**Online Data Supplement**

**Risk factors for persistent abnormality on chest radiographs at 12-weeks post hospitalisation with PCR confirmed COVID-19.**

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**Supplemental Materials**

**Supplemental Figure 1**

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**Supplemental Figure 1** Consolidation Standards of Reporting Trials (CONSORT) Figure (1) for the cohort. UHS University Hospital Southampton Foundation Trust. All patients screened had PCR confirmed SARS-CoV-2 infection. Level 2 (High Dependency Facility), Level 3 (Intensive Care Facility) CXR- Chest Radiograph.

**Supplemental Information**

**Patients with pulmonary fibrosis identified on Chest computed tomography (CT) scanning**

Of patients who had fibrosis identified on Chest CT; six received invasive mechanical ventilation (IMV), in addition one of these also underwent Extracorporeal membrane oxygenation (ECMO), two patients received supplemental oxygen therapy only.

**Patient 1**

Highest Respiratory Support: IMV

CT Appearances: Multifocal scarring with traction bronchiectasis

**Patient 2**

Highest Respiratory Support: IMV

CT Appearances: Multifocal consolidation and ground glass opacification

**Patient 3**

Highest Respiratory Support: IMV

CT Appearances: Non-specific pattern of course subpleural and peri-bronchial pulmonary fibrosis with irregular septal thickening and traction bronchiectasis but without honeycombing. Minor ground-glass component.

**Patient 4**

Highest Respiratory Support: IMV

CT Appearances: Bilateral, apical predominant ground-glass opacification with mild/moderate peri-bronchial and subpleural fibrosis with traction bronchiectasis, reticulation and irregular septal thickening but no honeycombing.

**Patient 5:**

Highest Respiratory Support: ECMO

CT Appearances: Extensive bilateral interlobular septal thickening, atelectasis and ground-glass opacification.

**Patient 6:**

Highest Respiratory Support: IMV

CT Appearances: Peripheral upper lobe predominant linear subpleural fibrosis without honeycombing

**Patient 7**:

Highest Respiratory Support: Oxygen

CT Appearances: subpleural ground glass attenuation and reticulation minor traction bronchiectasis no honeycombing.

**Patient 8:**

Highest Respiratory Support: Oxygen

CT Appearances: Mild Ground-glass opacification and subpleural consolidation

**References**

1. Rennie D. CONSORT revised--improving the reporting of randomized trials. Jama. 2001;285(15):2006-7.