SUPPLEMENTAL MATERIAL

Patient identification methods for the Lupus Midwest Network cohort

Potential systemic lupus erythematosus (SLE) cases were identified through two different strategies: 1) through Hospital International Classification of Disease Adaptation (HICDA), International Classification of Diseases (ICD)-9 and ICD-10 codes for SLE, cutaneous lupus erythematosus, and other associated diseases and 2) through laboratory measures associated with SLE: anti-nuclear antibodies (ANA) (>1:80), low complement, anti-double stranded DNA (anti-dsDNA), anti-Sm, lupus anticoagulant, anticardiolipin (IgG, IgM and IgA) and anti-beta 2 glycoprotein I (IgG, IgM and IgA) antibodies. Individual chart reviews were performed, and data abstracted by extensively trained reviewers. Data extraction was done using a standardized Research Electronic Data Capture (REDCap) tool. Demographic characteristics, clinical, and laboratory data included in the classification criteria were abstracted from the electronic medical record. Patients meeting the 2019 European League Against Rheumatism (EULAR)/American College of Rheumatology (ACR) classification criteria were considered incident cases. Those who migrated to the 27-county region after diagnosis (and therefore were under treatment) were included if they had 7 EULAR/ACR points and a physician diagnosis.

Supplemental table 1. COVID-19 vaccine uptake of those patients with systemic lupus erythematosus (SLE) by primary and sensitivity analysis (restricted to those SLE patients who kept their matched comparators), % (95% CI).

COVID-19 vaccine uptake	SLE	Non-SLE	p-value
Primary analysis, (n=692)	83.3 (78.6, 86.9)	85.5 (80.7, 89.1)	0.12
Sensitivity analysis, (n=520)	83.6 (78.3, 87.7)	85.3 (79.6, 89.5)	0.32