Table 1. GRADE Evidence Profile: In patients hospitalized with severe or critical COVID-19 receiving systemic glucocorticoids, should infliximab compared to no infliximab be added to standard care?

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	infliximab	no infliximab	Relative (95% CI)	Absolute (95% CI)		
Mortality (follow-up: 28 days)												
2 [Fisher 2022, O'Halloran 2023]	randomized trials	not serious	not serious	not serious[g]	very serious[a,b]	none	56/552 (10.1%)	80/550 (14.5%)	**RR 0.70** (0.51 to 0.96)	**44 fewer per 1,000** (from 71 fewer to 6 fewer)	⨁⨁◯◯ Low[a,b]	CRITICAL
Recovery (follow-up: 28 days; assessed with: first day a hospitalized participant did not require oxygen or on-going care or patient was not hospitalized with or without limitations on activities)[c]												
1 [O'Halloran 2023]	randomized trials	not serious	not serious	not serious[g]	serious[b]	none	421/531 (79.3%)	405/530 (76.4%)	**HR 1.12** (0.99 to 1.28)[d]	**38 more per 1,000** (from 3 fewer to 78 more)	⨁⨁⨁◯ Moderate[b]	CRITICAL
Length of hospitalization												
1 [Fisher 2022]	randomized trials	serious[e]	not serious	not serious[g]	very serious[a,f]	none	35	34	-	MD **1 day fewer** (13.27 fewer to 11.27 more)	⨁◯◯◯ Very low[a,e,f]	CRITICAL
SAEs (assessed with: death, life-threatening AE, new/prolonged hospitalization, persistent/significant incapacity/substantial disruption of normal life functions, congenital anomaly/birth defect)												
2 [Fisher 2022, O'Halloran 2023]	randomized trials	not serious	not serious	not serious[g]	very serious[f]	none	131/552 (23.7%)	135/550 (24.5%)	**RR 0.97** (0.78 to 1.19)	**7 fewer per 1,000** (from 54 fewer to 47 more)	⨁⨁◯◯ Low[f]	CRITICAL

CI: confidence interval; **HR**: hazard ratio; **RR:** risk ratio

Explanations

a. Sample does not meet optimal information size, which suggests fragility with the estimate.
b. 95% CI cannot exclude the potential for no meaningful difference.
c. Equivalent to WHO categories 6, 7 or 8.
d. Recovery rate ratio (RRR) is equivalent to a hazard ratio.
e. Some concerns with lack of allocation concealment and blinding, possibly leading to uneven administration of co-interventions remdesivir and corticosteroids.
f. 95% CI cannot exclude the potential for no meaningful difference or increased hospitalization with infliximab.
g. O'Halloran 2023 included patients 18 years or older. Fisher included patients 16 years or older.