

I) Supplementary Tables

Table S1: Quality score of articles (Newcastle–Ottawa Scale)

	Selection (representativeness of exposed cohort, selection of the non-exposed cohort, ascertainment of exposure, at the start of the study the outcome of interest was not present)				Comparability (study design and analysis, and whether any confounding variables were adjusted)	Outcome (follow-up period, cohort retention, ascertained by independent blind assessment, record linkage, or self-report)			
Study	Representativeness of Exposed Cohort (max: **)	Selection of the Non-Exposed Cohort from Same Source as Exposed Cohort: (*)	Ascertainment of Exposure (**)	Outcome of Interest Was Not Present at Start of Study (yes=*)	Comparability of Cohorts (**)	Assessment of Outcome (**)	Follow-Up Long Enough for Outcome to Occur (*)	Adequacy of Follow-Up (**)	Quality Score
Reynolds et al., 2020	★★	Yes ★	Yes ★	No	Yes ★ ★	★	★	★	Good
Yang et al., 2020	★	Yes ★	Yes ★	No	Yes ★	★	★	★	Good
Li et al., 2020	★	Yes ★	Yes ★	NO	Yes ★	★	★	★	Good

Zhang et al., 2020	★★	Yes ★	★	Yes ★	Yes ★ ★	★	★	★	Good
Guo et al., 2020	★	No	Yes★	No ★	No	★	★	★	Poor
Meng et al., 2020	★	Yes ★	Yes ★	No ★	Yes	★	★	★	Good
Mehra et al.,2020.	★★	Yes ★	Yes ★	No ★	Yes ★ ★	★	★	★	Good
Feng et al., 2020	★	Yes ★	Yes ★	No ★	Yes ★	★	★	★	Good

Interpretation: Good quality: 3 or 4 stars (★) in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome domain; Fair quality: 2 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain; Poor quality: 0 or 1 star in selection domain OR 0 stars in comparability domain OR 0 or 1 stars in outcome/exposure domain.

II) Supplementary Figures

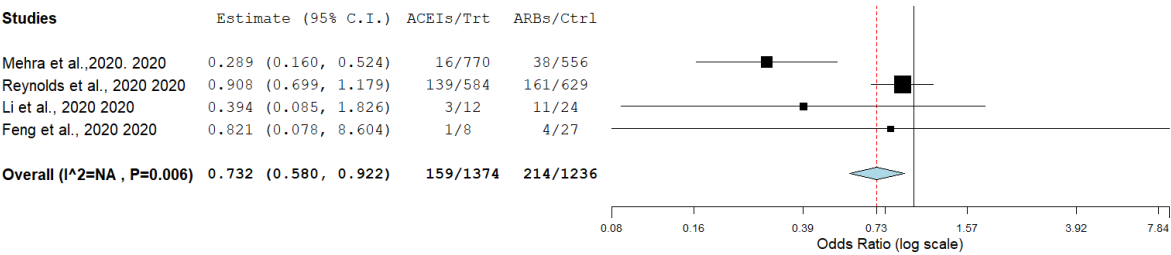


Figure S1: Risk of poor COVID-19 clinical outcome with ACEIs relative to ARBs.

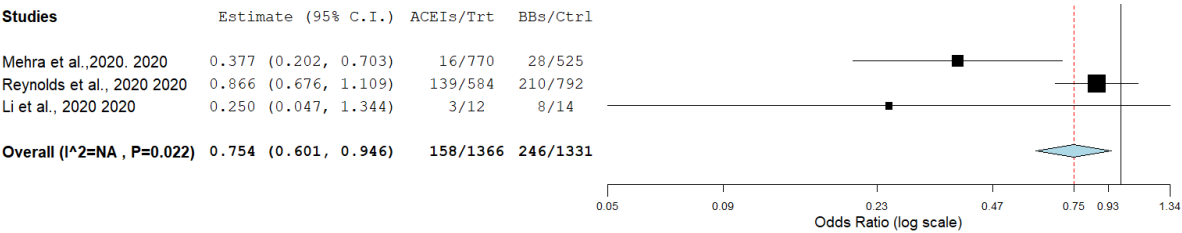


Figure S2: Risk of poor COVID-19 clinical outcome with ACEIs relative to BBs.

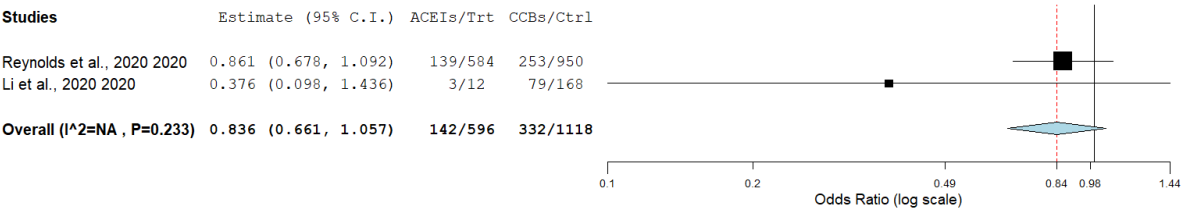


Figure S3: Risk of poor COVID-19 clinical outcome with ACEIs relative to CCBs.

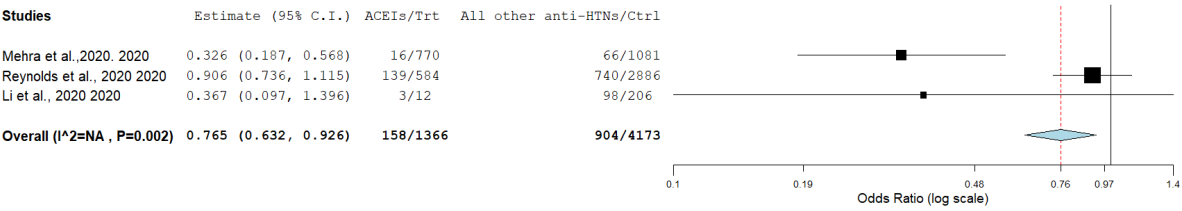


Figure S4: Risk of poor COVID-19 clinical outcome with ACEIs relative to all other antihypertensives.

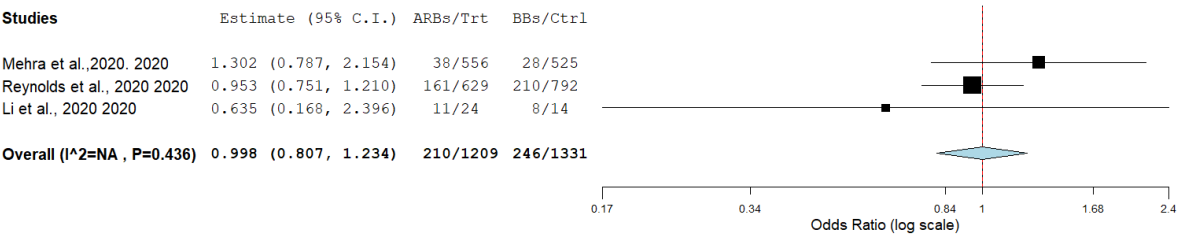


Figure S5: Risk of poor COVID-19 clinical outcome with ARBs relative to BBs.

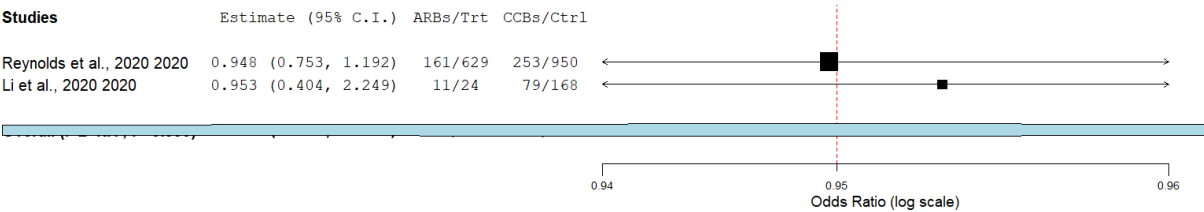


Figure S6: Risk of poor COVID-19 clinical outcome with ARBs relative to CCBs.

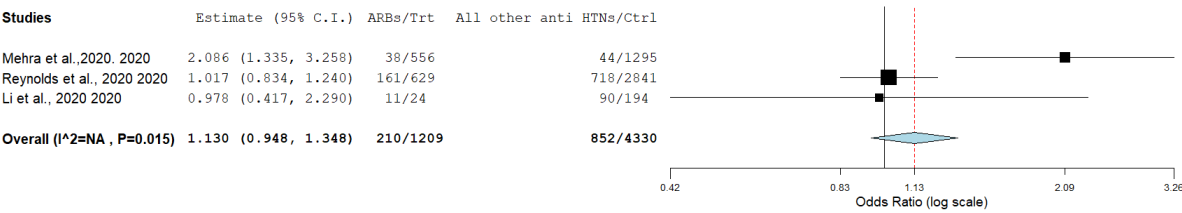


Figure S7: Risk of poor COVID-19 clinical outcome with ARBs relative to all other antihypertensives.

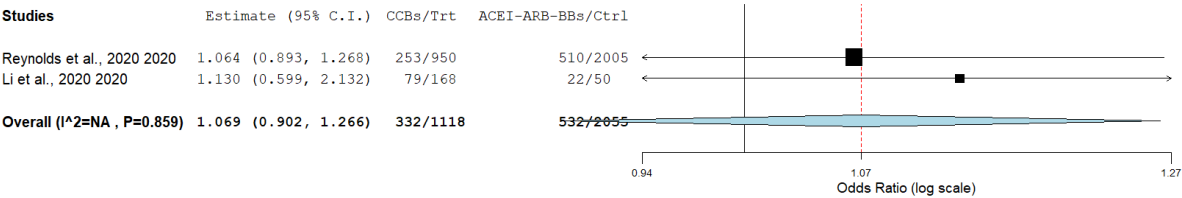


Figure S8: Risk of poor COVID-19 clinical outcome with CCBs relative to ACEI, ARBs, BBs.

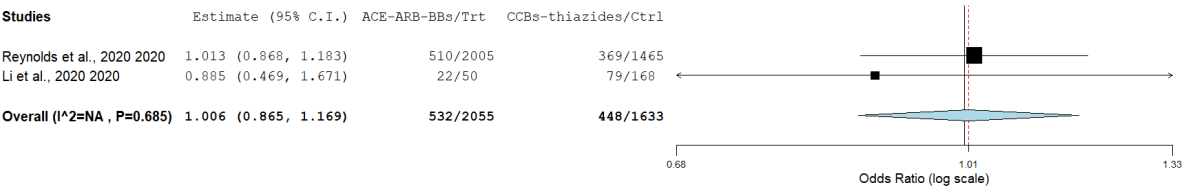


Figure S9: Risk of poor COVID-19 clinical outcome with ACEI, ARBs, BBs compared to CCBs and thiazides.

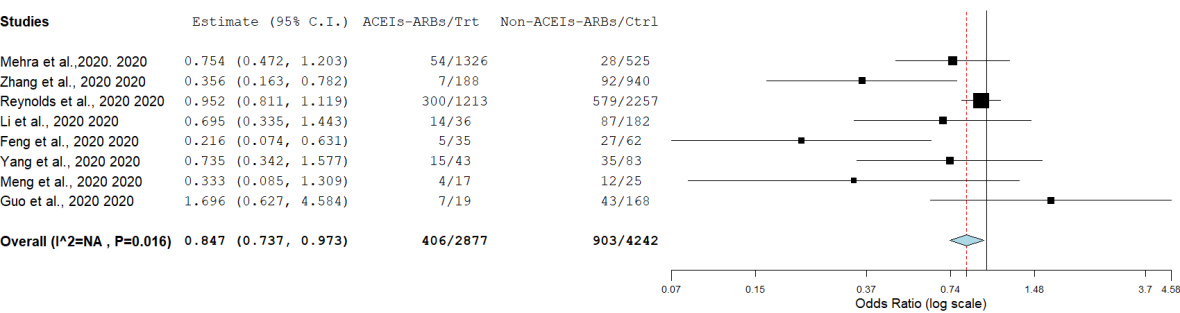


Figure S10: Risk of poor COVID-19 clinical outcome with ACEIs-ARBs compared to non- ACEIs-ARBs with Guo et al., 2020 added.