

Appendix 2: Supplementary Tables

Supplementary Table 1: Screening tool study characteristics (n=57).

| Title | First author | Year | Study location | Study setting income level | Study setting | Age group | No. tool inputs | Has the tool been proposed or implemented? |
|--|--|------|-----------------------|----------------------------|-----------------------------------|---------------|-----------------|--|
| Preparing for emerging respiratory pathogens such as SARS-CoV, MERS-CoV, and SARS-CoV-2(1) | Al-Tawfiq | 2020 | Dhahran, Saudi Arabia | High-income | Not specified | All ages | 7 | Proposed |
| Correlation Between the COVID-19 Respiratory Triage Score and SARS-COV-2 PCR Test(2) | Aldobyany | 2020 | Makkah, Saudi Arabia | High-income | Not specified | Not specified | 14 | Implemented |
| Guidance for building a dedicated health facility to contain the spread of the 2019 novel coronavirus outbreak(3) | Argawal | 2020 | Pune, India | Lower-middle-income | Not specified | Not specified | 4 | Proposed |
| Rapid response infrastructure for pandemic preparedness in a tertiary care hospital: lessons learned from the COVID-19 outbreak in Cologne, Germany, February to March 2020(4) | Augustin | 2020 | Cologne, Germany | High-income | Not specified | Not specified | 3 | Implemented |
| Adoption of COVID-19 triage strategies for low-income settings(5) | Ayebare | 2020 | Uganda | Low-income | Outpatient / general practitioner | Not specified | 6 | Proposed |
| Development, evaluation, and validation of machine learning models for COVID-19 detection based on routine blood tests(6) | Cabitza | 2021 | Italy | High-income | Hospital | Not specified | 23 | Proposed |
| Hospital Emergency Management Plan During the COVID-19 Epidemic(7) | Cao | 2020 | Chengdu, China | Upper-middle-income | Hospital | Not specified | 3 | Implemented |
| Hospital surge capacity in a tertiary emergency referral centre during the COVID-19 outbreak in Italy(8) | Carenzo | 2020 | Milan, Italy | High-income | Hospital | Not specified | 4 | Implemented |
| Standard Operating Procedure for Triage of suspected COVID-19 patients in non-US Healthcare settings(9) | Centers for Disease Control and Prevention | 2020 | United States | High-income | Not specified | Not specified | 4 | Proposed |

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| Enhancing the triage and cohort of patients in public primary care clinics in response to the coronavirus disease 2019 (COVID-19) in Hong Kong: an experience from a hospital cluster(10) | Chan | 2020 | Hong Kong, China | Upper-middle-income | Outpatient / general practitioner | Not specified | 3 | Implemented |
| Infection control measures of a Taiwanese hospital to confront the COVID-19 pandemic(11) | Chang | 2020 | Kaohsiun, Taiwan | High-income | Hospital | Not specified | 3 | Implemented |
| Fangcang shelter hospitals: a novel concept for responding to public health emergencies(12) | Chen | 2020 | Wuhan, China | Upper-middle-income | Hospital | Not specified | | Implemented |
| Escalating infection control response to the rapidly evolving epidemiology of the coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong(13) | Cheng | 2020 | Hong Kong, China | Upper-middle-income | Not specified | Not specified | 4 | Implemented |
| Onsite telemedicine strategy for coronavirus (COVID-19) screening to limit exposure in ED(14) | Chou | 2020 | Texas, United States | High-income | Hospital-based emergency care | Not specified | 3 | Implemented |
| Mobilization and Preparation of a Large Urban Academic Center During the COVID-19 Pandemic(15) | Chowdhury | 2020 | Pennsylvania, United States | High-income | Hospital | Not specified | 13 | Implemented |
| Revised Triage and Surveillance Protocols for Temporary Emergency Department Closures in Tertiary Hospitals as a Response to COVID-19 Crisis in Daegu Metropolitan City(16) | Chung | 2020 | Daegu, Korea | High-income | Hospital-based emergency care | Not specified | 7 | Proposed |
| Infection control practices in children during COVID-19 pandemic: differences from adults(17) | Devrim | 2020 | Izmir, Turkey | Upper-middle-income | Not specified | Paediatric | 4 | Implemented |
| Calculated Decisions: Brescia-COVID Respiratory Severity Scale (BCRSS)/Algorithm(18) | Duca | 2020 | United States | High-income | Hospital-based emergency care | Not specified | 1 | Implemented |
| Triage decision-making at the time of COVID-19 infection: the Piacenza strategy(19) | Erika | 2020 | Piacenza, Italy | High-income | Hospital-based emergency care | Not specified | 4 | Implemented |
| Lung Ultrasound vs. Chest X-Ray Study for the Radiographic Diagnosis of COVID-19 Pneumonia in a High-Prevalence Population.(20) | Gibbons | 2021 | United States | High-income | Not specified | Not specified | 7 | Proposed |
| Immersion in an emergency department triage center during the Covid-19 outbreak: first report of the Liège University hospital experience(21) | Gilbert | 2020 | Liège, Belgium | High-income | Hospital-based emergency care | Not specified | 5 | Implemented |

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| An effective screening and management process in the outpatient clinic for patients requiring hospitalization during the COVID-19 pandemic(22) | Guo | 2020 | Beijing, China | Upper-middle-income | Outpatient / general practitioner | Not specified | 4 | Proposed |
| How to transform a general hospital into an "infectious disease hospital" during the epidemic of COVID-19(23) | He | 2020 | China | Upper-middle-income | Hospital | Not specified | 2 | Implemented |
| Screening and triage at health-care facilities in Timor-Leste during the COVID-19 pandemic(24) | Howitt | 2020 | Timor-Leste | Lower-middle income | Not specified | Not specified | 2 | Implemented |
| Application and effects of fever screening system in the prevention of nosocomial infection in the only designated hospital of coronavirus disease 2019 (COVID-19) in Shenzhen, China(25) | Huang | 2020 | Shenzhen, China | Upper-middle-income | Hospital | Not specified | 5 | Implemented |
| The role of emergency medical services in containing COVID-19(26) | Jaffe | 2020 | Israel | High-income | Prehospital emergency care | Not specified | 2 | Implemented |
| An algorithmic approach to diagnosis and treatment of coronavirus disease 2019 (COVID-19) in children: Iranian expert's consensus statement(27) | Karimi | 2020 | Tehran, Iran | Upper-middle-income | Not specified | Paediatric | 9 | Proposed |
| 2019-nCoV: The Identify-Isolate-Inform (3I) Tool Applied to a Novel Emerging Coronavirus(28) | Koenig | 2020 | United states | High-income | Not specified | Not specified | 3 | Proposed |
| Diagnosis and clinical management of severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) infection: an operational recommendation of Peking Union Medical College Hospital (V2.0): Working Group of 2019 Novel Coronavirus, Peking Union Medical College Hospital(29) | Li | 2020 | Beijing, China | Upper-middle-income | Not specified | Not specified | 1 | Proposed |
| A Double Triage and Telemedicine Protocol to Optimize Infection Control in an Emergency Department in Taiwan During the COVID-19 Pandemic: Retrospective Feasibility Study(30) | Lin | 2020 | Taipei, Taiwan | High-income | Hospital | Adult | 3 | Implemented |
| Optimizing screening strategies for coronavirus disease 2019: A study from Middle China(31) | Liu | 2020 | Changsa, China | Upper-middle-income | Not specified | Not specified | 3 | Proposed |

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|---|----------------|------|-------------------------|---------------------|-----------------------------------|---------------|----|-------------|
| A COVID-19 Risk Assessment Decision Support System for General Practitioners: Design and Development Study(32) | Liu | 2020 | Hangzhou, China | Upper-middle-income | Outpatient / general practitioner | Not specified | 36 | Proposed |
| Reorganization of a large academic hospital to face COVID-19 outbreak: The model of Parma, Emilia-Romagna region, Italy(30) | Meschi | 2020 | Parma, Italy | High-income | Hospital-based emergency care | Not specified | 3 | Implemented |
| How emergency departments prepare for virus disease outbreaks like COVID-19(31) | Möckel | 2020 | Germany | High-income | Hospital-based emergency care | Not specified | 3 | Implemented |
| Clinical Triage in Cough Clinic Alleviates COVID-19 Overload in Emergency Department in India.(32) | Nayan | 2020 | West Bengal, India | Lower-middle-income | Hospital | Not specified | 8 | Implemented |
| A Pediatric Emergency Department Protocol to Avoid Interhospital Spread of SARS-CoV-2 during the Outbreak in Bergamo, Italy(33) | Nicastro | 2020 | Bergamo, Italy | High-income | Hospital | Paediatric | 3 | Implemented |
| The ultrasound guided triage: a new tool for prehospital management of COVID-19 pandemic(34) | Piliego | 2020 | Italy | High-income | Not specified | Not specified | 7 | Proposed |
| Screening and managing of suspected or confirmed novel coronavirus (COVID-19) patients: experiences from a tertiary hospital outside Hubei province(35) | Pu | 2020 | Chengdu, China | Upper-middle-income | Hospital | Not specified | 2 | Implemented |
| Reorganising the emergency department to manage the COVID-19 outbreak(36) | Quah | 2020 | Singapore | High-income | Hospital-based emergency care | Not specified | 7 | Implemented |
| Diagnostic accuracy of symptoms as a diagnostic tool for SARS-CoV 2 infection: a cross-sectional study in a cohort of 2,173 patients.(37) | Romero-Gameros | 2021 | Mexico City, Mexico | Upper-middle-income | Hospital-based emergency care | Not specified | 11 | Proposed |
| Can You Catch It? Lessons Learned and Modification of ED Triage Symptom- and Travel-Screening Strategy(38) | Schwedhelm | 2020 | Nebraska, United States | High-income | Hospital-based emergency care | Not specified | 4 | Implemented |
| Emergency Responses to Covid-19 Outbreak: Experiences and Lessons from a General Hospital in Nanjing, China(39) | Shen | 2020 | Nanjing, China | Upper-middle-income | Hospital | Not specified | 5 | Implemented |
| A quickly, effectively screening process of novel corona virus disease 2019 (COVID-19) in children in Shanghai, China(40) | Shi | 2020 | Shanghai, China | Upper-middle-income | Hospital | Paediatric | 3 | Implemented |
| The response of Milan's Emergency Medical System to the COVID-19 outbreak in Italy(41) | Spina | 2020 | Milan, Italy | High-income | Prehospital emergency care | Not specified | 2 | Implemented |
| Reducing hospital admissions for COVID-19 at a dedicated screening centre in Singapore(42) | Tan | 2020 | Singapore | High-income | Hospital | Not specified | 3 | Implemented |

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| The role of triage in the prevention and control of COVID-19(43) | Wang | 2020 | Xi'an, China | Upper-middle-income | Hospital | Not specified | 7 | Implemented |
| Providing uninterrupted care during COVID-19 pandemic: experience from Beijing Tiantan Hospital(44) | Wang | 2020 | Beijing, China | Upper-middle-income | Hospital | Not specified | 4 | Implemented |
| Containing COVID-19 in the Emergency Department: The Role of Improved Case Detection and Segregation of Suspect Cases(45) | Wee | 2020 | Singapore | High-income | Hospital-based emergency care | All ages | 2 | Implemented |
| Redesigning emergency department operations amidst a viral pandemic(46) | Whiteside | 2020 | United States | High-income | Hospital-based emergency care | Not specified | 3 | Proposed |
| Clinical Management of COVID-19 Interim Guidance(47) | World Health Organization | 2020 | Not applicable | Not applicable | Not specified | All ages | 4 | Proposed |
| Strategies for qualified triage stations and fever clinics during the outbreak of COVID-2019 in the county hospitals of Western Chongqing(48) | Wu | 2020 | Western Chongqing, China | Upper-middle-income | Outpatient / general practitioner | Not specified | 17 | Implemented |
| Therapeutic and triage strategies for 2019 novel coronavirus disease in fever clinics(49) | Zhang | 2020 | Wuhan, China | Upper-middle-income | Outpatient / general practitioner | Not specified | 10 | Implemented |
| Analysis and suggestions for the preview and triage screening of children with suspected COVID-19 outside the epidemic area of Hubei Province(50) | Zhang | 2020 | Chongqing, China | Upper-middle-income | Outpatient / general practitioner | Paediatric | 5 | Implemented |
| COVID19: A Systematic Approach to Early Identification and Healthcare Worker Protection(51) | Zhao | 2020 | Shanghai, China | Upper-middle-income | Not specified | Not specified | 4 | Proposed |
| Primary stratification and identification of suspected Corona virus disease 2019 (COVID-19) from clinical perspective by a simple scoring proposal(52) | Zhou | 2020 | Gansu, China | Upper-middle-income | Not specified | Not specified | 10 | Proposed |
| Proposed Clinical Indicators for Efficient Screening and Testing for COVID-19 Infection from Classification and Regression Trees (CART) Analysis(53) | Zimmerman | 2020 | Pennsylvania, United States | High-income | Outpatient / general practitioner | Not specified | 5 | Proposed |
| Application of Critical Care Ultrasound in Patients With COVID-19: Our Experience and Perspective.(54) | Zou | 2020 | Chengdu, China | Upper-middle-income | Not specified | Not specified | 7 | Proposed |

Supplementary Table 2: Triage tool study characteristics (n=23).

| Title | First author | Year | Study location | Study setting income level | Study setting | Age group | No. tool inputs | Has the tool been proposed or implemented? |
|---|--|------|-----------------------------|----------------------------|-------------------------------|---------------|-----------------|--|
| Point-of-Care Ultrasound in the Evaluation of COVID-19.(55) | Abrams | 2020 | United States | High-income | Hospital | Not specified | 1 | Proposed |
| Emergency Department COVID-19 Severity Classification(56) | American College of Emergency Physicians | 2020 | United States | High-income | Not specified | Adults | 41 | Proposed |
| Fangcang shelter hospitals: a novel concept for responding to public health emergencies(12) | Chen | 2020 | Wuhan, China | Upper-middle-income | Hospital | Not specified | 12 | Implemented |
| Mobilization and Preparation of a Large Urban Academic Center During the COVID-19 Pandemic(15) | Chowdhury | 2020 | Pennsylvania, United States | High-income | Hospital | Not specified | 16 | Implemented |
| Revised Triage and Surveillance Protocols for Temporary Emergency Department Closures in Tertiary Hospitals as a Response to COVID-19 Crisis in Daegu Metropolitan City(16) | Chung | 2020 | Daegu, Korea | High-income | Hospital-based emergency care | Not specified | 8 | Proposed |
| Early prediction of the risk of severe coronavirus disease 2019: A key step in therapeutic decision making(57) | Côté | 2020 | Quebec, Canada | High-income | Not specified | Not specified | 21 | Proposed |
| Infection control practices in children during COVID-19 pandemic: differences from adults(17) | Devrim | 2020 | Izmir, Turkey | Upper-middle-income | Not specified | Paediatric | 5 | Implemented |
| Using Lung Point-of-care Ultrasound in Suspected COVID-19: Case Series and Proposed Triage Algorithm.(58) | Duggan | 2020 | United States | High-income | Not specified | Not specified | 1 | Proposed |
| Simple, fast and affordable triaging pathway for COVID-19.(59) | Eggleton | 2020 | United Kingdom | High-income | Not specified | Not specified | 1 | Proposed |
| How is COVID-19 affecting South Korea? What is our current strategy?(60) | Her | 2020 | South Korea | High-income | Not specified | Not specified | 2 | Implemented |
| Screening and triage at health-care facilities in Timor-Leste during the COVID-19 pandemic(24) | Howitt | 2020 | Timor-Leste | Lower-middle income | Not specified | Not specified | 4 | Implemented |

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|--|------------------|------|------------------------------|---------------------|-----------------------------------|---------------|----|-------------|
| An algorithmic approach to diagnosis and treatment of coronavirus disease 2019 (COVID-19) in children: Iranian expert's consensus statement(27) | Karimi | 2020 | Tehran, Iran | Upper-middle-income | Not specified | Paediatric | 15 | Proposed |
| Diagnosis and clinical management of severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) infection: an operational recommendation of Peking Union Medical College Hospital (V2.0): Working Group of 2019 Novel Coronavirus, Peking Union Medical College Hospital(29) | Li | 2020 | Beijing, China | Upper-middle-income | Hospital | Not specified | 11 | Proposed |
| A Double Triage and Telemedicine Protocol to Optimize Infection Control in an Emergency Department in Taiwan During the COVID-19 Pandemic: Retrospective Feasibility Study(30) | Lin | 2020 | Taipei, Taiwan | High-income | Hospital | Adult | 8 | Implemented |
| CLUE: COVID-19 lung ultrasound in emergency department(61) | Manivel | 2020 | Sydney, Australia | High-income | Hospital-based emergency care | Not specified | 1 | Proposed |
| Proposed Modifications in the 6-minute Walk Test for Potential Application in Patients with mild Coronavirus Disease 2019 (COVID-19): A Step to Optimize Triage Guidelines(62) | Mantha | 2020 | India | Lower-middle income | Not specified | Not specified | 6 | Proposed |
| Reorganization of a large academic hospital to face COVID-19 outbreak: The model of Parma, Emilia-Romagna region, Italy(30) | Meschi | 2020 | Parma, Italy | High-income | Hospital-based emergency care | Not specified | 8 | Implemented |
| A Dynamic Bayesian Model for Identifying High-Mortality Risk in Hospitalized COVID-19 Patients.(63) | Momeni-Boroujeni | 2021 | New York, United States | High-income | Hospital | Not specified | 11 | Proposed |
| The ultrasound guided triage: a new tool for prehospital management of COVID-19 pandemic(34) | Piliego | 2020 | Italy | High-income | Not specified | Not specified | 9 | Proposed |
| Pattern recognition of high-resolution computer tomography (HRCT) chest to guide clinical management in patients with mild to moderate COVID-19.(64) | Rajalingam | 2021 | South Tamilnadu, India | Lower-middle-income | Outpatient/general practitioner | Not specified | 1 | Proposed |
| COVID-19 Outpatient Screening: A Prediction Score for Adverse Events(65) | Sun | 2020 | Massachusetts, United States | High-income | Outpatient / general practitioner | Adult | 20 | Proposed |

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|---|---------------------------|------|----------------|---------------------|---------------|---------------|----|-------------|
| Lower mortality of COVID-19 by early recognition and intervention: experience from Jiangsu Province(66) | Sun | 2020 | Nanjing, China | Upper-middle-income | Not specified | Not specified | 6 | Implemented |
| Clinical Management of COVID-19 Interim Guidance(45) | World Health Organization | 2020 | Not applicable | Not applicable | Not specified | All ages | 18 | Proposed |

Supplementary Table 3: Severity scoring / prognostication tool study characteristics (n=54).

| Title | First author | Year | Study location | Study setting income level | Study setting | Age group | No. tool inputs | Has the tool been proposed or implemented? |
|---|--------------|------|----------------------|----------------------------|---------------------|---------------|-----------------|--|
| Isaric 4c Mortality Score As A Predictor Of In-Hospital Mortality In Covid-19 Patients Admitted In Ayub Teaching Hospital During First Wave Of The Pandemic.(67) | Ali | 2021 | Abbottabad, Pakistan | Lower-middle-income | Hospital | Not specified | 8 | Proposed |
| Development and validation of a prediction model for severe respiratory failure in hospitalized patients with SARS-Cov-2 infection: a multicenter cohort study (PREDICO study) (68) | Bartoletti | 2020 | Bologna, Italy | High-income | Hospital | Not specified | 8 | Proposed |
| Lung ultrasonography for risk stratification in patients with COVID-19: a prospective observational cohort study(69) | Brahier | 2020 | Switzerland | High-income | Hospital | Not specified | 1 | Proposed |
| Prediction of severe illness due to COVID-19 based on an analysis of initial fibrinogen to albumin ratio and platelet count(70) | Bi | 2020 | Taizhou, China | Upper-middle-income | Hospital | Not specified | 2 | Proposed |
| Chest X-ray in new Coronavirus Disease 2019 (COVID-19) infection: findings and correlation with clinical outcome(71) | Cozzi | 2020 | Florence, Italy | High-income | Hospital | Not specified | 1 | Proposed |
| Predicting CoVID-19 community mortality risk using machine learning and development of an online prognostic tool.(72) | Das | 2020 | South Korea | High-income | Not specified | Not specified | 3 | Proposed |
| A novel simple scoring model for predicting severity of patients with SARS-CoV-2 infection(73) | Dong | 2020 | Wuhan, China | Upper-middle-income | Hospital | Not specified | 3 | Proposed |
| Correlation between the variables collected at admission and progression to severe cases during hospitalization among patients with COVID-19 in Chongqing(74) | Duan | 2020 | Chongqing, China | Upper-middle-income | Not specified | Not specified | 3 | Proposed |
| A multipurpose machine learning approach to predict COVID-19 negative prognosis in São Paulo, Brazil(75) | Fernandes | 2021 | São Paulo, Brazil | High-income | Upper-middle-income | Not specified | 5 | Proposed |

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| The utility of established prognostic scores in COVID-19 hospital admissions: a multicentre prospective evaluation of CURB-65, NEWS2, and qSOFA(76) | Frost | 2020 | Liverpool, England | High-income | Hospital | Not specified | 2 | Proposed |
| A clinical risk score to identify patients with COVID-19 at high risk of critical care admission or death: An observational cohort study(77) | Galloway | 2020 | London, United Kingdom | High-income | Hospital | Not specified | 10 | Proposed |
| Prognostic Accuracy of the SIRS, qSOFA, and NEWS for Early Detection of Clinical Deterioration in SARS-CoV-2 Infected Patients(78) | Geol Jang | 2020 | Daegu, Korea | High-income | Not specified | Not specified | 3 | Proposed |
| Predictive value of National Early Warning Score 2 (NEWS2) for intensive care unit admission in patients with SARS-CoV-2 infection(79) | Gidari | 2020 | Perugia, Italy | High-income | Hospital | Not specified | 1 | Proposed |
| A Tool for Early Prediction of Severe Coronavirus Disease 2019 (COVID-19): A Multicenter Study Using the Risk Nomogram in Wuhan and Guangdong, China(80) | Gong | 2020 | Guangzhou, China | Upper-middle-income | Hospital | Not specified | 7 | Proposed |
| Development and validation of a prognostic model based on comorbidities to predict COVID-19 severity: a population-based study(81) | Gude-Sampedro | 2021 | Galicia, Spain | High-income | Not specified | Not specified | 10 | Proposed |
| Evaluation of the clinical profile, laboratory parameters and outcome of two hundred COVID-19 patients from a tertiary centre in India(82) | Gupta | 2020 | India | Lower-middle-income | Not specified | Not specified | 12 | Proposed |
| Development and validation of the quick COVID-19 severity index (qCSI): a prognostic tool for early clinical decompensation(83) | Haimovich | 2020 | Connecticut, United States | High-income | Not specified | Not specified | 3 | Proposed |
| Predictive Value of 5 Early Warning Scores for Critical COVID-19 Patients(84) | Hu | 2020 | Wuhan, China | Upper-middle-income | Hospital-based emergency care | Not specified | 5 | Proposed |
| COVID-19 Severity Index: predictive score for hospitalized patients(85) | Huespe | 2020 | Buenos Aires, Argentina | Upper-middle-income | Hospital | Not specified | 16 | Proposed |

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| COVID-19: Symptoms, course of illness and use of clinical scoring systems for the first 42 patients admitted to a Norwegian local hospital(86) | Ihle-Hansen | 2020 | Viken county, Norway | High-income | Hospital | Not specified | 1 | Proposed |
| Clinical Characteristics and Prognostic Factors for Intensive Care Unit Admission of Patients With COVID-19: Retrospective Study Using Machine Learning and Natural Language Processing(87) | Izquierdo | 2020 | Castilla-La Mancha, Spain | High-income | Not specified | Not specified | 3 | Proposed |
| Development and validation of a model for individualized prediction of hospitalization risk in 4,536 patients with COVID-19(88) | Jehi | 2020 | Guangzhou, China | Upper-middle-income | Not specified | Not specified | 8 | Proposed |
| The association of chest radiographic findings and severity scoring with clinical outcomes in patients with COVID-19 presenting to the emergency department of a tertiary care hospital in Pakistan(89) | Kaleemi | 2021 | Pakistan | Lower-middle-income | Adult | Hospital-based emergency care | 1 | Proposed |
| The performance of the National Early Warning Score and National Early Warning Score 2 in hospitalised patients infected by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).(90) | Kostakis | 2020 | United Kingdom | High-income | Hospital | Not specified | 1 | Proposed |
| Clinical Frailty Scale for risk stratification in patients with SARS-CoV-2 infection(91) | Labenz | 2020 | Mainz, Germany | High-income | Hospital | Not specified | 1 | Proposed |
| Triage tool for suspected COVID-19 patients in the emergency room: AIFELL score(92) | Levenfus | 2020 | Zurich, Switzerland | High-income | Hospital | Not specified | 6 | Proposed |
| A simple algorithm helps early identification of SARS-CoV-2 infection patients with severe progression tendency(93) | Li | 2020 | Shanghai, China | Upper-middle-income | Not specified | Not specified | 3 | Proposed |
| Development and Validation of a Clinical Risk Score to Predict the Occurrence of Critical Illness in Hospitalized Patients With COVID-19(94) | Liang | 2020 | Guangzhou, China | Upper-middle-income | Not specified | Not specified | 10 | Proposed |
| Early triage of critically ill COVID-19 patients using deep learning(95) | Liang | 2020 | Guangzhou, China | Upper-middle-income | Not specified | Not specified | 10 | Proposed |

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| Development and validation of a risk stratification model for screening suspected cases of COVID-19 in China(96) | Ma | 2020 | Wuhan, China | Upper-middle-income | Not specified | Not specified | 23 | Proposed |
| National Early Warning Score 2 (NEWS2) on admission predicts severe disease and in-hospital mortality from Covid-19 - a prospective cohort study(97) | Myrstad | 2020 | Oslo, Norway | High-income | Hospital | Not specified | 1 | Proposed |
| A score combining early detection of cytokines accurately predicts COVID-19 severity and intensive care unit transfer(98) | Nagant | 2020 | Brussels, Belgium | High-income | Hospital | Not specified | 3 | Proposed |
| A nomogram to predict the risk of unfavourable outcome in COVID-19: a retrospective cohort of 279 hospitalized patients in Paris area(99) | Nguyen | 2020 | Paris, France | High-income | Hospital | Not specified | 7 | Proposed |
| Automated EHR score to predict COVID-19 outcomes at US Department of Veterans Affairs(100) | Osborne | 2020 | California, United States | High-income | Not specified | Adult | 25 | Proposed |
| NEWS can predict deterioration of patients with COVID-19(101) | Peng | 2020 | Huazhong, China | Upper-middle-income | Not specified | Not specified | 2 | Proposed |
| Examining the utility of extended laboratory panel testing in the emergency department for risk stratification of patients with COVID-19: a single-centre retrospective service evaluation(102) | Ponsford | 2021 | Cardiff, United Kingdom | High-income | Hospital | Adult | 8 | Proposed |
| Association between Clinical Frailty Scale score and hospital mortality in adult patients with COVID-19 (COMET): an international, multicentre, retrospective, observational cohort study(103) | Sablerolles | 2021 | Europe | High-income | Hospital | Adult | 1 | Proposed |
| Performance of pneumonia severity index and CURB-65 in predicting 30-day mortality in patients with COVID-19(104) | Satici | 2020 | Istanbul, Turkey | Upper-middle-income | Hospital | Not specified | 2 | Proposed |
| Model-based Prediction of Critical Illness in Hospitalized Patients with COVID-19(105) | Schalekamp | 2020 | Amersfoort, The Netherlands | High-income | Not specified | Not specified | 7 | Proposed |

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| Scoring systems for predicting mortality for severe patients with COVID-19(106) | Shang | 2020 | Wuhan, China | Upper-middle-income | Hospital | Not specified | 5 | Proposed |
| Evaluating a Widely Implemented Proprietary Deterioration Index Model Among Hospitalized COVID-19 Patients(107) | Singh | 2020 | Michigan, United States | High-income | Not specified | Not specified | 1 | Proposed |
| Development and validation of a simple risk score for diagnosing COVID-19 in the emergency room(108) | Sung | 2020 | Maryland, United States | High-income | Hospital | Not specified | 10 | Proposed |
| Prediction of Sepsis in COVID-19 Using Laboratory Indicators(109) | Tang | 2021 | Tongji, China | Upper-middle-income | Not specified | Not specified | 7 | Proposed |
| Development of a data-driven COVID-19 prognostication tool to inform triage and step-down care for hospitalised patients in Hong Kong: A population based cohort study(110) | Tsui | 2020 | Hong Kong, China | Upper-middle-income | Hospital | Not specified | 7 | Proposed |
| Personalized predictive models for symptomatic COVID-19 patients using basic preconditions: Hospitalizations, mortality, and the need for an ICU or ventilator(111) | Wollenstein-Betech | 2020 | Mexico | Upper-middle-income | Not specified | Not specified | 9 | Proposed |
| Development of a Clinical Decision Support System for Severity Risk Prediction and Triage of COVID-19 Patients at Hospital Admission: An International Multicenter Study(112) | Wu | 2020 | Maastricht, the Netherlands | High-income | Hospital | Not specified | 7 | Proposed |
| Development and validation of the HNC-LL score for predicting the severity of coronavirus disease 2019(113) | Xiao | 2020 | Guangzhou, China | Upper-middle-income | Not specified | Not specified | 5 | Proposed |
| Point-of-Care Lung Ultrasound for COVID-19: Findings and Prognostic Implications From 105 Consecutive Patients(114) | Yasukawa | 2021 | Washington D.C., United States | High-income | Hospital | Not specified | 1 | Proposed |
| A Novel Scoring System for Prediction of Disease Severity in COVID-19(115) | Zhang | 2020 | Beijing, China | Upper-middle-income | Hospital | Not specified | 5 | Proposed |
| Development and validation of a risk factor-based system to predict short-term survival in adult hospitalized patients with COVID-19: a multicenter, retrospective, cohort study(116) | Zhang | 2020 | Honghu, China | Upper-middle-income | Hospital | Not specified | 1 | Proposed |

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| Lung Ultrasound Score in Evaluating the Severity of Coronavirus Disease 2019 (COVID-19) Pneumonia(117) | Zhao | 2020 | Shanghai, China | Upper-middle-income | Hospital | Not specified | 1 | Proposed |
| Development and validation a nomogram for predicting the risk of severe COVID-19: A multi-center study in Sichuan, China(118) | Zhou | 2020 | Sichuan, China | Upper-middle-income | Not specified | Not specified | 6 | Proposed |
| Deep-learning artificial intelligence analysis of clinical variables predicts mortality in COVID-19 patients(119) | Zhu | 2020 | New York, United States | High-income | Not specified | Not specified | 5 | Proposed |
| Acute Physiology and Chronic Health Evaluation II Score as a Predictor of Hospital Mortality in Patients of Coronavirus Disease 2019(120) | Zou | 2020 | Wuhan, China | Upper-middle-income | Hospital | Not specified | 1 | Proposed |

Supplementary Table 4: Summary of validation data for tools being used to screen, triage, and prognosticate COVID-19 patients.

| Title | Validation endpoint | Tool training/development validation data | | | | | Validation type | Other validation data | | | | |
|--|--|--|------------------------------|------------------------------|------|-----|-----------------|---|-------------|-------------|------|------|
| | | AUC | Sensitivity | Specificity | PPV | NPV | | AUC | Sensitivity | Specificity | PPV | NPV |
| A Novel Scoring System for Prediction of Disease Severity in COVID-19(94) | ICU admission | | | | | | Retro-spective | 0.91 | 0.71 | 0.89 | | |
| A novel simple scoring model for predicting severity of patients with SARS-CoV-2 infection(62) | COVID-19 confirmed by RT-PCR | | | | | | Retro-spective | | 0.8 | 0.79 | | |
| A quickly, effectively screening process of novel corona virus disease 2019 (COVID-19) in children in Shanghai, China(38) | COVID-19 diagnosis | | 1 | 0.71 | 0.18 | 1 | | | | | | |
| A simple algorithm helps early identification of SARS-CoV-2 infection patients with severe progression tendency(74) | Severe COVID-19 disease | | | | | | Retro-spective | | 0.18 | 0.93 | 0.49 | 0.98 |
| A Tool for Early Prediction of Severe Coronavirus Disease 2019 (COVID-19): A Multicenter Study Using the Risk Nomogram in Wuhan and Guangdong, China(67) | Severe COVID-19 disease | 0.91 | 0.86 | 0.88 | | | | | | | | |
| Acute Physiology and Chronic Health Evaluation II Score as a Predictor of Hospital Mortality in Patients of Coronavirus Disease 2019(93) | In-hospital mortality | 0.97 | 0.96 | 0.86 | | | | | | | | |
| Clinical Characteristics and Prognostic Factors for Intensive Care Unit Admission of Patients With COVID-19: Retrospective Study Using Machine Learning and Natural Language Processing. | ICU admission | 0.76 | | | | | | | | | | |
| Containing COVID-19 in the Emergency Department: The Role of Improved Case Detection and Segregation of Suspect Cases(43) | COVID-19 confirmed by RT-PCR | | 0.842 (95% CI [0.736-0.919]) | 0.648 (95% CI [0.625-0.670]) | | | | | | | | |
| COVID-19 Outpatient Screening: A Prediction Score for Adverse Events(57) | Hospitalisation, ICU care, need for mechanical ventilation, or death within 7 days of an | 0.80 (hospitalisation); 0.82 (critical illness); | | | | | Pro-spective | 0.76 (hospitalisation); 0.79 (critical illness); 0.93 (death) | | | | |

| | | | | | | | | | | | | |
|--|--|---|---|---|---|----------------|---|---|---|---|------|------|
| | outpatient medical encounter | 0.87 (death) | | | | | | | | | | |
| Development and Validation of a Clinical Risk Score to Predict the Occurrence of Critical Illness in Hospitalized Patients With COVID-19(75) | Critical COVID-19 disease | 72% (95% CI [65%-79%]) (at risk score >3) | 86% (95% CI [89%-92%]) (at risk score >3) | 74% (95% CI [67%-80%]) (at risk score >3) | 89% (95% CI [85%-91%]) (at risk score >3) | Retro-spective | 80% (95% CI [73%-85%]) (at risk score >3) | 76% (95% CI [70%-81%]) (at risk score >3) | 69% (95% CI [60%-74%]) (at risk score >3) | 85% (95% CI [80%-89%]) (at risk score >3) | | |
| Development and validation of a prediction model for severe respiratory failure in hospitalized patients with SARS-Cov-2 infection: a multicenter cohort study (PREDI-CO study)(59) | Severe respiratory failure | 0.89 (95% CI [0.86-0.92]) | | | | | | | | | | |
| Development and validation of a prognostic model based on comorbidities to predict COVID-19 severity: a population-based study. | Mortality | 0.89 | | | | | | | | | | |
| Development and validation of a risk factor-based system to predict short-term survival in adult hospitalized patients with COVID-19: a multicenter, retrospective, cohort study(89) | 28-day mortality | | | | | Retro-spective | 0.879 (95% CI [0.856-0.900]) | | | | | |
| Development and validation of a risk stratification model for screening suspected cases of COVID-19 in China(77) | COVID-19 confirmed by RT-PCR | 0.86 | 0.83 | 0.78 | 0.32 | 0.97 | Retro-spective | 0.87 | 0.82 | 0.77 | 0.26 | 0.98 |
| Development and validation of a simple risk score for diagnosing COVID-19 in the emergency room. | COVID-19 confirmed by RT-PCR | | 0.796 | 0.709 | | | | | | | | |
| Development and validation of the HNC-LL score for predicting the severity of coronavirus disease 2019(88) | Severe COVID-19 disease | | | | | | Retro-spective | 0.86 | 0.85 | 0.76 | | |
| Development and validation of the quick COVID-19 severity index (qCSI): a prognostic tool for early clinical decompensation(68) | Respiratory failure within 24 hours of admission | | | | | | Retro-spective | 0.91 | 0.94 | 0.82 | | |
| Development of a Clinical Decision Support System for Severity Risk Prediction and Triage of COVID-19 Patients at Hospital Admission: An International Multicenter Study(87) | Severe or critical COVID-19 disease | 0.88 | 0.85 | 0.74 | 0.75 | 0.85 | | | | | | |
| Development of a data-driven COVID-19 prognostication tool to inform triage and step-down care | Severe COVID-19 disease | | | 0.913 (Day-1 model) and | | | | | | | | |

| | | | | | | | | | | | |
|---|--|------|------------------------------|------------------------------|--|----------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| for hospitalised patients in Hong Kong: A population based cohort study(86) | | | | 0.942 (Day-5 model) | | | | | | | |
| Evaluating a Widely Implemented Proprietary Deterioration Index Model Among Hospitalized COVID-19 Patients(85) | ICU-level care, mechanical ventilation, or in-hospital death | | | | | Retro-spective | 0.79 | 0.39 | 0.91 | 0.74 | 0.9 |
| Examining the utility of extended laboratory panel testing in the emergency department for risk stratification of patients with COVID-19: a single-centre retrospective service evaluation. | 28-day mortality | 0.77 | | | | | | | | | |
| Lower mortality of COVID-19 by early recognition and intervention: experience from Jiangsu Province(58) | Severe COVID-19 disease | 0.96 | 0.955 (95% CI [0.772-0.999]) | 0.899 (95% CI [0.863-0.928]) | | | | | | | |
| Lung Ultrasound Score in Evaluating the Severity of Coronavirus Disease 2019 (COVID-19) Pneumonia(90) | Refractory COVID-19 disease | | | | | Retro-spective | 0.52 | 1 | 0.74 | | |
| Model-based Prediction of Critical Illness in Hospitalized Patients with COVID-19(83) | Critical COVID-19 disease | | | | | Retro-spective | 0.77 | 0.5 | 0.88 | 0.79 | 0.66 |
| National Early Warning Score 2 (NEWS2) on admission predicts severe disease and in-hospital mortality from Covid-19 - a prospective cohort study(78) | Severe COVID-19 disease | 0.82 | 0.8 | 0.84 | | | | | | | |
| NEWS can predict deterioration of patients with COVID-19(81) | Severe and critical COVID-19 disease | | | | | Pro-spective | 0.84 | 1 | 0.51 | | |
| Performance of pneumonia severity index and CURB-65 in predicting 30-day mortality in patients with COVID-19(82) | 30-day mortality | | | | | Retro-spective | 0.79 (CURB-65); 0.85 (PSI) | 0.73 (CURB-65); 0.80 (PSI) | 0.85 (CURB-65); 0.89 (PSI) | 0.31 (CURB-65), 0.39 (PSI) | 0.97 (CURB-65), 0.98 (PSI) |
| Personalized predictive models for symptomatic COVID-19 patients using basic preconditions: Hospitalizations, mortality, and the need for an ICU or ventilator. | Mortality | 0.63 | | | | | | | | | |
| Predicting CoVID-19 community mortality risk using machine learning and development of an online prognostic tool. | Mortality | 0.83 | 0.692 | 0.968 | | | | | | | |

| | | | | | | | | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|----------------|--|--|--|--|--|
| Prediction of severe illness due to COVID-19 based on an analysis of initial Fibrinogen to Albumin Ratio and Platelet count(60) | Severe COVID-19 disease | 0.863 (95% CI [0.640–0.964]) | 0.593 (95% CI [0.485–0.694]) | 0.339 (95% CI [0.222–0.479]) | 0.9474 (95% CI [0.845–0.986]) | Pro-spective | 0.857 (95% CI [0.420–0.992]) | 0.429 (95% CI [0.226–0.556]) | 0.333 (95% CI [0.143–0.588]) | 0.9 (95% CI [0.541–0.994]) | |
| Predictive value of National Early Warning Score 2 (NEWS2) for intensive care unit admission in patients with SARS-CoV-2 infection(66) | Severe COVID-19 disease | | | | | Retro-spective | 0.89 | 0.66 | 0.63 | 0.9 | |
| Prognostic Accuracy of the SIRS, qSOFA, and NEWS for Early Detection of Clinical Deterioration in SARS-CoV-2 Infected Patients(84) | 28-day mortality | | | | | Retro-spective | 0.918 (NEWS); 0.760 (qSOFA); 0.744 (SIRS) | 0.867 (NEWS≥ 5) | 0.905 (NEWS≥ 5) | 0.591 (NEWS≥ 5) | 0.977 (NEWS≥ 5) |
| Proposed Clinical Indicators for Efficient Screening and Testing for COVID-19 Infection from Classification and Regression Trees (CART) Analysis(51) | COVID-19 confirmed by RT-PCR | 0.78 | 0.96 | 0.53 | 0.14 | 0.99 | | | | | |
| The utility of established prognostic scores in COVID-19 hospital admissions: a multicentre prospective evaluation of CURB-65, NEWS2, and qSOFA(63) | 30-day mortality | | | | | Pro-spective | 0.75 (CURB-65 ≥2); 0.61 (CURB-65 ≥3); 0.78 (NEWS2 ≥5); 0.66 (qSOFA ≥2) | 0.85 (CURB-65 ≥2); 0.61 (CURB-65 ≥3); 0.92 (NEWS2 ≥5); 0.45 (qSOFA ≥2) | 0.47 (CURB-65 ≥2); 0.73 (CURB-65 ≥3); 0.31 (NEWS2 ≥5); 0.484(qSOFA ≥2) | 0.12 (CURB-65 ≥2); 0.17 (CURB-65 ≥3); 0.10 (NEWS2 ≥5); 0.19 (qSOFA ≥2) | 0.97 (CURB-65 ≥2); 0.96 (CURB-65 ≥3); 0.98 (NEWS2 ≥5); 0.94 (qSOFA ≥2) |

Note: Only common, standardised measures of validation were extracted.

AUC = area under curve score; PPV = positive predictive value; NPV = negative predictive value

Supplementary Table 5: Breakdown of inputs used tools used to screen, triage, and prognosticate COVID-19 patients.

| Input | Feasible to evaluate or perform in low-resource setting emergency units? | Screening tools (n=57) | | Triage tools (n=23) | | Severity scoring tools (n=54) | |
|--|--|------------------------|------|-----------------------|-------|-------------------------------|-------|
| | | No. tools using input | % | No. tools using input | % | No. tools using input | % |
| CONCURRENT ACUTE CONDITIONS (n=20) | | | | | | | |
| Acute renal failure | No | 0 | 0.0% | 0 | 0.0% | 2 | 3.7% |
| Acute respiratory distress syndrome | No | 0 | 0.0% | 3 | 13.0% | 0 | 0.0% |
| Animal/insect bites | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Bacterial coinfection | No | 0 | 0.0% | 2 | 8.7% | 0 | 0.0% |
| Cardiac arrest | Yes | 0 | 0.0% | 2 | 8.7% | 0 | 0.0% |
| Current level of physical fitness | Yes | 0 | 0.0% | 0 | 0.0% | 2 | 3.7% |
| Encephalopathy | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Major trauma | Yes | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Metabolic acidosis | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Multilobe infiltrate | Yes | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Organ failure | No | 0 | 0.0% | 1 | 4.3% | 2 | 3.7% |
| Pericarditis | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Pleural effusion | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Pneumonia | Yes | 2 | 3.5% | 3 | 13.0% | 2 | 3.7% |
| Respiratory distress | Yes | 1 | 1.8% | 3 | 13.0% | 2 | 3.7% |
| Pneumothorax | No | 0 | 0.0% | 3 | 13.0% | 0 | 0.0% |
| Respiratory failure | Yes | 0 | 0.0% | 3 | 13.0% | 4 | 7.4% |
| Septic shock | Yes | 0 | 0.0% | 3 | 13.0% | 1 | 1.9% |
| Systemic inflammatory response syndrome (SIRS) | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Unknown clinical inputs (proprietary algorithm) | No | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| CLINICAL INTERVENTIONS RECEIVED (n=5) | | | | | | | |
| Nasal intermittent positive pressure ventilation | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Need for supplemental oxygen | Yes | 0 | 0.0% | 1 | 4.3% | 7 | 13.0% |
| High-flow nasal canula | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Mechanical ventilation | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Vasopressors | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| DEMOGRAPHICS (n=7) | | | | | | | |

| | | | | | | | |
|--|-----|---|------|---|-------|----|-------|
| Age | Yes | 4 | 7.0% | 9 | 39.1% | 28 | 51.9% |
| Sex | Yes | 2 | 3.5% | 3 | 13.0% | 12 | 22.2% |
| Ethnicity | Yes | 0 | 0.0% | 0 | 0.0% | 2 | 3.7% |
| Marital status | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Pregnancy | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Race | Yes | 0 | 0.0% | 1 | 4.3% | 1 | 1.9% |
| Welsh Index of Multiple Deprivation | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| COMORBIDITIES (n=29) | | | | | | | |
| Amyotrophic lateral sclerosis | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Any comorbidity | Yes | 2 | 3.5% | 3 | 13.0% | 2 | 3.7% |
| Asthma | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Atrial fibrillation | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Body mass index | Yes | 1 | 1.8% | 2 | 8.7% | 6 | 11.1% |
| Chronic kidney disease | Yes | 2 | 3.5% | 1 | 4.3% | 5 | 9.3% |
| Chronic obstructive lung disease | Yes | 0 | 0.0% | 2 | 8.7% | 7 | 11.1% |
| Connective tissue disease | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Coronary artery disease / congestive heart failure | Yes | 2 | 3.5% | 1 | 4.3% | 7 | 13.0% |
| Cystic fibrosis | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Dementia | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Depression | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Diabetes | Yes | 0 | 0.0% | 1 | 4.3% | 6 | 11.1% |
| Functional disorder | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Hypertension | Yes | 0 | 0.0% | 3 | 13.0% | 6 | 11.1% |
| Immunocompromise | Yes | 3 | 5.3% | 0 | 0.0% | 4 | 7.4% |
| Liver disease | Yes | 0 | 0.0% | 0 | 0.0% | 3 | 5.6% |
| Malignancy | Yes | 0 | 0.0% | 2 | 8.7% | 6 | 11.1% |
| Malnutrition | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Myasthenia gravis | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Pancreatitis | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Peripheral vascular disease | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Psychiatric disorder | Yes | 1 | 1.8% | 0 | 0.0% | 1 | 1.9% |
| Seizure disorder | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Smoking history | Yes | 0 | 0.0% | 2 | 8.7% | 1 | 1.9% |
| Spinal muscular atrophy | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Stroke | Yes | 0 | 0.0% | 1 | 4.3% | 1 | 1.9% |
| Transplant history | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |

| | | | | | | | |
|---|-----|---|------|---|-------|----|-------|
| Valvular heart disease | Yes | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| LABORATORY INVESTIGATIONS (n=64) | | | | | | | |
| Albumin | No | 0 | 0·0% | 1 | 4·3% | 3 | 5·6% |
| Alanine aminotransferase | No | 0 | 0·0% | 2 | 8·7% | 0 | 0·0% |
| Albumin/globulin ratio | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Alkaline phosphatase | No | 0 | 0·0% | 1 | 4·3% | 0 | 0·0% |
| Arterial blood gas | No | 0 | 0·0% | 2 | 8·7% | 1 | 1·9% |
| Aspartate aminotransferase | No | 0 | 0·0% | 1 | 4·3% | 1 | 1·9% |
| Basophil count | No | 3 | 5·3% | 1 | 4·3% | 0 | 0·0% |
| Blood urea nitrogen | No | 0 | 0·0% | 2 | 8·7% | 5 | 9·3% |
| C-reactive protein | No | 2 | 3·5% | 7 | 30·4% | 14 | 25·9% |
| Calcium | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Cardiovascular abnormalities | No | 0 | 0·0% | 2 | 8·7% | 0 | 0·0% |
| CD3 | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| CD4 | No | 0 | 0·0% | 0 | 0·0% | 2 | 3·7% |
| Chloride | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Complete blood count | No | 0 | 0·0% | 1 | 4·3% | 0 | 0·0% |
| Creatine kinase | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Creatinine | No | 0 | 0·0% | 4 | 17·4% | 5 | 9·3% |
| D-dimer | No | 0 | 0·0% | 3 | 13·0% | 5 | 9·3% |
| Direct bilirubin | No | 0 | 0·0% | 1 | 4·3% | 4 | 7·4% |
| Eosinophil count | No | 2 | 3·5% | 2 | 8·7% | 0 | 0·0% |
| Erythrocyte sedimentation rate | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Ferritin | No | 0 | 0·0% | 1 | 4·3% | 0 | 0·0% |
| Fibrinogen to albumin ratio | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Globulin | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Glomerular filtration rate | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Glucose | Yes | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Haematocrit | No | 2 | 3·5% | 0 | 0·0% | 3 | 5·6% |
| Haemoglobin | No | 2 | 3·5% | 0 | 0·0% | 0 | 0·0% |
| IL-2R | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| IL-6 | No | 0 | 0·0% | 0 | 0·0% | 2 | 3·7% |
| IL-8 | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| IL-10 | No | 0 | 0·0% | 0 | 0·0% | 1 | 1·9% |
| Immature granulocyte percentage | No | 1 | 1·8% | 0 | 0·0% | 0 | 0·0% |
| Influenza test | No | 1 | 1·8% | 0 | 0·0% | 0 | 0·0% |

| | | | | | | | |
|--|-----|---|-------|----|--------------|----|-------|
| INR | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Lactate | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Lactate dehydrogenase | No | 0 | 0.0% | 3 | 13.0% | 11 | 20.4% |
| Leukocyte count | No | 2 | 3.5% | 1 | 4.3% | 1 | 1.9% |
| Lymphocyte count | No | 6 | 10.5% | 4 | 17.4% | 1 | 1.9% |
| Lymphocyte percentage | No | 0 | 0.0% | 1 | 4.3% | 1 | 1.9% |
| Mean corpuscular haemoglobin | No | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Mean corpuscular haemoglobin concentration | No | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Mean corpuscular volume | No | 3 | 5.3% | 0 | 0.0% | 0 | 0.0% |
| Mean platelet volume | No | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Comprehensive metabolic panel | No | 0 | 0.0% | 3 | 13.0% | 0 | 0.0% |
| Mononuclear cell count | No | 2 | 3.5% | 0 | 0.0% | 1 | 1.9% |
| Neutrophil count | No | 1 | 1.8% | 2 | 8.7% | 5 | 9.3% |
| Neutrophil to lymphocyte ratio | No | 1 | 0.0% | 2 | 8.7% | 5 | 9.3% |
| Nucleated red blood cells | No | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| pH | No | 0 | 0.0% | 0 | 0.0% | 3 | 5.6% |
| Platelet count | No | 3 | 5.3% | 3 | 13.0% | 5 | 9.3% |
| Platelet distribution width | No | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Platelet haematocrit | No | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Potassium | No | 0 | 0.0% | 0 | 0.0% | 4 | 7.4% |
| Prealbumin | No | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Procalcitonin | No | 0 | 0.0% | 1 | 4.3% | 1 | 1.9% |
| Red cell count | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Red cell distribution width | No | 2 | 3.5% | 1 | 4.3% | 1 | 1.9% |
| SARS-CoV-2 RT-PCR | No | 9 | 15.8% | 1 | 4.3% | 0 | 0.0% |
| Sodium | No | 0 | 0.0% | 0 | 0.0% | 3 | 5.6% |
| Total protein | No | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Troponin | No | 0 | 0.0% | 3 | 13.0% | 1 | 1.9% |
| Urea | No | 0 | 0.0% | 1 | 4.3% | 3 | 5.6% |
| White blood cell count | No | 0 | 0.0% | 2 | 8.7% | 2 | 3.7% |
| IMAGING INVESTIGATIONS (n=3) | | | | | | | |
| Chest X-ray | No | 4 | 7.0% | 8 | 34.8% | 7 | 13.0% |
| Chest CT | No | 9 | 15.8% | 10 | 43.5% | 3 | 5.6% |
| Lung ultrasound | No | 5 | 8.8% | 8 | 34.8% | 2 | 3.7% |
| SIGNS AND SYMPTOMS (n=37) | | | | | | | |
| Abdominal pain | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |

| | | | | | | | |
|----------------------------------|-----|----|-------|---|------|---|------|
| Anosmia / agueisa | Yes | 4 | 7.0% | 0 | 0.0% | 1 | 1.9% |
| Any COVID-related symptoms | Yes | 10 | 17.5% | 1 | 4.3% | 0 | 0.0% |
| Any respiratory symptoms | Yes | 26 | 45.6% | 0 | 0.0% | 0 | 0.0% |
| Arthralgia | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Chest distress | Yes | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Chest pain | Yes | 3 | 5.3% | 0 | 0.0% | 0 | 0.0% |
| Chest tightness | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Chills | Yes | 6 | 10.5% | 0 | 0.0% | 0 | 0.0% |
| Conjunctival congestion | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Constipation | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Convulsions | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Cough | Yes | 23 | 40.4% | 0 | 0.0% | 2 | 3.7% |
| Cyanosis | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Diarrhoea | Yes | 3 | 5.3% | 1 | 4.3% | 0 | 0.0% |
| Dizziness | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Duration of fever | Yes | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Duration of symptoms | Yes | 0 | 0.0% | 2 | 8.7% | 1 | 1.9% |
| Fatigue | Yes | 1 | 1.8% | 0 | 0.0% | 1 | 1.9% |
| Fever | Yes | 31 | 54.4% | 2 | 8.7% | 3 | 5.6% |
| Frequency of cough | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Gastrointestinal symptoms | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Haematemesis | Yes | 0 | 0.0% | 2 | 8.7% | 0 | 0.0% |
| Haemoptysis | Yes | 0 | 0.0% | 0 | 0.0% | 2 | 3.7% |
| Headache | Yes | 1 | 1.8% | 1 | 4.3% | 1 | 1.9% |
| Inability to breastfeed or drink | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Myalgia | Yes | 5 | 8.8% | 0 | 0.0% | 0 | 0.0% |
| Nasal congestion | Yes | 3 | 5.3% | 0 | 0.0% | 1 | 1.9% |
| Nausea | Yes | 1 | 1.8% | 1 | 4.3% | 0 | 0.0% |
| Rash | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Rhinorrhoea | Yes | 2 | 3.5% | 1 | 4.3% | 0 | 0.0% |
| Shortness of breath | Yes | 16 | 28.1% | 0 | 0.0% | 5 | 9.3% |
| Sore throat | Yes | 5 | 8.8% | 0 | 0.0% | 1 | 1.9% |
| Sputum production | Yes | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Unconsciousness | Yes | 0 | 0.0% | 1 | 4.3% | 1 | 1.9% |
| Unspecified signs and symptoms | Yes | 1 | 1.8% | 1 | 4.3% | 0 | 0.0% |
| Vomiting | Yes | 1 | 1.8% | 1 | 4.3% | 0 | 0.0% |

| VITAL SIGNS (n=17) | | | | | | | |
|--|-----|----|-------|----|-------|----|-------|
| Altered mental status | Yes | 1 | 1.8% | 3 | 13.0% | 5 | 9.3% |
| AVPU scale | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Clinical gestalt | Yes | 1 | 1.8% | 1 | 4.3% | 1 | 1.9% |
| Diastolic blood pressure | Yes | 0 | 0.0% | 3 | 13.0% | 1 | 1.9% |
| Exertional oxygen saturation | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| FiO2 | Yes | 0 | 0.0% | 0 | 0.0% | 1 | 1.9% |
| Glasgow Coma Scale | Yes | 0 | 0.0% | 4 | 17.4% | 4 | 7.4% |
| Haemodynamic instability | Yes | 1 | 1.8% | 1 | 4.3% | 0 | 0.0% |
| Heart rate | Yes | 1 | 1.8% | 4 | 17.4% | 8 | 14.8% |
| Hypercapnia | No | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Oxygen saturation | Yes | 9 | 15.8% | 14 | 60.9% | 8 | 14.8% |
| Pain severity | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| PaO2/FiO2 < 300 | No | 0 | 0.0% | 4 | 17.4% | 0 | 0.0% |
| Respiratory rate | Yes | 2 | 3.5% | 13 | 56.5% | 16 | 29.6% |
| Systolic blood pressure | Yes | 1 | 1.8% | 9 | 39.1% | 9 | 16.7% |
| Temperature | Yes | 17 | 29.8% | 5 | 21.7% | 13 | 24.1% |
| Altered mental status | Yes | 1 | 1.8% | 2 | 8.7% | 5 | 9.3% |
| OTHER CHARACTERISTICS (n=7) | | | | | | | |
| Ability to live and walk independently | Yes | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% |
| Abnormal ECG findings | No | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |
| Score on the Braden scale | Yes | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Epidemiological history | Yes | 36 | 63.2% | 2 | 8.7% | 2 | 3.7% |
| Nursing home resident | Yes | 0 | 0.0% | 1 | 4.3% | 1 | 1.9% |
| Status as a healthcare worker | Yes | 2 | 3.5% | 0 | 0.0% | 0 | 0.0% |
| Use of prescription medications | Yes | 0 | 0.0% | 1 | 4.3% | 0 | 0.0% |

Supplementary Table 6: Overview of use of established prognostication tools for COVID-19.

| Tool | No. inputs | Inputs | Feasible in low-resource settings? | No. studies using tool |
|--------------------------------------|------------|--|------------------------------------|------------------------|
| APACHE II Score(95) | 15 | <ul style="list-style-type: none"> • Acute renal failure • Age • Creatinine • FiO2 • Glasgow Coma Scale • Haematocrit • Heart rate • History of severe organ failure or immunocompromise • Mean arterial pressure • pH • Potassium • Respiratory rate • Sodium • Temperature • White blood cell count | No | 1 |
| Clinical Frailty Score | 1 | <ul style="list-style-type: none"> • Level of physical fitness | Yes | 3 |
| CURB-65 Score for Pneumonia Severity | 5 | <ul style="list-style-type: none"> • Age • Blood urea nitrogen • Confusion • Respiratory rate • Systolic or diastolic blood pressure | No | 4 |
| Deyo-Charlson Score(96) | 17 | <ul style="list-style-type: none"> • AIDS • Any malignancy • Cerebrovascular disease • Chronic pulmonary disease • Congestive heart failure • Dementia • Diabetes with complications • Diabetes without chronic complications • Hemiplegia or paraplegia • Metastatic solid tumour • Mild liver disease • Moderate/severe liver disease • Myocardial infarction • Peptic ulcer disease • Peripheral vascular disease • Renal disease • Rheumatoid disease | Yes | 1 |
| HEWS | | <ul style="list-style-type: none"> • | | |
| Korean Triage and Acuity Scale(97) | 17 | <ul style="list-style-type: none"> • Abdominal pain • Bites • Cardiac arrest • Chest pain • Constipation • Diarrhoea • Glasgow Coma Scale • Haematemesis • Headache • Major trauma | Yes | 1 |

| | | | | |
|--|----|---|-----|---|
| | | <ul style="list-style-type: none"> • Nausea and/or vomiting • Prescription medications • Respiratory failure • Systolic blood pressure • Systemic inflammatory response syndrome (SIRS) • Temperature • Urinary tract infection | | |
| Modified 6-Minute Walk Test(98) | 1 | <ul style="list-style-type: none"> • Distance walked in 6 minutes | Yes | 1 |
| Modified Early Warning Score (MEWS) for Clinical Deterioration(99) | 5 | <ul style="list-style-type: none"> • AVPU score • Heart rate • Respiratory rate • Systolic blood pressure • Temperature | Yes | 1 |
| MuLBSTA Score for Viral Pneumonia Mortality(100) | 6 | <ul style="list-style-type: none"> • Absolute lymphocyte count • Age • Bacterial coinfection • History of hypertension • Multilobe infiltrate • Smoking history | No | 1 |
| National Early Warning Score (NEWS)(101) | 5 | <ul style="list-style-type: none"> • Need for supplemental oxygen • Oxygen saturation • Respiratory rate • Systolic blood pressure • Temperature | Yes | 4 |
| National Early Warning Score 2 (NEWS2)(102) | 7 | <ul style="list-style-type: none"> • Consciousness • Heart rate • Hypercapnic respiratory failure • Need for supplemental oxygen • Respiratory rate • Systolic blood pressure • Temperature | Yes | 5 |
| Pneumonia Severity Index for Community Acquired Pneumonia(103) | 19 | <ul style="list-style-type: none"> • Age • Altered mental status • Blood urea nitrogen • Glucose • Haematocrit • Heart rate • History of congestive heart failure • History of liver disease history • History of renal disease • Neoplastic disease • Nursing home resident • Partial pressure of oxygen • pH • Pleural effusion on X-ray • Respiratory rate • Sex • Sodium • Systolic blood pressure • Temperature | No | 1 |
| qSOFA (Quick SOFA) Score for Sepsis(104) SEWS | 3 | <ul style="list-style-type: none"> • Glasgow Coma Scale • Respiratory rate • Systolic blood pressure | Yes | 5 |

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