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Supplementary appendix

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Tobacco product use and the risks of SARS-CoV-2 infection and COVID-19: current understanding and recommendations for future research

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Search strategy and selection criteria

We conducted a descriptive review of the manuscripts on COVID and tobacco that were published in the year 2020. On December 9, 2020, the UCSF librarian searched PubMed and Embase using the following terms: (Tobacco OR cigarette OR smoking OR electronic cigarettes OR e-cigarette OR tobacco OR snus OR dissolvables OR (ENDS AND nicotine) OR "nicotine delivery" OR "Tobacco Use Cessation Products" OR "nicotine replacement") AND (COVID-19 OR COVID 19 OR Coronavirus OR Coronaviridae OR SARS CoV-2 OR "Wuhan virus") AND((cohort OR case-control OR qualitative research OR random* OR control* OR "clinical trial" OR cross-sectional))389Embase:(('cigarette'/exp OR cigarette OR cigarettes OR 'smoking'/exp OR smoking OR 'electronic cigarettes'/exp OR 'electronic cigarettes' OR (electronic AND cigarettes) OR 'e cigarettes'/exp OR 'e cigarettes' OR 'tobacco'/exp OR tobacco OR 'snus'/exp OR snus OR dissolvables OR (ends AND ('nicotine'/exp OR nicotine)) OR 'nicotine delivery' OR 'tobacco use cessation products'/exp OR 'tobacco use cessation products' OR 'nicotine replacement') AND ('covid 19'/exp OR 'covid 19' OR (covid AND19) OR 'coronavirus'/exp OR coronavirus OR 'coronaviridae'/exp OR coronaviridae OR 'sars cov-2'/exp OR 'sars cov-2' OR(('sars'/exp OR sars) AND 'cov 2') OR 'wuhan virus'))AND 2020:py AND ('case control study'/de OR 'clinical trial'/de OR 'cohort analysis'/de OR 'comparative study'/de OR 'controlled study'/de OR 'cross sectional study'/de OR 'human'/de OR 'human experiment'/de OR 'interview'/de OR 'longitudinal study'/de OR 'major clinical study'/de OR 'metaanalysis'/de OR 'multicenter study'/de OR 'observational study'/de OR 'practice guideline'/de OR 'prospective study'/de OR 'randomized controlled trial'/deOR 'randomized controlled trial topic'/de OR 'retrospective study'/de OR 'structured questionnaire'/de OR 'systematic review'/de OR 'telephone interview/de) AND 'article'/itYellow were limits applied. Similar searches were also conducted on Web of Science (WoS): CINAHL: PsycINFO:Sociological Abstracts, after which duplicates and opinion pieces were then removed.

On August 30, 2021, we conducted a second descriptive review of manuscripts on COVID and tobacco. This review covered publications between December 9, 2020 and August 30, 2021. This second review utilized nearly identical search terms from the first review. The databases included were PubMed, Embrace, CINAHL, PsychInfo, Web of Science and Sociological Abstracts.

The final list consisted of 2151 articles. This list was then further assessed to remove commentaries, reviews, case reports and any articles not presenting original research findings. These decisions were confirmed or revised by an expert reviewer to produce a list of 913 research articles. These were then reviewed by two expert reviewers to remove any remaining articles that were not original research and to identify all papers that addressed "epidemiological evidence" on COVID and tobacco or "behavior changes" during the pandemic. This resulted in two final lists consisting of 389 (189 from 2020 and 200

from 2021) epidemiological papers and 248 (50 from 2020 and 198 from 2021) behavior papers. The list of "epidemiology" papers was then further reviewed by 4 expert reviewers to remove any remaining articles that did not present original research and collect the following information from the others: primary research question, if tobacco was a primary focus or included as a covariate, country of data origin, study design, sampling/recruitment, sample sizes, demographics, type of tobacco use (e.g., cigarettes, vaping, smokeless tobacco or hookah), status of tobacco use (i.e. current, past), covid outcomes measured, main findings, whether findings included multivariate ORs, univariate ORs or frequency comparisons addressing influence of tobacco on COVID-19-related outcomes (infection, hospitalization, progression, mortality). This information was then used to determine whether or not the article should be included in the review table; the 236 final articles were then categorized based on tobacco-related influence on outcomes and included in Supplemental Table 1 and the narrative summary in the text. Following the same criteria used for epidemiological studies, we reviewed 248 (50 from 2020 and 198 from 2021) behavioral studies on tobacco use during the COVID-19 pandemic, and then eliminated 161 that were not focused specifically on changes in tobacco use, stress, or perceptions of COVID-19 during the years of 2020 and 2021. The remaining 87 papers were examined by 2 expert reviewers to collect similar information as for the epidemiological studies.

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SAR-CoV-2	Tobacco (Smoking/Vaping/Smokeless Tobacco/Hookah) Effects								
Outcomes		Multivariate Mod	lels		Univariate Mode	ls	Comparison of Frequencies		
Direction of Association	Positive	Negative	None	Positive	Negative	None	Positive	Negative	None
Infection (testing positive	Colaneri ^{1,iii}	Colaneri ^{1,iii}	Liu, D ^{2,ii}	Albiges ^{3,ii}	Adorni ^{4,iv}		Amengual- Moreno ^{5, iv}	Auvinen ^{5,ii}	Tsigaris ^{6,iv}
for SAR-CoV- 2)	Gaiha ^{7, A, iii}	Ghinai ^{8,iii}	Zhu ^{9,ii}	Dev ⁱⁱ¹⁰	Cen, Y ^{11,iii}		Eapen ^{12,i}	Vila- Corcoles ^{13,iv}	Zhu ^{9,ii}
	Li, D ^{14, A, iv}	Gu ^{15,iii}	Dadgari ⁱⁱⁱ¹⁶	Mostafa ,A,B,iii17	De Lusignan ^{18,iii}		Ramachandran ¹⁹ , ⁱⁱ	Tsai ^{iv20}	Aung ^{A,iv21}
	Liu, K ^{22,iv}	Hull ^{23,iii}	Dayem ^{iv24}	Li D ^{iv14}	Heydari ⁱⁱⁱ²⁵		Izquierdo ^{iv26}	Jose ^{iv27}	Caliskan ⁱⁱ²⁸
	McQueenie ^{29,i} v	Vila- Corcoles ^{13,iv}	De Santi ⁱⁱ³⁰		Holuka ⁱⁱⁱ³¹			Kahlert ⁱⁱⁱ³²	Çeçen ⁱⁱ³³
	Wang ^{34,ii}	Abdulla ^{iv35}	Del Ser ⁱⁱ³⁶		Paleiron ⁱⁱ³⁷			Kantele ^{C, iii38}	Jose ^{A, iv27}
	Chen, DT ^{iv39}	Costantino ⁱⁱ⁴⁰	Dev ⁱⁱ¹⁰						
	Colaneri ⁱⁱⁱ⁴¹	Fernandez- Fuertes ⁱⁱ⁴²							
	Didikoglu ^{iv43}								
	Ho, FK ^{iv44}	Green ^{iv45}							
		Gu ^{iv46}							
	Prats-Uribe	Paleiron ⁱⁱ³⁷							
	Yoshikawa ^{iv48}	Prinelli ^{iv49}							
		Lee SC ⁱⁱⁱ⁵⁰							
		Lombardi ⁱⁱⁱ⁵¹							
Hospitalization	Alguwaihes ^{52,i}	Meini ^{53, A, ii}	Kim ^{54,iii}	Garrassino ^{55,} ii	Indes ^{56,ii}	Wang ^{57,iv}	Abohamr ^{58,ii}		Mohan ^{59,ii}
	Almazeedi ^{60,iii}	Zhou ^{61,62,ii}	Merzon ^{63,iii}	Luo ^{64,ii}			Amengual- Moreno ^{65,iii}		
	Cocconcelli ^{66,i}	Neira ^{iv67}	Patel ^{68,iv}	Petrilli ^{69,iii}			Mirsoleymani ^{B,ii70}		
l	Dashti ^{71,iv}	Prinelli ^{iv49}	Raisi ^{72,iii}	Neira ^{iv67}			Amanat ⁱⁱ⁷³		
	Hamer ^{74,iv}		Suleyman ^{75,ii}						

Table 1: Studies on the relationship between COVID-19 and tobacco product use

	Ho ^{76,iv}		Wang ^{57,iv}	Rosoff ^{iv77}				
	Izquierdo ⁱⁱ²⁶		Gamboa- Cárdenas ⁱⁱⁱ⁷⁸					
	Kivimaki		Ho, KS ⁱⁱⁱ⁷⁹					
	Lassale ^{80,iv}							
	Montiero ^{81,ii}							
	Petrilli ^{69,iii}							
	Regab ^{82,ii}							
	Soares ^{83,iv}							
	Didikoglu ^{iv43}							
	Fouad ⁱⁱ⁸⁴							
	Neira ^{iv67}							
	Rosoff ^{iv77}							
	Tenreiro ^{iv85}							
	Khalil ⁱⁱ⁸⁶							
	Lohia ⁱⁱⁱ⁸⁷							
Progression of Severity	Alguwaihes ^{52,i}	de Havenon ^{iv}	Argenziano ^{88,ii}	Albiges ^{3,ii}	Noh ⁱⁱ⁸⁹	Al-Ani ^{90,ii}	Abdulateef B,ii91	Jing ^{92,ii}
2	Hu,L ^{93,ii}	Prinelli ^{iv49}	Gu ^{94,iii}	Cocconcelli ⁶ _{6,ii}	Chen, Y ⁱⁱⁱ⁹⁵	Qu ^{96t,ii}	Ali ⁱⁱ⁹⁷	Tortonese ^{98,i}
	Jehi ^{99,iii}		Hamer ^{100,iv}	Islam ^{101, C,iii}	Farzan ⁱⁱ¹⁰²	Wang ^{103,iii}		Toussie ^{104,ii}
	Li, J ^{105,ii}		Ioannou ^{106,iv}	Jakob ^{107,iii}	Ghayyur ⁱⁱ¹⁰⁸	Zhang ^{109,ii}		Xiong ^{110,ii}
	Liu, W ^{111,ii}		Xu ^{112,ii}	Killerby ^{113,ii}		Zhan ^{114,ii}		Xu ^{112,ii}
	Palaiodimos ¹¹ _{5,ii}		Yanover ^{116,iii}	Tao ^{117,ii}		Abohamr ⁱⁱ⁵⁸		Zheng ^{118,ii}
	Tao ^{117,ii}		Zhan ^{114,ii}	Yu ^{119,ii}				Zhao ^{120_,ii}
	Zhao ^{120,ii}		Chen, Y ⁱⁱⁱ⁹⁵	Yılmaz ⁱⁱⁱ	 	Adams ^{A,iii121}		Abd ⁱⁱ
	Zhou ^{61,iii}		Han ⁱⁱ¹²²	Heydari ⁱⁱⁱ²⁵		Alberca ⁱⁱ¹²³		Akkoç ⁱⁱ¹²⁴
	Abbas ⁱⁱ¹²⁵		Ho, KS ⁱⁱⁱ⁷⁹	Pun ⁱⁱⁱ¹²⁵				
	Aboueshia ⁱⁱ¹²⁶			Rao ^{iv127}		Ali ⁱⁱ⁹⁷		Balaban Kocas ⁱ¹²⁸
	Adams ^{A,iii121}			Rosoff ^{iv77}		Amanat ⁱⁱ⁷³		Boyd ⁱⁱ¹²⁹

	Dai ⁱⁱⁱ¹³⁰			Htun ⁱⁱ¹³¹		Badr ⁱⁱ¹³²		Noh ⁱⁱ⁸⁹
	Del Ser ⁱⁱ³⁶			Jakob ⁱⁱⁱ¹⁰⁷		Bello-Chavolla ^{iv133}		Chen, S ⁱⁱⁱ¹³⁴
	Galluzzi ⁱⁱ¹³⁵			Li S ⁱⁱⁱ		Caliskan ⁱⁱ		
	Mohsin ⁱⁱⁱ¹³⁶					Cho ⁱⁱⁱ		
	Rachmawati ii137							
	Rosoff ^{iv77}							
	Khalil ⁱⁱ⁸⁶							
	Limaye ⁱⁱ¹³⁸							
	Lowe ⁱⁱⁱ¹³⁹							
	Mahabee- Gittens ⁱⁱⁱ¹⁴⁰							
Mortality	Abbas ^{125,ii}	Holman ^{141,iv}	Holman ^{141,iv}	Abbas ^{125,ii}	Klang ^{142,143,iii}	Abohamr ^{58,ii}	Dashti ^{71,iv}	Abohamr ⁱⁱ⁵⁸
	Albiges ^{3,ii}	Morgenthau ^{144,iii}	Ioannou ^{106,iv}	Adrish ^{145,iii}	Ramachandr an ^{19,ii}	Altschul ^{146,ii}		Al-Balas ⁱⁱ¹⁴⁷
	Alguwaihes ^{52,i}	Williamson ^{148, iv}	Li, D ^{14,iii14}	Chen ^{149,iii}	Gharebaghi 150ii	Bellan ^{151,iii}		Badr ⁱⁱ¹³²
	Almazeedi ^{60,iii}	Bhaskaran ^{iv152}	Liu, D ^{2,ii2}	Li ^{105,ii}	Ghazzay ⁱⁱ¹⁵³	Islam ^{101,iii101}		
	Bellan ^{151,iii}		Palaiodimos ^{115,ii}	Garrassino ^{55,} ii		Sorci ^{154,iii}		
	Chen ^{149,iii}		Qin ^{155,ii}	Luo ^{64,ii}		Zhao ^{120,ii}		
	Garassino ^{55,ii}		Soares ^{83iv}	Maciel ¹⁵⁶ⁱⁱ		Wang ^{157,ii}		
	Kuderer ^{158,ii}		Suleyman ^{75,ii}	Williamson ¹⁴ _{8, iv}				
	Klang ^{142,143,iii}		Wang ^{57,iv}	Heydari ⁱⁱⁱ²⁵		Anudeep ⁱ¹⁵⁹		
	Li, D ^{14, A,iii}		Zhao ^{120,ii}	Polverino iii160		Ayten ⁱⁱ¹⁶¹		
	Li, J ^{105,ii}		Bruce ⁱⁱⁱ¹⁶²	Siegler ^{iv163}		Chauhan ⁱⁱ¹⁶⁴		
	Liu, K ^{22,iv}		Dayem ^{iv24}	Li D ^{iv14}				
	Abdulla ^{iv35}		Chetboun ⁱⁱⁱ¹⁶⁵	Marimuthu ⁱⁱ¹				
	Aboueshia ⁱⁱ¹²⁶		de Havenon ^{iv167}					
	Ahmadi ^{iv168}		Emami ⁱⁱⁱ¹⁶⁹					
	Apea ⁱⁱⁱ¹⁷⁰		Ho, KS ⁱⁱⁱ⁷⁹					
	-		Kelly ^{iv171}					
	Bhaskaran ^{iv152}							

	aliskan ⁱⁱ²⁸				
	ai ⁱⁱⁱ¹³⁰				
	liott ^{iv172}				
	stiri ^{iv173}				
	errari ⁱⁱ¹⁷⁴				
	eker ^{iv175}				
Po	olverino ⁱⁱⁱ¹⁶⁰				
Pr iv4	ats-Uribe 7				
Q	uan ⁱⁱⁱ¹⁷⁶				
Si	ızuki ^{iv177}				
Т	ortolero ⁱⁱⁱ¹⁷⁸				
Y	oshikawa ^{iv48}				
K	halil ⁱⁱ⁸⁶				
M	agfira ^{iv179}				

Epidemiological papers were categorized through the descriptive review. Multivariate papers reported models that included tobacco and other variables, Univariate studies reported models that only examined tobacco use without other variables; comparisons of frequencies papers reported only comparisons of tobacco use frequencies. Positive association: tobacco use was harmful; negative association: tobacco use was protective; no association: no significant effects of tobacco use

All names refer to the name of the first author in the author list

Superscript - A; e-cigarette, B; hookah, and C; smokeless tobacco use. Unscripted references describe the effects of smoking combustible cigarettes

The sample size of each study is indicated (i; n=0-50, ii; n=51-1000, iii; n=1001-10000, iv; n \geq 10001).

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BEHAVIORAL I	NTERVENTIONS		COVID-19 context	
Population-level approaches	Brief Advice	Advice to stop using all tobacco (including chewing tobacco and e- cigarettes) during a course of routine consultation and/or interaction with health care worker	Vaccination Testing Hospitalization	
	Quit Lines	Telephone counseling service to provide both proactive and reactive counseling with follow up to provide ongoing support	During quarantine Outpatient care	
	Internet and mobile Tobacco cessation	Interventions delivered by internet, mobile phone texts to provide personalized tobacco cessation support.	During quarantine Outpatient care	
Individual specialist approaches	Intensive behavioral support	Multiple sessions of individual or group counseling. Cessation assistance and support to develop skills and strategies for changing behavior	Following COVID-19 treatment, long term support	
	Cessation clinics	To offer intensive behavioral support, and where appropriate medications or advice, by specially trained practitioners	Following COVID-19 treatment, long term support	
PHARMACOLO	GICAL INTERVEN	ITIONS		
Nicotine replacement therapies (NRTs)		Gums, lozenges, patches, inhalers and nasal spray used as aids to cessation with gradual reduction of use over time	During COVID-19 hospitalization and treatment	
Non-nicotine phar	macotherapies	Varenicline, Cytisine (not approved the US), Bupropion	During COVID-19 treatment Following treatment, second line	

Adopted in part from WHO Framework on Tobacco Control.

Cessation resources in the US include the <u>North American Quitline Consortium</u>, National Cancer Institute <u>smokefree.gov</u> website; and the BecomeAnEX from the Truth Initiative. World Health Organization provides <u>training</u> and resources for cessation internationally.

Cessation programs geared towards adolescents and young adults include – My Life, My Quit From National Jewish Health; This is Quitting from the Truth Initiative, Not-on-Tobacco from the American Lung Association; Smokefree TXT from the National Center Institute; Aspire from MD Anderson, and Healthy Futures from Stanford Tobacco Prevention Toolkit.

Panel 2: Assessment of tobacco product use

A. Brief Tobacco Use Reporting (e.g., during hospital admiss	sion)
Former = No use in the past 12 months	
 Smoker (tobacco):CurrentFormerNever Vaping:CurrentFormerNever If currently vaping, specify type: Nicotine Marijuana, THC/Concentrates, hash oil, wax Other substance, please specify Hookah:CurrentFormerNever Cigars/Cigarillos:CurrentFormerNever Chewing Tobacco (snus, snuff):CurrentFormerNever 	
B. Self-Reported measures for Epidemiologic Studies	
1. Screening for Current Use: In the past 30 days have you ever used, even just a puff?	Cigarettes Cigarillos/little cigars Large Cigars Vape Device Hookah Chewing
tobacco/Snus/Snuff	None of the above Prefer to not answer
 2. Detailed measures of use for Current Users in Q1. [If current cigarette smoker] 2a. Have you smoked more than 100 cigarettes over 2b. On days you smoke, about how many cigaretter 2c. Lifetime Pack-years of cigarette use [If current cigarillo user] 2d. On days you smoke, how many cigarillos do you smoke, how many cigarillos do you smoke, how many cigarillos do you [If current cigar user] 2e. How many large cigars per month [If current Electronic Nicotine Device user] 2f. How many puffs per day 	er lifetime (yes/no) s per day do you smoke ou smoke per day