ICMJE DISCLOSURE FORM

Date: _____ Nov. 9, 2021 _____
Your Name: ___ Liping Chen ___
Manuscript Title: ___ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19 ___
Manuscript number (if known): _______ JTD-21-1284-CL _______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                               |                                                                                  |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                         |
| 4 | Consulting fees                                                                                  | _X_ None                                                                         |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                    | _X_ None |
| 7 | Support for attending meetings and/or travel                     | _X_ None |
| 8 | Patents planned, issued or pending                               | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                          | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                       | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_. I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ____ Dec. 29, 2021 ____
Your Name: ____ Lihan Shen ____
Manuscript Title: ____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19 ____
Manuscript number (if known): _______ JTD-21-1284-CL _______

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **No time limit for this item.** |
|   | **Time frame: Since the initial planning of the work** | **None** |

|   | §X. None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------|-----------------------------------------------------------------------------------|

**Time frame: past 36 months**

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------|
| 2 | §X. None | Specifications/Comments (e.g., if payments were made to you or to your institution) |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------|
| 3 | §X. None | Specifications/Comments (e.g., if payments were made to you or to your institution) |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------|
| 4 | §X. None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|   | Description                                                                 | ___X___None |
|---|------------------------------------------------------------------------------|--------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___X___None |
| 6 | Payment for expert testimony                                                | ___X___None |
| 7 | Support for attending meetings and/or travel                                 | ___X___None |
| 8 | Patents planned, issued or pending                                          | ___X___None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | ___X___None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___X___None |
| 11| Stock or stock options                                                       | ___X___None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___X___None |
| 13| Other financial or non-financial interests                                   | ___X___None |

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None.

Please place an “X” next to the following statement to indicate your agreement:

___X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:____ Dec. 28, 2021____
Your Name:___ Weichen Wu__
Manuscript Title:____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____
Manuscript number (if known):______ JTD-21-1284-CL______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| Item | Description | Time frame: Since the initial planning of the work | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|-------------|-------------------------------------------------|------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None | |
|      | **No time limit for this item.** | | |
|      | **Time frame: past 36 months** | | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None | |
| 3    | Royalties or licenses | **X** None | |
| 4    | Consulting fees | **X** None | |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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ICMJE DISCLOSURE FORM

Date:_____Dec. 29, 2021_____  
Your Name:___ Wenda Guan ___  
Manuscript Title:____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19_____  
Manuscript number (if known):_______ JTD-21-1284-CL_______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   |   |                                                                                                           |
|---|---|-----------------------------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses                                                                                   | _X_ None |
| 4 | Consulting fees                                                                                         | _X_ None |
|   | Conflict of Interest |
|---|----------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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None.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Dec. 29, 2021
Your Name: Jinchao Zhou
Manuscript Title: Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19
Manuscript number (if known): JTD-21-1284-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | No time limit for this item. | |
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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | _X_ None |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                  | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: _____Dec. 29, 2021____
Your Name: ___ Gengyan Luo ___
Manuscript Title: ____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____
Manuscript number (if known): _______ JTD-21-1284-CL_______

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
|5  | Payment or honoraria for lectures, presentations,              | _X_ None |
|   | speakers bureaus, manuscript writing or educational events     |   |
|6  | Payment for expert testimony                                   | _X_ None |
|7  | Support for attending meetings and/or travel                   | _X_ None |
|8  | Patents planned, issued or pending                             | _X_ None |
|9  | Participation on a Data Safety Monitoring Board or              | _X_ None |
|   | Advisory Board                                                |   |
|10 | Leadership or fiduciary role in other board, society, committee| _X_ None |
|   | or advocacy group, paid or unpaid                               |   |
|11 | Stock or stock options                                        | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts | _X_ None |
|   | or other services                                              |   |
|13 | Other financial or non-financial interests                     | _X_ None |

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None.

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ICMJE DISCLOSURE FORM

Date:____Dec. 28, 2021____
Your Name:___ Qimin Chen ___
Manuscript Title:____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____
Manuscript number (if known):_______ JTD-21-1284-CL_______

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| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|--------------------------------------------------------------------------------------------------|------|
|   | Payment for expert testimony                                                                       | None |
|   | Support for attending meetings and/or travel                                                        | None |
|   | Patents planned, issued or pending                                                                  | None |
|   | Participation on a Data Safety Monitoring Board or Advisory Board                                   | None |
|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
|   | Stock or stock options                                                                              | None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services                    | None |
|   | Other financial or non-financial interests                                                           | None |

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ICMJE DISCLOSURE FORM

Date: _____Dec. 29, 2021_____  
Your Name: __ Hongxia Zhou __  
Manuscript Title: ____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____  
Manuscript number (if known): _______ JTD-21-1284-CL_______

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                      | __X__ None                                                                                                                                 |

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|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                                                                                                                           | __X__ None                                                                                                                                 |

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                                                                                                                | __X__ None                                                                                                                                 |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                 | _X_ None |
| 7 | Support for attending meetings and/or travel                                                | _X_ None |
| 8 | Patents planned, issued or pending                                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                          | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                                      | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | _X_ None |
|13 | Other financial or non-financial interests                                                   | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

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_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Dec. 29, 2021
Your Name: Zhenxuan Deng
Manuscript Title: Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19
Manuscript number (if known): JTD-21-1284-CL

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|   |                                                                                               |                                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above)                       | _X_ None                                                                               |
|   |                                                                                               |                                                                                      |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                               |
|   |                                                                                               |                                                                                      |
| 4 | Consulting fees                                                                               | _X_ None                                                                               |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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| 7 | Support for attending meetings and/or travel                    | _X_ None |
| 8 | Patents planned, issued or pending                              | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                          | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                       | _X_ None |

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ICMJE DISCLOSURE FORM

Date: _____Dec. 29, 2021_____  
Your Name: ___ Yaoqing Chen ___  
Manuscript Title: ____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____  
Manuscript number (if known): _______ JTD-21-1284-CL_______

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|   |                                                                                          |                                                                                     |
|   |                                                                                          |                                                                                     |
|   |                                                                                          |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | ___X__ None |
| 3 | Royalties or licenses                                                                     | ___X__ None |
| 4 | Consulting fees                                                                          | ___X__ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Dec. 29, 2021

Your Name: Wenjing Zhao

Manuscript Title: Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19

Manuscript number (if known): JTD-21-1284-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date:_____Dec. 29, 2021____
Your Name:___ Wenxiang Jin ___
Manuscript Title:____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____
Manuscript number (if known):_______ JTD-21-1284-CL_______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                 |
| | **No time limit for this item.** |                                                                                  |

|   |                                                                                   |                                                                                  |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                                 |
| **3** | Royalties or licenses | _X_ None                                                                                 |
| **4** | Consulting fees | _X_ None                                                                                 |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ______ Dec. 19, 2021 ______
Your Name: ______ Minshan Qiu ______
Manuscript Title: ______ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19 ______
Manuscript number (if known): ______ JTD-21-1284-CL ______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.).**<br>**No time limit for this item.** | __X__ None |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
|5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
|6 | Payment for expert testimony                                               | _X_None |
|7 | Support for attending meetings and/or travel                               | _X_None |
|8 | Patents planned, issued or pending                                        | _X_None |
|9 | Participation on a Data Safety Monitoring Board or Advisory Board          | _X_None |
|10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
|11| Stock or stock options                                                     | _X_None |
|12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
|13| Other financial or non-financial interests                                  | _X_None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_**X**_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ____ Dec. 29, 2021 ____
Your Name: Qianwei Zheng
Manuscript Title: Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19
Manuscript number (if known): JTD-21-1284-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | Time frame: Since the initial planning of the work                                              |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ___X__ None                                                                       |
|   | No time limit for this item.                                                                   |                                                                                   |
|   | Time frame: past 36 months                                                                    |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ___X__ None                                                                       |
| 3 | Royalties or licenses                                                                         | ___X__ None                                                                       |
| 4 | Consulting fees                                                                              | ___X__ None                                                                       |
|   | Remarks                                                                 |
|---|------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,   |
|   | manuscript writing or educational events                               |
| 6 | Payment for expert testimony                                          |
| 7 | Support for attending meetings and/or travel                           |
| 8 | Patents planned, issued or pending                                     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board      |
| 10| Leadership or fiduciary role in other board, society, committee or    |
|   | advocacy group, paid or unpaid                                         |
| 11| Stock or stock options                                                 |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or      |
|   | other services                                                         |
| 13| Other financial or non-financial interests                              |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: _____ Dec. 29, 2021 _____
Your Name: ___ Yutao Wang ___
Manuscript Title: ____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19 ____
Manuscript number (if known): _______ JTD-21-1284-CL _______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><br>No time limit for this item. | _X_ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___Dec 29th, 2021___
Your Name: ___Chen Liu________
Manuscript Title: ___Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19_____
Manuscript number (if known): ___JTD-21-1284_________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Chen Liu was employed by the medical company Novogene Bioinformatics Technology Co., Ltd. Support library sequencing |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___X__None |
| 3 | Royalties or licenses | ___X__None |
| 4 | Consulting fees | ___X__None |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

Chen Liu was employed by the medical company Novogene Bioinformatics Technology Co., Ltd. and responsible for completing the library sequencing.

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___Dec 28th, 2021___
Your Name: ___ Xiangxiang Bai ________
Manuscript Title: ___ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19 ________
Manuscript number (if known): ___ JTD-21-1284 __________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                        |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Xiangxiang Bai was employed by the medical company Novogene Bioinformatics Technology Co., Ltd. |
|   | **No time limit for this item.**                                                               | Support library sequencing                                                      |
|   |                                                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None                                                                       |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                       |
| 4 | Consulting fees                                                                                | __X__ None                                                                       |

|   | **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None                                                                       |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                       |
| 4 | Consulting fees                                                                                | __X__ None                                                                       |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                             | _X_ None |
| 7 | Support for attending meetings and/or travel                                             | _X_ None |
| 8 | Patents planned, issued or pending                                                       | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                       | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                                   | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services         | _X_ None |
| 13| Other financial or non-financial interests                                                | _X_ None |

**Please summarize the above conflict of interest in the following box:**

Xiangxiang Bai was employed by the medical company Novogene Bioinformatics Technology Co., Ltd. and responsible for completing the library sequencing.

**Please place an “X” next to the following statement to indicate your agreement:**

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: _____ Dec. 29, 2021 _____
Your Name: ___ Deyin Guo ___
Manuscript Title: ____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19 ____
Manuscript number (if known): _______ JTD-21-1284-CL _______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None                                                                                     |
|   | **No time limit for this item.**                                                                                              |                                                                                            |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                      | __X__ None                                                                                     |
| 3 | Royalties or licenses                                                                                                         | __X__ None                                                                                     |
| 4 | Consulting fees                                                                                                               | __X__ None                                                                                     |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | **X**. None |
| 6 | Payment for expert testimony | **X**. None |
| 7 | Support for attending meetings and/or travel | **X**. None |
| 8 | Patents planned, issued or pending | **X**. None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | **X**. None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | **X**. None |
| 11 | Stock or stock options | **X**. None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | **X**. None |
| 13 | Other financial or non-financial interests | **X**. None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

**X**. I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Dec. 29, 2021
Your Name: Edward C. Holmes
Manuscript Title: Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19
Manuscript number (if known): JTD-21-1284-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                     |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X__ None                                                                           |
|   |                                                                                               |                                                                                     |
|   | **Time frame: past 36 months**                                                                |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X__ None                                                                           |
| 3 | Royalties or licenses                                                                         | _X__ None                                                                           |
| 4 | Consulting fees                                                                               | _X__ None                                                                           |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: Dec. 29, 2021
Your Name: Nanshan Zhong
Manuscript Title: Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19
Manuscript number (if known): JTD-21-1284-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **Time frame: Since the initial planning of the work**                                          |                                                                                   |
|2  | Grants or contracts from any entity (if not indicated in item #1 above).                       | X None |
|3  | Royalties or licenses                                                                         | X None |
|4  | Consulting fees                                                                               | X None |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
|   | Please summarize the above conflict of interest in the following box: |
|---|---|
|   | None. |

|   | Please place an “X” next to the following statement to indicate your agreement: |
|---|---|
|   | ___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
ICMJE DISCLOSURE FORM

Date:____Dec. 29, 2021____
Your Name:___ Mang Shi ___
Manuscript Title:____ Co-infecting pathogens can contribute to inflammatory responses and severe symptoms in COVID-19____
Manuscript number (if known):_______ JTD-21-1284-CL_______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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