### Supplemental Table S1. Study evaluations.

|                          | Baseline | M, W, F | Weekly | Final |
|--------------------------|----------|---------|--------|-------|
| Consent/assent           | ×         |         |        |       |
| Survey                   | ×         | ×       | ×      | ×     |
| (≥ 18 years old)         |           |         |        |       |
| Symptom diary            | ×         | ×       |        | ×     |
| Nasal swab*              | ×         | ×       |        | ×     |
| Stool swab               | O         |         | O      | O     |
| Saliva                   | O         |         | O      | O     |
| Blood                    | O         |         | O      | O     |

*substitute with oral swab if unable to tolerate nasal swab.

Abbreviations: M, Monday; W, Wednesday; F, Friday; O, optional.