



COVID-19 in Dutch Intensive Care Units;

Patient characteristics and outcomes

compared with pneumonia patients in the ICU from 2017-2019

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Introduction

Despite the increased workload in patient care, all hospitals have put great effort in registering the data concerning COVID-19 patients. By using the online data entry system of the National Intensive Care Evaluation (NICE) foundation a limited amount of data (e.g. admission and discharge date and the age of the patient) on all COVID-19 patients has been recorded. By linking this data to more extensive clinical data, which are being collected regular by the NICE registration, it becomes possible to provide more clarity about the important characteristics and outcomes of COVID-19 patients. Because these extensive clinical data are subsequently supplied in batches from the electronic health record (EHR), these are not yet available for every COVID-19 patient. This means, when reading this report, make sure the results concern an overview of all COVID-19 patients or of COVID-19 patients who are linked to the extensive clinical data.

From February 25, 2021, all individual episodes of patients who have had multiple proven COVID-19 episodes will be included. An episode is defined as a consecutive hospital admission period (in one or more hospitals) in which a patient has tested positive at any time. Once a patient is discharged from hospital and after more than three days is re-admitted to hospital with proven COVID-19, this new hospitalization will be considered as a new COVID-19 episode. This allows one patient to have multiple COVID-19 episodes. This report uses data from all recorded episodes.

This report will be updated frequently in order to include more COVID-19 patients and more clinical data in the analyses. When only a limited amount of episodes can be linked this could lead to bias: a distortion of the results can occur if the linked episodes differ from the non-linked episodes, for instance because the patients of linked episodes have been discharged relatively quickly, or because they died. If more data are available, there will be more certainty about the shown differences between time periods and the associations between patient characteristics and their outcomes.

The data included in this report has been processed by the compilers with the utmost care. The compiler cannot be held liable in any way for information that is nevertheless incomplete or incorrect.

In the table below the total number of admitted COVID-19 episodes, the COVID-19 episodes linked to the clinical data, and SARI patients are shown.

	Number of patients	Number of hospitals
All COVID-19 episodes	11743	72
Linked COVID-19 episodes	9048	70
SARI patients in 2017-2019	19835	80

Comparison COVID-19 with SARI

In this report, the data of the COVID-19 episodes will be compared with a group of patients who was admitted to a Dutch ICU with severe pneumonia between the period of 1 January 2017 till 31 December 2019. This group is being called Severe Acute Respiratory Infection (SARI). In this report, SARIs will be defined based on the following (APACHE IV) reasons of admission: Pulmonary sepsis; Viral pneumonia; Aspiration pneumonia; Bacterial pneumonia; Fungal pneumonia; Parasitic pneumonia (i.e. Pneumocystis pneumonia); Other pneumonia.

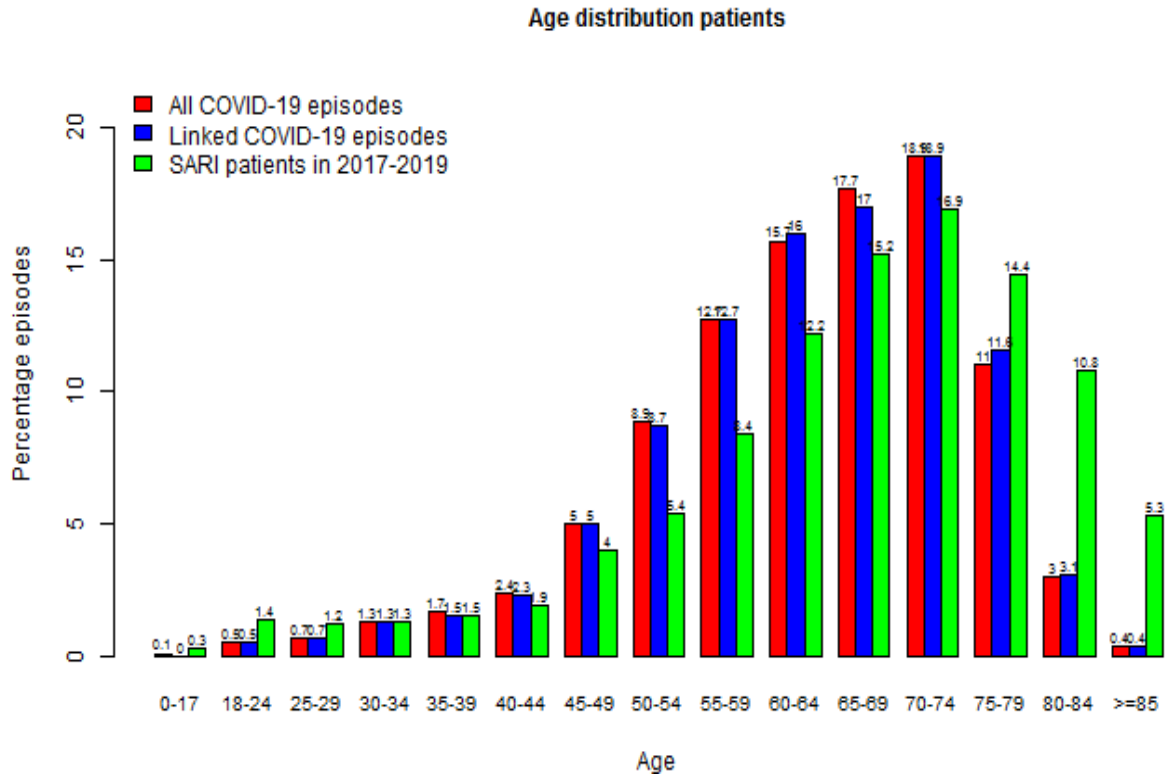
ICU length of stay

The table below shows the mean ICU length of stay of all COVID-19 episodes and admitted SARI patients, of the COVID-19 episodes of which the patients are still in the ICU, and of COVID-19 episodes and SARI patients who have been discharged recently split up into different discharge destinations. If a COVID-19 patient has been transferred to another ICU during the episode, all ICU length of stays will be added up together. The length of stay is calculated in days ((discharge date - admission date)+1).

	Number of COVID-19 episodes	Mean length of stay (SD)	Number of SARI patients	Mean length of stay (SD)
Patients who are currently being treated in the ICU *	804	18.4 (13.9)	0	-
Discharged to nursing ward in same or different hospital	7789	16.2 (18)	14101	5.9 (9.6)
Other discharge destination	354	17.4 (23.7)	2293	7.2 (11.2)
Died in the ICU	2794	17.4 (15.9)	3441	7.1 (10.5)
TOTAL	11743	16.7 (17.5)	19835	6.3 (10)

**N.B. For the COVID-19 episodes of which the patient is currently admitted, it concerns the ICU length of stay up till the moment that this report was generated and not the final total length of stay.*

The figure and table below show the age distribution of all COVID-19 episodes, the linked COVID-19 episodes and the SARI patients.

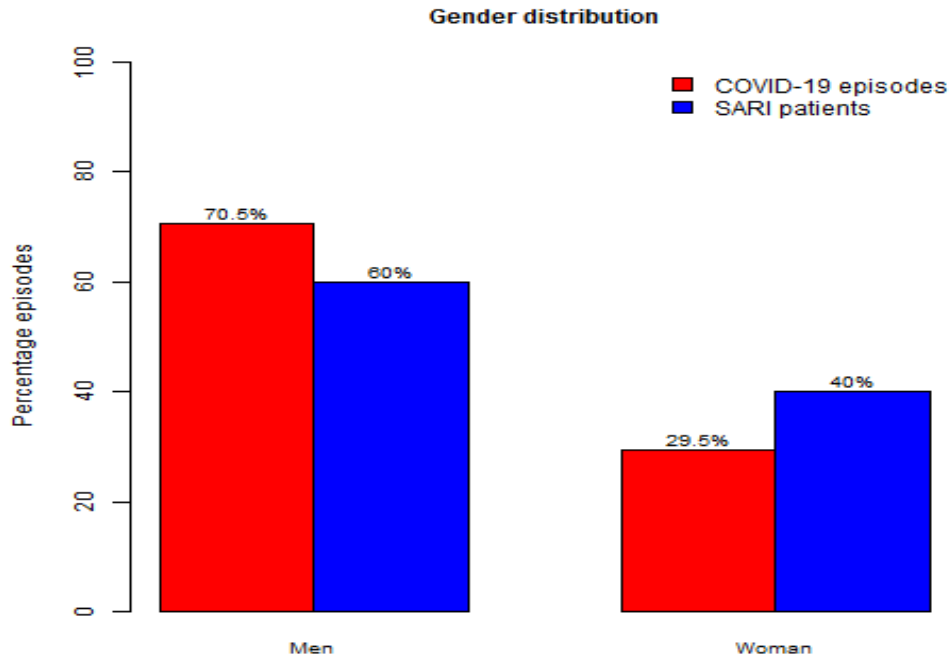


	Mean age (SD)
All COVID-19 episodes	63.1 (11.6)
Linked COVID-19 episodes	63.3 (11.6)
SARI patients in 2017-2019	66.3 (14.2)

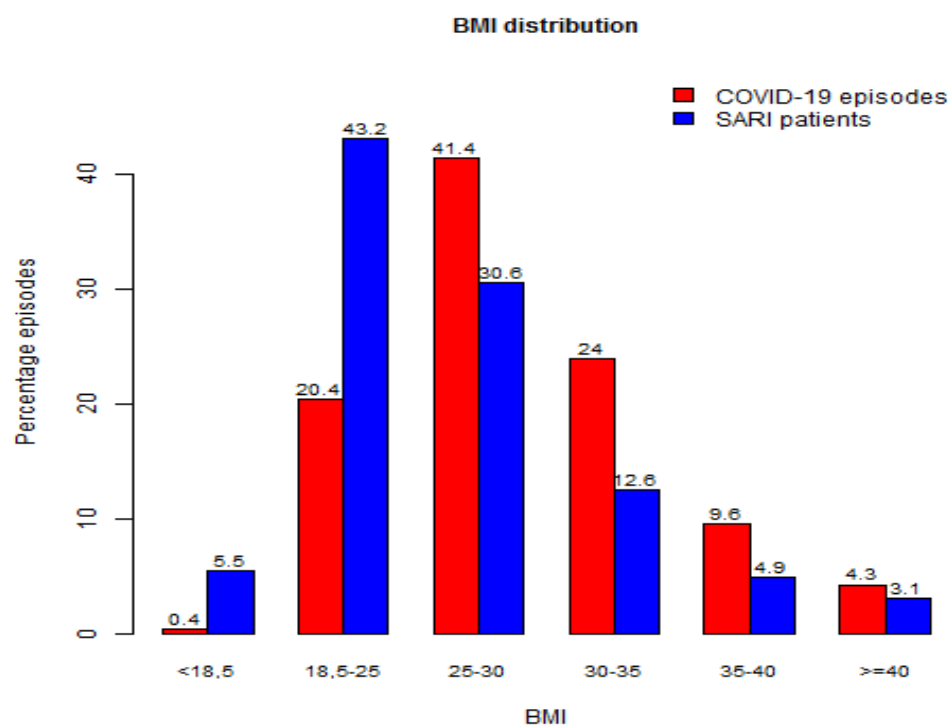
Patient characteristics

In the remainder of this report, the extensive data from the NICE registration will be used. Therefore, from here on, only the linked COVID-19 episodes will be included. This group will continuously be compared with the SARI patients who have been admitted to the ICU in the previous three years (2017-2019).

In the figure below the distribution of men and women in the linked COVID-19 episodes and the SARI patients is shown.



In the graph below, the BMI-distribution of the linked COVID-19 episodes and the SARI patients is shown.

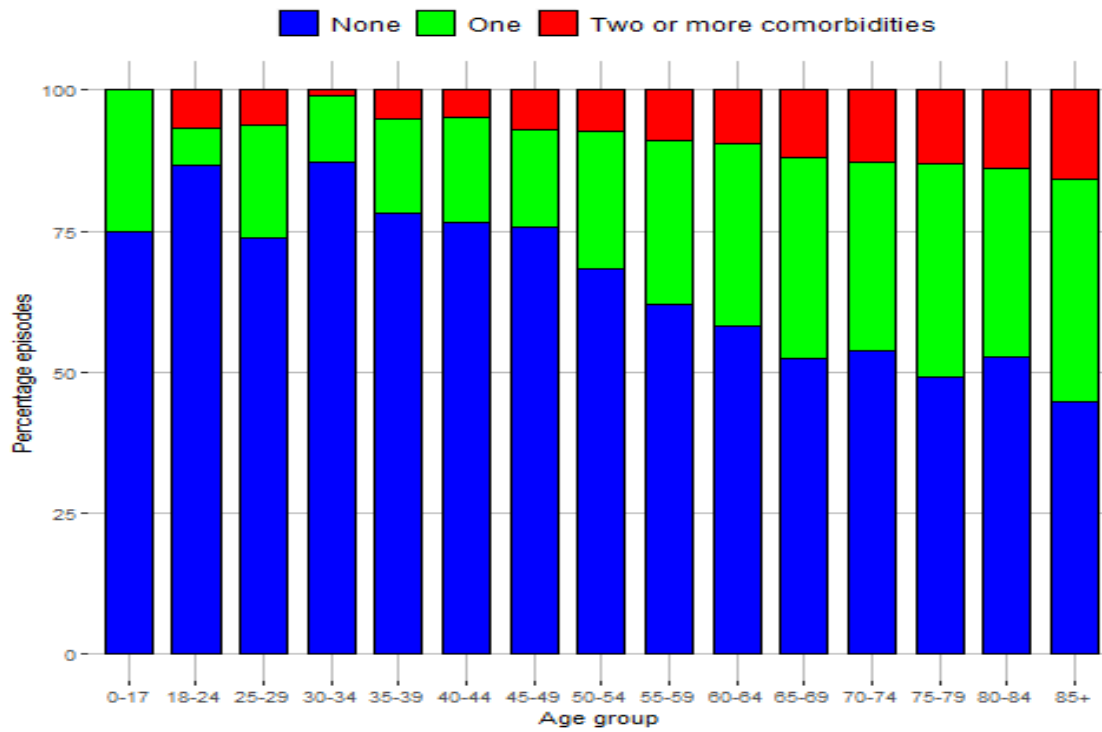


	Mean BMI (SD)
Linked COVID-19 episodes	29.3 (5.4)
SARI patients in 2017-2019	26.2 (6.0)

The table below shows for several different comorbidities (secondary diagnoses) the number and percentage of episodes of which the patient had the concerning comorbidity. Additionally, this table shows the number and percentage of episodes of which the patient were mechanically ventilated at ICU admission, and that were mechanically ventilated within the first 24 hours of ICU admission.

	COVID-19 episodes N(%)	SARI patients N(%)
COPD/Respiratory insufficiency	1156 (12.8)	7548 (38.1)
Renal failure	392 (4.3)	1720 (8.7)
Cirrhosis	34 (0.4)	238 (1.2)
Cardiovascular insufficiency	138 (1.5)	763 (3.8)
Malignancy/Haematological insufficiency	252 (2.8)	1959 (9.9)
Immunological insufficiency	805 (8.9)	3810 (19.2)
Diabetes	2097 (23.2)	4008 (20.2)
Mechanically ventilated at ICU admission	2994 (33.1)	7943 (40)
Mechanically ventilated within the 1st 24 hours	5855 (64.7)	11153 (56.2)

In the graph below, the percentage of COVID-19 episodes of which the patient had no, one or more than one comorbidities are given for different age groups.



**Note since the report of 2020-12-10 diabetes is also counted as a comorbidity, as a result of this the percentage of episodes of which patient had one or more comorbidities may have increased compared to previous reports.*

Patient outcomes and determinants

In the table below important characteristics belonging to COVID-19 episodes of which the patient died are compared with COVID-19 episodes of which the patient survived.

N.B. This analysis excludes the episodes of which the patient is still admitted at the Intensive Care. However, the number of these episodes are being shown in the last column of the table. The listed percentages should be read horizontally.

Per patient characteristic, the number and percentage of episodes of which the patient deceased and survived has been displayed. The column containing the P-value shows whether the differences between the episodes of deceased and survived patients are statistically significant. A P-value smaller than 0.05 shows that the presented differences are statistically significant (cannot be explained based on coincidence). A P-value of 0.05 or bigger means that the discovered differences are probably a coincidence.

Finally, the association between the patient characteristic and mortality is shown with Odds Ratio's (OR). An OR shows approximately how much the risk of dying is increased in relation to the comparison category, also known as the reference population. Regarding age: due to the small numbers, the seven youngest age categories have been combined into one reference population. Therefore, in the remaining age categories the OR indicate how much more the risk of dying is increased in comparison to this reference population. The 95%-confidence interval (CI) of the OR is displayed in the second last column and indicates whether the association found between the patient characteristics and mortality is statistically significant (confidence interval does NOT include 1) or not significant (confidence interval DOES include 1).

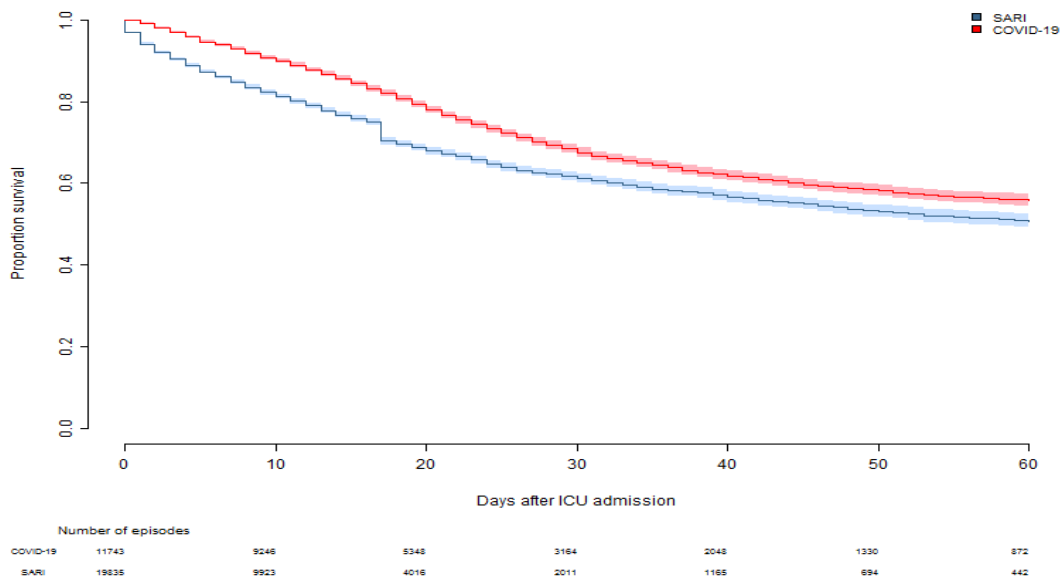
	COVID-19 survivors N (%)	COVID-19 deceased N (%)	P-value	Odds ratio (95% CI)	COVID-19 still in hospital N
All episodes	5952 (69.4)	2624 (30.6)			472
Age groups			<0.001		
0-17	2 (66.7)	1 (33.3)		reference	1
18-24	42 (97.7)	1 (2.3)		reference	2
25-29	59 (93.7)	4 (6.3)		reference	2
30-34	106 (97.2)	3 (2.8)		reference	9
35-39	113 (90.4)	12 (9.6)		reference	13
40-45	183 (92)	16 (8)		reference	10
45-50	394 (90.4)	42 (9.6)		reference	19
50-55	653 (86.7)	100 (13.3)		1.74 (1.27-2.37)	36
55-60	906 (83.6)	178 (16.4)		2.23 (1.69-2.95)	66
60-65	1033 (75.9)	328 (24.1)		3.6 (2.78-4.67)	84
65-70	964 (66.5)	486 (33.5)		5.72 (4.44-7.37)	84
70-75	898 (55.1)	732 (44.9)		9.25 (7.22-11.86)	87
75-80	477 (47.7)	524 (52.3)		12.47 (9.61-16.17)	87
80-85	101 (37.1)	171 (62.9)		19.22 (13.74-26.88)	87
>85	12 (32.4)	25 (67.6)		23.65 (11.45-48.84)	87
Gender			<0.001		
Men	4083 (67.7)	1951 (32.3)		reference	346
Woman	1869 (73.5)	673 (26.5)		0.75 (0.68-0.84)	126

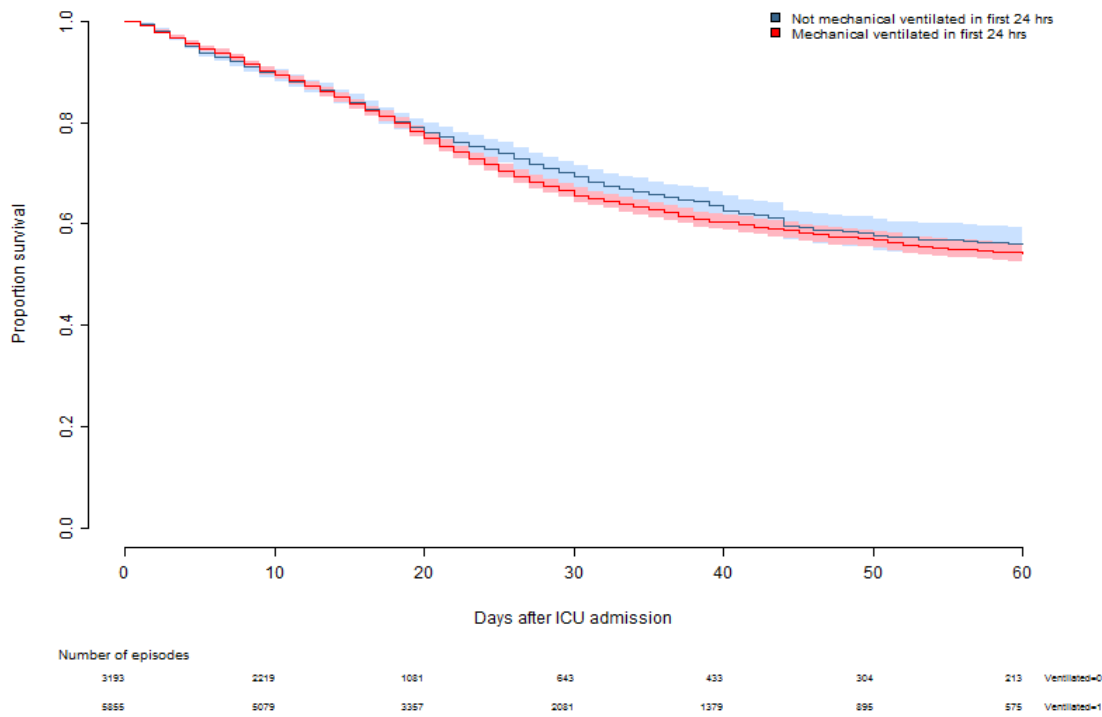
	COVID-19 survivors N (%)	COVID-19 deceased N (%)	P-value	Odds ratio (95% CI)	COVID-19 still in hospital N
BMI groups					
<18.5	19 (57.6)	14 (42.4)	<0.001	1.34 (0.67-2.69)	2
18.5-25	1109 (64.9)	600 (35.1)		reference	93
25-30	2417 (69.4)	1068 (30.6)		0.8 (0.71-0.91)	172
30-35	1435 (72)	557 (28)		0.71 (0.62-0.81)	127
35-40	576 (72.1)	223 (27.9)		0.7 (0.59-0.84)	48
>40	271 (76.3)	84 (23.7)		0.56 (0.43-0.73)	22
Comorbidities					
COPD & respiratory insufficiency No	5298 (70.9)	2173 (29.1)	<0.001	reference	421
COPD & respiratory insufficiency Yes	654 (59.2)	451 (40.8)		1.68 (1.48-1.91)	51
Renal failure No	5800 (70.6)	2412 (29.4)	<0.001	reference	444
Renal failure Yes	152 (41.8)	212 (58.2)		3.35 (2.71-4.15)	28
Cardiovascular insufficiency No	5896 (69.8)	2549 (30.2)	<0.001	reference	465
Cardiovascular insufficiency Yes	56 (42.7)	75 (57.3)		3.1 (2.18-4.39)	7
Malignancy No	5841 (70.1)	2496 (29.9)	<0.001	reference	459
Malignancy Yes	111 (46.4)	128 (53.6)		2.7 (2.08-3.49)	13
Immunological insufficiency No	5530 (70.8)	2283 (29.2)	<0.001	reference	430
Immunological insufficiency Yes	422 (55.3)	341 (44.7)		1.96 (1.68-2.28)	42
Number of comorbidities					
None	3781 (75.4)	1236 (24.6)	<0.001	reference	290
1	1754 (65.7)	917 (34.3)		1.59 (1.43-1.76)	127
>1	417 (47)	471 (53)		3.4 (2.93-3.94)	55
Diagnoses at ICU-admission					
Cardiopulmonary resuscitation No	5927 (69.9)	2552 (30.1)	<0.001	reference	467
Cardiopulmonary resuscitation Yes	25 (25.8)	72 (74.2)		6.69 (4.23-10.57)	5
Mechanical ventilation at admission No	4151 (72.3)	1593 (27.7)	<0.001	reference	310
Mechanical ventilation at admission Yes	1801 (63.6)	1031 (36.4)		1.49 (1.36-1.64)	162
Gastrointestinal bleeding No	5937 (69.4)	2616 (30.6)	0.832	reference	471
Gastrointestinal bleeding Yes	15 (65.2)	8 (34.8)		1.21 (0.51-2.86)	1
Diabetes No	4702 (71.5)	1878 (28.5)	<0.001	reference	371
Diabetes Yes	1250 (62.6)	746 (37.4)		1.49 (1.34-1.66)	101
Diagnoses in 1st 24 hours of ICU-admission					
Acute renal failure No	5676 (71.5)	2260 (28.5)	<0.001	reference	434
Acute renal failure Yes	276 (43.1)	364 (56.9)		3.31 (2.81-3.9)	38
Mechanical ventilation within the 1st 24 hours No	2313 (76.4)	713 (23.6)	<0.001	reference	167
Mechanical ventilation within the 1st 24 hours Yes	3639 (65.6)	1911 (34.4)		1.7 (1.54-1.88)	305
Confirmed infection No	1236 (70.3)	522 (29.7)	0.372	reference	106
Confirmed infection Yes	4716 (69.2)	2102 (30.8)		1.06 (0.94-1.18)	366
Vasoactive medication No	2993 (75.4)	974 (24.6)	<0.001	reference	223
Vasoactive medication Yes	2959 (64.2)	1650 (35.8)		1.71 (1.56-1.88)	249

Kaplan Meier survival curve

In the figure below, one can see a first estimate of the percentage of COVID-19 episodes (the vertical axis) of which patients survived the hospitalisation, including a period in ICU, since the day of ICU admission until a certain moment in time (the horizontal axis). In the first figure a distinction has been made between all COVID-19 episodes (black line), the linked COVID-19 episodes (the red line) and the SARI patients from the years 2017-2019 (blue line). The second figure shows the linked COVID-19 episodes of which the patient has (dotted) or has not (solid) been mechanically ventilated at the first day of admission.

These estimations have to be interpreted with care, because the episodes of which the patient is currently being treated have been included in these analyses too and consequently their outcome is not yet known. Therefore, based on this figure we cannot conclude that COVID-19 patients have a better prognosis compared to the SARIs. The current group of COVID-19 episodes and the previous SARI patients possibly differ regarding important clinical characteristics such as age and secondary diseases such as diabetes or COPD. Further research could prove whether the survival chance differs between the COVID-19 and SARI population.





Variations over time

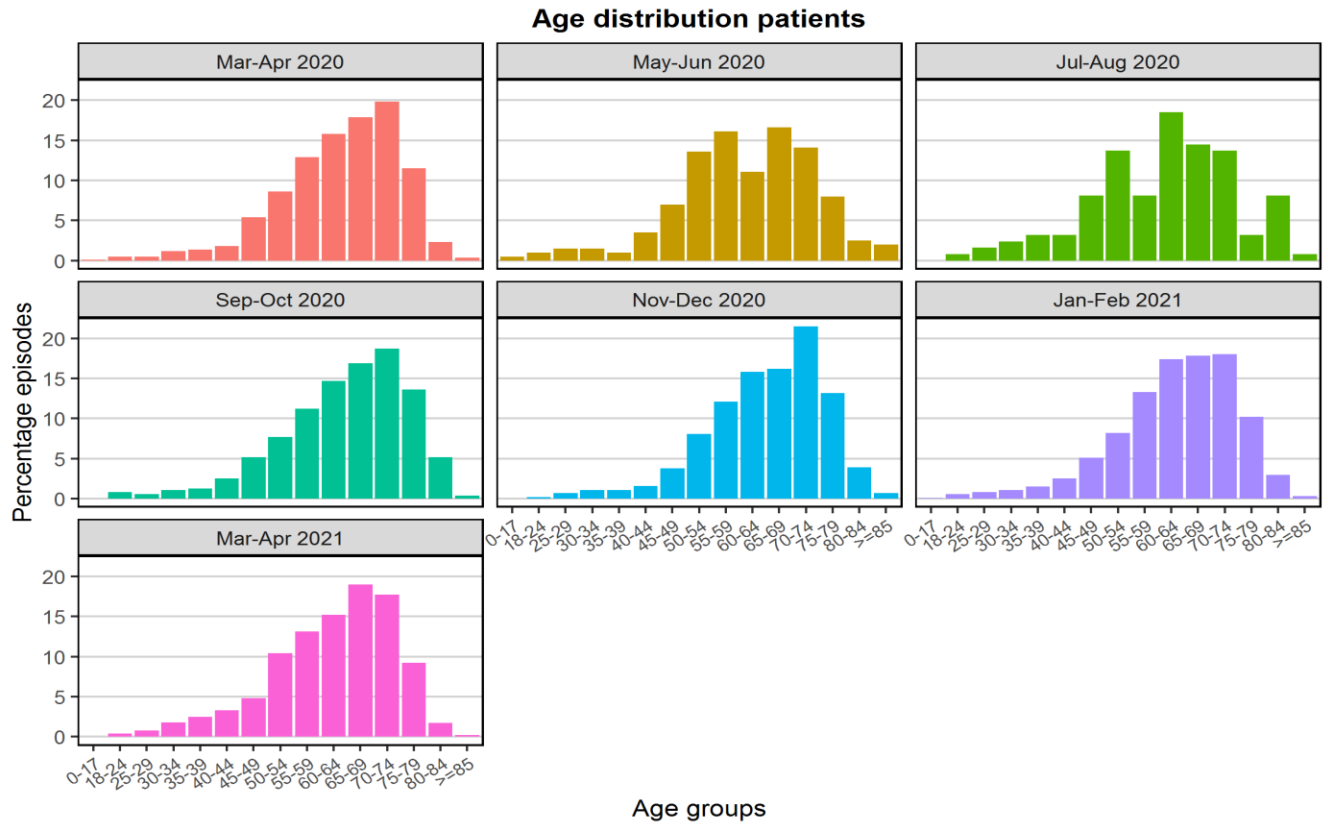
COVID-19 is a new clinical condition for which new knowledge is continuously being obtained, new treatment methods are used and as a result the prognoses / outcomes of the patients may change. To provide insight into these changes, the section below of the report will break down some important patient characteristics and outcomes into two-month periods of the COVID-19 epidemic.

The table below shows the number of COVID-19 episodes per two months.

	Number of episodes	Number of episodes of which the patient is deceased (%) *	Number of episodes linked to clinical data (%)
March-April 2020	2668	818 (30.7)	2593 (97.2)
Mei-June 2020	199	37 (18.6)	189 (95.0)
July-August 2020	124	30 (24.2)	117 (94.4)
Sept-Oct 2020	1421	468 (32.9)	1348 (94.9)
November-Dec 2020	2203	716 (32.5)	2069 (93.9)
Jan-Feb 2021	2033	560 (27.5)	1725 (84.8)
March-April 2021	3002	500 (16.7)	999 (33.3)

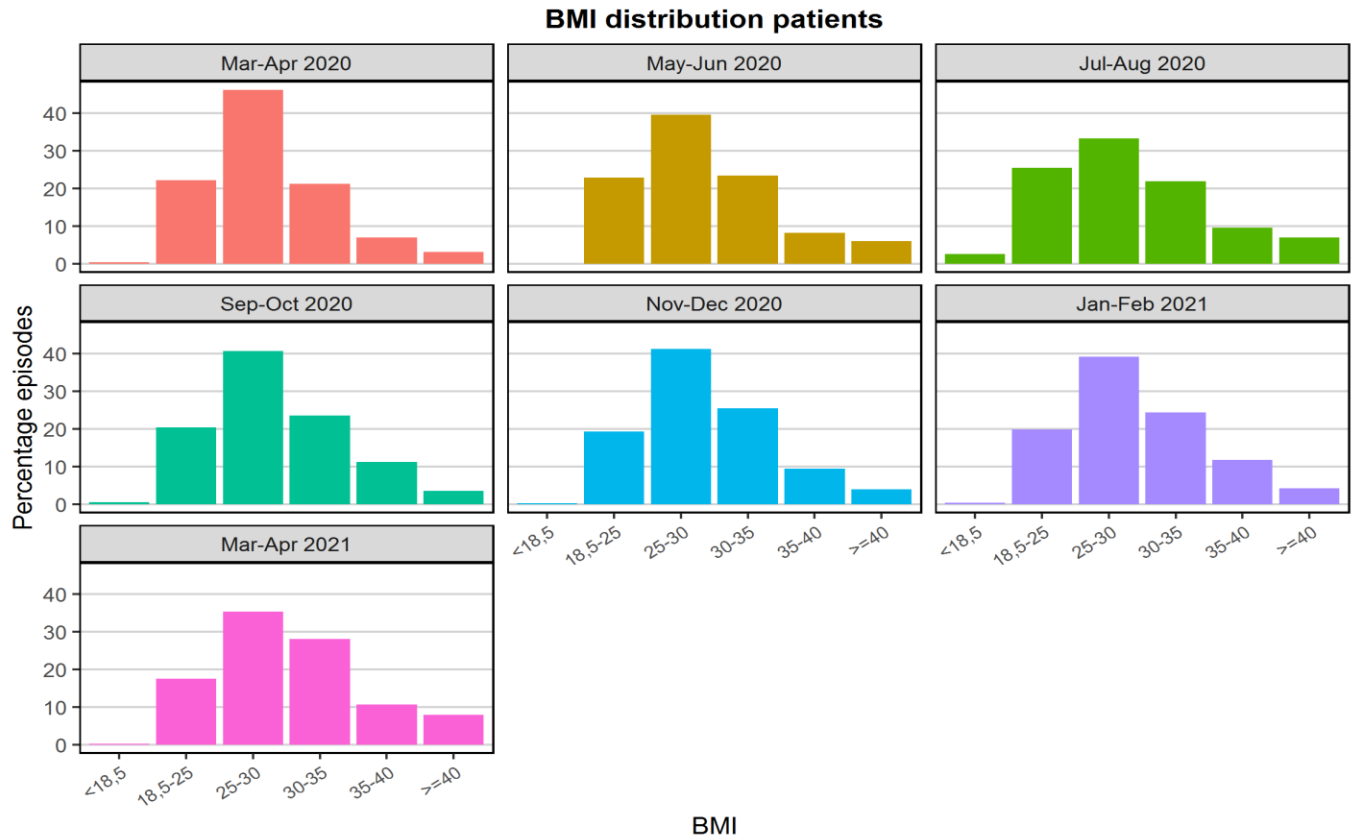
* Note a large proportion of patients of the episodes from the more recent periods are still hospitalized of which a part may still die, so the numbers can still rise (considerably).

The figure and table below shows the age distribution of the patients from all COVID-19 episodes over different time periods.



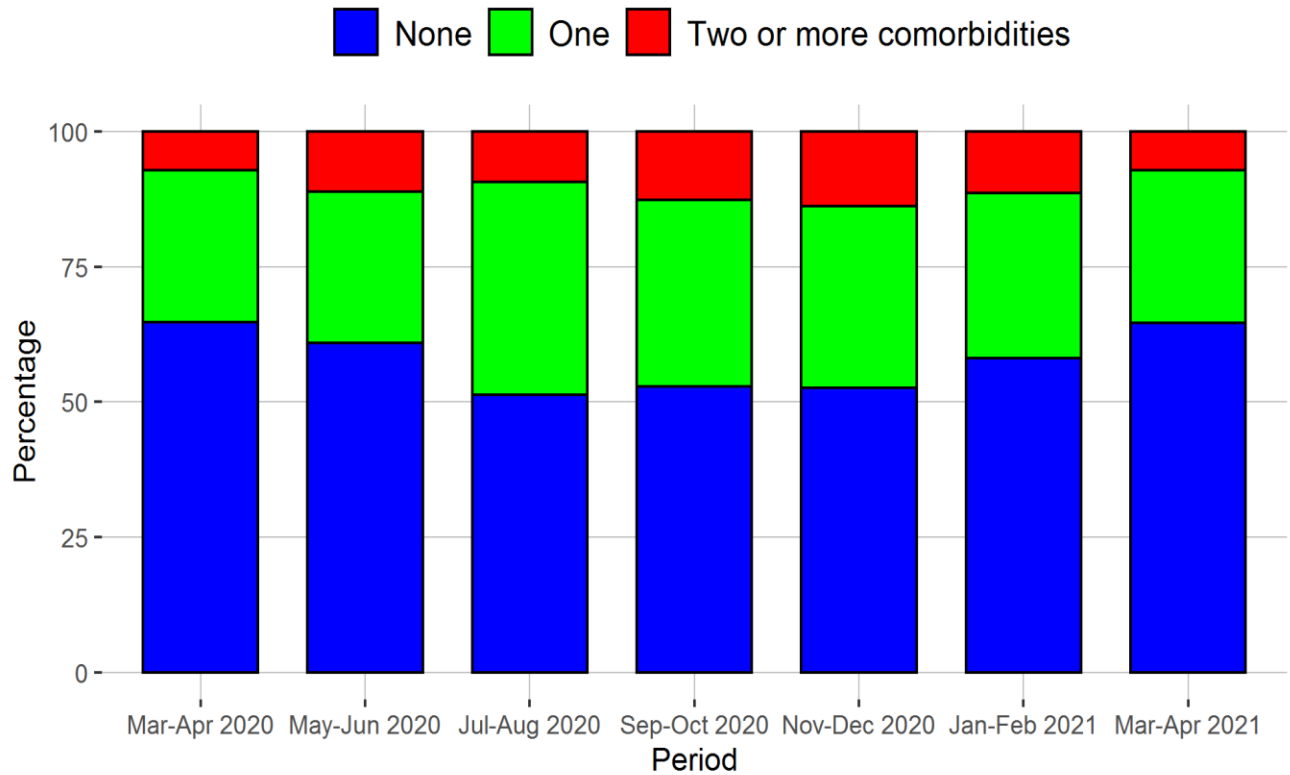
	Mean age (SD)	Median Age (IQR)
March-April 2020	63.4 (11.2)	65 (57-72)
May-June 2020	60.8 (13.1)	61 (53-70)
July-August 2020	60.3 (13.3)	63.5 (51-70)
Sept-Oct 2020	64.2 (11.9)	66 (57-73)
Nov-Dec 2020	64.7 (11.1)	66 (58-73)
Jan-Feb 2021	62.9 (11.5)	64 (57-71)
March-April 2021	61.9 (11.7)	64 (55-71)

The figure and table below shows the BMI distribution of the patients of all COVID-19 episodes over different time periods.



	Mean BMI (SD)	Median BMI (IQR)
March-April 2020	28.7 (4.9)	27.8 (25.3-31.1)
May-June 2020	29.4 (5.8)	28.4 (25.2-32.2)
July-August 2020	29.4 (6.7)	27.9 (24.7-33.1)
Sept-Oct 2020	29.3 (5.3)	28.7 (25.6-31.9)
Nov-Dec 2020	29.4 (5.3)	28.4 (25.7-32.4)
Jan-Feb 2021	29.6 (5.5)	28.7 (25.8-32.7)
March-April 2021	30.4 (6.1)	29.4 (26.0-33.5)

In the graph below, the percentage episodes of which the patients had no, one or more than one comorbidities are given for different periods.



**Note since the report of 2020-12-10 diabetes is also counted as a comorbidity, as a result of this the percentage episodes of which patients had no, one or more than one comorbidities may have increased compared to previous reports.*

The table below shows per two months period the mean ICU length of stay of all COVID-19 episodes, of the COVID-19 episodes of which the patient is still in the ICU, and of COVID-19 episodes of which the patient has been discharged recently split up into different discharge destinations. If a patient has been transferred to another ICU during an episode, all ICU length of stays will be added up together. The length of stay is calculated in days ((discharge date - admission date)+1).

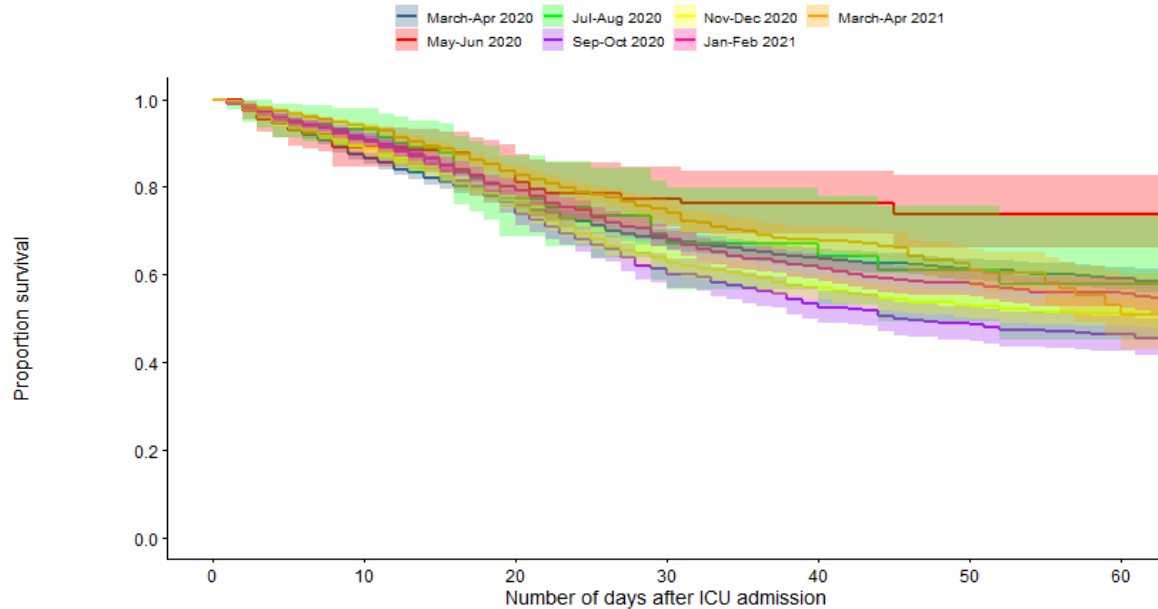
Note that the most recent period still yields many uncertain results because a large part of this population is still included, so the averages shown will most likely increase.

	Number of episodes	Mean length of ICU stay (SD)
Period March-April 2020		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	1816	22 (17.5)
Other discharge destination	105	25.9 (32.9)
Died in the ICU	747	15.4 (13)
TOTAL	2668	20.3 (17.6)
Period May-June 2020		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	159	15.7 (14.9)
Other discharge destination	10	19.8 (32.4)
Died in the ICU	30	13.4 (10.4)
TOTAL	199	15.5 (15.5)
Period July-August 2020		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	94	12.8 (14.2)
Other discharge destination	8	27.6 (24.6)
Died in the ICU	22	16.6 (16.6)
TOTAL	124	14.4 (15.8)
Period Sept-Oct 2020		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	982	15.7 (17.6)
Other discharge destination	33	16.7 (19.1)
Died in the ICU	406	19.6 (14)
TOTAL	1421	16.8 (16.8)
Period Nov-Dec 2020		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	1514	16.7 (18.1)
Other discharge destination	63	16.4 (17.7)
Died in the ICU	626	18.1 (14.3)
TOTAL	2203	17.1 (17.1)
Period Jan-Feb 2021		
Patients who are currently being treated in the ICU *	8	82.8 (13.6)
Discharged to nursing ward in same or different hospital	1488	15.3 (15.1)
Other discharge destination	41	18.5 (20.6)
Died in the ICU	496	18.3 (13.8)
TOTAL	2033	16.3 (15.5)
Period March-April 2021		
Patients who are currently being treated in the ICU *	722	19.1 (12.1)
Discharged to nursing ward in same or different hospital	1724	10.1 (8.4)
Other discharge destination	90	7.2 (7.0)
Died in the ICU	464	15.6 (10.9)
TOTAL	3002	13.1 (10.6)

**N.B. For the COVID-19 episodes of which the patient is currently admitted, it concerns the ICU length of stay up till the moment that this report was generated and not the final total length of stay.*

The figure below shows an initial estimate per period of the percentage of COVID-19 episodes (the vertical axis) of which the patient survived hospitalization, including admission to the ICU, until a certain moment (the horizontal axis) after the start of the ICU admission.

These estimates must be interpreted with caution, because the patients who are currently being treated have also been included and the outcome of them is therefore not yet known.



	Number of episodes at risk						
	0	10	20	30	40	50	60
March-Apr 2020	2668	2187	1498	963	632	399	244
May-Jun 2020	199	147	100	66	41	28	19
Jul-Aug 2020	124	95	44	33	24	18	13
Sep-Oct 2020	1421	1160	647	365	251	181	123
Nov-Dec 2020	2203	1743	1044	637	450	324	232
Jan-Feb 2021	2033	1620	959	592	404	280	208
March-Apr 2021	3002	2281	1043	495	235	89	22

The table below shows the (univariate) Odds Ratio (OR) of the two monthly periods. An OR shows approximately how much the risk of dying is increased in relation to the reference group, i.e. the months March and April. The 95% confidence interval of the OR indicates whether the relationship found between the period and mortality is significant (confidence interval includes 1 NOT) or not significant (confidence interval includes 1 DO). Note this is a univariate analysis meaning that no adjustment has been made for differences in patient characteristics over time. It is also important to realize that a large proportion of patients from the episodes of the more recent periods are still hospitalized. These are included in the calculations as survivors, while a part may still die, so that the odds ratio can still rise (considerably).

	Odds ratio (CI)
Period March-April 2020	Reference
Period May-June 2020	0.52 (0.36-0.75)
Period July-August 2020	0.72 (0.47-1.1)
Period Sept-Oct 2020	1.11 (0.97-1.27)
Period Nov-Dec 2020	1.09 (0.96-1.23)
Period Jan-Feb 2021	0.86 (0.76-0.98)
Period March-April 2021	0.45 (0.40-0.51)

COVID-19 and SOFA

For this report, the data of the COVID-19 episodes are also linked to the information about organ failure that is supplied to NICE in the Sequential Organ Failure Assessment (SOFA) registration module. About half of the ICUs in the Netherlands register this SOFA data. In the table below, in addition to the number of COVID-19 episodes that could be linked to the clinical information, the number of COVID-19 episodes that could be linked to the SOFA data is shown.

	Number of COVID-19 episodes
Linked to clinical (MDS) data	9048
Linked to organ failure (SOFA) data	4707

The table below shows in how many COVID-19 episodes and how many SARI patients received treatment with different types of organ support. For the patients receiving the particular organ support it is also shown how many calendar days they received this support on average during the ICU admission. Finally, the average number of calendar days on which the measured platelet was <50 is shown.

	COVID-19 episodes N (%)	Mean number of days (SE)	SARI patients N (%)	Mean number of days (SE)
Basic respiratory support	3489 (74.1)	10.6 (11.4)	5126 (59.1)	6.5 (8.5)
Advanced respiratory support	30 (0.6)	2.6 (3)	169 (1.9)	3.7 (6.7)
Artificial liver support	2 (0)	1.5 (0.7)	0 (0)	-
Cardiac support using cardiac assist device	19 (0.4)	7.7 (14.7)	57 (0.7)	10.4 (14.3)
Renal support using renal replacement therapy	417 (8.9)	10 (9.3)	565 (6.5)	8.1 (9.4)
Measured platelets value <50	197 (4.2)	2.6 (3.5)	512 (5.9)	4.8 (5.6)