

Supplementary Material*

Rogers JH, Link AC, McCulloch D, et al. Characteristics of COVID-19 in homeless shelters. A community-based surveillance study. *Ann Intern Med*. 15 September 2020. [Epub ahead of print]. doi:10.7326/M20-3799

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* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.

Supplement Table 1. Shelter Site Characteristics and Participant Encounter Metrics.

Shelter	Max. capacity	Resident sex	Resident age range	Sleeping arrangements available	Total encounters (N=1434, %)	Positives detected (N=29, %)
Sites with routine surveillance						
A	60	Female	≥ 18 years	Communal bunk beds	71 (5.0)	0 (0.0)
B*	200	Mixed	≥ 18 years	Communal bunk beds	200 (13.9)	0 (0.0)
C	100	Mixed	≥ 18 years	Communal bunk beds	142 (9.9)	0 (0.0)
D	45	Mixed	18 - 25 years	Communal floor mats and bunks beds	86 (6.0)	0 (0.0)
E	185	Mixed	All ages (family shelter)	Private rooms / shared rooms / communal floor mats	81 (5.6)	0 (0.0)
F	70	Mixed	All ages (family shelter)	Private rooms / shared rooms / communal floor mats	109 (7.6)	5 (4.6)
G†	100	Mixed	All ages (family shelter)	Private rooms / shared rooms / communal floor mats	42 (2.9)	0 (0.0)
H‡	212	Male	≥ 50 years	Communal floor mats	258 (18.0)	5 (1.9)
I	60	Male	≥ 18 years	Communal bunk beds	103 (7.2)	1 (1.0)
J§	275	Mixed	≥ 18 years	Private rooms / shared rooms	135 (9.4)	0 (0.0)
K	275	Mixed	All ages (family shelter)	Private rooms / shared rooms	79 (5.5)	0 (0.0)
Sites of surge testing events only						

L	100	Male	≥ 50 years	Communal floor mats	80 (5.6)	16 (20.0)
M	49	Male	≥ 50 years	Communal floor mats	20 (1.4)	2 (10.0)
N	150	Mixed	≥ 18 years	Communal floor mats	28 (2.0)	0 (0.0)

*Closed April 9

†Closed April 6

‡ Half of residents moved March 14 to Shelter L

§ Routine surveillance began April 12 to replace Shelter B

| Routine surveillance began April 8 to replace Shelter G



Screening

Asymptomatic Enrollments

Please complete the survey below. Thank you!

Enrollment Date and Time

* must provide value

05-29-2020 08:45   Now M-D-Y H:M

Select your name.

If you are just testing the questionnaire, type DEMO MODE.

* must provide value



Start typing and the staff name will be suggested.

Select the shelter location.

* must provide value

St. Martin's

DESC

Mary's Place - Burien

Mary's Place - White Center

Mary's Place - North Seattle

ROOTS

Compass at First Presbyterian

Compass Jan and Peter's Place
Women's Shelter

Compass Blaine Center Men's
Shelter

Mary's Place Regrade

Red Lion Hotel

Other

[reset](#)

Are you a shelter staff member?

* must provide value

Yes

No

reset

What is your preferred language for your study participation?

* must provide value

Enter your birthday.

* must provide value

M-D-Y

Enter participant age in months.

Have you experienced any of these NEW or WORSENING symptoms in the last 7 days? (Select all that apply)

* must provide value

Feeling feverish

Headaches

Cough

Chills or shivering

Sweats

Sore throat or itchy/scratchy throat

Runny / stuffy nose

Feeling more tired than usual

Muscle or body aches

Increased trouble with breathing

Ear pain or ear discharge

Diarrhea

Nausea or vomiting

Rash

Loss of smell or taste

None of the above

You are done with the screening for the Seattle Flu Study.

* must provide value

Okay

reset

Please enter your phone number

This will only be used to provide you with reminders
about study tasks

Submit



Day 0 Enrollment Questionnaire

What is your sex?

* must provide value

Male

Female

Other (please specify)

Prefer not to say

[reset](#)

Are you Hispanic or Latino?

* must provide value

Yes

No

Prefer not to say

[reset](#)

How would you describe your race? Select all that apply.

* must provide value

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White

Other

Prefer not to say

Have you previously been tested for COVID-19?

* must provide value

Yes

No

[reset](#)

Have you ever been told by a healthcare provider that you have one of the following medical conditions? Select all that apply.

* must provide value

Asthma or reactive airway disease

Blood disorders (e.g. sickle cell)

COPD/ emphysema

Chronic bronchitis

Cancer

Diabetes

Heart disease (heart failure or heart attack)

Immunosuppression (by medication or disease)

Liver disease

None of these conditions

Do not know

Prefer not to say

Do you use any of the following products (either indoors or outdoors)? Select all that apply.

* must provide value

Tobacco products (e.g. cigarettes, cigars, pipes)

Electronic cigarettes/vapor pens

None of the above

Prefer not to say

Have you received this season's influenza (flu) vaccine (since July 1, 2019) ? This includes both flu mist nasal spray and the flu shot.

* must provide value

Yes

No

Do not know

[reset](#)

What is your mat number?

* must provide value

If staff, write "NA"

Have you been sleeping on this same mat number / in this same room number the past 7 days?

* must provide value

Yes

No

reset

If staff, select "No"

Thank you for taking part in the Seattle Flu Study!

Scan the yellow SFS sample barcode that says "Kiosk Asymptomatic" by clicking the "scan barcode" button. If the scanner isn't working, leave this field blank and enter the barcode manually.

ATTENTION RA'S: Make sure this barcode says "Kiosk Asymptomatic"!

Please enter the yellow sample barcode that says "Kiosk Asymptomatic" manually or rescan the barcode above. You cannot proceed until this has been entered.

ATTENTION RA'S: Make sure this barcode says "Kiosk Asymptomatic"!

* must provide value

Please RE-ENTER the yellow sample barcode that says "Kiosk Asymptomatic" manually or rescan the barcode above. You cannot proceed until this has been entered.

* must provide value

Are ____ and ____ the same?

If they are not the same barcode, please reset this question and re-enter the correct barcodes.

* must provide value

Yes

No

reset

Scan the red SCAN sample barcode by clicking the "scan barcode" button. If the scanner isn't working, leave this field blank and enter the barcode manually.

Please enter the red sample barcode manually or rescan the barcode above. You cannot proceed until this has been entered.

* must provide value

Please RE-ENTER the red sample barcode manually or rescan the barcode above. You cannot proceed until this has been entered.

* must provide value

Are [scan_barcode_manual] and [scan_barcode_manual_2] the same?

Yes

If they are not the same barcode, please reset this question and re-enter the correct barcodes.

No

[reset](#)

* must provide value

Specimen collection date

2020-05-29 08:47:27

Gift Card Type

Scan the giftcard barcode by clicking the "scan barcode" button. If the scanner isn't working, leave this field blank and enter the barcode manually.

Please manually enter the last 4 digits of the gift card barcode /ID. You cannot proceed until this has been done.

* must provide value

Submit

Supplement Table 2. Non-SARS-CoV-2 Respiratory Pathogens Tested for by TaqMan RT-PCR, OpenArray Platform

Pathogen Name
Influenza
<i>Influenza A</i>
<i>Influenza B</i>
<i>Influenza C</i>
RSV (respiratory syncytial virus, A and B)
hPIV1-hPIV4 (human parainfluenza 1-4)
Seasonal CoV (coronavirus)
<i>CoV_HKU1</i>
<i>CoV_NL63</i>
<i>CoV_229E</i>
<i>CoV_OC43</i>
hMPV (human metapneumovirus)
hRV (human rhinovirus)
Mumps
Measles
hPeV (human parechovirus)
EV (enterovirus)*
<i>EV-D68</i>
hBoV (human bocavirus)
AdV (adenovirus)
Pertussis**
<i>S. pneumoniae</i> (Streptococcus pneumoniae)**
<i>M. pneumoniae</i> (Mycoplasma)**
<i>C. pneumoniae</i> (Chlamydia pneumoniae)**