Fig. S1 Prevalence of organ failure was evaluated in 335 included patients and compared according to the HBeAg status (HBeAg positive, n = 196; HBeAg negative, n = 139) (a) or the HBV DNA level (<200 IU/ mL, n = 80; 200–2×104 IU/mL, n = 99; >2×104 IU/mL, n = 156) (b). Diagnosis of organ failure was based on the CLIF-C criteria. Categorical variables are compared using the Chi-squared test, followed by Fisher's exact test, as appropriate.

Abbreviations: HBeAg, hepatitis B envelope antigen; HBV, hepatitis B virus; CLIF-C, Chronic Liver Failure Consortium.

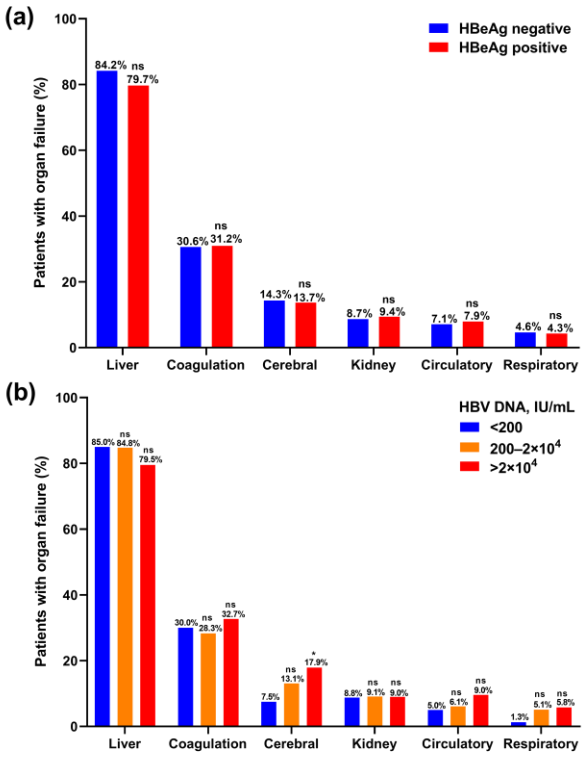

Fig. S2 The development of ACLF was evaluated in 335 included patients and compared according to the HBeAg status (HBeAg positive, n = 196; HBeAg negative, n = 139) (a) or the HBV DNA level (<200 IU/ mL, n = 80; 200–2×104 IU/mL, n = 99; >2×104 IU/mL, n = 156) (b). ACLF was diagnosed and graded according to the COSSH criteria. Categorical variables are compared using the Chi-squared test, followed by Fisher's exact test, as appropriate.

Abbreviations: ACLF, acute-on-chronic liver failure; HBeAg, hepatitis B envelope antigen; HBV, hepatitis B virus; COSSH, the Chinese Group on the Study of Severe Hepatitis B.

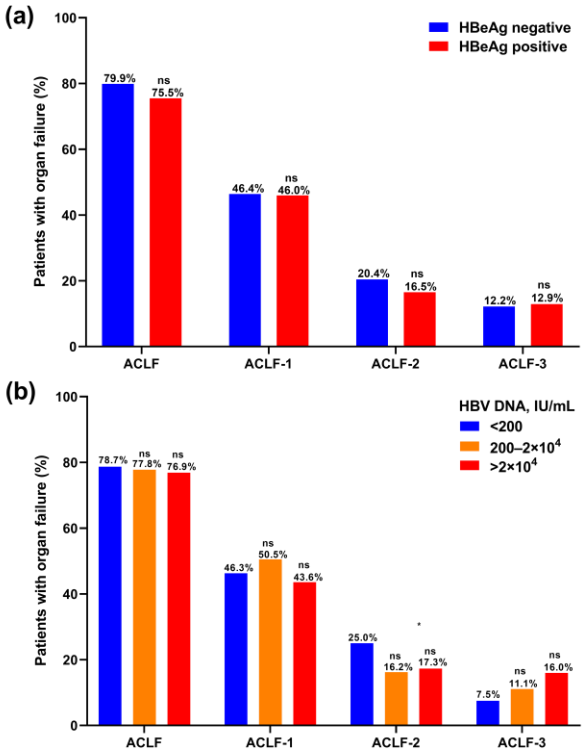

Fig. S3 Kaplan–Meier curves were used to analyze the 90-day survival in 260 patients admitted with or who developed HBV-ACLF. Rates were compared between the following patient subgroups: (a) HBeAg positive (n = 155) and HBeAg negative (n = 105) and (b) HBV DNA levels: <200 IU/mL (n = 63), 200–2×104 IU/mL (n = 77), and >2×104 IU/mL (n = 120). ACLF was diagnosed and graded according to the COSSH criteria.

Abbreviations: HBV-ACLF, hepatitis B virus-related acute-on-chronic liver failure; HBeAg, hepatitis b envelope antigen; HBV, hepatitis B virus; COSSH, the Chinese Group on the Study of Severe Hepatitis B.