



Early View

Original research
article

Prognostic factors for adverse outcomes in patients with COVID-19: a field-wide systematic review and meta-analysis

Vanesa Bellou, Ioanna Tzoulaki, Maarten van Smeden, Karel G. M. Moons, Evangelos Evangelou, Lazaros Belbasis

Please cite this article as: Bellou V, Tzoulaki I, van Smeden M, *et al.* Prognostic factors for adverse outcomes in patients with COVID-19: a field-wide systematic review and meta-analysis. *Eur Respir J* 2021; in press (<https://doi.org/10.1183/13993003.02964-2020>).

This manuscript has recently been accepted for publication in the *European Respiratory Journal*. It is published here in its accepted form prior to copyediting and typesetting by our production team. After these production processes are complete and the authors have approved the resulting proofs, the article will move to the latest issue of the ERJ online.

Copyright ©The authors 2021. This version is distributed under the terms of the Creative Commons Attribution Non-Commercial Licence 4.0. For commercial reproduction rights and permissions contact permissions@ersnet.org

Prognostic factors for adverse outcomes in patients with COVID-19: A field-wide systematic review and meta-analysis

Vanessa Bellou MD¹, Ioanna Tzoulaki PhD^{1,2,3}, Maarten van Smeden PhD⁴, Karel GM Moons
PhD^{4,5}, Evangelos Evangelou PhD^{1,2,3}, Lazaros Belbasis MD, PhD¹

¹ Department of Hygiene and Epidemiology, University of Ioannina Medical School, Ioannina,
Greece

² Department of Epidemiology and Biostatistics, School of Public Health, Imperial College
London, London, United Kingdom

³ Institute of Biosciences, University Research Center of Ioannina, Ioannina, Greece

⁴ Julius Center for Health Sciences and Primary Care, University Medical Centre Utrecht, Utrecht
University, Utrecht, Netherlands

⁵ Cochrane Netherlands, University Medical Centre Utrecht, Utrecht University, Utrecht,
Netherlands

Short title: Prognostic factors in COVID-19 patients

Corresponding author:

Lazaros Belbasis

Postdoctoral Research Fellow

Department of Hygiene and Epidemiology,

University of Ioannina Medical School,

Ioannina, Greece

ABSTRACT

Introduction: The individual prognostic factors for COVID-19 are unclear. For this reason, we aimed to present a state-of-the-art systematic review and meta-analysis on the prognostic factors for adverse outcomes in COVID-19 patients.

Methods: We systematically reviewed PubMed from January 1, 2020 to July 26, 2020 to identify non-overlapping studies examining the association of any prognostic factor with any adverse outcome in patients with COVID-19. Random-effects meta-analysis was performed, and between-study heterogeneity was quantified using I^2 metric. Presence of small-study effects was assessed by applying the Egger's regression test.

Results: We identified 428 eligible articles, which were used in a total of 263 meta-analyses examining the association of 91 unique prognostic factors with 11 outcomes. Angiotensin-converting enzyme inhibitors, obstructive sleep apnea, pharyngalgia, history of venous thromboembolism, sex, coronary heart disease, cancer, chronic liver disease, chronic obstructive pulmonary disease, dementia, any immunosuppressive medication, peripheral arterial disease, rheumatological disease and smoking were associated with at least one outcome and had >1000 events, P-value <0.005, I^2 <50%, 95% prediction interval excluding the null value, and absence of small-study effects in the respective meta-analysis. The risk of bias assessment using the Quality In Prognosis Studies tool indicated high risk of bias in 302 of 428 articles for study participation, 389 articles for adjustment for other prognostic factors, and 396 articles for statistical analysis and reporting.

Conclusions: Our findings could be used for prognostic model building and guide patients' selection for randomized clinical trials.

1 INTRODUCTION

In December 2019, a cluster of pneumonia cases was reported in Wuhan, China, and subsequent epidemiological tracking identified a novel coronavirus (Severe Acute Respiratory Syndrome-Coronavirus-2, SARS-CoV-2) as the cause.¹ The SARS-CoV-2 has spread across all continents since then and caused a public health crisis.² As of February 2021, there have been more than 100 million confirmed cases with coronavirus disease 2019 (COVID-19) and more than 2 million deaths according to World Health Organization.³

The ongoing public health emergency necessitates the discovery of reliable prognostic factors to guide clinical decision making and treatment plan tailored to the patient characteristics. These prognostic factors could also improve the design and analysis of future clinical trials and suggest novel insights on molecular pathways of the disease.^{4,5}

There is a growing body of literature on COVID-19 patients, examining prognostic features of the disease. However, clinical decision-making and research guidance is often based on narrative reviews or low-quality studies.⁶ There is yet no published effort to critically and systematically summarize the epidemiological evidence on the entire prognostic factor landscape for multiple adverse outcomes in COVID-19 patients. Our study aims to fill this gap by conducting the first comprehensive systematic review, critical appraisal and (in case of sufficient data) meta-analysis of all prognostic factors in patients with COVID-19 by applying state-of-the-art approaches.

2 METHODS

We followed the MOOSE (*Meta-analyses of Observational Studies in Epidemiology*) guideline and the latest guidance of the Prognosis Methods Group of the Cochrane Collaboration to design and report our meta-analysis.^{7,8} We designed the research question and data extraction of this systematic review according to the modified checklist for critical appraisal and data extraction for systematic reviews of prognostic factor research (CHARMS-PF).^{5,9} A protocol for this systematic review was published on *Open Science Foundation* (osf.io/382wj).

2.1 Literature search

We systematically searched PubMed from January 1, 2020 to July 26, 2020 to identify all studies examining any prognostic factor of any adverse outcome in patients with COVID-19. Our search algorithm was based on LitCovid^{10,11} and was the following: "coronavirus"[All Fields] OR "SARS-CoV-2"[All Fields] OR "cov"[All Fields] OR "2019-SARS-CoV-2"[All Fields] OR "COVID-19"[All Fields] OR "SARS-CoV-2"[All Fields]. The literature search was performed by two independent researchers (VB, LB). We additionally performed a reference screening of the eligible articles to identify additional potentially eligible articles.

2.2 Eligibility criteria

We considered as eligible observational studies or clinical trials that included patients with SARS-CoV-2 infection (defined by real-time polymerase chain reaction testing or standardized clinical/radiological criteria) and examined the effect of any prognostic factor on any outcome. We considered eligible any outcome that was relevant

to patients if its definition and measurement was standardized or explicitly defined. We excluded outcomes measured at the time of diagnosis or hospital admission, and prognostic factors measured after diagnosis or hospital admission, to ensure temporality between prognostic factor and outcome.

Prognostic factor was defined as “any measure that, among people with a given health condition, is associated with a subsequent clinical outcome.”¹² We considered all types of prognostic factors including demographic and anthropometric individual characteristics, biomarkers, symptoms, clinical signs, medical history and comorbid diseases, medications, and findings in chest imaging. **Table 1** shows a detailed description of the PICOTS (Population, Index prognostic factor, Comparator prognostic factor, Outcome, Timing, Setting) system.^{5,9,13}

2.3 Data Extraction

Data extraction was performed independently by two researchers (VB, LB) following the CHARMS checklist.^{5,9} From each article, we extracted the first author, the year and the journal of publication, the geographic region and the involved hospital, the recruitment period, the examined prognostic factors, and the examined outcomes and their definition. For each prognostic factor, we extracted the reported measure of association (i.e., odds ratio, risk ratio, or hazard ratio) and the level of comparison. We extracted both univariable and multivariable prognostic factor’s effect estimates, whenever available.^{5,8}

2.4 Risk of bias assessment

The presence of bias in the eligible studies was assessed independently by two researchers (VB, LB) using the Quality In Prognosis Studies (QUIPS) tool. QUIPS assesses 6 domains: participation, attrition, prognostic factor measurement, adjustment for other prognostic factors, outcome measurement and analysis and reporting.^{5,14} In each one domain apart from adjustment for other prognostic factors, risk of bias was assessed as low, moderate, or high based on a prespecified set of questions.

2.5 Statistical Analysis

In the absence of a reported prognostic effect size, we calculated the univariable odds ratio (OR) and its standard error from the reported 2×2 contingency table. When zero counts occurred in a cell of the contingency table, we applied the Haldane-Anscombe correction.¹⁵

For associations examined in at least 5 studies, we estimated the summary effect estimate and its 95% confidence interval (CI) applying the DerSimonian and Laird random-effects model, because methodological heterogeneity was expected between the eligible studies.^{16,17} To minimize the effect of different outcome definitions on between-study heterogeneity, we combined only studies using the same outcome definition. A statistically significant effect was claimed at P-value <0.05 . Also, between-study heterogeneity was quantified by the I^2 statistic.^{18,19} Values greater than 50% and 75% were judged as large and very large heterogeneity, respectively.

We estimated the 95% prediction interval, which further accounts the uncertainty for the effect that would be expected in a new study addressing the same association.¹⁶ We

assessed whether there was evidence for small-study effects with the Egger's regression asymmetry test.²⁰ The presence of small-study effects was based on a statistically significant Egger's test at P-value <0.10 combined by a more conservative effect in the largest study of the meta-analysis compared to the effect in the random-effects meta-analysis.

We performed three sensitivity analyses to explore potential sources of between-study heterogeneity by excluding (a) studies presenting hazard ratios, (b) studies with a sample smaller than 100 COVID-19 patients, and (c) studies including only individuals with specific comorbidities. Then, we estimated the Spearman correlation coefficient to examine the correlation of effect estimate, I^2 statistic and P-value in the main analysis and the sensitivity analyses.

We also examined which associations presented a highly significant effect at P-value <0.005, absence of large or very large between-study heterogeneity (i.e., I^2 <50%), 95% prediction interval excluding the null value, and more than 1000 events. The rationale for the use of a strict P-value threshold is based on current recommendations to avoid false-positive findings.²¹⁻²³

Statistical analysis was performed on *R Statistical Software version 3.6.3* (Foundation for Statistical Computing, Vienna, Austria) and the packages "*metafor*" and "*metareg*" were used for all analyses. Additional details on the eligibility criteria, the data extraction process, and the risk of bias assessment are presented in the supplementary material.

3 RESULTS

3.1 Description of eligible articles

We screened a total of 36,661 articles, and we identified 428 eligible articles that were published between January 1, 2020 and July 26, 2020 and were included in a meta-analysis (**Figure 1**). The majority of the included studies were from China (n=106), USA (n=98), Italy (n=65), Spain (n=34), France (n=26) and UK (n=20).

3.2 Risk of bias assessment

424 of 428 articles (99%) that participated in at least one meta-analysis were graded as having high risk of bias in at least one domain (**Figure 2**). To specify on domains, high risk of bias was present in 302 articles (71%) for study participation, one article for study attrition (0.2%), 255 articles (60%) for prognostic factor measurement, 19 articles (4%) for outcome measurement, and 396 articles (93%) for statistical analysis and reporting. Also, 389 articles (91%) did not present a prognostic factor's effect estimate that was adjusted for other prognostic factors. The detailed assessment of the eligible articles per domain is presented in **Supplementary Table 1**.

3.3 Description of clinical outcomes and prognostic factors

We performed a total of 263 meta-analyses focused on risk for mortality (n=89 meta-analyses), ICU admission (n=48 meta-analyses), hospital admission (n=50 meta-analyses), two composite outcomes (n=24 meta-analyses), invasive mechanical ventilation (n=23 meta-analyses), acute kidney injury (n=9 meta-analyses), venous thromboembolism (n=6 meta-analyses), pulmonary embolism (n=5 meta-analyses), acute

respiratory distress syndrome (n=5 meta-analyses), and deep venous thrombosis (n=4 meta-analyses).

Overall, we evaluated 91 unique prognostic factors which were categorized into seven categories: biomarkers (n=16 meta-analyses, 11 unique factors), comorbidities (n=120 meta-analyses, 30 unique factors), imaging markers (n=7 meta-analyses, 4 unique factors), demographic characteristics (n=25 meta-analyses, 3 unique factors), environmental factors (n=8 meta-analyses, 2 unique factors), medications (n=28 meta-analyses, 12 unique factors), and symptoms or clinical signs (n=59 meta-analyses, 29 unique factors).

3.4 Findings from meta-analyses

The median number of studies per meta-analysis was 9 (interquartile range [IQR], 6 – 14), the median number of events per meta-analysis was 1195 (IQR, 514 – 2937) and the median number of COVID-19 participants per meta-analysis was 5131 (IQR, 2394 – 13,395). One hundred and fifty-seven of 263 meta-analyses (60%) included more than 1000 events. One hundred and forty-nine of 263 meta-analyses (57%) presented a statistically significant effect at P-value <0.05, whereas 119 of them had a P-value <0.005.

One hundred and thirty-seven of 263 meta-analyses (52%) presented large or very large between-study heterogeneity ($I^2 >50\%$). Forty-eight of 263 meta-analyses (18%) presented a 95% prediction interval that excluded the null value. Also, 18 of 263 meta-analyses (7%) presented evidence for small-study effects. The results of the meta-analyses for the 263 associations are available in **Supplementary Table 2**.

A forest plot of the 29 associations with more than 1000 events, P-value <0.005, I^2 <50%, and no evidence of small-study effects is presented in **Figure 3**. Of the 149 statistically significant meta-analyses at P-value <0.05, 16 meta-analyses included more than 1000 events, had a P-value <0.005 in random-effects model, I^2 <50%, 95% prediction interval excluding the null value and absence of small-study effects. These meta-analyses examined the effect of obstructive sleep apnea (OR, 2.11; 95% CI, 1.54 – 2.89), and history of VTE (OR, 2.35; 95% CI, 1.75 – 3.14) on risk of hospitalization, the effect of female sex (OR, 0.53; 95% CI, 0.46 – 0.59) on risk of ICU admission, the effect of coronary heart disease (OR, 1.69; 95% CI, 1.43 – 1.99) on risk of acute kidney injury, the effect of cancer (OR, 1.57; 95% CI, 1.25 – 1.98) and female sex (OR, 0.62; 95% CI, 0.55 – 0.71) on risk of invasive mechanical ventilation, and the effect of ACEi (OR, 1.38; 95% CI, 1.20 – 1.59), cancer (OR, 2.14; 95% CI, 1.86 – 2.45), chronic liver disease (OR, 1.46; 95% CI, 1.24 – 1.72), COPD (OR, 2.19; 95% CI, 1.88 – 2.55), dementia (OR, 3.12; 95% CI, 2.50 – 3.90), any immunosuppressive medication (OR, 1.22; 95% CI, 1.12 – 1.34), peripheral arterial disease (OR, 2.07; 95% CI, 1.55 – 2.75), pharyngalgia (OR, 0.58; 95% CI, 0.46 – 0.71), rheumatological disease (OR, 1.41; 95% CI, 1.27 – 1.57), and smoking (OR, 1.50; 95% CI, 1.35 – 1.66) on risk of mortality. Thirteen additional meta-analyses fulfilled the aforementioned characteristics with the exception of a 95% prediction interval that included the null value. These meta-analyses assessed the effect of ACEi on risk of hospitalization, the effect of cardiovascular disease, chronic kidney disease, chronic lung disease, and diabetes mellitus on risk of ICU admission, the effect of ACEi/ARBs and sex on risk of acute kidney injury, the effect of BMI on risk of invasive mechanical ventilation, the effect of chronic kidney disease and sex on the risk

of a composite outcome (defined as ICU admission or death), and the effect of ARBs, insulin and low white blood cells count on risk of mortality. These 29 associations are visualized in a Sankey diagram (**Figure 4**).

3.5 Sensitivity analyses

We repeated 57 meta-analyses after excluding the studies that reported hazard ratios (HR) without information on 2×2 contingency table (**Supplementary Table 3**). Overall, we observed high correlation of summary effect estimates ($\rho = 0.98$, $P < 0.05$), P-values ($\rho = 0.96$, $P < 0.05$), and I^2 statistics ($\rho = 0.95$, $P < 0.05$) before and after the exclusion of these studies.

A total of 192 meta-analyses were repeated after the exclusion of studies with less than 100 COVID-19 participants (**Supplementary Table 4**). Overall, we observed high correlation of summary effect estimates ($\rho = 0.99$, $P < 0.05$), P-values ($\rho = 0.96$, P-value < 0.05), and I^2 statistics ($\rho = 0.96$, P-value < 0.05) before and after the exclusion of these studies.

A total of 103 meta-analyses were repeated after the exclusion of studies including only COVID-19 patients with a specific comorbid disorder (**Supplementary Table 5**). Overall, we observed high correlation of summary effect estimate ($\rho = 0.99$, $P < 0.05$), P-value ($\rho = 0.98$, P-value < 0.05), and I^2 statistic ($\rho = 0.98$, P-value < 0.05) before and after the exclusion of these studies.

4 DISCUSSION

We conducted a comprehensive systematic review, and meta-analysis to present an overview of the prognostic factors associated with any adverse outcome in patients diagnosed with COVID-19. We applied state-of-the-art approaches to combine the data from more than 420 studies by following the relevant methodological guidance. In our research effort, we considered more than 260 associations covering a wide range of predictors for multiple outcomes in COVID-19 patients. More than half of these associations presented a nominally significant effect, and only 16 of them provided strong evidence in terms of sample size, statistical significance, consistency, and lack of small-study effects. Below, we discuss the findings of our research effort with a focus on the most credible predictors, and the potential biases in these associations.

4.1 Principal findings in context

Our risk of bias assessment indicated that almost all the eligible studies included in our systematic review presented high risk of bias in at least one domain of QUIPS tool. Most articles had high risk of bias in the domains of participation and statistical analysis and presented several statistical pitfalls, including absence of a regression technique or inappropriate modelling strategy and handling of missing data, and poor reporting of the time horizon of prediction. In accordance with the systematic review of prognostic and diagnostic models for COVID-19,²⁴ our systematic review of individual prognostic factors also indicated poor reporting of the length of follow-up, exclusion of participants who still had the disease at the end of the study period and inappropriate statistical methods. Our meta-analyses focused on unadjusted effect estimates, indicating that the

prognostic effect of some prognostic factors is likely to become smaller if they were included in a multivariable prediction model.⁵ We could not combine adjusted effect estimates, because they were only scarcely reported in the literature. Whenever adjusted effect estimates were presented, selection of covariates was not consistent among different studies, whereas the selection of covariates in the multivariable model either was not clearly described in the eligible studies or was inappropriately based on the results of univariable modelling. An additional observation of our systematic review, corroborating the poor research practices in this field, was the substantial use of overlapping populations to examine the same or correlated prognostic factors and/or outcomes in different articles.^{25–27}

Age and sex constitute known prognostic factors for many chronic diseases. Our analysis confirms that age is a prognostic factor related to hospitalization, and mortality, with a linear dose-response association with mortality. Although large between-study heterogeneity was observed in these meta-analyses, 95% prediction intervals excluded the null value. Also, sex was identified as a prognostic factor for ICU admission, acute kidney injury, invasive mechanical ventilation, and composite outcome (defined as ICU admission, and death) in male compared to female patients. In these associations small or moderate between-study heterogeneity was observed, but 95% prediction intervals included the null value for acute kidney injury, and composite outcome. The strong association of age and sex with adverse outcomes in COVID-19 patients indicates that they should be considered in multivariable prognostic models as covariates.

Symptoms and clinical signs associated with adverse events in COVID-19 patients could be used as “red flags” for patients requiring enhanced monitoring or treatment.²⁸

Dyspnea was a predictor of hospitalization, oxygen saturation was a predictor of mortality, and both associations presented large between-study heterogeneity with 95% prediction intervals excluding the null value. Also, pharyngalgia was a predictor of hospitalization with absence of large between-study heterogeneity and 95% prediction interval excluding the null value. Additionally, smoking could be considered a prognostic factor of clinical deterioration because available evidence showed a consistent association of smoking with risk of mortality.

Almost half of the meta-analyses examined comorbid diseases as prognostic factors of COVID-19 outcomes. SARS-CoV-2 causes systemic inflammation and multi-organ damage outside the respiratory system, therefore patients with pre-existing chronic disorders of these organs may be more prone to organ insufficiency.²⁹ The most consistent evidence for a prognostic role were obstructive sleep apnea, venous thromboembolism, cardiovascular disease, chronic kidney disease, chronic lung disease, diabetes mellitus, obesity, cancer, chronic liver disease, COPD, dementia, peripheral arterial disease and rheumatological disease, which predicted the occurrence of at least one prognostic outcome. An important limitation of the studies examining the prognostic effect of comorbid diseases was the vague reporting of their definition and ascertainment. This research practice could cause considerable heterogeneity, but we could not test this hypothesis in subgroup analyses. For example, presence of cardiovascular disease, chronic lung disease, chronic liver disease, and any comorbidity constitute disease groups which might include different diseases across studies.

Twelve medications were considered as prognostic factors for COVID-19 patients. More than half of the relevant meta-analyses examined the prognostic significance of

ACE inhibitors and ARBs. ACE inhibitors were identified as predictors of hospitalization and mortality, ARBs were predictors of mortality, and the use of either ACE inhibitors or ARBs presented consistent evidence for an association with acute kidney injury. Among the rest of the medications, use of any immunosuppressive medication and insulin presented consistent evidence as predictors of mortality.

A total of 16 meta-analyses were performed for serum biomarkers and two adverse outcomes (i.e., mortality and ICU admission). Almost all these meta-analyses had a small sample. Only leukopenia presented consistent evidence for prediction of mortality, but the 95% prediction interval included the null value. Although the majority of eligible studies dichotomized continuous biomarkers, many of them used standardized cutpoints. However, several studies did not report the cutpoint they used, rendering this information ineligible for inclusion in meta-analysis. According to published guidance, we only combined studies that reported the cutpoint used, and used the same cutpoint, to avoid heterogeneity and to increase interpretability of results.

4.2 Comparison with other studies

Our findings on the low study quality are in accordance with other published systematic reviews that appraised published studies on COVID-19. A meta-epidemiological study that assessed all literature related to SARS-CoV-2 during the first semester of the pandemic showed that the majority of research was composed by articles without original data and assessed all the studies that contained original data and were published during that period as high risk of bias.⁶ Moreover, a living systematic review and network meta-analysis of clinical treatment studies on COVID-19 patients and a recent systematic review of treatment studies of chloroquine and hydroxychloroquine

also highlighted low methodological quality of published studies.^{30,31} Furthermore, a systematic review of all prediction models, diagnostic and prognostic, for COVID-19 patients assessed all models as high risk of bias and highlighted the use of improper statistical analysis.²⁴

4.3 Recommendations and policy implications

There is a growing body of epidemiological studies examining prognostic factors of the COVID-19. Due to the great significance of answering clinical questions related to prognosis of COVID-19, it is important to highlight the limitations and the gaps of the existing literature to improve the design and the validity of upcoming studies on COVID-19 prognosis. An important issue that should be raised is the need for adequate and transparent reporting of methodology and findings in future studies to improve the applicability of the evidence. The reporting of the methods and results of future studies could be improved by following the STROBE statement and PROGRESS framework.^{12,32} Future studies should include a detailed description of the recruitment process and sample selection, apply an appropriate regression modelling technique for the statistical analysis and present prognostic effects adjusted at least for age and sex. The time horizon for the prediction should be clearly reported and hazard ratios should be the effect size metric of choice, because odds ratios and risk ratios are sensitive to changes based on the time horizon of the prediction contributing to between-study heterogeneity. Also, selective reporting of findings should be avoided to minimize the effect of publication bias in the reported associations.

Based on a recently published comprehensive systematic review of COVID-19 related prediction models, the selection of predictors for model building is more

appropriate to be based on previous literature than on a purely data driven approach.²⁴ Considering that our meta-analyses synthesized unadjusted prognostic effect estimates, our findings do highlight the prognostic factors that could constitute good predictors for adverse events in patients with COVID-19. Our findings could be used as a pool for candidate predictors in future efforts to develop a new prediction model or update existing ones for COVID-19 patients.

4.4 Strengths and limitations

The major strength of our study is that it provides an overall mapping, and statistical synthesis of all published studies examining prognostic factors for multiple health outcomes in COVID-19 patients. We especially focused on including only studies with non-overlapping populations in each meta-analysis. This was achieved through detailed scrutinization of the methodology of eligible articles to capture the period of recruitment, and the hospital setting of each study. Furthermore, we enhanced our systematic review and meta-analysis by a risk of bias assessment using QUIPS tool to identify the domains that could introduce bias to the prognostic factor's effect estimates.

However, our study has some limitations. We observed high risk of bias in at least one domain in almost all the studies, and this fact could lead to biased prognostic factor's effect estimates in the meta-analyses. Furthermore, half of the meta-analyses presented large between-study heterogeneity, but sources of heterogeneity could not be adequately explored due to poor reporting in the majority of articles. Potential sources of heterogeneity include different sampling methods and duration of follow up, varying diagnostic criteria of COVID-19, inclusion of COVID-19 patients of various severity groups or stages of disease and use of different treatment regimens between studies.

Incomplete reporting did not allow us to examine the effect of these characteristics by subgroup analyses, sensitivity analyses or meta-regression in the summary effect of the meta-analyses. Moreover, a meta-analysis was not feasible for outcomes that were not defined in a standardized manner across different studies, such as progression of COVID-19, acute myocardial injury, and acute liver injury.

5 Conclusions

Our article systematically identified and assessed all the published studies examining prognostic factors for adverse outcomes in patients with COVID-19 published until the end of July 2020. We made an exhaustive and comprehensive effort to assess the quality of the studies and to exclude all possible duplicate studies and studies including overlapping population to avoid inflation of the reported summary effects. Our findings could facilitate the selection of candidate predictors for development or update of multivariable prognostic models.

Contributors:

VB and LB conceived and designed the study, did the literature search, the data extraction, and the statistical analyses. VB, LB, IT and EE and wrote the first draft. MvS and KGMM critically commented on the first draft. All the authors wrote the final version of the manuscript. LB accepts full responsibility for the work and conduct of the study, had access to the data, and controlled the decision to publish. The corresponding author attests that all listed authors meet authorship criteria and that no other meeting the criteria have been omitted. VB and LB are the guarantors.

Funding:

VB is supported by PhD scholarship funded by the Greek State Scholarships Foundation. No funding body has influenced data collection, analysis, or interpretation.

Ethical approval:

Not needed.

Data sharing:

Additional data for the eligible studies are available on request from the corresponding author at lazaros.belbasis@gmail.com.

REFERENCES

1. Zhu N, Zhang D, Wang W, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *N Engl J Med.* 2020;382(8):727-733.
doi:10.1056/NEJMoa2001017
2. Sanders JM, Monogue ML, Jodlowski TZ, Cutrell JB. Pharmacologic Treatments for Coronavirus Disease 2019 (COVID-19). *JAMA.* April 2020.
doi:10.1001/jama.2020.6019
3. World Health Organization. *Coronavirus Disease 2019 (COVID-19) Situation Report - 116.* World Health Organization; 2020.
4. Hingorani AD, Windt DA v. d., Riley RD, et al. Prognosis research strategy (PROGRESS) 4: Stratified medicine research. *BMJ.* 2013;346(feb05 1):e5793-e5793. doi:10.1136/bmj.e5793
5. Riley RD, Moons KGM, Snell KIE, et al. A guide to systematic review and meta-analysis of prognostic factor studies. *BMJ.* January 2019:k4597.
doi:10.1136/bmj.k4597
6. Raynaud M, Zhang H, Louis K, et al. COVID-19-related medical research: a meta-research and critical appraisal. *BMC Med Res Methodol.* 2021;21(1):1.
doi:10.1186/s12874-020-01190-w
7. Stroup DF. Meta-analysis of Observational Studies in Epidemiology<SUBTITLE>A Proposal for Reporting</SUBTITLE>. *JAMA.* 2000;283(15):2008. doi:10.1001/jama.283.15.2008

8. Prognosis Methods Group of the Cochrane Collaboration.
<https://methods.cochrane.org/>. Accessed June 1, 2020.
9. Moons KGM, de Groot JAH, Bouwmeester W, et al. Critical Appraisal and Data Extraction for Systematic Reviews of Prediction Modelling Studies: The CHARMS Checklist. *PLoS Med.* 2014;11(10):e1001744.
doi:10.1371/journal.pmed.1001744
10. Chen Q, Allot A, Lu Z. Keep up with the latest coronavirus research. *Nature.* 2020;579(7798):193. doi:10.1038/d41586-020-00694-1
11. Chen Q, Allot A, Lu Z. LitCovid: an open database of COVID-19 literature. *Nucleic Acids Res.* 2021;49(D1):D1534-D1540. doi:10.1093/nar/gkaa952
12. Riley RD, Hayden JA, Steyerberg EW, et al. Prognosis Research Strategy (PROGRESS) 2: Prognostic Factor Research. *PLoS Med.* 2013;10(2):e1001380.
doi:10.1371/journal.pmed.1001380
13. Moons KGM, Wolff RF, Riley RD, et al. PROBAST: A Tool to Assess Risk of Bias and Applicability of Prediction Model Studies: Explanation and Elaboration. *Ann Intern Med.* 2019;170(1):W1-W33. doi:10.7326/M18-1377
14. Hayden JA, van der Windt DA, Cartwright JL, Côté P, Bombardier C. Assessing Bias in Studies of Prognostic Factors. *Ann Intern Med.* 2013;158(4):280.
doi:10.7326/0003-4819-158-4-201302190-00009
15. Lawson R. Small Sample Confidence Intervals for the Odds Ratio. *Commun Stat - Simul Comput.* 2004;33(4):1095-1113. doi:10.1081/SAC-200040691

16. Higgins JPT, Thompson SG, Spiegelhalter DJ. A re-evaluation of random-effects meta-analysis. *J R Stat Soc Ser A (Statistics Soc.* 2009;172(1):137-159.
doi:10.1111/j.1467-985X.2008.00552.x
17. DerSimonian R, Laird N. Meta-analysis in clinical trials. *Control Clin Trials.* 1986;7(3):177-188. doi:10.1016/0197-2456(86)90046-2
18. Higgins JPT. Commentary: Heterogeneity in meta-analysis should be expected and appropriately quantified. *Int J Epidemiol.* 2008;37(5):1158-1160.
doi:10.1093/ije/dyn204
19. Higgins JPT, Thompson SG. Quantifying heterogeneity in a meta-analysis. *Stat Med.* 2002;21(11):1539-1558. doi:10.1002/sim.1186
20. Egger M, Smith GD, Schneider M, Minder C. Bias in meta-analysis detected by a simple, graphical test. *BMJ.* 1997;315(7109):629-634.
doi:10.1136/bmj.315.7109.629
21. Benjamin DJ, Berger JO, Johannesson M, et al. Redefine statistical significance. *Nat Hum Behav.* 2018;2(1):6-10. doi:10.1038/s41562-017-0189-z
22. Bellou V, Belbasis L, Konstantinidis AK, Evangelou E. Elucidating the risk factors for chronic obstructive pulmonary disease: an umbrella review of meta-analyses. *Int J Tuberc Lung Dis.* 2019;23(1):58-66. doi:10.5588/ijtld.18.0228
23. Belbasis L, Dosis V, Evangelou E. Elucidating the environmental risk factors for rheumatic diseases: An umbrella review of meta-analyses. *Int J Rheum Dis.* 2018;21(8):1514-1524. doi:10.1111/1756-185X.13356

24. Wynants L, Van Calster B, Collins GS, et al. Prediction models for diagnosis and prognosis of covid-19 infection: systematic review and critical appraisal. *BMJ*. 2020;369:m1328. doi:10.1136/bmj.m1328
25. von Elm E, Poglía G, Walder B, Tramèr MR. Different Patterns of Duplicate Publication. *JAMA*. 2004;291(8):974. doi:10.1001/jama.291.8.974
26. Broad W. The publishing game: getting more for less. *Science (80-)*. 1981;211(4487):1137-1139. doi:10.1126/science.7008199
27. Glasziou P, Sanders S, Hoffman T. Waste in covid-19 research. *BMJ*. 2020;369:m1847. doi:10.1136/bmj.m1847
28. Hemingway H, Croft P, Perel P, et al. Prognosis research strategy (PROGRESS) 1: A framework for researching clinical outcomes. *BMJ*. 2013;346:e5595. doi:10.1136/bmj.e5595
29. Jose RJ, Manuel A. COVID-19 cytokine storm: the interplay between inflammation and coagulation. *Lancet Respir Med*. April 2020. doi:10.1016/S2213-2600(20)30216-2
30. Alexander PE, Debono VB, Mammen MJ, et al. COVID-19 coronavirus research has overall low methodological quality thus far: case in point for chloroquine/hydroxychloroquine. *J Clin Epidemiol*. April 2020. doi:10.1016/j.jclinepi.2020.04.016
31. Siemieniuk RA, Bartoszko JJ, Ge L, et al. Drug treatments for covid-19: living systematic review and network meta-analysis. *BMJ*. July 2020:m2980.

doi:10.1136/bmj.m2980

32. von Elm E, Altman DG, Egger M, et al. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol.* 2008;61(4):344-349.

doi:10.1016/j.jclinepi.2007.11.008

Figure 1. Flow chart of literature search for individual prognostic factors in patients with COVID-19.

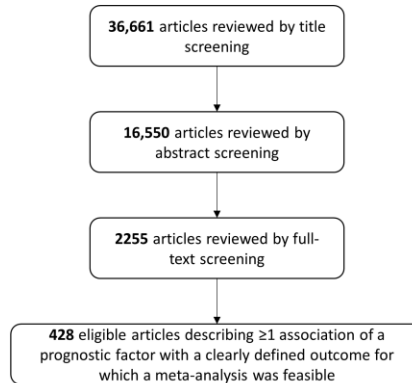


Figure 2. Risk of bias assessment (using QUIPS) based on six domains across 428 eligible articles for adverse outcomes in patients with COVID-19.

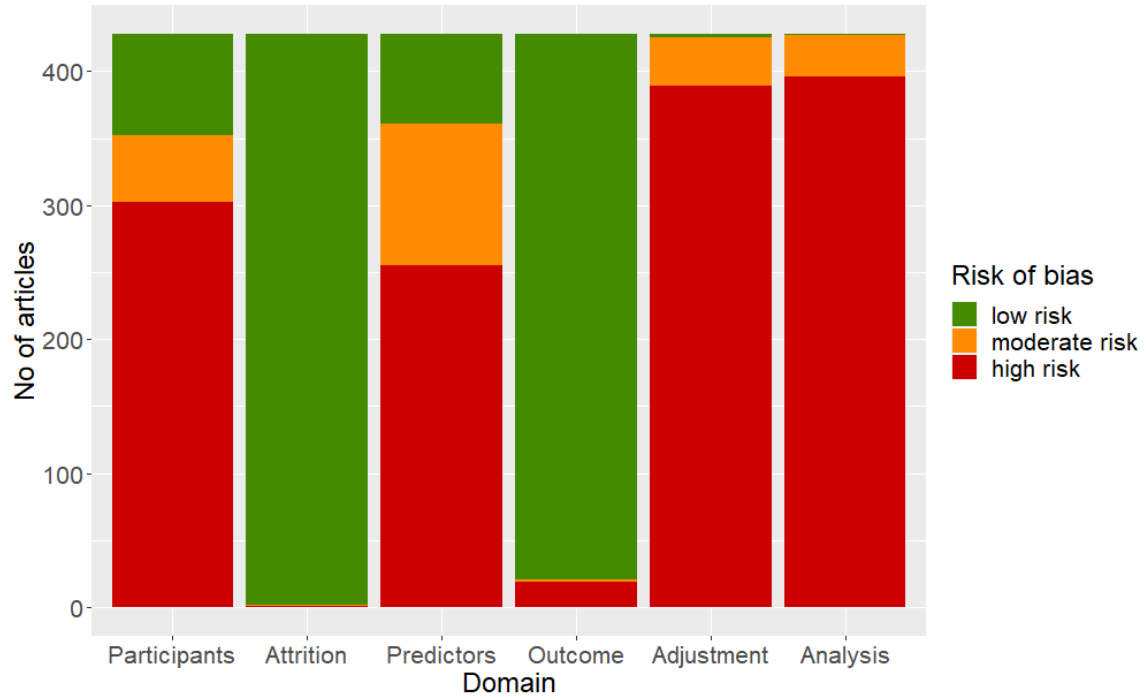


Figure 3. Forest plot of the 29 associations that had more than 1000 events, P-value <0.005, I² <50%, absence of small-study effects.

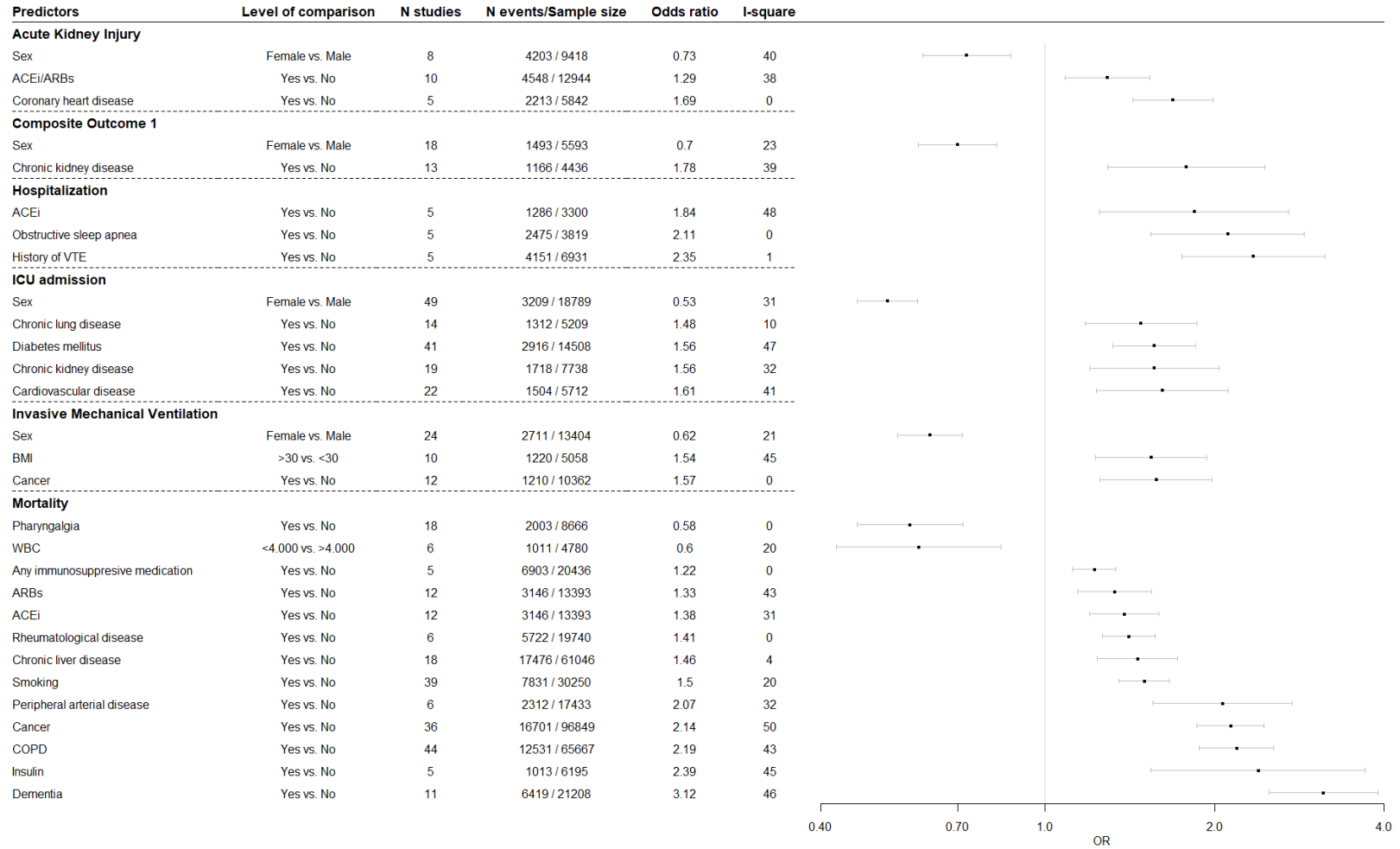


Figure 4. Sankey diagram presenting the 29 statistically significant associations at P-value <0.005 that had more than 1000 events, $I^2 < 50\%$, absence of small-study effects.

The thickness of each line connecting a prognostic factor with an outcome depends on the number of studies examining this association.

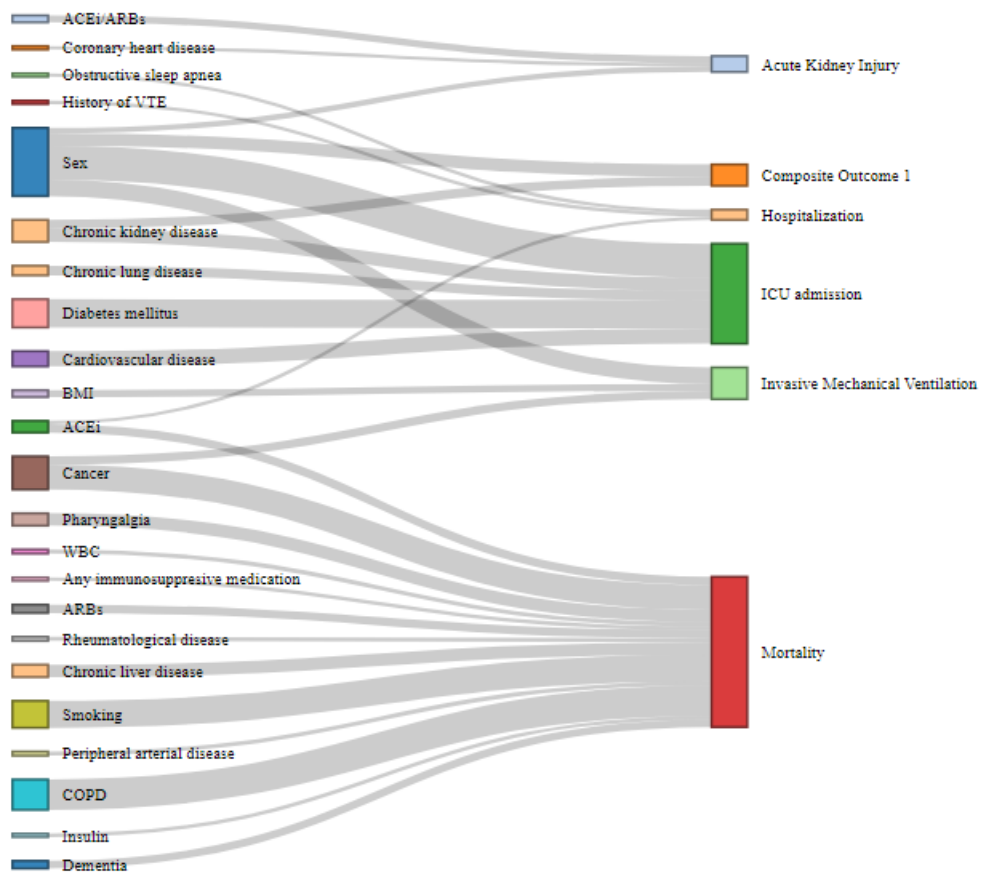


Table 1. Key items for framing aim, search strategy, and study inclusion and exclusion criteria for systematic review, following PICOTS guidance.

Item	Definition
Population	Patients diagnosed with COVID-19
Index prognostic factors	Any variable that was measured upon hospital admission or diagnosis of COVID-19 and was examined for an association with any adverse event
Comparator prognostic factors	Not applicable
Outcomes	Any clearly defined adverse event in patients with COVID-19
Timing	Prognostic factors measured upon diagnosis of COVID-19 or hospital admission, and predicting any time horizon of the adverse outcomes
Setting	Patients visiting ambulatory healthcare facilities, patients admitted to hospital, or patients visiting emergency department

Supplementary material

Supplementary methods

Supplementary Table 1. Risk of bias assessment using QUIPS tool for the 428 eligible articles that participated in the meta-analyses.

Supplementary Table 2. Results of the 263 meta-analyses for predictors of clinical outcomes in patients with COVID-19.

Supplementary Table 3. Results of the sensitivity analysis excluding the studies that reported hazard ratios.

Supplementary Table 4. Results of the sensitivity analysis excluding the studies with less than 100 COVID-19 participants.

Supplementary Table 5. Results of the sensitivity analysis excluding the studies including only COVID-19 patients with a specific comorbid disorder.

Supplementary references

Supplementary methods

Eligibility criteria

We excluded studies that examined the diagnostic factors distinguishing COVID-19 pneumonia and community-acquired pneumonia; the prognostic factors for infections by other coronaviruses; and the predictors of a positive result in testing for SARS-COV-2 in patients suspected for COVID-19. Moreover, we excluded studies that performed propensity score matching, because this approach is appropriate for causal inference rather than prediction. We excluded case-series including less than 20 COVID-19 patients, and studies published in languages other than English.

Data extraction

If the handling of a prognostic factor (i.e., dichotomous, categorical, or continuous) was not reported, we did not extract this association. For dichotomized continuous prognostic factors, we extracted the cut-off value. Also, when a measure of association was not reported, for binary factors, we extracted the number of individuals with the factor present in both patients with and without the outcome. For studies conducted in the same geographic region, we compared hospitals and recruitment periods to ensure that fully independent populations will be included in each meta-analysis. When multiple studies with potentially overlapping samples examined the same association, we kept the study that had the largest sample size for the corresponding meta-analysis.

Risk of bias assessment

We also assessed whether the eligible studies applied a multivariable analysis in which they adjusted the associations of specific prognostic factors for other prognostic factors. For studies examining multiple prognostic factors and/or

outcomes, we assessed the pertinent question with the highest risk of bias grade for the ascertainment of the prognostic factor and outcome. The eligible studies were assessed on the basis of the prognostic factors and the outcomes that participated in a meta-analysis.

Supplementary Table 1. Risk of bias assessment using QUIPS tool for the 428 eligible articles that participated in the meta-analyses.

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Abrishami et al, 2020 ¹	Iran	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Abrishami et al, 2020 ²	Iran	High risk	Low risk	High risk	Low risk	High risk	High risk
Adegunsoye et al, 2020 ³	USA	Moderate risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Aggarwal et al, 2020 ⁴	India	High risk	Low risk	High risk	Low risk	High risk	High risk
Alberici et al, 2020 ⁵	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Alkundi et al, 2020 ⁶	UK	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Allocca et al, 2020 ⁷	Italy	High risk	Low risk	High risk	High risk	High risk	High risk
Aloisio et al, 2020 ⁸	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Aloisio et al, 2020 ⁹	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Al-Salameh et al, 2020 ¹⁰	France	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Al-Samkari et al, 2020 ¹¹	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Amit et al, 2020 ¹²	Israel	High risk	Low risk	High risk	Low risk	High risk	High risk
Antinori et al, 2020 ¹³	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Antony et al, 2020 ¹⁴	USA	High risk	Low risk	Low risk	Low risk	High risk	High risk
Arapovic et al, 2020 ¹⁵	Bosnia-Herzegovina	High risk	Low risk	Low risk	Low risk	High risk	High risk
Argenziano et al, 2020 ¹⁶	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Arlet et al, 2020 ¹⁷	France	High risk	Low risk	Low risk	Low risk	High risk	High risk
Artifoni et al, 2020 ¹⁸	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Assaad et al, 2020 ¹⁹	France	Moderate risk	Low risk	Low risk	Low risk	High risk	Moderate risk
Auld et al, 2020 ²⁰	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Ayanian et al, 2020 ²¹	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Ayerbe et al, 2020 ²²	Spain	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Azar et al, 2020 ²³	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Baqui et al, 2020 ²⁴	Brazil	High risk	Low risk	High risk	Low risk	High risk	High risk
Barbero et al, 2020 ²⁵	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Barman et al, 2020 ²⁶	Turkey	High risk	Low risk	Low risk	Low risk	High risk	Moderate risk
Barrasa et al, 2020 ²⁷	Spain	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Bavaro et al, 2020 ²⁸	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Bazzan et al, 2020 ²⁹	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Bean et al, 2020 ³⁰	UK	Low risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Bellelli et al, 2020 ³¹	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Benoy et al, 2020 ³²	Netherlands	High risk	Low risk	High risk	Low risk	High risk	High risk
Benussi et al, 2020 ³³	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Bhargava et al, 2020 ³⁴	USA	High risk	Low risk	High risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Bhatla et al, 2020 ³⁵	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Biagi et al, 2020 ³⁶	Italy	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Bianchetti et al, 2020 ³⁷	Italy	Moderate risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Bolondi et al, 2020 ³⁸	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Bonetti et al, 2020 ³⁹	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Borghesi et al, 2020 ⁴⁰	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Borobia et al, 2020 ⁴¹	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Boscolo et al, 2020 ⁴²	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Bossini et al, 2020 ⁴³	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Bravi et al, 2020 ⁴⁴	Italy	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Brill et al, 2020 ⁴⁵	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Brouns et al, 2020 ⁴⁶	Netherlands	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Bruno et al, 2020 ⁴⁷	Italy	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Buckner et al, 2020 ⁴⁸	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Buscarini et al, 2020 ⁴⁹	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Busetto et al, 2020 ⁵⁰	Italy	Low risk	Low risk	High risk	Low risk	Moderate risk	High risk
Cabezudo-García et al, 2020 ⁵¹	Spain	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Cai et al, 2020 ⁵²	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Cao et al, 2020 ⁵³	China	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Cariou et al, 2020 ⁵⁴	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Carlino et al, 2020 ⁵⁵	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Carrasco et al, 2020 ⁵⁶	Spain	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Caussy et al, 2020 ⁵⁷	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Ceano-Vivas et al, 2020 ⁵⁸	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Cecconi et al, 2020 ⁵⁹	Italy	Low risk	Low risk	High risk	Low risk	High risk	Moderate risk
Cen et al, 2020 ⁶⁰	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Chamorro-Pareja et al, 2020 ⁶¹	USA	High risk	Low risk	Low risk	Low risk	High risk	High risk
Chan et al, 2020 ⁶²	Singapore	High risk	Low risk	Low risk	Low risk	High risk	High risk
Chao et al, 2020 ⁶³	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Chaudhry et al, 2020 ⁶⁴	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Chen et al, 2020 ⁶⁵	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Chen et al, 2020 ⁶⁶	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Chen et al, 2020 ⁶⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Chen et al, 2020 ⁶⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Chen et al, 2020 ⁶⁹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Chen et al, 2020 ⁷⁰	China	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Chen et al, 2021 ⁷¹	China	High risk	Low risk	Moderate risk	Moderate risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Chen et al, 2020 ⁷²	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Chen et al, 2020 ⁷³	China	High risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Cheng et al, 2020 ⁷⁴	China	Low risk	Low risk	Low risk	Low risk	High risk	Moderate risk
Chhibra et al, 2020 ⁷⁵	USA	Low risk	Low risk	Moderate risk	Low risk	Moderate risk	Moderate risk
Cholankeril et al, 2020 ⁷⁶	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Chougar et al, 2020 ⁷⁷	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Chung et al, 2020 ⁷⁸	Korea	High risk	Low risk	Moderate risk	High risk	High risk	High risk
Ciceri et al, 2020 ⁷⁹	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Colombi et al, 2020 ⁸⁰	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Conversano et al, 2020 ⁸¹	Italy	Low risk	Moderate risk	Low risk	Low risk	High risk	High risk
Covino et al, 2020 ⁸²	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Criel et al, 2020 ⁸³	Belgium	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
d'Alessandro et al, 2020 ⁸⁴	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Davies et al, 2020 ⁸⁵	UK	High risk	Low risk	Low risk	Low risk	High risk	High risk
De Smet et al, 2020 ⁸⁶	Belgium	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Deiana et al, 2020 ⁸⁷	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Del Amo et al, 2020 ⁸⁸	Spain	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Della-Torre et al, 2020 ⁸⁹	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Demelo-Rodríguez et al, 2020 ⁹⁰	Spain	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Deng et al, 2020 ⁹¹	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Deng et al, 2020 ⁹²	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Deng et al, 2020 ⁹³	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Denova-Gutiérrez et al, 2020 ⁹⁴	Mexico	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Desborough et al, 2020 ⁹⁵	UK	High risk	Low risk	Moderate risk	High risk	High risk	High risk
Di Bella et al, 2020 ⁹⁶	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Ding et al, 2020 ⁹⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Docherty et al, 2020 ⁹⁸	UK	Low risk	Low risk	High risk	Low risk	High risk	Moderate risk
Dreher et al, 2020 ⁹⁹	Germany	High risk	Low risk	High risk	Low risk	High risk	High risk
D'Silva et al, 2020 ¹⁰⁰	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Du et al, 2020 ¹⁰¹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Du et al, 2020 ¹⁰²	China	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Duanmu et al, 2020 ¹⁰³	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Dudoignon et al, 2020 ¹⁰⁴	France	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Dufour et al, 2020 ¹⁰⁵	Belgium	High risk	Low risk	High risk	Low risk	High risk	High risk
Ebinger et al, 2020 ¹⁰⁶	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Escalera-Antezana et al, 2020 ¹⁰⁷	Bolivia	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Fang et al, 2020 ¹⁰⁸	UK	High risk	Low risk	Moderate risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Fauvel et al, 2020 ¹⁰⁹	France	High risk	Low risk	High risk	High risk	High risk	High risk
Felice et al, 2020 ¹¹⁰	Italy	Moderate risk	Low risk	Low risk	High risk	High risk	High risk
Feng et al, 2020 ¹¹¹	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Ferguson et al, 2020 ¹¹²	USA	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Ferm et al, 2020 ¹¹³	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Fernández-Cruz et al, 2020 ¹¹⁴	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Ferrante et al, 2020 ¹¹⁵	Italy	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Fisher et al, 2020 ¹¹⁶	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Fogarty et al, 2020 ¹¹⁷	Ireland	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Fominskiy et al, 2021 ¹¹⁸	Italy	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Fosbøl et al, 2020 ¹¹⁹	Denmark	Low risk	Low risk	Low risk	Low risk	Low risk	Moderate risk
Foster et al, 2020 ¹²⁰	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Fox et al, 2020 ¹²¹	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Francone et al, 2020 ¹²²	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Götzinger et al, 2020 ¹²³	Europe	High risk	Low risk	High risk	Low risk	High risk	High risk
Gallo et al, 2020 ¹²⁴	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Gao et al, 2020 ¹²⁵	China	High risk	Low risk	Moderate risk	Low risk	High risk	Moderate risk
Gao et al, 2020 ¹²⁶	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Gao et al, 2020 ¹²⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Garcia-Pachon et al, 2020 ¹²⁸	Spain	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Gavin et al, 2020 ¹²⁹	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Gayam et al, 2021 ¹³⁰	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Gazzaruso et al, 2020 ¹³¹	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Gervaise et al, 2020 ¹³²	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Gervasoni et al, 2020 ¹³³	Italy	Moderate risk	Low risk	Low risk	High risk	High risk	High risk
Giacomelli et al, 2020 ¹³⁴	Italy	Low risk	Low risk	High risk	Low risk	High risk	High risk
Gidari et al, 2020 ¹³⁵	Italy	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Giusti et al, 2020 ¹³⁶	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Goicoechea et al, 2020 ¹³⁷	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Gold et al, 2020 ¹³⁸	USA	High risk	Low risk	Low risk	Low risk	High risk	High risk
Golpe et al, 2020 ¹³⁹	Spain	High risk	Low risk	High risk	Low risk	Moderate risk	Moderate risk
Golpe et al, 2020 ¹⁴⁰	Spain	Moderate risk	Low risk	Moderate risk	Low risk	Moderate risk	Moderate risk
Goshua et al, 2020 ¹⁴¹	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Goyal et al, 2020 ¹⁴²	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Goyal et al, 2020 ¹⁴³	USA	High risk	Low risk	High risk	Low risk	Moderate risk	Moderate risk
Grandmaison et al, 2020 ¹⁴⁴	Switzerland	High risk	Low risk	Moderate risk	Moderate risk	High risk	High risk
Grasseli et al, 2020 ¹⁴⁵	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Gregoriano et al, 2020 ¹⁴⁶	Switzerland	Low risk	Low risk	High risk	Low risk	High risk	Moderate risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Guan et al, 2020 ¹⁴⁷	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Gupta et al, 2020 ¹⁴⁸	USA	Low risk	Low risk	High risk	Low risk	Moderate risk	Moderate risk
Hajifathalian et al, 2020 ¹⁴⁹	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Hajifathalian et al, 2020 ¹⁵⁰	USA	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Halasz et al, 2020 ¹⁵¹	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Halvatsiotis et al, 2020 ¹⁵²	Greece	High risk	Low risk	High risk	Low risk	High risk	High risk
Harmouch et al, 2020 ¹⁵³	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Hattori et al, 2021 ¹⁵⁴	Japan	High risk	Low risk	Low risk	High risk	High risk	High risk
Hengeveld et al, 2020 ¹⁵⁵	Netherlands	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Herold et al, 2020 ¹⁵⁶	Germany	High risk	Low risk	High risk	Low risk	High risk	High risk
Hewitt et al, 2020 ¹⁵⁷	UK, Italy	High risk	Low risk	High risk	Low risk	Moderate risk	Moderate risk
Hippensteel et al, 2020 ¹⁵⁸	USA	High risk	Low risk	High risk	High risk	High risk	High risk
Hirsch et al, 2020 ¹⁵⁹	USA	High risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Holt et al, 2020 ¹⁶⁰	Denmark	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Hong et al, 2020 ¹⁶¹	Korea	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Horby et al, 2020 ¹⁶²	UK	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Hottz et al, 2020 ¹⁶³	Brazil	High risk	Low risk	High risk	Low risk	High risk	High risk
Hsu et al, 2020 ¹⁶⁴	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Hu et al, 2020 ¹⁶⁵	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Huang et al, 2020 ¹⁶⁶	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Huang et al, 2020 ¹⁶⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Huang et al, 2020 ¹⁶⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Huang et al, 2020 ¹⁶⁹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Hur et al, 2020 ¹⁷⁰	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Husain-Syed et al, 2020 ¹⁷¹	Germany	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Hwang et al, 2020 ¹⁷²	Korea	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Iaccarino et al, 2020 ¹⁷³	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Imam et al, 2020 ¹⁷⁴	USA	High risk	Low risk	High risk	High risk	High risk	High risk
Imam et al, 2020 ¹⁷⁵	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Inciardi et al, 2020 ¹⁷⁶	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Israelsen et al, 2020 ¹⁷⁷	Denmark	Low risk	Low risk	High risk	Low risk	High risk	High risk
Izquierdo-Domínguez et al, 2020 ¹⁷⁸	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Jalili et al, 2021 ¹⁷⁹	Iran	Low risk	Low risk	High risk	Low risk	High risk	High risk
Jang et al, 2020 ¹⁸⁰	Korea	High risk	Low risk	High risk	Low risk	High risk	High risk
Javanian et al, 2020 ¹⁸¹	Iran	High risk	Low risk	High risk	Low risk	High risk	High risk
Jiang et al, 2020 ¹⁸²	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Jordan et al, 2020 ¹⁸³	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Jung et al, 2020 ¹⁸⁴	Korea	Low risk	Low risk	Low risk	Low risk	Moderate risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Kalan et al, 2020 ¹⁸⁵	Iran	High risk	Low risk	High risk	Low risk	High risk	High risk
Kalligeros et al, 2020 ¹⁸⁶	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Karmen-Tuohy et al, 2020 ¹⁸⁷	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Kayem et al, 2020 ¹⁸⁸	France	High risk	Low risk	High risk	High risk	High risk	High risk
Kebisek et al, 2020 ¹⁸⁹	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Khalil et al, 2020 ¹⁹⁰	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Khamis et al, 2020 ¹⁹¹	Oman	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Khamis et al, 2020 ¹⁹²	Oman	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Killerby et al, 2020 ¹⁹³	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Kim et al, 2020 ¹⁹⁴	Korea	Low risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Kim et al, 2020 ¹⁹⁵	USA	High risk	Low risk	High risk	Low risk	Low risk	Moderate risk
King et al, 2020 ¹⁹⁶	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Klang et al, 2020 ¹⁹⁷	USA	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Klok et al, 2020 ¹⁹⁸	Netherlands	High risk	Low risk	Low risk	Low risk	High risk	High risk
Knights et al, 2020 ¹⁹⁹	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Knorr et al, 2020 ²⁰⁰	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Koleilat et al, 2021 ²⁰¹	USA	High risk	Low risk	Moderate risk	High risk	High risk	High risk
Korkmaz et al, 2020 ²⁰²	Turkey	High risk	Low risk	High risk	Low risk	High risk	High risk
Kormann et al, 2020 ²⁰³	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Kragholm et al, 2020 ²⁰⁴	Denmark	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
Krishnan et al, 2020 ²⁰⁵	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Kuno et al, 2020 ²⁰⁶	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Lagadinou et al, 2020 ²⁰⁷	Greece	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Lagi et al, 2020 ²⁰⁸	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Larsen et al, 2020 ²⁰⁹	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Larson et al, 2020 ²¹⁰	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Lee et al, 2020 ²¹¹	UK	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Lee et al, 2020 ²¹²	Korea	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Lee et al, 2020 ²¹³	Korea	High risk	Low risk	High risk	Low risk	High risk	High risk
Lee et al, 2020 ²¹⁴	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Li et al, 2020 ²¹⁵	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Li et al, 2020 ²¹⁶	China	Low risk	Low risk	Moderate risk	Low risk	High risk	Moderate risk
Li et al, 2020 ²¹⁷	China	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Li et al, 2020 ²¹⁸	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Li et al, 2020 ²¹⁹	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Li et al, 2020 ²²⁰	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Li et al, 2020 ²²¹	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Liabeuf et al, 2020 ²²²	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Lim et al, 2020 ²²³	Korea	High risk	Low risk	Moderate risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Lin et al, 2021 ²²⁴	China	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Liu et al, 2020 ²²⁵	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Liu et al, 2020 ²²⁶	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Liu et al, 2020 ²²⁷	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Liu et al, 2020 ²²⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Liu et al, 2020 ²²⁹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Liu et al, 2020 ²³⁰	Hong Kong	High risk	Low risk	High risk	Low risk	High risk	High risk
Liu et al, 2020 ²³¹	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Liu et al, 2020 ²³²	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Lodigiani et al, 2020 ²³³	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Loonstra et al, 2020 ²³⁴	Netherlands	High risk	Low risk	High risk	Low risk	High risk	High risk
Lopez-Otero et al, 2021 ²³⁵	Spain	Low risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Lorente-Ros et al, 2020 ²³⁶	Spain	Moderate risk	Low risk	Moderate risk	Low risk	High risk	Moderate risk
Louapre et al, 2020 ²³⁷	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Luan et al, 2020 ²³⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Lubetzky et al, 2020 ²³⁹	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Lumbreras-Marquez et al, 2020 ²⁴⁰	Mexico	Low risk	Low risk	High risk	Low risk	High risk	High risk
Luo et al, 2020 ²⁴¹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Luo et al, 2020 ²⁴²	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Luo et al, 2020 ²⁴³	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Lynch et al, 2020 ²⁴⁴	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Ma et al, 2020 ²⁴⁵	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Maatman et al, 2020 ²⁴⁶	USA	High risk	Low risk	High risk	High risk	High risk	High risk
Macera et al, 2020 ²⁴⁷	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Mahdavinia et al, 2020 ²⁴⁸	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Malberti et al, 2020 ²⁴⁹	Italy	High risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Mani et al, 2020 ²⁵⁰	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Mannheim et al, 2020 ²⁵¹	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Maquet et al, 2020 ²⁵²	France	Low risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Martín-Moro et al, 2020 ²⁵³	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Martín-Sánchez et al, 2020 ²⁵⁴	Spain	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Marta-Enguita et al, 2020 ²⁵⁵	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Marzolini et al, 2020 ²⁵⁶	Switzerland	High risk	Low risk	Low risk	Low risk	High risk	High risk
Masetti et al, 2020 ²⁵⁷	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
McCullough et al, 2020 ²⁵⁸	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Medetalibeyoğlu et al, 2020 ²⁵⁹	Turkey	High risk	Low risk	Low risk	Low risk	High risk	High risk
Mendoza et al, 2020 ²⁶⁰	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Merzon et al, 2020 ²⁶¹	Israel	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Mestre-Gómez et al, 2021 ²⁶²	Spain	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Meszaros et al, 2020 ²⁶³	France	High risk	Low risk	Low risk	Low risk	High risk	High risk
Middeldorp et al, 2020 ²⁶⁴	Netherlands	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Mikami et al, 2021 ²⁶⁵	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Mishra et al, 2020 ²⁶⁶	India	High risk	Low risk	Low risk	Low risk	High risk	Moderate risk
Miyashita et al, 2020 ²⁶⁷	USA	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Miyashita et al, 2020 ²⁶⁸	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Moghaddam et al, 2020 ²⁶⁹	Germany	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Montagnani et al, 2020 ²⁷⁰	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Montastruc et al, 2020 ²⁷¹	France	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Montopoli et al, 2020 ²⁷²	Italy	High risk	Low risk	Low risk	Low risk	High risk	High risk
Moreno-Perez et al, 2020 ²⁷³	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Moriconi et al, 2020 ²⁷⁴	Italy	Low risk	Low risk	High risk	Low risk	High risk	High risk
Morrison et al, 2020 ²⁷⁵	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Myers et al, 2020 ²⁷⁶	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Myrstad et al, 2020 ²⁷⁷	Norway	High risk	Low risk	High risk	Low risk	High risk	High risk
Nahum et al, 2020 ²⁷⁸	France	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Nathwani et al, 2020 ²⁷⁹	UK	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Nie et al, 2020 ²⁸⁰	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Nie et al, 2020 ²⁸¹	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Nikpouraghdam et al, 2020 ²⁸²	Iran	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Nobel et al, 2020 ²⁸³	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Nowak et al, 2020 ²⁸⁴	Poland	Low risk	Low risk	High risk	Low risk	High risk	High risk
Nuno et al, 2020 ²⁸⁵	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Okoh et al, 2020 ²⁸⁶	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Ortiz-Brizuela et al, 2020 ²⁸⁷	Mexico	Low risk	Low risk	High risk	Low risk	High risk	High risk
Oussalah et al, 2020 ²⁸⁸	France	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Paderno et al, 2020 ²⁸⁹	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Palaiodimos et al, 2020 ²⁹⁰	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Panagiotou et al, 2020 ²⁹¹	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Panepinto et al, 2020 ²⁹²	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Parrotta et al, 2020 ²⁹³	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Patel et al, 2020 ²⁹⁴	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Patell et al, 2020 ²⁹⁵	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Pelayo et al, 2020 ²⁹⁶	USA	High risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Pellaud et al, 2020 ²⁹⁷	Switzerland	Low risk	Low risk	High risk	Low risk	High risk	High risk
Peng et al, 2020 ²⁹⁸	China	High risk	Low risk	Low risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Pereira et al, 2020 ²⁹⁹	USA	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Pérez-Sáez et al, 2020 ³⁰⁰	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Petersen et al, 2020 ³⁰¹	Germany	High risk	Low risk	Low risk	Low risk	High risk	High risk
Petrilli et al, 2020 ³⁰²	USA	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Pettit et al, 2020 ³⁰³	USA	High risk	Low risk	High risk	High risk	Moderate risk	High risk
Piano et al, 2020 ³⁰⁴	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Pinto et al, 2020 ³⁰⁵	Italy	Low risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Poblador-Plou et al, 2020 ³⁰⁶	Spain	Low risk	Low risk	High risk	Low risk	Moderate risk	High risk
Ponziani et al, 2020 ³⁰⁷	Italy	Low risk	Low risk	High risk	Low risk	High risk	High risk
Poyiadji et al, 2020 ³⁰⁸	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Qian et al, 2020 ³⁰⁹	China	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Qin et al, 2020 ³¹⁰	China	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Qin et al, 2020 ³¹¹	China	High risk	Low risk	High risk	Low risk	Moderate risk	Moderate risk
Quartuccio et al, 2020 ³¹²	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Ramachandran et al, 2020 ³¹³	USA	High risk	High risk	High risk	Low risk	High risk	High risk
Raoufi et al, 2020 ³¹⁴	Iran	High risk	Low risk	High risk	Low risk	High risk	High risk
Rastad et al, 2020 ³¹⁵	Iran	High risk	Low risk	High risk	Low risk	High risk	High risk
Rath et al, 2020 ³¹⁶	Germany	Low risk	Low risk	High risk	Low risk	High risk	High risk
Redd et al, 2020 ³¹⁷	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Ren et al, 2020 ³¹⁸	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Richardson et al, 2020 ³¹⁹	USA	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Rivera-Izquierdo et al, 2020 ³²⁰	Spain	High risk	Low risk	High risk	Low risk	High risk	High risk
Rivera-Izquierdo et al, 2020 ³²¹	Spain	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Robilotti et al, 2020 ³²²	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Rogado et al, 2020 ³²³	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Roman et al, 2020 ³²⁴	Spain	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Rosenberg et al, 2020 ³²⁵	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Rossi et al, 2020 ³²⁶	Italy	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Rottoli et al, 2020 ³²⁷	Italy	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Rubin et al, 2020 ³²⁸	France	Moderate risk	Low risk	Low risk	Low risk	High risk	High risk
Russo et al, 2020 ³²⁹	Italy	High risk	Low risk	High risk	Low risk	High risk	High risk
Sabri et al, 2020 ³³⁰	Iran	High risk	Low risk	High risk	Low risk	High risk	High risk
Salacup et al, 2020 ³³¹	USA	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Saluja et al, 2020 ³³²	India	High risk	Low risk	Low risk	Low risk	High risk	High risk
Sanchez-Pina et al, 2020 ³³³	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Santoliquido et al, 2020 ³³⁴	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Sardu et al, 2020 ³³⁵	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Sardu et al, 2020 ³³⁶	Italy	High risk	Low risk	Low risk	High risk	High risk	High risk
Satici et al, 2020 ³³⁷	Turkey	Low risk	Low risk	High risk	Low risk	High risk	High risk
Secco et al, 2020 ³³⁸	Italy	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Selcuk et al, 2020 ³³⁹	Turkey	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Semenova et al, 2020 ³⁴⁰	Kazakhstan	Low risk	Low risk	Low risk	Low risk	High risk	High risk
Shah et al, 2020 ³⁴¹	UK	High risk	Low risk	High risk	Low risk	High risk	High risk
Shah et al, 2020 ³⁴²	USA	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Shahriarirad et al, 2020 ³⁴³	Iran	Low risk	Low risk	High risk	Low risk	High risk	High risk
Shang et al, 2020 ³⁴⁴	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Shekhar et al, 2020 ³⁴⁵	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Shen et al, 2020 ³⁴⁶	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Shi et al, 2020 ³⁴⁷	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Simmonet et al, 2020 ³⁴⁸	France	Low risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Singer et al, 2020 ³⁴⁹	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Smadja et al, 2020 ³⁵⁰	France	High risk	Low risk	High risk	Low risk	High risk	High risk
Smith et al, 2020 ³⁵¹	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Soares et al, 2020 ³⁵²	Brazil	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Sohaib Asghar et al, 2020 ³⁵³	Pakistan	Low risk	Low risk	High risk	Low risk	High risk	High risk
Solaimanzadeh et al, 2020 ³⁵⁴	USA	High risk	Low risk	Low risk	Low risk	High risk	High risk
Somers et al, 2020 ³⁵⁵	Michigan	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Sousa et al, 2020 ³⁵⁶	Brazil	Low risk	Low risk	Moderate risk	Low risk	Moderate risk	High risk
Stevens et al, 2021 ³⁵⁷	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Stoneham et al, 2020 ³⁵⁸	UK	High risk	Low risk	Moderate risk	High risk	High risk	High risk
Stroppa et al, 2020 ³⁵⁹	Italy	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Suleyman et al, 2020 ³⁶⁰	USA	Low risk	Low risk	High risk	Low risk	High risk	High risk
Sun et al, 2020 ³⁶¹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Sun et al, 2020 ³⁶²	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Sun et al, 2020 ³⁶³	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Tambe et al, 2020 ³⁶⁴	India	Low risk	Low risk	Moderate risk	Low risk	High risk	High risk
Tan et al, 2020 ³⁶⁵	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Tan et al, 2020 ³⁶⁶	UK	High risk	Low risk	Moderate risk	Low risk	Moderate risk	Moderate risk
Tanriverdi et al, 2020 ³⁶⁷	Turkey	High risk	Low risk	High risk	Low risk	High risk	High risk
Tatum et al, 2020 ³⁶⁸	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Tenforde et al, 2020 ³⁶⁹	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Tharakan et al, 2020 ³⁷⁰	USA	High risk	Low risk	Low risk	Low risk	High risk	High risk
Tomlins et al, 2020 ³⁷¹	UK	Low risk	Low risk	High risk	Low risk	High risk	High risk
Toussie et al, 2020 ³⁷²	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
Trimaille et al, 2020 ³⁷³	France	Moderate risk	Low risk	High risk	High risk	High risk	High risk
Trujillo et al, 2020 ³⁷⁴	Spain	Moderate risk	Low risk	High risk	Low risk	High risk	High risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Urta et al, 2020 ³⁷⁵	Spain	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Valeri et al, 2020 ³⁷⁶	USA	Moderate risk	Low risk	High risk	Low risk	High risk	High risk
van Gerwen et al, 2020 ³⁷⁷	USA	High risk	Low risk	High risk	Low risk	Moderate risk	High risk
Villard et al, 2020 ³⁷⁸	France	High risk	Low risk	High risk	High risk	High risk	High risk
Vivanti et al, 2020 ³⁷⁹	France	Low risk	Low risk	High risk	Low risk	High risk	High risk
Wan et al, 2020 ³⁸⁰	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸¹	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸²	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸³	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸⁴	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸⁵	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸⁶	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁸⁹	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Wang et al, 2020 ³⁹⁰	USA	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Whyte et al, 2020 ³⁹¹	UK	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Wu et al, 2020 ³⁹²	China	High risk	Low risk	High risk	Low risk	High risk	Moderate risk
Wu et al, 2020 ³⁹³	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Xu et al, 2020 ³⁹⁴	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Xu et al, 2020 ³⁹⁵	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Xu et al, 2020 ³⁹⁶	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Yan et al, 2020 ³⁹⁷	USA	High risk	Low risk	High risk	Low risk	High risk	High risk
Yan et al, 2020 ³⁹⁸	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Yang et al, 2020 ³⁹⁹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Yang et al, 2020 ⁴⁰⁰	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Yang et al, 2020 ⁴⁰¹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Yang et al, 2020 ⁴⁰²	USA	High risk	Low risk	Low risk	Low risk	High risk	High risk
Yao et al, 2020 ⁴⁰³	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Yao et al, 2020 ⁴⁰⁴	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Yarza et al, 2020 ⁴⁰⁵	Spain	High risk	Low risk	High risk	High risk	High risk	High risk
Ye et al, 2020 ⁴⁰⁶	China	Moderate risk	Low risk	Moderate risk	Low risk	High risk	High risk
Ye et al, 2020 ⁴⁰⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Yip et al, 2020 ⁴⁰⁸	Hong Kong	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Yu et al, 2020 ⁴⁰⁹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Yu et al, 2020 ⁴¹⁰	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Yuan et al, 2020 ⁴¹¹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zeng et al, 2020 ⁴¹²	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zeng et al, 2020 ⁴¹³	China	High risk	Low risk	Moderate risk	Low risk	High risk	Moderate risk

First Author, Year	Country	Study participation	Study attrition	Prognostic factor measurement	Outcome measurement	Adjustment for other prognostic factors	Statistical analysis and reporting
Zhang et al, 2020 ⁴¹⁴	China	High risk	Low risk	Moderate risk	Low risk	Moderate risk	Moderate risk
Zhang et al, 2020 ⁴¹⁵	China	Low risk	Low risk	High risk	Low risk	High risk	High risk
Zhang et al, 2020 ⁴¹⁶	China	High risk	Low risk	Moderate risk	High risk	High risk	High risk
Zhang et al, 2020 ⁴¹⁷	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zhang et al, 2020 ⁴¹⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zhang et al, 2020 ⁴¹⁹	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zhang et al, 2020 ⁴²⁰	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zhao et al, 2020 ⁴²¹	China	High risk	Low risk	Low risk	Low risk	High risk	High risk
Zheng et al, 2020 ⁴²²	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zheng et al, 2020 ⁴²³	China	High risk	Low risk	High risk	Low risk	Moderate risk	Moderate risk
Zhou et al, 2020 ⁴²⁴	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zhou et al, 2020 ⁴²⁵	China	High risk	Low risk	High risk	Low risk	High risk	High risk
Zhou et al, 2020 ⁴²⁶	China	High risk	Low risk	Low risk	Low risk	Moderate risk	High risk
Zhu et al, 2020 ⁴²⁷	China	High risk	Low risk	Moderate risk	Low risk	High risk	High risk
Zou et al, 2020 ⁴²⁸	China	High risk	Low risk	High risk	Low risk	High risk	High risk

Note: For studies examining multiple prognostic factors and/or outcomes, we assessed the pertinent question with the highest risk of bias grade for the ascertainment of the prognostic factor and outcome.

Supplementary Table 2. Results of the 263 meta-analyses for predictors of clinical outcomes in patients with COVID-19.

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
<i>Acute Kidney Injury</i>									
Comorbidities	Cancer	Yes vs. No	4123/10,960	6	1.55 (1.07 - 2.25)	1.98×10^{-2}	37	0.63 - 3.83	0.082†
Comorbidities	Chronic kidney disease	Yes vs. No	2173/4992	5	2.46 (1.75 - 3.46)	2.54×10^{-7}	28	1.04 - 5.81	0.053†
Comorbidities	COPD	Yes vs. No	2213/5842	5	1.34 (0.83 - 2.18)	2.31×10^{-1}	23	0.40 - 4.47	0.236
Comorbidities	Coronary heart disease	Yes vs. No	2213/5842	5	1.69 (1.43 - 1.99)	4.90×10^{-10}	0	1.29 - 2.20	0.201
Comorbidities	Diabetes mellitus	Yes vs. No	4938/20,881	12	1.95 (1.57 - 2.43)	1.43×10^{-9}	73	1.04 - 3.69	0.396
Comorbidities	Heart failure	Yes vs. No	4062/9228	5	2.26 (1.50 - 3.41)	9.95×10^{-5}	52	0.71 - 7.15	0.727
Comorbidities	Hypertension	Yes vs. No	2842/13,088*	9	2.26 (1.69 - 3.03)	4.87×10^{-8}	73	0.99 - 5.16	0.343
Demographics	Sex	Female vs. Male	4203/9418	8	0.73 (0.61 - 0.87)	4.82×10^{-4}	40	0.49 - 1.07	0.247
Medications	ACEi/ARBs	Yes vs. No	4548/12,944*	10	1.29 (1.08 - 1.53)	4.06×10^{-3}	38	0.87 - 1.92	0.260
<i>Acute Respiratory Distress Syndrome</i>									
Comorbidities	Diabetes mellitus	Yes vs. No	957/8366	9	2.33 (1.77 - 3.06)	1.87×10^{-9}	26	1.30 - 4.16	0.849
Comorbidities	Hypertension	Yes vs. No	494/5980*	9	2.13 (1.50 - 3.03)	2.23×10^{-5}	66	0.81 - 5.64	0.113
Demographics	Sex	Female vs. Male	366/1186	7	0.78 (0.48 - 1.25)	3.00×10^{-1}	61	0.19 - 3.14	0.076
Environmental factors	Smoking	Yes vs. No	189/481	5	0.73 (0.39 - 1.38)	3.38×10^{-1}	0	0.26 - 2.05	0.641
Medications	ACEi/ARBs	Yes vs. No	252/2015*	8	0.80 (0.62 - 1.03)	7.90×10^{-2}	0	0.58 - 1.09	0.546
<i>Composite Outcome 1 (ICU admission or Death)</i>									
Comorbidities	Any comorbidity	Yes vs. No	400/1077	7	1.50 (1.11 - 2.03)	8.00×10^{-3}	0	1.01 - 2.22	0.337
Comorbidities	BMI	>30 kg/m ² vs. <30 kg/m ²	562/1595	6	1.20 (0.96 - 1.50)	1.01×10^{-1}	0	0.88 - 1.64	0.781
Comorbidities	Cancer	Yes vs. No	1098/4129	13	1.49 (1.02 - 2.19)	4.10×10^{-2}	53	0.49 - 4.56	0.835
Comorbidities	Cardiovascular disease	Yes vs. No	739/3129	8	1.74 (1.06 - 2.86)	2.90×10^{-2}	78	0.38 - 7.95	0.146
Comorbidities	Chronic kidney disease	Yes vs. No	1166/4436	13	1.78 (1.29 - 2.46)	4.26×10^{-4}	39	0.77 - 4.11	0.961
Comorbidities	COPD	Yes vs. No	732/3234	8	2.04 (1.30 - 3.19)	1.98×10^{-3}	51	0.62 - 6.71	0.672
Comorbidities	Coronary heart disease	Yes vs. No	420/1276	5	2.38 (1.37 - 4.13)	2.16×10^{-3}	68	0.38 - 14.95	0.386
Comorbidities	Diabetes mellitus	Yes vs. No	1327/4910	15	1.85 (1.42 - 2.42)	5.51×10^{-6}	59	0.80 - 4.30	0.691
Comorbidities	Heart failure	Yes vs. No	340/866	5	0.83 (0.50 - 1.39)	4.86×10^{-1}	1	0.35 - 1.96	0.895
Comorbidities	Hypertension	Yes vs. No	1073/4313	13	1.68 (1.13 - 2.48)	9.72×10^{-3}	81	0.42 - 6.75	0.254
Comorbidities	Solid organ transplantation	Yes vs. No	478/1284	5	1.09 (0.53 - 2.24)	8.19×10^{-1}	0	0.34 - 3.52	0.889
Demographics	Age	per 1 year increase	578/1663	5	1.015 (1.003 - 1.028)	1.70×10^{-2}	58	0.977 - 1.055	0.788
Demographics	Sex	Female vs. Male	1493/5593	18	0.70 (0.60 - 0.82)	1.12×10^{-5}	23	0.48 - 1.02	0.935
Environmental factors	Smoking	Yes vs. No	359/961	8	1.20 (0.82 - 1.74)	3.49×10^{-1}	0	0.75 - 1.90	0.692
Medications	ACEi	Yes vs. No	586/2867	5	1.44 (0.86 - 2.39)	1.63×10^{-1}	70	0.27 - 7.67	0.384
Medications	ACEi/ARBs	Yes vs. No	1591/7694	6	1.67 (0.92 - 3.01)	8.93×10^{-2}	94	0.22 - 12.87	0.540
Medications	ARBs	Yes vs. No	586/2867	5	1.23 (0.69 - 2.20)	4.86×10^{-1}	77	0.18 - 8.53	0.241

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
Symptoms/signs	Cough	Yes vs. No	449/1330	7	0.89 (0.63 - 1.26)	5.11×10^{-1}	40	0.38 - 2.08	0.555
Symptoms/signs	Dyspnea	Yes vs. No	475/1380	7	2.15 (1.67 - 2.77)	2.15×10^{-9}	1	1.52 - 3.04	0.449
Symptoms/signs	Fever	Yes vs. No	790/2381	9	1.18 (0.82 - 1.71)	3.71×10^{-1}	51	0.45 - 3.11	0.731
<i>Composite Outcome 2 (ICU admission, Mechanical Ventilation or Death)</i>									
Comorbidities	Any comorbidity	Yes vs. No	1084/4633*	7	2.90 (1.72 - 4.90)	7.03×10^{-5}	67	0.63 - 13.31	0.048†
Comorbidities	Diabetes mellitus	Yes vs. No	1422/5658	9	2.09 (1.18 - 3.71)	1.14×10^{-2}	88	0.30 - 14.41	0.310
Comorbidities	Hypertension	Yes vs. No	1373/5673	9	2.51 (1.58 - 3.98)	9.94×10^{-5}	82	0.57 - 11.08	0.161
Demographics	Sex	Female vs. Male	1384/5679	7	0.91 (0.69 - 1.20)	4.97×10^{-1}	50	0.45 - 1.85	0.168
<i>Deep Venous Thrombosis</i>									
Comorbidities	Cancer	Yes vs. No	193/1038	7	1.16 (0.59 - 2.28)	6.76×10^{-1}	5	0.40 - 3.30	0.188
Comorbidities	Diabetes mellitus	Yes vs. No	202/532	6	1.08 (0.64 - 1.83)	7.61×10^{-1}	0	0.52 - 2.28	0.656
Comorbidities	Hypertension	Yes vs. No	202/532	6	0.98 (0.64 - 1.50)	9.38×10^{-1}	0	0.54 - 1.79	0.347
Demographics	Sex	Female vs. Male	225/688	7	0.86 (0.59 - 1.26)	4.31×10^{-1}	0	0.52 - 1.41	0.517
<i>Hospitalization</i>									
Comorbidities	Any comorbidity	Yes vs. No	8851/17,459	22	4.13 (3.33 - 5.12)	2.46×10^{-38}	75	1.93 - 8.86	0.311
Comorbidities	Asthma	Yes vs. No	10,189/19,312*	19	1.15 (0.96 - 1.37)	1.37×10^{-1}	52	0.66 - 2.00	0.689
Comorbidities	BMI	>30 kg/m ² vs. <30 kg/m ²	10,382/17,298	12	1.49 (1.20 - 1.84)	2.58×10^{-4}	82	0.75 - 2.96	0.485
Comorbidities	Cancer	Yes vs. No	14,320/28,846*	21	2.42 (1.78 - 3.28)	1.63×10^{-8}	83	0.75 - 7.82	0.832
Comorbidities	Cardiovascular disease	Yes vs. No	6571/23,556**	19	3.40 (2.64 - 4.38)	2.39×10^{-21}	80	1.42 - 8.11	0.462
Comorbidities	Cerebrovascular disease	Yes vs. No	4464/7353	5	7.92 (3.18 - 19.70)	8.54×10^{-6}	74	0.40 - 156.32	0.550
Comorbidities	Chronic kidney disease	Yes vs. No	14,066/35,627	19	5.17 (3.81 - 7.03)	6.48×10^{-26}	80	1.68 - 15.94	0.675
Comorbidities	Chronic lung disease	Yes vs. No	2958/15,984*	18	1.98 (1.46 - 2.69)	1.29×10^{-5}	55	0.80 - 4.90	0.607
Comorbidities	COPD	Yes vs. No	9018/17,335*	14	3.38 (2.31 - 4.94)	3.25×10^{-10}	70	0.96 - 11.95	0.344
Comorbidities	Coronary heart disease	Yes vs. No	10,082/18,493	13	3.47 (2.44 - 4.94)	4.86×10^{-12}	83	1.02 - 11.82	0.190
Comorbidities	Diabetes mellitus	Yes vs. No	14,927/39,014**	33	3.71 (3.17 - 4.34)	2.80×10^{-60}	72	1.94 - 7.09	0.774
Comorbidities	Dyslipidemia	Yes vs. No	2973/6886	6	2.43 (1.58 - 3.75)	5.84×10^{-5}	60	0.75 - 7.93	0.574
Comorbidities	Heart failure	Yes vs. No	9859/18,444*	14	6.74 (4.17 - 10.88)	6.34×10^{-15}	81	1.27 - 35.83	0.554
Comorbidities	History of VTE	Yes vs. No	4151/6931	5	2.35 (1.75 - 3.14)	1.25×10^{-8}	1	1.43 - 3.83	0.243
Comorbidities	HIV infection	Yes vs. No	6258/11,362	6	1.31 (0.98 - 1.75)	6.77×10^{-2}	0	0.87 - 1.97	0.781
Comorbidities	Hypertension	Yes vs. No	13,532/27,541**	30	3.70 (3.10 - 4.41)	4.17×10^{-48}	84	1.67 - 8.18	0.519
Comorbidities	Immunocompromised state	Yes vs. No	2308/4753	6	1.70 (0.95 - 3.04)	7.17×10^{-2}	45	0.37 - 7.81	0.201
Comorbidities	Obesity	Yes vs. No	5938/19,788	10	2.10 (1.67 - 2.65)	3.16×10^{-10}	51	1.14 - 3.86	0.180
Comorbidities	Obstructive sleep apnea	Yes vs. No	2475/3819	5	2.11 (1.54 - 2.89)	3.14×10^{-6}	0	1.27 - 3.51	0.248
Comorbidities	Rheumatological disease	Yes vs. No	1569/2500	5	1.52 (0.97 - 2.39)	6.88×10^{-2}	0	0.73 - 3.17	0.019†
Comorbidities	Solid organ transplantation	Yes vs. No	1644/2599	5	2.90 (0.98 - 8.58)	5.41×10^{-2}	38	0.15 - 56.74	0.531
Demographics	Age	>60 vs. <60	6226/20,704	10	4.12 (3.02 - 5.61)	2.66×10^{-19}	90	1.57 - 10.81	0.656
Demographics	Age	>65 vs. <65	6306/11,907	11	4.83 (3.03 - 7.70)	3.53×10^{-11}	94	0.84 - 27.87	0.329
Demographics	Age	Per 1 year increase	372/1360	5	1.057 (1.036 - 1.077)	2.77×10^{-8}	62	0.993 - 1.124	0.810

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
Demographics	Nursing home	Yes vs. No	2261/5607	5	6.25 (0.75 - 52.47)	9.11×10^{-2}	94	0.002 - 17536.89	0.231
Demographics	Sex	Female vs. Male	16,662/42,229***	44	0.61 (0.54 - 0.69)	6.68×10^{-16}	79	0.33 - 1.12	0.497
Environmental factors	Smoking	Yes vs. No	10,954/29,237*	20	1.54 (1.23 - 1.94)	2.12×10^{-4}	78	0.68 - 3.51	0.354
Imaging markers	Bilateral involvement	Yes vs. No	1249/1697	7	5.93 (3.01 - 11.70)	2.74×10^{-7}	57	0.97 - 36.44	0.872
Imaging markers	Ground-glass opacity	Yes vs. No	144/234	5	0.44 (0.19 - 1.01)	5.33×10^{-2}	0	0.11 - 1.70	0.468
Medications	ACEi	Yes vs. No	1286/3300	5	1.84 (1.25 - 2.71)	2.00×10^{-3}	48	0.60 - 5.60	0.570
Medications	ACEi/ARBs	Yes vs. No	5491/11,784	10	1.90 (1.50 - 2.41)	1.20×10^{-7}	75	0.93 - 3.90	0.286
Medications	Any immunosuppressive medication	Yes vs. No	1133/1847	5	2.23 (1.22 - 4.08)	9.08×10^{-3}	0	0.84 - 5.95	0.796
Medications	ARBs	Yes vs. No	1286/3300	5	1.49 (0.83 - 2.70)	1.83×10^{-1}	84	0.18 - 12.21	0.092
Symptoms/signs	Ageusia	Yes vs. No	2145/3729	10	0.40 (0.24 - 0.65)	2.25×10^{-4}	79	0.08 - 1.96	0.804
Symptoms/signs	Anorexia	Yes vs. No	1156/1686	5	1.68 (0.98 - 2.86)	5.69×10^{-2}	38	0.40 - 7.05	0.744
Symptoms/signs	Anosmia	Yes vs. No	2190/3818	11	0.35 (0.22 - 0.56)	9.58×10^{-6}	75	0.08 - 1.52	0.863
Symptoms/signs	Chest pain	Yes vs. No	286/845	5	1.17 (0.83 - 1.64)	3.65×10^{-1}	0	0.67 - 2.03	0.554
Symptoms/signs	Cough	Yes vs. No	4847/17,617	20	1.26 (0.94 - 1.69)	1.16×10^{-1}	83	0.41 - 3.92	0.393
Symptoms/signs	Diarrhea	Yes vs. No	3933/16,149	17	1.33 (0.98 - 1.79)	6.57×10^{-2}	77	0.47 - 3.75	0.232
Symptoms/signs	Dyspnea	Yes vs. No	4840/17,566	19	3.47 (2.74 - 4.38)	1.69×10^{-25}	73	1.59 - 7.55	0.596
Symptoms/signs	Fatigue	Yes vs. No	1345/3157	9	1.37 (0.72 - 2.61)	3.41×10^{-1}	87	0.17 - 11.22	0.562
Symptoms/signs	Fever	Yes vs. No	4867/18,220	21	2.10 (1.53 - 2.88)	4.05×10^{-6}	86	0.58 - 7.55	0.087†
Symptoms/signs	GI symptoms	Yes vs. No	627/1882	8	1.77 (0.92 - 3.38)	8.51×10^{-2}	73	0.26 - 12.00	0.339
Symptoms/signs	Headache	Yes vs. No	2425/13,973	14	0.55 (0.37 - 0.80)	1.85×10^{-3}	80	0.15 - 1.95	0.013
Symptoms/signs	Myalgia	Yes vs. No	1042/2178	11	0.82 (0.49 - 1.35)	4.26×10^{-1}	77	0.17 - 3.99	0.396
Symptoms/signs	Nasal congestion	Yes vs. No	815/1673	7	0.48 (0.37 - 0.61)	6.58×10^{-9}	0	0.34 - 0.66	0.596
Symptoms/signs	Nausea	Yes vs. No	1524/2496	6	1.37 (0.99 - 1.90)	5.76×10^{-2}	37	0.62 - 3.06	0.280
Symptoms/signs	Pharyngalgia	Yes vs. No	2659/13,672	12	0.48 (0.32 - 0.71)	2.71×10^{-4}	74	0.14 - 1.60	0.272
Symptoms/signs	Rhinorrhea	Yes vs. No	2078/12,281	9	0.61 (0.37 - 0.99)	4.68×10^{-2}	54	0.19 - 2.00	0.013
Symptoms/signs	Vomiting	Yes vs. No	1443/2499	8	1.58 (1.15 - 2.19)	5.21×10^{-3}	9	0.93 - 2.71	0.025†
<i>ICU admission</i>									
Biomarkers	Creatinine	133 μmol/L vs. 133 μmol/L	280/886	5	1.22 (0.34 - 4.34)	7.64×10^{-1}	74	0.02 - 93.63	0.707
Biomarkers	LDH	>250 U/L vs. <250 U/L	249/1048	6	8.64 (3.17 - 23.55)	2.46×10^{-5}	66	0.43 - 173.03	0.262
Biomarkers	Lymphocytes	<1.000 /μL vs. >1.000 /μL	314/1241	8	4.41 (2.12 - 9.17)	6.89×10^{-5}	73	0.47 - 41.51	0.005†
Biomarkers	Procalcitonin	>0.5 ng/ml vs. <0.5 ng/ml	405/1237	6	3.15 (1.68 - 5.92)	3.59×10^{-4}	64	0.50 - 19.81	0.700
Biomarkers	WBC	<4.000 /μL vs. >4.000 /μL	195/429	6	0.73 (0.36 - 1.48)	3.79×10^{-1}	0	0.27 - 1.98	0.366
Comorbidities	Any comorbidity	Yes vs. No	1703/6867	16	2.07 (1.45 - 2.96)	6.41×10^{-5}	74	0.56 - 7.64	0.429
Comorbidities	Asthma	Yes vs. No	708/2567	10	1.08 (0.80 - 1.47)	6.05×10^{-1}	4	0.71 - 1.65	0.947

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
Comorbidities	Autoimmune diseases/ Rheumatological diseases	Yes vs. No	1214/4538	5	1.47 (0.74 - 2.93)	2.75×10^{-1}	53	0.19 - 11.67	0.719
Comorbidities	BMI	>30 kg/m ² vs. <30 kg/m ²	1289/4707	11	1.93 (1.42 - 2.63)	3.04×10^{-5}	67	0.74 - 5.06	0.090†
Comorbidities	Cancer	Yes vs. No	2714/11,770	31	1.06 (0.80 - 1.42)	6.70×10^{-1}	50	0.37 - 3.05	0.025
Comorbidities	Cardiovascular disease	Yes vs. No	1504/5712	22	1.61 (1.23 - 2.11)	5.04×10^{-4}	41	0.77 - 3.36	0.571
Comorbidities	Cerebrovascular disease	Yes vs. No	952/4836	10	1.01 (0.62 - 1.64)	9.78×10^{-1}	58	0.27 - 3.79	0.185
Comorbidities	Chronic kidney disease	Yes vs. No	1718/7738	19	1.56 (1.20 - 2.04)	9.22×10^{-4}	32	0.82 - 3.00	0.506
Comorbidities	Chronic liver disease	Yes vs. No	302/1633	11	1.87 (1.09 - 3.22)	2.34×10^{-2}	0	1.00 - 3.50	0.189
Comorbidities	Chronic lung disease	Yes vs. No	1312/5209	14	1.48 (1.18 - 1.86)	7.92×10^{-4}	10	1.00 - 2.20	0.482
Comorbidities	Cirrhosis	Yes vs. No	496/1648	5	1.15 (0.59 - 2.22)	6.82×10^{-1}	0	0.39 - 3.34	0.551
Comorbidities	COPD	Yes vs. No	1131/5463	17	1.41 (1.01 - 1.97)	4.48×10^{-2}	32	0.60 - 3.31	0.311
Comorbidities	Coronary heart disease	Yes vs. No	1151/5779	14	1.42 (0.98 - 2.04)	6.37×10^{-2}	59	0.46 - 4.33	0.611
Comorbidities	Diabetes mellitus	Yes vs. No	2916/14,508	41	1.56 (1.32 - 1.85)	2.56×10^{-7}	47	0.82 - 2.98	0.372
Comorbidities	Dyslipidemia	Yes vs. No	490/2386	8	0.87 (0.55 - 1.36)	5.37×10^{-1}	53	0.26 - 2.88	0.380
Comorbidities	Heart failure	Yes vs. No	1076/4900	10	1.27 (0.88 - 1.85)	2.03×10^{-1}	53	0.46 - 3.55	0.322
Comorbidities	HIV infection	Yes vs. No	378/1684	5	1.27 (0.64 - 2.52)	4.88×10^{-1}	0	0.42 - 3.86	0.455
Comorbidities	Hypertension	Yes vs. No	2895/14,803	41	1.73 (1.41 - 2.12)	1.58×10^{-7}	71	0.65 - 4.63	0.040†
Comorbidities	Obesity	Yes vs. No	935/5348	11	1.61 (0.90 - 2.87)	1.08×10^{-1}	76	0.27 - 9.73	0.011
Comorbidities	Obstructive sleep apnea	Yes vs. No	511/2236	5	1.62 (1.16 - 2.26)	4.63×10^{-3}	0	0.94 - 2.79	0.562
Comorbidities	Solid organ transplantation	Yes vs. No	516/1670	5	1.14 (0.63 - 2.05)	6.69×10^{-1}	0	0.44 - 2.95	0.971
Demographics	Age	>60 vs. <60	470/3099	9	1.95 (1.25 - 3.06)	3.43×10^{-3}	69	0.50 - 7.55	0.120
Demographics	Age	>65 vs. <65	1870/9500	13	1.33 (0.91 - 1.94)	1.43×10^{-1}	88	0.34 - 5.12	0.897
Demographics	Age	Per 1 year increase	780/2769*	6	1.005 (0.99 - 1.02)	5.00×10^{-1}	80	0.957 - 1.055	0.117
Demographics	Sex	Female vs. Male	3209/18,789*	49	0.53 (0.46 - 0.59)	1.43×10^{-24}	31	0.34 - 0.82	0.497
Environmental factors	Smoking	Yes vs. No	1624/7286*	18	1.19 (1.03 - 1.39)	2.30×10^{-2}	3	0.97 - 1.48	0.320
Imaging markers	Bilateral involvement	Yes vs. No	426/1362	9	2.73 (1.51 - 4.94)	9.13×10^{-4}	52	0.60 - 12.41	0.590
Medications	ACEi	Yes vs. No	1199/5402	8	1.01 (0.81 - 1.27)	9.05×10^{-1}	21	0.64 - 1.60	0.534
Medications	ACEi/ARBs	Yes vs. No	1819/9880	12	1.20 (0.83 - 1.74)	3.28×10^{-1}	85	0.35 - 4.13	0.296
Medications	ARBs	Yes vs. No	1138/5014	7	1.08 (0.82 - 1.42)	5.80×10^{-1}	36	0.57 - 2.05	0.320
Medications	Statins	Yes vs. No	353/1072	5	1.17 (0.88 - 1.55)	2.77×10^{-1}	0	0.74 - 1.84	0.160
Symptoms/signs	Chest pain	Yes vs. No	278/1556	6	1.14 (0.64 - 2.05)	6.51×10^{-1}	35	0.28 - 4.65	0.620
Symptoms/signs	Cough	Yes vs. No	840/2902	23	0.95 (0.78 - 1.15)	5.95×10^{-1}	0	0.77 - 1.16	0.568
Symptoms/signs	Diarrhea	Yes vs. No	727/2549	17	0.97 (0.78 - 1.21)	7.85×10^{-1}	0	0.76 - 1.23	0.657
Symptoms/signs	Dyspnea	Yes vs. No	989/3287	24	4.31 (2.77 - 6.71)	9.31×10^{-11}	77	0.67 - 27.79	0.006†
Symptoms/signs	Expectoration	Yes vs. No	446/1680	10	0.76 (0.53 - 1.09)	1.34×10^{-1}	9	0.43 - 1.35	0.821
Symptoms/signs	Fatigue	Yes vs. No	222/993	8	1.07 (0.65 - 1.76)	7.92×10^{-1}	49	0.27 - 4.16	0.890
Symptoms/signs	Fever	Yes vs. No	1051/4102	26	1.09 (0.89 - 1.34)	4.06×10^{-1}	4	0.80 - 1.49	0.262
Symptoms/signs	GI symptoms	Yes vs. No	313/2402	8	1.11 (0.73 - 1.68)	6.32×10^{-1}	40	0.40 - 3.07	0.903

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
Symptoms/signs	Headache	Yes vs. No	829/2867	19	0.62 (0.47 - 0.82)	7.09×10^{-4}	0	0.46 - 0.84	0.730
Symptoms/signs	Myalgia	Yes vs. No	493/1773	11	0.93 (0.63 - 1.37)	7.03×10^{-1}	39	0.35 - 2.46	0.267
Symptoms/signs	Nausea/Vomiting	Yes vs. No	371/1581	7	0.62 (0.30 - 1.27)	1.91×10^{-1}	41	0.11 - 3.59	0.288
Symptoms/signs	Pharyngalgia	Yes vs. No	456/1929	11	1.26 (0.82 - 1.95)	2.92×10^{-1}	27	0.48 - 3.30	0.306
<i>Invasive Mechanical Ventilation</i>									
Comorbidities	Any comorbidity	Yes vs. No	1838/9474	7	1.17 (0.81 - 1.68)	3.99×10^{-1}	73	0.43 - 3.19	0.054
Comorbidities	Asthma	Yes vs. No	1077/5131	9	1.04 (0.84 - 1.30)	6.96×10^{-1}	0	0.80 - 1.36	0.380
Comorbidities	BMI	>30 kg/m ² vs. <30 kg/m ²	1220/5058	10	1.54 (1.23 - 1.93)	1.66×10^{-4}	45	0.87 - 2.74	0.661
Comorbidities	Cancer	Yes vs. No	1210/10,362	12	1.57 (1.25 - 1.98)	1.02×10^{-4}	0	1.21 - 2.04	0.043
Comorbidities	Cardiovascular disease	Yes vs. No	1424/8466	8	1.16 (0.64 - 2.10)	6.17×10^{-1}	87	0.17 - 7.77	0.039
Comorbidities	Cerebrovascular disease	Yes vs. No	866/5729	7	1.39 (0.79 - 2.47)	2.54×10^{-1}	64	0.26 - 7.39	0.462
Comorbidities	Chronic kidney disease	Yes vs. No	2148/11,766	10	1.36 (0.91 - 2.04)	1.38×10^{-1}	80	0.37 - 4.98	0.258
Comorbidities	Chronic lung disease	Yes vs. No	1586/8382	9	1.17 (0.68 - 2.00)	5.72×10^{-1}	83	0.20 - 6.66	0.003
Comorbidities	COPD	Yes vs. No	906/4418	9	1.58 (0.92 - 2.69)	9.59×10^{-2}	67	0.32 - 7.73	0.954
Comorbidities	Coronary heart disease	Yes vs. No	969/10,641	8	1.81 (1.37 - 2.40)	3.68×10^{-5}	24	1.00 - 3.27	0.247
Comorbidities	Diabetes mellitus	Yes vs. No	3248/24,541	26	1.64 (1.33 - 2.02)	3.65×10^{-6}	75	0.68 - 3.92	0.266
Comorbidities	Heart failure	Yes vs. No	1036/10,213	8	1.41 (0.89 - 2.22)	1.41×10^{-1}	64	0.38 - 5.26	0.011
Comorbidities	HIV infection	Yes vs. No	1302/7359	6	1.44 (0.77 - 2.68)	2.54×10^{-1}	0	0.59 - 3.47	0.866
Comorbidities	Hypertension	Yes vs. No	1992/14,928	21	1.70 (1.39 - 2.08)	2.25×10^{-7}	61	0.83 - 3.48	0.230
Comorbidities	Solid organ transplantation	Yes vs. No	261/828	5	1.32 (0.73 - 2.40)	3.63×10^{-1}	0	0.50 - 3.48	0.953
Demographics	Age	>60 vs. <60	877/4220	5	1.66 (1.33 - 2.07)	9.28×10^{-6}	32	0.92 - 2.97	0.368
Demographics	Age	>65 vs. <65	1277/14,042	10	1.74 (1.14 - 2.66)	9.68×10^{-3}	85	0.46 - 6.67	0.826
Demographics	Sex	Female vs. Male	2711/13,404	24	0.62 (0.55 - 0.71)	2.46×10^{-12}	21	0.46 - 0.85	0.720
Environmental factors	Smoking	Yes vs. No	1105/5471	10	1.15 (0.94 - 1.40)	1.75×10^{-1}	18	0.78 - 1.68	0.677
Medications	ACEi	Yes vs. No	361/2614	5	1.28 (0.91 - 1.82)	1.57×10^{-1}	0	0.73 - 2.25	0.006
Medications	ACEi/ARBs	Yes vs. No	536/4116	10	1.18 (0.81 - 1.73)	3.92×10^{-1}	56	0.40 - 3.49	0.372
Medications	ARBs	Yes vs. No	361/2614	5	1.46 (1.04 - 2.06)	2.87×10^{-2}	12	0.71 - 3.03	0.852
Symptoms/signs	Fever	Yes vs. No	438/1391	6	0.95 (0.69 - 1.29)	7.26×10^{-1}	25	0.47 - 1.90	0.937
<i>Mortality</i>									
Biomarkers	ALT	>40 U/L vs. <40 U/L	1155/5829	6	1.47 (1.12 - 1.93)	5.07×10^{-3}	49	0.72 - 3.02	0.088†
Biomarkers	AST	>40 U/L vs. <40 U/L	1182/5950	7	2.42 (1.70 - 3.44)	8.19×10^{-7}	72	0.86 - 6.82	0.570
Biomarkers	CRP	>10 mg/L vs. <10 mg/L	508/3914	7	7.09 (3.14 - 16.00)	2.37×10^{-6}	63	0.72 - 69.46	0.752
Biomarkers	D-dimers	>0.5 µg/mL vs. <0.5 µg/mL	591/3936	9	3.47 (2.25 - 5.36)	1.98×10^{-8}	63	1.02 - 11.78	0.015†
Biomarkers	LDH	>250 U/L vs. <250 U/L	523/4185	10	3.72 (1.74 - 7.93)	6.80×10^{-4}	83	0.28 - 49.38	0.244
Biomarkers	Lymphocytes	<1,000 /µL vs.	367/1733	5	3.18 (1.33 - 7.58)	9.22×10^{-3}	87	0.14 - 72.75	0.587

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
		>1.000 / μ L							
Biomarkers	Neutrophils	>6.300 / μ L vs. <6.300 / μ L	317/1906	5	5.66 (3.42 - 9.37)	1.50×10^{-11}	72	1.00 - 31.96	0.312
Biomarkers	Platelets	<150.000 / μ L vs. >150.000 / μ L	226/2017	8	2.31 (1.39 - 3.84)	1.26×10^{-3}	55	0.57 - 9.32	0.233
Biomarkers	Procalcitonin	>0.5 ng/ml vs. <0.5 ng/ml	815/3848	7	5.36 (2.67 - 10.74)	2.27×10^{-6}	69	0.69 - 41.81	0.799
Biomarkers	WBC	<4.000 / μ L vs. >4.000 / μ L	1011/4780	6	0.60 (0.43 - 0.84)	2.65×10^{-3}	20	0.29 - 1.21	0.532
Biomarkers	WBC	>10.000 / μ L vs. <10.000 / μ L	500/4309	7	6.35 (2.58 - 15.61)	5.77×10^{-5}	90	0.31 - 128.62	0.509
Comorbidities	Any comorbidity	Yes vs. No	14,625/62,464	31	3.54 (2.84 - 4.41)	1.64×10^{-29}	87	1.44 - 8.70	0.006†
Comorbidities	Any neurological disease	Yes vs. No	8569/23,631	7	3.68 (2.28 - 5.96)	1.12×10^{-7}	92	0.79 - 17.08	0.145
Comorbidities	Asthma	Yes vs. No	17,046/70,521	28	0.90 (0.76 - 1.07)	2.41×10^{-1}	53	0.51 - 1.58	0.657
Comorbidities	Atrial fibrillation	Yes vs. No	869/3633	9	2.20 (1.43 - 3.37)	3.03×10^{-4}	40	0.78 - 6.24	0.680
Comorbidities	BMI	>30 kg/m ² vs. <30 kg/m ²	2619/13,340	25	0.96 (0.80 - 1.13)	6.00×10^{-1}	52	0.53 - 1.72	0.320
Comorbidities	BMI	Per 1 kg/m ² increase	585/3362	9	0.991 (0.972 - 1.009)	3.27×10^{-1}	31	0.95 - 1.033	0.867
Comorbidities	Cancer	Yes vs. No	16,701/96,849	36	2.14 (1.86 - 2.45)	1.69×10^{-27}	50	1.30 - 3.52	0.262
Comorbidities	Cardiovascular disease	Yes vs. No	14,794/77,260	27	3.10 (2.38 - 4.04)	6.75×10^{-17}	94	0.95 - 10.15	0.244
Comorbidities	Cerebrovascular disease	Yes vs. No	2533/17,662	31	2.89 (2.26 - 3.69)	1.90×10^{-17}	55	1.10 - 7.58	0.167
Comorbidities	Chronic kidney disease	Yes vs. No	18,219/90,951	51	3.01 (2.52 - 3.60)	9.39×10^{-34}	80	1.14 - 7.98	0.107
Comorbidities	Chronic liver disease	Yes vs. No	17,476/61,046	18	1.46 (1.24 - 1.72)	5.95×10^{-6}	4	1.15 - 1.84	0.399
Comorbidities	Chronic lung disease	Yes vs. No	6534/41,381	15	2.35 (1.85 - 3.00)	4.36×10^{-12}	71	1.10 - 5.02	0.315
Comorbidities	Cirrhosis	Yes vs. No	567/4448	6	1.41 (0.83 - 2.39)	2.06×10^{-1}	0	0.66 - 2.98	0.262
Comorbidities	COPD	Yes vs. No	12,531/65,667	44	2.19 (1.88 - 2.55)	8.08×10^{-24}	43	1.20 - 4.00	0.277
Comorbidities	Coronary heart disease	Yes vs. No	5068/35,417	42	2.84 (2.44 - 3.29)	8.44×10^{-43}	54	1.48 - 5.44	0.327
Comorbidities	Dementia	Yes vs. No	6419/21,208	11	3.12 (2.50 - 3.90)	1.62×10^{-23}	46	1.86 - 5.23	0.619
Comorbidities	Diabetes mellitus	Yes vs. No	17,994/116,666	53	2.15 (1.84 - 2.52)	1.87×10^{-21}	89	0.82 - 5.67	0.057†
Comorbidities	Dyslipidemia	Yes vs. No	4899/19,680	19	1.34 (1.05 - 1.70)	1.70×10^{-2}	72	0.60 - 2.97	0.083
Comorbidities	Heart failure	Yes vs. No	4287/39,794	32	3.74 (2.80 - 5.01)	6.57×10^{-19}	84	0.86 - 16.36	0.998
Comorbidities	Hematological malignancy	Yes vs. No	6471/24,427	6	2.11 (1.63 - 2.72)	9.34×10^{-9}	33	1.16 - 3.85	0.021†
Comorbidities	History of VTE	Yes vs. No	972/4252	7	1.52 (1.06 - 2.19)	2.43×10^{-2}	13	0.78 - 2.96	0.102
Comorbidities	HIV infection	Yes vs. No	6921/25,340	9	0.81 (0.52 - 1.25)	3.45×10^{-1}	15	0.37 - 1.80	0.241
Comorbidities	Hypertension	Yes vs. No	9169/73,066*	68	2.22 (1.95 - 2.53)	2.66×10^{-32}	77	0.96 - 5.11	0.132
Comorbidities	Immunocompromised state	Yes vs. No	4187/11,789	12	2.05 (1.37 - 3.05)	4.51×10^{-4}	58	0.66 - 6.35	0.810
Comorbidities	Obesity	Yes vs. No	6735/25,894	15	1.27 (0.94 - 1.71)	1.13×10^{-1}	76	0.51 - 3.17	0.426
Comorbidities	Obstructive sleep apnea	Yes vs. No	568/3827	7	1.41 (1.08 - 1.85)	1.11×10^{-2}	0	1.00 - 2.01	0.713
Comorbidities	Peripheral arterial disease	Yes vs. No	2312/17,433	6	2.07 (1.55 - 2.75)	6.08×10^{-7}	32	1.05 - 4.06	0.466

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
Comorbidities	Rheumatological disease	Yes vs. No	5722/19,740	6	1.41 (1.27 - 1.57)	4.64 × 10 ⁻¹⁰	0	1.21 - 1.64	0.755
Comorbidities	Tuberculosis	Yes vs. No	903/5268	5	1.88 (0.70 - 5.07)	2.12 × 10 ⁻¹	0	0.38 - 9.40	0.525
Demographics	Age	>60 vs. <60	9803/96,805	24	9.23 (7.20 - 11.83)	8.75 × 10 ⁻⁶⁹	87	3.19 - 26.67	0.392
Demographics	Age	>65 vs. <65	5752/31,564	22	5.52 (3.94 - 7.75)	4.69 × 10 ⁻²³	92	1.34 - 22.76	0.739
Demographics	Age	Per 1 year increase	2236/13,397	33	1.072 (1.063 - 1.081)	1.17 × 10 ⁻⁵⁷	74	1.029 - 1.116	0.290
Demographics	Nursing home	Yes vs. No	1123/6665	11	2.41 (1.25 - 4.64)	8.78 × 10 ⁻³	88	0.23 - 24.92	0.022†
Demographics	Sex	Female vs. Male	24,317/190,180	71	0.71 (0.65 - 0.78)	3.37 × 10 ⁻¹⁴	74	0.46 - 1.12	0.704
Environmental factors	Alcohol drinking	Yes vs. No	993/6321	6	0.99 (0.72 - 1.34)	9.27 × 10 ⁻¹	0	0.64 - 1.53	0.497
Environmental factors	Smoking	Yes vs. No	7831/30,250	39	1.50 (1.35 - 1.66)	1.41 × 10 ⁻¹⁴	20	1.15 - 1.95	0.155
Imaging markers	Bilateral involvement	Yes vs. No	1195/6784	25	1.39 (1.02 - 1.89)	3.70 × 10 ⁻²	55	0.48 - 4.04	0.004†
Imaging markers	Consolidation	Yes vs. No	477/3169	9	1.52 (1.05 - 2.22)	2.79 × 10 ⁻²	45	0.59 - 3.94	0.440
Imaging markers	Ground-glass opacity	Yes vs. No	729/4958	12	0.96 (0.65 - 1.43)	8.56 × 10 ⁻¹	58	0.32 - 2.90	0.042
Imaging markers	Pleural effusion	Yes vs. No	210/660	7	1.61 (0.80 - 3.24)	1.80 × 10 ⁻¹	25	0.36 - 7.29	0.548
Medications	ACEi	Yes vs. No	3146/13,393	12	1.38 (1.20 - 1.59)	7.03 × 10 ⁻⁶	31	1.01 - 1.89	0.020
Medications	ACEi/ARBs	Yes vs. No	3375/23,303	28	1.31 (1.02 - 1.67)	3.16 × 10 ⁻²	83	0.45 - 3.83	0.063
Medications	Anticoagulant therapy	Yes vs. No	1825/4837	10	1.14 (0.87 - 1.49)	3.39 × 10 ⁻¹	30	0.65 - 2.00	0.228
Medications	Antiplatelet therapy	Yes vs. No	1010/2127	5	1.21 (0.75 - 1.95)	4.45 × 10 ⁻¹	53	0.29 - 5.06	0.017
Medications	Any immunosuppressive medication	Yes vs. No	6903/20,436	5	1.22 (1.12 - 1.34)	7.99 × 10 ⁻⁶	0	1.06 - 1.41	0.107
Medications	ARBs	Yes vs. No	3146/13,393	12	1.33 (1.14 - 1.55)	2.25 × 10 ⁻⁴	43	0.92 - 1.92	0.101
Medications	Beta-blockers	Yes vs. No	2690/10,327	8	1.98 (1.53 - 2.57)	2.64 × 10 ⁻⁷	78	0.94 - 4.18	0.622
Medications	Calcium channel blockers	Yes vs. No	1150/7198	7	1.27 (0.80 - 2.02)	3.10 × 10 ⁻¹	71	0.33 - 4.89	0.200
Medications	Chemotherapy	Yes vs. No	1052/3124	5	1.12 (0.61 - 2.06)	7.11 × 10 ⁻¹	55	0.19 - 6.58	0.479
Medications	Insulin	Yes vs. No	1013/6195	5	2.39 (1.54 - 3.71)	9.92 × 10 ⁻⁵	45	0.71 - 8.06	0.719
Medications	Oral corticosteroids	Yes vs. No	898/2563	5	1.00 (0.49 - 2.04)	9.92 × 10 ⁻¹	32	0.15 - 6.56	0.016
Medications	Statins	Yes vs. No	1842/5553	6	1.56 (1.27 - 1.90)	1.75 × 10 ⁻⁵	55	0.92 - 2.62	0.144
Symptoms/signs	Abdominal pain	Yes vs. No	219/2157	8	1.04 (0.53 - 2.05)	9.00 × 10 ⁻¹	0	0.45 - 2.42	0.387
Symptoms/signs	Altered mental status	Yes vs. No	6727/33,241	10	4.38 (2.53 - 7.58)	1.23 × 10 ⁻⁷	87	0.78 - 24.54	0.545
Symptoms/signs	Anorexia	Yes vs. No	692/5095	12	1.54 (0.92 - 2.58)	9.83 × 10 ⁻²	67	0.32 - 7.44	0.407
Symptoms/signs	Anosmia/Ageusia	Yes vs. No	293/2116	5	0.42 (0.23 - 0.77)	5.41 × 10 ⁻³	0	0.15 - 1.13	0.618
Symptoms/signs	Arthralgia/Myalgia	Yes vs. No	906/3753	6	0.56 (0.46 - 0.70)	8.43 × 10 ⁻⁸	0	0.42 - 0.76	0.272
Symptoms/signs	Chest pain	Yes vs. No	580/6353	14	1.07 (0.70 - 1.62)	7.65 × 10 ⁻¹	31	0.38 - 2.98	0.394
Symptoms/signs	Chills	Yes vs. No	1093/4858	7	0.85 (0.51 - 1.42)	5.39 × 10 ⁻¹	63	0.23 - 3.11	0.681
Symptoms/signs	Cough	Yes vs. No	8825/44,947	33	0.82 (0.71 - 0.95)	7.40 × 10 ⁻³	57	0.50 - 1.35	0.211
Symptoms/signs	Diarrhea	Yes vs. No	2696/12,241	23	0.71 (0.55 - 0.92)	1.00 × 10 ⁻²	49	0.33 - 1.54	0.323
Symptoms/signs	Dizziness	Yes vs. No	240/3019	9	1.57 (0.99 - 2.49)	5.66 × 10 ⁻²	0	0.90 - 2.73	0.752
Symptoms/signs	Dyspnea	Yes vs. No	8780/44,683	31	2.70 (2.16 - 3.39)	6.83 × 10 ⁻¹⁸	86	0.99 - 7.41	0.027†
Symptoms/signs	Expectoration	Yes vs. No	2038/11,156	19	1.25 (1.03 - 1.53)	2.58 × 10 ⁻²	33	0.77 - 2.05	0.894
Symptoms/signs	Fatigue	Yes vs. No	2169/13,648	22	1.03 (0.81 - 1.32)	7.86 × 10 ⁻¹	64	0.45 - 2.36	0.490

Category of predictor	Predictor	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI	Egger's test P-value
Symptoms/signs	Fever	Yes vs. No	9444/73,576	28	0.92 (0.75 - 1.13)	4.25×10^{-1}	83	0.40 - 2.12	0.269
Symptoms/signs	GI symptoms	Yes vs. No	1661/34,470	14	1.02 (0.76 - 1.36)	9.09×10^{-1}	70	0.38 - 2.74	0.339
Symptoms/signs	Headache	Yes vs. No	2685/13,997	23	0.56 (0.39 - 0.81)	1.91×10^{-3}	64	0.16 - 1.96	0.238
Symptoms/signs	Heart rate	>100 bpm vs. <100 bpm	214/666	5	1.81 (1.24 - 2.65)	2.28×10^{-3}	0	0.97 - 3.36	0.067
Symptoms/signs	Hemoptysis	Yes vs. No	1079/3413	8	1.00 (0.62 - 1.62)	9.95×10^{-1}	0	0.55 - 1.82	0.932
Symptoms/signs	Myalgia	Yes vs. No	7126/38,321	17	0.62 (0.45 - 0.86)	3.61×10^{-3}	78	0.21 - 1.84	0.198
Symptoms/signs	Nausea	Yes vs. No	491/3364	8	0.99 (0.57 - 1.74)	9.78×10^{-1}	43	0.24 - 4.13	0.760
Symptoms/signs	Nausea/Vomiting	Yes vs. No	1800/8849	10	0.80 (0.60 - 1.08)	1.46×10^{-1}	38	0.41 - 1.60	0.048
Symptoms/signs	Pharyngalgia	Yes vs. No	2003/8666	18	0.58 (0.46 - 0.71)	5.04×10^{-7}	0	0.46 - 0.73	0.316
Symptoms/signs	Respiratory rate	>24 bpm vs. <24 bpm	1211/5496	6	4.50 (2.38 - 8.54)	4.02×10^{-6}	87	0.59 - 34.10	0.931
Symptoms/signs	Rhinorrhea	Yes vs. No	913/4933	6	0.63 (0.38 - 1.04)	7.16×10^{-2}	15	0.22 - 1.79	0.077
Symptoms/signs	SpO2	<90 % vs. >90 %	1267/6448	7	4.37 (2.98 - 6.42)	5.08×10^{-14}	70	1.43 - 13.4	0.861
Symptoms/signs	Vomiting	Yes vs. No	438/3225	8	1.19 (0.72 - 1.96)	4.89×10^{-1}	2	0.61 - 2.33	0.649
<i>Pulmonary Embolism</i>									
Comorbidities	Cancer	Yes vs. No	299/2291	6	0.95 (0.41 - 2.19)	9.03×10^{-1}	58	0.09 - 10.14	0.517
Comorbidities	COPD	Yes vs. No	253/1745	5	0.99 (0.59 - 1.66)	9.72×10^{-1}	0	0.43 - 2.28	0.739
Comorbidities	Diabetes mellitus	Yes vs. No	253/1740	5	0.86 (0.62 - 1.19)	3.68×10^{-1}	0	0.51 - 1.46	0.984
Comorbidities	Hypertension	Yes vs. No	253/1735	5	0.87 (0.66 - 1.15)	3.36×10^{-1}	0	0.55 - 1.38	0.754
Demographics	Sex	Female vs. Male	305/1965	6	0.71 (0.54 - 0.93)	1.30×10^{-2}	0	0.48 - 1.04	0.113
<i>Venous Thromboembolism</i>									
Comorbidities	Cancer	Yes vs. No	144/644	7	1.63 (0.76 - 3.50)	2.10×10^{-1}	0	0.60 - 4.44	0.321
Comorbidities	Chronic kidney disease	Yes vs. No	142/653	6	0.61 (0.30 - 1.24)	1.73×10^{-1}	0	0.22 - 1.68	0.231
Comorbidities	Diabetes mellitus	Yes vs. No	158/724	7	0.87 (0.54 - 1.40)	5.65×10^{-1}	14	0.36 - 2.12	0.169
Comorbidities	Hypertension	Yes vs. No	113/570	5	0.75 (0.39 - 1.42)	3.74×10^{-1}	44	0.12 - 4.69	0.499
Demographics	Sex	Female vs. Male	214/951	9	0.71 (0.51 - 0.99)	4.22×10^{-2}	0	0.47 - 1.06	0.167
Environmental factors	Smoking	Yes vs. No	127/595	5	0.69 (0.34 - 1.43)	3.23×10^{-1}	11	0.16 - 3.03	0.955

* One study did not report the number of cases and/or total number of participants.

** Two studies did not report the number of cases and/or total number of participants.

*** Three studies did not report the number of cases and/or total number of participants.

† The annotated meta-analyses fulfilled the criteria for the presence of small-study effects (a statistically significant Egger's test at P-value <0.10 and a more conservative effect in the largest study than in the random-effects meta-analysis).

Abbreviations: ACEi = angiotensin-converting enzyme inhibitors, ALT = alanine aminotransferase, ARBs = angiotensin II receptor blockers, AST = aspartate aminotransferase, BMI = body mass index, bpm = breaths per minute (for respiratory rate) or beats per minute (for heart rate), CI = confidence interval, COPD = chronic obstructive pulmonary disease, CRP = C-reactive protein, GI = gastrointestinal, HIV = human immunodeficiency virus, LDH = lactate dehydrogenase, OR = odds ratio, PI = prediction interval, RE = random-effects, SpO₂ = blood oxygen saturation, VTE = venous thromboembolism, WBC = white blood cells

Supplementary Table 3. Results of the sensitivity analysis excluding the studies that reported hazard ratios.

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
<i>Acute Kidney Injury</i>							
ACEi/ARBs	Yes vs. No	4548/11,816	9	1.29 (1.07 - 1.56)	7.40×10^{-3}	43	0.83 - 2.01
Hypertension	Yes vs. No	2842/9658	8	2.02 (1.54 - 2.65)	4.52×10^{-7}	63	1.01 - 4.04
<i>Acute Respiratory Distress Syndrome</i>							
ACEi/ARBs	Yes vs. No	252/887	7	0.88 (0.63 - 1.22)	4.42×10^{-1}	0	0.57 - 1.36
Hypertension	Yes vs. No	494/2550	8	1.83 (1.11 - 3.01)	1.76×10^{-2}	69	0.42 - 7.91
<i>Composite Outcome 1 (ICU admission or Death)</i>							
Age	Per 1 year increase	508/1424	4	1.013 (0.996 - 1.031)	1.29×10^{-1}	68	0.947 - 1.085
Any comorbidity	Yes vs. No	330/838	6	1.35 (0.95 - 1.92)	9.54×10^{-2}	0	0.82 - 2.22
Cancer	Yes vs. No	1028/3890	12	1.53 (1.00 - 2.35)	4.97×10^{-2}	56	0.45 - 5.28
Chronic kidney disease	Yes vs. No	1096/4197	12	1.78 (1.24 - 2.55)	1.76×10^{-3}	45	0.68 - 4.65
COPD	Yes vs. No	662/2995	7	2.18 (1.31 - 3.63)	2.79×10^{-3}	51	0.56 - 8.42
Coronary heart disease	Yes vs. No	350/1037	4	2.54 (1.15 - 5.61)	2.17×10^{-2}	76	0.08 - 80.52
Cough	Yes vs. No	379/1091	6	0.89 (0.58 - 1.36)	5.86×10^{-1}	49	0.28 - 2.82
Diabetes mellitus	Yes vs. No	1257/4671	14	1.92 (1.45 - 2.55)	6.68×10^{-6}	60	0.80 - 4.63
Fever	Yes vs. No	720/2142	8	1.26 (0.81 - 1.97)	3.09×10^{-1}	54	0.38 - 4.16
Hypertension	Yes vs. No	1003/4074	12	1.69 (1.10 - 2.60)	1.63×10^{-2}	82	0.38 - 7.60
Sex	Female vs. Male	1423/5354	17	0.70 (0.59 - 0.83)	5.32×10^{-5}	27	0.46 - 1.07
<i>Composite Outcome 2 (ICU admission, Mechanical Ventilation or Death)</i>							
Any comorbidity	Yes vs. No	1084/4282	5	3.11 (1.58 - 6.14)	1.08×10^{-3}	75	0.32 - 30.01
<i>Hospitalization</i>							
Age	Per 1 year increase	258/854	4	1.059 (1.029 - 1.09)	8.37×10^{-5}	69	0.939 - 1.194
<i>ICU admission</i>							
Age	>60 vs. <60	440/2882	8	1.96 (1.18 - 3.26)	9.54×10^{-3}	73	0.42 - 9.09
Age	>65 vs. <65	1815/9039	12	1.19 (0.81 - 1.74)	3.80×10^{-1}	87	0.32 - 4.35
Any comorbidity	Yes vs. No	1673/6650	15	2.02 (1.39 - 2.94)	2.48×10^{-4}	75	0.52 - 7.79
GI symptoms	Yes vs. No	283/2185	7	0.95 (0.69 - 1.30)	7.28×10^{-1}	3	0.59 - 1.51
Lymphocytes	<1.000 / μ L vs. >1.000 / μ L	284/1024	7	4.52 (1.90 - 10.74)	6.26×10^{-4}	73	0.31 - 64.97
Sex	Female vs. Male	3179/18,572	48	0.53 (0.46 - 0.60)	1.84×10^{-23}	32	0.33 - 0.83
<i>Invasive Mechanical Ventilation</i>							
Age	>65 vs. <65	1226/13,035	9	1.50 (0.99 - 2.26)	5.54×10^{-2}	82	0.43 - 5.22
Cerebrovascular disease	Yes vs. No	815/4722	6	1.23 (0.68 - 2.22)	4.99×10^{-1}	62	0.22 - 6.94
Chronic kidney disease	Yes vs. No	2097/10,759	9	1.30 (0.86 - 1.99)	2.17×10^{-1}	82	0.33 - 5.08
Coronary heart disease	Yes vs. No	918/9634	7	1.79 (1.46 - 2.20)	2.08×10^{-8}	0	1.37 - 2.34

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Diabetes mellitus	Yes vs. No	3197/23,534	25	1.62 (1.30 - 2.00)	1.18×10^{-5}	75	0.67 - 3.91
Sex	Female vs. Male	2660/12,397	23	0.64 (0.57 - 0.73)	3.12×10^{-12}	14	0.50 - 0.83
Smoking	Yes vs. No	1054/4464	9	1.13 (0.96 - 1.32)	1.38×10^{-1}	0	0.93 - 1.36
<i>Mortality</i>							
ACEi	Yes vs. No	2310/11,678	11	1.31 (1.11 - 1.55)	1.42×10^{-3}	18	0.95 - 1.80
ACEi/ARBs	Yes vs. No	3136/21,468	26	1.36 (1.05 - 1.75)	1.90×10^{-2}	83	0.46 - 3.97
Age	>60 vs. <60	9783/96,415	23	8.96 (6.97 - 11.51)	7.95×10^{-66}	88	3.11 - 25.80
Age	>65 vs. <65	5639/30,863	21	5.85 (4.13 - 8.28)	3.00×10^{-23}	92	1.42 - 24.06
Age	per 1 year increase	1453/8793	23	1.078 (1.065 - 1.092)	4.20×10^{-32}	77	1.022 - 1.137
Anticoagulant therapy	Yes vs. No	948/2938	8	1.02 (0.61 - 1.69)	9.53×10^{-1}	39	0.30 - 3.44
Antiplatelet therapy	Yes vs. No	174/412	4	0.99 (0.61 - 1.60)	9.76×10^{-1}	0	0.35 - 2.85
Any immunosuppressive medication	Yes vs. No	6067/18,721	4	1.24 (1.12 - 1.39)	6.60×10^{-5}	0	0.98 - 1.58
ARBs	Yes vs. No	2310/11,678	11	1.25 (1.01 - 1.55)	3.61×10^{-2}	48	0.73 - 2.14
AST	>40 U/L vs. <40 U/L	1167/5818	6	2.63 (1.86 - 3.73)	5.60×10^{-8}	72	0.92 - 7.56
Asthma	Yes vs. No	17,000/70,367	27	0.88 (0.74 - 1.05)	1.46×10^{-1}	52	0.51 - 1.52
Beta-blockers	Yes vs. No	1854/8612	7	2.13 (1.63 - 2.78)	3.49×10^{-8}	59	1.05 - 4.31
BMI	Per 1 unit increase	480/2891	7	0.997 (0.972 - 1.023)	8.25×10^{-1}	42	0.938 - 1.06
Cerebrovascular disease	Yes vs. No	2465/17,330	30	2.92 (2.25 - 3.78)	4.86×10^{-16}	57	1.06 - 8.06
Chronic kidney disease	Yes vs. No	18,097/90,588	49	3.06 (2.54 - 3.67)	5.91×10^{-33}	80	1.15 - 8.13
Coronary heart disease	Yes vs. No	5050/35,363	41	2.84 (2.44 - 3.31)	1.25×10^{-41}	55	1.47 - 5.50
D-dimers	>0.5 µg/mL vs. <0.5 µg/mL	488/3329	8	3.76 (2.18 - 6.48)	1.89×10^{-6}	66	0.79 - 17.8
Diabetes mellitus	Yes vs. No	17,948/116,512	52	2.16 (1.84 - 2.54)	2.85×10^{-21}	90	0.82 - 5.72
Heart failure	Yes vs. No	4241/39,640	31	3.82 (2.83 - 5.15)	1.67×10^{-18}	85	0.86 - 17.03
Hypertension	Yes vs. No	8983/68,775	65	2.24 (1.95 - 2.57)	7.21×10^{-30}	78	0.95 - 5.28
LDH	>250 U/L vs. <250 U/L	508/4053	9	3.81 (1.68 - 8.62)	1.37×10^{-3}	85	0.24 - 60.13
Neutrophils	>6.300 /µL vs. <6.300 /µL	241/1697	4	6.79 (4.31 - 10.7)	1.39×10^{-16}	51	1.21 - 38.13
Obstructive sleep apnea	Yes vs. No	522/3673	6	1.42 (1.05 - 1.91)	2.19×10^{-2}	0	0.93 - 2.16
Peripheral arterial disease	Yes vs. No	2244/17,101	5	2.06 (1.46 - 2.91)	4.26×10^{-5}	44	0.79 - 5.38
Sex	Female vs. Male	18,946/175,565	67	0.70 (0.64 - 0.77)	7.96×10^{-14}	70	0.44 - 1.12
Smoking	Yes vs. No	7673/29,370	37	1.50 (1.34 - 1.67)	7.66×10^{-13}	23	1.12 - 2.00
Statins	Yes vs. No	1006/3838	5	1.35 (0.93 - 1.96)	1.13×10^{-1}	58	0.45 - 4.06

Supplementary Table 4. Results of the sensitivity analysis excluding the studies with less than 100 COVID-19 participants.

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
<i>Acute Kidney Injury</i>							
ACEi/ARBs	Yes vs. No	4438/12774	7	1.27 (1.06 - 1.53)	1.08×10^{-2}	51	0.79 - 2.06
Cancer	Yes vs. No	4025/10813	4	1.50 (1.03 - 2.20)	3.63×10^{-2}	50	0.36 - 6.27
Diabetes mellitus	Yes vs. No	4828/20711	9	1.99 (1.59 - 2.49)	2.16×10^{-9}	79	1.01 - 3.94
Heart failure	Yes vs. No	4036/9177	4	2.27 (1.45 - 3.56)	3.61×10^{-4}	64	0.40 - 12.80
Hypertension	Yes vs. No	2732/12918	6	2.41 (1.78 - 3.25)	9.98×10^{-9}	78	0.96 - 6.02
Sex	Female vs. Male	4036/9177	4	0.74 (0.63 - 0.87)	2.80×10^{-4}	49	0.42 - 1.31
<i>Acute Respiratory Distress Syndrome</i>							
ACEi/ARBs	Yes vs. No	163/1740	4	0.80 (0.61 - 1.05)	1.05×10^{-1}	0	0.44 - 1.45
Diabetes mellitus	Yes vs. No	793/8070	4	2.34 (1.55 - 3.54)	5.76×10^{-5}	59	0.46 - 11.85
Hypertension	Yes vs. No	330/5684	4	3.00 (2.27 - 3.97)	1.56×10^{-14}	58	1.00 - 9.00
<i>Composite Outcome 1 (ICU admission or Death)</i>							
ACEi/ARBs	Yes vs. No	1541/7551	4	2.03 (1.02 - 4.02)	4.26×10^{-2}	96	0.08 - 54.00
Age	Per 1 year increase	543/1564	4	1.015 (1.002 - 1.029)	2.33×10^{-2}	68	0.961 - 1.072
Any comorbidity	Yes vs. No	334/919	5	1.48 (1.07 - 2.05)	1.79×10^{-2}	0	0.87 - 2.52
BMI	>30 kg/m ² vs. <30 kg/m ²	484/1403	4	1.15 (0.91 - 1.45)	2.53×10^{-1}	0	0.68 - 1.92
Cancer	Yes vs. No	1033/3920	10	1.47 (0.98 - 2.20)	6.35×10^{-2}	56	0.46 - 4.64
Cardiovascular disease	Yes vs. No	709/3019	6	1.83 (1.04 - 3.20)	3.62×10^{-2}	83	0.29 - 11.42
Chronic kidney disease	Yes vs. No	1093/4178	9	1.81 (1.25 - 2.60)	1.57×10^{-3}	51	0.67 - 4.88
COPD	Yes vs. No	682/3069	6	1.86 (1.18 - 2.93)	7.91×10^{-3}	54	0.51 - 6.75
Coronary heart disease	Yes vs. No	385/1177	4	2.79 (1.53 - 5.09)	8.20×10^{-4}	70	0.22 - 34.76
Cough	Yes vs. No	386/1145	4	0.80 (0.62 - 1.03)	8.62×10^{-2}	0	0.45 - 1.40
Diabetes mellitus	Yes vs. No	1254/4649	11	1.90 (1.40 - 2.57)	3.59×10^{-5}	69	0.72 - 5.03
Dyspnea	Yes vs. No	412/1195	4	2.01 (1.54 - 2.62)	2.08×10^{-7}	0	1.13 - 3.58
Fever	Yes vs. No	692/2097	5	1.17 (0.75 - 1.82)	4.92×10^{-1}	61	0.30 - 4.57
Heart failure	Yes vs. No	305/767	4	0.87 (0.49 - 1.52)	6.22×10^{-1}	11	0.19 - 3.91
Hypertension	Yes vs. No	1000/4052	9	1.80 (1.15 - 2.83)	1.05×10^{-2}	86	0.38 - 8.59
Sex	Female vs. Male	1354/5174	12	0.69 (0.60 - 0.79)	7.36×10^{-8}	0	0.59 - 0.80
<i>Composite Outcome 2 (ICU admission, Mechanical Ventilation, or Death)</i>							
Any comorbidity	Yes vs. No	1072/4601	6	2.78 (1.62 - 4.74)	1.91×10^{-4}	71	0.53 - 14.43
Diabetes mellitus	Yes vs. No	1383/5536	7	1.94 (1.03 - 3.67)	4.13×10^{-2}	90	0.22 - 16.90
Hypertension	Yes vs. No	1334/5551	7	2.50 (1.49 - 4.19)	5.43×10^{-4}	86	0.46 - 13.65
Sex	Female vs. Male	1345/5557	5	0.91 (0.66 - 1.26)	5.68×10^{-1}	66	0.32 - 2.58
<i>Deep Venous Thrombosis</i>							
Cancer	Yes vs. No	116/832	4	0.96 (0.44 - 2.11)	9.24×10^{-1}	0	0.17 - 5.40
<i>Hospitalization</i>							
ACEi/ARBs	Yes vs. No	5455/11726	9	1.90 (1.49 - 2.43)	3.20×10^{-7}	78	0.89 - 4.05

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Age	>60 vs. <60	6204/20616	8	4.00 (2.91 - 5.49)	1.00×10^{-17}	92	1.43 - 11.14
Age	>65 vs. <65	6256/11845	10	4.98 (3.08 - 8.06)	5.85×10^{-11}	95	0.82 - 30.12
Age	Per 1 year increase	358/1319	4	1.056 (1.033 - 1.080)	1.22×10^{-6}	71	0.961 - 1.161
Ageusia	Yes vs. No	2085/3555	7	0.35 (0.20 - 0.61)	2.10×10^{-4}	85	0.05 - 2.29
Anosmia	Yes vs. No	2086/3563	7	0.29 (0.17 - 0.47)	9.73×10^{-7}	82	0.05 - 1.49
Any comorbidity	Yes vs. No	8651/16922	13	4.27 (3.40 - 5.37)	8.48×10^{-36}	82	1.96 - 9.34
Asthma	Yes vs. No	10076/18988	14	1.09 (0.90 - 1.31)	3.89×10^{-1}	56	0.62 - 1.91
BMI	>30 kg/m ² vs. <30 kg/m ²	10340/17207	11	1.43 (1.16 - 1.77)	8.10×10^{-4}	83	0.73 - 2.82
Cancer	Yes vs. No	14175/28548	16	2.49 (1.78 - 3.48)	1.05×10^{-7}	87	0.72 - 8.62
Cardiovascular disease	Yes vs. No	6522/23458	16	3.29 (2.50 - 4.33)	1.27×10^{-17}	82	1.32 - 8.18
Chronic kidney disease	Yes vs. No	14050/35587	18	5.24 (3.85 - 7.14)	6.55×10^{-26}	81	1.68 - 16.31
Chronic lung disease	Yes vs. No	2829/15650	12	2.00 (1.41 - 2.83)	9.04×10^{-5}	66	0.72 - 5.54
COPD	Yes vs. No	8961/17241	12	3.61 (2.50 - 5.21)	6.38×10^{-12}	64	1.19 - 10.97
Coronary heart disease	Yes vs. No	10002/18347	11	3.64 (2.51 - 5.30)	1.18×10^{-11}	85	1.01 - 13.1
Cough	Yes vs. No	4638/17110	12	1.25 (0.89 - 1.76)	1.95×10^{-1}	89	0.37 - 4.25
Diabetes mellitus	Yes vs. No	14735/38591	26	3.72 (3.15 - 4.40)	2.65×10^{-53}	77	1.89 - 7.33
Diarrhea	Yes vs. No	3769/15733	10	1.38 (1.00 - 1.91)	5.34×10^{-2}	85	0.44 - 4.30
Dyslipidemia	Yes vs. No	2913/6728	4	2.71 (1.66 - 4.44)	7.25×10^{-5}	68	0.39 - 18.94
Dyspnea	Yes vs. No	4638/17110	12	3.53 (2.83 - 4.40)	4.07×10^{-29}	76	1.71 - 7.28
Fatigue	Yes vs. No	1277/2946	5	1.46 (0.64 - 3.32)	3.71×10^{-1}	93	0.06 - 33.34
Fever	Yes vs. No	4657/17707	13	2.11 (1.48 - 3.00)	3.26×10^{-5}	89	0.57 - 7.85
GI symptoms	Yes vs. No	506/1613	4	1.67 (0.70 - 3.98)	2.45×10^{-1}	87	0.03 - 82.42
Headache	Yes vs. No	2286/13599	8	0.40 (0.28 - 0.58)	1.17×10^{-6}	81	0.13 - 1.30
Heart failure	Yes vs. No	9779/18298	11	6.11 (3.61 - 10.35)	1.74×10^{-11}	84	1.04 - 35.89
Hypertension	Yes vs. No	13340/27118	23	3.77 (3.13 - 4.56)	2.23×10^{-43}	88	1.65 - 8.61
Immunocompromised state	Yes vs. No	2300/4696	5	1.70 (0.91 - 3.18)	9.43×10^{-2}	55	0.25 - 11.74
Myalgia	Yes vs. No	843/1794	5	0.64 (0.35 - 1.14)	1.29×10^{-1}	86	0.07 - 5.58
Nasal congestion	Yes vs. No	804/1590	5	0.48 (0.37 - 0.62)	9.65×10^{-9}	0	0.32 - 0.72
Nausea	Yes vs. No	1497/2380	4	1.32 (0.92 - 1.91)	1.37×10^{-1}	55	0.32 - 5.53
Pharyngalgia	Yes vs. No	2561/13385	7	0.45 (0.28 - 0.71)	5.99×10^{-4}	84	0.10 - 2.01
Rhinorrhea	Yes vs. No	1967/11996	4	0.47 (0.25 - 0.85)	1.29×10^{-2}	68	0.05 - 4.55
Sex	Female vs. Male	16435/41698	32	0.60 (0.53 - 0.68)	6.68×10^{-15}	83	0.32 - 1.11
Smoking	Yes vs. No	10879/29086	18	1.55 (1.23 - 1.96)	2.58×10^{-4}	80	0.67 - 3.59
Solid organ transplantation	Yes vs. No	1611/2541	4	2.86 (0.80 - 10.22)	1.06×10^{-1}	53	0.02 - 384.59
Vomiting	Yes vs. No	1391/2322	5	1.42 (1.04 - 1.94)	2.82×10^{-2}	0	0.85 - 2.35
<i>ICU admission</i>							
ACEi	Yes vs. No	1171/5256	6	1.01 (0.77 - 1.33)	9.49×10^{-1}	42	0.50 - 2.04
ACEi/ARBs	Yes vs. No	1779/9711	9	1.19 (0.79 - 1.79)	3.99×10^{-1}	89	0.30 - 4.66
Age	>65 vs. <65	1827/9289	10	1.34 (0.90 - 1.99)	1.53×10^{-1}	90	0.33 - 5.46
Age	Per 1 year increase	780/2673	5	0.999 (0.987 - 1.011)	8.28×10^{-1}	69	0.959 - 1.040

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Any comorbidity	Yes vs. No	1637/6614	12	2.17 (1.44 - 3.27)	2.21×10^{-4}	80	0.50 - 9.35
ARBs	Yes vs. No	1110/4868	5	1.04 (0.75 - 1.45)	7.93×10^{-1}	56	0.39 - 2.82
Asthma	Yes vs. No	639/2348	6	1.04 (0.70 - 1.54)	8.48×10^{-1}	27	0.43 - 2.53
Autoimmune diseases/ Rheumatological diseases	Yes vs. No	1196/4473	4	1.07 (0.71 - 1.61)	7.51×10^{-1}	0	0.44 - 2.62
Bilateral involvement	Yes vs. No	319/1070	4	3.13 (1.67 - 5.88)	3.82×10^{-4}	48	0.34 - 29.19
BMI	>30 kg/m ² vs. <30 kg/m ²	1273/4615	10	1.94 (1.40 - 2.68)	7.03×10^{-5}	70	0.70 - 5.39
Cancer	Yes vs. No	2520/11354	23	1.00 (0.74 - 1.36)	9.86×10^{-1}	59	0.33 - 3.07
Cardiovascular disease	Yes vs. No	1312/5156	13	1.47 (1.11 - 1.94)	7.25×10^{-3}	47	0.72 - 3.00
Cerebrovascular disease	Yes vs. No	854/4514	6	1.08 (0.63 - 1.86)	7.82×10^{-1}	71	0.20 - 5.78
Chronic kidney disease	Yes vs. No	1623/7408	13	1.59 (1.18 - 2.13)	2.23×10^{-3}	49	0.72 - 3.49
Chronic liver disease	Yes vs. No	193/1297	5	2.05 (1.14 - 3.70)	1.67×10^{-2}	0	0.79 - 5.35
Chronic lung disease	Yes vs. No	1239/4927	9	1.52 (1.12 - 2.04)	6.37×10^{-3}	33	0.77 - 2.98
Cirrhosis	Yes vs. No	462/1598	4	1.11 (0.56 - 2.17)	7.71×10^{-1}	0	0.25 - 4.85
COPD	Yes vs. No	1046/5256	13	1.33 (0.95 - 1.86)	9.12×10^{-2}	34	0.58 - 3.05
Coronary heart disease	Yes vs. No	1054/5466	8	1.26 (0.83 - 1.91)	2.72×10^{-1}	73	0.33 - 4.77
Cough	Yes vs. No	541/2108	8	1.02 (0.82 - 1.27)	8.46×10^{-1}	0	0.78 - 1.34
Diabetes mellitus	Yes vs. No	2635/13691	26	1.53 (1.28 - 1.84)	3.33×10^{-6}	57	0.79 - 2.97
Diarrhea	Yes vs. No	569/2086	8	1.01 (0.79 - 1.29)	9.66×10^{-1}	2	0.72 - 1.41
Dyslipidemia	Yes vs. No	383/2140	4	0.83 (0.44 - 1.58)	5.79×10^{-1}	77	0.05 - 13.45
Dyspnea	Yes vs. No	689/2493	9	3.99 (2.09 - 7.60)	2.59×10^{-5}	88	0.42 - 38.17
Expectoration	Yes vs. No	370/1391	5	0.79 (0.50 - 1.24)	3.02×10^{-1}	29	0.25 - 2.49
Fatigue	Yes vs. No	192/881	6	1.06 (0.58 - 1.92)	8.58×10^{-1}	62	0.17 - 6.52
Fever	Yes vs. No	752/3294	11	1.07 (0.79 - 1.45)	6.61×10^{-1}	33	0.53 - 2.15
GI symptoms	Yes vs. No	269/2286	5	1.11 (0.64 - 1.94)	7.06×10^{-1}	63	0.19 - 6.59
Headache	Yes vs. No	588/2341	9	0.64 (0.46 - 0.87)	5.17×10^{-3}	0	0.44 - 0.93
Heart failure	Yes vs. No	1007/4760	8	1.28 (0.86 - 1.91)	2.29×10^{-1}	62	0.39 - 4.15
HIV infection	Yes vs. No	339/1527	3	1.15 (0.49 - 2.68)	7.54×10^{-1}	0	0.005 - 280.92
Hypertension	Yes vs. No	2601/13888	25	1.78 (1.40 - 2.26)	1.91×10^{-6}	80	0.63 - 5.06
Myalgia	Yes vs. No	379/1412	5	0.95 (0.59 - 1.53)	8.46×10^{-1}	48	0.24 - 3.85
Nausea/Vomiting	Yes vs. No	312/1344	4	0.85 (0.28 - 2.56)	7.66×10^{-1}	64	0.01 - 71.89
Obesity	Yes vs. No	781/5071	6	1.31 (0.63 - 2.7)	4.70×10^{-1}	83	0.13 - 13.12
Pharyngalgia	Yes vs. No	377/1622	6	1.21 (0.63 - 2.31)	5.64×10^{-1}	56	0.20 - 7.48
Procalcitonin	>0.5 ng/ml vs. <0.5 ng/ml	365/1162	4	3.11 (1.55 - 6.24)	1.44×10^{-3}	75	0.15 - 63.87
Sex	Female vs. Male	2852/17684	32	0.53 (0.45 - 0.61)	2.91×10^{-17}	50	0.30 - 0.93
Smoking	Yes vs. No	1570/6914	13	1.20 (1.04 - 1.37)	1.09×10^{-2}	0	1.02 - 1.40
Solid organ transplantation	Yes vs. No	490/1576	4	1.17 (0.64 - 2.13)	6.03×10^{-1}	0	0.32 - 4.36
<i>Invasive Mechanical Ventilation</i>							
ACEi/ARBs	Yes vs. No	517/3968	8	1.24 (0.82 - 1.87)	3.04×10^{-1}	62	0.37 - 4.13
Age	>65 vs. <65	1179/13839	7	1.81 (1.17 - 2.80)	8.09×10^{-3}	88	0.41 - 7.91

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Any comorbidity	Yes vs. No	1786/9323	5	1.07 (0.75 - 1.51)	7.16×10^{-1}	75	0.35 - 3.27
Asthma	Yes vs. No	1006/5040	8	1.04 (0.83 - 1.29)	7.47×10^{-1}	0	0.79 - 1.36
BMI	>30 kg/m ² vs. <30 kg/m ²	1211/4966	9	1.57 (1.25 - 1.97)	9.58×10^{-5}	47	0.88 - 2.81
Cancer	Yes vs. No	1189/10335	11	1.59 (1.27 - 2.00)	7.17×10^{-5}	0	1.22 - 2.08
Cardiovascular disease	Yes vs. No	1422/8367	7	1.11 (0.61 - 2.02)	7.24×10^{-1}	88	0.15 - 8.19
Chronic lung disease	Yes vs. No	1557/8307	7	1.09 (0.62 - 1.91)	7.77×10^{-1}	86	0.16 - 7.31
COPD	Yes vs. No	853/4271	7	1.71 (0.95 - 3.08)	7.60×10^{-2}	72	0.28 - 10.41
Coronary heart disease	Yes vs. No	939/10555	7	1.80 (1.32 - 2.45)	2.10×10^{-4}	34	0.87 - 3.72
Diabetes mellitus	Yes vs. No	3106/24237	22	1.71 (1.37 - 2.13)	1.98×10^{-6}	78	0.70 - 4.18
Fever	Yes vs. No	423/1357	5	0.92 (0.70 - 1.20)	5.40×10^{-1}	5	0.57 - 1.49
Heart failure	Yes vs. No	1022/10190	7	1.46 (0.93 - 2.30)	9.77×10^{-2}	66	0.38 - 5.61
HIV infection	Yes vs. No	1292/7296	5	1.27 (0.63 - 2.55)	5.04×10^{-1}	0	0.41 - 3.95
Hypertension	Yes vs. No	1851/14624	17	1.69 (1.36 - 2.11)	2.44×10^{-6}	67	0.79 - 3.63
Sex	Female vs. Male	2537/12927	16	0.62 (0.55 - 0.70)	1.98×10^{-13}	20	0.47 - 0.81
<i>Mortality</i>							
Abdominal pain	Yes vs. No	175/1919	5	1.14 (0.47 - 2.77)	7.68×10^{-1}	0	0.27 - 4.81
ACEi	Yes vs. No	3086/13195	9	1.38 (1.18 - 1.62)	7.50×10^{-5}	45	0.94 - 2.03
ACEi/ARBs	Yes vs. No	3284/22879	21	1.29 (1.00 - 1.66)	5.33×10^{-2}	86	0.44 - 3.80
Age	>60 vs. <60	9780/96705	22	9.59 (7.46 - 12.34)	1.64×10^{-69}	88	3.31 - 27.77
Age	>65 vs. <65	5706/31260	17	6.43 (4.53 - 9.11)	1.62×10^{-25}	93	1.57 - 26.25
Age	Per 1 year increase	2090/12958	26	1.073 (1.063 - 1.082)	1.12×10^{-34}	78	1.03 - 1.118
Altered mental status	Yes vs. No	6651/32870	5	6.11 (3.16 - 11.82)	7.29×10^{-8}	92	0.60 - 62.08
Anorexia	Yes vs. No	659/4921	10	1.43 (0.81 - 2.54)	2.14×10^{-1}	71	0.25 - 8.08
Anticoagulant therapy	Yes vs. No	1729/4598	6	1.28 (1.11 - 1.48)	8.07×10^{-4}	0	1.04 - 1.57
Any comorbidity	Yes vs. No	14510/61938	23	3.68 (2.92 - 4.65)	7.09×10^{-28}	90	1.48 - 9.19
Any immunosuppressive medication	Yes vs. No	6883/20338	4	1.22 (1.12 - 1.33)	9.60×10^{-6}	0	1.01 - 1.48
Any neurological disease	Yes vs. No	8549/23533	6	3.41 (2.08 - 5.62)	1.30×10^{-6}	93	0.66 - 17.69
ARBs	Yes vs. No	3086/13195	9	1.33 (1.13 - 1.57)	7.38×10^{-4}	56	0.86 - 2.05
Arthralgia/Myalgia	Yes vs. No	896/3676	5	0.55 (0.45 - 0.68)	3.57×10^{-8}	0	0.39 - 0.78
Asthma	Yes vs. No	16985/70354	26	0.90 (0.75 - 1.07)	2.34×10^{-1}	56	0.50 - 1.61
Atrial fibrillation	Yes vs. No	832/3498	7	2.03 (1.26 - 3.26)	3.36×10^{-3}	41	0.63 - 6.52
Beta-blockers	Yes vs. No	2659/10257	7	1.94 (1.48 - 2.55)	1.45×10^{-6}	81	0.87 - 4.33
Bilateral involvement	Yes vs. No	1004/6041	13	1.13 (0.82 - 1.56)	4.51×10^{-1}	58	0.43 - 2.94
BMI	>30 kg/m ² vs. <30 kg/m ²	2478/12825	19	0.94 (0.78 - 1.12)	4.69×10^{-1}	57	0.52 - 1.69
BMI	Per 1 kg/m ² increase	561/3263	7	0.992 (0.975 - 1.009)	3.37×10^{-1}	26	0.955 - 1.029
Calcium channel blockers	Yes vs. No	1103/7133	6	1.67 (1.30 - 2.14)	4.57×10^{-5}	18	1.00 - 2.78
Cancer	Yes vs. No	16628/96639	32	2.15 (1.88 - 2.47)	1.67×10^{-28}	51	1.32 - 3.51
Cardiovascular disease	Yes vs. No	14682/76858	20	3.72 (2.81 - 4.93)	6.10×10^{-20}	95	1.11 - 12.43
Cerebrovascular disease	Yes vs. No	2367/17176	24	3.13 (2.41 - 4.07)	1.72×10^{-17}	60	1.16 - 8.43

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Chest pain	Yes vs. No	490/6051	10	1.01 (0.64 - 1.61)	9.57×10^{-1}	37	0.33 - 3.15
Chills	Yes vs. No	1088/4815	6	0.88 (0.52 - 1.48)	6.19×10^{-1}	68	0.21 - 3.68
Chronic kidney disease	Yes vs. No	18124/90607	46	3.05 (2.54 - 3.65)	2.37×10^{-35}	81	1.15 - 8.09
Chronic liver disease	Yes vs. No	17426/60743	14	1.44 (1.20 - 1.74)	1.16×10^{-4}	16	1.01 - 2.06
Chronic lung disease	Yes vs. No	6524/41304	14	2.39 (1.87 - 3.05)	2.31×10^{-12}	72	1.11 - 5.13
Consolidation	Yes vs. No	433/2898	5	1.61 (1.21 - 2.14)	9.61×10^{-4}	18	0.85 - 3.07
COPD	Yes vs. No	12409/65294	37	2.22 (1.89 - 2.62)	3.80×10^{-22}	51	1.16 - 4.27
Coronary heart disease	Yes vs. No	4953/35011	36	2.87 (2.46 - 3.35)	3.16×10^{-41}	57	1.49 - 5.54
Cough	Yes vs. No	8651/44314	21	0.80 (0.69 - 0.92)	2.76×10^{-3}	66	0.48 - 1.31
CRP	>10 mg/L vs. <10 mg/L	486/3822	6	7.27 (2.95 - 17.91)	1.64×10^{-5}	69	0.50 - 105.30
Dementia	Yes vs. No	6342/20991	8	3.26 (2.62 - 4.06)	7.19×10^{-26}	48	1.94 - 5.47
Diabetes mellitus	Yes vs. No	17863/116246	45	2.15 (1.82 - 2.53)	7.54×10^{-20}	91	0.80 - 5.74
Diarrhea	Yes vs. No	2602/11763	15	0.63 (0.48 - 0.82)	8.47×10^{-4}	56	0.29 - 1.37
Dizziness	Yes vs. No	216/2889	7	1.47 (0.87 - 2.50)	1.52×10^{-1}	0	0.73 - 2.95
Dyslipidemia	Yes vs. No	4854/19494	16	1.37 (1.08 - 1.74)	1.05×10^{-2}	74	0.62 - 3.01
Dyspnea	Yes vs. No	8625/44052	20	2.44 (1.92 - 3.10)	3.48×10^{-13}	89	0.91 - 6.57
Expectoration	Yes vs. No	1953/10754	12	1.31 (1.03 - 1.66)	2.52×10^{-2}	54	0.69 - 2.49
Fatigue	Yes vs. No	2077/13231	15	0.99 (0.75 - 1.29)	9.16×10^{-1}	73	0.40 - 2.42
Fever	Yes vs. No	9332/73102	20	0.91 (0.73 - 1.13)	3.85×10^{-1}	87	0.39 - 2.14
Ground-glass opacity	Yes vs. No	702/4702	8	0.84 (0.57 - 1.24)	3.76×10^{-1}	61	0.28 - 2.50
Headache	Yes vs. No	2627/13720	19	0.57 (0.39 - 0.85)	5.12×10^{-3}	69	0.15 - 2.14
Heart failure	Yes vs. No	4232/39632	30	3.95 (2.95 - 5.29)	3.06×10^{-20}	84	0.94 - 16.69
Hemoptysis	Yes vs. No	1046/3239	6	0.95 (0.57 - 1.59)	8.50×10^{-1}	0	0.46 - 1.97
History of VTE	Yes vs. No	936/4123	5	1.44 (0.96 - 2.15)	7.96×10^{-2}	20	0.56 - 3.66
Hypertension	Yes vs. No	8869/72042	51	2.41 (2.10 - 2.77)	2.68×10^{-36}	80	1.08 - 5.37
Immunocompromised state	Yes vs. No	4157/11617	10	2.10 (1.38 - 3.19)	5.32×10^{-4}	65	0.61 - 7.23
LDH	>250 U/L vs. <250 U/L	453/3967	6	6.12 (2.60 - 14.38)	3.30×10^{-5}	86	0.32 - 115.85
Myalgia	Yes vs. No	7087/38122	14	0.62 (0.44 - 0.87)	5.50×10^{-3}	82	0.20 - 1.95
Nausea	Yes vs. No	486/3321	7	0.97 (0.53 - 1.77)	9.18×10^{-1}	50	0.19 - 4.95
Nausea/Vomiting	Yes vs. No	1780/8754	9	0.77 (0.57 - 1.02)	6.77×10^{-2}	36	0.40 - 1.47
Nursing home	Yes vs. No	1071/6438	8	2.63 (1.20 - 5.77)	1.55×10^{-2}	91	0.17 - 41.6
Obesity	Yes vs. No	6657/25618	10	1.31 (0.95 - 1.82)	1.01×10^{-1}	83	0.48 - 3.63
Obstructive sleep apnea	Yes vs. No	548/3732	6	1.42 (1.08 - 1.86)	1.16×10^{-2}	0	0.97 - 2.08
Peripheral arterial disease	Yes vs. No	2288/17376	5	2.14 (1.64 - 2.78)	1.87×10^{-8}	26	1.10 - 4.15
Pharyngalgia	Yes vs. No	1944/8383	14	0.56 (0.45 - 0.70)	3.73×10^{-7}	0	0.44 - 0.72
Platelets	<150.000 / μ L vs. >150.000 / μ L	175/1821	5	2.70 (1.40 - 5.20)	3.14×10^{-3}	67	0.32 - 22.93
Procalcitonin	>0.5 ng/ml vs. <0.5 ng/ml	793/3766	5	6.57 (2.85 - 15.11)	9.57×10^{-6}	77	0.39 - 109.33
Respiratory rate	>24 bpm vs. <24 bpm	1201/5419	5	5.02 (2.58 - 9.77)	2.04×10^{-6}	89	0.49 - 51.78
Rhinorrhea	Yes vs. No	899/4894	5	0.49 (0.36 - 0.66)	3.99×10^{-6}	0	0.30 - 0.80

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Sex	Female vs. Male	24048/189232	53	0.71 (0.65 - 0.78)	2.01×10^{-13}	79	0.46 - 1.12
Smoking	Yes vs. No	7754/29951	34	1.50 (1.35 - 1.68)	8.72×10^{-14}	24	1.14 - 1.99
SpO2	<90 % vs. >90 %	1249/6330	5	4.08 (2.79 - 5.97)	3.70×10^{-13}	76	1.09 - 15.29
Statins	Yes vs. No	1811/5483	5	1.60 (1.31 - 1.95)	4.60×10^{-6}	58	0.89 - 2.84
Vomiting	Yes vs. No	416/3045	6	0.97 (0.55 - 1.71)	9.27×10^{-1}	0	0.44 - 2.16
WBC	<4.000 / μ L vs. >4.000 / μ L	1006/4737	5	0.58 (0.40 - 0.84)	3.75×10^{-3}	31	0.22 - 1.50
WBC	>10.000 / μ L vs. <10.000 / μ L	495/4266	6	7.27 (2.89 - 18.29)	2.47×10^{-5}	92	0.28 - 186.15
<i>Pulmonary Embolism</i>							
Cancer	Yes vs. No	262/2180	4	0.89 (0.36 - 2.22)	8.03×10^{-1}	68	0.02 - 40.10

Supplementary Table 5. Results of the sensitivity analysis excluding the studies including only COVID-19 patients with a specific comorbid disorder.

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
<i>Acute Respiratory Distress Syndrome</i>							
ACEi/ARBs	Yes vs. No	228/1952	7	0.80 (0.62 - 1.04)	9.23×10^{-2}	0	0.57 - 1.12
Diabetes mellitus	Yes vs. No	861/8201	6	2.38 (1.64 - 3.46)	5.49×10^{-6}	49	0.88 - 6.44
Hypertension	Yes vs. No	398/5815	6	2.57 (1.83 - 3.61)	5.37×10^{-8}	66	0.95 - 6.92
Sex	Female vs. Male	342/1123	6	0.76 (0.45 - 1.29)	3.08×10^{-1}	66	0.15 - 3.89
Smoking	Yes vs. No	165/418	4	0.60 (0.27 - 1.34)	2.16×10^{-1}	0	0.10 - 3.51
<i>Composite Outcome 1 (ICU admission or Death)</i>							
Any comorbidity	Yes vs. No	367/1002	6	1.53 (1.11 - 2.09)	8.64×10^{-3}	0	0.98 - 2.38
Cough	Yes vs. No	416/1255	6	0.78 (0.61 - 1.00)	4.80×10^{-2}	0	0.55 - 1.11
Dyspnea	Yes vs. No	442/1305	6	2.02 (1.57 - 2.61)	5.92×10^{-8}	0	1.41 - 2.90
Fever	Yes vs. No	757/2306	8	1.11 (0.76 - 1.64)	5.83×10^{-1}	52	0.41 - 3.06
Sex	Female vs. Male	1460/5518	17	0.69 (0.59 - 0.81)	3.65×10^{-6}	21	0.48 - 0.98
Smoking	Yes vs. No	336/904	7	1.19 (0.80 - 1.77)	3.79×10^{-1}	0	0.71 - 2.00
<i>Composite Outcome 2 (ICU admission, Mechanical Ventilation or Death)</i>							
Diabetes mellitus	Yes vs. No	1395/5568	8	2.20 (1.17 - 4.13)	1.38×10^{-2}	89	0.27 - 18.02
Hypertension	Yes vs. No	1346/5583	8	2.63 (1.59 - 4.34)	1.62×10^{-4}	84	0.52 - 13.19
Sex	Female vs. Male	1357/5589	6	0.91 (0.67 - 1.23)	5.46×10^{-1}	58	0.39 - 2.12
<i>Hospitalization</i>							
Age	>60 vs. <60	6075/20,468	9	4.38 (3.18 - 6.04)	1.70×10^{-19}	90	1.64 - 11.73
Any comorbidity	Yes vs. No	8742/17,028	19	4.14 (3.31 - 5.19)	3.60×10^{-35}	77	1.92 - 8.97
Bilateral involvement	Yes vs. No	1159/1571	5	8.25 (3.36 - 20.25)	4.04×10^{-6}	62	0.53 - 128.4
Cancer	Yes vs. No	14,263/28,752	20	2.52 (1.85 - 3.43)	5.27×10^{-9}	84	0.78 - 8.13
Cardiovascular disease	Yes vs. No	6429/23,087	17	3.34 (2.56 - 4.36)	9.50×10^{-19}	82	1.36 - 8.19
Chronic lung disease	Yes vs. No	2793/15,463	15	1.89 (1.37 - 2.63)	1.30×10^{-4}	56	0.76 - 4.73
COPD	Yes vs. No	8961/17,241	13	3.80 (2.70 - 5.36)	2.67×10^{-14}	63	1.31 - 11.06
Coronary heart disease	Yes vs. No	10,002/18,347	11	3.64 (2.51 - 5.30)	1.18×10^{-11}	85	1.01 - 13.10
Diabetes mellitus	Yes vs. No	14,762/38,493	30	3.69 (3.14 - 4.34)	4.93×10^{-56}	74	1.90 - 7.17
Fatigue	Yes vs. No	1310/3110	8	1.39 (0.70 - 2.77)	3.51×10^{-1}	88	0.15 - 13.14
GI symptoms	Yes vs. No	525/1735	6	1.89 (0.91 - 3.89)	8.56×10^{-2}	80	0.19 - 18.87
Heart failure	Yes vs. No	9779/18,298	12	6.65 (4.02 - 11.01)	1.74×10^{-13}	84	1.16 - 38.22
Hypertension	Yes vs. No	13,440/27,367	28	3.72 (3.11 - 4.46)	3.52×10^{-46}	85	1.67 - 8.32
Myalgia	Yes vs. No	940/2031	9	0.68 (0.42 - 1.12)	1.34×10^{-1}	77	0.15 - 3.18
Obesity	Yes vs. No	5796/19,319	8	2.15 (1.68 - 2.77)	1.96×10^{-9}	56	1.11 - 4.20

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Sex	Female vs. Male	16,297/41,341	37	0.63 (0.55 - 0.71)	4.50×10^{-13}	82	0.34 - 1.17
Smoking	Yes vs. No	10,789/28,717	17	1.63 (1.28 - 2.07)	6.07×10^{-5}	80	0.71 - 3.75
<i>ICU admission</i>							
Age	>60 vs. <60	455/2948	8	1.99 (1.22 - 3.24)	5.75×10^{-3}	73	0.45 - 8.81
Age	>65 vs. <65	1853/9417	12	1.29 (0.88 - 1.89)	1.87×10^{-1}	89	0.33 - 5.05
Chest pain	Yes vs. No	264/1528	5	1.23 (0.73 - 2.08)	4.46×10^{-1}	27	0.33 - 4.53
Chronic liver disease	Yes vs. No	288/1605	10	1.89 (1.10 - 3.27)	2.21×10^{-2}	0	1.00 - 3.60
Chronic lung disease	Yes vs. No	1298/5181	13	1.50 (1.16 - 1.94)	2.03×10^{-3}	16	0.92 - 2.45
Cough	Yes vs. No	826/2874	22	0.94 (0.78 - 1.15)	5.60×10^{-1}	0	0.77 - 1.16
Diarrhea	Yes vs. No	713/2521	16	0.99 (0.80 - 1.24)	9.49×10^{-1}	0	0.78 - 1.26
Dyspnea	Yes vs. No	975/3259	23	4.25 (2.71 - 6.68)	3.44×10^{-10}	78	0.65 - 27.95
Expectoration	Yes vs. No	432/1652	9	0.76 (0.51 - 1.14)	1.86×10^{-1}	19	0.35 - 1.67
Fatigue	Yes vs. No	208/965	7	1.02 (0.60 - 1.74)	9.36×10^{-1}	55	0.22 - 4.71
Fever	Yes vs. No	1037/4074	25	1.08 (0.88 - 1.32)	4.51×10^{-1}	4	0.80 - 1.46
Headache	Yes vs. No	815/2839	18	0.61 (0.46 - 0.81)	5.16×10^{-4}	0	0.45 - 0.83
Sex	Female vs. Male	3194/18,638	48	0.52 (0.46 - 0.59)	6.38×10^{-27}	27	0.35 - 0.78
<i>Invasive Mechanical Ventilation</i>							
ACEi/ARBs	Yes vs. No	528/4068	9	1.18 (0.79 - 1.77)	4.19×10^{-1}	61	0.37 - 3.81
Age	>65 vs. <65	1268/13,959	9	1.68 (1.10 - 2.55)	1.58×10^{-2}	86	0.43 - 6.53
Chronic lung disease	Yes vs. No	1578/8334	8	1.14 (0.65 - 1.98)	6.54×10^{-1}	85	0.18 - 6.99
Solid organ transplantation	Yes vs. No	253/780	4	1.36 (0.64 - 2.88)	4.22×10^{-1}	18	0.15 - 12.3
<i>Mortality</i>							
Abdominal pain	Yes vs. No	214/2114	7	1.00 (0.50 - 2.03)	9.92×10^{-1}	0	0.40 - 2.52
ACEi/ARBs	Yes vs. No	3345/23,201	26	1.29 (1.01 - 1.64)	4.37×10^{-2}	84	0.44 - 3.72
Age	>60 vs. <60	9780/96,705	22	9.59 (7.46 - 12.34)	1.64×10^{-69}	88	3.31 - 27.77
Age	>65 vs. <65	5741/31,456	20	5.50 (3.90 - 7.77)	2.92×10^{-22}	93	1.31 - 23.10
Age	Per 1 year increase	2206/13,307	31	1.072 (1.063 - 1.081)	2.66×10^{-58}	74	1.030 - 1.116
Altered mental status	Yes vs. No	6720/33,221	9	4.53 (2.58 - 7.96)	1.52×10^{-7}	88	0.76 - 27.04
Anosmia/Ageusia	Yes vs. No	279/2077	4	0.43 (0.23 - 0.80)	8.30×10^{-3}	0	0.11 - 1.70
Anticoagulant therapy	Yes vs. No	1729/4552	6	1.28 (1.11 - 1.47)	8.21×10^{-4}	0	1.04 - 1.56
Antiplatelet therapy	Yes vs. No	979/2057	4	1.36 (0.86 - 2.16)	1.84×10^{-1}	48	0.25 - 7.50
Any comorbidity	Yes vs. No	14,596/62,373	28	3.57 (2.86 - 4.46)	3.68×10^{-29}	88	1.45 - 8.76
AST	>40 U/L vs. <40 U/L	1167/5818	6	2.63 (1.86 - 3.73)	5.60×10^{-8}	72	0.92 - 7.56
Atrial fibrillation	Yes vs. No	858/3597	8	2.27 (1.42 - 3.62)	5.78×10^{-4}	47	0.69 - 7.52
Beta-blockers	Yes vs. No	2624/10,144	6	2.04 (1.54 - 2.70)	5.86×10^{-7}	83	0.85 - 4.86
Bilateral involvement	Yes vs. No	1108/6466	18	1.31 (0.95 - 1.82)	1.02×10^{-1}	59	0.45 - 3.81
BMI	>30 kg/m ² vs. <30 kg/m ²	2562/13,190	23	0.92 (0.78 - 1.09)	3.51×10^{-1}	50	0.53 - 1.60
BMI	Per 1 kg/m ²	566/3308	8	0.99 (0.974 - 1.007)	2.54×10^{-1}	21	0.958 - 1.024

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
Cancer	Yes vs. No	16,659/96,716	34	2.14 (1.86 - 2.45)	6.63×10^{-28}	50	1.31 - 3.49
Cardiovascular disease	Yes vs. No	14,764/77,158	25	3.27 (2.50 - 4.27)	4.88×10^{-18}	94	1.00 - 10.72
Cerebrovascular disease	Yes vs. No	2454/17,301	28	3.01 (2.33 - 3.90)	4.11×10^{-17}	58	1.11 - 8.21
Chills	Yes vs. No	1088/4815	6	0.88 (0.52 - 1.48)	6.19×10^{-1}	68	0.21 - 3.68
Chronic kidney disease	Yes vs. No	18,118/90,660	47	3.11 (2.59 - 3.73)	6.98×10^{-34}	81	1.16 - 8.30
Chronic liver disease	Yes vs. No	17,463/60,995	17	1.45 (1.22 - 1.73)	2.78×10^{-5}	9	1.08 - 1.96
Chronic lung disease	Yes vs. No	6499/41,268	14	2.42 (1.89 - 3.11)	3.29×10^{-12}	72	1.12 - 5.25
Consolidation	Yes vs. No	459/3075	7	1.62 (1.12 - 2.35)	1.08×10^{-2}	45	0.62 - 4.23
COPD	Yes vs. No	12,238/64,682	39	2.23 (1.90 - 2.63)	4.85×10^{-22}	48	1.17 - 4.28
Coronary heart disease	Yes vs. No	5014/35,251	40	2.85 (2.45 - 3.31)	2.60×10^{-42}	55	1.49 - 5.47
Cough	Yes vs. No	8723/44,659	26	0.79 (0.69 - 0.91)	1.44×10^{-3}	60	0.49 - 1.28
Dementia	Yes vs. No	6384/21,095	10	3.09 (2.48 - 3.86)	2.36×10^{-23}	48	1.84 - 5.21
Diabetes mellitus	Yes vs. No	17,922/11,6431	49	2.18 (1.86 - 2.56)	2.80×10^{-21}	90	0.82 - 5.78
Diarrhea	Yes vs. No	2670/12,139	20	0.67 (0.52 - 0.87)	2.76×10^{-3}	49	0.32 - 1.42
Dyslipidemia	Yes vs. No	4857/19,574	17	1.39 (1.09 - 1.78)	7.70×10^{-3}	73	0.63 - 3.09
Dyspnea	Yes vs. No	8710/44,491	26	2.69 (2.13 - 3.41)	1.63×10^{-16}	88	0.98 - 7.39
Expectoration	Yes vs. No	2001/11,035	16	1.25 (1.00 - 1.55)	4.75×10^{-2}	44	0.70 - 2.21
Fatigue	Yes vs. No	2148/13,581	20	1.03 (0.80 - 1.32)	8.39×10^{-1}	67	0.44 - 2.39
Fever	Yes vs. No	9407/73,477	25	0.94 (0.77 - 1.16)	5.64×10^{-1}	85	0.41 - 2.18
Ground-glass opacity	Yes vs. No	711/4864	10	0.83 (0.58 - 1.19)	3.06×10^{-1}	50	0.33 - 2.10
Headache	Yes vs. No	2666/13,915	21	0.56 (0.39 - 0.81)	1.92×10^{-3}	66	0.16 - 1.96
Heart failure	Yes vs. No	4252/39,681	31	3.76 (2.80 - 5.05)	1.77×10^{-18}	85	0.85 - 16.63
History of VTE	Yes vs. No	931/4087	5	1.28 (0.91 - 1.80)	1.57×10^{-1}	0	0.73 - 2.23
Hypertension	Yes vs. No	9075/72,781	62	2.23 (1.95 - 2.56)	4.63×10^{-31}	79	0.96 - 5.18
Insulin	Yes vs. No	978/6082	4	2.57 (1.58 - 4.18)	1.52×10^{-4}	54	0.42 - 15.68
LDH	>250 U/L vs. <250 U/L	469/3951	7	5.38 (2.28 - 12.69)	1.20×10^{-4}	85	0.32 - 91.50
Nausea	Yes vs. No	486/3321	7	0.97 (0.53 - 1.77)	9.18×10^{-1}	50	0.19 - 4.95
Obesity	Yes vs. No	6716/25,849	14	1.29 (0.95 - 1.74)	9.70×10^{-2}	78	0.51 - 3.28
Peripheral arterial disease	Yes vs. No	2288/17,376	5	2.14 (1.64 - 2.78)	1.87×10^{-8}	26	1.10 - 4.15
Pharyngalgia	Yes vs. No	1983/8578	16	0.56 (0.45 - 0.69)	1.53×10^{-7}	0	0.44 - 0.71
Platelets	<150.000 / μ L vs. >150.000 / μ L	197/1917	6	2.35 (1.24 - 4.43)	8.44×10^{-3}	66	0.35 - 15.95
Pleural effusion	Yes vs. No	192/601	6	1.40 (0.72 - 2.74)	3.23×10^{-1}	17	0.36 - 5.40
Rhinorrhea	Yes vs. No	899/4894	5	0.49 (0.36 - 0.66)	3.99×10^{-6}	0	0.30 - 0.80
Sex	Female vs. Male	24,174/189,620	63	0.72 (0.65 - 0.78)	1.53×10^{-13}	76	0.46 - 1.12
Smoking	Yes vs. No	7787/30,112	37	1.50 (1.35 - 1.67)	2.91×10^{-14}	22	1.14 - 1.98
SpO ₂	<90 % vs. >90 %	1254/6397	6	4.27 (2.85 - 6.39)	1.71×10^{-12}	75	1.22 - 14.95
Statins	Yes vs. No	1776/5370	4	1.56 (1.26 - 1.93)	3.99×10^{-5}	66	0.68 - 3.57
WBC	<4.000 / μ L vs. >4.000	1006/4737	5	0.58 (0.40 - 0.84)	3.75×10^{-3}	31	0.22 - 1.50

Predictors	Level of comparison	N events/N participants	N studies	RE summary OR (95% CI)	P-value	I ²	95% PI
	/μL						
WBC	>10.000 /μL vs. <10.000 /μL	495/4266	6	7.27 (2.89 - 18.29)	2.47×10^{-5}	92	0.28 - 186.15

Supplementary references

1. Abrishami M, Tohidinezhad F, Daneshvar R, et al. Ocular Manifestations of Hospitalized Patients with COVID-19 in Northeast of Iran. *Ocul Immunol Inflamm.* 2020;28(5):739-744. doi:10.1080/09273948.2020.1773868
2. Abrishami A, Khalili N, Dalili N, et al. Clinical and Radiologic Characteristics of COVID-19 in Patients With CKD. *Iran J Kidney Dis.* 2020;14(4):267-277. <http://www.ncbi.nlm.nih.gov/pubmed/32655021>.
3. Adegunsoye A, Ventura IB, Liarski VM. Association of Black Race with Outcomes in COVID-19 Disease: A Retrospective Cohort Study. *Ann Am Thorac Soc.* 2020;17(10):1336-1339. doi:10.1513/AnnalsATS.202006-583RL
4. Aggarwal A, Shrivastava A, Kumar A, Ali A. Clinical and Epidemiological Features of SARS-CoV-2 Patients in SARI Ward of a Tertiary Care Centre in New Delhi. *J Assoc Physicians India.* 2020;68(7):19-26. <http://www.ncbi.nlm.nih.gov/pubmed/32602676>.
5. Alberici F, Delbarba E, Manenti C, et al. A report from the Brescia Renal COVID Task Force on the clinical characteristics and short-term outcome of hemodialysis patients with SARS-CoV-2 infection. *Kidney Int.* 2020;98(1):20-26. doi:10.1016/j.kint.2020.04.030
6. Alkundi A, Mahmoud I, Musa A, Naveed S, Alshawwaf M. Clinical characteristics and outcomes of COVID-19 hospitalized patients with diabetes in the United Kingdom: A retrospective single centre study. *Diabetes Res Clin Pract.* 2020;165:108263. doi:10.1016/j.diabres.2020.108263
7. Allocca M, Guidelli GM, Borroni RG, et al. Clinical course of COVID-19 in 41 patients with immune-mediated inflammatory diseases: Experience from humanitas center, Milan. *Pharmacol Res.* 2020;160:105061. doi:10.1016/j.phrs.2020.105061
8. Aloisio E, Chibireva M, Serafini L, et al. A Comprehensive Appraisal of Laboratory Biochemistry Tests as Major Predictors of COVID-19 Severity. *Arch Pathol Lab Med.* 2020;144(12):1457-1464. doi:10.5858/arpa.2020-0389-SA
9. Aloisio E, Serafini L, Chibireva M, Dolci A, Panteghini M. Hypoalbuminemia and elevated D-dimer in COVID-19 patients: a call for result harmonization. *Clin Chem Lab Med.* 2020;58(11):e255-e256. doi:10.1515/cclm-2020-1038
10. Al-Salameh A, Lanoix J-P, Bennis Y, et al. Characteristics and outcomes of COVID-19 in hospitalized patients with and without diabetes. *Diabetes Metab Res Rev.* July 2020:e3388. doi:10.1002/dmrr.3388
11. Al-Samkari H, Karp Leaf RS, Dzik WH, et al. COVID-19 and coagulation: bleeding and thrombotic manifestations of SARS-CoV-2 infection. *Blood.* 2020;136(4):489-500. doi:10.1182/blood.2020006520
12. Amit M, Sorkin A, Chen J, et al. Clinical Course and Outcomes of Severe Covid-19: A National Scale Study. *J Clin Med.* 2020;9(7):2282. doi:10.3390/jcm9072282

13. Antinori S, Cossu MV, Ridolfo AL, et al. Compassionate remdesivir treatment of severe Covid-19 pneumonia in intensive care unit (ICU) and Non-ICU patients: Clinical outcome and differences in post-treatment hospitalisation status. *Pharmacol Res.* 2020;158:104899. doi:10.1016/j.phrs.2020.104899
14. Antony SJ, Davis MA, Davis MG, et al. Early use of tocilizumab in the prevention of adult respiratory failure in SARS-CoV-2 infections and the utilization of interleukin-6 levels in the management. *J Med Virol.* July 2020. doi:10.1002/jmv.26288
15. Arapović J, Skočibušić S. The first two months of the COVID-19 pandemic in Bosnia and Herzegovina: Single-center experience. *Bosn J basic Med Sci.* 2020;20(3):396-400. doi:10.17305/bjbms.2020.4838
16. Argenziano MG, Bruce SL, Slater CL, et al. Characterization and clinical course of 1000 patients with coronavirus disease 2019 in New York: retrospective case series. *BMJ.* 2020;369:m1996. doi:10.1136/bmj.m1996
17. Arlet J-B, de Luna G, Khimoud D, et al. Prognosis of patients with sickle cell disease and COVID-19: a French experience. *Lancet Haematol.* 2020;7(9):e632-e634. doi:10.1016/S2352-3026(20)30204-0
18. Artifoni M, Danic G, Gautier G, et al. Systematic assessment of venous thromboembolism in COVID-19 patients receiving thromboprophylaxis: incidence and role of D-dimer as predictive factors. *J Thromb Thrombolysis.* 2020;50(1):211-216. doi:10.1007/s11239-020-02146-z
19. Assaad S, Avrillon V, Fournier M-L, et al. High mortality rate in cancer patients with symptoms of COVID-19 with or without detectable SARS-CoV-2 on RT-PCR. *Eur J Cancer.* 2020;135:251-259. doi:10.1016/j.ejca.2020.05.028
20. Auld SC, Caridi-Scheible M, Blum JM, et al. ICU and Ventilator Mortality Among Critically Ill Adults With Coronavirus Disease 2019. *Crit Care Med.* 2020;48(9):e799-e804. doi:10.1097/CCM.0000000000004457
21. Ayanian S, Reyes J, Lynn L, Teufel K. The association between biomarkers and clinical outcomes in novel coronavirus pneumonia in a US cohort. *Biomark Med.* 2020;14(12):1091-1097. doi:10.2217/bmm-2020-0309
22. Ayerbe L, Risco C, Ayis S. The association between treatment with heparin and survival in patients with Covid-19. *J Thromb Thrombolysis.* 2020;50(2):298-301. doi:10.1007/s11239-020-02162-z
23. Azar KMJ, Shen Z, Romanelli RJ, et al. Disparities In Outcomes Among COVID-19 Patients In A Large Health Care System In California. *Health Aff.* 2020;39(7):1253-1262. doi:10.1377/hlthaff.2020.00598
24. Baqui P, Bica I, Marra V, Ercole A, van der Schaar M. Ethnic and regional variations in hospital mortality from COVID-19 in Brazil: a cross-sectional observational study. *Lancet Glob Heal.* 2020;8(8):e1018-e1026. doi:10.1016/S2214-109X(20)30285-0
25. Barbero P, Mugüerza L, Herraiz I, et al. SARS-CoV-2 in pregnancy: characteristics and outcomes of hospitalized and non-hospitalized women due

- to COVID-19. *J Matern neonatal Med.* July 2020.
doi:10.1080/14767058.2020.1793320
26. Barman HA, Atici A, Sahin I, et al. Prognostic significance of cardiac injury in COVID-19 patients with and without coronary artery disease. *Coron Artery Dis.* June 2020. doi:10.1097/MCA.0000000000000914
 27. Barrasa H, Rello J, Tejada S, et al. SARS-CoV-2 in Spanish Intensive Care Units: Early experience with 15-day survival in Vitoria. *Anaesthesia, Crit care pain Med.* 2020;39(5):553-561. doi:10.1016/j.accpm.2020.04.001
 28. Bavaro DF, Polisenio M, Scardapane A, et al. Occurrence of Acute Pulmonary Embolism in COVID-19-A case series. *Int J Infect Dis.* 2020;98:225-226. doi:10.1016/j.ijid.2020.06.066
 29. Bazzan M, Montaruli B, Sciascia S, Cosseddu D, Norbiato C, Roccatello D. Low ADAMTS 13 plasma levels are predictors of mortality in COVID-19 patients. *Intern Emerg Med.* 2020;15(5):861-863. doi:10.1007/s11739-020-02394-0
 30. Bean DM, Kraljevic Z, Searle T, et al. Angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers are not associated with severe COVID-19 infection in a multi-site UK acute hospital trust. *Eur J Heart Fail.* 2020;22(6):967-974. doi:10.1002/ejhf.1924
 31. Bellelli G, Rebora P, Valsecchi MG, Bonfanti P, Citerio G, COVID-19 Monza Team members. Frailty index predicts poor outcome in COVID-19 patients. *Intensive Care Med.* 2020;46(8):1634-1636. doi:10.1007/s00134-020-06087-2
 32. Benoy S, Traksel R, Verhaegh P, Broen J. COVID-19 in rheumatology outpatient clinics: Dutch mirror image to Lombardy, Italy. *Ann Rheum Dis.* June 2020. doi:10.1136/annrheumdis-2020-217765
 33. Benussi A, Pilotto A, Premi E, et al. Clinical characteristics and outcomes of inpatients with neurologic disease and COVID-19 in Brescia, Lombardy, Italy. *Neurology.* 2020;95(7):e910-e920. doi:10.1212/WNL.0000000000009848
 34. Bhargava A, Fukushima EA, Levine M, et al. Predictors for Severe COVID-19 Infection. *Clin Infect Dis.* 2020;71(8):1962-1968. doi:10.1093/cid/ciaa674
 35. Bhatla A, Mayer MM, Adusumalli S, et al. COVID-19 and cardiac arrhythmias. *Heart Rhythm.* 2020;17(9):1439-1444. doi:10.1016/j.hrthm.2020.06.016
 36. Biagi A, Rossi L, Malagoli A, et al. Clinical and epidemiological characteristics of 320 deceased patients with COVID-19 in an Italian Province: A retrospective observational study. *J Med Virol.* 2020;92(11):2718-2724. doi:10.1002/jmv.26147
 37. Bianchetti A, Rozzini R, Guerini F, et al. Clinical Presentation of COVID19 in Dementia Patients. *J Nutr Health Aging.* 2020;24(6):560-562. doi:10.1007/s12603-020-1389-1
 38. Bolondi G, Russo E, Gamberini E, et al. Iron metabolism and lymphocyte characterisation during Covid-19 infection in ICU patients: an observational cohort study. *World J Emerg Surg.* 2020;15(1):41. doi:10.1186/s13017-020-

39. Bonetti G, Manelli F, Patroni A, et al. Laboratory predictors of death from coronavirus disease 2019 (COVID-19) in the area of Valcamonica, Italy. *Clin Chem Lab Med.* 2020;58(7):1100-1105. doi:10.1515/cclm-2020-0459
40. Borghesi A, Zigliani A, Golemi S, et al. Chest X-ray severity index as a predictor of in-hospital mortality in coronavirus disease 2019: A study of 302 patients from Italy. *Int J Infect Dis.* 2020;96:291-293. doi:10.1016/j.ijid.2020.05.021
41. Borobia AM, Carcas AJ, Arnalich F, et al. A Cohort of Patients with COVID-19 in a Major Teaching Hospital in Europe. *J Clin Med.* 2020;9(6):1733. doi:10.3390/jcm9061733
42. Boscolo A, Spiezia L, Correale C, et al. Different Hypercoagulable Profiles in Patients with COVID-19 Admitted to the Internal Medicine Ward and the Intensive Care Unit. *Thromb Haemost.* 2020;120(10):1474-1477. doi:10.1055/s-0040-1714350
43. Bossini N, Alberici F, Delbarba E, et al. Kidney transplant patients with SARS-CoV-2 infection: The Brescia Renal COVID task force experience. *Am J Transplant.* 2020;20(11):3019-3029. doi:10.1111/ajt.16176
44. Bravi F, Flacco ME, Carradori T, et al. Predictors of severe or lethal COVID-19, including Angiotensin Converting Enzyme inhibitors and Angiotensin II Receptor Blockers, in a sample of infected Italian citizens. *PLoS One.* 2020;15(6):e0235248. doi:10.1371/journal.pone.0235248
45. Brill SE, Jarvis HC, Ozcan E, et al. COVID-19: a retrospective cohort study with focus on the over-80s and hospital-onset disease. *BMC Med.* 2020;18(1):194. doi:10.1186/s12916-020-01665-z
46. Brouns SH, Brüggemann R, Linkens AEMJH, et al. Mortality and the Use of Antithrombotic Therapies Among Nursing Home Residents with COVID-19. *J Am Geriatr Soc.* 2020;68(8):1647-1652. doi:10.1111/jgs.16664
47. Bruno G, Perelli S, Fabrizio C, Buccoliero GB. Short-term outcomes in individuals aged 75 or older with severe coronavirus disease (COVID-19): First observations from an infectious diseases unit in Southern Italy. *J Infect.* 2020;81(2):e86-e88. doi:10.1016/j.jinf.2020.05.024
48. Buckner FS, McCulloch DJ, Atluri V, et al. Clinical Features and Outcomes of 105 Hospitalized Patients With COVID-19 in Seattle, Washington. *Clin Infect Dis.* 2020;71(16):2167-2173. doi:10.1093/cid/ciaa632
49. Buscarini E, Manfredi G, Brambilla G, et al. GI symptoms as early signs of COVID-19 in hospitalised Italian patients. *Gut.* 2020;69(8):1547-1548. doi:10.1136/gutjnl-2020-321434
50. Busetto L, Bettini S, Fabris R, et al. Obesity and COVID-19: An Italian Snapshot. *Obesity.* 2020;28(9):1600-1605. doi:10.1002/oby.22918
51. Cabezudo-García P, Ciano-Petersen NL, Mena-Vázquez N, Pons-Pons G, Castro-Sánchez MV, Serrano-Castro PJ. Incidence and case fatality rate of COVID-19 in patients with active epilepsy. *Neurology.* 2020;95(10):e1417-

e1425. doi:10.1212/WNL.00000000000010033

52. Cai S-H, Liao W, Chen S-W, Liu L-L, Liu S-Y, Zheng Z-D. Association between obesity and clinical prognosis in patients infected with SARS-CoV-2. *Infect Dis poverty*. 2020;9(1):80. doi:10.1186/s40249-020-00703-5
53. Cao J, Tu W-J, Cheng W, et al. Clinical Features and Short-term Outcomes of 102 Patients with Coronavirus Disease 2019 in Wuhan, China. *Clin Infect Dis*. 2020;71(15):748-755. doi:10.1093/cid/ciaa243
54. Cariou B, Hadjadj S, Wargny M, et al. Phenotypic characteristics and prognosis of inpatients with COVID-19 and diabetes: the CORONADO study. *Diabetologia*. 2020;63(8):1500-1515. doi:10.1007/s00125-020-05180-x
55. Carlino MV, Valenti N, Cesaro F, et al. Predictors of Intensive Care Unit admission in patients with coronavirus disease 2019 (COVID-19). *Monaldi Arch chest Dis*. 2020;90(3). doi:10.4081/monaldi.2020.1410
56. Carrasco G, Morillas J, Calizaya M, Baeza I, Molina R, Meije Y. ICU decision making based on Living Systematic Review strategy during SARS-CoV-2 pandemic. Results of a prospective case series. *Med intensiva*. 2020;44(8):516-519. doi:10.1016/j.medin.2020.06.001
57. Caussy C, Pattou F, Wallet F, et al. Prevalence of obesity among adult inpatients with COVID-19 in France. *Lancet Diabetes Endocrinol*. 2020;8(7):562-564. doi:10.1016/S2213-8587(20)30160-1
58. de Ceano-Vivas M, Martín-Espín I, Del Rosal T, et al. SARS-CoV-2 infection in ambulatory and hospitalised Spanish children. *Arch Dis Child*. 2020;105(8):808-809. doi:10.1136/archdischild-2020-319366
59. Cecconi M, Piovani D, Brunetta E, et al. Early Predictors of Clinical Deterioration in a Cohort of 239 Patients Hospitalized for Covid-19 Infection in Lombardy, Italy. *J Clin Med*. 2020;9(5):1548. doi:10.3390/jcm9051548
60. Cen Y, Chen X, Shen Y, et al. Risk factors for disease progression in patients with mild to moderate coronavirus disease 2019-a multi-centre observational study. *Clin Microbiol Infect*. 2020;26(9):1242-1247. doi:10.1016/j.cmi.2020.05.041
61. Chamorro-Pareja N, Parthasarathy S, Annam J, Hoffman J, Coyle C, Kishore P. Letter to the editor: Unexpected high mortality in COVID-19 and diabetic ketoacidosis. *Metabolism*. 2020;110:154301. doi:10.1016/j.metabol.2020.154301
62. Chan SSW, Christopher D, Tan GB, et al. Peripheral lymphocyte subset alterations in COVID-19 patients. *Int J Lab Hematol*. 2020;42(5):e199-e203. doi:10.1111/ijlh.13276
63. Chao JY, Derespina KR, Herold BC, et al. Clinical Characteristics and Outcomes of Hospitalized and Critically Ill Children and Adolescents with Coronavirus Disease 2019 at a Tertiary Care Medical Center in New York City. *J Pediatr*. 2020;223:14-19. doi:10.1016/j.jpeds.2020.05.006
64. Chaudhry ZS, Williams JD, Vahia A, et al. Clinical characteristics and outcomes of COVID-19 in solid organ transplant recipients: A cohort study.

- Am J Transplant.* 2020;20(11):3051-3060. doi:10.1111/ajt.16188
65. Chen J, Qi T, Liu L, et al. Clinical progression of patients with COVID-19 in Shanghai, China. *J Infect.* 2020;80(5):e1-e6. doi:10.1016/j.jinf.2020.03.004
 66. Chen T, Wu D, Chen H, et al. Clinical characteristics of 113 deceased patients with coronavirus disease 2019: retrospective study. *BMJ.* 2020;368:m1091. doi:10.1136/bmj.m1091
 67. Chen T, Dai Z, Mo P, et al. Clinical Characteristics and Outcomes of Older Patients with Coronavirus Disease 2019 (COVID-19) in Wuhan, China: A Single-Centered, Retrospective Study. *J Gerontol A Biol Sci Med Sci.* 2020;75(9):1788-1795. doi:10.1093/gerona/glaa089
 68. Chen Y, Yang D, Cheng B, et al. Clinical Characteristics and Outcomes of Patients With Diabetes and COVID-19 in Association With Glucose-Lowering Medication. *Diabetes Care.* 2020;43(7):1399-1407. doi:10.2337/dc20-0660
 69. Chen F, Sun W, Sun S, Li Z, Wang Z, Yu L. Clinical characteristics and risk factors for mortality among inpatients with COVID-19 in Wuhan, China. *Clin Transl Med.* 2020;10(2):e40. doi:10.1002/ctm2.40
 70. Chen L, Yu J, He W, et al. Risk factors for death in 1859 subjects with COVID-19. *Leukemia.* 2020;34(8):2173-2183. doi:10.1038/s41375-020-0911-0
 71. Chen S, Zhang D, Zheng T, Yu Y, Jiang J. DVT incidence and risk factors in critically ill patients with COVID-19. *J Thromb Thrombolysis.* 2021;51(1):33-39. doi:10.1007/s11239-020-02181-w
 72. Chen L, Long X, Xu Q, et al. Elevated serum levels of S100A8/A9 and HMGB1 at hospital admission are correlated with inferior clinical outcomes in COVID-19 patients. *Cell Mol Immunol.* 2020;17(9):992-994. doi:10.1038/s41423-020-0492-x
 73. Chen J, Bai H, Liu J, et al. Distinct Clinical Characteristics and Risk Factors for Mortality in Female Inpatients With Coronavirus Disease 2019 (COVID-19): A Sex-stratified, Large-scale Cohort Study in Wuhan, China. *Clin Infect Dis.* 2020;71(12):3188-3195. doi:10.1093/cid/ciaa920
 74. Cheng Y, Luo R, Wang K, et al. Kidney disease is associated with in-hospital death of patients with COVID-19. *Kidney Int.* 2020;97(5):829-838. doi:10.1016/j.kint.2020.03.005
 75. Chhiba KD, Patel GB, Vu THT, et al. Prevalence and characterization of asthma in hospitalized and nonhospitalized patients with COVID-19. *J Allergy Clin Immunol.* 2020;146(2):307-314. doi:10.1016/j.jaci.2020.06.010
 76. Cholankeril G, Podboy A, Aivaliotis VI, et al. Association of Digestive Symptoms and Hospitalization in Patients With SARS-CoV-2 Infection. *Am J Gastroenterol.* 2020;115(7):1129-1132. doi:10.14309/ajg.0000000000000712
 77. Chougar L, Shor N, Weiss N, et al. Retrospective Observational Study of Brain MRI Findings in Patients with Acute SARS-CoV-2 Infection and Neurologic Manifestations. *Radiology.* 2020;297(3):E313-E323. doi:10.1148/radiol.2020202422

78. Chung SM, Lee YY, Ha E, et al. The Risk of Diabetes on Clinical Outcomes in Patients with Coronavirus Disease 2019: A Retrospective Cohort Study. *Diabetes Metab J.* 2020;44(3):405-413. doi:10.4093/dmj.2020.0105
79. Ciceri F, Castagna A, Rovere-Querini P, et al. Early predictors of clinical outcomes of COVID-19 outbreak in Milan, Italy. *Clin Immunol.* 2020;217:108509. doi:10.1016/j.clim.2020.108509
80. Colombi D, Bodini FC, Petrini M, et al. Well-aerated Lung on Admitting Chest CT to Predict Adverse Outcome in COVID-19 Pneumonia. *Radiology.* 2020:201433. doi:10.1148/radiol.2020201433
81. Conversano A, Melillo F, Napolano A, et al. Renin-Angiotensin-Aldosterone System Inhibitors and Outcome in Patients With SARS-CoV-2 Pneumonia: A Case Series Study. *Hypertens (Dallas, Tex 1979).* 2020;76(2):e10-e12. doi:10.1161/HYPERTENSIONAHA.120.15312
82. Covino M, De Matteis G, Santoro M, et al. Clinical characteristics and prognostic factors in COVID-19 patients aged ≥ 80 years. *Geriatr Gerontol Int.* 2020;20(7):704-708. doi:10.1111/ggi.13960
83. Criel M, Falter M, Jaeken J, et al. Venous thromboembolism in SARS-CoV-2 patients: only a problem in ventilated ICU patients, or is there more to it? *Eur Respir J.* 2020;56(1):2001201. doi:10.1183/13993003.01201-2020
84. d'Alessandro M, Cameli P, Refini RM, et al. Serum KL-6 concentrations as a novel biomarker of severe COVID-19. *J Med Virol.* 2020;92(10):2216-2220. doi:10.1002/jmv.26087
85. Davies P, Evans C, Kanthimathinathan HK, et al. Intensive care admissions of children with paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in the UK: a multicentre observational study. *Lancet Child Adolesc Heal.* 2020;4(9):669-677. doi:10.1016/S2352-4642(20)30215-7
86. De Smet R, Mellaerts B, Vandewinckele H, et al. Frailty and Mortality in Hospitalized Older Adults With COVID-19: Retrospective Observational Study. *J Am Med Dir Assoc.* 2020;21(7):928-932. doi:10.1016/j.jamda.2020.06.008
87. Deiana G, Azara A, Dettori M, et al. Deaths in SARS-Cov-2 Positive Patients in Italy: The Influence of Underlying Health Conditions on Lethality. *Int J Environ Res Public Health.* 2020;17(12):4450. doi:10.3390/ijerph17124450
88. Del Amo J, Polo R, Moreno S, et al. Incidence and Severity of COVID-19 in HIV-Positive Persons Receiving Antiretroviral Therapy : A Cohort Study. *Ann Intern Med.* 2020;173(7):536-541. doi:10.7326/M20-3689
89. Della-Torre E, Campochiaro C, Cavalli G, et al. Interleukin-6 blockade with sarilumab in severe COVID-19 pneumonia with systemic hyperinflammation: an open-label cohort study. *Ann Rheum Dis.* 2020;79(10):1277-1285. doi:10.1136/annrheumdis-2020-218122
90. Demelo-Rodríguez P, Cervilla-Muñoz E, Ordieres-Ortega L, et al. Incidence of asymptomatic deep vein thrombosis in patients with COVID-19 pneumonia

- and elevated D-dimer levels. *Thromb Res.* 2020;192:23-26. doi:10.1016/j.thromres.2020.05.018
91. Deng Q, Hu B, Zhang Y, et al. Suspected myocardial injury in patients with COVID-19: Evidence from front-line clinical observation in Wuhan, China. *Int J Cardiol.* 2020;311:116-121. doi:10.1016/j.ijcard.2020.03.087
 92. Deng G, Yin M, Chen X, Zeng F. Clinical determinants for fatality of 44,672 patients with COVID-19. *Crit Care.* 2020;24(1):179. doi:10.1186/s13054-020-02902-w
 93. Deng P, Ke Z, Ying B, Qiao B, Yuan L. The diagnostic and prognostic role of myocardial injury biomarkers in hospitalized patients with COVID-19. *Clin Chim Acta.* 2020;510:186-190. doi:10.1016/j.cca.2020.07.018
 94. Denova-Gutiérrez E, Lopez-Gatell H, Alomia-Zegarra JL, et al. The Association of Obesity, Type 2 Diabetes, and Hypertension with Severe Coronavirus Disease 2019 on Admission Among Mexican Patients. *Obesity (Silver Spring).* 2020;28(10):1826-1832. doi:10.1002/oby.22946
 95. Desborough MJR, Doyle AJ, Griffiths A, Retter A, Breen KA, Hunt BJ. Image-proven thromboembolism in patients with severe COVID-19 in a tertiary critical care unit in the United Kingdom. *Thromb Res.* 2020;193:1-4. doi:10.1016/j.thromres.2020.05.049
 96. Di Bella S, Cesareo R, De Cristofaro P, et al. Neck circumference as reliable predictor of mechanical ventilation support in adult inpatients with COVID-19: A multicentric prospective evaluation. *Diabetes Metab Res Rev.* 2021;37(1):e3354. doi:10.1002/dmrr.3354
 97. Ding T, Zhang J, Wang T, et al. Potential Influence of Menstrual Status and Sex Hormones on female SARS-CoV-2 Infection: A Cross-sectional Study from Multicentre in Wuhan, China. *Clin Infect Dis.* July 2020. doi:10.1093/cid/ciaa1022
 98. Docherty AB, Harrison EM, Green CA, et al. Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ.* 2020;369:m1985. doi:10.1136/bmj.m1985
 99. Dreher M, Kersten A, Bickenbach J, et al. The Characteristics of 50 Hospitalized COVID-19 Patients With and Without ARDS. *Dtsch Arztebl Int.* 2020;117(16):271-278. doi:10.3238/arztebl.2020.0271
 100. D'Silva KM, Serling-Boyd N, Wallwork R, et al. Clinical characteristics and outcomes of patients with coronavirus disease 2019 (COVID-19) and rheumatic disease: a comparative cohort study from a US "hot spot". *Ann Rheum Dis.* 2020;79(9):1156-1162. doi:10.1136/annrheumdis-2020-217888
 101. Du R-H, Liu L-M, Yin W, et al. Hospitalization and Critical Care of 109 Decedents with COVID-19 Pneumonia in Wuhan, China. *Ann Am Thorac Soc.* April 2020. doi:10.1513/AnnalsATS.202003-225OC
 102. Du R-H, Liang L-R, Yang C-Q, et al. Predictors of Mortality for Patients with COVID-19 Pneumonia Caused by SARS-CoV-2: A Prospective Cohort Study.

103. Duanmu Y, Brown IP, Gibb WR, et al. Characteristics of Emergency Department Patients With COVID-19 at a Single Site in Northern California: Clinical Observations and Public Health Implications. *Acad Emerg Med.* 2020;27(6):505-509. doi:10.1111/acem.14003
104. Dudoignon E, Moreno N, Deniau B, et al. Activation of the renin-angiotensin-aldosterone system is associated with Acute Kidney Injury in COVID-19. *Anaesthesia, Crit care pain Med.* 2020;39(4):453-455. doi:10.1016/j.accpm.2020.06.006
105. Dufour I, Raedemaeker J, Andreozzi F, et al. COVID-19, impact on myeloma patients. *Ann Hematol.* 2020;99(8):1947-1949. doi:10.1007/s00277-020-04147-7
106. Ebinger JE, Achamallah N, Ji H, et al. Pre-existing traits associated with Covid-19 illness severity. *PLoS One.* 2020;15(7):e0236240. doi:10.1371/journal.pone.0236240
107. Escalera-Antezana JP, Lizon-Ferrufino NF, Maldonado-Alanoca A, et al. Risk factors for mortality in patients with Coronavirus Disease 2019 (COVID-19) in Bolivia: An analysis of the first 107 confirmed cases. *Le Infez Med.* 2020;28(2):238-242. <http://www.ncbi.nlm.nih.gov/pubmed/32487789>.
108. Fang C, Garzillo G, Batohi B, et al. Extent of pulmonary thromboembolic disease in patients with COVID-19 on CT: relationship with pulmonary parenchymal disease. *Clin Radiol.* 2020;75(10):780-788. doi:10.1016/j.crad.2020.07.002
109. Fauvel C, Weizman O, Trimaille A, et al. Pulmonary embolism in COVID-19 patients: a French multicentre cohort study. *Eur Heart J.* 2020;41(32):3058-3068. doi:10.1093/eurheartj/ehaa500
110. Felice C, Nardin C, Di Tanna GL, et al. Use of RAAS Inhibitors and Risk of Clinical Deterioration in COVID-19: Results From an Italian Cohort of 133 Hypertensives. *Am J Hypertens.* 2020;33(10):944-948. doi:10.1093/ajh/hpaa096
111. Deng X, Yang J, Wang W, et al. Case fatality risk of the first pandemic wave of novel coronavirus disease 2019 (COVID-19) in China. *Clin Infect Dis.* May 2020. doi:10.1093/cid/ciaa578
112. Ferguson J, Rosser JI, Quintero O, et al. Characteristics and Outcomes of Coronavirus Disease Patients under Nonsurge Conditions, Northern California, USA, March-April 2020. *Emerg Infect Dis.* 2020;26(8):1679-1685. doi:10.3201/eid2608.201776
113. Ferm S, Fisher C, Pakala T, et al. Analysis of Gastrointestinal and Hepatic Manifestations of SARS-CoV-2 Infection in 892 Patients in Queens, NY. *Clin Gastroenterol Hepatol.* 2020;18(10):2378-2379. doi:10.1016/j.cgh.2020.05.049
114. Fernández-Cruz A, Ruiz-Antorán B, Muñoz-Gómez A, et al. A Retrospective Controlled Cohort Study of the Impact of Glucocorticoid Treatment in SARS-

- CoV-2 Infection Mortality. *Antimicrob Agents Chemother.* 2020;64(9). doi:10.1128/AAC.01168-20
115. Ferrante G, Fazzari F, Cozzi O, et al. Risk factors for myocardial injury and death in patients with COVID-19: insights from a cohort study with chest computed tomography. *Cardiovasc Res.* 2020;116(14):2239-2246. doi:10.1093/cvr/cvaa193
 116. Fisher M, Neugarten J, Bellin E, et al. AKI in Hospitalized Patients with and without COVID-19: A Comparison Study. *J Am Soc Nephrol.* 2020;31(9):2145-2157. doi:10.1681/ASN.2020040509
 117. Fogarty H, Townsend L, Ni Cheallaigh C, et al. COVID19 coagulopathy in Caucasian patients. *Br J Haematol.* 2020;189(6):1044-1049. doi:10.1111/bjh.16749
 118. Fominskiy E V, Scandroglio AM, Monti G, et al. Prevalence, Characteristics, Risk Factors, and Outcomes of Invasively Ventilated COVID-19 Patients with Acute Kidney Injury and Renal Replacement Therapy. *Blood Purif.* 2021;50(1):102-109. doi:10.1159/000508657
 119. Fosbøl EL, Butt JH, Østergaard L, et al. Association of Angiotensin-Converting Enzyme Inhibitor or Angiotensin Receptor Blocker Use With COVID-19 Diagnosis and Mortality. *JAMA.* 2020;324(2):168-177. doi:10.1001/jama.2020.11301
 120. Foster CE, Moulton EA, Munoz FM, et al. Coronavirus Disease 2019 in Children Cared for at Texas Children's Hospital: Initial Clinical Characteristics and Outcomes. *J Pediatric Infect Dis Soc.* 2020;9(3):373-377. doi:10.1093/jpids/piaa072
 121. Fox TA, Troy-Barnes E, Kirkwood AA, et al. Clinical outcomes and risk factors for severe COVID-19 in patients with haematological disorders receiving chemo- or immunotherapy. *Br J Haematol.* 2020;191(2):194-206. doi:10.1111/bjh.17027
 122. Francone M, Iafrate F, Masci GM, et al. Chest CT score in COVID-19 patients: correlation with disease severity and short-term prognosis. *Eur Radiol.* 2020;30(12):6808-6817. doi:10.1007/s00330-020-07033-y
 123. Götzinger F, Santiago-García B, Noguera-Julián A, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Heal.* 2020;4(9):653-661. doi:10.1016/S2352-4642(20)30177-2
 124. Gallo O, Locatello LG, Orlando P, et al. Cancer population may be paradoxically protected from severe manifestations of COVID-19. *J Infect.* 2020;81(2):e156-e158. doi:10.1016/j.jinf.2020.06.011
 125. Gao L, Jiang D, Wen X-S, et al. Prognostic value of NT-proBNP in patients with severe COVID-19. *Respir Res.* 2020;21(1):83. doi:10.1186/s12931-020-01352-w
 126. Gao C, Cai Y, Zhang K, et al. Association of hypertension and antihypertensive treatment with COVID-19 mortality: a retrospective observational study. *Eur*

- Heart J.* 2020;41(22):2058-2066. doi:10.1093/eurheartj/ehaa433
127. Gao S, Jiang F, Jin W, et al. Risk factors influencing the prognosis of elderly patients infected with COVID-19: a clinical retrospective study in Wuhan, China. *Aging (Albany NY)*. 2020;12(13):12504-12516. doi:10.18632/aging.103631
 128. Garcia-Pachon E, Zamora-Molina L, Soler-Sempere MJ, et al. Asthma prevalence in patients with SARS-CoV-2 infection detected by RT-PCR not requiring hospitalization. *Respir Med*. 2020;171:106084. doi:10.1016/j.rmed.2020.106084
 129. Gavin W, Campbell E, Zaidi S-A, et al. Clinical characteristics, outcomes and prognosticators in adult patients hospitalized with COVID-19. *Am J Infect Control*. 2021;49(2):158-165. doi:10.1016/j.ajic.2020.07.005
 130. Gayam V, Chobufo MD, Merghani MA, Lamichhane S, Garlapati PR, Adler MK. Clinical characteristics and predictors of mortality in African-Americans with COVID-19 from an inner-city community teaching hospital in New York. *J Med Virol*. 2021;93(2):812-819. doi:10.1002/jmv.26306
 131. Gazzaruso C, Carlo Stella N, Mariani G, et al. Impact of anti-rheumatic drugs and steroids on clinical course and prognosis of COVID-19. *Clin Rheumatol*. 2020;39(8):2475-2477. doi:10.1007/s10067-020-05239-5
 132. Gervaise A, Bouzad C, Peroux E, Helissey C. Acute pulmonary embolism in non-hospitalized COVID-19 patients referred to CTPA by emergency department. *Eur Radiol*. 2020;30(11):6170-6177. doi:10.1007/s00330-020-06977-5
 133. Gervasoni C, Meraviglia P, Riva A, et al. Clinical Features and Outcomes of Patients With Human Immunodeficiency Virus With COVID-19. *Clin Infect Dis*. 2020;71(16):2276-2278. doi:10.1093/cid/ciaa579
 134. Giacomelli A, Ridolfo AL, Milazzo L, et al. 30-day mortality in patients hospitalized with COVID-19 during the first wave of the Italian epidemic: A prospective cohort study. *Pharmacol Res*. 2020;158:104931. doi:10.1016/j.phrs.2020.104931
 135. Gidari A, De Socio GV, Sabbatini S, Francisci D. Predictive value of National Early Warning Score 2 (NEWS2) for intensive care unit admission in patients with SARS-CoV-2 infection. *Infect Dis (London, England)*. 2020;52(10):698-704. doi:10.1080/23744235.2020.1784457
 136. Giusti B, Gori AM, Alessi M, et al. Sars-CoV-2 Induced Coagulopathy and Prognosis in Hospitalized Patients: A Snapshot from Italy. *Thromb Haemost*. 2020;120(8):1233-1236. doi:10.1055/s-0040-1712918
 137. Goicoechea M, Sánchez Cámara LA, Macías N, et al. COVID-19: clinical course and outcomes of 36 hemodialysis patients in Spain. *Kidney Int*. 2020;98(1):27-34. doi:10.1016/j.kint.2020.04.031
 138. Gold JAW, Wong KK, Szablewski CM, et al. Characteristics and Clinical Outcomes of Adult Patients Hospitalized with COVID-19 - Georgia, March 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(18):545-550.

doi:10.15585/mmwr.mm6918e1

139. Golpe R, Blanco N, Castro-Añón O, et al. Factors Associated to Hospital Admission in a Care Protocol in COVID-19. *Arch Bronconeumol*. 2020;56(10):676-677. doi:10.1016/j.arbres.2020.05.038
140. Golpe R, Pérez-de-Llano LA, Dacal D, et al. Risk of severe COVID-19 in hypertensive patients treated with renin-angiotensin-aldosterone system inhibitors. *Med Clin (Barc)*. 2020;155(11):488-490. doi:10.1016/j.medcli.2020.06.013
141. Goshua G, Pine AB, Meizlish ML, et al. Endotheliopathy in COVID-19-associated coagulopathy: evidence from a single-centre, cross-sectional study. *Lancet Haematol*. 2020;7(8):e575-e582. doi:10.1016/S2352-3026(20)30216-7
142. Goyal P, Choi JJ, Pinheiro LC, et al. Clinical Characteristics of Covid-19 in New York City. *N Engl J Med*. April 2020. doi:10.1056/NEJMc2010419
143. Goyal P, Ringel JB, Rajan M, et al. Obesity and COVID-19 in New York City: A Retrospective Cohort Study. *Ann Intern Med*. 2020;173(10):855-858. doi:10.7326/M20-2730
144. Grandmaison G, Andrey A, Périard D, et al. Systematic Screening for Venous Thromboembolic Events in COVID-19 Pneumonia. *TH open companion J to Thromb Haemost*. 2020;4(2):e113-e115. doi:10.1055/s-0040-1713167
145. Grasselli G, Greco M, Zanella A, et al. Risk Factors Associated With Mortality Among Patients With COVID-19 in Intensive Care Units in Lombardy, Italy. *JAMA Intern Med*. 2020;180(10):1345-1355. doi:10.1001/jamainternmed.2020.3539
146. Gregoriano C, Koch D, Haubitz S, et al. Characteristics, predictors and outcomes among 99 patients hospitalised with COVID-19 in a tertiary care centre in Switzerland: an observational analysis. *Swiss Med Wkly*. 2020;150:w20316. doi:10.4414/smw.2020.20316
147. Guan W-J, Ni Z-Y, Hu Y, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. *N Engl J Med*. 2020;382(18):1708-1720. doi:10.1056/NEJMoa2002032
148. Gupta S, Hayek SS, Wang W, et al. Factors Associated With Death in Critically Ill Patients With Coronavirus Disease 2019 in the US. *JAMA Intern Med*. 2020;180(11):1-12. doi:10.1001/jamainternmed.2020.3596
149. Hajifathalian K, Krisko T, Mehta A, et al. Gastrointestinal and Hepatic Manifestations of 2019 Novel Coronavirus Disease in a Large Cohort of Infected Patients From New York: Clinical Implications. *Gastroenterology*. 2020;159(3):1137-1140. doi:10.1053/j.gastro.2020.05.010
150. Hajifathalian K, Kumar S, Newberry C, et al. Obesity is Associated with Worse Outcomes in COVID-19: Analysis of Early Data from New York City. *Obesity (Silver Spring)*. 2020;28(9):1606-1612. doi:10.1002/oby.22923
151. Halasz G, Leoni ML, Villani GQ, Nolli M, Villani M. Obesity, overweight and survival in critically ill patients with SARS-CoV-2 pneumonia: is there an obesity paradox? Preliminary results from Italy. *Eur J Prev Cardiol*. July 2020.

doi:10.1177/2047487320939675

152. Halvatsiotis P, Kotanidou A, Tzannis K, et al. Demographic and clinical features of critically ill patients with COVID-19 in Greece: The burden of diabetes and obesity. *Diabetes Res Clin Pract.* 2020;166:108331. doi:10.1016/j.diabres.2020.108331
153. Harmouch F, Shah K, Hippen JT, Kumar A, Goel H. Is it all in the heart? Myocardial injury as major predictor of mortality among hospitalized COVID-19 patients. *J Med Virol.* 2021;93(2):973-982. doi:10.1002/jmv.26347
154. Hattori T, Amishima M, Morinaga D, et al. Older age is associated with sustained detection of SARS-CoV-2 in nasopharyngeal swab samples. *J Infect.* 2021;82(1):159-198. doi:10.1016/j.jinf.2020.06.046
155. Hengeveld PJ, Khader AO, de Bruin LHA, et al. Blood cell counts and lymphocyte subsets of patients admitted during the COVID-19 pandemic: a prospective cohort study. *Br J Haematol.* 2020;190(4):e201-e204. doi:10.1111/bjh.16983
156. Herold T, Jurinovic V, Arnreich C, et al. Elevated levels of IL-6 and CRP predict the need for mechanical ventilation in COVID-19. *J Allergy Clin Immunol.* 2020;146(1):128-136. doi:10.1016/j.jaci.2020.05.008
157. Hewitt J, Carter B, Vilches-Moraga A, et al. The effect of frailty on survival in patients with COVID-19 (COPE): a multicentre, European, observational cohort study. *Lancet Public Heal.* 2020;5(8):e444-e451. doi:10.1016/S2468-2667(20)30146-8
158. Hippensteel JA, Burnham EL, Jolley SE. Prevalence of venous thromboembolism in critically ill patients with COVID-19. *Br J Haematol.* 2020;190(3):e134-e137. doi:10.1111/bjh.16908
159. Hirsch JS, Ng JH, Ross DW, et al. Acute kidney injury in patients hospitalized with COVID-19. *Kidney Int.* 2020;98(1):209-218. doi:10.1016/j.kint.2020.05.006
160. Holt A, Mizrak I, Lamberts M, Lav Madsen P. Influence of inhibitors of the renin-angiotensin system on risk of acute respiratory distress syndrome in Danish hospitalized COVID-19 patients. *J Hypertens.* 2020;38(8):1612-1613. doi:10.1097/HJH.0000000000002515
161. Hong KS, Lee KH, Chung JH, et al. Clinical Features and Outcomes of 98 Patients Hospitalized with SARS-CoV-2 Infection in Daegu, South Korea: A Brief Descriptive Study. *Yonsei Med J.* 2020;61(5):431-437. doi:10.3349/ymj.2020.61.5.431
162. RECOVERY Collaborative Group, Horby P, Lim WS, et al. Dexamethasone in Hospitalized Patients with Covid-19 - Preliminary Report. *N Engl J Med.* July 2020. doi:10.1056/NEJMoa2021436
163. Hottz ED, Azevedo-Quintanilha IG, Palhinha L, et al. Platelet activation and platelet-monocyte aggregate formation trigger tissue factor expression in patients with severe COVID-19. *Blood.* 2020;136(11):1330-1341. doi:10.1182/blood.2020007252

164. Hsu HE, Ashe EM, Silverstein M, et al. Race/Ethnicity, Underlying Medical Conditions, Homelessness, and Hospitalization Status of Adult Patients with COVID-19 at an Urban Safety-Net Medical Center - Boston, Massachusetts, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(27):864-869. doi:10.15585/mmwr.mm6927a3
165. Hu J, Zhang X, Zhang X, et al. COVID-19 is more severe in patients with hypertension; ACEI/ARB treatment does not influence clinical severity and outcome. *J Infect.* 2020;81(6):979-997. doi:10.1016/j.jinf.2020.05.056
166. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet (London, England).* 2020;395(10223):497-506. doi:10.1016/S0140-6736(20)30183-5
167. Huang J, Cheng A, Kumar R, et al. Hypoalbuminemia predicts the outcome of COVID-19 independent of age and co-morbidity. *J Med Virol.* 2020;92(10):2152-2158. doi:10.1002/jmv.26003
168. Huang Y, Chen Z, Wang Y, et al. Clinical characteristics of 17 patients with COVID-19 and systemic autoimmune diseases: a retrospective study. *Ann Rheum Dis.* 2020;79(9):1163-1169. doi:10.1136/annrheumdis-2020-217425
169. Huang W, Li C, Wang Z, et al. Decreased serum albumin level indicates poor prognosis of COVID-19 patients: hepatic injury analysis from 2,623 hospitalized cases. *Sci China Life Sci.* 2020;63(11):1678-1687. doi:10.1007/s11427-020-1733-4
170. Hur K, Price CPE, Gray EL, et al. Factors Associated With Intubation and Prolonged Intubation in Hospitalized Patients With COVID-19. *Otolaryngol Head Neck Surg.* 2020;163(1):170-178. doi:10.1177/0194599820929640
171. Husain-Syed F, Wilhelm J, Kassoumeh S, et al. Acute kidney injury and urinary biomarkers in hospitalized patients with coronavirus disease-2019. *Nephrol Dial Transplant.* 2020;35(7):1271-1274. doi:10.1093/ndt/gfaa162
172. Hwang J-M, Kim J-H, Park J-S, Chang MC, Park D. Neurological diseases as mortality predictive factors for patients with COVID-19: a retrospective cohort study. *Neurol Sci.* 2020;41(9):2317-2324. doi:10.1007/s10072-020-04541-z
173. Iaccarino G, Grassi G, Borghi C, et al. Age and Multimorbidity Predict Death Among COVID-19 Patients: Results of the SARS-RAS Study of the Italian Society of Hypertension. *Hypertens (Dallas, Tex 1979).* 2020;76(2):366-372. doi:10.1161/HYPERTENSIONAHA.120.15324
174. Imam Z, Odish F, Gill I, et al. Older age and comorbidity are independent mortality predictors in a large cohort of 1305 COVID-19 patients in Michigan, United States. *J Intern Med.* 2020;288(4):469-476. doi:10.1111/joim.13119
175. Imam Z, Odish F, Armstrong J, et al. Independent Correlates of Hospitalization in 2040 Patients with COVID-19 at a Large Hospital System in Michigan, United States. *J Gen Intern Med.* 2020;35(8):2516-2517. doi:10.1007/s11606-020-05937-5
176. Inciardi RM, Adamo M, Lupi L, et al. Characteristics and outcomes of patients hospitalized for COVID-19 and cardiac disease in Northern Italy. *Eur Heart J.*

- 2020;41(19):1821-1829. doi:10.1093/eurheartj/ehaa388
177. Israelsen SB, Kristiansen KT, Hindsberger B, et al. Characteristics of patients with COVID-19 pneumonia at Hvidovre Hospital, March–April 2020. *Dan Med J*. 2020;67(6):A05200313. <http://www.ncbi.nlm.nih.gov/pubmed/32448405>.
 178. Izquierdo-Domínguez A, Rojas-Lechuga MJ, Chiesa-Estomba C, et al. Smell and Taste Dysfunction in COVID-19 Is Associated With Younger Age in Ambulatory Settings: A Multicenter Cross-Sectional Study. *J Investig Allergol Clin Immunol*. 2020;30(5):346-357. doi:10.18176/jiaci.0595
 179. Jalili M, Payandemehr P, Saghaei A, Sari HN, Safikhani H, Kolivand P. Characteristics and Mortality of Hospitalized Patients With COVID-19 in Iran: A National Retrospective Cohort Study. *Ann Intern Med*. 2021;174(1):125-127. doi:10.7326/M20-2911
 180. Jang JG, Hur J, Hong KS, Lee W, Ahn JH. Prognostic Accuracy of the SIRS, qSOFA, and NEWS for Early Detection of Clinical Deterioration in SARS-CoV-2 Infected Patients. *J Korean Med Sci*. 2020;35(25):e234. doi:10.3346/jkms.2020.35.e234
 181. Javanian M, Bayani M, Shokri M, et al. Clinical and laboratory findings from patients with COVID-19 pneumonia in Babol North of Iran: a retrospective cohort study. *Rom J Intern Med*. 2020;58(3):161-167. doi:10.2478/rjim-2020-0013
 182. Jiang H, Guo W, Shi Z, et al. Clinical imaging characteristics of inpatients with coronavirus disease-2019 in Heilongjiang Province, China: a retrospective study. *Aging (Albany NY)*. 2020;12(14):13860-13868. doi:10.18632/aging.103633
 183. Jordan SC, Zakowski P, Tran HP, et al. Compassionate Use of Tocilizumab for Treatment of SARS-CoV-2 Pneumonia. *Clin Infect Dis*. 2020;71(12):3168-3173. doi:10.1093/cid/ciaa812
 184. Jung S-Y, Choi JC, You S-H, Kim W-Y. Association of Renin-angiotensin-aldosterone System Inhibitors With Coronavirus Disease 2019 (COVID-19)-Related Outcomes in Korea: A Nationwide Population-based Cohort Study. *Clin Infect Dis*. 2020;71(16):2121-2128. doi:10.1093/cid/ciaa624
 185. Kalan ME, Ghobadi H, Taleb Z Ben, et al. Descriptive characteristics of hospitalized adult smokers and never-smokers with COVID-19. *Tob Induc Dis*. 2020;18:46. doi:10.18332/tid/122759
 186. Kalligeros M, Shehadeh F, Mylona EK, et al. Association of Obesity with Disease Severity Among Patients with Coronavirus Disease 2019. *Obesity (Silver Spring)*. 2020;28(7):1200-1204. doi:10.1002/oby.22859
 187. Karmen-Tuohy S, Carlucci PM, Zervou FN, et al. Outcomes Among HIV-Positive Patients Hospitalized With COVID-19. *J Acquir Immune Defic Syndr*. 2020;85(1):6-10. doi:10.1097/QAI.0000000000002423
 188. Kayem G, Lecarpentier E, Deruelle P, et al. A snapshot of the Covid-19 pandemic among pregnant women in France. *J Gynecol Obstet Hum Reprod*. 2020;49(7):101826. doi:10.1016/j.jogoh.2020.101826

189. Kebisek J, Forrest LJ, Maule AL, Steelman RA, Ambrose JF. Special report: Prevalence of selected underlying health conditions among active component Army service members with coronavirus disease 2019, 11 February-6 April 2020. *MSSMR*. 2020;27(5):50-54. <http://www.ncbi.nlm.nih.gov/pubmed/32479103>.
190. Khalil K, Agbontaen K, McNally D, et al. Clinical characteristics and 28-day mortality of medical patients admitted with COVID-19 to a central London teaching hospital. *J Infect*. 2020;81(3):e85-e89. doi:10.1016/j.jinf.2020.06.027
191. Khamis F, Al-Zakwani I, Al Naamani H, et al. Clinical characteristics and outcomes of the first 63 adult patients hospitalized with COVID-19: An experience from Oman. *J Infect Public Health*. 2020;13(7):906-913. doi:10.1016/j.jiph.2020.06.002
192. Khamis F, Al Rashidi B, Al-Zakwani I, Al Wahaibi AH, Al Awaidy ST. Epidemiology of COVID-19 Infection in Oman: Analysis of the First 1304 Cases. *Oman Med J*. 2020;35(3):e145. doi:10.5001/omj.2020.60
193. Killerby ME, Link-Gelles R, Haight SC, et al. Characteristics Associated with Hospitalization Among Patients with COVID-19 - Metropolitan Atlanta, Georgia, March-April 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(25):790-794. doi:10.15585/mmwr.mm6925e1
194. Kim DW, Byeon KH, Kim J, Cho KD, Lee N. The Correlation of Comorbidities on the Mortality in Patients with COVID-19: an Observational Study Based on the Korean National Health Insurance Big Data. *J Korean Med Sci*. 2020;35(26):e243. doi:10.3346/jkms.2020.35.e243
195. Kim L, Garg S, O'Halloran A, et al. Risk Factors for Intensive Care Unit Admission and In-hospital Mortality among Hospitalized Adults Identified through the U.S. Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET). *Clin Infect Dis*. July 2020. doi:10.1093/cid/ciaa1012
196. King MJ, Lewis S, El Homsy M, et al. Lung base CT findings in COVID-19 adult patients presenting with acute abdominal complaints: case series from a major New York City health system. *Eur Radiol*. 2020;30(12):6685-6693. doi:10.1007/s00330-020-07040-z
197. Klang E, Kassim G, Soffer S, Freeman R, Levin MA, Reich DL. Severe Obesity as an Independent Risk Factor for COVID-19 Mortality in Hospitalized Patients Younger than 50. *Obesity (Silver Spring)*. 2020;28(9):1595-1599. doi:10.1002/oby.22913
198. Klok FA, Kruip MJHA, van der Meer NJM, et al. Confirmation of the high cumulative incidence of thrombotic complications in critically ill ICU patients with COVID-19: An updated analysis. *Thromb Res*. 2020;191:148-150. doi:10.1016/j.thromres.2020.04.041
199. Knights H, Mayor N, Millar K, et al. Characteristics and outcomes of patients with COVID-19 at a district general hospital in Surrey, UK. *Clin Med*. 2020;20(5):e148-e153. doi:10.7861/clinmed.2020-0303
200. Knorr JP, Colomy V, Mauriello CM, Ha S. Tocilizumab in patients with severe

- COVID-19: A single-center observational analysis. *J Med Virol.* 2020;92(11):2813-2820. doi:10.1002/jmv.26191
201. Koleilat I, Galen B, Choinski K, et al. Clinical characteristics of acute lower extremity deep venous thrombosis diagnosed by duplex in patients hospitalized for coronavirus disease 2019. *J Vasc surgery Venous Lymphat Disord.* 2021;9(1):36-46. doi:10.1016/j.jvsv.2020.06.012
 202. Korkmaz MF, Türe E, Dorum BA, Kılıç ZB. The Epidemiological and Clinical Characteristics of 81 Children with COVID-19 in a Pandemic Hospital in Turkey: an Observational Cohort Study. *J Korean Med Sci.* 2020;35(25):e236. doi:10.3346/jkms.2020.35.e236
 203. Kormann R, Jacquot A, Alla A, et al. Coronavirus disease 2019: acute Fanconi syndrome precedes acute kidney injury. *Clin Kidney J.* 2020;13(3):362-370. doi:10.1093/ckj/sfaa109
 204. Kragholm K, Andersen MP, Gerds TA, et al. Association between male sex and outcomes of Coronavirus Disease 2019 (Covid-19) - a Danish nationwide, register-based study. *Clin Infect Dis.* July 2020. doi:10.1093/cid/ciaa924
 205. Krishnan S, Patel K, Desai R, et al. Clinical comorbidities, characteristics, and outcomes of mechanically ventilated patients in the State of Michigan with SARS-CoV-2 pneumonia. *J Clin Anesth.* 2020;67:110005. doi:10.1016/j.jclinane.2020.110005
 206. Kuno T, Takahashi M, Obata R, Maeda T. Cardiovascular comorbidities, cardiac injury, and prognosis of COVID-19 in New York City. *Am Heart J.* 2020;226:24-25. doi:10.1016/j.ahj.2020.05.005
 207. Lagadinou M, Salomou EE, Zareifopoulos N, Marangos M, Gogos C, Velissaris D. Prognosis of COVID-19: Changes in laboratory parameters. *Le Infez Med.* 2020;28(suppl 1):89-95. <http://www.ncbi.nlm.nih.gov/pubmed/32532944>.
 208. Lagi F, Piccica M, Graziani L, et al. Early experience of an infectious and tropical diseases unit during the coronavirus disease (COVID-19) pandemic, Florence, Italy, February to March 2020. *Euro Surveill.* 2020;25(17):2000556. doi:10.2807/1560-7917.ES.2020.25.17.2000556
 209. Larsen K, Coolen-Allou N, Masse L, et al. Detection of Pulmonary Embolism in Returning Travelers with Hypoxemic Pneumonia due to COVID-19 in Reunion Island. *Am J Trop Med Hyg.* 2020;103(2):844-846. doi:10.4269/ajtmh.20-0597
 210. Larson DT, Sherner JH, Gallagher KM, et al. Clinical Outcomes of COVID-19 with Evidence-Based Supportive Care. *Clin Infect Dis.* May 2020. doi:10.1093/cid/ciaa678
 211. Lee LY, Cazier J-B, Angelis V, et al. COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study. *Lancet (London, England).* 2020;395(10241):1919-1926. doi:10.1016/S0140-6736(20)31173-9
 212. Lee JY, Kim HA, Huh K, et al. Risk Factors for Mortality and Respiratory

- Support in Elderly Patients Hospitalized with COVID-19 in Korea. *J Korean Med Sci.* 2020;35(23):e223. doi:10.3346/jkms.2020.35.e223
213. Lee Y-H, Hong CM, Kim DH, Lee TH, Lee J. Clinical Course of Asymptomatic and Mildly Symptomatic Patients with Coronavirus Disease Admitted to Community Treatment Centers, South Korea. *Emerg Infect Dis.* 2020;26(10):2346-2352. doi:10.3201/eid2610.201620
214. Lee PY, Day-Lewis M, Henderson LA, et al. Distinct clinical and immunological features of SARS-CoV-2-induced multisystem inflammatory syndrome in children. *J Clin Invest.* 2020;130(11):5942-5950. doi:10.1172/JCI141113
215. Li J, Wang X, Chen J, Zhang H, Deng A. Association of Renin-Angiotensin System Inhibitors With Severity or Risk of Death in Patients With Hypertension Hospitalized for Coronavirus Disease 2019 (COVID-19) Infection in Wuhan, China. *JAMA Cardiol.* 2020;5(7):825-830. doi:10.1001/jamacardio.2020.1624
216. Li P, Chen L, Liu Z, et al. Clinical features and short-term outcomes of elderly patients with COVID-19. *Int J Infect Dis.* 2020;97:245-250. doi:10.1016/j.ijid.2020.05.107
217. Li J, Gong X, Wang Z, et al. Clinical features of familial clustering in patients infected with 2019 novel coronavirus in Wuhan, China. *Virus Res.* 2020;286:198043. doi:10.1016/j.virusres.2020.198043
218. Li K, Chen D, Chen S, et al. Predictors of fatality including radiographic findings in adults with COVID-19. *Respir Res.* 2020;21(1):146. doi:10.1186/s12931-020-01411-2
219. Li Y, Han X, Alwalid O, et al. Baseline characteristics and risk factors for short-term outcomes in 132 COVID-19 patients with diabetes in Wuhan China: A retrospective study. *Diabetes Res Clin Pract.* 2020;166:108299. doi:10.1016/j.diabres.2020.108299
220. Li J, Xu G, Yu H, Peng X, Luo Y, Cao C. Clinical Characteristics and Outcomes of 74 Patients With Severe or Critical COVID-19. *Am J Med Sci.* 2020;360(3):229-235. doi:10.1016/j.amjms.2020.05.040
221. Li Q, Chen L, Li Q, et al. Cancer increases risk of in-hospital death from COVID-19 in persons <65 years and those not in complete remission. *Leukemia.* 2020;34(9):2384-2391. doi:10.1038/s41375-020-0986-7
222. Liabeuf S, Moragny J, Bennis Y, et al. Association between renin-angiotensin system inhibitors and COVID-19 complications. *Eur Hear journal Cardiovasc Pharmacother.* June 2020. doi:10.1093/ehjcvp/pvaa062
223. Lim J-H, Park S-H, Jeon Y, et al. Fatal Outcomes of COVID-19 in Patients with Severe Acute Kidney Injury. *J Clin Med.* 2020;9(6):1718. doi:10.3390/jcm9061718
224. Lin W, Xie Z, Li Y, et al. Association between detectable SARS-COV-2 RNA in anal swabs and disease severity in patients with coronavirus disease 2019. *J Med Virol.* 2021;93(2):794-802. doi:10.1002/jmv.26307

225. Liu Y, Du X, Chen J, et al. Neutrophil-to-lymphocyte ratio as an independent risk factor for mortality in hospitalized patients with COVID-19. *J Infect.* 2020;81(1):e6-e12. doi:10.1016/j.jinf.2020.04.002
226. Liu Y, Xiang L, Deng K. Focusing on Gastrointestinal Symptoms in COVID-19 Is Far From Enough. *Gastroenterology.* May 2020. doi:10.1053/j.gastro.2020.05.043
227. Liu J, Dong Y-Q, Yin J, et al. Critically ill patients with COVID-19 with ECMO and artificial liver plasma exchange: A retrospective study. *Medicine (Baltimore).* 2020;99(26):e21012. doi:10.1097/MD.00000000000021012
228. Liu Q, Song NC, Zheng ZK, Li JS, Li SK. Laboratory findings and a combined multifactorial approach to predict death in critically ill patients with COVID-19: a retrospective study. *Epidemiol Infect.* 2020;148:e129. doi:10.1017/S0950268820001442
229. Liu J, Tao L, Liu X, et al. GI symptoms and fever increase the risk of severe illness and death in patients with COVID-19. *Gut.* 2021;70(2):442-444. doi:10.1136/gutjnl-2020-321751
230. Liu L, To KK-W, Chan K-H, et al. High neutralizing antibody titer in intensive care unit patients with COVID-19. *Emerg Microbes Infect.* 2020;9(1):1664-1670. doi:10.1080/22221751.2020.1791738
231. Liu J, Han P, Wu J, Gong J, Tian D. Prevalence and predictive value of hypocalcemia in severe COVID-19 patients. *J Infect Public Health.* 2020;13(9):1224-1228. doi:10.1016/j.jiph.2020.05.029
232. Liu D, Li R, Yu R, et al. Alteration of serum markers in COVID-19 and implications on mortality. *Clin Transl Med.* 2020;10(3):e119. doi:10.1002/ctm2.119
233. Lodigiani C, Iapichino G, Carenzo L, et al. Venous and arterial thromboembolic complications in COVID-19 patients admitted to an academic hospital in Milan, Italy. *Thromb Res.* 2020;191:9-14. doi:10.1016/j.thromres.2020.04.024
234. Loonstra FC, Hoitsma E, van Kempen Z LE, Killestein J, Mostert JP. COVID-19 in multiple sclerosis: The Dutch experience. *Mult Scler.* 2020;26(10):1256-1260. doi:10.1177/1352458520942198
235. López-Otero D, López-Pais J, Cacho-Antonio CE, et al. Impact of angiotensin-converting enzyme inhibitors and angiotensin receptor blockers on COVID-19 in a western population. *CARDIOVID registry. Rev Esp Cardiol (Engl Ed).* 2021;74(2):175-182. doi:10.1016/j.rec.2020.05.018
236. Lorente-Ros A, Monteagudo Ruiz JM, Rincón LM, et al. Myocardial injury determination improves risk stratification and predicts mortality in COVID-19 patients. *Cardiol J.* 2020;27(5):489-496. doi:10.5603/CJ.a2020.0089
237. Louapre C, Collongues N, Stankoff B, et al. Clinical Characteristics and Outcomes in Patients With Coronavirus Disease 2019 and Multiple Sclerosis. *JAMA Neurol.* 2020;77(9):1079-1088. doi:10.1001/jamaneurol.2020.2581
238. Luan Y-Y, Liu Y, Liu X-Y, et al. Coronavirus disease 2019 (COVID-19)

- associated coagulopathy and its impact on outcomes in Shenzhen, China: A retrospective cohort study. *Thromb Res.* 2020;195:62-68. doi:10.1016/j.thromres.2020.07.015
239. Lubetzky M, Aull MJ, Craig-Schapiro R, et al. Kidney allograft recipients, immunosuppression, and coronavirus disease-2019: a report of consecutive cases from a New York City transplant center. *Nephrol Dial Transplant.* 2020;35(7):1250-1261. doi:10.1093/ndt/gfaa154
240. Lumbreras-Marquez MI, Campos-Zamora M, Lizaola-Diaz de Leon H, Farber MK. Maternal mortality from COVID-19 in Mexico. *Int J Gynaecol Obstet.* 2020;150(2):266-267. doi:10.1002/ijgo.13250
241. Luo X, Zhou W, Yan X, et al. Prognostic Value of C-Reactive Protein in Patients With Coronavirus 2019. *Clin Infect Dis.* 2020;71(16):2174-2179. doi:10.1093/cid/ciaa641
242. Luo J, Rizvi H, Preeshagul IR, et al. COVID-19 in patients with lung cancer. *Ann Oncol Off J Eur Soc Med Oncol.* 2020;31(10):1386-1396. doi:10.1016/j.annonc.2020.06.007
243. Luo Y, Xue Y, Mao L, et al. Prealbumin as a Predictor of Prognosis in Patients With Coronavirus Disease 2019. *Front Med.* 2020;7:374. doi:10.3389/fmed.2020.00374
244. Lynch KL, Whitman JD, Lacanienta NP, et al. Magnitude and kinetics of anti-SARS-CoV-2 antibody responses and their relationship to disease severity. *Clin Infect Dis.* July 2020. doi:10.1093/cid/ciaa979
245. Ma A, Cheng J, Yang J, Dong M, Liao X, Kang Y. Neutrophil-to-lymphocyte ratio as a predictive biomarker for moderate-severe ARDS in severe COVID-19 patients. *Crit Care.* 2020;24(1):288. doi:10.1186/s13054-020-03007-0
246. Maatman TK, Jalali F, Feizpour C, et al. Routine Venous Thromboembolism Prophylaxis May Be Inadequate in the Hypercoagulable State of Severe Coronavirus Disease 2019. *Crit Care Med.* 2020;48(9):e783-e790. doi:10.1097/CCM.0000000000004466
247. Macera M, De Angelis G, Sagnelli C, Coppola N, Vanvitelli Covid-Group. Clinical Presentation of COVID-19: Case Series and Review of the Literature. *Int J Environ Res Public Health.* 2020;17(14):5062. doi:10.3390/ijerph17145062
248. Mahdavinia M, Foster KJ, Jauregui E, et al. Asthma prolongs intubation in COVID-19. *J Allergy Clin Immunol Pract.* 2020;8(7):2388-2391. doi:10.1016/j.jaip.2020.05.006
249. Malberti F, Pecchini P, Marchi G, Foramitti M. When a nephrology ward becomes a COVID-19 ward: the Cremona experience. *J Nephrol.* 2020;33(4):625-628. doi:10.1007/s40620-020-00743-y
250. Mani VR, Kalabin A, Valdivieso SC, Murray-Ramcharan M, Donaldson B. New York Inner City Hospital COVID-19 Experience and Current Data: Retrospective Analysis at the Epicenter of the American Coronavirus Outbreak. *J Med Internet Res.* 2020;22(9):e20548. doi:10.2196/20548

251. Mannheim J, Gretsch S, Layden JE, Fricchione MJ. Characteristics of Hospitalized Pediatric Coronavirus Disease 2019 Cases in Chicago, Illinois, March–April 2020. *J Pediatric Infect Dis Soc.* 2020;9(5):519-522. doi:10.1093/jpids/piaa070
252. Maquet J, Lafaurie M, Sommet A, Moulis G. Thrombocytopenia is independently associated with poor outcome in patients hospitalized for COVID-19. *Br J Haematol.* 2020;190(5):e276-e279. doi:10.1111/bjh.16950
253. Martín-Moro F, Marquet J, Piris M, et al. Survival study of hospitalised patients with concurrent COVID-19 and haematological malignancies. *Br J Haematol.* 2020;190(1):e16-e20. doi:10.1111/bjh.16801
254. Martín-Sánchez FJ, Del Toro E, Cardassay E, et al. Clinical presentation and outcome across age categories among patients with COVID-19 admitted to a Spanish Emergency Department. *Eur Geriatr Med.* 2020;11(5):829-841. doi:10.1007/s41999-020-00359-2
255. Marta-Enguita J, Corroza-Laviñeta J, Ostolaza A. Risk factors and severity predictors in COVID-19 hospitalized patients: Analysis of 52 patients. *Med Clin (Barc).* 2020;155(8):360-361. doi:10.1016/j.medcli.2020.06.012
256. Marzolini C, Stader F, Stoeckle M, et al. Effect of Systemic Inflammatory Response to SARS-CoV-2 on Lopinavir and Hydroxychloroquine Plasma Concentrations. *Antimicrob Agents Chemother.* 2020;64(9):e01177-20. doi:10.1128/AAC.01177-20
257. Masetti C, Generali E, Colapietro F, et al. High mortality in COVID-19 patients with mild respiratory disease. *Eur J Clin Invest.* 2020;50(9):e13314. doi:10.1111/eci.13314
258. McCullough SA, Goyal P, Krishnan U, Choi JJ, Safford MM, Okin PM. Electrocardiographic Findings in Coronavirus Disease-19: Insights on Mortality and Underlying Myocardial Processes. *J Card Fail.* 2020;26(7):626-632. doi:10.1016/j.cardfail.2020.06.005
259. Medetalibeyoğlu A, Şenkal N, Çapar G, Köse M, Tükek T. Characteristics of the initial patients hospitalized for COVID-19: a single-center report. *Turkish J Med Sci.* 2020;50(5):1436-1439. doi:10.3906/sag-2004-98
260. Mendoza M, Garcia-Ruiz I, Maiz N, et al. Pre-eclampsia-like syndrome induced by severe COVID-19: a prospective observational study. *BJOG.* 2020;127(11):1374-1380. doi:10.1111/1471-0528.16339
261. Merzon E, Tworowski D, Gorohovski A, et al. Low plasma 25(OH) vitamin D level is associated with increased risk of COVID-19 infection: an Israeli population-based study. *FEBS J.* 2020;287(17):3693-3702. doi:10.1111/febs.15495
262. Mestre-Gómez B, Lorente-Ramos RM, Rogado J, et al. Incidence of pulmonary embolism in non-critically ill COVID-19 patients. Predicting factors for a challenging diagnosis. *J Thromb Thrombolysis.* 2021;51(1):40-46. doi:10.1007/s11239-020-02190-9
263. Meszaros M, Meunier L, Morquin D, et al. Abnormal liver tests in patients

- hospitalized with Coronavirus disease 2019: Should we worry? *Liver Int.* 2020;40(8):1860-1864. doi:10.1111/liv.14557
264. Middeldorp S, Coppens M, van Haaps TF, et al. Incidence of venous thromboembolism in hospitalized patients with COVID-19. *J Thromb Haemost.* 2020;18(8):1995-2002. doi:10.1111/jth.14888
265. Mikami T, Miyashita H, Yamada T, et al. Risk Factors for Mortality in Patients with COVID-19 in New York City. *J Gen Intern Med.* 2021;36(1):17-26. doi:10.1007/s11606-020-05983-z
266. Mishra V, Burma AD, Das SK, Parivallal MB, Amudhan S, Rao GN. COVID-19-Hospitalized Patients in Karnataka: Survival and Stay Characteristics. *Indian J Public Health.* 2020;64(Supplement):S221-S224. doi:10.4103/ijph.IJPH_486_20
267. Miyashita H, Mikami T, Chopra N, et al. Do patients with cancer have a poorer prognosis of COVID-19? An experience in New York City. *Ann Oncol Off J Eur Soc Med Oncol.* 2020;31(8):1088-1089. doi:10.1016/j.annonc.2020.04.006
268. Miyashita S, Yamada T, Mikami T, Miyashita H, Chopra N, Rizk D. Impact of dementia on clinical outcomes in elderly patients with coronavirus 2019 (COVID-19): an experience in New York. *Geriatr Gerontol Int.* 2020;20(7):732-734. doi:10.1111/ggi.13942
269. Moghaddam A, Heller RA, Sun Q, et al. Selenium Deficiency Is Associated with Mortality Risk from COVID-19. *Nutrients.* 2020;12(7):2098. doi:10.3390/nu12072098
270. Montagnani A, Pieralli F, Gnerre P, et al. Diabetes and CoViD-19: Experience from the frontline of Internal Medicine wards in Italy. *Diabetes Res Clin Pract.* 2020;167:108335. doi:10.1016/j.diabres.2020.108335
271. Montastruc F, Romano C, Montastruc J-L, et al. Pharmacological characteristics of patients infected with SARS-Cov-2 admitted to Intensive Care Unit in South of France. *Therapie.* 2020;75(4):381-384. doi:10.1016/j.therap.2020.05.005
272. Montopoli M, Zumerle S, Vettor R, et al. Androgen-deprivation therapies for prostate cancer and risk of infection by SARS-CoV-2: a population-based study (N = 4532). *Ann Oncol Off J Eur Soc Med Oncol.* 2020;31(8):1040-1045. doi:10.1016/j.annonc.2020.04.479
273. Moreno-Pérez O, Andres M, Leon-Ramirez J-M, et al. Experience with tocilizumab in severe COVID-19 pneumonia after 80 days of follow-up: A retrospective cohort study. *J Autoimmun.* 2020;114:102523. doi:10.1016/j.jaut.2020.102523
274. Moriconi D, Masi S, Rebelos E, et al. Obesity prolongs the hospital stay in patients affected by COVID-19, and may impact on SARS-COV-2 shedding. *Obes Res Clin Pract.* 2020;14(3):205-209. doi:10.1016/j.orcp.2020.05.009
275. Morrison AR, Johnson JM, Griebel KM, et al. Clinical characteristics and predictors of survival in adults with coronavirus disease 2019 receiving tocilizumab. *J Autoimmun.* 2020;114:102512. doi:10.1016/j.jaut.2020.102512

276. Myers LC, Parodi SM, Escobar GJ, Liu VX. Characteristics of Hospitalized Adults With COVID-19 in an Integrated Health Care System in California. *JAMA*. 2020;323(21):2195-2198. doi:10.1001/jama.2020.7202
277. Myrstad M, Ihle-Hansen H, Tveita AA, et al. National Early Warning Score 2 (NEWS2) on admission predicts severe disease and in-hospital mortality from Covid-19 - a prospective cohort study. *Scand J Trauma Resusc Emerg Med*. 2020;28(1):66. doi:10.1186/s13049-020-00764-3
278. Nahum J, Morichau-Beauchant T, Daviaud F, et al. Venous Thrombosis Among Critically Ill Patients With Coronavirus Disease 2019 (COVID-19). *JAMA Netw open*. 2020;3(5):e2010478. doi:10.1001/jamanetworkopen.2020.10478
279. Nathwani R, Mukherjee S, Forlano R, et al. Letter: liver disease and COVID-19-not the perfect storm. *Aliment Pharmacol Ther*. 2020;52(3):572-574. doi:10.1111/apt.15872
280. Nie X, Fan L, Mu G, et al. Epidemiological Characteristics and Incubation Period of 7015 Confirmed Cases With Coronavirus Disease 2019 Outside Hubei Province in China. *J Infect Dis*. 2020;222(1):26-33. doi:10.1093/infdis/jiaa211
281. Nie S-F, Yu M, Xie T, et al. Cardiac Troponin I Is an Independent Predictor for Mortality in Hospitalized Patients With COVID-19. *Circulation*. 2020;142(6):608-610. doi:10.1161/CIRCULATIONAHA.120.048789
282. Nikpouraghdam M, Jalali Farahani A, Alishiri G, et al. Epidemiological characteristics of coronavirus disease 2019 (COVID-19) patients in IRAN: A single center study. *J Clin Virol*. 2020;127:104378. doi:10.1016/j.jcv.2020.104378
283. Nobel YR, Phipps M, Zucker J, et al. Gastrointestinal Symptoms and COVID-19: Case-Control Study from the United States. *Gastroenterology*. April 2020. doi:10.1053/j.gastro.2020.04.017
284. Nowak B, Szymański P, Pańkowski I, et al. Clinical characteristics and short-term outcomes of patients with coronavirus disease 2019: a retrospective single-center experience of a designated hospital in Poland. *Polish Arch Intern Med*. 2020;130(5):407-411. doi:10.20452/pamw.15361
285. Nuño L, Novella Navarro M, Bonilla G, et al. Clinical course, severity and mortality in a cohort of patients with COVID-19 with rheumatic diseases. *Ann Rheum Dis*. 2020;79(12):1659-1661. doi:10.1136/annrheumdis-2020-218054
286. Okoh AK, Sossou C, Dangayach NS, et al. Coronavirus disease 19 in minority populations of Newark, New Jersey. *Int J Equity Health*. 2020;19(1):93. doi:10.1186/s12939-020-01208-1
287. Ortiz-Brizuela E, Villanueva-Reza M, González-Lara MF, et al. CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF PATIENTS DIAGNOSED WITH COVID-19 IN A TERTIARY CARE CENTER IN MEXICO CITY: A PROSPECTIVE COHORT STUDY. *Rev Invest Clin*. 2020;72(3):165-177. doi:10.24875/RIC.20000211

288. Oussalah A, Gleye S, Clerc Urmes I, et al. Long-term ACE Inhibitor/ARB Use Is Associated With Severe Renal Dysfunction and Acute Kidney Injury in Patients With Severe COVID-19: Results From a Referral Center Cohort in the Northeast of France. *Clin Infect Dis*. 2020;71(9):2447-2456. doi:10.1093/cid/ciaa677
289. Paderno A, Schreiber A, Grammatica A, et al. Smell and taste alterations in COVID-19: a cross-sectional analysis of different cohorts. *Int Forum Allergy Rhinol*. 2020;10(8):955-962. doi:10.1002/alr.22610
290. Palaiodimos L, Kokkinidis DG, Li W, et al. Severe obesity, increasing age and male sex are independently associated with worse in-hospital outcomes, and higher in-hospital mortality, in a cohort of patients with COVID-19 in the Bronx, New York. *Metabolism*. 2020;108:154262. doi:10.1016/j.metabol.2020.154262
291. Panagiotou G, Tee SA, Ihsan Y, et al. Low serum 25-hydroxyvitamin D (25[OH]D) levels in patients hospitalized with COVID-19 are associated with greater disease severity. *Clin Endocrinol (Oxf)*. 2020;93(4):508-511. doi:10.1111/cen.14276
292. Panepinto JA, Brandow A, Mucalo L, et al. Coronavirus Disease among Persons with Sickle Cell Disease, United States, March 20-May 21, 2020. *Emerg Infect Dis*. 2020;26(10):2473-2476. doi:10.3201/eid2610.202792
293. Parrotta E, Kister I, Charvet L, et al. COVID-19 outcomes in MS: Observational study of early experience from NYU Multiple Sclerosis Comprehensive Care Center. *Neurol Neuroimmunol neuroinflammation*. 2020;7(5):e835. doi:10.1212/NXI.0000000000000835
294. Patel A, Charani E, Ariyanayagam D, et al. New-onset anosmia and ageusia in adult patients diagnosed with SARS-CoV-2 infection. *Clin Microbiol Infect*. 2020;26(9):1236-1241. doi:10.1016/j.cmi.2020.05.026
295. Patell R, Bogue T, Bindal P, et al. Incidence of thrombosis and hemorrhage in hospitalized cancer patients with COVID-19. *J Thromb Haemost*. 2020;18(9):2349-2357. doi:10.1111/jth.15018
296. Pelayo J, Lo KB, Bhargav R, et al. Clinical Characteristics and Outcomes of Community- and Hospital-Acquired Acute Kidney Injury with COVID-19 in a US Inner City Hospital System. *Cardiorenal Med*. 2020;10(4):223-231. doi:10.1159/000509182
297. Pellaud C, Grandmaison G, Pham Huu Thien HP, et al. Characteristics, comorbidities, 30-day outcome and in-hospital mortality of patients hospitalised with COVID-19 in a Swiss area - a retrospective cohort study. *Swiss Med Wkly*. 2020;150:w20314. doi:10.4414/sm.w.2020.20314
298. Peng J, Qi D, Yuan G, et al. Diagnostic value of peripheral hematologic markers for coronavirus disease 2019 (COVID-19): A multicenter, cross-sectional study. *J Clin Lab Anal*. 2020;34(10):e23475. doi:10.1002/jcla.23475
299. Pereira MR, Mohan S, Cohen DJ, et al. COVID-19 in solid organ transplant recipients: Initial report from the US epicenter. *Am J Transplant*. 2020;20(7):1800-1808. doi:10.1111/ajt.15941

300. Pérez-Sáez MJ, Blasco M, Redondo-Pachón D, et al. Use of tocilizumab in kidney transplant recipients with COVID-19. *Am J Transplant*. 2020;20(11):3182-3190. doi:10.1111/ajt.16192
301. Petersen A, Bressemer K, Albrecht J, et al. The role of visceral adiposity in the severity of COVID-19: Highlights from a unicenter cross-sectional pilot study in Germany. *Metabolism*. 2020;110:154317. doi:10.1016/j.metabol.2020.154317
302. Petrilli CM, Jones SA, Yang J, et al. Factors associated with hospital admission and critical illness among 5279 people with coronavirus disease 2019 in New York City: prospective cohort study. *BMJ*. 2020;369:m1966. doi:10.1136/bmj.m1966
303. Pettit NN, MacKenzie EL, Ridgway JP, et al. Obesity is Associated with Increased Risk for Mortality Among Hospitalized Patients with COVID-19. *Obesity (Silver Spring)*. 2020;28(10):1806-1810. doi:10.1002/oby.22941
304. Piano S, Dalbeni A, Vettore E, et al. Abnormal liver function tests predict transfer to intensive care unit and death in COVID-19. *Liver Int*. 2020;40(10):2394-2406. doi:10.1111/liv.14565
305. Pinto C, Berselli A, Mangone L, et al. SARS-CoV-2 Positive Hospitalized Cancer Patients during the Italian Outbreak: The Cohort Study in Reggio Emilia. *Biology (Basel)*. 2020;9(8):181. doi:10.3390/biology9080181
306. Poblador-Plou B, Carmona-Pérez J, Ioakeim-Skoufa I, et al. Baseline Chronic Comorbidity and Mortality in Laboratory-Confirmed COVID-19 Cases: Results from the PRECOVID Study in Spain. *Int J Environ Res Public Health*. 2020;17(14):5171. doi:10.3390/ijerph17145171
307. Ponziani FR, Del Zompo F, Nesci A, et al. Liver involvement is not associated with mortality: results from a large cohort of SARS-CoV-2-positive patients. *Aliment Pharmacol Ther*. 2020;52(6):1060-1068. doi:10.1111/apt.15996
308. Poyiadji N, Cormier P, Patel PY, et al. Acute Pulmonary Embolism and COVID-19. *Radiology*. 2020;297(3):E335-E338. doi:10.1148/radiol.2020201955
309. Qian J, Zhao L, Ye R-Z, Li X-J, Liu Y-L. Age-dependent Gender Differences in COVID-19 in Mainland China: Comparative Study. *Clin Infect Dis*. 2020;71(9):2488-2494. doi:10.1093/cid/ciaa683
310. Qin C, Zhou L, Hu Z, et al. Clinical Characteristics and Outcomes of COVID-19 Patients With a History of Stroke in Wuhan, China. *Stroke*. 2020;51(7):2219-2223. doi:10.1161/STROKEAHA.120.030365
311. Qin L, Li X, Shi J, et al. Gendered effects on inflammation reaction and outcome of COVID-19 patients in Wuhan. *J Med Virol*. 2020;92(11):2684-2692. doi:10.1002/jmv.26137
312. Quartuccio L, Sonaglia A, Pecori D, et al. Higher levels of IL-6 early after tocilizumab distinguish survivors from nonsurvivors in COVID-19 pneumonia: A possible indication for deeper targeting of IL-6. *J Med Virol*. 2020;92(11):2852-2856. doi:10.1002/jmv.26149

313. Ramachandran P, Onukogu I, Ghanta S, et al. Gastrointestinal Symptoms and Outcomes in Hospitalized Coronavirus Disease 2019 Patients. *Dig Dis*. 2020;38(5):373-379. doi:10.1159/000509774
314. Raoufi M, Safavi Naini SAA, Azizan Z, et al. Correlation between Chest Computed Tomography Scan Findings and Mortality of COVID-19 Cases; a Cross sectional Study. *Arch Acad Emerg Med*. 2020;8(1):e57. <http://www.ncbi.nlm.nih.gov/pubmed/32613199>.
315. Rastad H, Karim H, Ejtahed H-S, et al. Risk and predictors of in-hospital mortality from COVID-19 in patients with diabetes and cardiovascular disease. *Diabetol Metab Syndr*. 2020;12:57. doi:10.1186/s13098-020-00565-9
316. Rath D, Petersen-Uribe Á, Avdiu A, et al. Impaired cardiac function is associated with mortality in patients with acute COVID-19 infection. *Clin Res Cardiol*. 2020;109(12):1491-1499. doi:10.1007/s00392-020-01683-0
317. Redd WD, Zhou JC, Hathorn KE, et al. Prevalence and Characteristics of Gastrointestinal Symptoms in Patients With Severe Acute Respiratory Syndrome Coronavirus 2 Infection in the United States: A Multicenter Cohort Study. *Gastroenterology*. 2020;159(2):765-767. doi:10.1053/j.gastro.2020.04.045
318. Ren B, Yan F, Deng Z, et al. Extremely High Incidence of Lower Extremity Deep Venous Thrombosis in 48 Patients With Severe COVID-19 in Wuhan. *Circulation*. 2020;142(2):181-183. doi:10.1161/CIRCULATIONAHA.120.047407
319. Richardson S, Hirsch JS, Narasimhan M, et al. Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area. *JAMA*. 2020;323(20):2052-2059. doi:10.1001/jama.2020.6775
320. Rivera-Izquierdo M, Valero-Ubierna MDC, Martínez-Diz S, et al. Clinical Factors, Preventive Behaviours and Temporal Outcomes Associated with COVID-19 Infection in Health Professionals at a Spanish Hospital. *Int J Environ Res Public Health*. 2020;17(12):4305. doi:10.3390/ijerph17124305
321. Rivera-Izquierdo M, Del Carmen Valero-Ubierna M, R-delAmo JL, et al. Sociodemographic, clinical and laboratory factors on admission associated with COVID-19 mortality in hospitalized patients: A retrospective observational study. *PLoS One*. 2020;15(6):e0235107. doi:10.1371/journal.pone.0235107
322. Robilotti E V, Babady NE, Mead PA, et al. Determinants of COVID-19 disease severity in patients with cancer. *Nat Med*. 2020;26(8):1218-1223. doi:10.1038/s41591-020-0979-0
323. Rogado J, Obispo B, Pangua C, et al. Covid-19 transmission, outcome and associated risk factors in cancer patients at the first month of the pandemic in a Spanish hospital in Madrid. *Clin Transl Oncol*. 2020;22(12):2364-2368. doi:10.1007/s12094-020-02381-z
324. San Román JA, Uribarri A, Amat-Santos IJ, Aparisi Á, Catalá P, González-Juanatey JR. The presence of heart disease worsens prognosis in patients with COVID-19. *Rev Esp Cardiol (Engl Ed)*. 2020;73(9):773-775.

doi:10.1016/j.rec.2020.05.025

325. Rosenberg ES, Dufort EM, Udo T, et al. Association of Treatment With Hydroxychloroquine or Azithromycin With In-Hospital Mortality in Patients With COVID-19 in New York State. *JAMA*. 2020;323(24):2493-2502. doi:10.1001/jama.2020.8630
326. Rossi R, Coppi F, Talarico M, Boriani G. Protective role of chronic treatment with direct oral anticoagulants in elderly patients affected by interstitial pneumonia in COVID-19 era. *Eur J Intern Med*. 2020;77:158-160. doi:10.1016/j.ejim.2020.06.006
327. Rottoli M, Bernante P, Belvedere A, et al. How important is obesity as a risk factor for respiratory failure, intensive care admission and death in hospitalised COVID-19 patients? Results from a single Italian centre. *Eur J Endocrinol*. 2020;183(4):389-397. doi:10.1530/EJE-20-0541
328. Rubin S, Orioux A, Prevel R, et al. Characterization of acute kidney injury in critically ill patients with severe coronavirus disease 2019. *Clin Kidney J*. 2020;13(3):354-361. doi:10.1093/ckj/sfaa099
329. Russo V, Di Maio M, Attenua E, et al. Clinical impact of pre-admission antithrombotic therapy in hospitalized patients with COVID-19: A multicenter observational study. *Pharmacol Res*. 2020;159:104965. doi:10.1016/j.phrs.2020.104965
330. Sabri A, Davarpanah AH, Mahdavi A, et al. Novel coronavirus disease 2019: predicting prognosis with a computed tomography-based disease severity score and clinical laboratory data. *Polish Arch Intern Med*. 2020;130(7-8):629-634. doi:10.20452/pamw.15422
331. Salacup G, Lo KB, Gul F, et al. Characteristics and clinical outcomes of COVID-19 patients in an underserved-inner city population: A single tertiary center cohort. *J Med Virol*. July 2020. doi:10.1002/jmv.26252
332. Saluja M, Pillai D, Jeliya S, Baudh N, Chandel R. COVID 19- Clinical Profile, Radiological Presentation, Prognostic Predictors, Complications and Outcome: A Perspective from the Indian Subcontinent. *J Assoc Physicians India*. 2020;68(7):13-18. <http://www.ncbi.nlm.nih.gov/pubmed/32602675>.
333. Sanchez-Pina JM, Rodríguez Rodríguez M, Castro Quismondo N, et al. Clinical course and risk factors for mortality from COVID-19 in patients with haematological malignancies. *Eur J Haematol*. 2020;105(5):597-607. doi:10.1111/ejh.13493
334. Santoliquido A, Porfidia A, Nesci A, et al. Incidence of deep vein thrombosis among non-ICU patients hospitalized for COVID-19 despite pharmacological thromboprophylaxis. *J Thromb Haemost*. 2020;18(9):2358-2363. doi:10.1111/jth.14992
335. Sardu C, D'Onofrio N, Balestrieri ML, et al. Hyperglycaemia on admission to hospital and COVID-19. *Diabetologia*. 2020;63(11):2486-2487. doi:10.1007/s00125-020-05216-2
336. Sardu C, Maggi P, Messina V, et al. Could Anti-Hypertensive Drug Therapy

- Affect the Clinical Prognosis of Hypertensive Patients With COVID-19 Infection? Data From Centers of Southern Italy. *J Am Heart Assoc.* 2020;9(17):e016948. doi:10.1161/JAHA.120.016948
337. Satici C, Demirkol MA, Sargin Altunok E, et al. Performance of pneumonia severity index and CURB-65 in predicting 30-day mortality in patients with COVID-19. *Int J Infect Dis.* 2020;98:84-89. doi:10.1016/j.ijid.2020.06.038
 338. Secco E, Pasqualetto MC, Bombardini T, Picano E, Rigo F. A possible benefit from therapeutic anticoagulation in patients with coronavirus disease 2019: the Dolo hospital experience in Veneto, Italy. *Kardiol Pol.* 2020;78(9):919-921. doi:10.33963/KP.15489
 339. Selçuk M, Çınar T, Keskin M, et al. Is the use of ACE inh/ARBs associated with higher in-hospital mortality in Covid-19 pneumonia patients? *Clin Exp Hypertens.* 2020;42(8):738-742. doi:10.1080/10641963.2020.1783549
 340. Semenova Y, Glushkova N, Pivina L, et al. Epidemiological Characteristics and Forecast of COVID-19 Outbreak in the Republic of Kazakhstan. *J Korean Med Sci.* 2020;35(24):e227. doi:10.3346/jkms.2020.35.e227
 341. Shah V, Ko Ko T, Zuckerman M, et al. Poor outcome and prolonged persistence of SARS-CoV-2 RNA in COVID-19 patients with haematological malignancies; King's College Hospital experience. *Br J Haematol.* 2020;190(5):e279-e282. doi:10.1111/bjh.16935
 342. Shah P, Owens J, Franklin J, et al. Demographics, comorbidities and outcomes in hospitalized Covid-19 patients in rural southwest Georgia. *Ann Med.* 2020;52(7):354-360. doi:10.1080/07853890.2020.1791356
 343. Shahriarirad R, Khodamoradi Z, Erfani A, et al. Epidemiological and clinical features of 2019 novel coronavirus diseases (COVID-19) in the South of Iran. *BMC Infect Dis.* 2020;20(1):427. doi:10.1186/s12879-020-05128-x
 344. Shang J, Wang Q, Zhang H, et al. The Relationship Between Diabetes Mellitus and COVID-19 Prognosis: A Retrospective Cohort Study in Wuhan, China. *Am J Med.* 2021;134(1):e6-e14. doi:10.1016/j.amjmed.2020.05.033
 345. Shekhar R, Sheikh AB, Upadhyay S, Atencio J, Kapuria D. Early experience with COVID-19 patients at academic hospital in Southwestern United States. *Infect Dis (London, England).* 2020;52(8):596-599. doi:10.1080/23744235.2020.1774645
 346. Shen L, Li S, Zhu Y, et al. Clinical and laboratory-derived parameters of 119 hospitalized patients with coronavirus disease 2019 in Xiangyang, Hubei Province, China. *J Infect.* 2020;81(1):147-178. doi:10.1016/j.jinf.2020.03.038
 347. Shi S, Qin M, Cai Y, et al. Characteristics and clinical significance of myocardial injury in patients with severe coronavirus disease 2019. *Eur Heart J.* 2020;41(22):2070-2079. doi:10.1093/eurheartj/ehaa408
 348. Simonnet A, Chetboun M, Poissy J, et al. High prevalence of obesity in severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) requiring invasive mechanical ventilation. *Obesity (Silver Spring).* April 2020. doi:10.1002/oby.22831

349. Singer AJ, Morley EJ, Meyers K, et al. Cohort of Four Thousand Four Hundred Four Persons Under Investigation for COVID-19 in a New York Hospital and Predictors of ICU Care and Ventilation. *Ann Emerg Med.* 2020;76(4):394-404. doi:10.1016/j.annemergmed.2020.05.011
350. Smadja DM, Guerin CL, Chocron R, et al. Angiopoietin-2 as a marker of endothelial activation is a good predictor factor for intensive care unit admission of COVID-19 patients. *Angiogenesis.* 2020;23(4):611-620. doi:10.1007/s10456-020-09730-0
351. Smith SM, Boppana A, Traupman JA, et al. Impaired glucose metabolism in patients with diabetes, prediabetes, and obesity is associated with severe COVID-19. *J Med Virol.* June 2020. doi:10.1002/jmv.26227
352. Soares R de CM, Mattos LR, Raposo LM. Risk Factors for Hospitalization and Mortality due to COVID-19 in Espírito Santo State, Brazil. *Am J Trop Med Hyg.* 2020;103(3):1184-1190. doi:10.4269/ajtmh.20-0483
353. Asghar MS, Haider Kazmi SJ, Ahmed Khan N, et al. Clinical Profiles, Characteristics, and Outcomes of the First 100 Admitted COVID-19 Patients in Pakistan: A Single-Center Retrospective Study in a Tertiary Care Hospital of Karachi. *Cureus.* 2020;12(6):e8712. doi:10.7759/cureus.8712
354. Solaimanzadeh I. Nifedipine and Amlodipine Are Associated With Improved Mortality and Decreased Risk for Intubation and Mechanical Ventilation in Elderly Patients Hospitalized for COVID-19. *Cureus.* 2020;12(5):e8069. doi:10.7759/cureus.8069
355. Somers EC, Eschenauer GA, Troost JP, et al. Tocilizumab for treatment of mechanically ventilated patients with COVID-19. *Clin Infect Dis.* July 2020. doi:10.1093/cid/ciaa954
356. Sousa GJB, Garces TS, Cestari VRF, Florêncio RS, Moreira TMM, Pereira MLD. Mortality and survival of COVID-19. *Epidemiol Infect.* 2020;148:e123. doi:10.1017/S0950268820001405
357. Stevens RW, Jensen K, O'Horo JC, Shah A. Antimicrobial prescribing practices at a tertiary-care center in patients diagnosed with COVID-19 across the continuum of care. *Infect Control Hosp Epidemiol.* 2021;42(1):89-92. doi:10.1017/ice.2020.370
358. Stoneham SM, Milne KM, Nuttall E, et al. Thrombotic risk in COVID-19: a case series and case-control study. *Clin Med.* 2020;20(4):e76-e81. doi:10.7861/clinmed.2020-0228
359. Stroppa EM, Toscani I, Citterio C, et al. Coronavirus disease-2019 in cancer patients. A report of the first 25 cancer patients in a western country (Italy). *Future Oncol.* 2020;16(20):1425-1432. doi:10.2217/fon-2020-0369
360. Suleyman G, Fadel RA, Malette KM, et al. Clinical Characteristics and Morbidity Associated With Coronavirus Disease 2019 in a Series of Patients in Metropolitan Detroit. *JAMA Netw open.* 2020;3(6):e2012270. doi:10.1001/jamanetworkopen.2020.12270
361. Sun B, Feng Y, Mo X, et al. Kinetics of SARS-CoV-2 specific IgM and IgG

- responses in COVID-19 patients. *Emerg Microbes Infect.* 2020;9(1):940-948. doi:10.1080/22221751.2020.1762515
362. Sun H, Ning R, Tao Y, et al. Risk Factors for Mortality in 244 Older Adults With COVID-19 in Wuhan, China: A Retrospective Study. *J Am Geriatr Soc.* 2020;68(6):E19-E23. doi:10.1111/jgs.16533
363. Sun D-W, Zhang D, Tian R-H, et al. The underlying changes and predicting role of peripheral blood inflammatory cells in severe COVID-19 patients: A sentinel? *Clin Chim Acta.* 2020;508:122-129. doi:10.1016/j.cca.2020.05.027
364. Tambe MP, Parande MA, Tapare VS, et al. An epidemiological study of laboratory confirmed COVID-19 cases admitted in a tertiary care hospital of Pune, Maharashtra. *Indian J Public Health.* 2020;64(Supplement):S183-S187. doi:10.4103/ijph.IJPH_522_20
365. Tan N-D, Qiu Y, Xing X-B, Ghosh S, Chen M-H, Mao R. Associations Between Angiotensin-Converting Enzyme Inhibitors and Angiotensin II Receptor Blocker Use, Gastrointestinal Symptoms, and Mortality Among Patients With COVID-19. *Gastroenterology.* 2020;159(3):1170-1172. doi:10.1053/j.gastro.2020.05.034
366. Tan T, Khoo B, Mills EG, et al. Association between high serum total cortisol concentrations and mortality from COVID-19. *Lancet Diabetes Endocrinol.* 2020;8(8):659-660. doi:10.1016/S2213-8587(20)30216-3
367. Tanriverdi E, ÇÖrtük M, Yildirim BiZ, et al. The use of hydroxychloroquine plus azithromycin and early hospital admission are beneficial in Covid-19 patients: Turkey experience with real-life data. *Turkish J Med Sci.* July 2020. doi:10.3906/sag-2005-82
368. Tatum D, Taghavi S, Houghton A, Stover J, Toraih E, Duchesne J. Neutrophil-to-Lymphocyte Ratio and Outcomes in Louisiana COVID-19 Patients. *Shock.* 2020;54(5):652-658. doi:10.1097/SHK.0000000000001585
369. Tenforde MW, Billig Rose E, Lindsell CJ, et al. Characteristics of Adult Outpatients and Inpatients with COVID-19 - 11 Academic Medical Centers, United States, March-May 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(26):841-846. doi:10.15585/mmwr.mm6926e3
370. Tharakan S, Nomoto K, Miyashita S, Ishikawa K. Body temperature correlates with mortality in COVID-19 patients. *Crit Care.* 2020;24(1):298. doi:10.1186/s13054-020-03045-8
371. Tomlins J, Hamilton F, Gunning S, Sheehy C, Moran E, MacGowan A. Clinical features of 95 sequential hospitalised patients with novel coronavirus 2019 disease (COVID-19), the first UK cohort. *J Infect.* 2020;81(2):e59-e61. doi:10.1016/j.jinf.2020.04.020
372. Toussie D, Voutsinas N, Finkelstein M, et al. Clinical and Chest Radiography Features Determine Patient Outcomes in Young and Middle-aged Adults with COVID-19. *Radiology.* 2020;297(1):E197-E206. doi:10.1148/radiol.2020201754
373. Trimaille A, Curtiaud A, Marchandot B, et al. Venous thromboembolism in

- non-critically ill patients with COVID-19 infection. *Thromb Res.* 2020;193:166-169. doi:10.1016/j.thromres.2020.07.033
374. Trujillo H, Caravaca-Fontán F, Sevillano Á, et al. SARS-CoV-2 Infection in Hospitalized Patients With Kidney Disease. *Kidney Int reports.* 2020;5(6):905-909. doi:10.1016/j.ekir.2020.04.024
375. Urra JM, Cabrera CM, Porras L, Ródenas I. Selective CD8 cell reduction by SARS-CoV-2 is associated with a worse prognosis and systemic inflammation in COVID-19 patients. *Clin Immunol.* 2020;217:108486. doi:10.1016/j.clim.2020.108486
376. Valeri AM, Robbins-Juarez SY, Stevens JS, et al. Presentation and Outcomes of Patients with ESKD and COVID-19. *J Am Soc Nephrol.* 2020;31(7):1409-1415. doi:10.1681/ASN.2020040470
377. van Gerwen M, Alsen M, Little C, et al. Risk factors and outcomes of COVID-19 in New York City; a retrospective cohort study. *J Med Virol.* 2021;93(2):907-915. doi:10.1002/jmv.26337
378. Villard O, Morquin D, Molinari N, et al. The Plasmatic Aldosterone and C-Reactive Protein Levels, and the Severity of Covid-19: The Dyhor-19 Study. *J Clin Med.* 2020;9(7):2315. doi:10.3390/jcm9072315
379. Vivanti AJ, Mattern J, Vauloup-Fellous C, et al. Retrospective Description of Pregnant Women Infected with Severe Acute Respiratory Syndrome Coronavirus 2, France. *Emerg Infect Dis.* 2020;26(9):2069-2076. doi:10.3201/eid2609.202144
380. Wan Y, Wu J, Ni L, et al. Prognosis analysis of patients with mental disorders with COVID-19: a single-center retrospective study. *Aging (Albany NY).* 2020;12(12):11238-11244. doi:10.18632/aging.103371
381. Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. *JAMA.* 2020;323(11):1061-1069. doi:10.1001/jama.2020.1585
382. Wang Z, Yang B, Li Q, Wen L, Zhang R. Clinical Features of 69 Cases With Coronavirus Disease 2019 in Wuhan, China. *Clin Infect Dis.* 2020;71(15):769-777. doi:10.1093/cid/ciaa272
383. Wang L, He W, Yu X, et al. Coronavirus disease 2019 in elderly patients: Characteristics and prognostic factors based on 4-week follow-up. *J Infect.* 2020;80(6):639-645. doi:10.1016/j.jinf.2020.03.019
384. Wang Y, Lu X, Li Y, et al. Clinical Course and Outcomes of 344 Intensive Care Patients with COVID-19. *Am J Respir Crit Care Med.* 2020;201(11):1430-1434. doi:10.1164/rccm.202003-0736LE
385. Wang K, Zhang Z, Yu M, Tao Y, Xie M. 15-day mortality and associated risk factors for hospitalized patients with COVID-19 in Wuhan, China: an ambispective observational cohort study. *Intensive Care Med.* 2020;46(7):1472-1474. doi:10.1007/s00134-020-06047-w
386. Wang D, Yin Y, Hu C, et al. Clinical course and outcome of 107 patients infected with the novel coronavirus, SARS-CoV-2, discharged from two

- hospitals in Wuhan, China. *Crit Care*. 2020;24(1):188. doi:10.1186/s13054-020-02895-6
387. Wang F, Yang Y, Dong K, et al. CLINICAL CHARACTERISTICS OF 28 PATIENTS WITH DIABETES AND COVID-19 IN WUHAN, CHINA. *Endocr Pract*. 2020;26(6):668-674. doi:10.4158/EP-2020-0108
388. Wang K, Zuo P, Liu Y, et al. Clinical and Laboratory Predictors of In-hospital Mortality in Patients With Coronavirus Disease-2019: A Cohort Study in Wuhan, China. *Clin Infect Dis*. 2020;71(16):2079-2088. doi:10.1093/cid/ciaa538
389. Wang S, Chen Y, Wang L, Liu H, Han P. Are COVID-19 patients with hypertension at higher risk in China? *J Hypertens*. 2020;38(7):1384-1385. doi:10.1097/HJH.0000000000002483
390. Wang B, Van Oekelen O, Mouhieddine TH, et al. A tertiary center experience of multiple myeloma patients with COVID-19: lessons learned and the path forward. *J Hematol Oncol*. 2020;13(1):94. doi:10.1186/s13045-020-00934-x
391. Whyte MB, Kelly PA, Gonzalez E, Arya R, Roberts LN. Pulmonary embolism in hospitalised patients with COVID-19. *Thromb Res*. 2020;195:95-99. doi:10.1016/j.thromres.2020.07.025
392. Wu Q, Wang S, Li L, et al. Radiomics Analysis of Computed Tomography helps predict poor prognostic outcome in COVID-19. *Theranostics*. 2020;10(16):7231-7244. doi:10.7150/thno.46428
393. Wu F, Zhou Y, Wang Z, et al. Clinical characteristics of COVID-19 infection in chronic obstructive pulmonary disease: a multicenter, retrospective, observational study. *J Thorac Dis*. 2020;12(5):1811-1823. doi:10.21037/jtd-20-1914
394. Xu B, Fan C-Y, Wang A-L, et al. Suppressed T cell-mediated immunity in patients with COVID-19: A clinical retrospective study in Wuhan, China. *J Infect*. 2020;81(1):e51-e60. doi:10.1016/j.jinf.2020.04.012
395. Xu H, Huang S, Qiu C, et al. Monitoring and Management of Home-Quarantined Patients With COVID-19 Using a WeChat-Based Telemedicine System: Retrospective Cohort Study. *J Med Internet Res*. 2020;22(7):e19514. doi:10.2196/19514
396. Xu J, Huang C, Fan G, et al. Use of angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers in context of COVID-19 outbreak: a retrospective analysis. *Front Med*. 2020;14(5):601-612. doi:10.1007/s11684-020-0800-y
397. Yan CH, Faraji F, Prajapati DP, Ostrander BT, DeConde AS. Self-reported olfactory loss associates with outpatient clinical course in COVID-19. *Int Forum Allergy Rhinol*. 2020;10(7):821-831. doi:10.1002/alr.22592
398. Yan X, Li F, Wang X, et al. Neutrophil to lymphocyte ratio as prognostic and predictive factor in patients with coronavirus disease 2019: A retrospective cross-sectional study. *J Med Virol*. 2020;92(11):2573-2581. doi:10.1002/jmv.26061

399. Yang X, Yu Y, Xu J, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. *Lancet Respir Med.* 2020;8(5):475-481. doi:10.1016/S2213-2600(20)30079-5
400. Yang R, Gui X, Zhang Y, Xiong Y. The role of essential organ-based comorbidities in the prognosis of COVID-19 infection patients. *Expert Rev Respir Med.* 2020;14(8):835-838. doi:10.1080/17476348.2020.1761791
401. Yang L, Liu J, Zhang R, et al. Epidemiological and clinical features of 200 hospitalized patients with corona virus disease 2019 outside Wuhan, China: A descriptive study. *J Clin Virol.* 2020;129:104475. doi:10.1016/j.jcv.2020.104475
402. Yang BY, Barnard LM, Emert JM, et al. Clinical Characteristics of Patients With Coronavirus Disease 2019 (COVID-19) Receiving Emergency Medical Services in King County, Washington. *JAMA Netw open.* 2020;3(7):e2014549. doi:10.1001/jamanetworkopen.2020.14549
403. Yao Q, Wang P, Wang X, et al. A retrospective study of risk factors for severe acute respiratory syndrome coronavirus 2 infections in hospitalized adult patients. *Polish Arch Intern Med.* 2020;130(5):390-399. doi:10.20452/pamw.15312
404. Yao Y, Cao J, Wang Q, et al. D-dimer as a biomarker for disease severity and mortality in COVID-19 patients: a case control study. *J intensive care.* 2020;8:49. doi:10.1186/s40560-020-00466-z
405. Yarza R, Bover M, Paredes D, et al. SARS-CoV-2 infection in cancer patients undergoing active treatment: analysis of clinical features and predictive factors for severe respiratory failure and death. *Eur J Cancer.* 2020;135:242-250. doi:10.1016/j.ejca.2020.06.001
406. Ye C, Cai S, Shen G, et al. Clinical features of rheumatic patients infected with COVID-19 in Wuhan, China. *Ann Rheum Dis.* 2020;79(8):1007-1013. doi:10.1136/annrheumdis-2020-217627
407. Ye C, Zhang S, Zhang X, et al. Impact of comorbidities on patients with COVID-19: A large retrospective study in Zhejiang, China. *J Med Virol.* 2020;92(11):2821-2829. doi:10.1002/jmv.26183
408. Yip TC-F, Lui GC-Y, Wong VW-S, et al. Liver injury is independently associated with adverse clinical outcomes in patients with COVID-19. *Gut.* July 2020. doi:10.1136/gutjnl-2020-321726
409. Yu T, Cai S, Zheng Z, et al. Association Between Clinical Manifestations and Prognosis in Patients with COVID-19. *Clin Ther.* 2020;42(6):964-972. doi:10.1016/j.clinthera.2020.04.009
410. Yu C, Lei Q, Li W, et al. Clinical Characteristics, Associated Factors, and Predicting COVID-19 Mortality Risk: A Retrospective Study in Wuhan, China. *Am J Prev Med.* 2020;59(2):168-175. doi:10.1016/j.amepre.2020.05.002
411. Yuan M, Yin W, Tao Z, Tan W, Hu Y. Association of radiologic findings with mortality of patients infected with 2019 novel coronavirus in Wuhan, China.

- PLoS One*. 2020;15(3):e0230548. doi:10.1371/journal.pone.0230548
412. Zeng Q-L, Li G-M, Ji F, et al. Clinical course and treatment efficacy of COVID-19 near Hubei Province, China: A multicentre, retrospective study. *Transbound Emerg Dis*. 2020;67(6):2971-2982. doi:10.1111/tbed.13674
 413. Zeng Z, Ma Y, Zeng H, et al. Simple nomogram based on initial laboratory data for predicting the probability of ICU transfer of COVID-19 patients: Multicenter retrospective study. *J Med Virol*. June 2020. doi:10.1002/jmv.26244
 414. Zhang P, Zhu L, Cai J, et al. Association of Inpatient Use of Angiotensin-Converting Enzyme Inhibitors and Angiotensin II Receptor Blockers With Mortality Among Patients With Hypertension Hospitalized With COVID-19. *Circ Res*. 2020;126(12):1671-1681. doi:10.1161/CIRCRESAHA.120.317134
 415. Zhang J, Wang X, Jia X, et al. Risk factors for disease severity, unimprovement, and mortality in COVID-19 patients in Wuhan, China. *Clin Microbiol Infect*. 2020;26(6):767-772. doi:10.1016/j.cmi.2020.04.012
 416. Zhang L, Feng X, Zhang D, et al. Deep Vein Thrombosis in Hospitalized Patients With COVID-19 in Wuhan, China: Prevalence, Risk Factors, and Outcome. *Circulation*. 2020;142(2):114-128. doi:10.1161/CIRCULATIONAHA.120.046702
 417. Zhang C, Qin L, Li K, et al. A Novel Scoring System for Prediction of Disease Severity in COVID-19. *Front Cell Infect Microbiol*. 2020;10:318. doi:10.3389/fcimb.2020.00318
 418. Zhang L, Han C, Zhang S, et al. Diarrhea and altered inflammatory cytokine pattern in severe coronavirus disease 2019: Impact on disease course and in-hospital mortality. *J Gastroenterol Hepatol*. June 2020. doi:10.1111/jgh.15166
 419. Zhang J-J, Cao Y-Y, Tan G, et al. Clinical, radiological, and laboratory characteristics and risk factors for severity and mortality of 289 hospitalized COVID-19 patients. *Allergy*. 2021;76(2):533-550. doi:10.1111/all.14496
 420. Zhang S, Guo M, Duan L, et al. Development and validation of a risk factor-based system to predict short-term survival in adult hospitalized patients with COVID-19: a multicenter, retrospective, cohort study. *Crit Care*. 2020;24(1):438. doi:10.1186/s13054-020-03123-x
 421. Zhao M, Wang M, Zhang J, et al. Comparison of clinical characteristics and outcomes of patients with coronavirus disease 2019 at different ages. *Aging (Albany NY)*. 2020;12(11):10070-10086. doi:10.18632/aging.103298
 422. Zheng Y, Sun L-J, Xu M, et al. Clinical characteristics of 34 COVID-19 patients admitted to intensive care unit in Hangzhou, China. *J Zhejiang Univ Sci B*. 2020;21(5):378-387. doi:10.1631/jzus.B2000174
 423. Zheng Y, Xiao A, Yu X, et al. Development and Validation of a Prognostic Nomogram Based on Clinical and CT Features for Adverse Outcome Prediction in Patients with COVID-19. *Korean J Radiol*. 2020;21(8):1007-1017. doi:10.3348/kjr.2020.0485
 424. Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult

- inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet (London, England)*. 2020;395(10229):1054-1062. doi:10.1016/S0140-6736(20)30566-3
425. Zhou Z, Zhao N, Shu Y, Han S, Chen B, Shu X. Effect of Gastrointestinal Symptoms in Patients With COVID-19. *Gastroenterology*. 2020;158(8):2294-2297. doi:10.1053/j.gastro.2020.03.020
426. Zhou X, Zhu J, Xu T. Clinical characteristics of coronavirus disease 2019 (COVID-19) patients with hypertension on renin-angiotensin system inhibitors. *Clin Exp Hypertens*. 2020;42(7):656-660. doi:10.1080/10641963.2020.1764018
427. Zhu L, She Z-G, Cheng X, et al. Association of Blood Glucose Control and Outcomes in Patients with COVID-19 and Pre-existing Type 2 Diabetes. *Cell Metab*. 2020;31(6):1068-1077. doi:10.1016/j.cmet.2020.04.021
428. Zou X, Li S, Fang M, et al. Acute Physiology and Chronic Health Evaluation II Score as a Predictor of Hospital Mortality in Patients of Coronavirus Disease 2019. *Crit Care Med*. 2020;48(8):e657-e665. doi:10.1097/CCM.00000000000004411