

ICU bed occupancy during COVID-19 linked to increase in excess deaths

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(HealthDay)—Stress to the health care system, as measured by intensive

care unit (ICU) bed occupancy, is associated with increases in excess deaths two, four, and six weeks later, according to research published in the Nov. 19 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

To examine the impact of COVID-19 surges on hospital system operations and potential effects on other critical infrastructure sectors and national critical functions, Geoffrey French, from the U.S. Department of Homeland Security in Washington, D.C., and colleagues examined the correlation between hospital strain and excess deaths during July 4, 2020, to July 10, 2021. The study period included the months during which the severe acute respiratory syndrome coronavirus 2 delta variant became predominant.

The researchers found that as ICU [bed occupancy](#) increased, excess deaths increased two, four, and six weeks later. The model used to calculate estimated deaths predicted that if ICU bed use reached 75 percent capacity nationwide, an excess of 12,000 deaths would be expected two weeks later, followed by additional deaths at four and six weeks. Furthermore, as hospitals exceeded 100 percent ICU bed capacity, 80,000 excess deaths would be anticipated two weeks later, followed by additional deaths at four and six weeks.

"This analysis indicates the importance of controlling case growth and the subsequent need for hospitalizations before severe strain," the authors write.

More information: [Abstract/Full Text](#)

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