| Date: _ | May 25 th , 2021 | | |
|---------|-----------------------------|--|--------|
| Your Na | ame: Ling Sa | | |
| Manus | cript Title: <u>Second</u> | rinfection in severe and critical COVID-19 patients in China: a multicenter retrospe | ective |
| study | | | |
| Manus | cript number (if ki | vn): APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNOTIC | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: _ | May 25 th , 2021 | _ |
|---------|--|--------------|
| Your N | me: Yin Xi | |
| Manus | ipt Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter re | etrospective |
| study | | - |
| Manus | ipt number (if known): APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNOTIC | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
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| | | | |

| None. |
|-------|
| |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: _ | May 2 | 5 th , 2021 | | _ |
|---------|-------------|------------------------|---|-------------|
| Your Na | ame: | Zhimin Lin | | _ |
| Manus | cript Title | : Secondary infe | ction in severe and critical COVID-19 patients in China: a multicenter re | trospective |
| study | | | | |
| Manus | cript num | nber (if known): _ | APM-21-833 | <u></u> |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | none (add rows as needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|----|--|--------------------------------|-------------|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fol | lowing box: |

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

| Date: | May 2 | 25 th , 2021 | | | | _ |
|--------|-------------|--------------------------|----------------------------|---------------------|----------------------------|--------------|
| Your N | lame: | Ying Pan | | | | _ |
| Manus | cript Title | e: <u>Secondary infe</u> | tion in severe and critica | l COVID-19 patients | in China: a multicenter re | etrospective |
| study | | | | | | |
| Manus | script nun | nber (if known): | APM-21-833 | | | |

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.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNOTIC | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: _ | Ma | ay 25 th , 2021 | | | | | | | |
|---------|----------|----------------------------|----------|-----------------|----------------|---------------|---------------|------------------|------------------|
| Your N | lame: | Bin Sor | g | | | | | | |
| Manus | script 1 | Γitle: <u>Second</u> | ary infe | ction in severe | and critical (| COVID-19 pati | ients in Chir | na: a multicente | er retrospective |
| study | | | | | | | | | |
| Manus | script r | number (if kı | nown): | APM-21-833 | | | | | |

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 <u>current manuscript only</u>.

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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.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNOTIC | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: May 2 | th <mark>, 2021</mark> | |
|------------------------|--|-------|
| Your Name: | Chang-an Li | |
| Manuscript Titl | Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospec | ctive |
| <u>study</u> | | |
| Manuscript nur | er (if known): <u>APM-21-833</u> | |

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.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
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| None. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: _ | Ma | ay 25th | 2021 | | | | | | | |
|---------|---------|-----------------|---------------|-----------------|----------------|------------|-------------|----------|-------------|---------------|
| Your N | lame: | X | ia Zheng | | | | | | | |
| Manus | cript - | Title: <u>S</u> | econdary infe | ction in severe | e and critical | COVID-19 p | oatients in | China: a | multicenter | retrospective |
| study | | | | | | | | | | |
| Manus | cript | numbe | r (if known): | APM-21-833 | | | | | | |

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
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| None. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: _ | May 2 | 5 th , 2021 | | | | | |
|---------|-------------|------------------------|------------------------|-----------------|------------------|--------------------|--------------|
| Your N | ame: | Ming Zhong | | | | | <u> </u> |
| Manus | cript Title | : Secondary infe | ction in severe and cr | itical COVID-19 | patients in Chin | a: a multicenter r | etrospective |
| study | | | | | | | |
| Manus | cript num | ber (if known): _ | APM-21-833 | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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, | XNone | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|------|---|----------------------------------|-----------|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| - | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Possint of agriculture | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ase summarize the above o | onflict of interest in the follo | wing box: |
| - IE | | | |
| | None. | | |

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

| Date: _ | May 25 | 5 th , 2021 | | | | | | _ |
|---------|--------------|------------------------|-----------------|-----------------|-----------------|----------------|---------------|-------------|
| Your N | ame: | Li Jiang | | | | | | |
| Manus | cript Title: | Secondary infe | ction in severe | and critical CO | VID-19 patients | in China: a mu | ılticenter re | trospective |
| study | | | | | | | | |
| Manus | cript num | ber (if known): | APM-21-833 | | | | | |

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, | XNone | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|------|---|----------------------------------|-----------|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| - | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Possint of agriculture | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ase summarize the above o | onflict of interest in the follo | wing box: |
| - IE | | | |
| | None. | | |

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

| Date: | May 25 th , 2021 | |
|-----------|-----------------------------|--|
| Your Nam | e: <u>Chun Pan</u> | |
| Manuscrij | ot Title: <u>Secondar</u> | infection in severe and critical COVID-19 patients in China: a multicenter retrospective |
| study | | |
| Manuscrij | ot number (if kno | vn): <u>APM-21-833</u> |

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |

| 4 | Consulting fees | XNone | |
|-----|---|-------------------------------|-------------------------|
| | | | |
| _ | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Datanta planned issued as | V None | |
| 0 | Patents planned, issued or pending | XNone | |
| | pending | | |
| 0 | Darticipation on a Data | X None | |
| 9 | Participation on a Data Safety Monitoring Board or | xnone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 12 | | V None | |
| 13 | Other financial or non- financial interests | XNone | |
| | manetal interests | | |
| | ease summarize the above c | onflict of interest in the fo | llowing box: |
| | | | |
| Ple | ease place an "X" next to the | e following statement to in | ndicate your agreement: |

| Date: | May 2 | 25 th , 2021 | | |
|--------|--------------|-------------------------|--|-----------------|
| Your N | lame: | Wei Zhang | | |
| Manus | script Title | e: Secondary infe | ection in severe and critical COVID-19 patients in China: a multicente | r retrospective |
| study | | | | |
| Manus | script nun | nber (if known): | APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time innit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|------|---|----------------------------------|-----------|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| - | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Possint of agriculture | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ase summarize the above o | onflict of interest in the follo | wing box: |
| - IE | | | |
| | None. | | |

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

| Date: _ | Ma | ay 25 th , | 2021 | | | | | | = |
|---------|---------|-----------------------|--------------|-----------------|--------------------|--------------------------|---------------|----------------|-------------|
| Your N | lame: | ZI | neng Lv | | | | | | _ |
| Manus | cript | Title: <u>Se</u> | condary infe | ction in severe | e and critical COV | <u>/ID-19 patients i</u> | in China: a m | ulticenter ret | trospective |
| study | | | | | | | | | |
| Manus | cript i | numbe | (if known): | APM-21-833 | | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | Time traine. Since the mitta | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None. |
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| |

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

| Date: May | ¹ , 2021 | |
|----------------|---|-------|
| Your Name: | liaan Xia | |
| Manuscript Tit | Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospe | ctive |
| study | | |
| Manuscript nu | er (if known): <u>APM-21-833</u> | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: | May 2 | ^{15th} , 2021 | | | | | |
|--------------|--------------|------------------------|---------------------|--------------------|-------------------------|----------------------------|---------------|
| Your N | Name: | Nanshan Chen | | | | | |
| Manu | script Title | e: Secondary infe | ction in severe and | d critical COVID-1 | <u>19 patients in C</u> | <u>hina: a multicenter</u> | retrospective |
| <u>study</u> | | | | | | | |
| Manu | script nun | nber (if known): _ | APM-21-833 | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | X None | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| None. |
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| |

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

| Date: Ma | y 25 th , 2021 | | |
|--------------|-----------------------------|--|----------|
| Your Name: _ | Wenjuan Wu | | |
| Manuscript T | itle: <u>Secondary infe</u> | ction in severe and critical COVID-19 patients in China: a multicenter retro | spective |
| <u>study</u> | | | |
| Manuscript n | umber (if known): | APM-21-833 | |

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.) 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). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| | | | |
| | | | |

| None. |
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| |
| |

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

| Date: _ | Ma | ay 25 th , | 2021 | | | | | | _ |
|---------|---------|-----------------------|--------------|-----------------|-----------------|-----------------|---------------|----------------|-------------|
| Your N | lame: | Y | onghao Xu | | | | | | _ |
| Manus | cript ' | Title: <u>Se</u> | condary infe | ction in severe | and critical CO | /ID-19 patients | in China: a n | nulticenter re | trospective |
| study | | | | | | | | | |
| Manus | cript | numbe | (if known): | APM-21-833 | | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNOTIC | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| | | | |
| | | | |

| None. |
|-------|
| |
| |

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

| Date: | May 25 th , 20 | 21 | | | | | | |
|----------|---------------------------|-------------|------------------|--------------------|-----------------|---------------------|----------------|------------|
| Your Nam | ne: Sibe | i Chen | | | | | | |
| Manuscri | pt Title: <u>Seco</u> | ndary infec | tion in severe a | and critical COVID | -19 patients ir | <u> China: a mu</u> | lticenter reti | rospective |
| study | _ | | | | | | | |
| Manuscri | pt number (i | f known): | APM-21-833 | | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | | |
| | | Time frame: past | 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | |
| 3 | Royalties or licenses | X_None | | |
| 4 | Consulting fees | XNone | | |

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

| None. |
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| |
| |

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

| Date: _ | Ma | ay 25 th , 2021 | | |
|--------------|---------|------------------------------|--|-----------|
| Your N | ame: | Dongdong Liu | | |
| Manus | cript ' | Title: <u>Secondary infe</u> | ction in severe and critical COVID-19 patients in China: a multicenter retro | ospective |
| <u>study</u> | | | | |
| Manus | cript | number (if known): | APM-21-833 | |

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | | |
| | | Time frame: past | 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | |
| 3 | Royalties or licenses | X_None | | |
| 4 | Consulting fees | XNone | | |

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

| None. |
|-------|
| |
| |

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

| Date: | M | ay 25 th , 2021 | | |
|--------------|--------|------------------------------|---|-----------|
| Your I | Name: | Weibo Liang | | |
| Manu | script | Title: <u>Secondary infe</u> | ction in severe and critical COVID-19 patients in China: a multicenter retr | ospective |
| <u>study</u> | | | | |
| Manu | script | number (if known): | APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | |
|-----|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 4.0 | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| 11 | Stock of Stock options | XNONE | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | XNone | |
| | 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:

| Date: | May 25 | th , 2021 | | | | | |
|---------|-------------|----------------------|--------------------|-------------------|-----------------|---------------------|-----------------|
| Your Na | me: | Xuesong Liu | | | | | |
| Manusci | ript Title: | Secondary infe | ction in severe ar | nd critical COVID | -19 patients in | China: a multicente | r retrospective |
| study | | | | | | | |
| Manusci | ript numb | er (if known): _ | APM-21-833 | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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, | XNone | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|----|--|--------------------------------|-------------|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fol | lowing box: |

| Date: M | lay 25 th , 2021 | | _ |
|--------------|-----------------------------|---|--------------|
| Your Name: | Xiaoqing Liu | | |
| Manuscript | Title: Secondary infe | ction in severe and critical COVID-19 patients in China: a multicenter re | etrospective |
| <u>study</u> | | | |
| Manuscript | number (if known): _ | APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| | | | |

| 4 | Consulting fees | XNone | |
|----|--|--------------------------------|-------------|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fol | lowing box: |

| Date: | May 25 | 5 th , 2021 | | | | | |
|---------|-------------|------------------------|--------------------|-------------------|-----------------|--------------------|------------------|
| Your Na | ame: | Shiyue Li | | | | | |
| Manuso | ript Title: | Secondary infe | ction in severe ar | nd critical COVID | -19 patients in | China: a multicent | er retrospective |
| study | | | | | | | |
| Manusc | ript num | ber (if known): _ | APM-21-833 | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| | | | |

| 4 | Consulting fees | XNone | |
|----|--|--------------------------------|-------------|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fol | lowing box: |

| Date: | May 2 | 5 th , 2021 | | | | | |
|--------|--------------|------------------------|--------------------|-------------------|-------------------|--------------------|---------------|
| Your N | lame: | Nanshan Zhons | 3 | | | | |
| Manus | script Title | e: Secondary infe | ction in severe an | d critical COVID- | 19 patients in Ch | ina: a multicenter | retrospective |
| study | | | | | | | |
| Manus | cript nun | nber (if known): _ | APM-21-833 | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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, | XNone | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|----|--|--------------------------------|-------------|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fol | lowing box: |

| Date: _ | May 2 | 5 th , 2021 | | | | | | • |
|---------|--------------|------------------------|-------------------|------------------|-------------------|----------------|---------------|------------|
| Your N | lame: | Dan Ye | | | | | | |
| Manus | script Title | e: Secondary infe | ction in severe a | and critical CO\ | /ID-19 patients i | in China: a mu | lticenter ret | rospective |
| study | | | | | | | | |
| Manus | script nun | nber (if known): | APM-21-833 | | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | none (add rows as needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|----|--|--------------------------------|-------------|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above c | onflict of interest in the fol | lowing box: |

| Date: _ | May | 25 th , 2021 | | | | | |
|---------|-----------|-------------------------|---------------------|--------------------|--------------------|--------------------|--------------|
| Your N | lame: | Yuanda Xu | | | | | |
| Manus | cript Tit | le: Secondary infe | ction in severe and | l critical COVID-1 | 9 patients in Chin | a: a multicenter r | etrospective |
| study | | | | | | | |
| Manus | cript nu | mber (if known): | APM-21-833 | | | | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | none (add rows as needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|------|---|----------------------------------|-----------|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| - | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Possint of agriculture | V None | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| Ple | ase summarize the above o | onflict of interest in the follo | wing box: |
| - IE | | | |
| | None. | | |

| Date: _ | May 2 | ^{15th} , 2021 | | |
|---------|--------------|------------------------|---|------------|
| Your N | lame: | Nuofu Zhang | | |
| Manus | script Title | e: Secondary infe | ction in severe and critical COVID-19 patients in China: a multicenter retr | rospective |
| study | | | | |
| Manus | script nun | nber (if known): _ | APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time innit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |

| 4 | Consulting fees | XNone | |
|-----|---|---|--|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| - | testimony | | |
| _ | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| Q | Patents planned, issued or | Y None | |
| 8 | Patents planned, issued or pending | XNone | |
| | F | | |
| 9 | Participation on a Data | X None | |
| 9 | Safety Monitoring Board or | NONC | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | | | |
| 11 | group, paid or unpaid | V. None | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| | | | |
| Ple | ase summarize the above co | onflict of interest in the following box: | |
| | | | |
| | None. | | |

| Date: _ | May 2 | 5 th , 2021 | | |
|---------|--------------|------------------------|---|------------------|
| Your N | lame: | Dingyu Zhang | | |
| Manus | script Title | e: Secondary infe | ction in severe and critical COVID-19 patients in China: a multicente | er retrospective |
| study | | | | |
| Manus | script nun | nber (if known): _ | APM-21-833 | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| | | | |

| 4 | Consulting fees | XNone | |
|-----|---|---|--|
| | | | |
| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| - | testimony | | |
| _ | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| Q | Patents planned, issued or | Y None | |
| 8 | Patents planned, issued or pending | XNone | |
| | F | | |
| 9 | Participation on a Data | X None | |
| 9 | Safety Monitoring Board or | NONC | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, committee or advocacy | | |
| | | | |
| 11 | group, paid or unpaid | V. None | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
| | | | |
| Ple | ase summarize the above co | onflict of interest in the following box: | |
| | | | |
| | None. | | |

| Date: _ | May 25 | 5 th , 2021 | | | | | | _ |
|---------|-------------|------------------------|-------------------|-------------------|-----------------|-------------|--------------|--------------|
| Your N | ame: | Yimin Li | | | | | | |
| Manus | cript Title | : Secondary infe | ction in severe a | nd critical COVID | -19 patients in | China: a mu | lticenter re | etrospective |
| study | | | | | | | | |
| Manus | cript num | ber (if known): _ | APM-21-833 | | | | | |

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| | | | | |
| 9 | Participation on a Data | XNone | | |
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