

Blood type not associated with COVID-19 outcomes

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percent confidence interval, 0.80 to 0.99; $P = 0.03$), or ICU admission (odds ratio, 0.84; 95 percent confidence interval, 0.69 to 1.02; $P = 0.08$) compared with type O blood. Outcomes were no worse for types B or AB than for type O. Results were similar for analyses restricted to White patients.

"Given the large and prospective nature of our study and its strongly null results, we believe that important associations of SARS-CoV-2 and COVID-19 with ABO groups are unlikely and will not be useful factors associated with disease susceptibility or severity on either an individual or [population level](#) for similar environments and ancestries," the authors write.

One author disclosed financial ties to AstraZeneca and GlaxoSmithKline.

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

(HealthDay)—Blood type is not associated with COVID-19 susceptibility or outcomes, according to a research letter published online April 5 in *JAMA Network Open*.

Jeffrey L. Anderson, M.D., from Intermountain Medical Center Heart Institute in Salt Lake City, and colleagues assessed whether [blood type](#) is associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) susceptibility and COVID-19 severity. The analysis included 107,796 individuals who were tested for SARS-CoV-2 between March 3 and Nov. 2, 2020, at an integrated health care system of 24 hospitals and 215 clinics in Utah, Idaho, and Nevada.

The researchers found that blood type was not associated with [disease susceptibility](#) or severity, including viral positivity, hospitalization, or intensive care unit (ICU) admission. Type A was not associated with increased viral positivity (odds ratio, 0.97; 95 percent confidence interval, 0.93 to 1.01; $P = 0.11$), hospitalization (odds ratio, 0.89; 95

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