Deviations from pre-defined protocol and justification

* The ‘number of unique medications’ could not be used because dispensing data in SAIL started in 2016. So, in the influenza/pneumonia cohort, we decided to only use prescribed medications from Read codes in primary care data to define medication-related variables (e.g. anticoagulation, lipid meds, etc.). However, we could not capture all medications using Read codes so the ‘number of unique medications’ was excluded from both cohorts.
* When examining the association between hospitalisation for infection and subsequent thromboses, we decided that if we censored non-hospitalised infections at the date of diagnosis then there would be increased censoring of COVID-19 than influenza/pneumonia due to increased surveillance at the time of the COVID-19 cohort. Therefore, patients were not censored if they had a non-hospitalised infection but were censored in a sensitivity analysis.
* Our main exposure of interest was hospitalised infections and no longer included non-hospitalised infections or any hospitalisation for infection. As stated in the above point, increased surveillance of non-hospitalised infections during the COVID-19 pandemic resulted in more asymptomatic infections than in the influenza/pneumonia cohort. Non-hospitalised influenza/pneumonia would therefore be more severe.
* A sensitivity analysis of infections leading to intensive care unit admission or respiratory support was added to show how more severe infections may increase one’s risk of arterial and venous thromboses and how this compared between COVID-19 and influenza/pneumonia.
* We were planning on examining all events and ones that are fatal (that latter was defined as an event that was followed by death of any cause within 28 days, or is only recorded as fatal i.e. reported only in death records) events in separate analyses. However, we did not examine fatal events due to expected low numbers after hospitalised infection of either COVID-19 or influenza/pneumonia and to simplify the analysis.
* The examination of co-infection of COVID-19 and influenza/pneumonia was not examined due to their rarity.