

Table S1. Brief presentation of patients' personal and medical history

Patient	Date of PCR testing for SARS-CoV-2 (month/day/year)	Personal +Medical History/Patient
1	02/10/2021	A 78-year-old male patient with a personal history of smoking (cessation 7 years ago) 20py (pack-year) and hypertension, treated with olmesartan and gout on colchicine, presented on 02/10/2021 with fever up to 39°C, dry cough, diarrhea. He was admitted to the hospital due to progressive dyspnea and chest tightness. He was already on azithromycin, doxycycline, and methylprednisolone for 3 days. Laboratory findings upon admission revealed low lymphocyte count, elevated lactate dehydrogenase (LDH), ferritin, C-reactive protein (CRP), and D-dimer. Chest CT revealed bilateral ground-glass opacities and traction bronchiectasis. He was treated with antiviral remdesivir, levofloxacin, dexamethasone and low molecular weight heparin (LMWH). In addition, the patient was reported with aneurysm of the ascending aorta and past tuberculosis (> 30 y).
2	03/06/2021	A 45-year-old male patient with a history of hypertension, treated with amlodipine. The patient came to the emergency department on 03/06/2021 with mild fever up to 37,6°C, dry cough, and diarrhea for the past 15 days. He was already receiving amoxicillin but was admitted due to mild hypoxemia and acute respiratory alkalosis. Laboratory findings upon admission revealed elevated LDH, ferritin, and D-dimer. Chest CT revealed bilateral consolidative pulmonary opacities mainly in the lower lobes with focal traction bronchiectasis. The patient received remdesivir, dexamethasone, LMWH and antibiotic treatment with ciprofloxacin and metronidazole.
3	02/23/2021	A 63-year-old female with a personal history of diabetes mellitus type 2 treated with gliclazide, metformin and dapagliflozin, hypertension on nebivolol and losartan and abdominal obesity. The patient reported allergies on amoxicillin, and non-steroidal anti-inflammatory drugs (NSAIDs). She presented on 02/27/2021 with fever and dyspnea for the past 4 days and was admitted due to progressive hypoxemia. Laboratory findings revealed high LDH and ferritin and borderline high D-dimers. Chest CT findings were compatible with COVID-19 pneumonia; bilateral ground-glass and consolidative pulmonary opacities and emphysematous cysts on the right upper lobe and left lower lobe. The patient was treated remdesivir, moxifloxacin, dexamethasone and LMWH
4	02/06/2021	A 56-year-old male patient, otherwise healthy, presented on 02/25/2021 with fever up to 39°C for 12 days before admission, dyspnea, and swelling of the left leg for 4 days. Outpatient management included azithromycin and cefditoren. He was admitted due to progressive oxygen desaturation, complicated with

		acute respiratory alkalosis and possible deep vein thrombosis of the left leg. Laboratory findings upon admission revealed neutrophilia, high levels of liver enzymes, LDH, ferritin, D-dimer, and troponin T. Chest CT findings were compatible with COVID-19 pneumonia (bilateral ground-glass and consolidative pulmonary opacities), bilateral pulmonary emboli, spontaneous pneumothorax of the right lung and pneumomediastinum. The patient received LMWH, dexamethasone and levofloxacin. Remdesivir was excluded from the protocol due to impaired liver function tests
5	02/20/2021	A 68-year-old female with a personal history of heavy smoking 30py (pack-year) and giant-cell arteritis treated with methotrexate and methylprednisolone presented on 02/20/2021 with fever up to 39°C for 3 days. She was already treated with azithromycin. She was admitted due to mild hypoxemia complicated with acute respiratory alkalosis. Laboratory findings revealed lymphocytopenia and thrombocytopenia, high levels of LDH, CK (creatin kinase), ferritin, and D-dimer. Chest CT findings were compatible with COVID-19 pneumonia and hilar and mediastinal lymphadenopathy. During hospitalization she was treated with remdesivir, LMWH, dexamethasone and piperacillin/tazobactam. PCR test on 3/17/2021 was negative.
6	02/16/2021	A 70-year-old female with a personal history of hypertension treated with nebivolol and irbesartan. She presented on 02/22/2021 reporting fever up to 39°C, myalgia, fatigue, and diarrhea for 7 days before admission and was diagnosed with type 1 (hypoxemic) -respiratory failure. She was already given azithromycin and dexamethasone. Laboratory findings revealed lymphocytopenia and neutrophilia, high levels of LDH, and D-dimers. Chest CT findings were compatible with COVID-19 pneumonia. During hospitalization she was treated with remdesivir, LMWH, dexamethasone and ceftriaxone.
7	03/01/2021	A 52-year-old male, reporting a personal history of liver abscess due to Klebsiella 3 years ago and antral gastritis. He presented on 03/04/2021 with low grade fever up to 38°C, dry cough, loss of taste, and chest tightness for 9 days before admission. He was admitted due to mild hypoxemia. Laboratory findings upon admission revealed high levels of LDH, ferritin, and CK. Chest CT revealed bilateral ground glass opacification. The patient received remdesivir, LMWH, and dexamethasone. PCR test on 3/17/2021 was still positive.