I) Supplementary Tables

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

	Selection (representativeness of exposed cohort, selection of the				Comparability (study Outcome (follow-up period, cohort retention,					
	non-exposed cohort, ascertainment of exposure, at the start of				design and analysis, ascertained by independent blind assessment,					
	, i				and whether any	record linkage				
					confounding					
				variables were						
					adjusted)					
Study	Representativen	Selection of	Ascertainme	Outcome of	Comparability of	Assessment	Follow-Up	Adequacy of	Quality	
	ess of Exposed	the	nt of	Interest	Cohorts (**)	Outcome (**)	Long Enough	Follow-Up (**)	Score	
	Cohort (max: **)	Non-Expose	Exposure (**)	Was Not			for Outcome to			
		d Cohort		Present at			Occur (*)			
		from Same		Start of						
		Source as		Study						
		Exposed		(yes=*)						
		Cohort: (*)								
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

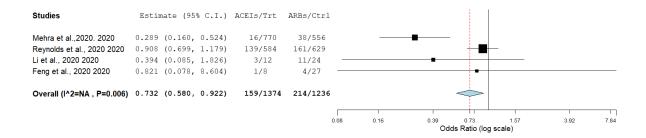


Figure S1: Risk of poor COVID-19 clinical outcome with ACEIs relative to ARBs.



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

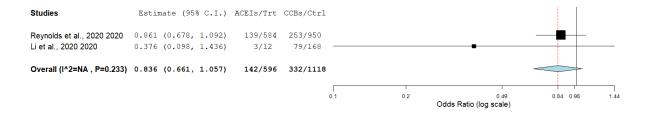


Figure S3: Risk of poor COVID-19 clinical outcome with ACEIs relative to CCBs.

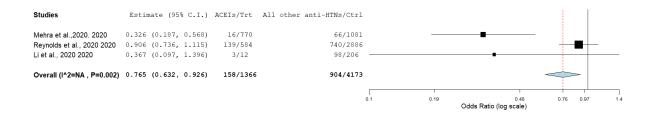


Figure S4: Risk of poor COVID-19 clinical outcome with ACEIs relative to all other antihypertensives.

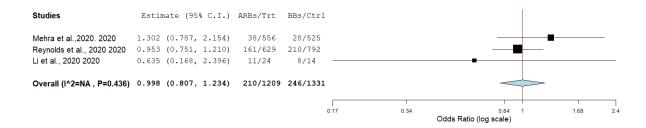


Figure S5: Risk of poor COVID-19 clinical outcome with ARBs relative to BBs.

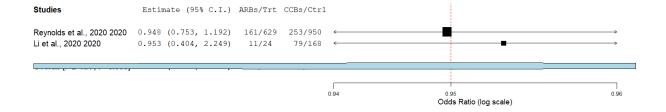


Figure S6: Risk of poor COVID-19 clinical outcome with ARBs relative to CCBs.

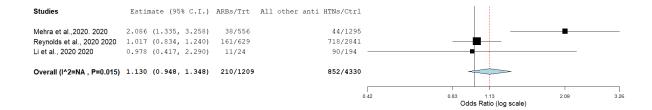


Figure S7: Risk of poor COVID-19 clinical outcome with ARBs relative to all other antihypertensives.

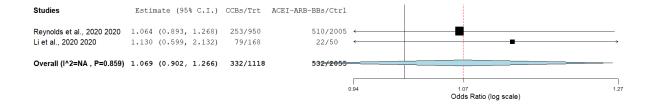


Figure S8: Risk of poor COVID-19 clinical outcome with CCBs relative to ACEI, ARBs, BBs.

Studies	Estimate (95% C.I.)	ACE-ARB-BBs/Trt	CCBs-thiazides/Ctrl			
Reynolds et al., 2020 2020 Li et al., 2020 2020	1.013 (0.868, 1.183) 0.885 (0.469, 1.671)	510/2005 22/50	369/1465 79/168	←	-	
Overall (I^2=NA , P=0.685)	1.006 (0.865, 1.169)	532/2055	448/1633			
				0.68	1.01 Odds Ratio (log scale)	1.33

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

Studies	Estimate (95% C.I.)	ACEIs-ARBs/Trt	Non-ACEIs-ARBs/Ctrl						
Mehra et al.,2020. 2020	0.754 (0.472, 1.203)	54/1326	28/525				-		
Zhang et al., 2020 2020	0.356 (0.163, 0.782)	7/188	92/940	-		-			
Reynolds et al., 2020 2020	0.952 (0.811, 1.119)	300/1213	579/2257				+		
Li et al., 2020 2020	0.695 (0.335, 1.443)	14/36	87/182		=		-		
Feng et al., 2020 2020	0.216 (0.074, 0.631)	5/35	27/62						
Yang et al., 2020 2020	0.735 (0.342, 1.577)	15/43	35/83		-		-		
Meng et al., 2020 2020	0.333 (0.085, 1.309)	4/17	12/25					_	
Guo et al., 2020 2020	1.696 (0.627, 4.584)	7/19	43/168			-			
Overall (I^2=NA , P=0.016)	0.847 (0.737, 0.973)	406/2877	903/4242						
				0.45		1	0.74	4.40	07.450
			0	.07 0.15		0.37 Odds Ratio (Id	0.74 og scale)	1.48	3.7 4.58

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