

**Table 1. Sources of databases information including source, nation, updated time, and owner**

Data source	Nation	Updated time	Owner
Characteristics of HCP with COVID-19 [1]	US	July 16 <sup>th</sup> , 2020	U.S. CDC
COVID-19 transmission dynamics data [2]	Taiwan	Apr 2 <sup>nd</sup> , 2020	Taiwan CDC
California COVID-19 Health Surveys [3]	US	Sep 31 <sup>st</sup> , 2020	California COVID-19 Health Center
Texas Health Center COVID-19 Survey [4]	US	Oct 7 <sup>th</sup> , 2020	Texas Health Center
O*Net database [5]	US	Nov 16 <sup>th</sup> , 2020	U.S. Department of Labor
COVID-NET database [6]	US	Aug 28 <sup>th</sup> , 2020	U.S. CDC
Texas COVID-19 Data [7]	US	Apr 29 <sup>th</sup> , 2021	Texas Department of State Health Services
Cross-sectional observational study of UK-based HCP [8]	UK	May 25 <sup>th</sup> , 2020	The authors

**Table 2. Characteristics of the selected features and their associated databases**

Features		Values/Units	Notation	Characteristics	Data sources
Time from symptom onset to hospitalization		Days	$SOH_{time}$	Secondary clinical attack rate is significantly high within the first 5 days from symptom onset	COVID-19 transmission dynamics data in Taiwan
Clinical severity of patients		Discrete	$CS$	Be classified into: Asymptomatic, Mild illness, Mild pneumonia, Severe pneumonia, and ARDS/sepsis	
PPE sufficiency level		%	$PPE_{SL}$	To assess the sufficiency level, we used the answer of nurses and physicians to the question: “Does your hospital have adequate PPE for clinicians to treat the patients you have right now?”. In addition, Texas Health Center COVID-19 Survey Summary Report provided the Health Centers with an adequate supply of (PPE) for the next week.	1. California COVID-19 Health Surveys: Data and Charts 2. Texas Health Center COVID-19 Survey Summary Report
Contact with others		Score from 0 to 1	$CO$	The four physical job attributes help to determine the occupational-specific risk score: <ul style="list-style-type: none"><li>• <b>Contact with others:</b> How much does this job require the worker to be in contact with others to perform it?</li><li>• <b>Physical proximity:</b> To what extent does this job require the worker to perform tasks in close physical proximity to others?</li><li>• <b>Exposure to disease/infection:</b> How often does this job require exposure to disease or infection?</li><li>• <b>Working hours per week</b></li></ul>	U.S. Department of Labor O*Net database
Physical proximity			$PP$		
Exposure to disease/infection			$EI$		
Working hours per week			$N_{hours}$		
Patient characteristics	Age	Continuous	$Age$	Age of HCP	Cross-sectional observational study of UK-based healthcare workers
	Having Cancer	Binary	$Cancer$	HCP’s comorbidities include cancer	
	Having respiratory disease	Binary	$Resp$	HCP’s comorbidities include respiratory disease	
	Having obesity	Binary	$Obes$	HCP’s comorbidities include obesity	
	Current or Ex-smoker within 1 year	Binary	$Smoker$	HCP is a current smoker or ex-smoker within one year	

Work details	Allied health professionals	Binary	<i>Allied_prof</i>	HCP is a current smoker or ex-smoker within one year
	Dentists and dental staffs	Binary	<i>Dental_staff</i>	HCP is a dentist or a dental staff
	Doctors	Binary	<i>Doctor</i>	HCP is a doctor
	Use public transport	Binary	<i>Pub_trans</i>	HCP uses public transport to travel to work
Workplace exposure	Regular clinical contact	Discrete	<i>C_contact</i>	Having Regular clinical contact with suspected or confirmed COVID-19 patients
	Regular exposure to AGPs	Discrete	<i>AGP</i>	Having Regular exposure to aerosol generating procedures (AGPs) performed in suspected or confirmed COVID-19 patients
PPE usage	Sufficient training in PPE use	Binary	<i>PPE_train</i>	Having Sufficient training in PPE use before handling patients
	Lacked access to PPE	Binary	<i>Lacked_PPE</i>	Lacked access to PPE items for clinical contact with suspected or confirmed COVID-19 patients
	Clinical contact without adequate PPE	Discrete	<i>Cont_wo_PPE</i>	Be classified into never, rarely, sometimes, often, always
	Used improvised PPE	Binary	<i>Imp_PPE</i>	HCP has used improvised (customized) PPE

## References

1. COVID, T.C., *Characteristics of Health Care Personnel with COVID-19-United States, February 12-April 9, 2020*. 2020.
2. Cheng, H.-Y., et al., *Contact tracing assessment of COVID-19 transmission dynamics in Taiwan and risk at different exposure periods before and after symptom onset*. JAMA internal medicine, 2020.
3. California Health Care Foundation, *California COVID-19 Health Surveys: Data and Charts*. April 1, 2020; Available from: <https://www.chcf.org/project/california-covid-19-health-surveys/#physician-survey>.
4. Health Resources & Services Administration, *Texas Health Center COVID-19 Survey Summary Report*. Oct 7th, 2020; Available from: <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/tx>.
5. O\*Net database. Nov 16th, 2020; Available from: <https://www.onetonline.org/>.
6. Garg, S., *Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019—COVID-NET, 14 States, March 1–30, 2020*. MMWR. Morbidity and mortality weekly report, 2020. **69**.
7. Texas COVID-19 Data. Apr 29th, 2021; Available from: <https://dshs.texas.gov/coronavirus/additionaldata.aspx>.
8. Kua, J., et al., *healthcareCOVID: a national cross-sectional observational study identifying risk factors for developing suspected or confirmed COVID-19 in UK healthcare workers*. PeerJ, 2021. **9**: p. e10891.