checkbox"/> Unknown
8. IVIG? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
9. Renal Replacement Therapy (RRT) or Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Includes Peritoneal Dialysis (PD), Hemodialysis (HD), Continuous Venovenous Hemofiltration (CVVH), Continuous Venovenous Hemodialysis (CVVHD), and Slow Continuous Ultrafiltration (SCUF)	

F. Outcome

1. What was the outcome of the patient upon discharge? Alive Died during hospitalization Unknown

2. Date of death: _____ / _____ / _____ Unknown

3. If patient discharged alive, please indicate to where:

<input type="checkbox"/> Private residence	<input type="checkbox"/> Alcohol/Drug Abuse Treatment	<input type="checkbox"/> Assisted living/Residential care	<input type="checkbox"/> Other long term care facility
<input type="checkbox"/> Private residence with services	<input type="checkbox"/> Rehabilitation facility	<input type="checkbox"/> LTACH	<input type="checkbox"/> Against medical advice (AMA)
<input type="checkbox"/> Homeless/Shelter	<input type="checkbox"/> Corrections facility	<input type="checkbox"/> Group/Retirement home	<input type="checkbox"/> Discharged to another hospital
<input type="checkbox"/> Nursing home/Skilled nursing facility	<input type="checkbox"/> Hospice	<input type="checkbox"/> Psychiatric facility	<input type="checkbox"/> Other, specify: _____
			<input type="checkbox"/> Unknown

G. Admission and Patient History

1. Reason for admission:

<input type="checkbox"/> COVID-19 related illness	<input type="checkbox"/> Inpatient surgery/procedures	<input type="checkbox"/> Trauma	<input type="checkbox"/> Unknown
<input type="checkbox"/> OB/Labor and delivery admission	<input type="checkbox"/> Psychiatric admission needing acute medical care	<input type="checkbox"/> Other, specify: _____	

2. Chief Complaint: _____

3. Acute signs/symptoms present at admission (began or worsened within 2 weeks prior to admission) (Select all that apply): None of the below signs/symptoms

Non-respiratory symptoms

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Dysgeusia/Decreased taste	<input type="checkbox"/> Headache	<input type="checkbox"/> Rash
<input type="checkbox"/> Altered mental status/confusion	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Muscle aches/myalgias	<input type="checkbox"/> Seizures
<input type="checkbox"/> Anosmia/Decreased smell	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fever/chills	<input type="checkbox"/> Nausea/vomiting	

Respiratory symptoms

<input type="checkbox"/> Congested/runny nose	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath/respiratory distress	<input type="checkbox"/> URI/ILI
	<input type="checkbox"/> Hemoptysis/bloody sputum	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Wheezing

For cases < 2 years

<input type="checkbox"/> Apnea	<input type="checkbox"/> Decreased vocalization/stridor	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Lethargy
<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Dehydration	<input type="checkbox"/> Inability to eat/poor feeding	

4. Date of onset of acute respiratory symptoms (within 2 weeks before a positive SARS-CoV-2 test): _____ / _____ / _____ Unknown Not applicable

5. Height _____ Inch Cm Unknown

6. Weight _____ Lbs Kg Unknown

7. BMI (non-pregnant cases and cases ≥ 2 years only) _____ Unknown

8. Smoker (tobacco): Current Former No/Unknown

9. Alcohol abuse: Current Former No/Unknown

10. Vaping: Current Former No/Unknown

10a. If currently vaping, specify type:

<input type="checkbox"/> Nicotine	<input type="checkbox"/> Marijuana, THC/concentrates, hash oil, wax	<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> Unknown
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11. Code status on admission:

<input type="checkbox"/> Full code	<input type="checkbox"/> DNR/DNI/CMO
<input type="checkbox"/> Unknown	

H. First Vital Signs and First Lab Values (continued)

1. Heart Rate (beats/min)	_____	<input type="checkbox"/> Unknown
2. Respiratory Rate (breaths/min)	_____	<input type="checkbox"/> Unknown
3. Systolic Blood Pressure (mmHg)	_____	<input type="checkbox"/> Unknown
4. Diastolic Blood Pressure (mmHg)	_____	<input type="checkbox"/> Unknown
5. Temperature	_____ <input type="checkbox"/> °C <input type="checkbox"/> °F	<input type="checkbox"/> Unknown
6a. O2 saturation	_____ %	<input type="checkbox"/> Unknown
6b. Type of support required when O2 saturation was measured	<input type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Face Mask <input type="checkbox"/> CPAP or BIPAP <input type="checkbox"/> High Flow Nasal Cannula <input type="checkbox"/> Invasive mechanical ventilation <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Unknown
6c. Fraction of Inspired Oxygen/Flow	_____ <input type="checkbox"/> %L <input type="checkbox"/> Liters/minute (LPM) <input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
7. Glasgow Coma Scale (GCS) (1-15)	_____ <input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
8. White blood cell (WBC) count	_____ <input type="checkbox"/> Cells x 10 ⁹ /L <input type="checkbox"/> x 1000/μL <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
9. Hematocrit (HCT)	_____ %	<input type="checkbox"/> N/A
10. Platelets (Plt)	_____ <input type="checkbox"/> Cells x 10 ⁹ /L <input type="checkbox"/> x 1000/μL <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
11. Sodium (Na)	_____ <input type="checkbox"/> mmol/L <input type="checkbox"/> mEq/L <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
12. Blood Urea Nitrogen (BUN)	_____ <input type="checkbox"/> mg/dl <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
13. Creatinine (Cr)	_____ <input type="checkbox"/> mg/dl <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
14. Glucose	_____ <input type="checkbox"/> mg/dl <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
15. Aspartate transaminase (AST)	_____ <input type="checkbox"/> U/L <input type="checkbox"/> IU/L <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
16. Alanine aminotransferase (ALT)	_____ <input type="checkbox"/> U/L <input type="checkbox"/> IU/L <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
17. C-reactive protein (CRP)	_____ <input type="checkbox"/> mg/L <input type="checkbox"/> μg/mL <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
18. Erythrocyte sedimentation rate (ESR)	_____ <input type="checkbox"/> mm/hr <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
19. D-dimer	_____ <input type="checkbox"/> mg/L <input type="checkbox"/> ug/mL <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A

H. First Vital Signs and First Lab Values (continued)

20. Troponin T	_____	<input type="checkbox"/> ng/mL	<input type="checkbox"/> ng/L	<input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
21. Procalcitonin	_____	<input type="checkbox"/> ng/mL	<input type="checkbox"/> Other: _____		<input type="checkbox"/> N/A
22. Fibrinogen	_____	<input type="checkbox"/> mg/mL	<input type="checkbox"/> g/L	<input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
23. B-type natriuretic peptide (BNP)	_____	<input type="checkbox"/> pg/dL	<input type="checkbox"/> ng/L	<input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
24. Arterial pH	_____				<input type="checkbox"/> N/A

I. Exposures

1. Is the patient a healthcare personnel (HCP)?

- Yes - Physician Yes - Respiratory Therapist Yes - Other, specify: _____
 Yes - Nurse Yes - HCP type not specified No Unknown

2. Did the patient take ACE-inhibitors (ACE-Is) at home/prior to admission? (see list below): Yes No Unknown3. Did the patient take angiotensin receptor blockers (ARBs) at home/prior to admission? (see list below): Yes No Unknown

ACE-Inhibitors*

benazepril (Lotensin)	lisinopril/HCTZ (Prinzide, Zestoretic)
benazepril/HCTZ (Lotensin HCT)	moexipril (Univasc)
benazepril/amlodipine (Lotrel, Amlobenz)	moexipril/HCTZ (Uniretic)
captopril (Capoten)	perindopril (Aceon)
captopril/HCTZ (Capozide)	perindopril/amlodipine (Prexalia)
enalapril (Vasotec)	quinapril (Accupril)
enalapril/HCTZ (Vaseretic)	quinapril/HCTZ (Accuretic)
enalapril/felodipine (Lexxel)	ramipril (Altace)
fosinopril (Monopril)	trandolapril (Mavik)
fosinopril/HCTZ	trandolapril/verapamil (Tarka)
lisinopril (Prinivil, Zestril)	*HCTZ=hydrochlorothiazide

ARBs*

azilsartan medoxomil/chlorthalidone (Edarbyclor)	olmesartan/amlodipine (Azor)
candesartan (Atacand)	olmesartan/amlodipine/HCTZ (Tribenzor)
candesartan/HCTZ (Atacand HCT)	telmisartan (Micardis)
eprosartan (Teveten)	telmisartan/HCTZ (Micardis HCT, MicardisPlus)
eprosartan/HCTZ (Teveten HCT, Teveten Plus)	telmisartan/amlodipine (Twynsta)
irbesartan (Avapro)	valsartan (Diovan)
irbesartan/HCTZ (Avalide)	valsartan/HCTZ (Diovan HCT)
losartan (Cozaar)	valsartan/aliskiren (Valturna)
losartan/HCTZ (Hyzaar)	valsartan/nebivolol (Byvalson)
olmesartan (Benicar)	valsartan/amlodipine (Exforge)
olmesartan/HCTZ (Benicar HCT)	valsartan/amlodipine/HCTZ (Exforge HCT)

*HCTZ=hydrochlorothiazide

J. Underlying Medical Conditions

1. Did the patient have any of the following pre-existing medical conditions? (Select all that apply): Yes No Unknown1a. Chronic Lung Disease: Yes No/Unknown

- Active Tuberculosis (TB)
 Asbestosis
 Asthma/Reactive airway disease
 Bronchiectasis
 Bronchiolitis obliterans
 Chronic bronchitis
 Chronic respiratory failure
 Cystic fibrosis (CF)
 Emphysema/Chronic obstructive pulmonary disease (COPD)
 Interstitial lung disease (ILD)
 Obstructive sleep apnea (OSA)
 Oxygen (O₂) dependent
 Pulmonary fibrosis
 Restrictive lung disease
 Sarcoidosis

1b. Chronic Metabolic Disease: Yes No/Unknown

- Adrenal Disorders (*Addison's disease, adrenal insufficiency, Cushing syndrome, congenital adrenal hyperplasia*)
 Diabetes mellitus (DM)
 Glycogen or other storage diseases (*See list*)
 Hyper/Hypo- function of pituitary gland
 Inborn errors of metabolism (*See list*)
 Metabolic syndrome
 Parathyroid dysfunction (*hyperparathyroidism, hypoparathyroidism*)
 Thyroid dysfunction (*Grave's disease, Hashimoto's disease, hyperthyroidism, hypothyroidism*)

1c. Blood Disorders/Hemoglobinopathy: Yes No/Unknown

- Alpha thalassemia
 Aplastic anemia
 Beta thalassemia
 Coagulopathy (*Factor V Leiden, Von Willebrand disease (VWD), see list*)
 Hemoglobin S-beta thalassemia
 Leukopenia
 Myelodysplastic syndrome (MDS)
 Neutropenia
 Pancytopenia
 Polycythemia vera
 Sickle cell disease
 Splenectomy/Asplenia
 Thrombocytopenia

1d. Cardiovascular Disease: Yes No/Unknown

- Aortic aneurysm (AAA), history of
 Aortic/Mitral/Tricuspid/Pulmonic valve replacement, history of
 Aortic regurgitation (AR)
 Aortic stenosis (AS)
 Atherosclerotic cardiovascular disease (ASCVD)
 Atrial fibrillation (AFib)
 Atrioventricular (AV) blocks
 Automated implantable devices (AID/AICD)/Pacemaker
 Bundle branch block (BBB/RBBB/LBBB)
 Cardiomyopathy
 Carotid stenosis
 Cerebral vascular accident (CVA)/Incident/Stroke, history of
 Congenital heart disease (*Specify*)
 Atrial septal defect
 Pulmonic stenosis
 Tetralogy of Fallot
 Ventricular septal defect
 Other, specify: _____
 Coronary artery bypass grafting (CABG), history of
 Coronary artery disease (CAD)
 Deep vein thrombosis (DVT), history of
 Heart failure/Congestive heart failure (CHF)
 Myocardial infarction (MI), history of
 Mitral regurgitation (MR)
 Mitral stenosis (MS)
 Peripheral artery disease (PAD)
 Peripheral vascular disease (PVD)
 Pulmonary embolism (PE), history of
 Pulmonary hypertension (PHTN)
 Pulmonic regurgitation
 Pulmonic stenosis
 Transient ischemic attack (TIA), history of
 Tricuspid regurgitation (TR)
 Tricuspid stenosis
 Ventricular fibrillation (VF, VFib), history of
 Ventricular tachycardia (VT, VTach), history of

J. Underlying Medical Conditions (continued)

1e. Neurologic Disorder: Yes No/Unknown

- Amyotrophic lateral sclerosis (ALS)
- Cerebral palsy
- Cognitive dysfunction
- Dementia/Alzheimer's disease
- Developmental delay
- Down syndrome/Trisomy 21
- Edward's syndrome/Trisomy 18
- Epilepsy/seizure/seizure disorder
- Mitochondrial disorder (See list)
- Multiple sclerosis (MS)
- Muscular dystrophy (See list)
- Myasthenia gravis (MG)
- Neural tube defects/Spina bifida (See list)
- Neuropathy
- Parkinson's disease
- Plegias/Paralysis/Quadriplegia
- Scoliosis/Kyphoscoliosis
- Traumatic brain injury (TBI), history of

1f. History of Guillain-Barre Syndrome: Yes No/Unknown1g. Immunocompromised Condition: Yes No/Unknown

- AIDS or CD4 count < 200
- Complement deficiency (See list)
- Graft vs. host disease (GVHD)
- HIV infection
- Immunoglobulin deficiency/immunodeficiency (See list)
- Immunosuppressive therapy (within the 12 months previous to admission) (see instructions):
 If yes, for what condition? _____
- Leukemia*
- Lymphoma/Hodgkins/Non-Hodgkins (NHL)*
- Metastatic cancer*
- Multiple myeloma*
- Solid organ malignancy*
 If yes, which organ? _____
- Steroid therapy (within 2 weeks of admission) (see instructions)
- Transplant, hematopoietic stem cell (bone marrow transplant (BMT), peripheral stem cell transplant (PSCT)), history of
- Transplant, solid organ (SOT), history of

*Current/in treatment or diagnosed in last 12 months

1h. Renal Disease Yes No/Unknown

- Chronic kidney disease (CKD)/chronic renal insufficiency (CRI)
- Dialysis (HD)
- End stage renal disease (ESRD)
- Glomerulonephritis (GN)
- Nephrotic syndrome
- Polycystic kidney disease (PCKD)

1i. Gastrointestinal/Liver Disease (Do Not Record GERD): Yes No/Unknown

- Alcoholic hepatitis
- Autoimmune hepatitis
- Barrett's esophagitis
- Chronic liver disease
- Chronic pancreatitis
- Cirrhosis/End stage liver disease (ESLD)
- Crohn's disease
- Esophageal varices
- Esophageal strictures
- Hepatitis B, chronic (HBV)
- Hepatitis C, chronic (HCV)
- Non-alcoholic fatty liver disease (NAFLD)/NASH
- Ulcerative colitis (UC)

1j. Rheumatologic/Autoimmune/Inflammatory Conditions (Do Not Record OA):

- Yes No/Unknown
- Ankylosing spondylitis
- Dermatomyositis
- Juvenile idiopathic arthritis
- Kawasaki disease
- Microscopic polyangiitis
- Polyarteritis nodosum (PAN)
- Polymyalgia rheumatica
- Polymyositis
- Psoriatic arthritis
- Rheumatoid arthritis (RA)
- Systemic lupus erythematosus (SLE)/Lupus
- Systemic sclerosis
- Takayasu arteritis
- Temporal/Giant cell arteritis
- Vasculitis, other (See list)

1k. Other: Yes No/Unknown

- Hypertension (HTN)
- Obesity
- Post-partum (two weeks or less)
- Feeding tube dependent (PEG, see list)
- Trach dependent/Vent dependent
- Wheelchair dependent
- Other, specify _____

1l. PEDIATRIC CASES ONLY

- Abnormality of airway (see instructions)
- Chronic lung disease of prematurity/Bronchopulmonary dysplasia (BPD)
- History of febrile seizures
- Long term aspirin therapy
- Premature (gestation age < 37 weeks at birth for patients < 2 years)
If yes, specify gestational age at birth in weeks: _____
 Unknown gestational age at birth

K. Bacterial Pathogens – Sterile or respiratory site only

1. Were any bacterial culture tests performed with a collection date within 7 days of admission, or if deceased, within 3 days prior to death or 24 hours after death? Yes No Unknown

2. If yes, was there a positive culture for a bacterial pathogen? Yes No Unknown

2a. If yes, specify Pathogen 1:

2b. Date of culture:

2c. Site where pathogen identified: Blood Bronchoalveolar lavage (BAL) Pleural fluid Cerebrospinal fluid (CSF)
 Sputum Endotracheal aspirate Other, specify: _____

2d. If *Staphylococcus aureus*, specify: Methicillin resistant (MRSA) Methicillin sensitive (MSSA) Sensitivity unknown

3a. If yes, specify Pathogen 2:

3b. Date of culture:

3c. Site where pathogen identified: Blood Bronchoalveolar lavage (BAL) Pleural fluid Cerebrospinal fluid (CSF)
 Sputum Endotracheal aspirate Other, specify: _____

3d. If *Staphylococcus aureus*, specify: Methicillin resistant (MRSA) Methicillin sensitive (MSSA) Sensitivity unknown

L. Viral Pathogens

1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to or within 7 days after admission, or if deceased, 14 days prior to death or 24 hours after death? Yes No Unknown

1a. RSV Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1b. Flu A (type: _____) Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1c. Flu B (type: _____) Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1d. Flu (no subtype specified) Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1e. Adenovirus Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1f. Parainfluenza 1 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1g. Parainfluenza 2 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1h. Parainfluenza 3 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1i. Parainfluenza 4 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1j. Human metapneumovirus Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1k. Rhinovirus/Enterovirus Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1l. Coronavirus 229E Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1m. Coronavirus HKU1 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1n. Coronavirus NL63 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1o. Coronavirus OC43 Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

1p. Coronavirus (no subtype specified) Yes, positive Yes, negative Not tested/Unknown Date: _____ / _____ / _____

M. COVID-19 Treatment (can add up to 15 treatment courses in database)

1. Did the patient receive treatment for COVID-19 illness? Yes No Unknown

1a. Treatment 1: Atazanavir Convalescent plasma Remdesivir Other, specify: _____
 Azithromycin Hydroxychloroquine (Plaquenil) Tocilizumab Unknown
 Chloroquine Lopinavir-ritonavir (Kaletra)

1b. Start date: _____ / _____ / _____ Unknown 1c. End date: _____ / _____ / _____ Unknown

2. Did the patient receive treatment for COVID-19 illness? Yes No Unknown

2a. Treatment 2: Atazanavir Convalescent plasma Remdesivir Other, specify: _____
 Azithromycin Hydroxychloroquine (Plaquenil) Tocilizumab Unknown
 Chloroquine Lopinavir-ritonavir (Kaletra)

2b. Start date: _____ / _____ / _____ Unknown 2c. End date: _____ / _____ / _____ Unknown

N. Influenza Treatment (can add up to 4 treatment courses in database)

1. Did the patient receive treatment for influenza? Yes No Unknown

1a. Treatment 1: Baloxavir marboxil (Xofluza) Peramivir (Rapivab) Other, specify: _____
 Oseltamivir (Tamiflu) Zanamivir (Relenza) Unknown

1b. Start date: _____ / _____ / _____ Unknown 1c. End date: _____ / _____ / _____ Unknown

O. Chest Imaging – Based on radiology report only

1. Was a chest x-ray taken during hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2. Were any of these chest x-rays abnormal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2a. Date of first abnormal chest x-ray: _____ / _____ / _____
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2b. For first abnormal chest x-ray, please check all that apply:

<input type="checkbox"/> Report not available	<input type="checkbox"/> Cannot rule out pneumonia	<input type="checkbox"/> Lung infiltrate	<input type="checkbox"/> Empyema
<input type="checkbox"/> Air space density	<input type="checkbox"/> Consolidation	<input type="checkbox"/> Interstitial infiltrate	<input type="checkbox"/> Other
<input type="checkbox"/> Air space opacity	<input type="checkbox"/> Cavitation	<input type="checkbox"/> Lobar infiltrate	
<input type="checkbox"/> Bronchopneumonia/pneumonia	<input type="checkbox"/> ARDS (acute respiratory distress syndrome)	<input type="checkbox"/> Pleural Effusion	

3. Was a chest CT/MRI taken during hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4. Were any of these chest CT/MRIs abnormal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4a. Date of first abnormal chest CT/MRI: _____ / _____ / _____
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4b. For first abnormal chest CT/MRI, please check all that apply:

<input type="checkbox"/> Report not available	<input type="checkbox"/> Cavitation	<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Enlarged epiglottis
<input type="checkbox"/> Air space density	<input type="checkbox"/> ARDS (acute respiratory distress syndrome)	<input type="checkbox"/> Empyema	<input type="checkbox"/> Tracheal narrowing
<input type="checkbox"/> Air space opacity/opacification	<input type="checkbox"/> Lung infiltrate	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Ground glass opacities
<input type="checkbox"/> Bronchopneumonia/pneumonia	<input type="checkbox"/> Interstitial infiltrate	<input type="checkbox"/> Pneumomediastinum	<input type="checkbox"/> Other
<input type="checkbox"/> Consolidation	<input type="checkbox"/> Lobar infiltrate	<input type="checkbox"/> Widened mediastinum	

P. Discharge Summary

1. Did the patient have any of the following new diagnoses at discharge? (select all that apply) No discharge summary available

Acute encephalopathy/encephalitis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Disseminated intravascular coagulation (DIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Acute liver failure	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Guillain-Barre syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Acute myocardial infarction	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Hemophagocytic syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Acute myocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Invasive pulmonary aspergillosis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Acute renal failure/acute kidney injury	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Kawasaki disease	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Acute respiratory distress syndrome (ARDS)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Multisystem inflammatory syndrome in children (MIS-C)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Acute respiratory failure	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Other thrombosis/embolism/coagulopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Asthma exacerbation	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Bacteremia	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Pulmonary embolism (PE)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Bronchiolitis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Reyes Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Rhabdomyolysis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Chronic lung disease of prematurity/BPD	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Sepsis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Congestive heart failure	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
COPD exacerbation	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Stroke (CVA)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Deep vein thrombosis (DVT)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown	Toxic shock syndrome (TSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown
Diabetic ketoacidosis	<input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown		

Q. ICD 10 Discharge Diagnoses (to be recorded in order of appearance)

ICD 10 codes available? Yes No

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

R. Pregnancy Information - To be completed for pregnant women only

1. Total # of pregnancies to date (Gravida, G):
 _____ Unknown

2. Total # of pregnancies to date that resulted in a live birth (Parity, P):
 _____ Unknown

3. Specify total # of fetuses for current pregnancy
 1 2 3 >3 Unknown

4. Estimated delivery date (EDD):
 _____ / _____ / _____ Unknown

5. Specify gestational age in weeks: _____ Unknown

If gestational age in weeks unknown, specify trimester of pregnancy: 1st (0 to 13 6/7 weeks) 2nd (14 0/7 to 27 6/7 weeks) 3rd (28 0/7 to end) Unknown

6. Pregnancy complications during current pregnancy? (Select all that apply):

None Gestational diabetes Pre-eclampsia Pregnancy-induced hypertension (PIH) Intrauterine growth restriction (IUGR) Unknown

7. Indicate pregnancy status at discharge or death: Still pregnant No longer pregnant Unknown

7a. If patient was pregnant on admission but no longer pregnant at discharge, indicate pregnancy outcome at discharge:

Miscarriage (intrauterine death at <22 weeks GA) Ill newborn Healthy newborn Stillbirth (intrauterine death at ≥22 weeks GA)
 Preterm delivery, gestational age in weeks: _____ or Unknown Newborn died Abortion Unknown

7b. If no longer pregnant, indicate date of delivery or end of pregnancy:
 _____ / _____ / _____ Unknown

7c. If delivered, plurality at delivery:
 1 2 3 >3 Unknown

7d. If delivered, delivery type:
 C-section Vaginal Unknown

S. Additional Comments