Online Supplementary Appendix: Endoscopy News

Risk of Transmission of COVID-19 Infection

in Gastrointestinal Endoscopy

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Supplementary Appendix Page 1 of 7

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Supplementary Appendix Page 2 of 7

SUPPLEMENTARY TABLES

Table S1. Patient questionnaire

| Endoscopy data | | | | |
|---|--------------------|-------------------|---------------------|--|
| Date of endoscopy | | | day/month/year | |
| Type of procedure | | | see text | |
| Indication for procedure | | | Free text | |
| Patient data | | | | |
| Date of follow-up cal | | | | |
| Patient age | | | year | |
| Patient sex | | | male/female | |
| Comorbidities | | | Free text | |
| Development of symptoms | | | | |
| Fever Cough Dyspnea Sore throat GI symptoms | Fever | YES/NO | If yes, temperature | |
| | | | If yes since when* | |
| | Cough | YES/NO | If yes since when | |
| | Dyspnea | YES/NO | If yes since when | |
| | Sore throat | YES/NO | If yes since when | |
| | GI symptoms | s YES/NO | If yes since when | |
| | | | If yes, which ** | |
| | Hospital admission | YES/NO | If yes since when | |
| | | | If yes, reason ** | |
| COVID testing | | | | |
| | Done? | YES/NO | If yes since when | |
| | If yes result | POSITIVE/NEGATIVE | Date of test | |

* starting date and if applicable duration

** free text entry

Supplementary Appendix Page 3 of 7

Table S2: Overview on endoscopies performed during the COVID-19 outbreak in one large referral hospital with follow-up information (n=802; 94.2% of all cases)

| Type of procedures | Number of patients | of those, therapeutic/ emergency | COVID- positive | Respiratory symptoms |
|--------------------|-----------------------|--|--------------------|-------------------------|
| Upper GI endoscopy | 207 | 30/16 | 1 | х |
| Lower GI endoscopy | 509 | 38/2 | 0 | х |
| ERCP | 67 | 66/1 | 0 | х |
| EUS | 68 | 10*/0 | 0 | Х |

* 6 HotAxios for periluminal collections, 3 EUS-guided biliary drainage, 1 G-J anastomosis.

The total number of patients endoscoped was n=851 (all scoped only once, mean age 56.7 year (range 22-84); 547 were male. We excluded one patient known as COVID positive from this list, who was admitted in the hospital for bleeding varices and treated with band ligation. 802 patients could be reached for the follow-up interview (see text).

Supplementary Appendix Page 4 of 7

Table S3: Questionnaire to endoscopy units shown in Figure S2

| Question | Reply |
|-------------------------------------|--------------------------------------|
| Number of annual procedures | > or < 5000 |
| No. of HCW in unit | Ν |
| Characterization of HCW | Physician/Nurse/Healthcare assistant |
| No. of infected HCW (pos. test) | Ν |
| Characterization of infected HCW | Physician/Nurse/Healthcare assistant |
| Of those, hospital admission | Ν |
| Of those, discharge | Ν |
| Introduction of PPE after March 8 | Yes/No |
| Case volume reduction after March 8 | Yes/No |

This questionnaire is a part of a larger web survey about COVID-19 practices in Northern Italy (Repici et al. Burden on Endoscopy Units by COVID-19 Outbreak; submitted) and was expanded for this analysis.

Supplementary Appendix Page 5 of 7

Gut

SUPPLEMENTARY FIGURES

Figure S1: Distribution of COVID-19 in endoscopy units

Figure S1 shows the geographical distribution of GI endoscopy units reporting COVID-19 infections and the number of infected individuals among their staff in Northern Italy.



Supplementary Appendix Page 6 of 7



Figure S2 shows the course of endoscopy examinations performed during the study period. After the 3rd week of February, it was decided to decrease the case load and focus on emergency and essential endoscopies to reduce the risk of COVID-19.



Supplementary Appendix Page 7 of 7