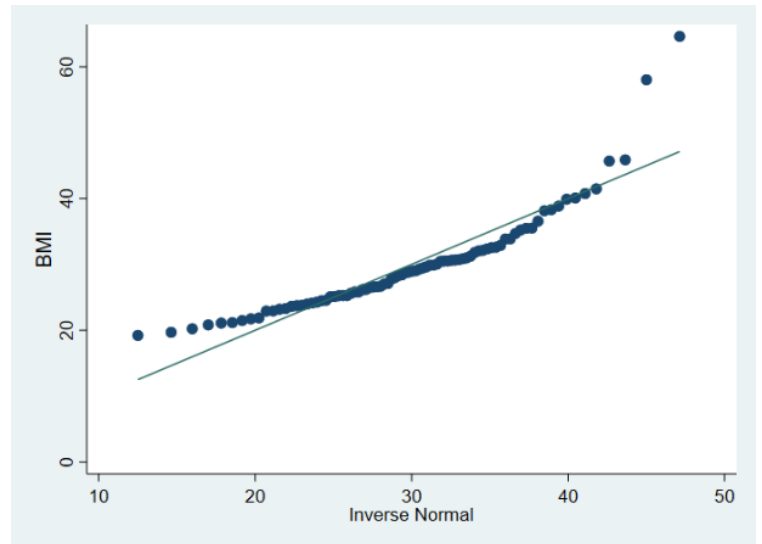
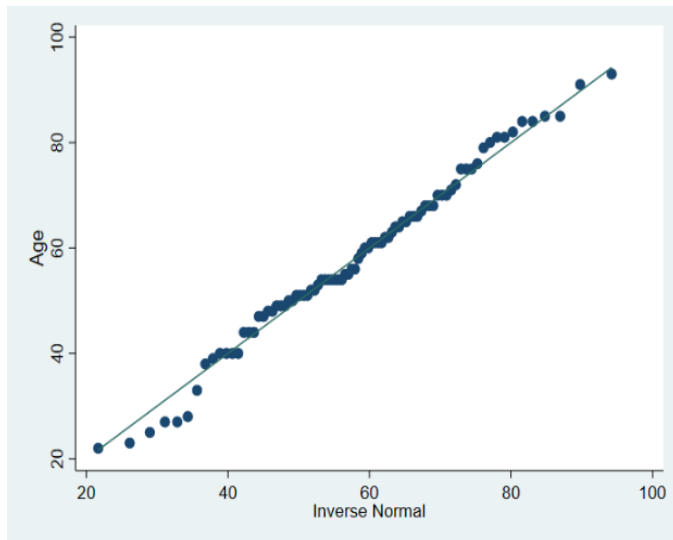


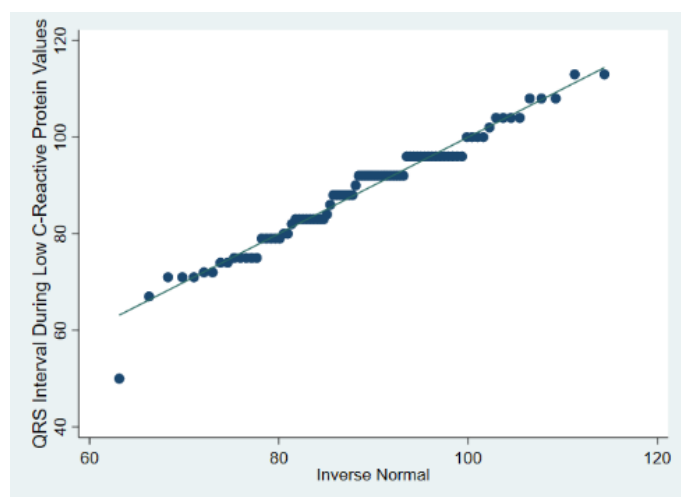
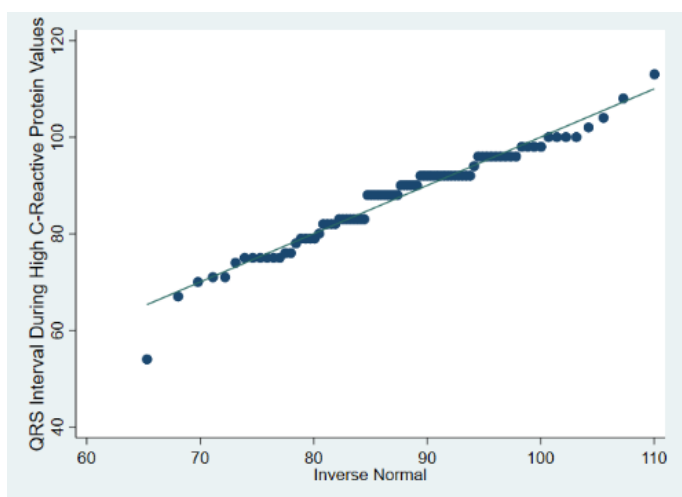
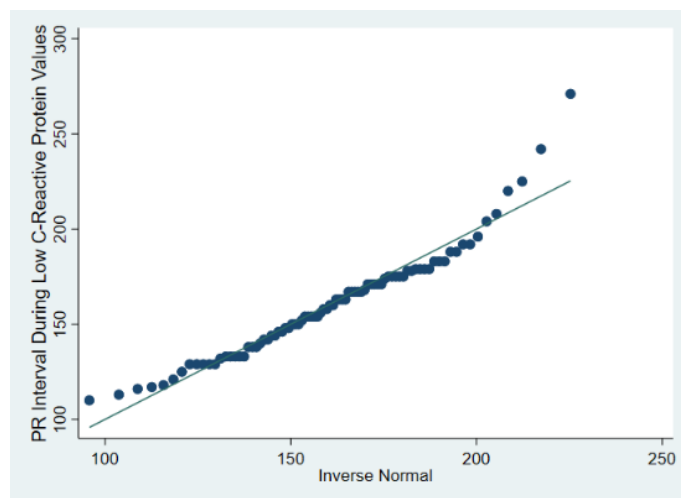
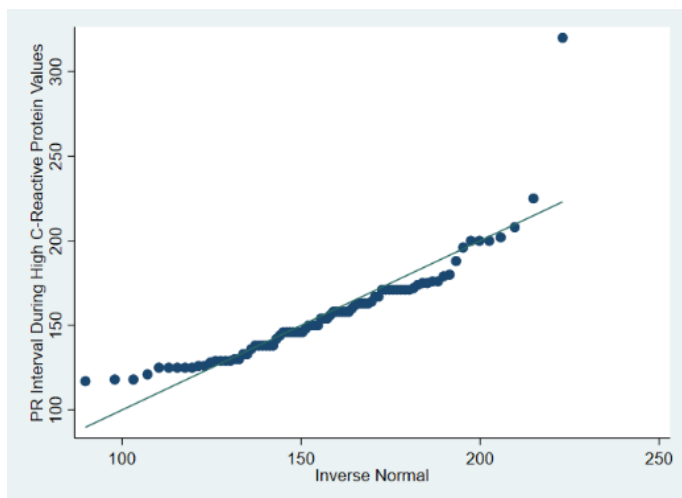
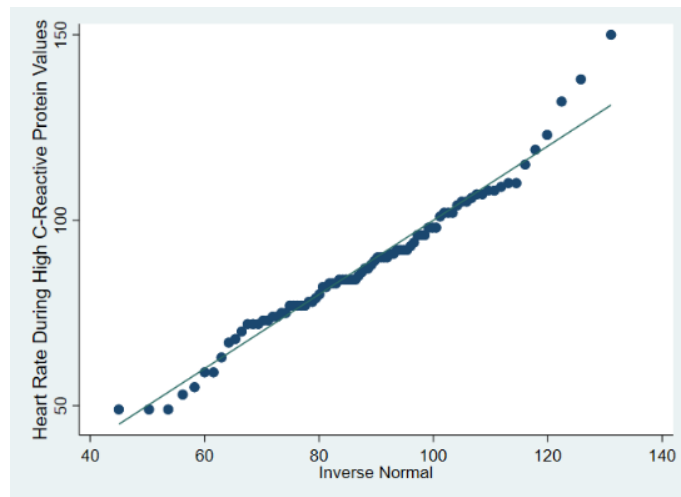
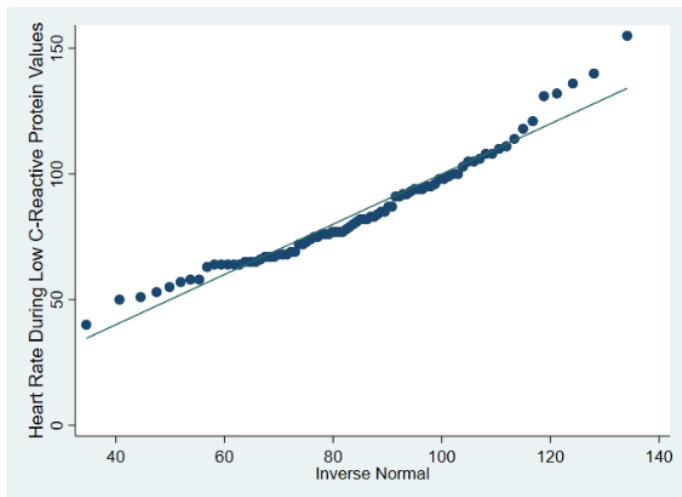
Online Supplement

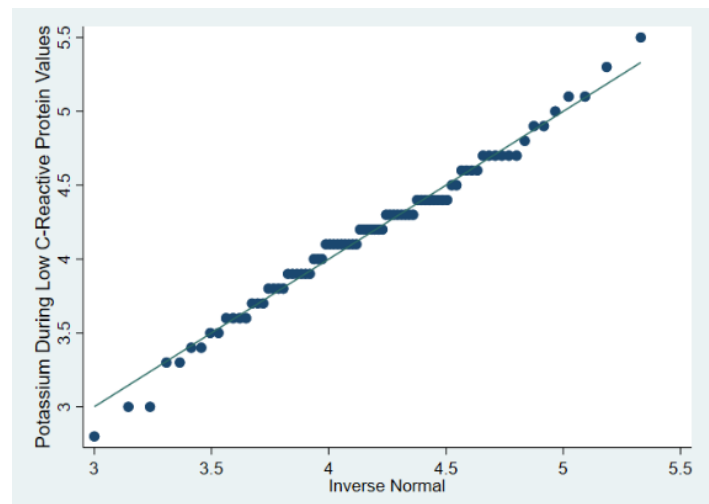
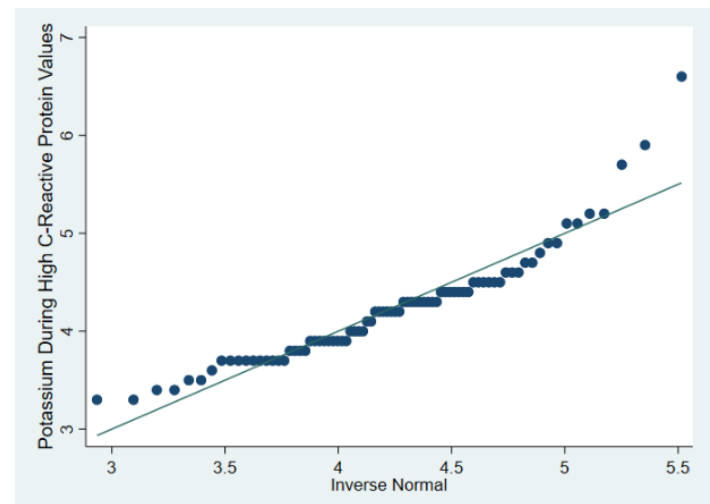
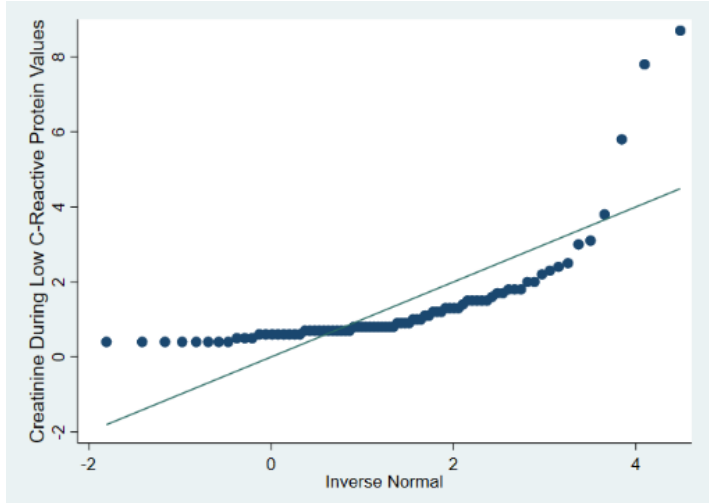
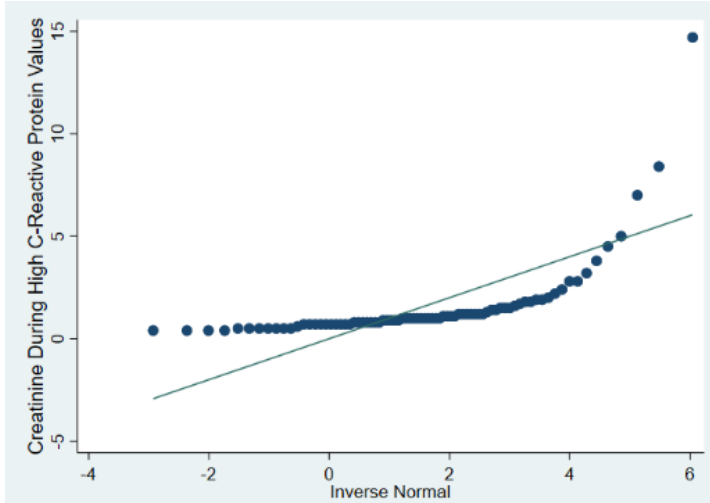
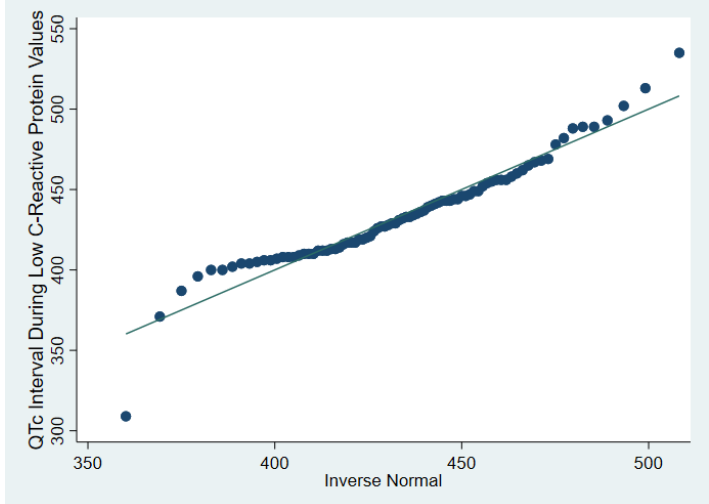
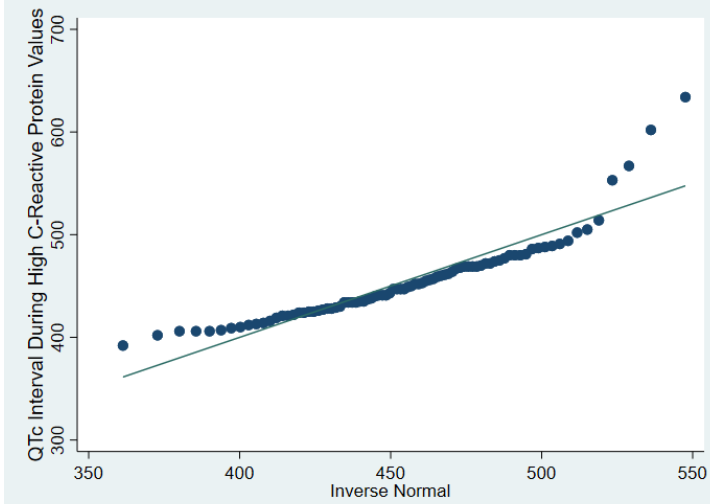
eTable 1. Crude association between QTc interval and potentially confounding variables using Mixed Effects Linear Regression.

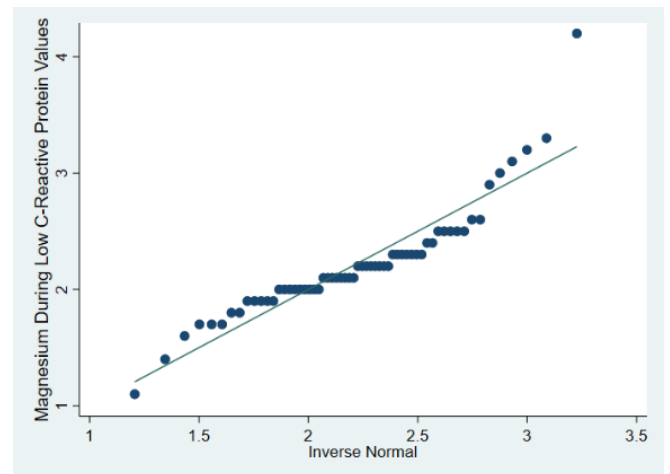
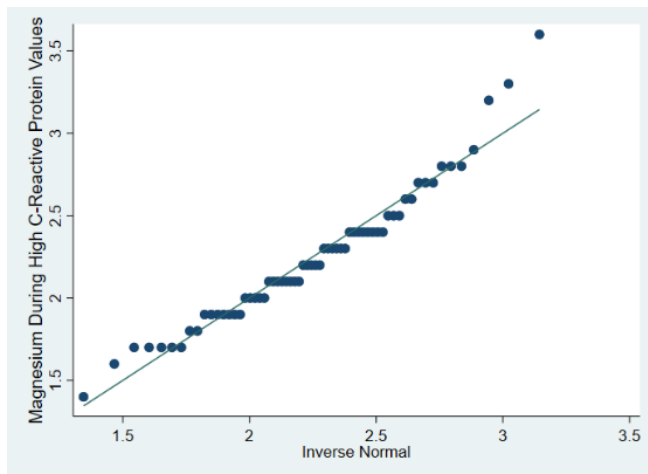
	Crude estimates
Variable	β coefficient (95% CI)
Female Sex	15 (3.21 – 27)
Race	
White vs Black	4.76 (-9.64, 19.15)
Other vs Black	-11.73 (-24.83 – 1.35)
BMI, kg/m²	0.005 (-0.75 – 0.8)
WHO score	2.92 (-0.8 – 6.64)
HR, bpm	0.15 (-0.13 – 0.43)
PR Interval, ms	-0.07 (-0.54 – 0.55)
QRS duration, ms	0.01 (-0.58 – 0.53)
Number of QTc-prolonging medications	
1 vs 0	16.34 (3.38 – 29.3)
≥2 vs 0	8.31 (-7.97 – 24.6)
Creatinine, mg/dL	1.38 (-2.08 – 4.83)
Potassium, mmol/L	3.75 (-7.2 – 14.66)
Abbreviations: bpm = beats per minute, BMI = body mass index, CRP = C reactive protein, HR= heart rate, ms=milliseconds, QTc = corrected QT interval, WHO = World Health Organization	

eFigure 1. Quantiles of each variable reported in Table 1 plotted against quantiles of normal distribution









BMI = Body Mass Index

eFigure 2

Hospitalized adult patients admitted to five hospitals in Maryland and Washington, DC, area with Coronavirus disease 2019 infection (**n=2,456**)

Eligibility criteria:

Serial and paired measurements of electrocardiogram (ECG) and C-reactive protein on two sequential dates during the same hospitalization, one defined as “high” when CRP was five or more times above the upper limit of normal and the other defined as “low” when CRP level was less than fifty percent of the peak value. QRS duration of < 120 milliseconds (ms) and no evidence of atrial fibrillation on ECG.

Study Sample (n=85)