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## What Were Outcomes in COVID-19 Patients in U.S.?



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Almost 1 in 3 COVID-19 patients admitted to ICU in U.S. hospitals died, although the mortality rate decreased over the course of the pandemic, a new study shows.

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The U.S. is the country with the highest COVID-19 infection and death rates in the world: almost 30 million cases and over 525 thousand deaths have been registered there as of early March 2021. A group of researchers looked into the statistics for COVID-19 patients hospitalised at 555 U.S. medical centres over a six-month period, from 1 March to 31 August 2020, and analysed their sociodemographics, medical state and the outcomes of hospitalisation including mortality rates.

According to a research letter published in *JAMA Network Open*, the authors used data on COVID-19 patients of 18 years and older from the Vizient clinical database of more than 650 academic centres and their affiliates in the U.S. They focussed on outcomes such as in-hospital mortality and length and cost of hospital and ICU stay.

Over the period, 192,550 COVID-19 patients were discharged from the centres, of whom 52.5% were men and 43.3% were White. Hypertension, diabetes and obesity were the most common comorbidities recorded in 61.5%, 38.4% and 27.4% of patients respectively.

In-hospital mortality stood at 13.6% on average, decreasing from 22.1% in March 2020 to 6.5% in August 2020.

Other key findings include:

- Most of the patients who died, 47.7%, were over the age of 70, and 26.6% over the age of 80. In the 18-29 yo age group the mortality rate was the lowest, 1.4%.
- 28.9% of all hospitalised patients were admitted to the ICU, and of those 27.8% died.
- 3.0% of hospitalised patients were transferred to hospice care.
- Those not admitted to the ICU stayed in the hospital for six days on average, and the cost of care stood at \$10,520 per admission. For ICU patients, these figures were 15 days and \$39,825 respectively.

In conclusion, the authors acknowledge some limitations to their study (e.g. potential inaccuracies in coding, or lack of certain data) but assume the overall results are representative of the true clinical picture nationwide.

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