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ICNARC report on COVID-19 in critical care 08 May 2020

This report presents analyses of data on patients critically ill with confirmed COVID-19 reported to ICNARC up to 4pm on 07 May 2020 from critical care units participating in the Case Mix Programme (the national clinical audit covering all NHS adult, general intensive care and combined intensive care/high dependency units in England, Wales and Northern Ireland, plus some additional specialist and non-NHS critical care units). Please note that adult critical care units in Scotland, paediatric intensive care units and neonatal intensive care units do not participate in the Case Mix Programme.

Reporting process

Critical care units participating in the Case Mix Programme are asked to:

- notify ICNARC as soon as they have an admission with confirmed COVID-19;
- submit early data for admissions with confirmed COVID-19, including demographics and first 24-hour physiology, as soon as possible after the end of the first 24 hours in critical care;
- resubmit data for the whole critical care stay, including critical care outcome and organ support, when the patient leaves critical care; and
- submit final data when the patient leaves acute hospital.

The same data are reported for an historic cohort of patients critically ill with viral pneumonia (non-COVID-19) admitted between 1 January 2017 and 31 December 2019.

Contents

Participation and population coverage	4
Patient characteristics	7
Patient characteristics by receipt of organ support	11
Outcomes, length of stay and organ support	15
Outcomes by patient characteristics	19
Outcomes by receipt of organ support	20
Multivariable analyses	26
Data completeness	30
Definitions	31
Acknowledgement	32

List of tables

Table 1	Patient characteristics: demographics	7
Table 2	Patient characteristics: medical history and indicators of acute severity *	8
Table 3	Patient characteristics: demographics by receipt of respiratory support * 1	1
Table 4	Patient characteristics: medical history and indicators of acute severity by receip of respiratory support *	
Table 5	Patient characteristics: demographics by receipt of renal support *1	3
Table 6	Patient characteristics: medical history and indicators of acute severity by receip of renal support *	
Table 7	Outcome, length of stay and organ support *1	17
Table 8	Outcome by patient characteristics	19
Table 9	Outcome by combinations of organ support *2	21
Table 10	Outcome, length of stay and organ support by receipt of respiratory support *2	22
Table 11	Outcome, length of stay and organ support by receipt of renal support *2	23
Table 12	Outcome by receipt of respiratory support * and patient characteristics	24
Table 13	Outcome by receipt of renal support * and patient characteristics	25
Table 14	Data completeness of key variables	30

List of figures

Figure 1	Numbers of patients with data included in this report and outstanding *	4
Figure 2	Number of new patients critically ill with confirmed COVID-19 by date of start of	of
	critical care	5
Figure 3	Cumulative number of patients critically ill with confirmed COVID-19 by date of	f
	start of critical care	5
Figure 4	Total number of patients critically ill with confirmed COVID-19 by date *	6
Figure 5	Number of admissions critically ill with confirmed COVID-19 by Critical Care	
	Network *	6
Figure 6	Age and sex distribution of patients critically ill with confirmed COVID-19	9
Figure 7	Ethnicity distribution of patients critically ill with confirmed COVID-19	9
Figure 8	Index of Multiple Deprivation (IMD) * distribution of patients critically ill with	
	confirmed COVID-19	. 10
Figure 9	BMI distribution of patients critically ill with confirmed COVID-19	. 10
Figure 10	Cumulative outcomes by date of start of critical care *	. 15
Figure 11	Survival and discharge among patients with at least 24h data received	. 16
Figure 12	Percentage of patients receiving organ support *	. 18
Figure 13	Duration of organ support received *	. 18
Figure 14	30-day survival by mechanical ventilation during the first 24 hours *	. 20
Figure 15	Hazard ratios and 95% confidence intervals from Cox proportional hazards	
	regression model for death within 30 days following start of critical care:	
	demographics and medical history	. 27
Figure 16	Hazard ratios and 95% confidence intervals from Cox proportional hazards	
	regression model for death within 30 days following start of critical care:	
	physiology (1)	. 28
Figure 17	Hazard ratios and 95% confidence intervals from Cox proportional hazards	
	regression model for death within 30 days following start of critical care:	
	physiology (2)	. 29

^{*} Please see individual notes for Tables/Figures

Participation and population coverage

Critical care unit participation

Total number of units: 289
Units with at least one patient notified: 252
Units with zero patients: 33
Units with uncertain participation: 4

Admissions to critical care

To date, ICNARC have been notified of 10,758 admissions for critical care with confirmed COVID-19, either at or after the start of critical care, in England, Wales and Northern Ireland. Of these, early data covering the first 24 hours of critical care have been submitted to ICNARC for 9830 admissions for 8250 patients (Figure 1, Figure 2 and Figure 3). Of the 8250 patients, 6143 have outcomes reported and 2107 patients were last reported as still receiving critical care (Figure 4). The largest numbers of patients (2491) are being managed by the three London Operational Delivery Networks (Figure 5). Please note that Figure 2, Figure 3 and Figure 4 are affected by a variable lag time for submission of data of about 1-3 days (shaded grey).

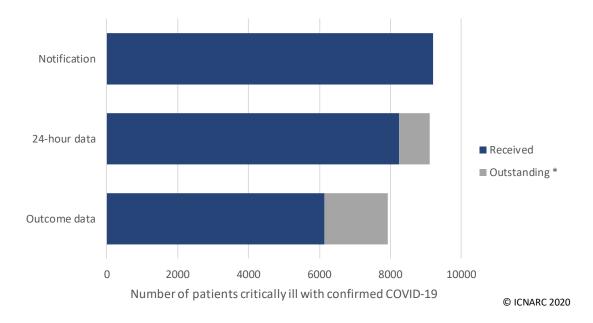


Figure 1 Numbers of patients with data included in this report and outstanding *

^{*} Please note that 24-hour data are considered outstanding where ICNARC was notified of the admission at least 48 hours previously and outcome data are considered outstanding when at least 10 days have elapsed since the start of critical care.

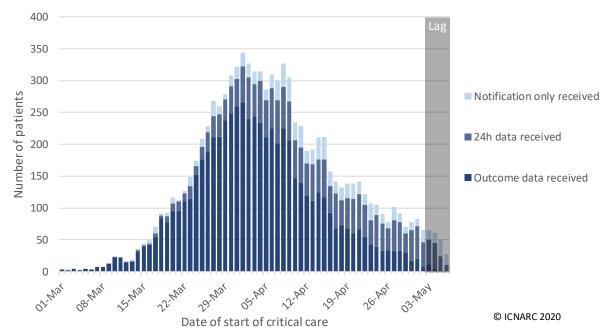


Figure 2 Number of new patients critically ill with confirmed COVID-19 by date of start of critical care

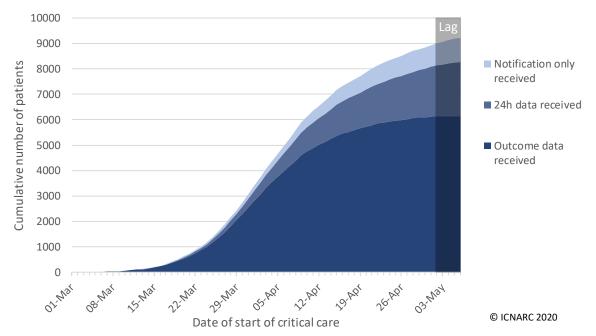


Figure 3 Cumulative number of patients critically ill with confirmed COVID-19 by date of start of critical care

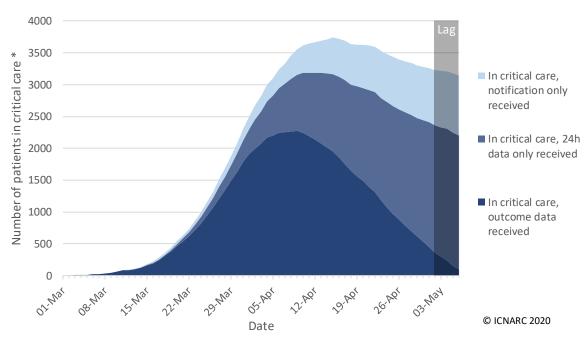


Figure 4 Total number of patients critically ill with confirmed COVID-19 by date *

* Please note that patients whose outcome data have not been received are assumed to remain in critical care as of 07 May 2020.

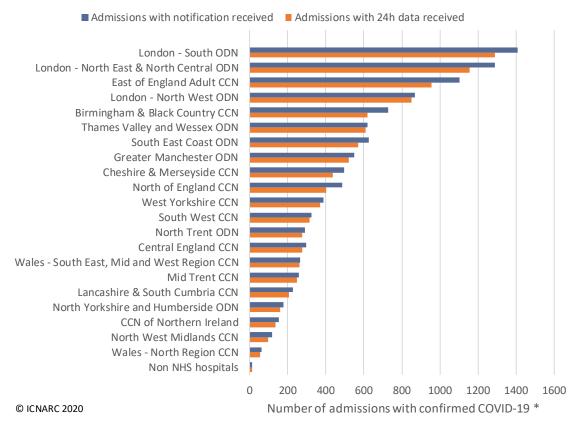


Figure 5 Number of admissions critically ill with confirmed COVID-19 by Critical Care Network *

ODN: Organisational Delivery Network; CCN: Critical Care Network. * Please note that this figure represents the number of admissions (i.e. includes transfers between units and readmissions) and NOT the number of patients.

Patient characteristics

Characteristics of patients critically ill with confirmed COVID-19 are summarised in Table 1 and Table 2 and compared with an historic cohort of patients critically ill with viral pneumonia (non-COVID-19) admitted between 1 January 2017 and 31 December 2019.

 Table 1
 Patient characteristics: demographics

Demographics	Patients with confirmed COVID-19 and 24h data (N=8250)	Patients with viral pneumonia (non-COVID-19), 2017-19 (N=5782)
Age at admission (years) [N=8244]		_
Mean (SD)	58.6 (12.5)	58.0 (17.4)
Median (IQR)	60 (51, 67)	61 (48, 71)
Sex, n (%) [N=8246]		
Female	2367 (28.7)	2641 (45.7)
Male	5879 (71.3)	3141 (54.3)
Currently or recently pregnant, n (% of females a	nged 16-49) [N=567]	
Currently pregnant	21 (3.7)	56 (7.4)
Recently pregnant (within 6 weeks)	30 (5.3)	29 (3.8)
Not known to be pregnant	516 (91.0)	674 (88.8)
Ethnicity, n (%) [N=7420]		
White	4925 (66.4)	4951 (88.4)
Mixed	120 (1.6)	52 (0.9)
Asian	1138 (15.3)	325 (5.8)
Black	752 (10.1)	155 (2.8)
Other	485 (6.5)	117 (2.1)
Index of Multiple Deprivation (IMD) quintile *, n (9	%) [N=8088]	
1 (least deprived)	1201 (14.8)	873 (15.3)
2	1307 (16.2)	999 (17.5)
3	1579 (19.5)	1115 (19.5)
4	1994 (24.7)	1232 (21.6)
5 (most deprived)	2007 (24.8)	1489 (26.1)
Body mass index *, n (%) [N=7594]		
<18.5	49 (0.6)	310 (5.5)
18.5-<25	1965 (25.9)	1933 (34.2)
25-<30	2650 (34.9)	1691 (29.9)
30-<40	2357 (31.0)	1330 (23.5)
40+	573 (7.5)	394 (7.0)

^{*} Please see Definitions on page 31.

Table 2 Patient characteristics: medical history and indicators of acute severity *

Medical history	confirmed COVID-19 and 24h data (N=8250)	pneumonia (non-COVID-19), 2017-19 (N=5782)
Dependency prior to admission to acute hospital, n (%)) [N=7886]	
Able to live without assistance in daily activities	7233 (91.7)	4244 (73.6)
Some assistance with daily activities	632 (8.0)	1392 (24.1)
Total assistance with all daily activities	21 (0.3)	134 (2.3)
Very severe comorbidities *, n (%) [N=7977]		
Cardiovascular	32 (0.4)	78 (1.4)
Respiratory	66 (0.8)	295 (5.1)
Renal	126 (1.6)	120 (2.1)
Liver	22 (0.3)	54 (0.9)
Metastatic disease	32 (0.4)	68 (1.2)
Haematological malignancy	121 (1.5)	268 (4.6)
Immunocompromise	247 (3.1)	503 (8.7)
Prior hospital length of stay [N=8233]		
Mean (SD)	2.3 (6.4)	2.8 (14.9)
Median (IQR)	1 (0, 3)	1 (0, 2)
CPR within previous 24h, n (%) [N=8131]		
In the community	38 (0.5)	21 (0.4)
In hospital	44 (0.5)	85 (1.5)
Indicator of acute severity		
Mechanically ventilated within first 24h *, n (%) [N=7582]	4861 (64.1)	2482 (43.0)
APACHE II Score [N=7835]		
Mean (SD)	14.6 (5.3)	17.2 (6.3)
Median (IQR)	14 (11, 18)	17 (13, 21)
PaO2/FiO2 ratio † (kPa), median (IQR) [N=7323]	15.8 (11.3, 21.8)	18.0 (11.6, 26.4)
PaO2/FiO2 ratio †, n (%) [N=7323]		
< 13.3 kPa (< 100 mmHg)	2688 (36.7)	1819 (33.3)
13.3-26.6 kPa (100-200 mmHg)	3623 (49.5)	2318 (42.4)
≥ 26.7 kPa (≥ 200 mmHg)	1012 (13.8)	1328 (24.3)

^{*} Please see Definitions on page 31. Indices of acute severity are based on data from the first 24 hours of critical care. † Derived from the arterial blood gas with the lowest PaO₂ during the first 24 hours of critical care.

The distribution of age and sex is presented in Figure 6. The distribution of ethnicity, matched on 2011 census ward for location of patients critically ill with COVID-19, is presented in Figure 7.

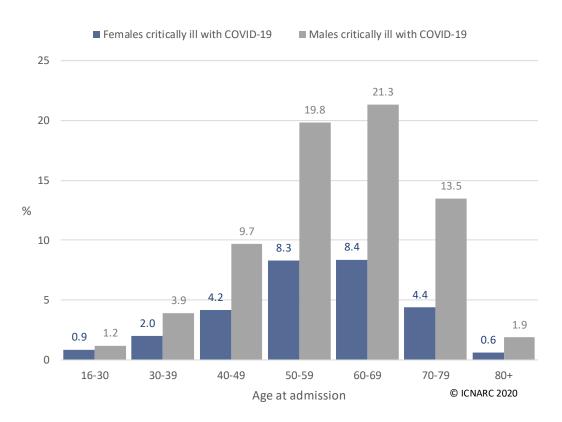


Figure 6 Age and sex distribution of patients critically ill with confirmed COVID-19

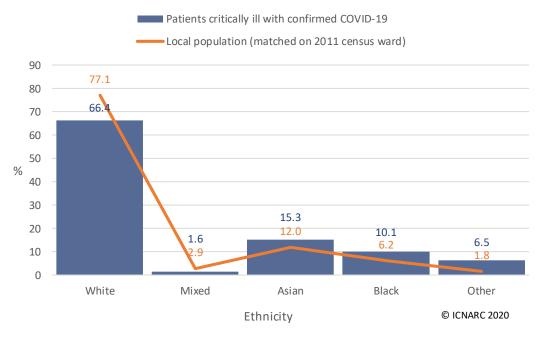


Figure 7 Ethnicity distribution of patients critically ill with confirmed COVID-19

The distribution of Index of Multiple Deprivation (IMD) is presented in Figure 8. The distribution of body mass index (BMI), compared with an age- and sex-matched population (from the Health Survey for England 2018), is presented in Figure 9.

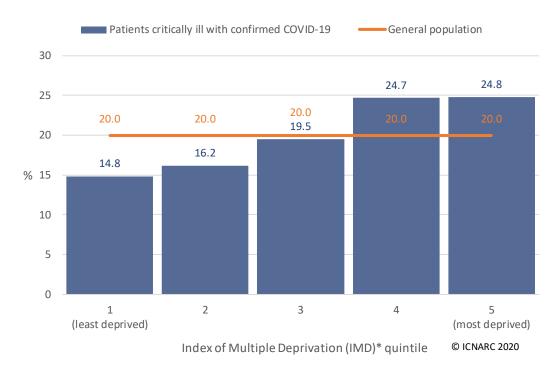


Figure 8 Index of Multiple Deprivation (IMD) * distribution of patients critically ill with confirmed COVID-19

^{*} Please see Definitions on page 31.

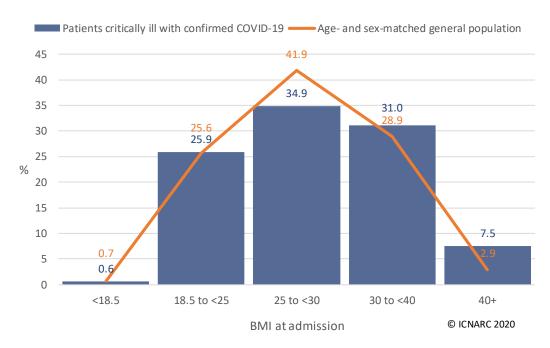


Figure 9 BMI distribution of patients critically ill with confirmed COVID-19

Patient characteristics by receipt of organ support

Characteristics of patients critically ill with confirmed COVID-19 who received advanced respiratory support at any point during critical care and those who received basic respiratory support only are summarised in Table 3 and Table 4. Characteristics of patients critically ill with confirmed COVID-19 who received renal support at any point during critical care and those who did not receive renal support are summarised in Table 5 and Table 6. Most patients who received renal support (95.3%) also received advanced respiratory support.

Table 3 Patient characteristics: demographics by receipt of respiratory support *

Demographics	Patients receiving advanced respiratory support (N=4287)	g Patients receiving ory only basic respiratory support (N=1584)	
Age at admission (years) [N=5868]			
Mean (SD)	59.4 (12.1)	58.5 (14.0)	
Median (IQR)	60 (52, 68)	59 (49, 69)	
Sex, n (%) [N=5868]			
Female	1168 (27.3)	523 (33.0)	
Male	3116 (72.7)	1061 (67.0)	
Currently or recently pregnant, n (% of females aged	16-49) [N=400]		
Currently pregnant	9 (3.4)	7 (5.1)	
Recently pregnant (within 6 weeks)	16 (6.1)	4 (2.9)	
Not known to be pregnant	239 (90.5)	125 (91.9)	
Ethnicity, n (%) [N=5340]			
White	2538 (65.6)	1105 (75.1)	
Mixed	57 (1.5)	21 (1.4)	
Asian	591 (15.3)	180 (12.2)	
Black	424 (11.0)	95 (6.5)	
Other	259 (6.7)	70 (4.8)	
Index of Multiple Deprivation (IMD) quintile *, n (%) [N	N=5773]		
1 (least deprived)	624 (14.8)	257 (16.5)	
2	683 (16.2)	267 (17.2)	
3	799 (18.9)	295 (19.0)	
4	1083 (25.7)	336 (21.6)	
5 (most deprived)	1028 (24.4)	401 (25.8)	
Body mass index *, n (%) [N=5475]			
<18.5	20 (0.5)	14 (1.0)	
18.5-<25	973 (24.2)	378 (25.9)	
25-<30	1449 (36.1)	509 (34.8)	
30-<40	1258 (31.3)	424 (29.0)	
40+	314 (7.8)	136 (9.3)	

^{*} Please see Definitions on page 31. Patients receiving no respiratory support excluded due to small numbers.

Table 4 Patient characteristics: medical history and indicators of acute severity by receipt of respiratory support *

Medical history	support (N=4287)	Patients receiving only basic respiratory support (N=1584)
Dependency prior to admission to acute hospital, n (%) [N=5739]	
Able to live without assistance in daily activities	3875 (92.5)	1348 (86.9)
Some assistance with daily activities	307 (7.3)	194 (12.5)
Total assistance with all daily activities	6 (0.1)	9 (0.6)
Very severe comorbidities *, n (%) [N=5767]		
Cardiovascular	14 (0.3)	10 (0.6)
Respiratory	32 (0.8)	26 (1.7)
Renal	45 (1.1)	39 (2.5)
Liver	11 (0.3)	8 (0.5)
Metastatic disease	11 (0.3)	11 (0.7)
Haematological malignancy	42 (1.0)	39 (2.5)
Immunocompromise	109 (2.6)	71 (4.6)
Prior hospital length of stay [N=5868]		
Mean (SD)	2.0 (6.4)	2.7 (7.7)
Median (IQR)	1 (0, 2)	1 (0, 3)
CPR within previous 24h, n (%) [N=5858]		
In the community	25 (0.3)	5 (0.3)
In hospital	35 (0.4)	2 (0.1)
Indicator of acute severity		
Mechanically ventilated within first 24h *, n (%) [N=5611]	3419 (83.3)	
APACHE II Score [N=5711]		
Mean (SD)	15.2 (5.2)	13.6 (5.2)
Median (IQR)	15 (12, 18)	13 (10, 16)
PaO2/FiO2 ratio † (kPa), median (IQR) [N=5403]	15.2 (10.9, 21.3)	17.6 (12.7, 23.7)
PaO2/FiO2 ratio †, n(%) [N=5403]		
< 13.3 kPa (< 100 mmHg)	1592 (39.2)	387 (28.9)
13.3-26.6 kPa (100-200 mmHg)	1948 (47.9)	731 (54.7)
≥ 26.7 kPa (≥ 200 mmHg)	526 (12.9)	219 (16.4)

^{*} Please see Definitions on page 31. Patients receiving no respiratory support excluded due to small numbers. Indicators of acute severity are based on data from the first 24 hours of critical care. † Derived from the arterial blood gas with the lowest PaO₂ from the first 24 hours of critical care.

Table 5 Patient characteristics: demographics by receipt of renal support *

Demographics	Patients receiving any renal support (N=1442)	Patients not receiving any renal support (N=4585)
Age at admission (years) [N=6025]		
Mean (SD)	59.9 (11.1)	58.9 (13.2)
Median (IQR)	61 (53, 68)	60 (51, 69)
Sex, n (%) [N=6024]		
Female	313 (21.7)	1441 (31.4)
_ Male	1128 (78.3)	3142 (68.6)
Currently or recently pregnant, n (% of females aged	16-49) [N=417]	
Currently pregnant	2 (2.9)	17 (4.9)
Recently pregnant (within 6 weeks)	1 (1.4)	22 (6.3)
Not known to be pregnant	67 (95.7)	308 (88.8)
Ethnicity, n (%) [N=5483]		
White	797 (61.1)	2945 (70.5)
Mixed	14 (1.1)	65 (1.6)
Asian	208 (15.9)	585 (14.0)
Black	203 (15.6)	330 (7.9)
Other	83 (6.4)	253 (6.1)
Index of Multiple Deprivation (IMD) quintile *, n (%) [N	N=5922]	
1 (least deprived)	194 (13.7)	707 (15.7)
2	213 (15.0)	759 (16.8)
3	270 (19.1)	851 (18.9)
4	376 (26.5)	1082 (24.0)
5 (most deprived)	364 (25.7)	1106 (24.6)
Body mass index *, n (%) [N=5610]		
<18.5	11 (0.8)	26 (0.6)
18.5-<25	300 (22.0)	1107 (26.1)
25-<30	483 (35.4)	1515 (35.7)
30-<40	462 (33.8)	1250 (29.5)
40+	110 (8.1)	346 (8.2)

^{*} Please see Definitions on page 31. Includes 92 patients requiring chronic renal replacement therapy for end stage renal disease prior to critical care; outcomes for these patients are similar.

Table 6 Patient characteristics: medical history and indicators of acute severity by receipt of renal support *

Patients receiv Medical history renal supp (N=1442)	port any renal support
	2) (N=4585)
Dependency prior to admission to acute hospital, n (%) [N=5888]	
Able to live without assistance in daily activities 1310 (92.2)	4037 (90.4)
Some assistance with daily activities 107 (7.5)	416 (9.3)
Total assistance with all daily activities 4 (0.3)	14 (0.3)
Very severe comorbidities *, n (%) [N=5917]	
Cardiovascular 7 (0.5)	20 (0.4)
Respiratory 14 (1.0)	45 (1.0)
Renal 68 (4.8)	24 (0.5)
Liver 1 (0.1)	18 (0.4)
Metastatic disease 7 (0.5)	20 (0.4)
Haematological malignancy 12 (0.8)	73 (1.6)
Immunocompromise 44 (3.1)	148 (3.3)
Prior hospital length of stay [N=6023]	
Mean (SD) 2.0 (4.3)	2.4 (7.6)
Median (IQR) 1 (0, 3)	1 (0, 3)
CPR within previous 24h, n (%) [N=6012]	
In the community 8 (0.2)	22 (0.5)
In hospital 6 (0.1)	32 (0.7)
Indicator of acute severity	
Mechanically ventilated within first 24h *, n (%) [N=5738] 1132 (81.6)	2429 (55.8)
APACHE II Score [N=5852]	
Mean (SD) 16.9 (5.5)	14.1 (5.0)
Median (IQR) 17 (13, 20	0) 14 (11, 17)
PaO2/FiO2 ratio † (kPa), median (IQR) [N=5498] 14.1 (10.5,	19.8) 16.6 (11.7, 23.0)
PaO2/FiO2 ratio †, n(%) [N=5498]	
< 13.3 kPa (< 100 mmHg) 611 (44.7)	1375 (33.3)
13.3-26.6 kPa (100-200 mmHg) 616 (45.1)	
≥ 26.7 kPa (≥ 200 mmHg) 139 (10.2)	• • •

^{*} Please see Definitions on page 31. Includes 92 patients requiring chronic renal replacement therapy for end stage renal disease prior to critical care; outcomes for these patients are similar. Indicators of acute severity are based on data from the first 24 hours of critical care. † Derived from the arterial blood gas with the lowest PaO₂ from the first 24 hours of critical care.

Critical care outcomes have been received for only 6143 (of 8250) patients, of whom 2872 patients have died and 3271 have been discharged alive from critical care (Figure 10 and Figure 11). Length of stay in critical care and duration of organ support in critical care are summarised in Table 7 and compared with an historic cohort of patients critically ill with viral pneumonia (non-COVID-19) admitted between 1 January 2017 and 31 December 2019. Receipt and duration of organ support are summarised graphically in Figure 12 and in Figure 13, respectively.

Please note that Figure 11 is biased towards longer lengths of stay in critical care due to the time lag in notification of a patients' discharge or death, while Table 7, Figure 12 and Figure 13 are biased towards patients with shorter lengths of stay in critical care due to the emerging nature of the UK epidemic. Figure 10 and Figure 11 assume that patients are still in critical care unless ICNARC has been notified otherwise, and Table 7, Figure 12 and Figure 13 include only those patients who have either died or been discharged from critical care.

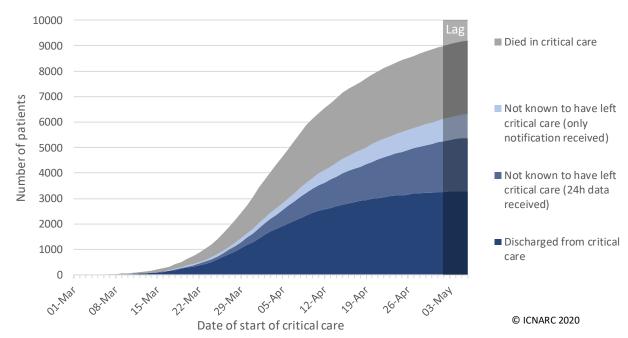


Figure 10 Cumulative outcomes by date of start of critical care *

^{*} Please note that patients whose outcome data have not been received are assumed to remain in critical care as of 07 May 2020.

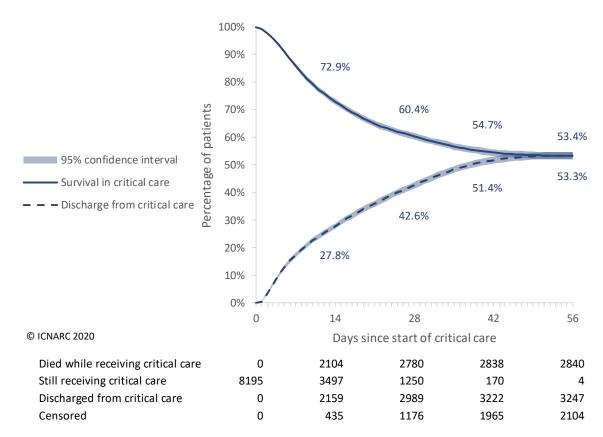


Figure 11 Survival and discharge among patients with at least 24h data received

Please note that due to the time lag in notification of patients' discharge or death, this figure is expected to be biased towards *longer* lengths of stay in critical care. Patients who are still in critical care are included only for the period in which they are known to have been in critical care, i.e. from their date of admission until yesterday. Due to the emerging nature of the UK epidemic, the total number of patients available for reporting becomes smaller at longer lengths of follow-up. Compared with the survival statistics presented in Table 7, Table 10 and Table 11, this approach makes better use of all available data, including data about patients who are still in critical care.

Table 7 Outcome, length of stay and organ support *

Critical care outcomes among patients who have been discharged or died	Patients with COVID-19 and outcome reported (N=6143)	Patients with viral pneumonia (non-COVID-19), 2017-19 (N=5367)
Outcome at end of critical care, n (%)		
Discharged	3271 (53.2)	4184 (78.0)
Died	2872 (46.8)	1183 (22.0)
Length of stay		
Length of stay in critical care (days), median (IQR)		
Survivors	8 (3, 17)	6 (3, 14)
Non-survivors	8 (4, 14)	6 (2, 13.5)
Organ support (Critical Care Minimum Dataset) *		
Receipt of organ support, at any point, n (%)		
Advanced respiratory support	4287 (71.1)	2610 (48.6)
Basic respiratory support	3666 (60.7)	4413 (82.2)
Advanced cardiovascular support	1666 (27.6)	1223 (22.8)
Basic cardiovascular support	5579 (92.4)	4993 (93.0)
Renal support	1442 (23.9)	959 (17.9)
Liver support	39 (0.6)	48 (0.9)
Neurological support	377 (6.3)	316 (5.9)
Combinations of advanced respiratory, advanced cardiovascular and renal support, n (%):		
Advanced respiratory support only	1993 (32.4)	1174 (21.9)
Advanced cardiovascular support only	18 (0.3)	79 (1.5)
Renal support only	64 (1.0)	117 (2.2)
Advanced respiratory and advanced cardiovascular support only	914 (14.9)	609 (11.3)
Advanced respiratory and renal support only	650 (10.6)	307 (5.7)
Advanced cardiovascular and renal support only	4 (0.1)	15 (0.3)
Advanced respiratory, advanced cardiovascular and renal support	730 (11.9)	520 (9.7)
Duration of organ support (calendar days), median (IQR)		
Advanced respiratory support	10 (6, 16)	9 (4, 17)
Total (advanced + basic) respiratory support	9 (5, 16)	6 (3, 13)
Advanced cardiovascular support	3 (2, 5)	3 (2, 5)
Total (advanced + basic) cardiovascular support	9 (5, 16)	6 (4, 13)
Renal support	6 (3, 11)	6 (3, 12)

Please note that owing to the emerging nature of the epidemic, the sample of patients with confirmed COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. This does not apply to the comparison patients with viral pneumonia (non-COVID-19), 2017-19. * Please see Definitions on page 31.

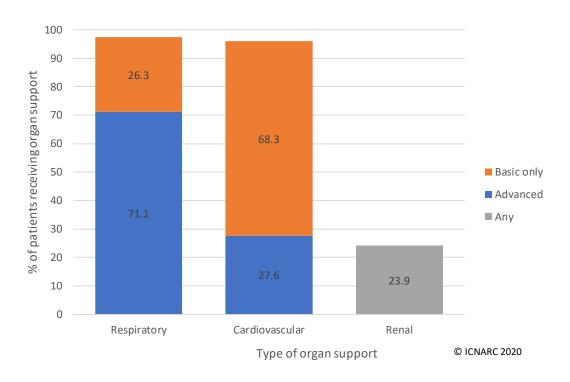


Figure 12 Percentage of patients receiving organ support *

Please note that owing to the emerging nature of the epidemic, the sample of patients with confirmed COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. patients who died or recovered quickly. * Please see Definitions on page 31.

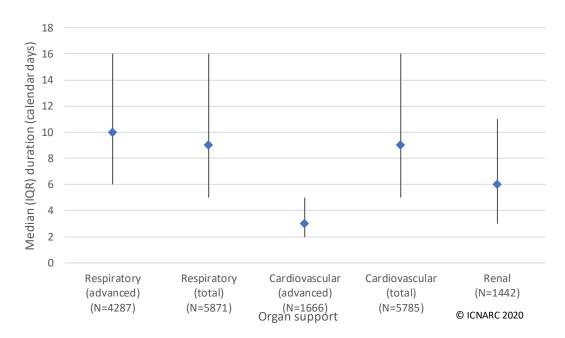


Figure 13 Duration of organ support received *

This Figure presents median and interquartile range, in calendar days. Please note that owing to the emerging nature of the epidemic, the sample of patients with confirmed COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. patients who died or recovered quickly. * Please see Definitions on page 31.

Critical care outcomes for patients critically ill with confirmed COVID-19 across major patient subgroups are summarised in Table 8 and compared with an historic cohort of patients critically ill with viral pneumonia (non-COVID-19) admitted between 1 January 2017 and 31 December 2019.

Table 8 Outcome by patient characteristics

Discharged alive	Patient characteristic	Patients with COVID-19 and outcome reported (N=6143)		Patients with viral pneumonia (non-COVID-19), 2017-19 (N=5782)
Age at admission (years) 16-39 397 (81.5) 90 (18.5) (8.5) 40-49 594 (74.3) 205 (25.7) (12.6) 50-59 1003 (59.6) 679 (40.4) (19.1) 60-69 794 (44.7) 984 (55.3) (25.7) 70-79 406 (33.8) 796 (66.2) (30.7) 80+ 75 (39.1) 117 (60.9) (29.7) Sex Female 1060 (59.4) 725 (40.6) (19) Male 2211 (50.8) 2144 (49.2) (24) Ethnicity White 2094 (55.0) 1711 (45.0) (22.1) Mixed 41 (51.9) 38 (48.1) (11.9) Asian 376 (46.5) 432 (53.5) (18.9) Black 258 (48.0) 280 (52.0) (13.6) Other 196 (57.0) 148 (43.0) (20.2) Index of Multiple Deprivation (IMD) quintile * 1 (1 (24.7) (22.2) 3 615 (53.7) 530 (46.3) (21.9) 4 753 (50.9) 726 (49.1) (21.9) 5 (most deprive	_			
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Yes 244 (44.5) 304 (55.5) (27.4)	•	2946 (54.2)	2490 (45.8)	(19.7)
		, ,	, ,	, ,
ATTA ACTA SCACLE COTTIOLDICITES	Any very severe comorbidities *	(/	()	(· · /
No 3020 (54.0) 2569 (46.0) (19)		3020 (54.0)	2569 (46.0)	(19)
Yes 191 (44.2) 241 (55.8) (33.5)				

Please note that owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death (i.e. those who died or recovered quickly). This does not apply to the comparison patients with viral pneumonia (non-COVID-19), 2017-19. * Please see Definitions on page 31.

Figure 14 presents 30-day survival for patients critically ill with confirmed COVID-19 who received mechanical ventilation during the first 24 hours of critical care compared with patients who did not.

Critical care outcomes for patients critically ill with confirmed COVID-19 who received advanced respiratory support at any point during critical care and who received basic respiratory support only are summarised in Table 10. Critical care outcomes for patients critically ill with confirmed COVID-19 who received renal support at any point during critical care and who did not receive renal support are summarised in Table 11.

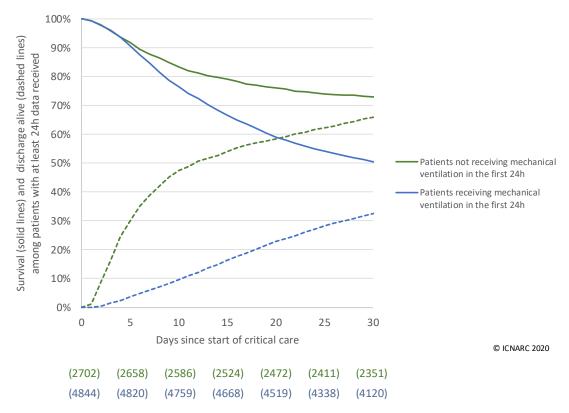


Figure 14 30-day survival by mechanical ventilation during the first 24 hours *

^{*} Please see Definitions on page 31. Patients who are still in critical care are included only for the period in which they are known to have been in critical care, i.e. from their date of start of critical care until yesterday. The numbers of patients available for reporting (in brackets) are the number of patients who are known to have either died or been discharged on or before that time point plus the number of patients known to have been still in critical care beyond that time point. Due to the emerging nature of the UK epidemic, the total number of patients available for reporting becomes smaller at longer lengths of follow-up. Compared with the survival statistics presented in Table 7 and Table 10, this approach makes better use of all available data, including data about patients who are still in critical care.

Table 9 Outcome by combinations of organ support *

Organ support received *	Patients with COVID-19 and outcome reported (N=6143)		Patients with viral pneumonia (non-COVID-19), 2017-19 (N=5782)
	Discharged alive from critical care	Died in critical care	Died in critical care
	n (%)	n (%)	(%)
Any respiratory support			
Basic only	1302 (82.2)	282 (17.8)	(11.2)
Advanced	1768 (41.2)	2519 (58.8)	(34.5)
Any renal support	419 (28.9)	1029 (71.1)	(47.9)
Combinations of advanced respiratory, advanced cardiovascular and renal support:			
Advanced respiratory support only	1119 (56.1)	874 (43.9)	(19.4)
Advanced respiratory and advanced cardiovascular support only	283 (31.0)	631 (69.0)	(41.1)
Advanced respiratory and renal support only	225 (34.6)	425 (65.4)	(39.2)
Advanced respiratory, advanced cardiovascular and renal support	141 (19.3)	589 (80.7)	(60.1)

Please note that owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. * Please see Definitions on page 31.

Table 10 Outcome, length of stay and organ support by receipt of respiratory support *

Critical care outcomes among patients who have been discharged or died	Patients receiving advanced respiratory support * (N=4287)	Patients receiving only basic respiratory support * (N=1584)
Outcome at end of critical care, n (%)		
Discharged	1768 (41.2)	1302 (82.2)
Died	2519 (58.8)	282 (17.8)
Length of stay		
Length of stay in critical care (days), median (IQR)		
Survivors	15 (9, 23)	4 (2, 6)
Non-survivors	9 (5, 15)	3 (2, 5.5)
Organ support (Critical Care Minimum Dataset) *		
Receipt of organ support, at any point, n (%)		
Basic respiratory support	2076 (48.4)	1584 (100.0)
Advanced cardiovascular support	1644 (38.4)	17 (1.1)
Basic cardiovascular support	4069 (94.9)	1393 (87.9)
Renal support	1374 (32.1)	54 (3.4)
Liver support	37 (0.9)	1 (0.1)
Neurological support	364 (8.5)	12 (0.8)
Duration of organ support (calendar days), median (IQR)		
Total (advanced + basic) respiratory support	12 (7, 18)	4 (2, 6)
Advanced cardiovascular support	3 (2, 5)	2 (1, 3)
Total (advanced + basic) cardiovascular support	12 (7, 18)	4 (3, 6)
Renal support	6 (3, 11)	3 (2, 4)

Please note that owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. * Please see Definitions on page 31. Patients receiving no respiratory support excluded due to small numbers.

Table 11 Outcome, length of stay and organ support by receipt of renal support *

Critical care outcomes among patients who have been discharged or died	Patients receiving any renal support * (N=1442)	Patients not receiving any renal support * (N=4585)
Outcome at end of critical care, n (%)		
Discharged	413 (28.6)	2789 (60.8)
Died	1029 (71.4)	1796 (39.2)
Length of stay		
Length of stay in critical care (days), median (IQR)		
Survivors	19 (14, 27)	7 (3, 14)
Non-survivors	11 (7, 17)	7 (4, 12)
Organ support (Critical Care Minimum Dataset) *		
Receipt of organ support, at any point, n (%)		
Advanced respiratory support	1374 (95.3)	2907 (63.4)
Basic respiratory support	595 (41.3)	3060 (66.8)
Advanced cardiovascular support	733 (50.8)	932 (20.3)
Basic cardiovascular support	1371 (95.1)	4196 (91.5)
Liver support	28 (1.9)	11 (0.2)
Neurological support	138 (9.6)	239 (5.2)
Duration of organ support (calendar days), median (IQ	R)	
Advanced respiratory support	13 (8, 18)	9 (5, 15)
Total (advanced + basic) respiratory support	14 (8, 19.5)	7 (4, 13)
Advanced cardiovascular support	3 (2, 6)	2 (1, 5)
Total (advanced + basic) cardiovascular support	14 (8, 20)	8 (4, 14)

Please note that owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. * Please see Definitions on page 31. Includes 92 patients requiring chronic renal replacement therapy for end stage renal disease prior to critical care; outcomes for these patients are similar.

Critical care outcomes for patients critically ill with confirmed COVID-19 who received advanced respiratory support at any point during critical care and who received basic respiratory support only across major patient subgroups are summarised in Table 12. Critical care outcomes for patients critically ill with confirmed COVID-19 who received renal support at any point during critical care and who did not receive renal support across major patient subgroups are summarised in Table 13.

Table 12 Outcome by receipt of respiratory support * and patient characteristics

Patient	Patients receiving advanced respiratory support * (N=4287)		Patients receiving only basic respiratory support * (N=1584)	
characteristic	Discharged alive	Died in	Discharged alive	Died in
	from critical care	critical care	from critical care	critical care
	n (%)	n (%)	n (%)	n (%)
Age at admission (year	•	/>		_
16-39	209 (71.8)	82 (28.2)	158 (96.9)	5 (3.1)
40-49	343 (65.2)	183 (34.8)	218 (92.8)	17 (7.2)
50-59	580 (48.1)	626 (51.9)	372 (90.7)	38 (9.3)
60-69	434 (33.0)	882 (67.0)	316 (81.0)	74 (19.0)
70-79	186 (21.7)	673 (78.3)	189 (64.1)	106 (35.9)
80+	15 (17.2)	72 (82.8)	48 (53.3)	42 (46.7)
Sex				
Female	548 (46.9)	620 (53.1)	434 (83.0)	89 (17.0)
Male	1220 (39.2)	1896 (60.8)	868 (81.8)	193 (18.2)
Ethnicity				
White	1068 (42.1)	1470 (57.9)	901 (81.5)	204 (18.5)
Mixed	21 (36.8)	36 (63.2)	19 (90.5)	2 (9.5)
Asian	213 (36.0)	378 (64.0)	139 (77.2)	41 (22.8)
Black	169 (39.9)	255 (60.1)	79 (83.2)	16 (16.8)
Other	121 (46.7)	138 (53.3)	64 (91.4)	6 (8.6)
Index of Multiple Depr	ivation (IMD)			
1 (least deprived)	270 (43.3)	354 (56.7)	214 (83.3)	43 (16.7)
2	288 (42.2)	395 (57.8)	223 (83.5)	44 (16.5)
3	337 (42.2)	462 (57.8)	244 (82.7)	51 (17.3)
4	425 (39.2)	658 (60.8)	281 (83.6)	55 (16.4)
5 (most deprived)	412 (40.1)	616 (59.9)	314 (78.3)	87 (21.7)
Body mass index	·		· ·	
<25	415 (41.8)	578 (58.2)	317 (80.9)	75 (19.1)
25-<30	560 (38.6)	889 (61.4)	424 (83.3)	85 (16.7)
30-<40	565 (44.9)	693 (55.1)	359 (84.7)	65 (15.3)
40+	139 (44.3)	175 (55.7)	109 (80.1)	27 (19.9)
Assistance required with daily activities				
No	1624 (41.9)	2251 (58.1)	1161 (86.1)	187 (13.9)
Yes	101 (32.3)	212 (67.7)	118 (58.1)	85 (41.9)
Any very severe comorbidities *				
No	1675 (42.1)	2299 (57.9)	1179 (84.6)	214 (15.4)
Yes	63 (26.6)	174 (73.4)	104 (63.8)	59 (36.2)

Please note that owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. * Please see Definitions on page 31. Patients receiving no respiratory support excluded due to small numbers.

Table 13 Outcome by receipt of renal support * and patient characteristics

Patient	Patients receiving any renal support * (N=1442)		Patients not receiving any renal support * (N=4585)	
characteristic	Discharged alive from critical care	Died in critical care	Discharged alive from critical care	Died in critical care
	n (%)	n (%)	n (%)	n (%)
Age at admission (ye				
16-39	32 (48.5)	34 (51.5)	360 (87.0)	54 (13.0)
40-49	98 (55.7)	78 (44.3)	481 (79.8)	122 (20.2)
50-59	132 (32.0)	281 (68.0)	848 (68.6)	388 (31.4)
60-69	103 (21.2)	383 (78.8)	674 (53.6)	583 (46.4)
70-79	44 (15.8)	235 (84.2)	355 (39.1)	552 (60.9)
80+	4 (18.2)	18 (81.8)	70 (42.2)	96 (57.8)
Sex				
Female	104 (33.2)	209 (66.8)	934 (64.8)	507 (35.2)
Male	309 (27.4)	819 (72.6)	1855 (59.0)	1287 (41.0)
Ethnicity				
White	243 (30.5)	554 (69.5)	1813 (61.6)	1132 (38.4)
Mixed	5 (35.7)	9 (64.3)	36 (55.4)	29 (44.6)
Asian	50 (24.0)	158 (76.0)	318 (54.4)	267 (45.6)
Black	65 (32.0)	138 (68.0)	193 (58.5)	137 (41.5)
Other	17 (20.5)	66 (79.5)	175 (69.2)	78 (30.8)
Index of Multiple Depi	rivation (IMD)			
1 (least deprived)	70 (36.1)	124 (63.9)	432 (61.1)	275 (38.9)
2	59 (27.7)	154 (72.3)	467 (61.5)	292 (38.5)
3	87 (32.2)	183 (67.8)	514 (60.4)	337 (39.6)
4	90 (23.9)	286 (76.1)	652 (60.3)	430 (39.7)
5 (most deprived)	97 (26.6)	267 (73.4)	666 (60.2)	440 (39.8)
Body mass index				
<25	84 (27.0)	227 (73.0)	697 (61.5)	436 (38.5)
25-<30	115 (23.8)	368 (76.2)	903 (59.6)	612 (40.4)
30-<40	158 (34.2)	304 (65.8)	793 (63.4)	457 (36.6)
40+	35 (31.8)	75 (68.2)	219 (63.3)	127 (36.7)
Assistance required v	with daily activities			
No	369 (28.2)	941 (71.8)	2523 (62.5)	1514 (37.5)
Yes	36 (32.4)	75 (67.6)	205 (47.7)	225 (52.3)
Any very severe com	orbidities *			
No	359 (27.9)	930 (72.1)	2601 (61.9)	1603 (38.1)
Yes	49 (35.3)	90 (64.7)	141 (49.5)	144 (50.5)

Please note that owing to the emerging nature of the epidemic, the sample of patients with COVID-19 represented in this table is biased towards patients with *shorter* lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. * Please see Definitions on page 31. Includes 92 patients requiring chronic renal replacement therapy for end stage renal disease prior to critical care; outcomes for these patients are similar.

Patient population:

- A multivariable Cox proportional hazards regression model was developed based solely on available data from patients critically ill with confirmed COVID-19 with a start of critical care between 1 March and 21 April 2020.
- All patients were followed up for a minimum of 7 days, and outcomes were censored at 30 days following the start of critical care. Patients discharged alive from hospital within 30 days, and those ending critical care within 30 days with missing hospital outcome were assumed to survive to 30 days.
- Patients either with a duration of critical care of less than 24 hours or with no data recorded for any core physiology (temperature, systolic blood pressure, heart rate or respiratory rate) were excluded.

Prognostic factors:

- Prognostic factors were selected, a priori, based on established relationships with outcome for critically ill patients and on emerging information from the COVID-19 pandemic.
- Continuous prognostic factors were assessed for non-linearity using restricted cubic splines with up to five knots.
- Missing data were imputed using fully conditional specification (with models fitted in ten multiply imputed datasets and results combined).

Results:

- Of 6989 patients, 58 had a duration of critical care of less than 24 hours and 595 had no data recorded for any core physiology; a cohort of 6336 patients were included in the model.
- The results of the multivariable modelling are presented in Figure 15, Figure 16 and Figure 17.

Explanation:

- The figures present the hazard ratio (solid lines or points) for values of each prognostic factor compared with a reference value (as indicated).
- A hazard ratio is a measure of how much more or less likely the event (death) is to occur.

For example, a patient aged 70 has a hazard ratio of approximately 2 compared with a patient aged 60; this means that they are twice as likely to die within 30 days of the start of critical care. In contrast, a patient aged 40 has a hazard ratio of approximately 0.5 compared with a patient aged 60; this means that they are half as likely to die within 30 days of the start of critical care. A hazard ratio of 1 means that the risk of death is the same.

 The hazard ratios indicate the association between each prognostic factor and the outcome adjusted for the effect of all the other variables in the model.

For example, the hazard ratio for dependency is adjusted for patients with dependency being older on average than those without dependency.

• The estimated hazard ratios are shown with 95% confidence intervals (as dashed lines or vertical spikes) indicating a range of possible values for the hazard ratio that will include the true value 19 times out of 20.

A manuscript reporting the full details of the modelling is being prepared for publication.

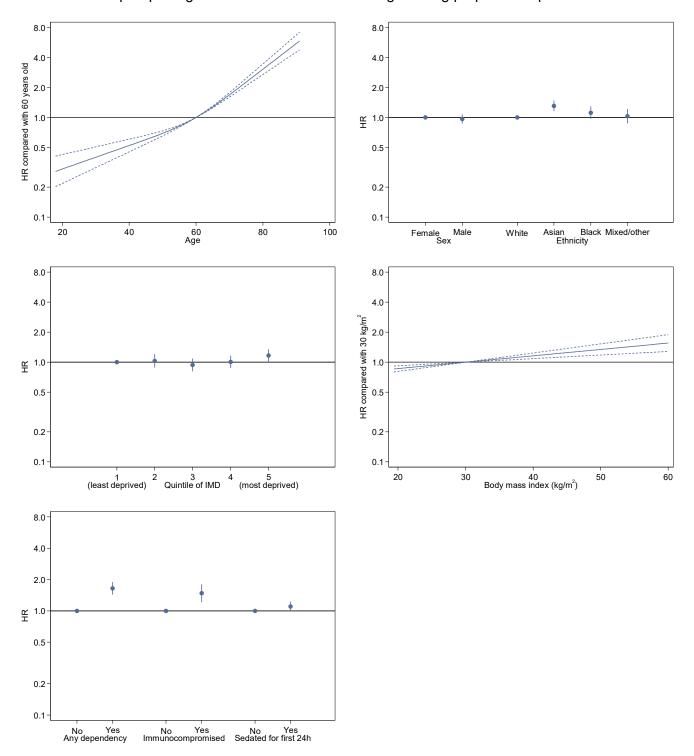


Figure 15 Hazard ratios and 95% confidence intervals from Cox proportional hazards regression model for death within 30 days following start of critical care: demographics and medical history

Please note that hazard ratios (HR) are reported relative to the median value for age (60 years) and the threshold for defining obesity for body mass index (30 kg/ m^2). Immunocompromised includes the conditions as defined on page 31 and also metastatic disease and haematological malignancy.

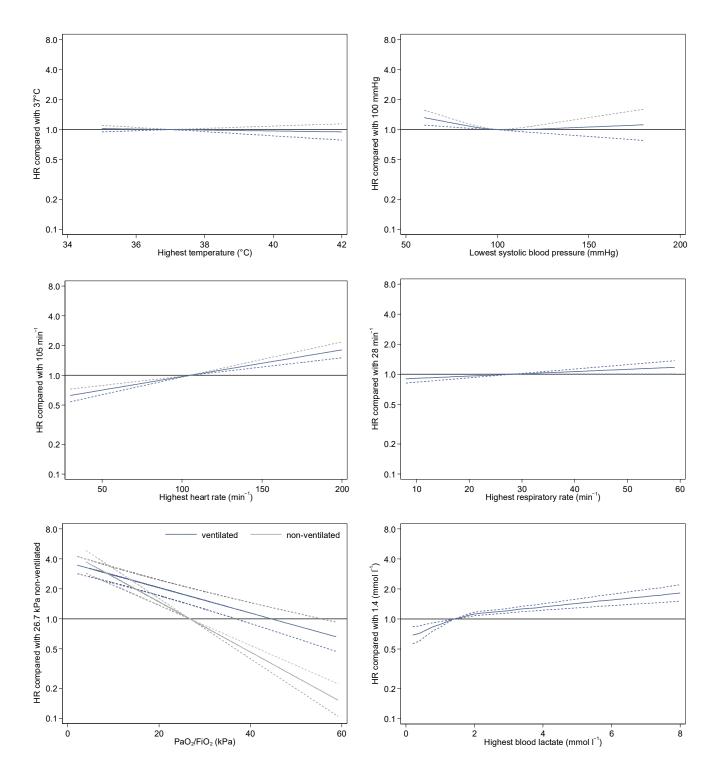


Figure 16 Hazard ratios and 95% confidence intervals from Cox proportional hazards regression model for death within 30 days following start of critical care: physiology (1)

Please note that hazard ratios (HR) are reported relative to the median value for each physiological parameter (as indicated on the y-axis) except for PaO₂/FiO₂ which is reported relative to the threshold for defining ARDS (26.7 kPa).

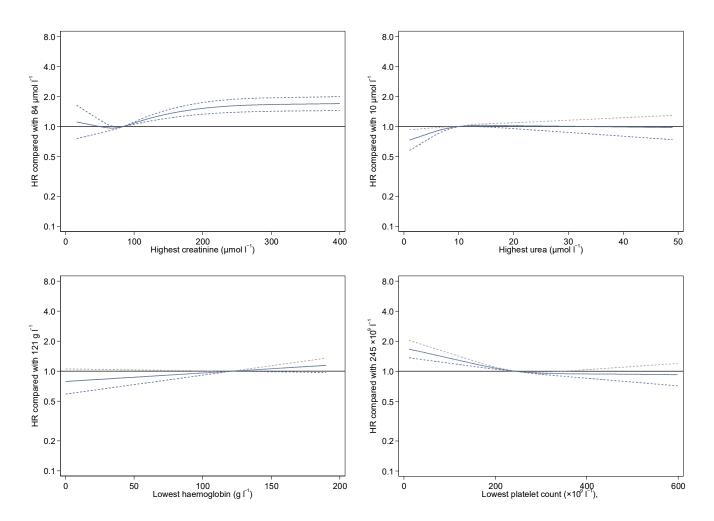


Figure 17 Hazard ratios and 95% confidence intervals from Cox proportional hazards regression model for death within 30 days following start of critical care: physiology (2)

Please note that hazard ratios (HR) are reported relative to the median value for each physiological parameter (as indicated on the y-axis).

Completeness of key variables is summarised in Table 14.

 Table 14
 Data completeness of key variables

Variable	N missing %
24h variables (N=8250)	
NHS number (used to combine transfers and readmissions)	219 (2.7)
Age	6 (0.1)
Sex	4 (0.0)
Currently or recently pregnant	12 (2.1) †
Ethnicity	830 (10.1)
Index of Multiple Deprivation	162 (2.0)
BMI	656 (8.0)
Prior dependency *	364 (4.4)
Very severe comorbidities	273 (3.3)
Prior hospital length of stay	17 (0.2)
CPR within previous 24h	119 (1.4)
Mechanical ventilation during the first 24h *	668 (8.1)
APACHE II Score	410 (5.0)
PaO2/FiO2 ratio	927 (11.2)
Outcome variables (N=6143)	
Length of stay in critical care	55 (0.9)
Advanced respiratory support *	110 (1.8)
Basic respiratory support *	105 (1.7)
Advanced cardiovascular support *	111 (1.8)
Basic cardiovascular support *	104 (1.7)
Renal support *	116 (1.9)
Liver support *	119 (1.9)
Neurological support *	119 (1.9)

^{*} Please see Definitions on page 31; † % of female patients aged 16-49 years

Patients are classified as either:

- Notification only received: ICNARC has received a notification of the patient's admission to critical care but has not received any patient data from the first 24 hours or beyond
- 24h data only received: ICNARC has received patient data relating to the first 24 hours in critical care but has not yet been notified of the patient's critical care outcome
- Outcome data received: ICNARC has received submission of data relating to the
 patient's <u>critical care</u> outcome (e.g. survival, length of stay, duration of organ support)
 (Please note: to ensure that data are as complete and up-to-date as possible, we
 have begun transitioning to allow units to submit a reduced set of minimum outcome
 data, less than is ordinarily included in the full Case Mix Programme)
- Hospital outcome data received: Data have been updated with outcomes at ultimate discharge from hospital (Please note: this data is currently limited for patients with COVID-19 and not included in this report)

Index of Multiple Deprivation (IMD) is based on the patient's usual residential postcode (assigned at the level of Lower Layer Super Output Area) according to:

- English Index of Multiple Deprivation 2019 for postcodes in England
- Welsh Index of Multiple Deprivation 2019 for postcodes in Wales
- Northern Ireland Multiple Deprivation Measure 2017 for postcodes in Northern Ireland

Body mass index is calculated as the weight in kilograms divided by the height in metres squared. Weight and height values may have been measured or estimated.

Very severe comorbidities must have been evident within the six months prior to critical care and documented at or prior to critical care:

- Cardiovascular: symptoms at rest
- Respiratory: shortness of breath with light activity or home ventilation
- Renal: renal replacement therapy for end-stage renal disease
- Liver: biopsy-proven cirrhosis, portal hypertension or hepatic encephalopathy
- Metastatic disease: distant metastases
- Haematological malignancy: acute or chronic leukaemia, multiple myeloma or lymphoma
- Immunocompromise: chemotherapy, radiotherapy or daily high dose steroid treatment in previous six months, HIV/AIDS or congenital immune deficiency

Mechanical ventilation during the first 24 hours was identified by the recording of a ventilated respiratory rate, indicating that all or some of the breaths or a portion of the breaths (pressure support) were delivered by a mechanical device. This usually indicates invasive ventilation; BPAP (bilevel positive airway pressure) would meet this definition but CPAP (continuous positive airway pressure) does not.

Organ support is recorded as the number of calendar days (00:00-23:59) on which the support was received at any time, defined as:

- Advanced respiratory: invasive ventilation, BPAP via trans-laryngeal tube or tracheostomy, CPAP via trans-laryngeal tube, extracorporeal respiratory support
- Basic respiratory: >50% oxygen by face mask, close observation due to potential for acute deterioration, physiotherapy/suction to clear secretions at least two-hourly, recently extubated after a period of mechanical ventilation, mask/hood CPAP/BPAP, non-invasive ventilation, CPAP via a tracheostomy, intubated to protect airway
- Advanced cardiovascular: multiple IV/rhythm controlling drugs (at least one vasoactive), continuous observation of cardiac output, intra-aortic balloon pump, temporary cardiac pacemaker
- Basic cardiovascular: central venous catheter, arterial line, single IV vasoactive/ rhythm controlling drug
- Renal: acute renal replacement therapy, renal replacement therapy for chronic renal failure where other organ support is received
- Liver: management of coagulopathy and/or portal hypertension for acute on chronic hepatocellular failure or primary acute hepatocellular failure
- Neurological: central nervous system depression sufficient to prejudice airway, invasive neurological monitoring, continuous IV medication to control seizures, therapeutic hypothermia

Acknowledgement

Please acknowledge the source of these data in all future presentations (oral and/or written), as follows:

"These data derive from the ICNARC Case Mix Programme Database. The Case Mix Programme is the national clinical audit of patient outcomes from adult critical care coordinated by the Intensive Care National Audit & Research Centre (ICNARC). For more information on the representativeness and quality of these data, please contact ICNARC."