Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

COVID-19—Associated Hospitalizations among Adults — COVID-NET, 2023—2024

Advisory Committee on Immunization Practices (ACIP) February 28, 2024

Christopher A. Taylor, PhD

RESP-NET Hospitalization Surveillance Team

Surveillance and Prevention Branch

Coronavirus and Other Respiratory Viruses Division

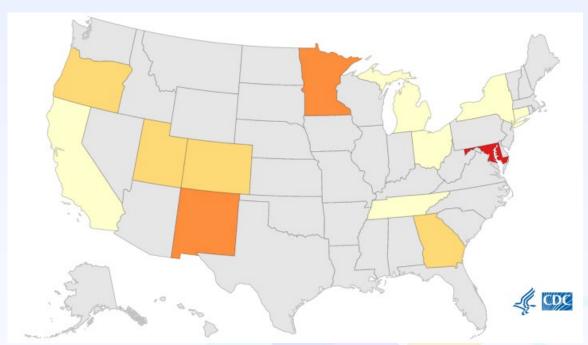


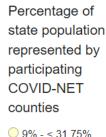
COVID-NET: A RESP-NET population-based hospitalization surveillance platform

RESP-NET: COVID-NET, RSV-NET, FluSurv-NET

- >300 acute-care hospitals
- 98 counties in 13 states
- In 9 of 10 HHS regions
- ~10% of U.S. population
- Positive SARS-CoV-2 within 14 days of or during hospitalization
- Screening or clinician-driven testing
- Clinical data: representative sample of **COVID-NET** patients

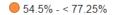








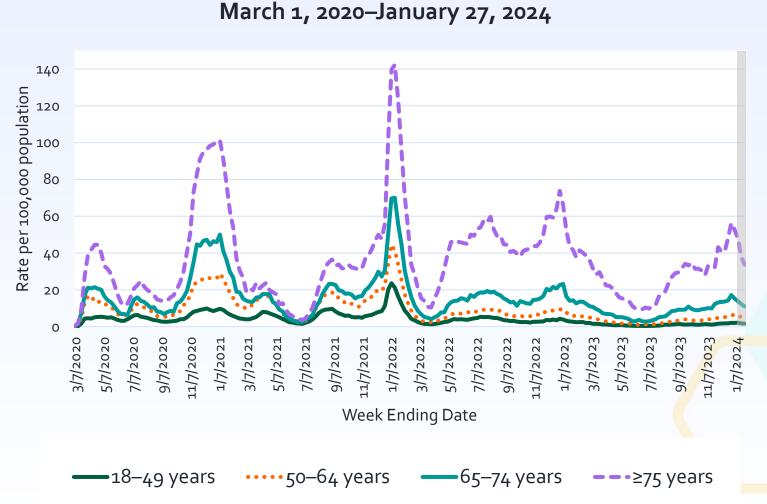


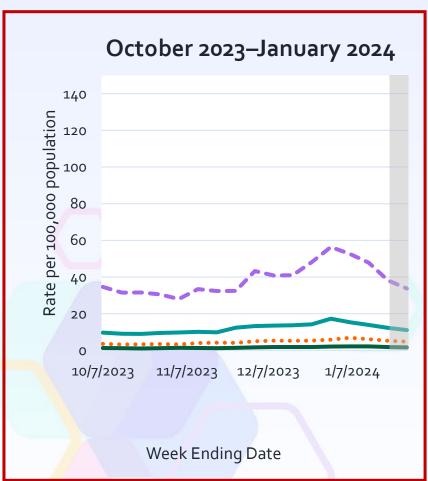


77 25% - 100%

Epidemiology of COVID-19—associated hospitalizations among adults

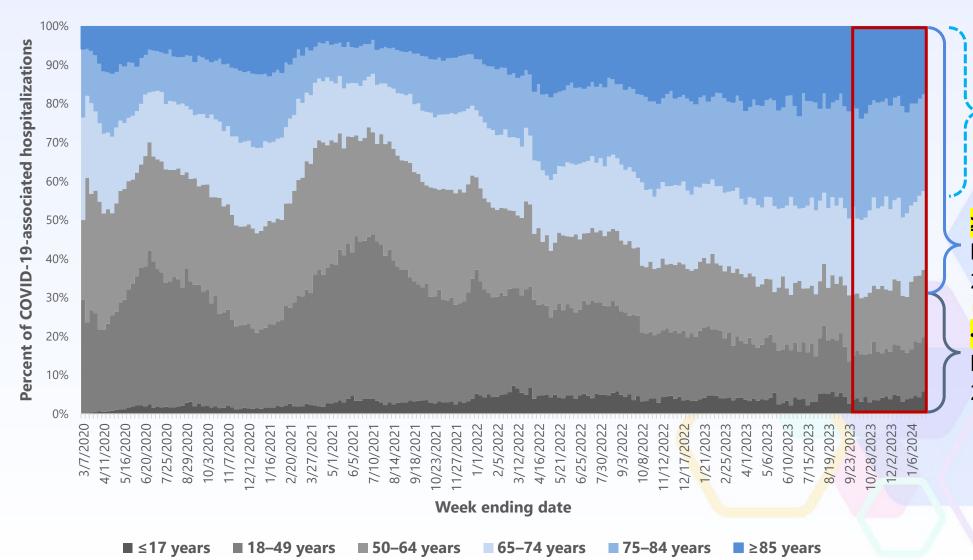
Weekly Population-Based Rates of COVID-19-Associated Hospitalizations — COVID-NET, March 2020–January 2024





Rates highest in adults ages ≥75 years.

Percent of Weekly Hospitalizations by Age Group — COVID-NET, March 2020—January 2024



≥75: 46% of COVID-19 hospitalizations
October 2023–
January 2024

≥65: 67% of COVID-19 hospitalizations October 2023–January 2024

<65: 33% of COVID-19 hospitalizations October 2023—January 2024</p>

Among adults ages ≥75 years during October 2022–November 2023, 25% of COVID-19-associated hospitalizations were residents of a long-term care facility.



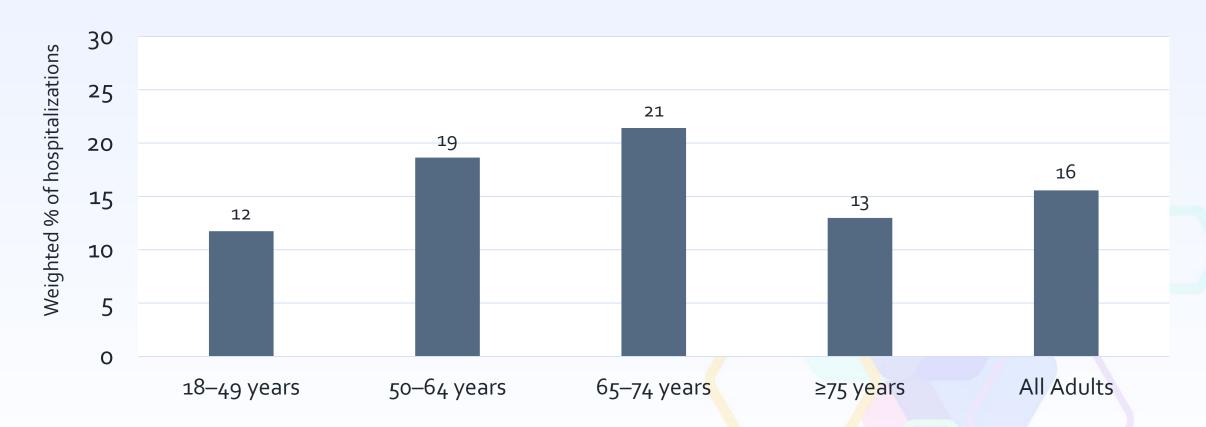
Percent of COVID-19-Associated Hospitalizations Resulting in In-Hospital Death, by Age Group — COVID-NET, October 2022–November 2023



Among adults ages ≥65 years who died in-hospital, **28%** were residents of long-term care facilities.

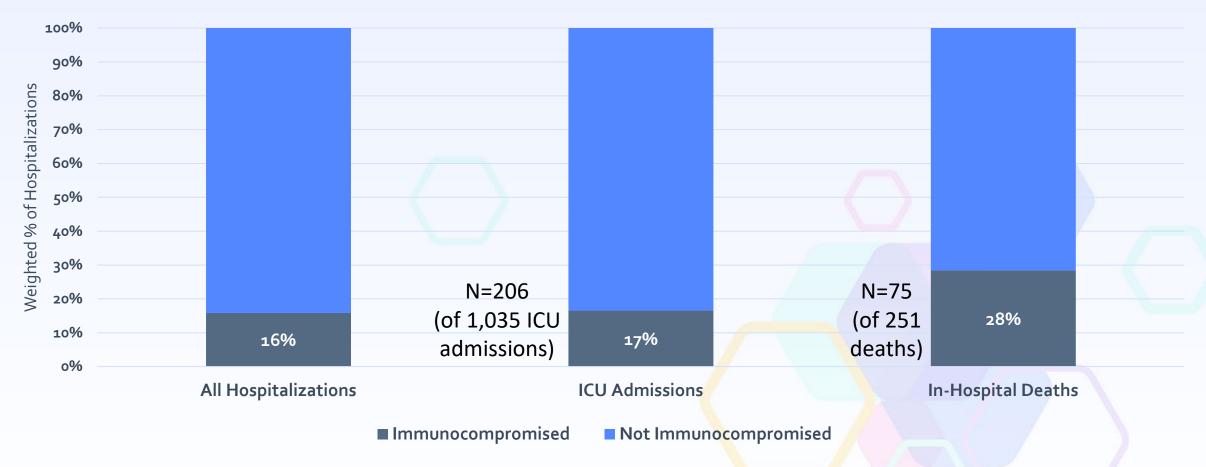
An examination of death certificate data from March 2020—April 2022 found that among all deaths in adults with COVID-19-associated hospitalization, 67% occurred in-hospital and 33% occurred ≤30 days post-discharge.

Percent of COVID-19-Associated Hospitalizations with Immunocompromising Conditions*, by Age Group — COVID-NET, October 2022–November 2023



^{*} Immunocompromising conditions include AIDS or CD4 count<200, complement deficiency, graft vs host disease, HIV, immunoglobulin deficiency, receipt of immunosuppressive therapy, leukemia, lymphoma, solid organ malignancy, bone marrow transplant, metastatic cancer, multiple myeloma, steroid therapy, solid organ transplant, and other conditions adjudicated by RESP-NET physicians to be immunocompromising in nature.

Percent of COVID-19-Associated Hospitalizations with Immunocompromising Conditions among All Adults Ages ≥18 Years, Overall and by Outcome — COVID-NET, October 2022–November 2023

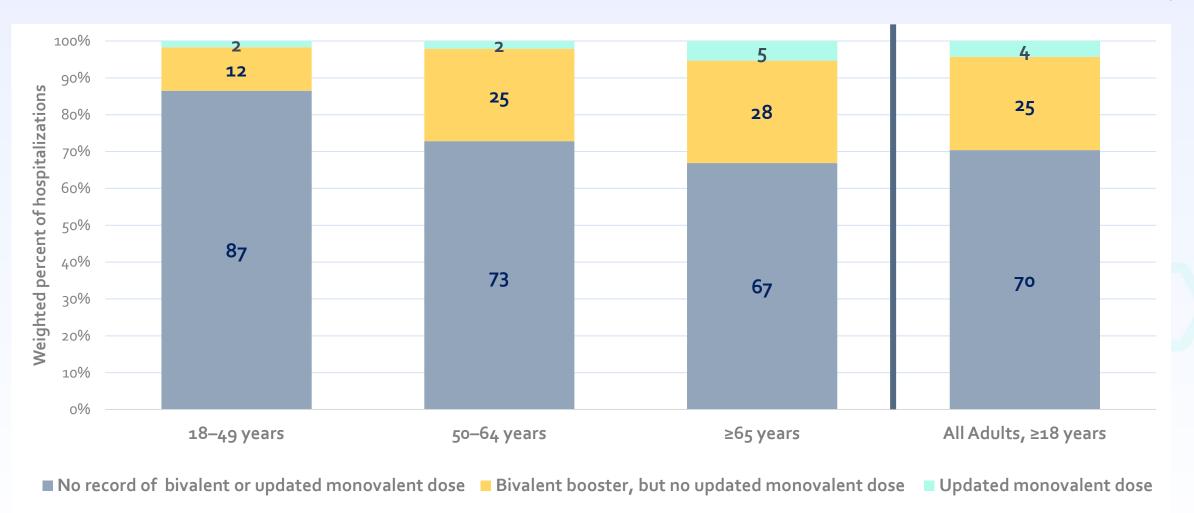


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Percent of Hospitalizations among Adults Ages ≥18 Years with Underlying Medical Conditions by Age Group, with Top 4 Conditions Highlighted — COVID-NET, October 2022–November 2023

Condition	18–49 yrs	50-64 yrs	65–74 yrs	≥75 yrs
Chronic lung disease	23	36	45	34
Asthma	19	17	14	9
COPD/Bronchitis	3	16	24	16
Cardiovascular disease	20	47	61	67
CAD/CABG/MI	5	17	27	27
CHF/Cardiomyopathy	6	18	25	25
Stroke/TIA	3	13	15	20
Diabetes	21	40	44	37
Immunocompromising condition	12	19	21	13
Neurologic condition	18	26	30	42
Dementia	0	1	6	29
Renal Disease	8	21	24	31
Obesity	42	43	39	23

COVID-19 Vaccination Status by Age Group among Adults Ages ≥18 Years Hospitalized with COVID-19 — COVID-NET, October–November 2023 (*Preliminary*)



No record of bivalent or updated monovalent dose: No recorded doses of COVID-19 bivalent or updated 2023-2024monovalent dose. **Bivalent booster, but no updated monovalent doses**: Received COVID-19 bivalent booster vaccination but no record of receiving updated 2023-2024 monovalent booster dose. **Updated monovalent dose:** Received updated 2023-2024 monovalent dose. **Persons with upknown vaccination status are evaluated**

Acknowledgements

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Viruses Division

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For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.qov

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