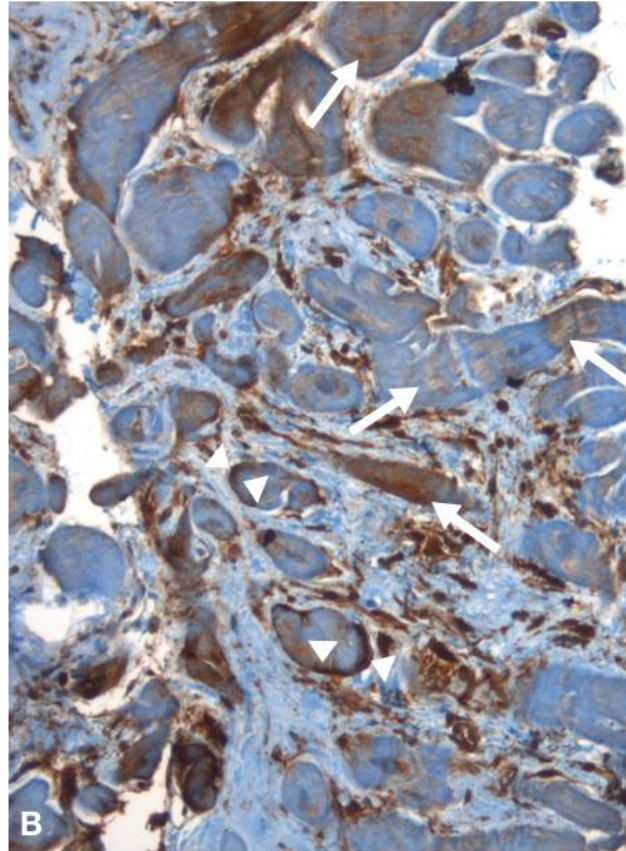
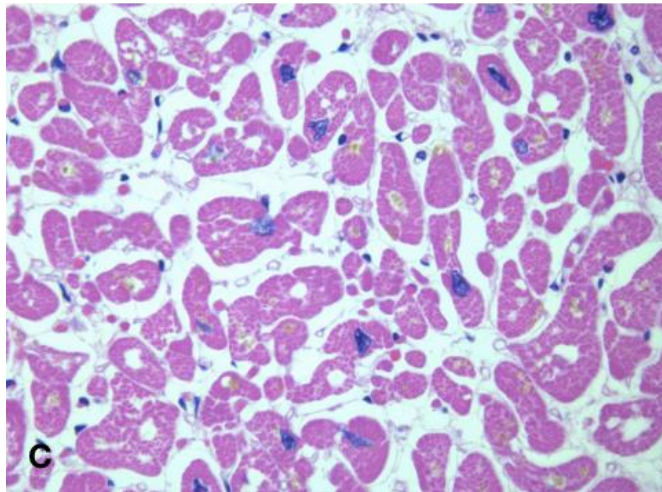
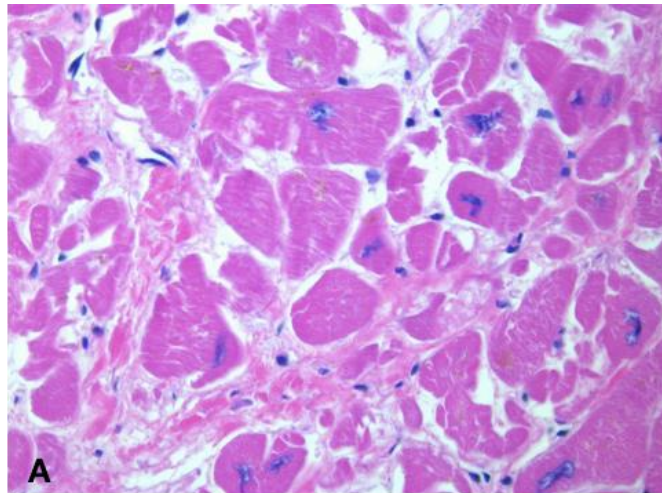


**Supplementary Table 1:** clinical characteristics of patients with myocarditis (262, 354 and 314) and with no myocarditis (207 and 210) but evidence of mild SarsCov2 RNA presence in the heart.

Patient	Age	Sex	Comorbidities	Initial symptoms	Time from symptoms onset until admission, days	Time from admission to death, days	Elevated Creatinine	Elevated Troponin	Additional respiratory pathogens	Lymphopenia	Cause of death
262	82	Male	Diabetes, previous bladder cancer	Respiratory distress, fever	7	16	No	No	-	No	Adult respiratory distress failure; viral pneumonia
354	68	Male	Chronic obstructive pulmonary disease, schizophrenia	Respiratory distress, fever	10	59	No	No	Pseudomonas aeruginosa pneumonia	Yes	Acute hypoxic respiratory failure; adult respiratory distress failure; coincident viral and bacterial pneumonia
314	89	Female	Ischemic cardiomyopathy, hypertension, erosive gastritis	Respiratory distress, fever -	-	28	-	-	Bacterial pneumonia	-	Acute hypoxic respiratory failure; adult respiratory distress failure; coincident viral and bacterial pneumonia
207	76	Female	Ischemic and valvular aortic, coronary bypass, aortic valve replacement, chronic heart failure	Cough, respiratory distress, fever	3	21	No	Mild	No	Yes	Adult respiratory distress failure; viral pneumonia
210	73	Male	-	Respiratory distress, fever	8	29	Yes	No	No	Yes	Multiple organ failure; adult respiratory distress failure; viral pneumonia

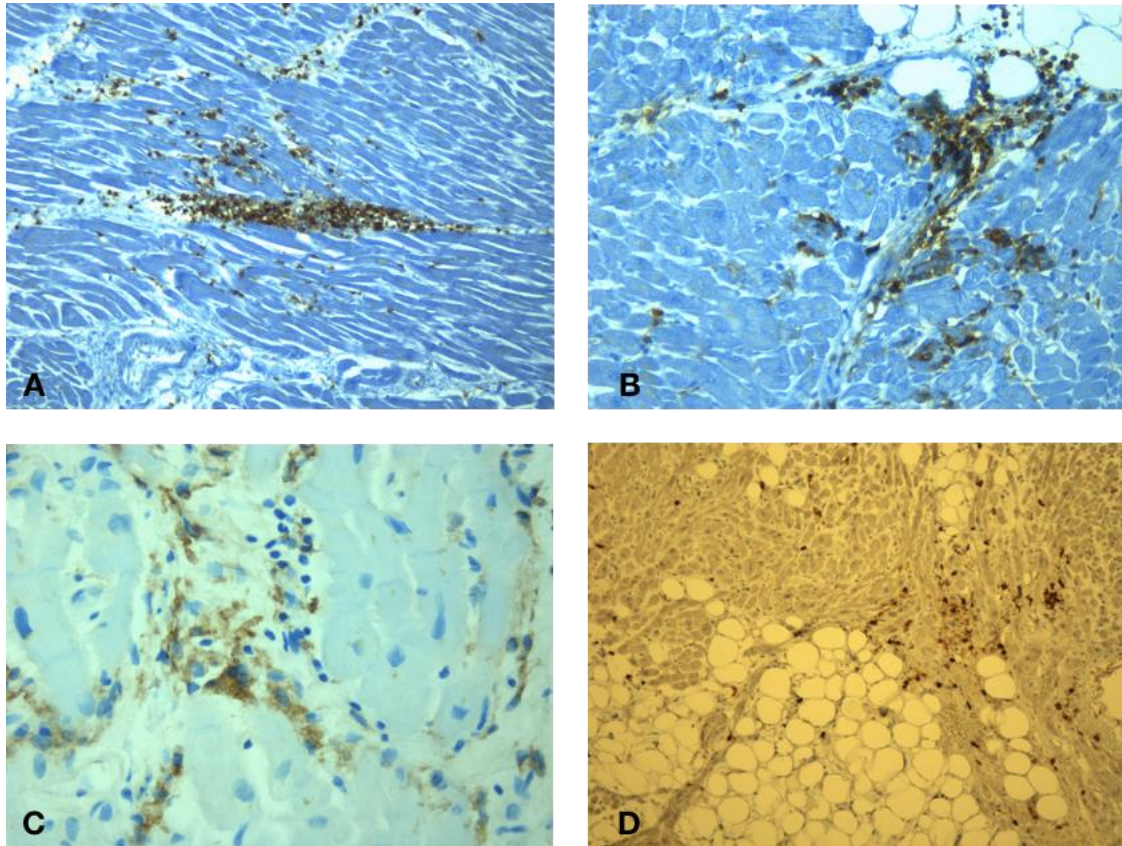
Supplementary Figure 1. Apoptosis in cardiac tissues



Panels representative of apoptosis with heavy shrinkage of the myocytes and nucleus, abnormal nuclear chromatin, frequent karyorrhexis, nuclear and contractile fibers loss. Panel A): Sample 197, Hematoxylin-Eosin, apoptosis x40, B): Sample 197,

IHC Annexin V x20; Q: Sample 207, Hematoxylin-Eosin, apoptosis, x40 White arrows: cytoplasmic-sarcomeric signal by Annexin V antibody. White arrowheads: transversal view of the same staining.

**Supplementary Figure 2. Characterization of Lymphocytic infiltrates in myocarids**



Panel A): Sample 314, CD8+ Lymphocytes, x10, B): Sample 314, CD4+ Lymphocytes; x20 C): Sample 354, CD16+ Lymphocytes x40 D): Sample 262, CD45+ Lymphocytes x10.