

Supplementary material has been published as submitted. It has not been copyedited, typeset or checked for scientific content by Acta Dermato-Venereologica

## **Appendix S1**

### **SUPPLEMENTAL METHODS**

#### *Study design and population*

Finland has universal healthcare that is primarily taxation funded. Thus, all permanent residents in Finland (2019 population, 5.6 million) regardless of their social status or financial situation are entitled to equal public healthcare. Hence, the real-world data (RWD) in the Finnish social and healthcare registries covers all individuals living in Finland. This study also used electronic health records available via data lake technology. The information contained in the different registries can be linked by using a unique 11-digit personal identification number, which is given to every individual registered in the Finnish Population Information System.

#### *Confounding factors in regression analyses*

For all co-diagnoses, age, sex, educational level, and obesity (ICD-10 code E66, except when analyzing occurrence of obesity) were considered as confounding variables in the regression model. Additionally, asthma (ICD-10 code J45) was considered a confounding variable for acute respiratory tract infections, and various metabolic diseases (i.e., essential primary hypertension [ICD-10 code I10], disorders of lipoprotein metabolism and other lipidemias [ICD-10 code E78], and non–insulin-dependent diabetes mellitus [ICD-10 code E11]) were considered confounding variables for cardiovascular events.