

Electronic supplementary material (ESM)

Risk phenotypes of diabetes and association with COVID-19 severity and death – an update of living a systematic review and meta-analysis

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Table of contents

ESM Methods: Details on risk of bias assessment	9
ESM Table 1: Search strategy	10
ESM Table 2: Extracted data	11
ESM Table 3: Signaling questions for risk of bias assessment using QUIPS	12
ESM Table 4: List of excluded studies for first version and current update combined	18
ESM Table 5: Characteristics of included studies	19
ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool	65
ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool	75
ESM Table 8: Meta-regression: Adjustment for risk of bias due to confounding, for associations showing differences in stratified analyses by confounding	86
ESM Table 9: Comparison of the 95% CIs derived by the DerSimonian-Laird method versus the Hartung-Knapp-Sidik-Jonkman method for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death.....	87
ESM Table 10: Comparison of the 95% CIs derived by the DerSimonian-Laird method versus the Hartung-Knapp-Sidik-Jonkman method for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity	90
ESM Figure 1: Risk of bias of each study for each domain and overall.....	97
ESM Figure 2: Risk of bias of judgements within each bias domain.....	98
ESM Figure 3: Meta-analysis on COVID-19 vaccination status, yes vs. no and A) death and B) and severity of COVID-19 in patients with diabetes and COVID-19.....	99
ESM Figure 4: Meta-analysis on COVID-19 vaccination status, two doses vs. none and A) death and B) and severity of COVID-19 in patients with diabetes and COVID-19	100
ESM Figure 5: Meta-analysis on men compared to women and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	101
ESM Figure 6: Meta-analysis on age ≥65 years and A) death and B) and severity of COVID-19 in patients with diabetes and COVID-19	102
ESM Figure 7: Meta-analysis on age per 1 year and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	103
ESM Figure 8: Meta-analysis on overweight compared to normal weight and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	104
ESM Figure 9: Meta-analysis on obesity compared to normal weight and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	105
ESM Figure 10: Meta-analysis on BMI , per 1 kg/m ² increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	106
ESM Figure 11: Meta-analysis on smoking compared to non-smoking and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	107
ESM Figure 12: Meta-analysis on area of residence (rural compared to urban) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	108
ESM Figure 13: Meta-analysis on ethnicity (black vs. non-Hispanic white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	109
ESM Figure 14: Meta-analysis on ethnicity (Hispanic vs. non-Hispanic white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	110

ESM Figure 15: Meta-analysis on ethnicity (Asian vs. non-Hispanic white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	111
ESM Figure 16: Meta-analysis on ethnicity (White vs. Non-white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	112
ESM Figure 17: Meta-analysis on type 2 vs type 1 diabetes and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	113
ESM Figure 18: Meta-analysis on diabetes duration , per 1 year and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	114
ESM Figure 19: Meta-analysis on diabetes duration, ≥10 years and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	115
ESM Figure 20: Meta-analysis on HbA_{1c} 53-75 vs <53 mmol/mol (7-9 vs <7%) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	116
ESM Figure 21: Meta-analysis on HbA_{1c} ≥75 vs <53 mmol/mol (≥9 vs <7%) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	117
ESM Figure 22: Meta-analysis on HbA_{1c}, per 1% increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	118
ESM Figure 23: Meta-analysis on blood glucose ≥6 - <10 mmol/l at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	119
ESM Figure 24: Meta-analysis on blood glucose ≥10 mmol/l at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	120
ESM Figure 25: Meta-analysis on blood glucose per 1 mmol/l increase at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	121
ESM Figure 26: Meta-analysis for poorly vs. well-controlled at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	122
ESM Figure 27: Meta-analysis on insulin use compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	123
ESM Figure 28: Meta-analysis on metformin use compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	124
ESM Figure 29: Meta-analysis on DPP-4-inhibitors use compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	125
ESM Figure 30: Meta-analysis on use of sulfonylurea/glinides/secretagogues compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	126
ESM Figure 31: Meta-analysis on use of GLP 1-RA compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	127
ESM Figure 32: Meta-analysis on use of SGLT-2i compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	128
ESM Figure 33: Meta-analysis on use of thiazolidinedione compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	129
ESM Figure 34: Meta-analysis on use of alpha-glucosidase inhibitors compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19....	130
ESM Figure 35: Meta-analysis on hypertension compared to no hypertension and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	131
ESM Figure 36: Meta-analysis on dyslipidaemia compared to no dyslipidaemia and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	132

ESM Figure 37: Meta-analysis on pre-existing cardiovascular disease (CVD) compared to no CVD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	133
ESM Figure 38: Meta-analysis on pre-existing coronary artery disease (CAD) compared to no CAD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	134
ESM Figure 39: Meta-analysis on pre-existing myocardial infarction (MI) compared to no MI and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	135
ESM Figure 40: Meta-analysis on pre-existing heart failure (HF) compared to no HF and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	136
ESM Figure 41: Meta-analysis on pre-existing atrial fibrillation (AF) compared to no AF and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	137
ESM Figure 42: Meta-analysis on pre-existing peripheral vascular disease (PVD) compared to no PVD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	138
ESM Figure 43: Meta-analysis on pre-existing cerebrovascular disease compared to no cerebrovascular disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	139
ESM Figure 44: Meta-analysis on pre-existing stroke compared to no stroke and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	140
ESM Figure 45: Meta-analysis on pre-existing microvascular diseases (MVD) compared to no MVD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	141
ESM Figure 46: Meta-analysis on pre-existing chronic kidney disease (CKD) compared to no CKD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	142
ESM Figure 47: Meta-analysis on pre-existing retinopathy compared to no retinopathy and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	143
ESM Figure 48: Meta-analysis on pre-existing neuropathy compared to no neuropathy and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	144
ESM Figure 49: Meta-analysis on pre-existing diabetic foot compared to no diabetic foot and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	145
ESM Figure 50: Meta-analysis on pre-existing liver disease compared to no liver disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	146
ESM Figure 51: Meta-analysis on pre-existing chronic pulmonary disease (not specified) compared to no chronic pulmonary disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	147
ESM Figure 52: Meta-analysis on pre-existing chronic obstructive pulmonary disease (COPD) compared to no COPD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	148
ESM Figure 53: Meta-analysis on pre-existing asthma compared to no asthma and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	149
ESM Figure 54: Meta-analysis on pre-existing obstructive sleep apnoea (OSA) compared to no OSA and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	150
ESM Figure 55: Meta-analysis on pre-existing cancer compared to no cancer and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	151

ESM Figure 56: Meta-analysis on pre-existing dementia/cognitive impairment compared to no dementia and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	152
ESM Figure 57: Meta-analysis on pre-existing neurodegenerative disease (not specified) compared to no neurodegenerative disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	153
ESM Figure 58: Meta-analysis on pre-existing immunodeficiency disorders (not specified) compared to immunodeficiency disorders and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	154
ESM Figure 59: Meta-analysis on any comorbidities compared to no comorbidities and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	155
ESM Figure 60: Meta-analysis on ≥3 comorbidities compared to no comorbidities and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	156
ESM Figure 61: Meta-analysis on Charlson index , per 1 unit compared to no comorbidities and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	157
ESM Figure 62: Meta-analysis on use of statins compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	158
ESM Figure 63: Meta-analysis on use of renin inhibitor compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	159
ESM Figure 64: Meta-analysis on use of beta-blockers compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	160
ESM Figure 65: Meta-analysis on use of calcium channel blocker compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	161
ESM Figure 66: Meta-analysis on use of diuretics compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	162
ESM Figure 67: Meta-analysis on use of acetylsalicylic acid (ASA) compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	163
ESM Figure 68: Meta-analysis on use of antithrombotic drugs (antiplatelet/ anticoagulant) compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	164
ESM Figure 69: Meta-analysis on triglycerides , per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	165
ESM Figure 70: Meta-analysis on total cholesterol , per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	166
ESM Figure 71: Meta-analysis on LDL-cholesterol , per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	167
ESM Figure 72: Meta-analysis on HDL-cholesterol , per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	168
ESM Figure 73: Meta-analysis on C-reactive protein (CRP) , per 1 mg/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	169
ESM Figure 74: Meta-analysis on IL-6 , per 1 pg/ml and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	170
ESM Figure 75: Meta-analysis on serum amyloid A , per 1 mg/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	171
ESM Figure 76: Meta-analysis on procalcitonin , per 1 ng/ml and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	172

ESM Figure 77: Meta-analysis on albumin , per 1 g/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	173
ESM Figure 78: Meta-analysis on ALT , per 1U/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	174
ESM Figure 79: Meta-analysis on AST per 1U/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	175
ESM Figure 80: Meta-analysis on eGFR , per 1 ml/min per 1.73 m ² and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	176
ESM Figure 81: Meta-analysis on urea , per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	177
ESM Figure 82: Meta-analysis on creatinine , per 1 µmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	178
ESM Figure 83: Meta-analysis on creatine phosphokinase (CPK) , per 1 U/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	179
ESM Figure 84: Meta-analysis on serum sodium , per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	180
ESM Figure 85: Meta-analysis on potassium , per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	181
ESM Figure 86: Meta-analysis on white blood cell count , per 1x10 ⁹ /l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	182
ESM Figure 87: Meta-analysis on lymphocyte count , per 1x10 ⁹ /l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	183
ESM Figure 88: Meta-analysis on neutrophils , per 1x10 ⁹ /l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	184
ESM Figure 89: Meta-analysis on neutrophil-to-lymphocyte ratio and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	185
ESM Figure 90: Meta-analysis on platelet count , per 1x10 ⁹ /l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	186
ESM Figure 91: Meta-analysis on lactate dehydrogenase , per 1 unit/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	187
ESM Figure 92: Meta-analysis on d-dimer , per 1 mg/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	188
ESM Figure 93: Meta-analysis on prothrombin time , per 1 s and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	189
ESM Figure 94: Meta-analysis on erythrocyte sedimentation rate , per 1 mm/h and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	190
ESM Figure 95: Meta-analysis on haemoglobin , per 1 g/dl and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	191
ESM Figure 96: Meta-analysis on ferritin , per 1 pmol/L and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	192
ESM Figure 97: Meta-analysis on fibrinogen , per 1 g/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	193
ESM Figure 98: Funnel plot for association for men versus women and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	194
ESM Figure 99: Funnel plot for association between age ≥65 years and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	195

ESM Figure 100: Funnel plot for association between age per 5 year increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	196
ESM Figure 101: Funnel plot for association between overweight and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	197
ESM Figure 102: Funnel plot for association between obesity and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	198
ESM Figure 103: Funnel plot for association between BMI per 1 kg/m² and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	199
ESM Figure 104: Funnel plot for association between smoking and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	200
ESM Figure 105: Funnel plot for association between ethnicity (Black vs. Non-Hispanic white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	201
ESM Figure 106: Funnel plot for association between HbA_{1c} 53-75 vs <53 mmol/mol (7-9 vs <7%) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	202
ESM Figure 107: Funnel plot for association between HbA_{1c} ≥75 vs <53 mmol/mol (≥9 vs <7%) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	203
ESM Figure 108: Funnel plot for association between HbA_{1c} per 1% increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	204
ESM Figure 109: Funnel plot for association between glucose ≥10 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	205
ESM Figure 110: Funnel plot for association between glucose per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19	206
ESM Figure 111: Funnel plot for association between insulin and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	207
ESM Figure 112: Funnel plot for association between metformin and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19.....	208
ESM Figure 113: Funnel plot for association between DPP-4 inhibitor use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	209
ESM Figure 114: Funnel plot for association between GLP 1-RA use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	210
ESM Figure 115: Funnel plot for association between sulfonylurea/glinides/secretagogues and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	211
ESM Figure 116: Funnel plot for association between SGLT-2i use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	212
ESM Figure 117: Funnel plot for association between thiazolidinedione use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	213
ESM Figure 118: Funnel plot for association between hypertension and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19.....	214
ESM Figure 119: Funnel plot for association between dyslipidemia and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19.....	215
ESM Figure 121: Funnel plot for association between CAD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	217
ESM Figure 122: Funnel plot for association between HF and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	218

ESM Figure 123: Funnel plot for association between cerebrovascular diseases and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	219
ESM Figure 124: Funnel plot for association between CKD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	220
ESM Figure 125: Funnel plot for association between chronic pulmonary disease (not specified) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	221
ESM Figure 126: Funnel plot for association between COPD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	222
ESM Figure 127: Funnel plot for association between cancer and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	223
ESM Figure 128: Funnel plot for association between statins use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	224
ESM Figure 129: Funnel plot for association between RAAS inhibitor use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	225
ESM Figure 130: Funnel plot for association between CRP and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19.....	226
ESM Figure 131: Funnel plot for association between white blood cell count and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	227
ESM Figure 132: Funnel plot for association between lymphocyte count and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19	228
References	229

ESM Methods: Details on risk of bias assessment

Each domain was rated as low, moderate or high risk of bias, or no information. Determining the overall risk of bias of each study, we put special emphasis on the domains comprising study confounding, statistical analysis/reporting and study participation. Studies were judged as high risk of bias if one of these domains was judged as high risk of bias. Studies were judged as low risk of bias, if all domains were judged as low risk of bias, or if confounding and statistical analysis/reporting were low risk of bias, and none of the other domains were judged as high risk of bias. In other cases, studies were rated as moderate risk of bias.

ESM Table 1: Search strategy	
PubMed	
#1	diabetes mellitus[MeSH Terms]) OR diabetes OR diabetic*
#2	covid19 OR covid-19 OR covid OR corona OR new-corona OR novel-corona OR coronavir* OR SARS-CoV-2 OR nCoV OR 2019-nCoV
#3	Combine: #1 AND #2
Epistemonikos	
#1	advanced_title_en:(diabetes mellitus OR diabetes OR diabetic*) OR advanced_abstract_en:(diabetes mellitus OR diabetes OR diabetic*)
#2	advanced_title_en:(covid19 OR covid-19 OR covid OR corona OR new-corona OR novel-corona OR coronavir* OR SARS-CoV-2 OR nCoV OR 2019-nCoV) OR advanced_abstract_en:(covid19 OR covid-19 OR covid OR corona OR new-corona OR novel-corona OR coronavir* OR SARS-CoV-2 OR nCoV OR 2019-nCoV)
#3	Combine: #1 AND #2
Web of Science	
#1	TOPIC: (diabetes mellitus OR diabetes OR diabetic*)
#2	TOPIC: (covid19 OR covid-19 OR covid OR corona OR new-corona OR novel-corona OR coronavir* OR SARS-CoV-2 OR nCoV OR 2019-nCoV)
#3	Combine: #1 AND #2
COVID-19 Research Database	
#1	(tw:(diabetes mellitus OR diabetes OR diabetic*))
#2	(tw:(covid19 OR covid-19 OR covid OR corona OR new-corona OR novel-corona OR coronavir* OR SARS-CoV-2 OR nCoV OR 2019-nCoV))
#3	Combine: #1 AND #2

ESM Table 2: Extracted data	
Information of included publications	<ul style="list-style-type: none"> • The first author's last name • Date of publication • Study design • Geographic area • Number of participants • Number of cases
Patients' characteristics	<ul style="list-style-type: none"> • Age • Sex • BMI • Smoking status • Ethnicity
Diabetes-specific characteristics	<ul style="list-style-type: none"> • Type of diabetes • Duration of diabetes • Glycaemic control • Diabetes treatment
Metabolic parameters	<ul style="list-style-type: none"> • Blood pressure/ hypertension • Inflammatory biomarkers • Liver enzymes • Specific laboratory markers
Diabetes-related complications	<ul style="list-style-type: none"> • Macrovascular diseases (CVD: coronary heart diseases and stroke etc.) • Microvascular diseases (nephropathy, neuropathy, retinopathy)
Comorbidities	<ul style="list-style-type: none"> • Respiratory diseases • Cancer • Immunosuppressive conditions
Outcome	<ul style="list-style-type: none"> • Definition of outcome • Outcome assessment
Findings	<ul style="list-style-type: none"> • Crude risk estimates and 95% CIs • If available multivariable-adjusted risk estimates with 95% CIs • Confounders

ESM Table 3: Signaling questions for risk of bias assessment using QUIPS	
Risk of Bias assessment using the Cochrane QUIPS tool	
Signalling question	Authors' judgement
Study participation: yes/partial yes/no/partial no/unclear	The study sample adequately represents the population of interest
a) Adequate participation in the study by eligible people	Patients with confirmed COVID-19 (PCR or clinically) and diagnosed diabetes mellitus according to the ADA or other internationally recognized standards. High risk of bias, if high proportion of participants without confirmed COVID diagnosis were included
b) Description of the source population or population of interest	Source population or population of interest is clearly described (e.g. region, setting e.g. hospital)
c) Description of the baseline study sample	Baseline study sample is clearly described (characteristics table)
d) Adequate description of the sampling frame and recruitment	Recruitment, selection criteria and key characteristics of the source population clearly described, e.g. low risk of bias for sampling in hospitals using medical files
e) Adequate description of the period and place of recruitment	Time period and place of recruitment are clearly described, e.g. name of hospital and date. Answer partial yes, if date is not specified, because we know the approximate time (beginning 2020).
f) Adequate description of inclusion and exclusion criteria	Inclusion and exclusion criteria are clearly described and presented. Answer unclear, if no exclusion criteria are defined
Study participation: risk of bias rating (high/low/unclear)	High: most items are answered with 'no' or if signalling question a is answered with 'no'; Low: all items answered with 'yes'; Unclear: most items are answered with 'unclear' Note: potentially a single item may introduce a high risk of bias, depending on study specifics
Study attrition: Yes/partial yes/no/partial no/unclear	The study data available (i.e., participants not lost to follow-up) adequately represent the study sample

a) Adequate response rate for study participants	Response rate during follow-up sufficient. For most of the studies not applicable because patients were in hospital and followed-up for this time period.
b) Attempts to collect information on participants who dropped out described	Attempts to collect information on participants who dropped out are described (e.g. via registers). Can be ignored, if loss to follow-up is low.
c) Reasons for loss to follow-up provided	Information about the reason participants were lost to follow-up are set up (e.g. participants refused). Can be ignored, if loss to follow-up is low.
d) Adequate description of participants lost to follow-up	Key characteristics of participants lost to follow-up are described (Age, sex, comorbidities). Can be ignored, if loss to follow-up is low.
e) No important differences between participants who completed the study and those who did not	No important differences in baseline characteristics between responders and non-responders. Can be ignored, if loss to follow-up is low.
Study attrition: risk of bias rating (high/low/unclear)	High: most items are answered with 'no'; Low: all items answered with 'yes'; Unclear: most items are answered with 'unclear' Note: potentially a single item may introduce a high risk of bias, depending on study specifics
Prognostic factor measurements: yes/partial yes/no/partial no/unclear	The PF is measured in a similar way for all participants

a) Clear definition or description provided	Clear definition of the investigated phenotypes: patients' characteristics (age, sex, BMI, smoking status, ethnicity), metabolic parameters (e.g. glycaemic control, blood pressure, blood lipids, inflammatory biomarkers, liver enzymes), diabetes-related complications (macro- and microvascular diseases), comorbidities (respiratory diseases, cancer, immunosuppressive conditions)
b) Adequately valid and reliable method of measurement	Valid and reliable methods of assessment of the phenotypes listed above. The following methods were considered as reliable and valid: assessed at hospital admission/data collection from medical files, contact of the patient's general/specialist practitioners, regular pharmacist or biomedical laboratory
c) Continuous variables reported or appropriate cut points used	Appropriate cut points: BMI: ≥ 25 kg/m ² for overweight and ≥ 30 kg/m ² for obesity HbA _{1c} >53 mmol/mol/ >7%
d) Same method and setting of measurement used in all study participants	Measurements of the phenotypes are the same for all study participants
e) Adequate proportion of the study sample had complete data	Number in final model with complete data
f) Appropriate methods of imputation were used for missing data	Multiple imputations is a valid method. Complete case analysis for exposure and outcome variables are required.
Prognostic factor measurements: risk of bias rating (high/low/unclear)	High: most items are answered with 'no'; Low: all items answered with 'yes'; Unclear: most items are answered with 'unclear' Note: potentially a single item may introduce a high risk of bias, depending on study specifics
Outcome measurement: yes/partial yes/no/partial no/unclear	The outcome of interest is measured in a similar way for all participants

a) Clear definition of the outcome provided	Clear definition for the outcomes: death and composite endpoint/severity of COVID-19. How was the composite endpoint/severity of COVID-19 defined? Answer yes, if outcome is defined as in-hospital mortality. Answer unclear, if outcome is defined as "all-cause mortality" or mortality/death/lethality without further specification
b) Use of adequately valid and reliable methods of outcome measurement	Valid and reliable methods of assessment of the outcomes. E. g. collection of COVID-19-related clinical data during the hospital stay
c) Use of same method and setting of outcome measurement in all study participants	Measurements of the outcomes are the same for all study participants.
Outcome measurement: risk of bias rating (high/low/unclear)	High: most items are answered with 'no'; Low: all items answered with 'yes'; Unclear: most items are answered with 'unclear' Note: potentially a single item may introduce a high risk of bias, depending on study specifics
Study confounding: yes/partial yes/no/partial no/unclear	Important potential confounding factors are appropriately accounted for

a) Measurement of all important confounders	Minimal adjusted models should include: Age, sex, BMI/overweight/obesity, at least one comorbid condition, as most important confounders
b) Provision of clear definitions of the important confounders measured	Measurements of confounders are described and defined
c) Adequately valid and reliable measurements of all important confounders	Measurements of confounding factors are valid and reliable (assessed at hospital admission, medical records, contact of the patient's general/specialist practitioners or regular pharmacist)
d) Use of the same method and setting of confounding measurement in all study participants	The method and setting of confounding measurement are the same for all participants
e) Appropriate imputation methods used for missing confounders (if applicable)	Appropriate methods of imputation for missing covariate data are applied and described.
f) Important potential confounders were accounted for the study design	Most important potential confounders are accounted for in the study design (e.g., matching for key variables, stratification). Minimal adjusted models should include: Age, sex, BMI/overweight/obesity, at least one comorbid condition, as most important confounders
g) Important confounders were accounted for in the analysis	Most important potential confounders are accounted for in the analysis (i.e., use of multivariable analysis). Minimal adjusted models should include: Age, sex, BMI/overweight/obesity, at least one comorbid condition, as most important confounders
Study confounding measurement: risk of bias rating (high/low/unclear)	High: most items are answered with 'no' or if signalling questions f) and g) are answered with 'no'; Low: all items answered with 'yes'; Unclear: most items are answered with 'unclear' Note: potentially a single item may introduce a high risk of bias, depending on study specifics
Statistical analysis and reporting: yes/partial yes/no/partial no/unclear	Statistical Analysis and Reporting

a) Sufficient presentation of data to assess the adequacy of the analytic strategy	There is sufficient presentation of data to assess the adequacy of the analysis (e.g. findings are displayed in a table or in the text). The results are expressed as risk ratios (e.g. hazard ratios, relative risks, odds ratios) with corresponding 95% confidence intervals
b) Strategy for model building is appropriate and based on conceptual framework model	The selection of the confounders are described and appropriate (e.g. selection of existing knowledge). Stepwise regression is not appropriate, with the exception that the known important confounders were selected.
c) Statistical model is adequate for the study design	Multivariable logistic regression or cox proportional hazard model or Weibull analysis are applied. Univariate methods are not appropriate.
d) No selective reporting of results	There is no selective reporting of results (e.g. findings are shown for a specific age group, time period etc.). Answer yes (no selective reporting), if data were missing in the manuscript and authors sent additional information via email, but note in the judgement that data were missing in the article and additional information was received via email.
Statistical analysis and reporting: risk of bias rating (high/low/unclear)	High: most items are answered with 'no'; Low: all items answered with 'yes'; Unclear: most items are answered with 'unclear' Note: potentially a single item may introduce a high risk of bias, depending on study specifics

ESM Table 4: List of excluded studies for first version and current update combined	
Reasons for exclusion	References
Not relevant population/ not relevant comparison group, e.g. patients without diabetes and/or without COVID-19	[1-1239]
Not relevant data	[1240-1573]
Data not usable for meta-analysis	[1574-1577]
No risk estimates	[1578-1712]
Not relevant exposure	[1713-1737]
Not relevant outcome	[1738-1744]
Abstract/letter/editorial/comment/protocol	[1745-2224]
Review/meta-analysis	[2225-2450]
Not in English	[2451-2455]
Duplicate cohort	[2456-2465]

ESM Table 5: Characteristics of included studies

Author, year	Country, setting, time period	Study design, Follow-up	Sex, mean age, type of diabetes	Number of participants and cases	Outcome	Outcome assessment	Relevant exposure	Exposure assessment	Adjustment factors
Abe, 2020 [2466]	USA Hospitals-based Grady Memorial Hospital, Georgia, 1 st April to 30 th May 2020	Retrospective study, ND	m/w, 56 years, ND	71 participants, 52 severe COVID cases	Severe COVID (Composite cardiovascular complications)	Electronic medical records	Sex, HbA _{1c}	Medical records	Unadjusted
Acharya, 2020 [2467]	South Korea Hospitals-based Dongguk University Gyeongju Hospital or Andong Medical Center, Gyeongsangbuk-do, 18 th February to 30 th June 2020	Retrospective study, ND	m/w, 69.8 years, T2D	55 participants, 11 deaths	Death	Medical records	Age, BMI, sex, smoking, hypertension, CVD, cerebrovascular disease, dementia, cancer, blood glucose, HbA _{1c}	Medical records	Age
Agarwal, 2020 [2468]	USA Hospitals-based Montefiore Medical Center, 11 th March to 7 th May 2020	Retrospective study, ND	m/w, 67.9 years, T1D & T2D	1,279 participants, 394 deaths	Death	Electronic health records	Insulin, CVD	Electronic health records	Age, sex, BMI, insurance, HbA _{1c} , insulin treatment, non-insulin treatment, hypertension, COPD, CVD, CKD
Aghaaliakbari, 2020 [2469]	Iran Hospitals-based Firoozgar Hospital	Prospective study, 8 days	m/w, 64.4 years, ND	153 participants, 40 deaths	Death	Medical records	Age, ACE inhibitors, coronary artery disease	Medical records	Age, ACE inhibitors, Coronary Artery Disease, Immunosuppression, AKI, ICU Admission

	1 st March to 30 th June 2020								
Ahmed, 2021 [2470]	UK Hospitals-based Brighton and Sussex University Hospitals (BSUH): Royal Sussex County Hospital and Princess Royal Hospital 10 th March to 30 th June 2020	Retrospective study, 28 days	m/w, 76 years, T1D & T2D	140 participants, 42 deaths	Death	Electronic medical records	Sex, asthma, COPD, heart disease, cancer, hypertension, CKD, diabetes type, average glucose, HbA _{1c}	Electronic medical records	Unadjusted
Alhakak, 2021 [2471]	Denmark National register data 26 th February 2020 to 31 st December 2020	Retrospective study, 30 days	m/w, 74,3 years, ND	1,178 participants, 272 deaths, 512 severe COVID cases	Death, Severe COVID (Severe COVID, ICU admission or death)	Danish National Patient Registry	HbA _{1c} , sex, age, ischemic heart disease, hearth failure, atrial fibrillation, stroke, hypertension, COPD, cancer, CKD, statins, beta-blockers, Calcium channel blockers, RAS inhibitor, acetylsalicylic acid, anticoagulants	Danish National Patient Registry	Age, sex, ischemic heart disease, heart failure, atrial fibrillation, stroke, peripheral artery disease, hypertension, COPD, cancer, CKD, cholesterol-lowering drugs, beta-blockers, calcium channel blockers, RAS inhibitors, acetylsalicylic acid, anticoagulants
Alrashed, 2021 [2472]	Saudi Arabia Hospitals-based King Fahad Medical City and Prince Mohammed Bin Abdulaziz hospital, Riyadh, April to June	Retrospective study, ND	m/w, 46.9 years (for the entire population, na for participants with diabetes), ND	126 participants, 103 severe COVID cases	Severe COVID	Electronic medical records	ACEI/ARB	Electronic medical records	Age, sex, BMI, hypertension, renal disease, number of comorbidities

Al Hayek, 2020 [2473]	Saudi Arabia Hospitals-based Prince Sultan Military Medical City, Riyadh Saudi Arabia, May to July 2020	Retrospective study, ND	m/w, 57.6 years, T2D	806 participants, 387 severe COVID cases	Severe COVID (Hospitalisation)	Electronic medical records	Age, HbA _{1c} , CVD, hypertension, cerebrovascular disease, chronic pulmonary disease, cancer, CKD, insulin, metformin, DPP-4 inhibitors	Electronic medical records	unadjusted
Aon, 2022 [2474]	Kuwait Hospitals-based Jahra Hospital, Kuwait, November 2020 to September 2021	Retrospective study, 28 days	m/w, 59.4 years, T1D & T2D	395 participants, 118 severe COVID cases	Severe COVID (ICU admission, IMV or in-hospital death)	Electronic medical records	Age, sex, creatinine, lymphocytes, LDH, d-dimer, haemoglobin	Electronic medical records	Age, sex, creatinine, lymphocytes, LDH, d-dimer, haemoglobin, stress hyperglycaemia ratio
Assaad, 2022 [2475]	USA Hospitals-based 11 hospitals affiliated with Northwell Health, New York state, March to October 2020	Retrospective study, ND	m/w, 57 years, T2D	696 participants, 86 deaths	Death	Electronic medical records	Age, sex, BMI, insulin	Electronic medical records	Age, ethnicity, BMI, acute kidney injury, sex, intubation, insulin, steroid use, hydroxychloroquine, azithromycin, tocilizumab, plasma, pulmonary embolism
Bello-Chavolla, 2020 [2476]	Mexico National register data Mexican epidemiologic surveillance database, up to May 18 th 2020	Retrospective study, 30 days	m/w, 57.2 years, ND	9,460 participants, 2,062 deaths	Death	Open source dataset of the General Directorate of Epidemiology of the Mexican Ministry of Health	Age, sex, smoking, COPD, asthma, CKD	Open source dataset of the General Directorate of Epidemiology of the Mexican Ministry of Health	Age, sex, smoking, CVD, immunosuppression, COPD, asthma, CKD, hypertension, obesity

Barrett, 2021 [2477]	USA Hospitals-based 842 hospitals that contributed data to the Premier Healthcare Database Special COVID-19 Release, March to November 2020	Retrospective study, ND	m/w, ND, T1D & T2D	112,692 participants, 20,717 deaths, 59,831 severe COVID cases	Death, Severe COVID	Premier Healthcare Database Special COVID-19 Release (PHD-CSR)	Diabetes type	Premier Healthcare Database Special COVID-19 Release (PHD-CSR)	Age, sex, ethnicity, payer type, census region, hospital area, admission month, diabetic ketoacidosis
Borzouei, 2021 [2478]	Iran Hospitals-based Sina Hospital and Beheshti Hospital, Hamadan province, January 2020 to January 2021	Retrospective study, ND	m/w, 65.2 years, ND	420 participants, 85 deaths	Death	Electronic medical records	Smoking, residence, blood glucose, hypertension, pulmonary diseases	Electronic medical records	Smoking and residence adjusted for age, residence, smoking status, addiction, fatigue, diarrhoea, chills, anorexia, dyspnoea, blood urea, prothrombin time, glutamic-oxaloacetic transaminase, alkaline phosphatase Blood glucose, hypertension and pulmonary diseases unadjusted
Boye, 2021 [2479]	USA Registry data UnitedHealth Group (UHG) Clinical Discovery Database, 15 th January to 15 th July 2020	Retrospective study, ND	m/w, 71.6 years, T2D	9,531 participants, 1,002 deaths 5,263 severe COVID cases	Death, Severe COVID (Hospitalisation)	UnitedHealth Group (UHG) Clinical Discovery Database	Age, sex, CVD, myocardial infarction, heart failure, peripheral vascular disease, CKD, COPD, cancer, dementia, immunosuppressants, insulin, metformin, sulfonylurea, anticoagulants, RAS inhibitor	UnitedHealth Group (UHG) Clinical Discovery Database	Age, sex, ethnicity, geographic region, income, insurance type, Charlson comorbidity index, chronic pulmonary disease, heart failure, renal disease, CVD, CKD, neuropathy, peripheral vascular disease, metformin, sulfonylurea, thiazolidinediones, GLP-1 receptor agonists, DPP-4 inhibitors, SGLT-2 inhibitors, insulin, HbA _{1c}
Calapod, 2021 [2480]	Romania Hospitals-based	Prospective study, 16 days	m/w, 66.3 years, T2D	138 participants,	Severe COVID	Medical records	Sex, obesity, ferritin	Medical records	Sex, BMI, dyspnoea, ferritin, CRP, AST, ALT and FIB-4

	Bucharest Emergency University Hospital, October 2020 to February 2021			88 severe COVID cases					
Cao, 2021 [2481]	China Hospitals-based Huoshenshan hospital, Wuhan, 4 th February to 23 rd March 2020 and followed up until 31 st March	Retrospective study, ND	m/w, ND, ND	231 participants, ND	Severe COVID (severe pneumonia)	Electronic medical records	BMI	Electronic medical records	Age, sex, comorbidity score
Cariou, 2020 (a) [2482]	France Hospitals-based All French hospitals, 10 th March to 10 th April 2020, CORONADO study	Prospective study, 7 days	m/w, 69.8 years, T1D & T2D	1,317 participants, 140 deaths, 382 severe COVID cases	Death, severe COVID (MV and/or death)	Medical files	Type of diabetes, HbA _{1c} , diabetic retinopathy, CKD, diabetic foot, ischemic heart disease, cerebrovascular disease	Medical files, if needed, general or specialist practitioner, regular pharmacist or biomedical laboratory	Univariate and different multivariate models available e.g. age, sex, hypertension, microvascular diseases, macrovascular disease, heart failure, cancer, treated OSA, β -blocker, metformin, insulin, loop diuretics, ARBs and/or ACE inhibitors and/or MRAs
Cariou, 2020 (b) [2483]	France Hospitals-based 68 French hospitals, 10 th March to 10 th April 2020, CORONADO study	Prospective study, 28 days	m/w, 70.9 years, T2D	2,449 participants, 514 deaths	Severe COVID (MV and/or death)	Medical files	Statin	Medical files, if needed, general or specialist practitioner, regular pharmacist or biomedical laboratory	Age, sex, ethnicity, BMI, arterial hypertension, history of micro- or macrovascular diabetes complications, heart failure, treated obstructive sleep apnoea, COPD, metformin, DPP-4 inhibitors, GLP-1 receptor agonists, insulin, ezetimibe, RAS-blockers
Chai, 2022 [2484]	China Hospitals-based Headquarter, West Hospital,	Retrospective study, 365 days (until 17 th March 2021)	m/w, ND, ND	439 participants, 63 deaths	Death (1-year mortality)	Electronic medical records	Age, blood glucose	Electronic medical records	Age, blood glucose, hyperuricemia

	and Tumor center of Union Hospital, Central Hospital of Wuhan, Dongfeng Hospital, Hubei Province, 1 st January to 18 th March 2020								
Charoengam, 2021 [2485]	USA Hospitals-based Boston University Medical Center hospital, 1 st March to 4 th August 2020	Retrospective study, ND	m/w, 64.2 years, T2D	458 participants, 61 deaths, 70 intubation	Death, Severe COVID (Intubation)	Electronic medical records	Blood glucose	Electronic medical records	Age, sex, BMI, smoking, alcohol use, hypertension, dyslipidaemia, CHD, cerebrovascular disease, COPD, asthma, CLD, end-stage renal disease, cancer, HIV infection, heart failure
Chen, 2020 (a) [2486]	China Hospitals-based Central Hospital of Wuhan, 1 st January to 17 th March 2020	Retrospective study, ND	m/w, 66.0 years, ND	136 participants, 26 deaths, 93 severe COVID cases	Death, severe COVID (poor prognosis)	Electronic medical records, CT, evaluation by experienced clinicians	Sex, hypertension, CVD, CKD, lymphocytes, albumin, ALT, AST, LDH, urea, creatinine, blood glucose, CRP, d-dimer, metformin, insulin, sulfonylureas, DPP4 inhibitor, α -glycosidase	Electronic medical records	Analyses for sex, hypertension, CVD, CKD, lymphocytes, ALT, AST, LDH, urea and d-dimer unadjusted Analyses for albumin, creatinine, glucose, CRP, metformin, insulin, sulfonylureas and DPP4 inhibitors adjusted for age, albumin, creatinine, glucose, CRP, and usage of a specific medication (yes/no)
Chen, 2020 (b) [2487]	China Hospitals-based Wuhan Jinyintan Hospital, 25 th December 2019 to 3 rd March 2020	Retrospective study, 7 days	m/w, 63.4 years, T2D	138 participants, 49 deaths	Death	Electronic medical records	D-dimer, antiplatelet and anticoagulant therapy, number of complications	Electronic medical records	Age, sex, hypertension, chronic lung disease, chronic liver disease, chronic kidney disease, coronary heart disease, malignant tumour, antibiotic and antiviral therapy Analyses for number of complications: unadjusted

Chen, 2022 (c) [2488]	China, Hospitals-based Huangshi Central Hospital, Huangshi Hospital of Traditional Chinese Medicine, Huangshi Youse Hospital, February to April 2020	Retrospective, study, ND	m/w, 61 years, T2D	85 participants, 23 severe COVID cases	Severe COVID	Electronic medical records	Age, albumin, lymphocytes, white blood cells, haemoglobin, CRP, IL-6	Electronic medical records	Arm medium circumference, albumin, prealbumin, national risk screening-2002 score, lymphocytes, PaO ₂ /FiO ₂ ratio
Cheng, 2020 [2489]	China Hospitals-based General Hospital of Central Theater Command, December 2019 to February 2020	Retrospective study, ND	m/w, 63 years, T2D	103 participants, ND	Severe COVID	Electronic medical records	HbA _{1c}	Electronic medical records	Age, sex, ALT, urea, creatinine, HbA _{1c} , LDH, CRP, IL-6, PCT, neutrophil count, lymphocyte count, CD3+T cells, and CD16+CD56 cells
Choi, 2020 [2490]	South Korea Health insurance data South Korean population, up to 15 th May 2020	Retrospective study, ND	m/w, ND, T1D & T2D	566 participants, 68 deaths, 94 severe COVID cases	Death, severe COVID (Severe COVID or death)	HIRA database	ARB/ACEI	HIRA database	Age, sex, region of hospitals, chronic lung disease, major neurologic diseases, Charlson comorbidity index, treatment modalities, presence of severe infection
Chung, 2020 [2491]	South Korea Hospitals-based Yeungnam University Medical Center in Daegu,	Retrospective study, 28 days	m/w, 66.3 years, ND	29 participants, 13 severe COVID cases	Severe COVID (Severe and critical outcome)	Electronic medical records	Age, HbA _{1c}	Electronic medical records	Age, sex, smoking, HbA _{1c} , serum glucose levels

	time period not specified								
Corcillo, 2020 [2492]	UK Hospitals-based 12 th March to 7 th April 2020	Retrospective study, ND	m/w, 68 years, T1D & T2D	187 participants, 49 severe COVID cases	Severe COVID (Intubation)	Hospital medical records	Retinopathy	NHS Diabetic Eye Screening data	Age, BMI, duration of diabetes, macrovascular complications, CKD, retinopathy
Crouse, 2020 [2493]	USA Hospitals-based University of Alabama at Birmingham Hospital, 25 th February to 22 nd June 2020	Retrospective study, ND	m/w, ND, T1D & T2D	239 participants, 45 deaths	Death	Electronic medical records	Age, ethnicity, sex, obesity, hypertension, diabetes type, insulin, metformin	Electronic medical records	Age, sex, hypertension, BMI, metformin, insulin, ethnicity (mutual adjustment for the covariates)
Dalan, 2020 [2494]	Singapore Hospitals-based National Centre of Infectious diseases, up to 15 th April 2020	Retrospective study, ND	m/w, ND, T2D	76 participants, ND	Severe COVID (MV)	Medical records	DPP-4 inhibitors, SGLT-2 inhibitors, sulfonylureas	Medical records	Age, sex, BMI, statin, ethnicity, HbA1c, antihypertensive medication, diabetes medication, SBP, DBP
de Abajo, 2020 [2495]	Spain Hospitals-based Seven hospitals in Madrid, 1 st March to 24 th March 2020	Case-population study, ND	m/w, 69.1 years (for the entire population, na for participants with diabetes), ND	1,440 participants, 182 severe COVID cases	Severe COVID (Admission to hospital)	Electronic primary health-care records	RAS inhibitors	Hospital medical records	Age, sex, hypertension, COPD, asthma, dyslipidaemia, cerebrovascular disease, cancer, ischemic heart disease, heart failure, atrial fibrillation, thromboembolic disease, chronic renal failure
Demirci, 2022 [2496]	Turkey National register data	Retrospective study, ND	m/w, 41 years, T1D & T2D	652 participants, 60 deaths,	Death, Severe COVID (ICU)	Electronic medical records	Diabetes type	Electronic medical records	Age, sex, HbA _{1c} , CT findings of COVID-19, hypertension, Asthma/ COPD, lymphopenia

	National Electronic Database of the Turkish Ministry of Health, 11 th March to 30 th May 2020			91 severe COVID cases	admission and/or intubation)				
De Souza, 2022 [2497]	Brazil National register data SIVEP-Gripe	Prospective study, ND	m/w, ND, ND	114,144 participants, 51,378 deaths	Death	SIVEP-Gripe	Ethnicity	SIVEP-Gripe	Region, ethnicity, ICU admission, IMV, fever, cough, odynophagia, dyspnoea, respiratory distress, SpO ₂ , diarrhoea, ageusia
Djuric, 2022 [2498]	Italy National register data Residents of the Reggio Emilia Province in the COVID-19 Surveillance Registry by the Italian National Institute of Health, 26 th February to 10 th August 2021	Retrospective study, 45 days	m/w, 50 years, T2D	2,570 participants, 317 deaths	Death	COVID-19 Surveillance Registry	Obesity, diabetes duration, HbA _{1c} , hypertension, CVD, coronary artery disease, heart failure, cerebrovascular disease, CKD, COPD, cancer, dementia, OAD, OAD + insulin, insulin, triglycerides	COVID-19 Surveillance Registry	Immigration background, CCI, COPD, Ischemic cardiopathy, dementia, CKD, cancer, hypertension, obesity, heart failure, arrhythmias, vascular diseases, cerebrovascular disease, triglycerides, HbA _{1c} , diabetic drugs
Do, 2020 [2499]	South Korea Health insurance data South Korean population, up to 15 th May 2020	Retrospective study, ND	m/w, 61 years, T2D	1,865 participants, 150 deaths, 85 severe COVID cases	Death, severe COVID (MV)	HIRA database	Analyses for death: Hypertension Analyses for MV: Age, sex, insulin, metformin, CCI Score, hypertension	HIRA database	Age, sex, CCI score, hypertension Analyses for Insulin: unadjusted
Duan, 2021 [2500]	China Hospitals-based Huoshenshan Hospital, Wuhan	Retrospective study, 17 days	m/w, 66 years, T2D	206 participants, ND	Severe COVID (ICU or in-hospital death)	Electronic medical records	Blood glucose	Electronic medical records	Age, sex, severity classification on admission, hypertension, CVD, COPD, comorbidities, antivirus

	4 th February to 30 th March 2020								drugs, convalescent plasma transfusion therapy, steroids
Elibol, 2021 [2501]	Turkey Hospitals-based Kaysari City Training and Research Hospital, 1 st March to 15 th September 2020	Retrospective study, ND	m/w, 63.3 years, T2D	432 participants, 91 deaths	Death	Electronic medical records	Age, diabetes duration, coronary artery disease, blood glucose, CRP, LDH, ferritin, d-dimer, fibrinogen	Electronic medical records	Age, diabetes duration, asthma, coronary artery disease, CKD, apache II, glasgow coma scale, blood glucose, CRP, urea, LDH, ferritin, d-dimer, fibrinogen
Emami, 2021 [2502]	Iran Hospitals-based Hospitals affiliated with Shiraz University of Medical Sciences, Fars province, 25 th February to 10 th July 2020	Retrospective study, ND	m/w, 61.3 years, ND	458 participants, 50 deaths	Death	Hospital medical records	Sex, hypertension, CVD, cancer, CKD, liver disease	Hospital medical records	Age, sex, hypertension, CVD, cancer, CKD, chronic liver disease, primary immunodeficiency
Emral, 2021 [2503]	Turkey National register data Turkish Ministry of Health National Electronic Database, 11 th March to 30 th May 2020	Retrospective study, ND	m/w 54 years, T2D	33,478 participants, 2,565 deaths	Death	Turkish Ministry of Health National Electronic Database	Age, sex, hypertension, dyslipidaemia, obesity, asthma/COPD, heart failure, CKD, microvascular complications, CVD, cancer, RAS inhibitors, statins, acetylsalicylic acid, insulin, HbA _{1c} , DPP-4 inhibitors	Turkish Ministry of Health National Electronic Database	Age, sex, micro- and macrovascular complications, ACEIs/ARBs, statins, insulin, metformin, other OADs
Erol, 2022 [2504]	Turkey Hospitals-based	Retrospective study, 12 days	m/w 62.5 years, T2D	217 participants,	Death,	Electronic medical records	DPP-4 inhibitors	Electronic medical records	Age, sex, BMI

	Sisli Hamidiye Etfal Training and Research Hospital, March to October 2020			24 deaths, 31 severe COVID cases	Severe COVID (MV)				
Fernandez-Pombo, 2021 [2505]	Spain Hospitals-based Healthcare area of Santiago de Compostela and Barbanza, March to May 2020	Retrospective study, ND	m/w, 71.6 years, T1D & T2D	136 participants, 62 cases	Severe COVID (Hospitalisation)	Electronic medical records	Age, sex, hypertension, obesity, ischemic cardiopathy, stroke, sleep apnoea, smoking, HbA1c	Electronic medical records	Age, sex, hypertension, obesity, ischemic cardiopathy, stroke, atherosclerosis, sleep apnoea, smoking, HbA1c
Ferraninni, 2022 [2506]	Sweden National register data Swedish National Patient Registry linked with Cause of Death Registry, 1 st February 2020 to 15 th May 2021	Retrospective study, 30 days	m/w, 72 years, T2D	9,538 participants, 2,145 deaths	Death	Cause of Death Registry	SGLT-2 inhibitor, DPP-4 inhibitors, GLP-1 receptor agonists,	Swedish National Patient Registry	PSM with age, sex, having children, country of birth, income, education, living alone, region, obesity, and several comorbidities (e.g. COPD, heart failure, liver disease) and pharmacological therapies (e.g. antiplatelet and anticoagulants, insulin, metformin)
Fox, 2020 [2507]	USA Hospitals-based Einstein Medical Center, Philadelphia, 1 st March to 24 th April 2020	Retrospective study, ND	m/w, 66.4 years, ND	166 participants, 45 deaths	Death	Hospital medical records	Age, sex, BMI, ethnicity, COPD, asthma, heart failure, atrial fibrillation, coronary artery disease, hypertension, CKD	Hospital medical records	Age, sex, BMI, ethnicity, COPD, asthma, heart failure, coronary artery disease, hypertension, atrial fibrillation, CKD

Fu, 2022 [2508]	China Hospitals-based Tianyou Hospital, at the Wuhan University of Science and Technology, 8 th January to 7 th March 2020	Retrospective study, 19 days	m/w, 68 years, T2D	108 participants, 16 deaths	Death	Electronic medical records	Age, diabetes duration, CVD, serum amyloid A, blood glucose	Electronic medical records	Age, serum amyloid A and blood glucose adjusted for age, serum amyloid A, blood glucose and diabetes treatment Diabetes duration and CVD unadjusted
Fukushima, 2022 [2509]	Japan Hospitals-based Japan COVID-19 Task Force (>70 hospitals), February 2020 to October 2021	Retrospective study, ND	m/w, 63.2 years, ND	562 participants, 106 severe COVID cases	Severe COVID	Electronic medical records	Age, sex, BMI, smoking, hypertension, CVD, chronic liver disease, CKD, HbA _{1c}	Electronic medical records	HbA _{1c} adjusted for age, sex, BMI, smoking, hypertension, CVD, CKD All other phenotypes unadjusted
Ghany, 2021 [2510]	USA Hospitals-based Medical Centers in 8 US states, 1 st January to 14 th August 2020	Retrospective study, ND	m/w, ND, ND	593 participants, 59 deaths, 102 severe COVID cases	Death, severe COVID (ARDS)	Electronic medical records	Metformin	Electronic medical records	Age, sex, CCI score, hypertension, ejection fraction
Giorda, 2021 [2511]	Italy Hospitals-based Network of diabetes clinics of Piedmont, 21 st February to 31 st May 2020	Retrospective study, 30 days	m/w, ND, T2D	1,882 participants, 512 deaths, 236 severe COVID cases	Death, Severe COVID (ICU admission)	Electronic medical records	Age, sex, smoking, BMI, OAD, insulin, HbA _{1c} , neuropathy, retinopathy, coronary heart disease, heart failure, hypertension, cerebrovascular disease, COPD, CKD, cancer, diabetic foot, liver disease	Electronic medical records	Age, sex, education, diabetes duration, smoking, BMI, OAD, insulin, HbA _{1c} , neuropathy, retinopathy, coronary heart disease, heart failure, hypertension, cerebrovascular disease, COPD, CKD, cancer, diabetic foot, liver disease

Gregory, 2020 [2512]	USA Hospitals-based Epic Clarity data warehouse at Vanderbilt University Medical Center, 17 th March to 7 th August 2020	Prospective study, 14 days	m/w, 32 years, T1D	37 participants, 9 severe COVID cases	Severe COVID	Electronic medical records	Age, sex, BMI, HbA _{1c} , diabetes duration, CKD, retinopathy, neuropathy, RAS inhibitors, hypertension, asthma	Electronic medical records	Age, sex, BMI, smoking, race, hypertension
Hadjadj, 2022 [2513]	International (USA and UK) Hospitals-based Northwell Health System hospitals in the New York area (AMERICADO – USA), 1 st January to 31 st May 2020 and the ABCD COVID-19 audit (UK), up to 8 th December 2020	Retrospective study, ND	m/w, 68 years, T2D (USA), 74.3 years, T1D & T2D (UK)	7,367 participants, 1,251 deaths (USA) 1,809 participants, 678 deaths (UK)	Death	Electronic medical records AMERICADO (USA), ABCD COVID-19 (UK)	Microvascular complications	Electronic medical records AMERICADO (USA), ABCD COVID-19 (UK)	Age, sex, CVD, hypertension
Hammad, 2021 [2514]	Egypt Hospitals-based Mansoura University Hospital, July to November 2020	Retrospective study, ND	m/w, 63.1 years, T2D	118 participants, 45 deaths	Death	Electronic medical records	Age, sex, albumin, ALT	Electronic medical records	Age, sex, albumin, ALT, bilirubin, arterial oxygen partial pressure

Harris, 2022 [2515]	International (Spain and UK) Hospital-based Six hospitals in the HM Hospitales group (Spain) and the ABCD COVID-19 audit (UK)	Retrospective study, ND	m/w, 74.7 years, T1D & T2D (Spain), 71.7 years, T1D & T2D (UK)	406 participants, 79 deaths (Spain), 1,849 participants, 676 deaths (UK)	Death	Electronic medical records HM hospitals group (Spain), ABCD COVID-19 (UK)	RAS inhibitors, statin	Electronic medical records HM hospitals group (Spain), ABCD COVID-19 (UK)	Age, sex, diabetes type, macrovascular complications, hypertension, CKD
Heald, 2022 [2516]	UK Hospitals-based Greater Manchester Care Record (GMCR) database, 1 st January 2020 to 31 st May 2021	Retrospective study, ND	m/w, 39,4 years (T1D) & 63,1 years (T2D), T1D & T2D	14,087 participants, 2,246 severe COVID cases	Severe COVID (Hospitalisation)	Greater Manchester Care Record (GMCR) database	Age, sex, BMI, smoking, ethnicity, HbA1c, metformin, hypertension, COPD, asthma, acetylsalicylic acid, ACEI, cholesterol, LDL, HDL, eGFR	Greater Manchester Care Record (GMCR) database	Unadjusted
Huang, 2020 [2517]	China Hospitals-based Central Hospital of Wuhan, 1 st January to 24 th March 2020	Retrospective study, ND	m/w, 66 years, ND	256 participants, 54 deaths, 107 severe COVID cases	Death, severe COVID	Electronic medical records	Analyses for Death: Age, cerebrovascular disease, CKD, leukocytes, neutrophils Analyses for severe COVID: Cerebrovascular disease, CHD, COPD, neutrophils lymphocytes, D-dimer, serum urea, LDH, creatinine kinase, procalcitonin	Electronic medical records	Analyses for leukocytes, neutrophils and death: Age, cerebrovascular disease, chronic renal disease, bilateral pneumonia, multiple military mottling and ground-glass opacity, immunoglobulin, non-invasive mechanical ventilation All other analyses: unadjusted
Hui, 2020 [2518]	China Hospitals-based Tongji Hospital, Wuhan,	Retrospective study, ND	m/w, 71 years, ND	55 participants, 44 deaths	Death	Electronic medical records	Age, control of hyperglycaemia	Electronic medical records	Age, neutrophils, lymphocytes, platelets, LDH, serum creatinine, urea nitrogen, troponin, n terminal pro brain natriuretic peptide, procalcitonin, CRP, IL-2

	28 th January to 10 th March 2020								receptor, IL -6, IL-10, TNF- α , control of hyperglycemia
Ikram, 2022 [2519]	South Africa Hospitals-based King Edward VIII Hospital, KwaZulu-Natal, 1 st June to 31 st September 2020	Retrospective study, ND	m/w, ND, ND	79 participants, 21 deaths, 16 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	Blood glucose	Electronic medical records	Unadjusted
Iqbal, 2021 [2520]	UK Hospitals-based Sheffield Teaching Hospitals (Northern General and Royal Hallamshire Hospitals), 29 th February to 1 st May 2020	Retrospective study, ND	m/w, 71.8 years, T1D & T2D	156 participants, 54 deaths	Death	Electronic medical records	Age, sex, obesity, HbA _{1c} , blood glucose	Electronic medical records	Age, BMI, index of multiple deprivation, respiratory rate at admission, albumin, sodium, potassium, urea, creatinine, neutrophil-lymphocyte ratio, activated partial thromboplastin time, use of anticoagulants
Izzi-Engbeaya, 2020 [2521]	UK Hospitals-based Charing Cross Hospital, Hammersmith Hospital and St Mary's Hospital, London, 9 th March to 22 nd April 2020	Retrospective study, 30 days	m/w, 68.5 years, T1D & T2D	337 participants, 48 severe COVID cases	Severe COVID (Death/ICU)	Electronic medical records	Age, sex, ethnicity, diabetes type, diabetes duration, HbA _{1c} , blood glucose, hypertension, insulin, GLP-1 receptor antagonist, metformin, sulphonylurea, SGLT-2 inhibitor, DPP-4 inhibitors, ischemic heart disease, eGFR, stroke, active foot disease, dyslipidaemia, heart failure, COPD, cancer, statin, RAS inhibitors, antiplatelet drug, white cell count,	Electronic medical records	Age, sex, diabetes type, duration of diabetes, insulin, GLP-1 receptor antagonist, metformin, sulphonylurea, SGLT-2 inhibitor, DPP-4 inhibitors, total number of medications, HbA _{1c} , glucose, Average CBG in first 72hr after COVID-19 diagnosis, ischemic heart disease, eGFR, hypertension, ethnicity, stroke, active foot disease, hyperlipidaemia, heart failure, COPD, active cancer, statin, RAS

							haemoglobin, platelet count, neutrophils, lymphocytes, CRP		<p>inhibitors, antiplatelet drug, white cell count, haemoglobin, platelet count, neutrophils, lymphocytes, serum sodium, CRP, capillary blood glucose, temperature, respiratory rate on diagnosis, heart rate, systolic blood pressure, diastolic blood pressure, NEWS, inspired oxygen, oxygen saturations, maximum inspired oxygen required</p> <p>Analyses for duration of diabetes, SGLT-2 inhibitor, HbA1c, blood glucose and eGFR: unadjusted</p>
Jayaswal, 2021 [2522]	India Hospitals-based Sardar Vallabh Bhai Patel COVID Hospital, 13 th July to 14 th October 2020	Retrospective study, ND	m/w, ND, ND	238 participants, 29 deaths, 62 severe COVID cases	Death, severe COVID	Electronic medical records	Hypertension	Electronic medical records	Age
Kabootari, 2021 [2523]	Iran Hospitals-based Tertiary referral center in Golestan province, February to August 2020	Retrospective study, ND	m/w, 61,8 years, T2D	560 participants, 165 Death	Death	Electronic medical records	Age, area of residence, blood glucose, hypertension, stroke, pulmonary disease, cognitive impairment, OADs, insulin, OADs and insulin, beta-blocker, RAS inhibitors, statins, eGFR, creatinine, white blood cells, neutrophils, lymphocytes, platelets, LDH	Electronic medical records	Age, sex, area of residence, cognitive impairment, stroke, pulmonary disease, hypertension, OADs, insulin, OADs and insulin, beta-blocker, RAS inhibitors and statins are adjusted for demographic data (e.g. age, sex, BMI), diabetes-related complications and drug history

									White blood cells, neutrophils, lymphocytes, platelets, LDH, creatinine, eGFR and blood glucose are adjusted for demographic data, diabetes-related complications, drug history, vital signs, pulse oximetry data and laboratory test data
Kang, 2021 [2524]	South Korea Medical insurance data South Korea Disease Control and Prevention Agency (KDCA), 19 th January to 30 th April, 2020	Retrospective study, ND	m/w, ND, ND	501 participants, ND	Death	South Korea Disease Control and Prevention Agency (KDCA)	BMI	South Korea Disease Control and Prevention Agency (KDCA)	Age, sex, hypertension, CKD, cancer, dementia
Khalili, 2020 (a) [2525]	Iran Hospitals-based Imam Hossein Medical Center, Tehran, February to May 2020	Retrospective study, 90 days	m/w, 66.4 years, T2D	127 participants, 29 deaths	Death	Electronic medical records	Age, Charlson Index, diabetic foot infection, insulin	Electronic medical records	Age, Charlson Index, diabetic foot infection, insulin
Khalili, 2021 (b) [2526]	Iran Hospitals-based Imam Hossein Medical Center, Tehran, February to May 2020	Retrospective study, 90 days	m/w, 66.4 years, T2D	127 participants, 36 severe COVID cases	Severe COVID (AKI)	Electronic medical records	Age, sex, BMI, CVD, hypertension, COPD, statins, ACEI/ARB, diuretics, calcium channel blocker, HbA _{1c}	Electronic medical records	Sex, CVD, ARB/ACEI, diuretics, calcium channel blocker, statins, HbA _{1c} , CT severity score, invasive mechanical ventilation, haematuria, proteinuria
Khunti, 2022 [2527]	UK Hospitals-based	Retrospective study, ND	m/w, 72 years, T2D	3,039 participants, 1,082 deaths	Death	Electronic medical records (ABCD)	SGLT-2 inhibitors	Electronic medical records (ABCD)	Age, sex, ethnicity, blood glucose, insulin, micro- and macrovascular complications

	ABCD-audit (network of 40 centers), up to 8 th December								
Kim, 2020 [2528]	South Korea Hospitals-based 5 university hospitals in Daegu, 18 th February to 31 st March 2020	Retrospective study, ND	m/w, 68.3 years, ND	235 participants, 44 deaths, 65 severe COVID cases	Death, severe COVID	Electronic medical records	Glucose, white blood cells, haemoglobin, platelets, CRP, eGFR, AST, ALT, LDH, insulin, albumin, sulfonylureas, DPP-4 inhibitors, SGLT-2 inhibitors, RAS inhibitors, Metformin,	Electronic medical records	Age, sex
Kristan, 2021 [2529]	USA Hospitals-based Hospital system composed of 13 member hospitals, March to 15 th June 2020	Retrospective study, ND	m/w, 62 years, T1D & T2D	832 participants, 151 deaths, 631 severe COVID Cases	Death, severe COVID (hospital admission)	Electronic medical records	Age, sex, BMI, ethnicity, HbA _{1c} , hypertension, dyslipidaemia, coronary artery disease, cerebrovascular disease, microvascular complications, CKD, COPD, OADs, OADs and insulin, insulin, DPP-4 inhibitors	Electronic medical records	Analyses for age, BMI, HbA _{1c} , dyslipidaemia and DPP-4 inhibitors and Death are mutually adjusted Analyses for age, health insurance, HbA _{1c} , CKD and DPP-4 inhibitors and severe COVID are mutually adjusted All other associations are unadjusted
Lalau, 2020 [2530]	France Hospitals-based 68 French hospitals, 10 th March to 10 th April 2020, CORONADO study	Prospective study, 28 days	m/w, 70.9 years, T2D	2,449 participants, 857 severe COVID cases	Severe COVID (MV and/or death)	Medical files	Metformin	Medical files, if needed, general or specialist practitioner, regular pharmacist or biomedical laboratory	Age, sex, BMI, HbA _{1c} , hypertension, diabetic kidney disease, ischemic heart disease, heart failure, cancer, treated OSA, RAS inhibitors, thiazide diuretics, mineralocorticoid receptor antagonists, beta-blockers, sulfonylurea insulin, DPP-4 inhibitors, statins, anti-platelet/ anticoagulant agents, corticosteroids

Lampasona, 2020 [2531]	Italy Hospitals-based Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS) San Raffaele Hospital, Milan, 25 th February to 19 th April 2020	Retrospective study, 59 days	m/w, ND, ND	139 participants, 28 deaths	Death	Electronic medical records	Age	Electronic medical records	Age, sex
Laurenzi 2021 [2532]	Italy Hospitals-based Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS) San Raffaele Hospital, Milan, 25 th February to 2 nd May 2020	Retrospective study, 222 days	m/w, 71 years, T1D & T2D	121 participants, 42 deaths	Death	Electronic medical records	BMI, hypertension, coronary artery disease, CKD, COPD, cancer, insulin, metformin, statins, acetylsalicylic acid, RAS inhibitors, beta-blocker, calcium channel blockers, CRP, IL-6, procalcitonin, albumin, ALT, AST, creatinine, white blood cells, neutrophils, lymphocytes, platelets, LDH, d-dimer, haemoglobin, fibrinogen, erythrocyte sedimentation rate, ferritin	Electronic medical records	Age, sex
Lee, 2021 [2533]	South Korea Health insurance data South Korean population, 19 th January to 16 th April 2020	Retrospective study, 60 days	m/w, ND, T2D	1,874 participants, 133 deaths	Death	HIRA database	Statins	HIRA database	Age, sex, hypertension, cancer, COPD, stroke, coronary artery disease, heart failure, CKD

Lei, 2020 [2534]	China Hospitals-based Guangzhou Eighth People's Hospital, 15 th January 10 th March 2020	Retrospective study, ND	m/w, 62.5 years, T1D & T2D	24 participants, 5 severe COVID cases	Severe COVID (ICU admission)	Electronic medical records	Age, sex, hypertension, CVD, blood glucose, HbA _{1c} , platelet count, creatine phosphokinase	Electronic medical records	Analyses for age and HbA _{1c} : Age, respiratory rate, HbA _{1c} , AST All other analyses: unadjusted
Leon Pedroza, 2021 [2535]	Mexico National register data Mexican epidemiologic surveillance database, 28 th February to 25 th June 2020	Retrospective study, ND	m/w, ND, T2D	33,492 participants, ND	Death	SISVER	Obesity, CVD hypertension,	SISVER	Age, sex
Li, 2020 (a) [2536]	China Hospitals-based Wuhan Union hospital of Tongji Medical College and Jinyintan Hospital, 31 st December 2019 to 5 th April 2020	Retrospective study, ND	m/w, 65.0 years, T1D & T2D	132 participants, 15 deaths, 31 severe COVID cases	Death, severe COVID (in-hospital complications)	Electronic medical records	Age, sex, diabetes duration, comorbidities, hypertension, CVD, cancer, cerebrovascular disease, chronic pulmonary disease, CKD, liver disease, lymphocytes, blood glucose	Electronic medical records	Analyses for glucose adjusted for: Age, hypertension, total CT score of the pulmonary involvement, lymphocyte count, fasting plasma glucose, d-dimer, ALT, LDH creatinine, CRP Other analyses unadjusted
Li, 2020 (b) [2537]	China Hospitals-based Wuhan Red Cross Hospital, 23 rd January to 19 th March 2020	Retrospective study, ND	m/w, 66.8 years, T2D	131 participants, 23 deaths	Death	Electronic medical records	Metformin	Electronic medical records	unadjusted
Liu, 2020 (a)	China Hospitals-based	Retrospective study, ND	m/w,	64 participants,	Severe COVID	Electronic medical records	HbA _{1c} , blood glucose, CRP, prothrombin time,	Electronic medical records	Plasma glucose at admission

[2538]	Guanggu branch of Tongji Hospital, Wuhan, 3 rd to 26 th February 2020		66.0 years, ND	12 severe COVID cases	(MV and/or death)		metformin, insulin, α -glucosidase inhibitors, RAS inhibitors, calcium channel blockers, statins		
Liu, 2020 (b) [2539]	China Hospitals-based Renmin Hospital, Wuhan, 23 rd January to 19 th March 2020	Retrospective study, ND	m/w, 64.5 years, T2D	134 participants, 82 severe COVID cases	Severe COVID	Medical records	Neutrophil- lymphocyte ratio	Medical records	Age, sex, BMI, hypertension
Llanera, 2022 [2540]	UK Hospitals-based Secondary and tertiary hospitals in Cheshire and Merseyside regions in the North West of England, 1 st January to 30 th June 2020	Retrospective study, 7 days	m/w, 74,1 years, T1D & T2D	1,004 participants, 241 deaths	Death	Electronic health records (ACCREDIT)	Diabetes type, blood glucose, hypertension, CVD, ischemic heart disease, peripheral vascular disease, microvascular complications, CKD, retinopathy, neuropathy, diabetic foot, COPD, insulin, DPP-4 inhibitors, RAS inhibitors	Electronic health records (ACCREDIT)	Unadjusted
Llaurado, 2022 [2541]	International (Spain and UK) Hospitals-based Hospital del Mar and Hospital de la Santa Creu I Sant Pau, Barcelona (Spain) and the ABCD COVID-19 audit (UK),	Retrospective study, ND	m/w, 71.1 years, T1D & T2D (Spain), 72.5 years, T1D & T2D (UK)	344 participants, 88 deaths, 59 severe COVID cases (Spain) 1,846 participants, 715 deaths, 193 severe COVID cases (UK)	Death, Severe COVID (ICU admission)	Electronic medical records HM hospitals group (Spain), ABCD COVID-19 (UK)	Macrovascular disease	Electronic medical records HM hospitals group (Spain), ABCD COVID-19 (UK)	Age, sex, diabetes type, arterial hypertension, microvascular complications, ethnicity, BMI

	March to October 2020								
Lombardi, 2022 [2542]	USA Hospitals-based Montefiore Medical Center, New York City, March to May 2020	Retrospective study, ND	m/w, 68.1 years, T1D & T2D	1,938 participants, 601 deaths, 271 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	Age, sex, BMI, HbA _{1c} , blood glucose, hypertension, CKD, COPD, CRP, d-dimer	Electronic medical records	Age, sex, ethnicity, BMI, HbA _{1c} , comorbidities, inflammatory markers, corticosteroid therapy
Longmore, 2021 [2543]	International Hospitals-based 69 hospitals in 11 countries, 17 th January to 2 nd June 2020	Retrospective study, ND	m/w, ND, T1D & T2D	904 participants for death analysis, 216 deaths 654 participants for MV analysis, 144 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	BMI	Electronic medical records	Age, sex, CVD, respiratory conditions, hypertension
Lopez-Huamanra yme, 2021 [2544]	Peru Hospitals-based Hospital Nacional Alberto Sabogal Sologuren, Callao province, 23 rd March to July 2020	Retrospective study, ND	m/w, 63 years, T2D	248 participants, 97 deaths	Death	Electronic medical records	Age, sex, blood glucose	Electronic medical records	Age, sex, oxygen saturation level on admission, number of prior comorbidities, hyperglycaemia on admission
Luk, 2021 [2545]	Hong Kong Hospitals-based Hong Kong Hospital Authority (HA) including all public hospitals	Retrospective study, ND	m/w, 65.3 years, T2D	1,220 participants, 90 deaths, 235 severe COVID cases	Death, severe COVID (ICU, MV or death)	Electronic medical records	Metformin, sulphonylureas, DPP-4 inhibitors, insulin	Electronic medical records	Age, sex, diabetes duration, smoking, HbA _{1c} , hypertension, coronary heart disease, heart failure, cerebrovascular disease, CKD, chronic liver disease, COPD, cancer, glucose-lowering drugs, statins and

	and general outpatient departments 23 rd January 2020 to 28 th February 2021								RAS inhibitors, other glucose-lowering drugs
Ma, 2022 [2546]	USA Hospitals-based St Luke's University Health Network (SLUHN) 16 th March 2020 to 15 th February 2021	Retrospective study, ND	m/w, ND, T2D	1,356 participants, 43 deaths	Death	Electronic medical records	Metformin	Electronic medical records	Age, sex, ethnicity, comorbidities, urea, creatinine, ALT, bilirubin
Madaschi, 2022 [2547]	Italy Hospitals-based Spedali Civili di Brescia, 1 st February 2020 to 31 st March 2021	Retrospective study, ND	m/w, 72 years, T1D & T2D	291 participants, 74 deaths	Death	Electronic medical records (Diabsars)	Blood glucose	Electronic medical records (Diabsars)	Age, sex, BMI
Mannucci, 2022 [2548]	Italy Registry data COVID-19 surveillance registry of the Padova Local Health Unit (LHU), Veneto region 1 st March to 31 st December 2020	Retrospective study, 90 days	m/w, 69.2 years, T2D	1,923 participants, 167 deaths, 456 severe COVID cases	Death, severe COVID (Hospitalisation)	COVID-19 surveillance registry	Age, sex, diabetes duration, hypertension, dyslipidaemia, CVD, CKD, chronic respiratory diseases, cancer, insulin, immunosuppression, metformin, DPP-4 inhibitors, GLP-1 receptor agonists, sulfonylureas, SGLT-2 inhibitors, thiazolidinedione	COVID-19 surveillance registry	Age, sex, diabetes duration, hypertension, dyslipidaemia, CVD, CKD, primary immunodeficiency, acquired immunodeficiency, cancer, chronic respiratory diseases

Mari-muthu, 2022 [2549]	India Hospitals-based Tertiary care center in Bangalore, June to September 2020	Retrospective study, ND	m/w, 56.1 years, T1D & T2D	200 participants, 48 deaths	Death	Electronic medical records	Sex, smoking, hypertension, CVD, CKD, chronic pulmonary diseases, cancer	Electronic medical records	Smoking, CKD and CVD are adjusted for smoking, CKD, CVD and breathlessness All other phenotypes are unadjusted
Mehta, 2021 [2550]	USA Hospitals-based University of California San Francisco Medical Center, Northern California, 1 st January to 31 st August 2020	Retrospective study, ND	m/w, 59.2 years, ND	111 participants, 8 deaths, 34 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	Age, sex, obesity, HbA _{1c} , blood glucose, insulin	Electronic medical records	Analyses for insulin, HbA _{1c} and blood glucose are adjusted for age and sex All other phenotypes are unadjusted
Meijer, 2021 [2551]	Netherlands Hospitals-based 8 hospitals in the CovidPredict Clinical course cohort, 3 rd March to 1 st October 2020	Prospective study, 40 days	m/w, 69.4 years, T2D	565 participants, 184 deaths, 111 severe COVID cases	Death, severe COVID (MV)	Electronic medical records (CovidPredict Clinical course cohort)	DPP-4 inhibitors	Electronic medical records (CovidPredict Clinical course cohort)	Age, sex, BMI, comorbidities
Merzon, 2020 [2552]	Israel Health insurance data Leumit Health Services, 1 st February to 30 th April 2020	Retrospective study, ND	m/w, 61.8 years, ND	183 participants, 46 severe COVID cases	Severe COVID (Hospitalisation)	LHS electronic medical records	Age, sex, HbA _{1c} , smoking, dementia, hypertension, ischemic heart disease, cerebrovascular accident, congestive heart failure, chronic pulmonary disease, obesity	LHS electronic medical records	Age, sex, SES, depression/anxiety, schizophrenia, dementia, hypertension, ischemic heart disease, cerebrovascular accident, congestive heart failure, chronic lung disease, obesity
Miguel-Yanes, 2022	Spain	Retrospective study, ND	m/w, 71.7 years, T2D	26,270 participants,	Death	Electronic medical records	Age, sex, MI, heart failure, peripheral vascular disease,	Electronic medical records	Age, MI, heart failure, peripheral vascular disease, cerebrovascular disease,

[2553]	Hospitals-based Spanish national Hospital Discharge Database (SNHDD), 1 st March to 31 st December 2020			10,454 deaths			cerebrovascular disease, CKD, liver disease, cancer, dementia		dementia, COPD, rheumatoid disease, liver disease, CKD, cancer, non-invasive MV, invasive MV, ICU admission, sex
Mirani, 2020 [2554]	Italy Hospitals-based Humanitas Clinical and Research Hospital, Milan, 20 th February to 9 th April 2020	Retrospective study, ND	m/w, 71 years, T2D	90 participants, 38 deaths	Death	Electronic medical records	Age, sex, blood glucose, obesity, stroke, DPP-4 inhibitors, diuretics, sulfonylureas, antiplatelet / anticoagulants	Electronic medical records	Age, sex Analyses for sex: unadjusted
Mohamed, 2021 [2555]	Egypt Hospitals-based Zagazig University Hospital, 20 th May to 20 th July 2020	Retrospective study, ND	m/w, 57.7 years, T2D	141 participants, 44 severe COVID cases	Severe COVID (ICU, MV or death)	Electronic medical records	Age, sex, obesity, HbA _{1c} , hypertension, dyslipidaemia, chronic lung disease, CRP, ALT, AST, IL-6, creatinine, white blood cells, lymphocytes, LDH, prothrombin time	Electronic medical records	Age, BMI, hypertension, chronic lung disease, SpO ₂ , HbA _{1c} , white blood cells, lymphocytes, prothrombin time, IL-6, CRP, LDH, ALT, AST, creatinine, CT severity score Analyses for sex and dyslipidaemia are unadjusted
Mondal, 2021 (a) [2556]	India Hospitals-based Tertiary care hospital of Eastern India, 1 st June to 30 th November 2020	Prospective study, ND	m/w, 59.4 years, T2D	196 participants, 26 severe COVID cases	Severe COVID (DKA)	Medical records	BMI, HbA _{1c} , IL-6	Medical records	Age, BMI, diabetes duration, COVID severity, CRP, IL-6, D-dimer

Mondal, 2022 (b) [2557]	India Hospitals-based Tertiary care hospital in West Bengal, January to December 2021	Prospective study, ND	m/w, 59.9 years, T2D	216 participants, 104 deaths, 140 severe COVID cases	Death, severe COVID (ICU, MV, sepsis or multiple organ dysfunction syndrome)	Medical records	Vaccination status, blood glucose	Medical records	Age, SpO ₂ , COVID-19 severity, HbA _{1c} , vaccination status, Charlson comorbidity index, blood glucose, stress hyperglycaemia ratio
Morse, 2021 [2558]	USA Healthcare data Facilities affiliated with a large healthcare system, 4 th December 2019 to 7 th December 2020	Retrospective study, ND	m/w, 62.9 years, ND	32,544 participants, 4,185 deaths	Death	Electronic medical records	Blood glucose	Electronic medical records	Age, BMI, COVID-19 severity, SpO ₂ on admission
Myers, 2021 [2559]	USA Hospitals-based Northwell Health System hospital in the New York area, 1 st January to 31 st May 2020	Retrospective study, ND	m/w, 68 years, T2D	3,846 participants, 953 deaths	Death	Medical records	Age, sex, COPD, heart failure, CAD, CKD, hypertension, MI, HbA _{1c} , asthma, cancer, stroke, hyperlipidaemia	Medical records	Analyses for age, sex, COPD, MI adjusted for: Age, sex, COPD, MI, ventilation All other analyses: unadjusted
Nikniaz, 2021 [2560]	Iran Hospitals-based AzarCoRe (East Azar Covid-19 Registry) study, East Azerbaijan, ND	Prospective study, ND	m/w, 65.1 years, ND	317 participants, 67 deaths, 71 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	BMI	Self-reported	Age, sex, smoking status, CVD, respiratory diseases, hypertension, kidney diseases, carcinoma, liver diseases, and autoimmune diseases, glucose concentration, hs-CRP
Numaguchi, 2022	Japan Hospitals-based	Retrospective study, ND	m/w, 78 years, ND	138 participants, ND	Severe COVID	Electronic medical records	HbA _{1c}	Electronic medical records	Age, sex, BMI, smoking, eGFR, CRP, days from disease onset to hospital

[2561]	Osaka City Juso Hospital, November 2020 to May 2021								admission, COVID-19 severity
Nyland, 2021 [2562]	USA TriNetX COVID-19 Research Network of 50 large health care organizations, 1 st January to 1 st July 2020	Retrospective study, 28 days	m/w, 62.2 years, T2D	12,954 participants, 1,067 deaths, 3,403 severe COVID cases	Death, severe COVID (Respiratory complications)	TriNetX COVID-19 Research Network	Thiazolidinedione, GLP-1 receptor agonists, DPP-4 inhibitors	TriNetX COVID-19 Research Network	Age, sex, race, ethnicity, BMI, hypertension, ischemic heart disease, cerebrovascular disease, heart failure, CKD, overweight and obesity
Oh, 2020 [2563]	South Korea Health insurance data South Korean population, up to 26 th June 2020	Retrospective study, ND	m/w, ND, T2D	2,047 participants, 174 deaths	Death	NHIS-COVID-19 cohort database	Age, sex, metformin, Charlson Index, peripheral vascular disease, CKD, dementia, liver disease, chronic pulmonary disease, cerebrovascular disease, heart failure, MI, cancer, DPP-4 inhibitors, thiazolidinedione, sulfonylurea, insulin	NHIS-COVID-19 cohort database	Age, sex, metformin, income, residence, underlying disability, Charlson Index, peripheral vascular disease, CKD, dementia, peptic ulcer disease, hemiplegia or paraplegia, liver disease, chronic pulmonary disease, cerebrovascular disease, heart failure, MI, malignancy, metastatic solid tumour, DPP-4 inhibitors, thiazolidinedione, sulfonylurea, insulin
Ojeda-Fernandez, 2022 [2564]	Italy Registry data DB-Covid-19 Database, Lombardy region, 15 th February 2020 to 15 th March 2021	Retrospective study, ND	m/w, 74.1 years, ND	13,112 participants, 2,229 deaths, 378 severe COVID cases	Death, severe COVID (ICU)	Electronic medical records	Metformin	Electronic medical records	Age, sex, duration of diabetes, drug-derived complexity index, comorbidities of interest
O'Malley, 2020	USA Hospitals-based	Retrospective study,	m/w, 39.9 years,	113 participants,	Severe COVID	Electronic medical records	Age, sex, HbA _{1c} , CVD, CKD	Electronic medical records	Age, sex, race, obesity, HbA _{1c}

[2565]	52 sites across 22 US states, 1 st March to 22 nd August 2020	ND	T1D	58 severe COVID cases	(Hospitalisation)				
Orioli, 2020 [2566]	Belgium Hospitals-based Cliniques Universitaires Saint-Luc, Brussels, 1 st March to 6 th May 2020	Retrospective study, ND	m/w, 67 years, T1D & T2D	64 participants, 10 deaths	Death	Electronic medical records	Age, sex, BMI, CVD, hypertension, OSA, CKD, cognitive impairment, ACEI/ARBS, diuretics, β-blockers, statins, antiplatelet drugs	Electronic medical records	unadjusted
Ortega, 2021 [2567]	Spain Hospitals-based 6 general hospitals from the HM Hospitales group, 27 th January to 24 th April 2020	Retrospective study, ND	m/w, 71.7 years, ND	448 participants, 118 deaths, 139 severe COVID cases	Death, severe COVID (IMV or death)	Electronic medical records	Age, sex, obesity, hypertension, dyslipidaemia, CVD, heart failure, CKD COPD	Electronic medical records	Age, sex, obesity, hypertension, dyslipidaemia, CVD, heart failure, CKD COPD
Ouchi, 2022 [2568]	Spain, Healthcare records data Primary Health Care records of the Information System for Research in Primary Care (SIDIAP), Catalonia,	Retrospective study, ND	m/e, 71.5 years, T2D	31,006 participants, 4,678 deaths, 8,035 severe COVID cases	Death, severe COVID	Electronic medical records (SIDIAP)	Metformin	Electronic medical records (SIDIAP)	Age, sex, obesity, smoking, HbA _{1c} , comorbidities, concomitant drugs

	March to 30 th June 2020								
Palazzuoli, 2020 [2569]	Italy Hospitals-based Coracle multi-center registry, regions of Piedmont, Lombardy, Tuscany and Lazio, 22 nd February to 1 st April 2020	Retrospective study, ND	m/w, 69 years, ND	143 participants, ND	Death	Electronic medical records	RAS inhibitors	Electronic medical records	Unadjusted
Patel, 2021 [2570]	USA Hospitals-based 3 rd March to 5 th May 2020	Retrospective study, ND	m/w, 66 years, T2D	506 participants, 125 deaths, 124 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	HbA _{1c}	Electronic medical records	Unadjusted
Pazoki, 2021 (a) [2571]	Iran Hospitals-based Sina Hospital, Tehran, 20 th February to 14 th May 2020	Retrospective study, ND	m/w, 65 years, ND	176 participants, 54 deaths	Death	Electronic medical records	Age, sex, urea, cerebrovascular disease, neutrophils-to-lymphocytes ratio, CRP	Electronic medical records	Analyses for age and urea adjusted for: Age, sex, cerebrovascular disease, temperature, oxygen saturation, neutrophils-to-lymphocytes ratio, urea, CRP All other analyses: unadjusted

Pazoki, 2021 (b) [2572]	Iran Hospitals-based Sina hospital, Tehran, 20 th February to 29 th October 2020	Retrospective study, 228 days	m/w, 65.4 years, ND	393 participants, 310 severe COVID cases	Severe COVID (acute respiratory distress syndrome, acute cardiac injury, acute kidney injury or acute liver injury)	Electronic medical records	Age, sex, BMI, blood glucose, hypertension, cardiac disease, cerebrovascular disease, CKD, chronic lung disease, cancer, insulin, metformin, DPP-4 inhibitors, statins, RAS inhibitors, beta-blockers, antiplatelet, calcium channel blockers, CRP, ALT, AST, urea, creatinine, white blood cells, neutrophils, lymphocytes, neutrophils-lymphocyte ratio, platelets, haemoglobin, erythrocyte sedimentation rate, sodium	Electronic medical records	Analyses for metformin, sulfonylureas, DPP-4 inhibitors, insulin, RAS inhibitors, beta-blockers, calcium channel blockers, statins, antiplatelet are adjusted for age, sex, hypertension, cardiac disease, cerebrovascular disease, chronic lung disease, cancer, white blood cells, CRP, urea and AST All other phenotypes are age-adjusted
Perez-Belmonte 2020 [2573]	Spain Hospitals-based Spanish Society of Internal Medicine's registry of COVID-19 patients (SEMI-COVID-19 Registry), 1 st March to 19 th July 2020	Retrospective study, ND	m/w, 74.9 years, T2D	Metformin: 498 participants, 158 deaths, 179 severe COVID cases DPP4i: 210 participants, 85 deaths, 87 severe COVID cases Insulin: 258 participants, 97 deaths, 111 severe COVID cases	Death, Severe COVID (ICU, MV or death)	SEMI-COVID-19 Registry	Metformin, DPP-4 inhibitors, insulin,	SEMI-COVID-19 Registry	Age, sex, smoking, hypertension, dyslipidaemia, CKD, cerebrovascular disease, COPD, atrial fibrillation, CAD, heart failure, obesity, dementia, Barthel index, Charlson Comorbidity Index, ACEI, ARB, anticoagulant, statin, admission blood glucose, serum creatinine, transaminase levels

Petrakis, 2022 [2574]	Greece Hospitals-based University Hospital of Alexandroupolis	Retrospective study, ND	m/w, 69.2 years, T2D	133 participants, 24 deaths, 23 severe COVID cases	Death, severe COVID (Intubation)	Electronic medical records	Blood glucose, metformin	Electronic medical records	Age, sex
Pettrone, 2021 [2575]	USA Hospitals-based 6 acute hospitals and outpatient clinics, Atlanta, Georgia, 1 st March to 7 th April 2020	Retrospective study, ND	m/w, ND, ND	79 participants, 55 severe COVID cases	Severe COVID (Hospitalisation)	Electronic medical records	HbA _{1c}	Electronic medical records	Age, sex, race, healthcare personnel status, hypertension
Phan, 2021 [2576]	France Hospitals-based Tertiary care academic center, Paris, 1 st March to 30 th April 2020	Prospective study, 21 days	m/w, 66 years, T2D	81 participants, 20 deaths, 40 severe COVID cases	Death, Severe COVID (ICU or death)	Electronic medical records	IL-6	Electronic medical records	Age, sex, BMI
Pulido-Perez, 2021 [2577]	Mexico Hospitals-based University Hospital of Puebla, 24 th March to 3 rd November 2020	Retrospective study, ND	m/w, 64.2 years, T2D	61 participants, 26 deaths	Death	Electronic medical records	Creatinine	Electronic medical records	Age, sex, BMI
Ramesh, 2021 [2578]	India Hospitals-based	Retrospective study, ND	m/w, 58.4 years, ND	102 participants, 46 deaths	Death	Electronic medical records	eGFR, d-dimer	Electronic medical records	Unadjusted

	King George Hospital, Visakhapatnam, Andhra Pradesh, October and November 2020								
Ramos Rincon, 2021 [2579]	Spain Hospitals-based Spanish Society of Internal Medicine's SEMI-COVID-19 Registry (160 Hospitals in Spain), 1 st March to 29 th May	Retrospective study, ND	m/w, 85.9 years, T2D	790 participants, 385 deaths	Death	SEMI-COVID-19 Registry	SGLT 2 inhibitor, GLP 1 receptor antagonist, acetylsalicylic acid, ACEI/ARB, statins	SEMI-COVID-19 Registry	Age, sex, acquisition, BMI, comorbidities (e.g. hypertension, heart failure), symptoms (e.g. dyspnoea), physical examination (e.g. oxygen saturation, temperature), COVID-19 disease severity, laboratory findings (e.g. neutrophils, lymphocytes), medication (e.g. metformin, insulin)
Rastad, 2020 (a) [2580]	Iran Hospitals-based Hospitalized inpatients in Alborz province, 20 th February to 25 th March 2020	Retrospective study, ND	m/w, 54.8 years (for the entire population, ND for participants with diabetes), ND	267 participants, ND	Death	Electronic medical records	Age, white blood cells, lymphocytes, neutrophils, AST, ALT, albumin, creatinine, LDH, CRP, erythrocyte sedimentation rate, haemoglobin	Electronic medical records	Age, sex, laboratory tests
Rastad, 2020 (b) [2581]	Iran Hospitals-based Hospitalized inpatients in Alborz province, 20 th February to 27 th April 2020	Retrospective study, ND	m/w, 63.8 years, ND	455 participants, 79 deaths, 65 severe COVID cases	Death, severe COVID (Ventilation)	Electronic medical records	Age, sex, hypertension, CVD, CKD, comorbidities, number of comorbidities, ACEI/ARBS, statins, blood glucose	Electronic medical records	Analyses for death and age, CKD and comorbidities adjusted for: Age, CKD, comorbidities, neutrophils, haemoglobin, creatinine and LDH Analyses for ventilation and age, CKD adjusted for: Age, CKD, neutrophils, AST, creatinine and LDH are mutually adjusted

Rezaei, 2021 [2582]	Iran Hospitals-based National registry of hospitalized patients with COVID, 18 th February to 22 nd December 2020	Retrospective study, ND	m/w, 63.6 years, ND	37,338 participants, 6,920 deaths	Death	Electronic medical records	Age, sex, CVD, COPD, cancer, CKD, liver disease, immune deficiency disorder	Electronic medical records	Analyses for age and sex are adjusted for ICU admission, ventilation and comorbidities All other analyses are adjusted for age, sex, ICU admission and ventilation
Rhee, 2021 [2583]	South Korea Health insurance data South Korean population, up to 17th May 2020	Retrospective study, ND	m/w, 61.8 years, ND	832 participants, 34 severe COVID cases	Severe COVID (Intensive care or death)	HIRA database	RAS inhibitors	HIRA database	Age, sex, hypertension, dyslipidaemia, CVD, cerebrovascular disease, CKD, asthma, COPD, cancer, metformin, sulfonylurea, meglitinide, TZD, DPP-4 inhibitor, SGLT2 inhibitor, AGI, insulin, ACEi, ARB, beta blocker, diuretics, CCB, statin, fibrate
Riahi, 2020 [2584]	USA Hospitals-based Einstein Medical Center, Philadelphia, 1 st March to 24 th April 2020	Retrospective study, ND	m/w, 66.4 years, T1D+T2D	166 participants, 45 deaths	Death	Hospital medical records	HbA _{1c}	Hospital medical records	Age, sex, HbA _{1c} , race, HbA _{1c} , steroid dose
Roussel, 2021 [2585]	France Hospitals-based 68 hospitals, CORONADO study, 10 th March to 10 th April 2020	Prospective study, 28 days	m/w, 70.9 years, T2D	2,449 participants, 512 deaths, 857 severe COVID cases	Death, severe COVID (MV and/or death)	Medical files	DPP-4 inhibitors	Medical files, if needed, general or specialist practitioner, regular pharmacist or biomedical laboratory	Age, sex, BMI, eGFR, HbA _{1c} , hypertension, ischemic heart disease, heart failure, cancer, treated OSA, metformin, sulphonylurea, GLP-1, insulin, corticosteroids, RAS blockers, statins, thiazide diuretics, antiplatelet therapy

Ruan, 2021 [2586]	UK Hospitals-based Association of British Clinical Diabetologists (ABCD) COVID-19 diabetes national audit, March to October 2020	Retrospective study, ND	m/w, 62 years, T1D	196 participants, 53 deaths 68 severe COVID cases	Death, severe COVID (Death/ICU)	Electronic medical records	Sex, BMI, HbA _{1c} , blood glucose, hypertension, microvascular disease, dementia, asthma, COPD, cancer, metformin, RAS inhibitors, creatinine	Electronic medical records	Age
Sadidi, 2022 [2587]	Iran Hospitals-based Military medical centers at AJA University of Medical Sciences, Tehran, February to November 2020	Retrospective study, ND	m/w, 66.1 years, T2D	220 participants, 46 deaths	Death	Electronic medical records	Age, BMI, hypertension, DPP-4 inhibitors, metformin	Electronic medical records	Age, BMI, past medical history, hypertension, DPP-4 inhibitors, metformin
Sari-gumba, 2021 [2588]	Philippines Hospitals-based Makati Medical Center, 1 st March to 31 st August 2020	Retrospective study, ND	m/w, 59.8 years, T2D	156 participants, 25 deaths	Death	Electronic medical records	Diabetes duration, HbA _{1c} , blood glucose, comorbidities	Electronic medical records	Age, sex, comorbidities
Satman, 2021 [2589]	Turkey National register data National COVID-19 registry of the	Retrospective study, 30 days	m/w, 53 years, T2D	18,658 participants, 1,162 deaths 8,172 severe COVID cases	Death, severe COVID (Hospitalisation)	National COVID-19 registry of the Turkish Ministry of Health	Age, sex, smoking, BMI, HbA _{1c} , hypertension, dyslipidaemia, obesity, chronic pulmonary disease, heart failure, CVD, microvascular complications, cancer,	National COVID-19 registry of the Turkish Ministry of Health	Age, sex Analyses for smoking, education, BMI, D-dimer, CRP, statins and aspirin are unadjusted

	Turkish Ministry of Health, 11 th March to 30 th May 2020						RAS blocker, insulin, statins, aspirin		
Savarese, 2020 [2590]	Sweden National register data Swedish National Patient Registry (NPR), 2 nd February to 31 st May 2020	Retrospective study, 30 days	m/w, 72 years (for the entire population, ND for participants with diabetes), T1D & T2D	2,692 participants, 846 deaths	Death	Cause of Death Registry	RAS inhibitors	Swedish National Patient Registry	Age, sex, living alone, education, number of children, income, residence, country of birth, medication (e.g. insulin, RAS inhibitors), defibrillator, comorbidities (e.g. hypertension, heart failure, COPD, MI, stroke, cancer, dementia)
Saygili, 2021 [2591]	Turkey Hospitals-based Canakkale Onsekiz Mart University Medical Faculty Hospital, 12 th March to 22 nd December 2020	Retrospective study, 134 days	m/w, 66 years, ND	240 participants, 86 deaths	Death	Electronic medical records	Age, metformin, ALT, eGFR	Electronic medical records	Age, sex, blood glucose, ALT, eGFR, number of hospitalisation days, diabetes duration, chronic pulmonary disease, coronary artery disease, cerebrovascular disease, hypertension, hyperlipidaemia
Seiglie, 2020 [2592]	USA Hospitals-based Massachusetts General Hospital, 11 th March to 30 th April 2020	Prospective study, 14 days	m/w, 66.7 years, ND	168 participants, 28 deaths, 66 severe COVID cases	Death, severe COVID (MV)	Manual chart review	Age, sex, HbA1c, BMI, race/ethnicity	Manual chart review and Enterprise Data Warehouse (EDW)	Age, sex, ethnicity, coronary artery disease or myocardial infarction, chronic heart failure, hypertension, COPD/asthma, cancer, liver disease, renal disease
Shah, 2020 [2593]	USA Hospitals-based Three Phoebe Putney hospitals,	Retrospective study, ND	m/w, 60.1 years (for the entire population, ND for participants	228 participants, ND	Death, severe COVID (Death, new dialysis requireme	Electronic medical records	ACE-inhibitor/AT1 blocker	Electronic medical records	Age, BMI, sex, hypertension, coronary artery disease, congestive heart failure, COPD, asthma, CKD, cancer, immunosuppression, chronic liver disease, drug abuse, alcohol abuse,

	2 nd March to 22 nd May 2020		with diabetes), ND		nt, MV or ICU care)				smoking, ESRD on dialysis and presentation severity
Shang, 2020 (a) [2594]	China Hospitals-based Wuhan No.7 Hospital, 25 th December 2019 to 20 th March 2020	Retrospective study, ND	m/w, 59.0 years (for the entire population, ND for participants with diabetes), ND	84 participants, 17 deaths	Death	Electronic medical records	Insulin	Electronic medical records	Unadjusted
Shang, 2021 (b) [2595]	China Hospitals-based Huoshenshan Hospital, Wuhan, February to April 2020	Retrospective study, ND	m/w, 65.2 years, ND	80 participants, 19 deaths	Death	Electronic medical records	LDH	Electronic medical records	CRP, LDH
Shauly-Aharonov, 2021 [2596]	Israel Healthcare data Meuhedet health maintenance organization (HMO), 1 st March to 31 st October	Retrospective study, ND	m/w, ND, ND	1,718 participants, 258 severe COVID cases	Severe COVID	Electronic medical records	Age, sex, BMI, blood glucose, ischemic heart disease, hypertension	Electronic medical records	Age, sex, BMI, ischemic heart disease, hypertension, sector
Shestakova, 2022 [2597]	Russia National register data National Diabetes Register (NDR),	Retrospective study, ND	m/w, 64.9 years, T1D & T2D	235,248 participants 35,088 deaths	Death	Electronic medical records	Vaccination status, age, sex, obesity, diabetes duration, HbA _{1c} , insulin, metformin, DPP-4 inhibitors, GLP-1 receptor agonists,	Electronic medical records	Vaccination status, age, sex, obesity, diabetes duration, HbA _{1c} , insulin, metformin, DPP-4 inhibitors, GLP-1 receptor agonists, sulfonylureas, SGLT-2 inhibitors

	20 th March 2020 to 25 th November 2021						sulfonylureas, SGLT-2 inhibitors		
Shi, 2020 [2598]	China Hospitals-based Renmin Hospital of Wuhan University and Zhongnan Hospital of Wuhan University, 1 st January to 8 th March 2020	Retrospective study, ND	m/w, 64.0 years, ND	153 participants, 31 deaths	Death	Electronic medical records	Age, hypertension, COPD, blood glucose, white blood cells, neutrophils, lymphocytes, platelets, CRP, prothrombin time, creatinine, eGFR, total cholesterol, triglycerides, procalcitonin,	Electronic medical records	Mutual adjustment for covariates in the analyses for age, sex, hypertension, CVD and COPD Other analyses unadjusted
Shukla, 2021 [2599]	USA Hospitals-based NewYork-Presbyterian (NYP) Weill Cornell Medical Center, NYP Queens Hospital and NYP Lower Manhattan Hospital, 1 st March to 13 th May 2020	Retrospective study, ND	m/w, 69 years, T1D & T2D	1,134 participants, 476 severe COVID cases	Severe COVID (ICU, MV or death)	Electronic medical records	Age, sex, obesity, ethnicity, coronary artery disease, heart failure, cerebrovascular disease, hypertension, pulmonary disease, CKD, smoking, metformin, GLP-1 receptor agonists, DPP-4 inhibitors, sulfonylureas, insulin, SGLT-2 inhibitors	Electronic medical records	Age, sex, ethnicity, BMI, coronary artery disease, heart failure, cerebrovascular disease, hypertension, pulmonary disease, CKD, smoking, medication
Silverii, 2020 [2600]	Italy Hospitals-based Sicilian population, up to 14 th May 2020	Retrospective study, ND	m/w, 73.3 years, T2D	159 participants, 59 deaths	Death	Electronic medical records	Metformin, thiazolidinedione, insulin, sulfonylureas, DPP-4 inhibitor, SGLT-2 inhibitors, GLP-1 receptor agonists	Electronic medical records	Unadjusted
Smati, 2020 [2601]	France Hospitals-based	Prospective study, 7 days	m/w, 70.1 years, T2D	1,965 participants,	Death, severe COVID (IMV or death)	Medical files	BMI	Medical files, if needed, general or specialist practitioner, regular pharmacist or biomedical laboratory	Age, sex, smoking, microvascular complications, macrovascular complications, hypertension, non-alcoholic fatty liver

	French hospitals, CORONADO, 10 th March to 10 th April 2020			190 deaths, 546 severe COVID cases					disease, COPD, treated obstructive sleep apnoea, insulin, GLP1-RA
Solerte, 2020 [2602]	Italy Hospitals-based Seven academic medical centers in Northern Italy, 1 st March to 30 th April 2020	Retrospective case-control study, 30 days	m/w, 69.0 years, T2D	338 participants 94 deaths, 23 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	Age, sex, cancer, CVD, CKD, antiviral DPP-4 inhibitors	Electronic medical records	Age, sex, cancer, CVD, CKD, sitagliptin, hydroxychloroquine, antiviral agents
Soliman, 2021 [2603]	Egypt Hospitals-based Kasr Alainy Hospital, Cairo, 1 st March to 31 st May 2020	Prospective RCT, 42 days	m/w, 71 years, T2D	56 participants, 10 deaths	Death	Electronic medical records	Age, sex, COPD, hypertension	Electronic medical records	Unadjusted
Sonmez, 2021 [2604]	Turkey National register data Turkish Ministry of Health database (TurCoviDia), 11 th March to 30 th May 2020	Retrospective study, 30 days	m/w, 61 years, T2D	9,213 participants, 2,065 severe COVID cases	Severe COVID (ICU admission)	National COVID-19 registry of the Turkish Ministry of Health	Age	National COVID-19 registry of the Turkish Ministry of Health	Age, sex, HbA _{1c} , pulmonary CT findings, hypertension, dyslipidaemia, obesity, asthma/COPD, heart failure, CVD, CKD, cancer, lymphopenia, insulin, RAS blockers, statins, acetylsalicylic acid
Stevens, 2021 [2605]	USA Hospitals-based Columbia University Irving Medical Center, New York, 1 st March to 31 st May 2020	Retrospective study, 30 days	m/w, 68.4 years, T1D & T2D	955 participants, 157 severe COVID cases	Severe COVID (diabetic ketoacidosis)	Electronic medical records	HbA _{1c}	Electronic medical records	Age, sex, BMI, ethnicity, hypertension, CKD, pulmonary disease, liver disease, SGLT-2 inhibitors, HbA _{1c} , steroid use, pressor or inotrope requirement, renal replacement therapy, acute kidney injury, ventilation, lactic acid

Strollo, 2021 [2606]	Italy Hospitals-based Osservatorio per la Salute, Autonomous Province of Bolzano, up to 27 th April 2020	Retrospective study, ND	m/w, 76.7 years, T2D	193 participants, 44 deaths	Death	Electronic medical records	DPP-4 inhibitors	Electronic medical records	Unadjusted
Tallon, 2022 [2607]	USA Healthcare data Cerner Real-World Data™ (87 US health system facilities), December 2019 to mid-September 2020	Retrospective study, ND	m/w, 62.2 years, T1D & T2D	23,372 participants, 16,031 severe COVID cases	Severe COVID (Hospitalisation)	Electronic medical records	Age, sex, obesity, ethnicity, diabetes type, HbA _{1c}	Electronic medical records	Age, sex, diabetes type, ethnicity, payer, BMI, region, hyperglycaemia and acidosis, HbA _{1c}
Tamura, 2021 [2608]	Brazil Hospitals-based Santa Caterina Hospital, São Paulo, 10 th March to 13 th November 2020	Retrospective study, ND	m/w, 64.6 years, T1D & T2D	188 participants, 19 deaths, 42 severe COVID cases	Death, severe COVID (MV)	Electronic medical records	Age, sex, BMI, obesity, smoking, cardiopathy, hypertension, COPD, neurological disease, CKD, dyslipidaemia, immunosuppression, asthma, metformin	Electronic medical records	Analyses for age and cardiopathy with death as well as analyses for age and CKD with severity are adjusted for age, sex and comorbidities All other phenotypes are unadjusted
Tian, 2021 [2609]	UK Salford area, March to October 2020	Retrospective study, ND	m/w, ND, T2D	308 participants, 56 deaths	Death	Health records	Age	Health records	Age, sex, HbA _{1c} , diastolic blood pressure, BMI, creatinine, smoking, urine/creatinine ratio
Tramunt, 2021 [2610]	France Hospitals-based	Prospective study, 28 days	m/w, 70 years, T1D & T2D	2,380 participants,	Severe COVID (MV or death)	Medical files	Sex	Medical files, if needed, general or specialist practitioner,	Age, BMI, smoking, microvascular complications, hypertension, macrovascular

	French hospitals, CORONADO, 10 th March to 10 th April 2020			844 severe COVID cases				regular pharmacist or biomedical laboratory	complications, COPD, treated OSA
Tuan, 2022 [2611]	USA TriNetX COVID-research network database of 55 health care organisations, 1 st January 2020 to 30 th June 2021	Retrospective study, ND	m/w, ND, T1D & T2D	16,511 participants, 1,809 deaths, 1510 severe COVID cases	Death, severe COVID (MV)	Electronic medical records (TriNetX research network database)	Neuropathy	Electronic medical records (TriNetX research network database)	PSM including age, sex, ethnicity, HbA _{1c} , obesity, hypertension, respiratory diseases, ischemic heart disease, heart failure, cerebrovascular disease, nicotine dependence, alcohol related disorders, socioeconomic status
Valle, 2022 [2612]	Spain Hospitals-based University Hospital, Santiago de Compostela, March 2020 to January 2021	Retrospective study, ND	m/w, 74.5 years, ND	159 participants, 36 deaths	Death	Electronic medical records	Age, sex, hypertension, dyslipidaemia, coronary artery disease, smoking, cancer, obesity, CKD, blood glucose, HbA _{1c}	Electronic medical records	Age, sex, hypertension, dyslipidaemia, coronary artery disease, smoking, cancer, obesity, CKD, blood glucose, HbA _{1c}
Vargas Vazquez, 2021 [2613]	Mexico Hospitals-based Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, 16 th March to 1 st July 2020	Prospective study, ND	w/m, 57 years, T2D	109 participants, 34 deaths 52 severe COVID cases	Death, severe COVID	Electronic medical records	Blood glucose	Electronic medical records	Age, sex, BMI, Charlson index

Vasbinder, 2022 [2614]	International Hospitals-based International Study of Inflammation in COVID-19 (ISIC) in five ISIC sites (USA, Denmark, Greece and Germany), 1 st February 2020 to 1 st June 2021	Retrospective multicentre study, ND	m/w, 64 years, T1D & T2D	686 participants, 116 deaths, 259 severe COVID cases	Death, Severe COVID (MV, renal replacement therapy or death)	Electronic medical records	Age, sex, ethnicity, BMI, smoking, blood glucose hypertension, coronary artery disease, heart failure, CKD, diabetes type, insulin, metformin, SGLT-2 inhibitor, GLP-1 receptor agonists, sulfonylureas, DPP-4 inhibitors, thiazolidinediones	Electronic medical records	Age, sex, ethnicity, BMI, smoking, hypertension, coronary artery disease, heart failure, CKD, eGFR, blood glucose
Wander, 2021 [2615]	USA Health care data Corporate Data Warehouse (CDW) from the Veterans Health Administration (VHA), 1 st March 2020 to 10 th March 2021	Retrospective study, 30 days	m/w, 67.7 years, ND	64,892 participants, 4,943 deaths 4,265 severe COVID cases	Death, severe COVID (ICU)	Electronic medical records (Corporate Data Warehouse)	Age, sex, obesity, ethnicity, residence, smoking, HbA _{1c} , hypertension, CVD, heart failure, insulin, metformin, DPP-4 inhibitors, GLP-1 receptor agonists, sulfonylureas, SGLT-2 inhibitors, statins, thiazolidinedione, RAS inhibitors, antiplatelet	Electronic medical records (Corporate Data Warehouse)	Age, sex, ethnicity, BMI, smoking, RAS inhibitors, statins, platelet inhibitors, hypertension, CVD, heart failure, HbA _{1c} , glucose-lowering medication
Wang, 2020 (a) [2616]	China Hospitals-based Renmin Hospital of Wuhan University, 11 th January to 6 th February 2020	Retrospective study, ND	m/w, 66 years, T2D	67 participants, 51 severe COVID cases	Severe COVID (Poor therapeutic effect)	Electronic medical records	Sex, chronic pulmonary disease, CVD	Electronic medical records	unadjusted
Wang, 2021 (b) [2617]	USA Health care data	Retrospective study, ND	m/w, 67.6 years, T2D	16,504 participants,	Severe COVID	Electronic medical records	Age, sex, obesity, HbA _{1c} , hypertension, coronary artery	Electronic medical records	adjusted, longitudinal HbA _{1c} , Hypertension, Sex, Nephropathy, Obesity, ARB,

	OptumLabs Data Warehouse (OLDW) with data across the USA, 20 th January to 6 th November 2020			2,952 severe COVID cases		(OptumLabs Data Warehouse)	disease, stroke, CKD, retinopathy, insulin, neuropathy, metformin, RAS inhibitors	(OptumLabs Data Warehouse)	Neuropathy, ACEi, Stroke, Age, Insulin, Retinopathy, Coronary Artery Disease, Metformin, Metformin + Insulin, Corticosteroid
Wang, 2021 (c) [2618]	China Hospitals-based Five hospitals in Wuhan, 1 st January to 17 th March 2020	Retrospective study, ND	m/w, 60 years, ND	150 participants, 42 severe COVID cases	Severe COVID (ICU, MV or death)	Electronic medical records	HDL cholesterol	Electronic medical records	Age, sex, hospital
Wargny, 2021 [2619]	France Hospitals-based 68 French hospitals, CORONADO study, 10 th March to 10 th April 2020	Prospective study, 28 days	m/w, 69.7 years, T1D & T2D	2,796 participants, 577 deaths, 800 severe COVID cases	Death, Severe COVID	Medical files	Age, sex, ethnicity, BMI, diabetes duration, HbA _{1c} , hypertension, dyslipidaemia, smoking, microvascular complications, macrovascular complications, heart failure, NAFLD or liver cirrhosis, cancer, COPD, treated OSA, metformin, GLP-1 receptor agonists, sulfonylureas/glinides, insulin, β -blockers, diuretics, calcium channel blockers, ARBs/ACEi/MRA, statins, Anti-platelet and anticoagulant therapy, admission plasma glucose, eGFR, AST, white cell count, platelet count, CRP	Medical files, if needed, general or specialist practitioner, regular pharmacist or biomedical laboratory	Analyses for death and age, sex, BMI, hypertension, micro- and macrovascular complications, COPD, treated OSA, metformin, insulin, ARBs/ACEi/MRA, statins, anticoagulants, eGFR, white cell count, platelets and CRP adjusted for: Age, sex, BMI, hypertension, micro- and macrovascular complications, COPD, treated OSA, metformin, insulin, ARBs/ACEi/MRA, statins, anticoagulation therapy, time between symptom onset and hospital admission, dyspnoea, eGFR, AST, white cell count, platelets, CRP All other analyses for death and all analyses for severe COVID adjusted for age

Wong, 2021 (a) [2620]	Hong Kong Hospitals-based Hong Kong Hospital Authority (HA), 21 st January 2020 and 31 st January 2021	Retrospective study, ND	m/w, 65.2 years, T2D	1,214 participants, 115 deaths, 239 severe COVID cases	Death severe COVID (IMV or death)	Electronic medical records	DPP-4 inhibitors	Electronic medical records	PSM-weighting including age, sex, comorbidities (e.g. hypertension, CKD, obesity), long-term medications (e.g. RAS inhibitors, insulin, metformin), drug use during hospital and laboratory parameters (e.g. white blood cells, CRP, eGFR)
Wong, 2022 (b) [2621]	USA National registry data National COVID Cohort Collaborative (N3C) Database, up to 22 nd July 2021	Retrospective study, 30 days	m/w, 62.1 years, T2D	39,616 participants, 2,242 deaths, 2,779 severe COVID cases	Death, severe COVID (MV or ECMO)	Electronic medical records	Age, sex, obesity, ethnicity, HbA _{1c} , MI, heart failure, peripheral vascular disease, cerebrovascular disease, stroke, CKD, liver disease, chronic pulmonary disease, cancer, dementia, insulin, metformin, DPP-4 inhibitors, sulfonylureas, GLP-1 receptor agonists, SGLT-2 inhibitors, thiazolidinedione	Electronic medical records	Age, sex, ethnicity, BMI, MI, heart failure, peripheral vascular disease, stroke, dementia, pulmonary disease, liver disease, CKD, cancer, HIV, metformin, GLP-1 receptor agonists, DPP-4 inhibitors, SGLT-2 inhibitors, sulfonylureas, insulin
Wong, 2022 (c) [2622]	Hong Kong Hospitals-based Hong Kong Hospital Authority (HA), 21 st January 2020 and 31 st January 2021	Retrospective study, 16 days	m/w, 65.2 years, T2D	1,214 participants, 115 deaths	Death	Electronic medical records	Metformin	Electronic medical records	PSM-weighting including age, sex, comorbidities (e.g. hypertension, CKD, obesity), long-term medications (e.g. RAS inhibitors, insulin, metformin), drug use during hospital and laboratory parameters (e.g. white blood cells, CRP, eGFR)
Wu, 2021 [2623]	China Hospitals-based 21 hospitals in Hubei province, 31 st December 2019 to 21 st April 2020	Retrospective study, 28 days	m/w, 59 years, T2D	946 participants, 106 deaths	Death	Electronic medical records	Hyperlipidaemia	Electronic medical records	Age, sex, blood glucose level, CRP, ALT, hospital site

Xiao, 2021 [2624]	China Hospitals-based HuoShenShan Hospital, Jinyintan Hospital and Taikang Tongji Hospital, Wuhan, 4 th February to 31 st March 2020	Retrospective study, ND	m/w, 66 years, ND	325 participants, 17 deaths, 115 severe COVID cases	Death, severe COVID	Electronic medical records	CVD, lung disease, CRP, neutrophils, platelets	Electronic medical records	CVD, lung disease, CRP, neutrophils, platelets, dyspnoea, cough, creatinine kinase-MB
Xu, 2020 [2625]	China Hospitals-based Renmin Hospital of Wuhan University, 30 th January to April 26 th 2020	Case series study, ND	m/w, 66.0 years, T2D	114 participants, 27 deaths	Death	Electronic medical records	Blood glucose	Electronic medical records	Age, sex, cerebral diseases cardiovascular diseases, chronic renal diseases, digestive diseases pulmonary diseases, NEWS2
Yan, 2020 [2626]	China Hospitals-based 14 hospitals in Zhejiang Province, 10 th January to 28 th February 2020	Retrospective study, ND	m/w, ND T2D	58 participants, 21 severe COVID cases	Severe COVID	Electronic medical records	Metformin, insulin, α -glycosidase inhibitors, sulfonylureas, thiazolidinedione, DPP-4 inhibitor	Electronic medical records	Age, sex, BMI
Yeh, 2022 [2627]	USA Hospitals-based PaTH Toward a Learning Health System (PaTH) clinical data research network including five academic health	Retrospective study, 30 days	m/w, 62.3 years, T2D	4,944 participants, 586 severe COVID cases	Severe COVID (ICU, intubation or death)	Electronic medical records	Age, sex, BMI, ethnicity, Charlson index, insulin, metformin, DPP-4 inhibitors, GLP-1 receptor agonists, SGLT-2 inhibitors,	Electronic medical records	Age, sex, ethnicity, smoking, CCI score, time of COVID-19 diagnosis, BMI, systolic and diastolic blood pressure, HDL, LDL, HbA _{1c} , insulin metformin DPP-4 inhibitors, GLP-1 receptor agonists, SGLT2 inhibitors

	systems in Pennsylvania, March 2020 to February 2021								
Yoo, 2022 [2628]	South Korea Hospitals-based Seobuk Hospital, Seoul, 1 st June to 30 th November 2020	Retrospective study, ND	m/w, 63 years, T2D	129 participants, 59 severe COVID cases	Severe COVID	Electronic medical records	Vaccination status, age, sex, BMI, obesity, HbA _{1c} , blood glucose, albumin, AST	Electronic medical records	Analyses for HbA _{1c} and blood glucose are adjusted for age, sex, BMI, time to admission, systolic blood pressure, vaccination status All other phenotypes are unadjusted
You, 2020 [2629]	South Korea Health insurance data South Korean population, up to 31 st March 2020	Retrospective study, ND	m/w, ND, T2D	495 participants, 9 ventilations, 68 oxygen therapies, 33 ICU admissions	Severe COVID (Ventilation, oxygen therapy, ICU admission)	HIRA database	SGLT2 inhibitors, sulfonylureas, thiazolidinedione	HIRA database	Age, sex, insurance type, hypertension, MI, heart failure, peripheral artery diseases, cerebrovascular diseases, dementia, COPD, asthma, connective tissue diseases, pulmonary diseases, liver diseases, hemiplegia, renal diseases, cancer
Zeltyn-Abramov, 2021 [2630]	Russia Hospitals-based City hospital No. 52, 15 th April to 30 th July 2020	Retrospective study, ND	m/w, 68 years, T2D	53 participants, 24 deaths	Death	Electronic medical records	Sex, BMI, blood glucose, CVD, MI, insulin	Electronic medical records	Unadjusted
Zhan, 2022 [2631]	China Hospitals-based HuoShenShan Hospital and Taikang-Tongji Hospital, 12 th February to 10 th April 2020	Prospective study, ND	m/w, 65 years, T2D	574 participants, 24 deaths, 51 severe COVID cases	Death, Severe COVID (ICU, MV or death)	Electronic medical records	Age, sex, glycaemic control, hypertension, CVD, coronary heart disease, cerebrovascular disease, CKD, liver disease, cancer	Electronic medical records	Analysis for glycaemic control are adjusted for age, sex and disease severity Analysis for CVD are adjusted for glycaemic control, dyspnoea and disease severity All other phenotypes are unadjusted

Zhang, 2020 (a) [2632]	China Hospitals-based Zhongnan Hospital of Wuhan University, 3 rd January to 14 th April 2020	Retrospective study, ND	m/w, 62 years, T2D	74 participants, 27 severe COVID cases	Severe COVID	Electronic medical records	Serum amyloid A	Electronic medical records	Unadjusted
Zhang, 2020 (b) [2633]	China Hospitals-based Central hospital of Wuhan, 25 th January to 14 th February 2020	Retrospective study, ND	m/w, 65.5 years, T2D	52 participants, 21 severe COVID cases	Severe COVID	Electronic medical records	Age, sex, diabetes duration, HbA _{1c} , BMI, total cholesterol, HDL, LDL, triglycerides, IL-6, thiazolidinedione, CKD, diabetic foot, erythrocyte sedimentation rate	Electronic medical records	Analyses for age, sex and troponin adjusted for: Age, sex, fasting plasma glucose, troponin, α -glucosidase inhibitor All other analyses: unadjusted
Zhu, 2020 [2634]	China Hospitals-based 19 hospitals in Hubei Province, 30 th December 2019 to 20 th March 2020	Retrospective study, 28 days	m/w, 62.7 years, T2D	810 participants, 61 deaths, 133 severe COVID cases	Death, severe COVID (ARDS)	Electronic medical records	Blood glucose control	Electronic medical records	Age, sex, hospital sites, indicators of the severity of COVID-19, hypertension, CHD, cerebrovascular diseases, chronic liver diseases, and chronic renal diseases

ND: no data

ABCD: Association of British Clinical Diabetologists, ACE: angiotensin converting enzyme, ALT: alanine aminotransferase, ARB: angiotensin II receptor blocker, AST: aspartate aminotransferase, AT1: angiotensin II receptor type 1, BMI: body mass index, CCB: calcium channel blocker, CHD: coronary heart disease, CKD: chronic kidney disease, COPD: chronic obstructive pulmonary disease, CORONADO: Coronavirus SARS-CoV-2 and Diabetes Outcomes, CPK: creatine phosphokinase, CRP: C-reactive protein, CT: computed tomography, CVD: cardiovascular disease, DBP: diastolic blood pressure, DPP-4: dipeptidyl peptidase 4, eGFR: estimated glomerular filtration rate, ESDR: end-stage renal disease GGT: γ -glutamyl transferase, GLP-1 RA: glucagon-like peptide 1-receptor agonist, HIRA: Health Insurance Review & Assessment Service ICU: intensive care unit, LDH: lactate dehydrogenase, LHS: Leumit Health Services, MRA: mineralocorticoid-receptor antagonist, MV: mechanical ventilation, NAFLD: non-alcoholic fatty liver disease, NEWS2: National Early Warning Score 2, OSA: obstructive sleep apnoea, PCR: polymerase chain reaction, RAAS: renin-angiotensin-aldosterone system, RAS: renin-angiotensin system, SBP: systolic blood pressure, SES: socioeconomic status, SGLT-2: sodium-glucose co-transporter-2, T1D: type 1 diabetes, T2D: type 2 diabetes, TZD: thiazolidinedione.

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Male sex								
39	observational studies	not serious	not serious	not serious	not serious	none	RR 1.40 (1.31 to 1.50)	⊕⊕⊕⊕ HIGH
Age: ≥65								
20	observational studies	not serious ^a	not serious	not serious	not serious	strong association	RR 3.45 (2.44 to 4.87)	⊕⊕⊕⊕ HIGH
Age: per 5 years								
30	observational studies	not serious ^a	not serious	not serious	not serious	dose response gradient	RR 1.28 (1.21 to 1.36)	⊕⊕⊕⊕ HIGH
BMI: per 5 kg/m²								
11	observational studies	very serious ^b	not serious	not serious	not serious	none	RR 1.04 (0.98 to 1.10)	⊕⊕○○ LOW
Overweight vs normal weight								
10	observational studies	not serious	not serious	not serious	not serious	none	RR 0.96 (0.88 to 1.04)	⊕⊕⊕⊕ HIGH
Obesity vs normal weight								
21	observational studies	not serious	not serious	not serious	not serious	potential publication bias	RR 1.18 (1.04 to 1.34)	⊕⊕⊕○ MODERATE
Smoking: smoker vs non-smoker								
11	observational studies	serious ^c	not serious	not serious	serious ^d	none	RR 1.11 (0.93 to 1.34)	⊕⊕○○ LOW
Area of residence: rural vs urban								
3	observational studies	not serious	not serious	not serious	very serious ^e	none	RR 0.92 (0.69 to 1.24)	⊕⊕○○ LOW
Ethnicity: Black vs Non-Hispanic white								
8	observational studies	not serious	not serious	serious ^f	not serious	none	RR 0.88 (0.80 to 0.96)	⊕⊕⊕○ MODERATE
Ethnicity: Hispanic vs Non-Hispanic white								

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
4	observational studies	not serious	not serious	serious ^f	not serious	none	RR 1.25 (1.08 to 1.45)	⊕⊕⊕○ MODERATE
Ethnicity: Asian vs Non-Hispanic white								
2	observational studies	not serious	not serious	serious ^f	very serious ^e	none	RR 0.97 (0.55 to 1.68)	⊕○○○ VERY LOW
Ethnicity: White vs Non-white								
2	observational studies	very serious ^b	very serious ^g	not serious	serious ^d	none	RR 0.93 (0.73 to 1.18)	⊕○○○ VERY LOW
Type 2 vs type 1 diabetes								
6	observational studies	very serious ^b	serious ^h	not serious	very serious ^e	none	RR 1.09 (0.60 to 1.97)	⊕○○○ VERY LOW
Diabetes duration: per 5 years								
6	observational studies	serious ^c	not serious	not serious	serious ^d	none	RR 1.13 (0.92 to 1.38)	⊕⊕○○ LOW
Diabetes duration: ≥10 years								
2	observational studies	not serious	serious ^h	not serious	very serious ^e	none	RR 1.16 (0.28 to 4.81)	⊕○○○ VERY LOW
HbA_{1c}: 53-75 vs <53 mmol/mol (7-9 vs <7%)								
8	observational studies	not serious	not serious	not serious	not serious	none	RR 1.18 (1.06 to 1.32)	⊕⊕⊕⊕ HIGH
HbA_{1c}: ≥75 vs <53 mmol/mol (≥9 vs <7%)								
9	observational studies	serious ^c	serious ^h	not serious	serious ^d	none	RR 1.11 (0.93 to 1.32)	⊕○○○ VERY LOW
HbA_{1c}: per 20 mmol/mol (per 4%)								
10	observational studies	very serious ^b	not serious	not serious	serious ^d	none	RR 0.99 (0.81 to 1.21)	⊕○○○ VERY LOW
Blood glucose at admission: >6 - <11.1 mmol/l								
7	observational studies	very serious ^b	not serious	not serious	serious ^d	none	RR 1.46 (0.99 to 2.14)	⊕○○○ VERY LOW

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Blood glucose at admission: >10 mmol/l								
19	observational studies	not serious ^a	not serious	not serious	not serious	none	RR 2.01 (1.54 to 2.63)	⊕⊕⊕⊕ HIGH
Blood glucose at admission: per 5 mmol/l								
11	observational studies	serious ^c	not serious	not serious	not serious	dose response gradient, potential publication bias	RR 1.38 (1.15 to 1.65)	⊕⊕⊕○ MODERATE
Poorly vs well-controlled								
3	observational studies	serious ^c	serious ^h	not serious	serious ^d	strong association	RR 2.94 (0.82 to 10.48)	⊕⊕○○ LOW
Use of insulin vs non-use								
26	observational studies	not serious	not serious	not serious	not serious	none	RR 1.33 (1.18 to 1.49)	⊕⊕⊕⊕ HIGH
Use of metformin vs non-use								
23	observational studies	not serious	not serious	not serious	not serious	none	RR 0.69 (0.60 to 0.79)	⊕⊕⊕⊕ HIGH
Use of DPP-4 inhibitors vs non-use								
22	observational studies	not serious	not serious	not serious	not serious	none	RR 0.91 (0.80 to 1.03)	⊕⊕⊕⊕ HIGH
Use of sulfonylurea/glinides/secretagogues vs non-use								
11	observational studies	not serious	serious ^h	not serious	serious ^d	none	RR 1.03 (0.87 to 1.22)	⊕⊕○○ LOW
Use of GLP1-RA vs non-use								
9	observational studies	not serious	not serious	not serious	not serious	none	RR 0.83 (0.71 to 0.97)	⊕⊕⊕⊕ HIGH
Use of SGLT-2i vs non-use								
9	observational studies	not serious	serious ^h	not serious	serious ^d	none	RR 0.88 (0.73 to 1.04)	⊕⊕⊕○ MODERATE
Use of thiazolidinedione vs non-use								

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
6	observational studies	not serious	serious ^h	not serious	very serious ^e	none	RR 0.83 (0.55 to 1.25)	⊕○○○ VERY LOW
Hypertension								
34	observational studies	serious ^c	not serious	not serious	serious ^d	none	RR 1.10 (0.99 to 1.23)	⊕⊕○○ LOW
Dyslipidaemia								
9	observational studies	very serious ^b	serious ^h	not serious	not serious	none	RR 0.96 (0.80 to 1.14)	⊕○○○ VERY LOW
Total cardiovascular disease								
23	observational studies	not serious	not serious	not serious	not serious	none ⁱ	RR 1.35 (1.23 to 1.50)	⊕⊕⊕⊕ HIGH
Coronary artery disease								
14	observational studies	serious ^c	not serious	not serious	not serious	none	RR 1.30 (1.11 to 1.53)	⊕⊕⊕○ MODERATE
Myocardial infarction								
5	observational studies	serious ^c	not serious	not serious	serious ^d	none	RR 1.20 (1.00 to 1.43)	⊕⊕○○ LOW
Heart failure								
14	observational studies	not serious	not serious	not serious	not serious	none	RR 1.33 (1.21 to 1.47)	⊕⊕⊕⊕ HIGH
Atrial fibrillation								
2	observational studies	not serious	not serious	not serious	serious ^d	none	RR 0.84 (0.61 to 1.15)	⊕⊕⊕○ MODERATE
Peripheral vascular disease								
5	observational studies	not serious	serious ^h	not serious	serious ^d	none	RR 1.03 (0.87 to 1.22)	⊕⊕○○ LOW
Cerebrovascular disease								
15	observational studies	serious ^c	serious ^h	not serious	not serious	none	RR 1.22 (1.01 to 1.48)	⊕⊕○○ LOW

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Stroke								
5	observational studies	serious ^c	serious ^h	not serious	serious ^d	none	RR 1.23 (0.95 to 1.59)	⊕○○○ VERY LOW
Microvascular complications								
6	observational studies	serious ^c	not serious	serious ^j	not serious	none	RR 1.26 (1.08 to 1.46)	⊕⊕○○ LOW
Chronic kidney disease								
28	observational studies	not serious	not serious	not serious	not serious	none	RR 1.54 (1.39 to 1.70)	⊕⊕⊕⊕ HIGH
Retinopathy								
3	observational studies	very serious ^b	not serious	not serious	very serious ^e	none	RR 1.08 (0.77 to 1.52)	⊕○○○ VERY LOW
Neuropathy								
3	observational studies	not serious	serious ^h	not serious	very serious ^e	none	RR 0.99 (0.73 to 1.36)	⊕○○○ VERY LOW
Diabetic foot								
4	observational studies	very serious ^b	serious ^h	not serious	very serious ^e	none	RR 1.10 (0.62 to 1.97)	⊕○○○ VERY LOW
Liver disease								
6	observational studies	not serious	not serious	not serious	not serious	none	RR 1.40 (1.17 to 1.67)	⊕⊕⊕⊕ HIGH
Chronic pulmonary diseases, not specified								
9	observational studies	not serious	not serious	serious ⁱ	not serious	potential publication bias	RR 1.37 (1.04 to 1.81)	⊕⊕○○ LOW
Chronic obstructive pulmonary disease								
19	observational studies	not serious ^a	not serious	not serious	not serious	none	RR 1.38 (1.24 to 1.54)	⊕⊕⊕⊕ HIGH
Asthma								

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
6	observational studies	serious ^c	not serious	not serious	serious ^d	none	RR 0.86 (0.65 to 1.13)	⊕⊕○○ LOW
Obstructive sleep apnoea								
2	observational studies	not serious	not serious	not serious	very serious ^e	none	RR 0.92 (0.56 to 1.49)	⊕⊕○○ LOW
Cancer								
19	observational studies	not serious	serious ^h	not serious	serious ^d	none	RR 1.25 (0.99 to 1.57)	⊕⊕○○ LOW
Dementia/cognitive impairment								
9	observational studies	serious	serious ^h	serious ^j	not serious	none	RR 1.54 (1.15 to 2.08)	⊕⊕○○ LOW
Neurodegenerative diseases, not specified								
3	observational studies	very serious ^b	not serious	serious ^j	very serious ^{d,k}	none	RR 4.29 (0.94 to 19.44)	⊕○○○ VERY LOW
Immunodeficiency diseases, not specified								
4	observational studies	not serious	serious ^h	serious ^j	serious ^d	none	RR 2.21 (0.93 to 5.24)	⊕○○○ VERY LOW
Any comorbidity								
3	observational studies	very serious ^b	serious ^h	not serious	very serious ^e	none	RR 1.41 (0.61 to 3.24)	⊕○○○ VERY LOW
≥3 comorbidities								
2	observational studies	very serious ^b	very serious ^l	not serious	extremely serious ^{e,k}	strong association	RR 10.36 (0.64 to 168.30)	⊕○○○ VERY LOW
Charlson index: per 1 unit								
2	observational studies	serious ^c	not serious	not serious	not serious	none	RR 1.33 (1.13 to 1.57)	⊕⊕⊕○ MODERATE
Use of statins vs non-use								

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
13	observational studies	not serious	serious ^h	not serious	very serious ^e	none	RR 0.99 (0.73 to 1.34)	⊕⊕○○ LOW
Use of renin inhibitor vs non-use								
19	observational studies	not serious	serious ^h	not serious	not serious	none	RR 0.91 (0.79 to 1.04)	⊕⊕⊕○ MODERATE
Use of beta-blockers vs non-use								
5	observational studies	serious ^c	serious ^h	not serious	very serious ^e	none	RR 0.94 (0.65 to 1.37)	⊕○○○ VERY LOW
Use of calcium channel blocker vs non-use								
3	observational studies	serious ^c	not serious	not serious	very serious ^e	none	RR 0.99 (0.77 to 1.27)	⊕○○○ VERY LOW
Use of diuretics vs non-use								
3	observational studies	very serious ^b	not serious	not serious	serious ^d	none	RR 1.29 (0.83 to 2.02)	⊕○○○ VERY LOW
Use of acetylsalicylic acid vs non-use								
5	observational studies	not serious	serious ^h	not serious	very serious ^e	none	RR 1.44 (0.72 to 2.87)	⊕○○○ VERY LOW
Use of use of antithrombotic drugs (antiplatelet/anticoagulant) vs non-use								
6	observational studies	serious ^c	not serious	not serious	not serious	none	RR 1.14 (1.02 to 1.27)	⊕⊕⊕○ MODERATE
CRP: per 5 mg/l								
10	observational studies	serious ^c	not serious	not serious	not serious	dose response gradient, ⁱ	RR 1.07 (1.02 to 1.12)	⊕⊕⊕⊕ HIGH
IL-6: per 5 pg/ml								
2	observational studies	not serious	not serious	not serious	very serious ^{e,m}	none	RR 2.37 (0.64 to 8.69)	⊕⊕○○ LOW
Procalcitonin: per 1 ng/ml								
2	observational studies	very serious ^b	not serious	not serious	serious ^m	dose response gradient	RR 1.25 (1.04 to 1.51)	⊕○○○ VERY LOW

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Albumin: per 1 g/l								
5	observational studies	very serious ^b	not serious	not serious	serious ^d	none	RR 0.77 (0.59 to 1.00)	⊕○○○ VERY LOW
ALT: per 5 unit/l								
6	observational studies	not serious	not serious	not serious	not serious	none	RR 1.02 (0.97 to 1.07)	⊕⊕⊕⊕ HIGH
AST: per 5 unit/l								
5	observational studies	serious ^c	not serious	not serious	not serious	dose response gradient	RR 1.28 (1.06 to 1.54)	⊕⊕⊕⊕ HIGH
eGFR: per 10 ml/min per 1.73 m²								
6	observational studies	serious ^c	not serious	not serious	not serious	dose response gradient	RR 0.80 (0.71 to 0.90)	⊕⊕⊕⊕ HIGH
Urea: per 1 mmol/l								
2	observational studies	extremely serious ⁿ	serious ^g	not serious	serious ^m	none	RR 1.03 (0.96 to 1.09)	⊕○○○ VERY LOW
Creatinine: per 10 μmol/l								
6	observational studies	serious ^c	not serious	not serious	not serious	none	RR 1.01 (0.98 to 1.03)	⊕⊕⊕○ MODERATE
White blood cell count: per 1x10⁹/l								
7	observational studies	serious ^c	serious ^h	not serious	not serious	none	RR 1.09 (0.99 to 1.19)	⊕⊕○○ LOW
Neutrophils: per 1x10⁹/l								
6	observational studies	very serious ^b	serious ^o	not serious	serious ^d	none	RR 1.15 (1.00 to 1.33)	⊕○○○ VERY LOW
Lymphocyte count: per 1x10⁹/l								
6	observational studies	serious ^c	serious ^o	not serious	not serious	dose response gradient	RR 0.59 (0.40 to 0.86)	⊕⊕⊕○ MODERATE
Platelet count: per 1x10⁹/l								

ESM Table 6: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
6	observational studies	serious ^c	not serious	not serious	not serious	none	RR 0.99 (0.99 to 1.00)	⊕⊕⊕○ MODERATE
Lactate dehydrogenase: per 10 unit/l								
7	observational studies	not serious	not serious	not serious	not serious	none	RR 1.03 (1.01 to 1.04)	⊕⊕⊕⊕ HIGH
D-dimer: per 1 nmol/l								
6	observational studies	not serious	not serious	not serious	not serious	none	RR 1.00 (0.99 to 1.00)	⊕⊕⊕⊕ HIGH
Prothrombin time: per 1 second								
2	observational studies	extremely serious ⁿ	not serious	not serious	serious ^m	dose-response gradient	RR 1.12 (1.03 to 1.22)	⊕○○○ VERY LOW
Erythrocyte sedimentation rate: per 1 mm/h								
2	observational studies	very serious ^b	not serious	not serious	very serious ^{e,m}	none	RR 1.18 (0.77 to 1.81)	⊕○○○ VERY LOW
Haemoglobin: per 1 mmol/l								
3	observational studies	serious ^c	very serious ^g	not serious	serious ^d	none	RR 0.89 (0.39 to 1.98)	⊕○○○ VERY LOW
Ferritin: per 1 ug/l								
2	observational studies	not serious	serious ^l	not serious	not serious	none	RR 1.03 (0.95 to 1.11)	⊕⊕⊕○ MODERATE
Fibrinogen: per 1 g/l								
2	observational studies	not serious	serious ^l	not serious	very serious ^e	none	RR 1.69 (0.45 to 6.30)	⊕⊕○○ LOW

CI: Confidence interval; RR: Risk ratio

Explanations:

- High proportion (>25-50%) of evidence from studies with high risk of bias; however the estimate was robust in stratified analysis in studies with low/moderate risk of bias.
- Very high proportion (>50-90%) of evidence from studies with high risk of bias.

- c. High proportion (>25-50%) of evidence from studies with high risk of bias.
- d. 95% CI includes the null value and includes important benefit (RR<0.80) OR harm (RR>1.20).
- e. 95% CI includes the null value and includes important benefit (RR<0.80) AND harm (RR>1.20).
- f. Comparator not consistent across the studies and indirectness possible.
- g. Opposite direction of effect estimates and no overlap of 95% CIs.
- h. Opposite direction of effect estimates and minimal overlap of 95% CIs.
- i. Eggers test indicated potential publication bias, but mainly small studies were missing and publication bias can be neglected.
- j. Composite endpoint; diseases are not further specified/defined and indirectness is possible.
- k. Extremely wide 95% CI.
- l. No overlap of 95% CI.
- m. Number of participants: n<400.
- n. Extremely high proportion (>90-100%) of evidence from studies with high risk of bias.
- o. Minimal overlap of 95% CIs.

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
COVID-19 vaccination: yes vs no								
3	observational studies	not serious	not serious	not serious	not serious	none	RR 0.32 (0.26 to 0.38)	⊕⊕⊕⊕ HIGH
COVID-19 vaccination: 2 doses vs none								
2	observational studies	extremely serious ^a	not serious	not serious	Serious ^a	none	RR 0.25 (0.11 to 0.53)	⊕○○○ VERY LOW
Male sex								
62	observational studies	not serious ^b	not serious	not serious	not serious	none	RR 1.27 (1.21 to 1.34)	⊕⊕⊕⊕ HIGH
Age: ≥65 years								
25	observational studies	not serious ^b	not serious	not serious	not serious	strong association	RR 2.21 (1.65 to 2.96)	⊕⊕⊕⊕ HIGH
Age, per 5 years								
44	observational studies	not serious ^b	not serious	not serious	not serious	dose response gradient	RR 1.15 (1.12 to 1.17)	⊕⊕⊕⊕ HIGH
BMI, per 5 kg/m²								
20	observational studies	not serious ^c	serious ^d	not serious	not serious	none	RR 1.03 (0.95 to 1.11)	⊕⊕⊕○ MODERATE
Overweight								
15	observational studies	not serious	serious ^d	not serious	serious ^e	publication bias suspected	RR 1.05 (0.92 to 1.21)	⊕○○○ VERY LOW
Obesity								
30	observational studies	not serious	not serious	not serious	not serious	publication bias suspected	RR 1.28 (1.15 to 1.43)	⊕⊕⊕○ MODERATE
Smoking: smoker vs not smoker								
16	observational studies	serious ^f	serious ^d	not serious	serious ^e	none	RR 1.08 (0.90 to 1.28)	⊕○○○ VERY LOW

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Area of residence: rural vs urban								
3	observational studies	not serious	not serious	serious ^g	not serious	none	RR 0.80 (0.74 to 0.86)	⊕⊕⊕○ MODERATE
Ethnicity: Black vs Non-Hispanic white								
13	observational studies	serious ^f	serious ^d	serious ^h	serious ^e	none	RR 1.07 (0.93 to 1.22)	⊕○○○ VERY LOW
Ethnicity: Hispanic vs Non-Hispanic white								
6	observational studies	not serious	serious ^d	serious ^h	serious ^e	none	RR 1.16 (0.80 to 1.68)	⊕○○○ VERY LOW
Ethnicity: Asian vs Non-Hispanic white								
6	observational studies	very serious ⁱ	serious ^d	serious ^{g,h}	serious ^e	none	RR 1.19 (0.81 to 1.74)	⊕○○○ VERY LOW
Ethnicity: White vs Non-white								
2	observational studies	very serious ⁱ	very serious ⁱ	not serious	serious ^e	none	RR 0.92 (0.71 to 1.19)	⊕○○○ VERY LOW
Type 2 vs type 1 diabetes								
9	observational studies	serious ^f	serious ^d	not serious	very serious ^k	none	RR 0.98 (0.67 to 1.42)	⊕○○○ VERY LOW
Diabetes duration, per 5 years								
7	observational studies	serious ^f	serious ^d	not serious	not serious	none	RR 1.00 (0.90 to 1.10)	⊕⊕○○ LOW
Diabetes duration: ≥10								
4	observational studies	serious ^f	serious ^d	not serious	very serious ^k	none	RR 1.22 (0.64 to 2.31)	⊕○○○ VERY LOW
HbA_{1c}: 53-75 vs <53 mmol/mol (7-9 vs <7%)								
16	observational studies	not serious	not serious	not serious	not serious	none	RR 1.21 (1.09 to 1.35)	⊕⊕⊕⊕ HIGH
HbA_{1c}: ≥75 vs <53 mmol/mol (≥9 vs <7%)								

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
12	observational studies	serious ^f	serious ^d	not serious	not serious	none	RR 1.26 (1.06 to 1.49)	⊕⊕○○ LOW
HbA_{1c}, per 20 mmol/mol (per 4%)								
28	observational studies	not serious ^b	serious ^d	not serious	not serious	dose response gradient, publication bias can be neglected ^l	RR 1.51 (1.25 to 1.80)	⊕⊕⊕⊕ HIGH
Blood glucose at admission: ≥6 - <10 vs <6 mmol/L								
9	observational studies	not serious	not serious	not serious	not serious	none	RR 1.89 (1.21 to 2.95)	⊕⊕⊕⊕ HIGH
Blood glucose at admission: ≥10								
19	observational studies	not serious ^b	not serious	not serious	not serious	none	RR 1.81 (1.42 to 2.31)	⊕⊕⊕⊕ HIGH
Blood glucose at admission, per 5 mmol/l								
14	observational studies	not serious ^b	not serious	not serious	not serious	dose response gradient, publication bias suspected	RR 1.10 (1.05 to 1.18)	⊕⊕⊕⊕ HIGH
Poorly vs well-controlled at admission								
3	observational studies	not serious	serious ^d	serious ^g	not serious	strong association	RR 2.32 (1.16 to 4.66)	⊕⊕⊕○ MODERATE
Use of insulin vs non-use								
35	observational studies	not serious	serious ^d	not serious	not serious	none ^l	RR 1.31 (1.17 to 1.47)	⊕⊕⊕○ MODERATE
Use of metformin vs non-use								
34	observational studies	not serious	serious ^d	not serious	not serious	none	RR 0.78 (0.71 to 0.85)	⊕⊕⊕○ MODERATE
Use of DPP-4 inhibitors vs non-use								
30	observational studies	not serious	serious ^d	not serious	not serious	none	RR 0.93 (0.86 to 1.01)	⊕⊕⊕○ MODERATE
Use of sulfonylurea/glinide/secretagogues vs non-use								
18	observational studies	not serious	not serious	not serious	not serious	none	RR 1.15 (1.02 to 1.29)	⊕⊕⊕⊕ HIGH

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Use of GLP1-RA vs non-use								
13	observational studies	not serious	serious ^d	not serious	serious ^e	none	RR 0.85 (0.72 to 1.01)	⊕⊕○○ LOW
Use of SGLT-2i vs non-use								
15	observational studies	not serious	serious ^d	not serious	not serious	none	RR 0.93 (0.85 to 1.01)	⊕⊕⊕○ MODERATE
Use of thiazolidinedione vs non-use								
10	observational studies	not serious	not serious	not serious	not serious	publication bias suspected	RR 0.98 (0.81 to 1.18)	⊕⊕⊕○ MODERATE
Use of alpha-glucosidase inhibitors vs non-use								
3	observational studies	very serious ⁱ	serious ^d	not serious	very serious ^{k,q}	none	RR 0.71 (0.24 to 2.12)	⊕○○○ VERY LOW
Hypertension								
49	observational studies	not serious ^b	serious ^d	not serious	not serious	none ^l	RR 1.23 (1.14 to 1.33)	⊕⊕⊕○ MODERATE
Dyslipidaemia								
11	observational studies	very serious ⁱ	not serious	not serious	not serious	none	RR 1.04 (0.97 to 1.12)	⊕⊕○○ LOW
Total Cardiovascular disease (CVD)								
32	observational studies	serious ^f	serious ^d	not serious	not serious	none	RR 1.36 (1.19 to 1.56)	⊕⊕○○ LOW
Coronary artery disease (CAD)								
23	observational studies	serious ^f	serious ^d	not serious	serious ^e	none	RR 1.11 (0.98 to 1.26)	⊕○○○ VERY LOW
Myocardial infarction (MI)								
6	observational studies	not serious	serious ^d	not serious	serious ^e	none	RR 1.10 (0.90 to 1.35)	⊕⊕○○ LOW
Heart failure (HF)								

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
17	observational studies	not serious	serious ^d	not serious	not serious	none ^l	RR 1.30 (1.17 to 1.46)	⊕⊕⊕○ MODERATE
Atrial fibrillation (AF)								
2	observational studies	not serious	not serious	not serious	very serious ^k	none	RR 0.94 (0.71 to 1.23)	⊕⊕○○ LOW
Peripheral vascular disease (PVD)								
5	observational studies	not serious	serious ^d	not serious	serious ^e	none	RR 1.11 (0.98 to 1.25)	⊕⊕○○ LOW
Cerebrovascular disease								
22	observational studies	not serious ^b	serious ^d	not serious	serious ^e	none	RR 1.12 (0.97 to 1.28)	⊕⊕○○ LOW
Stroke								
8	observational studies	not serious	not serious	not serious	not serious	none	RR 1.07 (0.98 to 1.16)	⊕⊕⊕⊕ HIGH
Microvascular diseases (MVD)								
6	observational studies	very serious ⁱ	not serious	serious ^m	serious ^e	none	RR 1.18 (1.00 to 1.39)	⊕○○○ VERY LOW
Chronic kidney disease (CKD)								
38	observational studies	not serious ^b	not serious	not serious	not serious	publication bias suspected	RR 1.54 (1.39 to 1.70)	⊕⊕⊕○ MODERATE
Retinopathy								
6	observational studies	serious ^f	serious ^d	not serious	serious ^e	none	RR 1.05 (0.83 to 1.33)	⊕○○○ VERY LOW
Neuropathy								
5	observational studies	not serious	not serious	serious ^g	not serious	none	RR 1.17 (1.07 to 1.28)	⊕⊕⊕○ MODERATE
Diabetic foot								
6	observational studies	very serious ⁱ	serious ^d	not serious	very serious ^k	none	RR 0.99 (0.58 to 1.71)	⊕○○○ VERY LOW

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Liver disease								
9	observational studies	not serious	not serious	not serious	not serious	none	RR 1.21 (1.09 to 1.35)	⊕⊕⊕⊕ HIGH
Chronic pulmonary diseases, not specified								
14	observational studies	not serious	not serious	serious ^m	not serious	publication bias suspected	RR 1.20 (1.06 to 1.37)	⊕⊕○○ LOW
Chronic obstructive pulmonary disease (COPD)								
23	observational studies	not serious ^b	serious ^d	not serious	not serious	none	RR 1.37 (1.21 to 1.56)	⊕⊕⊕○ MODERATE
Asthma								
8	observational studies	very serious ⁱ	not serious	not serious	serious ^e	none	RR 0.96 (0.78 to 1.18)	⊕○○○ VERY LOW
Obstructive sleep apnoea								
3	observational studies	extremely serious ^a	not serious	serious ^g	not serious	none	RR 1.33 (1.03 to 1.73)	⊕○○○ VERY LOW
Cancer								
24	observational studies	not serious ^b	serious ^d	not serious	not serious	none	RR 1.37 (1.07 to 1.75)	⊕⊕⊕○ MODERATE
Dementia/cognitive impairment								
10	observational studies	not serious	serious ^d	serious ^m	not serious	none	RR 1.58 (1.16 to 2.16)	⊕⊕○○ LOW
Neurodegenerative disease, not specified								
3	observational studies	very serious ⁱ	not serious	serious ^m	serious ^e	none	RR 2.33 (0.85 to 6.41)	⊕○○○ VERY LOW
Immunodeficiency disorders, not specified								
5	observational studies	not serious	not serious	very serious ^{g,m}	not serious	none	RR 1.21 (1.02 to 1.43)	⊕⊕○○ LOW
Any comorbidity								

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
3	observational studies	very serious ⁱ	not serious	serious ^g	not serious	strong association	RR 2.05 (1.25 to 3.36)	⊕⊕○○ LOW
≥3 comorbidities vs no comorbidities								
2	observational studies	very serious ⁱ	serious ⁿ	serious ^g	extremely serious ^o	strong association	RR 12.06 (0.99 to 146.39)	⊕○○○ VERY LOW
Charlson index, per 1 unit								
3	observational studies	not serious	not serious	serious ^g	not serious	none	RR 1.19 (1.06 to 1.34)	⊕⊕⊕○ MODERATE
Use of statins vs non-use								
16	observational studies	not serious	serious ^d	not serious	very serious ^k	none	RR 1.01 (0.76 to 1.35)	⊕○○○ VERY LOW
Use of renin inhibitors vs non-use								
29	observational studies	serious ^f	serious ^d	not serious	not serious	none	RR 1.00 (0.91 to 1.11)	⊕⊕○○ LOW
Use of beta-blockers vs non-use								
6	observational studies	very serious ⁱ	not serious	not serious	serious ^e	none	RR 0.91 (0.74 to 1.13)	⊕○○○ VERY LOW
Use of calcium channel blocker (CCB) vs non-use								
6	observational studies	serious ^f	serious ^d	not serious	serious ^e	none	RR 1.16 (0.82 to 1.64)	⊕○○○ VERY LOW
Use of diuretics vs non-use								
4	observational studies	extremely serious ^a	not serious	serious ^g	serious ^e	none	RR 1.09 (0.92 to 1.29)	⊕○○○ VERY LOW
Use of acetylsalicylic acid (ASA) vs non-use								
5	observational studies	serious ^f	serious ^d	serious ^g	not serious	none	RR 1.45 (1.07 to 1.96)	⊕○○○ VERY LOW
Use of use of antithrombotic drugs (antiplatelet/anticoagulant) vs non-use								
9	observational studies	not serious	serious ^d	not serious	not serious	none	RR 1.02 (0.89 to 1.16)	⊕⊕⊕○ MODERATE

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
Triglycerides, per 1mmol/l								
2	observational studies	extremely serious ^a	serious ^d	not serious	very serious ^{k, q}	none	RR 1.29 (0.73 to 2.27)	⊕○○○ VERY LOW
Total cholesterol, per 1mmol/l								
3	observational studies	extremely serious ^a	not serious	serious ^g	not serious	none	RR 0.90 (0.87 to 0.93)	⊕○○○ VERY LOW
LDL, per 1mmol/l								
2	observational studies	extremely serious ^a	not serious	serious ^g	not serious	none	RR 0.83 (0.78 to 0.88)	⊕○○○ VERY LOW
HDL, per 1mmol/l								
3	observational studies	very serious ⁱ	not serious	serious ^g	very serious ^k	none	RR 0.64 (0.29 to 1.42)	⊕○○○ VERY LOW
CRP, per 5 mg/l								
14	observational studies	not serious ^b	not serious ⁿ	not serious	not serious	dose response gradient, publication bias suspected	RR 1.06 (1.03 to 1.10)	⊕⊕⊕⊕ HIGH
IL-6, per 5 pg/ml								
6	observational studies	very serious ⁱ	not serious ⁿ	not serious	not serious	dose response gradient	RR 1.13 (1.03 to 1.25)	⊕⊕⊕○ MODERATE
Serum amyloid A, per 1 mg/l								
2	observational studies	extremely serious ^a	not serious	not serious	serious ^q	none	RR 1.00 (0.98 to 1.02)	⊕○○○ VERY LOW
Procalcitonin, per 1 ng/ml								
3	observational studies	extremely serious ^a	not serious	not serious	not serious	dose response gradient	RR 1.22 (1.15 to 1.30)	⊕⊕○○ LOW
Albumin, per 1 g/l								
7	observational studies	very serious ⁱ	serious ^d	not serious	not serious	none	RR 0.70 (0.56 to 0.89)	⊕○○○ VERY LOW
ALT, per 5 unit/l								
8	observational studies	serious ^f	not serious	not serious	not serious	none	RR 1.05 (0.99 to 1.11)	⊕⊕⊕○ MODERATE

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
AST, per 5 unit/l								
8	observational studies	not serious	not serious	not serious	not serious	dose response gradient	RR 1.25 (1.10 to 1.41)	⊕⊕⊕⊕ HIGH
eGFR per 10 ml/min per 1.73 m²								
7	observational studies	serious ^f	not serious	not serious	not serious	dose response gradient	RR 0.83 (0.76 to 0.90)	⊕⊕⊕⊕ HIGH
Urea, per 1 mmol/l								
2	observational studies	extremely serious ^a	very serious ⁱ	serious ^g	not serious	none	RR 0.97 (0.81 to 1.15)	⊕○○○ VERY LOW
Creatinine, per 10 μmol/l								
9	observational studies	serious ^f	not serious	not serious	not serious	none	RR 1.01 (0.99 to 1.02)	⊕⊕⊕○ MODERATE
Creatinine phosphokinase, per 1 U/l								
2	observational studies	extremely serious ^a	not serious	not serious	Serious ^g	none	RR 1.01 (1.01 to 1.01)	⊕○○○ VERY LOW
Serum sodium, per 10 mmol/l								
2	observational studies	very serious ⁱ	very serious ⁱ	serious ^g	very serious ^k	none	RR 1.20 (0.42 to 3.42)	⊕○○○ VERY LOW
Potassium, per 1 mmol/l								
2	observational studies	serious ^f	not serious	serious ^g	serious ^e	none	RR 1.50 (0.83 to 2.72)	⊕○○○ VERY LOW
White blood cell count, per 1x10⁹/l								
11	observational studies	serious ^f	serious ^d	not serious	not serious	dose response gradient	RR 1.08 (1.02 to 1.16)	⊕⊕⊕○ MODERATE
Neutrophils, per 1x10⁹/l								
8	observational studies	very serious ⁱ	not serious	not serious	not serious	dose response gradient	RR 1.18 (1.11 to 1.26)	⊕⊕⊕○ MODERATE
Lymphocyte count, per 1x10⁹/l								

ESM Table 7: Certainty of evidence for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity using the GRADE tool

Certainty assessment							Relative risk (95% CI)	Certainty
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		
11	observational studies	serious ^f	serious ^d	not serious	not serious	dose response gradient, publication bias suspected	RR 0.62 (0.48 to 0.80)	⊕⊕○○ LOW
Neutrophil-to-lymphocyte ratio								
2	observational studies	very serious ⁱ	serious ^p	not serious	very serious ^k	none	RR 1.58 (0.74 to 3.35)	⊕○○○ VERY LOW
Platelet count, per 1x10⁹/l								
9	observational studies	very serious ⁱ	not serious	not serious	not serious	none	RR 0.99 (0.99 to 1.00)	⊕⊕○○ LOW
Lactatdehydrogenase, per 10 unit/l								
9	observational studies	not serious	not serious	not serious	not serious	dose response gradient	RR 1.04 (1.01 to 1.07)	⊕⊕⊕⊕ HIGH
D-dimer, per 1 nmol/l								
7	observational studies	not serious	serious ^d	not serious	not serious	none	RR 1.00 (0.99 to 1.00)	⊕⊕⊕○ MODERATE
Prothrombin time per 1 s								
4	observational studies	serious ^f	not serious	not serious	not serious	dose response gradient	RR 1.11 (1.04 to 1.17)	⊕⊕⊕○ MODERATE
Erythrocyte sedimentation rate, per 1 mm/h								
4	observational studies	extremely serious ^a	not serious	not serious	not serious	none	RR 1.02 (1.00 to 1.05)	⊕○○○ VERY LOW
Haemoglobin, per 1 mmol/l								
7	observational studies	not serious	serious ^d	not serious	not serious	none	RR 0.98 (0.92 to 1.03)	⊕⊕⊕○ MODERATE
Ferritin, per 1 ug/l								
3	observational studies	serious ^f	not serious	not serious	not serious	none	RR 1.00 (1.00 to 1.01)	⊕⊕⊕○ MODERATE

CI: Confidence interval; RR: Risk ratio

Explanations:

- a. Extremely high proportion (>90-100%) of evidence from studies with high risk of bias.
- b. High proportion (>25-50%) of evidence from studies with high risk of bias; however the estimate was robust in stratified analysis in studies with low/moderate risk of bias.
- c. Very high proportion (>50-90%) of evidence from studies with high risk of bias, however the estimate was robust in stratified analysis in studies with low/moderate risk of bias.
- d. Opposite direction of effect estimates and minimal overlap of 95% CIs of some studies.
- e. 95% CI includes the null value and includes important benefit OR harm.
- f. High proportion (>25-50%) of evidence from studies with high risk of bias.
- g. Large differences in the composite endpoint and indirectness is possible.
- h. Comparator not consistent across the studies and indirectness is possible.
- i. Very high proportion (>50-90%) of evidence from studies with high risk of bias.
- j. Opposite direction of effect estimates and no overlap of 95% CIs of some studies
- k. 95% CI includes the null value and includes important benefit AND harm.
- l. Egger's test indicated potential publication bias, but mainly small studies were missing and publication bias can be neglected (not downgraded for publication bias).
- m. Composite exposure; diseases are not further specified/defined and indirectness is possible.
- n. No overlap of 95% CI of some estimates.
- o. Extremely wide 95% CI.
- p. minimal overlap of 95% CI.
- q.

ESM Table 8: Meta-regression: Adjustment for risk of bias due to confounding, for associations showing differences in stratified analyses by confounding

Exposure	SRR between studies	Lower 95% CI	Higher 95% CI	P between studies
Death				
Type of diabetes	2.42	0.40	14.70	0.245
HbA_{1c} ≥75 mmol/mol (≥9 %)	0.67	0.51	0.90	0.014
Poorly controlled	0.12	3.84e-06	3892.65	0.236
Use of DPP-4	1.20	0.74	1.95	0.442
Use of thiazolidinedione	1.80	0.33	9.90	0.394
Use of statins	2.19	1.51	3.18	0.001
Use of RAAS	1.62	1.00	2.64	0.050
Use of antithrombotic drugs	1.15	0.88	1.49	0.216
Haemoglobin	0.45	0.003	81.93	0.304
Severity				
Type of diabetes	2.09	0.87	5.03	0.088
Diabetes duration >10 years	0.37	0.11	1.29	0.076
HbA_{1c} ≥75 mmol/mol (≥9 %)	0.62	0.46	0.85	0.006
Poorly controlled	0.22	0.00001	4332.39	0.299
Use of DPP-4	1.11	0.85	1.47	0.432
Use of GLP1-RA	1.46	0.90	2.38	0.111
Use of thiazolidinedione	1.91	0.92	4.00	0.077
Use of alpha glucosidase	0.26	6.95e-09	9782754.0	0.507
Use of statins	2.03	1.47	2.79	<0.0001
Use of RAAS	1.47	1.08	2.02	0.018
Use of antithrombotic drugs	0.88	0.56	1.38	0.520
Serum sodium	insufficient observations			
Serum potassium	insufficient observations			
Haemoglobin	0.66	0.39	1.12	0.101

Data in bold indicate effect modification by adjustment status.

ESM Table 9: Comparison of the 95% CIs derived by the DerSimonian-Laird method versus the Hartung-Knapp-Sidik-Jonkman method for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 death

	Summary RR	95% CIs from the DerSimonian-Laird method		95% CIs from the Hartung-Knapp-Sidik-Jonkman method	
General risk factors					
Sex (n=39)	1.40	1.31	1.50	1.29	1.52
Age ≥65y (n=20)	3.45	2.44	4.87	2.29	5.19
Age per 5 y (n=30)	1.28	1.21	1.36	1.19	1.38
BMI, per 5 kg/m ² (n=11)	1.04	0.98	1.10	0.97	1.11
Overweight (n=10)	0.96	0.88	1.04	0.87	1.05
Obesity (n=21)	1.18	1.04	1.34	1.00	1.40
Smoking (n=11)	1.11	0.93	1.34	0.89	1.39
Area of residence: rural vs. urban (n=3)	0.92	0.69	1.24	0.48	1.77
Ethnicity: Black vs. Non-Hispanic white (n=8)	0.88	0.80	0.96	0.79	0.98
Ethnicity: Hispanic vs. Non-Hispanic white (n=4)	1.25	1.08	1.45	0.96	1.63
Ethnicity: Asian vs. Non-Hispanic white (n=2)	0.97	0.55	1.68	0.26	35.51
Ethnicity: White vs. Non-white (n=2)	0.93	0.73	1.18	0.20	4.31
Diabetes-specific risk factors					
Type 2 vs type 1 (n=5)	1.09	0.60	1.97	0.47	2.52
Diabetes duration, per 5 year (n=5)	1.13	0.92	1.38	0.81	1.57
Diabetes duration, ≥10 year (n=2)	1.16	0.28	4.81	0.0001	11702.72
HbA _{1c} , 53-75 vs <53 mmol/mol (7-9 %) (n=8)	1.18	1.06	1.32	1.03	1.35
HbA _{1c} , >75 vs <53 mmol/mol (≥9 %) (n=9)	1.11	0.93	1.32	0.91	1.36
HbA _{1c} , per 20 mmol/mol (per 4 %) (n=10)	0.99	0.81	1.21	0.79	1.25
Glucose ≥6 mmol/l (n=7)	1.46	0.99	2.14	0.90	2.25
Glucose ≥10 mmol/l (n=19)	2.01	1.54	2.63	1.42	2.87
Glucose per 5 mmol/l (n=11)	1.38	1.15	1.65	1.11	1.71
Poorly controlled (n=3)	2.94	0.82	10.48	0.13	65.59
Insulin use (n=26)	1.33	1.18	1.49	1.12	1.57
Metformin use (n=23)	0.69	0.60	0.79	0.57	0.84
DDP-4 use (n=22)	0.91	0.80	1.03	0.77	1.06
GLP1-RA (n=9)	0.83	0.71	0.97	0.69	0.99
SGLT-2i (n=9)	0.88	0.73	1.04	0.70	1.09
Sulfonylurea/glinides/secretagogues use (n=11)	1.03	0.87	1.22	0.82	1.29
Thiazolidinedione (n=6)	0.83	0.55	1.25	0.48	1.44
Comorbidities and complications					
Hypertension (n=34)	1.10	0.99	1.23	0.98	1.25
Dyslipidaemia (n=9)	0.96	0.80	1.14	0.76	1.21

CVD (n=23)	1.35	1.23	1.50	1.18	1.56
CAD (n=14)	1.30	1.11	1.53	1.06	1.60
Myocardial infarction (MI) (n=5)	1.20	1.00	1.43	0.91	1.58
Heart failure (HF) (n=14)	1.33	1.21	1.47	1.20	1.48
Atrial fibrillation (AF) (n=2)	0.84	0.61	1.15	0.11	6.56
Peripheral vascular disease (PVD) (n=5)	1.03	0.87	1.22	0.81	1.31
Cerebrovascular disease (n=15)	1.22	1.01	1.48	0.91	1.63
Stroke (n=5)	1.23	0.95	1.59	0.83	1.82
Microvascular complications (n=6)	1.26	1.08	1.46	0.99	1.59
CKD (n=28)	1.54	1.39	1.70	1.33	1.78
Retinopathy (n=3)	1.08	0.77	1.52	0.42	2.77
Neuropathy (n=3)	0.99	0.73	1.36	0.50	1.97
Diabetic foot (n=4)	1.10	0.62	1.97	0.27	4.49
Liver disease (n=6)	1.40	1.17	1.67	1.09	1.78
Chronic pulmonary diseases, not specified (n=9)	1.37	1.04	1.81	0.97	1.93
COPD (n=19)	1.38	1.24	1.54	1.22	1.57
Asthma (n=6)	0.86	0.65	1.13	0.59	1.25
Obstructive sleep apnoea (n=2)	0.92	0.56	1.49	0.04	21.36
Cancer (n=19)	1.25	0.99	1.57	0.93	1.68
Dementia/cognitive impairment (n=9)	1.54	1.15	2.08	1.09	2.19
Neurodegenerative diseases, not specified (n=3)	4.29	0.94	19.44	0.16	118.51
Immunodeficiency disorders, not specified (n=4)	2.21	0.93	5.24	0.37	13.18
Any comorbidities (n=3)	1.41	0.61	3.24	0.22	8.92
≥3 comorbidities (n=2)	10.36	0.64	168.30	1.47e-07	7.32e+08
Charlson index per 1 unit (n=2)	1.33	1.13	1.57	0.46	3.88
Other medication use					
Statins (n=13)	0.99	0.73	1.34	0.71	1.39
Acetylsalicylic acid (ASA) (n=5)	1.44	0.72	2.87	0.54	3.83
RAAS (n=19)	0.91	0.79	1.04	0.75	1.11
Beta-blockers (n=5)	0.94	0.65	1.37	0.50	1.78
Diuretics (n=3)	1.29	0.83	2.02	0.43	3.93
Antithrombotic drugs (n=6)	1.14	1.02	1.27	0.98	1.32
Calcium channel blocker (CCB) (n=3)	0.99	0.77	1.27	0.57	1.72
Laboratory parameters on admission					
CRP, per 5 mg/l (n=10)	1.07	1.02	1.12	0.99	1.15
IL-6, per 5 pg/ml (n=2)	2.37	0.64	8.69	0.001	10939.37
Procalcitonin, per 1 ng/ml (n=2)	1.25	1.04	1.51	0.38	4.18
Albumin, per 1 g/l (n=5)	0.77	0.59	1.00	0.40	1.47
ALT, per 5 unit/l (n=6)	1.02	0.97	1.07	0.94	1.10
AST, per 5 unit/l (n=5)	1.28	1.06	1.54	0.85	1.91

eGFR per 10 ml/min per 1.73 m ² (=6)	0.80	0.71	0.90	0.68	0.96
Urea, per 1 mmol/l (n=2)	1.03	0.96	1.09	0.68	1.55
Creatinine, per 10 µmol/l (n=6)	1.01	0.98	1.03	0.94	1.07
White blood cell count, per 1x10 ⁹ / (n=7)	1.09	0.99	1.19	0.91	1.29
Lymphocyte count, per 1x10 ⁹ / (n=6)	0.59	0.40	0.86	0.21	1.65
Neutrophils, per 1x10 ⁹ / (n=6)	1.15	1.00	1.33	0.87	1.53
Platelet count, per 1x10 ⁹ / (n=6)	0.99	0.99	1.00	0.98	1.00
LDH, per 10 unit/l (n=7)	1.03	1.01	1.04	0.97	1.09
D-dimer, per nmol/l (n=6)	1.00	0.99	1.00	0.99	1.01
Prothrombin time, per 1 s (n=2)	1.12	1.03	1.22	0.64	1.94
Erythrocyte sedimentation rate, per 1 mm/h (n=2)	1.18	0.77	1.81	0.73	19.05
Haemoglobin, per 1 mmol/l (n=3)	0.89	0.39	1.98	0.11	7.02
Ferritin, per 1 ug/l	1.03	0.95	1.11	0.63	1.68
Fibrinogen, per 1 g/l (n=2)	1.69	0.45	6.30	0.0003	8629.12
Grey highlighted rows present associations that exclude the null value when applying the DerSimonian-Laird method, but include the null value when calculating the 95% CI using the Hartung-Knapp-Sidik-Jonkman method.					

ESM Table 10: Comparison of the 95% CIs derived by the DerSimonian-Laird method versus the Hartung-Knapp-Sidik-Jonkman method for associations between phenotypes of patients with diabetes and SARS-CoV-2 regarding COVID-19 severity			
	Summary RR	95% CIs from the DerSimonian-Laird method	95% CIs from the Hartung-Knapp-Sidik-Jonkman method
General risk factors			
COVID-19 vaccination status, yes vs. no (n=3)	0.32	0.26 0.38	0.21 0.48
COVID-19 vaccination status, 2 doses vs. none (n=2)	0.25	0.11 0.53	0.002 35.50
Sex (n=62)	1.27	1.21 1.34	1.20 1.35
Age ≥65y (n=25)	2.21	1.65 2.96	1.53 3.18
Age per 5 y (n=44)	1.15	1.12 1.17	1.10 1.19
BMI, per 5 kg/m ² (n=20)	1.03	0.95 1.11	0.92 1.15
Overweight (n=15)	1.05	0.92 1.21	0.90 1.23
Obesity (n=30)	1.28	1.15 1.43	1.13 1.47
Smoking (n=16)	1.08	0.90 1.28	0.87 1.33
Area of residence: rural vs. urban (n=3)	0.80	0.74 0.86	0.67 0.95
Ethnicity: Black vs. Non-Hispanic white (n=13)	1.07	0.93 1.22	0.91 1.24
Ethnicity: Hispanic vs. Non-Hispanic white (n=6)	1.16	0.80 1.68	0.70 1.92
Ethnicity: Asian vs. Non-Hispanic white (n=6)	1.19	0.81 1.74	0.64 2.19
Ethnicity: White vs. Non-white (n=2)	0.92	0.71 1.19	0.17 4.98
Diabetes-specific risk factors			
Type 2 vs type 1 (n=9)	0.98	0.67 1.42	0.61 1.55
Diabetes duration per 5y (n=7)	0.995	0.90 1.10	0.86 1.16
Diabetes duration ≥10y (n=4)	1.22	0.64 2.31	0.43 3.44
HbA _{1c} , 53-75 vs <75 mmol/mol (7-9 %) (n=16)	1.21	1.09 1.35	1.06 1.38
HbA _{1c} , ≥75 vs <53 mmol/mol (≥9 %) (n=12)	1.26	1.06 1.49	0.99 1.60
HbA _{1c} per 20 mmol/mol (per 4%) (n=28)	1.51	1.25 1.80	1.12 2.02
Glucose ≥6 mmol/l (n=9)	1.89	1.21 2.95	1.12 3.19
Glucose ≥11 mmol/l (n=19)	1.81	1.42 2.31	1.30 2.52
Glucose per 5 mmol/l (n=14)	1.10	1.05 1.18	0.97 1.24
Poorly controlled (n=3)	2.32	1.16 4.66	0.35 15.30
Insulin use (n=35)	1.31	1.17 1.47	1.11 1.55
Metformin use (n=34)	0.78	0.71 0.85	0.69 0.88
DDP-4 use (n=30)	0.93	0.86 1.01	0.85 1.02
GLP1-RA (n=13)	0.85	0.72 1.01	0.71 1.03
Sulfonylurea/glinides/secretagogues use (n=18)	1.15	1.02 1.29	1.01 1.31
SGLT-2i (n=15)	0.93	0.85 1.01	0.84 1.02
Thiazolidinedione (n=10)	0.98	0.81 1.18	0.78 1.22

Alpha-glucosidase inhibitors use (n=3)	0.71	0.24	2.12	0.48	10.57
Comorbidities and complications					
Hypertension (n=49)	1.23	1.14	1.33	1.13	1.34
Dyslipidaemia (n=11)	1.04	0.97	1.12	0.96	1.13
CVD (n=32)	1.36	1.19	1.56	1.13	1.64
CAD (n=22)	1.11	0.98	1.26	0.95	1.29
Myocardial infarction (MI) (n=5)	1.10	0.90	1.35	0.81	1.50
Heart failure (n=17)	1.30	1.17	1.46	1.14	1.50
Atrial fibrillation (AF) (n=2)	0.94	0.71	1.23	0.16	5.45
Peripheral vascular disease (PVD) (n=5)	1.11	0.98	1.25	0.93	1.32
Cerebrovascular disease (n=22)	1.12	0.97	1.28	0.93	1.33
Stroke (n=8)	1.07	0.98	1.16	0.96	1.19
Microvascular complications (n=6)	1.18	1.00	1.39	0.93	1.49
CKD (n=38)	1.54	1.39	1.70	1.34	1.77
Retinopathy (n=6)	1.05	0.83	1.33	0.69	1.61
Neuropathy (n=5)	1.17	1.07	1.28	1.02	1.34
Diabetic foot (n=6)	0.99	0.58	1.71	0.40	2.45
Liver disease (n=9)	1.21	1.09	1.35	1.07	1.38
Chronic pulmonary diseases, not specified (n=14)	1.20	1.06	1.37	1.02	1.43
COPD (n=23)	1.37	1.21	1.56	1.15	1.63
Asthma (n=8)	0.96	0.78	1.18	0.74	1.25
Obstructive sleep apnea (n=3)	1.33	1.04	1.76	0.76	2.36
Cancer (n=24)	1.37	1.03	1.73	1.05	1.77
Dementia/cognitive impairment (n=10)	1.58	1.16	2.16	1.08	2.32
Neurodegenerative diseases, not specified (n=3)	2.33	0.85	6.41	0.24	22.84
Immunodeficiency disorders, not specified (n=5)	1.21	1.02	1.43	0.95	1.53
Any comorbidities (n=3)	2.05	1.25	3.36	0.69	6.06
≥3 comorbidities (n=2)	12.06	0.99	146.39	1.13e-06	1.29e+08
Charlson index per 1 unit (n=3)	1.19	1.06	1.34	0.88	1.62
Other medication use					
Statins (n=16)	1.01	0.76	1.35	0.74	1.39
Acetylsalicylic acid (ASA) (n=5)	1.45	1.07	1.96	0.92	2.26
RAAS (n=29)	1.00	0.91	1.11	0.87	1.17
Beta-blockers (n=6)	0.91	0.74	1.13	0.68	1.24
Diuretics (n=4)	1.09	0.92	1.29	0.83	1.44
Antithrombotic drugs (n=9)	1.02	0.89	1.16	0.86	1.20
Calcium channel blocker (CCB) (n=6)	1.16	0.82	1.64	0.61	2.21
Laboratory parameters on admission					
Triglycerides, per 1 per mmol/l (n=2)	1.29	0.73	2.27	0.03	50.81

Total cholesterol, per 1 per mmol/l (n=3)	0.90	0.87	0.93	0.84	0.97
LDL-cholesterol, per 1 per mmol/l (n=2)	0.83	0.78	0.88	0.56	1.23
HDL, per 1 per mmol/l (n=3)	0.64	0.29	1.42	0.11	3.70
CRP, per 5 mg/l (n=14)	1.06	1.03	1.10	1.01	1.12
IL-6, per 5 pg/ml (n=6)	1.13	1.03	1.25	0.83	1.54
Serum amyloid A, per 1 mg/l (n=2)	1.00	0.98	1.02	0.88	1.13
Procalcitonin, per 1 ng/ml (n=3)	1.22	1.15	1.30	1.06	1.40
Albumin, per 1 g/l (n=7)	0.70	0.56	0.89	0.39	1.27
ALT, per 5 unit/l (n=8)	1.05	0.99	1.11	0.95	1.16
AST, per 5 unit/l (n=8)	1.25	1.10	1.41	1.01	1.55
eGFR per 10 ml/min per 1.73 m ² (n=7)	0.83	0.76	0.90	0.74	0.93
Urea, per 1 mmol/l (n=2)	0.97	0.81	1.15	0.31	3.01
Creatinine, per 10 µmol/l (n=9)	1.01	0.99	1.02	0.97	1.04
Creatine phosphokinase, per 1 U/l (n=2)	1.01	1.01	1.01	0.99	1.03
Serum sodium , per 10 mmol/l (n=2)	1.20	0.42	3.42	0.001	1074.63
Potassium, per 1 mmol/l (n=2)	1.50	0.83	2.72)	0.03	71.20
White blood cell count, per 1x10 ⁹ /l (n=11)	1.08	1.02	1.16	0.98	1.20
Neutrophils, per 1x10 ⁹ /l (n=8)	1.18	1.11	1.26	1.09	1.29
Lymphocyte count, per 1x10 ⁹ /l (n=11)	0.62	0.48	0.80	0.39	0.98
Neutrophil-to-lymphocyte ratio (n=2)	1.58	0.74	3.35	0.12	207.47
Platelet count, per 1x10 ⁹ /l (n=9)	0.99	0.99	1.00	0.99	1.00
LDH, per 10 unit/l (n=9)	1.04	1.01	1.07	0.95	1.13
D-dimer, per 1 nmol/l (n=7)	1.00	0.99	1.00	0.99	1.01
Prothrombin time, per 1 s (n=4)	1.11	1.04	1.17	1.01	1.22
Erythrocyte sedimentation rate, per 1 mm/h (n=2)	1.02	1.00	1.05	0.99	1.06
Haemoglobin, per 1 mmol/l (n=7)	0.98	0.92	1.03	0.83	1.15
Ferritin, per 1 ug/l (n=3)	1.00	1.00	1.01	1.00	1.01

Grey highlighted rows present associations that exclude the null value when applying the DerSimonian-Laird method, but include the null value when calculating the 95% CI using the Hartung-Knapp-Sidik-Jonkman method.

	Risk of bias domains						Overall
	D1	D2	D3	D4	D5	D6	
Abe 2020	+	+	+	+	×	×	×
Acharya 2020	+	+	+	+	×	×	×
Agarwal 2020	+	+	+	+	+	+	+
Aghaaliakbari 2020	+	+	?	+	×	?	×
Ahmed 2021	+	+	+	+	×	×	×
Alhakak 2022	+	+	-	+	-	+	-
Al Hayek 2020	+	+	+	+	×	×	×
Aon 2022	+	+	+	+	-	-	-
Alrashed 2021	+	-	+	+	+	+	-
Assad 2022	?	+	+	+	-	-	-
Barrett 2021	+	+	-	+	-	+	-
Bello-Chavolla 2020	+	+	-	?	+	+	+
Borzouei 2021	+	+	+	+	×	×	×
Boye 2021	+	+	+	+	-	-	-
Calapod 2021	-	+	-	+	×	×	×
Cao 2021	+	+	+	+	+	+	+
Cariou 2020	+	+	+	+	-	-	-
Cariou 2021	+	+	+	+	+	+	+
Chai 2022	-	+	+	-	×	×	×
Charoenngam 2021	+	+	+	+	+	+	+
Chen (a) 2020	+	+	+	+	×	×	×
Chen (b) 2020	+	+	+	+	-	-	-
Chen 2022	?	+	+	+	×	×	×
Cheng 2020	-	+	+	+	-	-	-
Choi 2020	+	+	+	+	-	+	-
Chung 2020	+	+	+	+	-	+	-
Crouse 2021	+	?	-	?	+	+	+
Corcillo 2021	?	?	+	+	-	-	-
Dalan 2020	×	?	?	?	+	+	-
de Abajo 2020	-	×	+	+	-	+	-
Demirci 2022	+	+	+	+	-	-	-
De Souza 2022	-	+	?	+	×	×	×
Djuric 2022	+	+	+	+	-	+	-
Do 2020	+	+	+	+	-	+	-
Duan 2022	+	+	+	+	-	+	-

Elbol 2021	+	+	+	+	-	×	×
Emami 2021	+	+	-	?	-	+	-
Emral 2021	-	+	+	+	-	+	-
Erol 2022	+	+	+	+	-	+	-
Fernández-Pombo 2021	+	+	+	+	+	+	+
Ferrannini 2022	+	+	+	+	+	+	+
Fox 2021	+	+	+	+	+	+	+
Fu 2022	+	+	-	+	×	×	×
Fukushima 2022	+	+	+	+	×	×	×
Ghany 2021	?	+	+	+	-	+	-
Giroda 2021	+	+	+	+	+	+	+
Gregory 2021	+	+	+	+	×	×	×
Hadjadj 2022	+	+	+	+	-	+	-
Hammad 2021	?	+	+	+	-	-	×
Harris 2022	+	+	+	+	-	+	-
Heald 2022	+	+	+	+	×	×	×
Huang 2020	+	+	+	+	×	×	×
Hui 2020	-	?	+	+	×	×	×
Ikram 2022	?	+	+	+	×	×	×
Iqbal 2021	+	+	+	+	×	×	×
Izzi-Engbeaya 2021	+	+	+	+	-	-	-
Jayaswal 2021	+	+	+	+	×	×	×
Kabootari 2022	+	+	+	+	-	×	×
Kang 2021	+	+	-	+	+	+	-
Khalili (a) 2021	?	?	+	+	×	×	×
Khalili (b) 2021	?	?	+	+	×	×	×
Khunti 2022	+	+	+	+	-	+	-
Kim 2020	+	+	+	+	-	+	-
Kristan 2021	+	+	+	+	×	×	×
Lalau 2021	+	+	+	+	+	+	+
Lampasona 2021	+	+	+	+	×	×	×
Laurenzi 2021	+	+	+	+	-	-	-
Lee 2021	+	+	+	+	-	+	-
Lei 2020	+	+	+	+	×	×	×
Leon Pedroza 2021	+	+	-	?	-	-	-
Li (a) 2020	+	+	+	+	×	×	×
Li (b) 2020	+	+	+	+	×	×	×

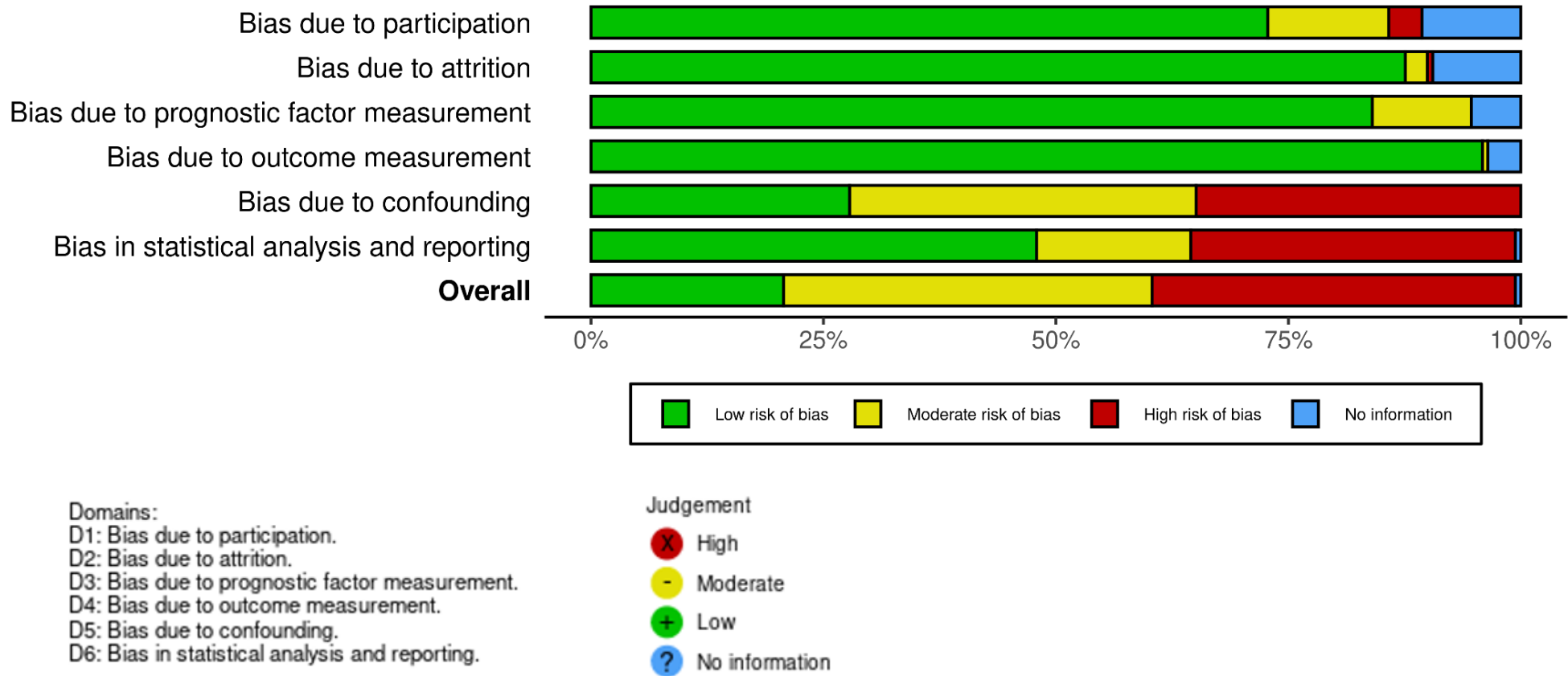
Liu 2020	+	?	+	+	X	X	X
Liu 2021	X	?	+	+	+	+	X
Llanera 2022	+	+	+	+	X	X	X
Llaurado 2022	+	+	+	+	+	+	+
Lombardi 2022	+	+	+	+	+	-	+
Lopez-Huamanrayme 2021	+	+	+	+	-	-	-
Longmore 2021	+	+	+	+	+	+	+
Luk 2021	+	+	+	+	-	+	-
Ma 2022	+	+	+	+	+	+	+
Madaschi, 2022	+	+	+	+	-	+	-
Mannucci 2022	-	+	+	+	-	+	-
Marimuthu 2021	+	+	+	+	X	X	X
Mehta	+	+	+	+	X	X	X
Meijer	+	+	+	+	+	+	+
Merzon 2020	+	+	+	+	+	+	+
Miguel-Yanes 2022	?	?	-	+	-	-	-
Mirani 2020	+	+	+	+	-	-	-
Mohamed 2021	+	+	+	+	-	X	X
Mondal 2021	-	+	?	+	X	X	X
Mondal 2022	-	+	+	+	X	X	X
Morse 2021	+	+	+	+	X	-	X
Myers 2021	-	+	?	+	X	X	X
Nikniaz 2021	-	+	-	+	+	-	-
Numaguchi 2022	-	+	+	+	+	+	-
Nyland 2021	?	?	?	+	+	+	?
Oh 2021	+	+	+	+	-	+	-
Ojeda-Fernandez 2022	+	+	+	+	-	+	-
O'Malley 2021	?	?	-	+	-	+	-
Orioloi 2021	+	+	+	+	X	X	X
Ortega	+	+	-	+	+	+	-
Ouchi 2022	+	+	+	+	+	-	-

Palazzuoli 2020	+	+	+	+	X	X	X
Patel 2021	+	+	+	+	X	X	X
Pazoki (a) 2021	+	+	+	+	X	X	X
Pazoki (b) 2021	+	+	+	+	X	X	X
Pérez-Belmonte 2020	+	+	+	+	+	+	+
Petrakis, 2022	-	+	+	+	-	-	-
Pettrone 2021	X	?	?	+	-	+	X
Phan	?	+	+	+	-	+	-
Pulido-Perez 2021	+	+	+	+	-	+	-
Ramesh 2021	+	+	+	+	X	X	X
Ramos Rincon 2021	-	+	+	+	+	-	-
Rastad (a) 2020	+	+	-	+	X	X	X
Rastad (b) 2020	-	+	-	+	X	X	X
Rezaei 2021	+	+	+	+	X	X	X
Rhee 2021	+	+	+	+	-	+	-
Riahi 2021	+	+	+	+	-	-	-
Roussel 2021	+	+	+	+	+	+	+
Ruan 2021	?	?	-	+	X	-	X
Sadidi, 2022	+	+	+	?	+	+	+
Sarigumba	+	+	+	+	-	+	-
Satman 2021	+	+	+	+	-	-	-
Savarese 2021	+	+	+	+	+	+	+
Saygılı 2022	+	+	+	+	-	+	-
Seiglie 2021	+	?	+	+	+	+	+
Shah 2020	-	-	+	+	+	+	+
Shang (a) 2021	+	+	+	+	X	X	X
Shang (b) 2021	+	+	+	+	X	X	X
Shauly Aharonov	+	+	+	+	+	+	+
Shestakova 2022	+	+	+	+	-	+	-
Shi 2020	+	+	-	+	X	-	X
Shukla	?	+	+	+	+	+	+
Silveri 2021	?	?	?	+	X	X	X
Smati 2021	+	-	+	+	+	+	+
Solerte 2020	+	+	?	+	-	-	-
Soliman 2022	X	+	+	+	X	X	X
Sonmez 2021	X	+	+	+	X	X	X
Stevens 2021	+	+	+	+	+	+	+
Strollo, 2021	-	+	+	+	X	X	X

Tallon, 2022	-	+	+	+	-	+	-
Tamura 2021	+	+	+	+	×	×	×
Tian 2021	?	?	+	+	+	+	+
Tramunt 2021	+	+	+	+	+	+	+
Tuan 2022	+	+	+	+	+	+	+
Valle 2022	-	+	+	+	+	+	-
Vargas Vazquez 2021	+	+	+	+	+	+	+
Vasbinder 2022	+	+	+	+	-	+	-
Wander 2021	+	+	+	+	+	+	+
Wang 2020	+	+	+	+	×	×	×
Wang (a) 2021	?	+	+	+	+	+	+
Wang (b) 2021	+	+	-	+	-	+	-
Wargny 2021	+	+	+	+	-	-	-
Wong (a) 2022	+	+	+	+	+	+	+
Wong (b) 2022	-	+	+	+	+	+	-
Wong (c) 2022	+	+	+	+	+	+	+
Wu 2021	-	+	+	+	-	+	-
Xiao	+	+	+	+	×	×	×
Xu 2020	+	-	+	+	-	+	-
Yan 2020	+	+	+	+	-	+	-
Yeh 2022	?	+	+	+	-	-	-
Yoo 2022	+	+	+	+	-	×	×
You 2020	+	+	+	+	-	+	-
Zeltyn-Abramov 2021	×	+	+	+	×	×	×
Zhan 2022	+	+	+	+	×	×	×
Zhang (a) 2020	+	+	+	+	×	×	×
Zhang (b) 2020	+	+	+	+	×	×	×
Zhu 2020	+	+	+	+	-	+	-

ESM Figure 1: Risk of bias of each study for each domain and overall

Risk of bias was visualized by using the robvis visualization tool.[2635]



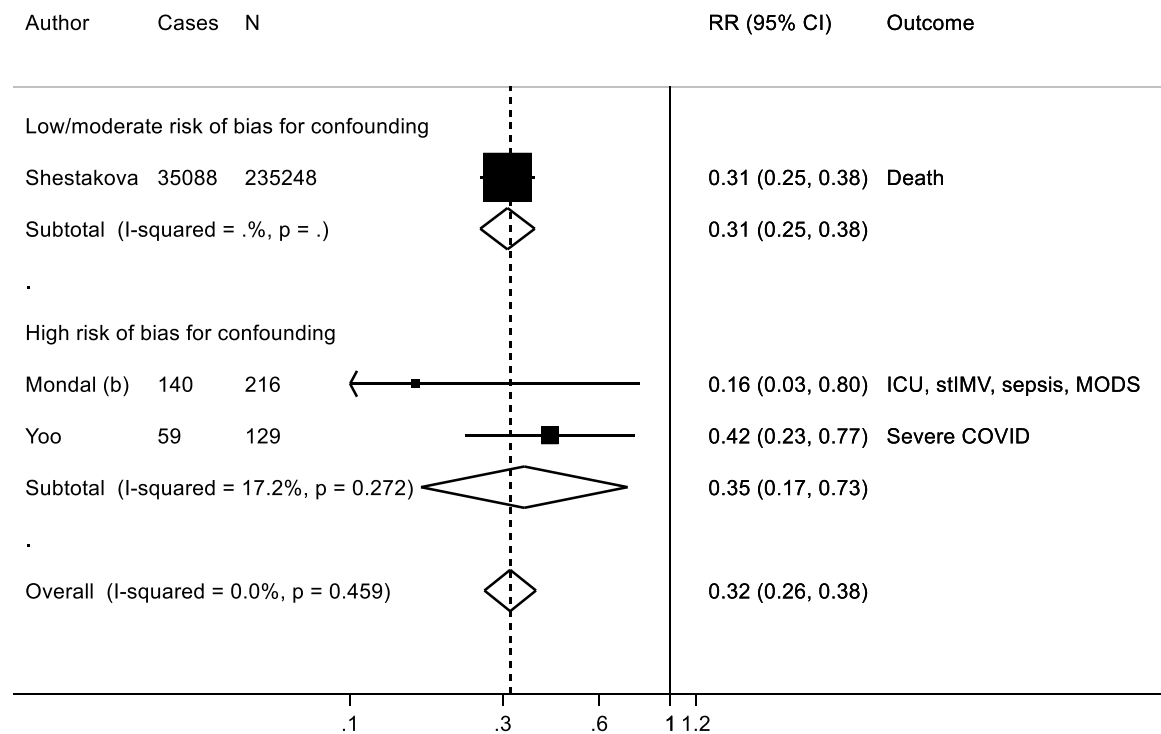
ESM Figure 2: Risk of bias of judgements within each bias domain

Risk of bias was visualized by using the robvis visualization tool.[2635]

A) Death

No data

B) Severity of COVID-19

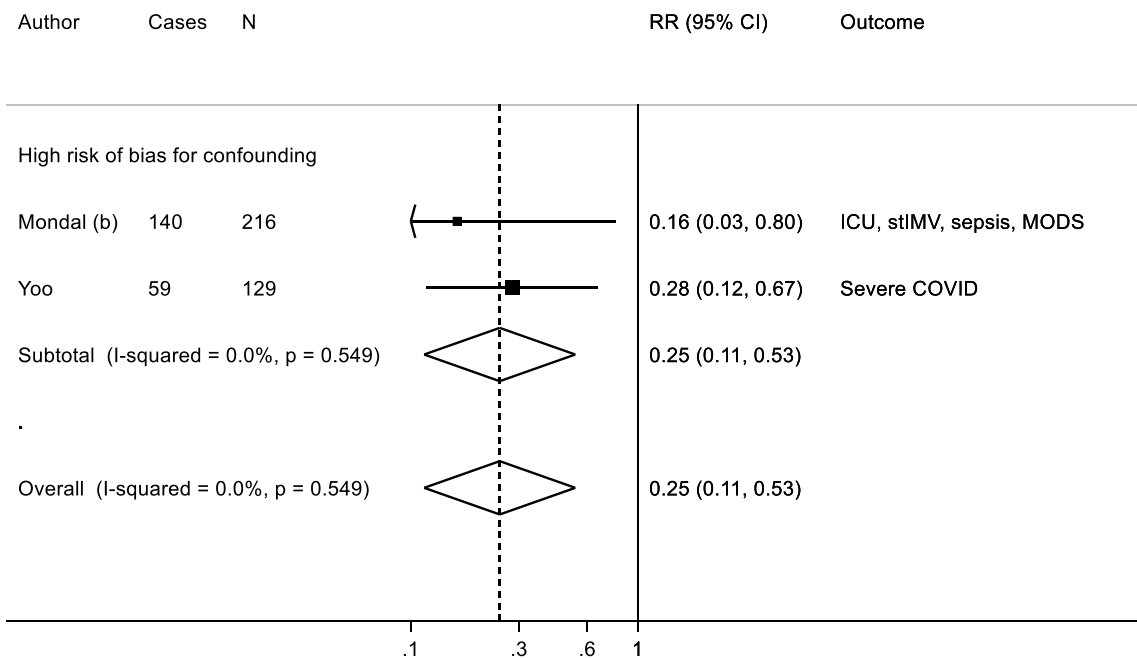


ESM Figure 3: Meta-analysis on **COVID-19 vaccination status, yes vs. no** and A) death and B) and severity of COVID-19 in patients with diabetes and COVID-19

A) Death

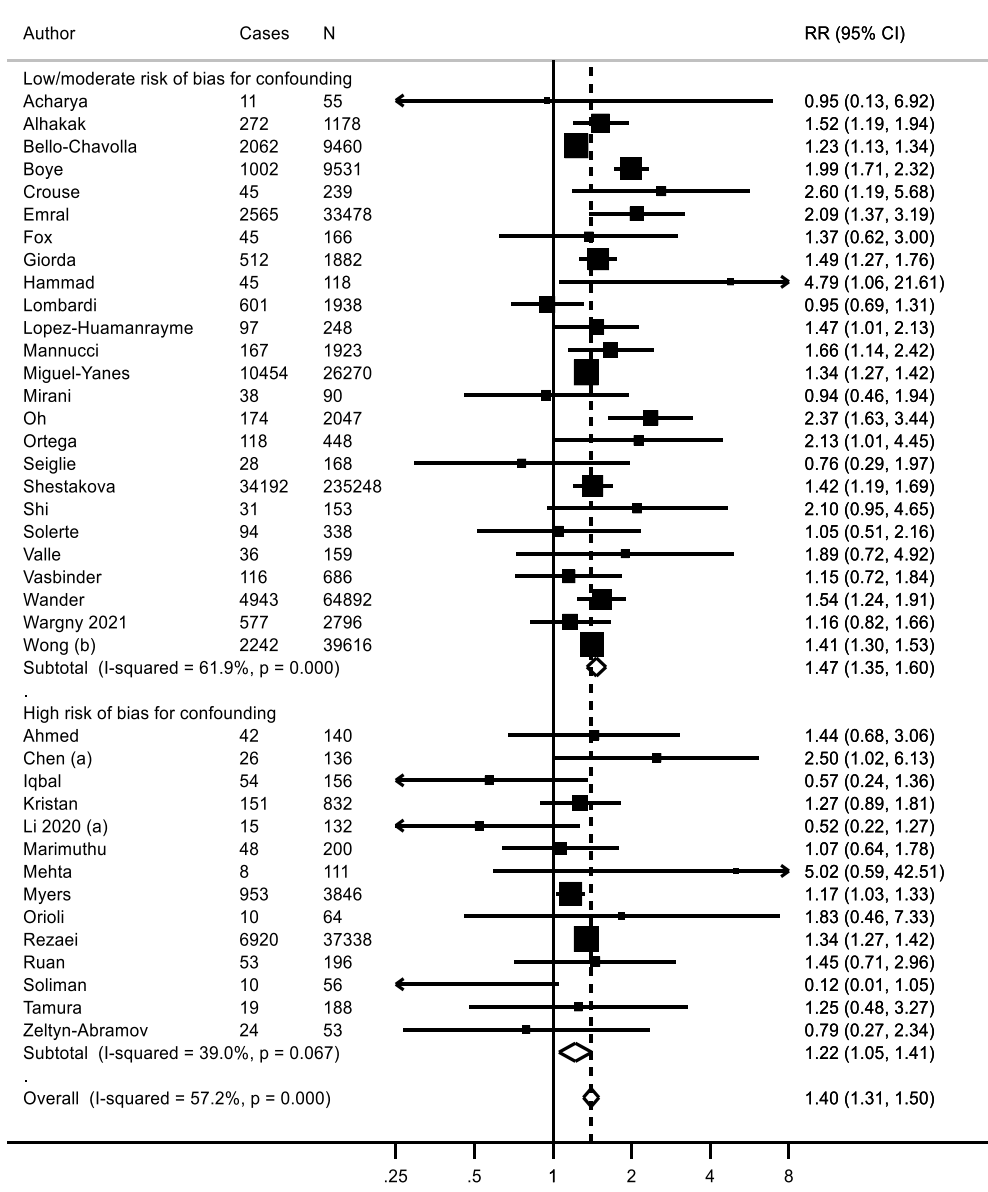
No data

B) Severity of COVID-19

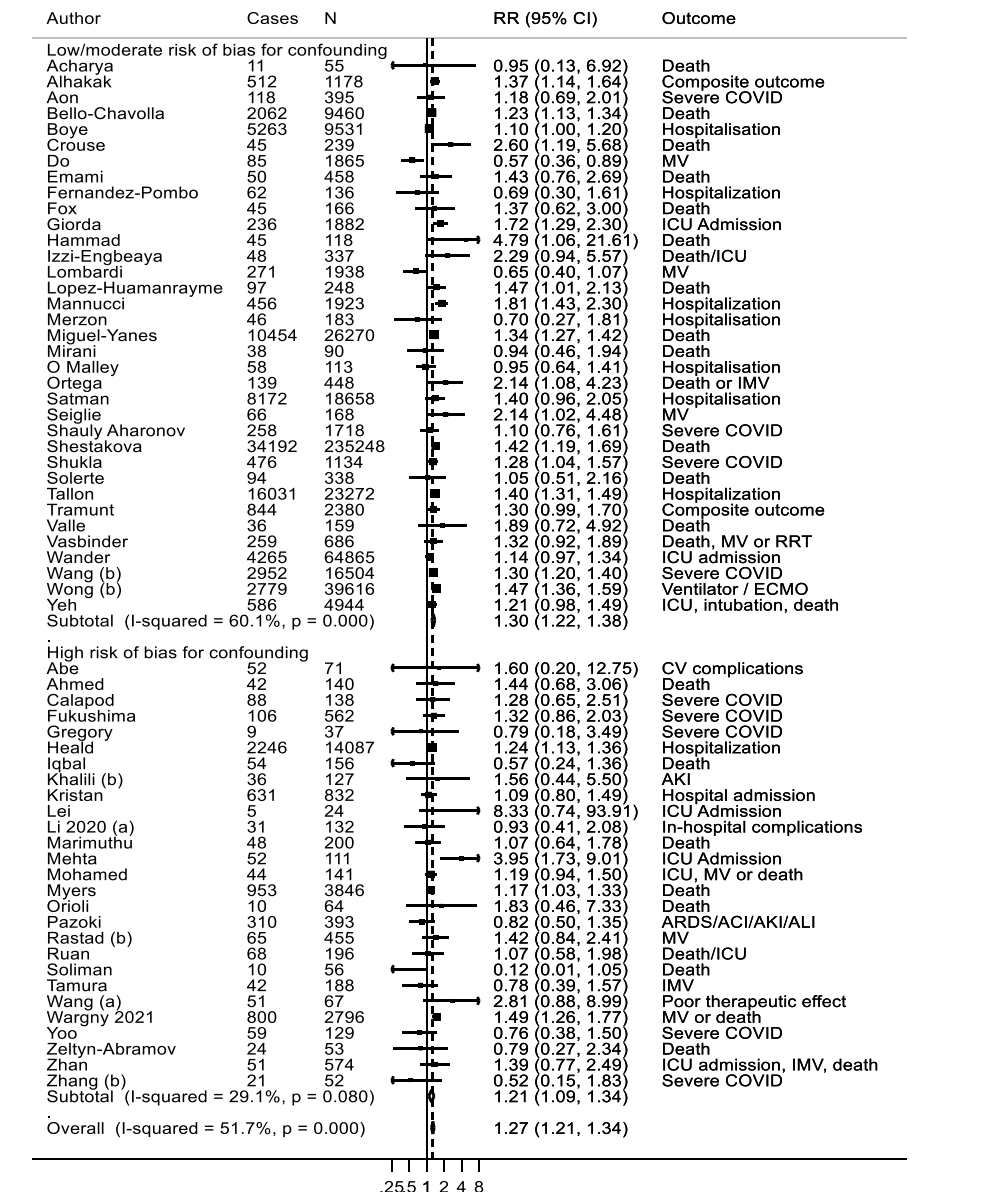


ESM Figure 4: Meta-analysis on **COVID-19 vaccination status, two doses vs. none** and A) death and B) and severity of COVID-19 in patients with diabetes and COVID-19

A) Death

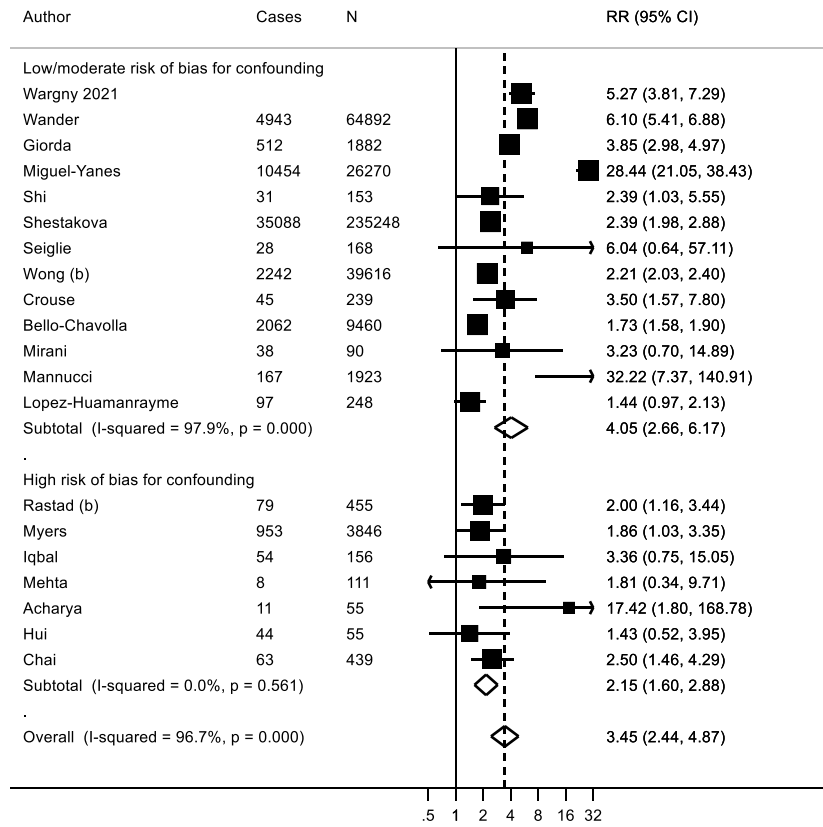


B) Severity of COVID-19

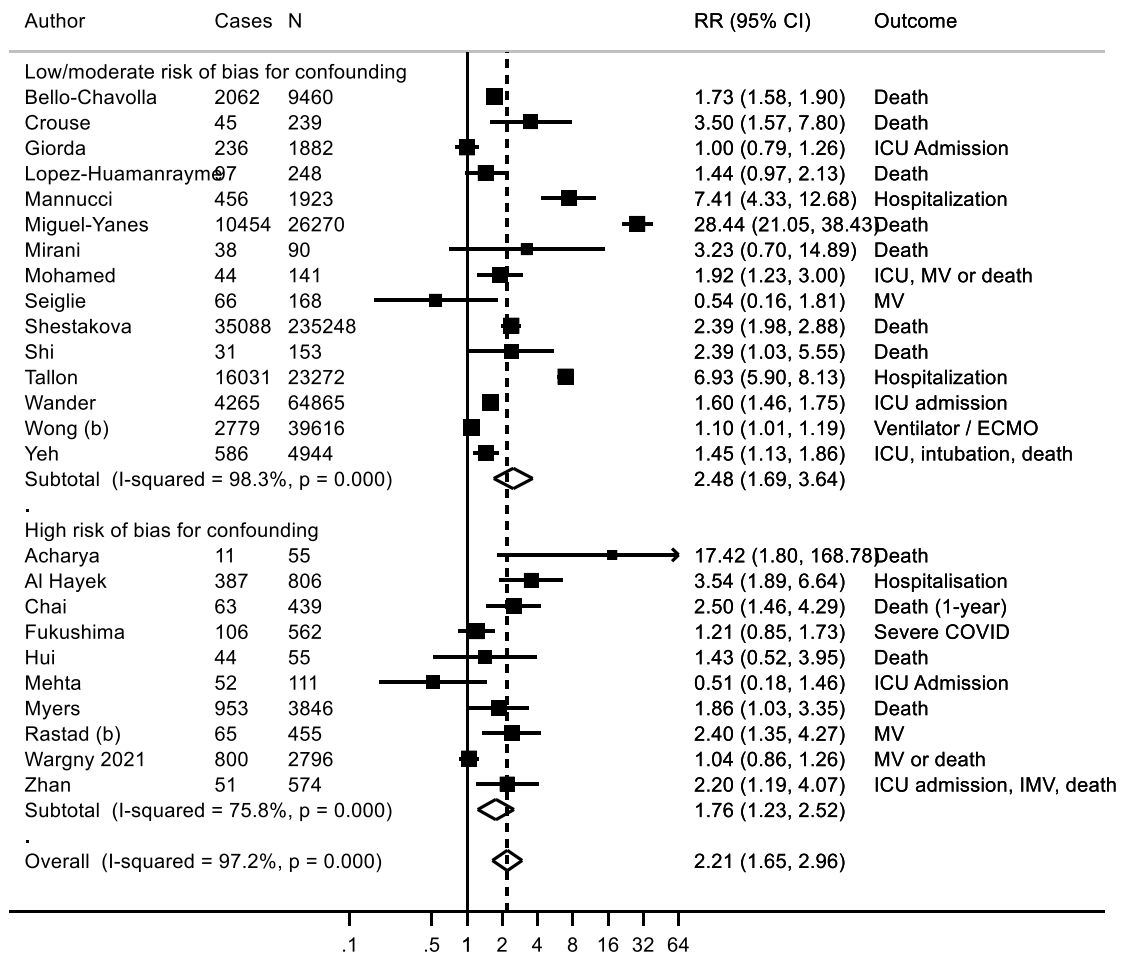


ESM Figure 5: Meta-analysis on men compared to women and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

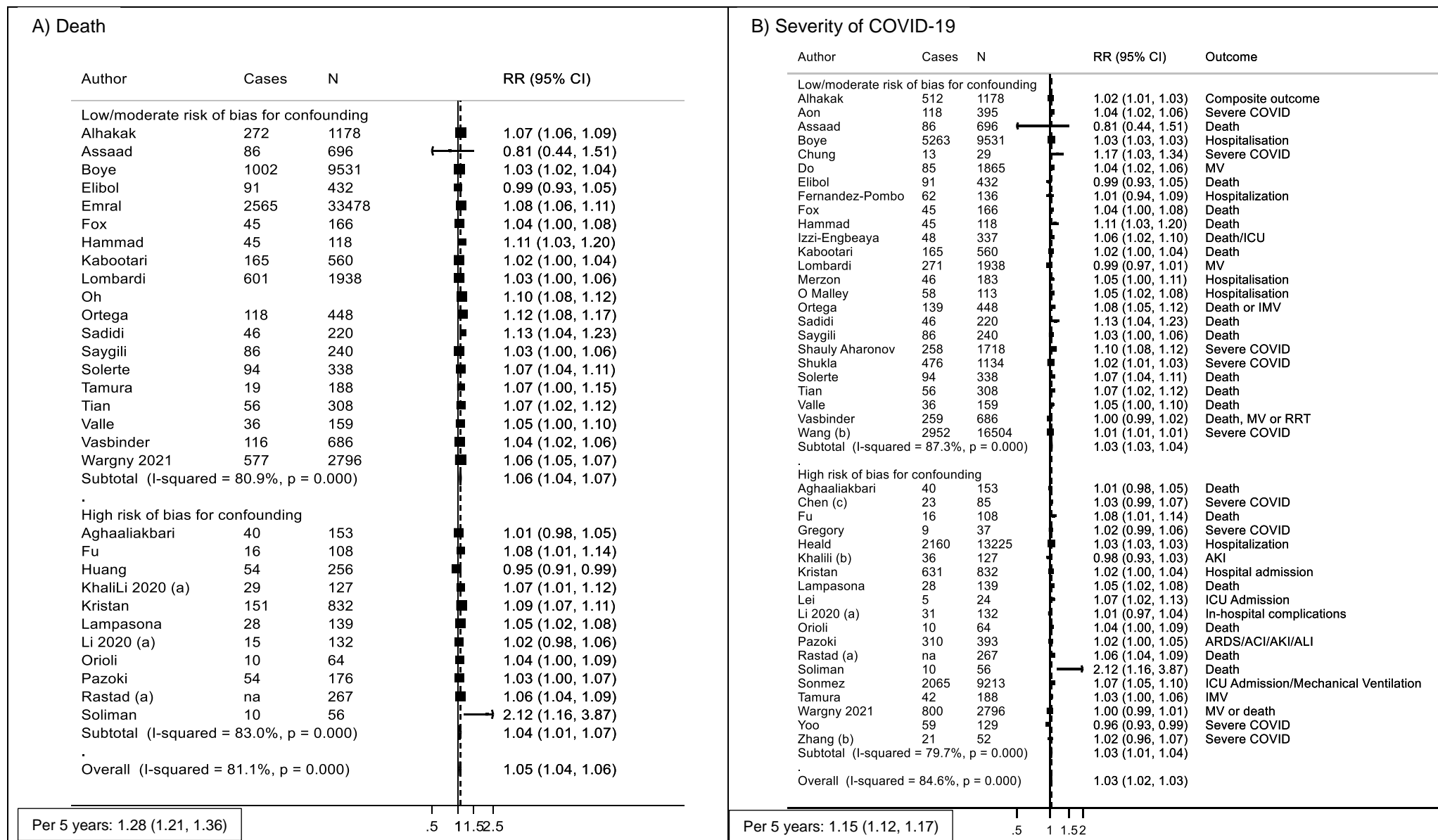
A) Death



B) Severity of COVID-19

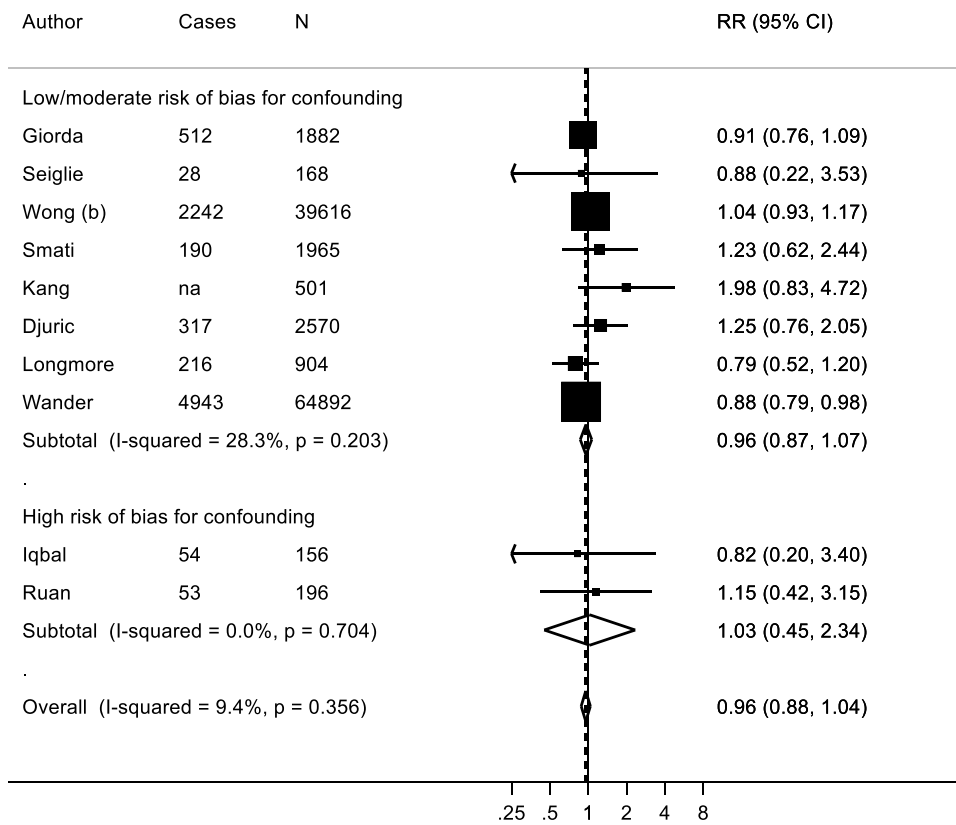


ESM Figure 6: Meta-analysis on age ≥ 65 years and A) death and B) and severity of COVID-19 in patients with diabetes and COVID-19

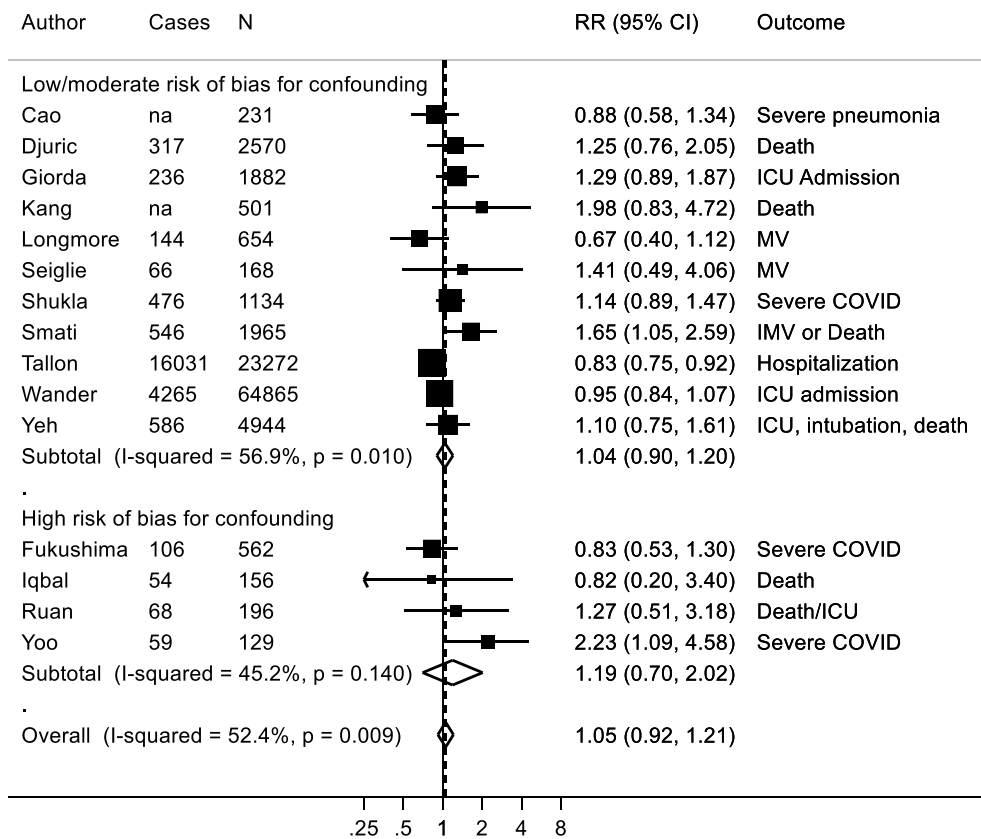


ESM Figure 7: Meta-analysis on age per 1 year and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

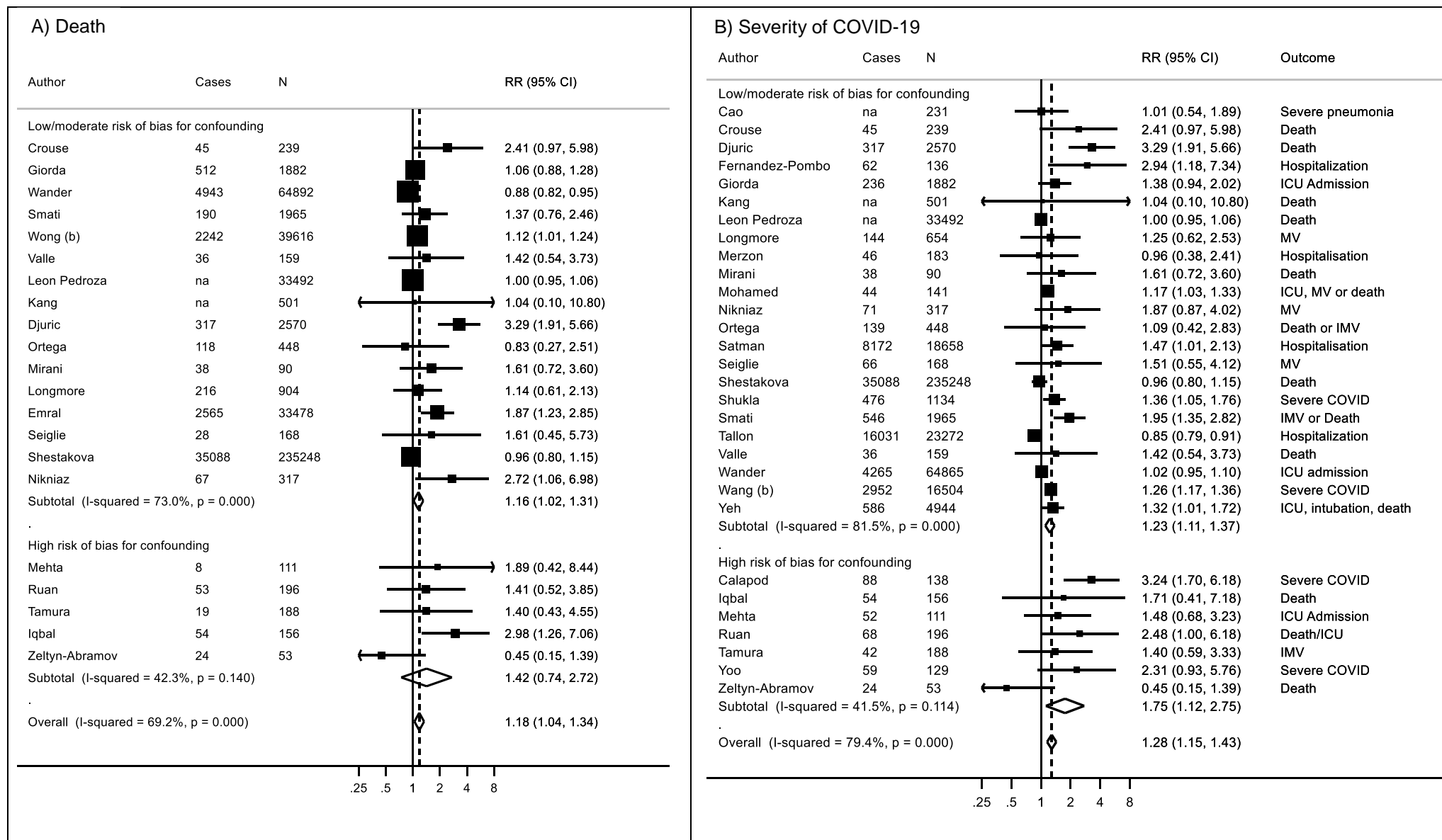
A) Death



B) Severity of COVID-19

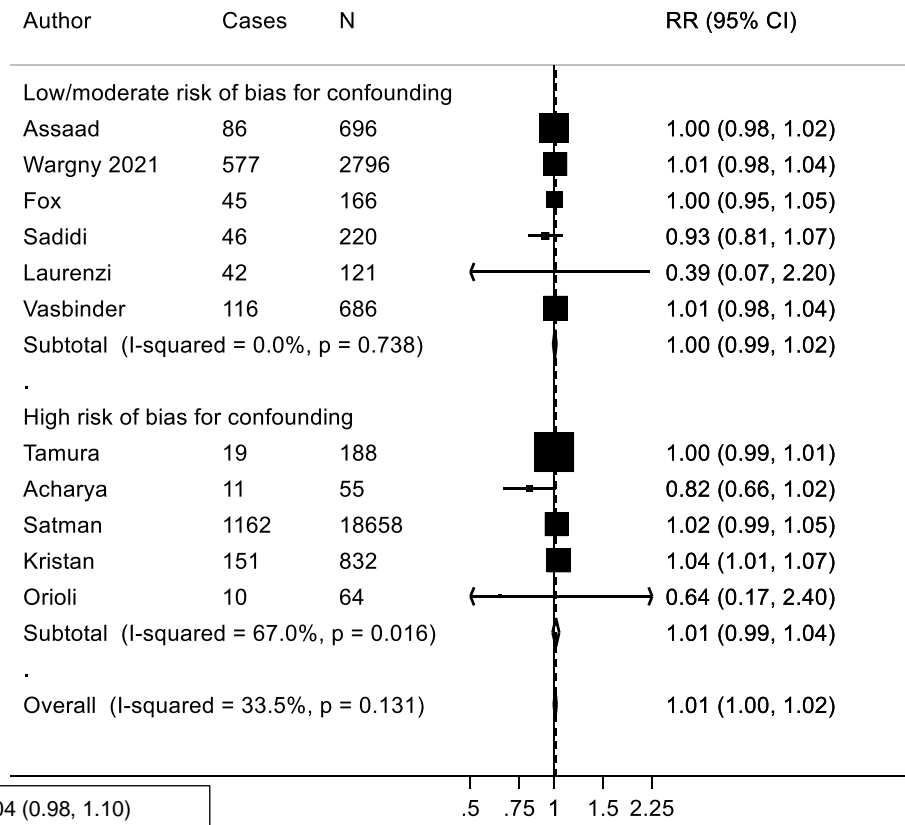


ESM Figure 8: Meta-analysis on **overweight** compared to normal weight and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

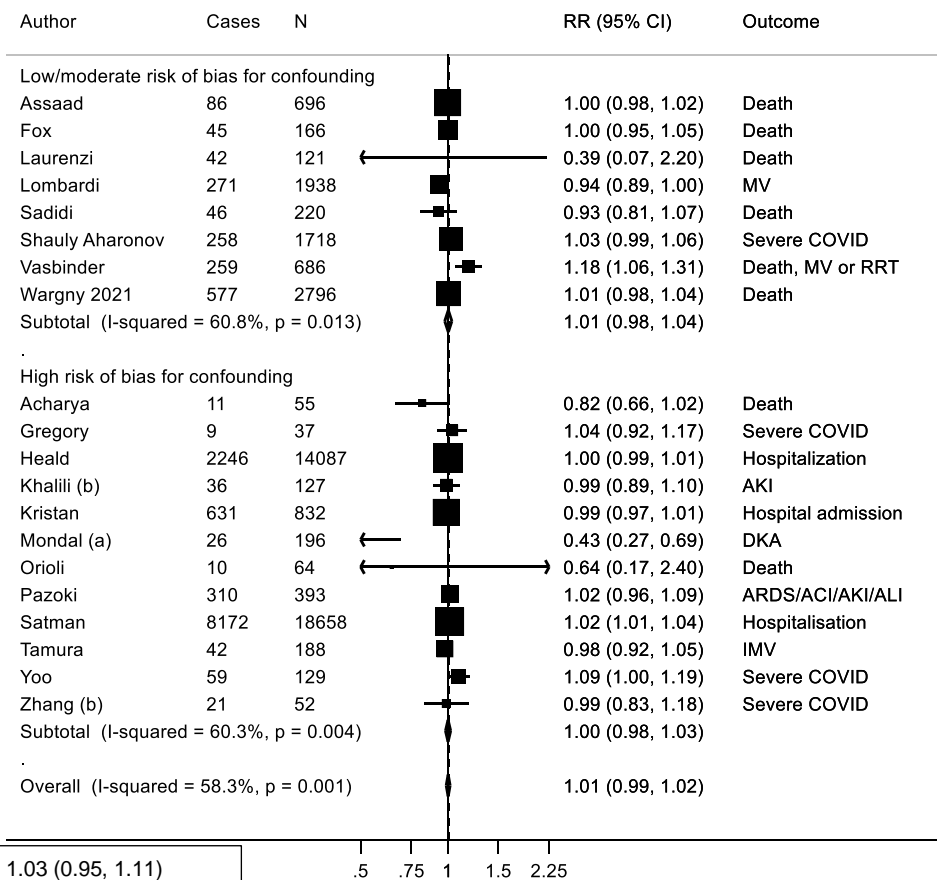


ESM Figure 9: Meta-analysis on obesity compared to normal weight and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

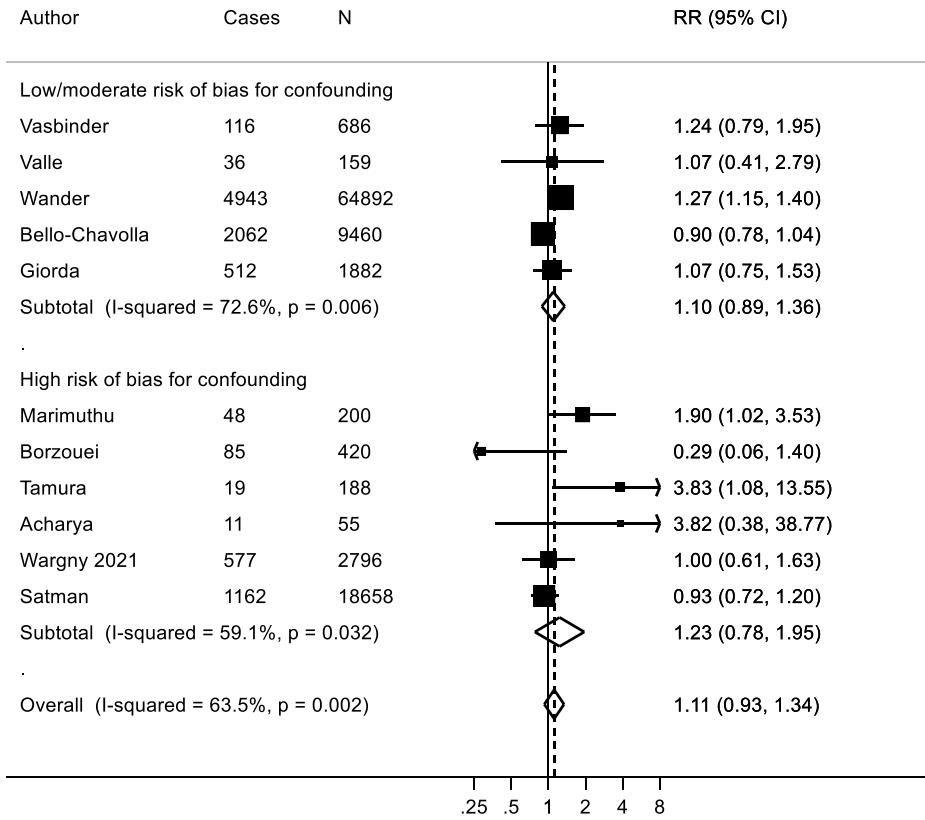


B) Severity of COVID-19

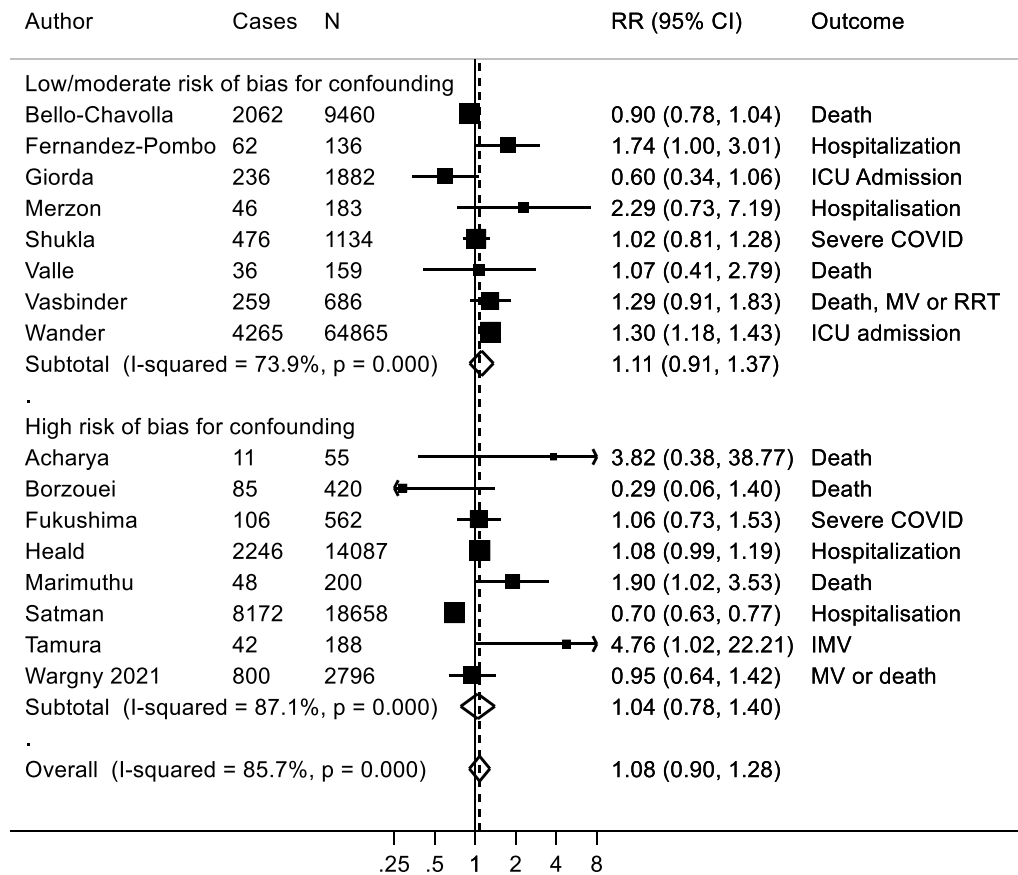


ESM Figure 10: Meta-analysis on BMI, per 1 kg/m² increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

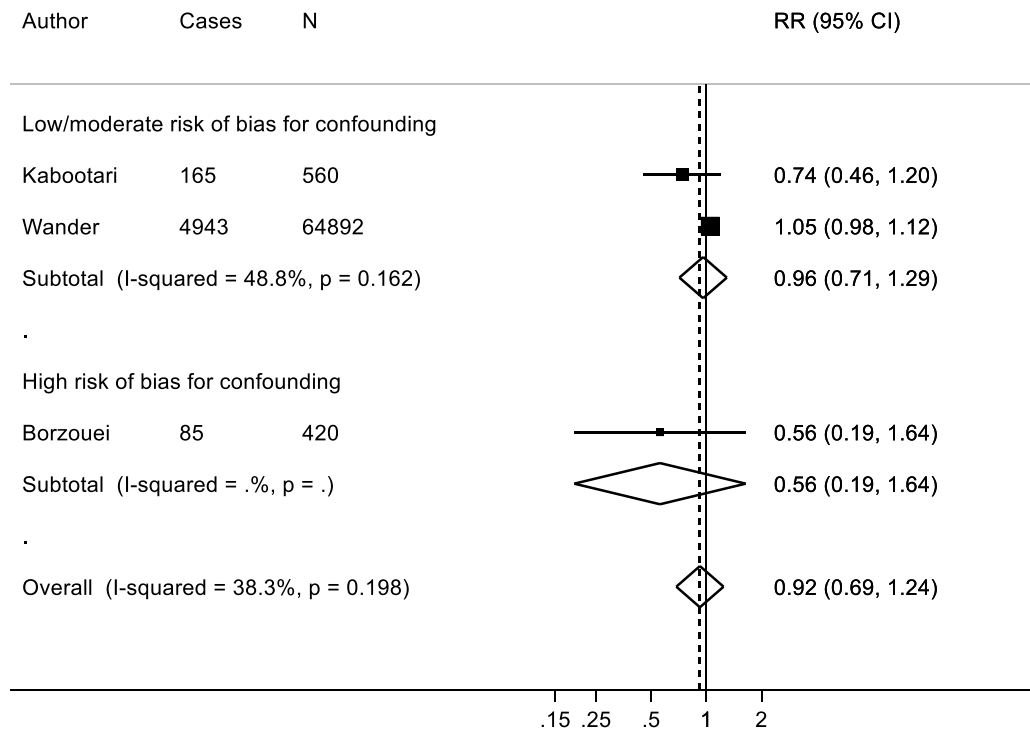


B) Severity of COVID-19

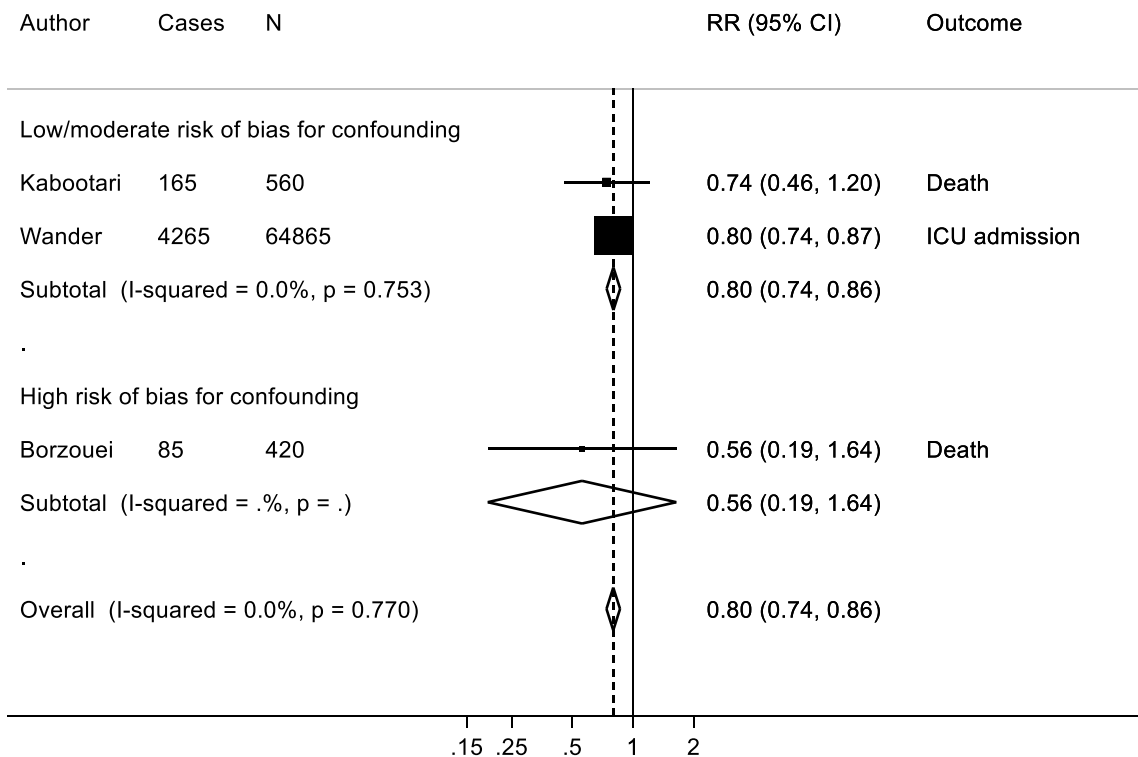


ESM Figure 11: Meta-analysis on **smoking** compared to non-smoking and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

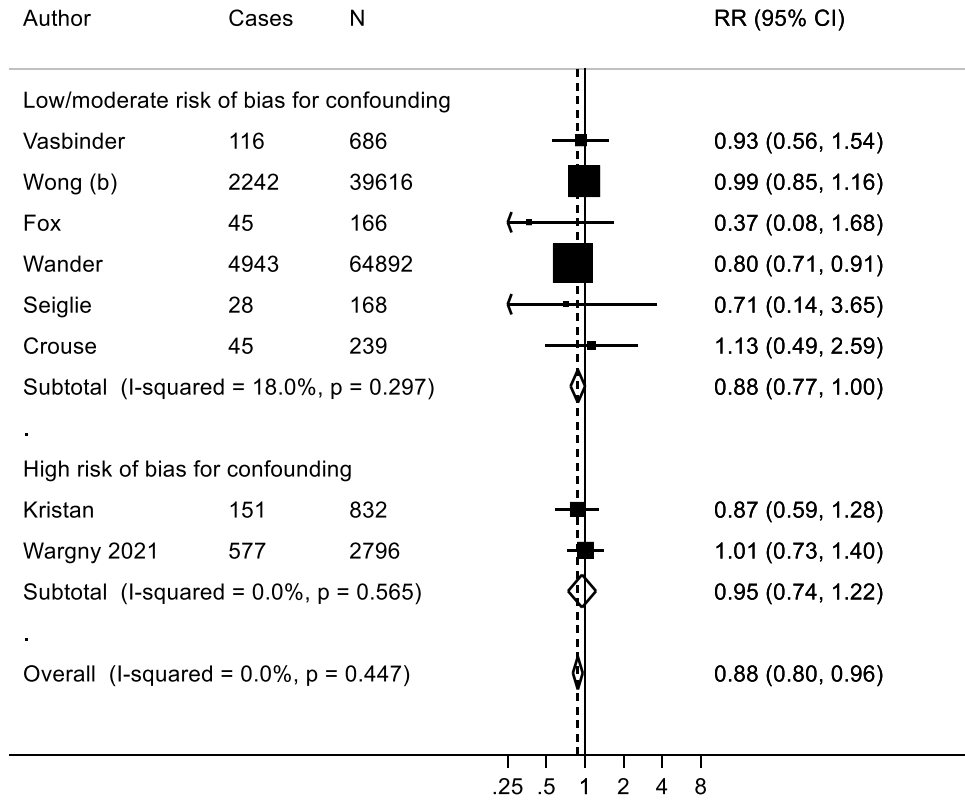


B) Severity of COVID-19

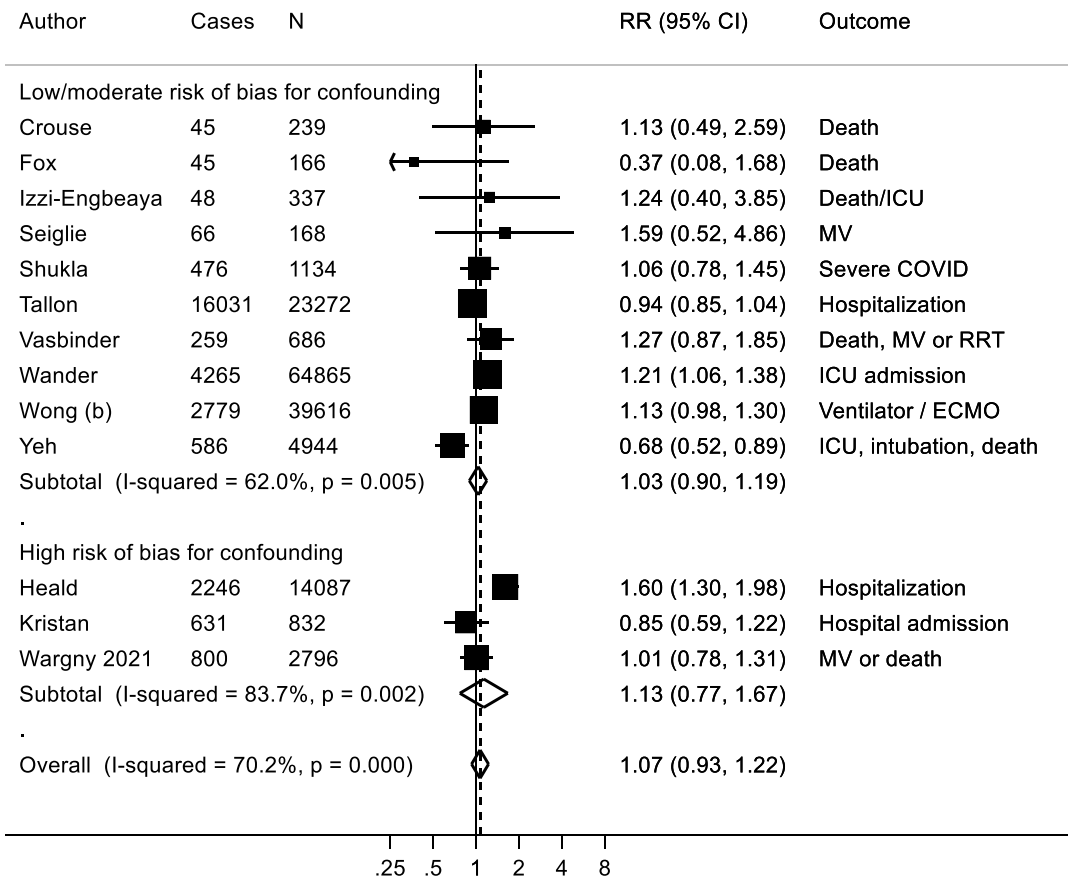


ESM Figure 12: Meta-analysis on **area of residence** (rural compared to urban) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

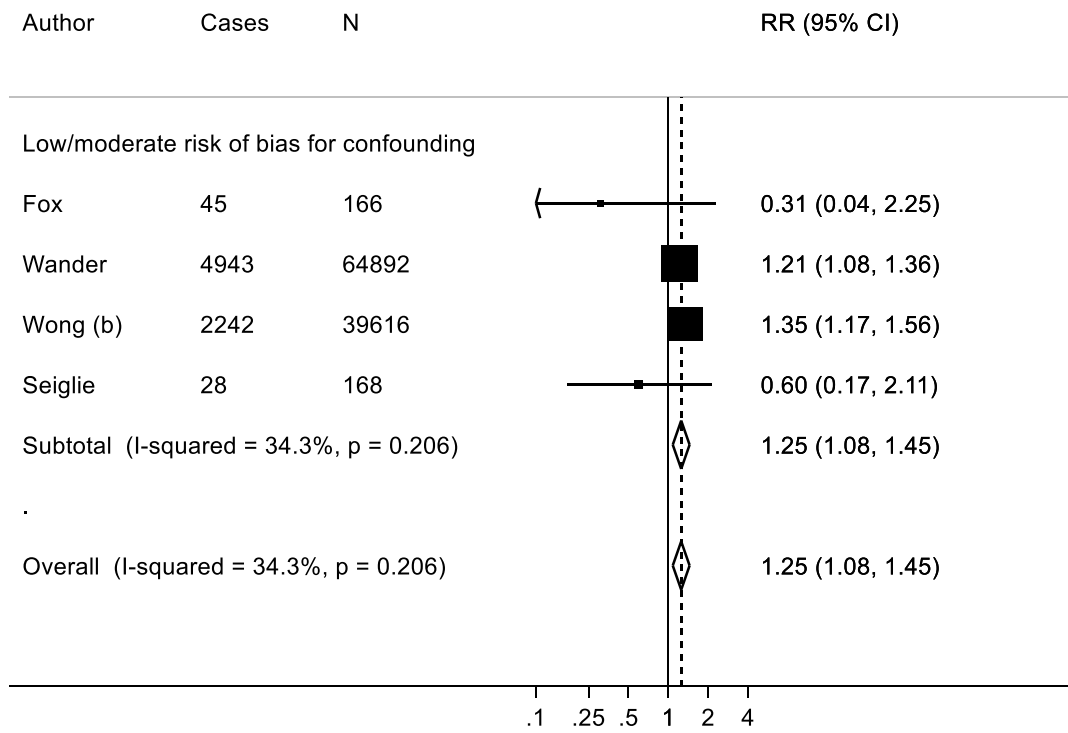


B) Severity of COVID-19

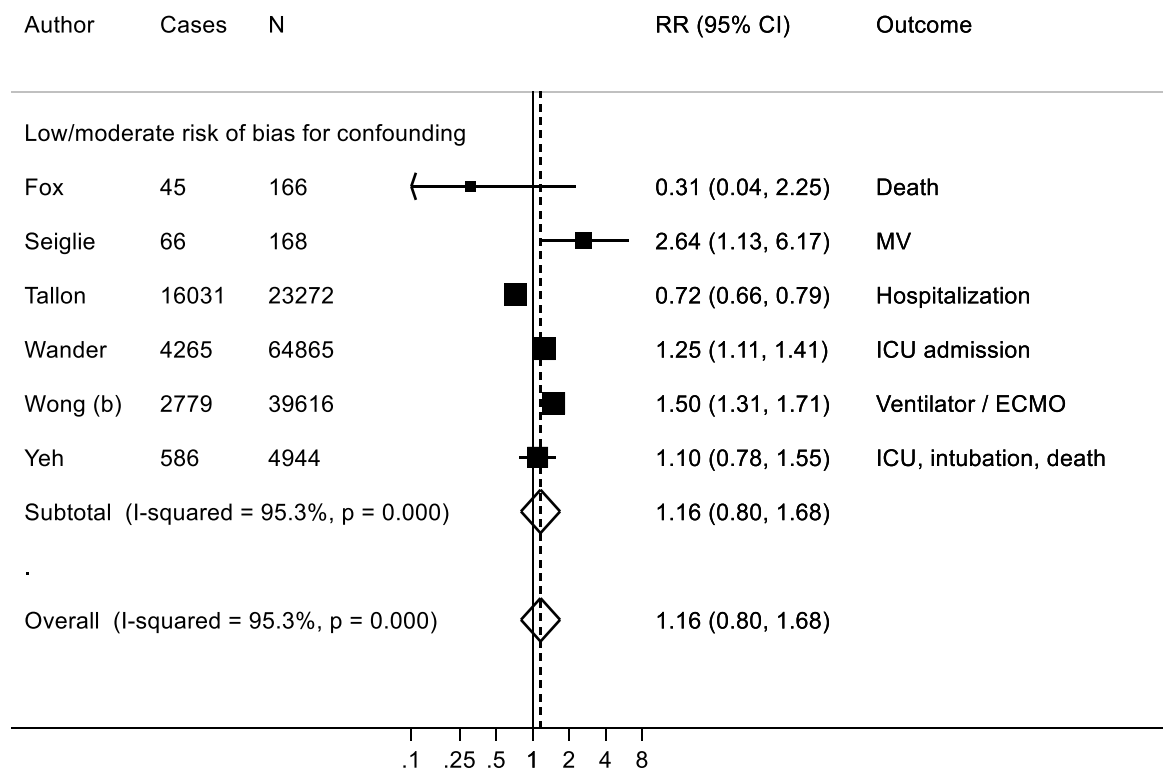


ESM Figure 13: Meta-analysis on ethnicity (black vs. non-Hispanic white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

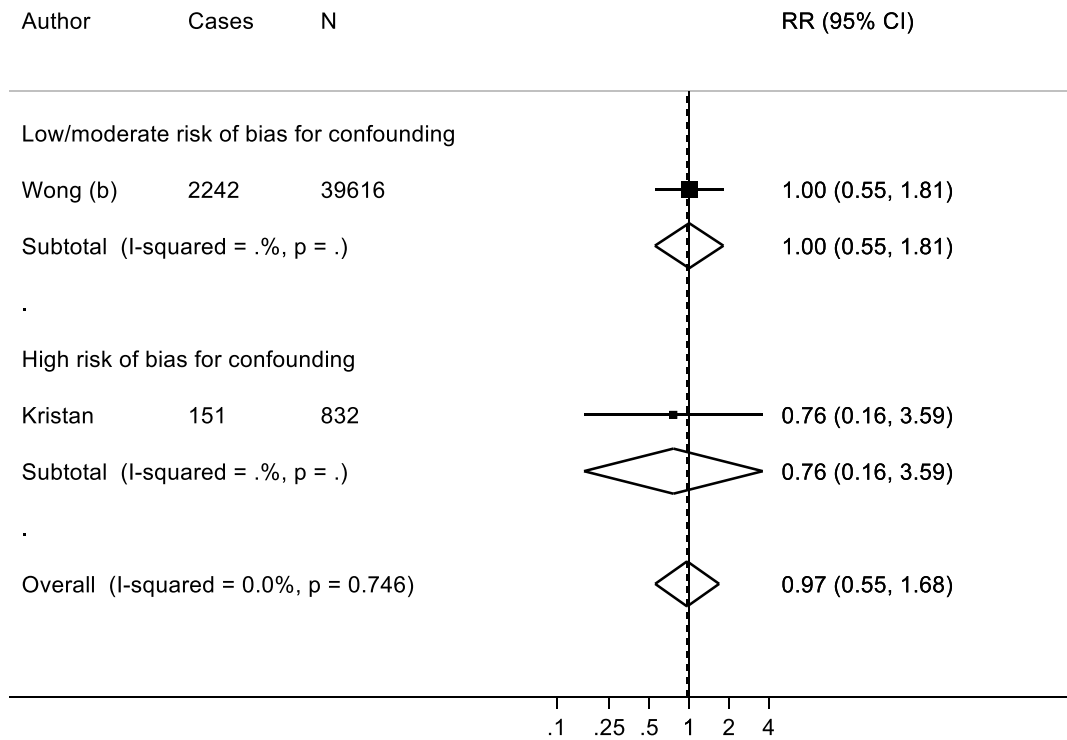


B) Severity of COVID-19

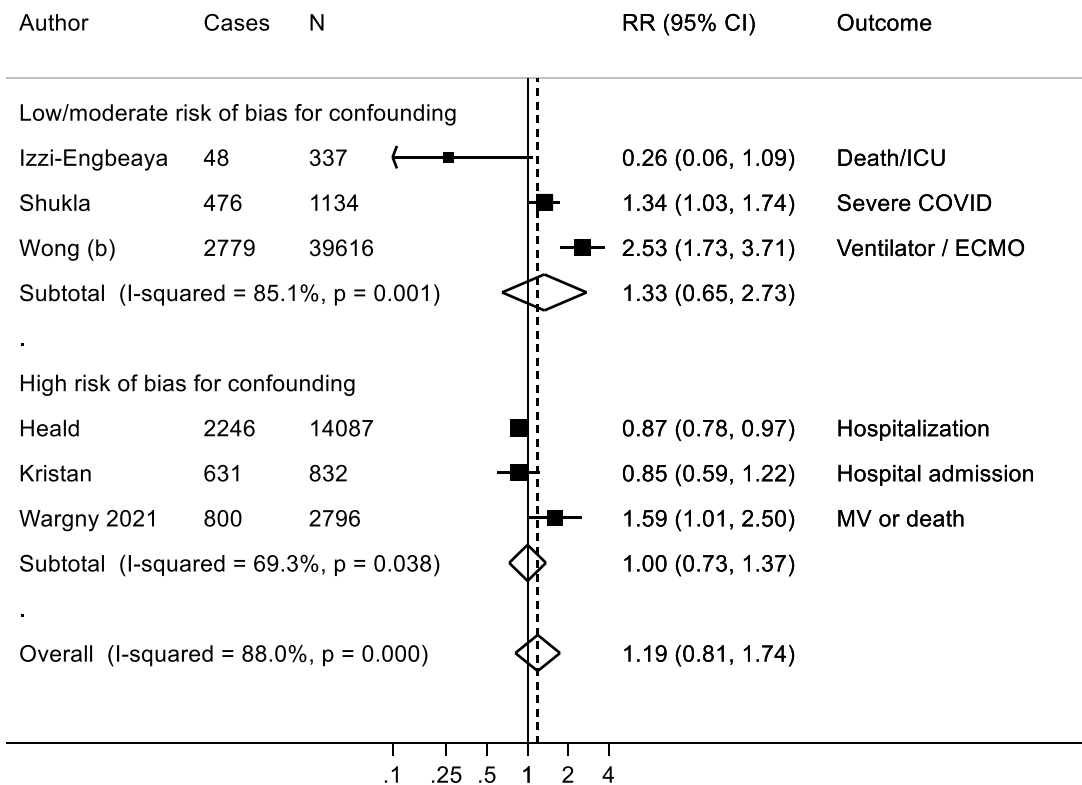


ESM Figure 14: Meta-analysis on **ethnicity (Hispanic vs. non-Hispanic white)** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

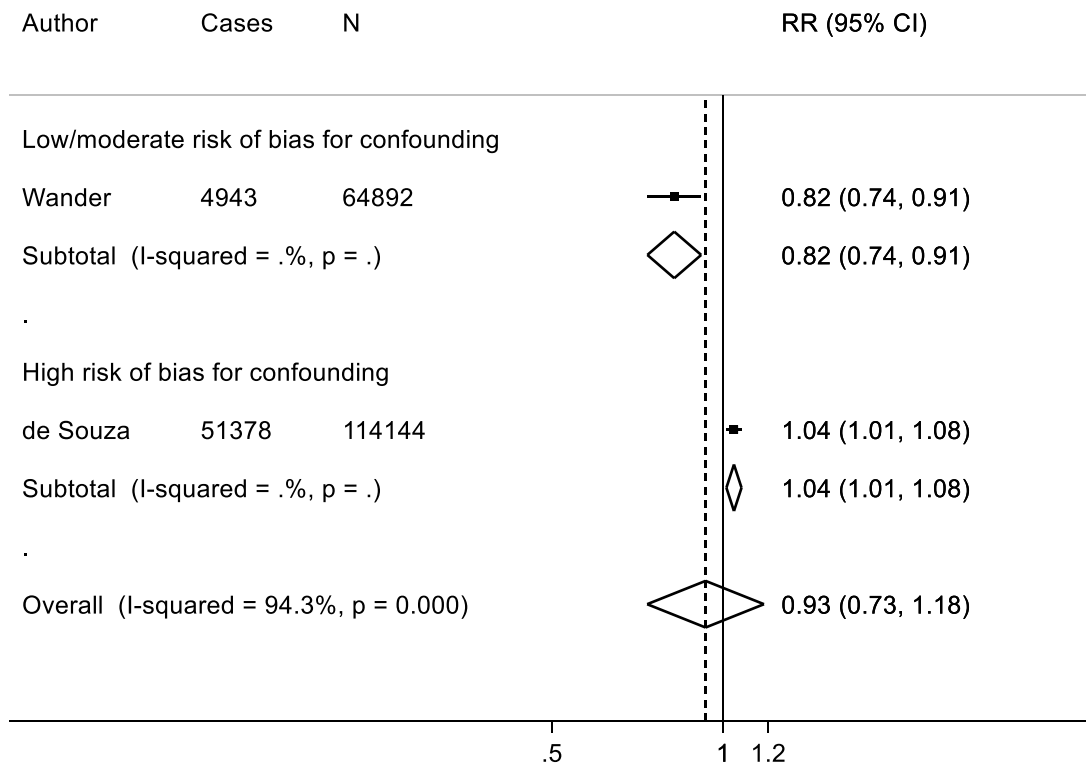


B) Severity of COVID-19

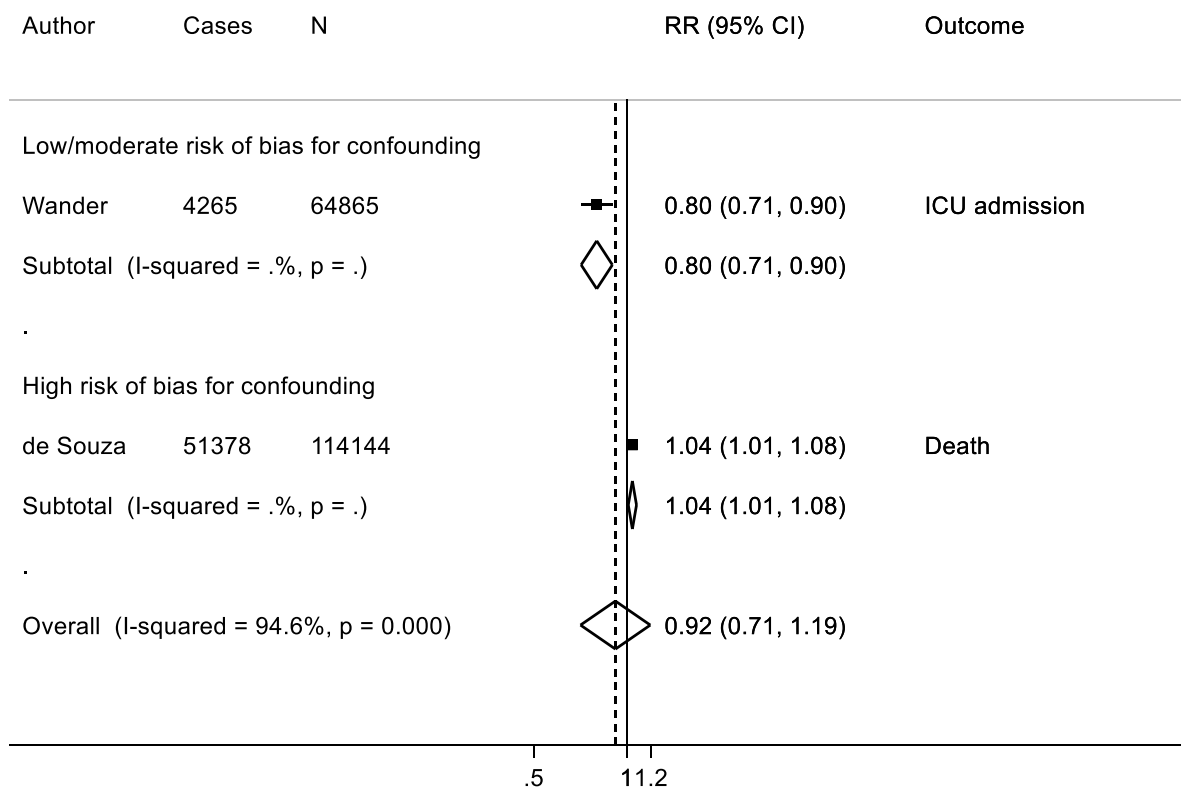


ESM Figure 15: Meta-analysis on ethnicity (Asian vs. non-Hispanic white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

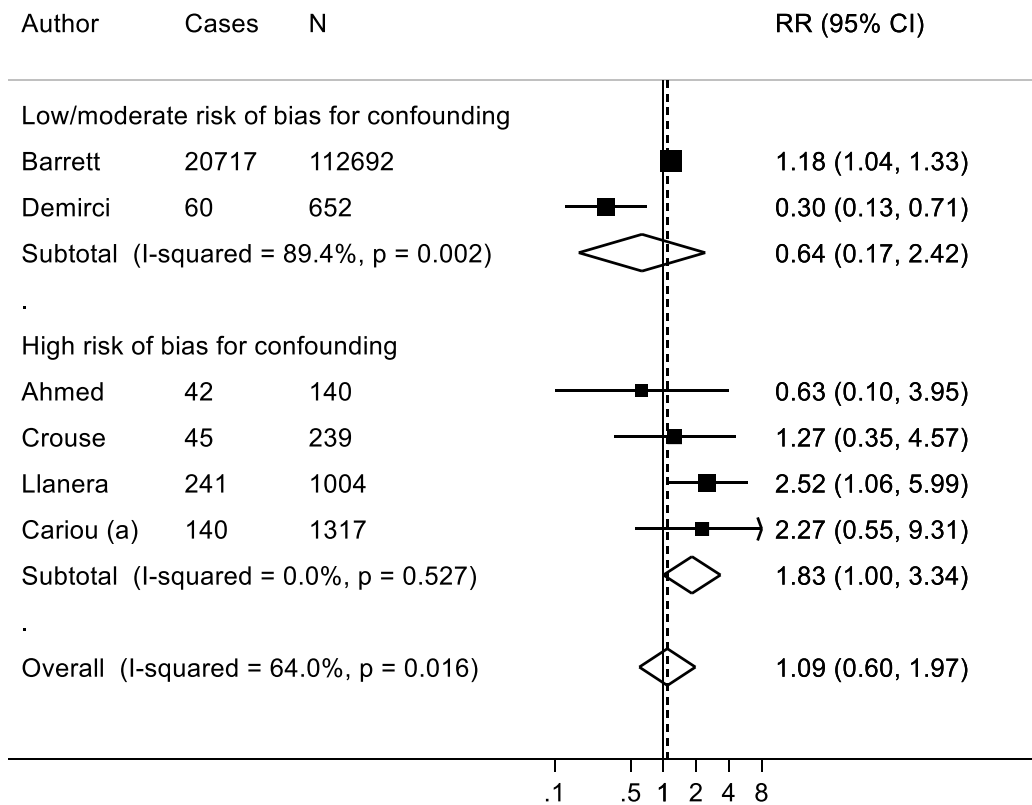


B) Severity of COVID-19

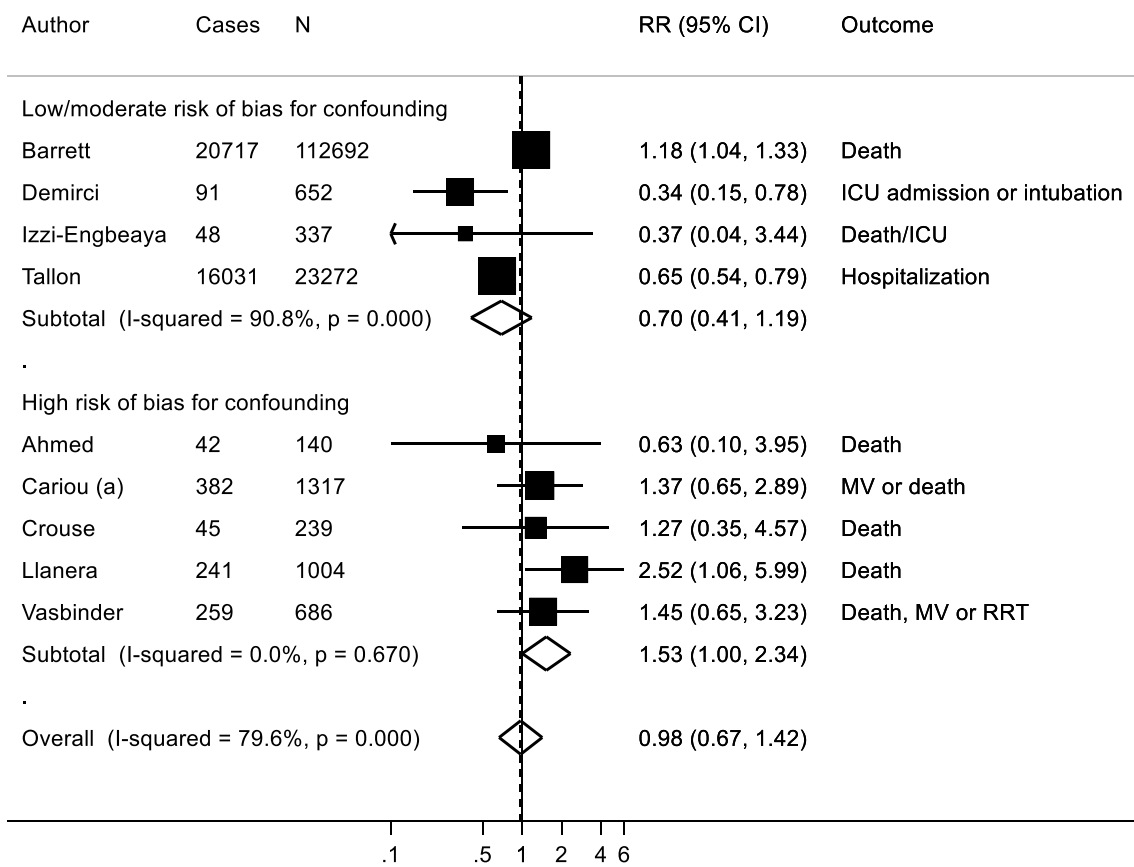


ESM Figure 16: Meta-analysis on ethnicity (White vs. Non-white) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

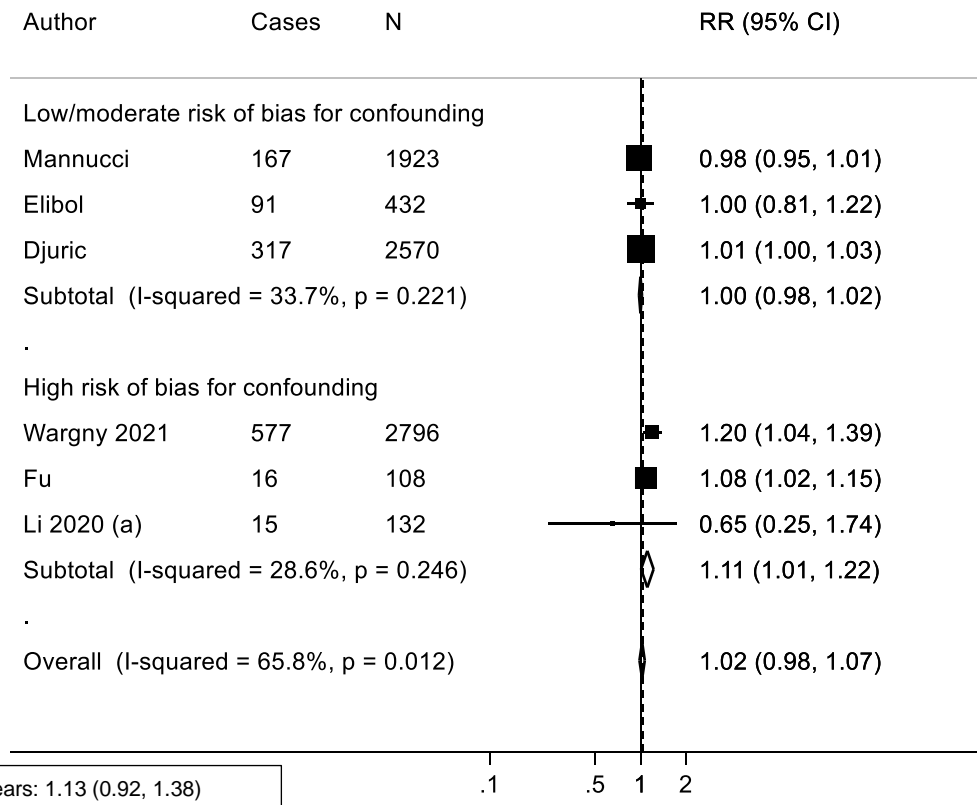


B) Severity of COVID-19

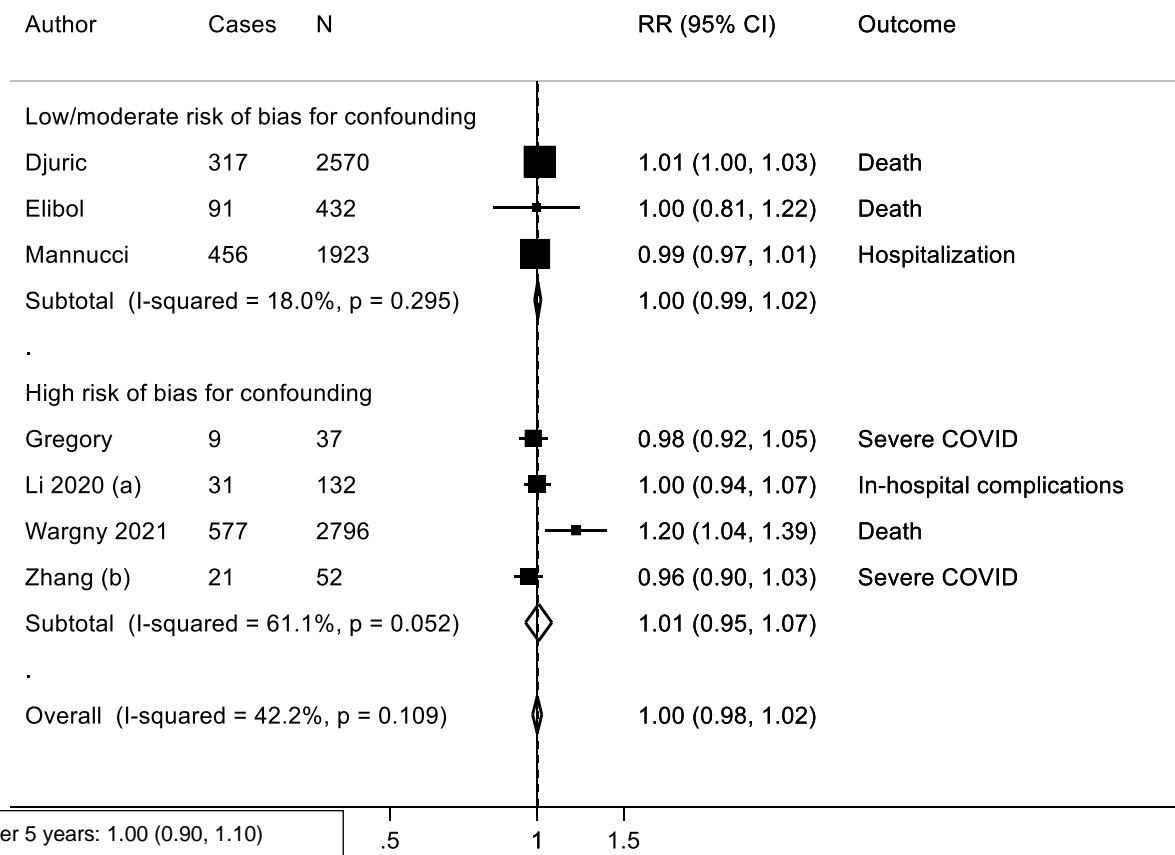


ESM Figure 17: Meta-analysis on **type 2 vs type 1 diabetes** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

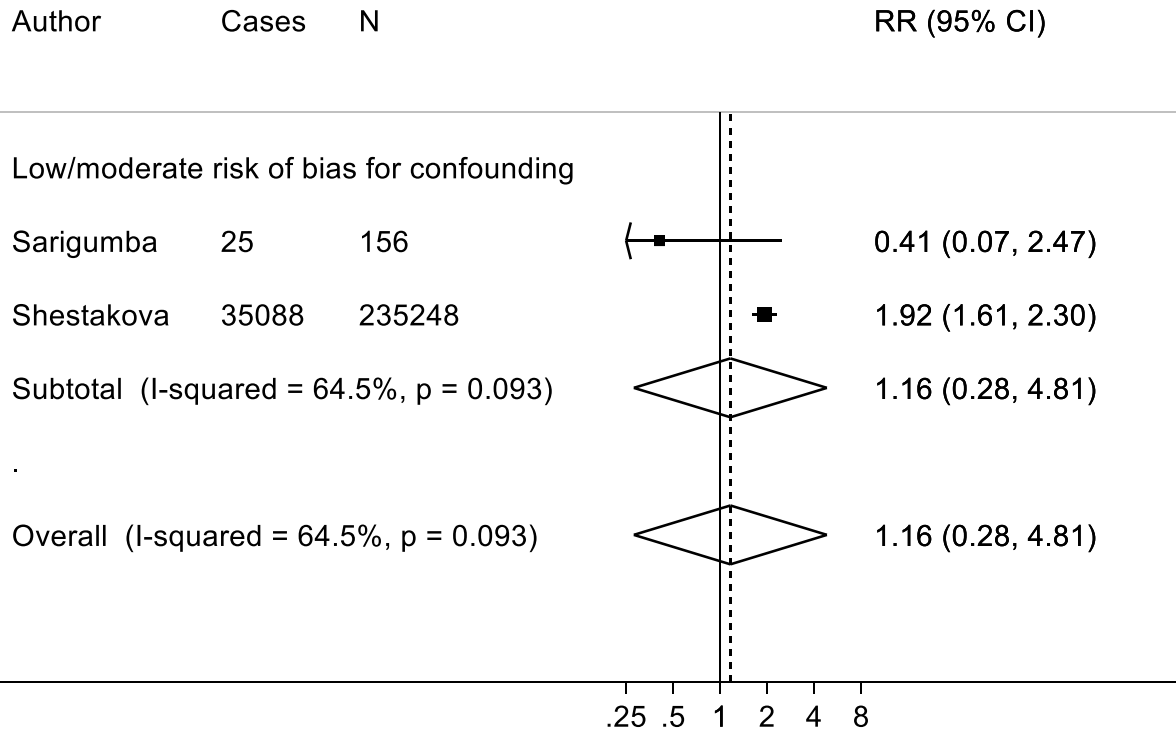


B) Severity of COVID-19

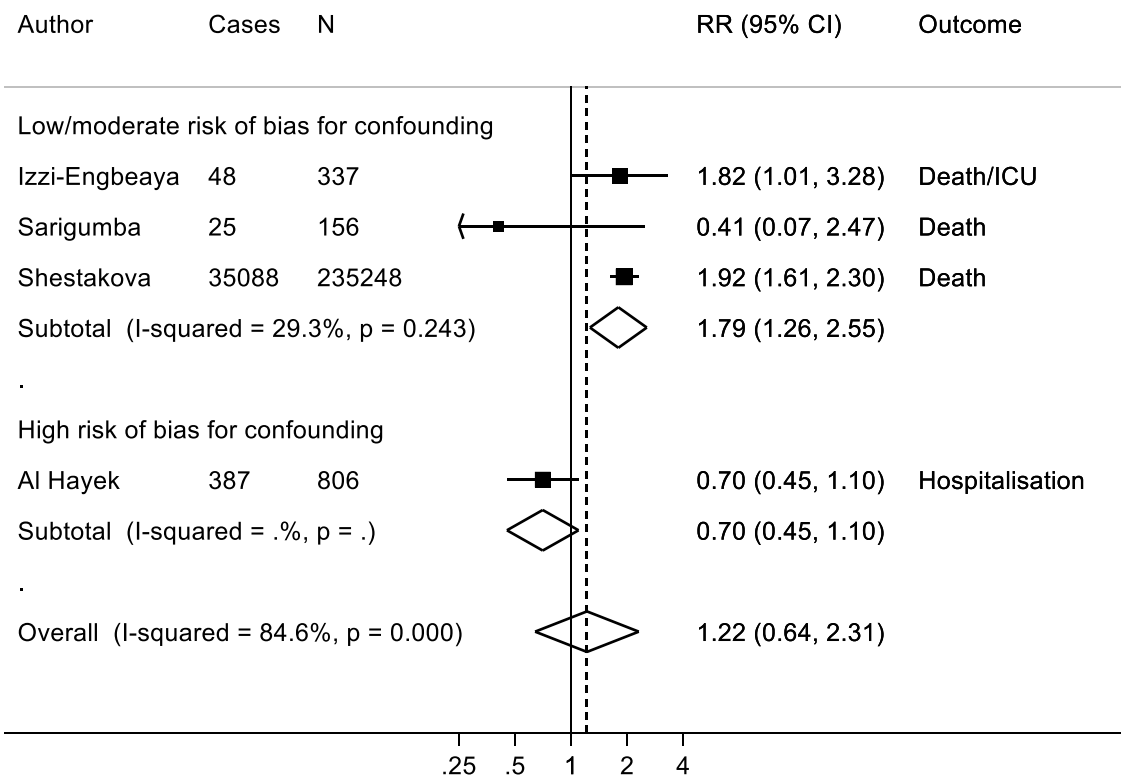


ESM Figure 18: Meta-analysis on **diabetes duration**, per 1 year and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

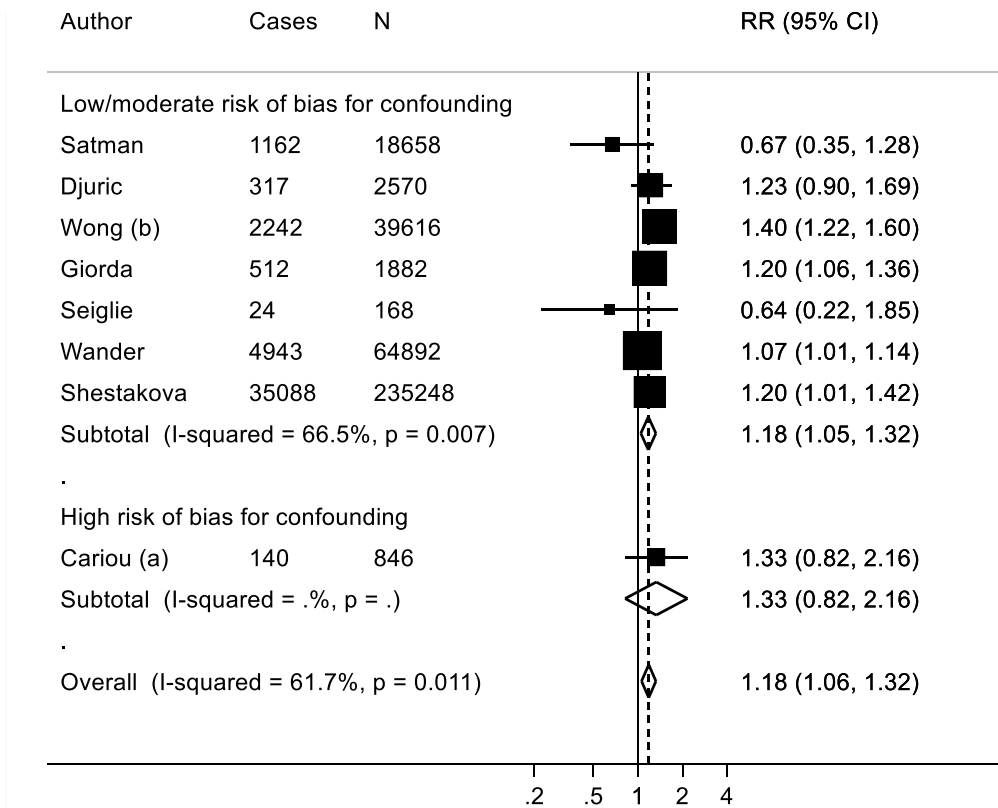


B) Severity of COVID-19

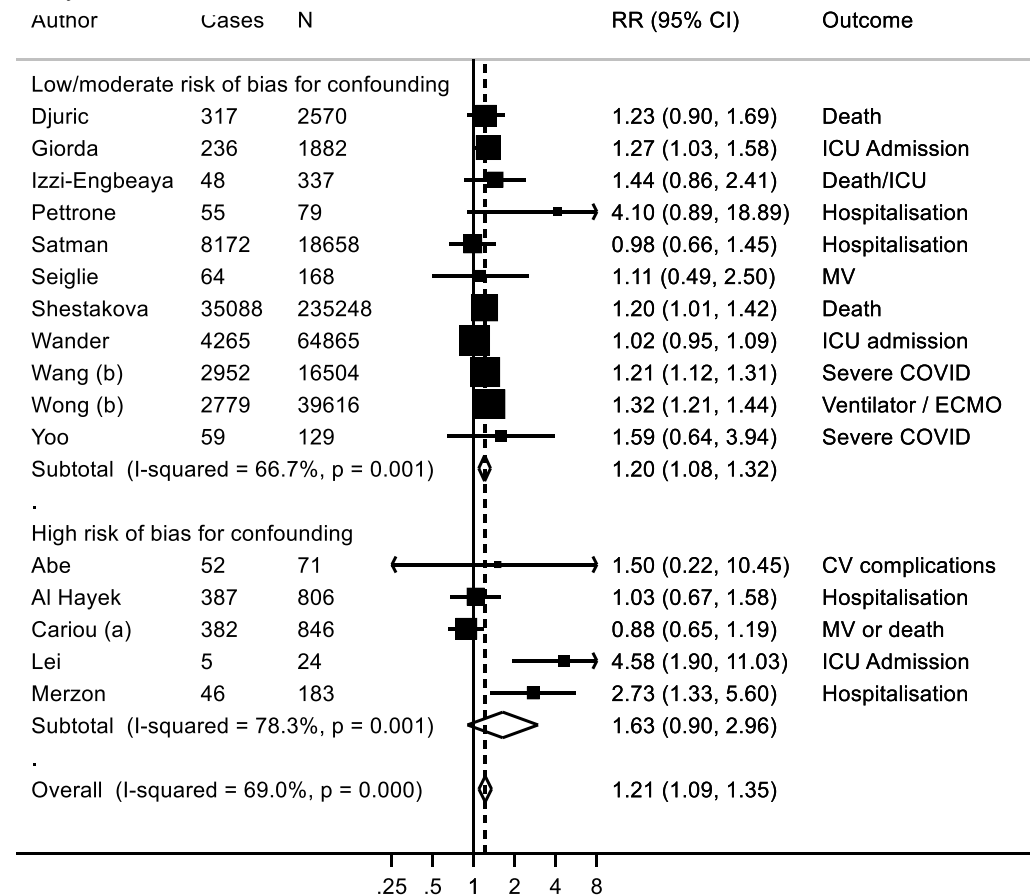


ESM Figure 19: Meta-analysis on **diabetes duration, ≥10 years** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

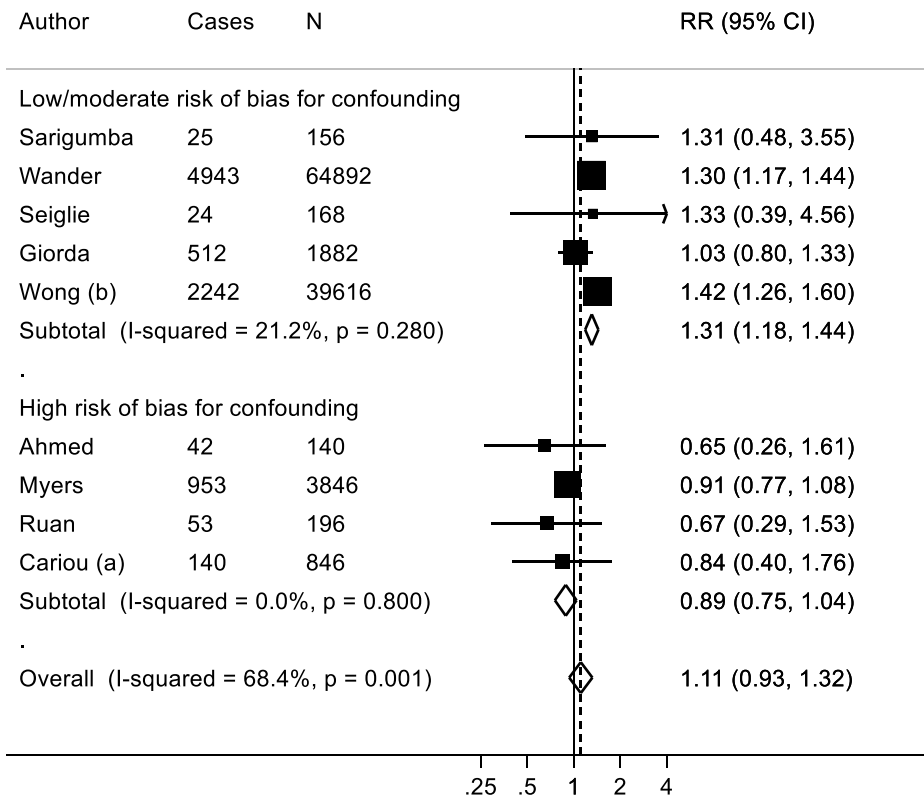


B) Severity of COVID-19

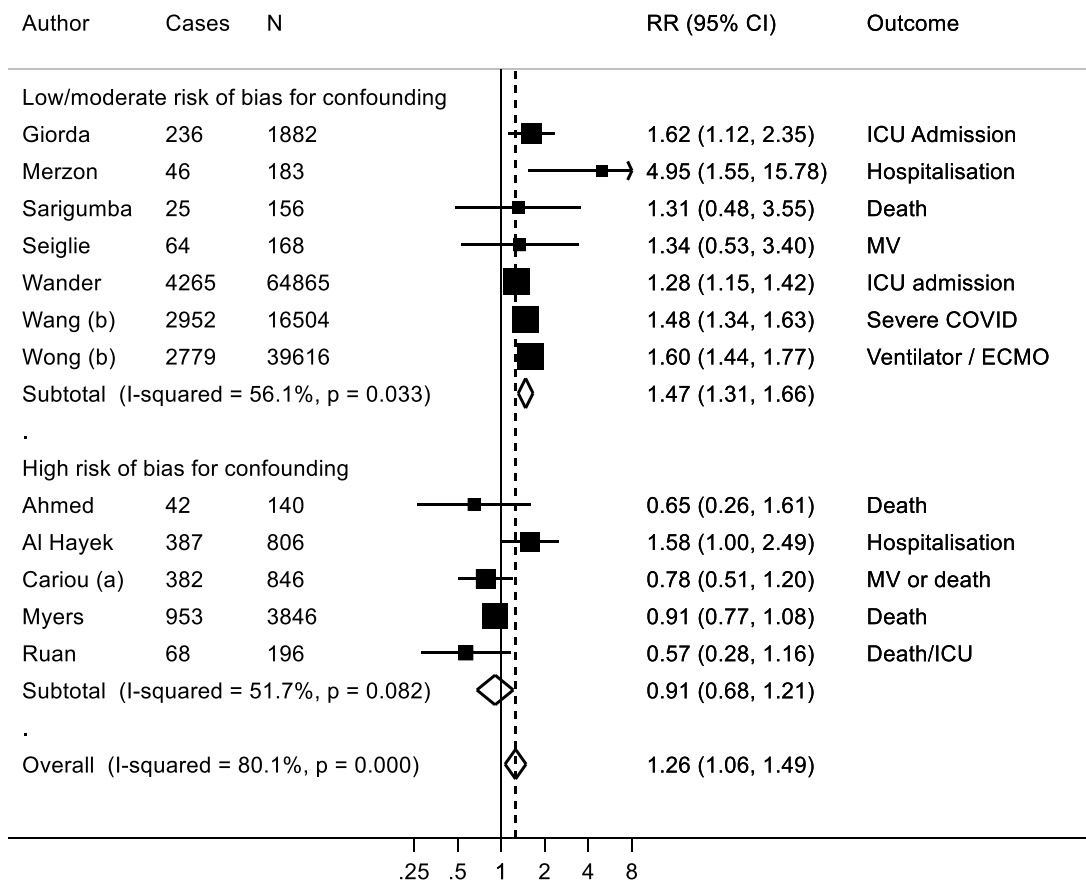


ESM Figure 20: Meta-analysis on HbA_{1c} 53-75 vs <53 mmol/mol (7-9 vs <7%) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

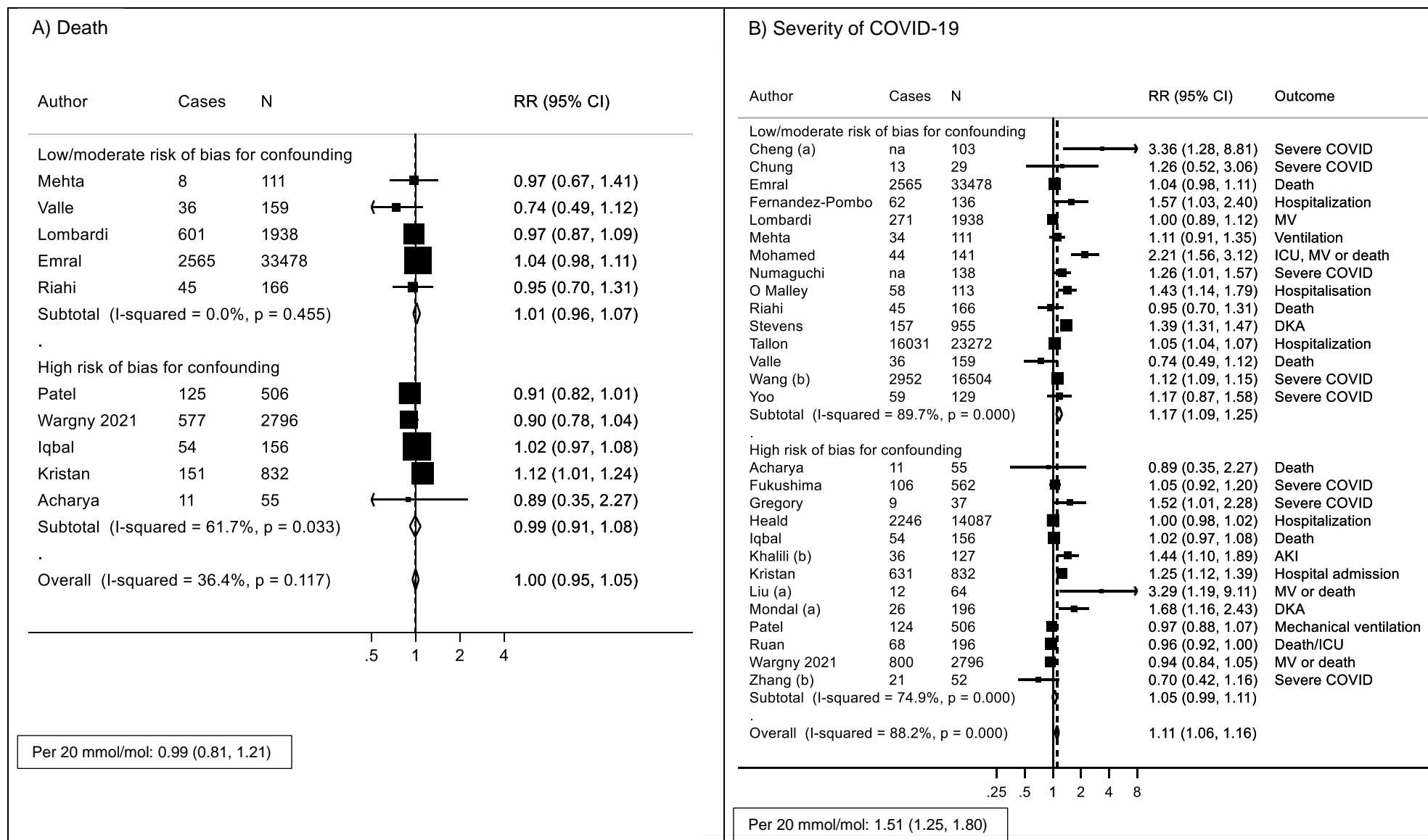
A) Death



B) Severity of COVID-19

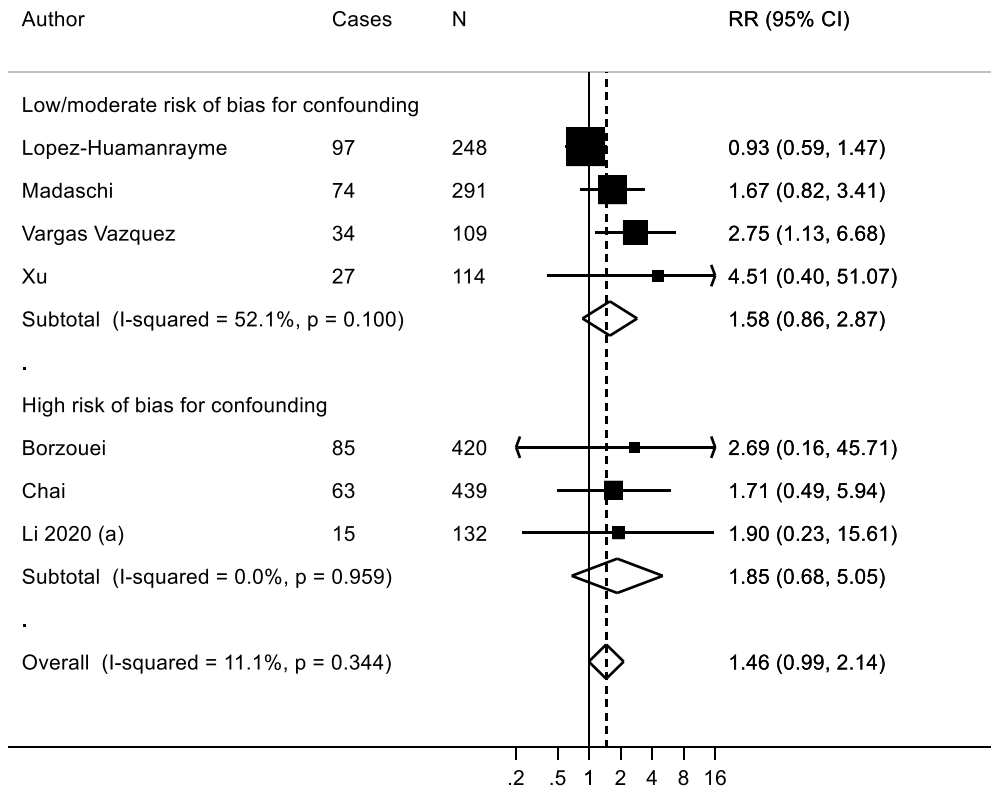


ESM Figure 21: Meta-analysis on HbA_{1c} ≥75 vs <53 mmol/mol (≥9 vs <7%) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

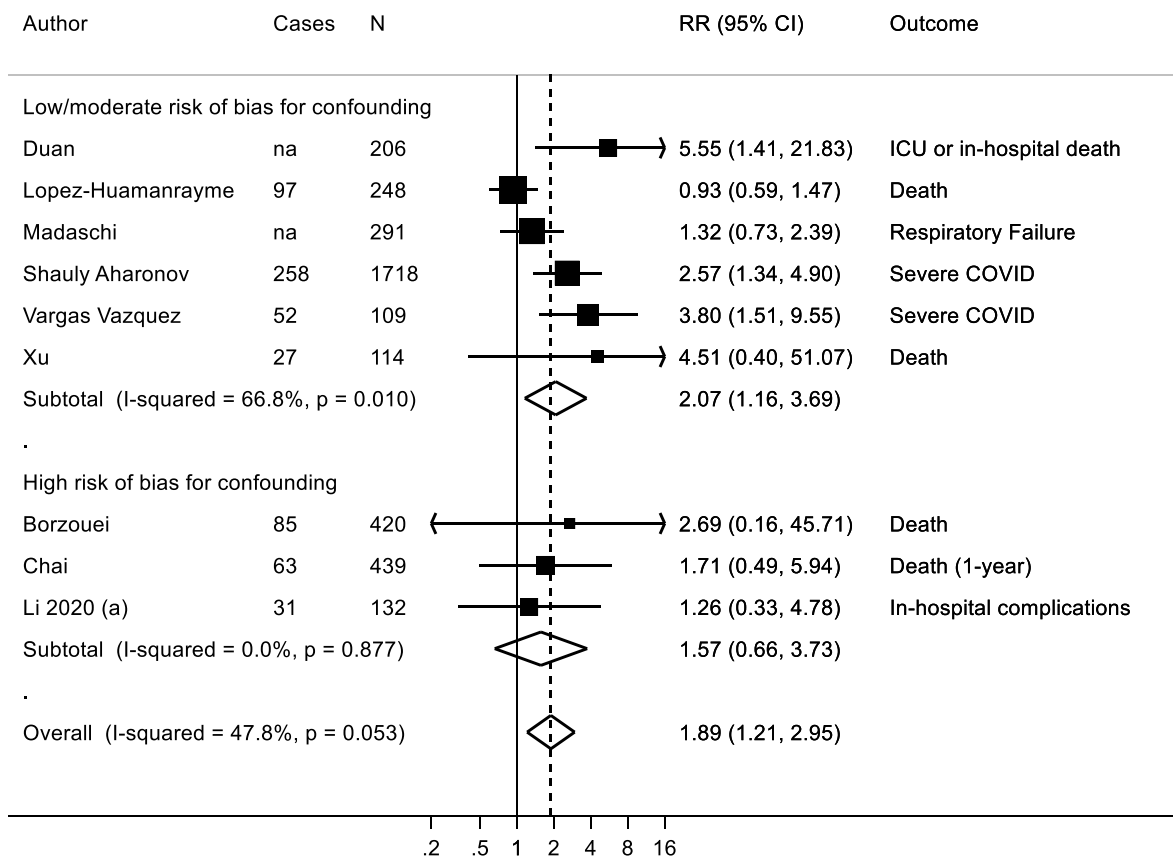


ESM Figure 22: Meta-analysis on HbA_{1c}, per 1% increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

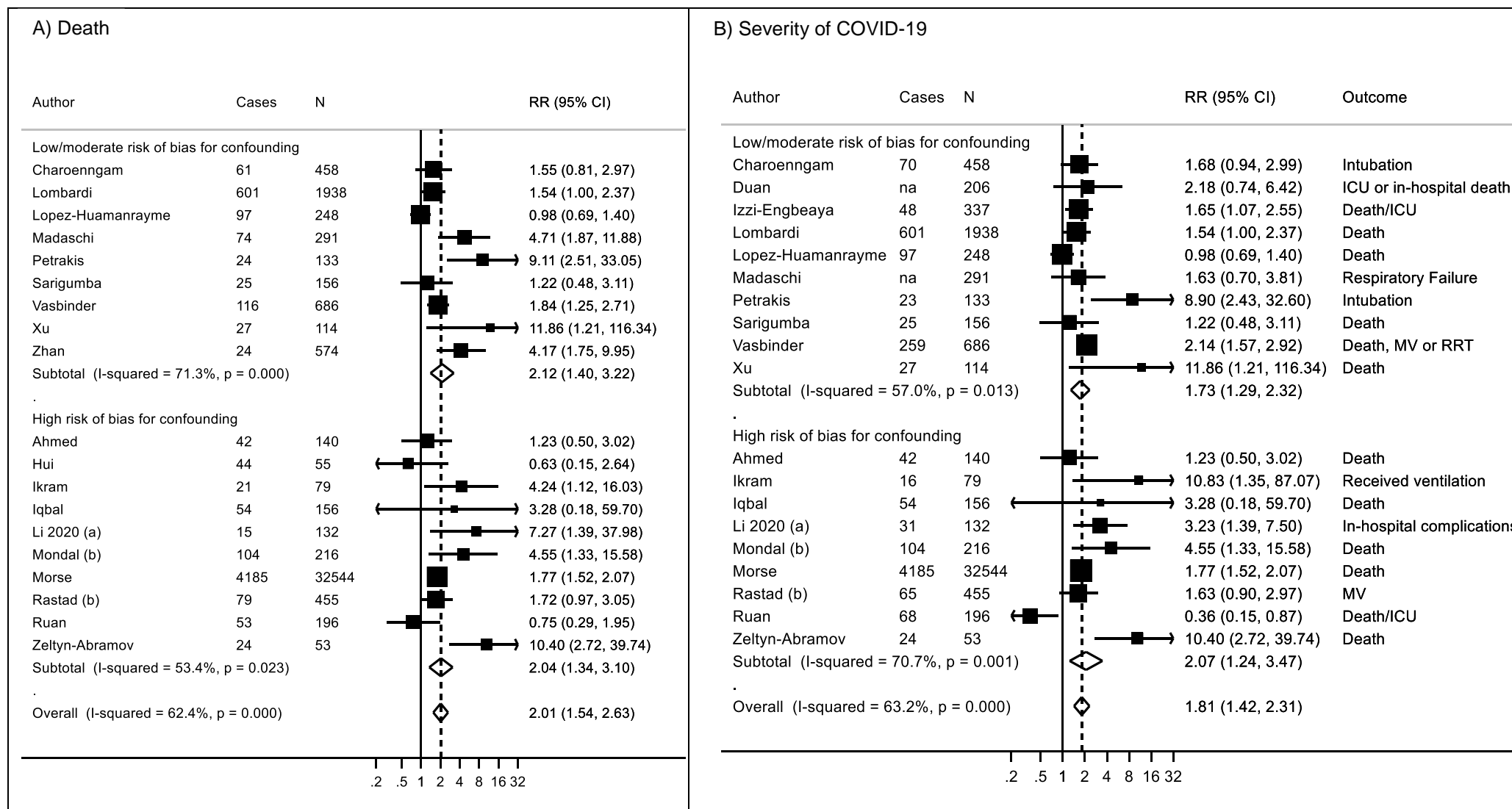
A) Death



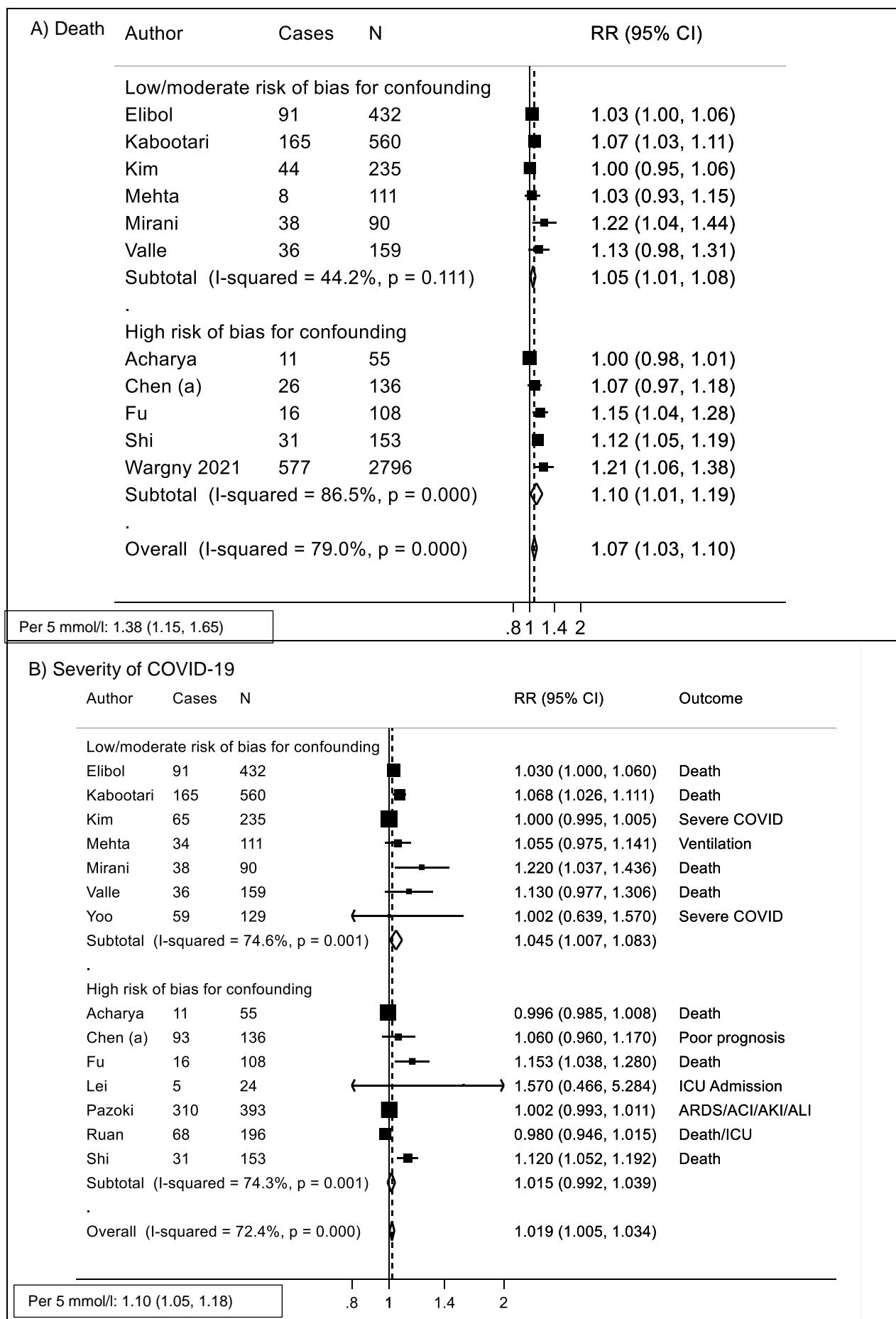
B) Severity of COVID-19



ESM Figure 23: Meta-analysis on **blood glucose ≥ 6 - < 10 mmol/l** at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

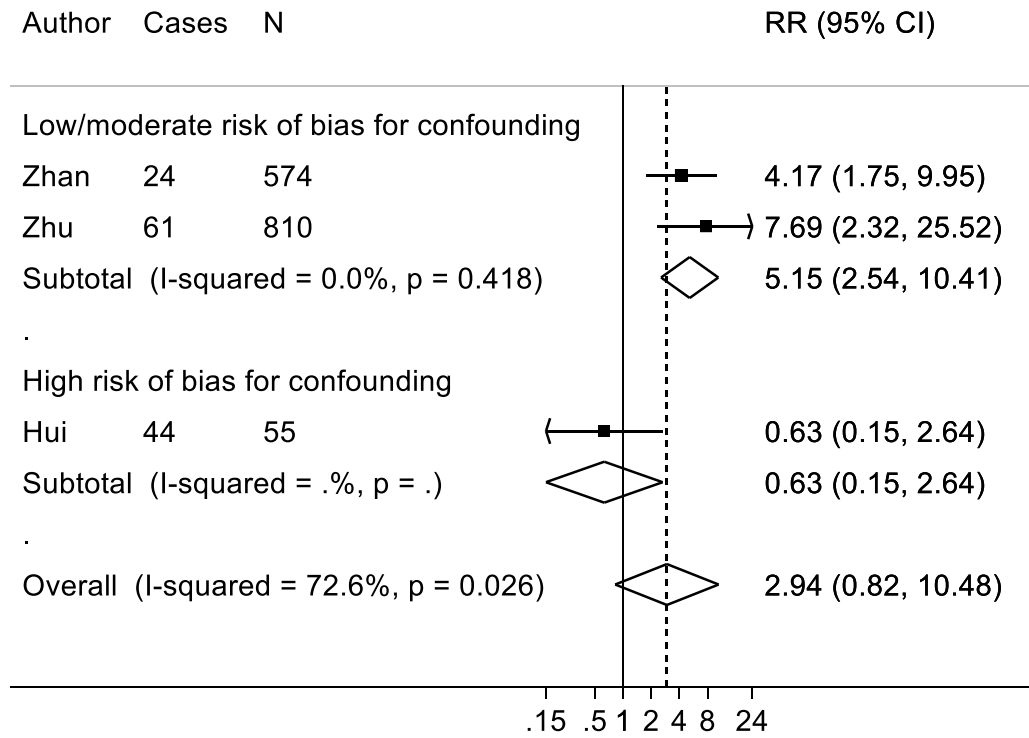


ESM Figure 24 Meta-analysis on **blood glucose ≥ 10 mmol/l** at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

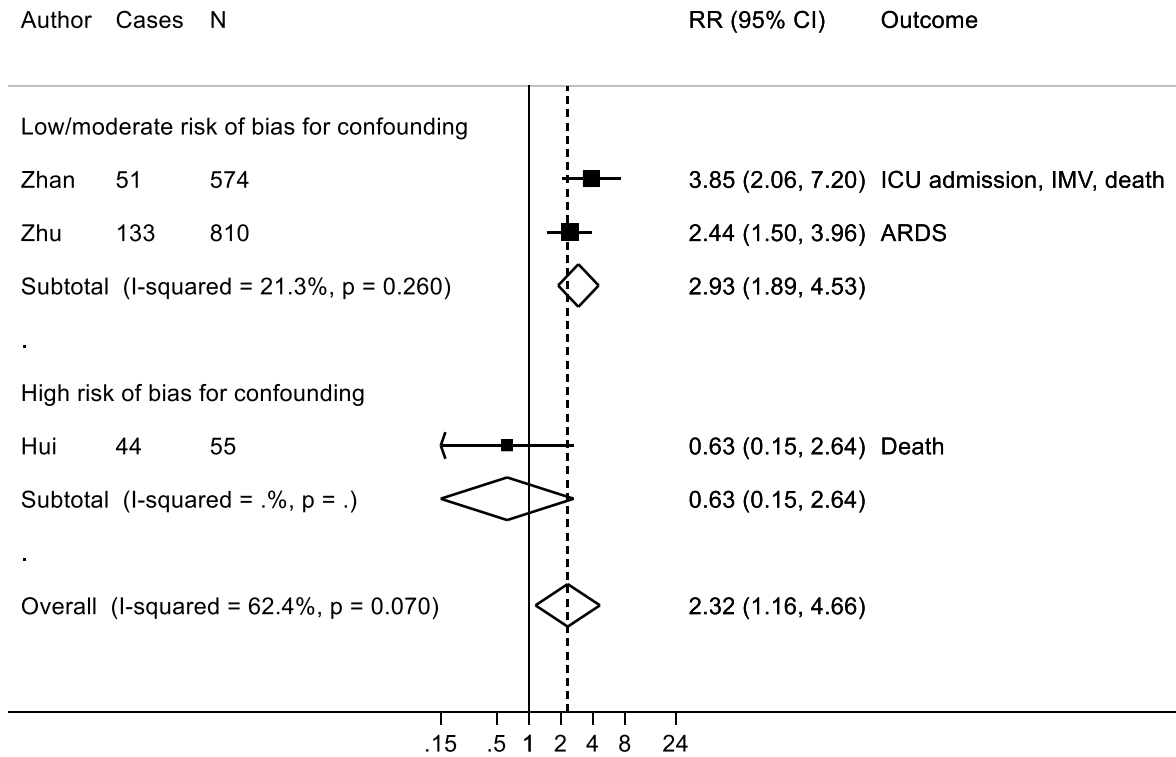


ESM Figure 25: Meta-analysis on blood glucose per 1 mmol/l increase at admission and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

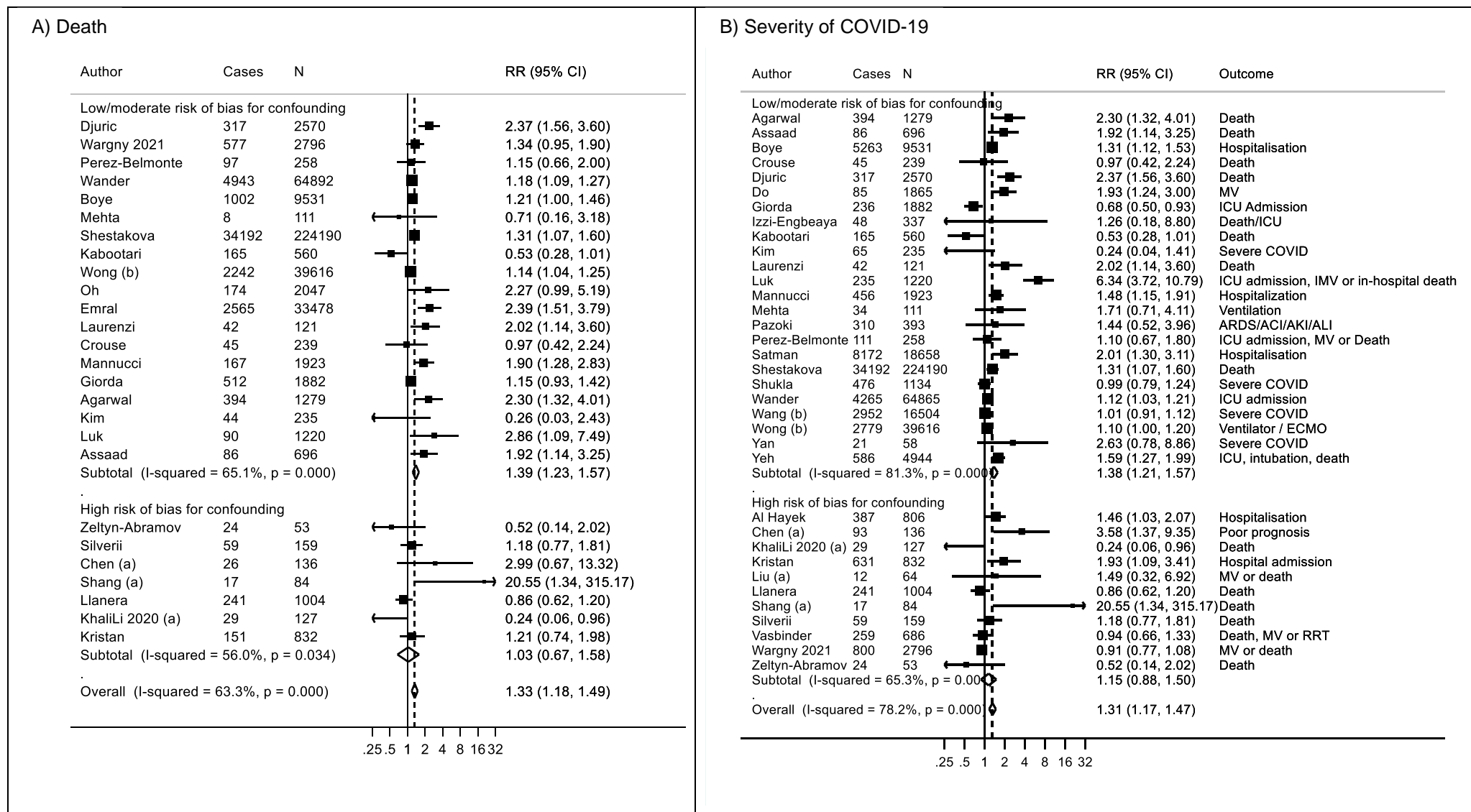
A) Death



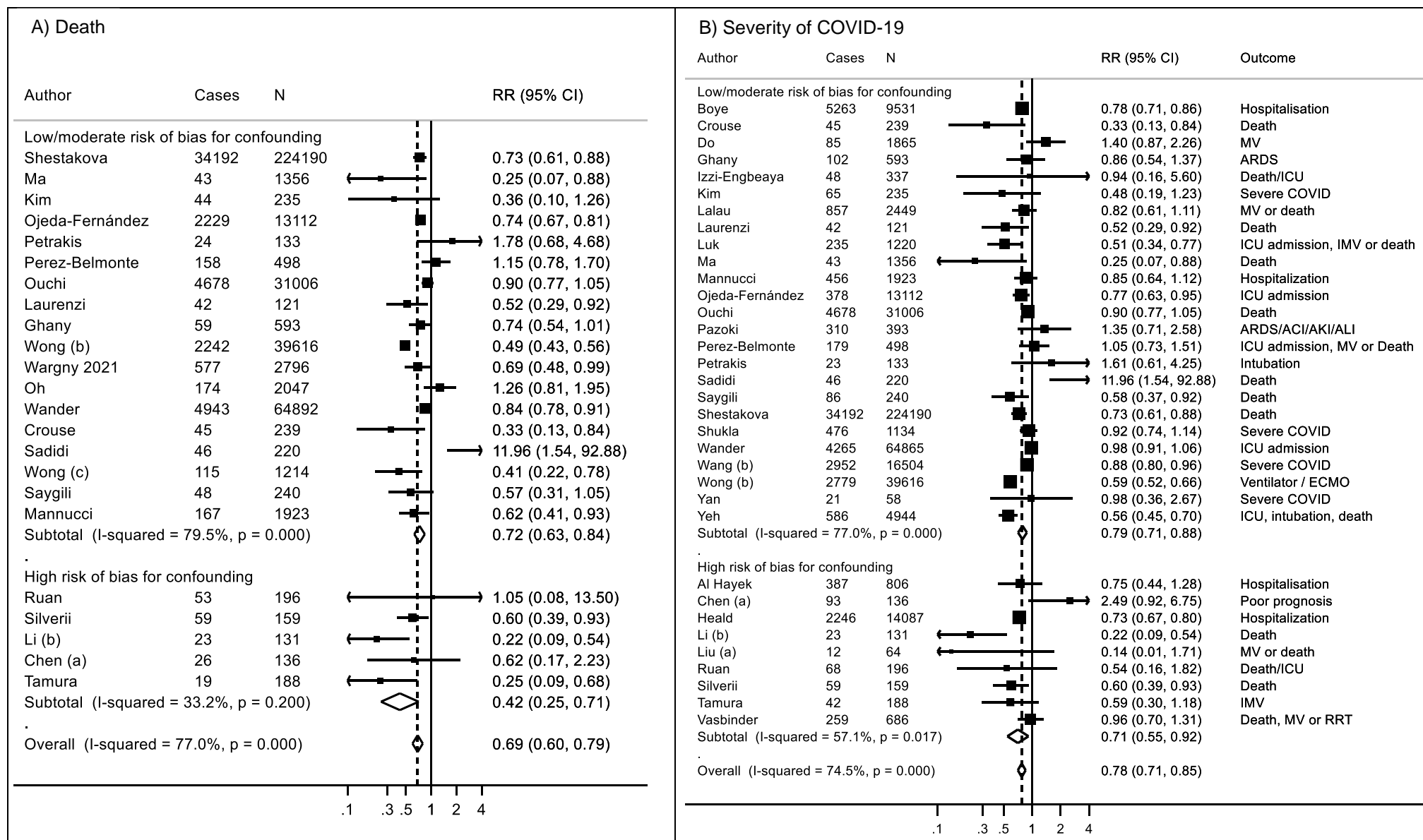
B) Severity of COVID-19



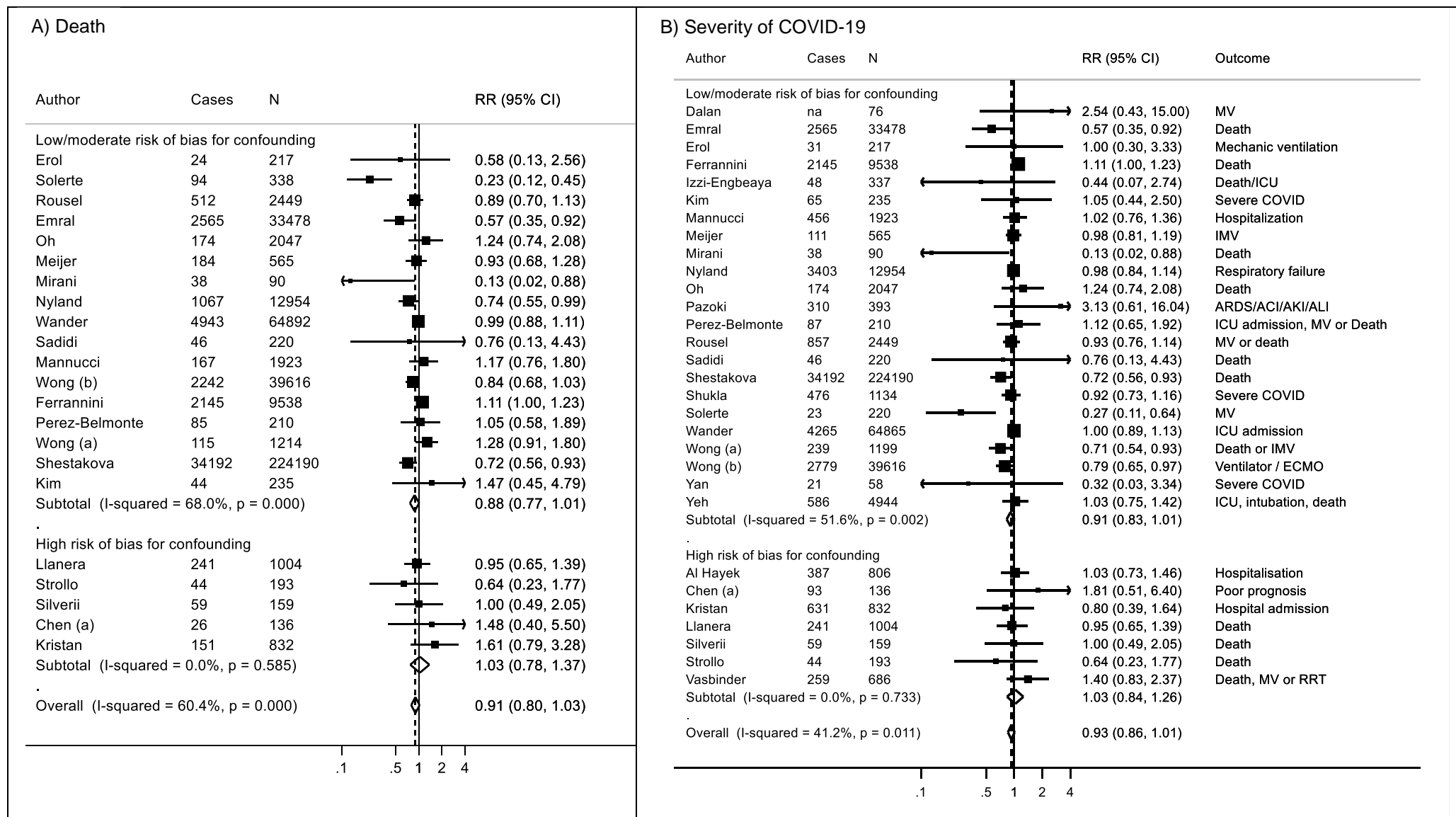
ESM Figure 26: Meta-analysis for **poorly vs. well-controlled at admission** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 27: Meta-analysis on insulin use compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

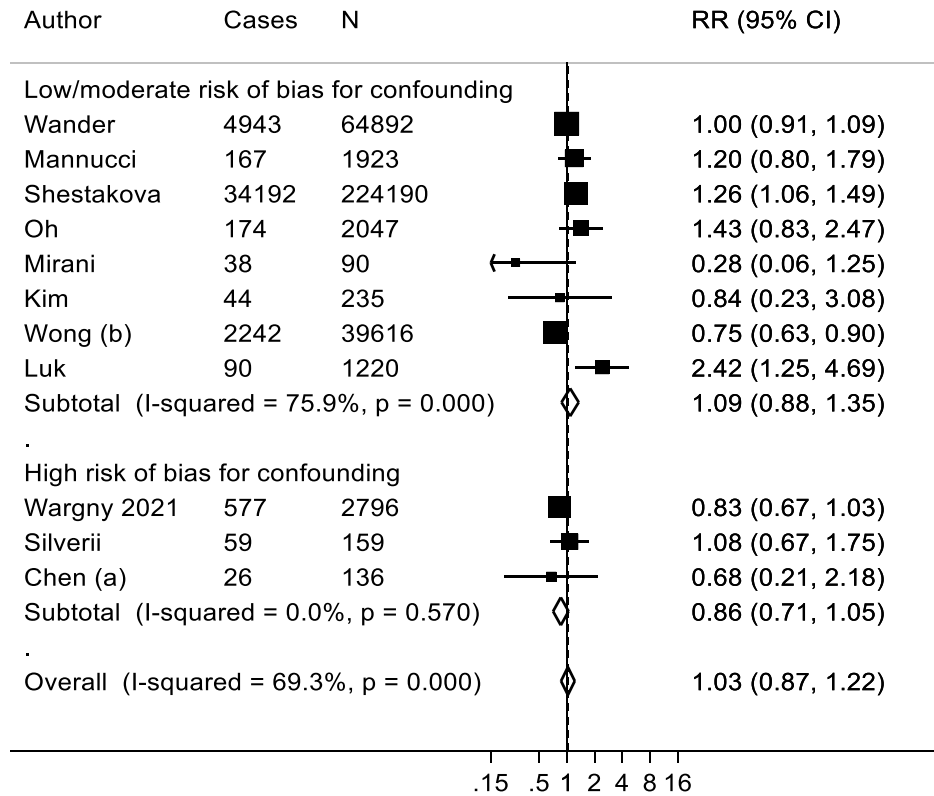


ESM Figure 28: Meta-analysis on metformin use compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

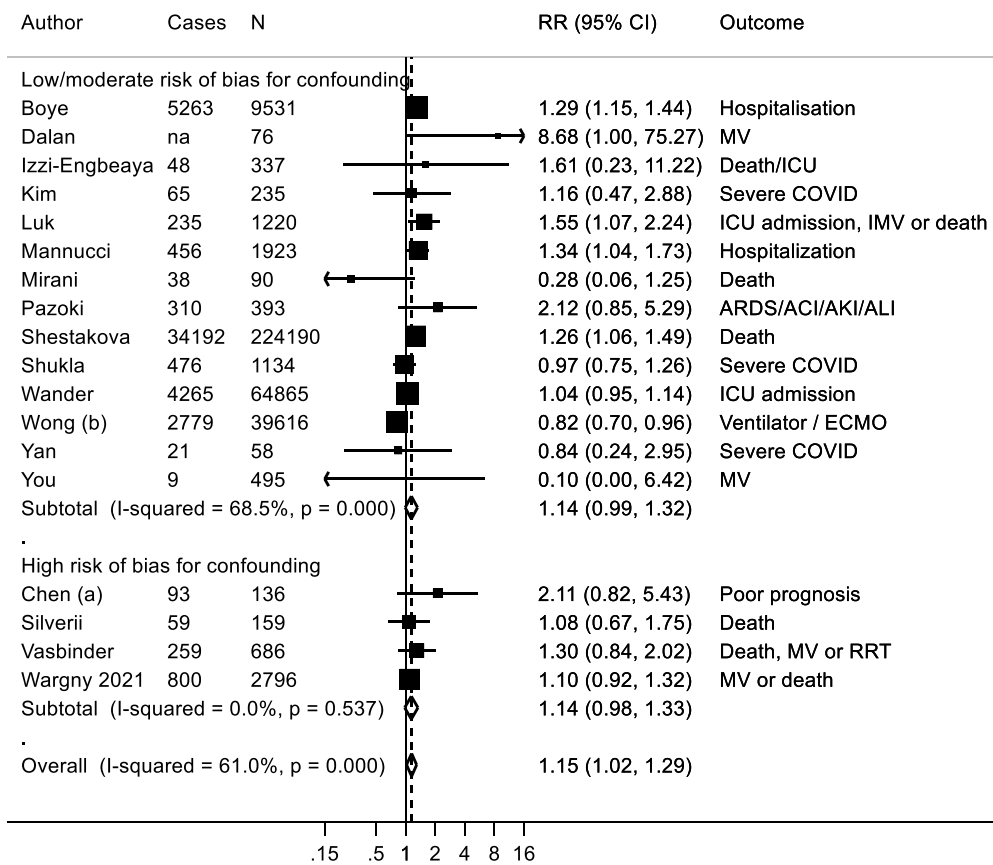


ESM Figure 29: Meta-analysis on **DPP-4-inhibitors use** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

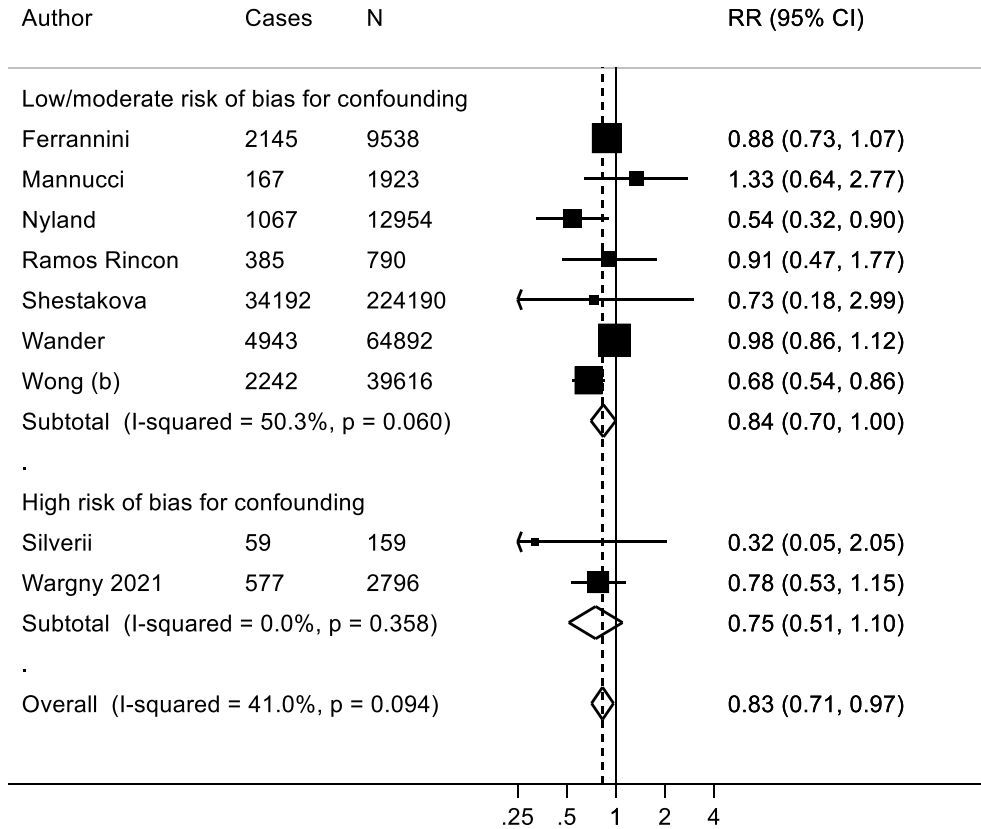


B) Severity of COVID-19

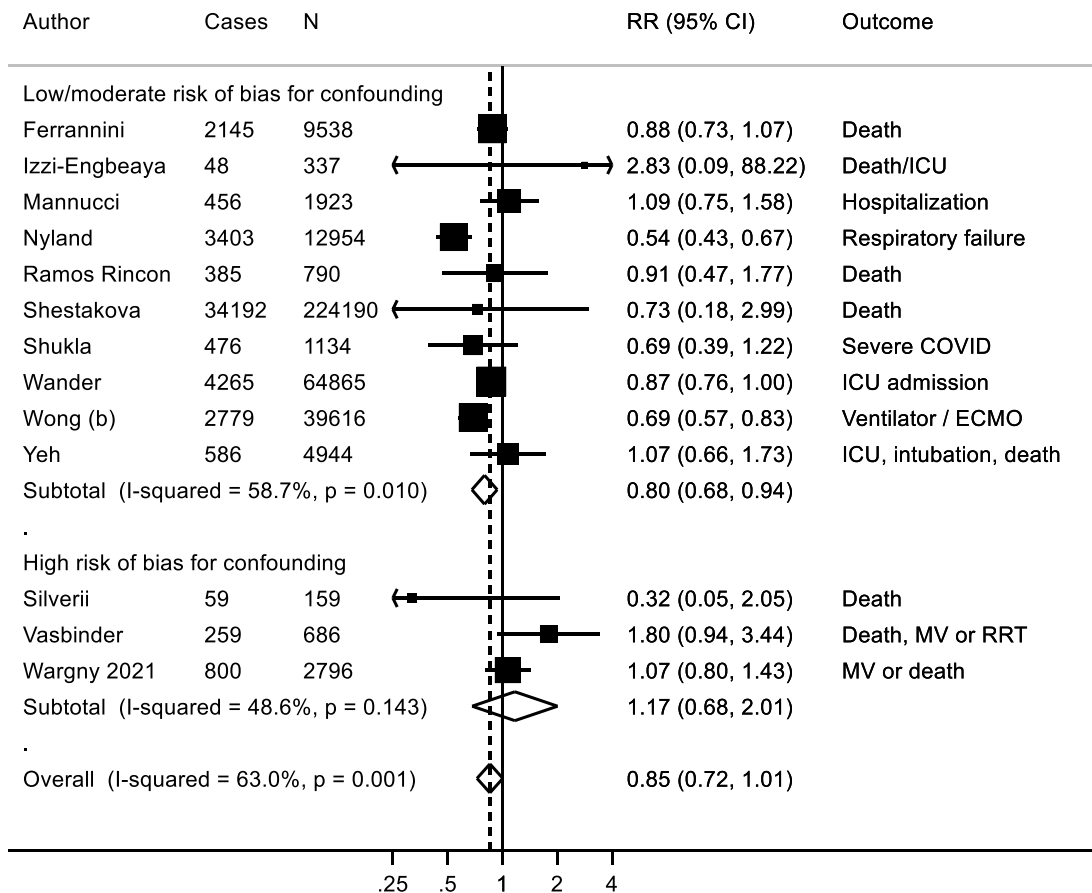


ESM Figure 30: Meta-analysis on use of **sulfonylurea/glinides/secretagogues** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

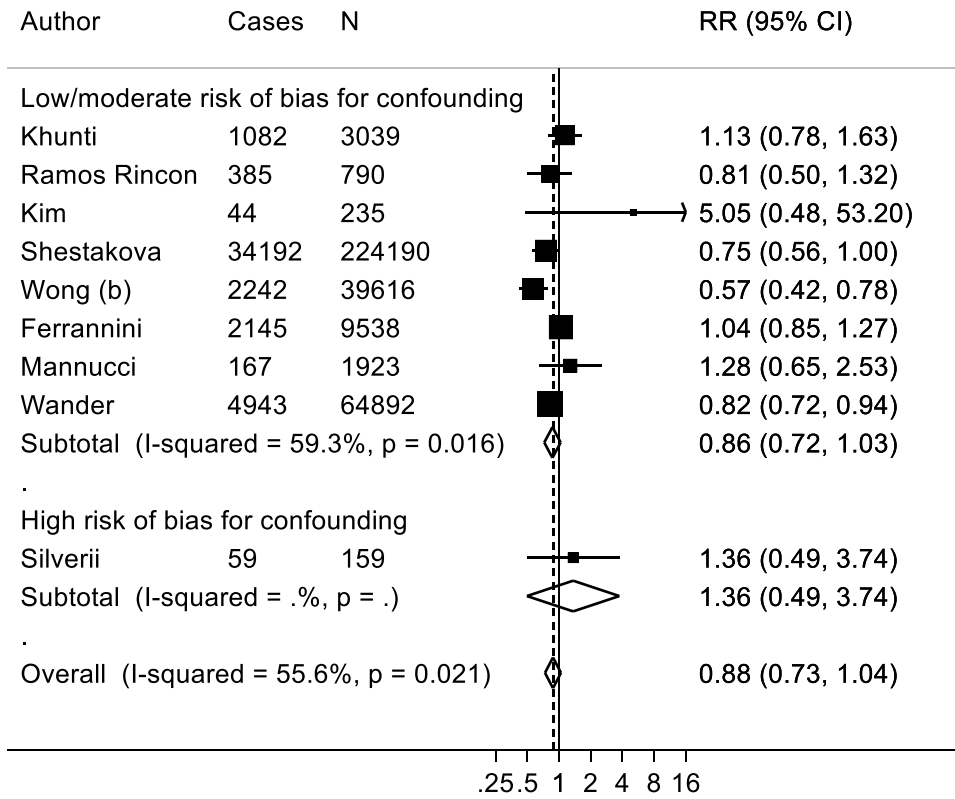


B) Severity of COVID-19

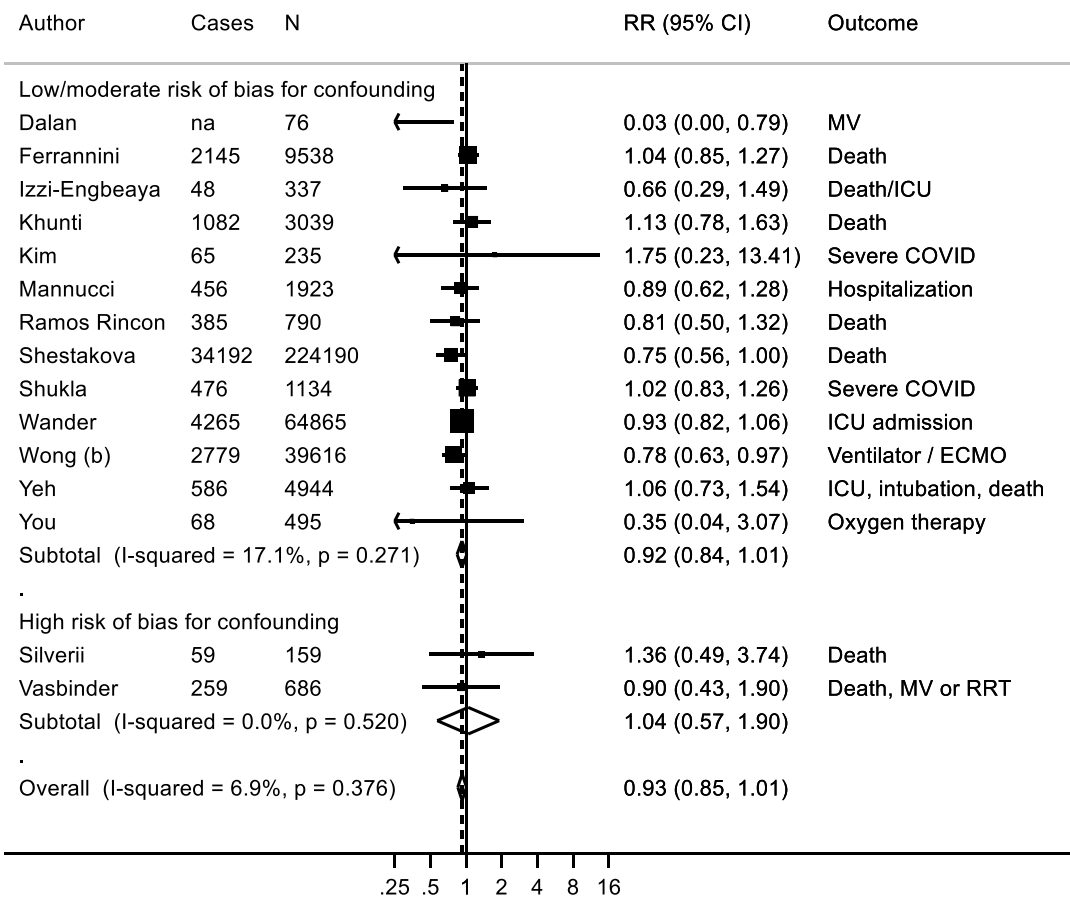


ESM Figure 31: Meta-analysis on use of GLP 1-RA compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

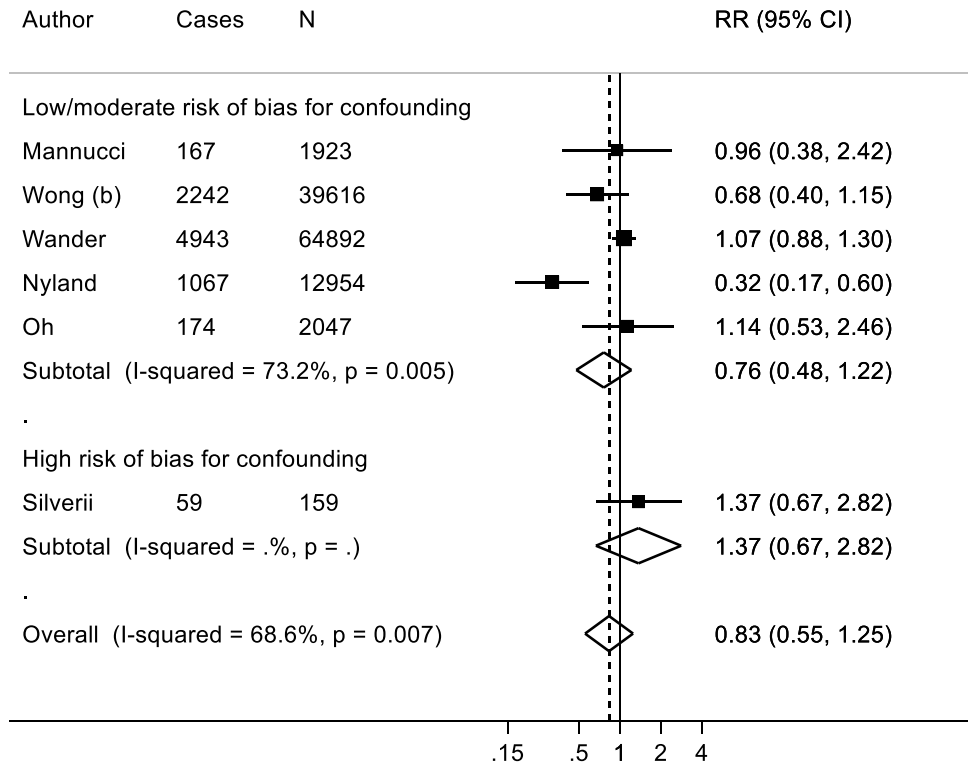


B) Severity of COVID-19

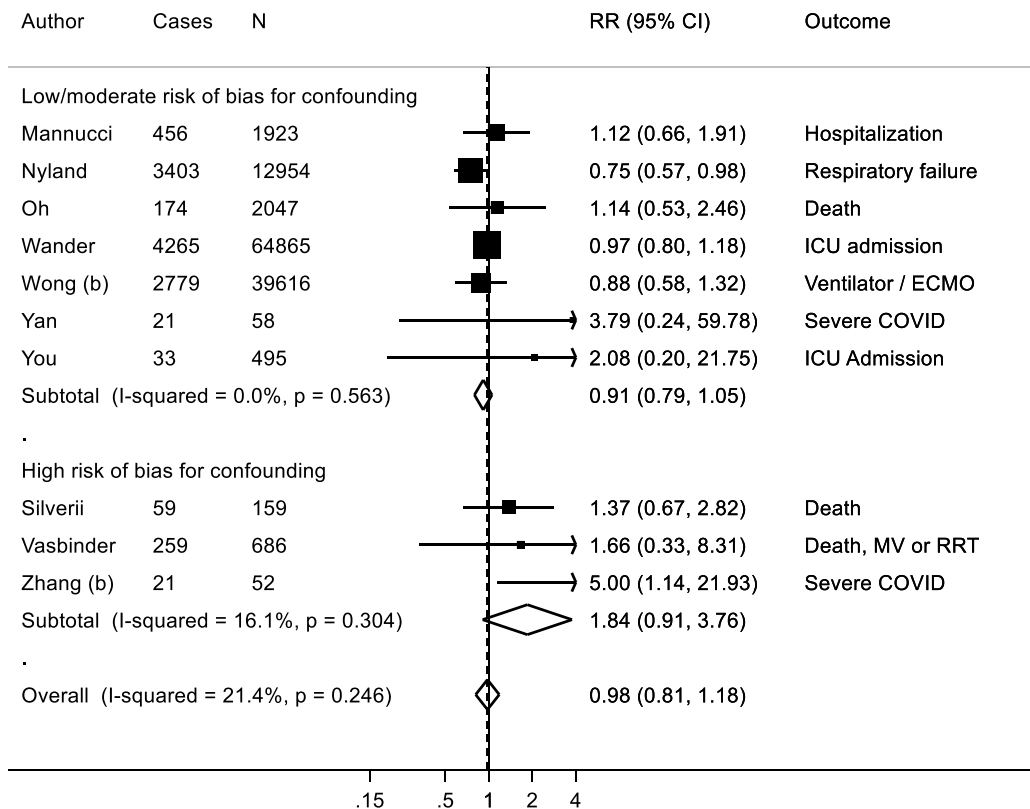


ESM Figure 32: Meta-analysis on use of SGLT-2i compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



B) Severity of COVID-19

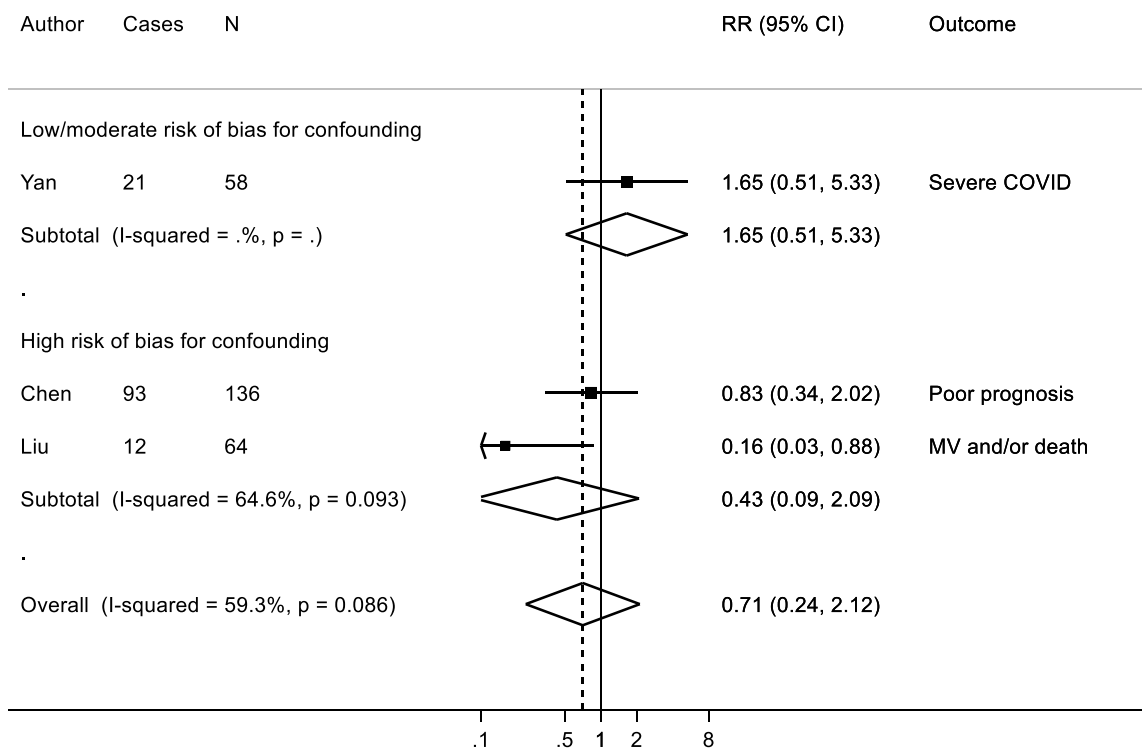


ESM Figure 33: Meta-analysis on use of **thiazolidinedione** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

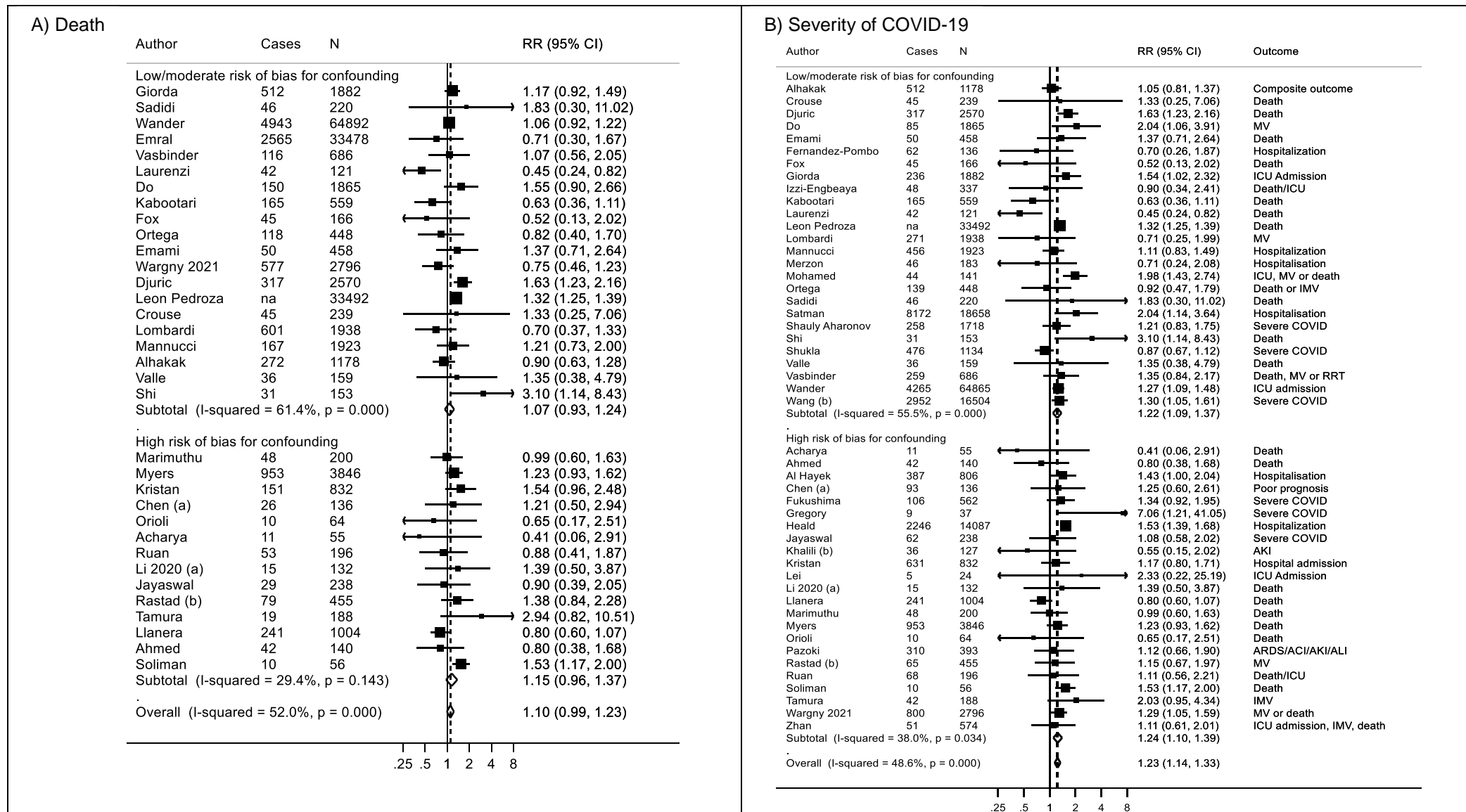
A) Death

No data

B) Severity of COVID-19

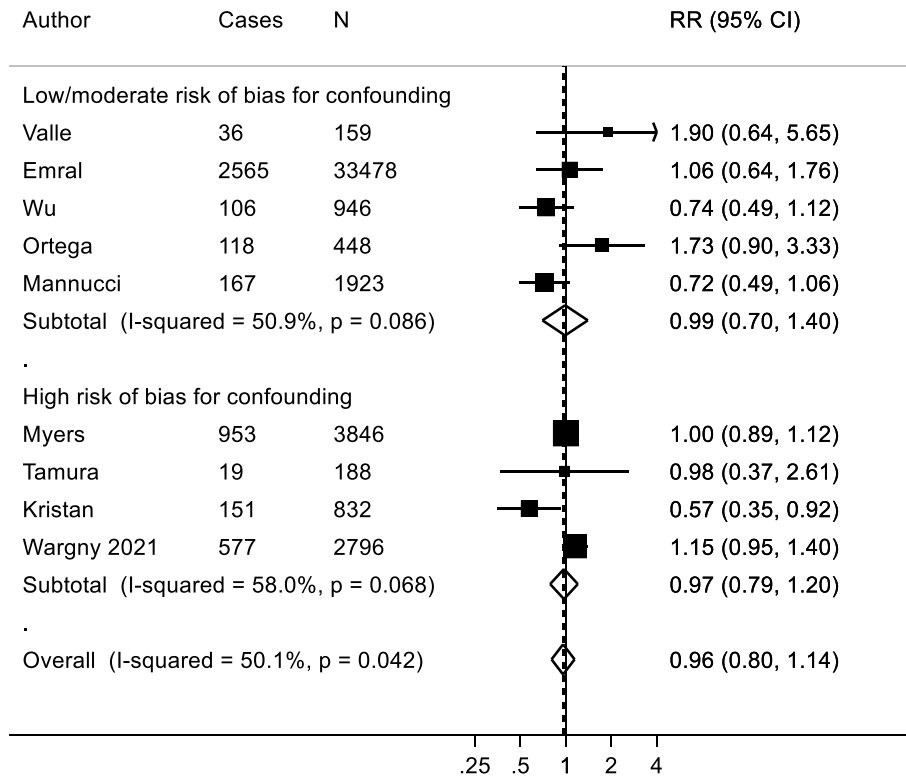


ESM Figure 34: Meta-analysis on use of **alpha-glucosidase inhibitors** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

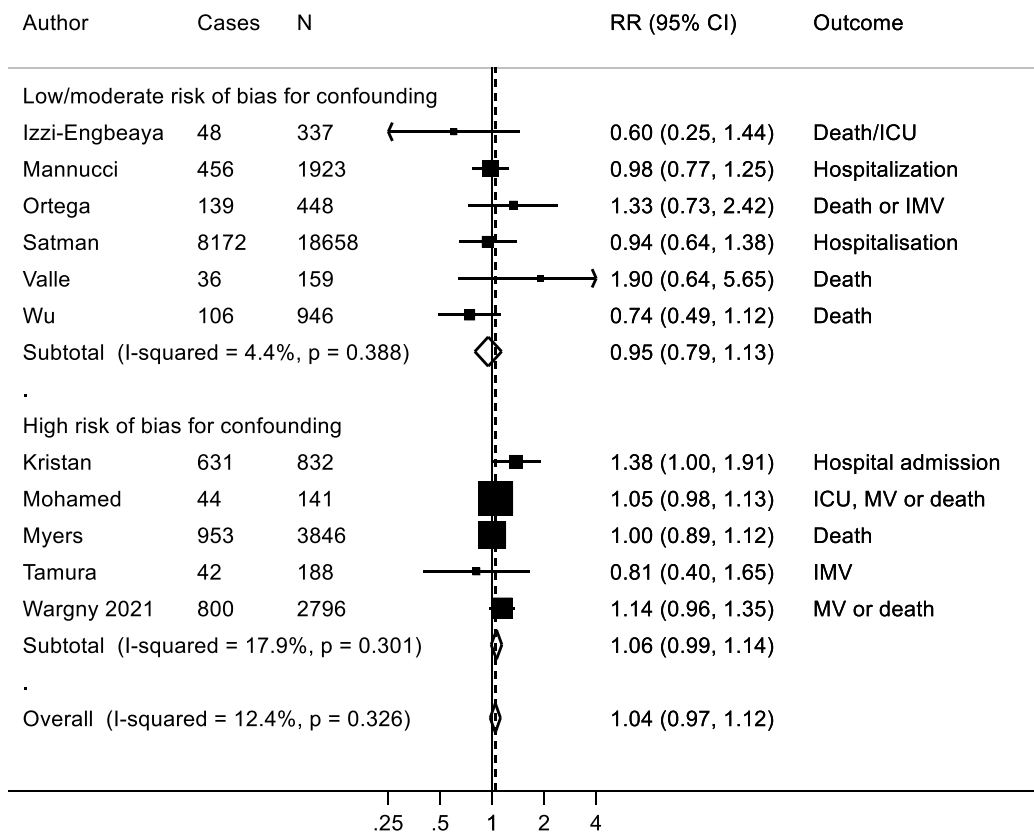


ESM Figure 35: Meta-analysis on hypertension compared to no hypertension and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

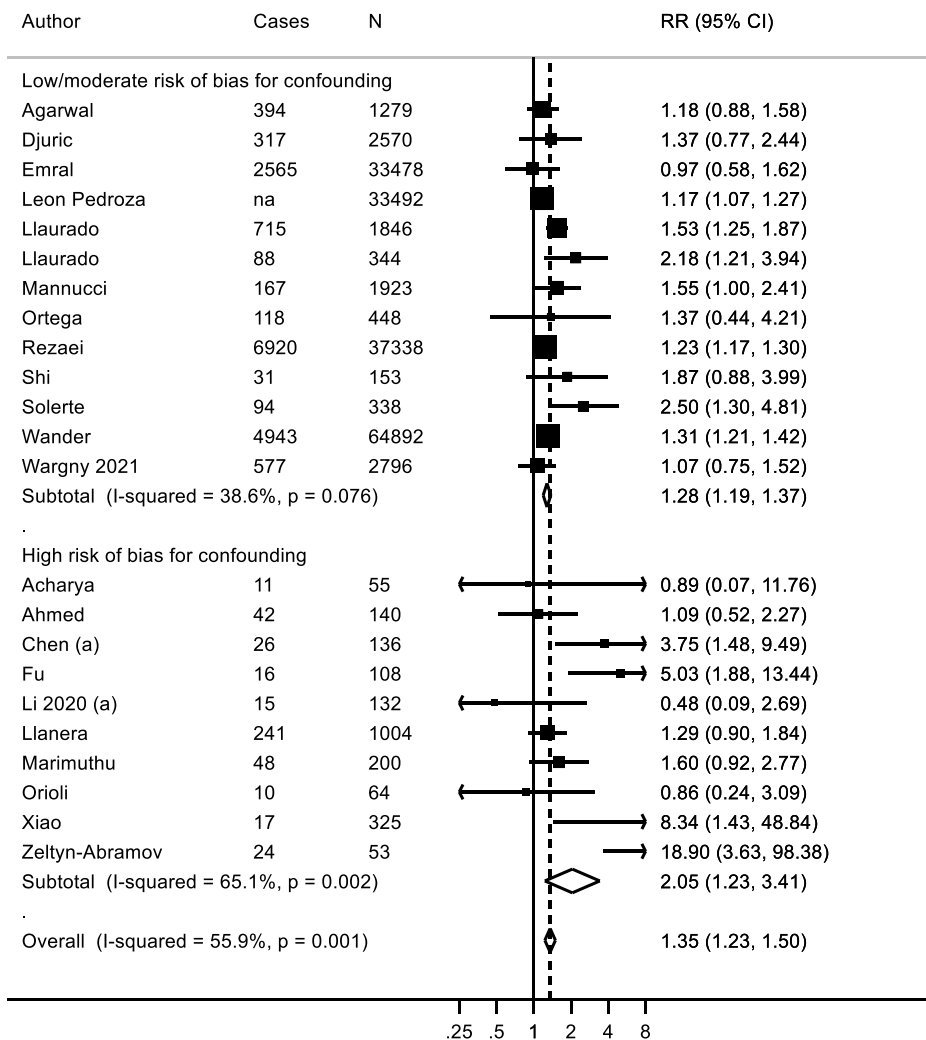


B) Severity of COVID-19

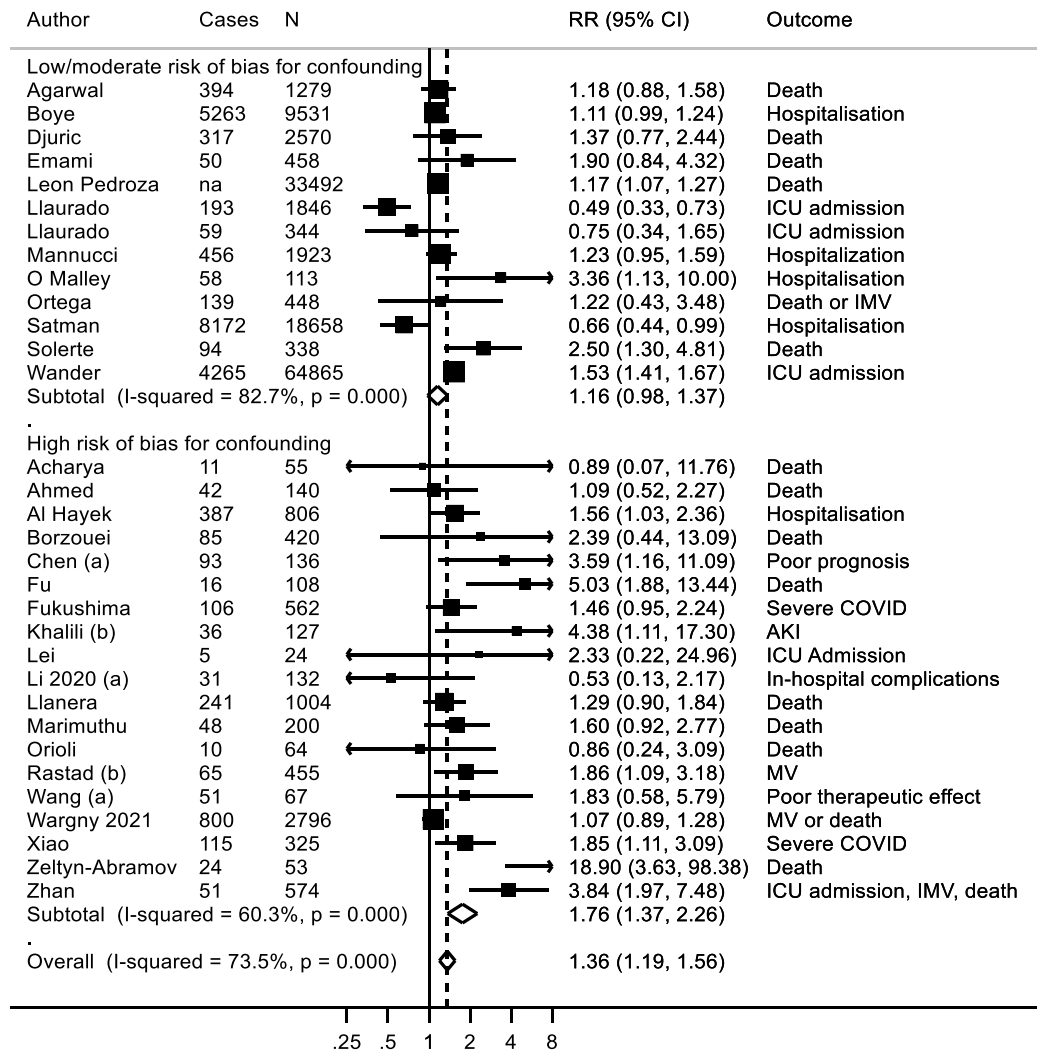


ESM Figure 36: Meta-analysis on **dyslipidaemia** compared to no dyslipidaemia and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

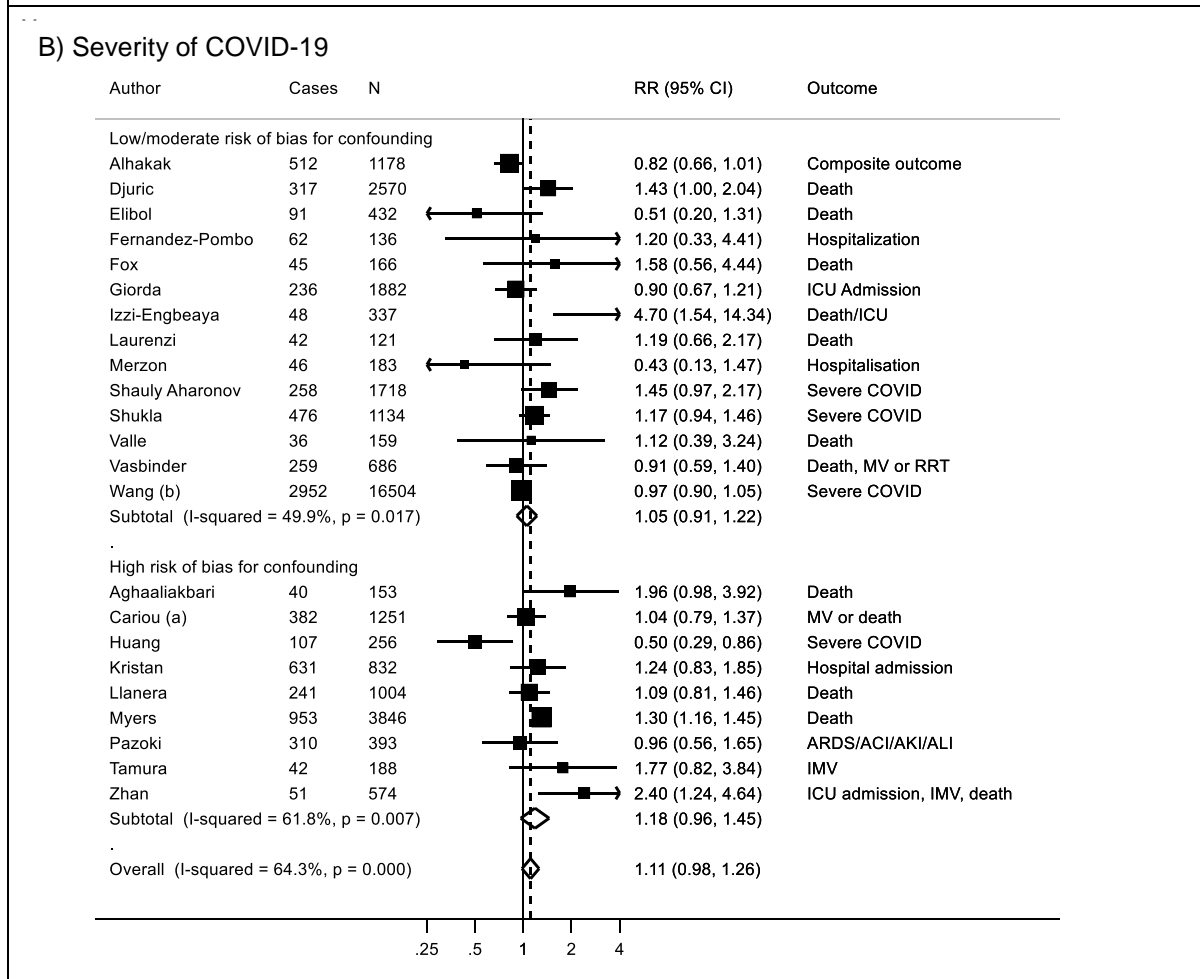
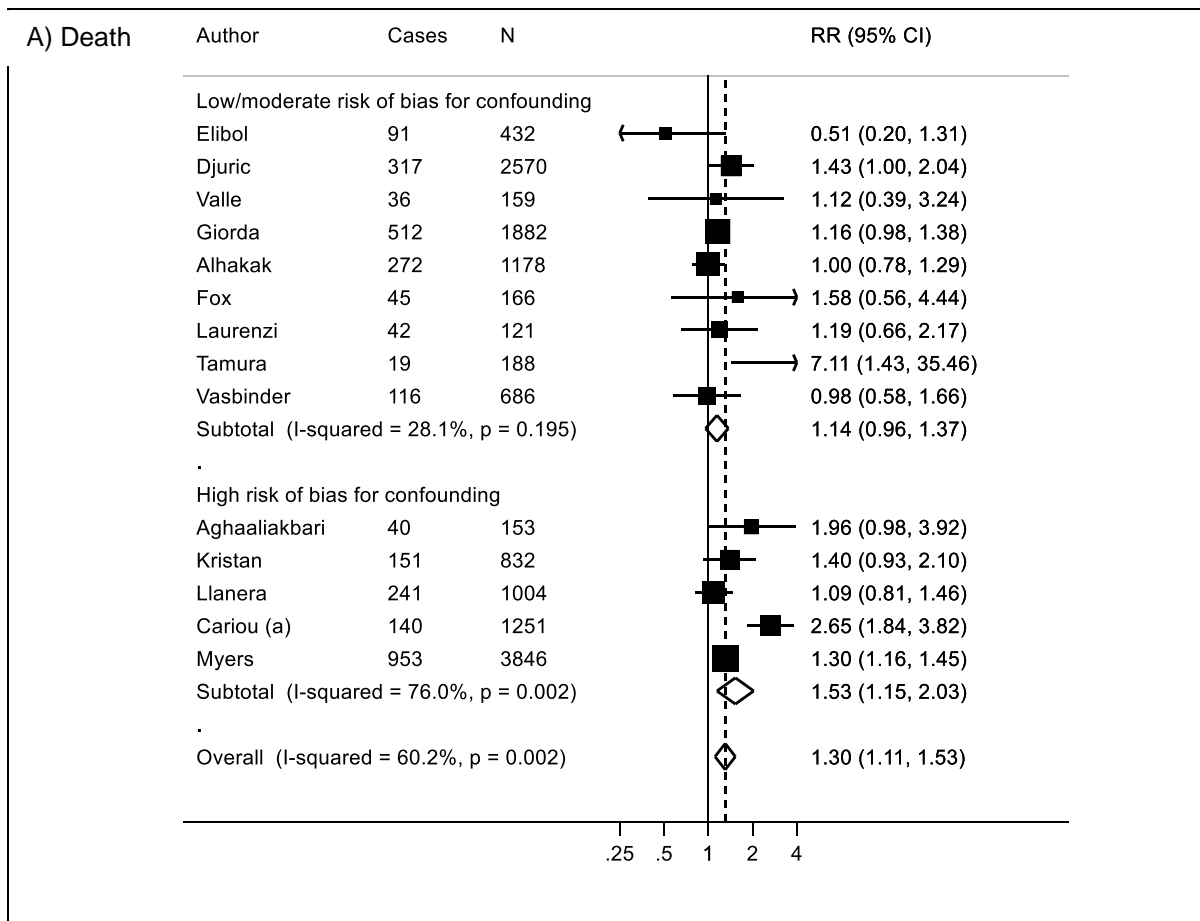
A) Death



B) Severity of COVID-19

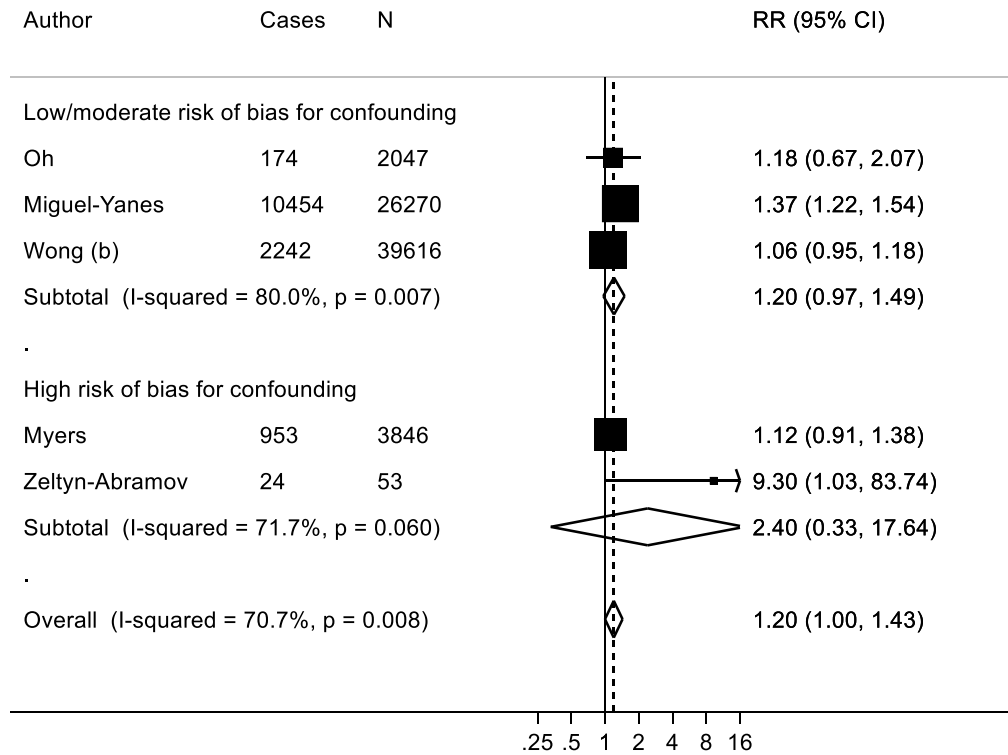


ESM Figure 37: Meta-analysis on pre-existing cardiovascular disease (CVD) compared to no CVD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

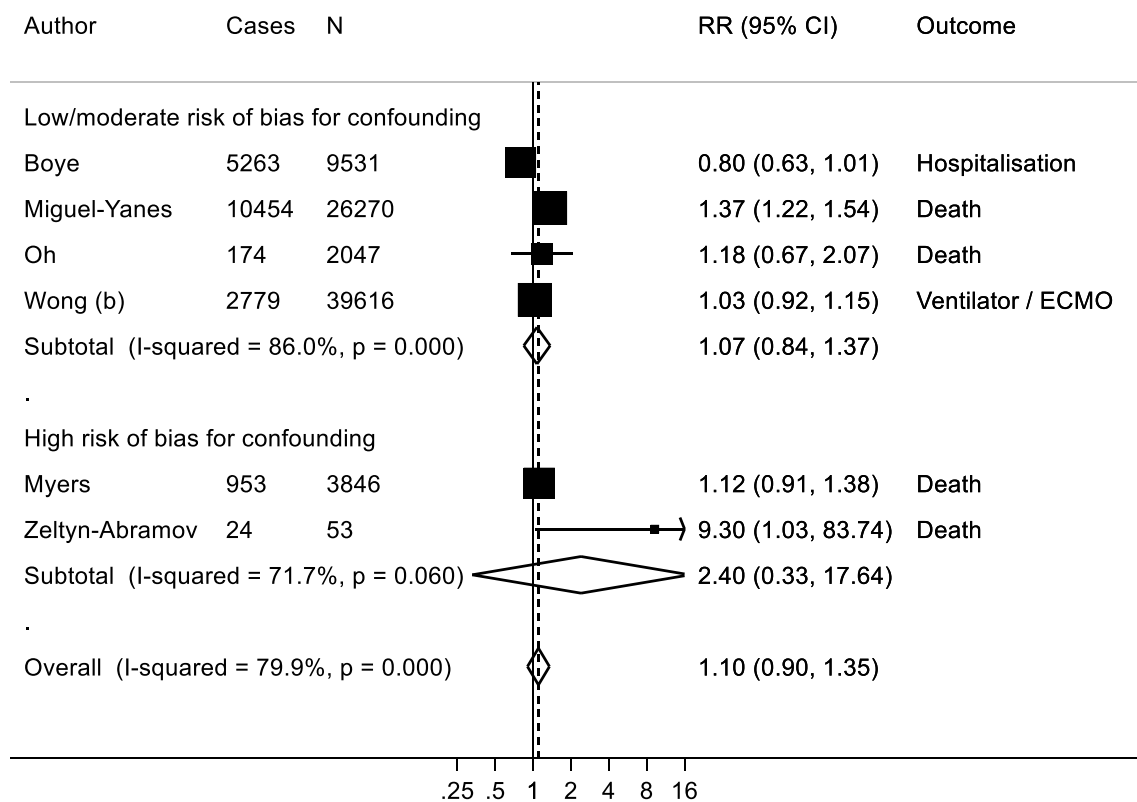


ESM Figure 38: Meta-analysis on pre-existing **coronary artery disease (CAD)** compared to no CAD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

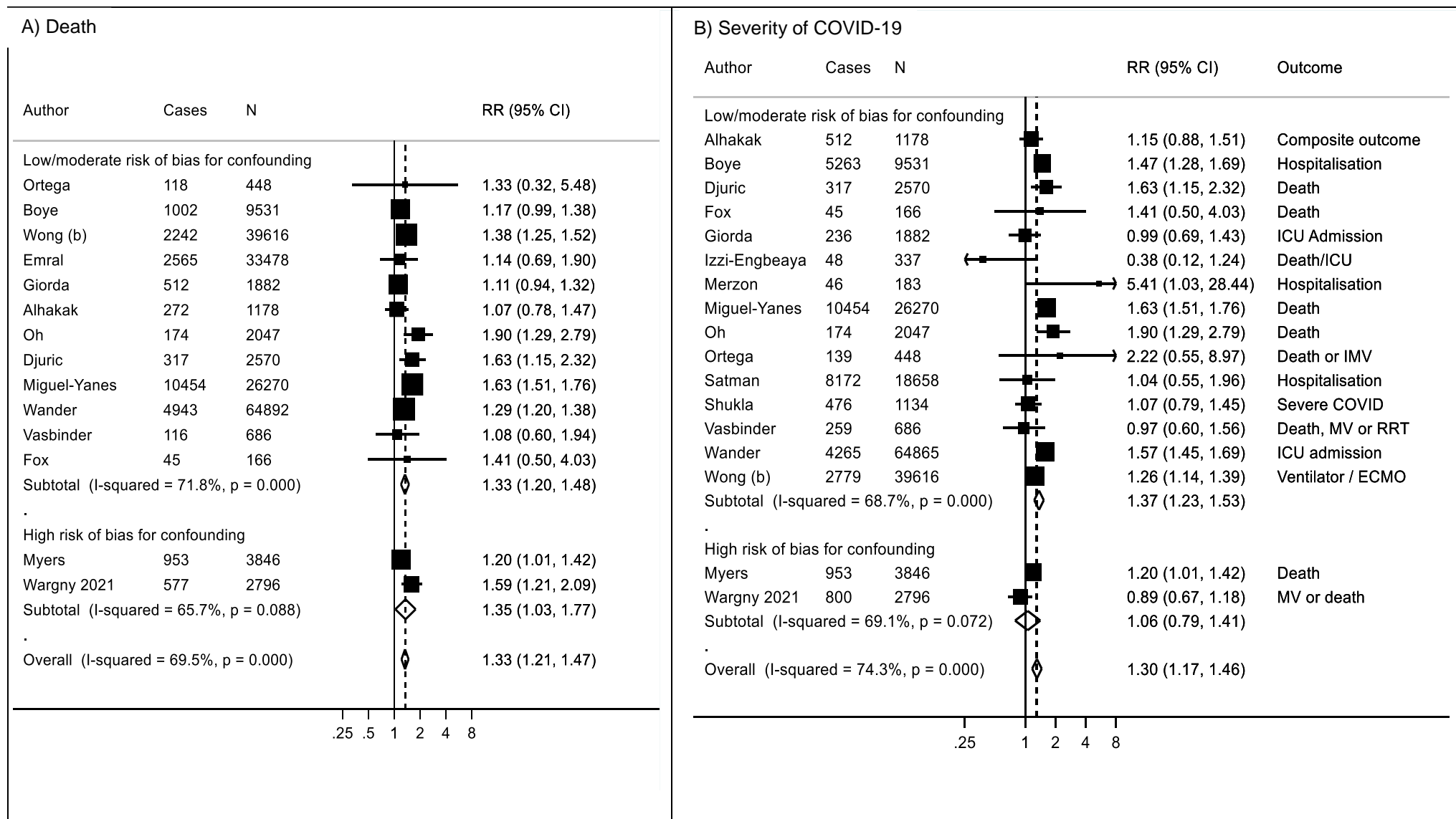
A) Death



B) Severity of COVID-19

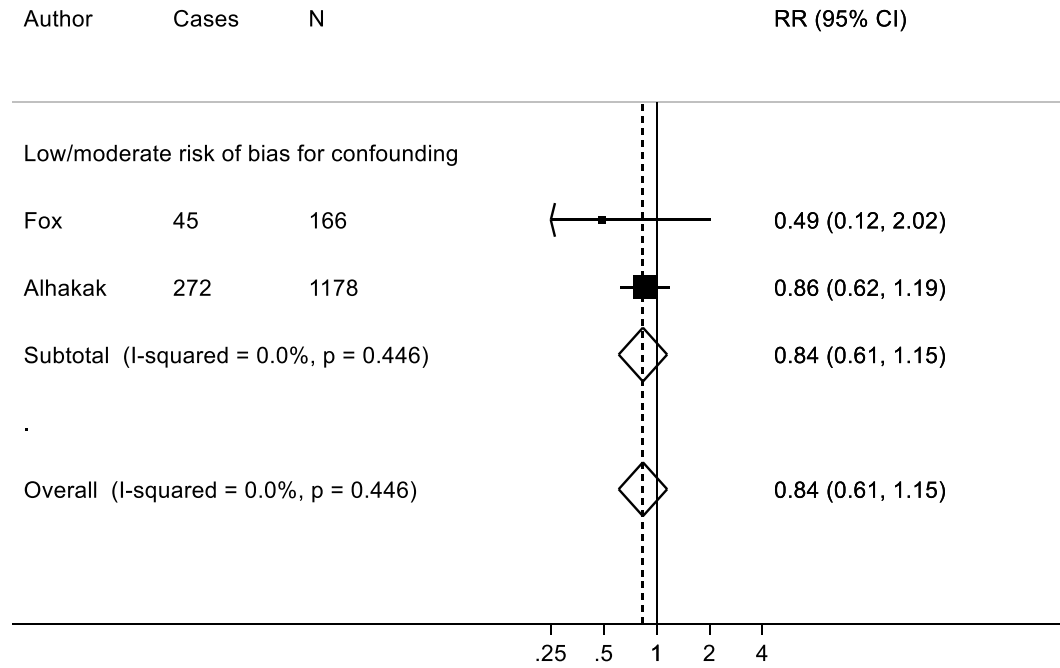


ESM Figure 39: Meta-analysis on pre-existing myocardial infarction (MI) compared to no MI and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

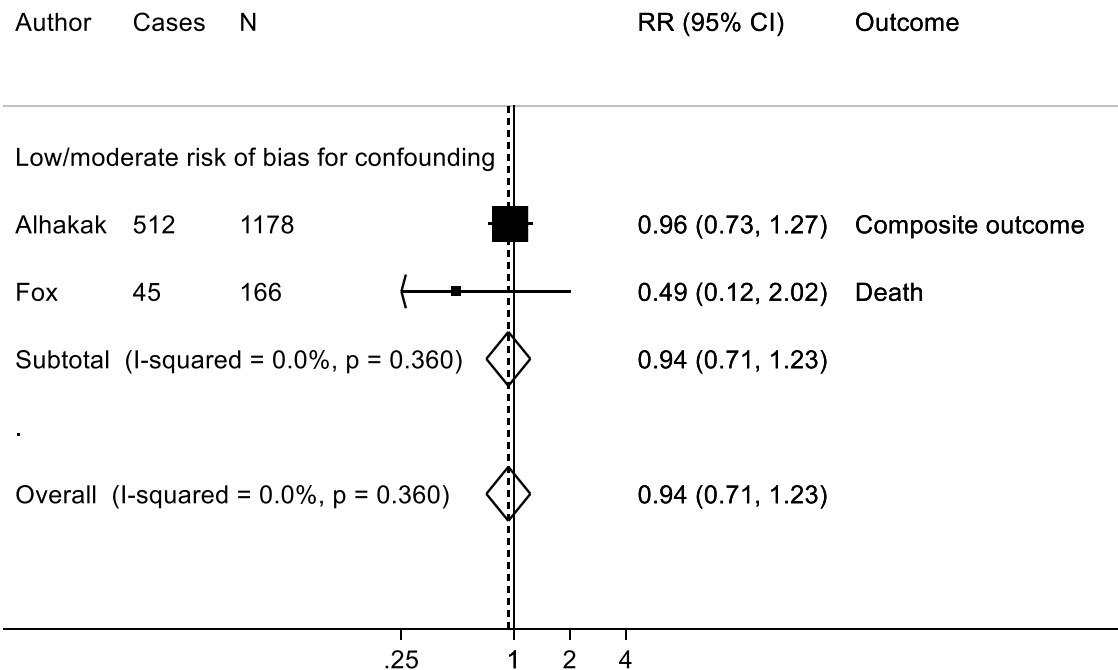


ESM Figure 40: Meta-analysis on pre-existing **heart failure (HF)** compared to no HF and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

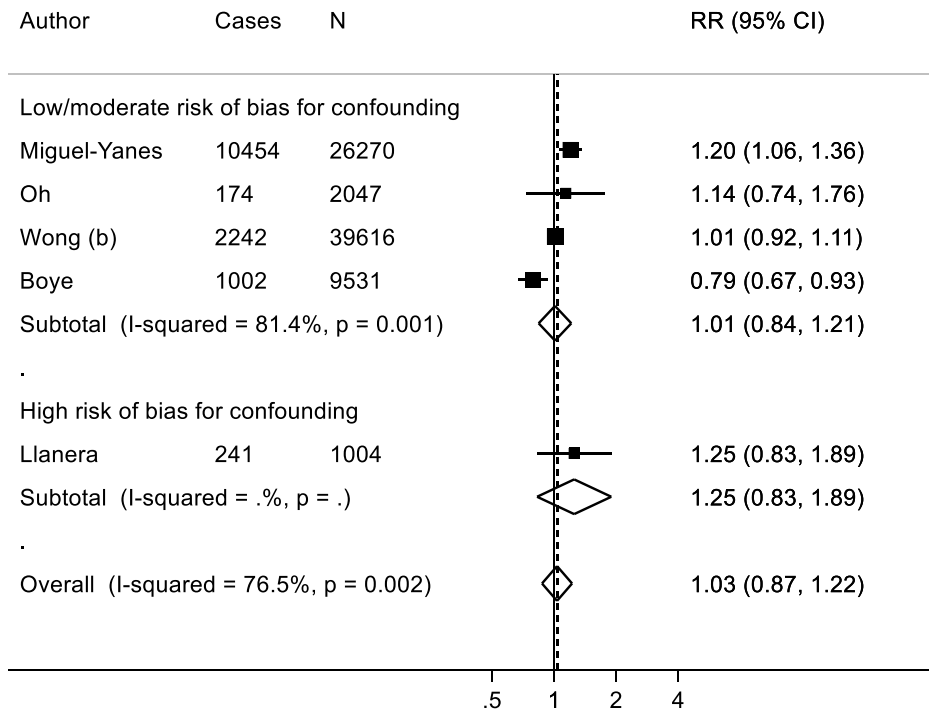


B) Severity of COVID-19

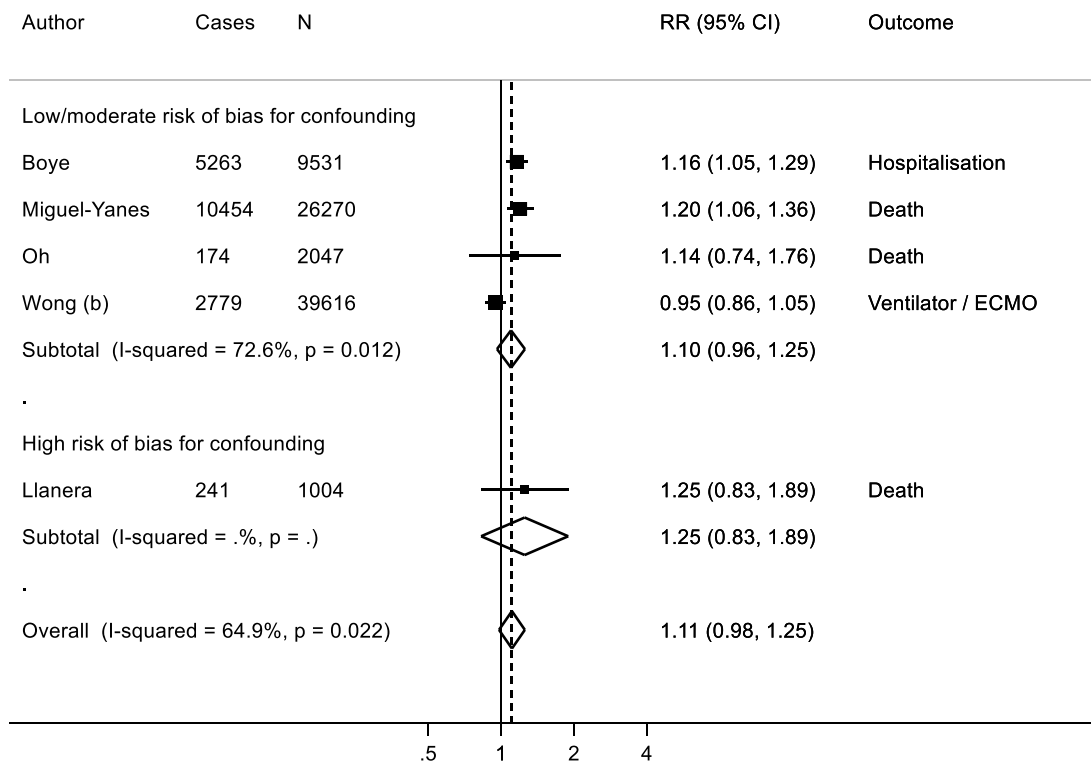


ESM Figure 41: Meta-analysis on pre-existing **atrial fibrillation (AF)** compared to no AF and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

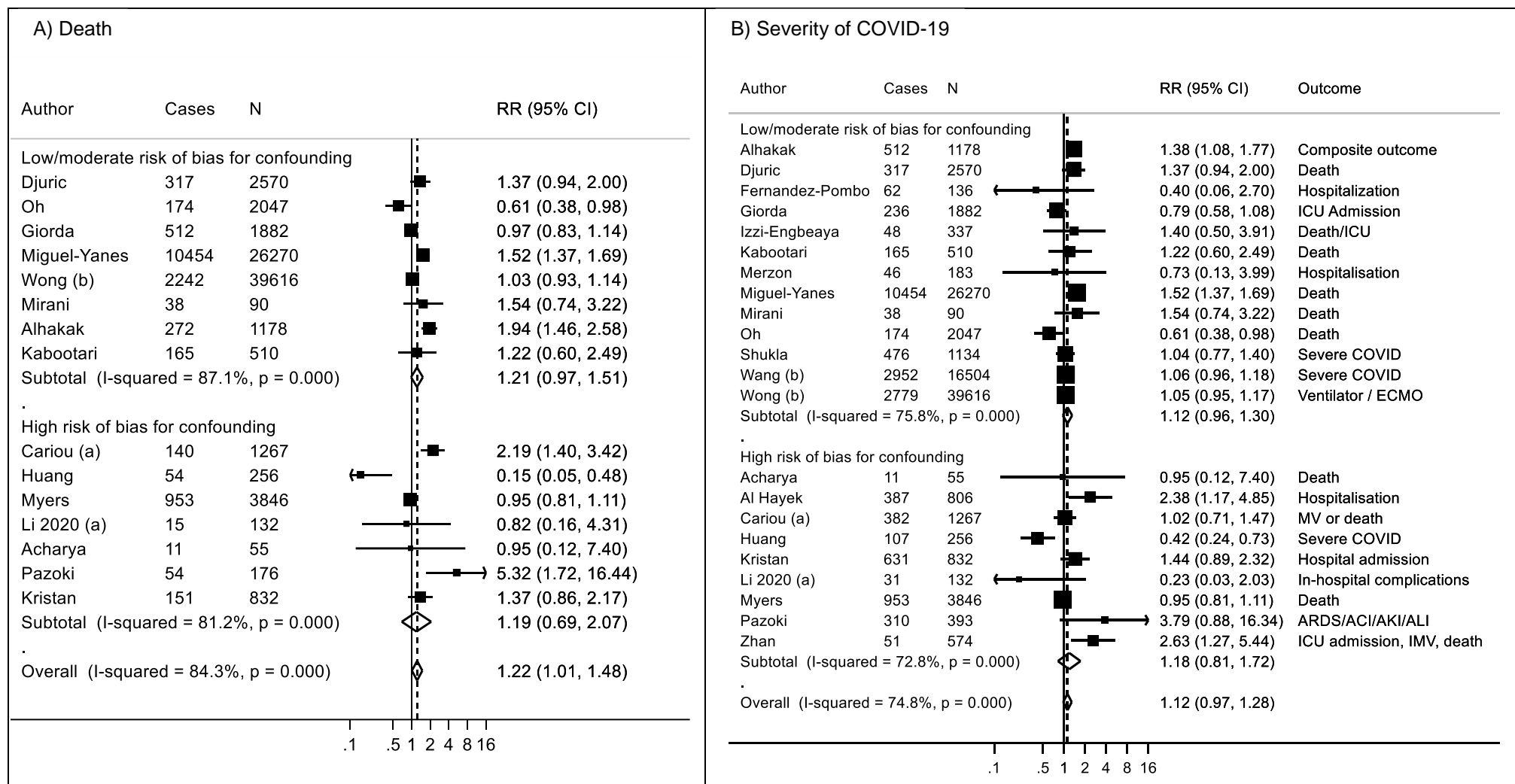
A) Death



B) Severity of COVID-19

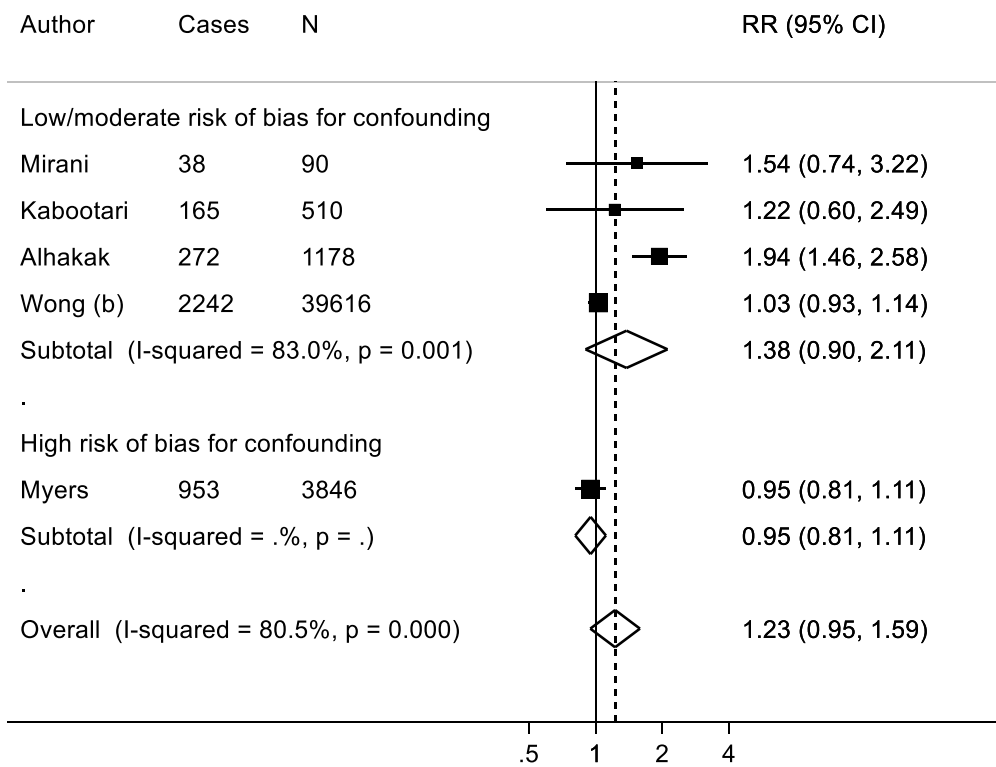


ESM Figure 42: Meta-analysis on pre-existing **peripheral vascular disease (PVD)** compared to no PVD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

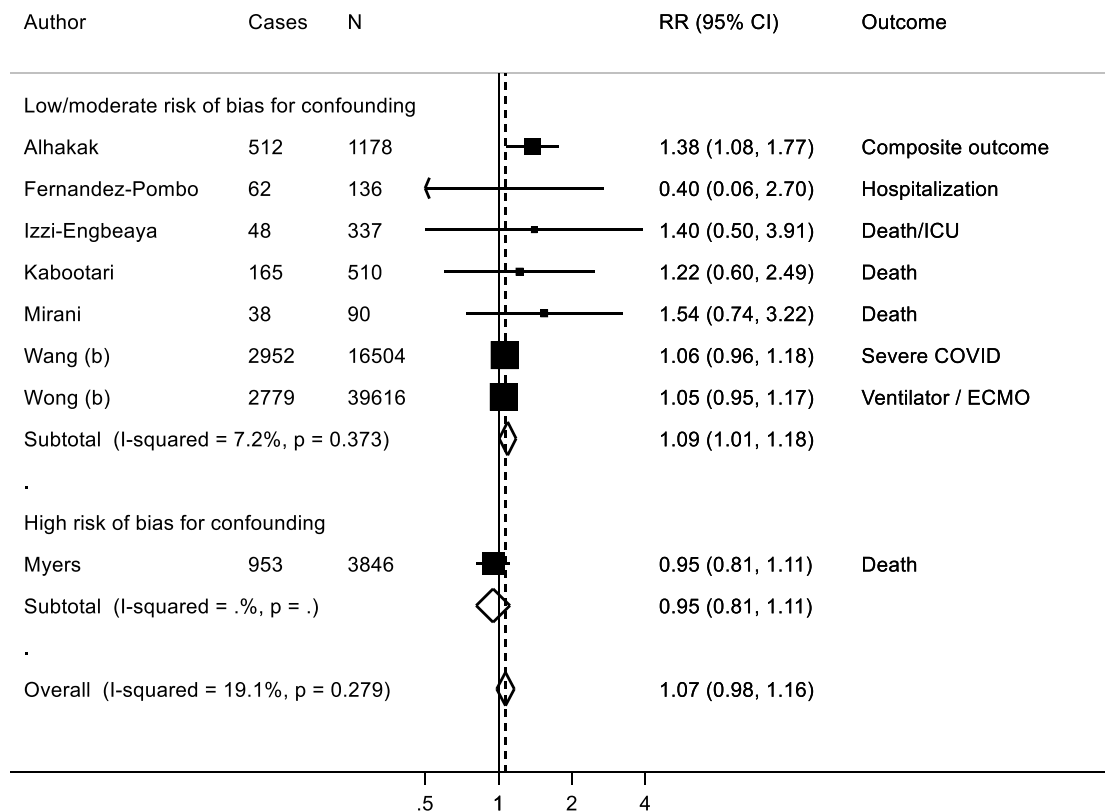


ESM Figure 43: Meta-analysis on pre-existing **cerebrovascular disease** compared to no cerebrovascular disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

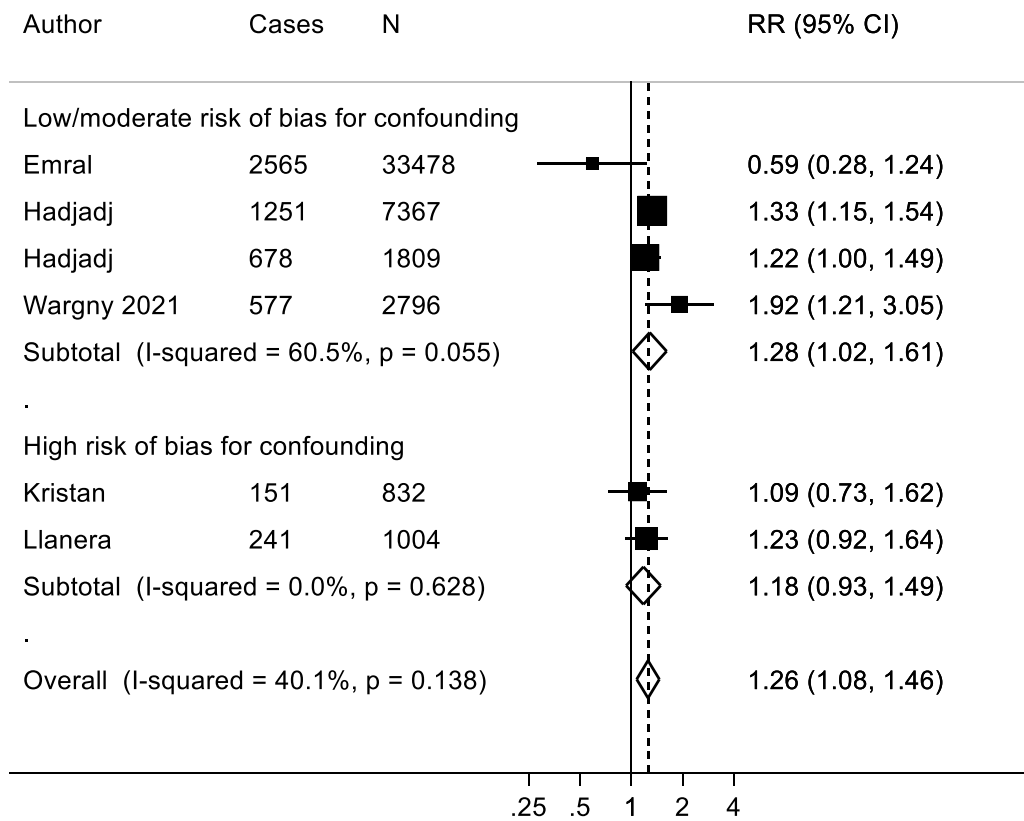


B) Severity of COVID-19

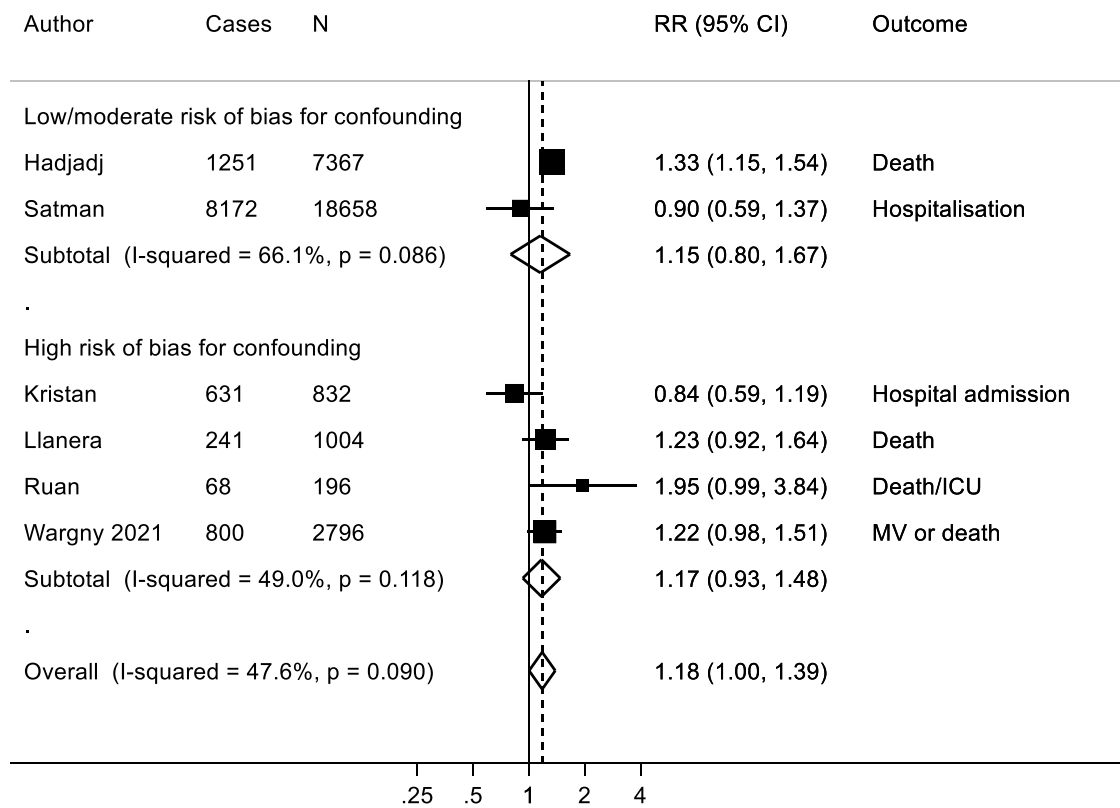


ESM Figure 44: Meta-analysis on pre-existing **stroke** compared to no stroke and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

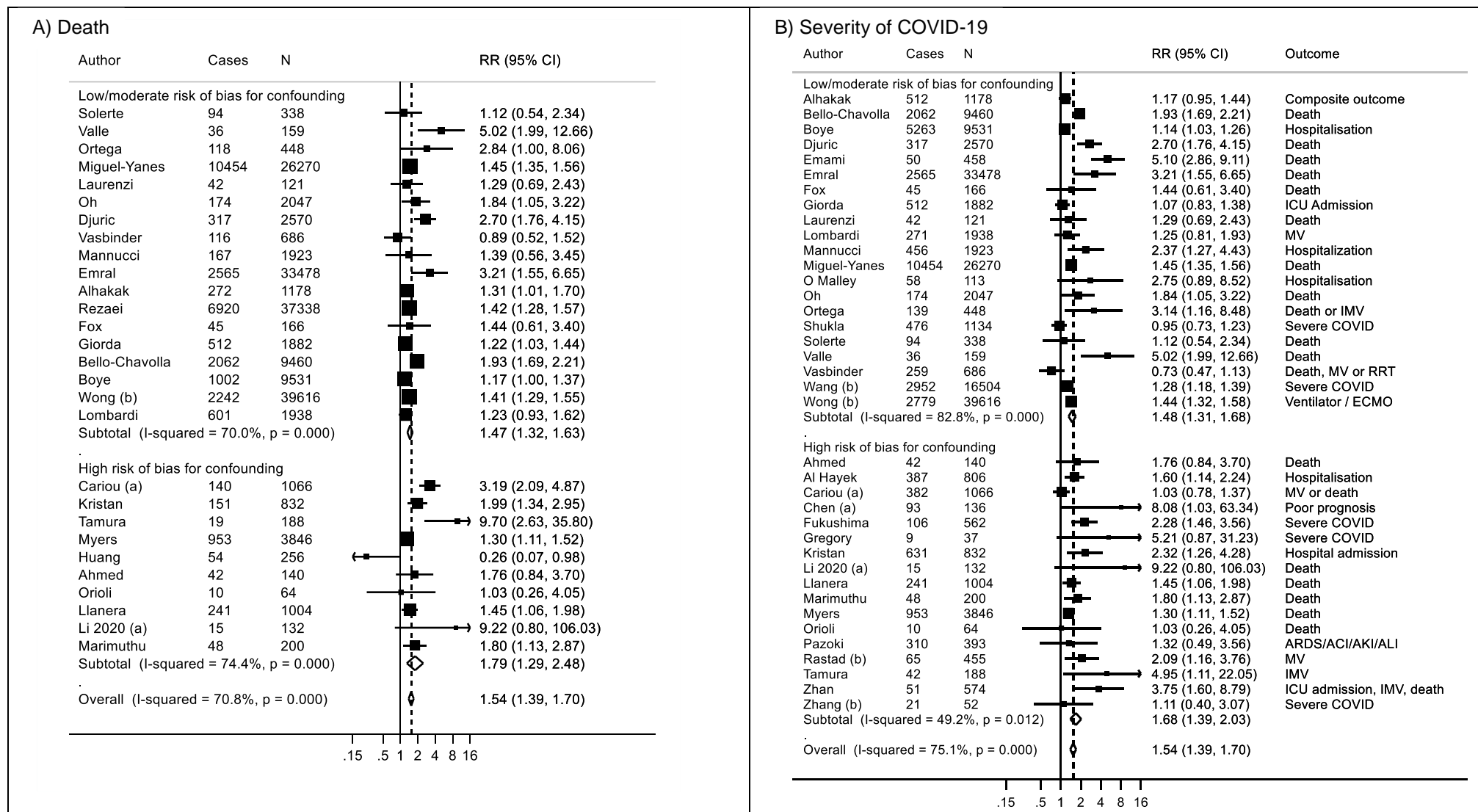
A) Death



B) Severity of COVID-19

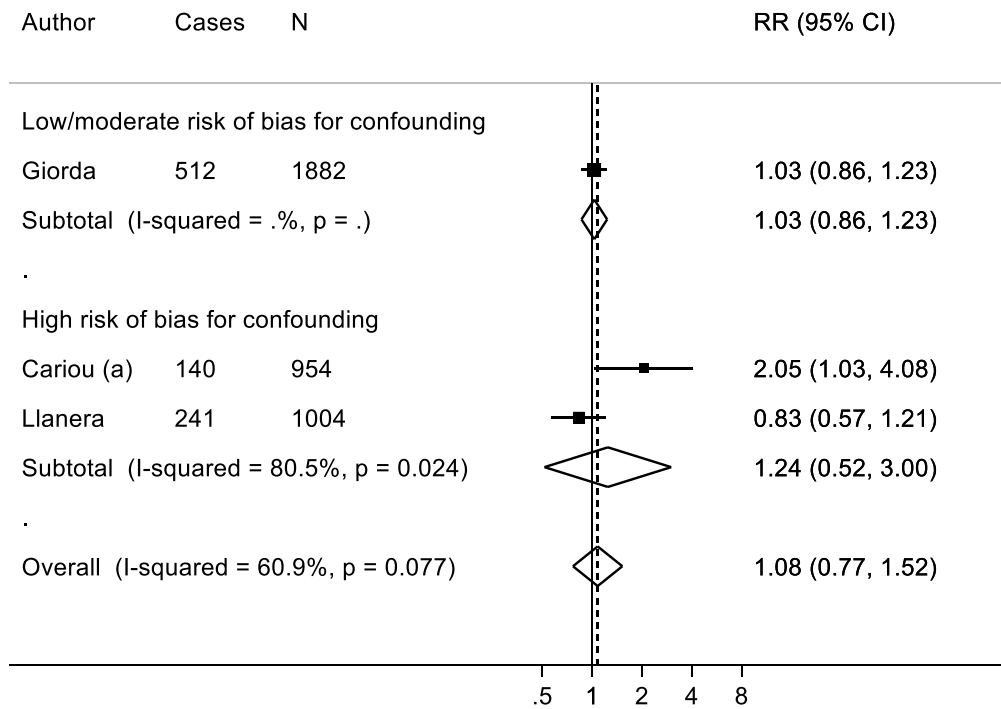


ESM Figure 45: Meta-analysis on pre-existing **microvascular diseases (MVD)** compared to no MVD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

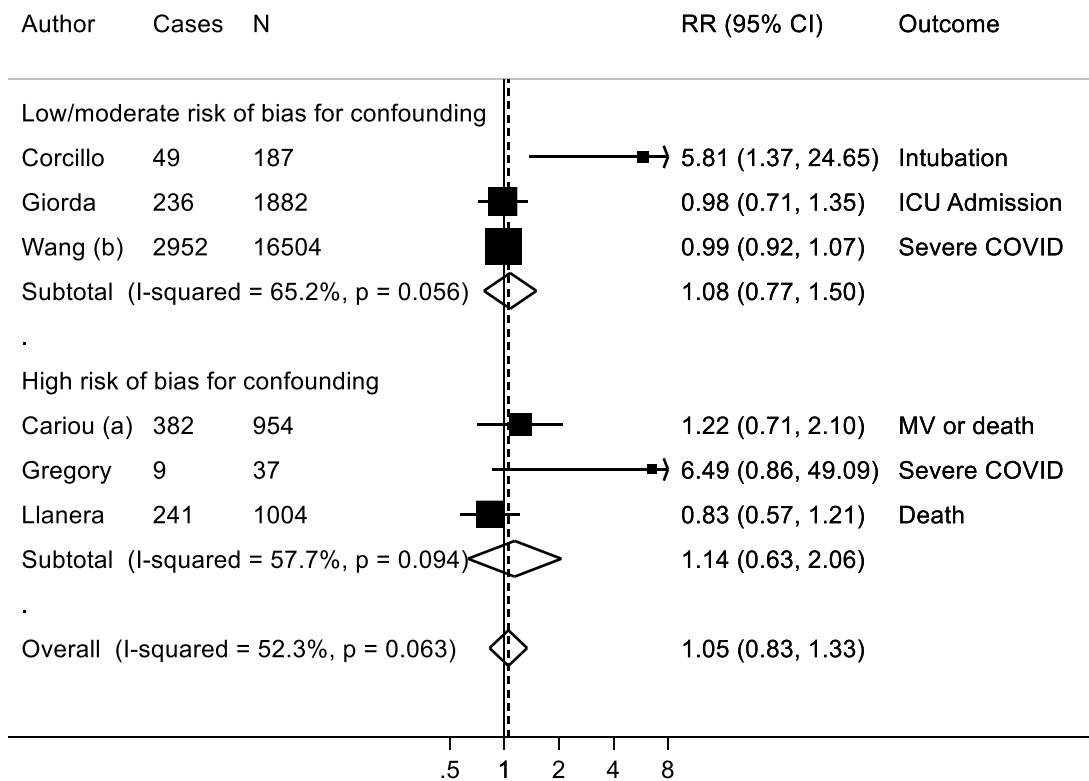


ESM Figure 46: Meta-analysis on pre-existing chronic kidney disease (CKD) compared to no CKD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

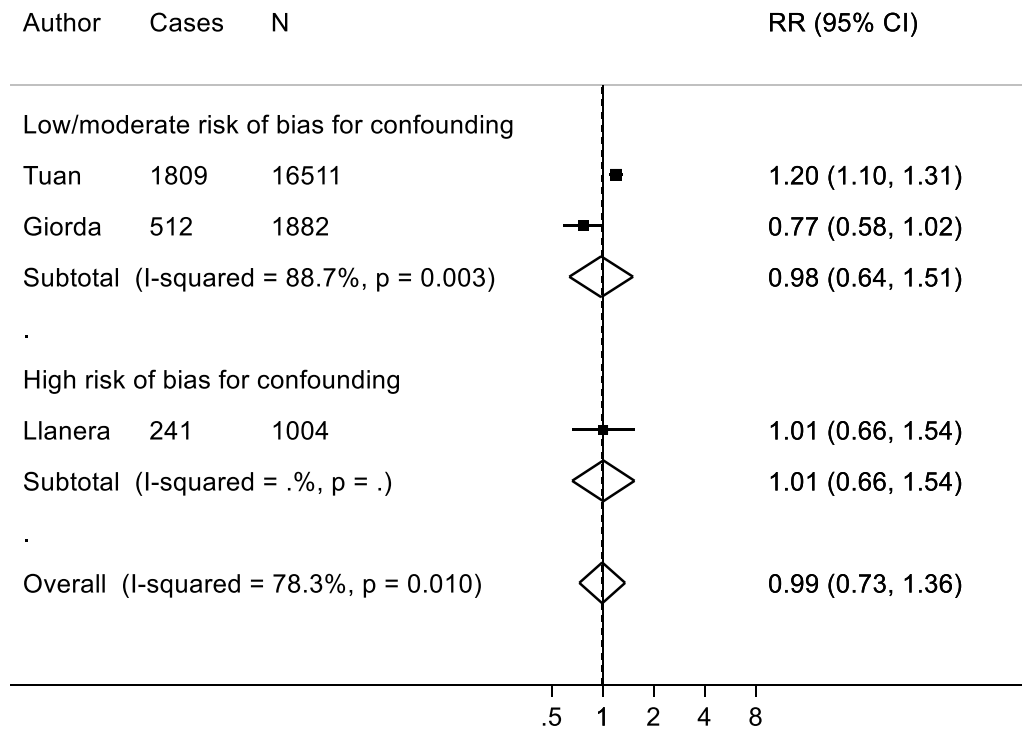


B) Severity of COVID-19

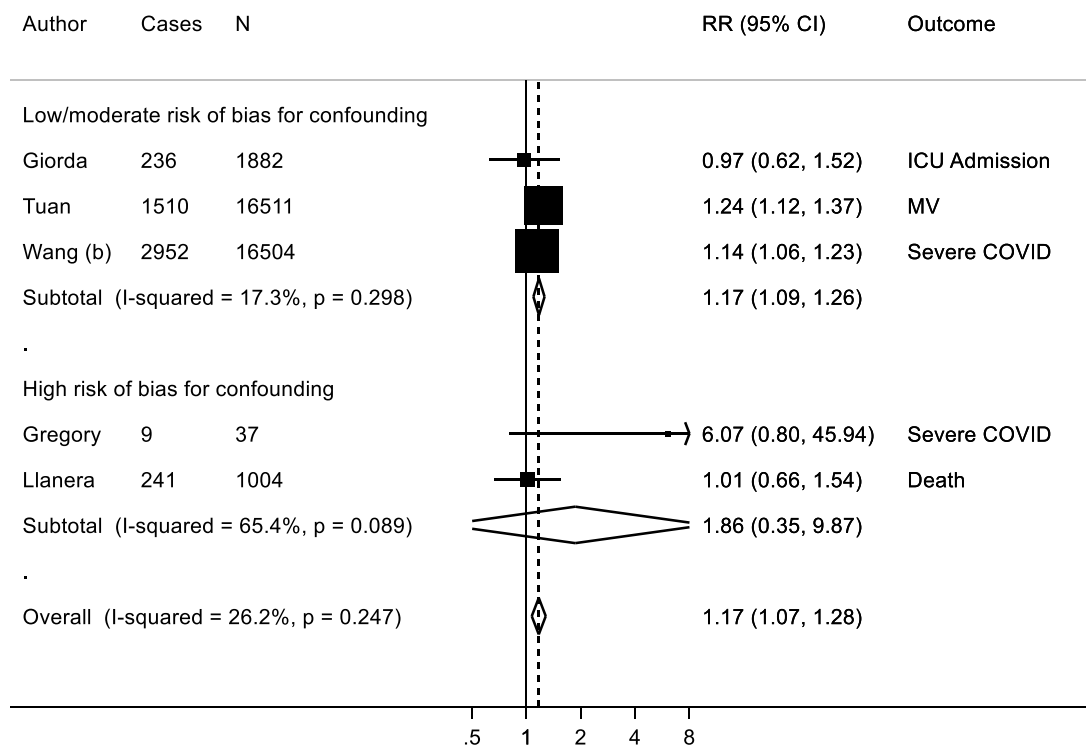


ESM Figure 47: Meta-analysis on pre-existing **retinopathy** compared to no retinopathy and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

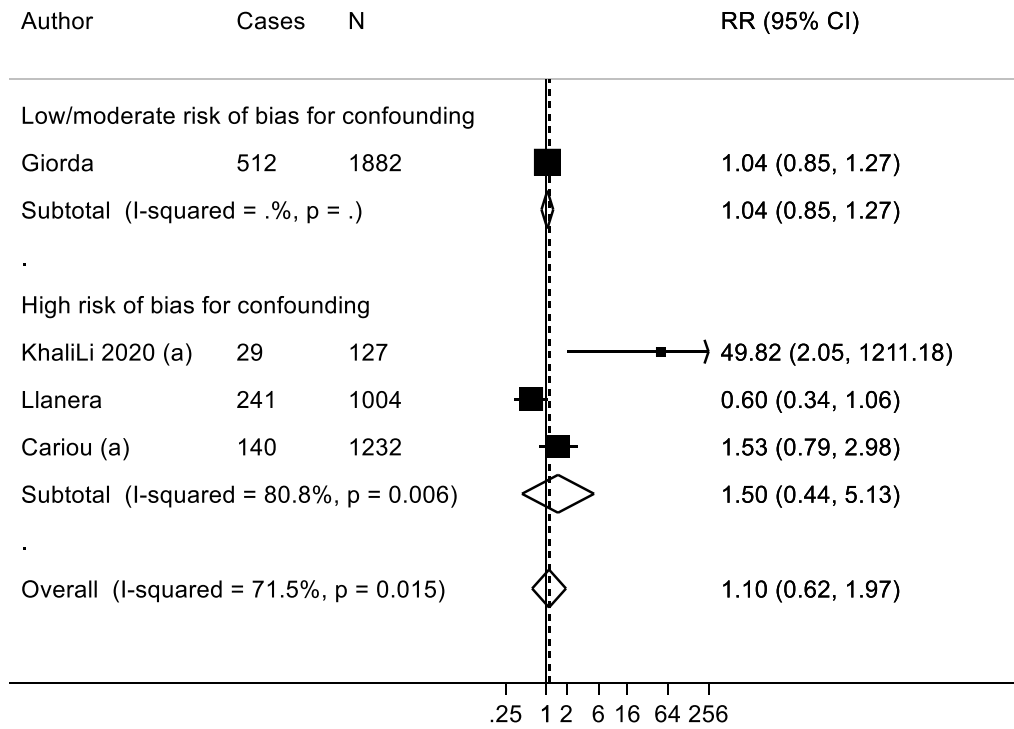


B) Severity of COVID-19

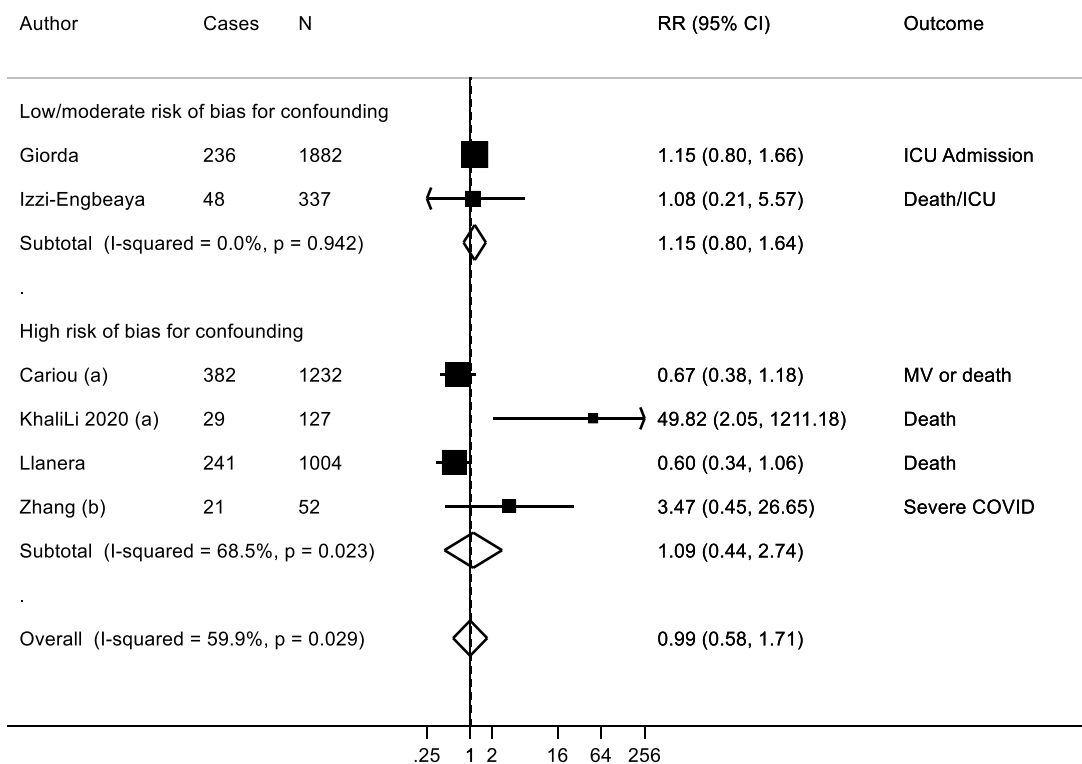


ESM Figure 48: Meta-analysis on pre-existing **neuropathy** compared to no neuropathy and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

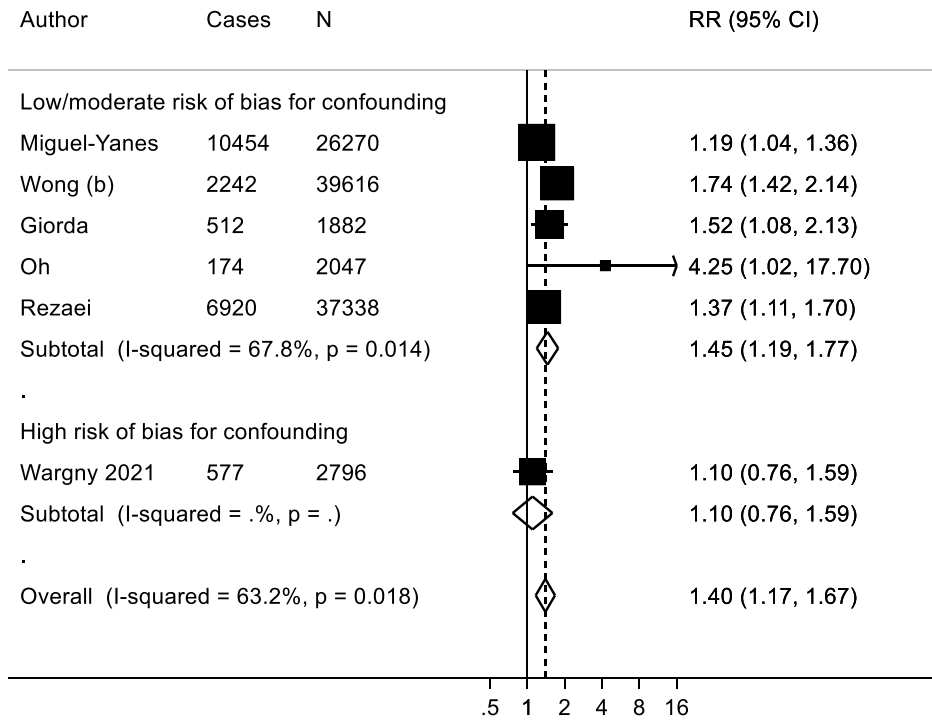


B) Severity of COVID-19

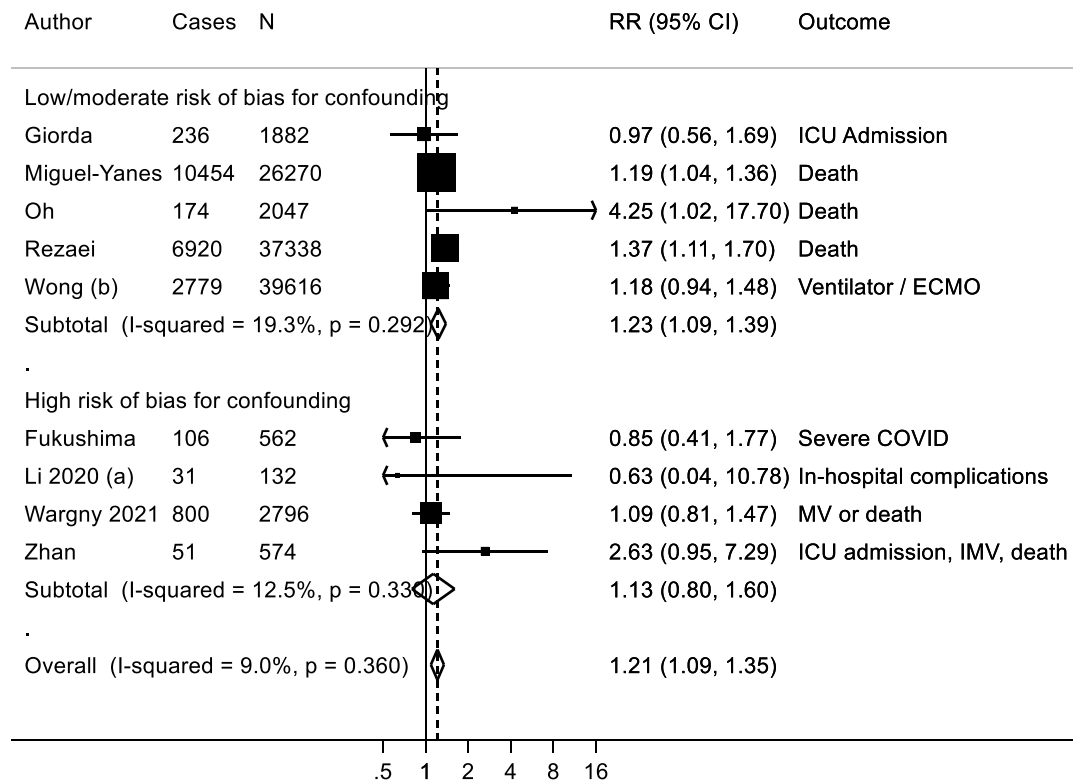


ESM Figure 49: Meta-analysis on pre-existing **diabetic foot** compared to no diabetic foot and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

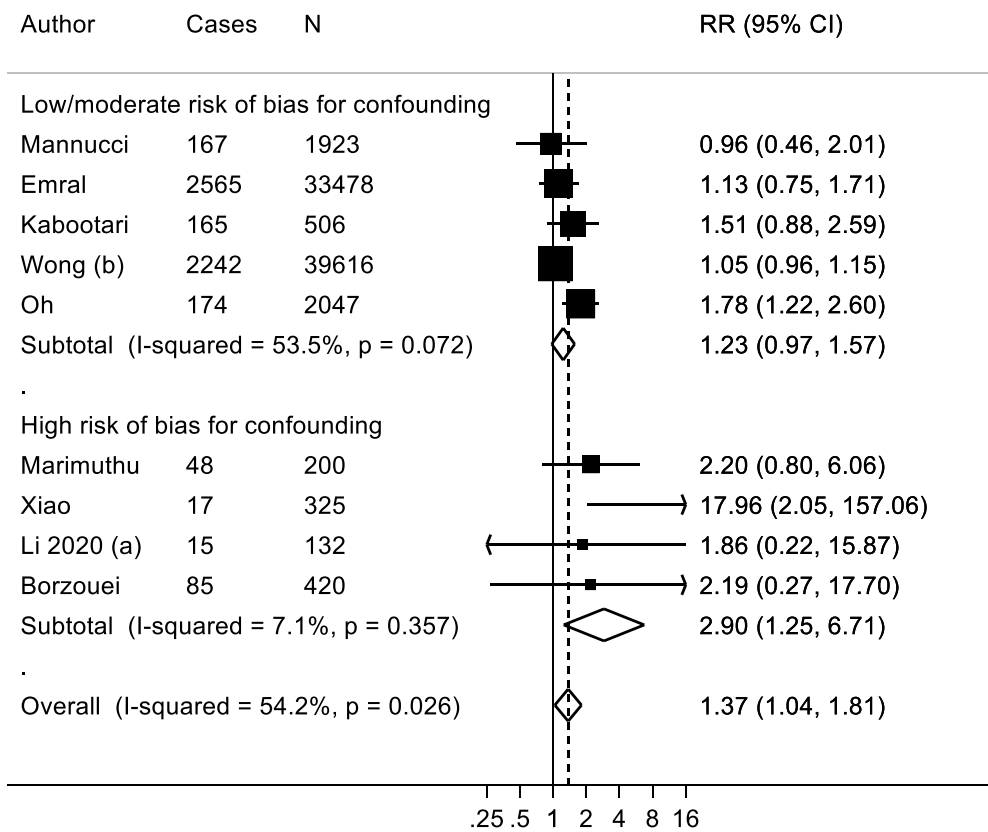


B) Severity of COVID-19

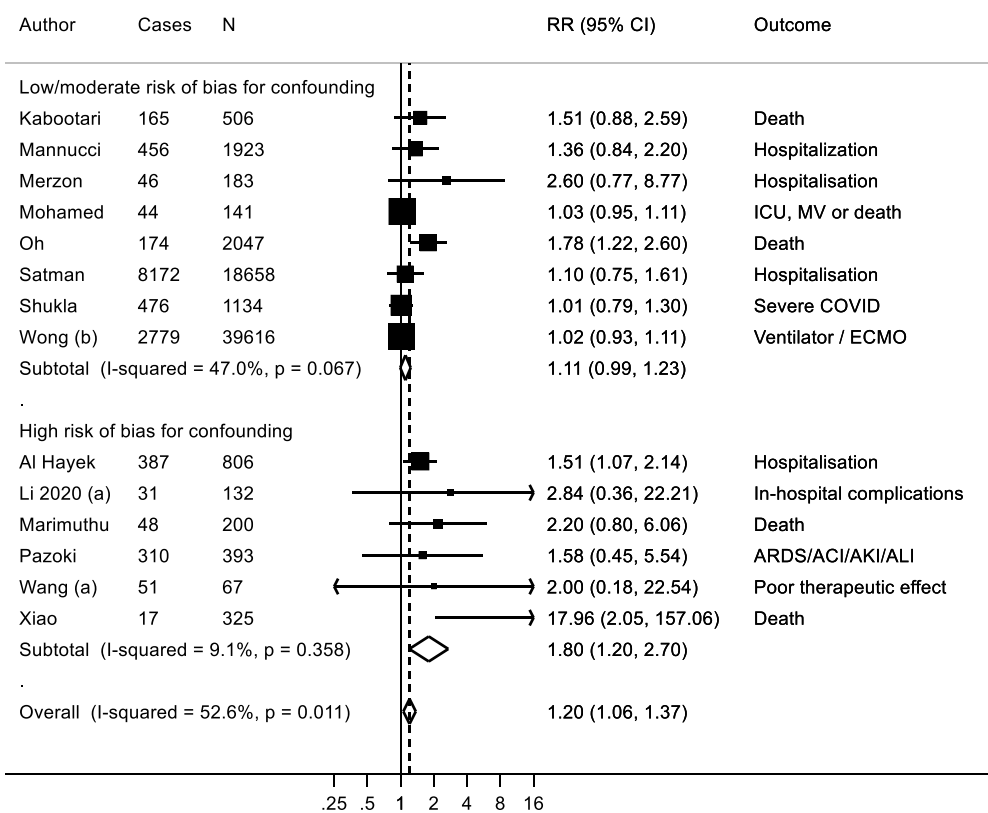


ESM Figure 50: Meta-analysis on pre-existing **liver disease** compared to no liver disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

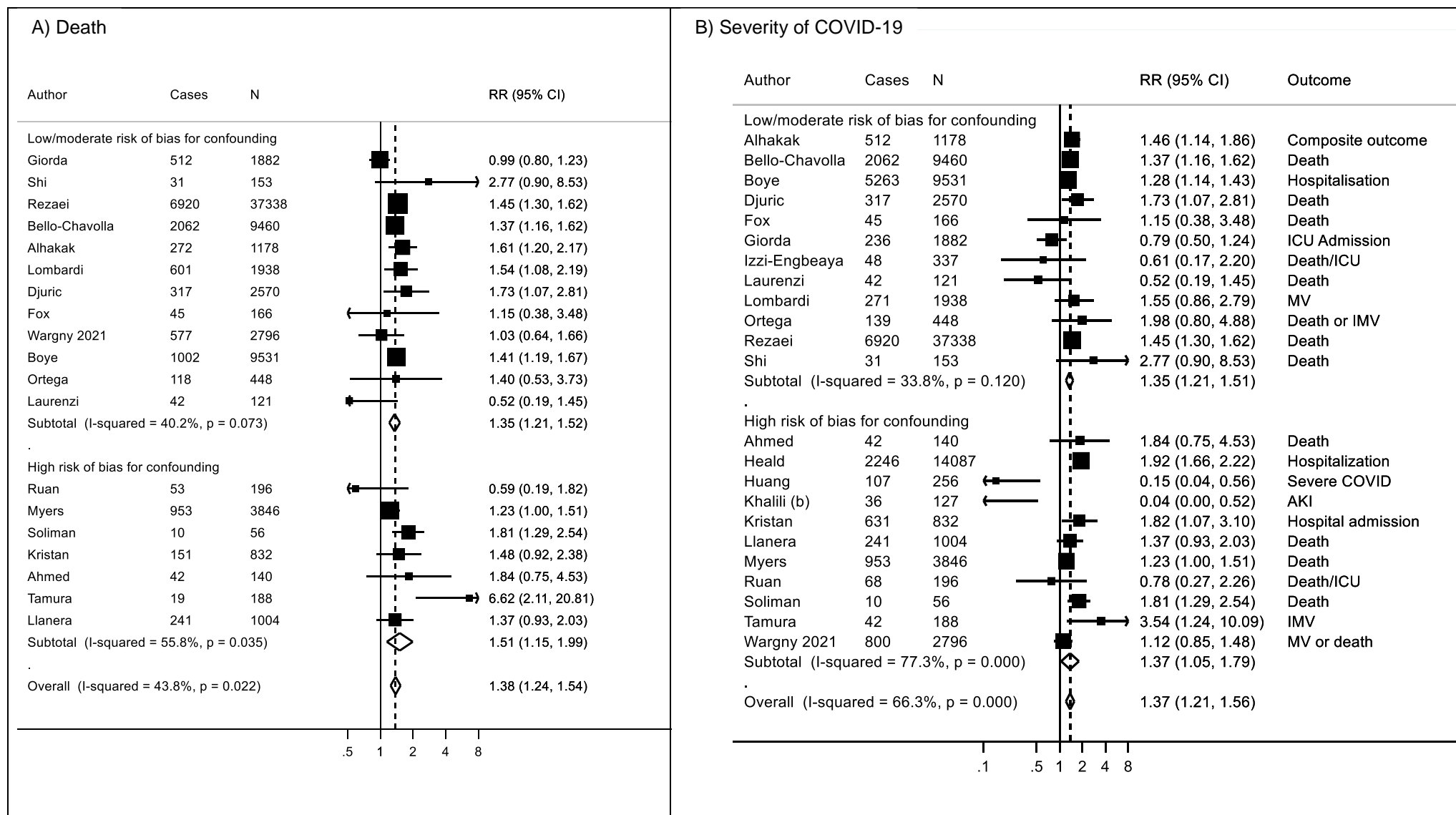
A) Death



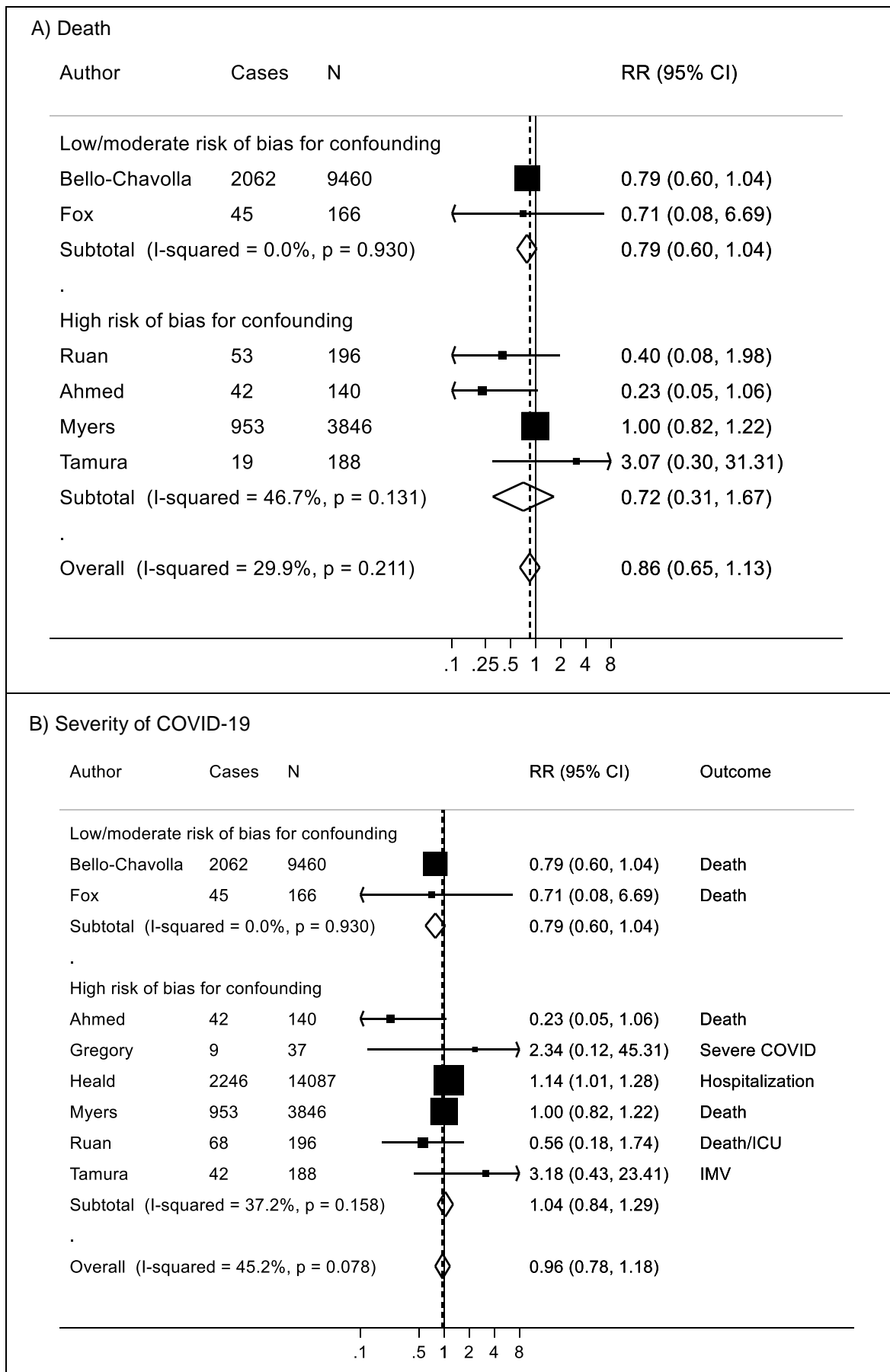
B) Severity of COVID-19



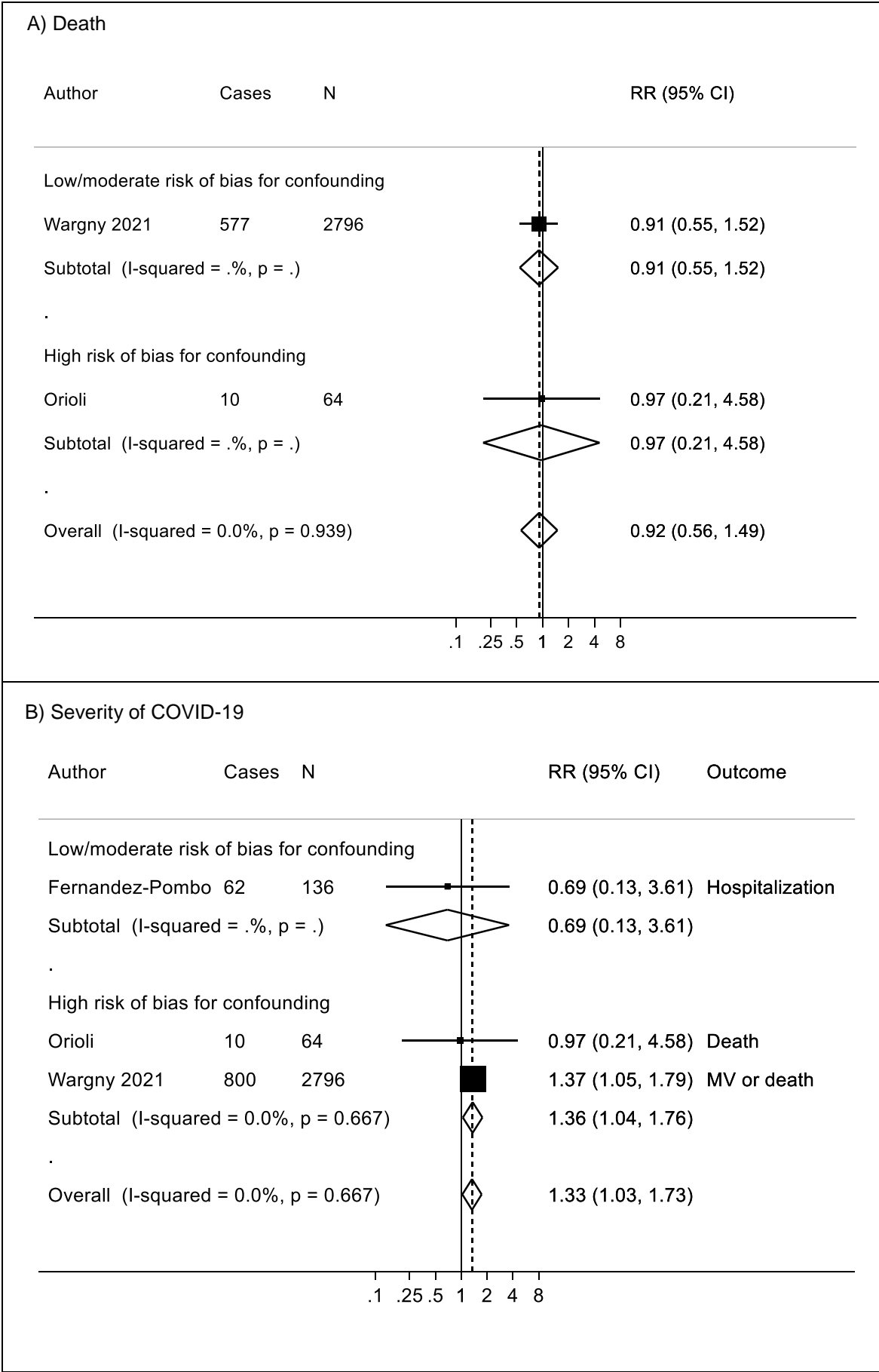
ESM Figure 51: Meta-analysis on pre-existing **chronic pulmonary disease** (not specified) compared to no chronic pulmonary disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



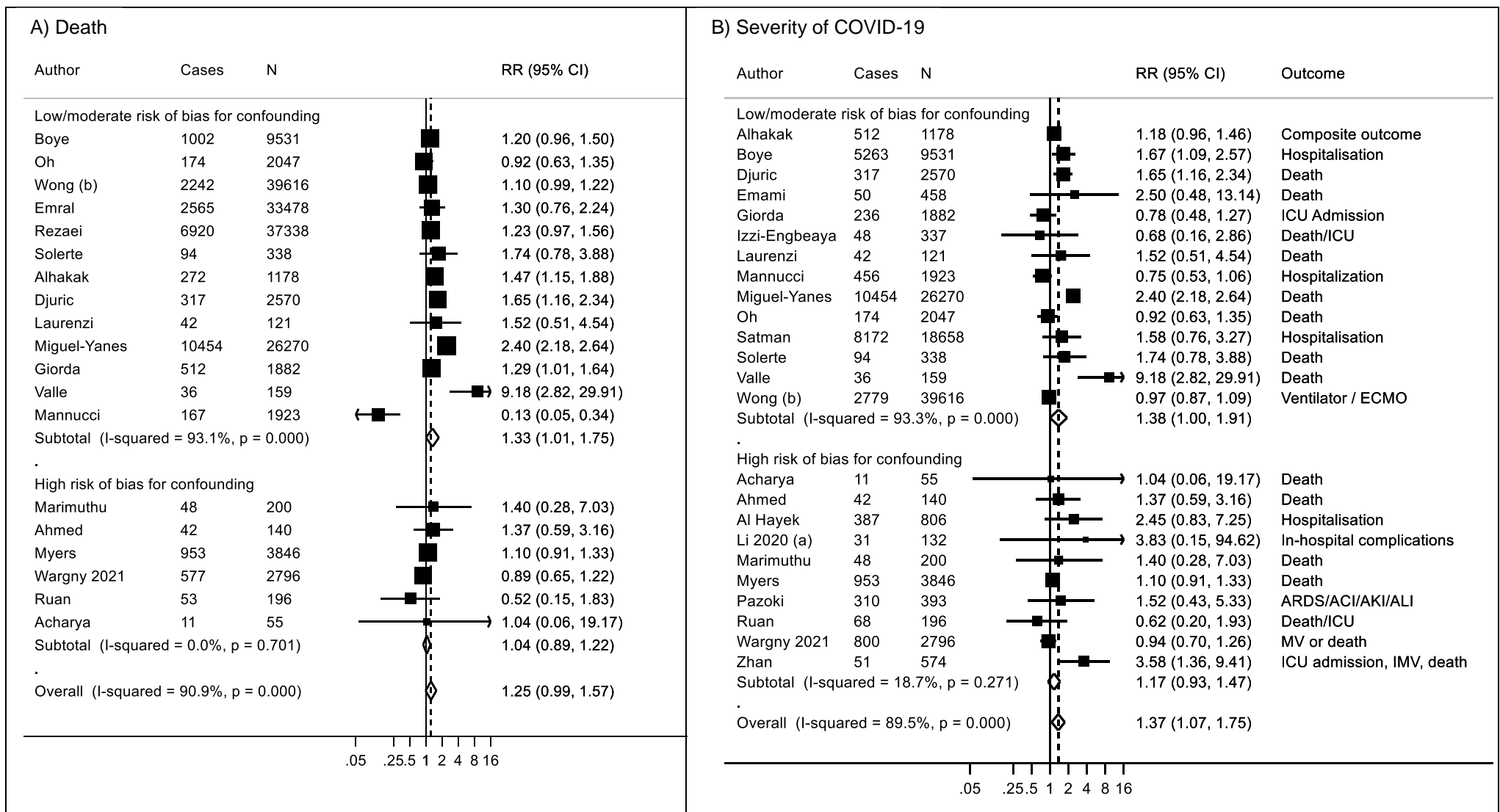
ESM Figure 52: Meta-analysis on pre-existing chronic obstructive pulmonary disease (COPD) compared to no COPD and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



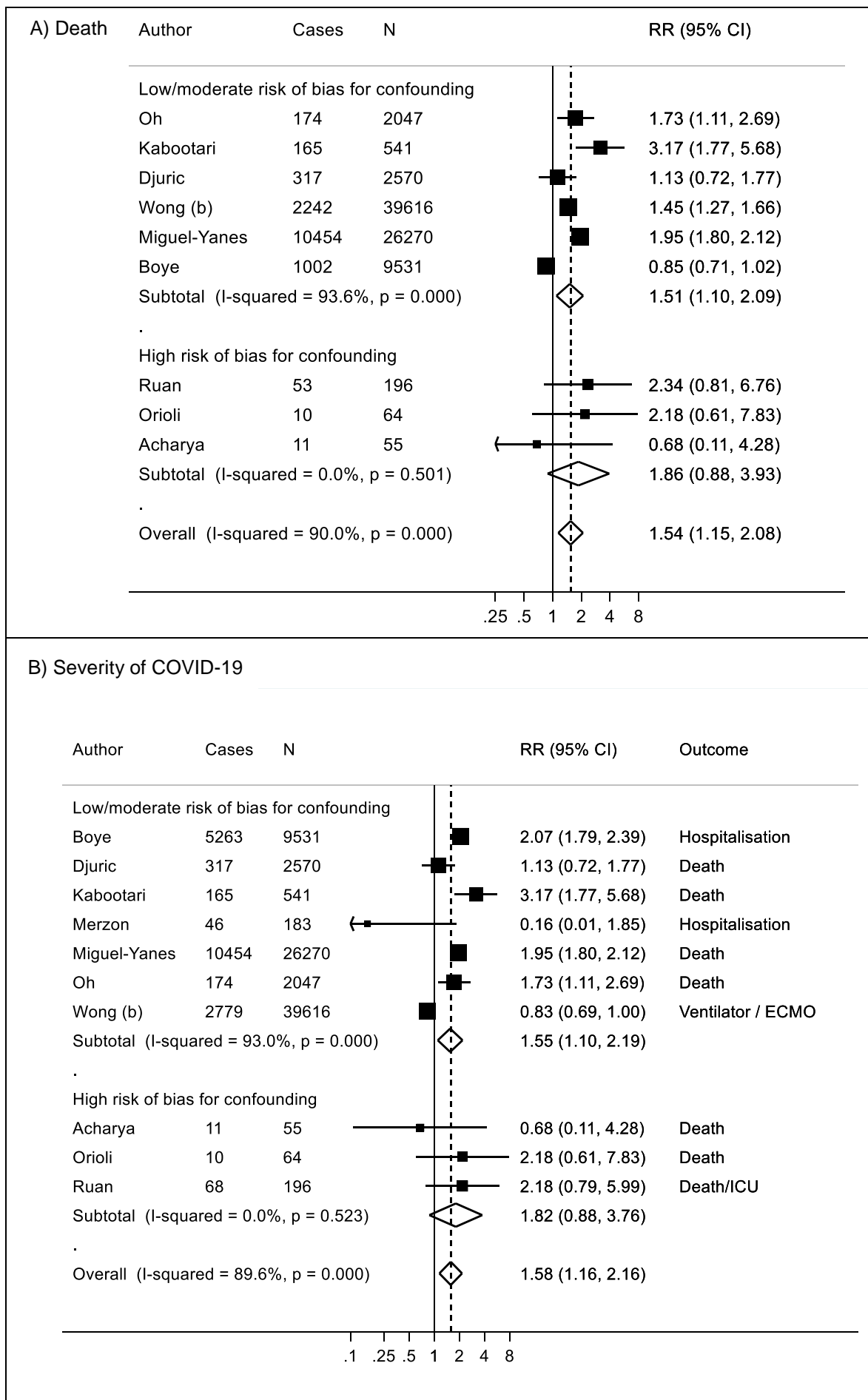
ESM Figure 53: Meta-analysis on pre-existing **asthma** compared to no asthma and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



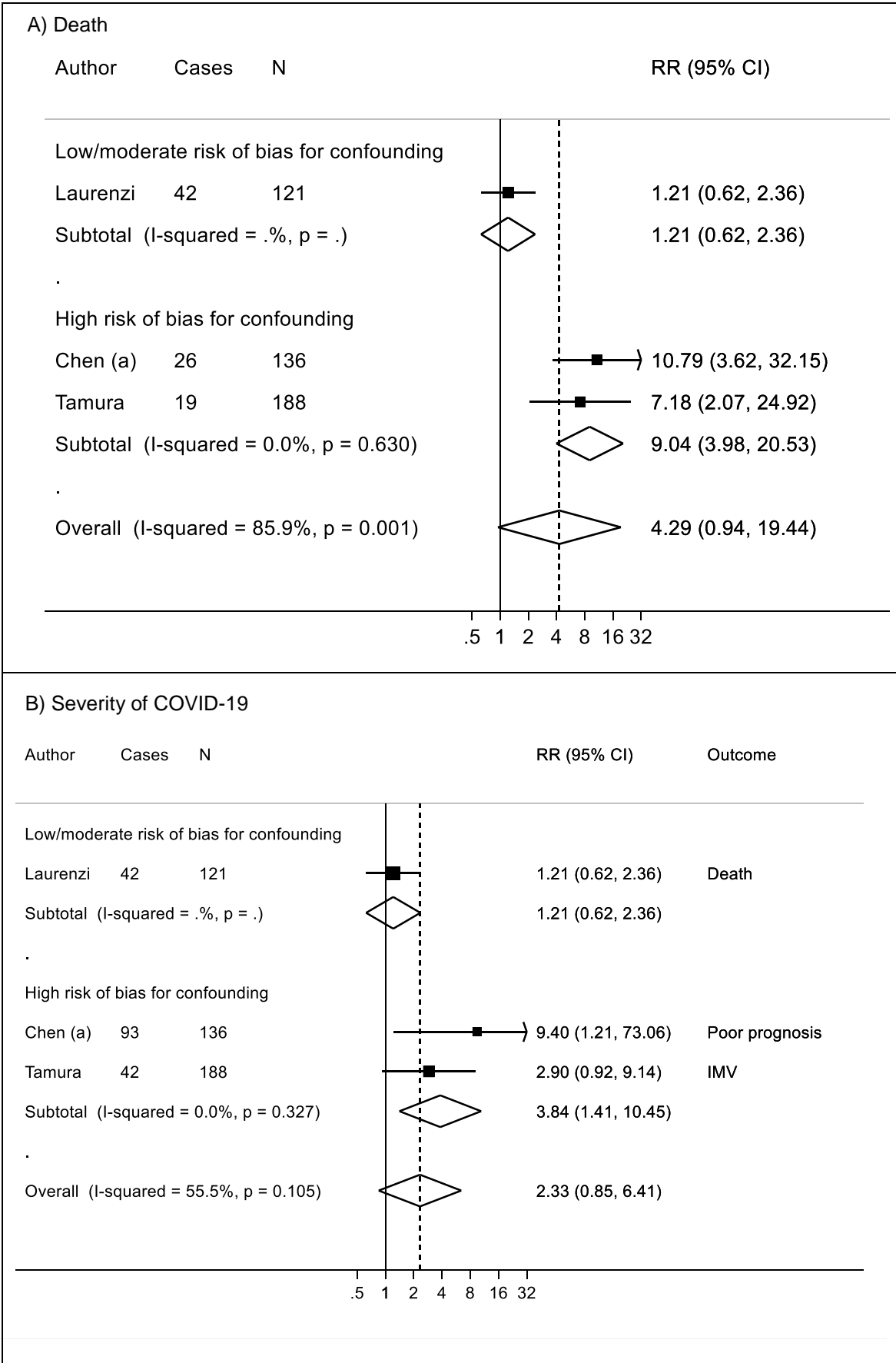
ESM Figure 54: Meta-analysis on pre-existing **obstructive sleep apnoea (OSA)** compared to no OSA and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 55: Meta-analysis on pre-existing cancer compared to no cancer and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

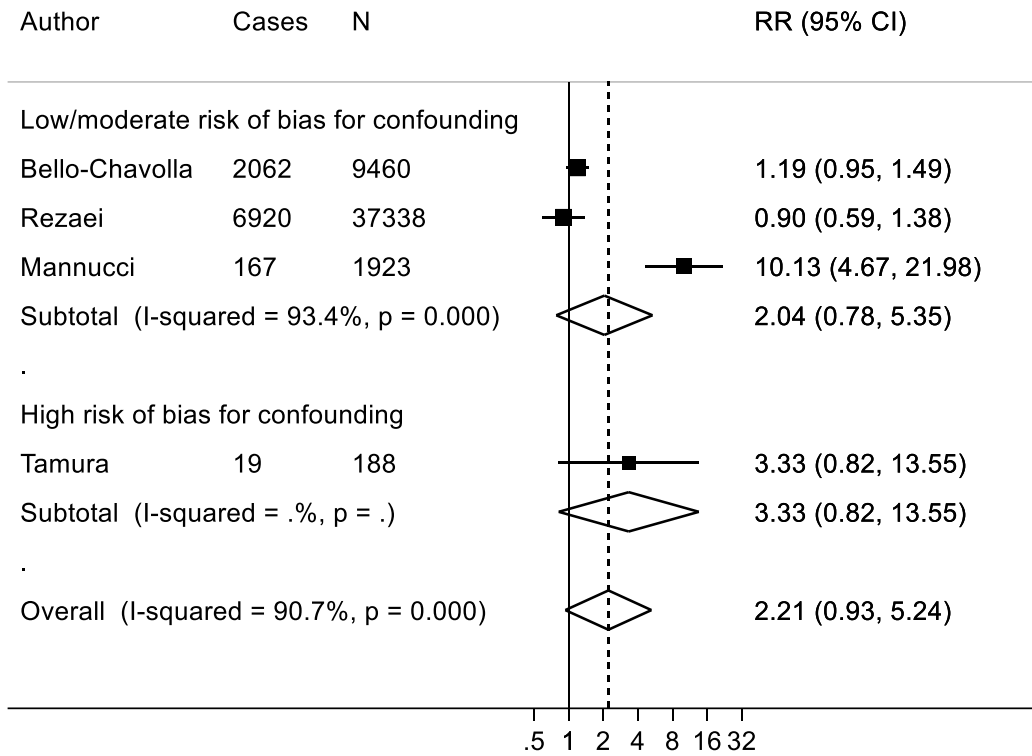


ESM Figure 56: Meta-analysis on pre-existing **dementia/cognitive impairment** compared to no dementia and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

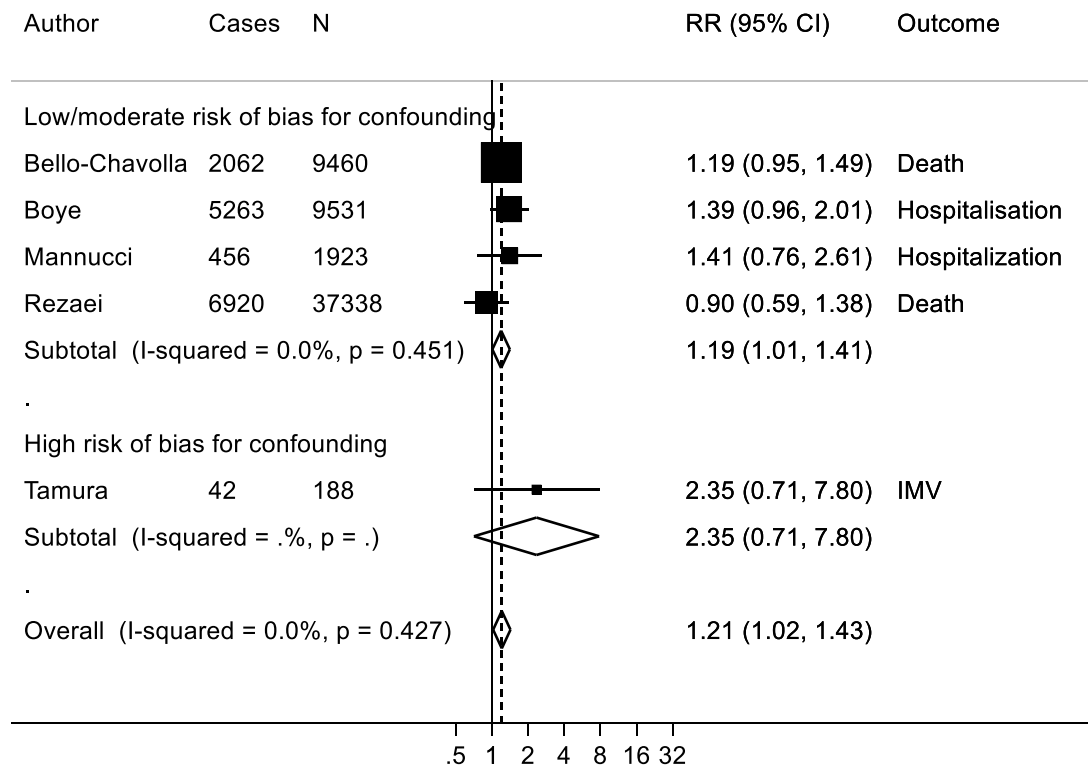


ESM Figure 57: Meta-analysis on pre-existing neurodegenerative disease (not specified) compared to no neurodegenerative disease and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

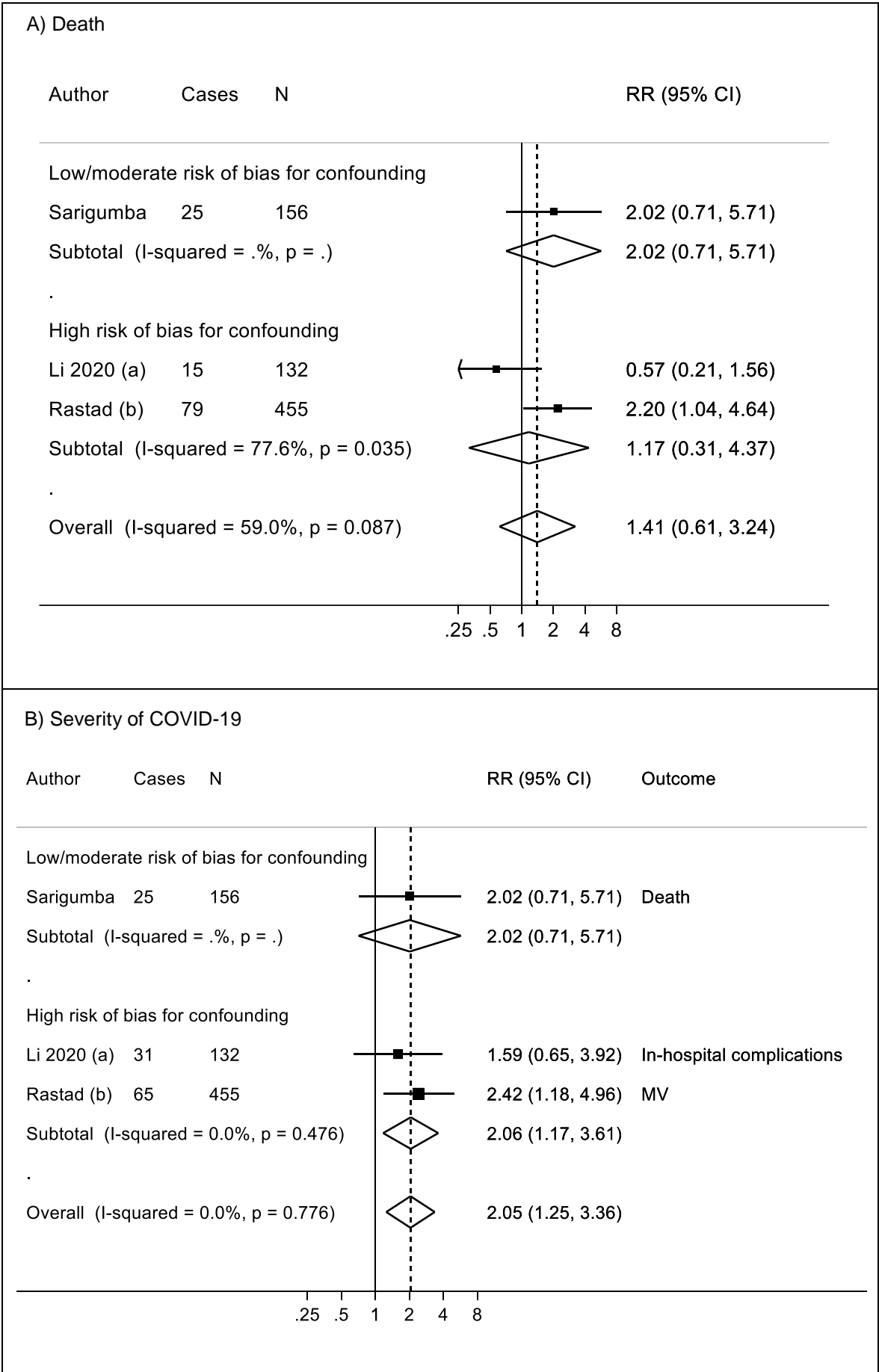
A) Death



B) Severity of COVID-19

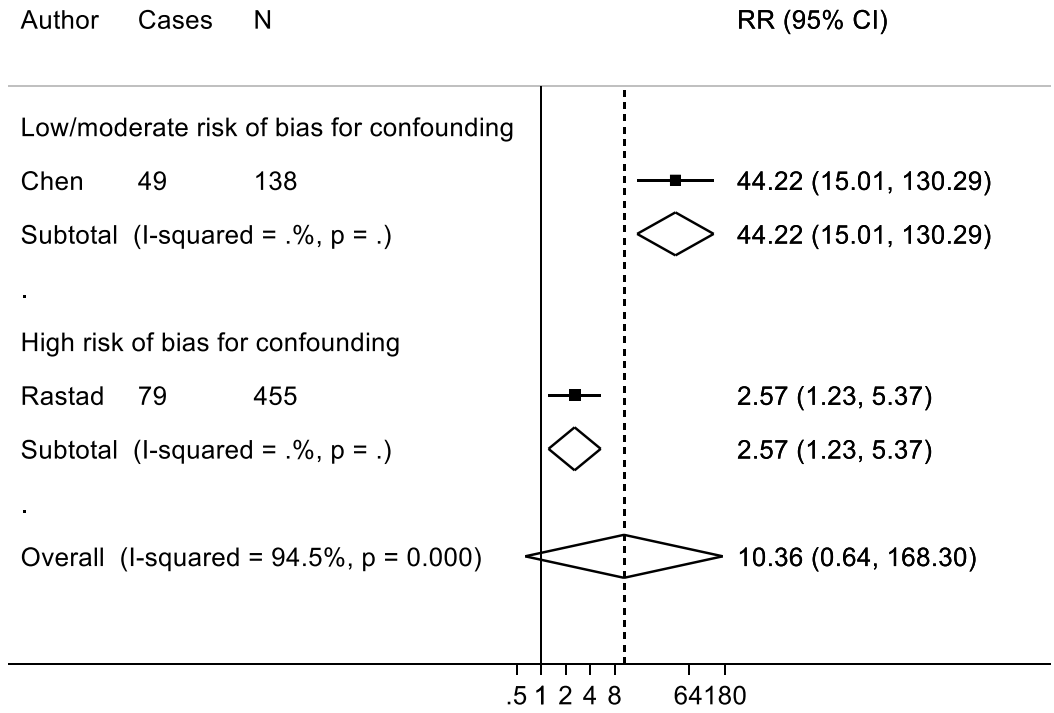


ESM Figure 58: Meta-analysis on pre-existing immunodeficiency disorders (not specified) compared to immunodeficiency disorders and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

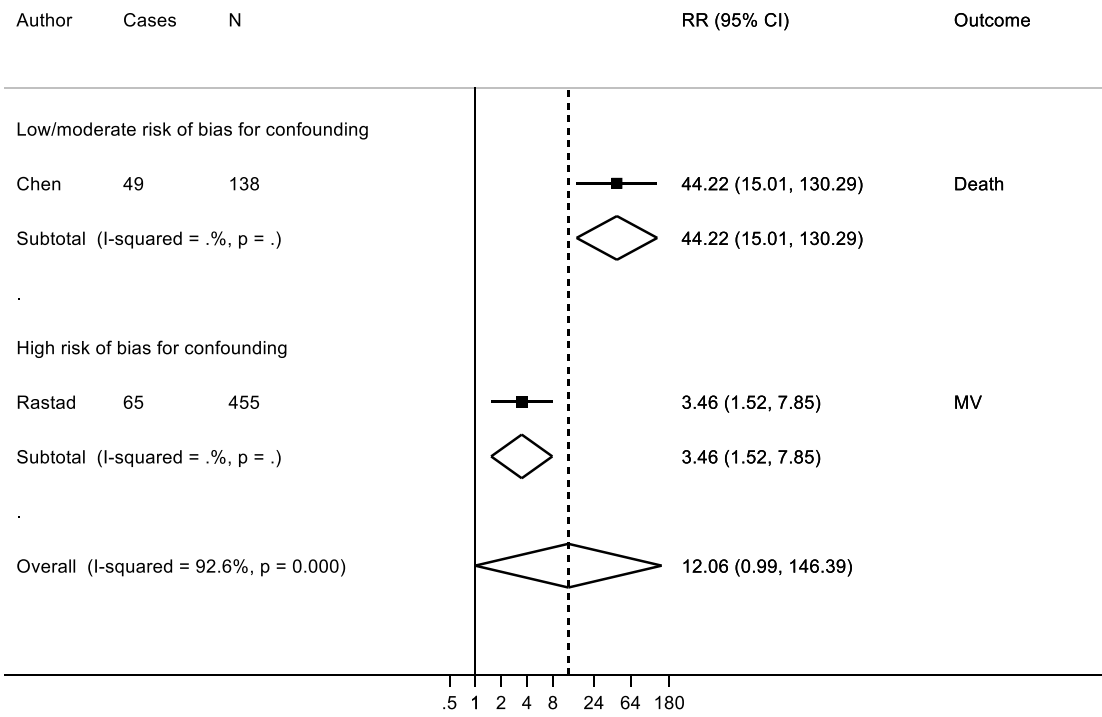


ESM Figure 59: Meta-analysis on any comorbidities compared to no comorbidities and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

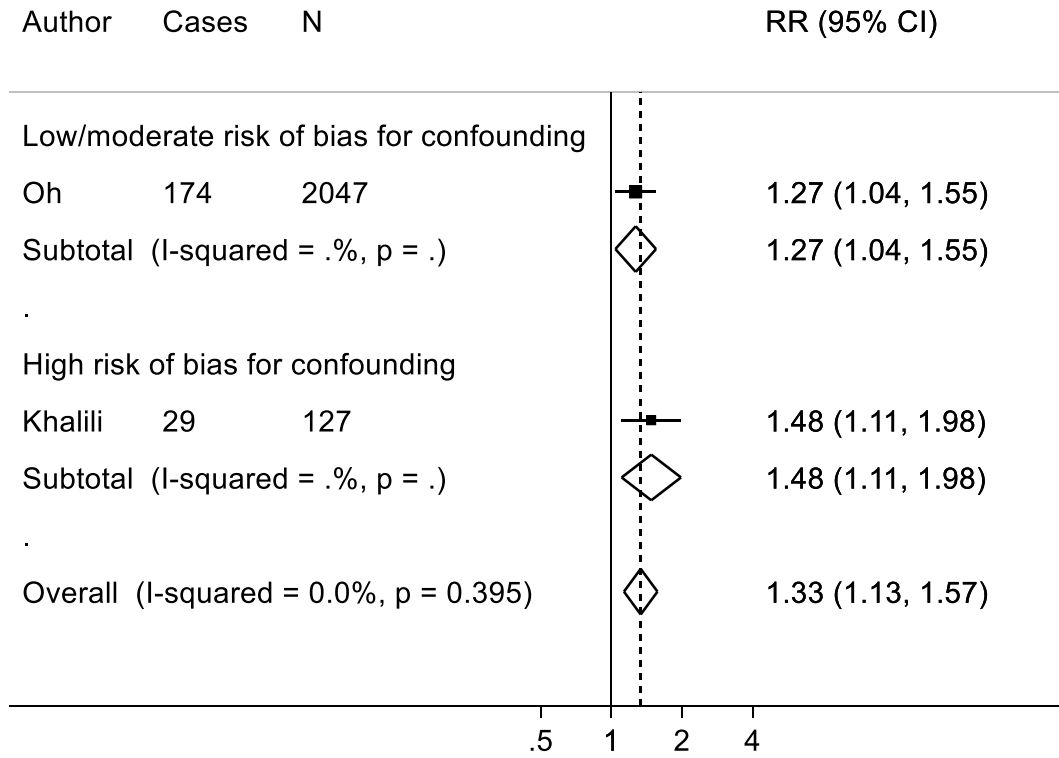


B) Severity of COVID-19

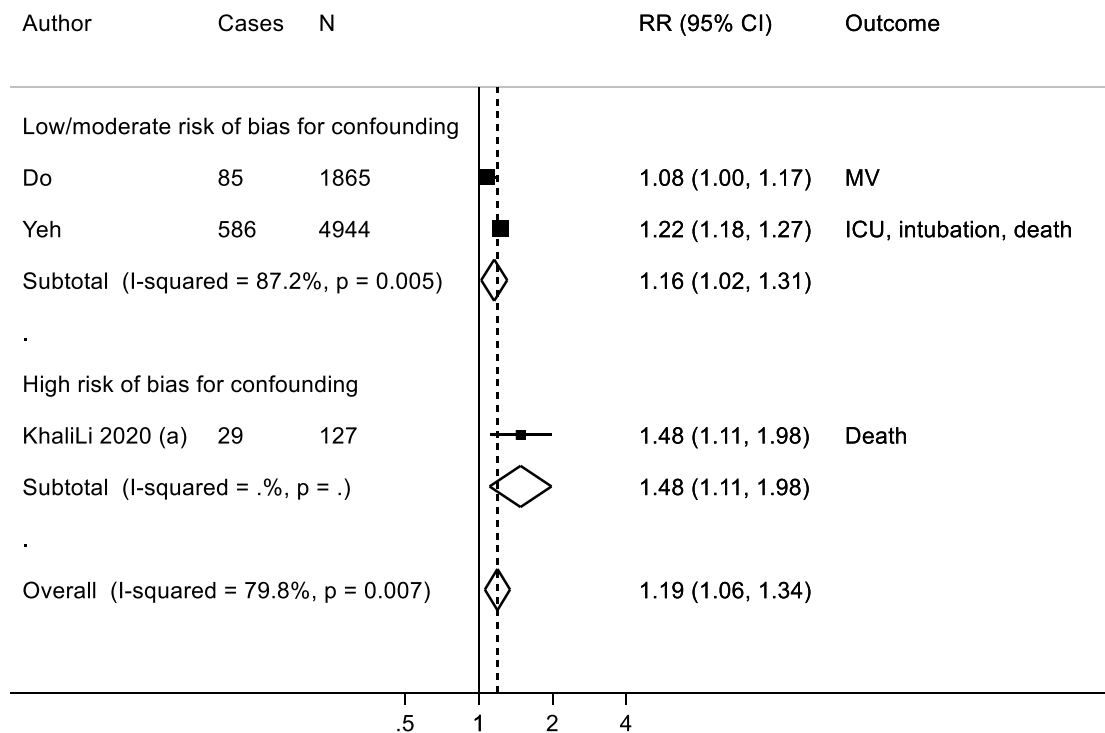


ESM Figure 60: Meta-analysis on ≥ 3 comorbidities compared to no comorbidities and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

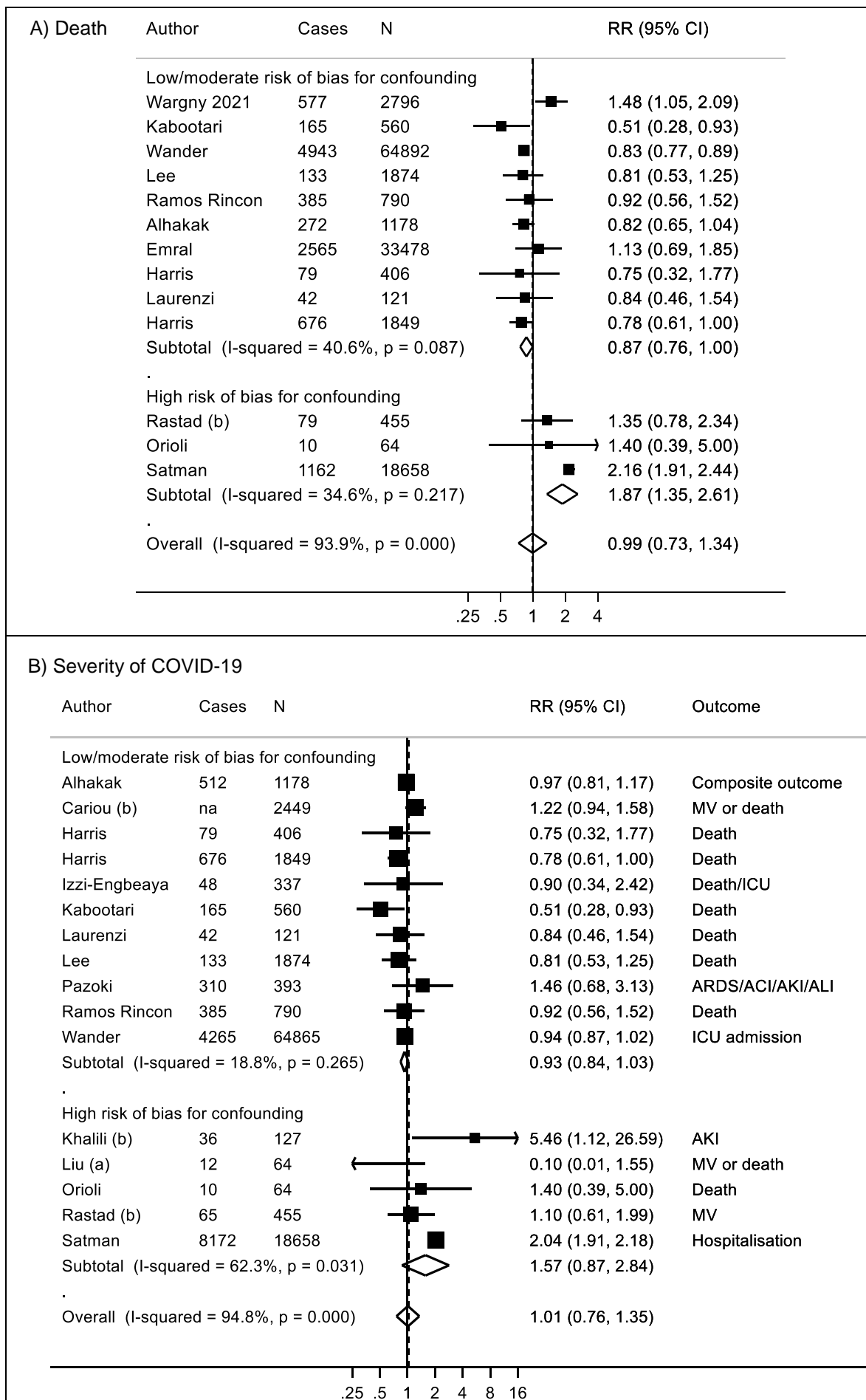
A) Death



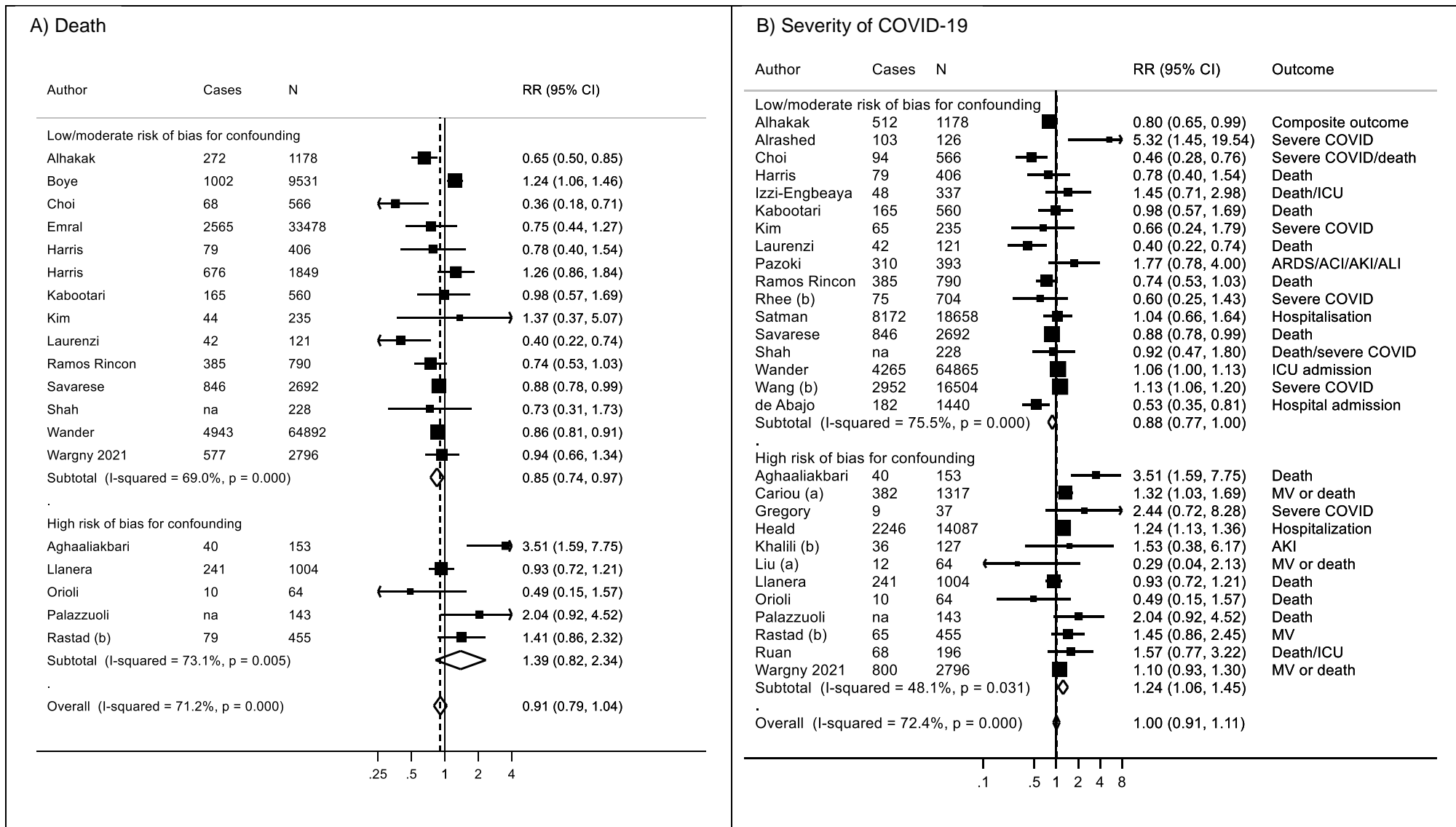
B) Severity of COVID-19



ESM Figure 61: Meta-analysis on **Charlson index**, per 1 unit compared to no comorbidities and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

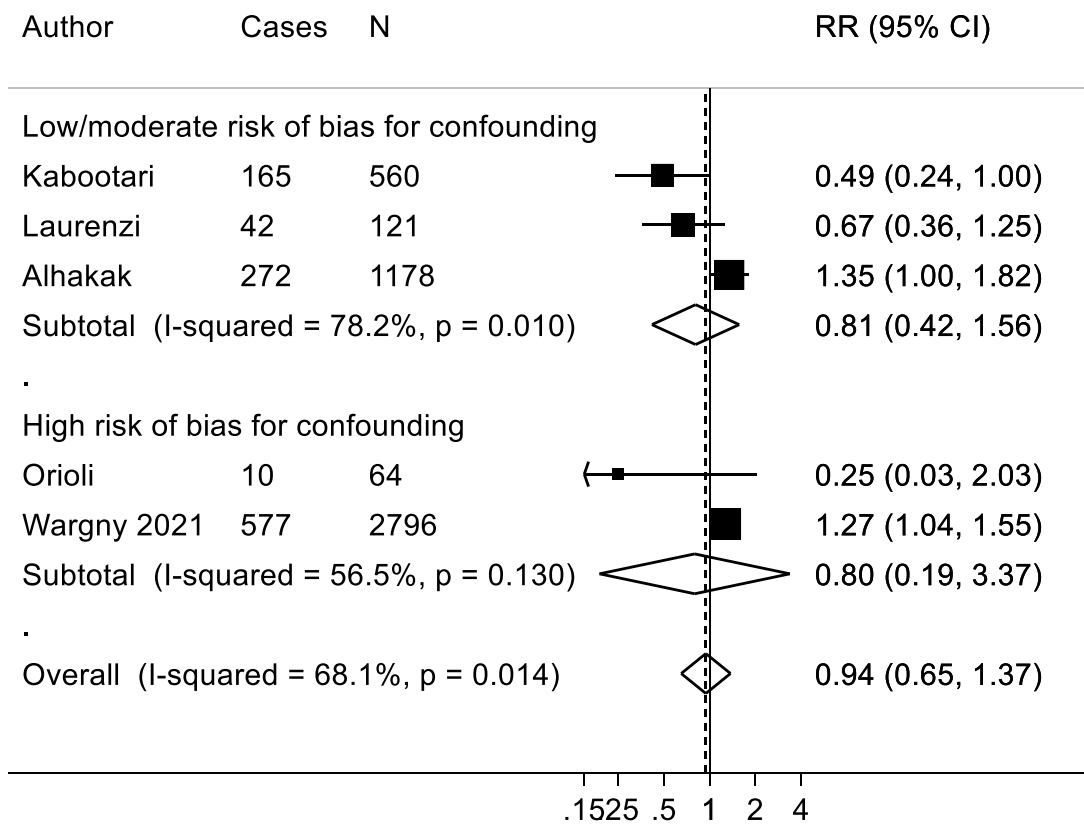


ESM Figure 62: Meta-analysis on **use of statins** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

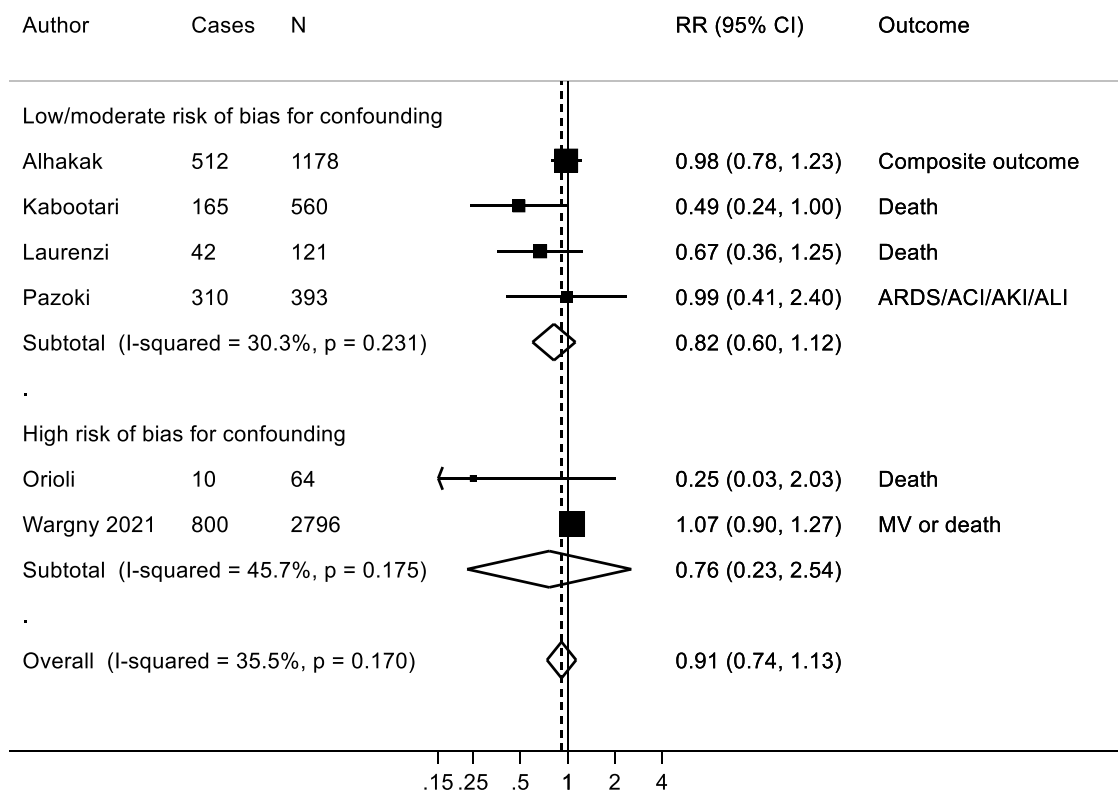


ESM Figure 63: Meta-analysis on use of renin inhibitor compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

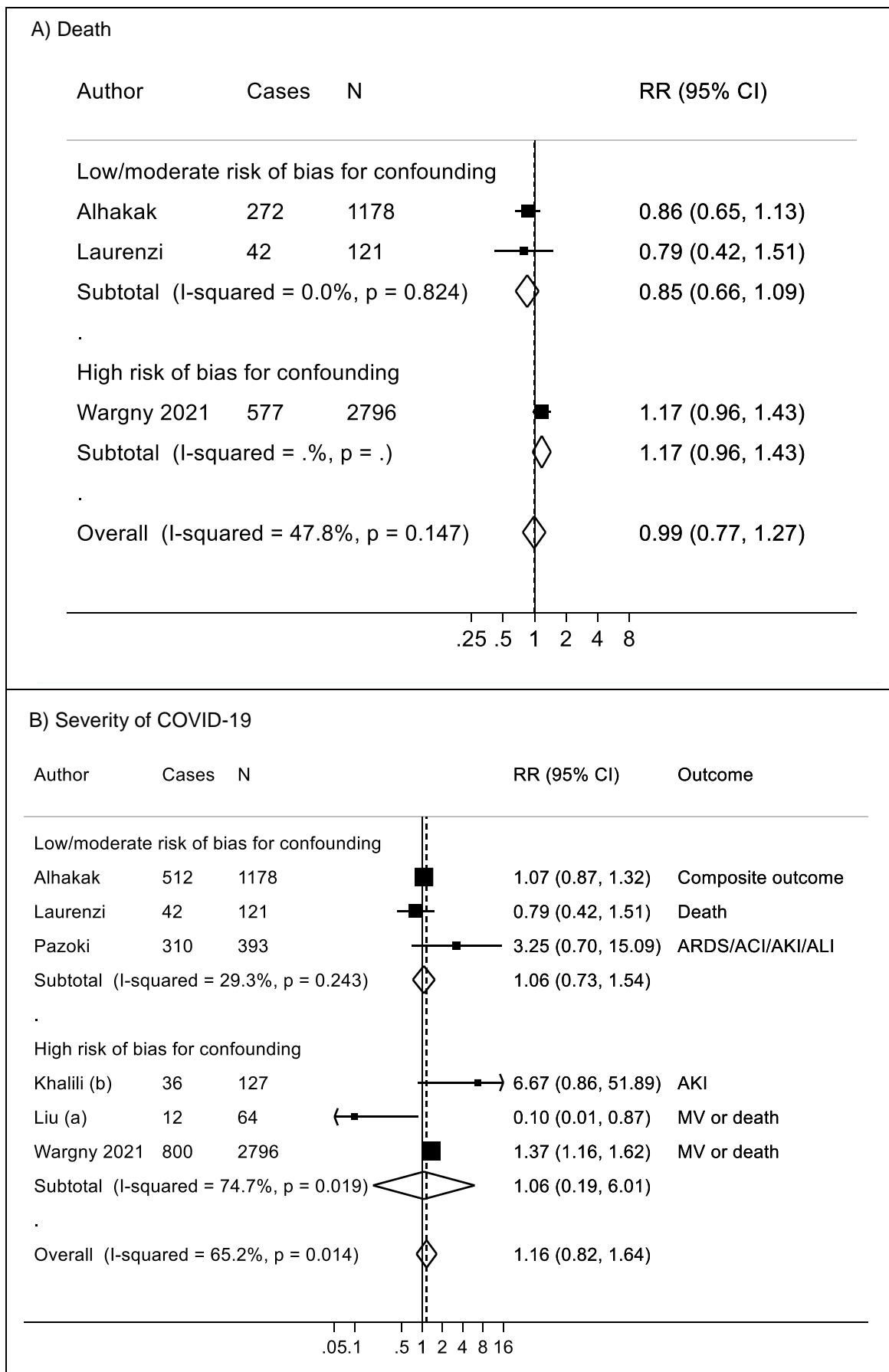
A) Death



B) Severity of COVID-19

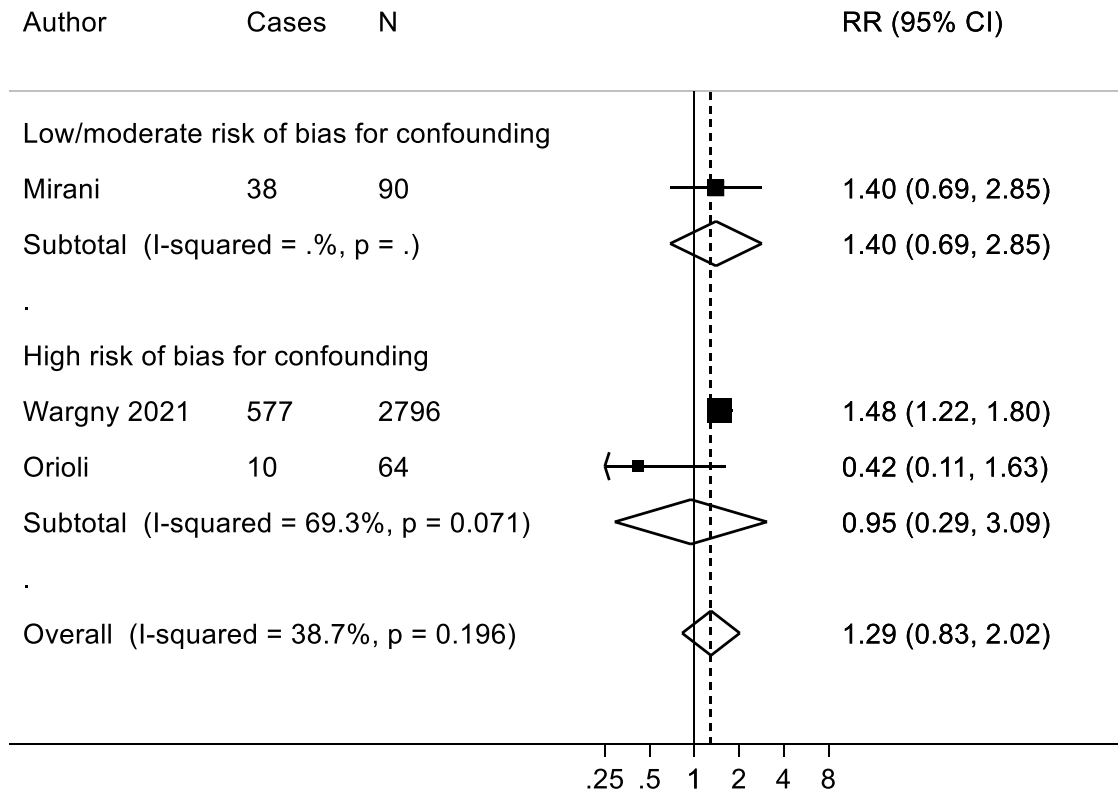


ESM Figure 64: Meta-analysis on **use of beta-blockers** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

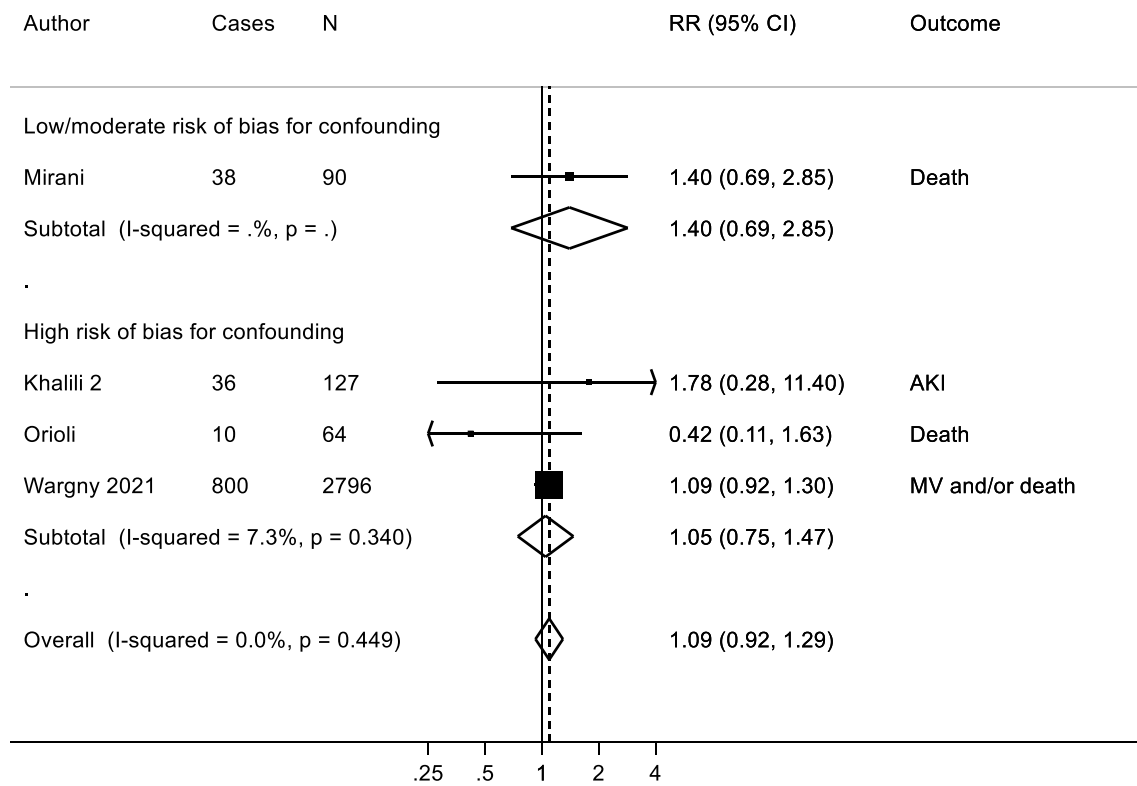


ESM Figure 65: Meta-analysis on use of calcium channel blocker compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

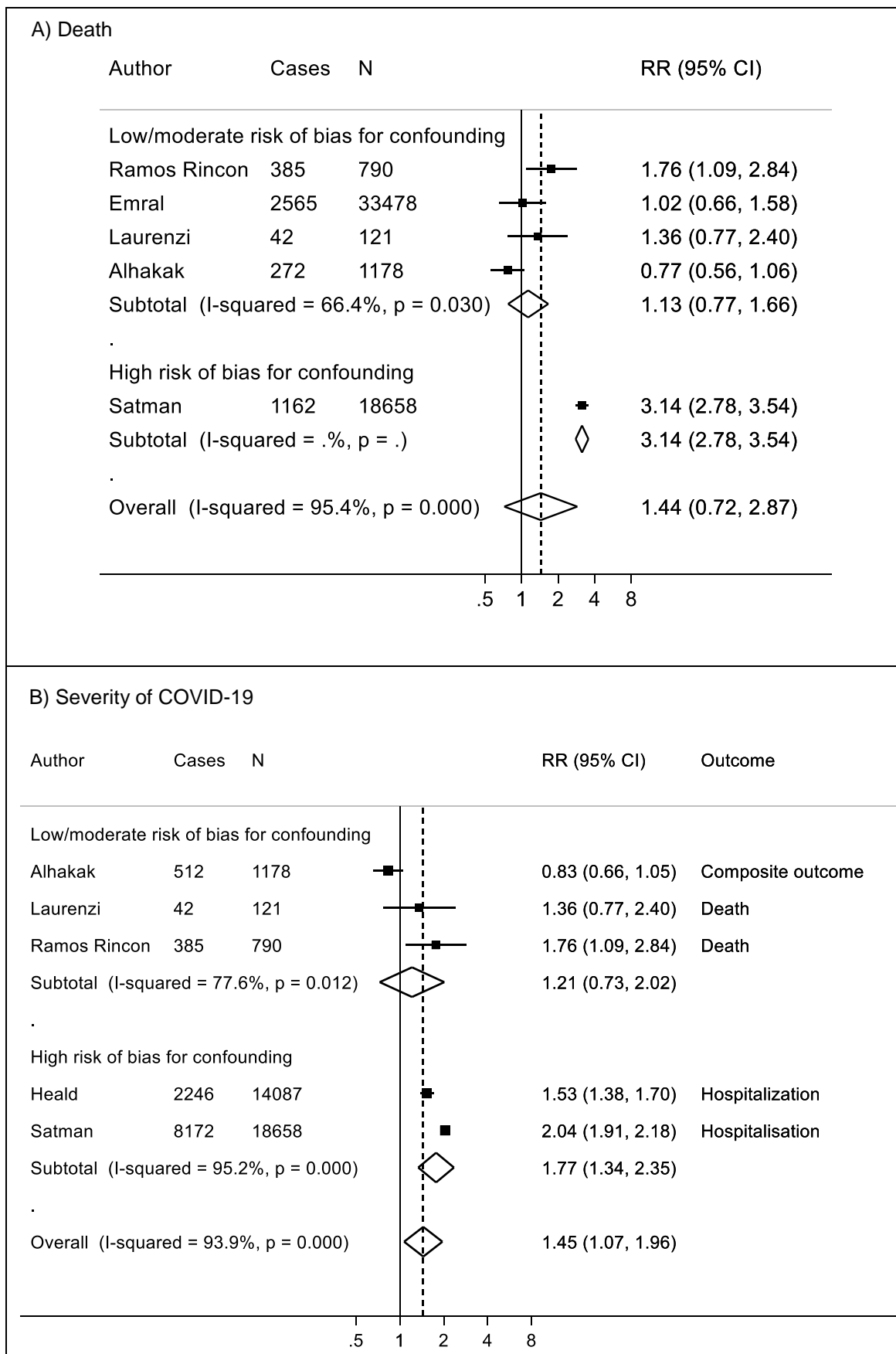
A) Death



B) Severity of COVID-19

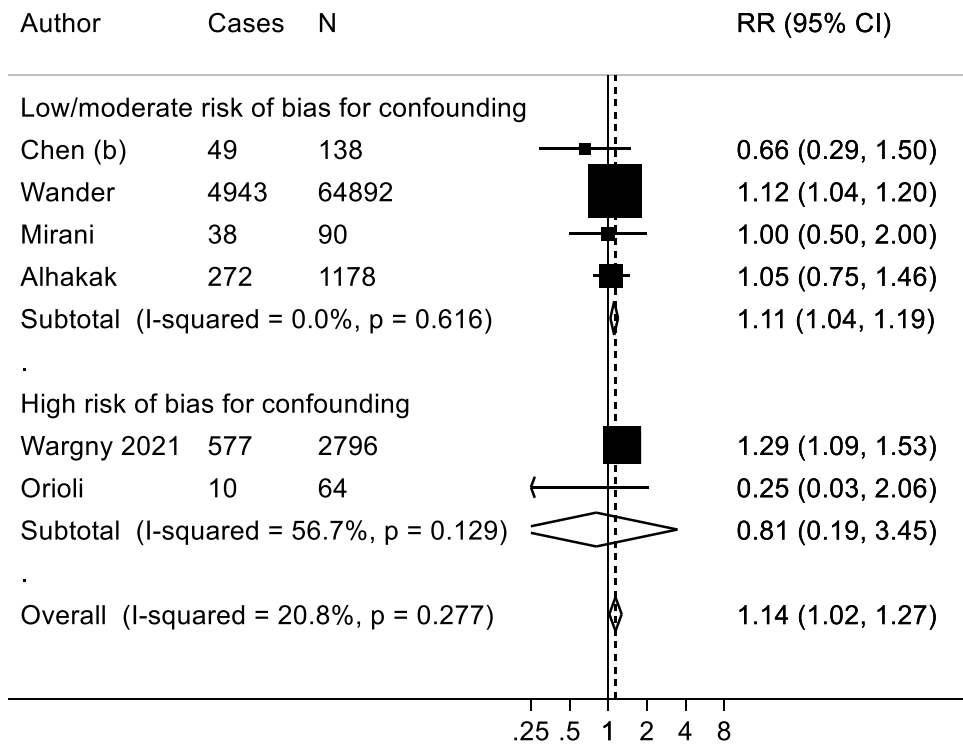


ESM Figure 66: Meta-analysis on **use of diuretics** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

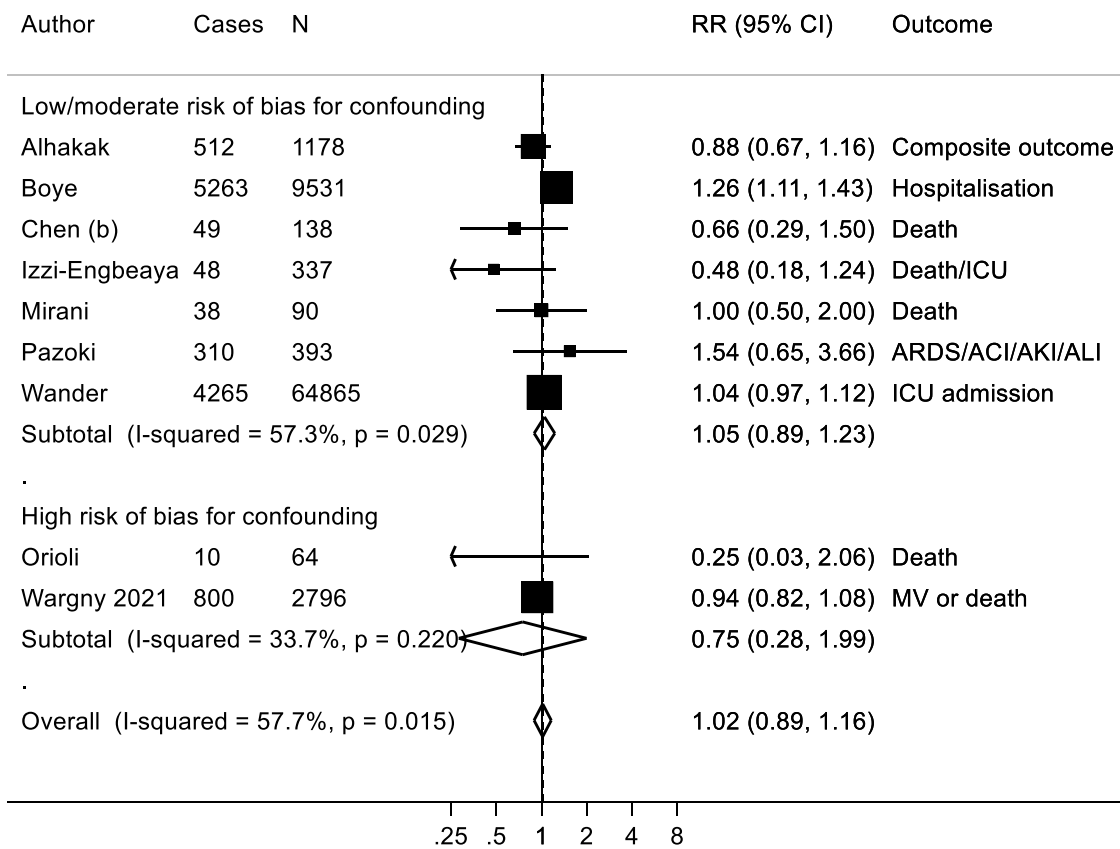


ESM Figure 67: Meta-analysis on **use of acetylsalicylic acid (ASA)** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



B) Severity of COVID-19

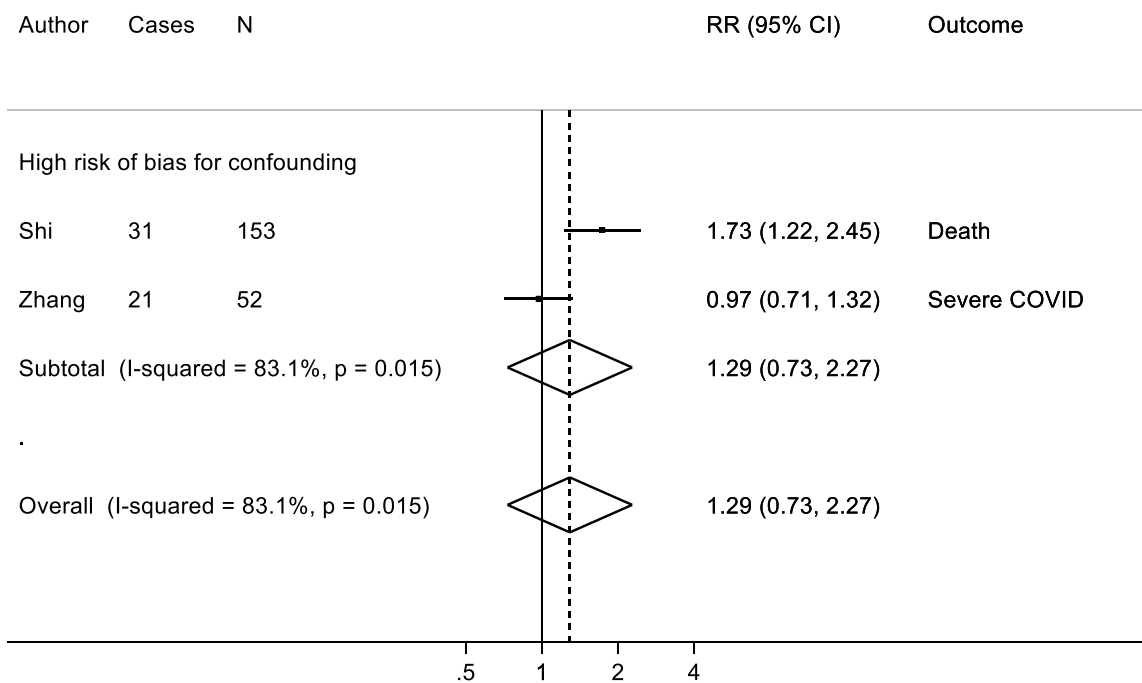


ESM Figure 68: Meta-analysis on **use of antithrombotic drugs (antiplatelet/anticoagulant)** compared to non-use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

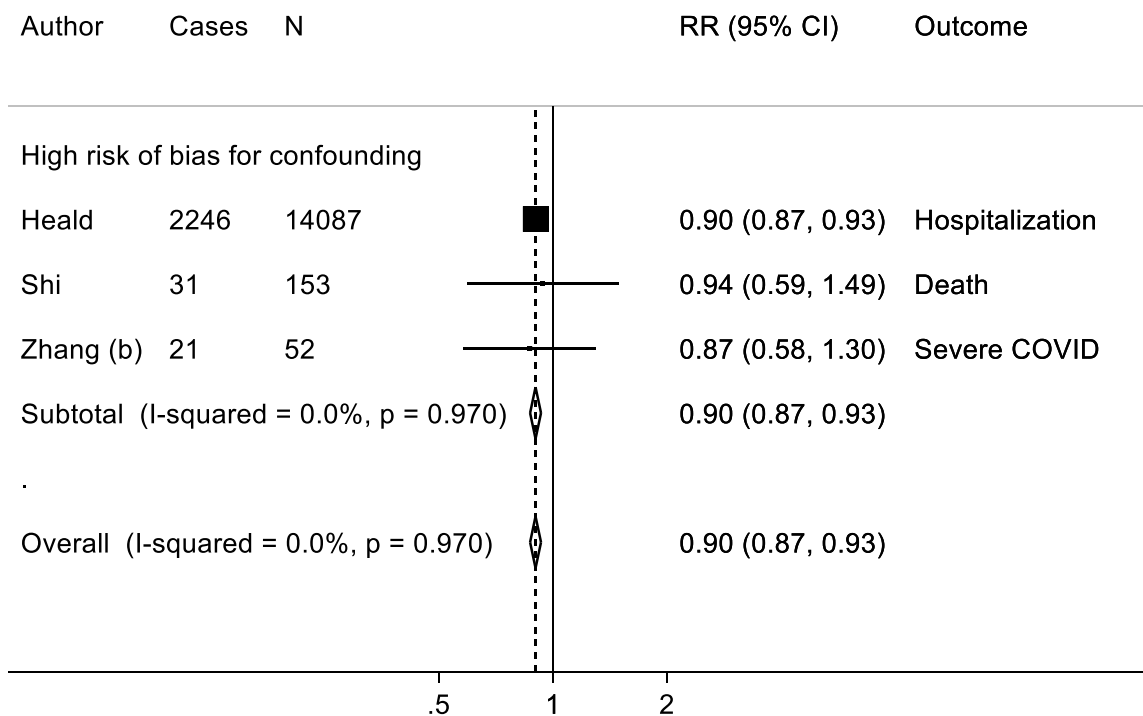


ESM Figure 69: Meta-analysis on **triglycerides**, per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

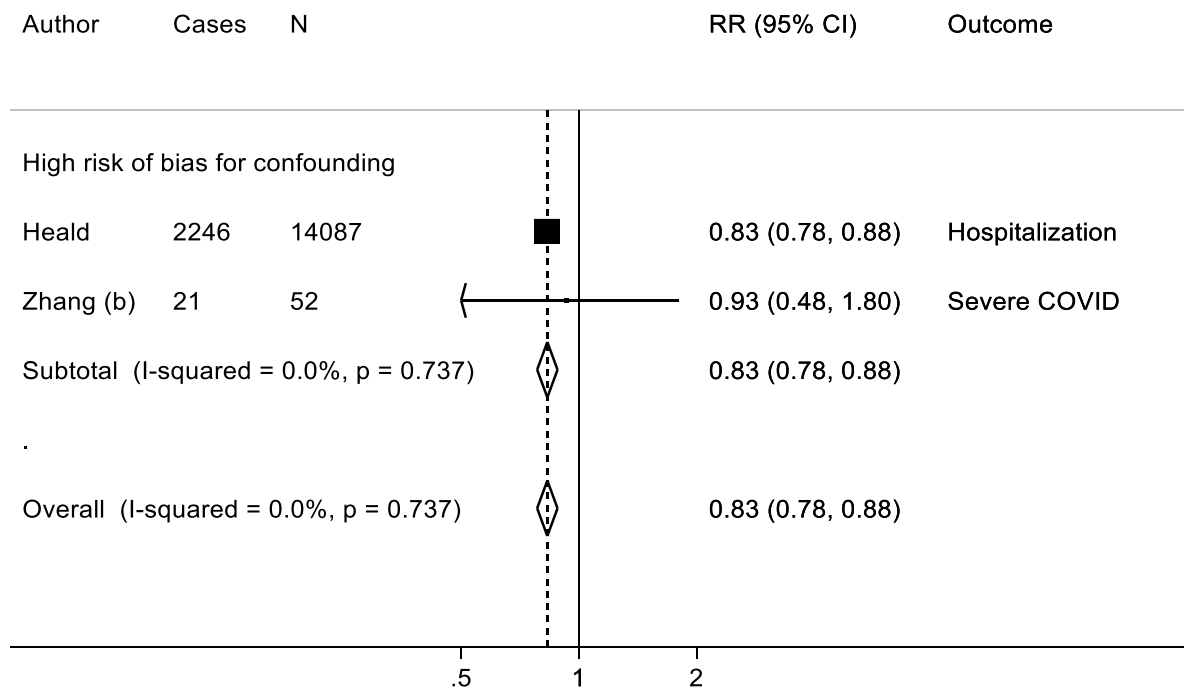


ESM Figure 70: Meta-analysis on **total cholesterol**, per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

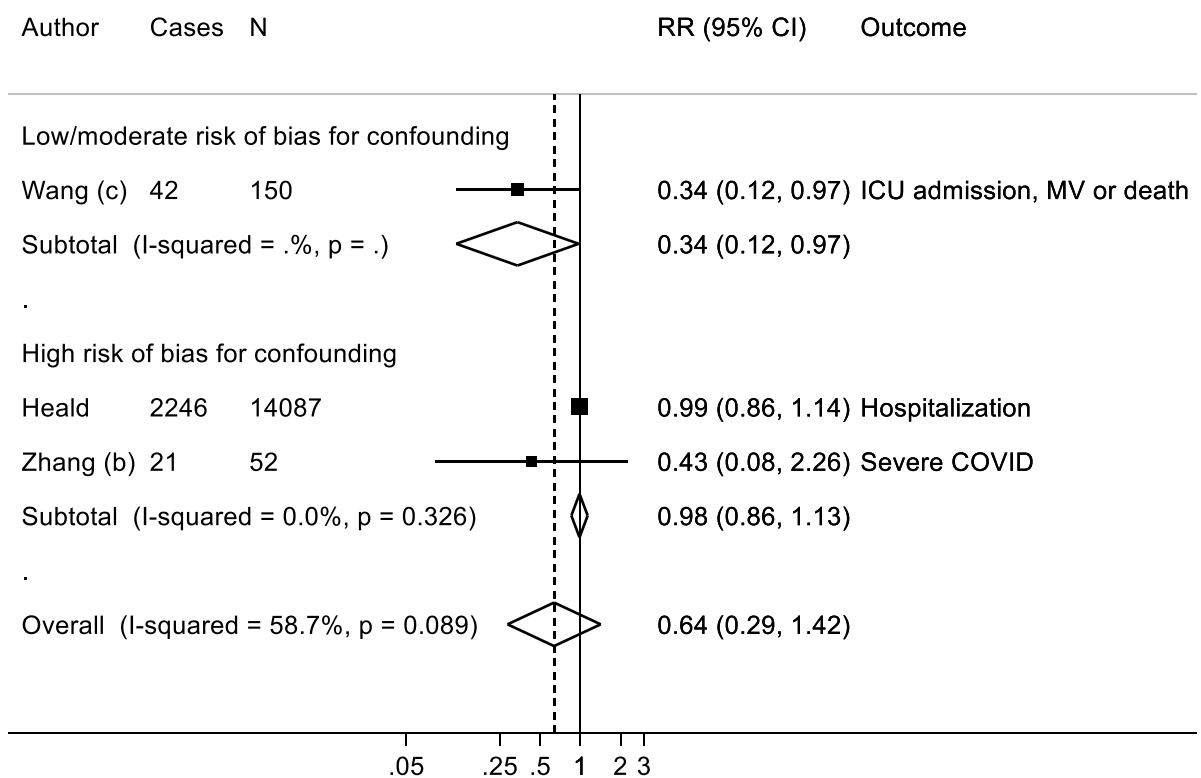


ESM Figure 71: Meta-analysis on **LDL-cholesterol**, per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

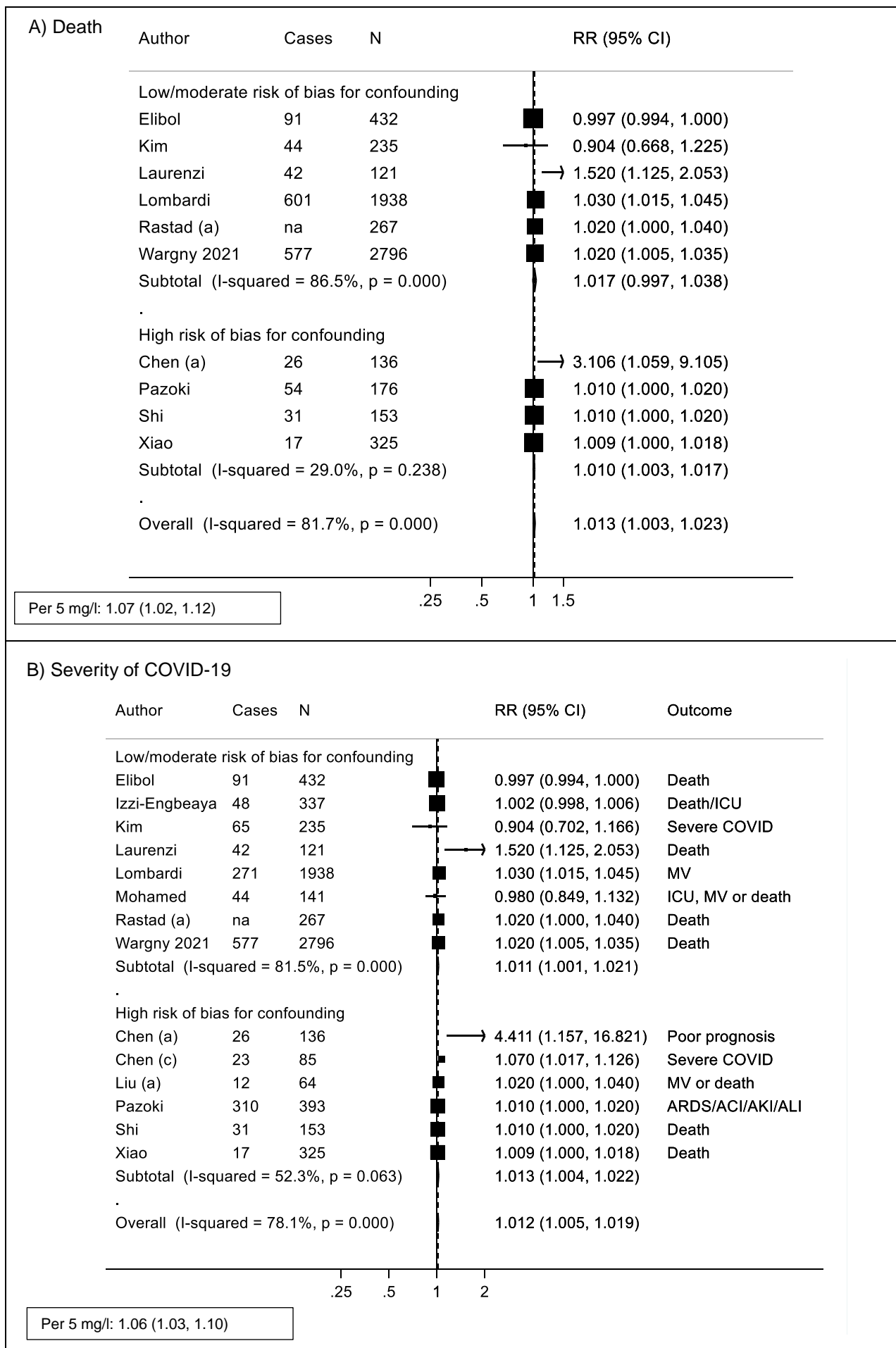
A) Death

No data

B) Severity of COVID-19

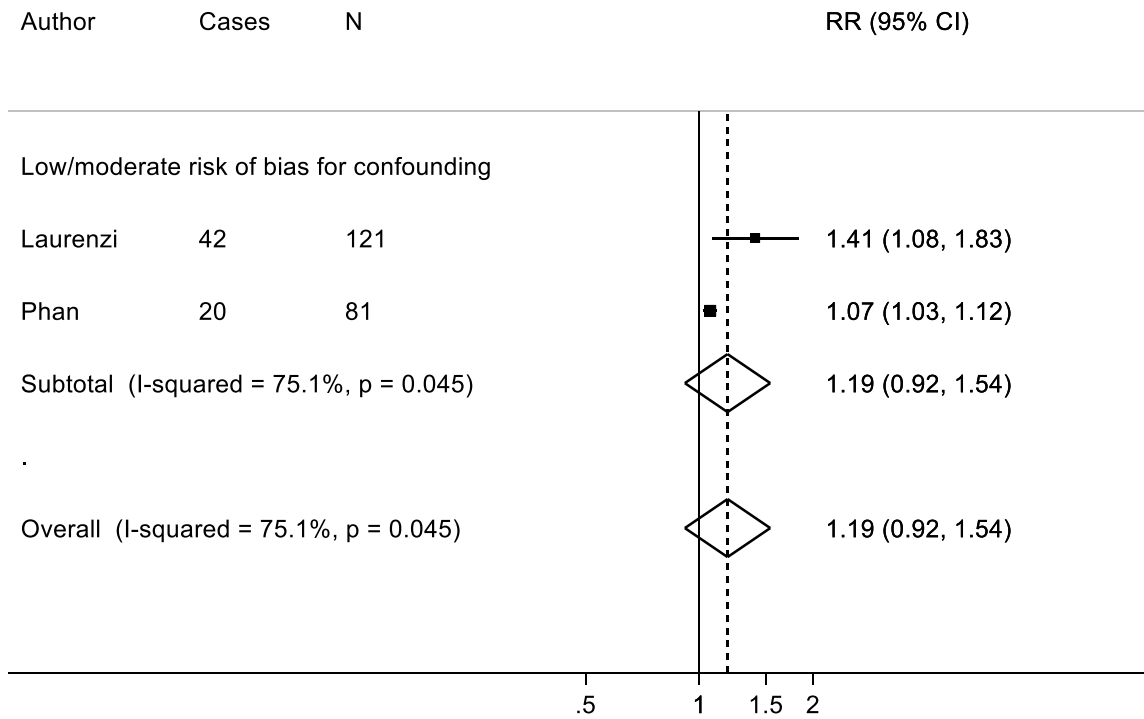


ESM Figure 72: Meta-analysis on **HDL-cholesterol**, per 1 per mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



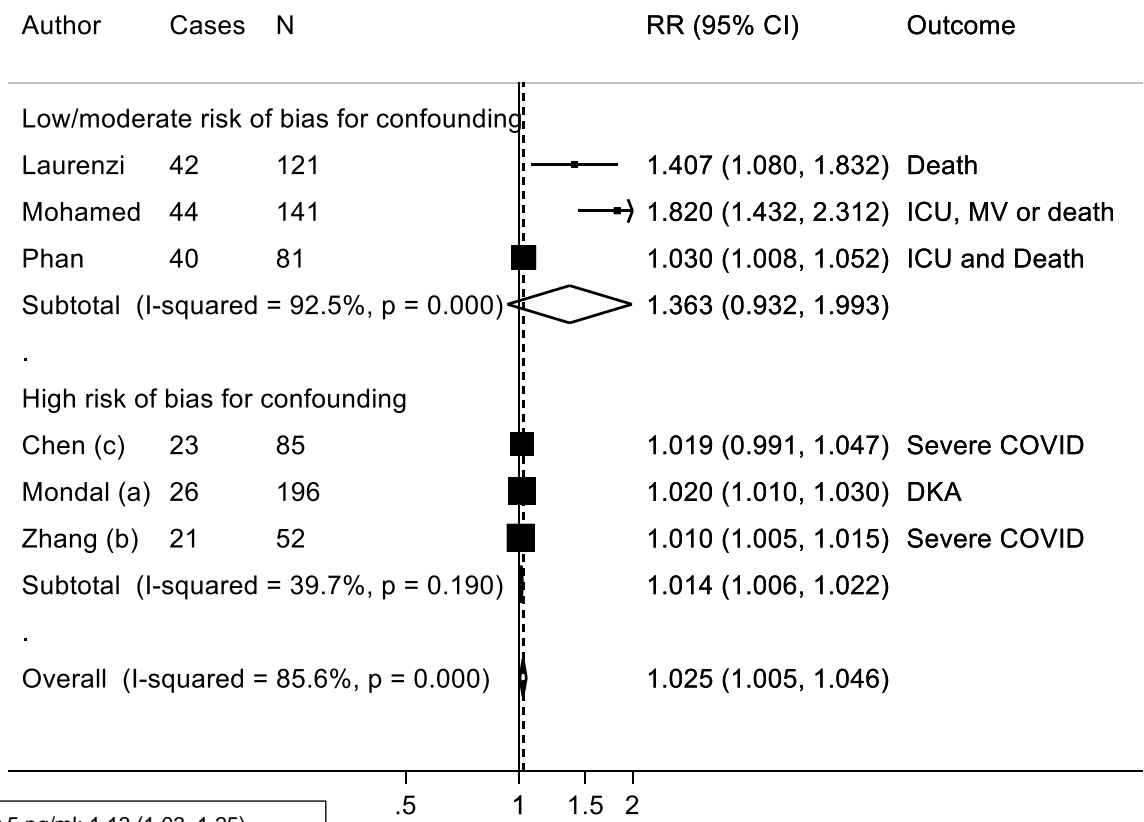
ESM Figure 73: Meta-analysis on C-reactive protein (CRP), per 1 mg/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



Per 5 pg/ml: 2.37 (0.64, 8.69)

B) Severity of COVID-19



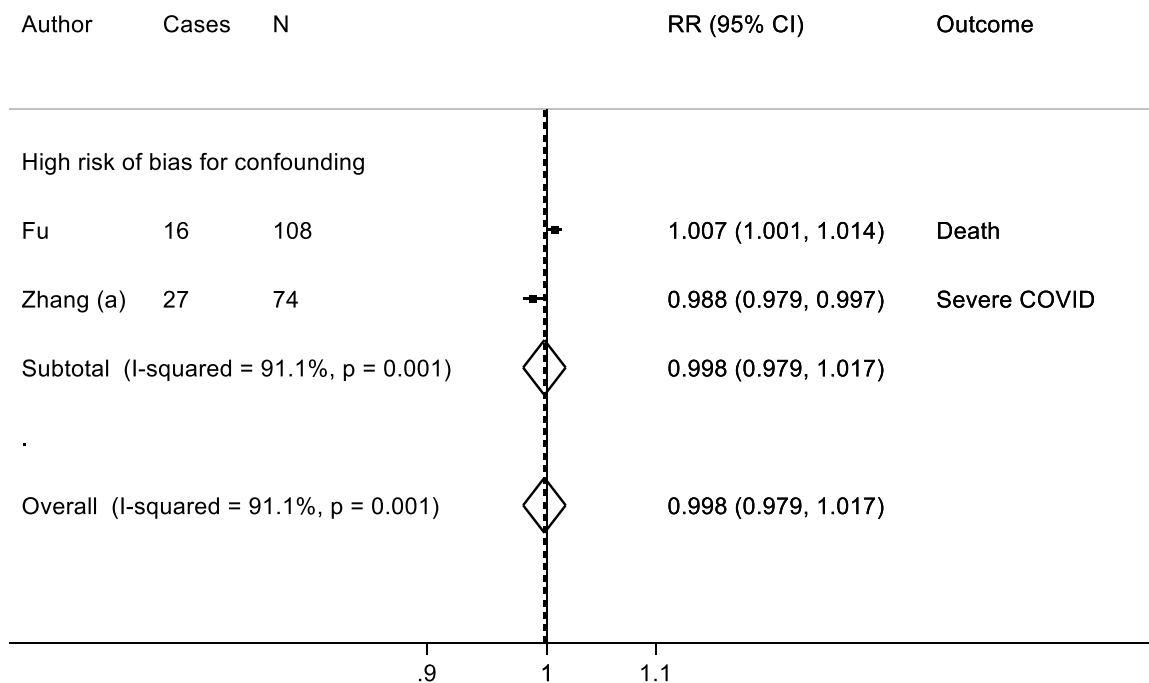
Per 5 pg/ml: 1.13 (1.03, 1.25)

ESM Figure 74: Meta-analysis on IL-6, per 1 pg/ml and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

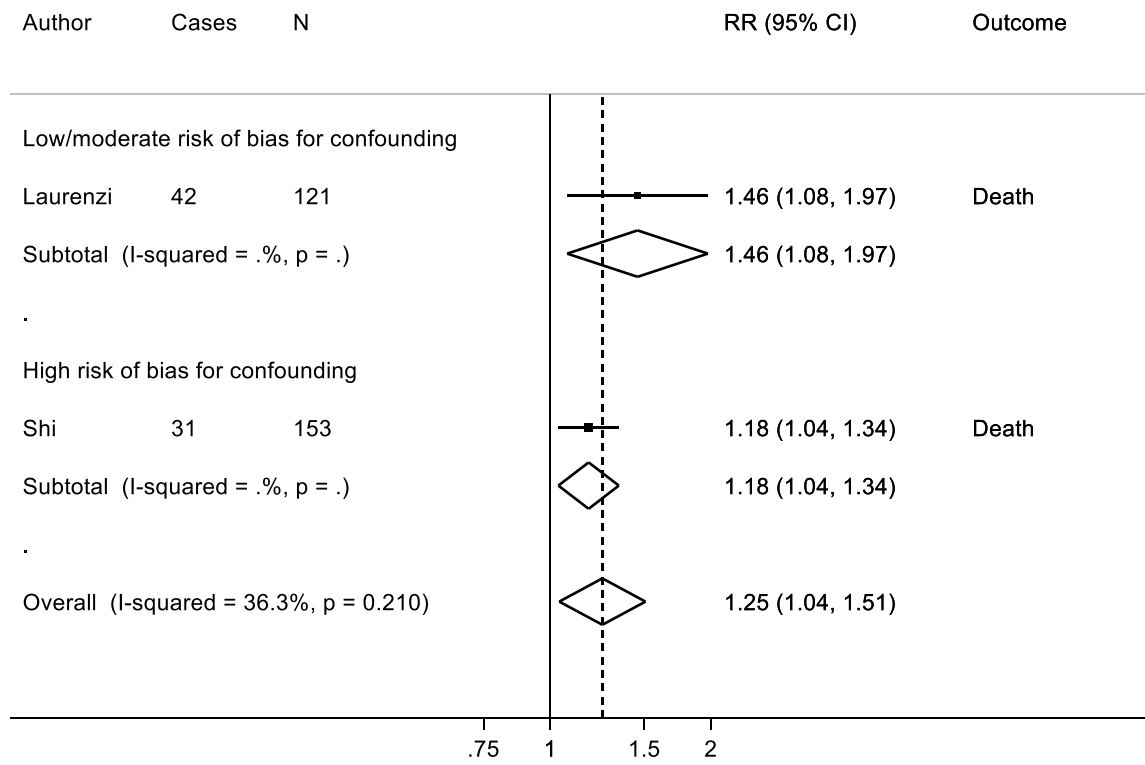
No data

B) Severity of COVID-19

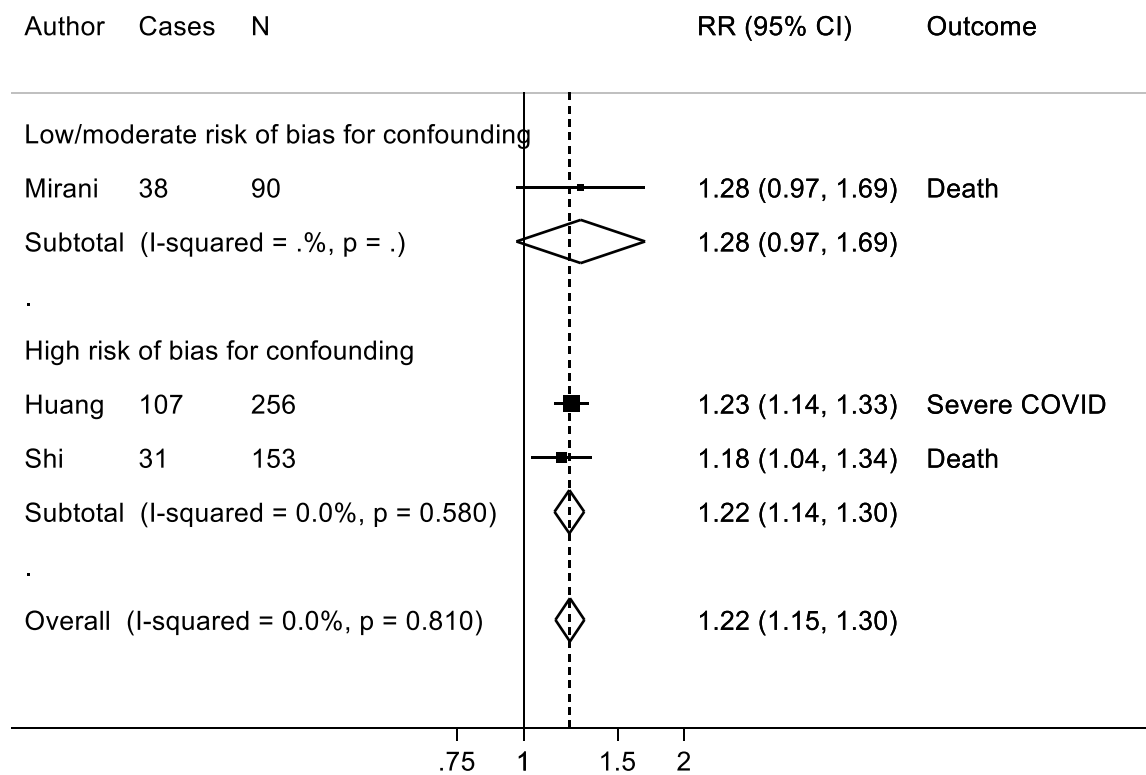


ESM Figure 75: Meta-analysis on **serum amyloid A**, per 1 mg/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

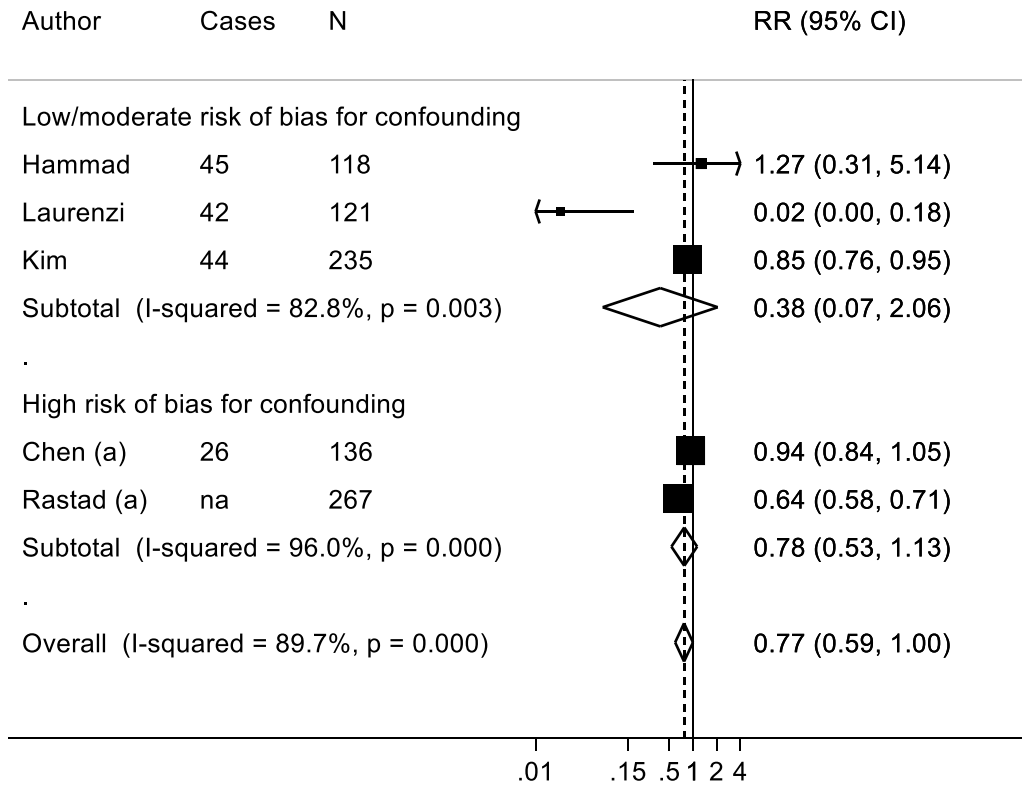


B) Severity of COVID-19

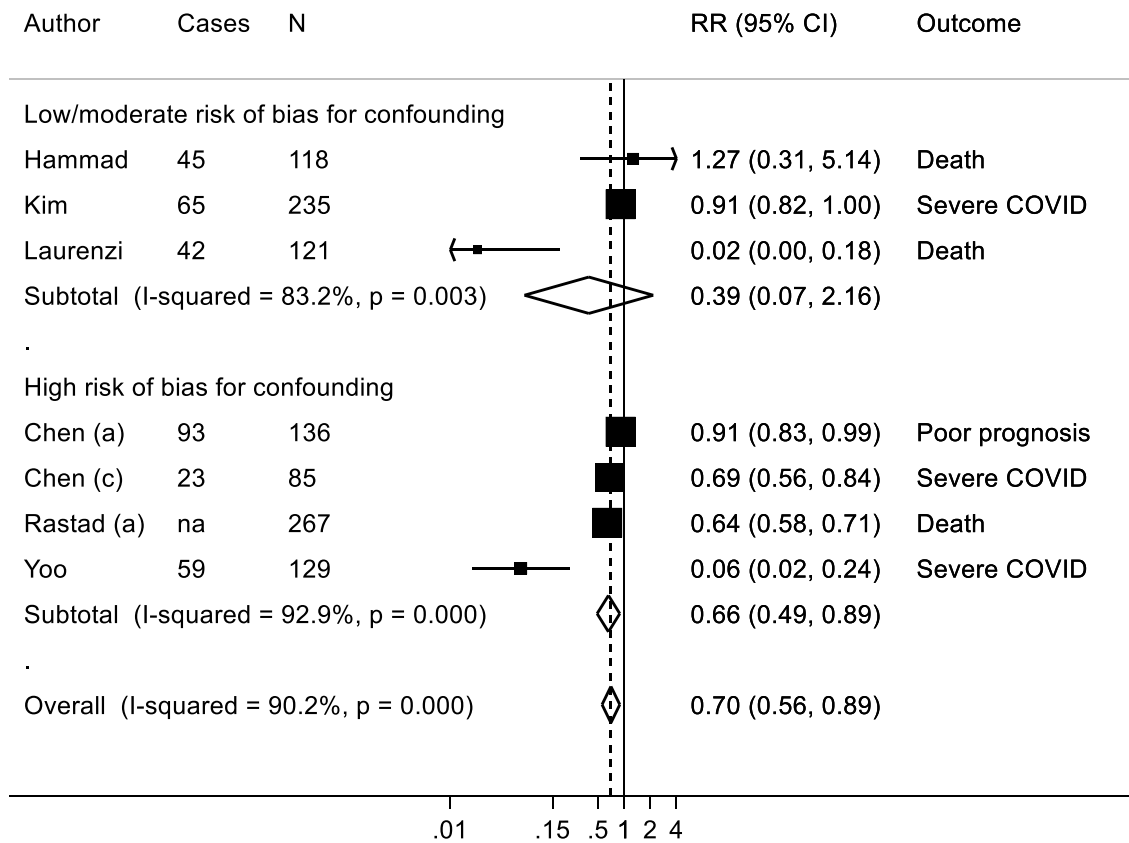


ESM Figure 76: Meta-analysis on **procalcitonin**, per 1 ng/ml and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

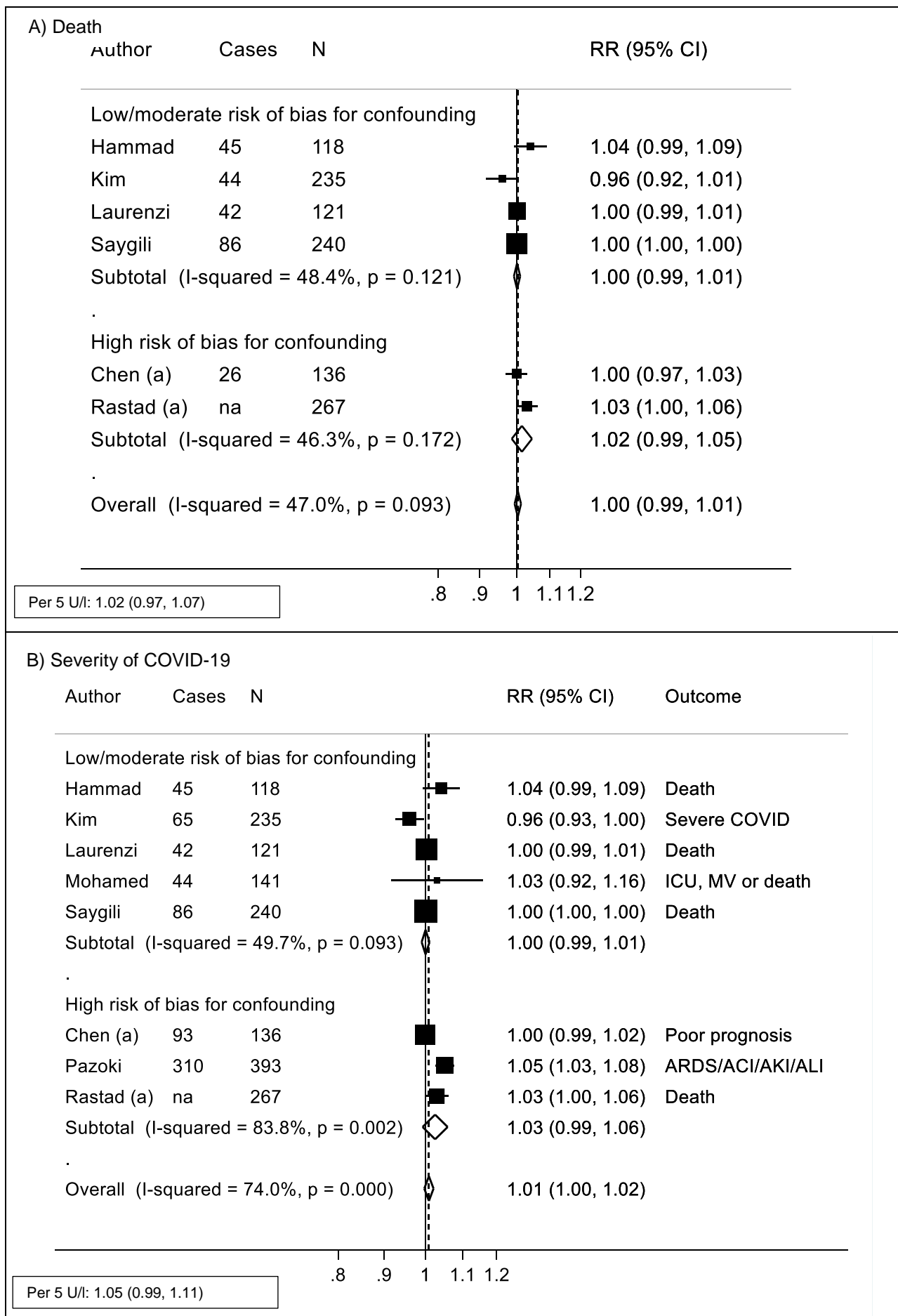
A) Death



B) Severity of COVID-19

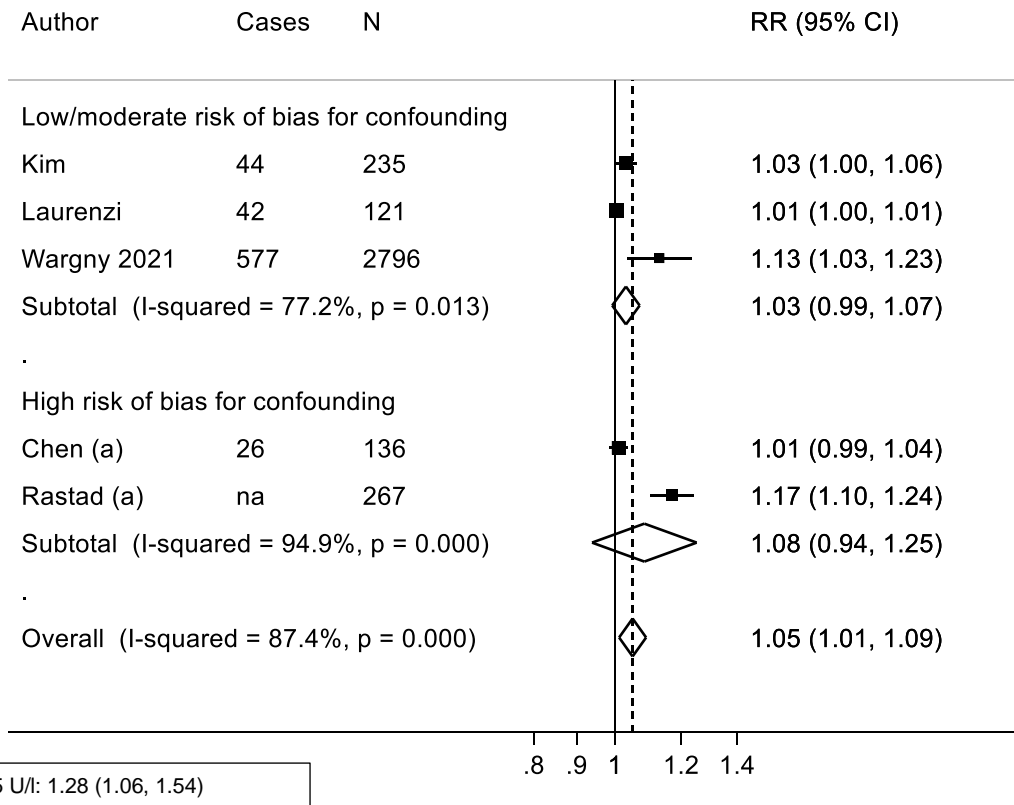


ESM Figure 77: Meta-analysis on albumin, per 1 g/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

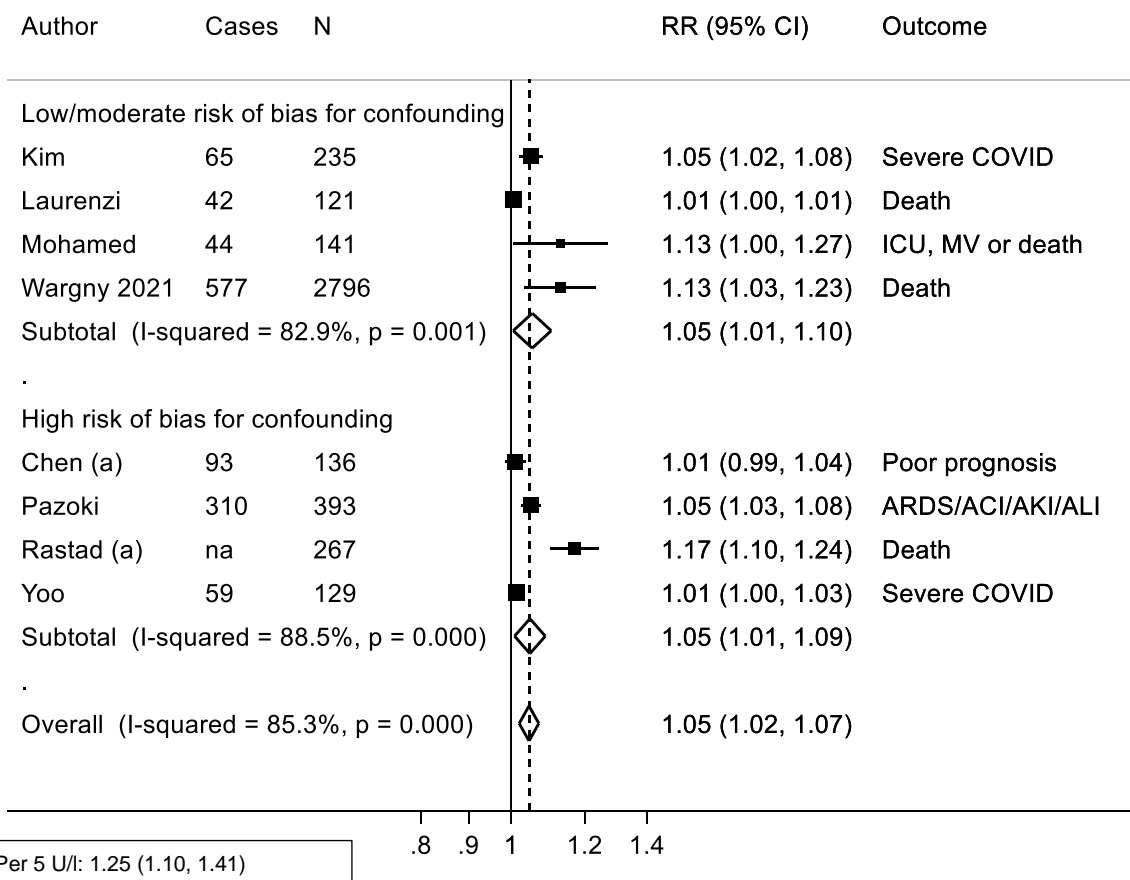


ESM Figure 78: Meta-analysis on **ALT**, per 1U/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

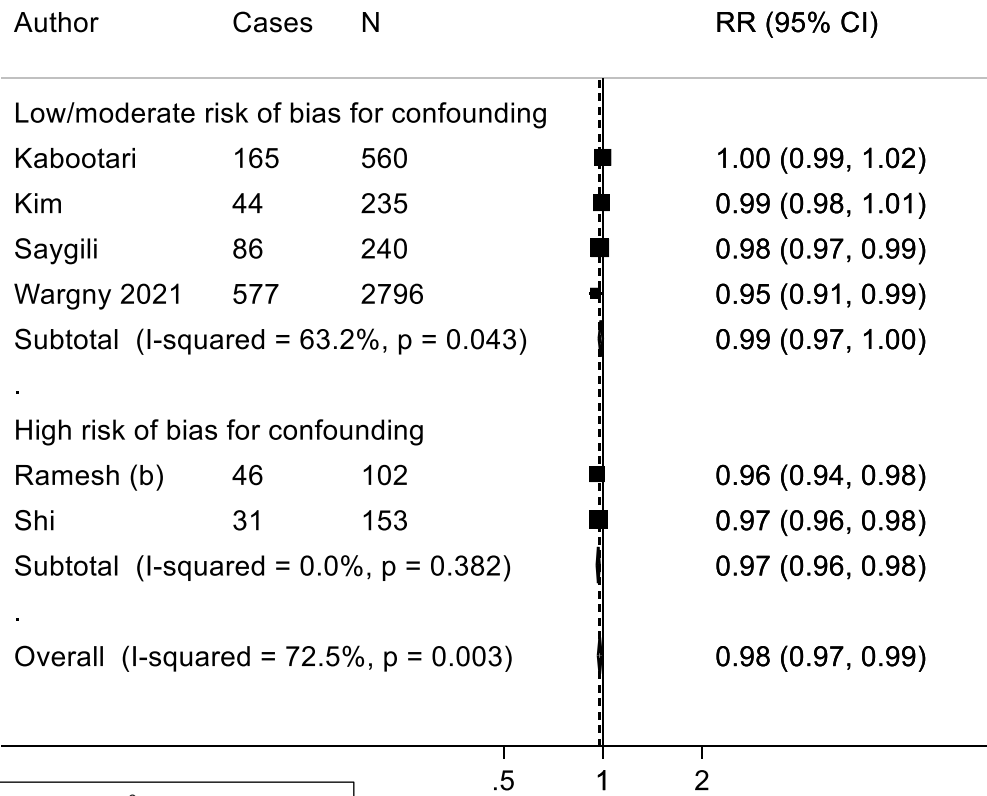


B) Severity of COVID-19



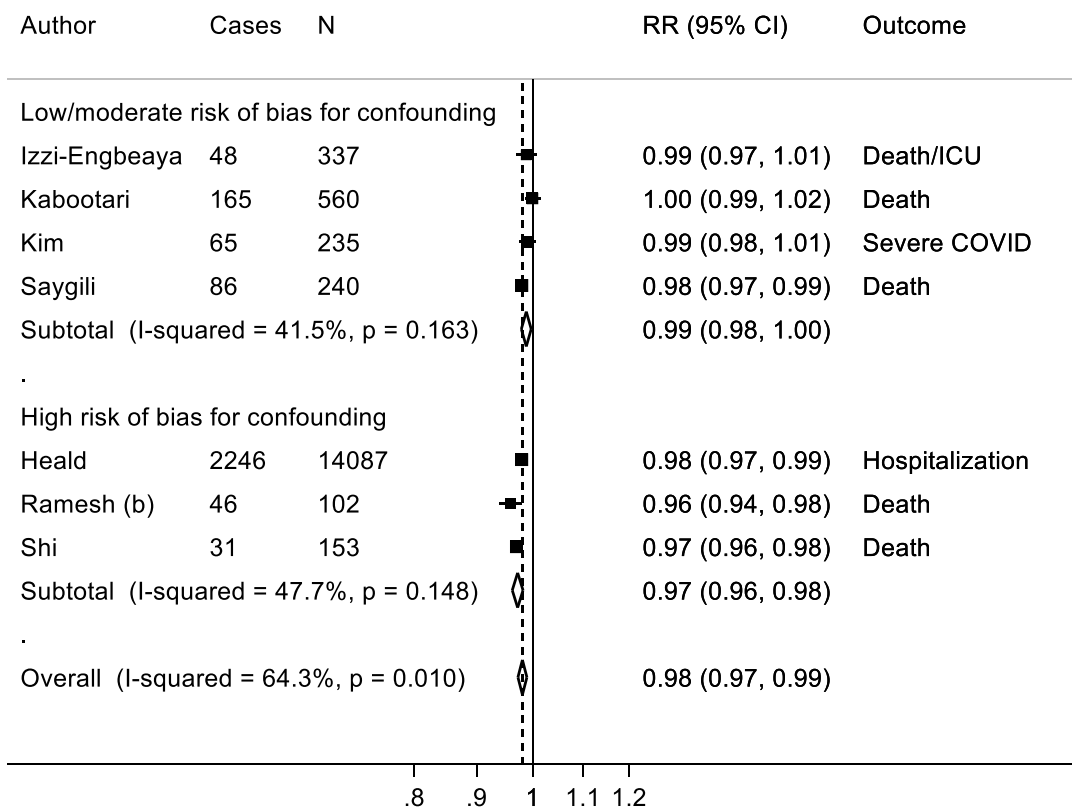
ESM Figure 79: Meta-analysis on **AST** per 1U/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



Per 10 ml/min per 1.73 m²: 0.80 (0.71, 0.90)

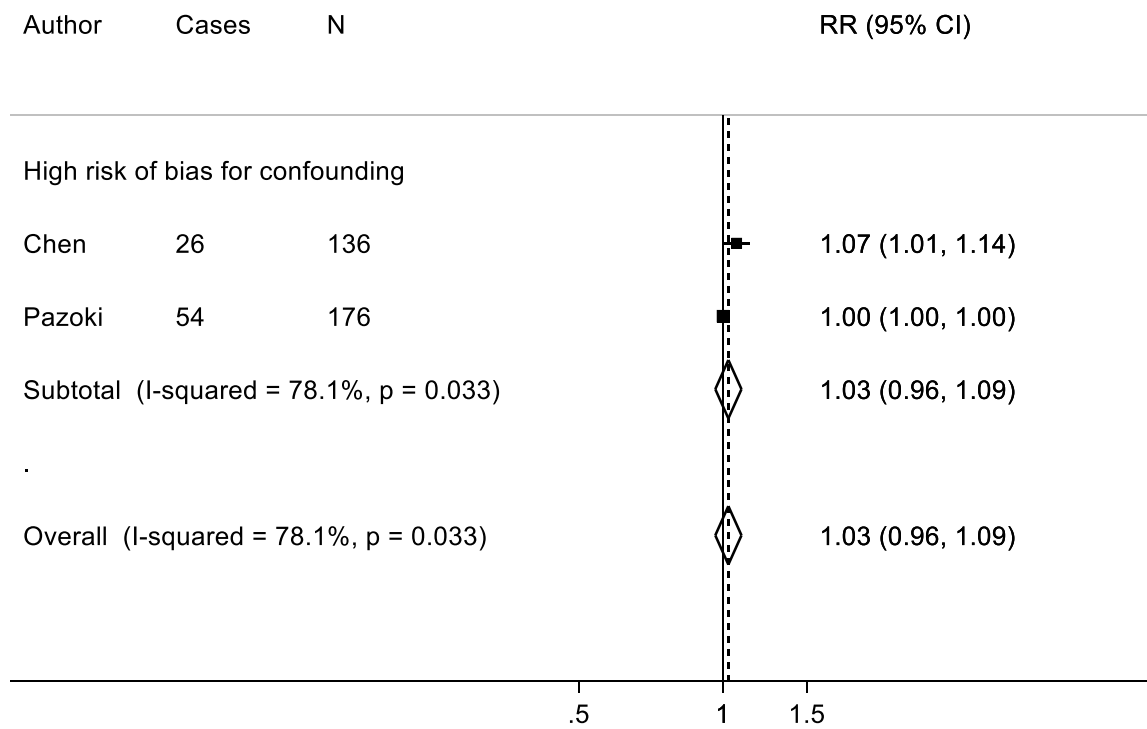
B) Severity of COVID-19



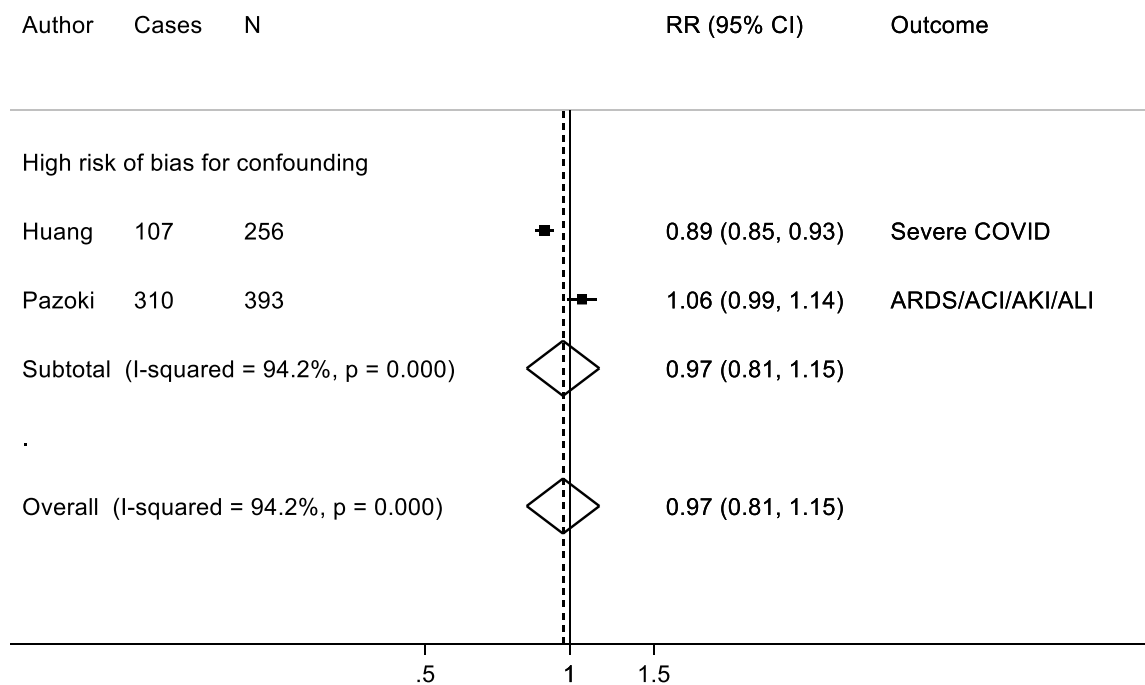
Per 10 ml/min per 1.73 m²: 0.83 (0.76, 0.90)

ESM Figure 80: Meta-analysis on eGFR, per 1 ml/min per 1.73 m² and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

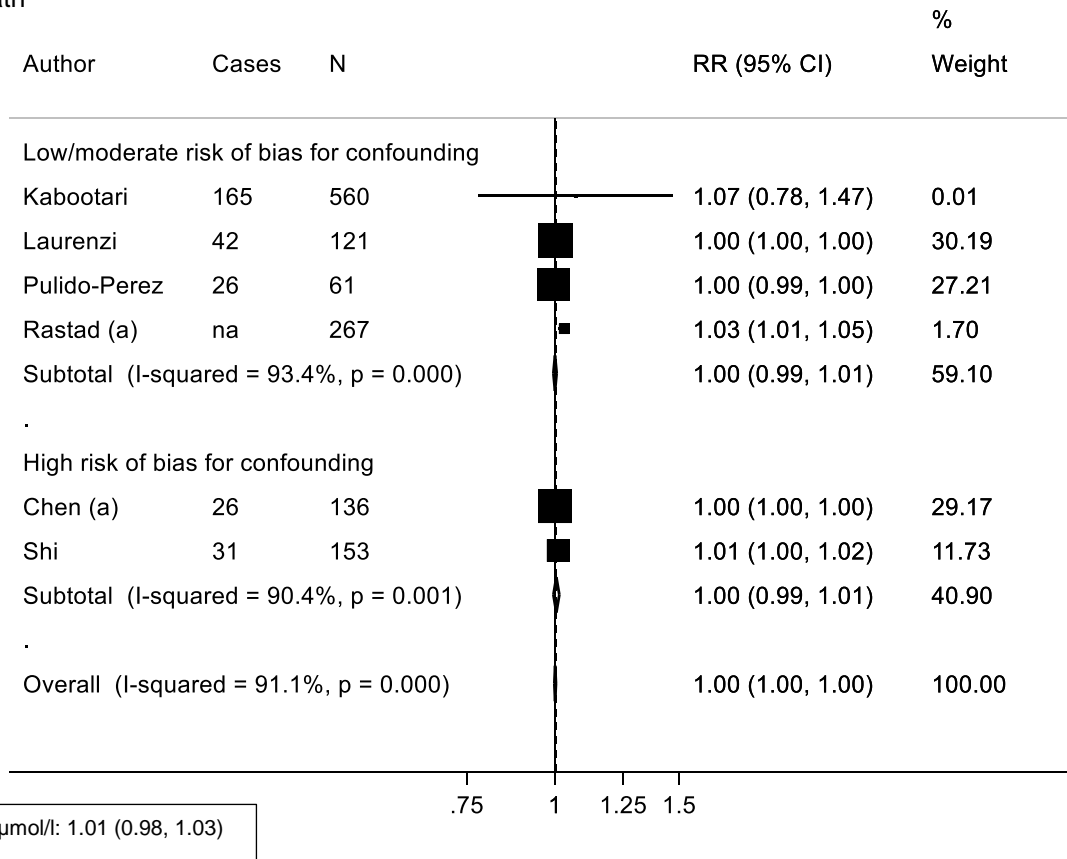


B) Severity of COVID-19

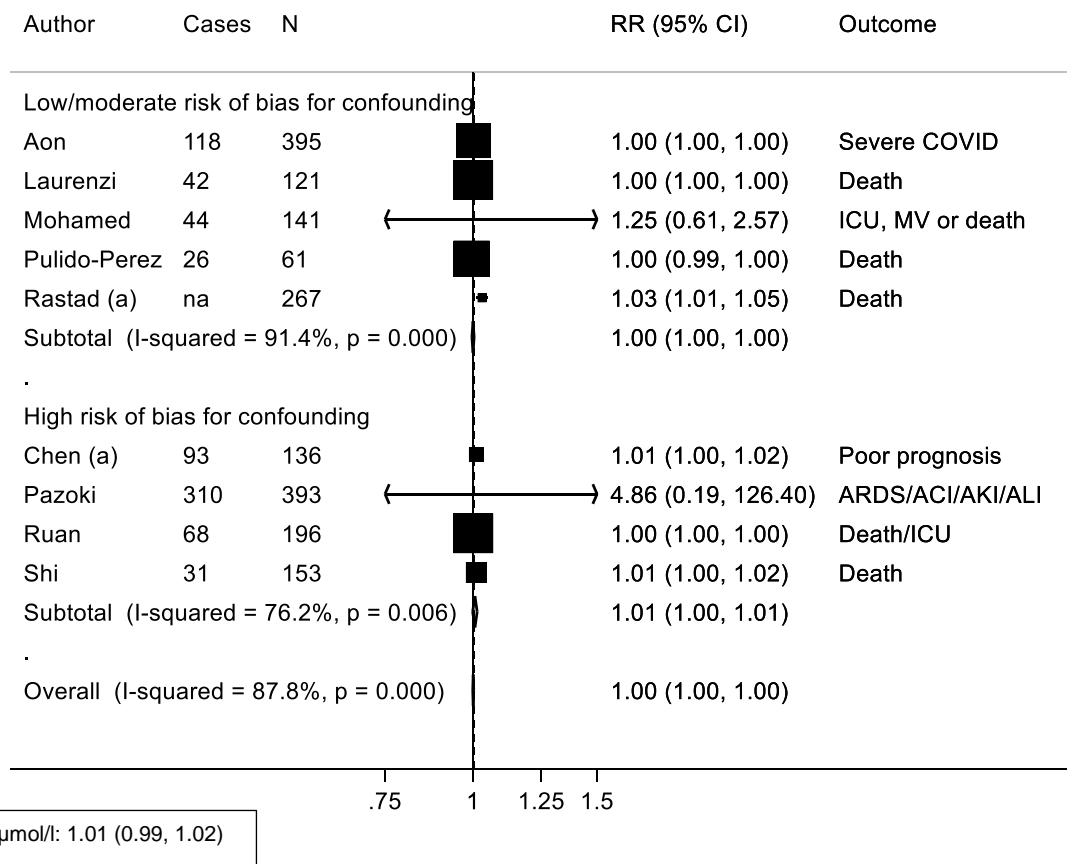


ESM Figure 81: Meta-analysis on urea, per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



B) Severity of COVID-19

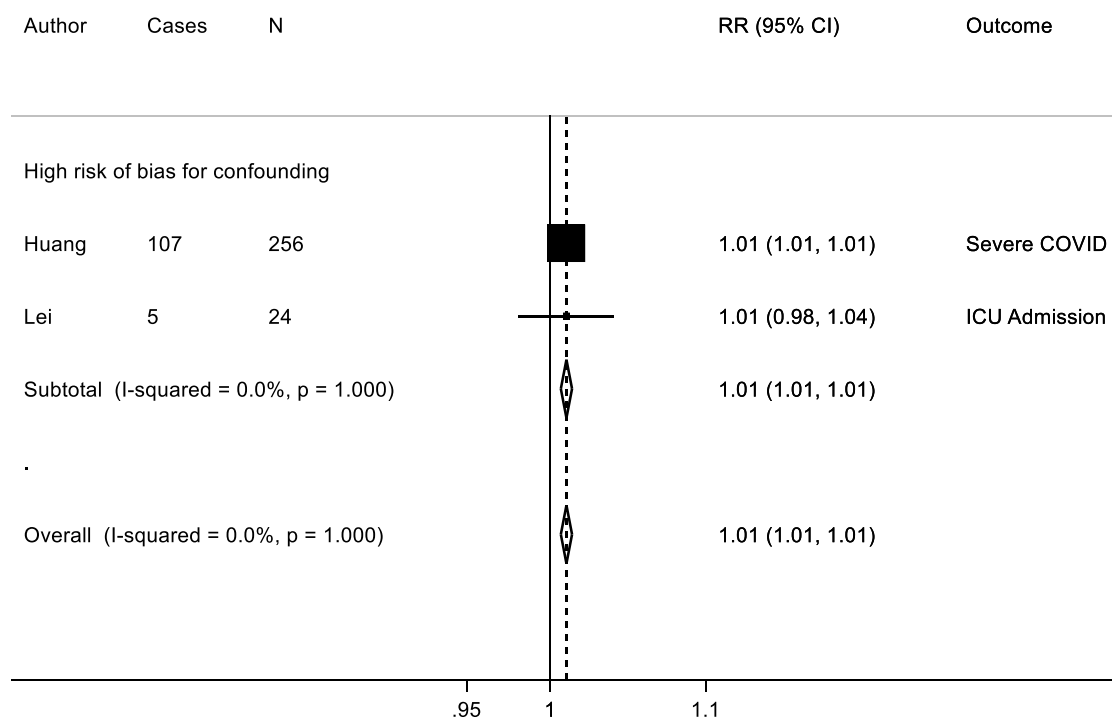


ESM Figure 82: Meta-analysis on **creatinine**, per 1 $\mu\text{mol/l}$ and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

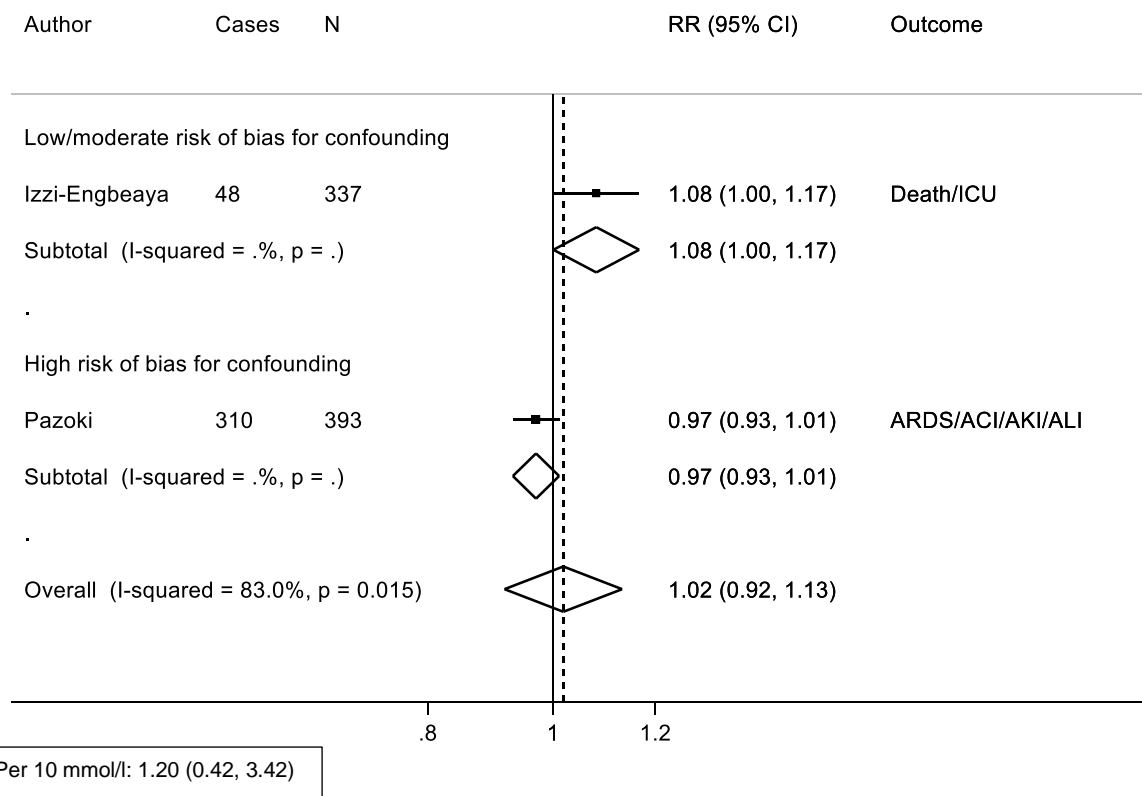


ESM Figure 83: Meta-analysis on **creatinine phosphokinase (CPK)**, per 1 U/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

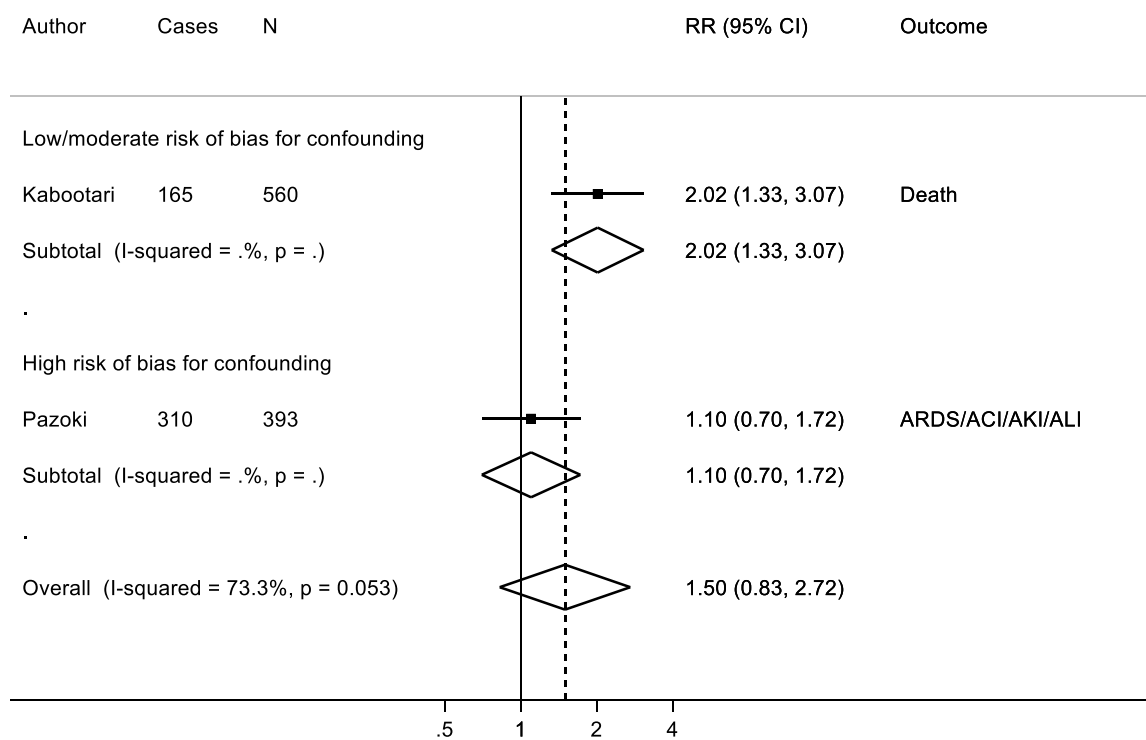


ESM Figure 84: Meta-analysis on serum sodium, per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

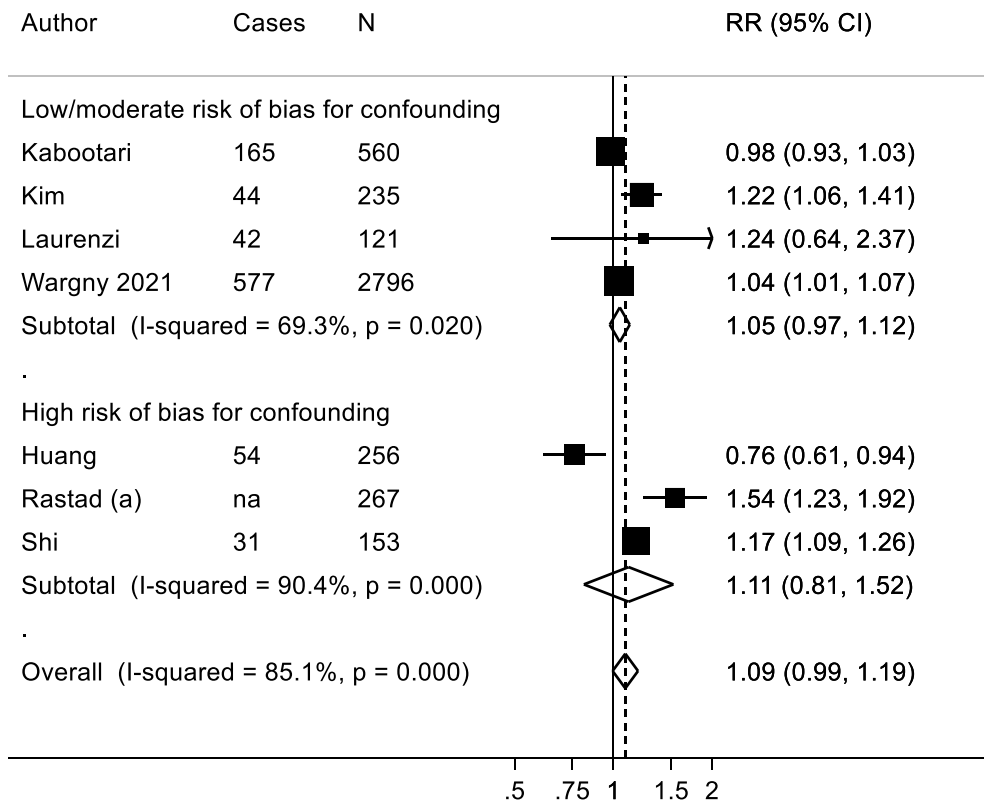
No data

B) Severity of COVID-19

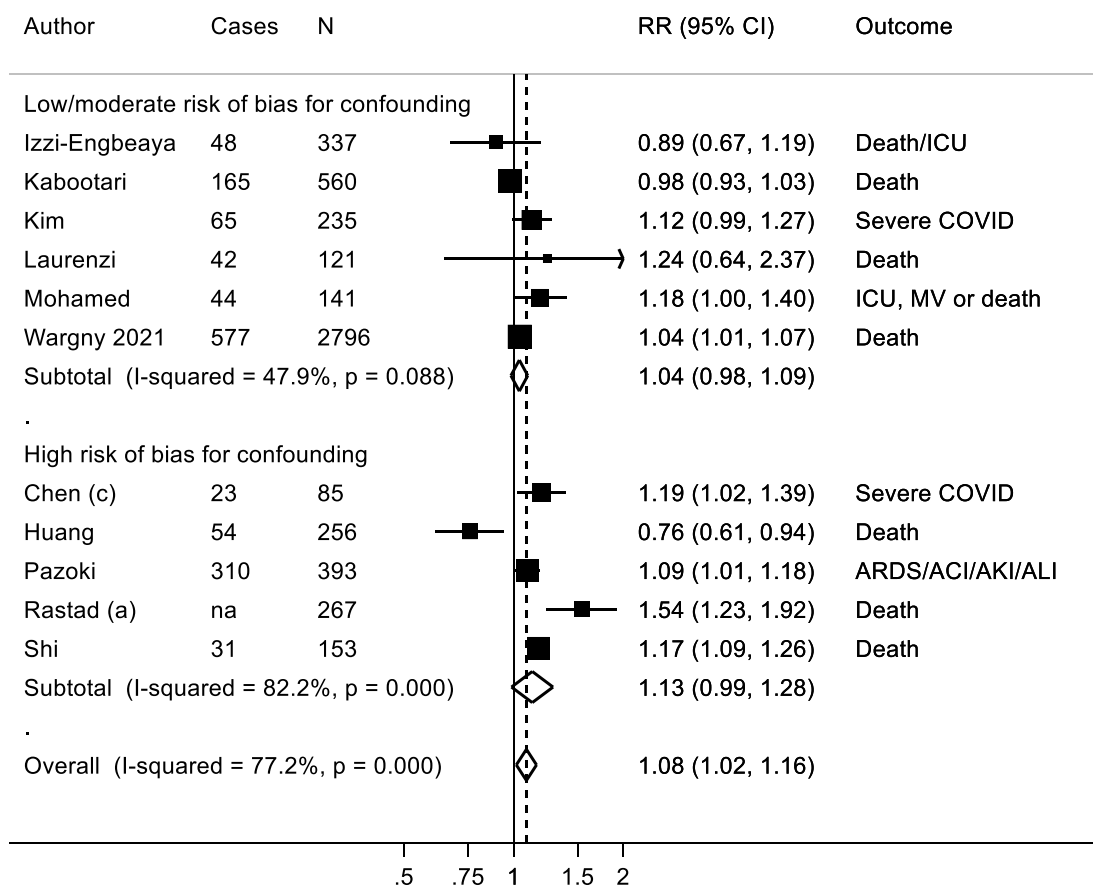


ESM Figure 85: Meta-analysis on potassium, per 1 mmol/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

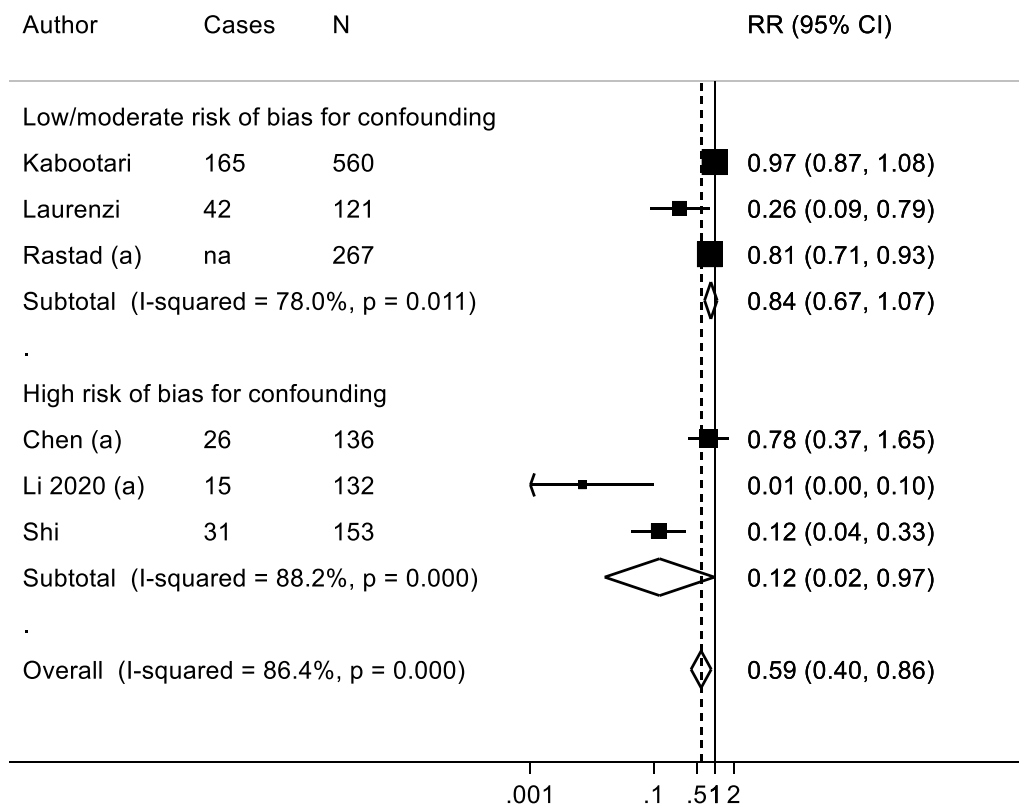


B) Severity of COVID-19

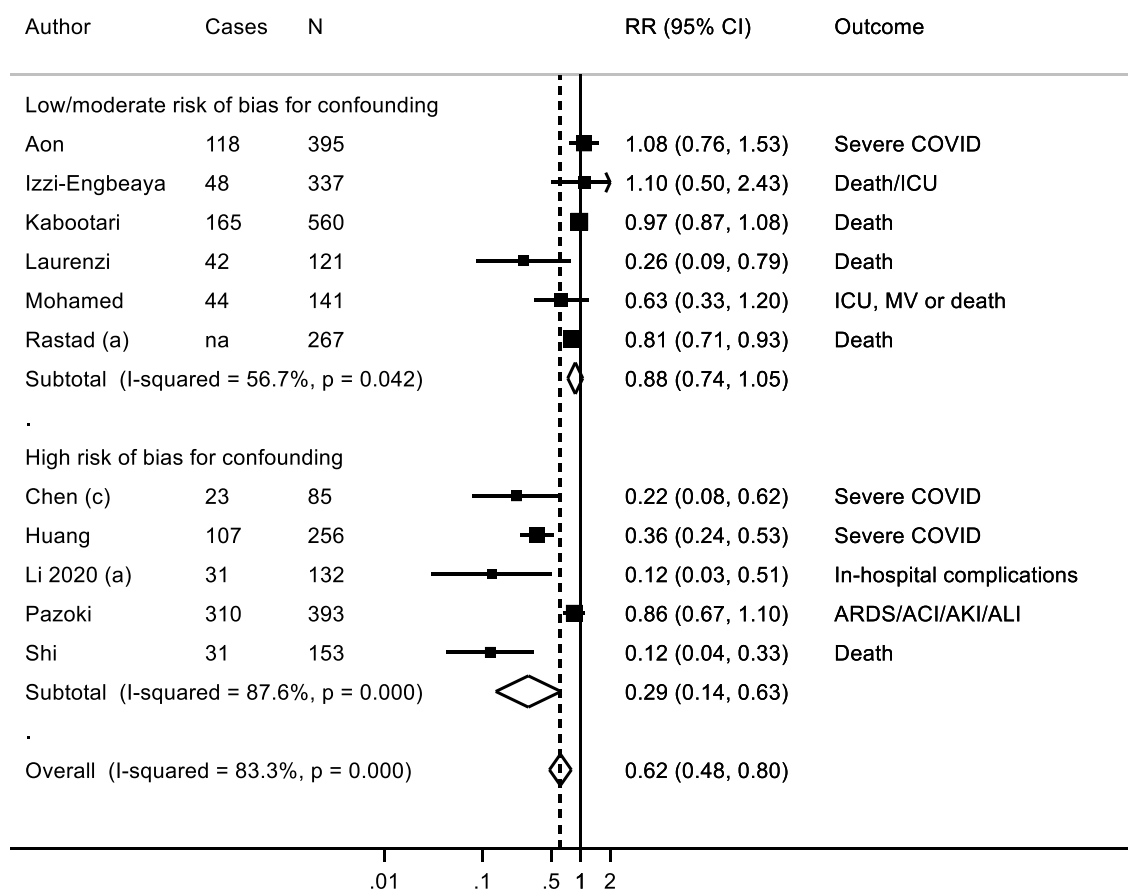


ESM Figure 86: Meta-analysis on white blood cell count, per $1 \times 10^9/l$ and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

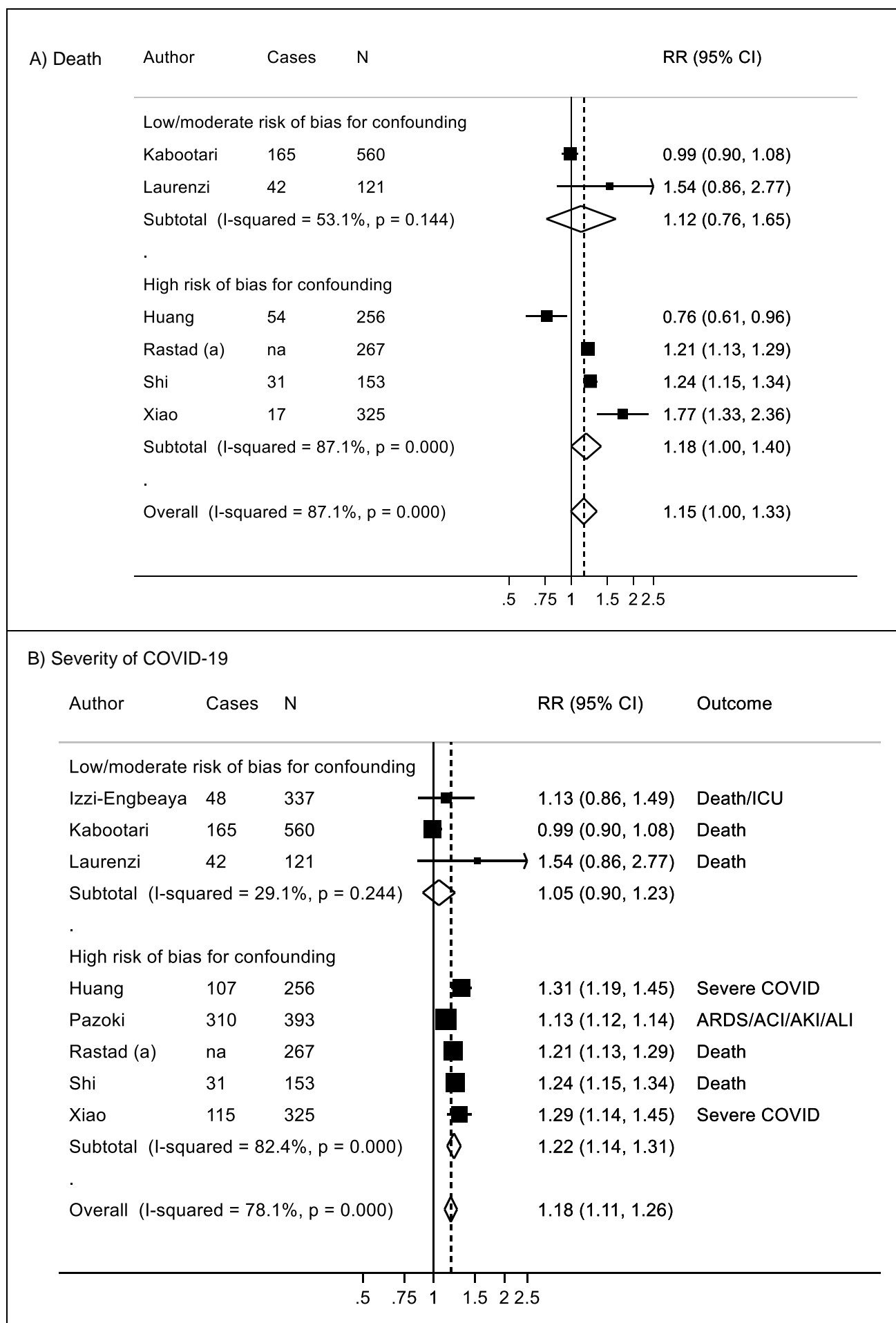
A) Death



B) Severity of COVID-19



ESM Figure 87: Meta-analysis on **lymphocyte count**, per $1 \times 10^9/l$ and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

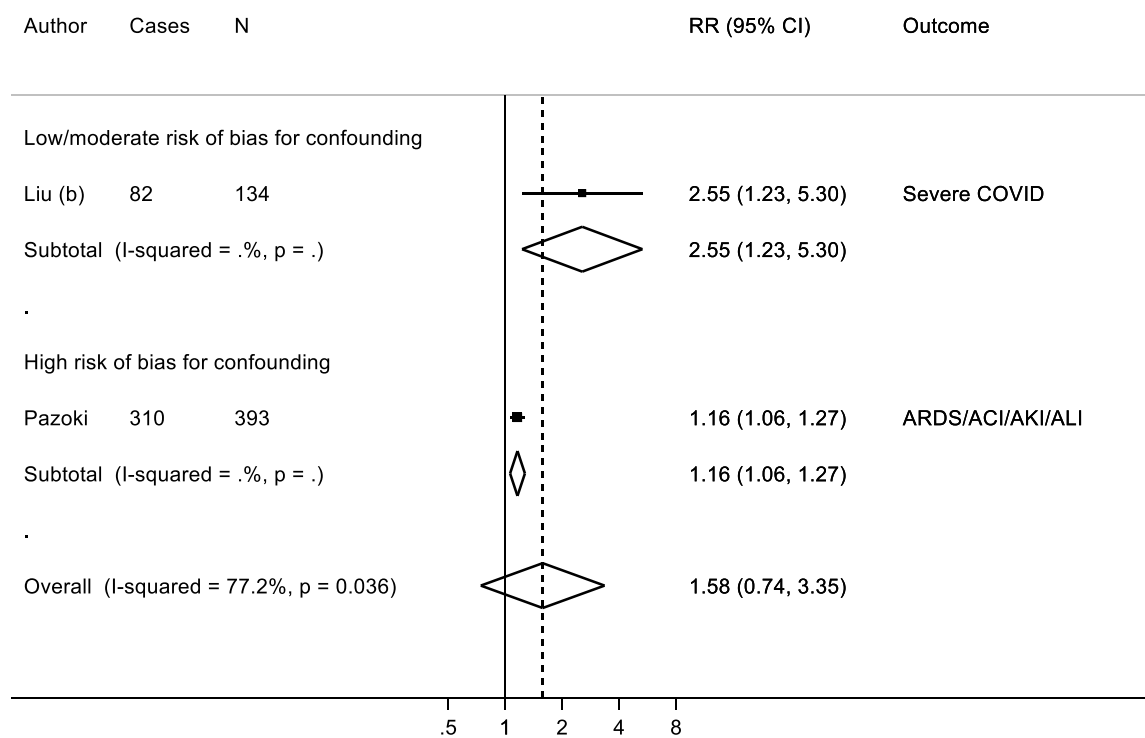


ESM Figure 88: Meta-analysis on **neutrophils**, per $1 \times 10^9/l$ and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

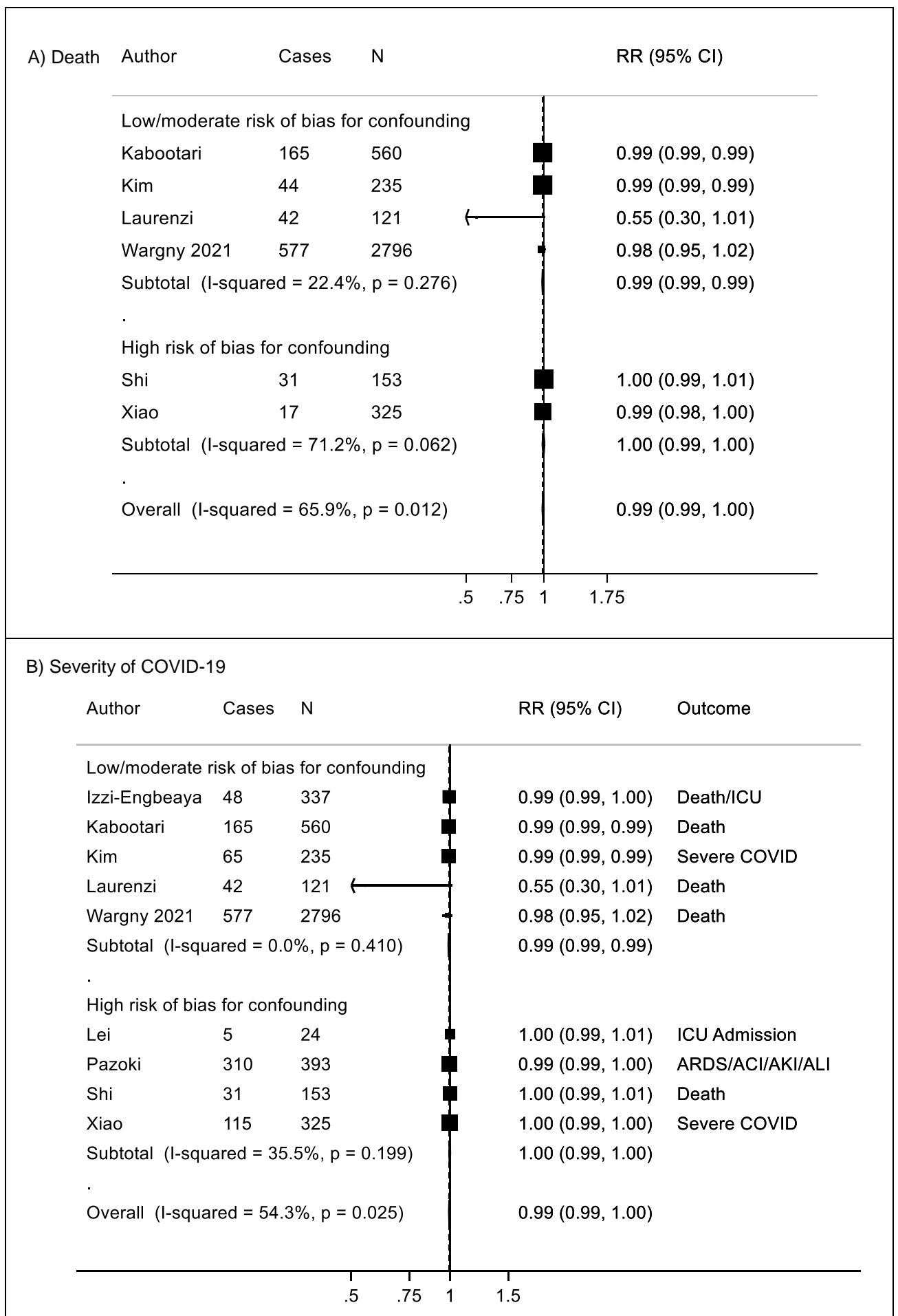
A) Death

no data

B) Severity of COVID-19

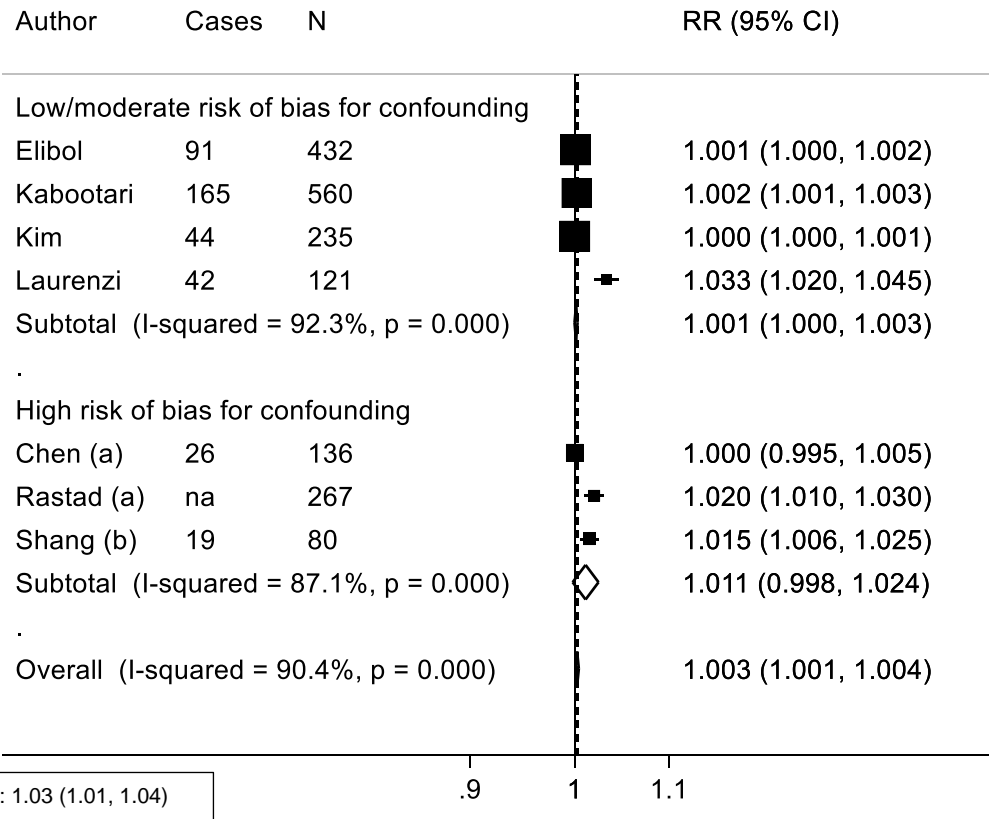


ESM Figure 89: Meta-analysis on **neutrophil-to-lymphocyte ratio** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

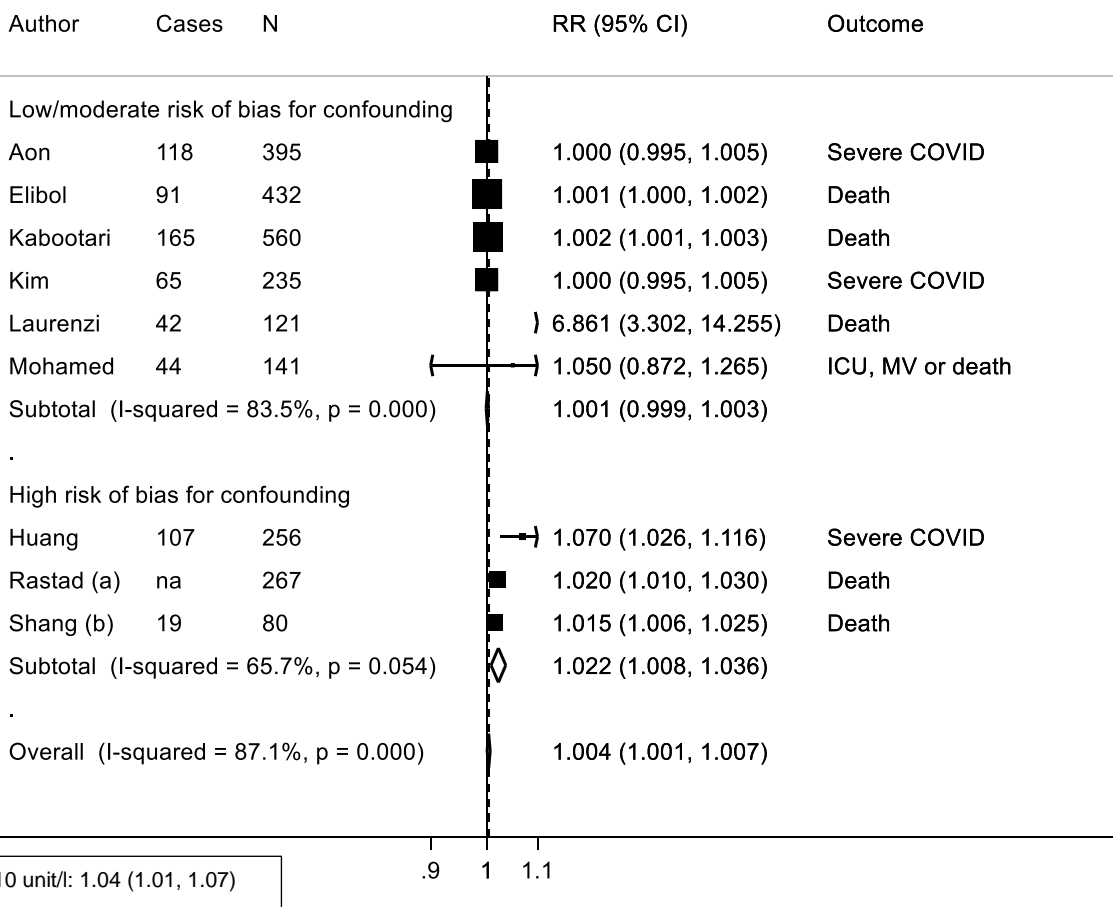


ESM Figure 90: Meta-analysis on platelet count, per $1 \times 10^9/l$ and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

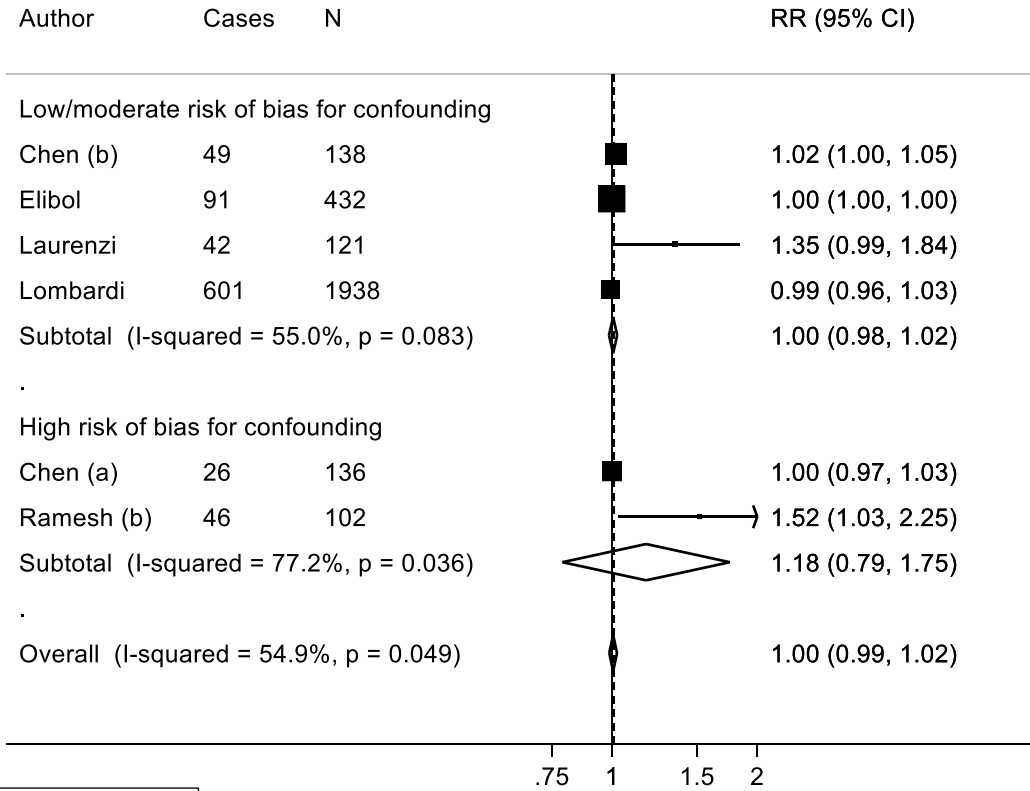


B) Severity of COVID-19



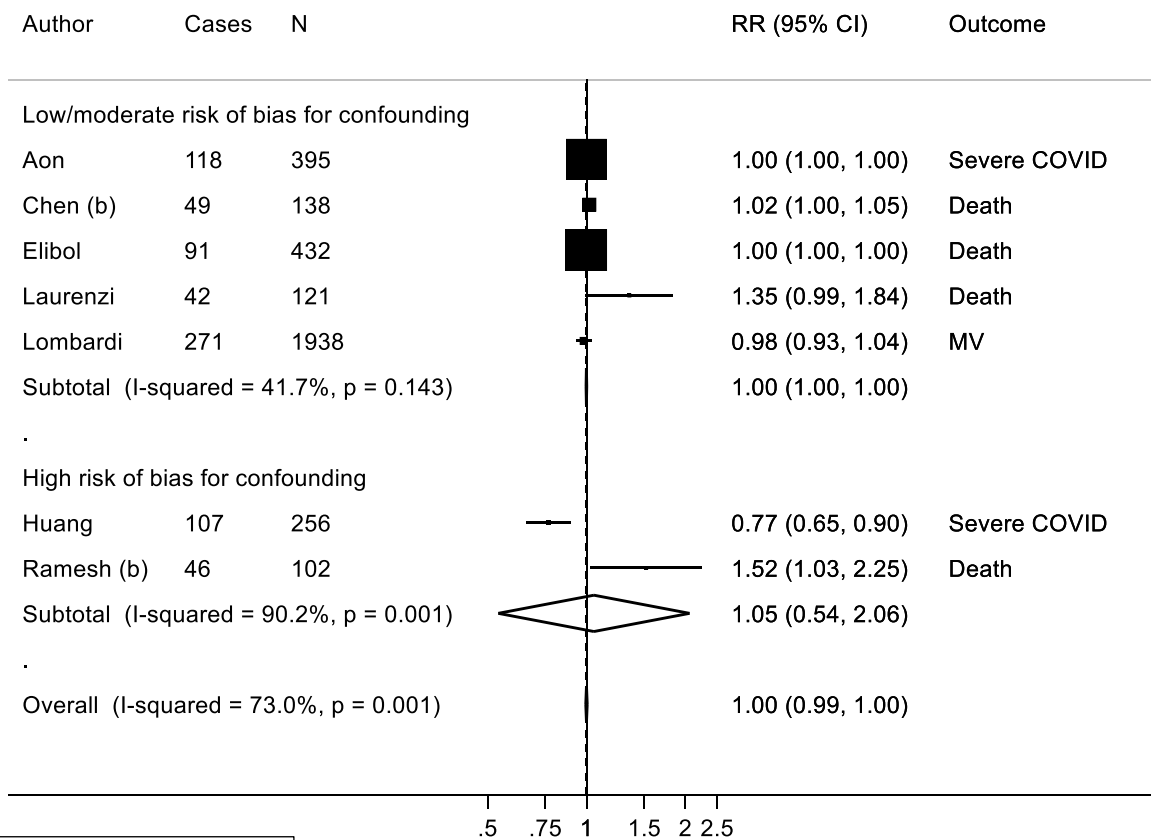
ESM Figure 91: Meta-analysis on **lactate dehydrogenase**, per 1 unit/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



Per 1 nmol/l: 1.00 (0.99, 1.00)

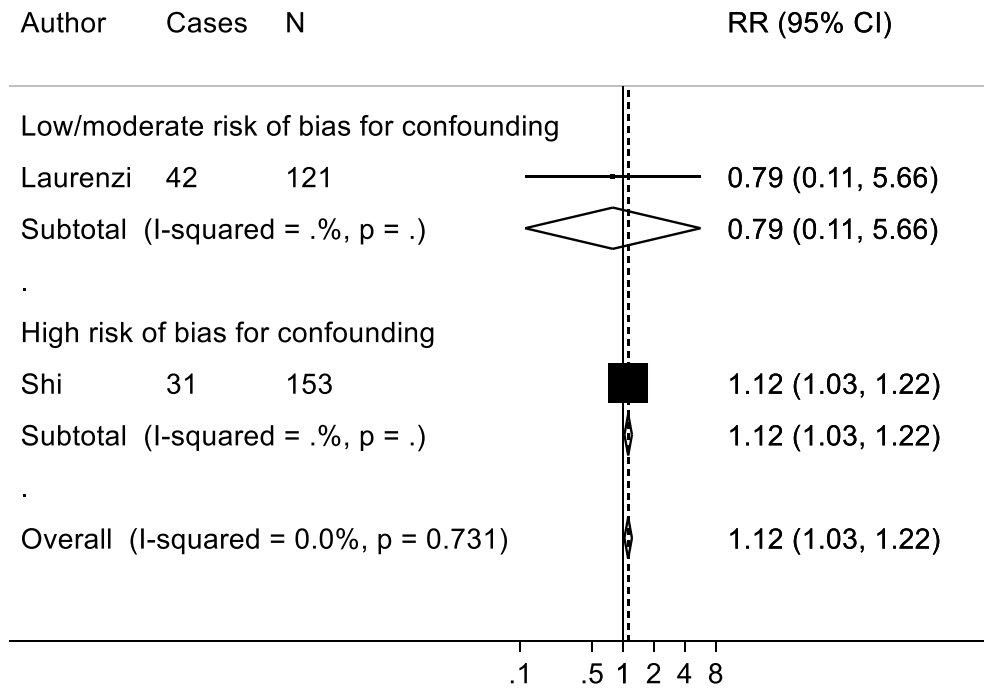
B) Severity of COVID-19



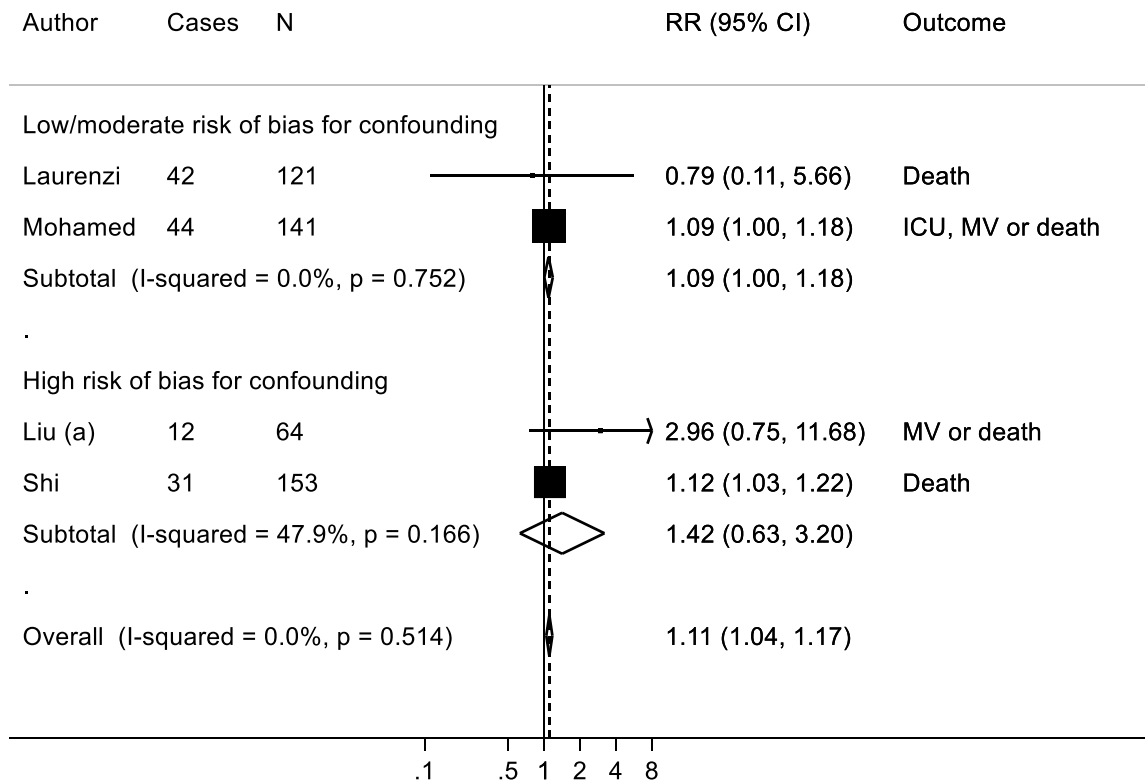
Per 1 nmol/l: 1.00 (0.99, 1.00)

ESM Figure 92: Meta-analysis on **d-dimer**, per 1 mg/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

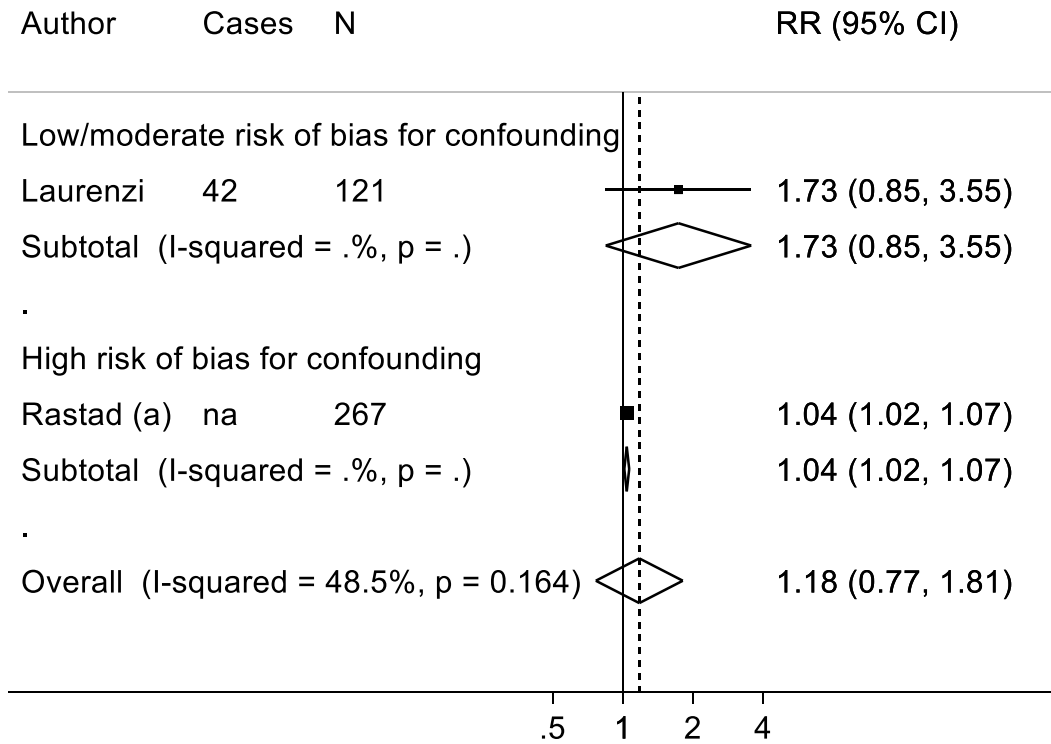


B) Severity of COVID-19

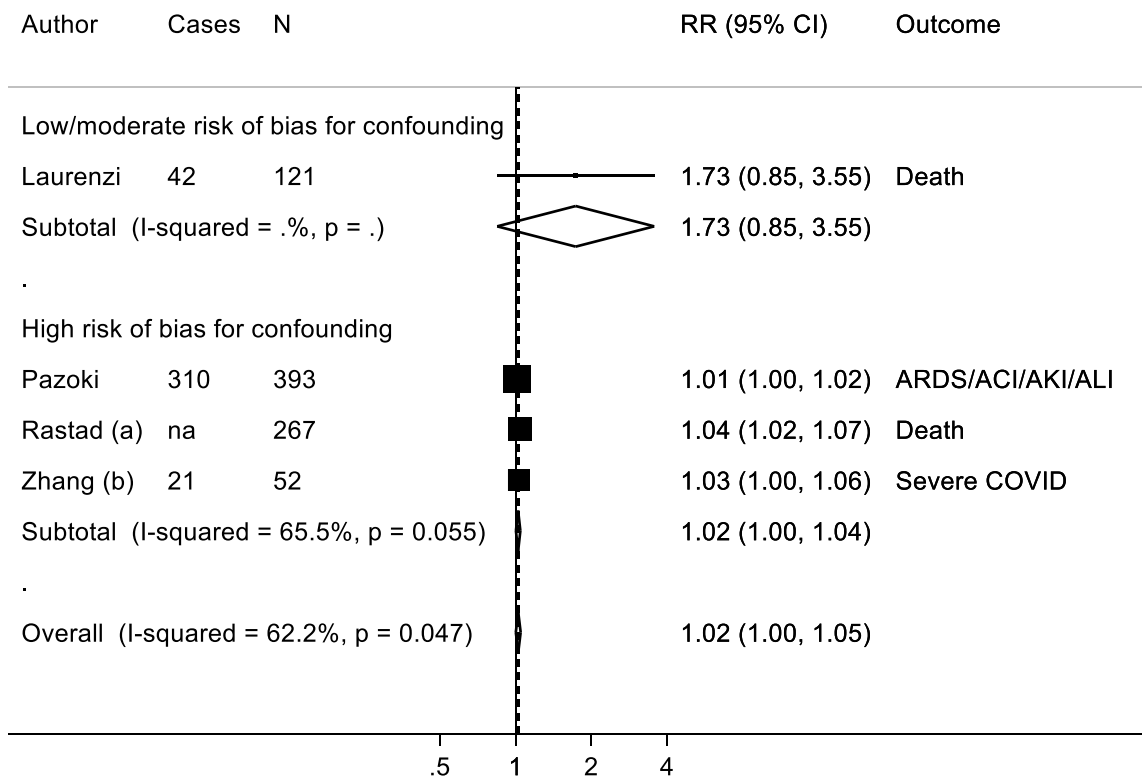


ESM Figure 93: Meta-analysis on **prothrombin time**, per 1 s and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

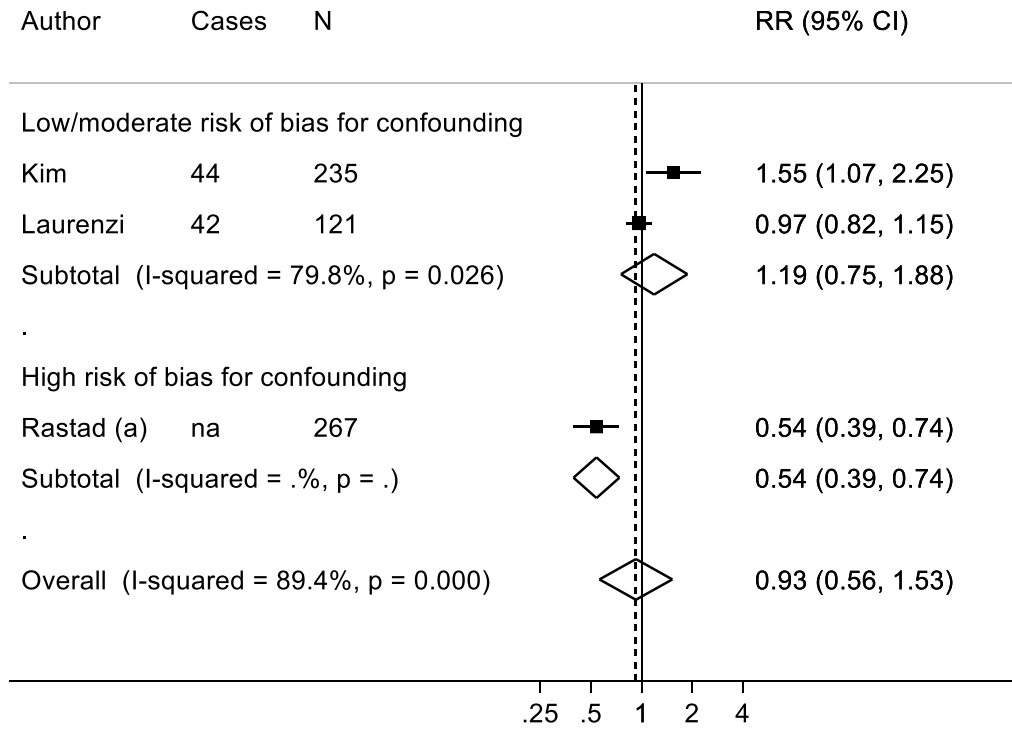


B) Severity of COVID-19



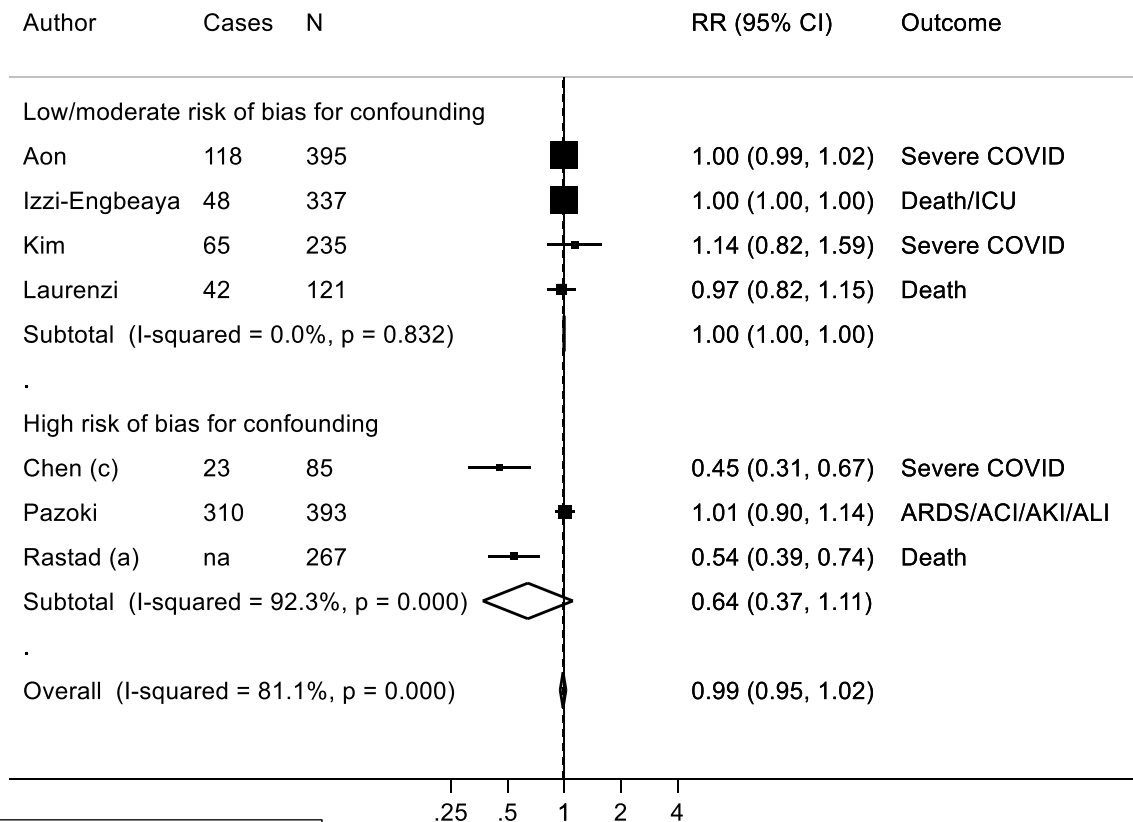
ESM Figure 94: Meta-analysis on erythrocyte sedimentation rate, per 1 mm/h and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



Per 1 mmol/l: 0.89 (0.39, 1.98)

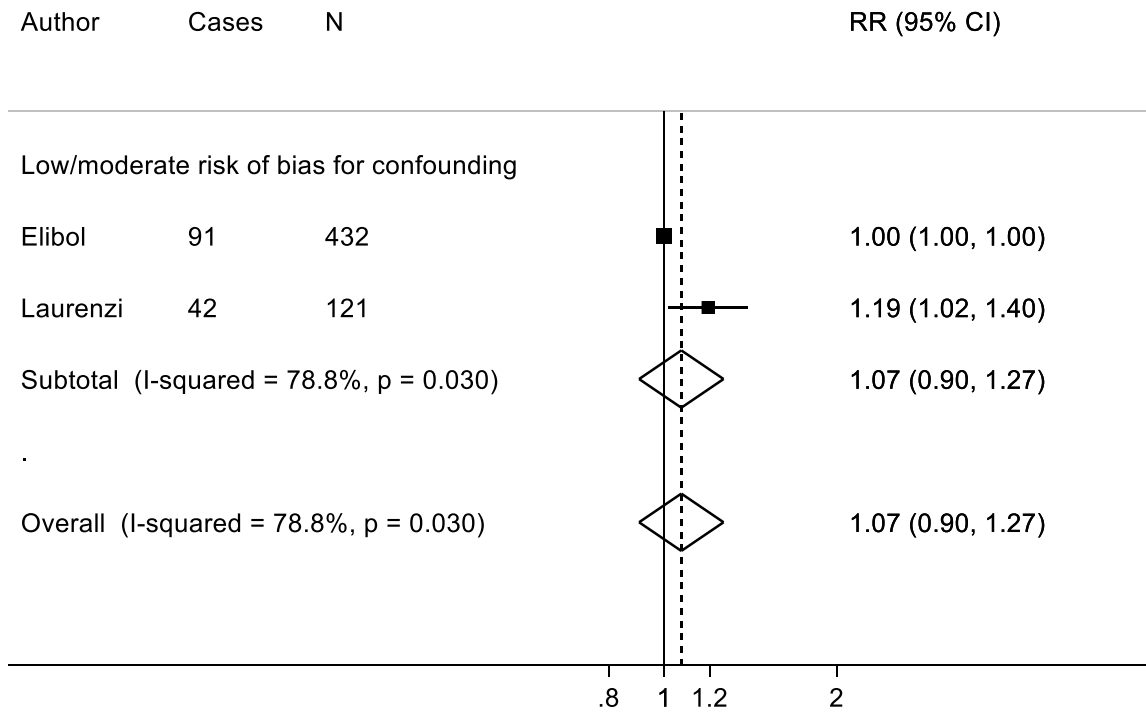
B) Severity of COVID-19



Per 1 mmol/l: 0.98 (0.92, 1.03)

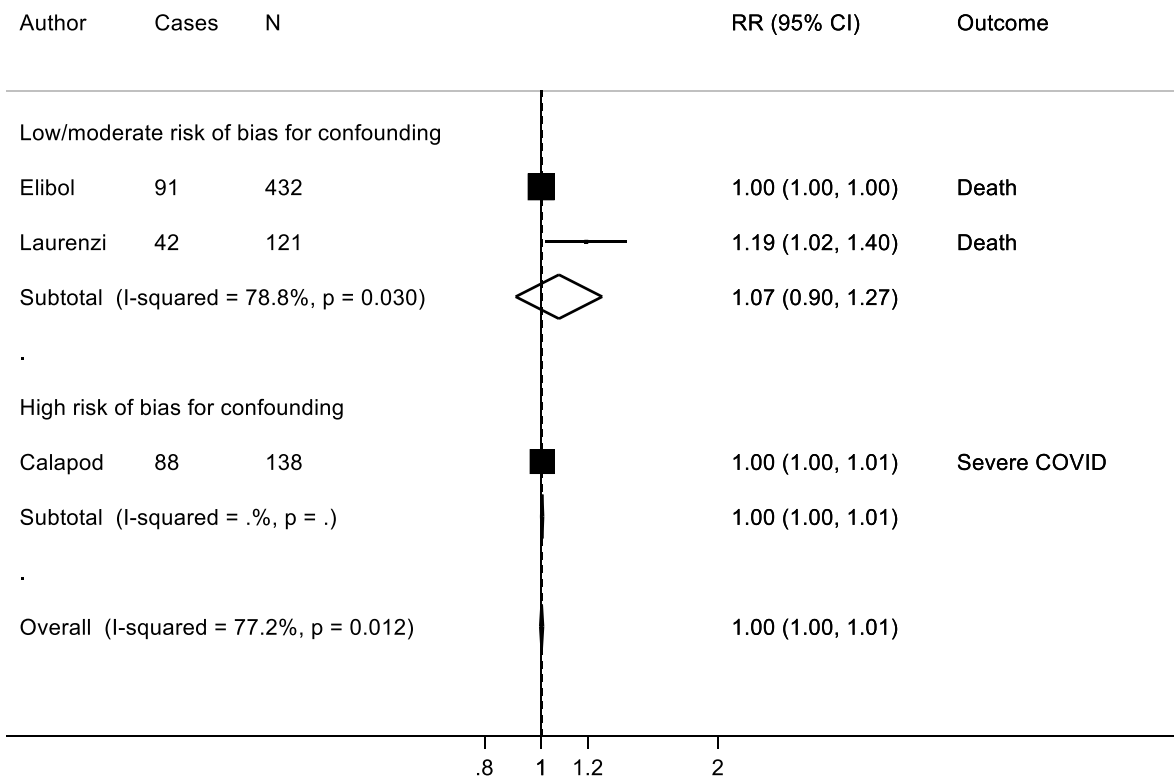
ESM Figure 95: Meta-analysis on **haemoglobin**, per 1 g/dl and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death



Per 1 ug/l: 1.03 (0.95, 1.11)

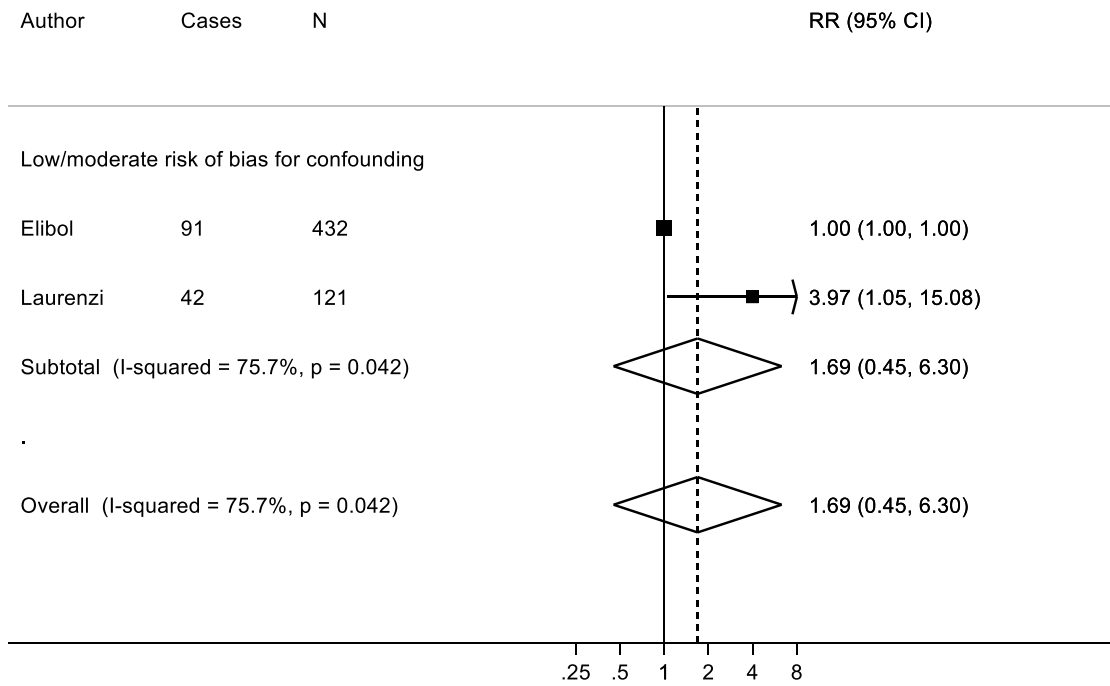
B) Severity of COVID-19



Per 1 ug/l: 1.00 (1.00, 1.01)

ESM Figure 96: Meta-analysis on ferritin, per 1 pmol/L and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

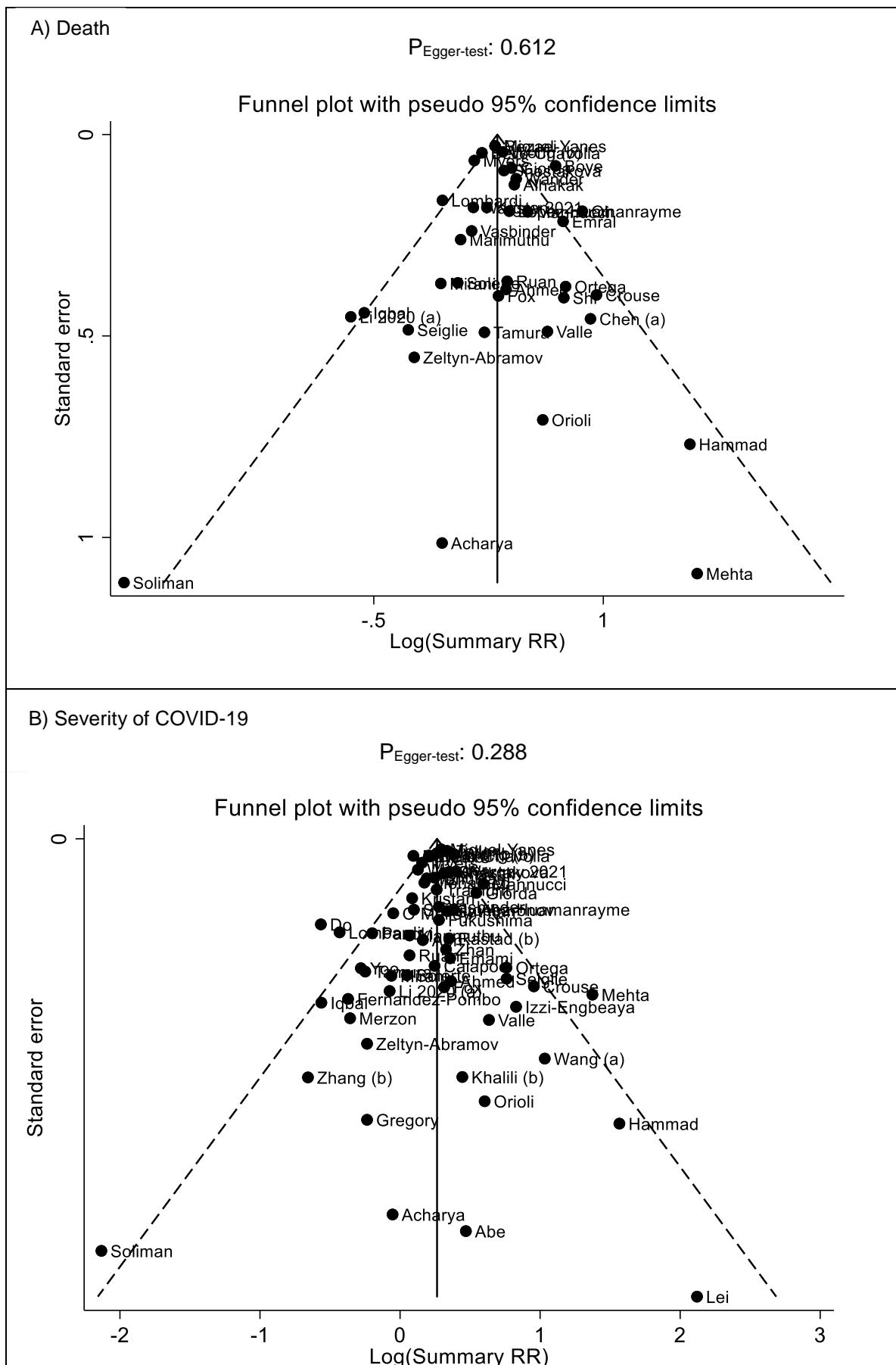
A) Death



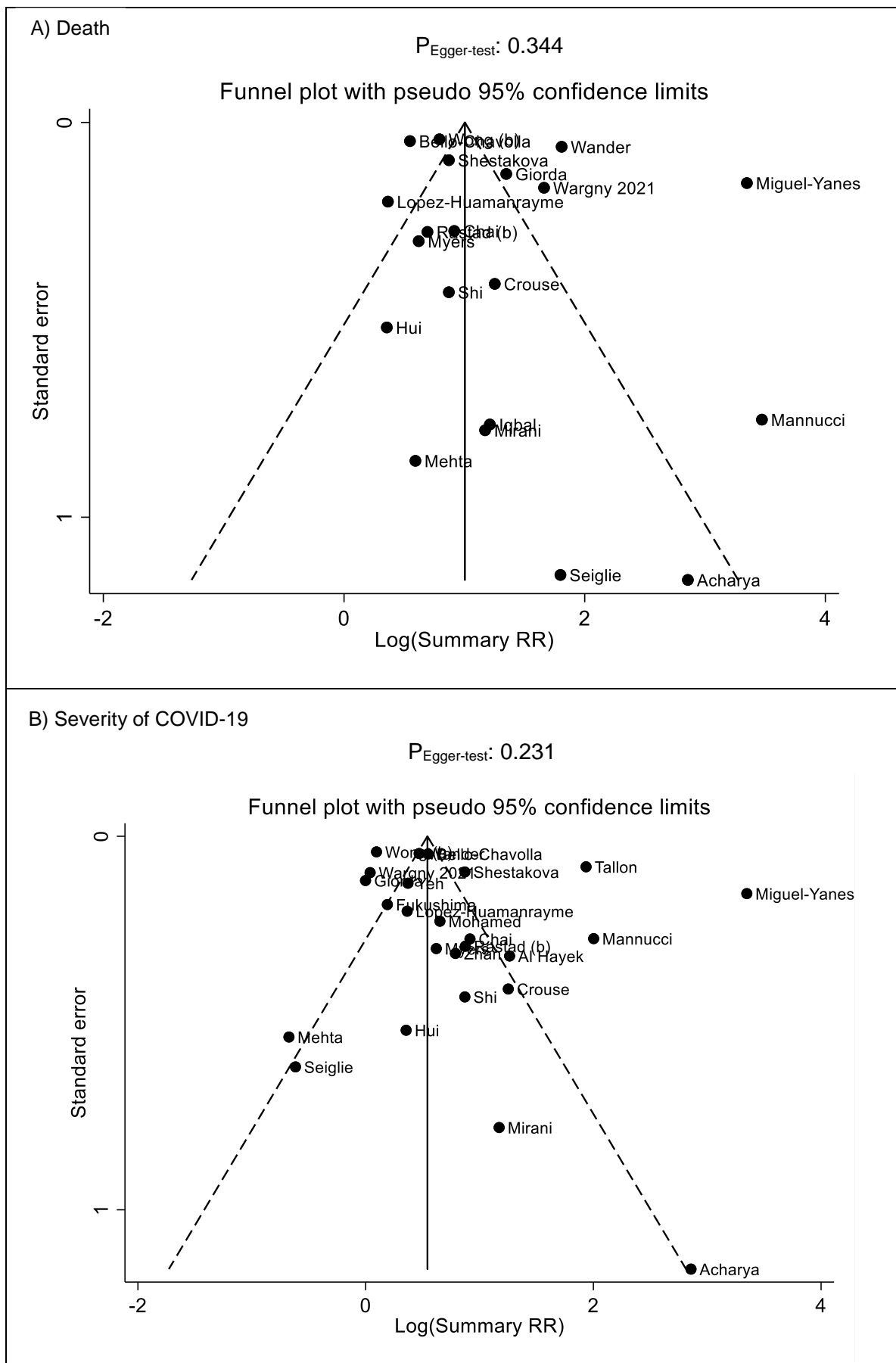
B) Severity of COVID-19

No data

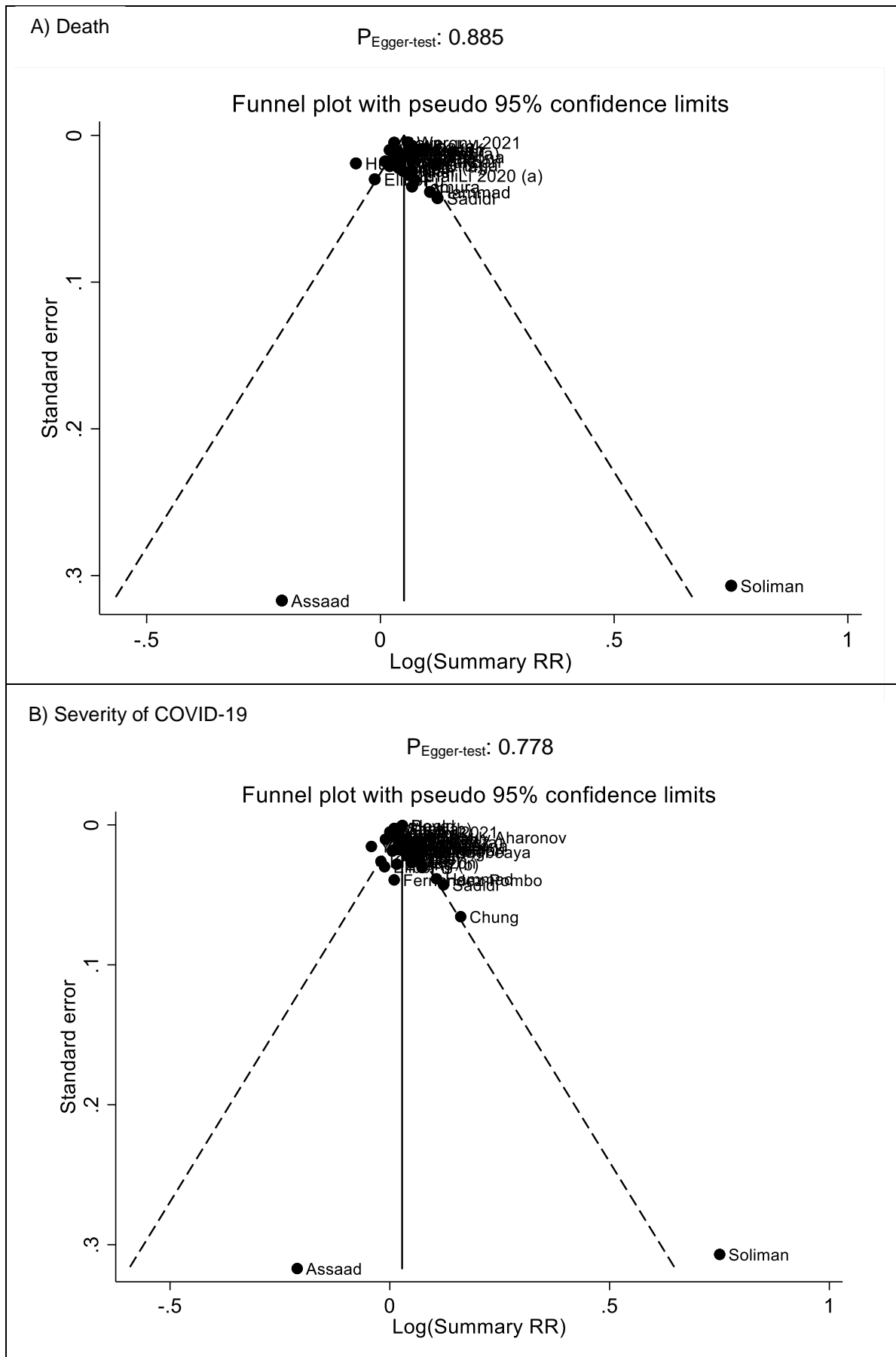
ESM Figure 97: Meta-analysis on **fibrinogen**, per 1 g/l and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



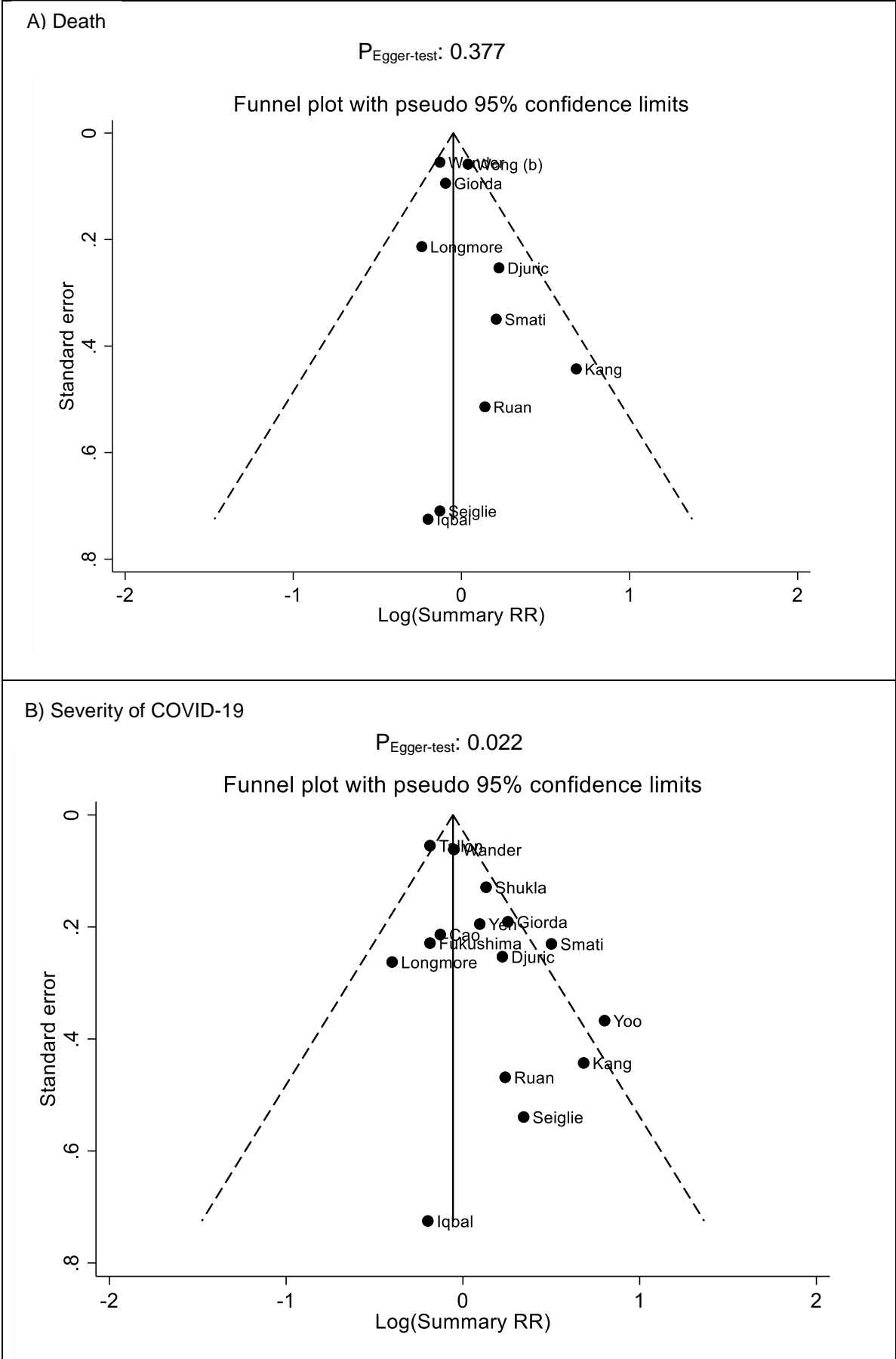
ESM Figure 98: Funnel plot for association for men versus women and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19



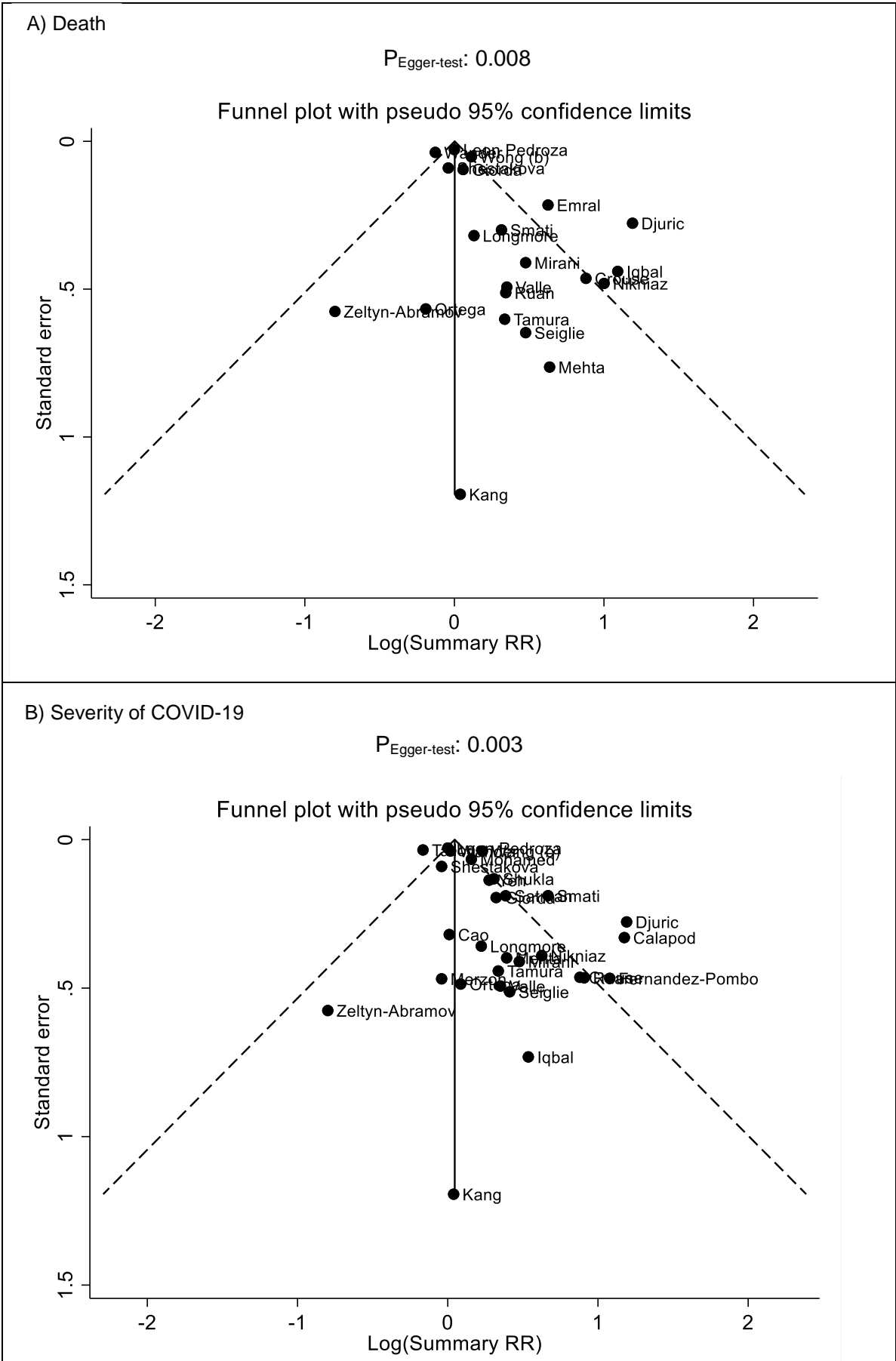
ESM Figure 99: Funnel plot for association between **age ≥65 years** and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19



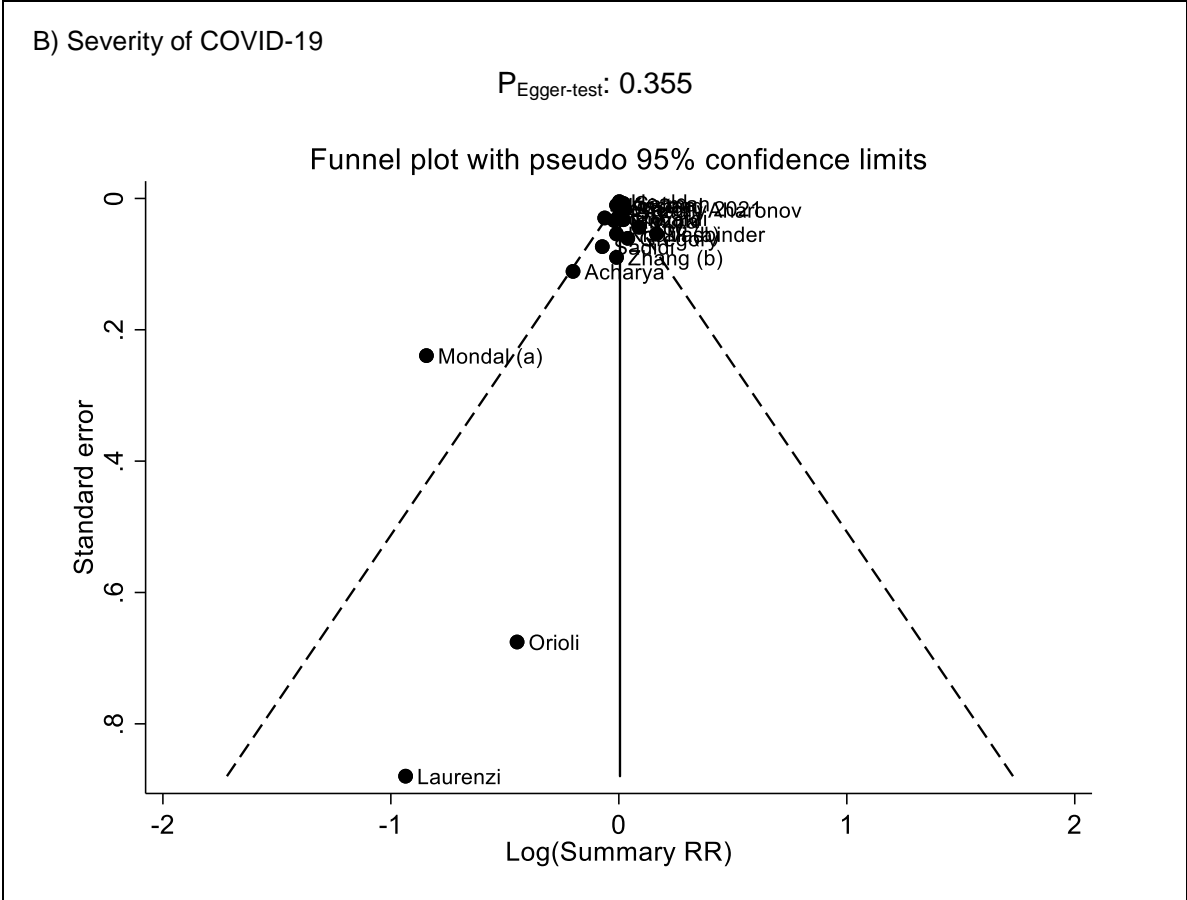
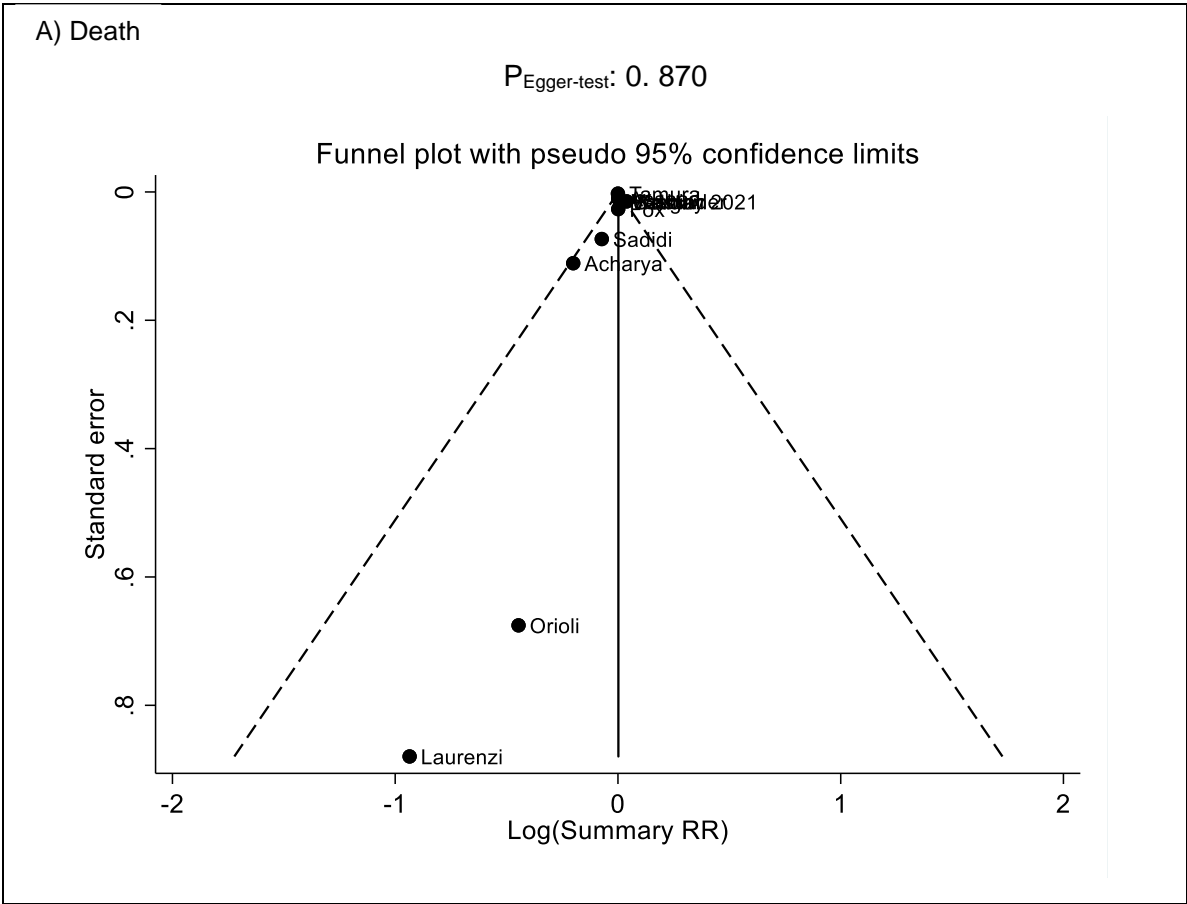
ESM Figure 100: Funnel plot for association between **age per 5 year** increase and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



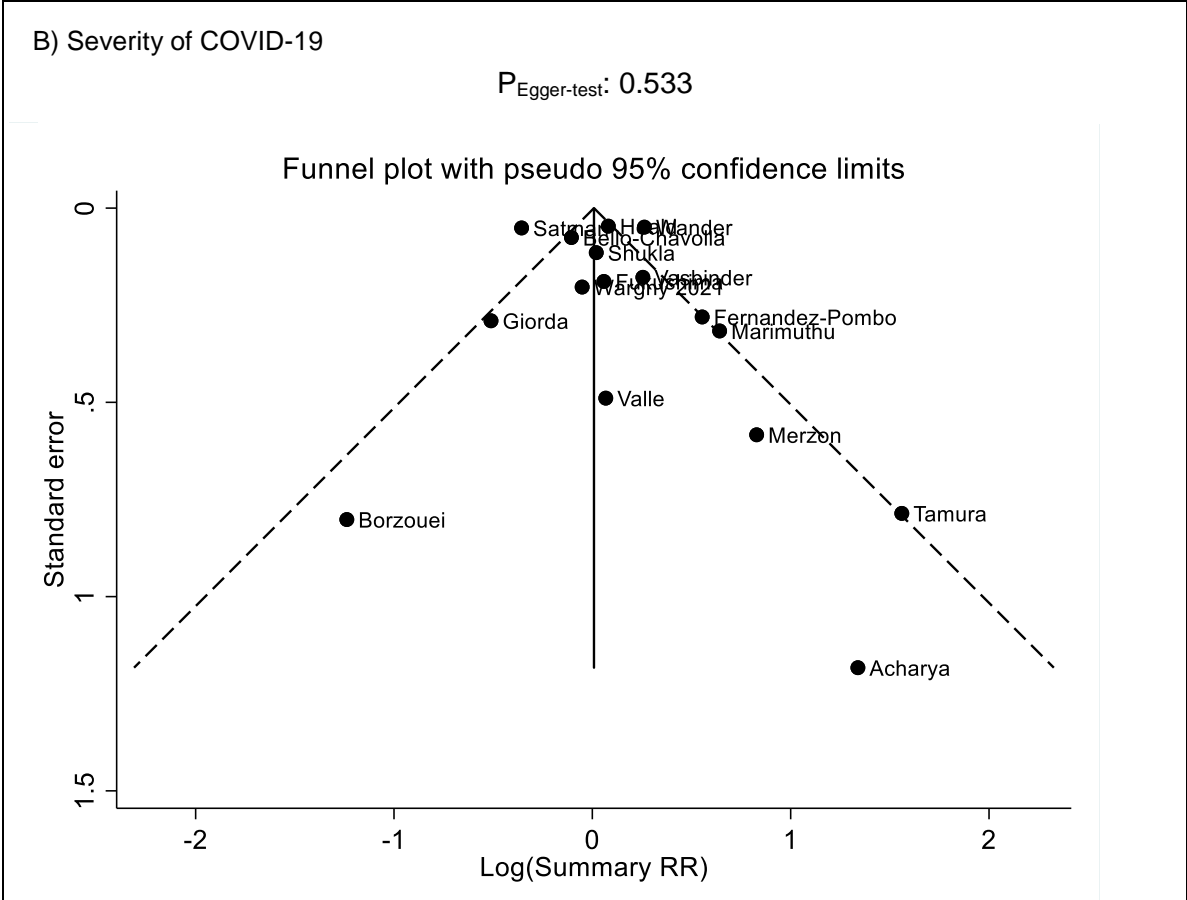
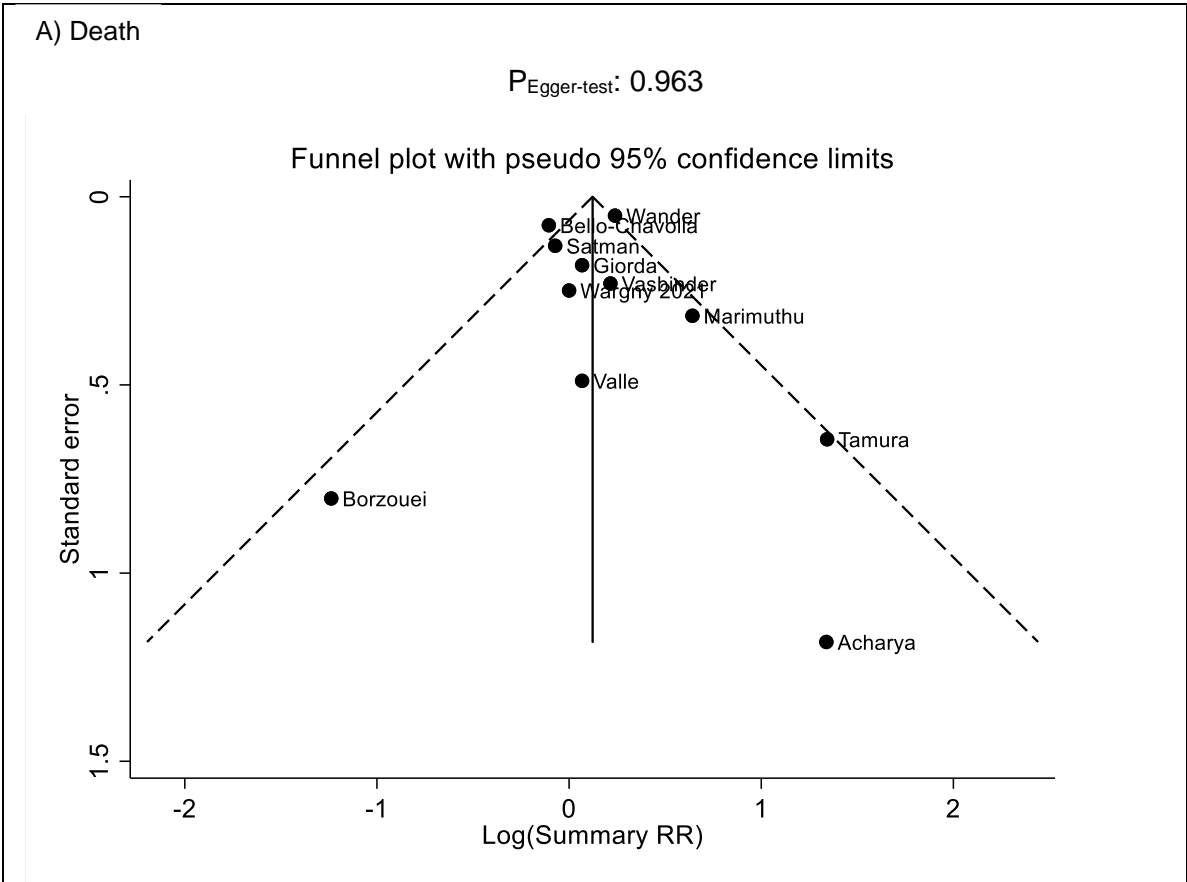
ESM Figure 101: Funnel plot for association between **overweight** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 102: Funnel plot for association between **obesity** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 103: Funnel plot for association between **BMI per 1 kg/m²** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

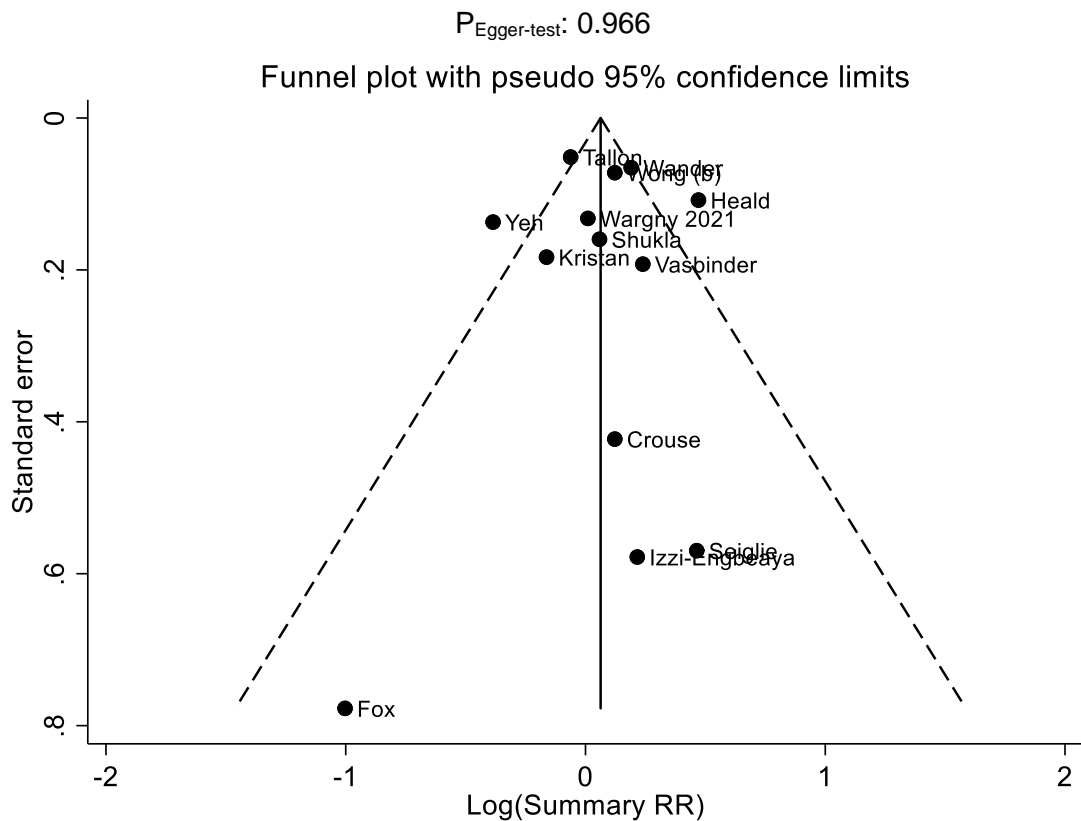


ESM Figure 104: Funnel plot for association between **smoking** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

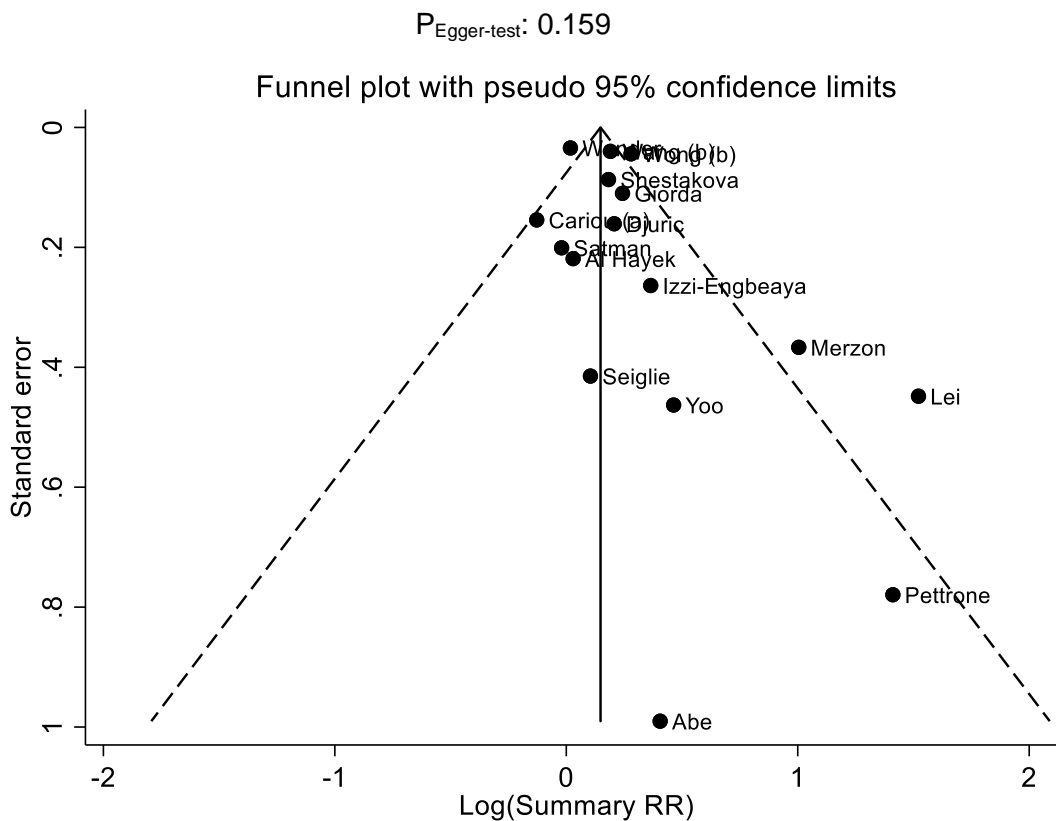


ESM Figure 105: Funnel plot for association between **ethnicity (Black vs. Non-Hispanic white)** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

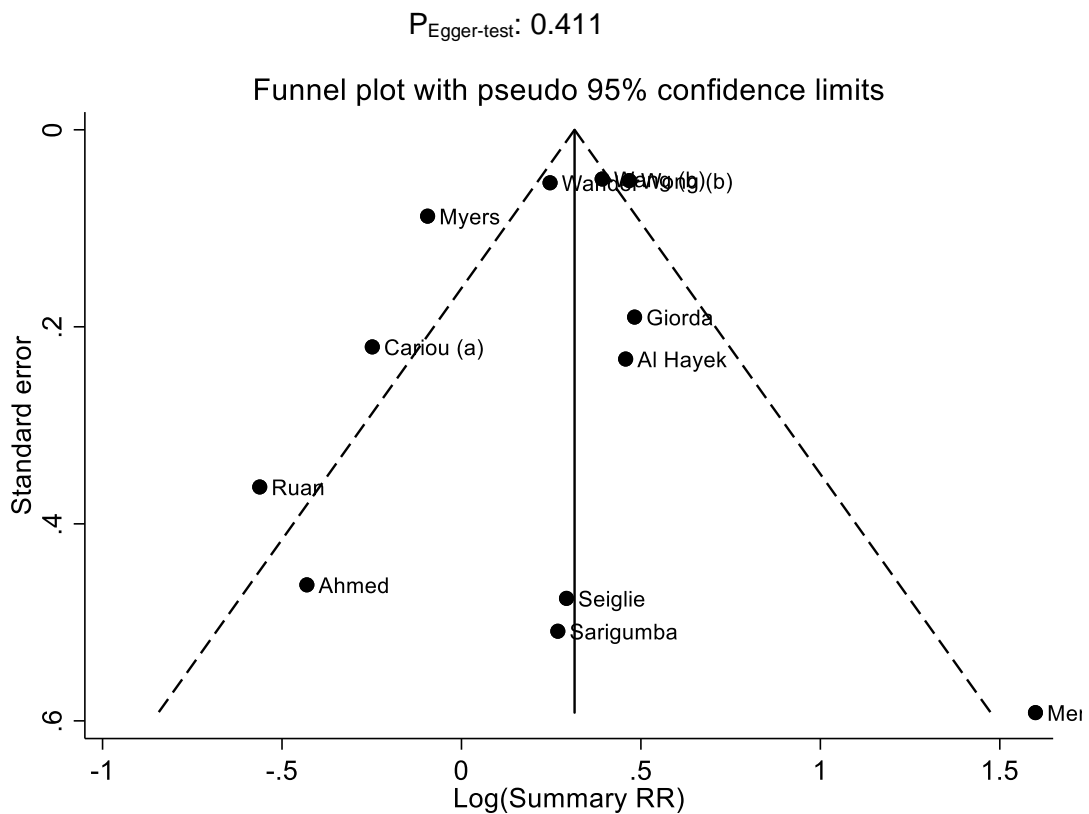


ESM Figure 106: Funnel plot for association between **HbA_{1c} 53-75 vs <53 mmol/mol (7-9 vs <7%)** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

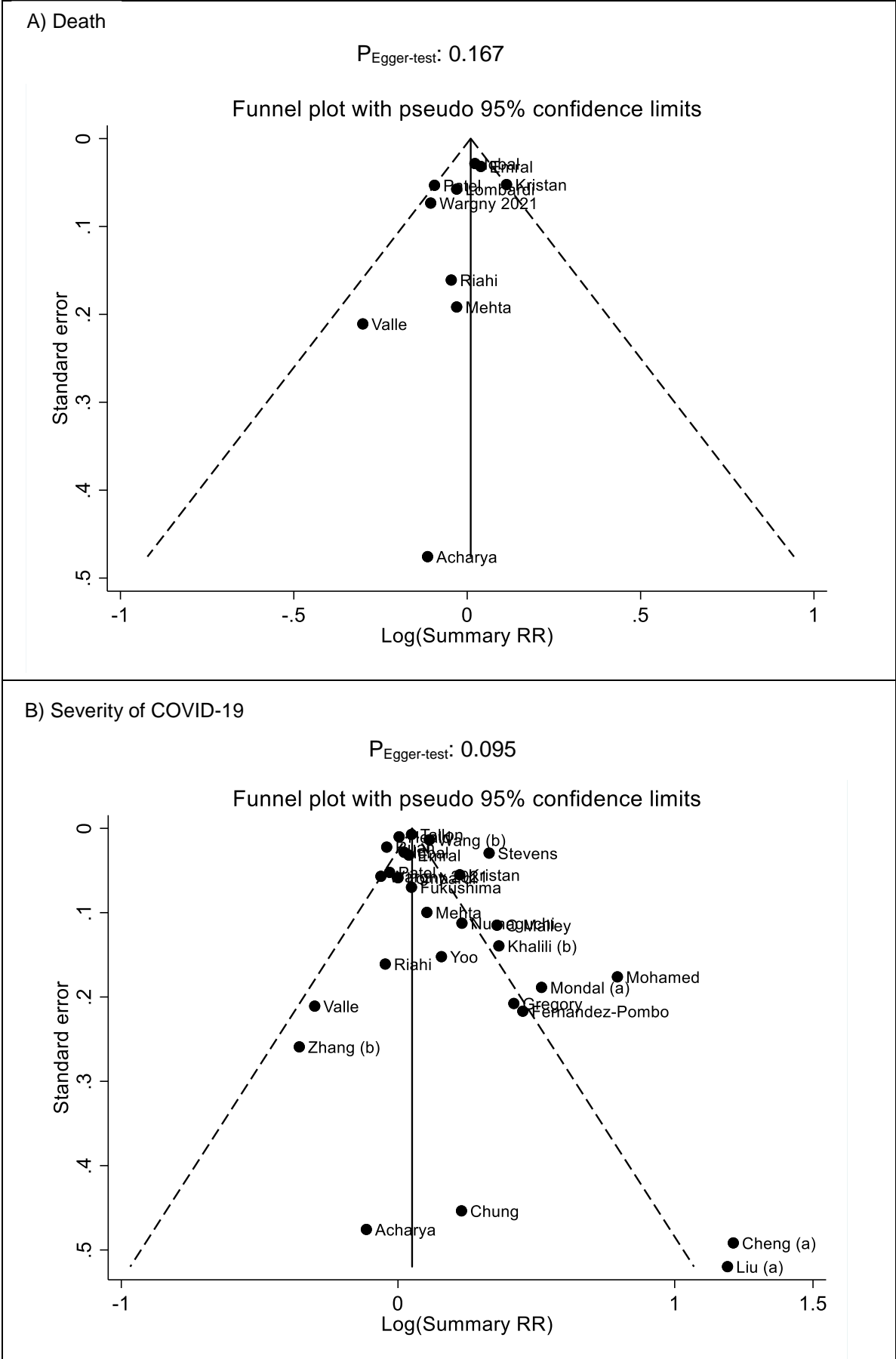
A) Death

No data

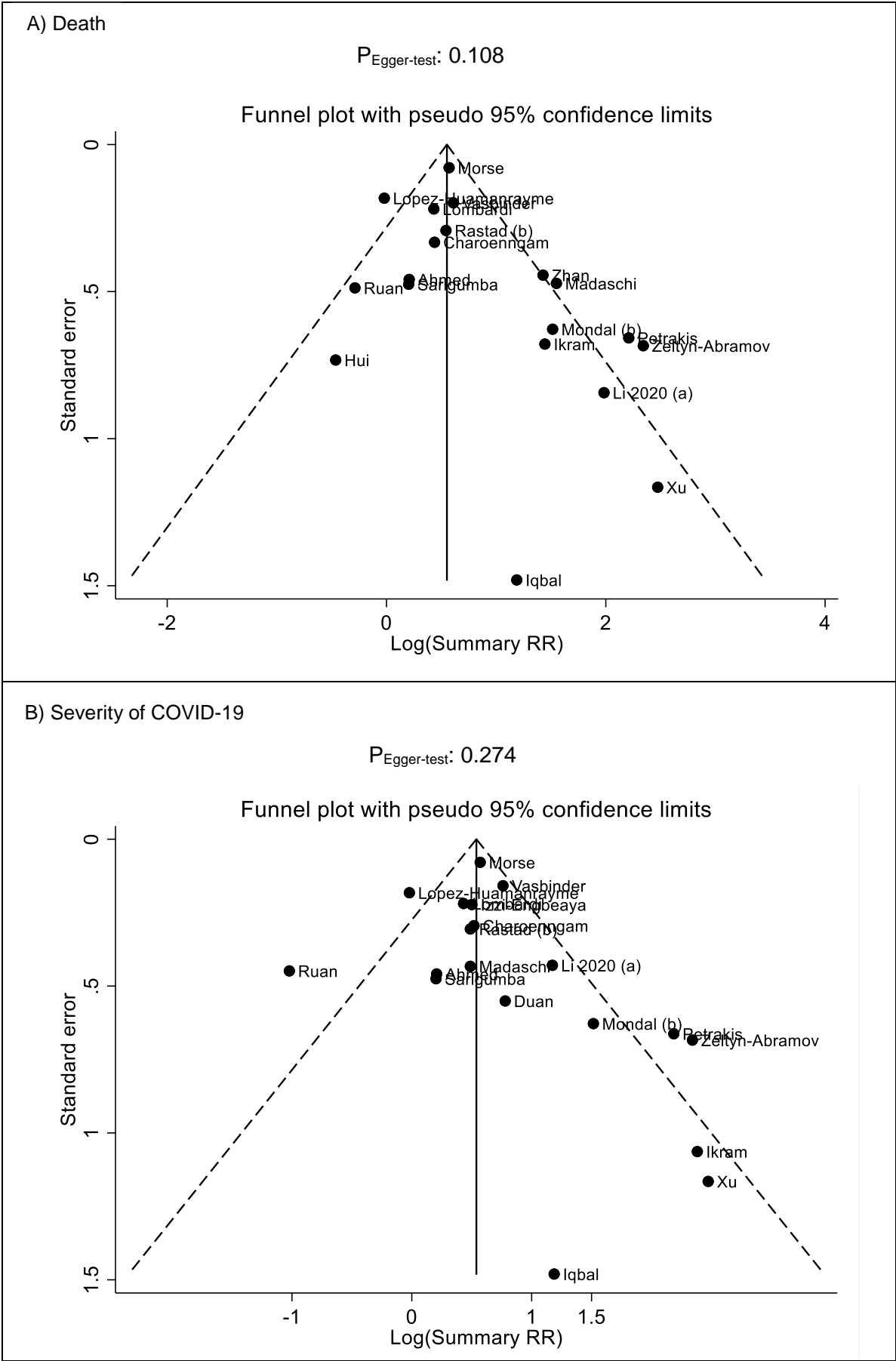
B) Severity of COVID-19



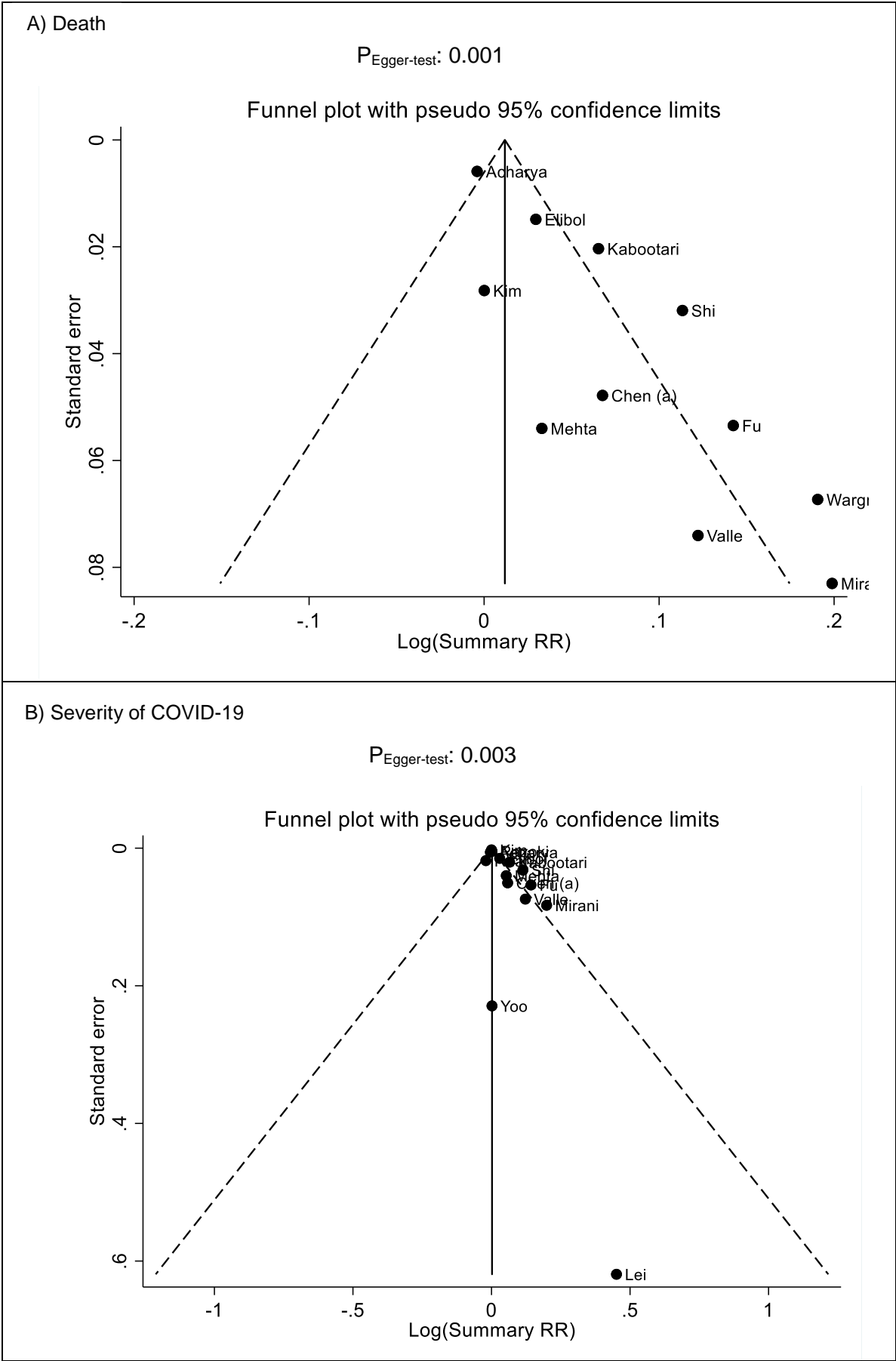
ESM Figure 107: Funnel plot for association between $\text{HbA}_{1c} \geq 75$ vs < 53 mmol/mol (≥ 9 vs $< 7\%$) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



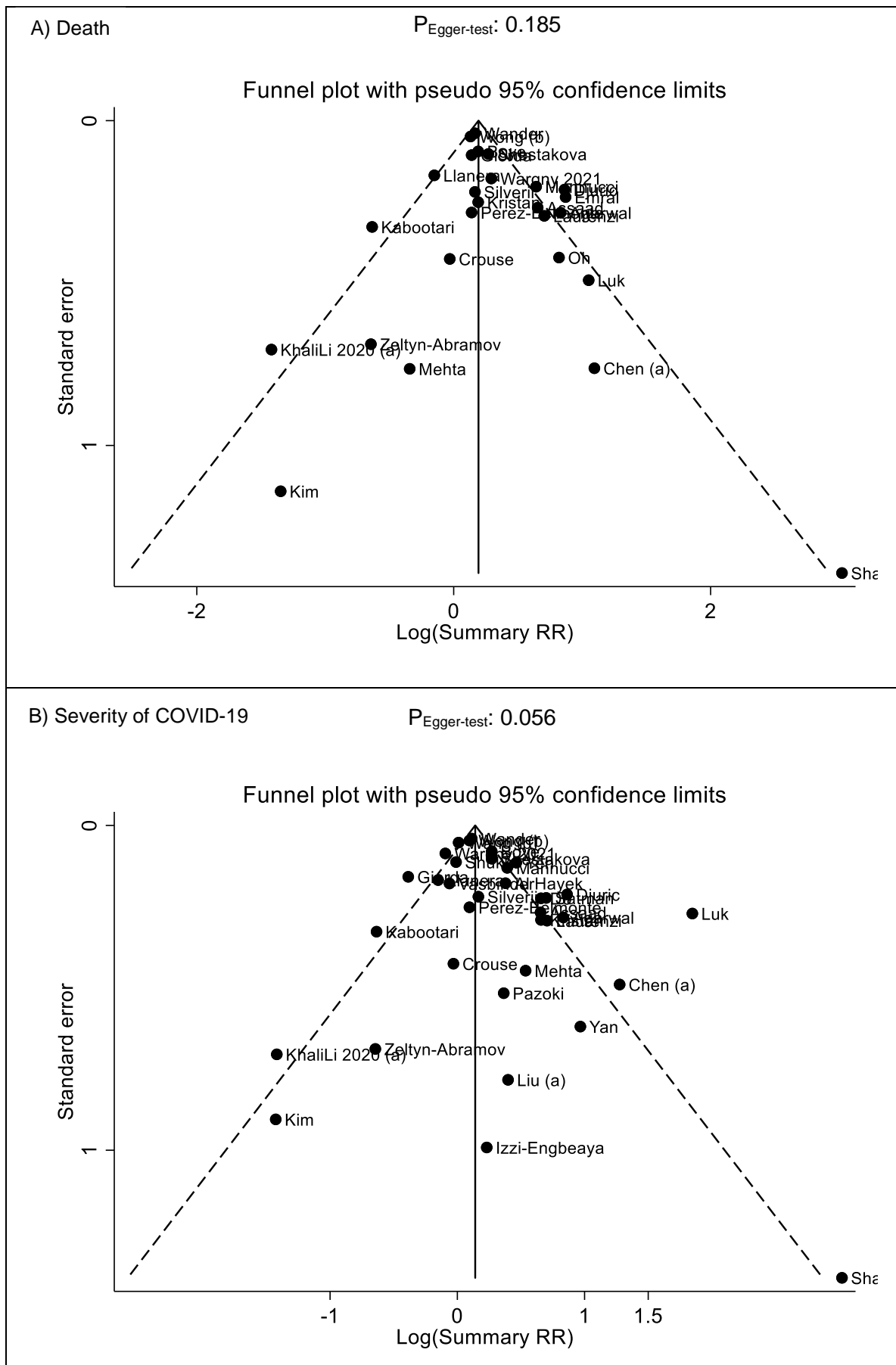
ESM Figure 108: Funnel plot for association between **HbA_{1c} per 1% increase** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



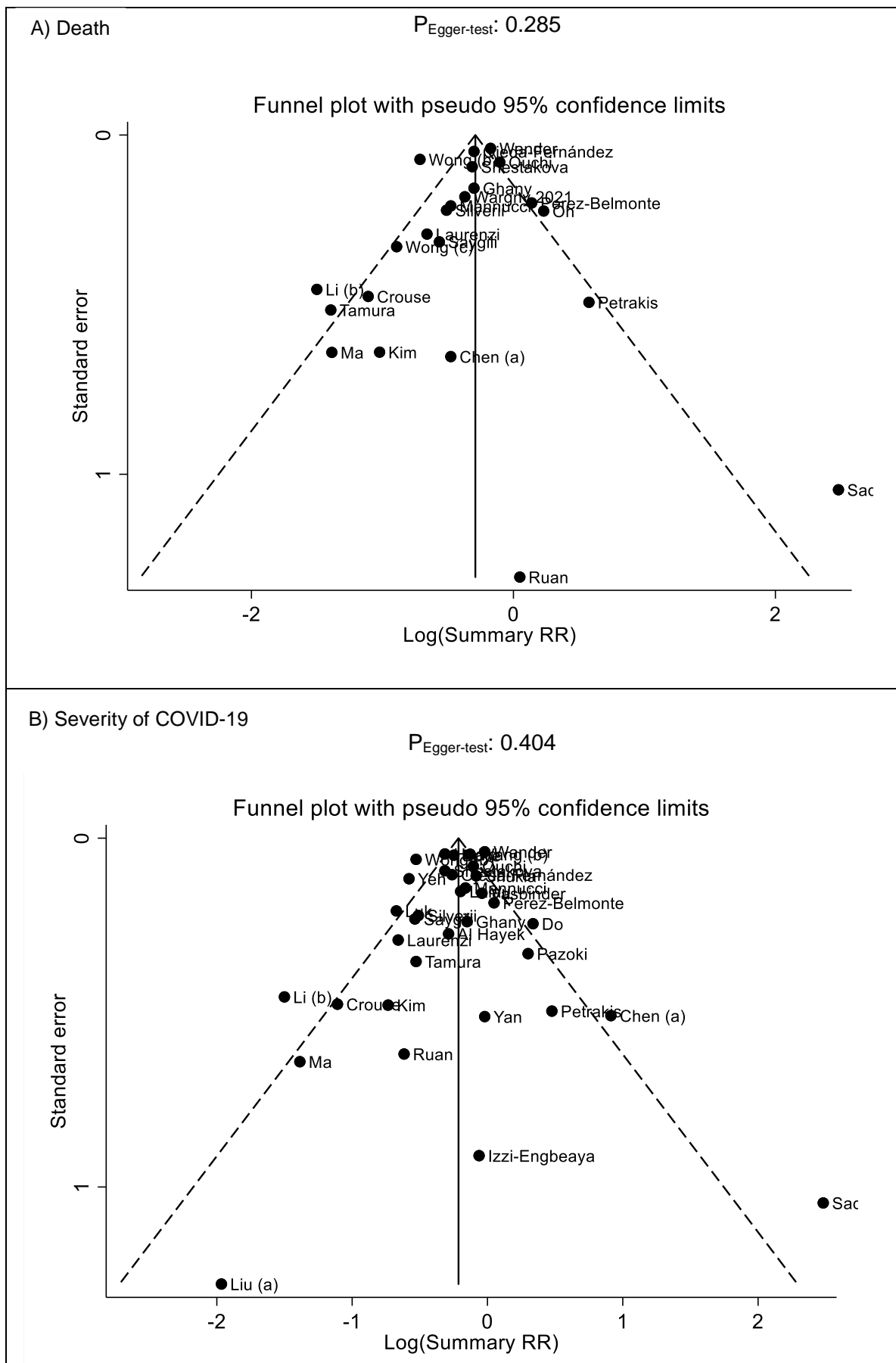
ESM Figure 109: Funnel plot for association between **glucose ≥ 10 mmol/l** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



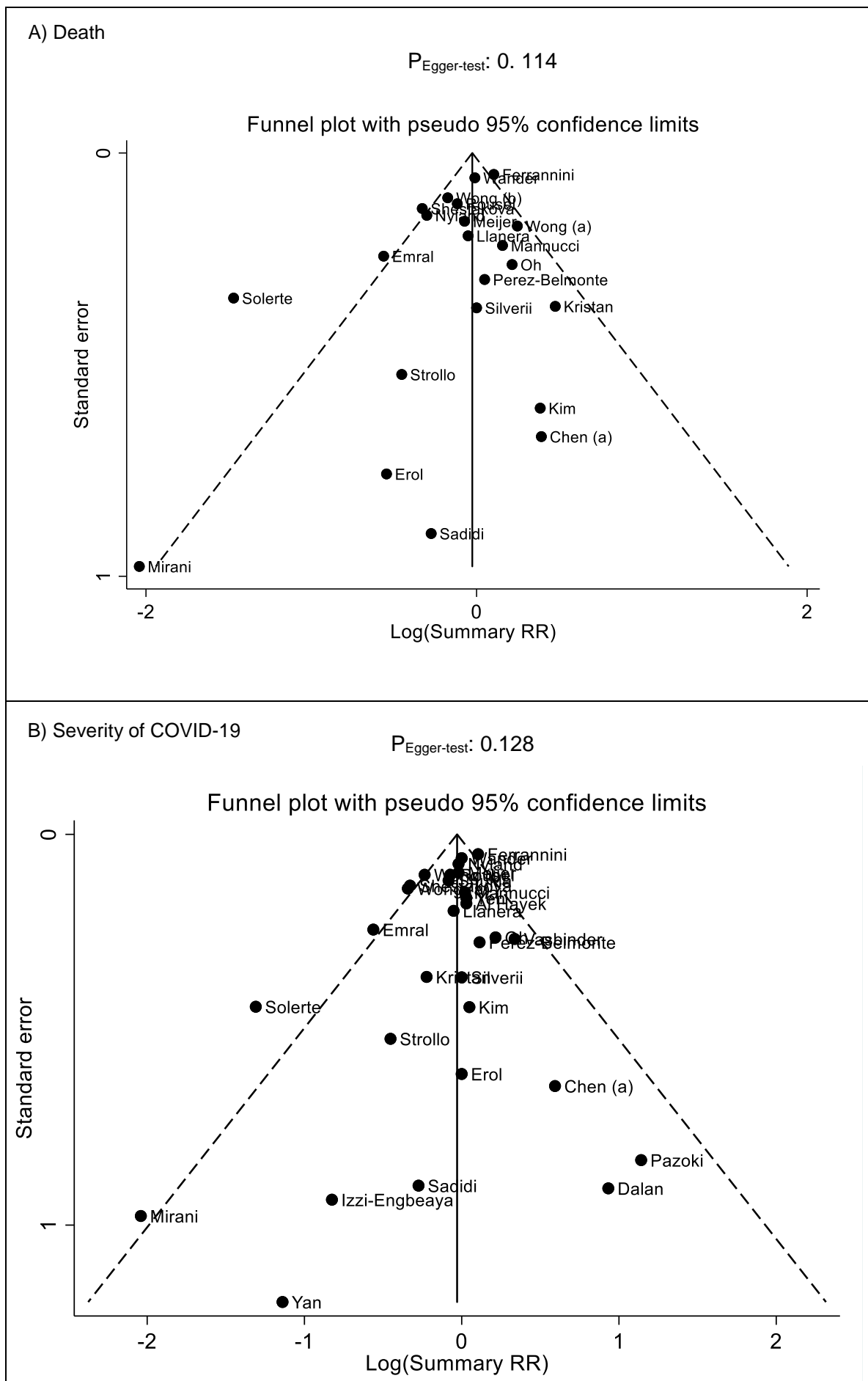
ESM Figure 110: Funnel plot for association between **glucose per 1 mmol/l** and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19



ESM Figure 111: Funnel plot for association between **insulin** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 112: Funnel plot for association between **metformin** and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19



ESM Figure 113: Funnel plot for association between **DPP-4 inhibitor use** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

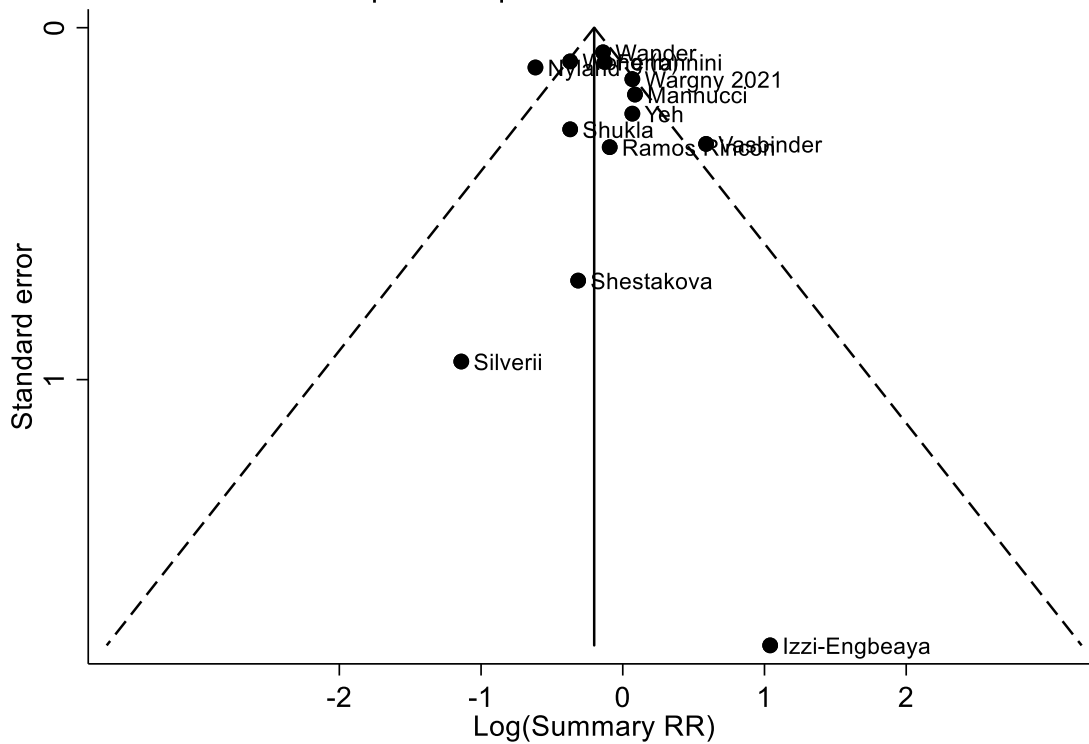
A) Death

No data

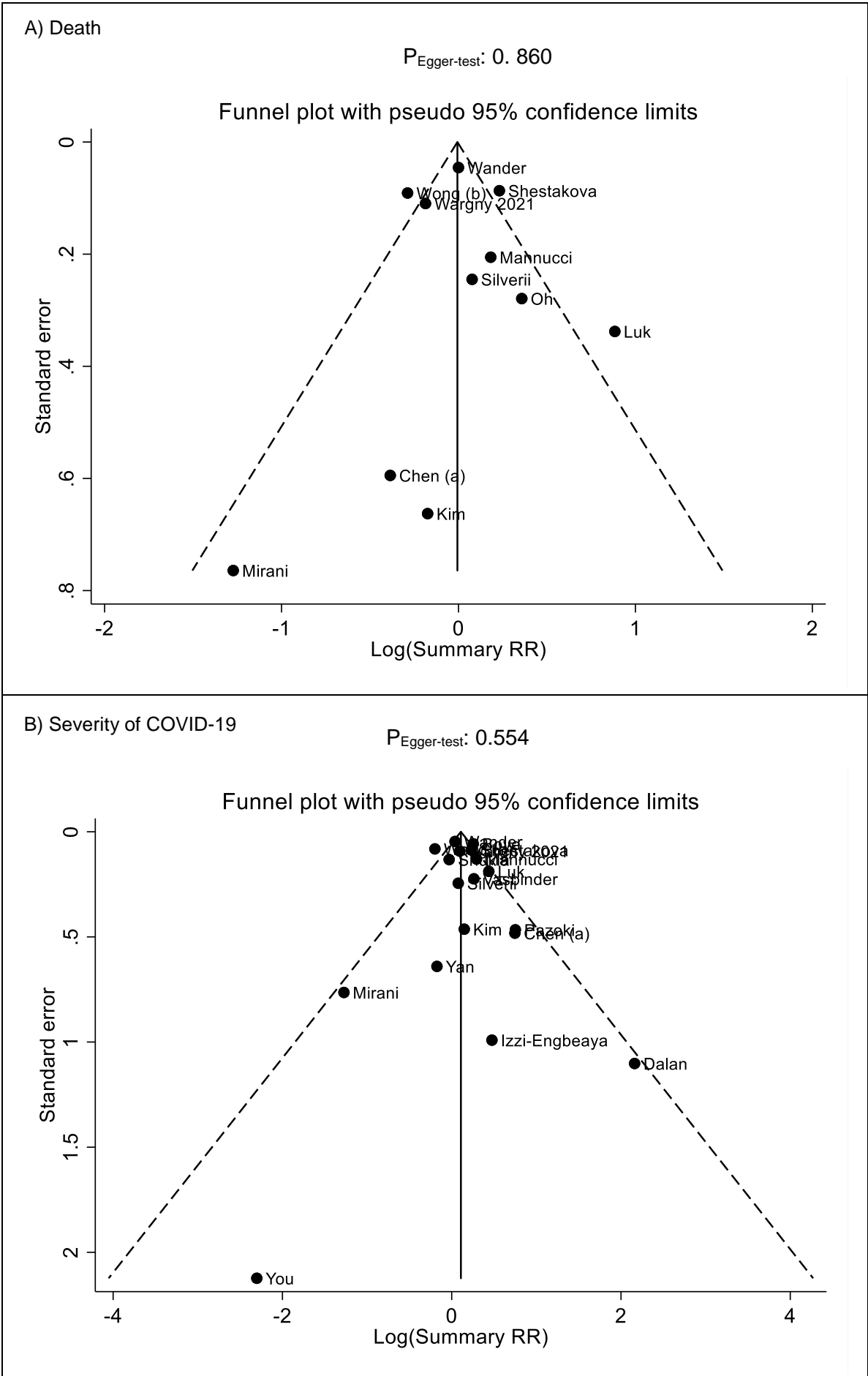
B) Severity of COVID-19

$P_{\text{Egger-test}}: 0.525$

Funnel plot with pseudo 95% confidence limits



ESM Figure 114: Funnel plot for association between **GLP 1-RA use** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



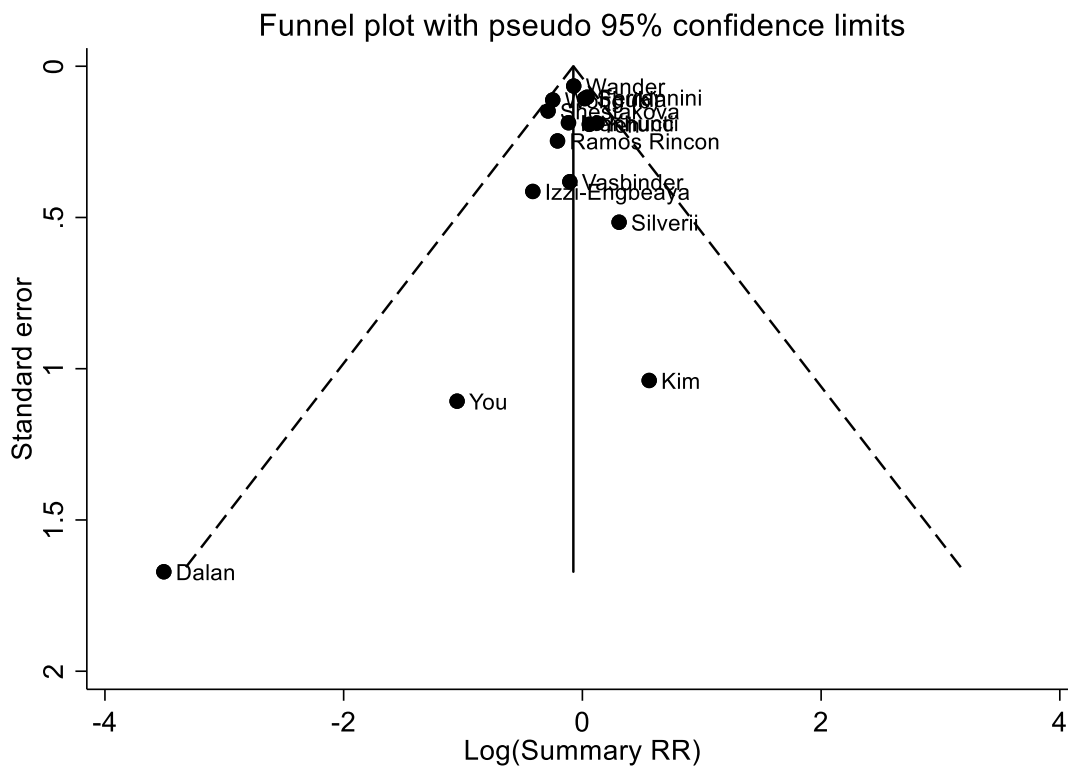
ESM Figure 115: Funnel plot for association between **sulfonylurea/glinides/secretagogues** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

$P_{\text{Egger-test}}: 0.525$



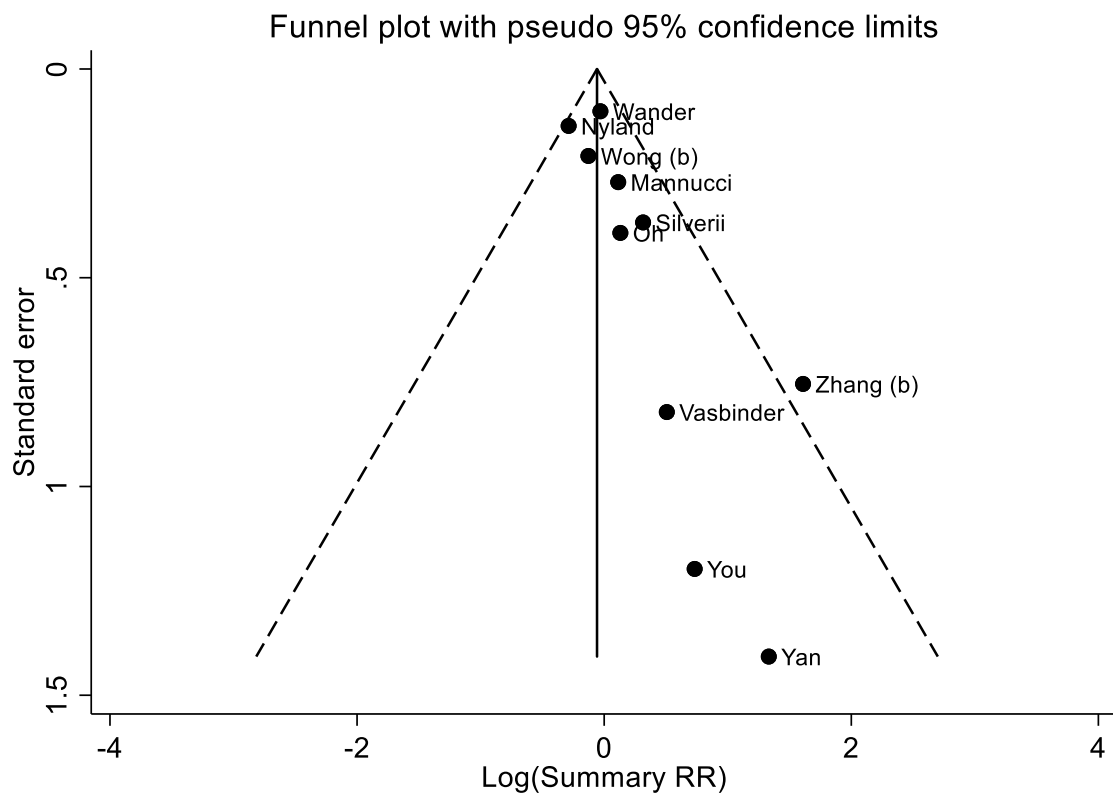
ESM Figure 116: Funnel plot for association between **SGLT-2i use** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

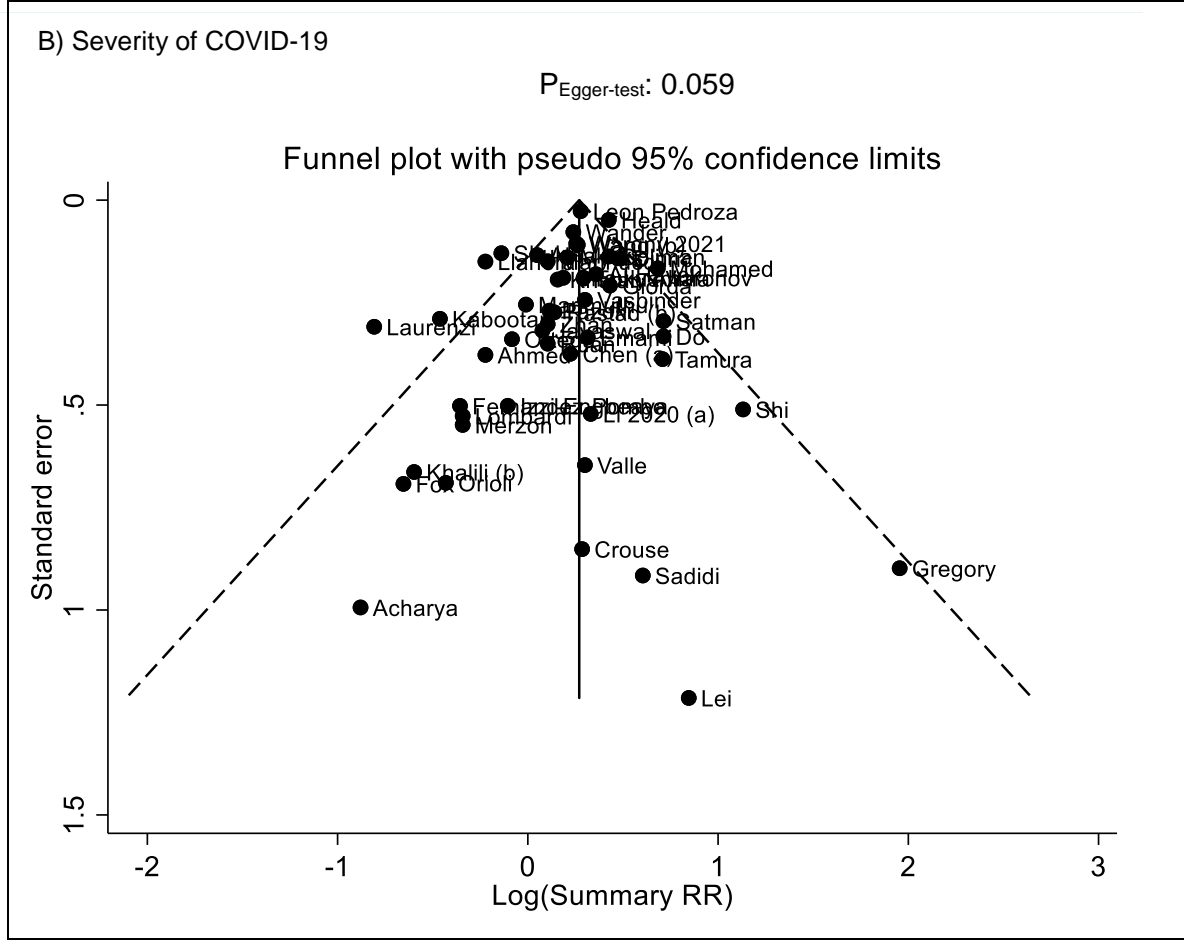
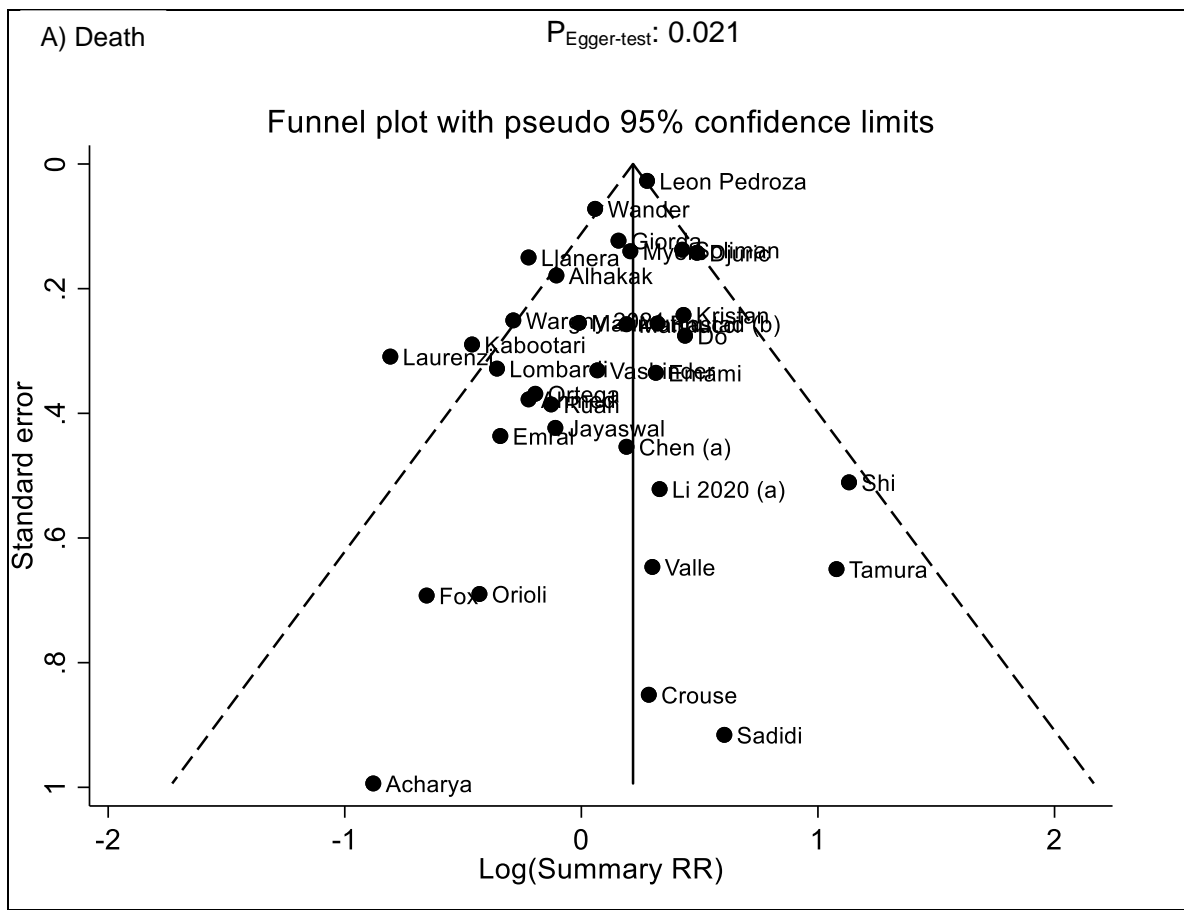
No data

B) Severity of COVID-19

$P_{\text{Egger-test}}: 0.018$



ESM Figure 117: Funnel plot for association between **thiazolidinedione use** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

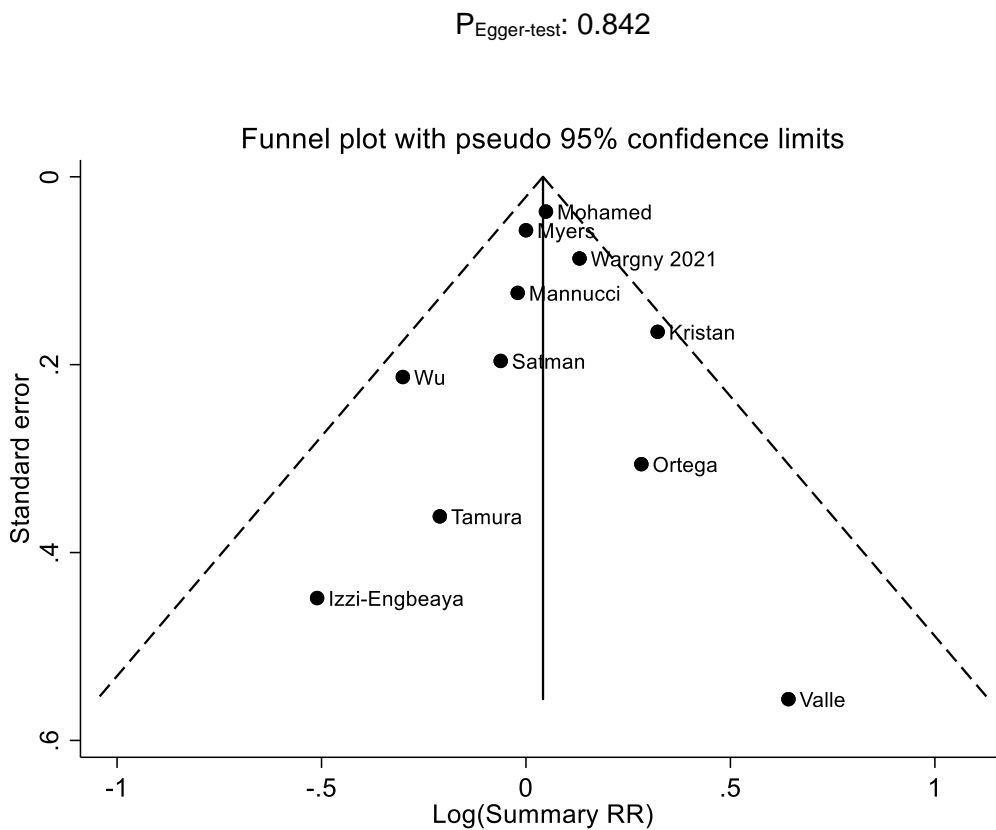


ESM Figure 118: Funnel plot for association between **hypertension** and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19

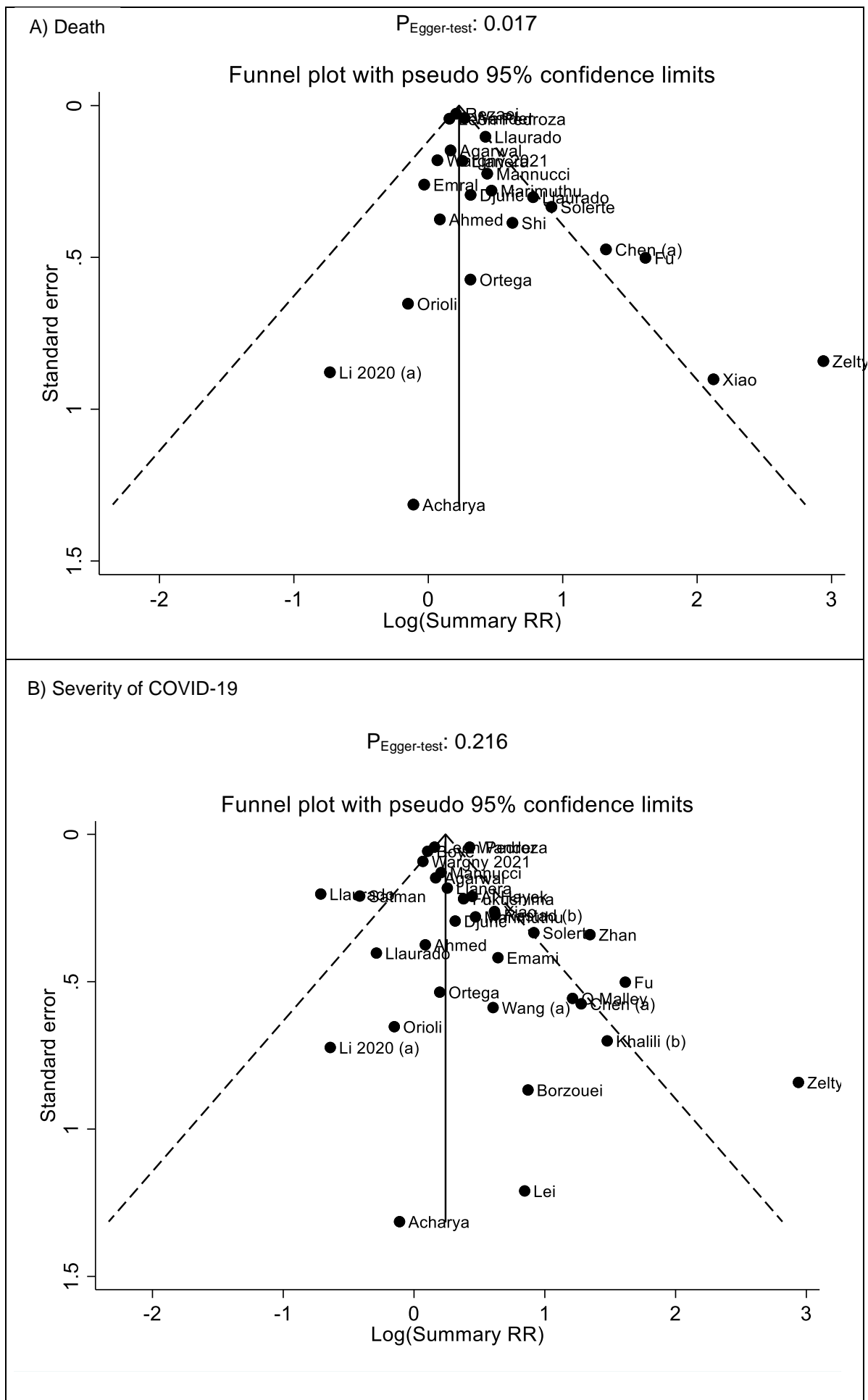
A) Death

no data

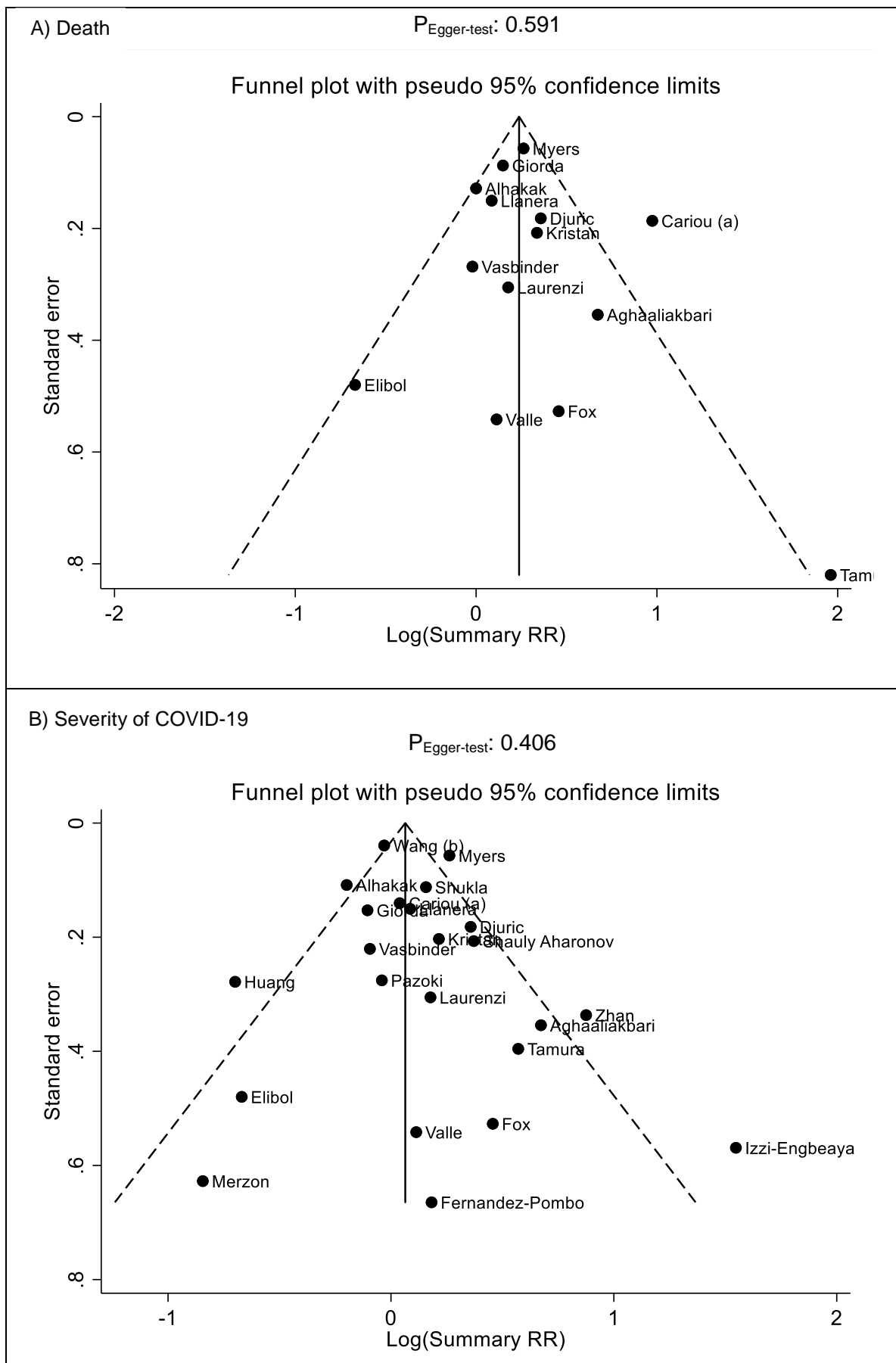
B) Severity of COVID-19



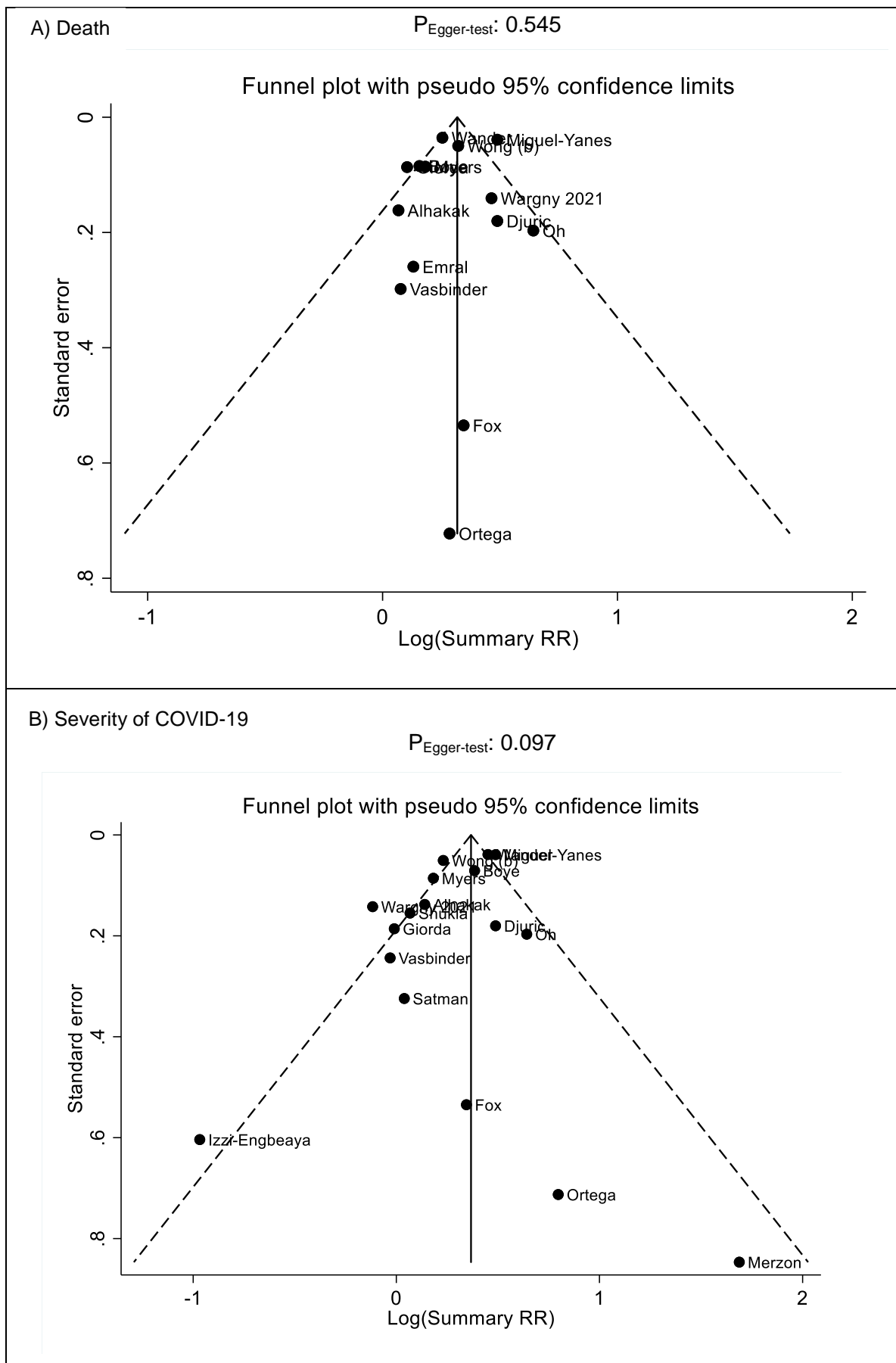
ESM Figure 119: Funnel plot for association between **dyslipidemia** and A) death and B) severity of COVID-19 in patients with diabetes and COVID -19



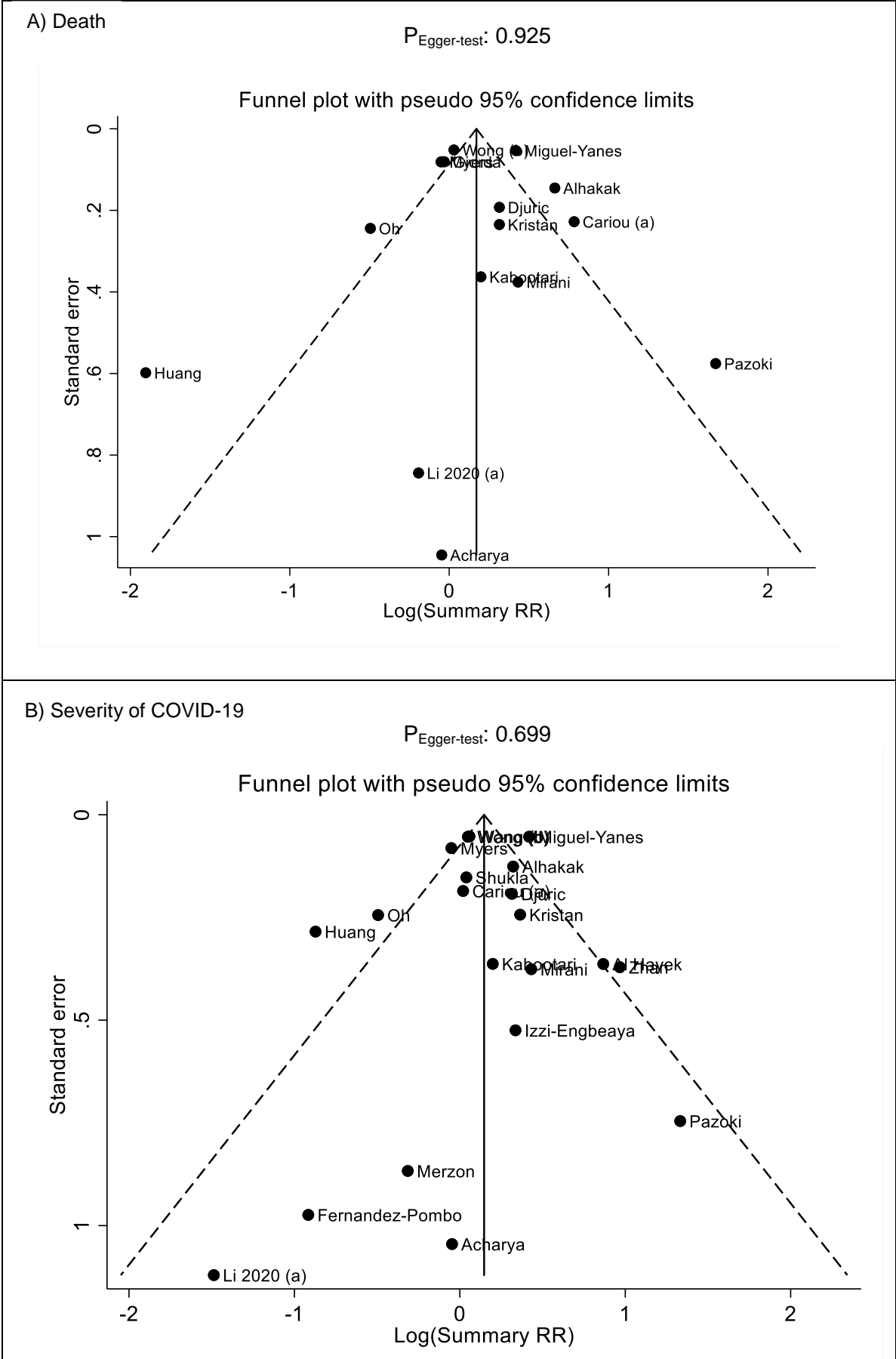
ESM Figure 120: Funnel plot for association between **CVD** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



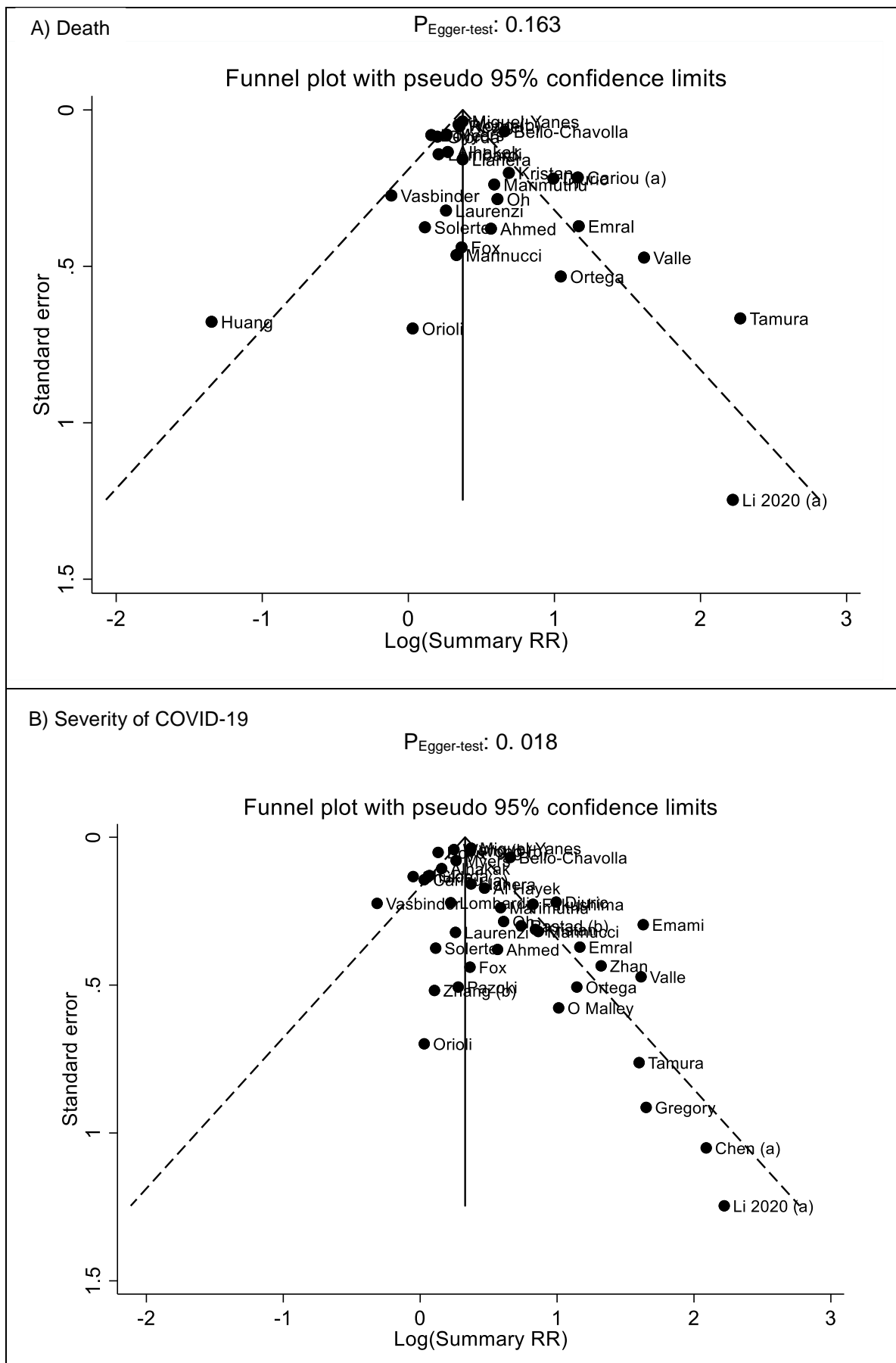
ESM Figure 121: Funnel plot for association between **CAD** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



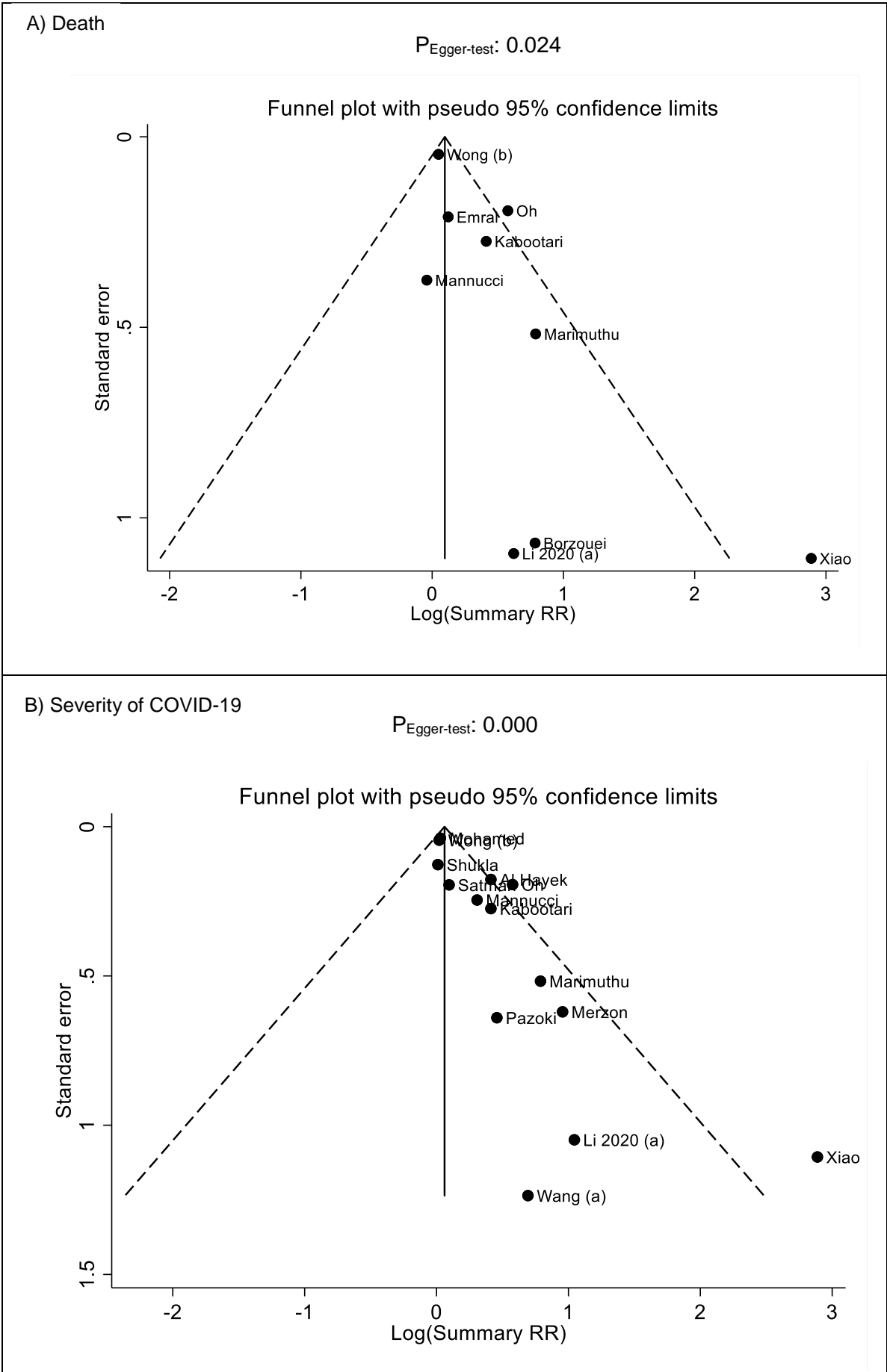
ESM Figure 122: Funnel plot for association between **HF** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



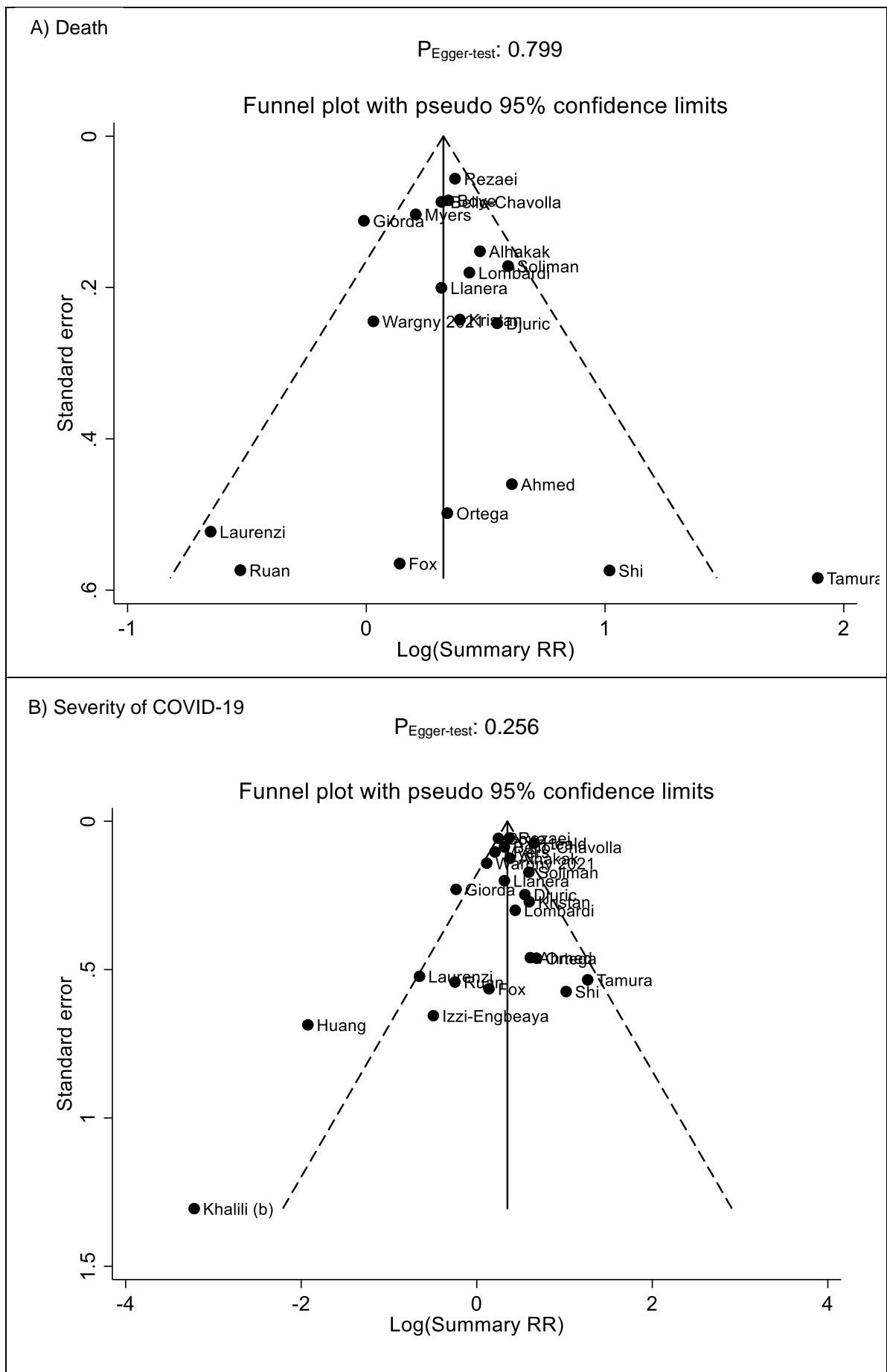
ESM Figure 123: Funnel plot for association between **cerebrovascular diseases** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



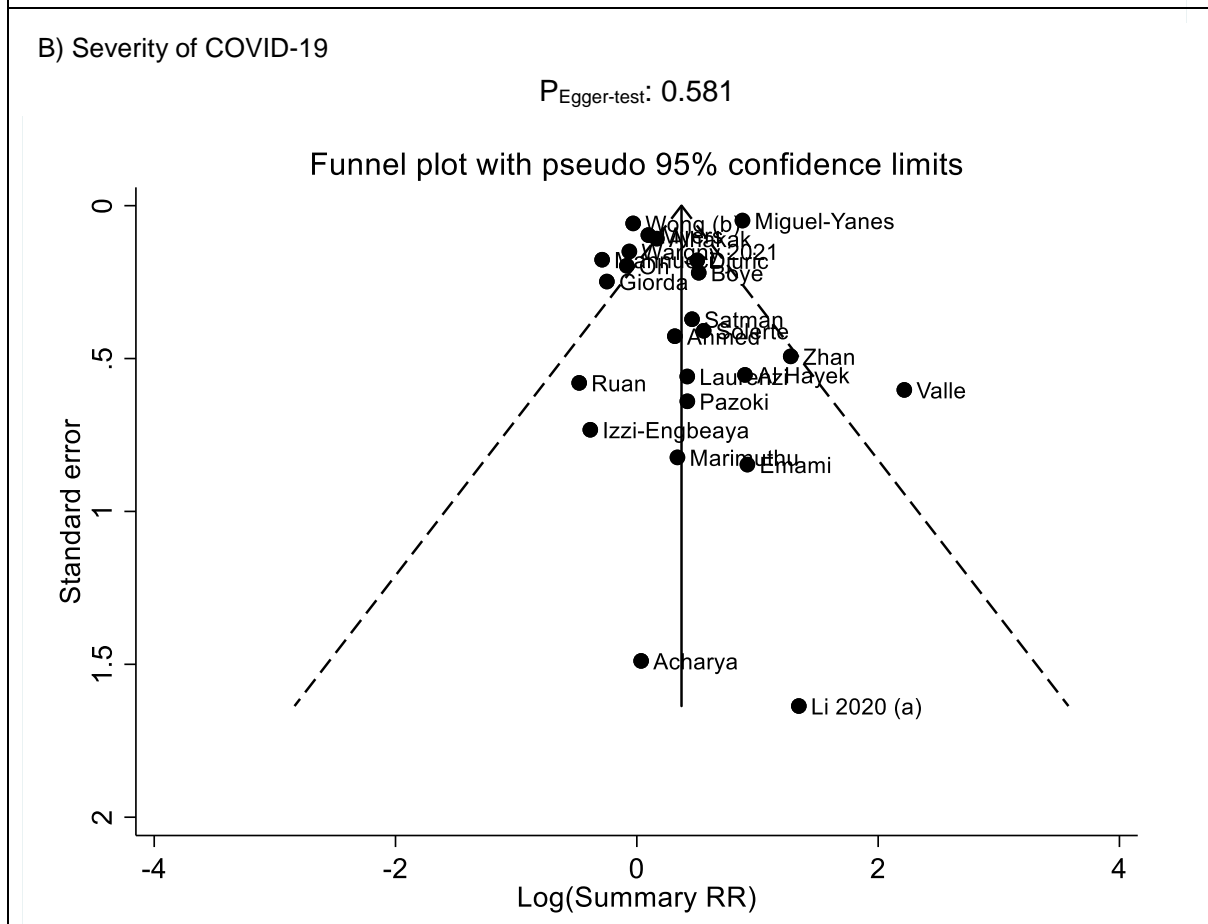
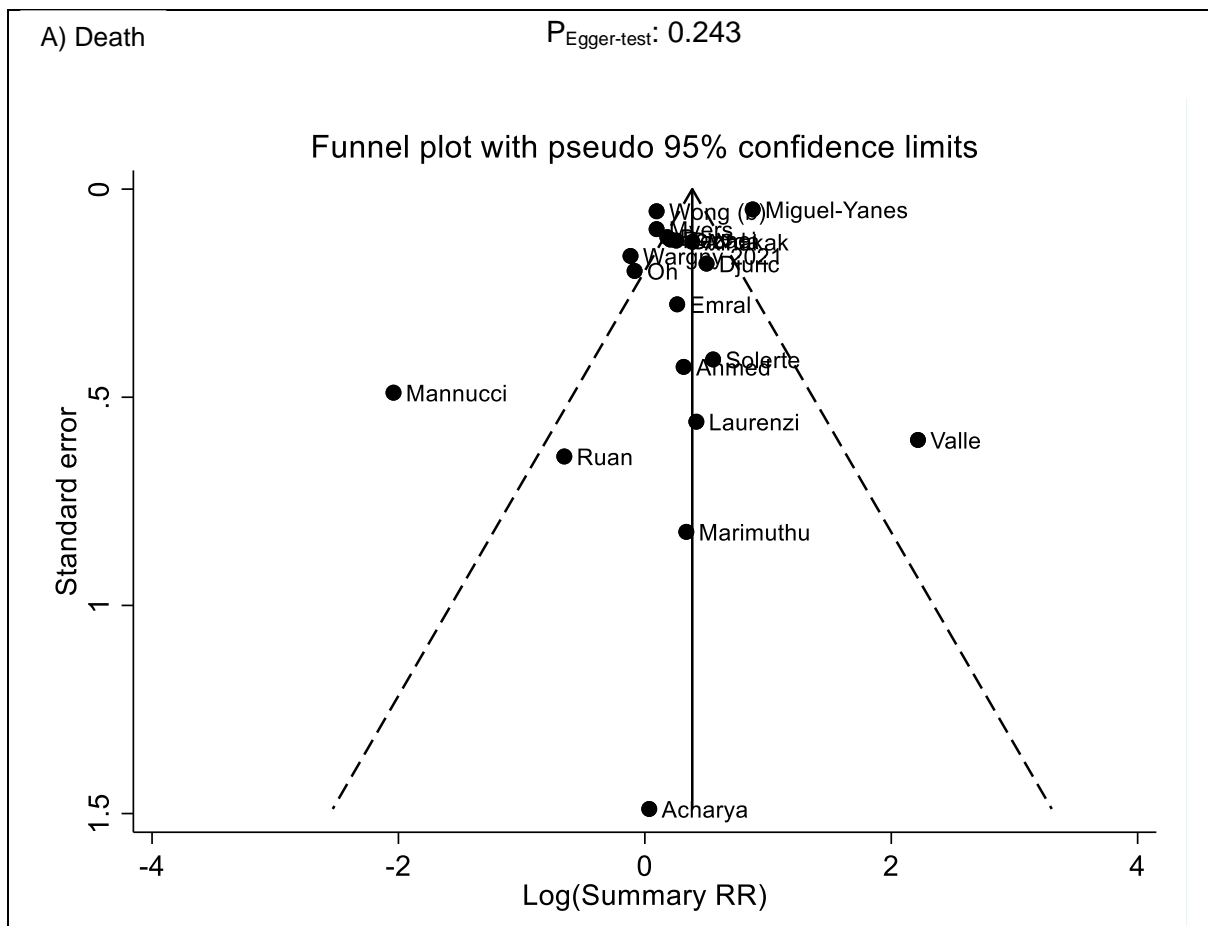
ESM Figure 124: Funnel plot for association between **CKD** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



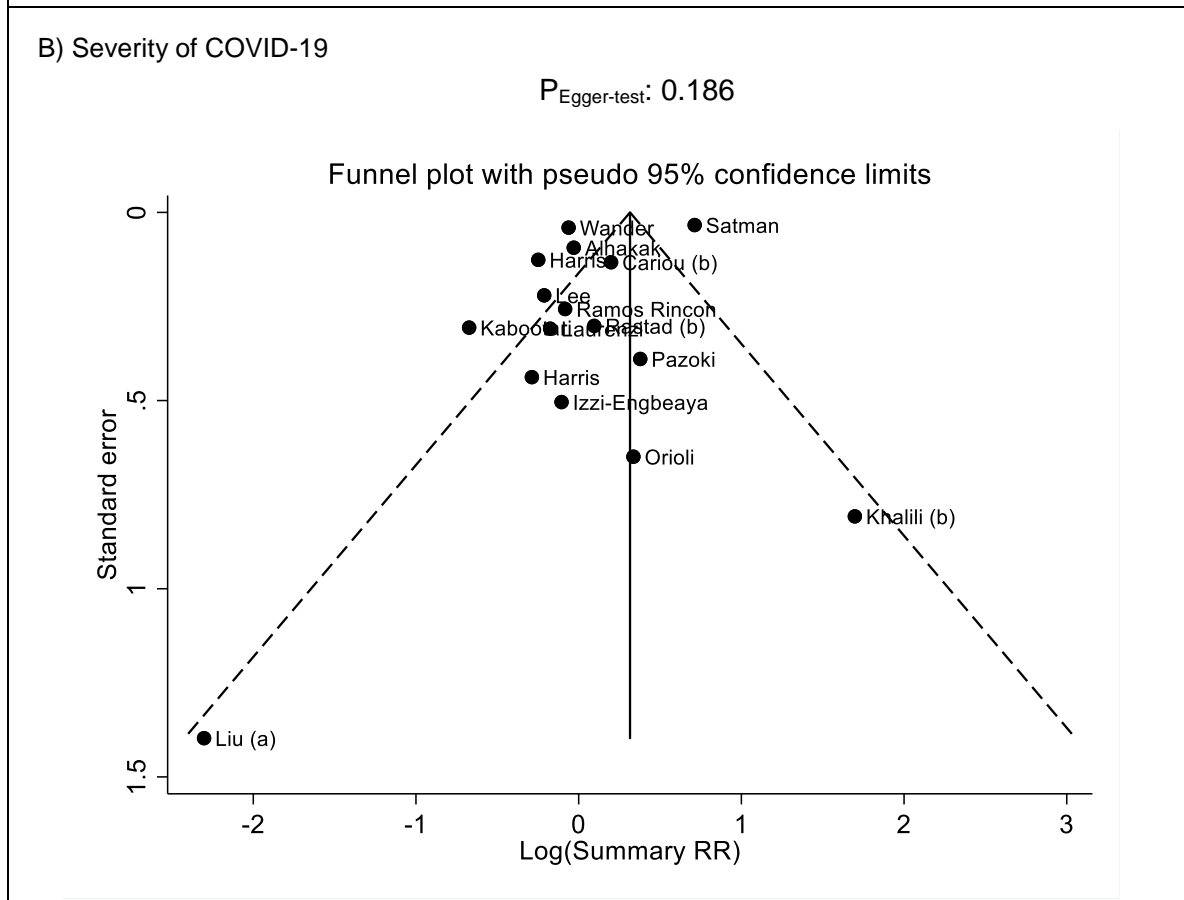
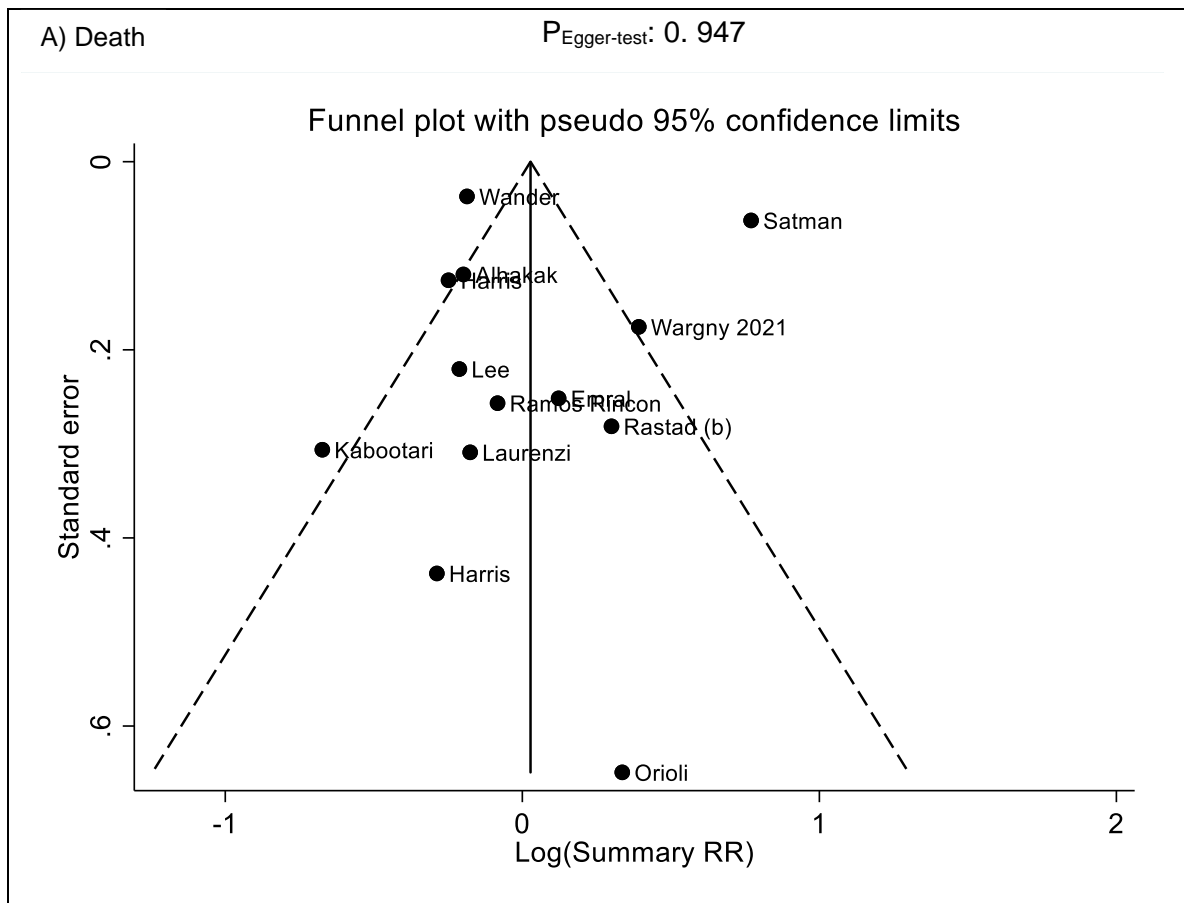
ESM Figure 125: Funnel plot for association between **chronic pulmonary disease** (not specified) and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



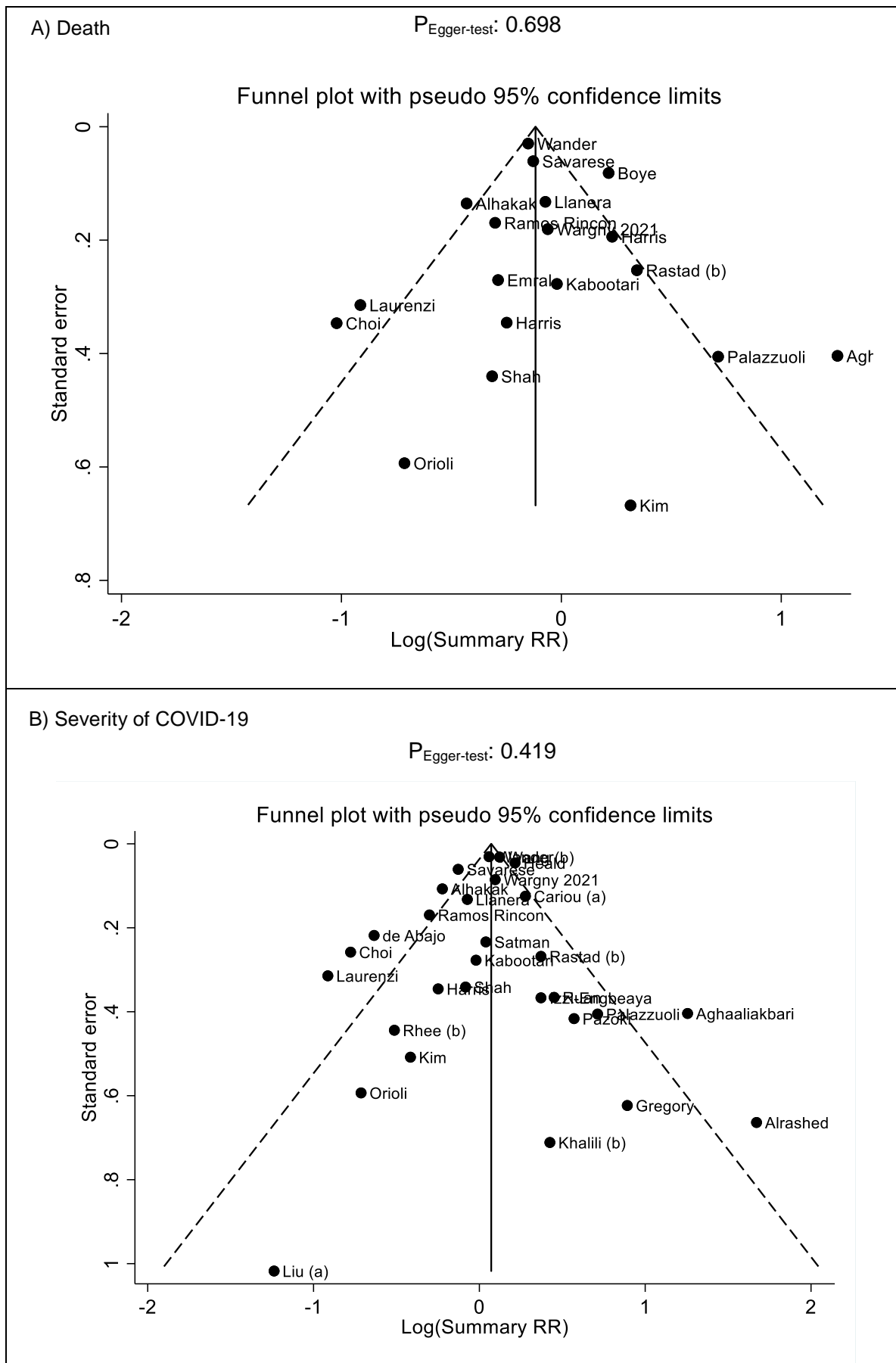
ESM Figure 126: Funnel plot for association between **COPD** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



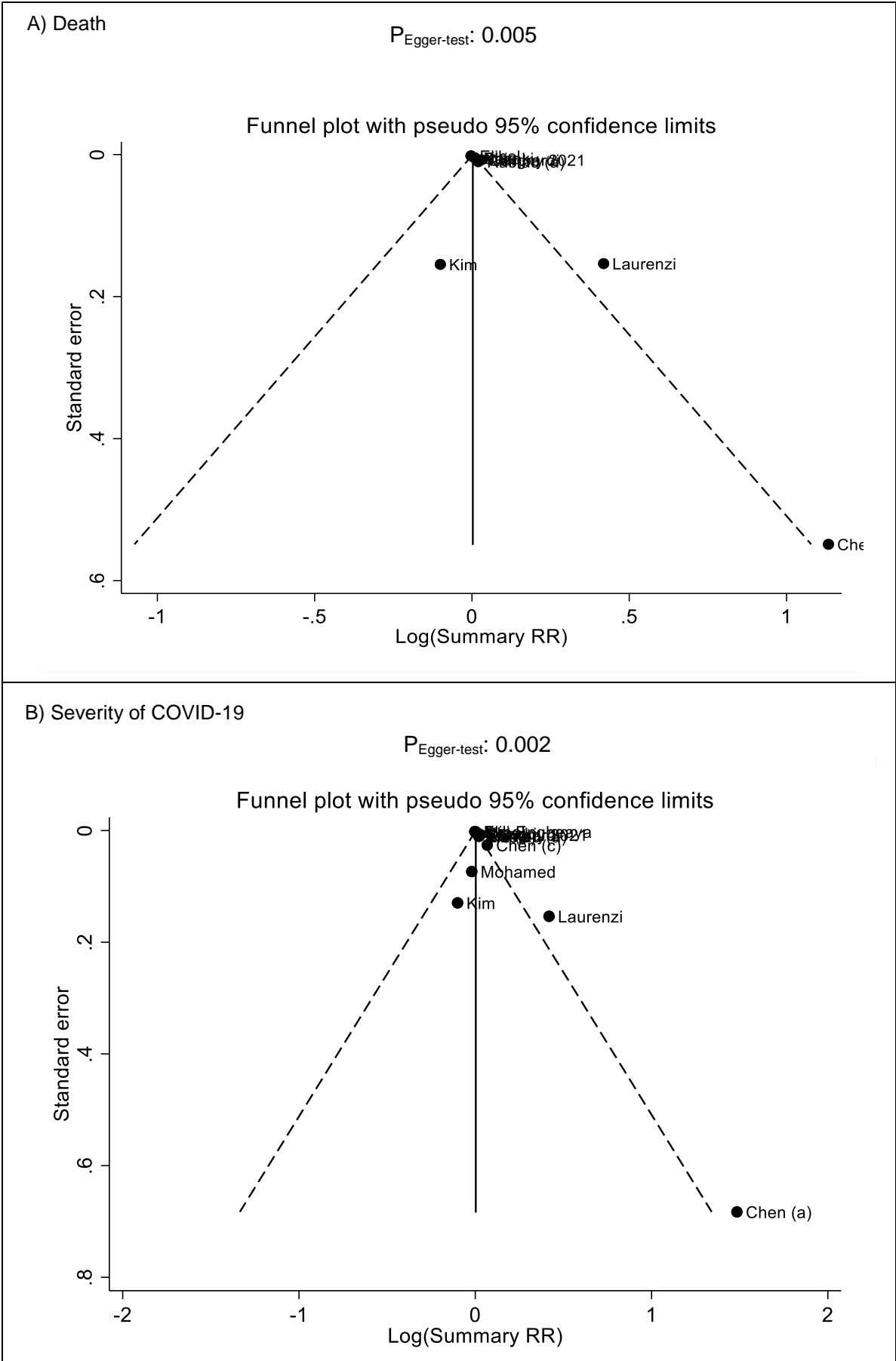
ESM Figure 127: Funnel plot for association between **cancer** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 128: Funnel plot for association between **statins use** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19



ESM Figure 129: Funnel plot for association between **RAAS inhibitor** use and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

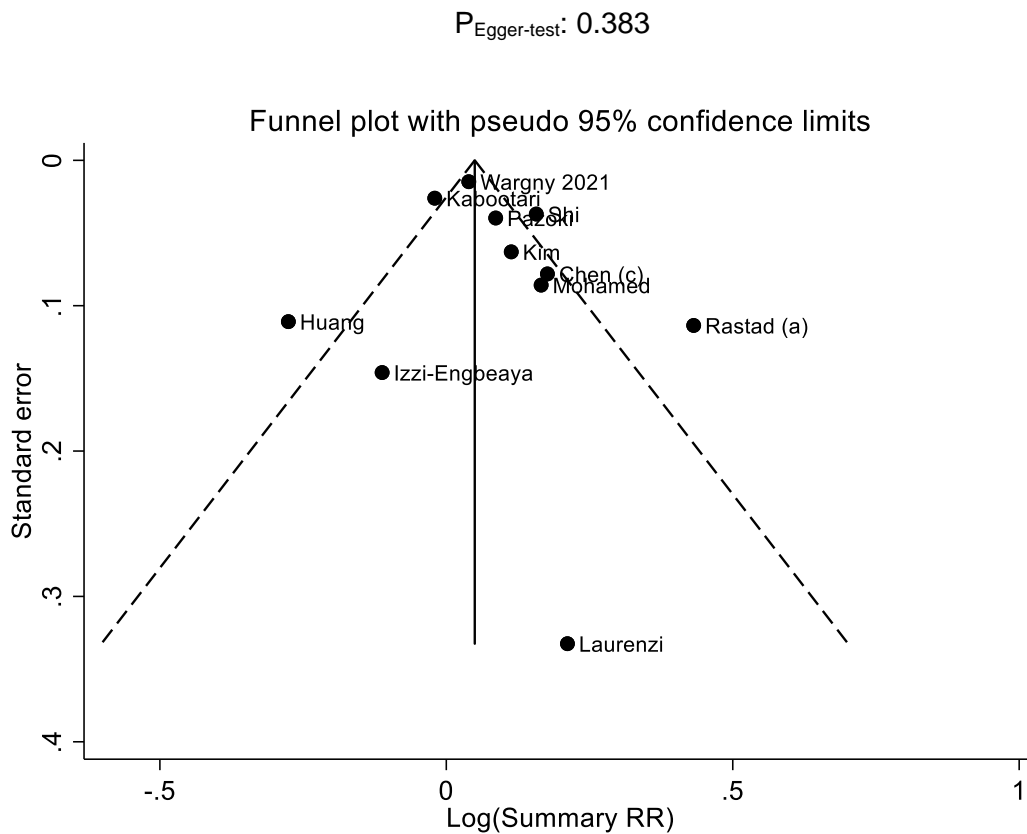


ESM Figure 130: Funnel plot for association between **CRP** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19

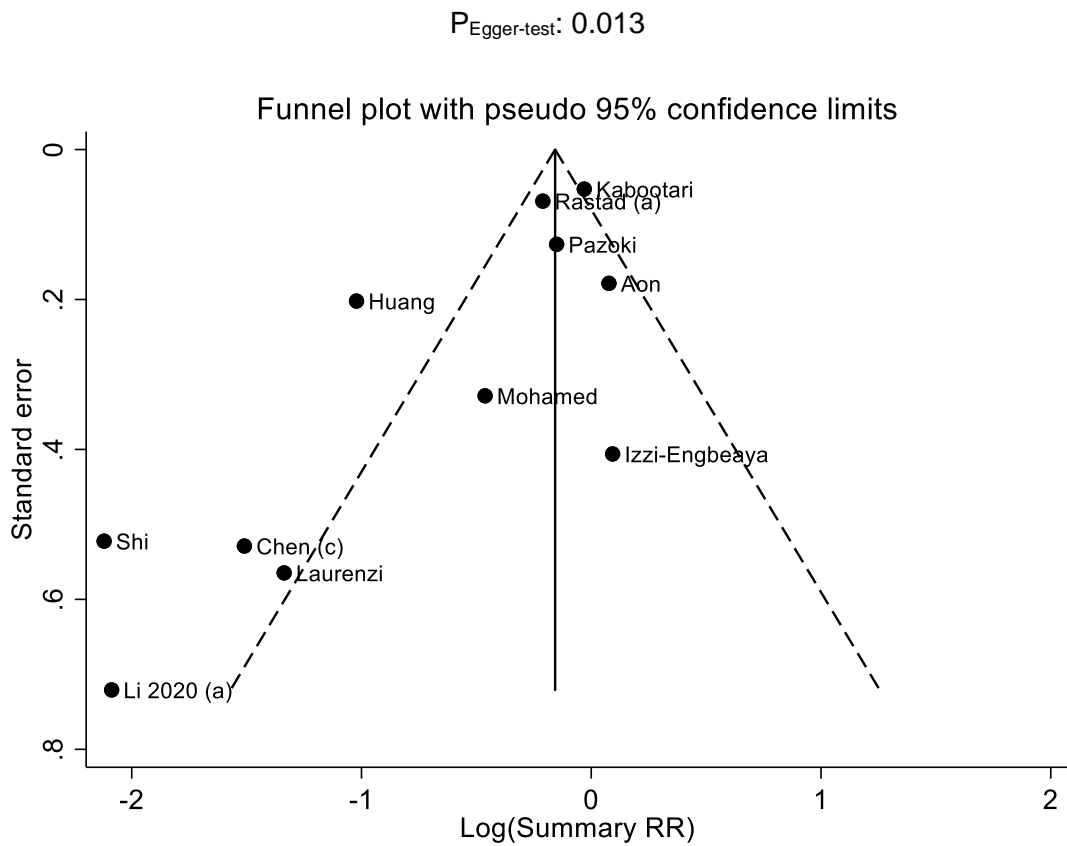


ESM Figure 131: Funnel plot for association between **white blood cell count** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

A) Death

No data

B) Severity of COVID-19



ESM Figure 132: Funnel plot for association between **lymphocyte count** and A) death and B) severity of COVID-19 in patients with diabetes and COVID-19

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