

**Supplementary Material****Detailed explanations of the questions about infections in patients with inflammatory bowel disease****Baseline characteristics**

1. What is your country?
2. Are you a man or a woman?
  - ① Male
  - ② Female
3. What is your type of practice?
  - ① Non-academic clinic
  - ② Academic teaching hospital
  - ③ Other (please specify, )
4. What is your specialty?
  - ① Gastroenterologist specializing in inflammatory bowel disease (IBD)
  - ② General gastroenterologist
  - ③ Surgeon
  - ④ Pediatrician
  - ⑤ Other (please specify, )
5. How long have you been caring for patients with IBD?
  - ① Less than 5 years
  - ② More than 5 years; less than 10 years
  - ③ More than 10 years
6. How many patients with IBD are registered in your unit?
  - ① Less than 100
  - ② 100–500
  - ③ More than 500
  - ④ NA
7. How many patients with ulcerative colitis (UC) do you care for in your practice?
  - ① Less than 100
  - ② 100–500
  - ③ More than 500
  - ④ NA
8. How many patients with Crohn's disease (CD) do you care for in your practice?
  - ① Less than 100
  - ② 100–500
  - ③ More than 500
  - ④ NA

**Infections**

1. Under what circumstances would you recommend cytomegalovirus (CMV) immunohistochemistry for UC patients?

(multiple answers)

- ① All patients in active stage
- ② Endoscopic manifestation of longitudinal ulcers
- ③ Endoscopic manifestation of punched-out ulcerations
- ④ Endoscopic manifestation of mucosal defect
- ⑤ All patients in remission
- ⑥ Peripheral blood suggests CMV infection
- ⑦ All patients in active phase with clinical symptoms
- ⑧ IBD Patients with glucocorticoid resistance
- ⑨ IBD Patients with glucocorticoid dependence

2. Which of the following patients would you consider for a diagnosis of CMV colitis? (multiple answers)

- ① Positive blood CMV immunoglobulin (Ig)M
- ② Positive blood CMV IgG
- ③ Positive blood CMV pp65
- ④ Positive blood CMV DNA
- ⑤ Positive tissue CMV hematoxylin and eosin staining
- ⑥ Positive tissue CMV immunohistochemical staining
- ⑦ Positive in situ tissue CMV hybridization
- ⑧ Positive tissue CMV DNA
- ⑨ Positive stool CMV DNA

3. Do you investigate the reactivation of CMV in severe or refractory patients with UC?

- ① Always (90%–100%)
- ② Usually (70%–90%)
- ③ Sometimes (30%–70%)
- ④ Rarely (10%–30%)
- ⑤ Never (0%–10%)

4. What is your favorite antiviral drug for patients with IBD combined with CMV colitis?

- ① Ganciclovir IV
- ② Valganciclovir PO
- ③ Foscarnet sodium IV
- ④ Others

5. Do you consult an infection specialist before prescribing antiviral drug?

- ① Yes
- ② No

6. Under which circumstance do you recommend *Clostridium difficile* testing in IBD patients? (multiple answers)

- ① All patients in active stage
- ② All IBD patients prior to the use of immunosuppressive agent
- ③ All IBD patients prior to the use of biological agent
- ④ All patients in remission
- ⑤ IBD patients not responsive to glucocorticoid therapy
- ⑥ IBD patients dependent on glucocorticoids

7. What tests does your hospital perform for *C. difficile* infection? (multiple answers)

- ① Stool *C. difficile* culture
- ② Stool *C. difficile* toxin A / B test
- ③ Glutamate dehydrogenase antigen assay
- ④ Nucleotide polymerase chain reaction assay

8. For IBD patients complicated with *C. difficile* infection, do you consider stopping the use of immunosuppressant?

- ① Yes
- ② No

9. What is your drug of the first choice?

- ① Metronidazole
- ② Vancomycin

10. Do you perform fecal microbiota transplantation for refractory or recurrent *C. difficile*-associated diarrhea?

- ① Yes
- ② No

11. When do you screen for tuberculosis (TB)? (multiple answers)

- ① At IBD diagnosis
- ② Before initiation of biologics/small molecules
- ③ Before initiation of glucocorticoids
- ④ Before initiation of purines
- ⑤ Before initiation of methotrexate
- ⑥ Do not screen

12. What kind of methods do you use to detect active TB or latent TB infection? (multiple answers)

- ① Past history of TB infection or contact
- ② Chest X-ray examination
- ③ Pure protein derivative test
- ④ Interferon- $\gamma$  release assays

13. When you treat latent TB, what kind of regimen do you choose?

- ① Isoniazid only for 9 months
- ② Rifampin only for 4 months
- ③ Isoniazid and rifampin for 3 months
- ④ Isoniazid and rifapentine for 12 times

14. When active TB is diagnosed and anti-TB therapy is started, which drug do you discontinue? (multiple answers)
- ① Glucocorticoid
  - ② Thiopurines (azathioprine or 6-mercaptopurine)
  - ③ Methotrexate
  - ④ Biologics or small molecules
  - ⑤ None of above
15. When do you restore biological agents after the start of standard anti-TB therapy?
- ① 1 Month
  - ② 2 Months
  - ③ 3 Months
  - ④ 4 Months
  - ⑤ 5 Months
  - ⑥ After the end of anti-TB therapy
16. Do you screen for hepatitis B virus (HBV) for patients with IBD?
- ① Always (90%–100%)
  - ② Usually (70%–90%)
  - ③ Sometimes (30%–70%)
  - ④ Rarely (10%–30%)
  - ⑤ Never (0%–10%)
17. Before treating IBD patients, which of the following indicators do you consider in the routine screening? (multiple answers)
- ① HBV surface antigen (HBsAg)
  - ② HBV surface antibody (HBsAb)
  - ③ HBV core antibody (HBcAb)
  - ④ Hepatitis B e antibody (HBeAb)
  - ⑤ Hepatitis B e antigen (HBeAg)
  - ⑥ HBV DNA
18. If the result of HBcAb is positive, do you further test for HBeAg, HBeAb, and HBV DNA?
- ① Always (90%–100%)
  - ② Usually (70%–90%)
  - ③ Sometimes (30%–70%)
  - ④ Rarely (10%–30%)
  - ⑤ Never (0%–10%)
19. If the result of HBsAg is negative, do you routinely recommend hepatitis B vaccination?
- ① Always (90%–100%)
  - ② Usually (70%–90%)
  - ③ Sometimes (30%–70%)
  - ④ Rarely (10%–30%)
  - ⑤ Never (0%–10%)

20. If only the result of HBsAg is positive, will you consider antiviral treatment before the use of a biological agent?

- ① Yes
- ② No

21. If only the HBsAg result is positive, will you consider antiviral treatment before the use of an immunosuppressive agent in IBD patients?

- ① Yes
- ② No

22. In the case of hepatitis C virus antibody positivity in active stage IBD patients, will you opt for treatment?

- ① Yes
- ② No