Valuing COVID-19 Morbidity Risk Reductions Supplement: Detailed Results from Literature Review Lisa A. Robinson, Michael R. Eber, James K. Hammitt

This supplement provides the detailed results of our review of the health-related quality of life (HRQoL) estimates from the quality-adjusted life year (QALY) literature. The process used to identify these studies and the criteria used to evaluate them are described in the main text, as are HRQoL estimates we select for application. We first list the studies that address COVID-19, then the studies that address influenza, chronic obstructive pulmonary disease (COPD), acute sepsis, respiratory failure, and prolonged mechanical ventilation.

Study	Location	HRQoL Scale	Population	Average Age	Health State	HRQoL Score	
Garrigues	France, one	EQ-5D,	96 patients	64.1	COVID-19,	0.86	
et al. 2020	hospital	French			hospitalized in ward,		
		weights			post-discharge, mean		
					of 110.9 days after		
					hospital admission ^a		
Garrigues	France, one	EQ-5D,	24 patients	59.6	COVID-19,	0.82	
et al. 2020	hospital	French			hospitalized in ICU,		
		weights			post-discharge, mean		
					of 110.9 days after		
					hospital admission ^a		
Meys et	Belgium, members	EQ-5D,	622 patients	45	COVID-19, non-	0.62	
al. 2020	of online support	German			hospitalized, mean of		
	group	weights			79 days after symptom		
				10.5	onset		
Garratt et	Norway,	EQ-5D,	458 patients	49.5	COVID-19, non-	0.82	
al. 2021	population-based	U.K.			hospitalized, mean of		
	cohort	weights			4 months after		
TT 1 .			(0)	70.50	symptom onset	0.704	
Halpin et	U.K., one hospital	EQ-5D,	68 patients	70.5°	COVID-19,	0.724	
al. 2021		U.K.			hospitalized in ward,		
		weights ^b			mean of 48 days after		
II. luin at		EQ 5D	32 patients	58.5°	hospital discharge ^d COVID-19,	0.693	
Halpin et al. 2021	U.K., one hospital	EQ-5D, U.K.	52 patients	38.3	hospitalized in ICU,	0.095	
al. 2021		U.K. weights ^b			mean of 48 days after		
		weights			hospital discharge ^d		
			Danga of a	stimatos pr		0.62 to 0.86	
Supplement	Range of estimates, primary selection criteria Supplementary estimates based on small samples and/or expert assessments						
Taboada	Spain, one	EQ-5D,	91 patients	65.5	COVID-19, critically	0.7054	
et al. 2020	hospital	weights	>1 patients	05.5	ill, ARDS, admitted to	0.7034	
et al. 2020	nospitai	not			ICU, 6 months after		
		specified			ICU discharge		
	1		ge of estimates.	nrimary an	d supplemental studies	0.62 to 0.86	
Kange of estimates, primary and supprementar studies							

Table S1. HRQoL Studies, COVID-19

a. Mean time from hospital admission corresponds to the overall sample of 120 patients.

b. The authors do not explicitly report the country weights used but describe a U.K. population.

c. Age estimates correspond to sample medians.

d. Mean time after hospital discharge corresponds to the overall sample of 100 patients. Halpin et al. (2021) report that the median length of stay was 6.5 days for ward patients and 12 days for ICU patients.

Study	Location	HRQoL Scale	Population	Average Age	Health State	HRQoL Score
Van Hoek et al. 2011	U.K. (England)	EQ-5D, U.K. weights	46 patients	Not provided	Influenza-like illness, worst day of illness	0.34
Van Hoek et al. 2011	U.K. (England)	EQ-5D, U.K. weights	114 patients	Not provided	Laboratory-confirmed H1N1 influenza, worst day of illness	0.29
Hollmann et al. 2013	Spain, 36 hospitals	EQ-5D, Spanish weights	563 patients	39.15	Laboratory-confirmed H1N1 influenza, outpatient care	0.50
Hollmann et al. 2013	Spain, 36 hospitals	EQ-5D, Spanish weights	432 patients	43.44	Laboratory-confirmed H1N1 influenza, inpatient care	0.23
Bilcke et al. 2014	Belgium, national sample	SF-6D, U.K. weights	1,107 patients	Not provided	Influenza-like illness, not seeking ambulatory or hospital care	0.70
Bilcke et al. 2014	Belgium, national sample	SF-6D, U.K. weights	1,116 patients	Not provided	Influenza-like illness, seeking ambulatory care	0.68
Bilcke et al. 2014	Belgium, national sample	SF-6D, U.K. weights	429 patients	Not provided	Physician-diagnosed influenza, seeking ambulatory care	0.68
Bilcke et al. 2014	Belgium, national sample	SF-6D, U.K. weights	24 patients	Not provided	Influenza-like illness, hospitalized	0.61
Bilcke et al. 2014	Belgium, national sample	SF-6D, U.K. weights	6 patients	Not provided	Physician-diagnosed influenza, hospitalized	0.62
					s, primary selection criteria	0.23 to 0.70
Supplementary	y estimates bas	ed on small sam	ples and/or exper	t assessments	3	
Griffin et al. 2001	U.K.	EQ-5D, U.K. weights	21 patients	Not provided	Laboratory-confirmed influenza infection	-0.066°
Griffin et al. 2001	U.K.	EQ-5D, U.K. weights	Expert assessment	N/A	Influenza among hypothetical high-risk patient	-0.263°
Brady et al. 2001	Canada	HUI Mark 3, weights not reported ^a	11 adults ^b	Not provided	Influenza	0.636
Mauskopf et al. 2000	N/A	QWB, weights not reported ^a	Expert assessment	N/A	Influenza	0.5579
Muennig and Khan 2001	N/A	QWB, weights not reported ^a	Expert assessment	N/A	Influenza-like illness	0.61
			Range of estim	ates, primar	y and supplemental studies	-0.263 to 0.70

Table S2. HRQoL Studies, Influenza

a. Given the weights available, the HUI most likely reflects Canadian weights and the QWB most likely reflects U.S. weights.

b. Authors do not indicate whether adults were former patients.

c. Authors do not discuss the reasons for these very low HRQoL scores.

Study	Location	HRQoL Scale	Population	Average Age	Health State	HRQoL Score
Solem et al.	U.S., national	EQ-5D, U.S.	190	67.4	COPD, severe	0.707
2013		weights	patients			
Solem et al.	U.S., national	EQ-5D, U.S.	124	68.8	COPD, very	0.623
2013		weights	patients		severe	
Solem et al.	U.S., national	EQ-5D, U.S.	190	67.4	COPD, severe,	0.590
2013		weights	patients		most recent	
					exacerbation	
Solem et al.	U.S., national	EQ-5D, U.S.	124	68.8	COPD, very	0.494
2013		weights	patients		severe, most	
					recent	
					exacerbation	
Lin et al.	U.S., clinical centers	EQ-5D, U.S.	102	72.1	COPD, GOLD	0.81
2014		weights ^a	patients		stage I ^b	
Lin et al.	U.S., clinical centers	EQ-5D, U.S.	353	68.3	COPD, GOLD	0.81
2014		weights ^a	patients		stage II	
Lin et al.	U.S., clinical centers	EQ-5D, U.S.	165	67.7	COPD, GOLD	0.76
2014		weights ^a	patients		stage III	
Lin et al.	U.S., clinical centers	EQ-5D, U.S.	50 patients	65.1	COPD, GOLD	0.74
2014		weights ^a			stage IV	
Rutten-van	14 countries ^c	EQ-5D, U.S.	622	64.0	COPD, GOLD	0.832
Mölken et		weights	patients		stage II	
al. 2006						
Rutten-van	14 countries ^c	EQ-5D, U.S.	513	65.6	COPD, GOLD	0.803
Mölken et		weights	patients		stage III	
al. 2006					CORD COLD	0.701
Rutten-van	14 countries ^c	EQ-5D, U.S.	91 patients	61.6	COPD, GOLD	0.731
Mölken et		weights			stage IV	
al. 2006	ILC M.	EQ (D. LLC	22 / /	72.2	COND. COLD	0.00
Pickard et	U.S., one Veterans	EQ-5D, U.S.	23 patients	72.3	COPD, GOLD	0.80
al. 2011	Affairs hospital	weights	52 1: 1	71.7	stage I	0.70
Pickard et	U.S., one Veterans	EQ-5D, U.S.	53 patients	71.7	COPD, GOLD	0.70
al. 2011	Affairs hospital	weights	27	70.4	stage II	0.72
Pickard et	U.S., one Veterans	EQ-5D, U.S.	27 patients	70.4	COPD, GOLD	0.72
al. 2011	Affairs hospital	weights	17	72.2	stage III	0.72
Pickard et	U.S., one Veterans	EQ-5D, U.S.	17 patients	73.3	COPD, GOLD	0.72
al. 2011	Affairs hospital	weights			stage IV	0.404.4
		Ka	inge of estimat	es, primary	selection criteria ^d	0.494 to 0.832
0						

Table S3. HRQoL Studies, COPD

a. The authors do not explicitly report the country weights used but refer to HRQoL scores for the U.S. population.

b. "GOLD" refers to the Global Initiative for Chronic Obstructive Lung Disease grading system. More information is available at https://goldcopd.org/.

c. Countries include U.S., Czech Republic, Spain, Denmark, Germany, Poland, the Netherlands, Italy, France, Hungary, Russia, Belgium, and Australia. Of the total sample, 34.5% were U.S. patients. While the U.S. results are not reported separately, the authors estimate that U.S. patients had HRQoL scores that were between 0.04 and 0.15 higher than the scores of Italian, Czech, Polish, and French patients but 0.06 lower than Danish patients.

d. Due to the large number of studies that meet our primary selection criteria, we do not report the results of supplemental COPD studies.

Study	Location	HRQoL Scale	Population ^a	Average Age	Health State	HRQoL Score
Galante et al. 2011	Argentina, convenience sample	EQ-5D, U.K. weights	73 members of the general public	31	Sepsis from pneumococcal disease	-0.295
Hung et al. 2010	Taiwan, five medical institutions	EQ-5D, Taiwanese weights	55 patients	70.9	Conditions requiring prolonged mechanical ventilation	0.23
			Range	e of estimates, s	upplemental studies ^a	-0.295 to 0.23

Table S4. HRQoL Studies, Acute Sepsis and Mechanical Ventilation

a. No studies were identified that meet our primary selection criteria.

Study	Health State	HRQoL Scale	Population ^a	Average Age	Health State	HRQoL Score
Higgins et al. 2019	Australia, New Zealand, Finland, Hong Kong, Ireland, 51 hospitals	EQ-5D, U.K. weights	496 patients	63.1ª	Septic shock, usual care, survivors at 6 months	0.64
Higgins et al. 2019	Australia, New Zealand, Finland, Hong Kong, Ireland, 51 hospitals	EQ-5D, U.K. weights	458 patients	63.1ª	Septic shock, usual care, survivors at 12 months	0.64
Linko et al. 2010	Finland, 25 ICUs	EQ-5D, Finnish weights	288 patients	64	Acute respiratory failure, ICU survivors at 1 year	0.70
Hofhuis et al. 2008; Kip et al. 2018	Netherlands, one surgical-medical ICU	SF-36 converted to EQ-5D, U.K. weights ^b	121 patients	66°	Severe sepsis, at ICU discharge	0.50
Hofhuis et al. 2008; Kip et al. 2018	Netherlands, one surgical-medical ICU	SF-36 converted to EQ-5D, U.K. weights ^b	101 patients	66°	Severe sepsis, at hospital discharge	0.64
Hofhuis et al. 2008; Kip et al. 2018	Netherlands, one surgical-medical ICU	SF-36 converted to EQ-5D, U.K. weights ^b	96 patients	66°	Severe sepsis, 3 months after ICU discharge	0.73
Hofhuis et al. 2008; Kip et al. 2018	Netherlands, one surgical-medical ICU	SF-36 converted to EQ-5D, U.K. weights ^b	95 patients	66	Severe sepsis, 6 months after ICU discharge	0.75
a 1					ary selection criteria	0.50 to 0.75
	y estimates based on					
Drabinski et al. 2001	U.S., 53 hospitals	EQ-5D, weights not described (assumed U.S.)	93 patients	60	Severe sepsis, 30 days after initial hospitalization (some still hospitalized)	0.56
Drabinski et al. 2001	U.S., 53 hospitals	EQ-5D, weights not described (assumed U.S.)	93 patients	60	Severe sepsis, 60 days after initial hospitalization	0.62
Drabinski et al. 2001	U.S., 53 hospitals	EQ-5D, weights not described (assumed U.S.)	93 patients	60	Severe sepsis, 90 days after initial hospitalization	0.68
Drabinski et al. 2001	U.S., 53 hospitals	EQ-5D, weights not described (assumed U.S.)	93 patients	60	Severe sepsis, 180 days after initial hospitalization	0.69
		Range of	estimates, prin	•	pplementary studies	0.50 to 0.75

 Table S5. HRQoL Studies, Post-Acute Sepsis, ARDS, and Acute Respiratory Failure

a. Corresponds to average age of usual care population in the overall study (n=798), not all of whom had HRQoL measured.

b. Authors do not report the source of the weights but refer to an algorithm based on U.K. weights.

c. Corresponds to survivors at 6 months. The larger population of patients mentioned in the trial includes 170 severe sepsis patients, not all of whom had HRQoL measured, and this population had a mean age of 70.

Supplement References

- Bilcke, Joke, Samuel Coenen, and Philippe Beutels. 2014. Influenza-like-illness and clinically diagnosed flu: Disease burden, costs and quality of life for patients seeking ambulatory care or no professional care at all. *PLOS ONE* 9(7): e102634.
- Brady, Bruce, Laura McAuley, and Vijay K. Shukla. 2001. Economic evaluation of zanamivir for the treatment of influenza. Ottawa: Canadian Coordinating Office for Health Technology Assessment.
- Drabinski, A., G. Williams, and C. Formica. 2001. Observational evaluation of health state utilities among a cohort of sepsis patients. *Value in Health* 4(2): 128–129.
- Galante, Julieta, Federico Augustovski, Lisandro Colantonio, Ariel Bardach, Joaquin Caporale, Sebastian Garcia Marti, and Paul Kind. 2011. Estimation and comparison of EQ-5D health states' utility weights for pneumoccocal and human papillomavirus diseases in Argentina, Chile, and the United Kingdom. *Value in Health* 14(5): S60–S64.
- Garratt, Andrew M., Waleed Ghanima, Gunnar Einvik, and Knut Stavem. 2021. Quality of life after COVID-19 without hospitalisation: good overall, but reduced in some dimensions. *The Journal of Infection*: S0163–4453.
- Garrigues, Eve, Paul Janvier, Yousra Kherabi, Audrey Le Bot, Antoine Hamon, Hélène Gouze, Lucile Doucet et al. 2020. Post-discharge persistent symptoms and health-related quality of life after hospitalization for COVID-19. *Journal of Infection* 81(6): e4–e6.
- Griffin, Adrian D., Andrew S. Perry, and Douglas M. Fleming. 2001. Cost-effectiveness analysis of inhaled zanamivir in the treatment of influenza A and B in high-risk patients. *Pharmacoeconomics* 19(3): 293–301.
- Halpin, Stephen J., Claire McIvor, Gemma Whyatt, Anastasia Adams, Olivia Harvey, Lyndsay McLean, Christopher Walshaw et al. 2021. Postdischarge symptoms and rehabilitation needs in survivors of COVID-19 infection: A cross-sectional evaluation. *Journal of Medical Virology 93*(2): 1013– 1022.
- Higgins, Alisa M., Sandra L. Peake, Rinaldo Bellomo, D. Jamie Cooper, Anthony Delaney, Anthony H. Harris, et al. 2019. Quality of life and 1-year survival in patients with early septic shock: longterm follow-up of the Australasian resuscitation in sepsis evaluation trial. *Critical Care Medicine* 47(6): 765–773.
- Hofhuis, José GM, Peter E. Spronk, Henk F. van Stel, Augustinus JP Schrijvers, Johannes H. Rommes, and Jan Bakker. 2008. The impact of severe sepsis on health-related quality of life: a long-term follow-up study. *Anesthesia & Analgesia* 107(6): 1957–1964.
- Hollmann, Malen, Olatz Garin, Mariana Galante, Montserrat Ferrer, Angela Dominguez, and Jordi
 Alonso. 2013. Impact of influenza on health-related quality of life among confirmed (H1N1)
 2009 patients. *PLOS ONE* 8(3): e60477.

- Hung, Mei-Chuan, Yuan-Horng Yan, Po-Sheng Fan, Ming-Shian Lin, Cheng-Ren Chen, Lu-Cheng Kuo, et al. 2010. Measurement of quality of life using EQ-5D in patients on prolonged mechanical ventilation: comparison of patients, family caregivers, and nurses. *Quality of Life Research* 19(5): 721–727.
- Kip, Michelle, Jos A. van Oers, Arezoo Shajiei, Albertus Beishuizen, A. M. Berghuis, Armand R. Girbes, Evelien de Jong et al. 2018. Cost-effectiveness of procalcitonin testing to guide antibiotic treatment duration in critically ill patients: results from a randomised controlled multicentre trial in the Netherlands. *Critical Care* 22(1): 1–10.
- Lin, Fang-Ju, A. Simon Pickard, Jerry A. Krishnan, Min J. Joo, David H. Au, Shannon S. Carson, Suzanne Gillespie et al. 2014. Measuring health-related quality of life in chronic obstructive pulmonary disease: properties of the EQ-5D-5L and PROMIS-43 short form. *BMC Medical Research Methodology* 14(1): 78.
- Linko, Rita, Raili Suojaranta-Ylinen, Sari Karlsson, Esko Ruokonen, Tero Varpula, and Ville Pettilä. 2010. One-year mortality, quality of life and predicted life-time cost-utility in critically ill patients with acute respiratory failure. *Critical Care* 14(2): R60.
- Mauskopf, Josephine A., Sheryl C. Cates, Adrian D. Griffin, Deirdre M. Neighbors, Sarah C. Lamb, and Carolyn Rutherford. 2000. Cost effectiveness of zanamivir for the treatment of influenza in a high risk population in Australia. *Pharmacoeconomics* 17(6): 611–620.
- Meys, Roy, Jeannet M. Delbressine, Yvonne MJ Goërtz, Anouk W. Vaes, Felipe VC Machado, Maarten Van Herck, Chris Burtin et al. 2020. Generic and respiratory-specific quality of life in nonhospitalized patients with COVID-19. *Journal of Clinical Medicine* 9(12): 3993.
- Muennig, Peter A., and Kamran Khan. 2001. Cost-effectiveness of vaccination versus treatment of influenza in healthy adolescents and adults. *Clinical Infectious Diseases* 33(11): 1879–1885.
- Pickard, A. Simon, Yoojung Yang, and Todd A. Lee. 2011. Comparison of health-related quality of life measures in chronic obstructive pulmonary disease. *Health and Quality of Life Outcomes* 9(1): 26.
- Rutten-van Mölken, Maureen PMH, Jan B. Oostenbrink, Donald P. Tashkin, Deborah Burkhart, and Brigitta U. Monz. 2006. Does quality of life of COPD patients as measured by the generic EuroQol five-dimension questionnaire differentiate between COPD severity stages? *Chest* 130(4): 1117–1128.
- Solem, Caitlyn T., Shawn X. Sun, Lavanya Sudharshan, Cynthia Macahilig, Monica Katyal, and Xin Gao. 2013. Exacerbation-related impairment of quality of life and work productivity in severe and very severe chronic obstructive pulmonary disease. *International Journal of Chronic Obstructive Pulmonary Disease* 8: 641.
- Taboada, Manuel, Esther Moreno, Agustín Cariñena, Teresa Rey, Rafael Pita-Romero, Sonsoles Leal, Yolanda Sanduende et al. (2020). Quality of life, functional status, and persistent symptoms after intensive care of COVID-19 patients. *British Journal of Anaesthesia* 126(3): E110–E113.
- van Hoek, Albert Jan, Anthony Underwood, Mark Jit, Elizabeth Miller, and W. John Edmunds. 2011. The impact of pandemic influenza H1N1 on health-related quality of life: a prospective population-based study. *PLOS ONE* 6(3): e17030.