



Background

- Demographic and social factors associated with increased risk of COVID-19 hospitalization are poorly understood.¹⁻³

Methods

- Active surveillance at two hospitals in Atlanta, GA
- May 2021 – June 2022
- Study Eligibility:**
 - Adults ≥18 years of age admitted with an acute respiratory infection (ARI)
 - Willing to participate in an interview regarding medical, social and vaccination history
 - Able to provide NP swabs at enrollment or from hospital testing
- Extensive in-person interview on demographic and social factors (e.g., employment status, smoking history, alcohol use, COVID-19 associated behaviors).
- Enrolled patients' medical records, past medical history, and vaccine documentation were reviewed and abstracted.
- COVID-19 status determined using hospital PCR results or documentation from medical record.
- Analysis**
 - Baseline characteristics were compared with bivariate analysis (two-tailed p-value <0.05).
 - Descriptive statistics were reported, and groups were tested using T-test, Chi-square, and Fischer's exact test where applicable.
 - Adjusted Odds Ratios were calculated using a step-wise logistic regression model, with 0.05 being the inclusion limit.
 - The final adjusted model included education, employment, home health, healthcare visit within 3 months, childcare >6 hours/week, travel, going to restaurants, and smoking status.
 - All statistics were calculated using SAS v.9.4

Results

- 1444 subjects were enrolled and had SARS-CoV-2 PCR results available (773 [54%] positive and 671 negative [46%]).
- Median age was greater in SARS-CoV-2 negative cohort than in positive cohort (60 and 54 years, respectively; P < 0.0001).
- Table 1** and **Table 2** demonstrate the baseline differences between COVID-19 positive and negative patients.
- Table 3** summarizes the multivariate model results

Table 2. Other Social Factors Among COVID-19 Positive and COVID-19 Negative Patients

	COVID-19 Positive (n = 773)	COVID-19 Negative (n=671)	Bivariate p-value
Household: Live alone	161 (20.8)	164 (24.4)	0.1
Live with other adults	581 (75.2)	491 (73.2)	0.4
Live with children under 5 yo	98 (12.7)	57 (8.5)	0.01
Live with children between 5-17 yo	205 (26.5)	131 (19.5)	0.002
Healthcare: Receives home healthcare	53 (6.9)	87 (13.1)	<.0001
Healthcare visit in the past 3 months*	360 (46.99)	369 (55.1)	0.002
Exposure to Children: Daycare Attending children*	60 (14.6)	47 (15.0)	0.9
Weekly Exposure to Children under 5yo*	169 (22.0)	135 (20.3)	0.4
Performing childcare for >6hr /week*	197 (25.6)	110 (16.4)	<.0001
Childcare age: <5 years old*	104 (52.8)	70 (63.6)	0.08
5-12 years old	117 (59.4)	51 (46.4)	<.0001
13-18 years old	45 (22.8)	18 (16.4)	0.004
Travel: Traveled out of state in the past month*	155 (20.0)	78 (11.6)	<.0001
Social Distancing: Yes (Always + Usually)	689 (89.1)	582 (88.9)	0.4
Sometimes (About 1/2 and seldom)	67 (8.7)	69 (10.3)	
Never	17 (2.2)	19 (2.8)	
Masking Indoors: Yes (Always + Usually)*	681 (88.1)	593 (88.5)	0.5
Sometimes (About 1/2 and seldom)	71 (9.2)	53 (7.9)	
Never	21 (2.7)	24 (3.6)	
Gym/Sports Center: ≥once/week*	66 (8.5)	33 (4.9)	0.02
Monthly	16 (2.1)	13 (1.9)	
Never (ref)	691 (89.4)	624 (93.1)	
Restaurant/Café: ≥once/week*	175 (22.6)	112 (16.7)	0.005
Monthly	159 (20.6)	173 (25.8)	
Never (ref)	439 (56.8)	385 (57.5)	
Shopping Center: ≥once/week*	374 (48.4)	264 (39.4)	0.002
Monthly	137 (17.7)	153 (22.8)	
Never (ref)	262 (33.9)	253 (37.8)	
Smoking and drug use: Currently Smoke*	60 (7.9)	115 (17.2)	<.0001
Previously Smoked	199 (26.1)	244 (36.6)	
Never Smoked (ref)	503 (66.0)	308 (46.2)	
Drug Use*	44 (5.7)	41 (6.1)	
Consuming alcohol	300 (38.8)	243 (36.2)	0.3

* Missing data not listed separately or in the denominator

Table 1. Baseline Demographics, Education, and Employment Among COVID-19 Positive and Negative Patients

Demographic (n=1444)	COVID-19 Positive (n = 773)	COVID-19 Negative (n=671)	Bivariate p-value
Age, median [IQR]	54 [42, 65]	60 [47, 70]	<.0001
Female, n (%)	427 (55.2)	363 (54.1)	0.7
Race: White	174 (22.5)	184 (27.4)	0.07
Black or African American	554 (71.7)	449 (66.9)	
Multiracial	17 (2.2)	7 (1.0)	
Asian	10 (1.3)	13 (1.9)	
Other/Not Specified	18 (2.3)	18 (2.7)	
Ethnicity: Hispanic or Latino	38 (4.9)	27 (4.0)	0.5
Non-Hispanic nor Latino	711 (92.0)	618 (92.1)	
Not Specified	24 (3.1)	26 (3.9)	
Education: None/Some High School*	76 (10.0)	92 (13.8)	0.003
High School Grad/GED	192 (25.1)	193 (29.0)	
Some College/Associate degree/Trade School	249 (32.6)	161 (24.2)	
College Grad (reference)	179 (23.4)	152 (22.8)	
Advanced Degree	68 (8.9)	67 (10.1)	
Employment: Employed Currently (reference)	368 (47.6)	162 (24.1)	<.0002
Not employed	282 (36.5)	367 (54.7)	
On Disability	123 (15.9)	142 (21.2)	
Healthcare worker	52 (14.1)	28 (17.3)	0.4
Work Face-to-Face with Public	184 (50.0)	90 (55.6)	0.2
Work from home: Cannot work from home*	235 (63.9)	98 (60.5)	0.09
Work from home 1-2 days/week	25 (6.8)	5 (3.1)	
Work from home 3 or more days/week	23 (6.2)	18 (11.1)	
Work from home exclusively	85 (23.1)	41 (25.3)	
Workplace Requires COVID-19 Vaccination*	67 (18.9)	45 (28.7)	0.01

* Missing data not listed separately or in the denominator

Table 3. Multivariate Analysis of Social Risk Factors Associated with COVID Positivity*

	Adj-OR	95% Wald (CI)	
Employment: Disability vs Current	0.487	0.347	0.684
Employment: No vs Current	0.429	0.329	0.559
Home Healthcare	0.666	0.453	0.977
HC Visit w/in 3months	0.724	0.576	0.909
Childcare >6hr/wk	1.379	1.037	1.834
Travel	1.634	1.181	2.261
Restaurant: Monthly vs Never	0.671	0.504	0.892
Smoking: Previous vs Never	0.337	0.231	0.49
Smoking: Current vs Never	0.589	0.456	0.76

* Table simplified to include only those social factors with statistical significance in the multivariate analysis

Limitations

- Self-reporting bias and voluntary enrollment may impact the results.
- Asymptomatic SARS-CoV-2 infections not included.
- Changing behaviors (e.g., nonpharmaceutical interventions) over time may have impacted the observed outcomes.

Conclusions

- SARS-CoV-2 positive patients were typically younger, more likely to care for school-aged children, more likely to work outside the home, but less likely to receive home healthcare or smoke.**
- Personal and public health strategies to mitigate COVID-19 should take into consideration modifiable social risk factors.**

References

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Acknowledgements: Thank you to Amy Keane for her invaluable assistance. We also thank the patients who enrolled in this study. We also thank the nurses and staff of EUH and EUHM for their enthusiasm and assistance.

Funding: This study is an investigator-sponsored study funded by Pfizer.

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Disclosures: EJA: Consulted for Pfizer, Sanofi Pasteur, GSK, Janssen, Moderna, and Medscape, and his institution receives funds to conduct clinical research from MedImmune, Regeneron, PaxVax, Pfizer, GSK, Merck, Sanofi-Pasteur, Janssen, and Micron. He also serves on a safety monitoring board for Kentucky BioProcessing, Inc. and Sanofi Pasteur. He serves on a data adjudication board for WCG and ACI Clinical. CAR: Institution has received funds to conduct clinical research from BioFire Inc, GSK, MedImmune, Micron, Janssen, Merck, Moderna, Novavax, PaxVax, Pfizer, Regeneron, Sanofi-Pasteur. She is co-inventor of patented RSV vaccine technology which has been licensed to Meissa Vaccines, Inc. LAP, RH, SV, and JM: Pfizer employees.