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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

What happens when young adults get covid-19?

One of the fastest growing segments of the covid-19 pandemic in the United States is the young adult population. Early data showed mortality to be high in the older adult population and was thought to be much less in young adults.

A letter released this week in *JAMA Internal Medicine* from Boston researchers followed the clinical trajectory of 3,222 young adults (age 18-34) in an attempt to better understand this growing demographic. Using the Premier Healthcare Database which includes 1,030 US Hospitals and 8 million annual inpatient admissions, non-pregnant young adults who were hospitalized for covid-19 from April 1 through June 30 were selected for study. Only the first hospitalization was included. Diagnosis and billing codes were used to obtain much of the information (which does limit some of the results).

Of the 780,969 total adults discharged from hospitals over the three month time period, 8.1 percent were given an ICD-10 code for covid-19. Among from that 63,103, 5 percent were non-pregnant young adults who were admitted to 419 US hospitals. The mean age of the hospitalized patients was 28 years, with a predominance of males (58 percent). Black and Hispanics accounted for 57 percent of the young adults requiring hospitalization.

The most common comorbidities found were obesity (37 percent), morbid obesity (24.5 percent) and diabetes (18 percent). The hospital course (i.e. how the patients fared after being hospitalized but before being sent home) was also analyzed; 21 percent of the group required admission to an intensive care unit at some point during their hospital stay and 10 percent needed mechanical ventilation.

Mortality was low with only 88 deaths (2.7 percent) occurring. The median hospital length of stay was 4 days and only 3 percent were discharged to post-acute care facilities. This means that most were well enough to go home.

A deeper look at the data found that males with morbid obesity and hypertension were associated with a greater risk of death or the requirement for mechanical ventilation. Morbid obesity was present in 41 percent of those who died.

Despite the low mortality rate, young adults still required significant health care resources, with more than 20 percent of the admissions needing intensive care and around half of those requiring ventilators. Moving forward, one focus should be identifying young adults with recognized comorbidities who are at risk for serious complications.

—*Christopher Sampson, MD, FACEP*

POLICY BRIEFING

Avoiding “*twinfluenza*.”

In a given year, the average influenza vaccination rate hovers around forty percent. This year, however, with the coronavirus pandemic showing no signs of abating, Centers for Disease Control and Prevention (CDC) director, Dr. Robert Redfield, is [pushing](#) for sixty five percent coverage. To help accomplish this, the CDC has ordered 9.3 million doses of the vaccine to be distributed to the uninsured, a nearly twenty-fold increase over last year. Dr. Redfield sat down for a live interview with the *Journal of the American Medical Association* (JAMA) to highlight past vaccine hesitancy and the growing concern from experts that having two infectious respiratory conditions this Fall is a powder keg for the already overtaxed healthcare system.

In addition to the general efforts to improve supply availability, the CDC has been prioritizing measures to increase vaccine penetration in ethnic minority populations, as it is these groups that have been disproportionately impacted by coronavirus. Dr. Redfield argues for physicians working with trusted community members to identify unique healthcare needs for these communities and increase the rate of vaccination. *The American Medical Association*.

—Joshua Lesko, MD

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.