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<table>
<thead>
<tr>
<th>Risk Factors for COVID-19 Disease Progression</th>
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<tbody>
<tr>
<td><strong>Epidemiological</strong></td>
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<tr>
<td>Age &gt; 65 a</td>
</tr>
<tr>
<td>Pre-existing pulmonary disease b</td>
</tr>
<tr>
<td>Chronic kidney disease c</td>
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<tr>
<td>Diabetes with A1c &gt; 7.6% d</td>
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<tr>
<td>History of hypertension e</td>
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<tr>
<td>History of cardiovascular disease f</td>
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<td>Obesity (BMI ≥ 30 kg/m²) g</td>
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<td>Use of biologics h</td>
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<tr>
<td>History of transplant or other immunosuppression i</td>
</tr>
<tr>
<td>Uncontrolled HIV (viremic or CD4 &lt;200) j</td>
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</tbody>
</table>

Note abnormalities on chest radiographs are common in both severe and non-severe cases for hospitalized patients with COVID-19. Patients without severe disease may be more likely to have normal radiographs. (1-3)

a: Most studies to date have identified age as one of the main risk factors for severe disease. (1, 3-5). The threshold was adjusted to age 65 on 4/7/2020 to align with literature.
b: Pre-existing pulmonary disease is a risk factor for severe disease with increased mortality. (3, 5)
c: Chronic kidney disease is reported in more patients with severe disease. (3)
d: Diabetes is a risk factor for severe disease according to multiple studies. (3-5)
e: Baseline hypertension seems to be one of the major risk factors predicting worse disease (3-5)
f: Pre-existing cardiovascular disease is thought to be a major risk factor for worse disease severity (3-4, 6)
g: Emerging data show that obesity is a risk factor for severe disease (7)
h: Predicted worse disease severity, existing data are limited
i: Predicted worse disease severity, existing data are limited
j: Possible worse disease outcome, existing data are limited
k: Expected based on physiology and available data, including SOFA score. (3)
l: Expected based on physiology and available data, including SOFA score. (3)
m: Expected based on physiology, including SOFA score. (3)
n: Multiple studies have shown that elevated D-dimer compared to normal is either associated with ICU versus non-ICU or non-surviving versus surviving outcomes. (2-3, 8)
o: CPK may be elevated in patients with severe disease (3)
p: CRP is commonly elevated above normal for hospitalized patients with COVID-19. (1) Available data suggests it is often higher in patients with worse outcomes (> 100 versus around 50-75 for patients with less severe outcomes). (6)
q: Multiple studies have shown a low absolute lymphocyte count on admission can be associated with worse outcomes. (1-3) Patients may with worse outcomes may also have an elevated total white blood cell count driven by neutrophilia on admission.
r: Elevated LDH is more likely to be seen in patients with severe presentations according to multiple studies (3-4)
s: Elevated troponin is a marker of severe disease (3)
t: Ferritin > 300 ug/L may be a marker of severe disease (3)
References: