THE LANCET
Public Health

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Hospital Admissions for Acute Myocardial Infarction before and after Lockdown according to Regional Prevalence of COVID-19 and Patient Profile in France: A registry study.

e-Table 1: **Baseline characteristics and early management in patients admitted for STEMI before and after lockdown.**

|	Before lockdown N=331	After lockdown N=252
Age (years) mean ± SD	64·4 ± 13·6	63·4 ± 12·5
Age (years), median [IQR]	64 [53; 74]	63 [52; 72]
Sex (% women)	77 (23·3)	62 (24·6)
Regional prevalence of COVID-19 hospitalisations		
- > 30 / 10^5 inhabitants		
- 15-29/10^5 inhabitants	123 (37·2)	98 (38·9)
- <15/ 10^5 inhabitants	138 (41·7)	108 (42·9)
	70 (21·1)	46 (18·3)
Hypertension (%)	139 (42·2)	116 (46·2)
Diabetes (%)	55 (16·6)	35 (13·9)
Obesity (%)	63 (19·6)	50 (20·7)
Smoking status		
- no smoking	131 (39·6)	110 (44·0)
- past smoking	69 (29·8)	44 (17·6)
- current smoking	131 (39·6)	96 (38·1)
Any PCI during stay (%)	312 (94·3)	235 (93·6)
Maximal Killip class		
- I	257 (84·0)	177 (81·2)
- II	23 (7·5)	21 (9·6)
- III	7 (2·3)	7 (3·2)
- IV	19 (6·2)	13 (6·0)
- missing	25 (7·6)	34 (13·5)
Duration of ICCU stay (days) mean ± SD	3·7 ± 3·0	3·7 ± 2·4
Duration of ICCU stay (days) median [IQR]	3 [2·00; 4·00] (n=303)	3 [2·25]; 4·75] (n=232)
In-hospital death	14 (4·2)	16 (6·3)

Abbreviations: ICCU: intensive cardiac care unit, IQR: interquartile range, PCI: percutaneous coronary intervention, SD standard deviation, STEMI: ST segment elevation myocardial infarction

e-Table 2: Baseline characteristics and early management in patients admitted for NSTEMI before and after lockdown.

	Before lockdown N=355	After lockdown N=229
Age (years), mean ± SD	67·0 ± 13·5	67·2 ± 12·7
Age (years), median [IQR]	67 [57; 77]	68 [58; 76]
Sex (% women)	100 (28·2)	62 (27·1)
Regional prevalence of COVID-19 hospitalisations		
- > 30 / 10^5 inhabitants		
- 15-29/10^5 inhabitants	156 (43·9)	82 (35·8)
- <15/ 10^5 inhabitants	129 (36·3)	96 (41·9)
	70 (19·7)	51 (22·3)
Hypertension (%)	211 (59·4)	131 (58·0)
Diabetes (%)	94 (26·6)	61 (27·0)
Obesity (%)	88 (25·3)	55 (24·9)
Smoking status		
- no smoking	161 (45·5)	105 (46·7)
- past smoking	94 (26·6)	56 (24·9)
- current smoking	99 (28·0)	64 (28·4)
Any PCI during stay (%)	255 (71·8)	166 (74·4)
Maximal Killip class		
- I	286 (85·6)	167 (82·7)
- II	26 (7·8)	16 (7·9)
- III	12 (3·6)	10 (5·0)
- IV	10 (3·0)	9 (4·5)
- missing	21 (5·9)	27 (11·8)
Duration of ICCU stay (days) mean ± SD	2·7 ± 2·6	3·0 ± 2·4
Duration of ICCU stay (days) median [IQR]	2 [1·00; 3·00] (n=339)	2 [2·00; 4·00] (n=208)
In-hospital death	9 (2·5)	9 (3·9)

Abbreviations: ICCU: intensive cardiac care unit, IQR: interquartile range, NSTEMI: non-ST segment elevation myocardial infarction, PCI: percutaneous coronary intervention, SD standard deviation,

e-Figure 1: **Participating centres according to local prevalence of COVID-19 (Red = high, orange = intermediate, green = low).**
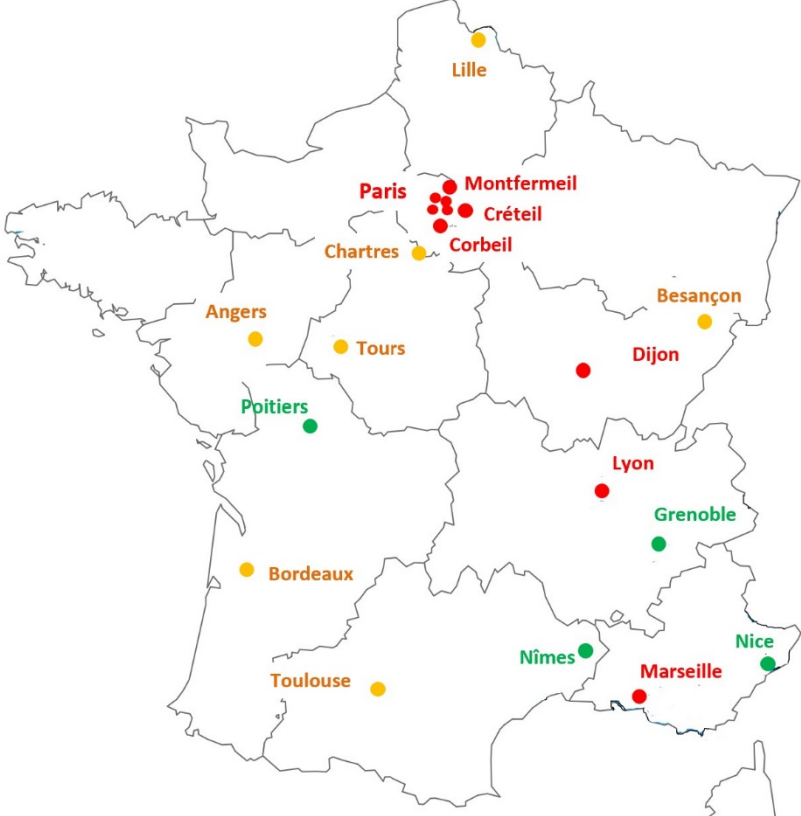
e-Figure 2: **Number of daily admissions for AMI from February 17, 2020 to April 12, 2020 at the participating institutions in the total population of the registry and according to regional prevalence of COVID-19 (high, intermediate, or low prevalence).**

Daily admissions for AMI by regional prevalence of COVID-19
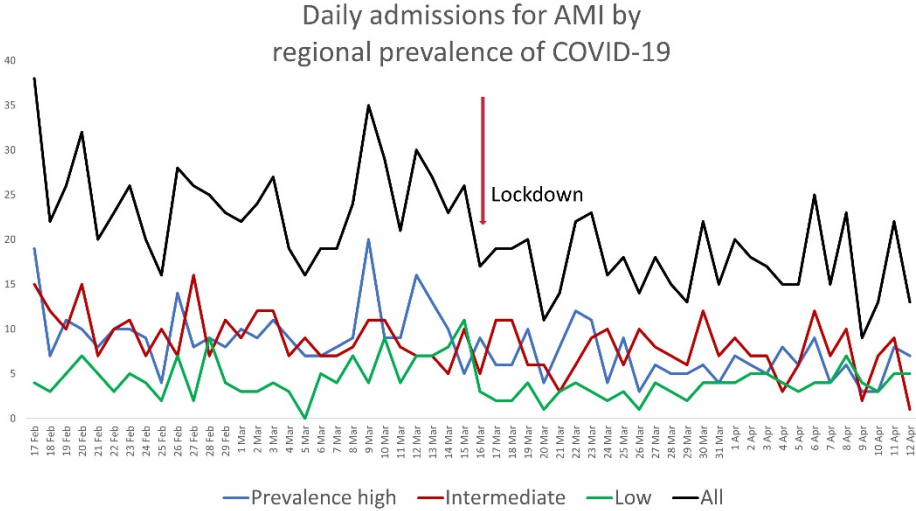
Appendix: STROBE checklist (NA= not applicable)

STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Check
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	OK
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	OK
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	OK, page 5
Objectives	3	State specific objectives, including any prespecified hypotheses	OK, page 5
Methods			
Study design	4	Present key elements of study design early in the paper	OK, page 5
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	OK, page 5
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	OK, page 5
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed	NA
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	OK, pages 5 and 6
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	NA
Bias	9	Describe any efforts to address potential sources of bias	OK, page 6
Study size	10	Explain how the study size was arrived at	NA
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	OK, page 6
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	OK, page 6
		(*b*) Describe any methods used to examine subgroups and interactions	OK, pages 5 and 6
		(*c*) Explain how missing data were addressed	OK, page 6
		(*d*) If applicable, explain how loss to follow-up was addressed	NA
		(*e*) Describe any sensitivity analyses	NA
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed	OK, page 6

		eligible, included in the study, completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	NA
		(c) Consider use of a flow diagram	NA
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	OK, Table 1
		(b) Indicate number of participants with missing data for each variable of interest	OK, Table 1
		(c) Summarise follow-up time (eg, average and total amount)	NA
Outcome data	15*	Report numbers of outcome events or summary measures over time	OK, pages 6 and 7, Fig 2
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	OK, pages 6 and 7, Fig 1 and 3
		(*b*) Report category boundaries when continuous variables were categorized	OK, Table 1
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	OK, page 7, Fig 3

Discussion

Key results	18	Summarise key results with reference to study objectives	OK, page 7
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	OK, page 8
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	OK, page 8
Generalisability	21	Discuss the generalisability (external validity) of the study results	OK, page 8

Other information

Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	OK, page 6

*Give information separately for exposed and unexposed groups.