

## Online Supplement

### **Disease severity in moderate-to-severe COVID-19 is associated with platelet hyperreactivity and innate immune activation**

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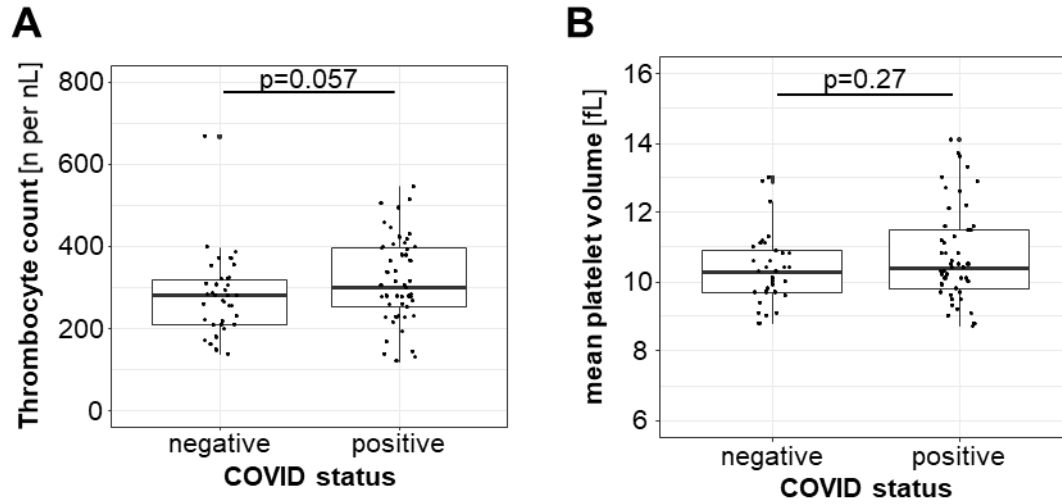
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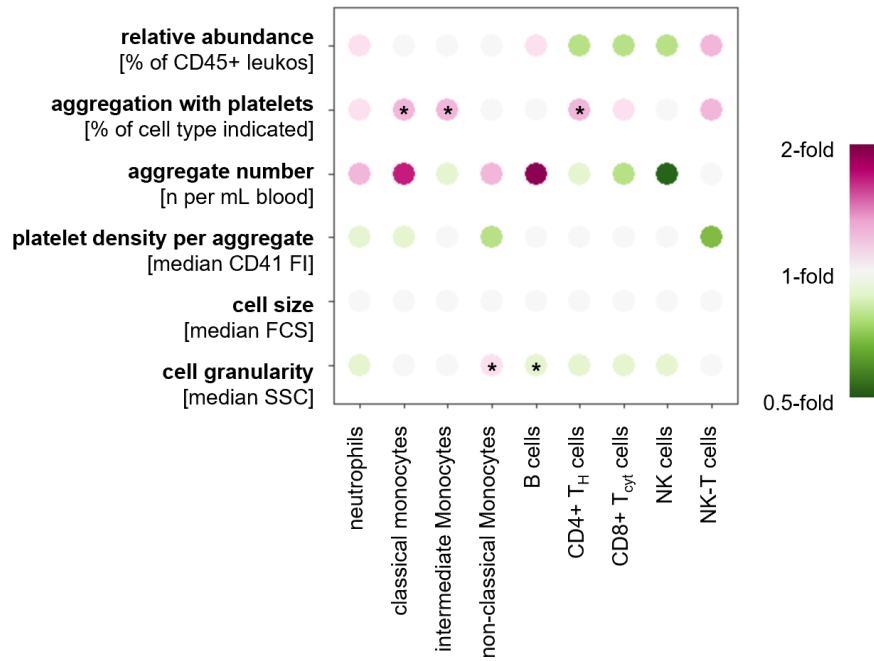
1 Supplemental Figures

supplemental Figure 1



**Supplemental Figure 1:** No significant differences between  $COV^{pos}$  and  $COV^{neg}$  were observed for platelet count (**A**) or MPV (**B**).

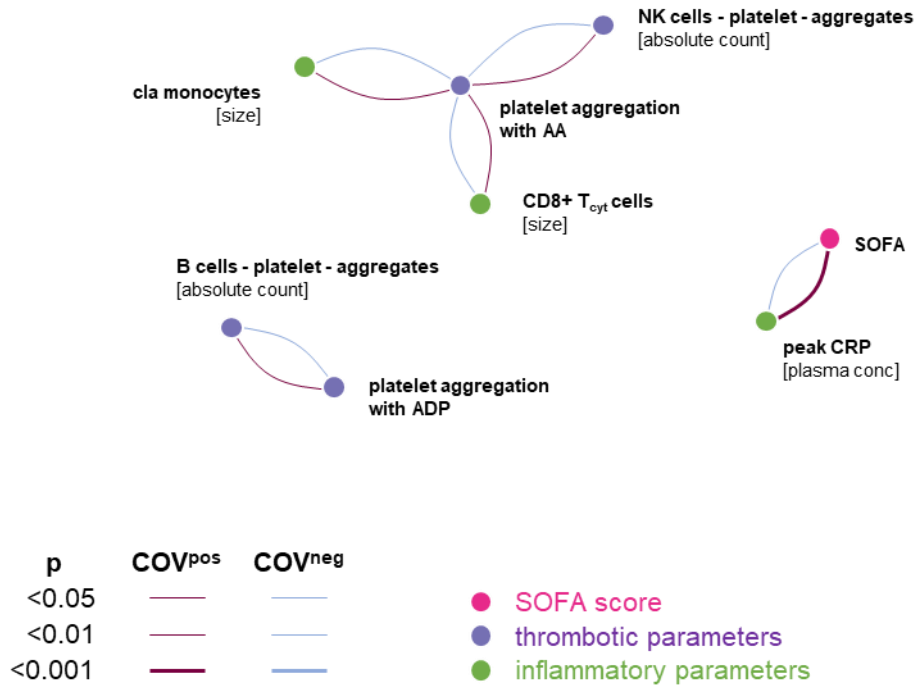
## supplemental Figure 2



**Supplemental Figure 2:** Bubble plot depicting differences in characteristics of main leukocyte subtypes in COV<sup>pos</sup> patients as compared to COV<sup>neg</sup> patients. Colors indicate level and direction of difference between groups. Parameters with significant differences between groups are marked with

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## supplemental Figure 3



**Supplemental Figure 3:** Correlations observed between parameters in COV<sup>pos</sup> (brown lines) and in COV<sup>neg</sup> (blue lines) patients. Spearman correlations were performed and are depicted for correlations with  $p < 0.05$ . All correlations are  $r > 0$ . No inverse correlations ( $r < 0$ ) were observed between the same parameters in both groups. SOFA score correlates strongly with peak CRP in COV<sup>pos</sup>, but only weakly in the COV<sup>neg</sup> group. cla monocytes: classical monocytes, int monocytes: intermediate monocytes; ncl monocytes: non-classical monocytes, T<sub>H</sub>: T helper cells, T<sub>cyt</sub>: cytotoxic T cells, NK cells: natural killer cells, peak CRP: highest CPR level during hospital stay.