

Supplementary Online Content

Supplementary Table 1. Search Strategy

Database:

1. Ovid MEDLINE(R) ALL <1946 to May 24, 2021>

#	Query
1	exp Myocardial Ischemia/
2	(Myocardial Ischemia or Acute myocardial ischemia or Myocardial ischaemia recurrent or "Myocardial infarction due to demand ischemia").mp.
3	exp Acute Coronary Syndrome/
4	(Acute coronary insufficiency or Acute Coronary Syndrome or Non ST segment elevation acute coronary syndrome).mp.
5	exp Myocardial Infarction/
6	(Myocardial Infarction or Acute myocardial infarction subendocardial infarction or Acute myocardial infarction or Subendocardial myocardial infarction or Subsequent myocardial infarction or "Subsequent myocardial infarction of anterior wall" or "Subsequent myocardial infarction of inferior wall" or "Observation for suspected myocardial infarction" or transmural myocardial infarction posterior wall or acute myocardial infarction complications or infarction myocardial nontransmural or infarction myocardial subsequent lateral or Transmural myocardial infarction or transmural myocardial infarction inferior wall or anterior wall transmural myocardial infarction or infarction myocardial transmural lateral or infarction myocardial transmural septal or Postmyocardial infarction syndrome or Anterolateral Myocardial Infarction or Anterior myocardial infarction or Inferior Wall Myocardial Infarction).mp.
7	exp ST Elevation Myocardial Infarction/
8	(ST segment elevation myocardial infarction or Non STEMI or "ST elevation STEMI myocardial infarction of anterior wall" or "ST elevation STEMI myocardial infarction of inferior wall" or "ST elevation STEMI myocardial infarction of other sites" or "ST elevation STEMI myocardial infarction of unspecified site" or ST elevation STEMI myocardial infarction involving left main coronary artery or ST elevation STEMI myocardial infarction involving diagonal coronary artery or ST elevation STEMI myocardial infarction involving right coronary artery or ST elevation STEMI myocardial infarction involving oblique marginal coronary artery or ST elevation STEMI myocardial infarction involving left circumflex coronary artery or ST elevation STEMI myocardial infarction involving other sites or "Subsequent ST elevation STEMI and non ST elevation NSTEMI myocardial infarction" or "Subsequent ST segment elevation myocardial infarction of anterior wall" or "Subsequent ST elevation STEMI myocardial infarction of other sites" or "Subsequent ST elevation STEMI myocardial infarction of unspecified site" or "Subsequent ST segment elevation myocardial infarction of inferior wall" or ST elevation STEMI myocardial infarction involving left anterior descending coronary artery or "ST elevation STEMI myocardial infarction involving other coronary artery of anterior wall" or "ST elevation STEMI myocardial infarction involving other coronary artery of inferior wall" or "Certain current complications following ST elevation STEMI and non ST elevation NSTEMI myocardial infarction within the 28 day period ").mp.
9	exp Non-ST Elevated Myocardial Infarction/
10	(Non ST elevation NSTEMI myocardial infarction or "Certain current complications following ST elevation STEMI and non ST elevation NSTEMI myocardial infarction within the 28 day period ").mp.
11	exp Angina, Unstable/

12	(Angina Unstable or New onset unstable angina pectoris or "Atherosclerotic heart disease of native coronary artery with unstable angina pectoris").mp.
13	exp Coronary Disease/
14	(Coronary heart disease or Coronary Artery Disease or "Atherosclerotic heart disease of native coronary artery with angina pectoris" or "Atherosclerotic heart disease of native coronary artery with unstable angina pectoris").mp.
15	exp Coronary Artery Disease/
16	exp Myocardial Revascularization/
17	(Myocardial Revascularization or Lasers Ho:YAG Percutaneous Myocardial Revascularization or Myocardial infarction associated with revascularization procedure or Catheters Cardiac Laser Percutaneous Myocardial Revascularization).mp.
18	exp Myocardial Reperfusion/
19	(Myocardial Reperfusion or Myocardial Reperfusion Injury).mp.
20	exp Angioplasty/
21	(Angioplasty or Coronary angioplasty or Angioplasty Balloon or Angioplasty catheter or Angioplasty Balloon Coronary or CATHETER ANGIOPLASTY PERIPHERAL TRANSLUMINAL or BALLOON HEATED PERIPHERAL ANGIOPLASTY or Catheters Vascular Guiding or Angioplasty balloon catheter).mp.
22	exp Angioplasty, Balloon/
23	exp Angioplasty, Balloon, Coronary/
24	exp Atherectomy, Coronary/
25	exp Percutaneous Coronary Intervention/
26	(Percutaneous Coronary Intervention or Percutaneous Transluminal Coronary Angioplasty or ptca lad or Post percutaneous transluminal coronary angioplasty or Percutaneous transluminal coronary angioplasty multiple vessels or Single vessel PTCA or Coronary angioplasty balloon catheter or Percutaneous Transluminal Coronary Angioplasty PTCA Catheters).mp.
27	exp Coronary Artery Bypass/
28	exp Coronary Thrombosis/
29	(Bypass of one coronary artery or Coronary Artery Bypass Surgery or coronary artery graft device).mp.
30	(Coronary Thrombosis or "Coronary thrombosis not resulting in myocardial infarction" or thrombosis coronary graft or Coronary bypass thrombosis or Coronary stent thrombosis or Intraluminal coronary thrombosis).mp.
31	(Coronary Thrombosis or "Coronary thrombosis not resulting in myocardial infarction" or thrombosis coronary graft or Coronary bypass thrombosis or Coronary stent thrombosis or Intraluminal coronary thrombosis).mp.
32	((((coronar* or myocardi*) adj3 (disease* or isch?emia* or infarct* or syndrome* or occlusi* or obstruct*)) or ((heart or cardi*) adj3 (isch?emia* or infarct* or attack*)) or (CHD or IHD) or ((coronar* or myocardi* or heart*) adj3 (angioplast* or bypass* or reperfus* or revasculari* or stent* or balloon* or interven* or atherect*))).mp. or (CABG or PTCA or PPCI or PCI).ti,ab.
33	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32
34	COVID-19/
35	(COVID19 disease or COVID 19 convalescent plasma or Suspected COVID 19 or COVID 19 respiratory infection or Asymptomatic SARS CoV 2 or COVID 19 drug treatment).mp.
36	SARS-CoV-2/

37	(SARS CoV 2 Sclamp or Pneumonia caused by SARS CoV 2 or SARS CoV 2 carrier or SARS CoV 2 sepsis or SARS CoV 2 viremia or Anti SARS CoV 2 IgY or Anti SARS CoV 2 immunoglobulin or Suspected COVID 19 or SARS CoV 2 test positive or SARS CoV 2 test negative or "Occupational exposure to SARS CoV 2").mp.
38	Severe Acute Respiratory Syndrome/
39	SARS Virus/
40	(Severe Acute Respiratory Syndrome or SARS CoV 2 Sclamp or "Exposure to SARS CoV 2" or Pneumonia caused by SARS CoV 2 or SARS CoV 2 carrier or SARS CoV 2 sepsis or SARS CoV 2 viremia).mp.
41	Coronavirus/
42	(Coronavirus Infections or Genus: Coronavirus or Coronavirus pneumonia or Human coronavirus or SARS coronavirus).mp.
43	exp COVID-19 Testing/
44	(COVID 19 Testing or COVID 19 testing administered by pharmacist).mp.
45	Pandemics/
46	Pandemic association.mp.
47	(COVID* or SARS* or coronavir* or nCoV*).mp. or ((novel* or Wuhan*).mp. adj3 *virus/) or pandemic*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
48	34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47
49	exp Australia/
50	exp New Zealand/
51	exp Bangladesh/
52	exp Brunei/
53	exp Cambodia/
54	exp United Arab Emirates/
55	exp Hong Kong/
56	exp India/
57	exp Indonesia/
58	exp Iran/
59	exp Japan/
60	exp Korea/
61	exp Malaysia/
62	exp Mongolia/
63	exp Myanmar/
64	exp Nepal/
65	exp Pakistan/
66	exp Philippines/
67	exp Singapore/
68	exp Sri Lanka/
69	exp Taiwan/
70	exp Thailand/
71	exp Vietnam/
72	(Australia* or New Zealand* or Bangladesh* or Cambodia* or Emirat* or UAE* or United Arab Emirat* or Hong Kong* or India* or Indonesia* or Iran* or Japan* or Korea* or Malaysia* or

	Mongolia* or Myanm* or Burm* or Nepal* or Pakistan* or Philippines* or Filip* or Singapore* or Sri Lanka* or Taiwan* or Thai* or Viet*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
73	49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72
74	33 and 48 and 73

Supplementary Table 2. Characteristics of the studies included in the meta-analysis and systematic review

(N = 31)

First author, year	Location (Country and City)	Study design and study duration	Total sample size	Males	Mean (SD) or Median age (IQR)	Total no. of all-cause mortality (%)	Total no. of ICU admissions	No. with CMRF (%)	NOS Quality score
Alamdari et al, 2020 ¹	Iran	Retrospective cross-sectional, 30/1/2020 to 5/4/2020	459	320 (69.7)	61.8, SD = 11.9	185 (40.3)	63 (13.7)	<ul style="list-style-type: none"> DM = 119 (25.2) HTN = 214 (46.6) CVD = 185 (40.3) Obesity = 36 (7.8) <p>CVD = coronary heart disease</p>	8
Baqi et al, 2021 ²	Pakistan	Retrospective observational, 24/4/2020 to 24/8/2020	299	221 (73.9)	60, IQR = 50-65	95/252 (37.6)	166/252 (65.9)	<ul style="list-style-type: none"> DM = 153 (51.2) HTN = 150 (50.3) CVD = 45 (15.0) Obesity = 23 (7.7) <p>CVD defined as ischemic heart disease</p>	7
Chen et al, 2020 ³	China, Hubei	Retrospective cohort, 15/1/2020 to 26/3/2020	792	432 (27.1)	55, IQR = 36-68	68 (8.6)	94 (11.9)	<ul style="list-style-type: none"> DM = 142 (17.9) HTN = 215 (27.1) 	9
Cho et al, 2020 ⁴	Korea	Retrospective cohort, 1/2/2020 to 15/5/2020	7327	2964 (40.5)	47, SD = 19	223 (3.0)	-	<ul style="list-style-type: none"> DM = 1223 (16.7) HTN = 1559 (21.3) 	9
Deeb et al, 2021 ⁵	Abu Dhabi	Retrospective observational, 1/3/2020 to End May	1075	972 (90.4)	51, SD = 306	101 (9.4)	-	<ul style="list-style-type: none"> DM = 284 (26.4) HTN = 214 (19.9) CVD = 87 (8.9) <p>CVD defined as a composite of ischemic heart disease and heart failure, individual subgroup numbers not indicated</p>	7
Du et al, 2020 ⁶	China, Wuhan	Retrospective cohort, 15/14/2020 to 14/3/2020 Median follow-up time = 42 days	164	84 (51.2)	61.8, SD = 13.6	6/164 (3.7)	-	<ul style="list-style-type: none"> DM = 31 (18.9) HTN = 52 (31.7) CVD = 23 (14.0) Obesity = 55 (33.5) HLD = 63 (38.4) Smoking history = 17 (10.4) <p>CVD = cardio-cerebrovascular disease</p>	7
Eskandari an et al, 2021 ⁷	Iran	Prospective cohort, 03/2020 to 11/2020	3008	1684 (56.0)	59.3, SD = 18.7	373 (12.4)	-	<ul style="list-style-type: none"> DM = 588 (19.5) HTN = 695 (23.1) CVD = 586 (19.5) Smoking history = 50 (1.7) 	7

Goshayehi et al, 2020 ⁸	Iran	Retrospective cohort, 5/3/2020 to 12/5/2020	1278	793 (62)	56.9 SD = 18.7	353 (27.6)	151 (11.8)	<ul style="list-style-type: none"> DM = 208 (16.3) HTN = 172 (13.5) CVD = 268 (21.0) 	9
								CVD = cardiovascular disorder	
Gupta et al, 2021 ⁹	India	Prospective observational, 28/3/2020 to 31/8/2020	710	530 (74.6)	48.4 SD = 16.4	50 (7.0)	65 (9.2)	<ul style="list-style-type: none"> DM = 52 (7.5) HTN = 87 (12.0) 	7
								CVD = heart disease	
Hatami et al, 2021 ¹⁰	Iran	Retrospective observational, 20/2/2020 to 14/5/2020	665	370 (55.6)	59.5 SD = 16.7	-	118 (17.7)	<ul style="list-style-type: none"> DM = 182 (27.5) HTN = 222 (33.5) CVD = 130 (19.5) Obesity = 92 (28.0) 	9
He et al, 2021 ¹¹	China, Wuhan	Retrospective cohort 20/1/2020 to 10/4/2020	173	111 (64.2)	73 IQR = 64-80.5	87 (50.3)	-	<ul style="list-style-type: none"> DM = 29 (16.8) HTN = 72 (41.6) CVD = 29 (16.8) 	9
								CVD defined as coronary heart disease	
Islam et al, 2020 ¹²	Bangladesh	Retrospective observational, March to June 2020	1016	651 (64.1)	37 IQR = 28-49	25 (2.5)	-	<ul style="list-style-type: none"> DM = 179 (17.6) HTN = 145 (14.3) CVD = 40 (3.9) Smoking history = 185 (18.2) 	7
Khoshnood et al, 2020 ¹³	Iran	Retrospective cohort, 22/2/2020 to 30/5/2020	1083	671 (61.9)	50.8 SD = 19.3	131 (12.1)	-	<ul style="list-style-type: none"> DM = 134 (12.4) HTN = 157 (14.5) CVD = 150 (13.9) 	9
								CVD defined as cardiovascular disease	
Kim et al, 2021 ¹⁴	Korea	Retrospective cohort, 3 years prior COVID-19 patient diagnosis to 23 May 2020.	7590	3095 (40.8)	46.7 SD = 19.8	-	-	<ul style="list-style-type: none"> DM = 1635 (21.5) HTN = 1957 (25.8) CVD = 670 (8.8) 	8
								CVD defined as ischemic heart disease	
Kim et al, 2021 ¹⁵	Korea	Retrospective cohort, 18/2/2020 to 10/7/2020	2254	808 (35.8)	57 IQR = 42-72	179 (7.9)	159 (7.1)	<ul style="list-style-type: none"> DM = 375 (16.6) HTN = 646 (28.7) CVD = 110 (4.88) Obesity = 426 (18.9) Smoking history = 155 (6.9) 	9
								CVD defined as ischemic heart disease	
Kim et al, 2020 ¹⁶	Korea	Retrospective cohort, All COVID-19 patients up to 30/4/2020	2959	1179 (39.8)	-	-	133 (4.49)	<ul style="list-style-type: none"> DM = 431 (14.6) HTN = 697 (23.6) CVD = 112 (3.8) Obesity = 1781 (60.2) 	9
Lee et al, 2020 ¹⁷	Korea	Retrospective cohort All COVID-19 up to 15/5/2020	7339	2970 (40.1)	47.1 SD = 19	227 (3.1)	927 (12.6)	<ul style="list-style-type: none"> DM = 857 (11.6) HTN = 1373 (18.6) CVD = 455 (6.2) 	9
								CVD defined as cardiovascular and cerebrovascular disease	

Marimuthu et al, 2021 ¹⁸	India	Record-based longitudinal study 06/2020 to 09/2020, patients followed till discharge or death from the hospital	854	483 (56.6)	45.3 SD = 17.2	87 (10.2)	-	<ul style="list-style-type: none"> DM = 200 (23.4) HTN = 198 (23.2) CVD = 37 (4.3) Smoking history = 10 (1.2) 	9
Moftakhar et al, 2021 ¹⁹	Iran	Retrospective observational 03/2020 to 09/2020 followed up till final outcome	16391	8940 (54.6)	38 IQR = 30-51	691/16391 (4.2)	-	<ul style="list-style-type: none"> DM = 1365 (8.3) HTN = 896 (5.5) CVD = 815 (5.0) HLD = 52 (0.3) 	9
Mohandas et al, 2021 ²⁰	India	Retrospective cohort 8/4/2020 to 7/8/2020	3345	2314 (69.2)	47.6 SD = 16.7	142 (4.2)	13.2%	<ul style="list-style-type: none"> DM = 1240 (37.1) HTN = 974 (29.1) CVD = 200 (6.0) 	7
Nikpouraghdam et al, 2020 ²¹	Iran	Retrospective cohort 19/2/2020 to 15/4/2020	2964	1955 (66.0)	Mean: 55.5 SD = 15.2 Median: 56 IQR = 46-65	239 (8.1)	-	<ul style="list-style-type: none"> DM = 113 (3.81) HTN = 59 (2.0) CVD = 37 (1.3) 	9
Priya et al, 2021 ²²	India	Cross-sectional Patients included from 03/2020 to 08/2020. Study period was from 09/2020 to 10/2020	4530	2720 (60.0)	Mean = 46.6 Median = 48	381 (8.4)	-	<ul style="list-style-type: none"> DM = 638 (14.1) HTN = 289 (6.4) CVD = 53 (1.2) 	9
Rashidi et al, 2021 ²³	Iran	Prospective cohort 20/2/2020 to 10/4/2020, followed up for a minimum of 45 days after hospital discharge	1529	832 (54.4)	56 IQR = 32-80	51 (3.3)	-	<ul style="list-style-type: none"> DM = 274 (17.9) HTN = 438 (28.7) CVD = 186 (12.2) Obesity = 206 (13.5) 	9
Sharif et al, 2021 ²⁴	Bangladesh	Retrospective observational 10/12/2020 to 10/02/2021	799	526 (65.8)	49 SD = 7.8	40%	-	<ul style="list-style-type: none"> DM = 32.7% CVD = 42.2% Obesity = 18% 	8
Shi et al, 2020 ²⁵	China, Wuhan	Retrospective cohort 1/1/2020 to 8/1/2020	306	75 (49.0)	64 IQR = 56-72	47 (18.4)	39 (15.2)	<ul style="list-style-type: none"> DM = 153 (50.0) HTN = 131 (51.2) CVD = 49 (19.1) Smoking history = 16 (6.3) 	9
Surendra et al, 2021 ²⁶	Indonesia	Retrospective cohort 2/3/2020 to 31/7/2020	4265	2217 (52%)	46 IQR = 32-57	497 (12%)	102 (3%)	<ul style="list-style-type: none"> DM = 501 (12%) HTN = 795 (19%) CVD = 392 (10%) 	9
Terada et al, 2021 ²⁷	Japan	Observational cohort 16/1/31 to 31/5/2020	3373	2062 (61.1)	non-severe, n = 2196: age (median	243 (7.2)	-	<ul style="list-style-type: none"> DM = 562 (16.7) HTN = 623 (18.5) CVD = 183 (5.4) Obesity = 178 (5.3) HLD = 333 (9.87) 	9

					IQR)) = 50 (35, 64) severe, n = 1180: age (median IQR)) = 67 (53, 78)				CVD consists of myocardial infarction, congestive heart failure, peripheral vascular disease	
Wei et al, 2021 ²⁸	China, Multicente red	Retrospective observational 3/1/2020 to 26/2/2020, followed up till 8/3/2020	498	259 (52.0)	49 IQR = 37- 59	10 (2.0)	56 (11.2)	<ul style="list-style-type: none"> • DM = 43 (86.3) • HTN = 81 (16.2) • HLD = 14 (2.8) 	8	
Yan et al, 2020 ²⁹	China	Retrospective cohort 13/1/2020 to 13/4/2020	1160	606 (52.2)	Median = 46 Q1, Q3 - 33.0, 57.0	-	158/1160 (13.6)	<ul style="list-style-type: none"> • DM = 89 (7.7) • HTN = 188 (16.2) • CVD = 73 (6.3) 	9	
You et al, 2020 ³⁰	Korea	Retrospective observational 20/1/2020 to 31/3/2020 followed up until death from COVID-19 or discharge from hospital	5473	2439 (44.6)	-	84 (1.5)	154 (2.8)	<ul style="list-style-type: none"> • DM = 495 (9.0) • HTN = 1064 (19.4) 	9	
Yu et al, 2020 ³¹	China, Shanghai	Retrospective observational all confirmed cases up to 19/2/2020	333	172 (51.7)	50 IQR = 35- 63	-	-	<ul style="list-style-type: none"> • DM = 28 (8.4) • HTN = 64 (19.2) • CVD = 24 (7.2) • Obesity = 146 (43.8) • Smoking = 26 (7.8) 	9	

Did not state what
CVD constitutes in
the study

CMRF, cardiometabolic risk factors; CVD, cardiovascular disease; DM, diabetes mellitus; HLD, hyperlipidaemia; HTN, hypertension; IQR, interquartile range; SD, standard deviation

Supplementary Table 3. Pooled incidence and prevalence rates of mortality, ICU admission rates and cardiometabolic factors

Factors	Number of studies	Pooled rates (95% CI)
Mortality	26	9.4% (6.5%-13.3%)
ICU admission	9	9.6% (6.3%-14.3%)
DM	26	18.2% (14.0%-23.2%)
Hypertension	25	20.6% (15.5%-27.0%)
Cardiovascular diseases	22	9.5% (6.3%-13.9%)
Obesity	8	9.5% (6.0%-14.7%)
Smoking	7	7.0% (3.0%-15.4%)
Hyperlipidemia	3	2.1% (0.4%-10.2%)

CI, confidence intervals; DM, diabetes mellitus; ICU, intensive care unit

Supplementary Table 4. Risk of bias assessment of studies using the Newcastle-Ottawa Score (NOS)

Author (Year)	Patients with CVRF or CVD (exposure) truly/somewhat representative of the community	Patients without CVRF or CVD drawn from the same community	Ascertainment of CVRF or CVD	Outcome of interest (mortality/ ICU admission) not present at the start of study	Cohorts adjusted for age	Cohorts adjusted for other important confounding factors	Quality of outcome assessment	Follow-up/observation long enough for outcomes to occur	Adequacy of following-up of cohorts	NOS Quality score
Alamdari et al, 2020 ¹	✓	✓	✓	✓	✗	✓	✓	✓	✓	8
Baqi et al, 2021 ²	✓	✓	✓	✓	✗	✗	✓	✓	✓	7
Chen et al, 2020 ³	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Cho et al, 2020 ⁴	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Deeb et al, 2021 ⁵	✓	✓	✓	✓	✓	✓	✓	✗	✗	7
Du et al, 2020 ⁶	✓	✓	✓	✓	✓	✓	✓	✗	✗	7
Eskandarian et al, 2021 ⁷	✓	✓	✓	✓	✗	✗	✓	✗	✓	7
Goshayeshi et al, 2020 ⁸	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Gupta et al, 2021 ⁹	✓	✓	✓	✓	✗	✗	✓	✓	✓	7
Hatami et al, 2021 ¹⁰	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
He et al, 2021 ¹¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Islam et al, 2020 ¹²	✓	✓	✓	✓	✗	✗	✓	✓	✓	7
Khoshnood et al, 2020 ¹³	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Kim et al, 2021 ¹⁴	✓	✓	✓	✗	✓	✓	✓	✓	✓	8
Kim et al, 2021 ¹⁵	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Kim et al, 2020 ¹⁶	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Lee et al, 2020 ¹⁷	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Marimuthu et al, 2021 ¹⁸	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Moftakhar et al, 2021 ¹⁹	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Mohandas et al, 2021 ²⁰	✓	✓	✓	✓	✗	✗	✓	✓	✓	7
Nikpouraghdam et al, 2020 ²¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Priya et al, 2021 ²²	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Rashidi et al, 2021 ²³	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Sharif et al, 2021 ²⁴	✓	✓	✓	✓	✓	✓	✓	✓	✗	8
Shi et al, 2020 ²⁵	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Surendra et al, 2021 ²⁶	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Terada et al, 2021 ²⁷	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Wei et al, 2021 ²⁸	✓	✓	✓	✓	✓	✓	✓	✗	✓	8
Yan et al, 2020 ²⁹	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
You et al, 2020 ³⁰	✓	✓	✓	✓	✓	✓	✓	✓	✓	9
Yu et al, 2020 ³¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	9

Supplementary Table 5. Sensitivity analysis performed based on regional differences between North and South Asia for Mortality

Clinical characteristics	No. of included studies	Pooled (95% CI)	OR	p-value	Test for heterogeneity: chi-squared	df	p-value	I ²
DM	24	2.85 (2.25-3.62)		<0.001	222.62	23	<0.001	90.22%
<i>North Asia</i>	8	3.56 (2.33-5.43)		<0.001	43.66	7	<0.001	89.71%
<i>South Asia*</i>	16	2.55 (1.94-3.37)		<0.001	147.42	15	<0.001	89.14%
Hypertension	23	2.51 (1.93-3.27)		<0.001	250.93	22	<0.001	91.14%
<i>North Asia</i>	8	3.17 (1.91-5.27)		<0.001	89.9	7	<0.001	92.02%
<i>South Asia*</i>	15	2.21 (1.66-2.95)		<0.001	139.14	14	<0.001	88.82%
CVD	19	2.75 (2.09-3.62)		<0.001	115.48	18	<0.001	86.26%
<i>North Asia</i>	5	4.37 (3.23-5.92)		<0.001	10.96	4	0.027	64.81%
<i>South Asia*</i>	14	2.28 (1.68-3.20)		<0.001	92.9	13	<0.001	85.79%
<i>CVD-only subgroup†</i>	15	2.33 (1.73-3.16)		<0.001	90.52	14	<0.001	83.73%
HLD	2	1.07 (0.70-1.61)		0.76	0.78	1	0.38	0
Obesity	4	1.18 (0.74-1.89)		0.49	7.08	3	0.069	60.48%
Smoking	6	1.83 (0.93-3.58)		0.079	28.42	5	<0.001	83.04%

*Inclusive of Indonesia

† refers to CVD with cerebrovascular diseases and heart failure

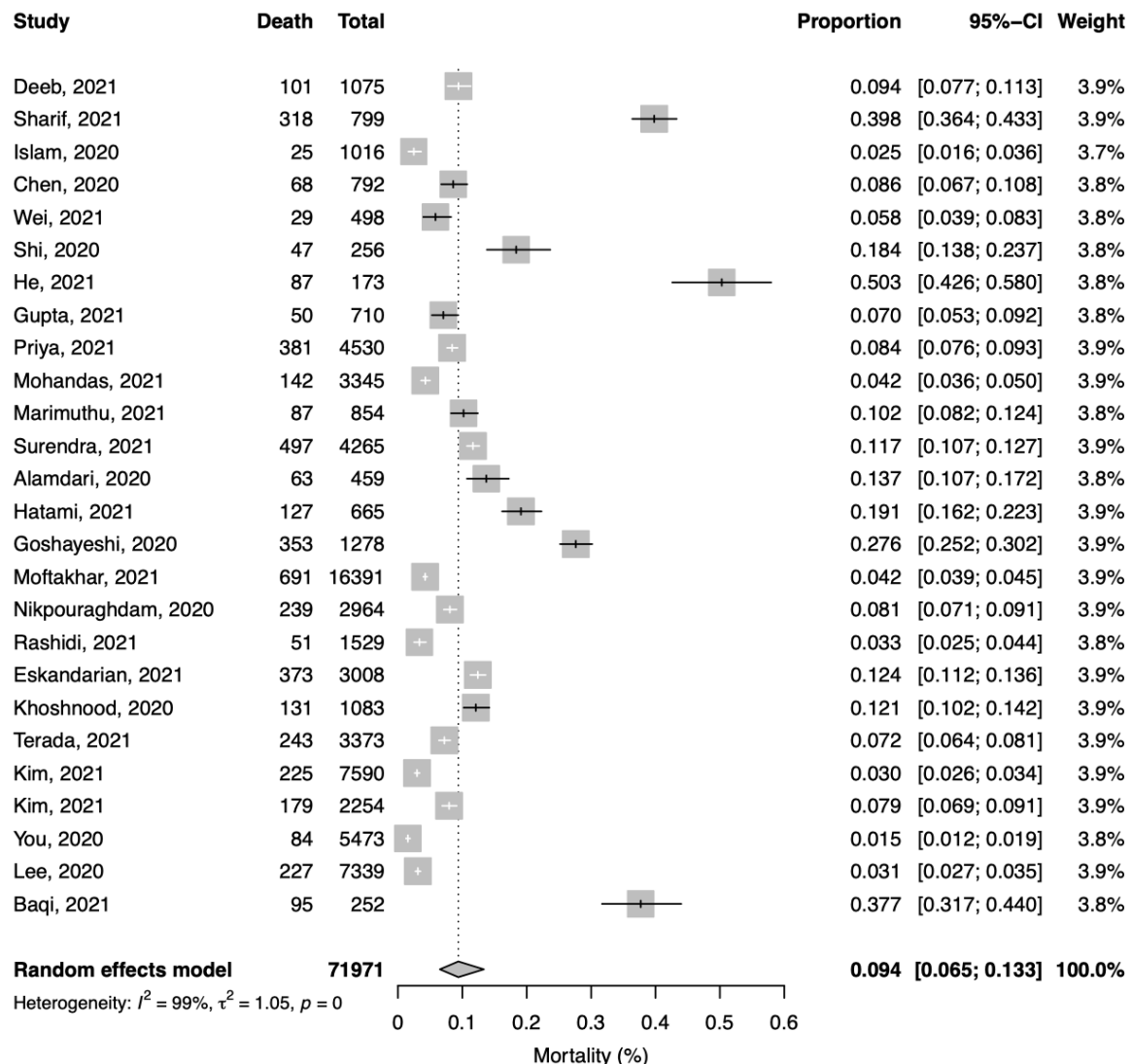
CI, confidence intervals; CVD, cardiovascular disease; df, degree of freedom; DM, diabetes mellitus; HLD, hyperlipidaemia; OR, odds ratio

Supplementary Table 6. Univariate and multivariate regression performed on DM, hypertension and CVD

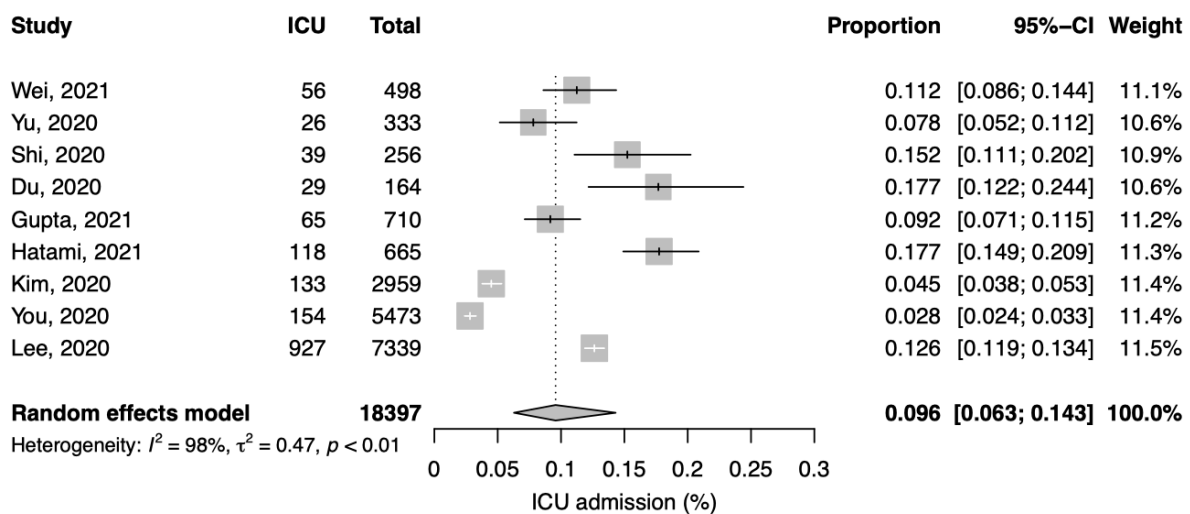
Factors	covariates	Univariate Regression		Multivariate Regression	
		Coef. (95% CI)	p-value	Coef. (95% CI)	p-value
DM	Male	-0.020 (-0.038, -0.003)	0.025	-0.017 (-0.030, -0.004)	0.013
	Age	-0.052 (-0.076, -0.027)	<0.000	-0.049 (-0.071, -0.028)	<0.000
	Location (North vs South)*	0.34 (-0.15, 0.83)	0.18		1
HTN	Male	-0.022 (-0.042, -0.002)	0.031	-0.020 (-0.037, -0.0026)	0.024
	Age	-0.04 (-0.069, -0.010)	0.009	-0.037 (-0.064, -0.0099)	0.007
	Location (North vs South)*	0.37 (-0.17, 0.92)	0.18		
CVD	Male	-0.02 (-0.04, 0.0002)	0.052		
	Age	-0.05 (-0.08, -0.014)	0.005	-0.052 (-0.077, -0.027)	<0.000
	Location (North vs South)*	0.60 (0.05, 1.16)	0.033	0.57 (0.24, 0.90)	0.0007

CVD, cardiovascular disease; DM, diabetes mellitus; HTN, hypertension

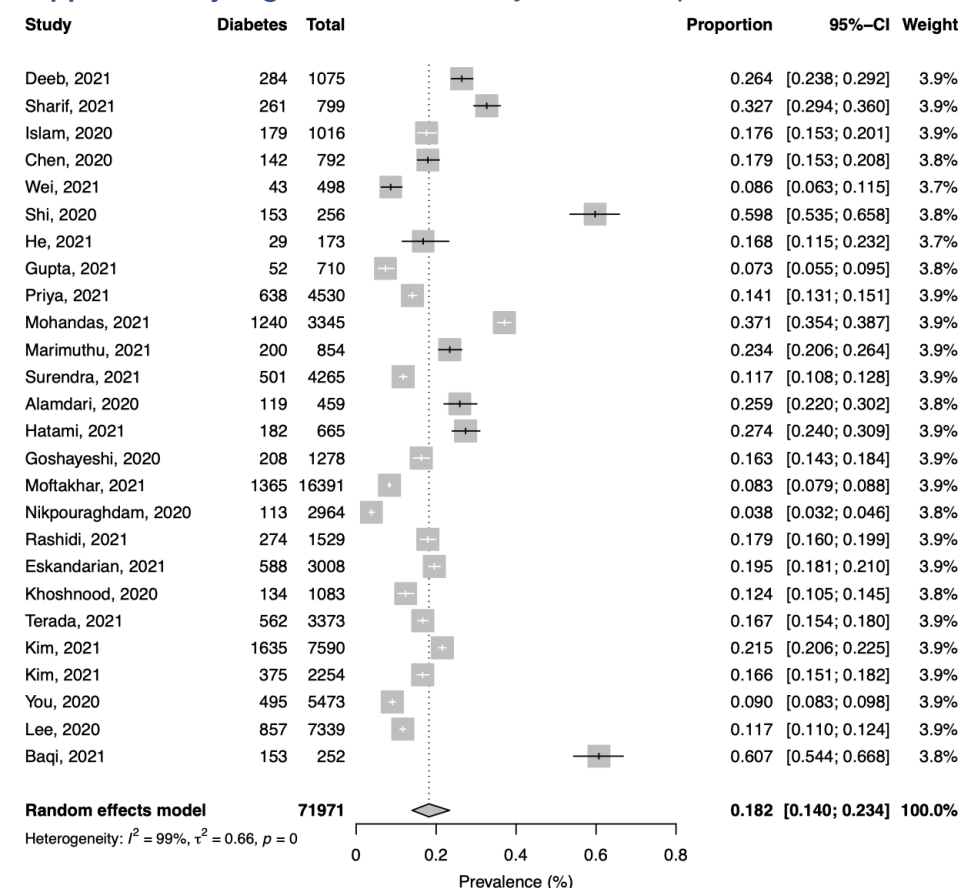
Supplementary Figure 1. Meta-analyses of the pooled mortality from COVID-19 in the Asia Pacific region



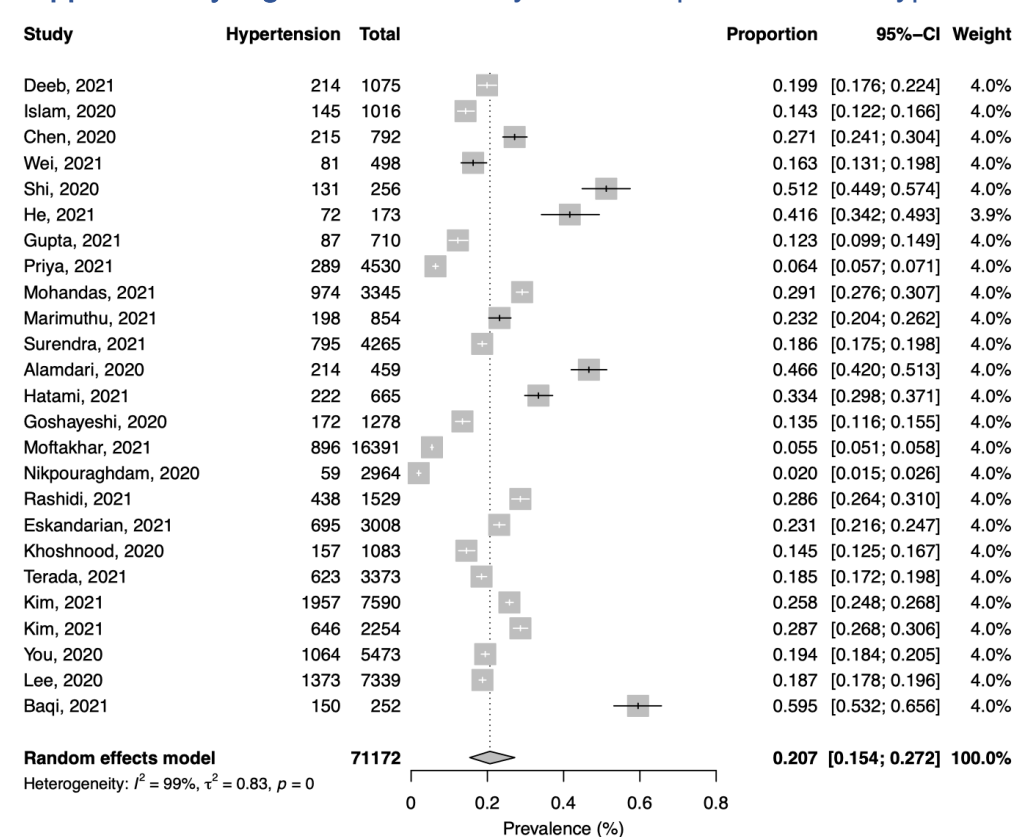
Supplementary Figure 2. Meta-analyses of the pooled ICU admission rates from COVID-19 in the Asia Pacific region



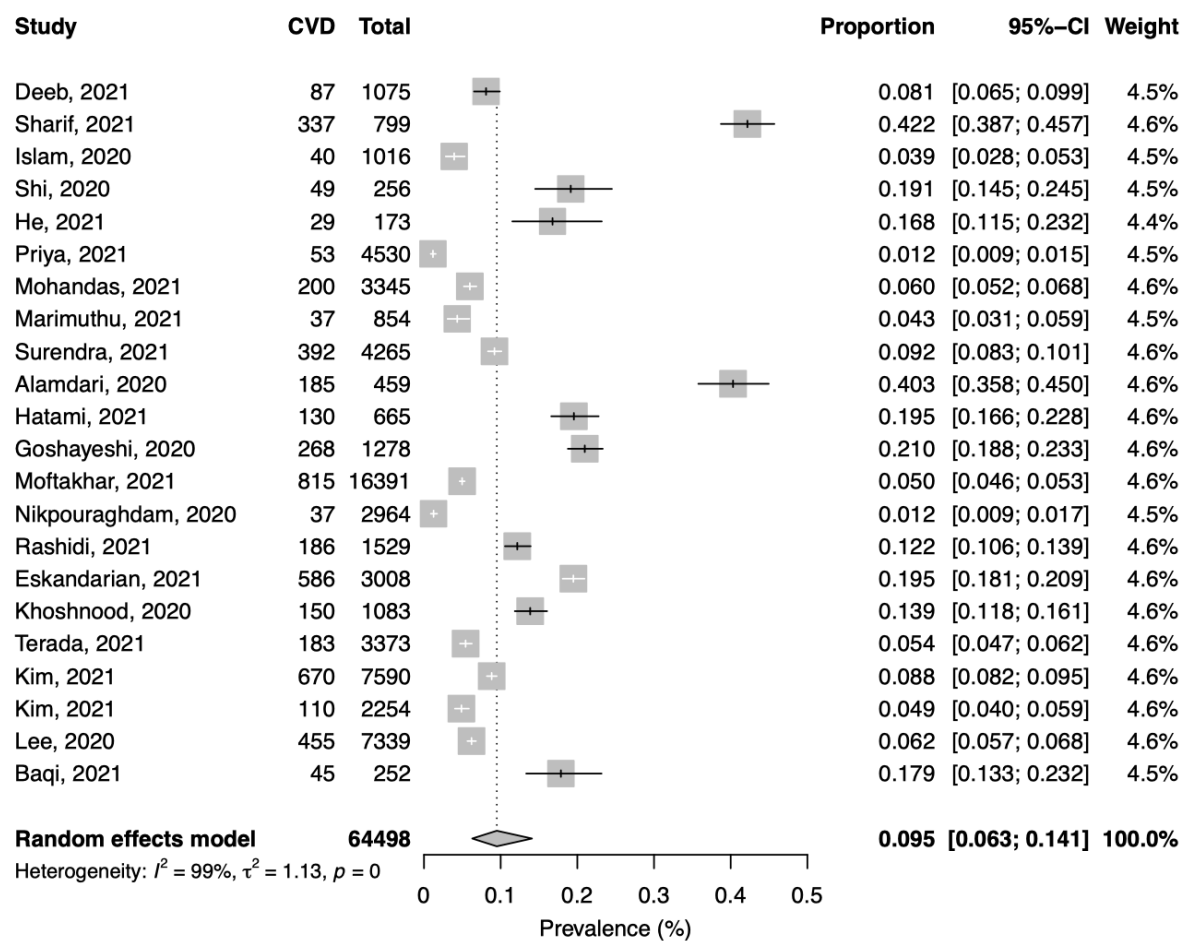
Supplementary Figure 3. Meta-analyses of the prevalence of diabetes



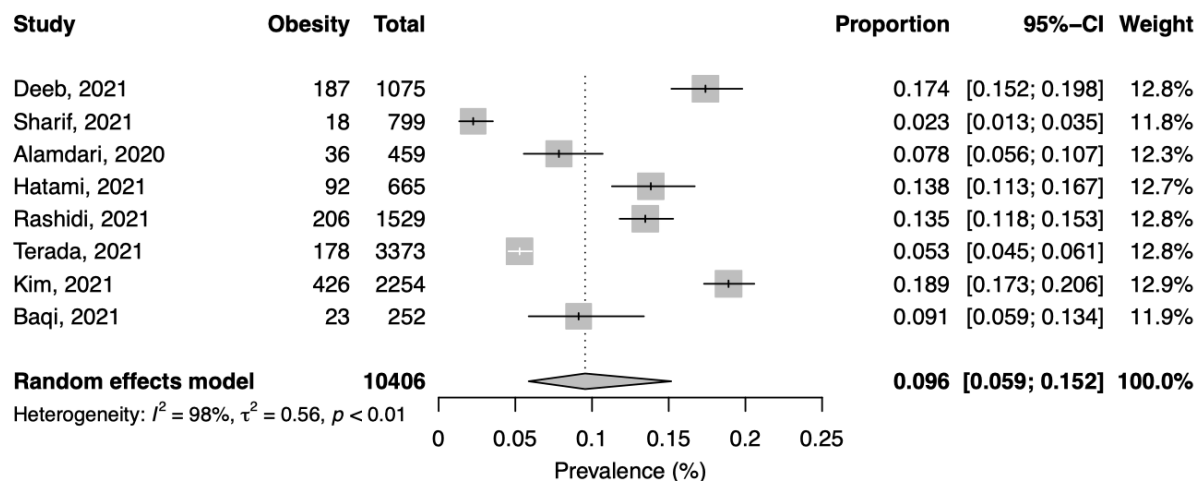
Supplementary Figure 4. Meta-analyses of the prevalence of hypertension



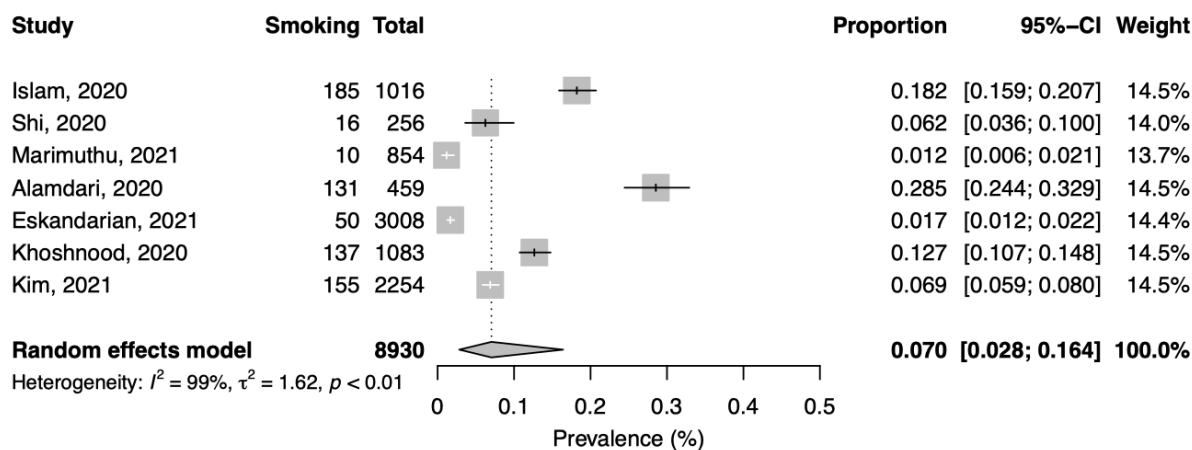
Supplementary Figure 5. Meta-analyses of the prevalence of cardiovascular disease



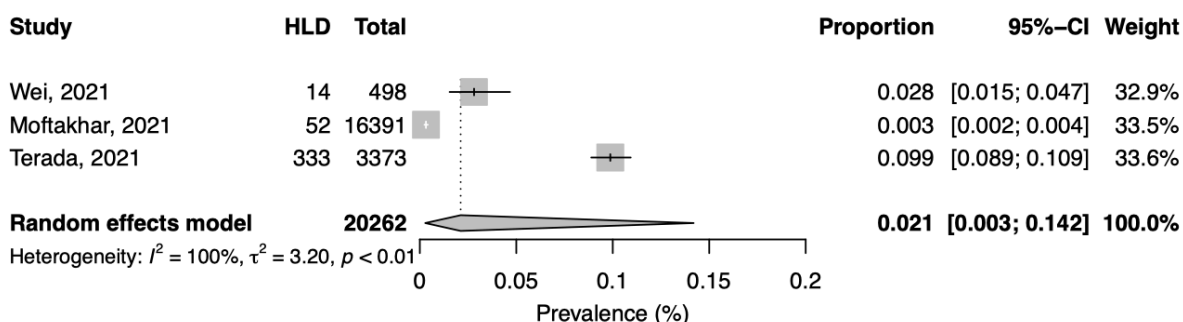
Supplementary Figure 6. Meta-analyses of the prevalence of obesity



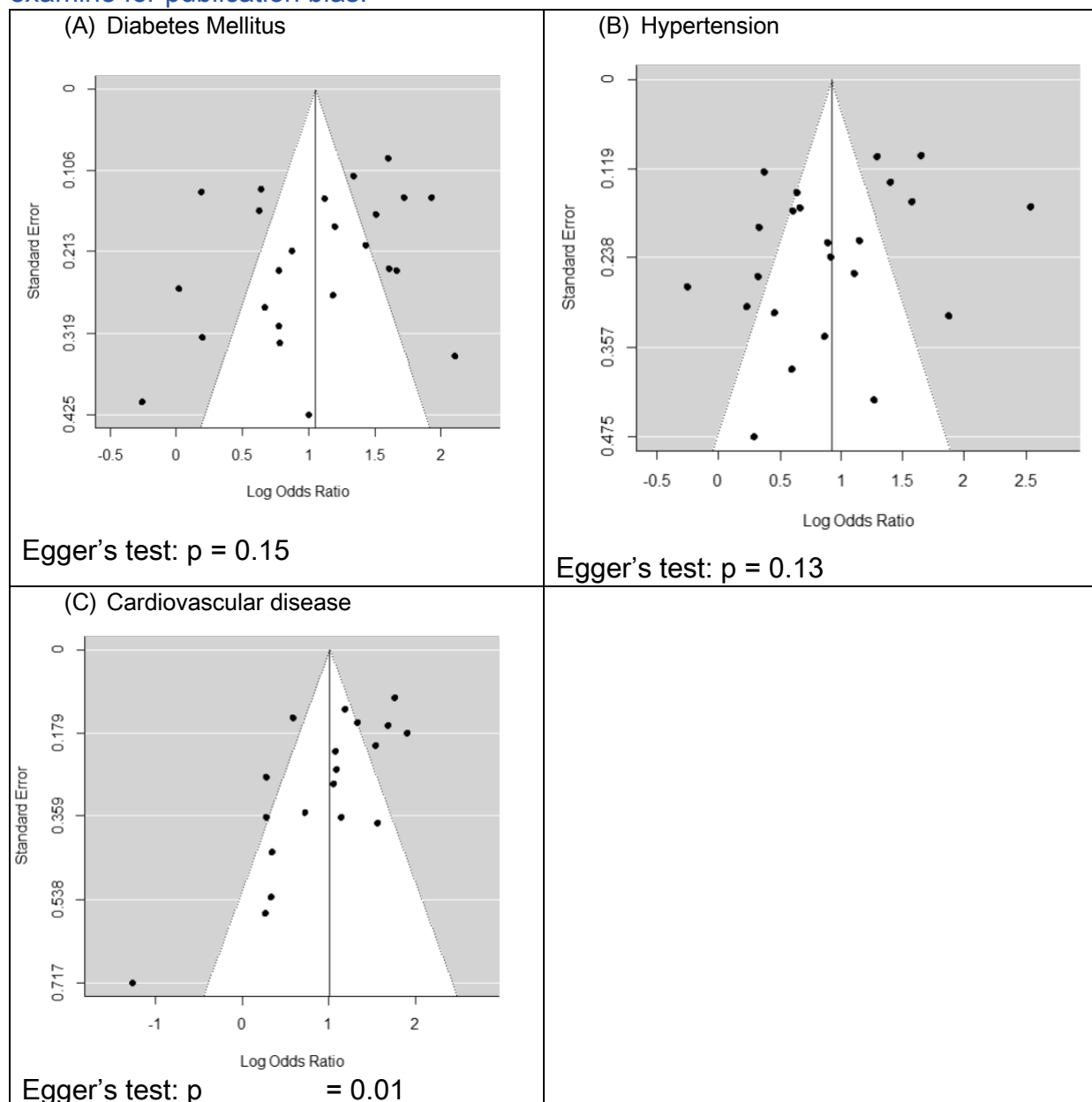
Supplementary Figure 7. Meta-analyses of the prevalence of smoking



Supplementary Figure 8. Meta-analyses of the prevalence of hyperlipidaemia



Supplementary Figure 9. Funnel plots for mortality and results of Egger's test to examine for publication bias.



The funnel plot for the visual assessment of publication bias is given above. The horizontal line indicates the summary risk estimate of log RR, while the sloping lines indicate the expected 95% confidence intervals for a given standard error, assuming no heterogeneity between studies. Funnel plot for diabetes mellitus and hypertension studies showed no visual asymmetry. Egger's test indicates that the null hypothesis of symmetry cannot be rejected given that $P > 0.05$. Funnel plot for cardiovascular disease showed an underrepresentation of small studies with Egger's test $p = 0.01$.

References

1. Alamdari NM, Afaghi S, Rahimi FS, et al. Mortality risk factors among hospitalized COVID-19 patients in a major referral center in Iran. *The Tohoku journal of experimental medicine*. 2020;252(1):73-84.
2. Baqi S, Naz A, Sayeed MA, et al. Clinical characteristics and outcome of patients with severe COVID-19 pneumonia at a public sector hospital in Karachi, Pakistan. *Cureus*. 2021;13(2).
3. Chen L, Liu S, Tian J, et al. Disease progression patterns and risk factors associated with mortality in deceased patients with COVID-19 in Hubei Province, China. *Immun Inflamm Dis*. 2020;8(4):584-594.
4. Cho KH, Kim SW, Park JW, Do JY, Kang SH. Effect of Sex on Clinical Outcomes in Patients with Coronavirus Disease: A Population-Based Study. *J Clin Med*. 2020;10(1):38.
5. Deeb A, Khawaja K, Sakrani N, et al. Impact of Ethnicity and Underlying Comorbidity on COVID-19 Inhospital Mortality: An Observational Study in Abu Dhabi, UAE. *Biomed Res Int*. 2021;2021:6695707.
6. Du H, Pan X, Liu N, et al. The effect of vascular risk factor burden on the severity of COVID-19 illness, a retrospective cohort study. *Respir Res*. 2020;21(1):241.
7. Eskandarian R, Sani ZA, Behjati M, et al. Identification of clinical features associated with mortality in COVID-19 patients. *medRxiv*. 2021.
8. Goshayeshi L, Rad MA, Bergquist R, Allahyari A, Hoseini B, Team MC-R. Demographic and clinical characteristics of the severe Covid-19 infections: first report from Mashhad University of Medical Sciences, Iran. *medRxiv*. 2020.
9. Gupta A, Nayan N, Nair R, et al. Diabetes Mellitus and Hypertension Increase Risk of Death in Novel Corona Virus Patients Irrespective of Age: a Prospective Observational Study of Co-morbidities and COVID-19 from India. *SN Compr Clin Med*. 2021;3(4):937-944.
10. Hatami H, Soleimantabar H, Ghasemian M, Delbari N, Aryannezhad S. Predictors of Intensive Care Unit Admission among Hospitalized COVID-19 Patients in a Large University Hospital in Tehran, Iran. *Journal of Research in Health Sciences*. 2021;21(1).
11. He Y, Zheng X, Li X, Jiang X. Key factors leading to fatal outcomes in COVID-19 patients with cardiac injury. *Sci Rep*. 2021;11(1):4144.
12. Islam MZ, Riaz BK, Islam A, et al. Risk factors associated with morbidity and mortality outcomes of COVID-19 patients on the 28th day of the disease course: a retrospective cohort study in Bangladesh. *Epidemiol Infect*. 2020;148:e263.
13. Khoshnood RJ, Ommi D, Zali A, et al. Epidemiological characteristics, clinical features, and outcome of COVID-19 patients in northern Tehran, Iran; a cross-sectional study. *Adv J Emerg Med*. 2020;127(104378):10.1016.
14. Kim E, Kim YC, Park JY, Jung J, Lee JP, Kim H. Evaluation of the Prognosis of COVID-19 Patients According to the Presence of Underlying Diseases and Drug Treatment. *Int J Environ Res Public Health*. 2021;18(10):5342.
15. Kim SW, Kim SM, Kim YK, et al. Clinical Characteristics and Outcomes of COVID-19 Cohort Patients in Daegu Metropolitan City Outbreak in 2020. *J Korean Med Sci*. 2021;36(1):e12.
16. Kim S-R, Nam S-H, Kim Y-R. Risk factors on the progression to clinical outcomes of COVID-19 patients in South Korea: using national data. *International Journal of Environmental Research and Public Health*. 2020;17(23):8847.
17. Lee S-G, Park GU, Moon YR, Sung K. Clinical characteristics and risk factors for fatality and severity in patients with coronavirus disease in Korea: A nationwide population-based retrospective study using the Korean health insurance review and assessment service (HIRA) database. *International journal of environmental research and public health*. 2020;17(22):8559.
18. Marimuthu Y, Kunnivil R, Anil N, et al. Clinical profile and risk factors for mortality among COVID-19 inpatients at a tertiary care centre in Bengaluru, India. *Monaldi Archives for Chest Disease*. 2021;91(3).
19. Moftakhar L, Moftakhar P, Pirae E, Ghaem H, Valipour A, Azarbakhsh H. Epidemiological characteristics and outcomes of COVID-19 in diabetic versus non-diabetic patients. *Int J Diabetes Dev Ctries*. 2021;41(3):1-6.
20. Mohandas P, Periasamy S, Marappan M, Sampath A, Garfin Sundaram VK, Cherian VK. Clinical review of COVID-19 patients presenting to a quaternary care private hospital in South India: A retrospective study. *Clin Epidemiol Glob Health*. 2021;11:100751.
21. Nikpouraghdam M, Jalali Farahani A, Alishiri G, et al. Epidemiological characteristics of coronavirus disease 2019 (COVID-19) patients in IRAN: A single center study. *J Clin Virol*. 2020;127:104378.

22. Priya S, Meena MS, Sangumani J, Rathinam P, Priyadharshini CB, Anand VV. Factors influencing the outcome of COVID-19 patients admitted in a tertiary care hospital, Madurai.-a cross-sectional study. *Clinical epidemiology and global health*. 2021;10:100705.
23. Rashidi F, Barco S, Kamangar F, et al. Incidence of symptomatic venous thromboembolism following hospitalization for coronavirus disease 2019: Prospective results from a multi-center study. *Thromb Res*. 2021;198:135-138.
24. Sharif N, Ahmed SN, Opu RR, et al. Prevalence and impact of diabetes and cardiovascular disease on clinical outcome among patients with COVID-19 in Bangladesh. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*. 2021;15(3):1009-1016.
25. Shi Q, Zhang X, Jiang F, et al. Clinical Characteristics and Risk Factors for Mortality of COVID-19 Patients With Diabetes in Wuhan, China: A Two-Center, Retrospective Study. *Diabetes Care*. 2020;43(7):1382-1391.
26. Surendra H, Elyazar IR, Djaafara BA, et al. Clinical characteristics and mortality associated with COVID-19 in Jakarta, Indonesia: A hospital-based retrospective cohort study. *Lancet Reg Health West Pac*. 2021;9:100108.
27. Terada M, Ohtsu H, Saito S, et al. Risk factors for severity on admission and the disease progression during hospitalisation in a large cohort of patients with COVID-19 in Japan. *BMJ Open*. 2021;11(6):e047007.
28. Wei ZY, Qiao R, Chen J, et al. The influence of pre-existing hypertension on coronavirus disease 2019 patients. *Epidemiol Infect*. 2021;149:e4.
29. Yan M, Zhu DS, Chen RB, et al. Association of overlapped and un-overlapped comorbidities with COVID-19 severity and treatment outcomes: a retrospective cohort study from nine provinces in China. *Biomedical and Environmental Sciences*. 2020;33(12):893-905.
30. You JH, Lee SA, Chun SY, et al. Clinical Outcomes of COVID-19 Patients with Type 2 Diabetes: A Population-Based Study in Korea. *Endocrinol Metab (Seoul)*. 2020;35(4):901-908.
31. Yu X, Sun X, Cui P, et al. Epidemiological and clinical characteristics of 333 confirmed cases with coronavirus disease 2019 in Shanghai, China. *Transbound Emerg Dis*. 2020;67(4):1697-1707.