

**Table S1** Definition of severity of SARS-CoV-2 infection, test method, and data about another virus infection.

Study	Definitions					Test method	Infected with other viruses
	Asymptomatic	Mild	Moderate	Severe	Critical		
Díaz-Corvillón et al.	Diagnosis by positive viral nucleic acid test result but lacking typical symptoms including fever, dry cough, and fatigue	Mild (i.e., non-pneumonia and mild pneumonia)	Not available	Severe (i.e., dyspnea, respiratory frequency $\geq 30$ /min, blood oxygen saturation $\leq 93\%$ , partial pressure of arterial oxygen to fraction of inspired oxygen ratio $< 300$ , and/or lung infiltrates $> 50\%$ within 24 to 48 h)	Critical (i.e., respiratory failure, septic shock, and/or multiple organ dysfunction or failure)	Virus nucleic acid test	Not available
Schwartz et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Sun et al.	Not available	Not available	Not available	Patients were defined as severe cases when meeting with any of the following criteria: (I) increased respiratory rate: $\geq 50$ times/min; (II) oxygen saturation $< 92\%$ under a resting state; (III)	Critical ill patients were defined with any of the following criteria: (I) respiratory failure which requires	Virus nucleic acid test	Yes, 1 case with mycoplasma

				assisted breathing (moans, nasal flaring, and three concave sign), cyanosis, intermittent apnea; (IV) lethargy, convulsion; (V) poor feeding, bad appetite, and even dehydration	mechanical ventilation; (II) septic shock; (III) accompanied by other organ failure that needs intensive care unit treatment		
Mithal et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Yes, one had bacterial urinary tract co-infection in 1/12 cases
Bellino et al.	Asymptomatic (no apparent signs or symptoms of disease); paucisymptomatic (dry cough, general malaise, low-grade fever, tiredness)	Mild (uncomplicated upper respiratory tract viral infection, (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of	Not available	Severe (e.g., pneumonia, hypoxia dyspnea, tachypnea requiring hospitalization)	Critical (e.g., severe pneumonia, acute respiratory distress syndrome, septic shock, and/or multiple organ dysfunction requiring hospitalization)	Virus nucleic acid test	Not available

		breath, dyspnea, or abnormal chest imaging			in intensive care)		
Parri et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows lung lesions, which are subclinical	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure	Virus nucleic acid test	Not available

Maltezou et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	COVID-19 cases were classified as mild when patients were managed in the outpatient setting	Moderate when patients were admitted to hospital and had a favorable outcome	Severe were classified those admitted to ICU or had a fatal outcome	Not available	Virus nucleic acid test	Not available
Gale et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction,	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or	Virus nucleic acid test	Not available

			no clinical signs and symptoms, but chest CT shows lung lesions, which are subclinical	rhabdomyolysis)	multiple organ failure		
Biko et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Peng et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Soysal et al.	Asymptomatic infection: without any clinical symptoms and signs, and the	Mild: some cases may have only digestive symptoms	Moderate: mostly dry cough, followed by productive	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid	Critical: quick progression of disease with respiratory failure with	Virus nucleic acid test	Not available

	chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	such as nausea, vomiting, abdominal pain and diarrhea	cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows lung lesions, which are subclinical	disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure		
Kulkarni et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Yes, 1 case may have severe bacterial infection
Zhang et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging	Not available	Not available	Severe infection was diagnosed in individuals who fulfilled one of the following criteria: (I) respiratory distress	Patients were considered to have critical infection if they had one of the followings:	Virus nucleic acid test	Not available

	results normal, whereas the 2019-nCoV nucleic acid test result is positive			with respiratory rate $\geq 30$ times/min (aged $>5$ years), $\geq 40$ times/min (aged 1–5 years), $\geq 50$ times/min (aged 2–12 months), or $\geq 60$ times/min (aged $<2$ months); (II) fingertip oxygen saturation $\leq 93\%$ at rest; (III) partial pressure arterial oxygen: fraction of inspired oxygen ratio ( $\text{PaO}_2/\text{FiO}_2$ ) $\leq 300$ mmHg (1 mmHg = 0.133 kPa); or (IV) obvious progression $>50\%$ of lesions over 24–48 h on pulmonary imaging	(I) respiratory failure and need for invasive mechanical ventilation; (II) shock; (III) combined failure of other organs that required intensive care unit monitoring		
More et al.	Asymptomatic infection: without any clinical symptoms and signs, and the	Symptomatic patients meeting the case definition for COVID-19	Adolescent or adult with clinical signs of pneumonia (fever, cough,	Adolescent or adult with clinical signs of pneumonia (fever, cough, dyspnoea, fast breathing) plus one of	Critical: quick progression of disease with respiratory failure with	Virus nucleic acid test	Not available

	<p>chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive</p>	<p>without evidence of viral pneumonia or hypoxia</p>	<p>dyspnoea, fast breathing) but no signs of severe pneumonia, including SpO<sub>2</sub> ≥90% on room air. Child with clinical signs of non-severe pneumonia (cough or difficulty breathing + fast breathing and/or chest indrawing) and no signs of severe pneumonia. Fast breathing (in breaths/min): &lt;2 months: ≥60; 2–11 months: ≥50;</p>	<p>the following: respiratory rate &gt;30 breaths/min; severe respiratory distress; or SpO<sub>2</sub> &lt;90% on room air. Child with clinical signs of pneumonia (cough or difficulty in breathing) + at least one of the following: Central cyanosis or SpO<sub>2</sub> &lt;90%; severe respiratory distress (e.g., fast breathing, grunting, very severe chest indrawing); general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Fast breathing (in breaths/min): &lt;2 months: ≥60; 2–11 months: ≥50; 1–5 years: ≥40. While the</p>	<p>need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure</p>		
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			1–5 years: $\geq 40$ . While the diagnosis can be made on clinical grounds; chest imaging (radiograph, CT scan, ultrasound) may assist in diagnosis and identify or exclude pulmonary complications	diagnosis can be made on clinical grounds; chest imaging (radiograph, CT scan, ultrasound) may assist in diagnosis and identify or exclude pulmonary complications			
Paret et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Yes, 9/22 blood cultures were positive, no specific microorganisms were specified
Shaiba et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal,	Mild: some cases may have only digestive symptoms such as nausea,	Moderate: mostly dry cough, followed by productive cough. Pneumonia is	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea,	Critical: quick progression of disease with respiratory failure with need for mechanical	Virus nucleic acid test	Not available

	whereas the 2019-nCoV nucleic acid test result is positive	vomiting, abdominal pain and diarrhea	the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows lung lesions, which are subclinical	hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure		
Ochoa et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Akin et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the	Mild: some cases may have only digestive symptoms such as nausea, vomiting,	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e.,	Virus nucleic acid test	Not available

	2019-nCoV nucleic acid test result is positive	abdominal pain and diarrhea	criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows lung lesions, which are subclinical	oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure		
Iijima et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Symptomatic patients meeting the case definition for COVID-19 without evidence of viral pneumonia or hypoxia	Adolescent or adult with clinical signs of pneumonia (fever, cough, dyspnoea, fast breathing) but no signs of severe pneumonia, including SpO <sub>2</sub> ≥90% on room	Adolescent or adult with clinical signs of pneumonia (fever, cough, dyspnoea, fast breathing) plus one of the following: respiratory rate >30 breaths/min; severe respiratory distress; or SpO <sub>2</sub> <90% on room air. Child with clinical signs of pneumonia	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome,	Virus nucleic acid test	Yes, 1/3 of cases had human rhinovirus/enterovirus co-infection

			<p>air. Child with clinical signs of non-severe pneumonia (cough or difficulty breathing + fast breathing and/or chest indrawing) and no signs of severe pneumonia. Fast breathing (in breaths/min): &lt;2 months: <math>\geq 60</math>; 2–11 months: <math>\geq 50</math>; 1–5 years: <math>\geq 40</math>. While the diagnosis can be made on clinical grounds; chest imaging</p>	<p>(cough or difficulty in breathing) + at least one of the following: Central cyanosis or <math>SpO_2 &lt; 90\%</math>; severe respiratory distress (e.g., fast breathing, grunting, very severe chest indrawing); general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Fast breathing (in breaths/min): &lt;2 months: <math>\geq 60</math>; 2–11 months: <math>\geq 50</math>; 1–5 years: <math>\geq 40</math>. While the diagnosis can be made on clinical grounds; chest imaging (radiograph, CT scan, ultrasound) may assist in diagnosis and identify or exclude</p>	<p>persistent hypoxia), septic shock or multiple organ failure</p>		
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			(radiograph, CT scan, ultrasound) may assist in diagnosis and identify or exclude pulmonary complications	pulmonary complications			
Funk et al.	Not available	Not available	Not available	A severe outcome was defined by the occurrence of any of the following complications: cardiac or cardiovascular (cardiac arrest, cardiac ischemia, congestive heart failure, endocarditis, myocarditis, pericarditis, stroke), infectious (disseminated intravascular coagulation, mastoiditis, sepsis with	Not available	Virus nucleic acid test	Not available

				bacteremia, septic shock, toxic shock syndrome), neurologic (encephalitis, meningitis), respiratory (acute respiratory distress syndrome, empyema, necrotizing or cryptogenic organizing pneumonia, pleural effusion or pneumothorax or pneumomediastinum requiring drainage, respiratory failure), and death. In the absence of documentation of one of the aforementioned events, performance of any of the following interventions was deemed to represent a severe outcome: chest drainage, extracorporeal membrane			
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				oxygenation, inotropic support, positive pressure ventilation (invasive or noninvasive), and renal replacement therapy. The diagnosis of multisystem inflammatory syndrome in children and Kawasaki disease were reported as assigned by the clinical care teams and were considered severe if accompanied by one of the aforementioned diagnoses or intervention			
Albuali et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Shaiba et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Zachariah	Not available	Not available	Not available	Severe disease was	Not available	Virus	Yes. Codetection of other

et al.				defined as requirement for mechanical ventilation during hospitalization		nucleic acid test	<p>respiratory viruses were found for 4 patients {rhinovirus/enterovirus [2 (4%)], rhinovirus/enterovirus/adenovirus [1 (2%)], and human metapneumovirus [1 (2%)]}. Bacterial coinfections during hospitalization included bacteremia [3 (6%)], suspected bacterial pneumonia [9 (18%)], urinary tract infections [5 (10%)], skin and soft tissue infections [3 (6%)], and streptococcus pharyngitis [1 (2%)]. Of the patients with bacteremia, 1 was admitted to receive a course of antibiotic therapy for <i>Klebsiella pneumoniae</i> bacteremia diagnosed at another hospital, 1 had methicillin-sensitive <i>Staphylococcus aureus</i> bacteremia on admission, and 1 developed methicillin-resistant <i>S. aureus</i> and <i>Enterococcus faecalis</i> bacteremia during</p>
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							hospitalization
Kanburoglu et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows lung lesions, which are subclinical	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure	Virus nucleic acid test	Not available
Drouin et al.	Asymptomatic infection: without any clinical	Mild disease, that is, symptomatic	Moderate disease, that is, patients with	Severe disease, that is, patients with respiratory distress or	Critical disease, that is, patients	Virus nucleic acid test	Not available

	symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	but without respiratory distress or abnormal radiology	lower respiratory tract disease, hematologic abnormalities or abnormal findings on radiologic examination but lacking other organ involvement and need for respiratory support	requiring supplemental oxygen	admitted to the ICU, requiring ventilation or experiencing clinical features of shock or other organ involvement		
Leung	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Ouldali et al.	Not available	Not available	Not available	Severity was defined as need for either ventilatory or hemodynamic support during hospitalization, or death	Not available	Virus nucleic acid test	Not available
Nanavati et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic	Not available

						acid test	
Spoulou et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Yaman et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Yes, one patient with clinical or laboratory indication of sepsis used empirical antibiotics, and the specific microorganism was unknown
Yarden Bilavski et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure	Virus nucleic acid test	Not available

			symptoms, but chest CT shows lung lesions, which are subclinical				
Munian et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Unknown, 10 cases had sepsis like manifestations
Ji et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure	Virus nucleic acid test	Not available

			chest CT shows lung lesions, which are subclinical				
Marks et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Yes, 13/252 combined with rhinovirus/enterovirus, 4/252 combined with influenza, 22/252 combined with respiratory syncytial virus, and 4/252 combined with other viral infections
Hassan et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
McLaren et al.	Not available	Not available	Not available	We defined severe illness as any of the following: (I) acute respiratory distress syndrome as documented by the intensive care unit physician; (II) respiratory failure, defined as requiring mechanical ventilation, (III) presence of sepsis	Not available	Virus nucleic acid test	Yes, 2/7 urine cultures were positive, and the specific microorganisms were unknown

				or shock, as specifically identified in the medical record documentation, (IV) requirement for ICU level of care, and (V) death			
Panetta et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure	Virus nucleic acid test	Yes, 5 cases of <i>Escherichia coli</i> urinary tract infection

			lung lesions, which are subclinical				
Leibowitz et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Andina-Martinez et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Yes, 2/9 of the cases had co-infection (1 with Bordetella infection and 1 with denatured pulmonary virus infection)
Ouldali et al.	Not available	Not available	Not available	Defined by the need for either ventilatory or hemodynamic support during hospitalization, or death. Ventilatory support was defined by use of non-invasive ventilation, including high-flow oxygen via nasal cannula, continuous positive airway pressure, and bilevel positive airway pressure or the use of invasive ventilation	Not available	Virus nucleic acid test	Not available
Wanga et	Not available	Not available	Not available	Not available	Not available	Virus	Yes, 42/176 had respiratory

al.						nucleic acid test	syncytial virus infection and 57/176 had viral coinfection
Lu X et al.	Not available	Not available	Not available	Not available	Not available	Virus nucleic acid test	Not available
Kainth et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive	Mild: some cases may have only digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea	Moderate: mostly dry cough, followed by productive cough. Pneumonia is the leading criteria to classify a patient into the moderate severity of disease. Some cases may have no clinical signs and symptoms, but chest CT shows lung lesions, which are	Severe: mild or moderate clinical patterns, and any manifestations suggesting rapid disease progression (i.e., tachypnoea, hypoxemia with oxygen saturation <92%, neurological deterioration, dehydration, myocardial injury, coagulation dysfunction, rhabdomyolysis)	Critical: quick progression of disease with respiratory failure with need for mechanical ventilation (i.e., acute respiratory distress syndrome, persistent hypoxia), septic shock or multiple organ failure	Virus nucleic acid test	Not available

			subclinical				
Bayesheva et al.	Asymptomatic infection: without any clinical symptoms and signs, and the chest imaging results normal, whereas the 2019-nCoV nucleic acid test result is positive.	Mild: symptoms of acute upper respiratory tract infection, including fever, fatigue, myalgia, cough, sore throat, rhinorrhoea and sneezing. Physical examination demonstrated congestion of the pharynx and the absence of auscultatory abnormalities in the chest. Some patients had no fever or had only	Moderate: clinical signs of pneumonia, fever and cough, mostly dry, followed by a productive cough. Some patients had a wheeze but no obvious signs of hypoxaemia such as shortness of breath. A few patients complained of moist coughing and problems with sleep such as snoring. In some patients with no clinical signs and symptoms, the	Severe: early respiratory symptoms such as fever and cough accompanied by gastro-intestinal symptoms (diarrhoea). The disease usually progressed after about a week along with dyspnoea (with or without central cyanosis). Blood oxygen saturation was <92% in addition to other manifestations of hypoxia	Critical: development of acute respiratory distress syndrome or respiratory failure. In this group, the development of life-threatening conditions such as shock, encephalopathy, myocardial injury or heart failure, coagulation dysfunction, acute kidney injury and multiple organ dysfunctions are very likely	Virus nucleic acid test	Not available

		digestive symptoms such as nausea, vomiting, abdominal pain and diarrhoea	chest CT demonstrated lung lesions (subclinical signs)				
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2019-nCoV, 2019 novel coronavirus; CT, computed tomography; COVID-19, coronavirus disease 2019; ICU, intensive care unit; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; PaO<sub>2</sub>, partial pressure of oxygen; FiO<sub>2</sub>, fraction of inspired oxygen; SpO<sub>2</sub>, saturation of peripheral oxygen..