

Supplemental material.

Materials and methods.

Study population.

Our Nephrology and Dialysis Department, in “Alessandro Manzoni” Hospital of Province of Lecco in Lombardy, consists of a Nephrology ward with 25 inpatient beds, a hospital HD centre (with 32 HD technical stations) where 137 patients are treated on an outpatient basis, and three HD satellite centres (with 30 HD technical stations) where 79 patients are treated on an outpatient basis, for a total of 216 HD patients (March, 1). Moreover, 35 patients are on home peritoneal dialysis (DP) treatment and 150 kidney transplanted patients are in ambulatory follow-up.

The first case of Covid-19 in Italy was diagnosed on February 20, 2020, in a small town in Lombardy about 100 km from our hospital.

After this first report of SARS-CoV-2 case, we applied measures for early identification and containment of possible infections in our HD hospital centre and in three satellite HD centres: body temperature reading, detection of respiratory symptoms and/or diarrhea, anosmia/ageusia, myalgia, before each HD session. In addition, we increased the level of individual protection with meticulous hand hygiene and surgical mask also for patients as well as healthcare staff.

HD patients with fever and/or other clinical symptoms were hospitalised and underwent HD treatment in isolation in our department, due to the lack of available negative atmosphere pressure rooms in the hospital. Nurses treating these patients made use of appropriate PPE: gloves, protective masks, gowns, and hand sanitizer.

Due to the progressive increase of SARS-CoV-2 symptomatic infections among patients and nurses in the 2 weeks following the first admission of a COVID-19 positive HD patient, we decided to

perform a nose-pharyngeal swab for SARS-CoV-2 on all HD patients, even if asymptomatic, both in the hospital and satellite centres.

While waiting for the results of the nose-pharyngeal swabs, all patients were treated as SARS-CoV-2 positive and the healthcare staff wore appropriate PPE.

Upon receiving the results of the nose-pharyngeal swab, we started treating patients in dedicated rooms and we transferred all positive swab patients from the satellite centres to the hospital centre. We created three distinct areas for patients on HD treatment: one for swab SARS-CoV-2 positive asymptomatic, one for positive symptomatic and one for negative.

While treating SARS-CoV-2 positive patients healthcare staff wore the highest level of PPE: filtering face piece 2 (FFP2) mask (filtering 95% of particulate matter and aerosols in inhaled air) or N95, goggles, mobcap, gowns and double gloves.

All the other asymptomatic HD patients with negative pharyngeal nose swab SARS-CoV-2 underwent the same triage described above, before each HD session.

For patients on peritoneal dialysis we temporarily suspended outpatient medical examinations and we carried out virtual examinations aided by telephone interviews, video calls and telemedicine.

We have also temporarily suspended outpatient visits to kidney transplant patients and gave medical advices and therapy changes via telephone or e-mail.

Both peritoneal dialysis patients and kidney transplant patients were advised to stay at home and isolate themselves as much as possible from other people.

Statistical methods.

The results are given as mean \pm standard deviation (SD), the 95% confidence interval of the mean (95% CI) for data with normal distribution and the median and interquartile range (IQR) for asymmetrically distributed data. A one-way analysis of variance tests was used for differences between group means.

Linear and polynomial correlation coefficient (r) were calculated for correlation analysis between the variation of cases and time.

A P value of ≤ 0.05 was considered as significant.

All calculations were made using JMP for Windows statistical software, release 12.0.1 (SAS Institute Inc., Cary, NC, USA).

Supplementary references.

S1. Rothe and Others. Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany. *N Engl J Med* 2020; 382:970-971. DOI: 10.1056/NEJMc2001468

S2. Basile C, Combe C, Pizzarelli F, Covic A, Davenport A, Kanbay M, Kirmizis D, Schneditz D, van der Sande F, Mitra S. Recommendations for the prevention, mitigation and containment of the emerging SARS-CoV-2 (COVID-19) pandemic in haemodialysis centres. *Nephrol Dial Transplant*. 2020 Mar 20. pii: gfaa069. doi: 10.1093/ndt/gfaa069.

S3. C. Huang, Y. Wang, X. Li, L. Ren, J. Zhao, Y. Hu, *et al*. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*, 395 (10223) (2020), pp. 497-506

S4. Fang Y, Zhang H, Xie J, Lin M, Ying L, Pang P, Ji W: Sensitivity of chest CT for COVID-19: Comparison to RT-PCR. *Radiology* 2020: 200432, 2020pmid:32073353