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Resumo	The male sex, due to the presence of genetic, immunological, hormonal, social, and environmental factors, is associated with higher severity and death in Coronavirus Disease (COVID)-19. We conducted an epidemiological study to characterize the COVID-19 clinical profile, severity, and outcome according to sex in patients with the severe acute respiratory syndrome (SARS) due to the fact of this disease. We carried out an epidemiological analysis using epidemiological data made available by the OpenDataSUS, which stores information about SARS in Brazil. We recorded the features of the patients admitted to the hospital for SARS treatment due to the presence of COVID-19 (in the absence of comorbidities) and associated these characteristics with sex and risk of death. The study comprised 336,463 patients, 213,151 of whom were men. Male patients presented a higher number of clinical signs, for example, fever (OR = 1.424; 95%CI = 1.399-1.448), peripheral arterial oxygen saturation (SpO_2) ≥ 95% (OR = 1.253; 95%CI = 1.232-1.274), and dyspnea (OR = 1.146; 95%CI = 1.125-1.166) as well as greater need for admission in intensive care unit (ICU, OR = 1.189; 95%CI = 1.168-1.210), and the use of invasive ventilatory support (OR = 1.306; 95%CI = 1.273-1.339) and noninvasive ventilatory support (OR = 1.238; 95%CI = 1.216-1.260) when compared with female patients. Curiously, the male sex was associated only with a small increase in the risk of death when compared with the female sex (OR = 1.041; 95%CI = 1.023-1.060). We did a secondary analysis to identify the main predictors of

	death. In that sense, the multivariate analysis enabled the prediction of the risk of death, and the male sex was one of the predictors (OR = 1.101; 95%CI = 1.011-1.199); however, with a small effect size. In addition, other factors also contributed to this prediction and presented a great effect size, they are listed below: older age (61-72 years old (OR = 15.778; 95%CI = 1.865-133.492), 73-85 years old (OR = 31.978; 95%CI = 3.779-270.600), and +85 years old (OR = 68.385; 95%CI = 8.164-589.705)); race (Black (OR = 1.247; 95%CI = 1.016-1.531), *Pardos* (multiracial background; OR = 1.585; 95%CI = 1.450-1.732), and Indigenous (OR = 3.186; 95%CI = 1.927-5.266)); clinical signs (for instance, dyspnea (OR = 1.231; 95%CI = 1.110-1.365) and $SpO_2 \geq 95\%$ (OR = 1.367; 95%CI = 1.238-1.508)); need for admission in the ICU (OR = 3.069; 95%CI = 2.789-3.377); and for ventilatory support (invasive (OR = 10.174; 95%CI = 8.803-11.759) and noninvasive (OR = 1.609; 95%CI = 1.438-1.800)). In conclusion, in Brazil, male patients tend to present the phenotype of higher severity in COVID-19, however, with a small effect on the risk of death.
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