

## **Supplemental Material**

### **Description of relevant study variables**

In the online survey, healthcare personnel (HCP) could self-select from the following categories for race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Other race or Prefer not to answer. For occupation, other HCP included environmental service workers, chaplains, patient managers and coordinators, telemetry technicians, audiologists, speech pathologists, dieticians, laboratory technicians, pharmacists, social workers, infection preventionists, interpreters, research nurses with patient care, lactation consultants, and genetic counselors.

We categorized the primary work setting of each HCP as either emergency department, inpatient medical or surgical location (including HCP whose primary location was a procedural-based location), intensive care unit, outpatient or other. If the participant did not select a primary location and instead provided a non-prioritized free response list of work locations, we could not determine their primary location and so this was counted as missing data. Immunocompromised HCP were defined as having an autoimmune or rheumatologic disorder, active malignancy, solid organ or hematologic stem cell transplant, or other self-reported immunosuppressive condition or medication. The cumulative incidence of COVID-19 per residential ZIP code was calculated using data provided from the Georgia Department of Public Health and includes all reported cases of COVID-19 (confirmed and probable) up to two weeks prior to each participant's blood draw; log base 10 of the cumulative incidence was used per 10,000 population in the analysis.

For the assessment of personal protective equipment (PPE) use, HCP were required to answer how often (all the time, sometimes, or rarely/never) they wore the following equipment

during patient care activities in COVID-19 and non-COVID-19 units: gloves, gowns, N95 respirator, powered air purifying respirators (PAPRs), facemask, and goggles/face shield. A high-risk occupational exposure to SARS-CoV-2 was defined according to the CDC guidance as having prolonged close contact with a patient(s) with SARS-CoV-2 infection while: 1) the HCP was not wearing a respirator or facemask; 2) the HCP was not wearing eye protection while the patient was not wearing a facemask or intubated; or 3) the HCP was not wearing all recommended PPE (gown, gloves, eye protection and respirator) while performing an aerosol generating procedure (AGP).<sup>1</sup> AGPs included airway suctioning, non-invasive positive pressure ventilation, manual ventilation, nebulizer treatments, intubation, cardiopulmonary resuscitation, chest physiotherapy, mini-bronchoalveolar lavage, breaking ventilation circuit, sputum induction, bronchoscopy, or high-flow oxygen delivery.

Reference:

1. CDC. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. Cent. Dis. Control Prev. 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. Accessed May 6 2020.