Supplementary Table 1. Characteristics of co-infections (each line represents a unique patient)

<table>
<thead>
<tr>
<th>Infectious agent</th>
<th>Origin of sample</th>
<th>Days from admission to acquisition of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klebsiella pneumoniae</td>
<td>airways</td>
<td>1</td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>urine</td>
<td>3</td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>airways</td>
<td>0</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa + staphylococcus aureus</td>
<td>urine</td>
<td>0</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa + staphylococcus aureus</td>
<td>urine</td>
<td>0</td>
</tr>
<tr>
<td>Proteus mirabilis</td>
<td>urine</td>
<td>3</td>
</tr>
<tr>
<td>Moraxella catarrhalis + haemophilus influenzae</td>
<td>airways</td>
<td>0</td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>urine</td>
<td>2</td>
</tr>
<tr>
<td>Escherichia coli + enterococcus faecalis</td>
<td>urine</td>
<td>0</td>
</tr>
<tr>
<td>Candida albicans*</td>
<td>blood + airways</td>
<td>0</td>
</tr>
<tr>
<td>Escherichia coli + staphylococcus aureus</td>
<td>urine + airways</td>
<td>1</td>
</tr>
<tr>
<td>Escherichia coli + enterococcus faecalis</td>
<td>urine</td>
<td>1</td>
</tr>
<tr>
<td>Enterococcus faecalis + legionella species</td>
<td>urine + airways</td>
<td>0</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>airways</td>
<td>0</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>airways</td>
<td>0</td>
</tr>
</tbody>
</table>

Criteria used for identifying co-infections were: (1) positive culture or PCR, (2) sample acquired within 3 days of hospitalization, (3) clinically relevant, i.e. likely to contribute to symptomatology and guided treatment.

* this patient was transferred to the COVID19 ward from another department where she had been treated for E. coli meningitis.
<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Sex</th>
<th>Central/peripheral PE</th>
<th>Anticoagulant therapy prior to PE</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>male</td>
<td>peripheral</td>
<td>none</td>
</tr>
<tr>
<td>69</td>
<td>male</td>
<td>peripheral</td>
<td>prophylactic dose(^a)</td>
</tr>
<tr>
<td>66</td>
<td>female</td>
<td>peripheral</td>
<td>none</td>
</tr>
<tr>
<td>55</td>
<td>male</td>
<td>peripheral</td>
<td>none</td>
</tr>
<tr>
<td>65</td>
<td>male</td>
<td>peripheral</td>
<td>none</td>
</tr>
<tr>
<td>53</td>
<td>male</td>
<td>peripheral</td>
<td>prophylactic dose(^a)</td>
</tr>
<tr>
<td>69</td>
<td>male</td>
<td>peripheral</td>
<td>therapeutic dose(^b)</td>
</tr>
<tr>
<td>56</td>
<td>male</td>
<td>peripheral</td>
<td>none</td>
</tr>
<tr>
<td>32</td>
<td>male</td>
<td>peripheral</td>
<td>therapeutic dose(^b)</td>
</tr>
</tbody>
</table>

\(^a\) Prophylactic anticoagulation: tinzaparin 4500 IE s.c. once daily, according to local practice.

\(^b\) Therapeutic anticoagulation: tinzaparin 175 IE/kilogram bodymass s.c. once daily or equivalent oral anticoagulants, according to local practice.