Hospital Readmission Is Common Among COVID-19 Survivors

Nearly 1 in 10 patients who were discharged after receiving inpatient care for coronavirus disease 2019 (COVID-19) earlier this year were readmitted within 2 months, according to a recent study.

To help fill the knowledge gap about post-hospitalization COVID-19 outcomes, CDC investigators analyzed hospital records and administrative data for 126,137 patients with COVID-19 who were admitted between March and July. They found that 15% of the patients died during their initial hospitalization. Among survivors, 9% were readmitted to the same hospital within 2 months of discharge and 1.6% were readmitted more than once. Fifteen percent of patients discharged to nursing home care were readmitted, as were 12% who were discharged to home health care and 7% who didn’t need professional care at home. Fewer than 0.1% of readmitted patients died. Diseases of the circulatory, respiratory, or digestive systems were readmitted patients’ most common discharge diagnoses.

Having preexisting pulmonary disease, heart failure, diabetes, or chronic kidney disease increased patients’ odds of readmission. Patients discharged to home-based or self-care were less likely to be readmitted, but two-thirds of those who were had 1 or more of those chronic conditions. Although Black and Hispanic patients were overrepresented among the hospitalized patients, they were less likely than White patients to be readmitted.

The data add new urgency to the need to curb surging US COVID-19 infections—particularly among high-risk populations—as hospitals across the country become overwhelmed. The findings may also help physicians determine the best discharge plans for inpatients.

“Continued public health messaging and interventions to prevent COVID-19 among older persons and those with underlying medical conditions is essential,” the authors wrote.

Shifts in Emergency Mental Health Care for Youth During the Pandemic

The proportion of visits to the emergency department (ED) for mental health concerns rose by about one-quarter among children aged 5 to 11 years and by nearly one-third among 12- to 17-year-olds in 2020 compared with 2019.

Shelter-in-place orders and concerns about contracting severe acute respiratory syndrome coronavirus 2 infection led to an overall 42% decline in total ED visits during the pandemic’s early weeks, according to the CDC’s National Syndromic Surveillance Program (NSSP). The steepest decrease was in youth aged 14 years or younger. But among all emergency patients, the types of visits shifted, with fewer for injuries and more for psychosocial concerns.

The NSSP’s more recent data through October suggest that beginning in April, mental health–related emergencies made up a larger proportion of child and adolescent ED visits in 2020 than in 2019. The data suggest that mental health concerns were worrisome enough to overcome any reluctance to visit an ED during the pandemic.

“The increase in the proportion of ED visits for children’s mental health concerns might reflect increased pandemic-related stress and unintended consequences of mitigation measures, which reduced or modified access to children’s mental health services,” the authors wrote.

Mental health conditions often emerge during childhood and adolescence. Pandemic-related disruptions in everyday life, anxiety about becoming ill, and social isolation could exacerbate symptoms, the authors noted. Additionally, school closures and curtailed community-based mental health care may have reduced access to care for youth with new or existing conditions.

“These findings demonstrate continued need for mental health care for children during the pandemic and highlight the importance of expanding mental health services, such as telemental health,” the authors wrote. —Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.