

Online supplementary Table S4. H-score values in MAS and severe COVID-19 patients

Parameters of H-score*	MAS, 10 pts	Severe COVID-19, 47 pts	p
Known underlying immunosuppression, mean \pm SD	0**	0	/
Yes, n (%)	0 (0%)	0 (0%)	/
No, n (%)	0 (0%)	0 (0%)	/
Temperature, mean \pm SD	39.3 \pm 15.7	38.3 \pm 17.4	0.868
< 38.4 °C, n (%)	1 (10%)	7 (14.9%)	0.167
38.4-39.4 °C, n (%)	3 (30%)	10 (31.9%)	0.541
> 39.4 °C, n (%)	6 (60%)	30 (62.8%)	0.860
Organomegaly, mean \pm SD	29 \pm 2.5	7.5 \pm 1.7	< 0.0001
No, n (%)	0 (0%)	34 (73.3%)	< 0.0001
Hepatomegaly or splenomegaly, n (%)	5 (50%)	11 (23.4%)	0.092
Hepatomegaly and splenomegaly, n (%)	5 (50%)	2 (4.2%)	0.0001
No of cytopenias, mean \pm SD	26.0 \pm 4.2	4.5 \pm 1.5	< 0.0001
No or 1 lineage, n (%)	0 (0%)	39 (83.0%)	< 0.0001
2 lineages, n (%)	8 (80%)	6 (12.8%)	< 0.0001
3 lineages, n (%)	2 (20%)	2 (4.2%)	0.048
Ferritin, mean \pm SD	35.5 \pm 19.9	4.7 \pm 1.9	< 0.0001
< 2000 ng/ml, n (%)	2 (20%)	41 (87.2%)	< 0.0001
2000 – 6000 ng/ml, n (%)	3 (30%)	5 (10.6%)	0.116
> 6000 ng/ml, n (%)	5 (50%)	1 (2.1%)	< 0.0001
Triglycerides, mean \pm SD	19.6 \pm 8.2	23.6 \pm 3.7	0.646
< 1.5 mmol/l, n (%)	5 (50%)	24 (51.1%)	0.954
1.5 – 4 mmol/l, n (%)	4 (40%)	18 (38.3%)	0.906
> 4 mmol/l, n (%)	1 (10%)	5 (10.6%)	0.955
Fibrinogen, mean \pm SD	9.00 \pm 4.6	1.91 \pm 1.1	0.027
> 2.5 gm/l, n (%)	7 (70%)	44 (93.6%)	0.037
\leq 2.5 gm/l, n (%)	3 (30%)	3 (6.4%)	0.029
Serum aspartate aminotransferase, mean \pm SD	19 \pm 0	9.09 \pm 1.4	0.001

< 30 IU/l, n (%)	0 (0%)	27 (57.4%)	0.001
≥ 30 IU/l, n (%)	10 (100%)	20 (43.6%)	0.001
Hemophagocytosis features in bone marrow aspirate, mean ± SD	24.5 ± 5.3	0	< 0.0001
Yes, n (%)	7 (70%)	0 (0%)	< 0.0001
No, n (%)	3 (30%)	47 (100%)	< 0.0001
Total H-score, mean ± SD	201.9 ± 15.3	88.8 ± 48.3	< 0.0001
Total H-score > 169, n (%)	10 (100%)	5 (10.7%)	< 0.0001

*Fardet L, Galicier L, Lambotte O, et al. Development and validation of the H-Score, a score for the diagnosis of reactive hemophagocytic syndrome. *Arthritis Rheumatol.* 2014;66:2613-2620.

** All AOSD patients, before MAS occurrence, were treated with low dosages of glucocorticoids and NSAIDs, on demand, during the acute flares, thus not fully meeting the parameter of continuative underlying immunosuppression.