**A06200428**

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

| Infectious agent | Origin of sample | Days from admission to aquisition of sample |
|---|---|---|
| Klebsiella pneumoniae | airways | 1 |
| Escherichia coli | urine | 3 |
| Haemophilus influenzae | airways | 0 |
| Pseudomonas aeruginosa + staphylococcus aureus | urine | 0 |
| Proteus mirabilis | urine | 3 |
| Moraxella catarrhalis + haemophilus influenzae | airways | 0 |
| Escherichia coli | urine | 2 |
| Escherichia coli + enterococcus faecalis | urine | 0 |
| Candida albicans* | blood + airways | 0 |
| Escherichia coli + staphylococcus aureus | urine + airways | 1 |
| Escherichia coli + enterococcus faecalis | urine | 1 |
| Enterococcus faecalis + legionella species | urine + airways | 0 |
| Staphylococcus aureus | airways | 0 |
| Staphylococcus aureus | airways | 0 |

*Criteria used for identifying co-infections were: (1) positive culture or PCR, (2) sample aquired 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.

**Supplementary Table 2. Characteristics of cases with pulmonary embolism (PE)**
**(each line represents a unique patient)**

| Age (years) | Sex | Central/peripheral PE | Anticoagulant therapy prior to PE |
|:---:|:---:|:---:|:---:|
| 72 | male | peripheral | none |
| 69 | male | peripheral | prophylactic dose[a] |
| 66 | female | peripheral | none |
| 55 | male | peripheral | none |
| 65 | male | peripheral | none |
| 53 | male | peripheral | prophylactic dose[a] |
| 69 | male | peripheral | none |
| 56 | male | peripheral | therapeutic dose[b] |
| 32 | male | peripheral | therapeutic dose[b] |

[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 aquivalent oral anticoagulants, according to local practice.