

S1 Table. Definitions used for clinical COVID-19

Source of definition	Definition for clinical COVID-19
World Health Organization (WHO)	<p>A combination of acute fever and cough,</p> <p>Or</p> <p>A combination of three or more of: fever, cough, general weakness and fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia, nausea and vomiting, diarrhoea, altered mental status</p>
Centers for Disease Control (CDC), United States	<p>At least two of: fever, chills*, rigors *, myalgia, headache, sore throat, new olfactory and taste disorder,</p> <p>Or</p> <p>At least one of: cough, shortness of breath, difficulty breathing*</p>
Public Health England	New cough, or temperature 37.8°C, or a loss or change in sense of smell or taste
European Centre for Disease Prevention and Control	At least one of: cough, fever, shortness of breath, sudden onset anosmia, ageusia or dysgeusia

* Symptom information not collected in the Case Report Form (CRF)

S2 Table. Definition of comorbidities, complications and outcomes from the ISARIC case report forms (CRF)

Comorbidity	Definition
Chronic cardiac disease	Any of coronary artery disease, heart failure, congenital heart disease, cardiomyopathy, rheumatic heart disease.
Hypertension	Elevated arterial blood pressure diagnosed clinically, >140mmHg systolic or >90mmHg diastolic.
Chronic pulmonary disease (not asthma)	Any of chronic obstructive pulmonary disease (chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema), cystic fibrosis, bronchiectasis, interstitial lung disease, pre-existing requirement for long term oxygen therapy.
Chronic kidney disease	Clinician-diagnosed chronic kidney disease, chronic estimated glomerular filtration rate < 60 mL/min/1.73m ² , history of kidney transplantation
Obesity	Patients for whom an attending clinician has assessed them to be obese - ideally but not necessarily with an objective measurement of obesity, such as calculation of the body mass index (BMI of 30 or more) or measurement of abdominal girth.
Liver disease (mild, moderate & severe)	Cirrhosis with or without portal hypertension or chronic hepatitis, with or without bleeding or a history of variceal bleeding
Type 2 Diabetes	Clinician diagnosed requiring oral or subcutaneous treatment
Dementia	Clinical diagnosis of dementia
Malnutrition	Any clinically identified deficiency in intake, either of total energy or of specific nutrients that led to a dietetic intervention or referral prior to the onset of COVID-19 symptoms. Does not include people who needed supplementary nutrition solely due to reduced intake during their current illness episode.
Complication	
Bacterial pneumonia	Clinically or radiologically diagnosed bacterial pneumonia (including community, hospital and ventilator acquired) managed with antimicrobials. Bacteriological confirmation not required.
Cardiac arrest	Sudden cessation of cardiac activity with no normal breathing and no signs of circulation.
Coagulation disorder	Abnormal coagulation identified by abnormal prothrombin time or activated partial thromboplastin time. Disseminated intravascular coagulation (DIC; consumption coagulopathy; defibrination syndrome) is defined by thrombocytopenia, prolonged

	prothrombin time, low fibrinogen, elevated D-dimer and thrombotic microangiopathy.
Rhabdomyolysis	Rhabdomyolysis is a syndrome characterised by muscle necrosis and the release of myoglobin into the blood. Muscle biopsy, electromyography, radiological imaging and the presence of myoglobinuria are not required for the diagnosis.
Acute kidney injury	Acute renal injury is defined as any of: <ul style="list-style-type: none"> • Increase in serum creatinine by ≥ 0.3 mg/dL (≥ 26.5 $\mu\text{mol/L}$) within 48 hours • Increase in serum creatinine to ≥ 1.5 times baseline, which is known or presumed to have occurred within the prior 7 days • Urine volume < 0.5 mL/kg/hour for 6 hours
Outcomes	
ICU admission	Admission to an intensive care unit (ICU) or high dependency care unit (HDU)
Invasive mechanical ventilation	Any mechanical ventilation delivered following intubation or via a tracheostomy. Does not include patients who are breathing independently via a tracheostomy.
Length of stay	Number of days in hospital up until discharge or study censoring date
Still in hospital	Patient is still in hospital at the time of the study censoring date
Transferred	Patient has been transferred to another facility that provides medical care. This could be a specialist centre for more intensive treatment or a step-down for rehabilitation. It does not include facilities that solely provide social care (these patients should be listed as discharged alive).
Discharged alive	Patient has been discharged to their usual place of residence before their illness, to the home of a relative or friend, or to a social care facility, because their illness is no longer severe enough to warrant treatment in a medical facility.
Death	Patient died in the hospital

S3 Table. Distribution of missingness information between eKDIGO and No AKI patients.

		deKDIGO Missing (%)	KDIGO Missing (%)	eKDIGO Missing (%)	No AKI Missing (%)
Total Count					
		11188	12704	23892	51772
Demographics					
	Age	26 (0.23)	63 (0.5)	89 (0.37)	35 (0.07)
	Female	53 (0.47)	91 (0.72)	144 (0.6)	125 (0.24)
Country Income Level, n (%)					
	High Income	26 (0.23)	63 (0.5)	89 (0.37)	34 (0.07)
	Upper Middle Income	26 (0.23)	63 (0.5)	89 (0.37)	34 (0.07)
	Low & low middle income	26 (0.23)	63 (0.5)	89 (0.37)	34 (0.07)
AKI Grades & RRT, n (%)					
	AKI Stage 1	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	AKI Stage 2	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	AKI Stage 3*	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	RRT	673 (6.02)	752 (5.92)	1425 (5.96)	5385 (10.4)
Comorbidities**, n (%)					
	Chronic Kidney Disease	744 (6.65)	998 (7.86)	1742 (7.29)	3819 (7.38)
	Chronic Cardiac Disease	184 (1.64)	256 (2.02)	440 (1.84)	1235 (2.39)
	Chronic Pulmonary Disease	716 (6.4)	1010 (7.95)	1726 (7.22)	3659 (7.07)
	Hypertension	3127 (27.95)	3868 (30.45)	6995 (29.28)	13858 (26.77)
	Dementia	1111 (9.93)	1737 (13.67)	2848 (11.92)	6066 (11.72)
	Diabetes -type 2	611 (5.46)	895 (7.05)	1506 (6.3)	3207 (6.19)
	Liver disease	351 (3.14)	765 (6.02)	1116 (4.67)	1963 (3.79)
	Malnutrition	1337 (11.95)	1456 (11.46)	2793 (11.69)	6431 (12.42)
	Obesity	1821 (16.28)	2218 (17.46)	4039 (16.91)	9509 (18.37)
Medications on Admission, n (%)					
	NSAIDS	3549 (31.72)	4557 (35.87)	8106 (33.93)	18172 (35.1)
	ACEi	3381 (30.22)	4349 (34.23)	7730 (32.35)	17487 (33.78)
	ARBs	3393 (30.33)	4342 (34.18)	7735 (32.37)	17575 (33.95)
Signs & Symptoms on Admission, n (%)					
	Altered Consciousness /	2241 (20.03)	2595 (20.43)	4836 (20.24)	9589 (18.52)

	Confusion				
	Diarrhea	2382 (21.29)	2524 (19.87)	4906 (20.53)	9263 (17.89)
	Fever	1610 (14.39)	1606 (12.64)	3216 (13.46)	5657 (10.93)
	Vomiting /nausea	2364 (21.13)	2560 (20.15)	4924 (20.61)	9173 (17.72)
	Muscle aches/joint pain	3228 (28.85)	3335 (26.25)	6563 (27.47)	12651 (24.44)
	Headache	3315 (29.63)	3375 (26.57)	6690 (28.0)	12846 (24.81)
	Sore Throat	3443 (30.77)	3583 (28.2)	7026 (29.41)	13667 (26.4)
	Cough	1709 (15.28)	1763 (13.88)	3472 (14.53)	5973 (11.54)
	Cough, with sputum	2848 (25.46)	2976 (23.43)	5824 (24.38)	10841 (20.94)
	Cough, with bloody sputum	3019 (26.98)	3320 (26.13)	6339 (26.53)	12145 (23.46)
	Shortness of breath	1620 (14.48)	1580 (12.44)	3200 (13.39)	5940 (11.47)
	Runny nose	3517 (31.44)	3618 (28.48)	7135 (29.86)	14143 (27.32)
Observations on Admission, n (%)					
	Temperature	244 (2.18)	527 (4.15)	771 (3.23)	1362 (2.63)
	Systolic BP	357 (3.19)	540 (4.25)	897 (3.75)	3437 (6.64)
	Diastolic	491 (4.39)	665 (5.23)	1156 (4.84)	3932 (7.59)
	Heart rate	416 (3.72)	762 (6.0)	1178 (4.93)	4259 (8.23)
	Respiratory rate	1316 (11.76)	1561 (12.29)	2877 (12.04)	7120 (13.75)
	Oxygen saturation	475 (4.25)	822 (6.47)	1297 (5.43)	3906 (7.54)
	WBC	1055 (9.43)	1903 (14.98)	2958 (12.38)	8031 (15.51)
	BUN	1913 (17.1)	2331 (18.35)	4244 (17.76)	12508 (24.16)
	Potassium	1000 (8.94)	1682 (13.24)	2682 (11.23)	8963 (17.31)
	CRP	1720 (15.37)	3294 (25.93)	5014 (20.99)	11861 (22.91)
	Admission sCr	637 (5.69)	1226 (9.65)	1863 (7.8)	6720 (12.98)
	Admission eGFR	660 (5.9)	1252 (9.86)	1912 (8.0)	6796 (13.13)
Admission Treatment, n (%)					
	Antiviral and COVID-19 targeting agents	1743 (15.58)	1945 (15.31)	3688 (15.44)	8477 (16.37)
	Antibiotic agents	542 (4.84)	851 (6.7)	1393 (5.83)	4788 (9.25)
	Antifungal agents	872 (7.79)	1351 (10.63)	2223 (9.3)	5859 (11.32)
	Corticosteroids	696 (6.22)	931 (7.33)	1627 (6.81)	5045 (9.74)
Complications**, n (%)					

	Bacterial pneumonia	1474 (13.17)	1934 (15.22)	3408 (14.26)	8885 (17.16)
	Cardiac arrest	860 (7.69)	1121 (8.82)	1981 (8.29)	5515 (10.65)
	Coagulation disorder	1346 (12.03)	1996 (15.71)	3342 (13.99)	8190 (15.82)
	Rhabdomyolysis	1311 (11.72)	1973 (15.53)	3284 (13.75)	8107 (15.66)
Outcomes, n (%)					
	ICU admission	262 (2.34)	252 (1.98)	514 (2.15)	1291 (2.49)
	Invasive mechanical ventilation	375 (3.35)	537 (4.23)	912 (3.82)	4141 (8.0)
	Length of Stay (median, IQR)	415 (3.71)	653 (5.14)	1068 (4.47)	1752 (3.38)
	Still in hospital	271 (2.42)	395 (3.11)	666 (2.79)	906 (1.75)
	Transferred	271 (2.42)	395 (3.11)	666 (2.79)	906 (1.75)
	Discharged	271 (2.42)	395 (3.11)	666 (2.79)	906 (1.75)
	Death	271 (2.42)	395 (3.11)	666 (2.79)	906 (1.75)

*Stage 3 includes patients requiring RRT for KDIGO and eKDIGO

** Definitions of comorbidities, complications and outcomes from the CRFs are presented in S2 Table

RRT = Renal replacement therapy; ACEi = Angiotensin converting enzyme inhibitors; ARBs = Angiotensin II receptor blockers; NSAIDs = non-steroidal anti-inflammatories; BUN = Blood urea nitrogen; CRP = C-reactive protein; WBC = White blood cell; sCr = serum creatinine; eGFR = estimated glomerular filtration rate (estimated using the CKD-EPI equation)

S4 Table. Logistic regression fitted to assess the association between eKDIGO AKI with in-hospital mortality without MICE imputation for variable missingness

Variable	Odds Ratio	95% Confidence Interval		P value
		Lower	Upper	
(Intercept)	0.048	0.045	0.051	< 0.001
AKI eKDIGO	1.785	1.714	1.859	< 0.001
Age 18 – 65 (ref)	1.0	-	-	-
Age 65 - 85	3.926	3.739	4.123	< 0.001
Age 85+	7.652	7.174	8.164	< 0.001
Female TRUE	0.784	0.754	0.816	< 0.001
Female UNKNOWN	0.643	0.396	1.011	0.064
Chronic Kidney Disease TRUE	1.282	1.214	1.353	< 0.001
Chronic Kidney Disease UNKNOWN	0.951	0.821	1.100	0.497
Chronic Cardiac Disease Unknown	1.330	1.273	1.390	< 0.001
Chronic Cardiac Disease TRUE	0.804	0.673	0.959	0.016
Chronic Pulmonary Disease UNKNOWN	1.495	1.418	1.576	< 0.001
Chronic Pulmonary Disease TRUE	1.000	0.864	1.157	0.999
Hypertension TRUE	0.966	0.919	1.015	0.168
Hypertension UNKNOWN	1.149	1.046	1.263	0.004
Diabetes Type 2 Unknown	1.209	1.156	1.264	< 0.001
Diabetes Type 2 TRUE	0.979	0.853	1.122	0.757
Obesity TRUE	0.921	0.867	0.979	0.008
Obesity UNKNOWN	1.073	1.005	1.145	0.034
ACEi & ARBs TRUE	0.868	0.820	0.918	< 0.001
ACEi & ARBs UNKNOWN	0.936	0.869	1.009	0.084
Corticosteroids UNKNOWN	1.173	1.122	1.226	< 0.001
Corticosteroids TRUE	1.309	1.157	1.481	< 0.001
Antifungal Agents UNKNOWN	1.222	1.138	1.312	< 0.001
Antifungal Agents TRUE	0.913	0.813	1.026	0.126
ICU Admission TRUE	1.795	1.682	1.914	< 0.001
ICU Admission UNKNOWN	1.531	1.323	1.770	< 0.001
Mechanical Ventilation TRUE	1.968	1.836	2.109	< 0.001
Mechanical Ventilation UNKNOWN	0.393	0.348	0.445	< 0.001
Bacterial Pneumonia TRUE	1.219	1.154	1.287	< 0.001
Bacterial Pneumonia UNKNOWN	1.226	1.115	1.347	< 0.001

Cardiac Arrest TRUE	20.390	17.880	23.339	< 0.001
Cardiac Arrest UNKNOWN	3.580	3.166	4.049	< 0.001
Coagulation UNKNOWN	1.344	1.223	1.477	< 0.001
Coagulation TRUE	0.747	0.621	0.896	0.002
Rhabdomyolysis TRUE	1.138	0.910	1.418	0.255
Rhabdomyolysis UNKNOWN	0.604	0.498	0.733	< 0.001

ACEi: Angiotensin converting enzyme inhibitors; ARBs: Angiotensin receptor blockers

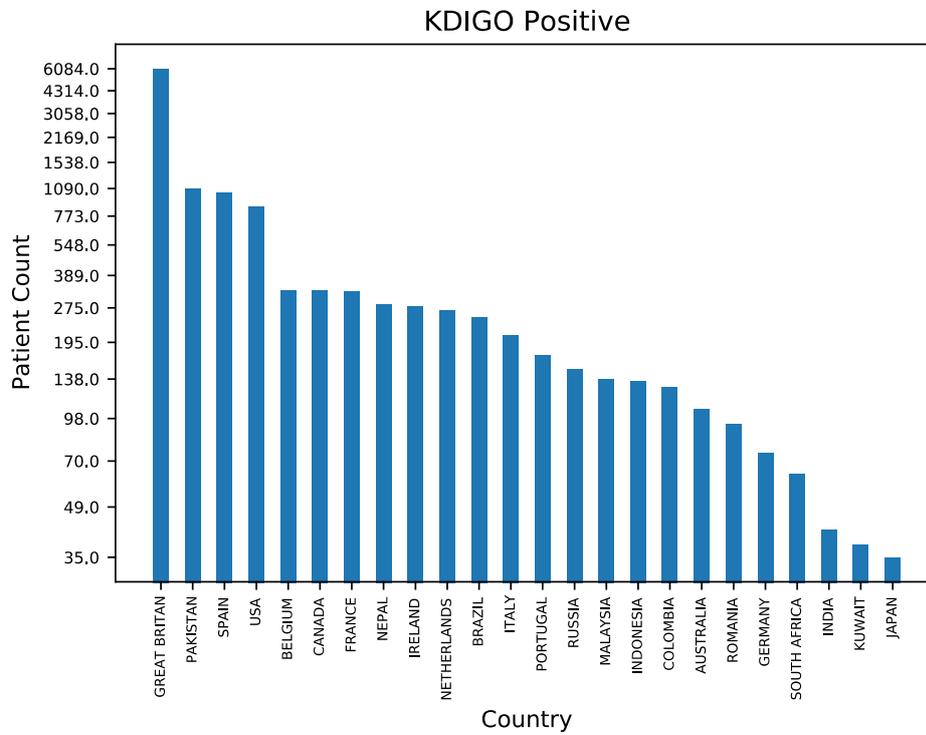
S5 Table. STROBE (Strengthening the reporting of observational studies in epidemiology) checklist

	Item No	Recommendation	Section & Paragraph
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	Title & abstract as per PloS guidelines
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Intro, para 1-3
Objectives	3	State specific objectives, including any prespecified hypotheses	Intro para 4
Methods			
Study design	4	Present key elements of study design early in the paper	Methods Study Design 1-2
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Study Population. Inclusion & Exclusion Criteria para 1. Data Collection & time to peak AKI para 1&3
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (b) For matched studies, give matching criteria and number of exposed and unexposed	a) Study Population. Inclusion & Exclusion Criteria para 1. Fig 1
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Methods. AKI Definitions & Diagnosis para 1 + Table 1
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Data collection and time to peak AKI para 1 – 3 Statistical Analysis Para 1-2
Bias	9	Describe any efforts to address potential sources of bias	-
Study size	10	Explain how the study size was arrived at	Study Population. Inclusion & Exclusion Criteria para 1. Fig 1
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Statistical Analysis para 1-2
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, explain how loss to follow-up was addressed (e) Describe any sensitivity analyses	a) Statistical Analysis para 1-4, b) Statistical Analysis para 1 & Data collection and Time to Peak AKI para 2, c) Statistical analysis para 2, d) Statistical analysis para 2, e) Statistical analysis para 2

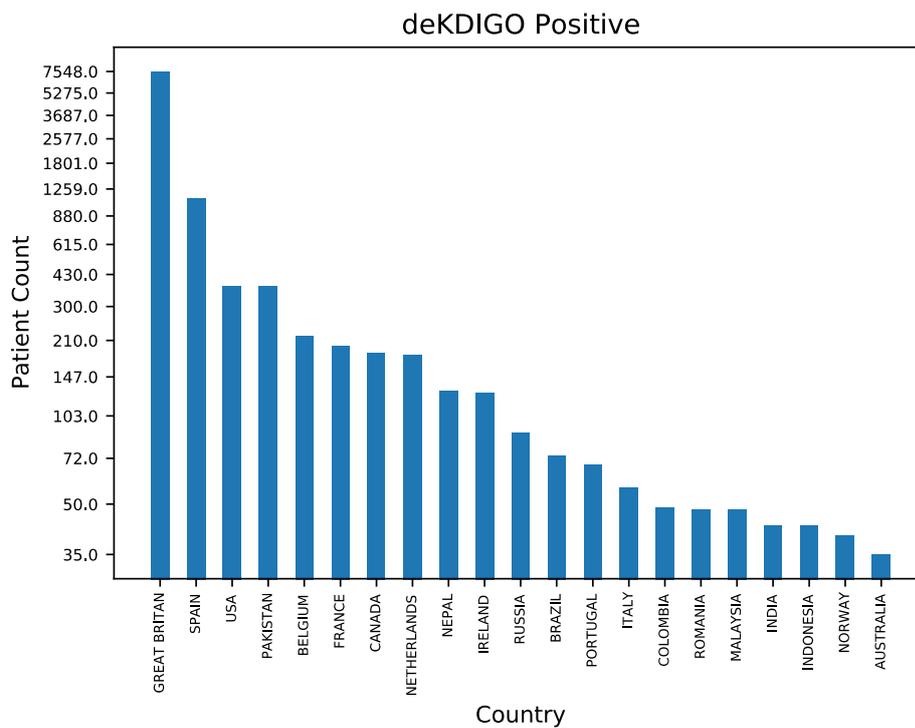
Results			
Participants	13*	<p>(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed</p> <p>(b) Give reasons for non-participation at each stage</p> <p>(c) Consider use of a flow diagram</p>	<p>a) Results para 1 & Fig 1 + Methods Study Population Inc & Exc criteria para 1</p> <p>b) as per point a)</p> <p>c) Fig 1</p>
Descriptive data	14*	<p>(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders</p> <p>(b) Indicate number of participants with missing data for each variable of interest</p> <p>(c) Summarise follow-up time (eg, average and total amount)</p>	<p>a) Results, Demographic & Clinical characteristics para 1 & 2 (Tables 2,3,4)</p> <p>b) Results para 1, Tables 2, 3, 4 (missingness)</p> <p>c) Results para 1</p>
Outcome data	15*	Report numbers of outcome events or summary measures over time	Results Clinical Outcomes para 1, Tables 2, 3 and 4

S1 Fig. Breakdown of top contributing countries for patients diagnosed with AKI by KDIGO definition (A) and from deKDIGO group (B)

A*



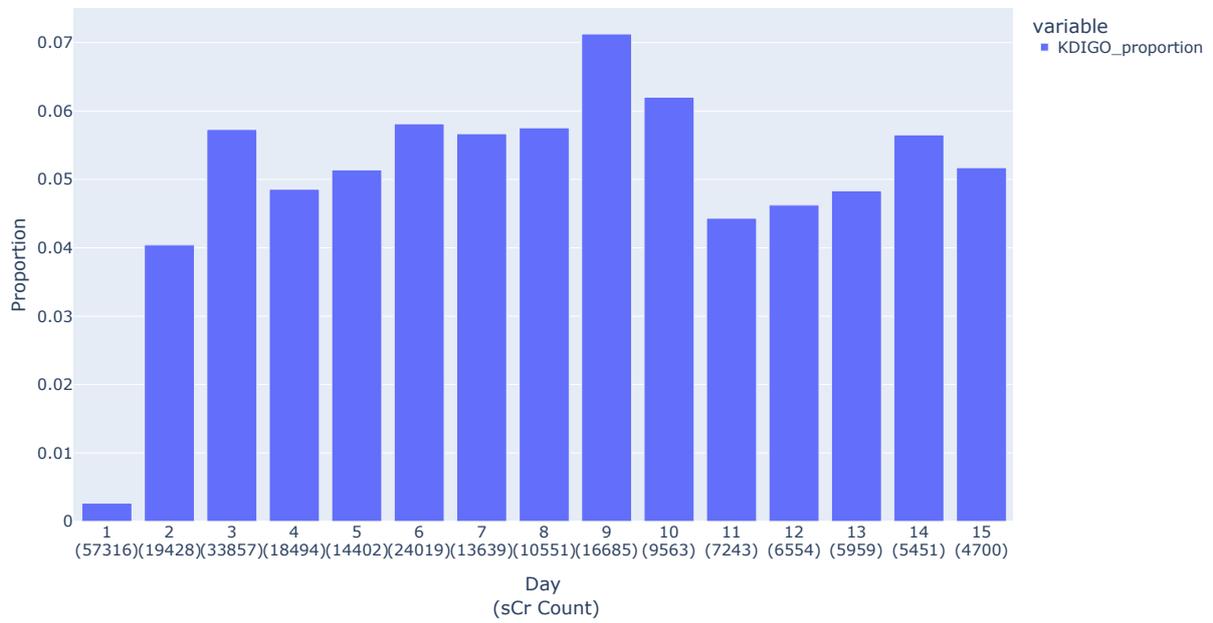
B*



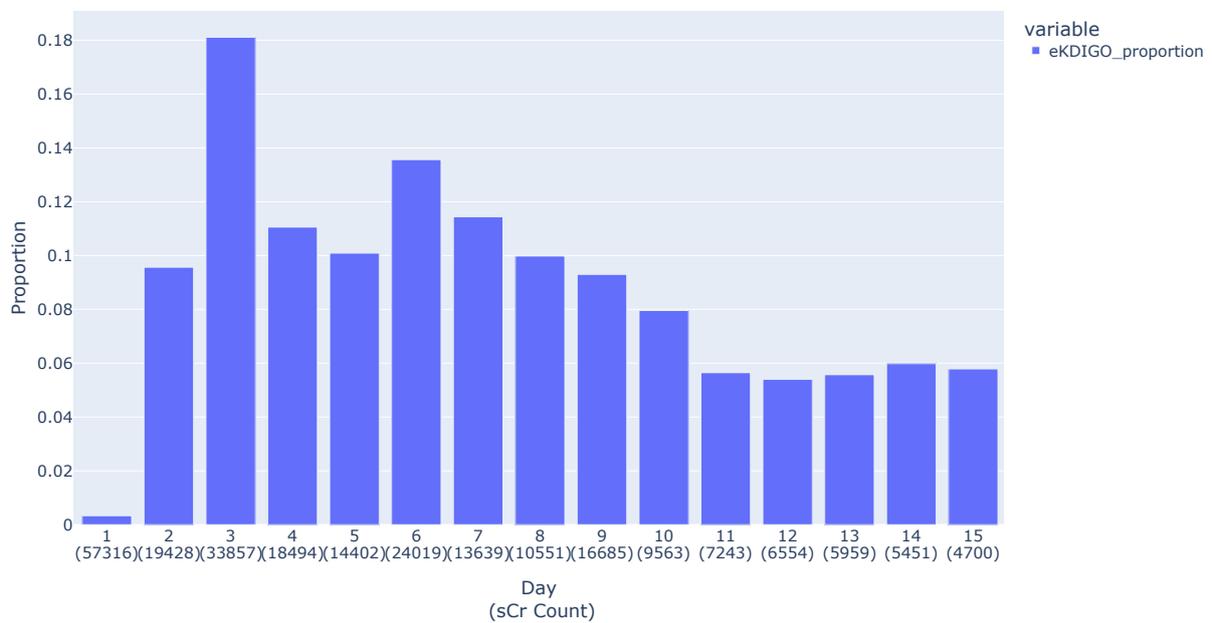
* Y-axis has logarithmic scaling

S2 Fig. Number of AKI cases by AKI definition (A = KDIGO and B = eKDIGO) as a proportion of total number of serum creatinines collected each day

A



B



* sCr = serum creatinine

S1 Acknowledgements

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