Table S1. Articles on COVID-19 infection with more than 50 CHD patients

<table>
<thead>
<tr>
<th>Authors, Country</th>
<th>Study design/Inclusion criteria</th>
<th>N</th>
<th>N adults age (years)</th>
<th>Suspected COVID+ (n)</th>
<th>Confirmed COVID+ (n)</th>
<th>Age (years)</th>
<th>Sex</th>
<th>Definition of moderate/severe infection</th>
<th>Moderate/severe infection</th>
<th>Death</th>
<th>Old disease (Not hospitalized)</th>
<th>Hospitalized</th>
<th>Hospitalized with ventilation, inotropic support</th>
<th>ICV complication</th>
<th>Current medications</th>
<th>Comorbidities associated with severe infection (OR: p value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohammadrezaee et al, Iran(3)</td>
<td>Single center telephone survey</td>
<td>70</td>
<td>Unknowns</td>
<td>Confirmed COVID+40 adults (28%)</td>
<td>Confirmed COVID+18 (6%)</td>
<td>Age: 44-72 Mean: 39 ± 15</td>
<td>Sex: 46%</td>
<td>Death or Hospitalization</td>
<td>57/40 (17%)</td>
<td>25/18 COVID+</td>
<td>1/10 COVID+</td>
<td>3/18 COVID+</td>
<td>No further details</td>
<td>Unknown</td>
<td>Yes including ACE inhibitors</td>
<td>Unknown</td>
</tr>
<tr>
<td>Taha et al, Iran(1)</td>
<td>Asymptomatic adult congenital heart disease patients age ≥18 years with ≥2 visits during last year of primary office or study hospital</td>
<td>72</td>
<td>Unknowns</td>
<td>Confirmed COVID+ 65 adults (89%)</td>
<td>Confirmed COVID+ 4 (6%)</td>
<td>Age: 18-76 Mean: 38 ± 15</td>
<td>Sex: 55%</td>
<td>Death or Hospitalization</td>
<td>47/65 (72%)</td>
<td>2/4 COVID+</td>
<td>3/65 COVID+</td>
<td>1/4 COVID+</td>
<td>Unknown</td>
<td>Yes including ACE inhibitors</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>
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Articles with fewer than 50 patients, or only pediatric patients or Down syndrome patients were included.

*CV (cardiovascular) complication: Any of: palpitation/arrhythmia, chest pain, myocardial injury (troponin T above 99th percentile upper reference limit, heart failure, stroke/transient ischaemic attack (TIA), pulmonary hypertension, pericardial effusion, or respiratory failure.

**Complex congenital anatomy: Any of: Unrepaired or palliated cyanotic heart defect; status post Fontan procedure; single ventricle physiology; pulmonary atresia; transposition of the great arteries; truncus arteriosus; or abnormalities of the ativoventricular or ventriculoarterial connection.

***Comorbidities: Arterial hypertension, diabetes, atherosclerotic disease (stroke or coronary artery disease), obstructive lung disease, immunocompromised, cancer, liver disease/cirrhosis or renal failure.

Same patient. *Same patient.

Abbreviations:

IQR interquartile range. OR odds ratio. N number of patients.

Suspected COVID-19 infection: Infection diagnosis based on symptoms consistent with COVID-19 infection and other clinical feature(s).

COVID+: Confirmed infection by polymerase chain reaction (PCR) test and/or other test (see table).

ACHD adult congenital heart disease. BAV bicuspid aortic valve. BMI body mass index. CHD congenital heart disease. CPAP continue positive airway pressure. CT chest thoracic computed tomographic imaging. ED Emergency department.

ECMO extracorporeal membrane oxygenation. ICU intensive care unit. ELISA enzyme-linked immunosorbent assay. HF heart failure. MPAP mean pulmonary artery pressure in mmHg. PH pulmonary hypertension. TIA transient ischaemic attack. TVR tricuspid valve replacement. USA United States of America.

Yuan S, Oechslin E. *Heart* 2021;0:1–3. doi: 10.1136/heartjnl-2021-319054
References


