

THE LANCET

Rheumatology

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.
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Supplement to: Gartshteyn Y, Askanase AD, Schmidt NM, et al. COVID-19 and systemic lupus erythematosus: a case series. *Lancet Rheumatol* 2020; published online May 26.
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	Confirmed (n=10)		Suspected (n=8)
	Hospitalised (n=7)	Outpatient (n=3)	Outpatient (n=8)
Age, years	41 (10)	52 (12)	40 (10)
Women	6 (85%)	3 (100%)	7 (88%)
Race or ethnicity			
Hispanic	4 (57%)	..	5 (63%)
Black	2 (29%)	3 (100%)	2 (25%)
Caucasian	1 (14%)	..	1 (13%)
Body-mass index, kg/m ²	26 (8)	27 (5)	28 (8)
Ever smoker	1 (14%)	0	2 (25%)
Comorbidities			
Hypertension	3 (43%)	2 (67%)	4 (50%)
Diabetes	0	0	0
Asthma	0	0	2 (25%)
SLE characteristics			
Disease duration, years	20 [10–30]	16 [4–20]	6 [3–16]
SLE disease activity index 2000 at last visit	8 [2–12]	1 [0–4]	3 [0–6]
Lupus nephritis (ever)	6 (86%)	1 (33%)	4 (50%)
Antiphospholipid syndrome	3 (43%)	0	0
Antiphospholipid antibodies (ever)	3 (43%)	0	2 (25%)
Antinuclear antibodies	7 (100%)	3 (100%)	8 (100%)
Positive double-stranded DNA before COVID-19	4 (57%)	0	6 (75%)
Low C3 (<80 mg/dL) or low C4 (<14 mg/dL) before COVID-19	2 (29%)	0	2 (25%)
Absolute lymphocytes before COVID, cells per μ L	1.58 \times 10 ³ (0.73)	1.60 \times 10 ³ (0.73)	1.29 \times 10 ³ (0.67)
Baseline SLE medications			
Hydroxychloroquine or chloroquine	3 (43%)	2 (67%)	8 (100%)
Non-biological immunosuppressants	6 (86%)	2 (67%)	5 (63%)
Rituximab	0	1 (33%)	2 (25%)
Prednisone	2 (29%)	2 (67%)	3 (38%)
Other medications			
Angiotensin-converting enzyme inhibitor or angiotensin-2 receptor blocker	2	2	4
Statins	1	0	1
Aspirin	1	0	1
Systemic anticoagulation	3	0	0
COVID-19 symptoms	Cough, fever, and shortness of breath in five patients; one patient with syncope in setting of dyspnoea and low-grade fevers; one patient already in hospital (receiving plasmapheresis and intravenous immunoglobulin for antibody-mediated rejection of a transplanted kidney)	Fatigue, low-grade fevers, myalgia, and mild cough	Cough, fever, shortness of breath in five patients; one patient had fever, cough, pleurisy, and notable dyspnoea with peripheral oxygen saturation down to 90%; one patient had anosmia, ageusia, low-grade fevers, rhinorrhoea, and cough; one patient had subjective fevers and malaise (an immediate

	developed new fever, hypoxia, and cough with rapid deterioration requiring endotracheal intubation, followed by a prolonged hospital course notable for acute respiratory distress syndrome and shock		family member was also diagnosed with COVID-19)
COVID-19 targeted therapies	Five patients received antibiotics for empiric pneumonia coverage; two patients not on antimalarial therapy treated with hydroxychloroquine; three patients with hypoxemic respiratory failure (thought to have cytokine storm on the basis of C-reactive protein, erythrocyte sedimentation rate, ferritin, and interleukin-6 concentrations) received high-dose steroids (at least 1 mg/kg for 5 days) and tocilizumab (1–2 doses of 6–8 mg/kg)	Three patients prescribed an antibiotic; one patient not on antimalarial therapy treated with hydroxychloroquine	Two patients prescribed an antibiotic
COVID-19 outcomes	One patient with hypoxemic respiratory failure gradually improved over 3-week hospital stay; two patients remained critically ill despite the interventions described above; four patients improved without requiring supplemental oxygen	All patients improved without requiring supplemental oxygen	All patients improved without requiring supplemental oxygen

Data are mean (SD), median (IQR), or n (%), unless otherwise indicated. SLE=systemic lupus erythematosus.

Table: Clinical characteristics of 18 patients with SLE and confirmed or suspected COVID-19