



ERACODA

- The ERA-EDTA COVID-19 Database for Patients on Kidney Replacement Therapy -

April 29, 2020

Fourth ERACODA Study Report

Dear Colleagues and Friends,

We welcome you to read the fourth study report of the ERACODA registry.

Key summary data

- 276 individuals have registered as user, representing 218 centers and 36 European countries and 17 other countries attached to the ERA-EDTA.
- Many centers are somewhere in the process of getting IRB approval. **Please note that we have template documents available that you can customize to match your needs to build a dossier to submit to your IRB when deemed necessary.** These documents are in English. It concerns study protocol, patient information forms, signature pages, data transfer agreements etc. When you need such documents, please let us know via COVID.19.KRT@umcg.nl
- 327 patient records have been entered at this moment. An analysis of the first 289 records shows that approximately 45% concern kidney transplant and 55% dialysis patients. Average age of all included patients is 64 years, 64% being male, with an average BMI of 26.2.
- 19% of the patients remained home after an initial diagnosis of COVID-19, whereas 81% was admitted to hospital (of which 6% was admitted on a second presentation). Of the admitted patients, this was in 12% of cases in an ICU.
- At this moment 58 deaths have been reported. Mortality in transplant patients was 17% and in dialysis patients 23%.
- Of the patients with a kidney transplant 9% had to be treated with CVVH/HD. Of the remaining patients, 7% had an indication for such treatment, but it was not started because prognosis was judged to be too bad. These numbers do not seem different than for the overall COVID-19 population. Data on kidney function 3 months after hospital discharge are collected, but are not available yet.

Disclaimer

The numbers of patients in our database continue to grow. Reliability therefore improves. However, we want to emphasize that these data are preliminary and should be interpreted with caution because of at least two reasons:

1. Mortality data may change. Some of the patients of which data have been entered in the database are still admitted to hospital and/or ICU. It may also be that especially data are entered of patients with a worse outcome (reporting bias). It is therefore essential that data of ALL KRT PATIENTS that you know that have COVID-19 are entered in the database in an unbiased way.
2. There is for several variables a considerable percentage of missing data. To be transparent we have indicated this in our tables. Some data also need validation. In the coming days we will send out queries to resolve these issues. Given these considerations we caution that it is not possible to draw firm conclusions on the present data yet.

Help us to reach our goal

We urgently ask the members of the ERA-EDTA to help fill our COVID-19 database as rapidly as possible. More data, especially representative data, are needed. ***To ensure representativeness please send us not only the cases with bad outcomes, but unbiased information on all (!) your patients with COVID-19, independent of their clinical course.*** You will be acknowledged as contributing author on any manuscripts to derive from this initiative.

How can we help you?

We have a full set of documents available, that may help you to get national or local IRB approval. There is also a template for a Data Transfer Agreement. In case you have questions or comments, please contact us via COVID.19.KRT@umcg.nl

Best regards,

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On behalf of the ERACODA Working Group

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According to type of kidney replacement therapy

Country specific data sets (biweekly output, for countries with >40 patients)
Same tables as above, to be found as separate file

Patient and COVID-19 characteristics at presentation
According to type of kidney replacement therapy

Table 1

	Kidney transplant patients	Dialysis patients	Missing data (n)
Number of patients, N	131	158	
Male sex, %	68	60	
Age, y	59 ± 13	67 ± 13	
BMI, kg/m ²	26.0 ± 4.4	26.3 ± 6.0	27/15
Race			
Asian, %	0	4	
Black or African descent, %	2	4	
White or Caucasian, %	77	89	
Other, %	3	3	
Unknown, %	18	0	
Tobacco use			
Current, %	2	6	
Prior, %	23	22	
Never, %	41	37	
Unknown, %	34	35	
Clinical frailty scale			29/10
Very fit, %	14	7	
Well, %	38	10	
Managing well, %	28	18	
Vulnerable, %	10	16	
Mildly frail, %	5	16	
Moderately frail, %	3	14	
Severely frail, %	2	18	
Very severely frail, %	0	2	
Terminally ill, %	0	1	
<i>Primary kidney disease</i>			
Primary glomerulonephritis, %	20	10	
Pyelonephritis, %	5	3	
Interstitial nephritis, %	4	2	
Familial/hereditary renal diseases, %	21	7	
Congenital diseases, %	5	1	
Vascular diseases, %	6	16	
Secondary glomerular/systemic disease, %	6	10	
Diabetic kidney disease, %	15	30	
Other, %	4	6	
Unknown, %	14	15	

Hemodialysis, %	NA	94	
Peritoneal dialysis, %	NA	6	
Residual diuresis > +/- 200 ml/day	NA	37	
<i>Comorbidities</i>			
Obesity, %	10	21	27/15
Hypertension, %	74	86	
Diabetes Mellitus, %	27	46	
Coronary artery disease, %	24	36	
Heart failure, %	7	25	
Chronic lung disease, %	8	15	
Active malignancy, %	5	8	
Auto-immune disease, %	5	3	
<i>Use of RAASi use at presentation</i>			
ACE-inhibitors, %	24	13	3/1
ARB, %	19	12	3/1
<i>Use of immunosuppressive medication at presentation</i>			
Prednisone, %	83	5	5/5
Tacrolimus, %	78	1	5/5
Cyclosporine, %	13	1	12/5
Mycophenolate, %	61	1	7/5
mTOR inhibitor, %	18	1	12/5
Azathioprine, %	5	1	12/5
Belatacept, %	0	0	13/5
Anti TNF A, %	0	0	12/5
Rituximab, %	0	0	12/5
Cyclophosphamide, %	0	0	12/5
Other, %	0	3	13/5
<i>COVID-19 symptoms</i>			
Sore throat, %	15	20	16/2
Cough, %	68	57	5/1
Shortness of breath, %	41	42	9/1
Fever, %	74	66	15/1
Headache, %	17	12	16/2
Nausea or vomiting, %	16	15	13/2
Diarrhea, %	28	15	13/2
Myalgia or arthralgia, %	23	27	16/3
Temperature, Celcius	37.8 ± 1.1	37.6 ± 1.1	8/8
Respiration rate, /minute	19.7 ± 6.3	19.6 ± 5.37	25/29

Oxygen saturation with room air, %	94.0 ± 8.0	94.2 ± 5.1	21/20
Systolic blood pressure, mm Hg	133 ± 20	139 ± 26	17/5
Diastolic blood pressure, mm Hg	79 ± 15	73 ± 16	17/5
Pulse rate, BPM	86 ± 16	83 ± 16	18/9
COVID-19 test result positive, %	96	93	1/0
Chest X-ray performed, n	75	74	4/3
Abnormalities chest X-ray suggestive for COVID-19, %	64	68	4/3
CT-scan performed, n	56	59	6/3
Abnormalities CT-scan suggestive for COVID-19, %	88	93	6/3
<i>Laboratory results</i>			
Lymphocyte count, x1000/microL	0.9 (0.6-1.6)	0.9 (0.6-1.3)	37/28
eGFR, mL/min	36 (22-52)	NA	27/23
CRP, mg/L	44 (10-84)	33 (9-94)	29/20

Continuous variables are reported as mean ± SD or median (IQR). eGFR is calculated with the creatinine-based CKD-EPI formula. Obesity is defined as BMI > 30 kg/m². Abbreviations: ACE, angiotensin converting enzyme; ARB, angiotensin receptor blocker; BMI, body mass index; COVID-19, corona virus disease 2019; CRP, C-reactive protein; eGFR, estimated glomerular filtration rate; mTOR, mammalian target of rapamycin; NA, not applicable; TNF, tumor necrosis factor.

Patient and COVID-19 characteristics at presentation

For patients with a kidney transplant, according to hospital status

Table 2

	Control group*	Patients with a kidney transplant			
		Not admitted	Admitted to		Deceased **
			Hospital, no ICU	ICU	
Number of patients, N	12712	22	83	21	22
Number of patients, %		17	66	17	17
Male sex, %	61	77	70	52	59
Age, y	57 ± 15	57 ± 9	60 ± 14	58 ± 14	72 ± 10
BMI, kg/m ²	25.9 ± 5.9	26.0 ± 3.7	26.0 ± 4.8	26.4 ± 3.5	25.5 ± 4.7
Race					
Asian, %		0	0	0	0
Black or African descent, %		0	2	5	5
White or Caucasian, %		77	83	62	73
Other, %		5	0	5	5
Unknown, %		18	15	28	18
Tobacco use					
Current, %		0	1	5	5
Prior, %		23	28	9	18
Never, %		41	40	43	55
Unknown, %		36	31	43	23
Clinical frailty scale					
Very fit, %		43	10	7	5
Well, %		29	35	60	21
Managing well, %		21	31	27	37
Vulnerable, %		7	13	0	16
Mildly frail, %		0	6	7	11
Moderately frail, %		0	4	0	11
Severely frail, %		0	1	0	0
Very severely frail, %		0	0	0	0
Terminally ill, %		0	0	0	0
<i>Primary kidney disease</i>					
Primary glomerulonephritis, %	22	42	16	30	15
Pyelonephritis, %	8	0	7	0	8
Interstitial nephritis, %	2	0	3	0	8
Familial/hereditary renal diseases, %	17	25	22	20	23
Congenital diseases, %	2	8	5	0	0
Vascular diseases, %	11	0	7	0	15

Secondary glomerular/systemic disease, %	5	8	5	10	0
Diabetic kidney disease, %	10	8	16	30	23
Other, %	5	0	3	0	8
Unknown, %	17	8	16	10	0
<i>Comorbidities</i>					
Obesity, %		5	11	10	14
Hypertension, %		73	75	76	68
Diabetes Mellitus, %		18	30	29	41
Coronary artery disease, %		23	28	14	36
Heart failure, %		0	8	5	23
Chronic lung disease, %		5	10	5	9
Active malignancy, %		0	6	5	18
Auto-immune disease, %		0	7	0	5
<i>Use of RAASi use at presentation</i>					
ACE-inhibitors, %		24	19	47	29
ARB, %		5	22	21	19
<i>Use of immunosuppressives at presentation</i>					
Prednisone, %		90	79	94	86
Tacrolimus, %		86	74	79	81
Cyclosporine, %		5	46	12	19
Mycophenolate, %		79	54	68	43
mTOR inhibitor, %		11	18	29	29
Azathioprine, %		5	6	0	0
Belatacept, %		0	0	0	0
Anti TNF A, %		0	0	0	0
Rituximab, %		0	0	0	0
Cyclophosphamide, %		0	0	0	0
Other, %		0	0	0	0
<i>COVID-19 symptoms</i>					
Sore throat, %		11	16	19	10
Cough, %		81	62	84	81
Shortness of breath, %		10	42	63	71
Fever, %		67	76	81	75
Headache, %		22	17	13	15
Nausea or vomiting, %		10	17	24	30
Diarrhea, %		10	34	29	25
Myalgia or arthralgia, %		22	18	50	25
Temperature, Celcius		37.8 ± 1.1	37.8 ± 1.1	38.0 ± 1.2	37.7 ± 1.0

Respiration rate, /minute	16.4 ± 4.3	19.1 ± 5.2	23.2 ± 9.2	22.4 ± 7.3
Oxygen saturation with room air, %	97.0 ± 2	93.5 ± 9.2	94.3 ± 3.1	94.0 ± 3.8
Systolic blood pressure, mm Hg	134 ± 16	135 ± 22	126 ± 16	138 ± 28
Diastolic blood pressure, mm Hg	81 ± 9	80 ± 15	75 ± 14	78 ± 18
Pulse rate, BPM	81 ± 18	87 ± 16	82 ± 18	83 ± 14
COVID-19 test result positive, %	100	95	95	91
Chest X-ray performed, n	7	55	13	13
Abnormalities X-ray suggestive for COVID-19, %	29	64	85	85
CT-scan performed, n	4	39	11	12
Abnormalities CT-scan suggestive for COVID-19, %	50	90	91	92
<i>Laboratory results</i>				
Lymphocyte count, x1000/microL	2.8 (1.0-7.0)	1.0 (0.6-1.4)	0.6 (0.5-0.8)	0.8 (0.5-1.1)
eGFR, mL/min	61 (53-87)	34 (22-46)	37 (18-51)	23 (14-34)
CRP, mg/L	8 (6-17)	44 (10-79)	84 (52-164)	51 (23-139)

Continuous variables are reported as mean ± SD or median (IQR).

* Control group: formed by the weighted average of patients with a kidney transplant in the ERA-EDTA registry, with weighting with a factor 10 by nationality

** Deceased: these patients are also included in one of the three aforementioned columns (hospital admission y/n, ICU admission y/n)

eGFR is calculated with the creatinine-based CKD-EPI formula. Obesity is defined as BMI > 30 kg/m². Abbreviations: ACE, angiotensin converting enzyme; ARB, angiotensin receptor blocker; BMI, body mass index; COVID-19, corona virus disease 2019; CRP, C-reactive protein; eGFR, estimated glomerular filtration rate; mTOR, mammalian target of rapamycin; NA, not applicable; TNF, tumor necrosis factor.

Patient and COVID-19 characteristics at presentation
For patients on dialysis, according to hospital status

Table 3

	Control group*	Patients on dialysis			
		Not admitted	Admitted to		Deceased **
			Hospital, no ICU	ICU	
Number of patients, N	13545	34	107	7	36
Number of patients, %		23	72	5	23
Male sex, %	61	56	63	29	56
Age, y	67 ± 15	67 ± 15	68 ± 14	63 ± 10	70 ± 11
BMI, kg/m ²	27.6 ± 6.8	26.6 ± 7.0	26.3 ± 5.6	24.8 ± 6.6	28.0 ± 6.3
Race					
Asian, %		3	5	0	6
Black or African descent, %		3	5	0	0
White or Caucasian, %		91	87	100	94
Other, %		3	4	0	0
Unknown, %		0	0	0	0
Tobacco use					
Current, %		3	7	14	8
Prior, %		29	21	0	31
Never, %		44	35	43	36
Unknown, %		24	38	43	25
Clinical frailty scale					
Very fit, %		3	9	0	3
Well, %		16	7	43	3
Managing well, %		13	17	14	6
Vulnerable, %		13	18	0	29
Mildly frail, %		19	15	14	20
Moderately frail, %		9	17	0	11
Severely frail, %		22	16	14	23
Very severely frail, %		6	0	14	3
Terminally ill, %		0	1	0	3
Primary kidney disease					
Primary glomerulonephritis, %	13	3	10	14	14
Pyelonephritis, %	6	0	3	14	3
Interstitial nephritis, %	3	0	3	0	3
Familial/hereditary renal diseases, %	7	6	7	14	0
Congenital diseases, %	0	3	1	0	3
Vascular diseases, %	21	21	15	0	22

Secondary systemic disease, %	5	9	11	0	14
Diabetic kidney disease, %	20	24	34	14	33
Other, %	7	12	4	14	3
Unknown, %	18	24	12	29	6
Hemodialysis, %	87	97	94	71	94
Peritoneal dialysis, %	12	3	6	29	6
Residual diuresis > +/- 200 ml/day		38	39	29	37
<i>Comorbidities</i>					
Obesity, %		21	21	14	31
Hypertension, %		91	87	57	81
Diabetes Mellitus, %		41	51	29	50
Coronary artery disease, %		21	40	29	44
Heart failure, %		18	29	14	39
Chronic lung disease, %		12	16	14	19
Active malignancy, %		6	8	14	8
Auto-immune disease, %		6	2	14	3
<i>Use of RAASi use at presentation</i>					
ACE-inhibitors, %		12	13	0	8
ARB, %		15	8	43	8
<i>Use of immunosuppressives at presentation</i>					
Prednisone, %		6	5	14	3
Tacrolimus, %		3	0	0	0
Cyclosporine, %		0	2	0	3
Mycophenolate, %		0	2	0	6
mTOR inhibitor (sirolimus, everolimus), %		3	0	0	0
Azathioprine, %		0	0	0	0
Belatacept, %		0	0	0	0
Anti TNF A, %		0	0	0	0
Rituximab, %		0	0	0	0
Cyclophosphamide, %		0	0	0	0
Other, %		3	2	0	3
<i>COVID-19 symptoms</i>					
Sore throat, %		18	18	67	26
Cough, %		50	62	86	67
Shortness of breath, %		18	51	57	53
Fever, %		62	68	86	78
Headache, %		6	14	17	9
Nausea or vomiting, %		12	15	50	29

Diarrhea, %	21	15	17	26
Myalgia or arthralgia, %	29	28	29	25
Temperature, Celcius	37.5 ± 1.1	37.6 ± 1.1	38.2 ± 0.8	37.8 ± 1.2
Respiration rate, /minute	16.2 ± 2.9	20.2 ± 5.9	25.2 ± 6.4	21.0 ± 5.9
Oxygen saturation with room air, %	96.8 ± 1.9	93.7 ± 5.3	88.6 ± 7.2	92.9 ± 5.4
Systolic blood pressure, mm Hg	143 ± 20	138 ± 27	145 ± 44	132 ± 25
Diastolic blood pressure, mm Hg	73 ± 13	72 ± 16	82 ± 24	70 ± 15
Pulse rate, BPM	77 ± 13	85 ± 16	88 ± 20	83 ± 16
COVID-19 test result positive, %	100	91	86	94
Chest X-ray performed, n	7	61	5	24
Abnormalities X-ray suggestive for COVID-19, %	29	69	100	71
CT-scan performed, n	3	53	3	14
Abnormalities CT-scan suggestive for COVID-19, %	100	92	100	86
<i>Laboratory results</i>				
Lymphocyte count, x1000/microL	1.3 (0.7-3.5)	0.8 (0.6-1.2)	1.0 (0.5-1.2)	0.7 (0.5-1.0)
eGFR, mL/min	NA	NA	NA	NA
CRP, mg/L	16 (9-46)	35 (7-96)	129 (59-264)	64 (11-124)

Continuous variables are reported as mean ± SD or median (IQR).

* Control group: formed by the weighted average of patients on dialysis in the ERA-EDTA registry, with weighting with a factor 10 by nationality

** Deceased: these patients are also included in one of the three aforementioned columns (hospital admission y/n, ICU admission y/n)

eGFR is calculated with the creatinine-based CKD-EPI formula. Obesity is defined as BMI > 30 kg/m². Abbreviations: ACE, angiotensin converting enzyme; ARB, angiotensin receptor blocker; BMI, body mass index; COVID-19, corona virus disease 2019; CRP, C-reactive protein; eGFR, estimated glomerular filtration rate; mTOR, mammalian target of rapamycin; NA, not applicable; TNF, tumor necrosis factor.

Follow-up data of KRT patients with COVID-19

According to type of kidney replacement therapy

Table 4.

	Kidney transplant Patients (n= 131)	Dialysis Patients (n= 158)	Missing data (n)
Hospitalisation, %	83	78	
Reason for no hospital admission			
No indication, %	100	88	
Logistical reasons related to COVID-19, %	0	6	
Patient/family preferred no admission, %	0	6	
ICU admission, %	20	6	
Reason for no ICU admission			
No indication, %	90	81	
Logistical reasons related to COVID-19, %	1	1	
Patient/family preferred no admission, %	1	2	
Prognosis was too bad, %	8	16	
Intubation, %	17	4	
Reason for no intubation			
No indication, %	87	79	
Logistical reasons related to COVID-19, %	1	1	
Patient/family preferred no admission, %	1	2	
Prognosis was too bad, %	11	18	
Start of CVVH/hemodialysis, %	9	0	
Reasons not to start CVVH/hemodialysis			
No indication, %	92	NA	
Logistical reasons related to COVID-19, %	0	-	
Patient/family preferred no admission, %	0	-	
Prognosis was too bad, %	8	-	
Continuing kidney replacement therapy during admission, %	NA	95	
Increase in intensity kidney replacement therapy, %	NA	7	
Reason for discontinuation of kidney replacement therapy			
No indication, %	NA	50	
Logistical reasons related to COVID-19, %	NA	0	
Patient/family preferred no admission, %	NA	0	
Prognosis was too bad, %	NA	50	

Continuous variables are reported as mean \pm SD or median (IQR). Abbreviations: CVVH, continuous veno-venous hemofiltration; COVID-19, corona virus disease 2019; ICU, intensive care unit; NA, not applicable.

Follow-up data for patients with a kidney transplant with COVID-19 According to hospital status

Table 5.

	Not admitted to hospital (n= 22)	Admitted to hospital, no ICU (n= 83)	Admitted to ICU (n= 21)	Deceased* (n= 22)
Organ dysfunction				
Liver (transaminases > 2 times ULN), %	0	3	12	5
Heart (heart failure/new ECG abn), %	0	4	6	11
Kidney (>25% increase in creatinine), %	5	32	31	56
Antiviral therapy, %	0	62	74	80
(Hydroxy)chloroquine, %	-	91	100	80
Lopinavir/ritonavir, %	-	21	55	40
Remdesevir, %	-	0	0	0
Interferon, %	-	2	9	7
Other, %	-	9	18	20
Anti-inflammatory therapy, %	0	14	25	16
Tocilizumab, %	-	18	25	33
Anakinra, %	-	0	50	0
High dose steroids, %	-	64	40	75
Other, %	-	18	0	0
ACE-inhibitor use				
Continued, %	100	53	14	20
Discontinued, %	0	47	86	80
Replaced by ARB, %	0	0	0	0
ARB use				
Continued, %	100	44	25	25
Discontinued, %	0	56	75	75
Change in dose immunosuppressive drugs < 48h after presentation				
Tacrolimus				
No change, %	94	43	33	37
Reduction, %	6	23	27	19
Withdrawal, %	0	34	40	44
Cyclosporine				
No change, %	100	58	50	50
Reduction, %	0	8	0	0
Withdrawal, %	0	33	50	50

Mycophenolate				
No change, %	38	17	23	22
Reduction, %	0	12	0	0
Withdrawal, %	62	71	77	78
Azathioprine				
No change, %	0	20	-	-
Reduction, %	0	20	-	-
Withdrawal, %	100	60	-	-
mTor inhibitor				
No change, %	50	15	20	17
Reduction, %	0	85	20	17
Withdrawal, %	50	0	60	66
Belatacept				
No change, %	-	-	-	-
Reduction, %	-	-	-	-
Withdrawal, %	-	-	-	-
Prednisone				
No change, %	71	58	41	44
Reduction, %	0	0	0	0
Increase, %	29	42	59	56
Anti TNF A				
No change, %	-	-	-	-
Reduction, %	-	-	-	-
Withdrawal, %	-	-	-	-
Rituximab				
No change, %	-	-	-	-
Reduction, %	-	-	-	-
Withdrawal, %	-	-	-	-
Cyclophosphamide				
No change, %	-	-	-	-
Reduction, %	-	-	-	-
Withdrawal, %	-	-	-	-

Continuous variables are reported as mean \pm SD or median (IQR). Abbreviations: ACE, angiotensin converting enzyme; ARB, angiotensin receptor blocker; COVID-19, corona virus disease 2019; ICU, intensive care unit; mTOR, mammalian target of rapamycin; NA, not applicable; TNF, tumor necrosis factor.

* Deceased: these patients are also included in one of the three aforementioned columns (hospital admission y/n, ICU admission y/n)

Follow-up data for patients on dialysis with COVID-19

According to hospital status

Table 6.

	Not admitted to hospital (n= 34)	Admitted to hospital, no ICU (n= 107)	Admitted to ICU (n= 7)	Deceased* (n= 36)
Continuing KRT during admission, %	NA	94	100	89
Increase in intensity KRT, %	NA	4	57	16
Reason for discontinuation KRT				
No indication, %	NA	50	-	25
Logistical reasons related to COVID-19, %	NA	0	-	0
Patient/family preferred no admission, %	NA	0	-	0
Prognosis was too bad, %	NA	50	-	75
Organ dysfunction				
Liver (transaminases > 2 times ULN), %	NA	86	29	11
Heart (heart failure/new ECG abn), %	NA	10	14	23
Antiviral therapy, %	18	57	71	47
(Hydroxy)chloroquine, %	67	95	100	100
Lopinavir/ritonavir, %	17	44	40	47
Remdesevir, %	0	3	0	0
Interferon, %	0	12	0	13
Other, %	0	5	60	13
Anti-inflammatory therapy, %	3	12	14	14
Tocilizumab, %	0	8	0	20
Anakinra, %	0	8	0	0
High dose steroids, %	0	85	0	80
Other, %	100	8	100	20
ACE-inhibitor use				
Continued, %	75	50	-	33
Discontinued, %	25	50	-	67
Replaced by ARB, %	0	0	-	0
ARB use				
Continued, %	100	78	0	67
Discontinued, %	0	22	100	33

Continuous variables are reported as mean \pm SD or median (IQR). Abbreviations: ACE, angiotensin converting enzyme; ARB, angiotensin receptor blocker; COVID-19, corona virus disease 2019; ICU, intensive care unit; NA, not applicable.

* Deceased: these patients are also included in one of the three aforementioned columns (hospital admission y/n, ICU admission y/n)

Preliminary outcome of KRT patients with COVID-19*
According to type of kidney replacement therapy

Table 7.

	Kidney transplant patients (n= 131)	Dialysis patients (n= 158)	Missing data (n)
Status of subjects sent home			
N	22	34	
Alive, %	100	100	
Deceased, %	0	0	
Lost to follow-up, %	0	0	
Status of subjects admitted to hospital			
Number of patients	109	124	
Alive, %	80	71	
Deceased, %	20	29	
Lost to follow-up, %	0	0	
Status of subjects admitted to hospital and alive			
Number of patients	87	88	
Still admitted, %	33	24	
Transferred to another hospital, %	3	3	
Transferred to a nursing home, %	5	7	
Discharged to home, %	59	66	
Cause of death related to COVID-19, %	100	94	2/3

Abbreviations: COVID-19, corona virus disease 2019.

* These data relate to patients admitted to hospital only, and are preliminary. Some patients are still admitted, and their vital status can therefore yet change during the admission.