

Supplemental Materials

Table E1. ICES Databases used for cohort construction and variable definitions

Table E2. Variables included in the propensity score for matching

Table E3. Unmatched cohort baseline characteristics

Table E4. Complete cohort analyses (N=531,702)*: (A) Rate ratios**, (B) Absolute differences in per-person-year rates***

Table E5. Sensitivity analyses: (A) Follow-up begins after hospital discharge or 56 days, whichever occurred later, (B) follow-up censored on the date of entrance to long-term care, and (C) follow-up censored at 6 months.

Table E5: Sensitivity analyses in cohort also matched by hospitalization within 2 weeks after PCR test: (A) Follow-up begins after hospital discharge or 56 days, whichever occurred later, (B) follow-up censored on the date of entrance to long-term care, (C) follow-up censored at 6 months, and (D) matched by intensive care admission within two weeks after index date.

Figure E1: Differences in rates (per-person-year) of health care use among individuals at the 99th percentile of health care utilization, comparing individuals with a positive SARS-CoV-2 PCR test to matched individuals with negative PCR: (A) females (n=271,966), and (B) males (n=259,736).

Table E1. ICES Databases used for cohort construction and variable definitions

The following datasets were used for cohort construction, among others (Table E1): OHIP (contains all physician billing claims); the Registered Persons Database (maintains vital statistics, including out-of-hospital deaths); the Ontario Laboratories Information System (contains all PCR results for SARS-CoV-2 and was linked to the COVID19 database, which records all SARS-CoV-2 vaccinations); the Canadian Institute for Health Information Discharge Abstract Database (records all hospitalizations in Ontario); the National Ambulatory Care Reporting System (includes all emergency department visits in Ontario); and the Ministry of Health and Long-Term Care (MOHLTC; residence in long-term care).

Additional details are available at <https://datadictionary.ices.on.ca/Applications/DataDictionary/Default.aspx>

Canadian Institute for Health Information (CIHI)	Ontario Health Insurance Plan (OHIP)	National Ambulatory Care Reporting System (NACRS)	Same Day Surgery (SDS)	Ontario Drug Benefit (ODB)	Discharge Abstract Database (DAD)
Ontario Mental Health Reporting System (OHMRS)	Registered Persons Database (RPDB)	Yearly Health Services Contact (CONTACT)	Home Care Database (HCD)	Ontario Laboratories Information System (OLIS)	Ontario Cancer Registry (OCR)
Ontario Marginalization Index (ONMARG)	Continuing Care Reporting System (CCRS)	Ontario COVID-19 Vaccine Data (COVAXON)	COVID19 Integrated Testing Data (C19INTGR)		
Ontario Asthma dataset (ASTHMA)	Congestive Heart Failure (CHF)	Chronic Obstructive Pulmonary Disease (COPD)	Ontario Dementia Database (DEMENTIA)	Ontario Hypertension Dataset (HYPER)	Ontario Diabetes Dataset (ODD)

Supplemental Material References

1. Matheson FI, Dunn JR, Smith KL, Moineddin R, Glazier RH. Development of the Canadian Marginalization Index: a new tool for the study of inequality. *Can J Public Health*. 2012;103(8 Suppl 2):S12-16.
2. Aoyama K, Ray JG, Pinto R, et al. Temporal Variations in Incidence and Outcomes of Critical Illness Among Pregnant and Postpartum Women in Canada: A Population-Based Observational Study. *J Obstet Gynaecol Can*. 2019;41(5):631-640.
3. Metcalfe A, Lix LM, Johnson JA, et al. Validation of an obstetric comorbidity index in an external population. *BJOG*. 2015;122(13):1748-1755.
4. Joseph KS, Fahey J, Canadian Perinatal Surveillance S. Validation of perinatal data in the Discharge Abstract Database of the Canadian Institute for Health Information. *Chronic Dis Can*. 2009;29(3):96-100.
5. Samiedaluie S, Peterson S, Brant R, Kaczorowski J, Norman WV. Validating abortion procedure coding in Canadian administrative databases. *BMC Health Serv Res*. 2016;16:255.
6. Tu K, Nieuwlaat R, Cheng SY, et al. Identifying Patients With Atrial Fibrillation in Administrative Data. *Can J Cardiol*. 2016;32(12):1561-1565.
7. Griffin MR, Zhu Y, Moore MR, Whitney CG, Grijalva CG. U.S. hospitalizations for pneumonia after a decade of pneumococcal vaccination. *N Engl J Med*. 2013;369(2):155-163.
8. MHASEF Research Team. Mental Health and Addictions System Performance in Ontario: A Baseline Scorecard. Toronto, ON: Institute for Clinical Evaluative Sciences; 2018. Available from: <https://www.ices.on.ca/Publications/Atlases-and-Reports/2018/MHASEF>.
9. MHASEF Research Team. The Mental Health of Children and Youth in Ontario: 2017 Scorecard. Toronto, ON: Institute for Clinical Evaluative Sciences; 2017. ISBN: 978-1-926850-72-6. Available from: <https://www.ices.on.ca/Publications/Atlases-and-Reports/2017/MHASEF>.
10. ICES Data Dictionary. <https://datadictionary.ices.on.ca/Applications/DataDictionary/Default.aspx>. Last accessed February 11, 2022.

Table E2. Variables included in the propensity score for matching*. Source descriptions in Table E1.

* also used for hard matching

Variable	Definition and/or source
Sex*	Male, female, RPBD
Week of outbreak*	Index date January 28, 2020; two-week blocks
Hospitalization*	On or within 2 weeks after the index date
Public health unit (PHU)*	OMHRS, DAD
Age	Years, restricted cubic spline
Neighbourhood income quintile	RPDB, PCCF
Residential instability	e.g., percentage living alone, dwellings not owned: ONMARG quintiles ¹
Material deprivation	e.g., percentage unemployed, without a high school degree: ONMARG quintiles ¹
Dependency	e.g., percentage of seniors, individuals not participating in the labour force: ONMARG quintiles ¹
Ethnic concentration	e.g., percentage of recent immigrants, those who self-identify as a “visible minority”: ONMARG quintiles ¹
Rurality	RPDB, PCCF
Week of outbreak	Index date January 28, 2020; two-week blocks
Diabetes	ODD_sensitive
Pregnancy	MOMBABY ²⁻⁵
Hypertension	HYPER
Acute myocardial infarction	≥1 DAD ICD10: I21, I22, I25.2
Percutaneous coronary intervention	CIHI DAD/SDS: CCP: 48.02, 48.09; CCI: 11J50, 11J57GQ 11J80, 11J26, 11J54, 11J55; OHIP: Z434, Z448, Z449, Z460, Z461
Coronary artery bypass surgery	(CIHI DAD/SDS): CCI 11J76; CCP 48.1, 48.2; OHIP R742, R743
Ischemic stroke	One DAD, 2 OHIP, or 1 NACRS&1OHIP: ICD-10 codes I63, I64, H341 (excluding I63.6) as ANY diagnosis type, exclude suspect; ICD-9 code 434, 436 for OHIP
Hemorrhagic stroke	1 record in DAD or NACRS: ICD-10 I60, I61; ICD-9 430, 431
Major bleeding event	ICD 10: GI: I850, I983, K250/252/254/256, K260/262/264/266, K270/272/274/276, K280/282/284/286, K290, K661, K920, K921, K922 ICH: I60, I61, I620, I621, I629 GU: N020-029, R310, R311, R318 Resp: R040, R041, R042, R048, R049 Other: R58, D68.3, H35.6, H45.0, M25.0
Solid cancer, hematologic cancer	OCR: OCR_TOPOG_CD, OCR_DIAG_DATE
Same-day surgery in prior 6 weeks	SDS_ADMDATE, SDS_INCODE1-10, SDS_CACSANETECH
Valvular disease	ICD9: 394, 395, 396 ICD10: I019, I020, I05, I08, I099, I342, I348, I349 ICD10 code Z952, and CCI codes 1HS90LACF, 1HT90LACF, 1HU90DACF, 1HU90LACF, 1HU90PNCF, 1HV90LACF, 1HV90LACFA, 1HV90LACFL, 1HV90LACFN, 1HV90WJCFN
Emphysema	COPD_SPECIFIC in COPD database
Asthma	ASTHMA_SPEC in ASTHMA database
Atrial fibrillation	Any of the following: -history of hospitalization (CIHI DAD) ⁶ : ICD9 427.3 or ICD10 I48 as any diagnosis type, including suspected -history of ED visit with same codes -4 OHIP claims in 1 year (OHIP) <i>dxcode</i> 427
Heart failure	CHF database
Ischemic heart disease	PCI, CABG, (1 HOSP in DAD with any codes I20-I25) or (2 OHIP billings within a one-year period with dx codes 410-414)
Renal disease	DAD code: ICD10 codes E102, E112, E132, E142, I12, I13, N01.*, N03.*, N05.*, N08.*, N18.*, N19.*, N25.* or Chronic Dialysis (Any 2 codes within 90 days of one another):

Appendix 1, as supplied by the authors. Appendix to: McNaughton CD, Austin PC, Sivaswamy A, et al. Post-acute health care burden after SARS-CoV-2 infection: a retrospective cohort study. *CMAJ* 2022. doi: 10.1503/cmaj.220728. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

	OHIP: R849, R850, G323, G325, G326, G330, G331, G860, G333, G083, G091, G085, G295, G082, G090, G092, G093, G094, G861, G862, G863, G864, G865, G866, G294, G095, G096 CCP: 51.95, 66.98 NACRS: CCI: 1PZ21HQBR, 1PZ21HPD4	
Pneumonia	(CIHI DAD, NACRS, OHIP) – ICD-10 codes J10.0, J11.0 or J12-J18 as ANY diagnosis type, exclude suspected ⁷ ; OHIP dxcode 486, excluding claims associated with fee codes G538, G539, G840-G848, G590, G591 or G700 (administration of vaccinations)	
Dementia	(1 DAD or 3 OHIP billings separated by 30 days, within a 2-year period or any cholinesterase inhibitor from ODB) ICD10 codes F00-F03, F051, G30, G31, R54 ICD9 code 290, 294, 331, 797 SUBCLNAM= CHOLINESTERASE INHIBITORS ODB: donepezil, galantamine, or rivastigmine (DIN: 02232043, 02232044, 02269457, 02269465, 02244298, 02244299, 02244300, 02244302, 02266717, 02266725) or Tacrine (Cognex) (DIN: 66123288, 66123290, 66123306, 66123318)	
Alcohol substance use disorder	ICD10 codes F1094, F1029, F1019, F1099, F10250, F10150, F10950, F10920, F10929, F10251, F10251, F10151, F10951, F1027, F1097, F1026, F1096, F10129, F10120, F1010, F1021, F1020, F10220, F10229 ICD9 codes 291, 303	
Johns Hopkins ACG score	Sum of ADGs (from OHIP, NACRS-ED, CIHI DAD)	
John Hopkins frailty indicator	(OHIP, NACRS-ED CIHI DAD)	
Influenza vaccination	2019-20 influenza vaccination (OHIP, ODB) – Received between Sep 1, 2019 and COVID test date. Use algorithm in Concept Dictionary and attached MOHLTC bulletin (pdf) for publically funded DINs for 2019-20 season. Note: algorithm does not capture vaccinations received outside doctor's offices and pharmacies	
Venous thromboembolism	CIHI-NACRS, DAD, OHIP	
	ICD-10 Code	Description DX10CODE1 in NACRS, DX10CODE1-10 in DAD
	I26.*	Pulmonary embolism
	I26.0	Pulmonary embolism with mention of acute cor pulmonale
	I26.9	Pulmonary embolism without mention of acute cor pulmonale
	I80.*	Phlebitis and thrombophlebitis [†]
	I80.1	Phlebitis and thrombophlebitis of femoral vein
	I80.2	Phlebitis and thrombophlebitis of other deep vessels of lower extremities - Deep vein thrombosis NOS
	I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified - Embolism or thrombosis of lower extremity NOS
	I80.8:	Phlebitis and thrombophlebitis of other sites;
	I80.9:	Phlebitis and thrombophlebitis of unspecified site
	I82.*	Other venous embolism and thrombosis [‡]
	I82.2	Embolism and thrombosis of vena cava
	I82.8	Embolism and thrombosis of other specified veins
	I82.9	Embolism and thrombosis of unspecified vein -Embolism of vein NOS -Thrombosis of vein NOS
	OHIP DXCODE	Description
	415	Pulmonary embolism, pulmonary infarction
	451	Phlebitis, thrombophlebitis
	452	Portal vein thrombosis
	453	Other venous embolism and thrombosis
	†Excludes: I80.0: Phlebitis and thrombophlebitis of superficial vessels of lower extremities ‡Excludes: I82.0: Budd-Chiari syndrome, I82.1: thrombophlebitis migrans. I82.3: Embolism and thrombosis of renal vein	
Mental health	NACRS	

Appendix 1, as supplied by the authors. Appendix to: McNaughton CD, Austin PC, Sivaswamy A, et al. Post-acute health care burden after SARS-CoV-2 infection: a retrospective cohort study. *CMAJ* 2022. doi: 10.1503/cmaj.220728. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

inpatient stay	
Mental health ED visit	OHIP ⁸⁻¹⁰
MHA Outpatient Services	OHIP ⁸⁻¹⁰
Outpatient clinical encounters in previous year	OHIP
ED visits in previous year	DAD, NACRS
Same-day surgery in previous year	SDS_ADMDATE, SDS_INCODE1-10, SDS_CACSANETECH
Days hospitalized in previous year	DAD
Homecare encounters in previous year	HCD

Table E3: Unmatched cohort, baseline characteristics

VARIABLE		Negative SARS-CoV-2 PCR	Positive SARS-CoV-2 PCR	Total	Standardized Difference
		N=3,362,519	N=268,521	N=3,631,040	
Age, years	Mean ± SD	46.77 ± 18.17	44.18 ± 17.18	46.58 ± 18.11	0.15
	Median (IQR)	45 (31-60)	43 (29-56)	45 (31-60)	0.14
Women, n (%)		1,864,241 (55.4%)	137,245 (51.1%)	2,001,486 (55.1%)	0.09
Income Quintile, n (%)	Missing	10,050 (0.3%)	774 (0.3%)	10,824 (0.3%)	0
	1	630,532 (18.8%)	66,584 (24.8%)	697,116 (19.2%)	0.15
	2	649,204 (19.3%)	58,115 (21.6%)	707,319 (19.5%)	0.06
	3	672,162 (20.0%)	57,233 (21.3%)	729,395 (20.1%)	0.03
	4	684,228 (20.3%)	47,450 (17.7%)	731,678 (20.2%)	0.07
	5	716,343 (21.3%)	38,365 (14.3%)	754,708 (20.8%)	0.18
Instability Quintile, n (%)	Missing	37,365 (1.1%)	2,063 (0.8%)	39,428 (1.1%)	0.04
	1	691,223 (20.6%)	72,327 (26.9%)	763,550 (21.0%)	0.15
	2	626,597 (18.6%)	44,606 (16.6%)	671,203 (18.5%)	0.05
	3	610,179 (18.1%)	40,798 (15.2%)	650,977 (17.9%)	0.08
	4	610,967 (18.2%)	43,693 (16.3%)	654,660 (18.0%)	0.05
	5	786,188 (23.4%)	65,034 (24.2%)	851,222 (23.4%)	0.02
Deprivation Quintile, n (%)	Missing	37,365 (1.1%)	2,063 (0.8%)	39,428 (1.1%)	0.04
	1	802,901 (23.9%)	45,106 (16.8%)	848,007 (23.4%)	0.18
	2	708,278 (21.1%)	47,637 (17.7%)	755,915 (20.8%)	0.08
	3	632,209 (18.8%)	52,504 (19.6%)	684,713 (18.9%)	0.02
	4	594,666 (17.7%)	55,590 (20.7%)	650,256 (17.9%)	0.08
	5	587,100 (17.5%)	65,621 (24.4%)	652,721 (18.0%)	0.17
Dependency Quintile, n (%)	Missing	37,365 (1.1%)	2,063 (0.8%)	39,428 (1.1%)	0.04
	1	901,394 (26.8%)	91,929 (34.2%)	993,323 (27.4%)	0.16
	2	671,373 (20.0%)	59,930 (22.3%)	731,303 (20.1%)	0.06
	3	582,059 (17.3%)	44,238 (16.5%)	626,297 (17.2%)	0.02
	4	557,097 (16.6%)	37,506 (14.0%)	594,603 (16.4%)	0.07
	5	613,231 (18.2%)	32,855 (12.2%)	646,086 (17.8%)	0.17
Ethnic Concentration Quintile, n (%)	Missing	37,365 (1.1%)	2,063 (0.8%)	39,428 (1.1%)	0.04

Appendix 1, as supplied by the authors. Appendix to: McNaughton CD, Austin PC, Sivaswamy A, et al. Post-acute health care burden after SARS-CoV-2 infection: a retrospective cohort study. *CMAJ* 2022. doi: 10.1503/cmaj.220728. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

	1	535,172 (15.9%)	17,294 (6.4%)	552,466 (15.2%)	0.3
	2	579,980 (17.2%)	24,901 (9.3%)	604,881 (16.7%)	0.24
	3	635,538 (18.9%)	35,134 (13.1%)	670,672 (18.5%)	0.16
	4	726,900 (21.6%)	57,068 (21.3%)	783,968 (21.6%)	0.01
	5	847,564 (25.2%)	132,061 (49.2%)	979,625 (27.0%)	0.51
Rural, n (%)	Missing	8,780 (0.3%)	671 (0.2%)	9,451 (0.3%)	0
		339,985 (10.1%)	10,538 (3.9%)	350,523 (9.7%)	0.24
Pandemic Quarter	2020-Q1	19,479 (0.6%)	3,457 (1.3%)	22,936 (0.6%)	0.07
	2020-Q2	297,938 (8.9%)	21,179 (7.9%)	319,117 (8.8%)	0.04
	2020-Q3	686,688 (20.4%)	14,775 (5.5%)	701,463 (19.3%)	0.46
	2020-Q4	972,169 (28.9%)	104,177 (38.8%)	1,076,346 (29.6%)	0.21
	2021-Q1	1,386,245 (41.2%)	124,933 (46.5%)	1,511,178 (41.6%)	0.11
Received 2 vaccine doses, n (%)		71,870 (2.1%)	300 (0.1%)	72,170 (2.0%)	0.19
Received 1 vaccine dose, n (%)		78,444 (2.3%)	1,403 (0.5%)	79,847 (2.2%)	0.15
Received 0 vaccine doses, n (%)		3,212,205 (95.5%)	266,818 (99.4%)	3,479,023 (95.8%)	0.25
Aggregated diagnosis group	Mean ± SD	5.82 ± 3.80	5.59 ± 3.69	5.81 ± 3.79	0.06
	Median (IQR)	5 (3-8)	5 (3-8)	5 (3-8)	0.06
Hospital Frailty Risk Score	Mean ± SD	2.42 ± 4.76	2.40 ± 5.03	2.42 ± 4.78	0
	Median (IQR)	0 (0-3)	0 (0-2)	0 (0-3)	0.06
Hospitalizations in prior year	Mean ± SD	0.10 ± 0.45	0.07 ± 0.39	0.10 ± 0.44	0.07
	Median (IQR)	0 (0-0)	0 (0-0)	0 (0-0)	0.09
Clinic visits in prior year	Mean ± SD	6.56 ± 8.35	6.27 ± 7.86	6.54 ± 8.32	0.04
	Median (IQR)	4 (1-9)	4 (1-9)	4 (1-9)	0.03
Homecare visits in prior year	Mean ± SD	3.10 ± 25.71	2.92 ± 26.23	3.09 ± 25.75	0.01
	Median (IQR)	0 (0-0)	0 (0-0)	0 (0-0)	0.07
ED visits in prior year	Mean ± SD	0.50 ± 1.45	0.41 ± 1.42	0.49 ± 1.45	0.06
	Median (IQR)	0 (0-1)	0 (0-0)	0 (0-1)	0.08
Days hospitalized in prior year	Mean ± SD	1.02 ± 6.85	0.83 ± 7.88	1.00 ± 6.93	0.03
	Median (IQR)	0 (0-0)	0 (0-0)	0 (0-0)	0.15
Hospitalized within 2 weeks, n (%)		246,238 (7.3%)	14,942 (5.6%)	261,180 (7.2%)	0.07

Appendix 1, as supplied by the authors. Appendix to: McNaughton CD, Austin PC, Sivaswamy A, et al. Post-acute health care burden after SARS-CoV-2 infection: a retrospective cohort study. *CMAJ* 2022. doi: 10.1503/cmaj.220728. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

Admitted to intensive care unit within 2 weeks, n (%)	31,068 (0.9%)	2,933 (1.1%)	34,001 (0.9%)	0.02
Johns Hopkins Frailty Index, n (%)	116,104 (3.5%)	7,895 (2.9%)	123,999 (3.4%)	0.03
Flu vaccine within prior year, n (%)	1,064,518 (31.7%)	66,351 (24.7%)	1,130,869 (31.1%)	0.15
Pregnancy, n (%)	29,558 (0.9%)	1,855 (0.7%)	31,413 (0.9%)	0.02
Hypertension, n (%)	816,144 (24.3%)	61,708 (23.0%)	877,852 (24.2%)	0.03
Diabetes, n (%)	395,575 (11.8%)	37,775 (14.1%)	433,350 (11.9%)	0.07
Emphysema, n (%)	93,686 (2.8%)	4,138 (1.5%)	97,824 (2.7%)	0.09
Heart failure, n (%)	88,669 (2.6%)	4,994 (1.9%)	93,663 (2.6%)	0.05
Dementia, n (%)	42,410 (1.3%)	3,274 (1.2%)	45,684 (1.3%)	0
Asthma, n (%)	414,612 (12.3%)	28,270 (10.5%)	442,882 (12.2%)	0.06
Cancer, n (%)	112,188 (3.3%)	4,809 (1.8%)	116,997 (3.2%)	0.1
Surgery in prior 6 weeks, n (%)	57,709 (1.7%)	2,215 (0.8%)	59,924 (1.7%)	0.08
Ischemic stroke, n (%)	42,908 (1.3%)	2,547 (0.9%)	45,455 (1.3%)	0.03
Hemorrhagic stroke, n (%)	3,533 (0.1%)	224 (0.1%)	3,757 (0.1%)	0.01
Valvular disease, n (%)	4,609 (0.1%)	235 (0.1%)	4,844 (0.1%)	0.01
Atrial fibrillation, n (%)	93,557 (2.8%)	4,896 (1.8%)	98,453 (2.7%)	0.06
Myocardial infarction, n (%)	33,446 (1.0%)	1,801 (0.7%)	35,247 (1.0%)	0.04
Percutaneous coronary intervention, n (%)	39,373 (1.2%)	2,231 (0.8%)	41,604 (1.1%)	0.03
Coronary artery bypass, n (%)	11,845 (0.4%)	648 (0.2%)	12,493 (0.3%)	0.02
Ischemic heart disease, n (%)	167,514 (5.0%)	9,846 (3.7%)	177,360 (4.9%)	0.06
Major bleeding, n (%)	37,210 (1.1%)	2,156 (0.8%)	39,366 (1.1%)	0.03
Renal disease, n (%)	43,949 (1.3%)	2,779 (1.0%)	46,728 (1.3%)	0.03
Pneumonia, n (%)	271,036 (8.1%)	20,166 (7.5%)	291,202 (8.0%)	0.02
Alcohol use disorder, n (%)	27,759 (0.8%)	1,668 (0.6%)	29,427 (0.8%)	0.02
Venous thromboembolism, n (%)	396,371 (11.8%)	24,085 (9.0%)	420,456 (11.6%)	0.09

Table E4: Analyses not stratified by sex (N=531,702)*: (A) Rate ratios**, (B) Absolute differences in per-person-year rates***

(A) Rate ratios** for health care events \geq56 days after SARS-CoV-2 PCR				
	RR	95% CI	P-value	
Days hospitalized	1.50	(1.42, 1.58)	<.0001	
Outpatient encounters	1.05	(1.04, 1.05)	<.0001	
Homecare encounters	0.99	(0.95, 1.03)	0.6	
Emergency department visits	1.03	(1.01, 1.05)	0.003	
Long-term care days	2.23	(2.01, 2.48)	<0.0001	
Total Healthcare Use	1.10	(1.08, 1.12)	<.0001	

(B) Absolute differences in per-person-year rates of health care events				
Rates (per person-year)	Δ for mean	95% CI	Δ for 99th percentile	95% CI
Days hospitalized	+0.41	(+0.35, +0.48)	+7.41	(+6.07, +8.78)
Outpatient encounters	+0.32	(+0.26, +0.37)	-0.10	(-0.80, +0.66)
Homecare encounters	-0.05	(-0.23, +0.13)	-0.45	(-18.15, +14.97)
Emergency department visits	+0.01	(-0.00, +0.01)	0.03	(-0.07, +0.11)
Long-term care days	+0.65	(+0.65, +0.73)	0.0	(0.0, 0.0)
Total Healthcare Use***	+1.33	(+1.10, +1.57)	+64.48	(+50.32, +76.26)
(Days of follow-up)	240		495	

* All comparisons are for test-positive versus test-negative individuals

** Point estimate and confidence intervals computed using negative binomial regression models after accounting for matching.

*** Mean total health care use may differ from summary of component use due to rounding errors. 99th percentiles are not additive.

Abbreviations: SARS-CoV-2 PCR, severe acute respiratory syndrome coronavirus 2 polymerase chain reaction; RR, rate ratio; CI, confidence interval

Table E5: Sensitivity analyses*: (A) Follow-up begins after hospital discharge or 56 days, whichever occurred later, (B) follow-up censored on the date of entrance to long-term care, and (C) follow-up censored at 6 months

Sensitivity analysis (A): Follow-up \geq56 days (after hospital discharge)		
Rates (per person-year)	Δ for mean	Δ for 99th percentile
Days hospitalized	+0.27	+2.55
Outpatient encounters	+0.33	-0.10
Homecare encounters	-0.02	+1.18
Emergency department visits	+0.01	+0.03
Long-term care days	+0.69	0.0
Total Healthcare Use**	+1.27	+63.6
Sensitivity analysis (B): Follow-up censored at entrance to long-term care		
Rates (per person-year)	Δ for mean	Δ for 99th percentile
Days hospitalized	+0.64	+8.13
Outpatient encounters	+0.33	+0.06
Homecare encounters	+0.03	+5.4
Emergency department visits	+0.01	+0.02
Long-term care days	Not applicable	Not applicable
Total Healthcare Use**	+1.01	+47.46
Sensitivity analysis (C) Follow-up censored at 6 months		
Rates (per person-year)	Δ for mean	Δ for 99th percentile
Days hospitalized	+0.52	+10.09
Outpatient encounters	+0.40	0.0
Homecare encounters	-0.07	-7.23
Emergency department visits	+0.02	0.0
Long-term care days	+0.55	0.0
Total Healthcare Use**	+1.42	+66.10

* All comparisons are for test-positive versus test-negative individuals

** Mean total health care use may differ from summary of component use due to rounding errors. 99th percentiles of health care use are not additive.

Table E6: Sensitivity analyses in cohort constructed with matching by hospitalization within 2 weeks after PCR test*: (A) Follow-up begins after hospital discharge or 56 days, whichever occurred later, (B) follow-up censored on the date of entrance to long-term care, (C) follow-up censored at 6 months, and (D) matched by intensive care admission within two weeks after index date.

Rates (per person-year)	SARS-CoV-2 Positive PCR Test Result	Mean	Δ for mean	p95	Δ for 95th percentile	p99	Δ for 99th percentile
	Sensitivity analysis (A): Follow-up ≥56 days (after hospital discharge) (n=530,232)						
Total healthcare events**	Negative	12.8		34.5		264.4	
	Positive	14.2	1.3	36.4	1.8	335.4	71.0
Outpatient clinical encounters	Negative	7.1		24.7		45.1	
	Positive	7.4	0.3	25.2	0.6	45.0	-0.1
Homecare encounters	Negative	4.1		0.0		167.4	
	Positive	4.2	0.0	0.0	0.0	169.6	2.2
Emergency department visits	Negative	0.4		2.5		5.4	
	Positive	0.4	0.0	2.4	0.0	5.5	0.1
Days hospitalized	Negative	0.7		1.7		13.8	
	Positive	1.0	0.3	1.8	0.1	16.0	2.2
Days in long-term care	Negative	0.5		0.0		0.0	
	Positive	1.2	0.7	0.0	0.0	0.0	0.0
Follow-up (days)	Negative	240		457		495	
	Positive	240		457		494	
Sensitivity analysis (B): Follow-up censored at entrance to long-term care (n=530,232)							
Rates (per person-year)		Mean	Δ for mean	p95	Δ for 95th percentile	p99	Δ for 99th percentile
Total healthcare utilization*	Negative	12.5		34.2		243.5	
	Positive	13.6	1.1	35.7	1.5	297.5	54.0
Outpatient clinical encounters	Negative	7.1		24.7		45.2	
	Positive	7.4	0.3	25.4	0.7	45.2	0.0
Homecare encounters	Negative	4.2		0.0		172.1	
	Positive	4.3	0.1	0.0	0.0	182.6	10.5
Emergency department visits	Negative	0.4		2.5		5.4	
	Positive	0.4	0.0	2.4	0.0	5.5	0.1
Days hospitalized	Negative	0.8		1.7		14.5	
	Positive	1.5	0.6	1.9	0.1	22.1	7.6
Days in long-term care	Negative	.		.		.	
	Positive	.		.		.	
Follow-up (days)	Negative	240		457		495	
	Positive	239		457		494	
Sensitivity analysis (C) Follow-up censored at 6 months (n=530,232)							
Rates (per person-year)		Mean	Δ for mean	p95	Δ for 95th percentile	p99	Δ for 99th percentile
Total healthcare utilization*	Negative	12.8		35.1		264.4	
	Positive	14.3	4.4	38.3	3.2	337.0	72.6
Outpatient clinical encounters	Negative	7.1		26.2		46.4	
	Positive	7.5	0.3	26.2	0.0	46.4	0.0
Homecare encounters	Negative	4.1		0.0		167.5	
	Positive	4.1	-0.1	0.0	0.0	163.5	-4.0

Appendix 1, as supplied by the authors. Appendix to: McNaughton CD, Austin PC, Sivaswamy A, et al. Post-acute health care burden after SARS-CoV-2 infection: a retrospective cohort study. *CMAJ* 2022. doi: 10.1503/cmaj.220728. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

Emergency department visits	Negative	0.4		2.2		6.1	
	Positive	0.4	0.2	2.1	0.0	6.1	0.0
Days hospitalized	Negative	0.8		2.0		14.1	
	Positive	1.3	4.7	2.0	0.0	22.2	8.1
Days in long-term care	Negative	0.4		0.0		0.0	
	Positive	1.0	6.4	0.0	0.0	0.0	0.0
Follow-up (days)	Negative	174		181		181	
	Positive	174		181		181	

Sensitivity analysis (D) Matched by intensive care unit admission within 2 weeks after index date (n=508,662)

Rates (per person-year)		Mean	Δ for mean	p95	Δ for 95th percentile	p99	Δ for 99th percentile
Total healthcare utilization*	Negative	12.8		34.5		268.1	
	Positive	14.1	1.3	36.2	1.7	332.5	64.4
Outpatient clinical encounters	Negative	7.1		24.6		45.3	
	Positive	7.4	0.3	25.2	0.6	44.9	-0.4
Homecare encounters	Negative	4.1		0.0		163.5	
	Positive	4.1	0.0	0.0	0.0	161.4	-2.2
Emergency department visits	Negative	0.4		2.5		5.4	
	Positive	0.4	0.0	2.4	0.0	5.5	0.0
Days hospitalized	Negative	0.8		1.7		13.9	
	Positive	1.1	0.4	1.8	0.1	20.1	6.2
Days in long-term care	Negative	0.5		0.0		0.0	

* All comparisons are for test-positive versus test-negative individuals. Distribution of follow-up time included for each analysis. Healthcare utilization rates reported per person-year. The difference in overall healthcare utilization rates between test-positive and negative individuals are reported for the mean, 95th percentile, and 99th percentiles. Samples sizes as noted.

** Mean total health care use may differ from summary of component use due to rounding errors. 99th percentiles are not additive.

Figure E1: Differences in rates (per-person-year) of health care use among individuals at the 99th percentile of health care utilization, comparing individuals with a positive SARS-CoV-2 PCR test to matched individuals with negative PCR: (A) females (n=271,966), and (B) males (n=259,736).

