$\left.$| Genotype <br> Name | Haplotypes <br> G1 locus |  | G2 locus | Variant <br> copy <br> number | G1 <br> copy <br> number | G2 <br> copy <br> number | Number in cohort (\% of total) <br> females/males |
| :--- | :--- | :--- | :---: | :---: | :---: | :---: | :---: | | Mean age (median, |
| :--- |
| interquartile range) | \right\rvert\,

Table 1: Haplotype frequencies at the APOL1 G1 and G2 loci in the UK Biobank cohort ( $\mathrm{n}=\mathbf{7 , 4 6 2 \text { ). Genotypes }}$ with G1 and G2 on the same haplotype are theoretically possible but have not been observed.

| Analysis model | Genotype/grouping | Comparator | Level 2 codes: $\mathrm{P}<0.05$ and FDR<20\% |
| :---: | :---: | :---: | :---: |
| Genotype | G0/G1 | GO/G0 | 0 |
| Genotype | G0/G2 | GO/G0 | 1 |
| Genotype | G1/G1 | GO/G0 | 0 |
| Genotype | G1/G2 | GO/G0 | 26 |
| Genotype | G2/G2 | GO/G0 | 0 |
| G1 dominant | 1xG1 (G0/G1, G1/G2) | 0xG1 (G0/G0, G0/G2, G2/G2) | 0 |
| G1 recessive | 2xG1 (G1/G1) | 0xG1 (G0/G0, G0/G2, G2/G2) | 0 |
| G2 dominant | 1xG2 (G0/G2, G1/G2) | 0xG2 (G0/G0, G0/G1, G1/G1) | 0 |
| G2 recessive | 2xG2 (G2/G2) | 0xG2 (G0/G0, G0/G1, G1/G1) | 0 |
| Risk allele dominant | 1 variant (GO/G1, GO/G2) | 0 variants (GO/GO) | 0 |
| Risk allele recessive | 2 variants (G1/G1, G1/G2, G2/G2) | 0 variants (GO/GO) | 0 |
| G1 additive | G1 count | 0 variants (GO/GO) | 0 |
| G2 additive | G2 count | 0 variants (GO/GO) | 0 |
| Risk allele additive | Risk allele count | 0 variants (GO/GO) | 0 |

Table 2: Models of association considered in the phenome-wide screen, and number of potential associations identified by each model. Dominant models were where one risk allele was sufficient to produce phenotype, recessive models where two risk alleles were required to produce phenotype, and additive models where risk of phenotype was proportional to the number of variant alleles present.

| Genotype | n <br> (total) | n (hospitalisation) <br> (\%) | Odds ratio | P | n (death) <br> $(\%)$ | Odds ratio | P |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| G0/G0 | 2,853 | $666(23 \cdot 3 \%)$ | $1 \cdot 0(\mathrm{ref})$ |  | $10(0 \cdot 4 \%)$ | $1 \cdot 0(\mathrm{ref})$ |  |
| G0/G1 | 2,273 | $517(22 \cdot 7 \%)$ | $0 \cdot 9(0 \cdot 8-1 \cdot 1)$ | $0 \cdot 35$ | $10(0 \cdot 4 \%)$ | $1 \cdot 0(0 \cdot 4-2 \cdot 5)$ | $0 \cdot 95$ |
| G0/G2 | 1,219 | $269(22 \cdot 1 \%)$ | $0 \cdot 9(0 \cdot 8 \cdot 1 \cdot 1)$ | $0 \cdot 27$ | $5(0 \cdot 4 \%)$ | $1 \cdot 0(0 \cdot 3-2 \cdot 8)$ | $0 \cdot 94$ |
| G1/G1 | 644 | $148(23 \cdot 0 \%)$ | $0 \cdot 9(0 \cdot 7 \cdot 1 \cdot 1)$ | $0 \cdot 37$ | $1(0 \cdot 2 \%)$ | $0 \cdot 5(0 \cdot 5-2 \cdot 2)$ | $0 \cdot 39$ |
| G1/G2 | 320 | $101(31 \cdot 6 \%)$ | $\mathbf{1 \cdot 4 ( 1 \cdot 1 - 1 \cdot 9 )}$ | $\mathbf{0 . 0 0 7}$ | $1(0 \cdot 3 \%)$ | $0 \cdot 9(0 \cdot 1-4 \cdot 0)$ | $0 \cdot 91$ |
| G2/G2 | 153 | $33(21 \cdot 6 \%)$ | $0 \cdot 9(0 \cdot 6-1 \cdot 3)$ | $0 \cdot 55$ | $0(0 \cdot 0 \%)$ | $0 \cdot 8(0 \cdot 0-6 \cdot 4)$ | $0 \cdot 88$ |

Table 3: Association of risk of hospitalisation and death as a result of a (non-COVID-19) infectious disease (defined as ICD-9 and ICD-10 codes A00-B99, J00-J06, J09-J18, and J20-J22) with APOL1 genotypes compared to GO/G0, adjusted for age, sex, Townsend deprivation index, and genetic principal components 1-4. P values $<0.05$ are shown in bold. The G1/G2 genotype was associated with hospitalisation as a result of a (non-COVID19) infectious disease.

| Genotype | n <br> (total) | n (hospitalisation) <br> (\%) | Odds ratio | P | n (death) <br> (\%) | Odds ratio | P |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| G0/G0 | 2,853 | $54(1 \cdot 9 \%)$ | $1 \cdot 0($ ref $)$ |  | $14(0 \cdot 5 \%)$ | $1 \cdot 0(\mathrm{ref})$ |  |
| G0/G1 | 2,273 | $49(2 \cdot 2 \%)$ | $1 \cdot 1(0 \cdot 7-1 \cdot 6)$ | $0 \cdot 72$ | $12(0 \cdot 5 \%)$ | $1 \cdot 3(0 \cdot 6-2 \cdot 9)$ | $0 \cdot 54$ |
| G0/G2 | 1,219 | $23(1 \cdot 9 \%)$ | $1 \cdot 0(0 \cdot 6-1 \cdot 6)$ | $0 \cdot 87$ | $5(0 \cdot 4 \%)$ | $1 \cdot 0(0 \cdot 3-2 \cdot 6)$ | $0 \cdot 99$ |


| G1/G1 | 644 | 11 (1.7\%) | $0 \cdot 8(0.4-1.6)$ | 0.58 | 2 (0.3\%) | 0.9 (0.2-3.3) | 0.93 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| G1/G2 | 320 | 15 (4•7\%) | 2.3 (1-2-4.1) | 0.01 | 8 (2.5\%) | $6 \cdot 6$ (2.5-16.7) | 0.0003 |
| G2/G2 | 153 | 2 (1.3\%) | 0.8(0.2-2.4) | 0.74 | 1 (0.7\%) | $2 \cdot 4$ (0.3-10.1) | $0 \cdot 38$ |

Table 4: Association of risk of hospitalisation and death as a result of COVID-19 (defined as ICD-10 code U071) with APOL1 genotypes compared to GO/G0, adjusted for age, sex, Townsend deprivation index, and genetic principal components 1-4. P values < 0.05 are shown in bold. The G1/G2 genotype was associated with hospitalisation and death as a result of a COVID-19.

| Genotype | n (total) | $\begin{array}{lcc} \hline \text { uACR }>3 & \mathrm{mg} / \mathrm{mmol} & \text { or } \\ \mathrm{eGFR} & < & 60 \\ \mathrm{~mL} / \mathrm{min} / 1.73 \mathrm{~m}^{2} & \\ \hline \end{array}$ |  | $\mathrm{uACR}>3 \mathrm{mg} / \mathrm{mmol}$ |  | eGFR $<$ 60 <br> $\mathrm{~mL} / \mathrm{min} / 1.73 \mathrm{~m}^{2}$   |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Odds ratio (95\% CI) | p | Odds ratio (95\% CI) | P | Odds ratio (95\% CI) | P |
| 0 variants | 2,853 | 1.0 (ref) |  | 1.0 (ref) |  | 1.0 (ref) |  |
| 1 variant | 3,492 | $1 \cdot 1$ (0.9-1.3) | 0.52 | $1 \cdot 1$ (0.9-1.4) | 0.18 | 0.9 (0.7-1.3) | 0.69 |
| 2 variants | 1,117 | 1.4 (1.1-1.8) | 0.002 | 1.5 (1.2-2.0) | 0.001 | 1.4 (1.0-2.0) | 0.05 |

Table 5: Association of risk indicators of chronic kidney disease with number of APOL1 risk variants, compared to 0 variants, adjusted for age, sex, body mass index, diabetes, hypertension, Townsend deprivation index, and genetic principal components 1-4. Genotypes with p values $<0.05$ are shown in bold. Carriage of two APOL1 risk variants was associated with having chronic kidney disease risk indicators, consistent with previous studies(2). The numbers and percentages are shown in Supplementary Table 7.

| Genotype | n (total) | uACR $>3 \mathrm{mg} / \mathrm{mmol}$ or eGFR $<60 \mathrm{~mL} / \mathrm{min} / 1 \cdot 73 \mathrm{~m}^{2}$ |  | $\mathrm{uACR}>3 \mathrm{mg} / \mathrm{mmol}$ |  | eGFR $<60$   <br> $\mathrm{~mL} / \mathrm{min} / 1 \cdot 73 \mathrm{~m}^{2}$   |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Odds ratio $(95 \% \mathrm{Cl})$ | p | Odds ratio (95\% CI) | P | Odds ratio (95\% CI) | P |
| G0/G0 | 2,853 | 1.0 (ref) |  | 1.0 (ref) |  | 1.0 (ref) |  |
| G0/G1 | 2,273 | $1 \cdot 0$ (0.8-1.3) | 0.75 | $1 \cdot 1(0 \cdot 9-1 \cdot 4)$ | 0.24 | $0 \cdot 9(0.6-1 \cdot 2)$ | 0.52 |
| G0/G2 | 1,219 | $1 \cdot 1$ (0.9-1.4) | 0.37 | $1 \cdot 1(0 \cdot 9-1 \cdot 5)$ | 0.28 | $1 \cdot 0(0.7-1.5)$ | 0.86 |
| G1/G1 | 644 | 1.4 (1.1-1.9) | 0.01 | 1.6 (1.2-2.1) | 0.003 | 1.2 (0.8-1.9) | 0.37 |
| G1/G2 | 320 | 1.6 (1.1-2.2) | 0.01 | 1.7 (1.1-2.5) | 0.01 | $1 \cdot 5$ (0.9-2.6) | 0.15 |
| G2/G2 | 153 | 1.2 (0.7-2.0) | 0.52 | 1.0 (0.5-1.8) | 0.96 | 2.3 (1.1-4.4) | 0.02 |

Table 6: Association of risk indicators of chronic kidney disease with APOL1 genotypes compared to G0/G0, adjusted for age, sex, body mass index, diabetes, hypertension, Townsend deprivation index, and genetic principal components 1-4. Genotypes with p values < 0.05 are shown in bold. The numbers of affected participants with each genotype and percentages are shown in Supplementary Table 8.

| Genotype | n (total) | n (end stage kidney <br> disease) (\%) | Odds ratio | P |
| :--- | :--- | :--- | :--- | :--- |
| G0/G0 | 2,853 | $23(0 \cdot 8 \%)$ |  |  |
| G0/G1 | 2,273 | $18(0 \cdot 8 \%)$ | $0 \cdot 9(0 \cdot 5-1 \cdot 8)$ | $0 \cdot 84$ |
| G0/G2 | 1,219 | $10(0 \cdot 8 \%)$ | $1 \cdot 1(0 \cdot 5-2 \cdot 2)$ | $0 \cdot 91$ |
| G1/G1 | 644 | $9(1 \cdot 4 \%)$ | $1 \cdot 5(0 \cdot 7-3 \cdot 3)$ | $0 \cdot 33$ |
| G1/G2 | 320 | $\mathbf{1 0 ( 3 \cdot 1 \% )}$ | $\mathbf{3 \cdot 3 ( 1 \cdot 5 - 7 \cdot 2 )}$ | $\mathbf{0 . 0 0 5}$ |
| G2/G2 | 153 | $1(0 \cdot 7 \%)$ | $1 \cdot 3(0 \cdot 1-5 \cdot 2)$ | $0 \cdot 78$ |

Table 7: Association of risk of end stage kidney disease with APOL1 genotypes compared to GO/G0, adjusted for age, sex, body mass index, diabetes, hypertension, Townsend deprivation index, and genetic principal components 1-4. P values $<0.05$ are shown in bold.


Figure 1: PCA plots of principal components calculated from Affymetrix genotype data from the $\mathbf{1 0 , 1 7 9}$ participants that had UK Biobank PC1 > 100 and PC2 > 0. (a) Participants were classified by whether they have a two-risk-variant APOL1 genotype. (b) Participants were classified by their self-declared ethnicity: Black or Black British participants have UK Biobank ethnicity codes 4001, 4002, or 4003. The vertical line indicates the cut off used to select participants. Everyone to the right of the line was included.


Figure 2: False discovery rate values for association between Level 2 ICD-10 codes and APOL1 G1/G2 genotype. Horizontal line indicates the threshold that was used for the false discovery rate (20\%) for a potentially significant association. Colouring is used to demarcate ICD chapters. Codes which were recorded for at least 50 cohort members were tested. The number of codes tested in each chapter is shown in Supplementary Table 4.

