Supplementary file 1

Table S1. Categorization of patients based on severity in the evaluated studies

Author(s) (ref)	Critically severe COVID-19	Severe COVID-19	Moderate COVID-19	Mild COVID-19
Chen G. *et al.* [32]	Respiratory failure and mechanical ventilation, shock, and complications from other organ failure that require monitoring and treatment in the ICU[1]. Acute respiratory distress syndrome and shock were defined according to the interim guidance of World Health Organization (WHO) for SARS-CoV-2.	Respiratory rate ≥ 30, breaths/min; SpO_2 ≤ 93% at rest; PaO_2/FIO_2 ≤ 300 or 50% lesion progression within 24 to 48 hours in pulmonary imaging.	Fever and respiratory tract symptoms, etc., and pneumonia manifestation seen in imaging.	Mild clinical symptoms and no pneumonia manifestation in imaging.
Chen X. *et al.* [53]	N/A	Patients with any of the followings: respiratory rate > 30 beats/min, the ratio of PaO2 to FiO2 < 300, peripheral capillary oxygen saturation ≤93%, respiratory distress or failure demanding ventilation, Shock, combined organ failure, ICU admission, pulmonary pathological deterioration.	N/A	Mild or moderate symptoms such as fever, pneumonia on chest CT scan, and respiratory tract symptoms. Respiratory rate > 30 beats/min, or mean oxygen saturation < 93%.
De Biasi *et al.* [33]	Not mentioned.			
Jia *et al.* [56]	N/A			
Jiang *et al.* [57]	N/A	Patients admitted in ICU.	N/A	
Kang *et al.* [58]	N/A	Radiological pneumonia and an oxygen saturation of 93% or less at room air during illness.	N/A	Others that did not classified as sever were classified as a mild case.
Laing *et al.* [59]	N/A	The WHO 's eight-point scale for COVID-19 trial endpoints (http://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/)	The World Health Organization's (WHO) eight-point scale for COVID-19 trial endpoints	The World Health Organization's (WHO) eight-point scale for COVID-19 trial endpoints (http://www.who.int/blueprint/priority-

		was used for classification	(http://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/) was used for classification	diseases/key-action/novel-coronavirus/en/) was used for classification
Qin *et al.* [34]	N/A	Respiratory distress with a respiratory rate over 30 breaths per minute and oxygen saturation ≤93% in the resting state and arterial blood oxygen partial pressure (PaO_2) /oxygen concentration (FiO_2) ≤300 mmHg.	N/A	Non-severe
Song *et al.* [35]	N/A	Critical care requirement and one or more of these criteria: dyspnea and respiratory rate ≥30/min, blood oxygen saturation ≤93%, PaO_2/FiO_2 ratio <300 mmHg, and lung infiltrates on CT scan >50% within 24–48 h, or those who exhibited respiratory failure, septic shock, and/or multiple organ dysfunction/failure.	N/A	Cases who do not requiring intensive care and were admitted to general wards.
Schub *et al.* [61]	PCR-positive Patients who were hospitalized in the ICU.	N/A		Patients with milder course of disease in an outpatient setting ("convalescent patients") with no or mild remaining symptoms at the time of analysis (cough, rhinitis, myalgia, anosmia).
Tan *et al.* [36]	N/A	Respiratory distress with respiratory rate > 30 beats/min, peripheral capillary oxygen saturation ≤ 93%, the ratio of the partial pressure of oxygen (PaO2) to the fraction of inspired oxygen (FiO2) < 300, respiratory failure requiring mechanical ventilation, shock, ICU admission required for combined organ failure, pulmonary pathological progression.	Fever, respiratory tract symptoms, and pneumonia on chest CT scan. Respiratory rate > 30 beats/min, or mean oxygen saturation < 93%	Fever, respiratory tract symptoms, and pneumonia on chest CT scan. Respiratory rate > 30 beats/min, or mean oxygen saturation < 93%.
Wang F. *et al.* [62]	Respiratory failure requiring mechanical ventilation, shock, and organ failure needing (ICU) treatment.	Respiratory distress (respiration rate ≥ 30 times/min), oxygen saturation (SpO2) ≤ 93% in the resting state, and arte- rial partial pressure of O_2 and the fraction of inspired oxygen (PaO_2/FiO_2) ratio ≤ 300 mmHg.	N/A	Patients with typical symptoms and radiological findings.

Meckiff [24]	N/A	Hospitalized patients	N/A	Non- Hospitalized patients
Mohebbi [16]	Not mentioned			
Sadeghi [20]	Not mentioned			
Bello [25]	N/A	The World Health Organization's (WHO) nine-point scale for COVID-19 clinical improvement (https://www.who.int/blueprint/priority-diseases/key-action/COVID-19_Treatment_Trial_Design_Master_Protocol_synopsis_Final_18022020.pdf) was employed to classify ordinal severity.	N/A	The World Health Organization's (WHO) nine-point scale for COVID-19 clinical improvement (https://www.who.int/blueprint/priority-diseases/key-action/COVID-19_Treatment_Trial_Design_Master_Protocol_synopsis_Final_18022020.pdf) was employed to classify ordinal severity.
Salehi [17]	N/A	Patients admitted in ICU.	N/A	Patients admitted in general ward.
Vigon [13]	Patients admitted in ICU.	Patients admitted in hospital (non-ICU admitted patients).	N/A	Patients that required Primary Healthcare attention and home isolation until the PCR assay for SARS-CoV-2 was negative.
Rendiero [14]	Acute respiratory distress syndrome was categorized in accordance with the Berlin definition reflecting each subject's worst oxygenation level and with physicians adjudicating chest radiographs[3].			

[1] ICU, intensive care unit.
[2] N/A, not applicable.
[3] ASARDS Definition Task Force, Ranieri VM, Rubenfeld GD, Thompson BT,Ferguson ND, Caldwell E, Fan E, Camporota L, Slutsky (2012) Acute respiratory distress syndrome: The Berlin definition. JAMA 307:2526–2533. doi:10.1001/jama.2012.5669.