**Online-only supplementary material**

In all patients, routine laboratory parameters were carried out on the first day of hospital admission (defined as first check). Last checks and the interim checks were defined as laboratory data tests that were undertaken on the last and middle day of the hospital admission. Urinary albumin excretion, β2-microglobulin (β2MG), α1-microglobulin (α1MG), retinol binding protein (RBP) and N-acetyl-β-D-glucosaminidase (NAG) levels were measured on a morning spot urine sample. To correct for the variability in urinary flow, β2MG, α1MG, NAG and RBP levels were calculated by dividing the β2MG, α1MG, NAG and RBP levels by the urine creatinine levels.

All criteria were based on the guideline for the diagnosis and treatment of novel

coronavirus disease (version 6) [1]. Detailed rules:

1. “*Common*” patients met the criteria if they had fever or acute respiratory symptoms, and had signs of pneumonia on chest CT scan. “*Severe*” patients met the criteria if they had one of: 1) gasp, or respiratory rate ≥30 breath per minute, 2) oxygen saturation in a calm state ≤93%; 3) a ratio of partial pressure of arterial oxygen to the fraction of inspired oxygen ≤300 mmHg; 4) significant progression of acute exudative lesions to > 50% within 24-48 hours, on chest CT. “*Critical*” patients met the criteria if they had one of: 1) respiratory failure, and mechanical ventilation, 2) shock, 3) other organ failure necessitating admission to the intensive care unit .
2. Patients met the discharge criteria if they had the following criteria: (1) no fever for at least 3 days, (2) significantly improved respiratory function, (3) substantially improved acute exudative lesions on chest CT, and had negative SARS-CoV-2 laboratory test results twice in succession.

**Reference:**

1. The National Health Commission of PRC. Guideline for diagnosis and treatment of novel coronavirus disease (version 6) [EB/OL]. 2020.02.18