Supplementary File 1

Detailed Methods

Since February 21th, all suspected individual admitted to the hospital underwent a standardized procedure including body temperature and pulse oximetry (SO_2) recording, hematological screening, chest X -ray and/or computed tomography (CT) scan, and nasopharyngeal swab. Swabs were stored at +4°C and immediately shipped to one of the laboratory of virology accredited by the Lombardy Region for diagnostic SARS-COV-2 real-time polymerase chain reaction (RT-PCR) assay. Based on clinical, laboratory, and radiological findings, patients were discharged to home in quarantine or hospitalized.

Demographic data, date of onset and type of symptoms, including GI symptoms (as either nausea, or vomit or diarrhea or abdominal pain) were recorded. Comorbidities (hypertension, cardiovascular disorders, diabetes, pulmonary diseases, active and previous malignancies, any other disease), current pharmacological treatments and number of drugs were also recorded. All available clinical data during the hospitalization, including hematological and radiological exams, treatments, need of respiratory support with continuous positive airway pressure (CPAP) or non-invasive ventilation (NIV), ICU admission, and death were recorded. Follow-up data until March 19th were recorded. Interstitial pneumonia was diagnosed based on acute reticular pattern chest X-ray and/or single or multiple ground-glass and/or consolidative lungs opacities at computed tomography (CT). Pleural and pericardial effusion, and lymphadenopathy at CT scan were recorded. Primary outcomes were need of CPAP or NIV, intensive care unit (ICU) admission, and death.

The hospital is equipped with a computerized recording system that generates a unique code for any visit and exam. All patients were anonymized and locked to the unique code assigned at the admission, and all data were included in an electronic database.

Steering Committee for the COVID-19 studies at ASST Maggiore Hospital Crema approved the study, which was notified to the Ethical Committee of ATS ValPadana.

Statistical analysis

Descriptive statistics were provided in terms of absolute number and percentage for categorical data, and mean with standard deviation (SD) and value range for continuous data. Associations between GI symptoms and medical history, disease course and outcome were assessed through the use of chi-square test.