Table S1. Athlete characteristics and COVID-19 symptom patterns by confirmed or probable diagnosis. Percentages are of the total number of cases (n=147).

		All Cases	Confirmed	Probable	Significance (p value) ††
		N=147	N=71	N=76	
Age [mean (SD)]		24.7 (5.2)	24.3 (4.9)	24.9 (5.5)	---
Duration (Days) [mean (SD)]	Symptoms	10 (6 - 17)	10 (6 - 16)	11 (7 - 18)	0.278
	Time-loss	18 (12 - 30)	18 (14 - 28.5)	18 (10 - 30.25)	0.500
Gender	Male: Female	92:55	49:22	43:33	0.166
Sport Type	Summer Sport	136 (93%)	66 (45%)	70 (48%)	0.907
	Winter Sport	11 (7%)	5 (3%)	6 (4%)	
	Able-bodied Sport	122 (83%)	61 (41%)	61 (41%)	0.489
	Paralympic Sport	25 (17%)	10 (7%)	15 (10%)	
Co-morbidities	No co-morbidities	113 (77%)	59 (40%)	54 (37%)	0.041 †
	At least one co-morbidity	34 (23%)	12 (8%)	22 (15%)	
	Asthma	26 (18%)	9 (6%)	17 (12%)	0.186
	Chronic respiratory disease	3 (2%)	2 (1%)	1 (1%)	0.953
	Previous steroid therapy/Immunosuppressants	3 (2%)	2 (1%)	1 (1%)	0.953
Symptoms	Fatigue	84 (57%)	41 (28%)	43 (29%)	0.475
	Dry Cough	73 (50%)	26 (18%)	47 (32%)	0.115
	Headache	68 (46%)	36 (24%)	32 (22%)	0.178
	Fever	60 (41%)	28 (19%)	32 (22%)	0.851
	Sore Throat	43 (29%)	16 (11%)	27 (18%)	0.379
	Myalgia/Arthralgia	42 (29%)	23 (16%)	19 (13%)	0.226
	Anosmia/Dysgeusia	34 (23%)	20 (14%)	14 (10%)	0.123
	Dyspnoea	26 (18%)	6 (4%)	20 (14%)	0.037 †
	Diarrhoea	6 (4%)	0 (0%)	6 (4%)	0.035 †
	Nausea	6 (4%)	2 (1%)	4 (3%)	0.880
	Chest Pain	5 (3%)	3 (2%)	2 (1%)	0.696
	Dizziness	4 (3%)	2 (1%)	2 (1%)	1.000
	Abdominal Pain	3 (2%)	0 (0%)	3 (2%)	0.257
Phenotype	Upper Respiratory focus	54 (37%)	31 (21%)	23 (16%)	0.130
	Cough	37 (25%)	15 (10%)	22 (15%)	0.367
	Non-specific	27 (18%)	20(14%)	8 (5%)	0.012 †
	Lower Respiratory focus	26 (18%)	5 (3%)	20 (14%)	0.004 †
	Gastrointestinal	3 (2%)	0 (0%)	3 (2%)	0.246

† Denotes significant p value

†† Significance determined using the appropriate test as specified in the main paper statistical analysis methodology

The majority of 'probable' COVID-19 cases occurred in the first wave of the UK epidemic when diagnostic testing wasn't available outside the hospital setting (see Figure 1). When comparing the probable and confirmed COVID-19 cases, there was no difference in duration of symptoms. The only differences were in the symptoms & phenotypes i.e., a lower prevalence of lower respiratory phenotype, and higher prevalence of the non-specific phenotype in the confirmed cases, driven by a lower prevalence of dyspnoea in the confirmed cases. These few differences aside, the comparability of disease course in our 'probable' vs 'confirmed' cases is consistent with findings that the clinical presentation associated with B.1.1.7 variant, predominant during the UK second wave, is similar to that of the first wave variants[1].

The only difference in demographics affected between probable and confirmed cases is that a greater proportion of athletes with at least one co-morbidity were diagnosed with COVID-19 in the probable sub-group. This is consistent with athletes with a co-morbidity being instructed to take greater protective measures to reduce their exposure following the first wave of cases.

1. Graham MS, Sudre CH, May A, et al. Changes in symptomatology, reinfection, and transmissibility associated with the SARS-CoV-2 variant B.1.1.7: an ecological study. *Lancet Public Health* 2021;6(5):e335-e45. doi: 10.1016/S2468-2667(21)00055-4 [published Online First: 2021/04/12]