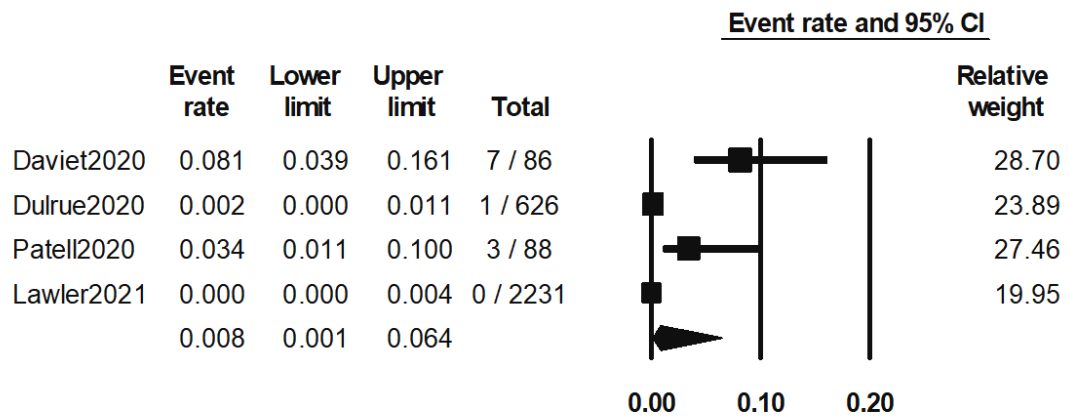


**Supplemental table 1** Risk of bias assessment in prevalence studies

<b>Risk of bias items</b>	<b>Daviet 2020</b>	<b>Dulrue 2020</b>	<b>Helms 2020</b>	<b>Ionescu 2020</b>	<b>Patell 2020</b>	<b>Santi 2020</b>	<b>Lawler 2021</b>
1. Was the study's target population a close representation of the national population in relation to relevant variables, e.g. age, sex, occupation?	No	No	No	No	No	No	Yes
2. Was the sampling frame a true or close representation of the target population?	No	Yes	Yes	Yes	No	Yes	Yes
3. Was some form of random selection used to select the sample, OR, was a census undertaken?	No	No	No	No	No	No	Yes
4. Was the likelihood of non-response bias minimal?	Yes	Yes	Yes	Yes	No	No	Yes
5. Were data collected directly from the subjects (as opposed to a proxy)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Was an acceptable case definition used in the study?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Was the study instrument that measured the parameter of interest (e.g. prevalence of low back pain) shown to have reliability and	Yes	Yes	No	No	Yes	No	Yes

validity (if necessary)?							
8. Was the same mode of data collection used for all subjects?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Was the length of the shortest prevalence period for the parameter of interest appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Were the numerator(s) and denominator(s) for the parameter of interest appropriate?	No	Yes	Yes	Yes	No	Yes	Yes
<b>Summary item on the overall risk of study bias</b>	<b>Moderate</b>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Moderate</b>	<b>Moderate</b>	<b>Low</b>

**Supplementary figure S1** The pooled incidence of HIT in COVID-19 patients from 4 studies with specified diagnostic criteria for HIT



Heterogeneity:  $df = 3$  ( $P < 0.001$ );  $I^2 = 89\%$