



## COVID-19 in Dutch Intensive Care Units;

### Patient characteristics and outcomes

compared with pneumonia patients in the ICU from 2017-2019

*Version 2021-10-05*

This report has been made possible by the effort of all Dutch ICUs from:

Admiraal De Ruyter Ziekenhuis	Martini Ziekenhuis
Albert Schweitzer Ziekenhuis	Meander Medisch Centrum
Alrijne Zorggroep	Medisch Centrum Leeuwarden
Amphia Ziekenhuis	Medisch Spectrum Twente
Amstelland	Máxima MC
Amsterdam UMC - locatie AMC	Nij Smellinghe
Amsterdam UMC - locatie VUmc	Noordwest Ziekenhuisgroep Locatie Alkmaar
Antonius Zorggroep	Noordwest Ziekenhuisgroep Locatie Den Helder
Beatrixziekenhuis Rivas Zorggroep	OLVG
Bernhoven	Ommelander Ziekenhuis Groningen
BovenIJ Ziekenhuis	Radboud UMC
Bravis Ziekenhuis	Reinier de Graaf Gasthuis
Canisius Wilhelmina Ziekenhuis	Rijnstate ziekenhuis
Catharina Ziekenhuis	Rivierenland
Deventer Ziekenhuis	Rode Kruis Ziekenhuis
Diakonessenhuis	Saxenburgh Groep
Dijklander ziekenhuis locatie Hoorn	Slingeland Ziekenhuis
Dijklander ziekenhuis locatie Purmerend	Spaarne Gasthuis locatie Haarlem
Elisabeth Ziekenhuis - TweeSteden	St. Anna Ziekenhuis
Elkerliek Ziekenhuis	St. Antonius Ziekenhuis
Erasmus Medisch Centrum	St. Jans-Gasthuis
Flevoziekenhuis	St. Jansdal
Franciscus Ziekenhuis Locatie Gasthuis	Streekziekenhuis Koningin Beatrix
Franciscus Ziekenhuis Locatie Vlietland	Tergooiziekenhuizen Locatie Blaricum
Gelderse Vallei	Tergooiziekenhuizen Locatie Hilversum
Gelre Ziekenhuis Locatie Apeldoorn	Tjongerschans
Gelre Ziekenhuis Locatie Zutphen	Treant Zorggroep
Haaglanden MC Locatie St Antoniushove	UMC Groningen
Haaglanden MC Locatie Westeinde	UMC Leiden
HagaZiekenhuis	UMC Maastricht
Het Groene Hart Ziekenhuis	UMC Utrecht
IJsselland Ziekenhuis	Van Weel Bethesda Ziekenhuis
Ikazia Ziekenhuis	VieCuri Medisch Centrum
Isala	Wilhelmina Ziekenhuis
Jeroen Bosch Ziekenhuis	Zaans Medisch Centrum
LangeLand Ziekenhuis	Ziekenhuisgroep Twente
Laurentius Ziekenhuis	ZorgSaam Zeeuws-Vlaanderen
Maasstad Ziekenhuis	Zuyderland Locatie Heerlen
Maasziekenhuis Pantein	Zuyderland Locatie Sittard Geleen

## 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.

	<b>Number of patients</b>	<b>Number of hospitals</b>
All COVID-19 episodes	13808	72
Linked COVID-19 episodes	12576	72
SARI patients in 2017-2019	19851	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.

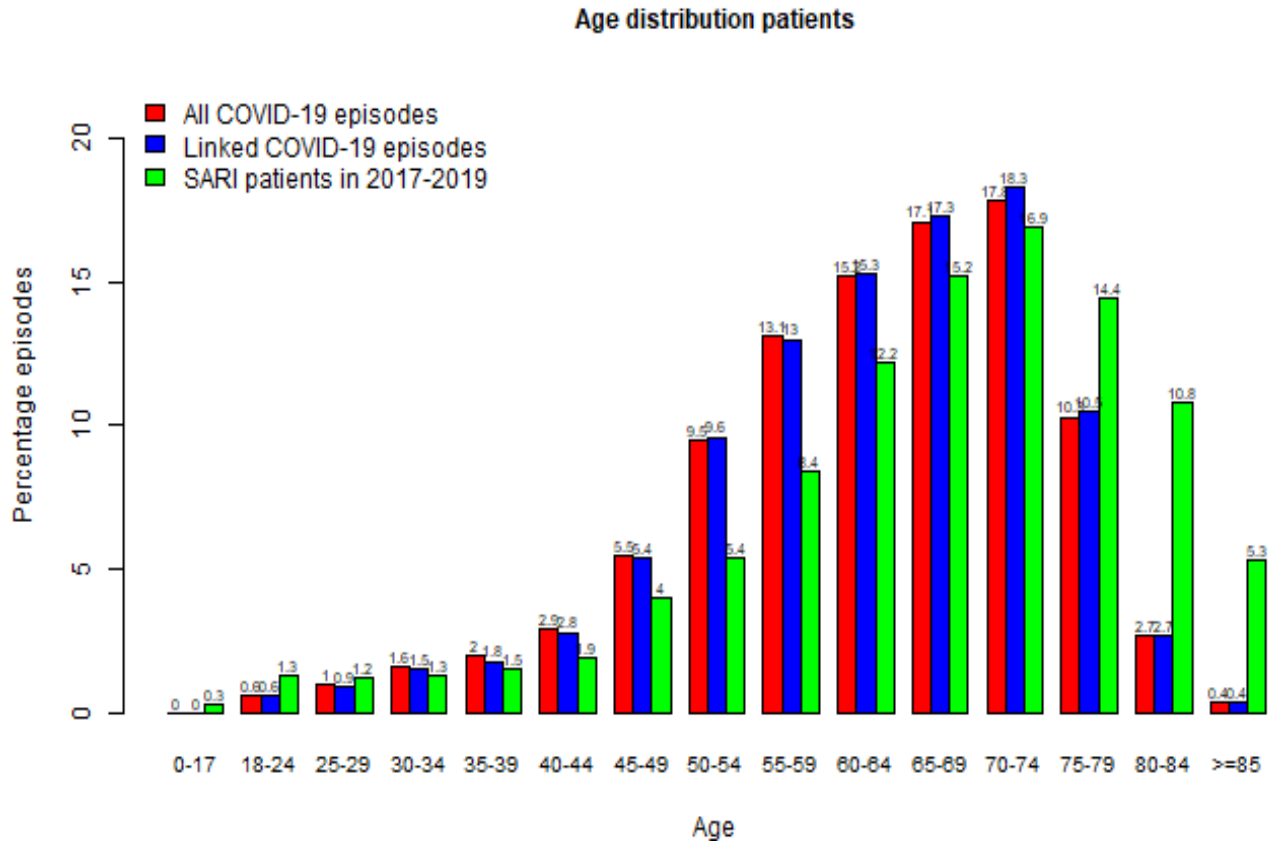
### ICU length of stay

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).

	<b>Number of COVID-19 episodes</b>	<b>Mean length of stay (SD)</b>	<b>Number of SARI patients</b>	<b>Mean length of stay (SD)</b>
Patients who are currently being treated in the ICU *	134	22 (15.4)	0	-
Discharged to nursing ward in same or different hospital	9860	16.7 (18.4)	14111	5.9 (9.6)
Other discharge destination	454	20.1 (25.4)	2296	7.2 (11.2)
Died in the ICU	3358	18.4 (17.3)	3444	7.1 (10.5)
<b>TOTAL</b>	<b>13808</b>	<b>17.3 (18.4)</b>	<b>19851</b>	<b>6.3 (10.0)</b>

*\*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.

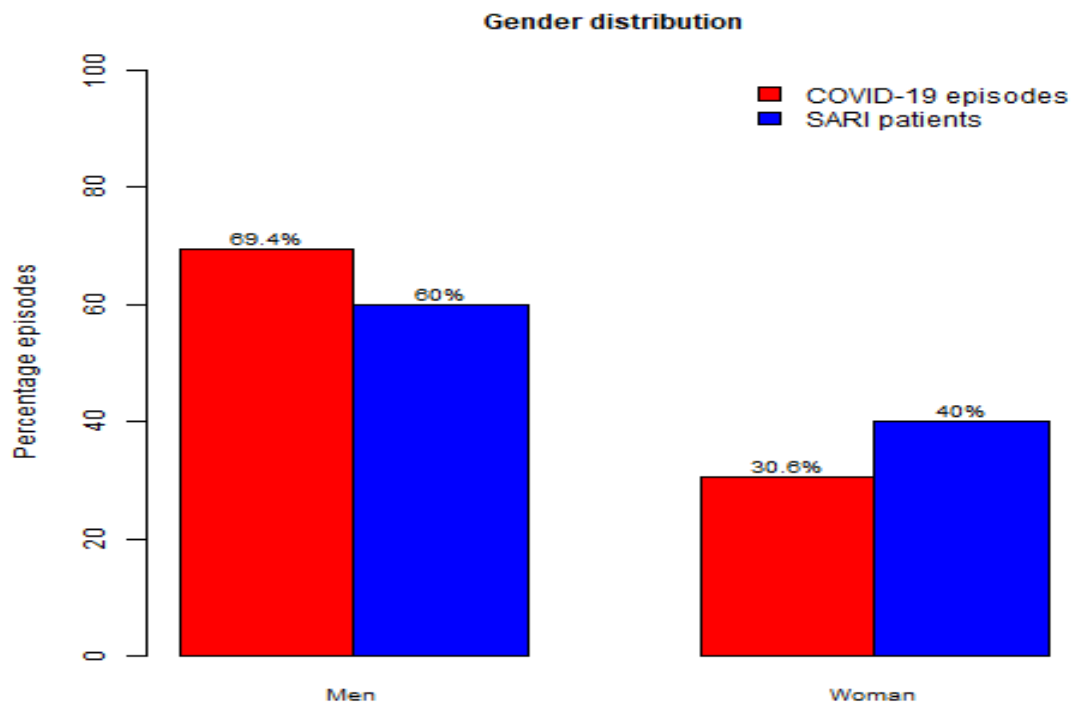


	<b>Mean age (SD)</b>
All COVID-19 episodes	62.2 (12.1)
Linked COVID-19 episodes	62.5 (11.8)
SARI patients in 2017-2019	66.3 (14.2)

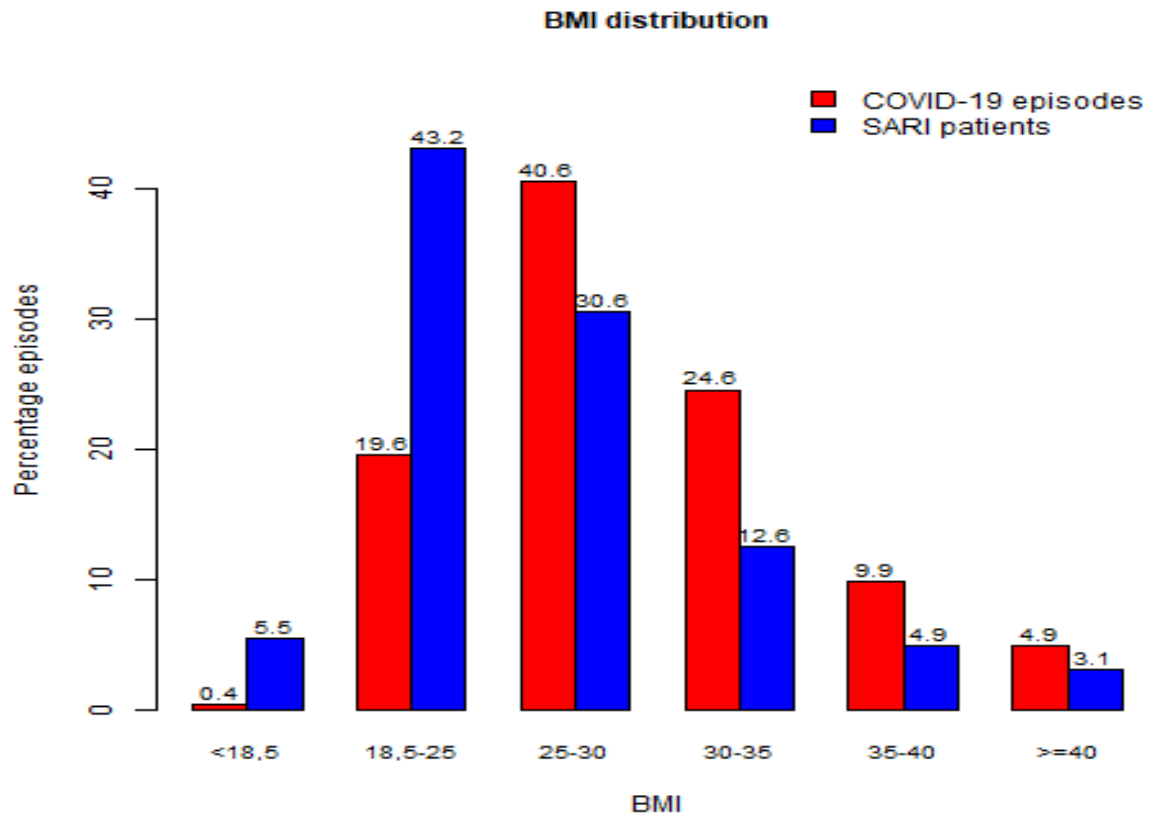
## Patient characteristics

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.

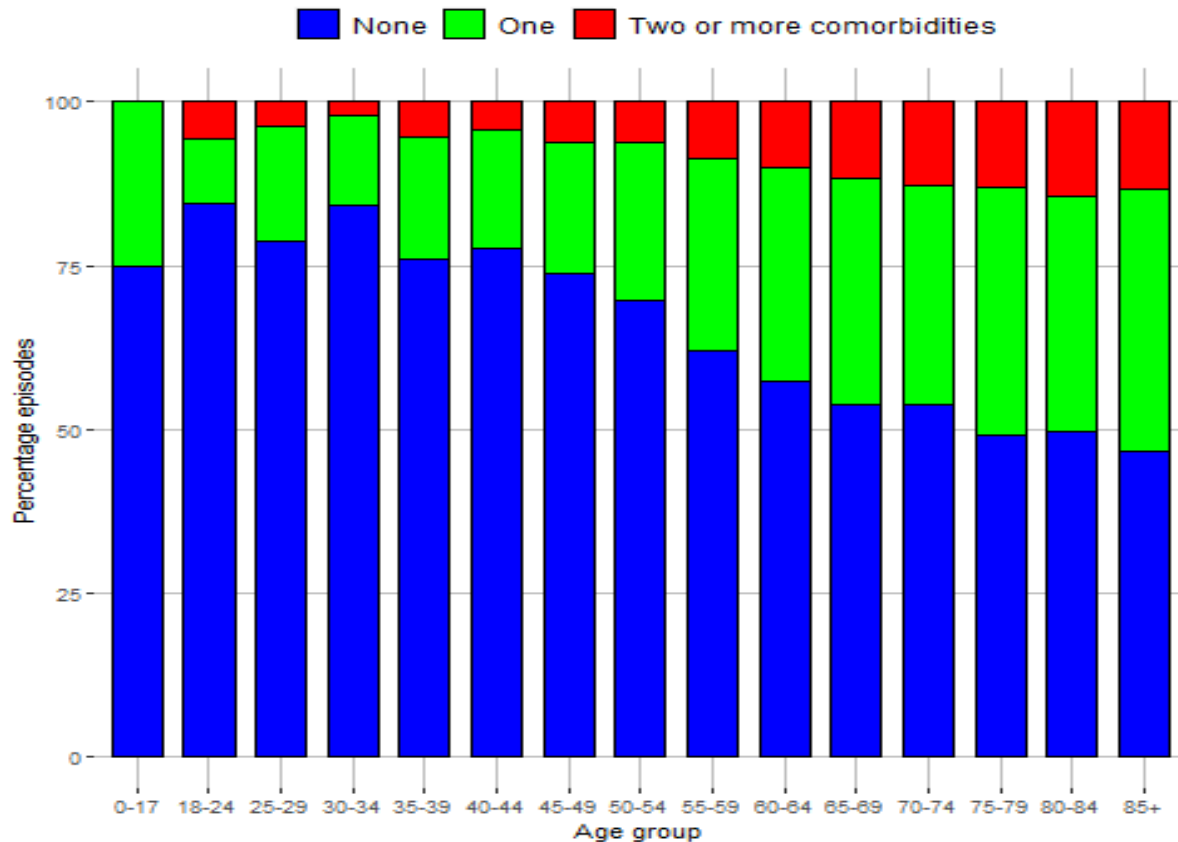


	<b>Mean BMI (SD)</b>
Linked COVID-19 episodes	29.5 (5.6)
SARI patients in 2017-2019	26.2 (6.0)

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.

	<b>COVID-19 episodes N(%)</b>	<b>SARI patients N(%)</b>
COPD/Respiratory insufficiency	1581 (12.6)	7554 (38.1)
Renal failure	512 (4.1)	1725 (8.7)
Cirrhosis	51 (0.4)	238 (1.2)
Cardiovascular insufficiency	194 (1.5)	764 (3.8)
Malignancy/Haematological insufficiency	323 (2.6)	1962 (9.9)
Immunological insufficiency	1142 (9.1)	3815 (19.2)
Diabetes	2838 (22.6)	4009 (20.2)
Mechanically ventilated at ICU admission	3841 (30.5)	7953 (40.1)
Mechanically ventilated within the 1st 24 hours	7885 (62.7)	11164 (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	8731 (71.5)	3474 (28.5)			371
Age groups			<0.001		
0-17	2 (66.7)	1 (33.3)		reference	1
18-24	66 (98.5)	1 (1.5)		reference	4
25-29	99 (94.3)	6 (5.7)		reference	3
30-34	176 (96.2)	7 (3.8)		reference	7
35-39	206 (93.6)	14 (6.4)		reference	8
40-45	311 (92.3)	26 (7.7)		reference	10
45-50	611 (90.9)	61 (9.1)		reference	9
50-55	1010 (87.7)	141 (12.3)		1.77 (1.36-2.29)	50
55-60	1347 (84.9)	240 (15.1)		2.25 (1.79-2.85)	46
60-65	1442 (77.1)	428 (22.9)		3.75 (3.02-4.66)	58
65-70	1418 (67.6)	679 (32.4)		6.06 (4.91-7.47)	58
70-75	1282 (57.1)	964 (42.9)		9.51 (7.74-11.69)	78
75-80	614 (47.9)	667 (52.1)		13.74 (11.05-17.09)	78
80-85	125 (37.7)	207 (62.3)		20.95 (15.66-28.03)	78
>85	13 (29.5)	31 (70.5)		30.16 (15.37-59.21)	78
Gender			<0.001		
Men	5916 (69.8)	2555 (30.2)		reference	258
Woman	2815 (75.4)	919 (24.6)		0.76 (0.69-0.83)	113

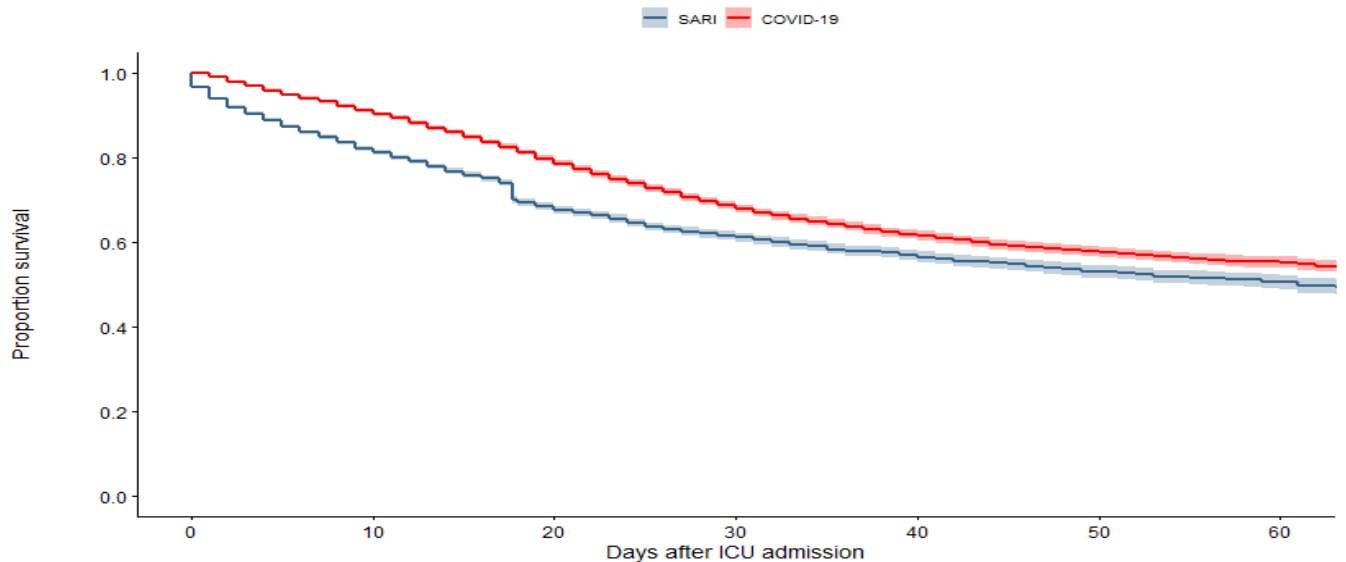


	<b>COVID-19 survivors N (%)</b>	<b>COVID-19 deceased N (%)</b>	<b>P-value</b>	<b>Odds ratio (95% CI)</b>	<b>COVID-19 still in hospital N</b>
<b>BMI groups</b>			<0.001		
<18.5	30 (60)	20 (40)		1.33 (0.75-2.35)	2
18.5-25	1554 (66.9)	769 (33.1)		reference	82
25-30	3444 (70.9)	1414 (29.1)		0.82 (0.74-0.91)	135
30-35	2183 (74.4)	751 (25.6)		0.69 (0.61-0.77)	98
35-40	894 (75.4)	292 (24.6)		0.65 (0.56-0.76)	34
>40	453 (77.6)	131 (22.4)		0.58 (0.47-0.71)	15
<b>Comorbidities</b>					
COPD & respiratory insufficiency No	7791 (73)	2885 (27)	<0.001	reference	319
COPD & respiratory insufficiency Yes	940 (61.5)	589 (38.5)		1.69 (1.51-1.89)	52
Renal failure No	8522 (72.7)	3196 (27.3)	<0.001	reference	346
Renal failure Yes	209 (42.9)	278 (57.1)		3.55 (2.95-4.26)	25
Cardiovascular insufficiency No	8643 (71.9)	3376 (28.1)	<0.001	reference	363
Cardiovascular insufficiency Yes	88 (47.3)	98 (52.7)		2.85 (2.13-3.81)	8
Malignancy No	8584 (72.2)	3309 (27.8)	<0.001	reference	360
Malignancy Yes	147 (47.1)	165 (52.9)		2.91 (2.32-3.65)	11
Immunological insufficiency No	8100 (73)	3003 (27)	<0.001	reference	331
Immunological insufficiency Yes	631 (57.3)	471 (42.7)		2.01 (1.77-2.28)	40
<b>Number of comorbidities</b>			<0.001		
None	5610 (77.3)	1647 (22.7)		reference	199
1	2515 (67.5)	1212 (32.5)		1.63 (1.49-1.78)	124
>1	606 (49.6)	615 (50.4)		3.38 (2.98-3.83)	48
<b>Diagnoses at ICU-admission</b>					
Cardiopulmonary resuscitation No	8687 (72)	3377 (28)	<0.001	reference	367
Cardiopulmonary resuscitation Yes	44 (31.2)	97 (68.8)		5.67 (3.96-8.12)	4
Mechanical ventilation at admission No	6291 (74.3)	2181 (25.7)	<0.001	reference	263
Mechanical ventilation at admission Yes	2440 (65.4)	1293 (34.6)		1.53 (1.41-1.66)	108
Gastrointestinal bleeding No	8713 (71.6)	3463 (28.4)	0.283	reference	370
Gastrointestinal bleeding Yes	18 (62.1)	11 (37.9)		1.54 (0.73-3.26)	1
Diabetes No	6948 (73.5)	2507 (26.5)	<0.001	reference	283
Diabetes Yes	1783 (64.8)	967 (35.2)		1.5 (1.37-1.65)	88
<b>Diagnoses in 1st 24 hours of ICU-admission</b>					
Acute renal failure No	8349 (73.5)	3010 (26.5)	<0.001	reference	342
Acute renal failure Yes	382 (45.2)	464 (54.8)		3.37 (2.92-3.88)	29
Mechanical ventilation within the 1st 24 hours No	3550 (78.2)	991 (21.8)	<0.001	reference	150
Mechanical ventilation within the 1st 24 hours Yes	5181 (67.6)	2483 (32.4)		1.72 (1.58-1.87)	221
Confirmed infection No	1670 (71.6)	663 (28.4)	0.977	reference	96
Confirmed infection Yes	7061 (71.5)	2811 (28.5)		1 (0.91-1.11)	275
Vasoactive medication No	4636 (77.2)	1369 (22.8)	<0.001	reference	188
Vasoactive medication Yes	4095 (66)	2105 (34)		1.74 (1.61-1.89)	183

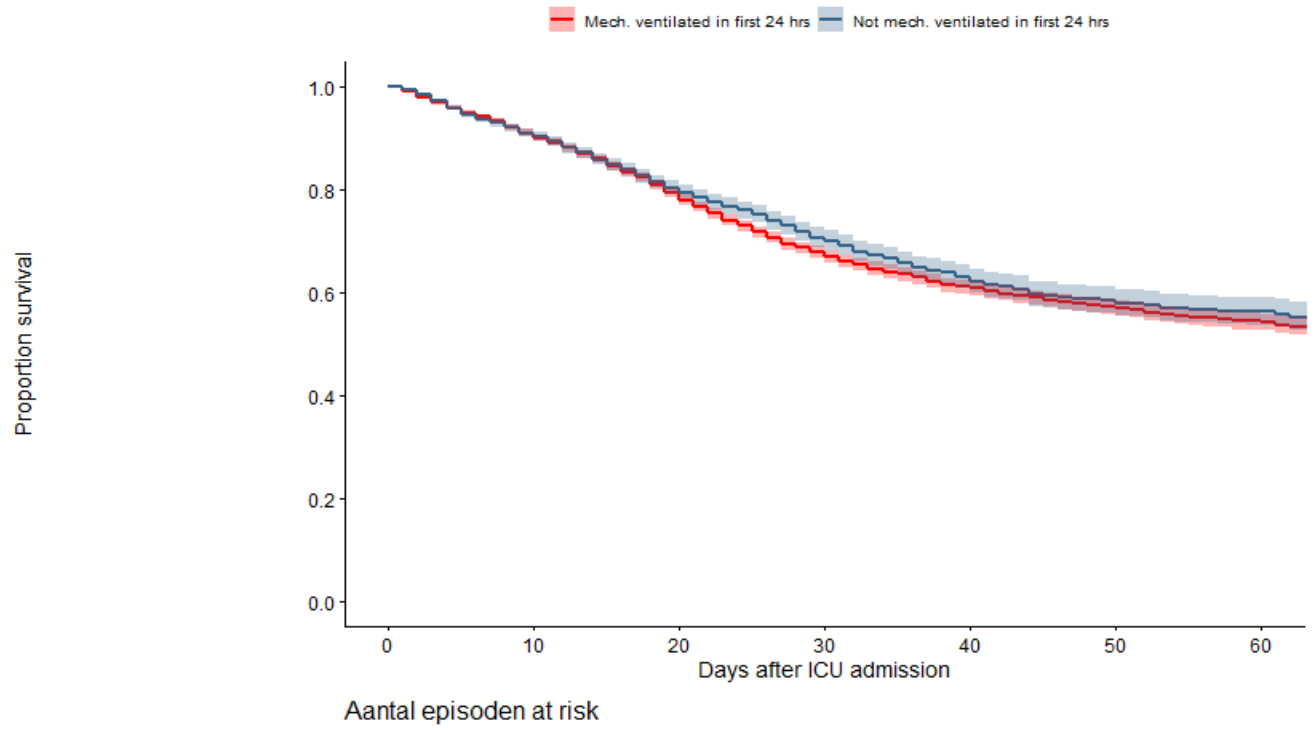
## Kaplan Meier survival curve

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.



	Number of episodes						
	0	10	20	30	40	50	60
SARI	19851	9932	4016	2011	1165	694	442
COVID-19	13808	11040	6485	3935	2570	1722	1151



Mech. ventilated in first 24 hrs	7885	6848	4456	2758	1804	1184	762
Not mech. ventilated in first 24 hrs	4691	3260	1541	890	589	426	306

## Variations over time

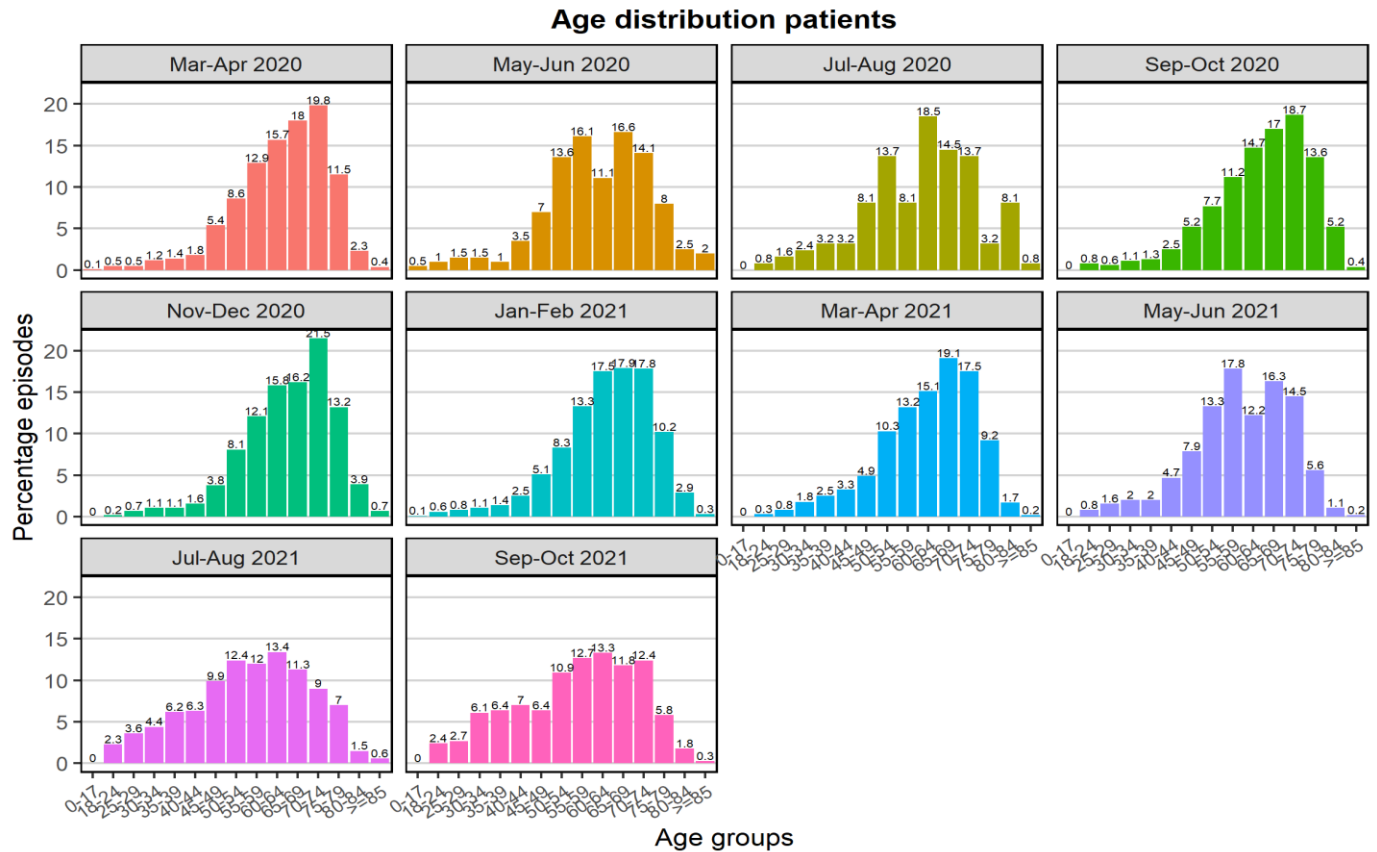
COVID-19 is a new clinical condition for which new knowledge is continuously being obtained, new treatment methods are used and as a result the prognoses / outcomes of the patients may change. To provide insight into these changes, the section below of the report will break down some important patient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

	<b>Number of episodes</b>	<b>Number of episodes of which the patient is deceased (%) *</b>	<b>Number of episodes linked to clinical data (%)</b>
March-April 2020	2668	819 (30.7)	2600 (97.5)
Mei-June 2020	199	37 (18.6)	190 (95.5)
July-August 2020	124	30 (24.2)	118 (95.2)
Sept-Oct 2020	1421	468 (32.9)	1362 (95.8)
November-Dec 2020	2203	719 (32.6)	2087 (94.7)
Jan-Feb 2021	2020	563 (27.9)	1930 (95.5)
March-April 2021	2984	749 (25.1)	2801 (93.9)
Mei-June 2021	1121	224 (20.0)	1012 (90.3)
July-August 2021	725	129 (17.8)	404 (55.7)
Sept-Oct 2021	330	32 (9.7)	<b>64 (19.4)</b>

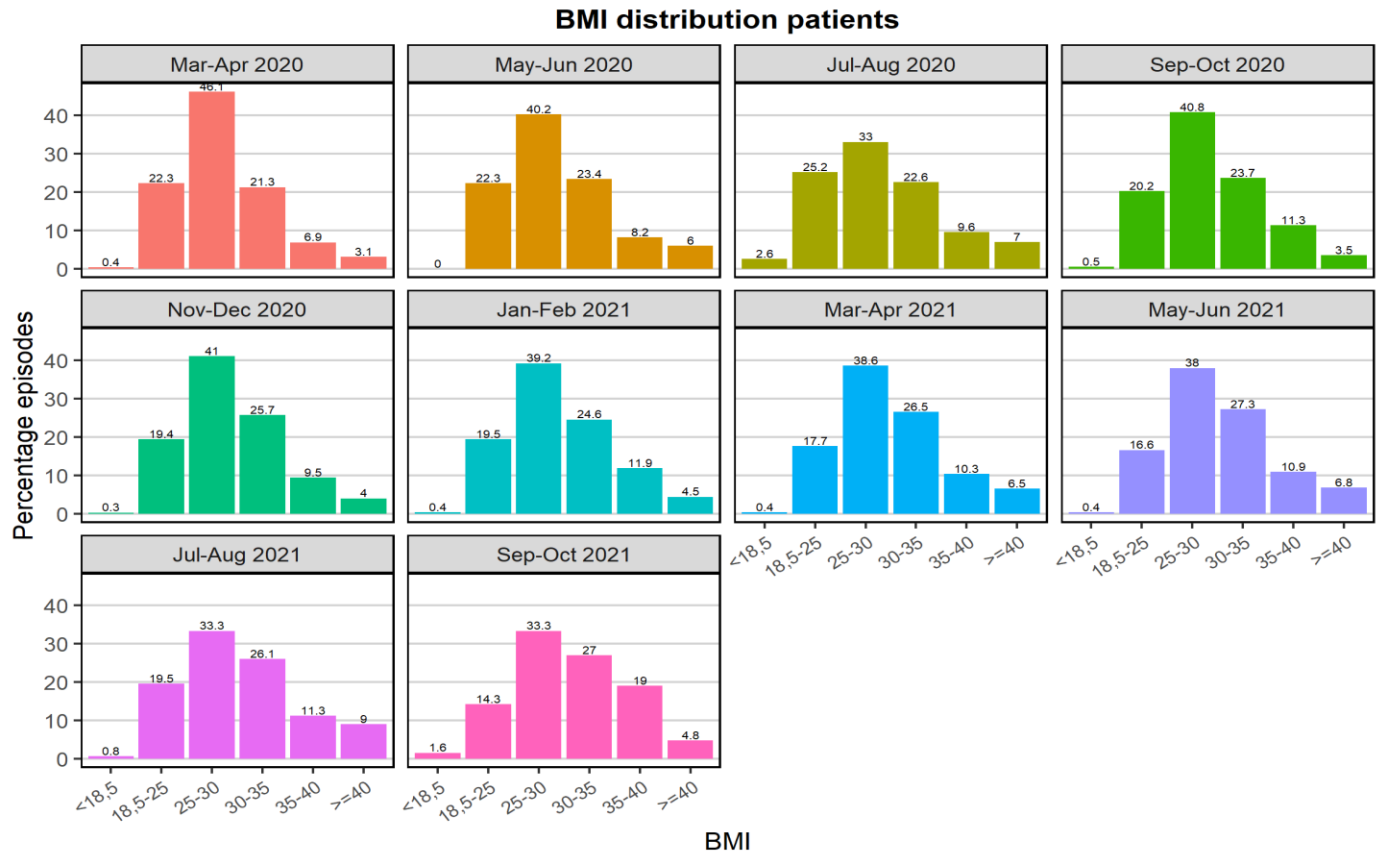
*\* Note a large proportion of patients of the episodes from the more recent periods are still hospitalized of which a part may still die, so the numbers can still rise (considerably).*

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



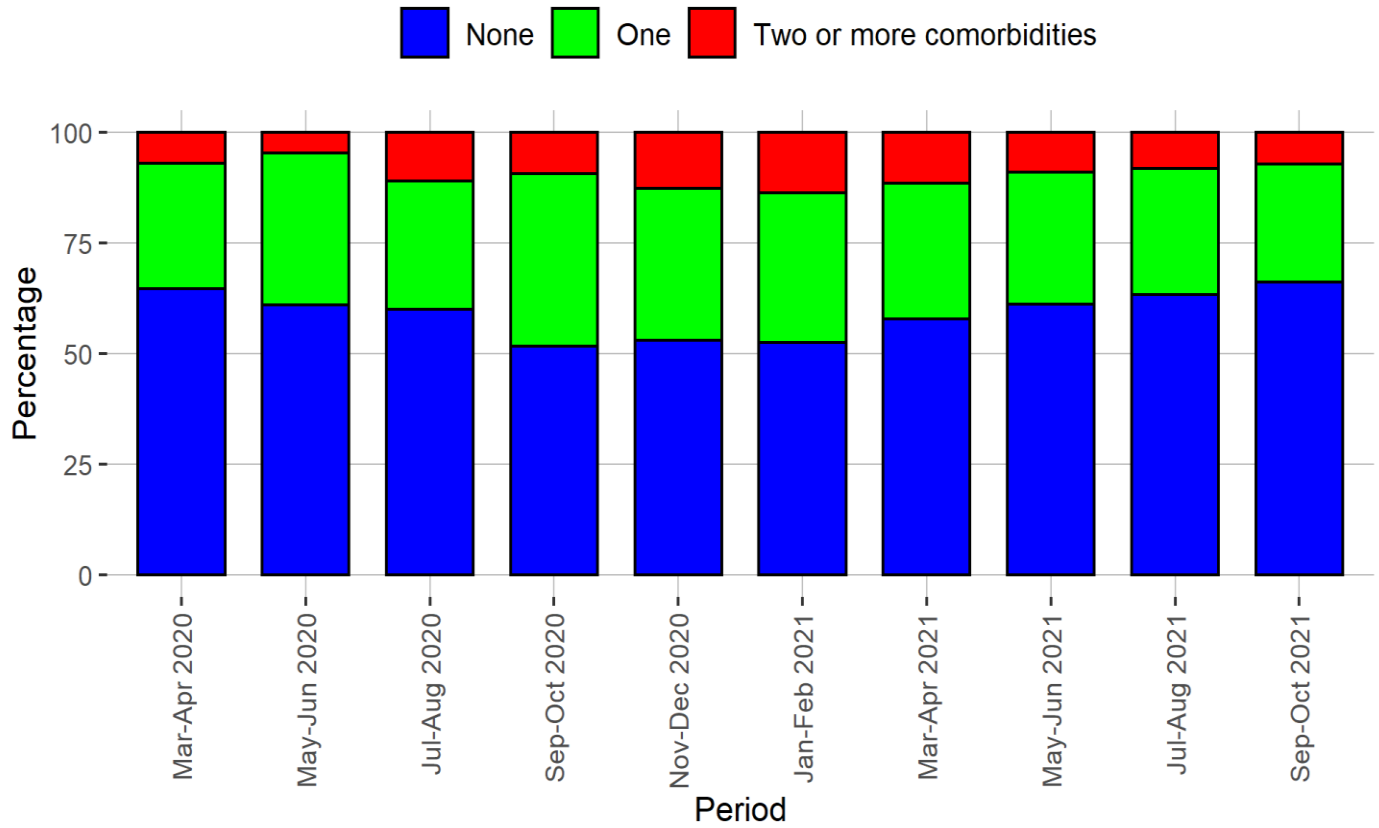
	Mean age (SD)	Median Age (IQR)
March-April 2020	63.4 (11.2)	65 (57-72)
May-June 2020	60.8 (13.1)	61 (53-70)
July-August 2020	60.3 (13.3)	64 (51-70)
Sept-Oct 2020	64.2 (11.9)	66 (57-73)
Nov-Dec 2020	64.7 (11.1)	66 (58-73)
Jan-Feb 2021	62.8 (11.5)	64 (57-71)
March-April 2021	61.9 (11.7)	64 (55-71)
May-June 2021	59.1 (12.0)	59 (52-68)
July-August 2021	55.1 (14.6)	56 (46-66)
Sept-Oct 2021	55.8 (14.9)	58 (45-68)

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



	<b>Mean BMI (SD)</b>	<b>Median BMI (IQR)</b>
March-April 2020	28.7 (4.9)	27.8 (25.3-31.1)
May-June 2020	29.4 (5.7)	28.4 (25.3-32.2)
July-August 2020	29.4 (6.6)	28.0 (24.7-32.9)
Sept-Oct 2020	29.3 (5.3)	28.7 (25.6-32.0)
Nov-Dec 2020	29.4 (5.3)	28.4 (25.7-32.4)
Jan-Feb 2021	29.6 (5.6)	28.7 (25.8-32.8)
March-April 2021	30.0 (5.9)	29.1 (26.0-32.9)
May-June 2021	30.3 (6.0)	29.4 (26.1-33.3)
July-August 2021	30.5 (6.6)	29.4 (25.9-33.9)
Sept-Oct 2021	30.5 (6.4)	30.1 (26.3-34.6)

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.

	<b>Number of episodes</b>	<b>Mean length of ICU stay (SD)</b>
<b>Period March-April 2020</b>		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	1817	22 (17.4)
Other discharge destination	103	26.4 (33)
Died in the ICU	748	15.9 (18.4)
<b>TOTAL</b>	<b>2668</b>	<b>20.4 (18.8)</b>
<b>Period May-June 2020</b>		
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)
<b>TOTAL</b>	<b>199</b>	<b>15.5 (15.5)</b>
<b>Period July-August 2020</b>		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	95	13.5 (15.8)
Other discharge destination	7	22.7 (21.9)
Died in the ICU	22	16.6 (16.6)
<b>TOTAL</b>	<b>124</b>	<b>14.6 (16.3)</b>
<b>Period Sept-Oct 2020</b>		
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 (14.0)
<b>TOTAL</b>	<b>1421</b>	<b>16.8 (16.8)</b>
<b>Period Nov-Dec 2020</b>		
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 (14.4)
<b>TOTAL</b>	<b>2203</b>	<b>17.1 (17.1)</b>
<b>Period Jan-Feb 2021</b>		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	1483	15.9 (16.6)
Other discharge destination	39	18.0 (21.0)
Died in the ICU	498	18.6 (15.2)
<b>TOTAL</b>	<b>2020</b>	<b>16.6 (16.4)</b>

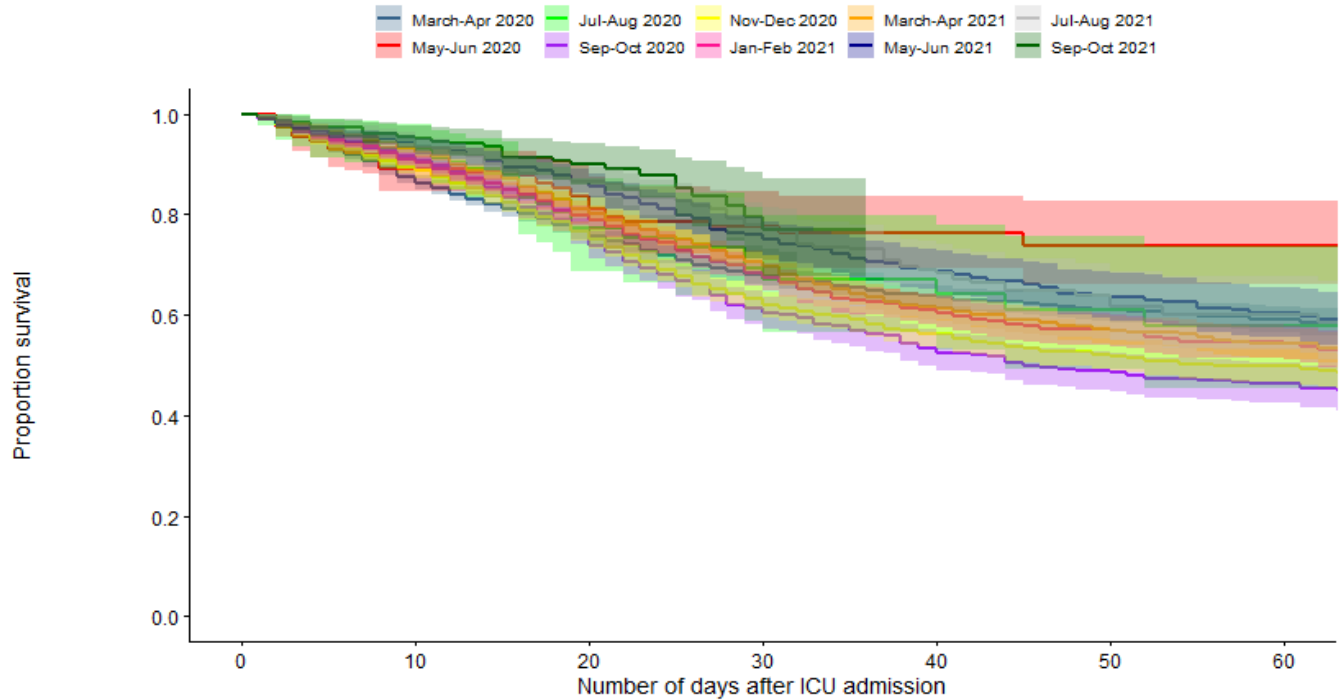


	<b>Number of episodes</b>	<b>Mean length of ICU stay (SD)</b>
<b>Period March-April 2021</b>		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	2215	15.1 (16.1)
Other discharge destination	98	19.4 (27.2)
Died in the ICU	670	19.5 (14.3)
<b>TOTAL</b>	<b>2984</b>	<b>16.2 (16.3)</b>
<b>Period May-June 2021</b>		
Patients who are currently being treated in the ICU *	0	-
Discharged to nursing ward in same or different hospital	872	14.9 (17.1)
Other discharge destination	49	21.3 (24.5)
Died in the ICU	200	19.4 (14.7)
<b>TOTAL</b>	<b>1121</b>	<b>16.0 (17.2)</b>
<b>Period July-August 2021</b>		
Patients who are currently being treated in the ICU *	22	48.5 (12)
Discharged to nursing ward in same or different hospital	540	12.2 (11.4)
Other discharge destination	39	17.7 (17.8)
Died in the ICU	124	19.3 (13.7)
<b>TOTAL</b>	<b>725</b>	<b>14.8 (13.9)</b>
<b>Period Sept-Oct 2021</b>		
Patients who are currently being treated in the ICU *	112	16.8 (9.5)
Discharged to nursing ward in same or different hospital	174	9.2 (6.0)
Other discharge destination	12	6.6 (9.1)
Died in the ICU	31	13.1 (9.3)
<b>TOTAL</b>	<b>330</b>	<b>12.1 (8.6)</b>

*\*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	2185	1495	959	628	395	240
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	648	364	249	178	120
Nov-Dec 2020	2203	1738	1026	614	422	294	200
Jan-Feb 2021	2020	1606	940	566	379	255	178
March-Apr 2021	2984	2402	1316	795	508	342	230
May-Jun 2021	1121	895	493	307	196	145	104
Jul-Aug 2021	725	561	300	187	112	56	36
Sep-Oct 2021	330	238	110	31	0	0	0

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).

	<b>Odds ratio (CI)</b>
Period March-April 2020	Reference
Period May-June 2020	0.52 (0.36-0.74)
Period July-August 2020	0.72 (0.47-1.10)
Period Sept-Oct 2020	1.11 (0.97-1.27)
Period Nov-Dec 2020	1.09 (0.97-1.23)
Period Jan-Feb 2021	0.87 (0.77-0.99)
Period March-April 2021	0.76 (0.67-0.85)
Period May-June 2021	0.56 (0.48-0.67)
July-August 2021	0.49 (0.40-0.60)
Period Sept-Oct 2021	0.24 (0.17-0.35)

## 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.

	<b>Number of COVID-19 episodes</b>
Linked to clinical (MDS) data	12576
Linked to organ failure (SOFA) data	6353

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.

	<b>COVID-19 episodes N (%)</b>	<b>Mean number of days (SE)</b>	<b>SARI patients N (%)</b>	<b>Mean number of days (SE)</b>
Basic respiratory support	4661 (73.4)	10.8 (12)	5126 (59.1)	6.5 (8.5)
Advanced respiratory support	31 (0.5)	2.9 (3.5)	169 (1.9)	3.7 (6.7)
Artificial liver support	1 (0)	1 (-)	0 (0)	-
Cardiac support using cardiac assist device	20 (0.3)	7.3 (14.4)	57 (0.7)	10.4 (14.3)
Renal support using renal replacement therapy	509 (8)	10.6 (10.8)	565 (6.5)	8.1 (9.4)
Measured platelets value <50	271 (4.3)	2.6 (3.7)	512 (5.9)	4.8 (5.6)