

Supplementary Table 5. The monthly proportion of glomerulonephritis at Severance Hospital during the COVID-19 pandemic period (after February 2022) based on the Bayesian structural time-series models

Pathologic finding	Observed value	Predicted value (95% CI)	Absolute effect (95% CI)	Posterior probability of causal impact (%) ^a	Posterior tail-area probability p-value
Total	1.26	1.15 (0.96 to 1.30)	0.11 (-0.09 to 0.30)	86.83	0.132
AIN	4.22	1.13 (-0.26 to 2.60)	3.09 (1.70 to 4.50)	99.98	<0.001
ATI	1.77	1.61 (0.06 to 3.3)	0.16 (-1.50 to 1.70)	57.37	0.426
IgAN	36.83	39.05 (32.00 to 47.00)	-2.22 (-10.00 to 5.20)	71.87	0.281
MN	7.61	6.26 (3.20 to 9.40)	1.35 (-1.80 to 4.40)	79.46	0.205
Nonspecific histology	4.98	4.81 (1.60 to 7.90)	0.17 (-3.00 to 3.30)	54.16	0.458
Other nephropathies	13.82	14.92 (9.90 to 20.00)	-1.10 (-6.10 to 4.00)	66.60	0.334
IC-GN	12.21	9.82 (4.30 to 15.00)	2.40 (-3.20 to 7.90)	80.04	0.200
Pauci-immune crescentic GN	2.97	5.73 (2.30 to 9.30)	-2.76 (-6.30 to 0.63)	94.38	0.056
Podocytopathy	15.25	15.24 (9.50 to 21.00)	0.009 (-6.00 to 5.70)	50.37	0.496
Thrombotic microangiopathy	0.34	1.45 (-0.22 to 3.20)	-1.12 (-2.80 to 0.55)	90.14	0.099

AIN, acute interstitial nephritis; ATI, acute tubular injury; CI, confidence interval; COVID-19, coronavirus disease 2019; GN, glomerulonephritis; IC-GN, immune complex-mediated GN; IgAN, immunoglobulin A nephropathy; MN, membranous nephropathy.

^aProbability threshold: 95%.