

Supplementary Online Content

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eMethods. Chest Computed Tomography Score

eFigure. Epidemic Foci in Libreville and Franceville

This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods. Chest Computed Tomography Score

We incorporated the chest CT-scan as a tool to aid in the diagnosis of “COVID-19 related pneumonia”. A semi-quantitative scoring system was used to estimate lung involvement from all abnormalities. For each patient, the chest CT scan was evaluated for the following characteristics based on the Fleischner Society Nomenclature recommendations 14: ground glass opacity (GGO), consolidation, nodule, reticulation, interlobular septal thickening, crazy-paving pattern, linear opacities, subpleural curvilinear line, bronchial wall thickening, lymph node enlargement, pleural effusion, and pericardial effusion. The “spider web sign” was defined as a triangular or angular GGO in the subpleural lung with the internal interlobular septa thickened like a net; the adjacent pleura was pulled and formed a spider web–like shape in the corner. To quantify the extent of lesions, a thin-section CT score was assigned based on all abnormal areas involved. Each lobe was assigned a score that was based on the following: score 0, 0% involvement; score 1, less than 5% involvement; score 2, 5% to 25% involvement; score 3, 26% to 49% involvement; score 4, 50% to 75% involvement; and score 5, greater than 75% involvement. Then, each score allowing us to classify lung lesions into 4 stages including: <5% (CT stage I) of lung damage, between 5 to 25% (CT stage II), >25-50% (CT stage III) and >50% (CT stage IV).

eFigure. Epidemic Foci in Libreville and Franceville

