# Targeted metagenomics reveals association between severity and pathogen co-detection in infants with respiratory syncytial virus 

Gu-Lung Lin ${ }^{1,2, \dagger}$, Simon B Drysdale ${ }^{1,2,3}$, Matthew D Snape ${ }^{1,2}$, Daniel O’Connor ${ }^{1,2}$, Anthony Brown ${ }^{4}$, George MacIntyre-Cockett ${ }^{5}$, Esther Mellado-Gomez ${ }^{5,6}$, Mariateresa de Cesare ${ }^{5,7}$, M Azim Ansari ${ }^{4,5}$, David Bonsall ${ }^{5,8}$, James E Bray ${ }^{9}$, Keith A Jolley ${ }^{9}$, Rory Bowden ${ }^{5,10,11}$, Jeroen Aerssens ${ }^{12}$, Louis Bont ${ }^{13,14}$, Peter J M Openshaw ${ }^{15}$, Federico Martinon-Torres ${ }^{16,17,18}$, Harish Nair ${ }^{19,20}$, Tanya Golubchik ${ }^{8,21,22, \dagger}$, Andrew J Pollard ${ }^{1,2,22}$, RESCEU Consortium ${ }^{*}$<br>${ }^{1}$ Oxford Vaccine Group, Department of Paediatrics, University of Oxford, Oxford, UK<br>${ }^{2}$ NIHR Oxford Biomedical Research Centre, Oxford, UK<br>${ }^{3}$ Centre for Neonatal and Paediatric Infection, Institute for Infection and Immunity, St George's, University of London, London, UK<br>${ }^{4}$ Peter Medawar Building for Pathogen Research, University of Oxford, Oxford, UK<br>${ }^{5}$ Wellcome Centre for Human Genetics, University of Oxford, Oxford, UK<br>${ }^{6}$ Wellcome Sanger Institute, Hinxton, UK<br>${ }^{7}$ Human Technopole, Milan, Italy<br>${ }^{8}$ Big Data Institute, Nuffield Department of Medicine, University of Oxford, Oxford, UK<br>${ }^{9}$ Department of Biology, University of Oxford, Oxford, UK<br>${ }^{10}$ The Walter and Eliza Hall Institute of Medical Research, Parkville, VIC, Australia<br>${ }^{11}$ Department of Medical Biology, University of Melbourne, Melbourne, VIC, Australia<br>${ }^{12}$ Translational Biomarkers, Infectious Diseases Therapeutic Area, Janssen Pharmaceutica NV, Beerse, Belgium<br>${ }^{13}$ Department of Pediatrics, Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, Netherlands<br>${ }^{14}$ ReSViNET Foundation, Zeist, Netherlands<br>${ }^{15}$ National Heart and Lung Institute, Imperial College London, London, UK<br>${ }^{16}$ Translational Pediatrics and Infectious Diseases, Pediatrics Department, Hospital Clínico Universitario de Santiago de Compostela, Santiago de Compostela, Spain<br>${ }^{17}$ Genetics, Vaccines, Infectious Diseases and Pediatrics Research Group (GENVIP), Instituto de Investigación<br>Sanitaria de Santiago, University of Santiago de Compostela, Santiago de Compostela, Spain<br>${ }^{18}$ Centro de Investigación Biomédica en Red de Enfermedades Respiratorias (CIBERES), Instituto de Salud Carlos III, Madrid, Spain<br>${ }^{19}$ Centre for Global Health, Usher Institute, Edinburgh Medical School, University of Edinburgh, Edinburgh, UK<br>${ }^{20}$ MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), School of Public Health,<br>Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa<br>${ }^{21}$ Sydney Infectious Diseases Institute, School of Medical Sciences, Faculty of Medicine and Health, University of Sydney, Sydney, Australia<br>${ }^{22}$ These authors jointly supervised this work: Tanya Golubchik, Andrew J Pollard.<br>*See next page for a full list of members and their affiliations.<br>${ }^{\dagger}$ Corresponding authors: Gu-Lung Lin, Tanya Golubchik<br>E-mails: gulung.lin.oxford@gmail.com; tanya.golubchik@sydney.edu.au

## RESCEU Consortium

Harish Nair, Harry Campbell, Steve Cunningham (University of Edinburgh); Philippe Beutels (Universiteit Antwerpen); Louis Bont, Joanne Wildenbeest, Debby Bogaert (University Medical Centre Utrecht); Andrew J Pollard, Matthew D Snape, Simon B Drysdale, Gu-Lung Lin, Daniel O’Connor, Elizabeth Clutterbuck, Joseph McGinley, Hannah Robinson (University of Oxford); Peter J M Openshaw, Ryan Thwaites, Dexter Wiseman (Imperial College London); Federico Martinon-Torres, Alberto Gómez-Carballa, Carmen Rodriguez-Tenreiro, Irene Rivero-Calle, Ana Dacosta-Urbieta, Sara Pischedda (Servicio Galego de Saude); Terho Heikkinen (University of Turku and Turku University Hospital); Adam Meijer (National Institute for Public Health and the Environment); Thea K Fischer (Statens Serum Institut); Maarten van den Berge (University of Groningen); Carlo Giaquinto (PENTA Foundation); Michael Abram (AstraZeneca); Kena Swanson (Pfizer); Bishoy Rizkalla (GSK); Charlotte Vernhes, Scott Gallichan (Sanofi Pasteur); Jeroen Aerssens, Deniz Öner (Janssen); Veena Kumar (Novavax); Eva Molero (Team-It Research).

|  | Longitudinal birth cohort study $(\mathrm{N}=146)$ | Infant cross-sectional study $(\mathrm{N}=294)$ | $\begin{gathered} \text { Total } \\ (\mathrm{N}=440) \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 2017-18 | 13 | 57 | 70 |
| Spain | 10 | 0 | 10 |
| United Kingdom | 0 | 6 | 6 |
| Netherlands | 3 | 51 | 54 |
| 2018-19 | 41 | 122 | 163 |
| Spain | 10 | 10 | 20 |
| United Kingdom | 12 | 75 | 87 |
| Netherlands | 19 | 37 | 56 |
| 2019-20 | 92 | 115 | 207 |
| Spain | 32 | 15 | 47 |
| United Kingdom | 18 | 58 | 76 |
| Netherlands | 42 | 42 | 84 |
| All periods (2017-20) | 146 | 294 | 440 |
| Spain | 52 | 25 | 77 |
| United Kingdom | 30 | 139 | 169 |
| Netherlands | 64 | 130 | 194 |

Supplementary Table 2 | Characteristics of RSV-infected infants by age ( $\mathbf{N}=\mathbf{4 3 1}$ ). ${ }^{a}$

|  | $\begin{gathered} <3 \mathrm{mo} \\ (\mathrm{~N}=169) \end{gathered}$ | $\begin{gathered} 3 \text { to }<6 \mathrm{mo} \\ (\mathrm{~N}=117) \\ \hline \end{gathered}$ | $\begin{gathered} 6 \text { to }<12 \mathrm{mo} \\ (\mathrm{~N}=145) \\ \hline \end{gathered}$ | P value |
| :---: | :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |  |
| Gestational age |  |  |  |  |
| Median (IQR) - wk | 39.3 (38.0-40.1) | 40.0 (39.0-40.7) | 39.7 (38.7-40.7) | $7.3 \times 10^{-4}$ |
| Distribution |  |  |  | 0.399 |
| $<32 \mathrm{wk}$ | 4/168 (2) | 1/115 (1) | 3/144 (2) |  |
| 32 to <37 wk | 10/168 (6) | 2/115 (2) | 5/144 (3) |  |
| $\geq 37 \mathrm{wk}$ | 154/168 (92) | 112/115 (97) | 136/144 (94) |  |
| Female sex | 66 (39) | 51 (44) | 75 (52) | 0.077 |
| Comorbidity | 18 (11) | 5 (4) | 14 (10) | 0.142 |
| Virological features |  |  |  |  |
| RSV-A ${ }^{\text {b }}$ | 79/165 (48) | 66/114 (58) | 74/143 (52) | 0.442 |
| Peak RSV read count total no. | 166 | 114 | 141 |  |
| Mean $\pm$ SD $-\log _{10}$ | $3.8 \pm 1.1$ | $4.2 \pm 1.0$ | $4.1 \pm 1.0$ | $0.081^{c}$ |
| Clinical features ${ }^{d}$ |  |  |  |  |
| ReSVinet score |  |  |  |  |
| Mean $\pm$ SD | $9.6 \pm 4.9$ | $6.7 \pm 4.5$ | $5.9 \pm 3.3$ | $1.7 \times 10^{-6}$ |
| Distribution |  |  |  | $5.5 \times 10^{-5}$ |
| 0-7 | 63/166 (38) | 74/113 (65) | 102/140 (73) |  |
| 8-13 | 60/166 (36) | 28/113 (25) | 34/140 (24) |  |
| 14-20 | 43/166 (26) | 11/113 (10) | 4/140 (3) |  |
| Fever | 33/166 (20) | 39/113 (35) | 70/140 (50) | $3.6 \times 10^{-8}$ |
| Hospitalisation | 130/167 (78) | 47/104 (45) | 42/132 (32) | $2.5 \times 10^{-9}$ |
| PICU admission | 57/167 (34) | 15/104 (14) | 5/132 (4) | $4.1 \times 10^{-6}$ |
| Respiratory support | 116/157 (74) | 36/92 (39) | 27/122 (22) | $4.4 \times 10^{-10}$ |
| Mechanical ventilation | 53/157 (34) | 10/92 (11) | 3/122 (2) | $1.4 \times 10^{-6}$ |

$\overline{{ }^{a}}$ Two participants without available age information were excluded from this table. Unless otherwise specified, data are shown as number/total number (\%) or number (\%) if there is no missing value. Percentages may not total 100 due to rounding. For demographic features, Kruskal-Wallis tests were used to compare continuous variables between the groups; two-sided chi-square tests with Yates' correction or two-sided Fisher's exact tests were used to compare categorical variables between the groups, whichever is appropriate. For virological and clinical features, likelihood-ratio tests were used to evaluate the effect of age on the goodness of fit of the models. ${ }^{b}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected. Abbreviations: IQR interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

Supplementary Table 3 | Incidences of the two RSV subgroups in each country and season ( $\mathrm{N}=\mathbf{4 3 3 \text { ). }}$

|  | RSV-A <br> $(\mathrm{N}=220)$ | RSV-B <br> $(\mathrm{N}=204)$ | Mixed $^{a}$ <br> $(\mathrm{~N}=9)$ |
| :--- | :---: | :---: | :---: |
| $2017-18$ | 19 | 50 | 1 |
| Spain | 0 | 10 | 0 |
| United Kingdom | 4 | 2 | 0 |
| Netherlands | 15 | 38 | 1 |
| $2018-19$ | 68 | 89 | 4 |
| Spain | 13 | 7 | 0 |
| United Kingdom | 40 | 45 | 2 |
| Netherlands | 15 | 37 | 2 |
| 2019-20 | 133 | 65 | 4 |
| Spain | 29 | 18 | 0 |
| United Kingdom | 45 | 29 | 0 |
| Netherlands | 59 | 18 | 4 |

${ }^{a}$ There was one case of plausible contamination: a nearly complete RSV-A genome and $\sim 9 \%$ of an RSV-B genome were recovered from one of the nine samples. This partial RSV-B genome segment was nearly identical to part of the RSV-B genome recovered from another sample collected in the same season but a different country with a higher viral load $\left(3.1 \times 10^{4}\right.$ vs. $1.6 \times 10^{8}$ copies $\left./ \mathrm{mL}\right)$. These two samples were located adjacent on the sequencing plate.

Supplementary Table $4 \mid$ Characteristics of the RSV-infected infants by RSV subgroup ( $\mathrm{N}=\mathbf{4 2 4 )}$. ${ }^{a}$

| RSV-A | RSV-B |  |  |
| :---: | :---: | :---: | :---: |
| $(N=220)$ | $(N=204)$ | $P$ value | $Q$ value |

## Demographic features

Age
Median (IQR) — mo
Distribution - no./total no. (\%)
$<3 \mathrm{mo}$
3 to $<6 \mathrm{mo}$
6 to $<12 \mathrm{mo}$
$\begin{array}{ll}4.3(1.9-7.3) & 3.8(1.7-7.5) \\ & \\ 79 / 219(36) & 86 / 203(42) \\ 66 / 219(30) & 48 / 203(24) \\ 74 / 219(34) & 69 / 203(34)\end{array}$
Gestational age
Median (IQR) — wk
Distribution - no./total no. (\%)
$\quad<32 \mathrm{wk}$
$\quad 32 \mathrm{to}<37 \mathrm{wk}$
$\quad \geq 37 \mathrm{wk}$
Female sex — no./total no. (\%)
Comorbidity — no./tol no. $\%$ )

| 39.9 | 39.6 | 0.501 |
| :---: | :---: | :---: |
| $(38.5-40.6)$ | $(38.6-40.3)$ | 0.508 |
|  |  |  |
| $3 / 215(1)$ | $5 / 203(2)$ |  |
| $10 / 215(5)$ | $6 / 203(3)$ |  |
| $202 / 215(94)$ | $192 / 203(95)$ |  |
| $95 / 219(43)$ | $93 / 203(46)$ | 0.686 |
| $16 / 220(7)$ | $20 / 203(10)$ | 0.438 |

## Virological features

Peak RSV read count - total no.
Mean $\pm$ SD $-\log _{10}$
214199
$4.1 \pm 0.9 \quad 3.9 \pm 1.1 \quad 0.067^{b}$

## Clinical features ${ }^{c}$

ReSVinet score

| Mean $\pm$ SD | $7.4 \pm 4.2$ | $7.6 \pm 5.0$ | 0.457 | 0.639 |
| :--- | :---: | :---: | :---: | ---: |
| Distribution — no./total no. (\%) |  |  | 0.783 | 0.783 |
| $0-7$ | $127 / 216(59)$ | $110 / 195(56)$ |  |  |
| $8-13$ | $64 / 216(30)$ | $54 / 195(28)$ |  |  |
| $14-20$ | $25 / 216(12)$ | $31 / 195(16)$ |  |  |
| Fever — no./total no. (\%) | $80 / 216(37)$ | $58 / 195(30)$ | 0.061 | 0.214 |
| Hospitalisation — no./total no. (\%) | $115 / 205(56)$ | $97 / 190(51)$ | 0.037 | 0.214 |
| PICU admission — no./total no. (\%) | $31 / 205(15)$ | $42 / 190(22)$ | 0.346 | 0.605 |
| Any respiratory support — no./total no. (\%) | $89 / 186(48)$ | $84 / 178(47)$ | 0.229 | 0.535 |
| Mechanical ventilation — no./total no. (\%) | $27 / 186(15)$ | $36 / 178(20)$ | 0.761 | 0.783 |

${ }^{a}$ Nine participants with both RSV subgroups A and B identified were excluded from this table. Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups; two-sided chi-square tests with Yates' correction or twosided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
${ }^{b}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling. ${ }^{c}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, and peak RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

|  | Presence of any other virus $(\mathrm{N}=111)$ | Absence of any other virus $(\mathrm{N}=307)$ | P value | $Q$ value |
| :---: | :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |  |
| Age |  |  |  |  |
| Median (IQR) - mo | 4.6 (2.4-8.0) | 3.8 (1.7-7.0) | 0.028 |  |
| Distribution - no./total no. (\%) |  |  | 0.160 |  |
| $<3 \mathrm{mo}$ | 35/110 (32) | 129/306 (42) |  |  |
| 3 to $<6 \mathrm{mo}$ | 35/110 (32) | 80/306 (26) |  |  |
| 6 to $<12 \mathrm{mo}$ | 40/110 (36) | 97/306 (32) |  |  |
| Gestational age |  |  |  |  |
| Median (IQR) - wk | $\begin{gathered} 39.7 \\ (38.4-40.6) \end{gathered}$ | $\begin{gathered} 39.6 \\ (38.7-40.4) \end{gathered}$ | 0.956 |  |
| Distribution - no./total no. (\%) |  |  | 0.181 |  |
| $<32 \mathrm{wk}$ | 3/109 (3) | 5/303 (2) |  |  |
| 32 to $<37 \mathrm{wk}$ | 7/109 (6) | 9/303 (3) |  |  |
| $\geq 37 \mathrm{wk}$ | 99/109 (91) | 289/303 (95) |  |  |
| Female sex - no./total no. (\%) | 45/110 (41) | 137/306 (45) | 0.556 |  |
| Comorbidity - no./total no. (\%) | 14/110 (13) | 21/307 (7) | 0.087 |  |
| Virological features |  |  |  |  |
| RSV-A - no./total no. (\%) ${ }^{\text {b }}$ | 56/108 (52) | 152/301 (50) | 0.910 |  |
| Peak RSV read count - total no. | 108 | 299 |  |  |
| Mean $\pm$ SD - $\log _{10}$ | $3.8 \pm 1.1$ | $4.1 \pm 1.0$ | $0.024^{c}$ |  |
| Clinical features ${ }^{\text {d }}$ |  |  |  |  |
| ReSVinet score |  |  |  |  |
| Mean $\pm$ SD | $7.7 \pm 5.1$ | $7.6 \pm 4.5$ | 0.094 | 0.132 |
| Distribution - no./total no. (\%) |  |  | 0.024 | 0.057 |
| 0-7 | 58/109 (53) | 171/296 (58) |  |  |
| 8-13 | 35/109 (32) | 84/296 (28) |  |  |
| 14-20 | 16/109 (15) | 41/296 (14) |  |  |
| Fever - no./total no. (\%) | 36/109 (33) | 101/296 (34) | 0.276 | 0.322 |
| Hospitalisation - no./total no. (\%) | 53/99 (54) | 159/293 (54) | 0.464 | 0.464 |
| PICU admission — no./total no. (\%) | 25/99 (25) | 49/293 (17) | $6.8 \times 10^{-4}$ | 0.005 |
| Any respiratory support - no./total no. (\%) | 46/89 (52) | 128/271 (47) | 0.061 | 0.107 |
| Mechanical ventilation - no./total no. (\%) | 21/89 (24) | 43/271 (16) | 0.003 | 0.010 |

[^0]RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

Supplementary Table $6 \mid$ The presence and absence of co-detected viruses in samples from RSV-infected infants ( $\mathbf{N}=433$ ). ${ }^{a}$

|  | Presence | Absence | Equivocal |
| :--- | :---: | :---: | :---: |
| Any non-RSV virus | $111(26)$ | $307(71)$ | $15(3)$ |
| Enterovirus (any) | $74(17)$ | $349(81)$ | $10(2)$ |
| - Rhinovirus | $68(16)$ | $357(82)$ | $8(2)$ |
| - Enterovirus D | $3(1)$ | $429(99)$ | $1(<1)$ |
| - Enterovirus A | $2(<1)$ | $429(99)$ | $2(<1)$ |
| - Enterovirus B | $1(<1)$ | $431(>99)$ | $1(<1)$ |
| Human coronavirus (any) | $15(3)$ | $416(96)$ | $2(<1)$ |
| - HKU1 | $6(1)$ | $427(99)$ | 0 |
| - OC43 | $6(1)$ | $426(98)$ | $1(<1)$ |
| - NL63 | $2(<1)$ | $430(99)$ | $1(<1)$ |
| $\quad$ 229E | $1(<1)$ | $432(>99)$ | 0 |
| Human adenovirus | $10(2)$ | $422(97)$ | $1(<1)$ |
| Human herpesvirus 6 | $7(2)$ | $426(98)$ | 0 |
| Human bocavirus | $5(1)$ | $428(99)$ | 0 |
| Human parechovirus A | $4(1)$ | $425(98)$ | $4(1)$ |
| Human cytomegalovirus | $2(<1)$ | $429(99)$ | $2(<1)$ |
| Human parainfluenza virus | $2(<1)$ | $429(99)$ | $2(<1)$ |
| Influenza C virus | $1(<1)$ | $432(>99)$ | 0 |

[^1]Supplementary Table 7 | Characteristics of the RSV-infected infants with and without co-detection of enterovirus ( $\mathrm{N}=423$ ). ${ }^{a}$

|  | Presence of enterovirus ( $\mathrm{N}=74$ ) | Absence of enterovirus $(\mathrm{N}=349)$ | $P$ value |
| :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |
| Age |  |  |  |
| Median (IQR) - mo | 4.1 (2.0-6.7) | 4.1 (1.8-7.5) | 0.622 |
| Distribution - no./total no. (\%) |  |  | 0.353 |
| $<3 \mathrm{mo}$ | 27/73 (37) | 138/348 (40) |  |
| 3 to $<6$ mo | 25/73 (34) | 91/348 (26) |  |
| 6 to $<12 \mathrm{mo}$ | 21/73 (29) | 119/348 (34) |  |
| Gestational age |  |  |  |
| Median (IQR) - wk | 39.6 (38.0-40.3) | 39.6 (38.7-40.4) | 0.415 |
| Distribution |  |  | 0.143 |
| $<32 \mathrm{wk}$ | 3/72 (4) | 5/345 (1) |  |
| 32 to <37 wk | 4/72 (6) | 12/345 (3) |  |
| $\geq 37 \mathrm{wk}$ | 65/72 (90) | 328/345 (95) |  |
| Female sex - no./total no. (\%) | 27/73 (37) | 158/348 (45) | 0.235 |
| Comorbidity - no./total no. (\%) | 8/73 (11) | 28/349 (8) | 0.558 |
| Virological features |  |  |  |
| RSV-A - no./total no. (\%) ${ }^{\text {b }}$ | 41/73 (56) | 172/341 (50) | 0.822 |
| Peak RSV read count - total no. | 71 | 341 |  |
| Mean $\pm$ SD - $\log _{10}$ | $3.8 \pm 1.0$ | $4.1 \pm 1.0$ | $0.057^{\text {c }}$ |
| Clinical features ${ }^{d}$ |  |  |  |
| ReSVinet score |  |  |  |
| Mean $\pm$ SD | $7.6 \pm 5.1$ | $7.6 \pm 4.6$ | 0.082 |
| Distribution - no./total no. (\%) |  |  | 0.072 |
| 0-7 | 39/72 (54) | 195/338 (58) |  |
| 8-13 | 23/72 (32) | 95/338 (28) |  |
| 14-20 | 10/72 (14) | 48/338 (14) |  |
| Fever - no./total no. (\%) | 23/72 (32) | 116/338 (34) | 0.722 |
| Hospitalisation - no./total no. (\%) | 35/64 (55) | 179/334 (54) | 0.258 |
| PICU admission - no./total no. (\%) | 14/64 (22) | 59/334 (18) | 0.106 |
| Any respiratory support - no./total no. (\%) | 30/59 (51) | 145/307 (47) | 0.301 |
| Mechanical ventilation - no./total no. (\%) | 12/59 (20) | 52/307 (17) | 0.408 |

${ }^{\bar{a}}$ Ten infants with an equivocal presence of any enterovirus were removed from this table. Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups, and two-sided chi-square tests with Yates' correction or twosided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
${ }^{b}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak

RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

## Supplementary Table 8 | Characteristics of the RSV-infected infants with and without co-detection of

 seasonal coronaviruses $(\mathbf{N}=431) .{ }^{a}$|  | Presence of coronavirus $(\mathrm{N}=15)$ | Absence of coronavirus $(\mathrm{N}=416)$ | P value |
| :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |
| Age |  |  |  |
| Median (IQR) - mo | 8.2 (4.2-10.0) | 4.0 (1.8-7.3) | 0.008 |
| Distribution - no./total no. (\%) |  |  | 0.101 |
| $<3 \mathrm{mo}$ | 3/15 (20) | 165/414 (40) |  |
| 3 to $<6 \mathrm{mo}$ | 3/15 (20) | 114/414 (28) |  |
| 6 to $<12 \mathrm{mo}$ | 9/15 (60) | 135/414 (33) |  |
| Gestational age |  |  |  |
| Median (IQR) - wk | 40.1 (39.7-40.9) | 39.6 (38.4-40.4) | 0.076 |
| Distribution |  |  | 0.604 |
| $<32 \mathrm{wk}$ | 0/15 (0) | 8/410 (2) |  |
| 32 to <37 wk | 1/15 (7) | 16/410 (4) |  |
| $\geq 37 \mathrm{wk}$ | 14/15 (93) | 386/410 (94) |  |
| Female sex - no./total no. (\%) | 8/15 (53) | 183/414 (44) | 0.664 |
| Comorbidity — no./total no. (\%) | 2/15 (13) | 35/415 (8) | 0.376 |
| Virological features |  |  |  |
| RSV-A — no./total no. (\%) ${ }^{\text {b }}$ | 7/15 (47) | 211/407 (52) | 0.881 |
| Peak RSV read count - total no. | 15 | 405 |  |
| Mean $\pm$ SD- $\log _{10}$ | $4.4 \pm 0.6$ | $4.0 \pm 1.1$ | $0.228^{c}$ |
| Clinical features ${ }^{\text {d }}$ |  |  |  |
| ReSVinet score |  |  |  |
| Mean $\pm$ SD | $7.1 \pm 4.2$ | $7.6 \pm 4.6$ | 0.419 |
| Distribution - no./total no. (\%) |  |  | 0.318 |
| 0-7 | 10/15 (67) | 228/403 (57) |  |
| 8-13 | 4/15 (27) | 118/403 (29) |  |
| 14-20 | 1/15 (7) | 57/403 (14) |  |
| Fever - no./total no. (\%) | 8/15 (53) | 134/403 (33) | 0.973 |
| Hospitalisation - no./total no. (\%) | 5/13 (38) | 213/389 (55) | 0.322 |
| PICU admission — no./total no. (\%) | 3/13 (23) | 74/389 (19) | $0.0499^{\text {e }}$ |
| Any respiratory support - no./total no. (\%) | 4/12 (33) | 175/358 (49) | 0.287 |
| Mechanical ventilation - no./total no. (\%) | 2/12 (17) | 64/358 (18) | 0.232 |

${ }^{a}$ Two infants with an equivocal presence of any coronavirus were removed from this table. Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups, and two-sided chi-square tests with Yates' correction or two-sided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
${ }^{b}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling. ${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak

RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
${ }^{e}$ After adjusting for multiple comparisons, the Q value is 0.349 .
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

Supplementary Table 9 | Characteristics of the RSV-infected infants with and without co-detection of human adenovirus ( $\mathbf{N}=\mathbf{4 3 2}$ ). ${ }^{a}$

|  | Presence of human adenovirus $(\mathrm{N}=10)$ | Absence of human adenovirus $(\mathrm{N}=422)$ | P value |
| :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |
| Age |  |  |  |
| Median (IQR) - mo | 4.5 (4.1-8.5) | 4.1 (1.8-7.4) | 0.365 |
| Distribution - no./total no. (\%) |  |  | 0.403 |
| $<3 \mathrm{mo}$ | 2/10 (20) | 167/420 (40) |  |
| 3 to $<6$ mo | 4/10 (40) | 113/420 (27) |  |
| 6 to $<12 \mathrm{mo}$ | 4/10 (40) | 140/420 (33) |  |
| Gestational age |  |  |  |
| Median (IQR) - wk | 39.4 (38.3-40.3) | 39.6 (38.6-40.4) | 0.772 |
| Distribution |  |  | 0.457 |
| $<32 \mathrm{wk}$ | 0/10 (0) | 8/416 (2) |  |
| 32 to <37 wk | 1/10 (10) | 16/416 (4) |  |
| $\geq 37 \mathrm{wk}$ | 9/10 (90) | 392/416 (94) |  |
| Female sex - no./total no. (\%) | 5/10 (50) | 186/420 (44) | 0.756 |
| Comorbidity - no./total no. (\%) | 1/10 (10) | 36/421 (9) | 0.597 |
| Virological features |  |  |  |
| RSV-A - no./total no. (\%) ${ }^{\text {b }}$ | 6/10 (60) | 213/413 (52) | 0.489 |
| Peak RSV read count - total no. | 10 | 411 |  |
| Mean $\pm$ SD $-\log _{10}$ | $3.4 \pm 1.5$ | $4.0 \pm 1.0$ | $0.136^{c}$ |
| Clinical features ${ }^{d}$ |  |  |  |
| ReSVinet score |  |  |  |
| Mean $\pm$ SD | $5.9 \pm 4.9$ | $7.6 \pm 4.6$ | $0.044^{e}$ |
| Distribution - no./total no. (\%) |  |  | 0.561 |
| 0-7 | 6/10 (60) | 233/409 (57) |  |
| 8-13 | 3/10 (30) | 119/409 (29) |  |
| 14-20 | 1/10 (10) | 57/409 (14) |  |
| Fever - no./total no. (\%) | 4/10 (40) | 137/409 (34) | 0.959 |
| Hospitalisation - no./total no. (\%) | 4/10 (40) | 215/393 (55) | $0.049^{\text {e }}$ |
| PICU admission - no./total no. (\%) | 1/10 (10) | 76/393 (19) | 0.635 |
| Any respiratory support - no./total no. (\%) | 4/7 (57) | 175/364 (48) | 0.933 |
| Mechanical ventilation - no./total no. (\%) | 1/7 (14) | 65/364 (18) | 0.577 |

${ }^{\bar{a}}$ One infant with an equivocal presence of human adenovirus were removed from this table. For demographic features, two-tailed Mann-Whitney $U$ tests were used to compare continuous variables between the two groups, and two-sided Fisher's exact tests were used to compare categorical variables between the two groups.
${ }^{b}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak RSV read count along with the duration between symptom onset and sampling. Models with different
combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
${ }^{e}$ After adjusting for multiple comparisons, the Q value is 0.173 .
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

Supplementary Table 10 | Characteristics of the RSV-infected infants with and without co-detection of human herpesvirus 6 (HHV-6) ( $\mathrm{N}=\mathbf{4 3 3}$ ). ${ }^{\text {a }}$

|  | Presence of HHV-6 $(\mathrm{N}=7)$ | Absence of HHV-6 $(\mathrm{N}=426)$ | P value |
| :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |
| Age |  |  |  |
| Median (IQR) - mo | 1.6 (1.2-4.5) | 4.1 (1.9-7.5) | 0.137 |
| Distribution - no./total no. (\%) |  |  | 0.159 |
| $<3 \mathrm{mo}$ | 5/7 (71) | 164/424 (39) |  |
| 3 to $<6$ mo | 0/7 (0) | 117/424 (28) |  |
| 6 to $<12 \mathrm{mo}$ | 2/7 (29) | 143/424 (34) |  |
| Gestational age |  |  |  |
| Median (IQR) - wk | 39.3 (38.3-40.2) | 39.6 (38.6-40.4) | 0.538 |
| Distribution |  |  | 0.347 |
| $<32 \mathrm{wk}$ | 0/7 (0) | 8/420 (2) |  |
| 32 to <37 wk | 1/7 (14) | 16/420 (4) |  |
| $\geq 37 \mathrm{wk}$ | 6/7 (86) | 396/420 (94) |  |
| Female sex - no./total no. (\%) | 3/7 (43) | 189/424 (45) | 1.000 |
| Comorbidity - no./total no. (\%) | 1/7 (14) | 36/425 (8) | 0.468 |
| Virological features |  |  |  |
| RSV-A - no./total no. (\%) ${ }^{\text {b }}$ | 1/7 (14) | 219/417 (53) | 0.237 |
| Peak RSV read count - total no. | 7 | 415 |  |
| Mean $\pm$ SD - $\log _{10}$ | $3.7 \pm 1.5$ | $4.0 \pm 1.0$ | $0.540^{c}$ |

## Clinical features ${ }^{d}$

ReSVinet score

| Mean $\pm$ SD | $9.6 \pm 4.4$ | $7.5 \pm 4.6$ | 0.906 |
| :--- | :---: | :---: | :---: |
| Distribution - no./total no. (\%) |  |  | 0.977 |
| $0-7$ | $1 / 7(14)$ | $239 / 413(58)$ |  |
| $8-13$ | $5 / 7(71)$ | $117 / 413(28)$ |  |
| $14-20$ | $1 / 7(14)$ | $57 / 413(14)$ |  |
| Fever - no./total no. (\%) | $0 / 7(0)$ | $142 / 413(34)$ | 0.985 |
| Hospitalisation - no./total no. (\%) | $6 / 7(86)$ | $213 / 397(54)$ | 0.882 |
| PICU admission - no./total no. (\%) | $5 / 7(71)$ | $72 / 397(18)$ | $0.02 e^{e}$ |
| Any respiratory support - no.total no. (\%) | $6 / 6(100)$ | $173 / 366(47)$ | 0.987 |
| Mechanical ventilation - no./total no. (\%) | $3 / 6(50)$ | $63 / 366(17)$ | 0.311 |

[^2]${ }^{e}$ After adjusting for multiple comparisons, the Q value is 0.147 .
Abbreviations: HHV-6 human herpesvirus 6, IQR interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

Supplementary Table 11 | Phylogenetic signals between the RSV phylogenies and commonly co-detected pathogens. ${ }^{a}$
A. RSV-A ( $\mathbf{N}=\mathbf{2 0 7}$ )

|  | RV | HCoV | HAdV | HHV-6 |
| :--- | :---: | :---: | :---: | :---: |
| Presence (n) | 36 | 7 | 5 | 1 |
| $D$ value | 0.939 | 1.057 | 1.296 | - |
| Probability of random distribution of <br> the virus | 0.285 | 0.608 | 0.772 | - |
| Probability of distribution of the <br> virus under Brownian motion | 0 | 0 | 0.001 | - |


|  | M. catarrhalis | S. pneumoniae | H. influenzae | S. aureus |
| :--- | :---: | :---: | :---: | :---: |
| Presence (n) | 146 | 118 | 91 | 19 |
| value | 0.989 | 0.989 | 0.990 | 0.937 |
| Probability of random distribution of <br> the bacterium | 0.433 | 0.430 | 0.441 | 0.342 |
| Probability of distribution of the <br> bacterium under Brownian motion | 0 | 0 | 0 | 0 |

B. RSV-B ( $\mathrm{N}=177$ )

|  | RV | HCoV | HAdV | HHV-6 |
| :--- | :---: | :---: | :---: | :---: |
| Presence (n) | 23 | 8 | 2 | 4 |
| $D$ value | 0.931 | 0.707 | - | 0.959 |
| Probability of random distribution of <br> the virus | 0.357 | 0.198 | - | 0.517 |
| Probability of distribution of the <br> virus under Brownian motion | 0 | 0.045 | - | 0.039 |
|  | M. catarrhalis | S. pneumoniae | H. influenzae | S. aureus |
| Presence (n)$D$ value | 1.007 | 0.774 | 00 | 15 |
| Probability of random distribution of <br> the bacterium | 0.515 | 0.022 | 0.240 | 0.762 |
| Probability of distribution of the <br> bacterium under Brownian motion | 0 | 0 | 0 | 0.002 |

${ }^{\bar{a}}$ Only samples with at least $70 \%$ of the RSV coding sequences recovered were included in this analysis. For infants with multiple samples collected, only the sample with the highest coverage was included. Viruses that were co-detected with no more than three RSV strains on the phylogeny were not tested for phylogenetic signal. Abbreviations: HAdV human adenovirus, HCoV human coronavirus, HHV-6 human herpesvirus 6, H. influenzae Haemophilus influenzae, M. catarrhalis Moraxella catarrhalis, RSV respiratory syncytial virus, $R V$ human rhinovirus, S. aureus Staphylococcus aureus, S. pneumoniae Streptococcus pneumoniae.

Supplementary Table 12 | The presence and absence of each identified bacterial genus in the RSVinfected infants ( $\mathrm{N}=433$ ). ${ }^{a}$

|  | Presence | Absence | Equivocal |
| :---: | :---: | :---: | :---: |
| Moraxella | 327 (76) | 99 (23) | 7 (2) |
| - M. catarrhalis | 286 (66) | 139 (32) | 8 (2) |
| Streptococcus | 296 (68) | 77 (18) | 60 (14) |
| - S. pneumoniae | 222 (51) | 188 (43) | 23 (5) |
| Haemophilus | 194 (45) | 225 (52) | 14 (3) |
| - H. influenzae | 164 (38) | 262 (61) | 7 (2) |
| Neisseria | 50 (12) | 362 (84) | 21 (5) |
| - N. meningitidis | $2(<1)$ | 431 (>99) | 0 |
| Staphylococcus | 49 (11) | 373 (86) | 11 (3) |
| - S. aureus | 38 (9) | 389 (90) | 6 (1) |
| Burkholderia | 37 (9) | 362 (84) | 34 (8) |
| Dolosigranulum ${ }^{\text {b }}$ | 34 (8) | 382 (88) | 17 (4) |
| Gemella ${ }^{\text {b }}$ | 19 (4) | 400 (92) | 14 (3) |
| Enterococcus ${ }^{\text {b }}$ | 16 (4) | 406 (94) | 11 (3) |
| Granulicatella ${ }^{\text {b }}$ | 8 (2) | 417 (96) | 8 (2) |
| Rothia ${ }^{\text {b }}$ | 7 (2) | 422 (97) | 4 (1) |
| Enterobacter | 5 (1) | 427 (99) | $1(<1)$ |
| Escherichia | 5 (1) | 427 (99) | $1(<1)$ |
| Corynebacterium ${ }^{\text {b }}$ | 5 (1) | 419 (97) | 9 (2) |
| Pasteurella ${ }^{\text {b }}$ | 3 (1) | 425 (98) | 5 (1) |
| Veillonella ${ }^{\text {b }}$ | 3 (1) | 423 (98) | 7 (2) |
| Klebsiella | $2(<1)$ | 430 (99) | $1(<1)$ |
| Aggregatibacter ${ }^{\text {b }}$ | $2(<1)$ | 429 (99) | $2(<1)$ |
| Citrobacter ${ }^{\text {b }}$ | $1(<1)$ | 432 (>99) | 0 |
| Xanthomonas ${ }^{\text {b }}$ | $1(<1)$ | 432 (>99) | 0 |
| Lactococcus ${ }^{\text {b }}$ | $1(<1)$ | 431 (>99) | $1(<1)$ |
| Acinetobacter | $1(<1)$ | 430 (99) | $2(<1)$ |
| Actinomyces ${ }^{\text {b }}$ | $1(<1)$ | 429 (99) | 3 (1) |
| Stenotrophomonas | $1(<1)$ | 429 (99) | 3 (1) |
| Pseudomonas | $1(<1)$ | 422 (97) | 10 (2) |

${ }^{a}$ Data are shown as number (percentage). Percentages may not total 100 due to rounding.
${ }^{b}$ These genera were not included in the Castanet enrichment panel, so their read numbers were expected to be lower as these were detected by unenriched metagenomics only. With Castanet, as with all capture-based protocols, targeted sequences are selectively amplified by 100-1000x during library preparation, but untargeted sequences remain at a lower level (commonly referred to as "metagenomic background" in this context), and are subsequently sequenced alongside the targeted ones. We used the PubMLST multi-species isolate database to identify matching bacteria, thus allowing us to classify contig sequences (assembled from the sequencing reads) to a certain taxonomic level, even though the genera and species were not part of the Castanet panel.

|  | Breastfed ${ }^{b}$ $(\mathrm{N}=27)$ | Not breastfed $(\mathrm{N}=24)$ | Unadj. $P$ value | Adj. $P$ value |
| :---: | :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |  |
| Age |  |  |  |  |
| Median (IQR) - mo | 5.6 (3.3-8.9) | 8.1 (3.7-10.4) | 0.282 |  |
| Distribution - no. (\%) |  |  | 0.805 |  |
| $<3 \mathrm{mo}$ | 6 (22) | 4 (17) |  |  |
| 3 to <6 mo | 8 (30) | 6 (25) |  |  |
| 6 to $<12$ mo | 13 (48) | 14 (58) |  |  |
| Gestational age |  |  |  |  |
| Median (interquartile range) - wk | 39.7 (38.9-41.2) | 39.4 (38.7-40.3) | 0.230 |  |
| Female sex - no. (\%) | 12 (44) | 13 (54) | 0.680 |  |
| Virological features |  |  |  |  |
| RSV-A - no. (\%) | 7 (26) | 10 (42) | $0.538^{c}$ |  |
| Peak RSV read count - total no. | 26 | 23 |  |  |
| Mean $\pm$ SD - $\log _{10}$ | $3.8 \pm 1.3$ | $4.1 \pm 1.1$ | $0.152^{d}$ |  |
| Clinical features ${ }^{\text {e }}$ |  |  |  |  |
| ReSVinet score |  |  |  |  |
| Mean $\pm$ SD | $4.5 \pm 2.1$ | $5.9 \pm 2.9$ | 0.078 | 0.103 |
| Distribution - no./total no. (\%) |  |  | 0.285 | 0.239 |
| 0-7 | 24/26 (92) | 18/23 (78) |  |  |
| 8-13 | 2/26 (8) | 4/23 (17) |  |  |
| 14-20 | 0/26 (0) | 1/23 (4) |  |  |
| Fever - no./total no. (\%) | 10/26 (38) | 14/23 (61) | 0.201 | 0.241 |
| Hospitalisation - no./total no. (\%) | 1/24 (4) | 1/18 (6) | 1.000 | 0.999 |
| PICU admission - no./total no. (\%) | 0/24 (0) | 1/18 (6) | 0.429 | 1.000 |
| Any respiratory support - no./total no. (\%) | 0/24 (0) | 1/18 (6) | 0.429 | 1.000 |
| Mechanical ventilation - no./total no. (\%) | $0 / 20$ (0) | 0/18 (0) | NA | NA |

${ }^{a}$ All 51 infants were born $\geq 37$ weeks' gestation and had no comorbidity. Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups; two-sided chi-square tests with Yates' correction or two-sided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
${ }^{b}$ Breastfed was defined as either exclusively breastfed or in combination with formula milk.
${ }^{c}$ Two-sided multivariable logistic regression was used to adjust for sampling season.
${ }^{d}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
${ }^{e}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to determine the unadjusted and adjusted P values, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, sampling season and country, RSV subgroup, peak RSV read count, and the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
Abbreviations: $A d j$. adjusted, $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation, Unadj. unadjusted.

Supplementary Table $14 \mid$ Frequency of known ribosomal sequence types of the co-detected bacteria and the most likely corresponding sequence type and serotype combination.

| Frequency | Ribosomal sequence type | Sequence type ${ }^{a}$ | Clonal complex ${ }^{a}$ | Serotype ${ }^{\text {b }}$ | $\%^{c}$ | Total \# of isolates in PubMLST ${ }^{d}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Streptococcus pneumoniae |  |  |  |  |  |  |
| 1 | 614 | 138 | - | 6B | 75 | 73 |
| 2 | 644 | 62 | - | 11 A | 59 | 145 |
| 2 | 12187 | 2062 | - | 19A | 84 | 90 |
| 1 | 12227 | 66 | - | 9N | 73 | 60 |
| 1 | 12688 | 30 | - | Inconclusive | 80 | 10 |
| 1 | 13052 | 1925 | - | 19A | 100 | 4 |
| 1 | 13435 | 439 | - | 23B | 56 | 155 |
| 2 | 13906 | 1262 | - | 15BC | 62 | 166 |
| 1 | 21764 | 392 | - | 17F | 56 | 9 |
| 1 | 22747 | 1349 | - | Genetic variant | 42 | 12 |
| 1 | 22892 | 4149 | - | Inconclusive | 81 | 16 |
| 1 | 102491 | 2105 | - | 15A | 38 | 8 |
| 2 | 104663 | 3811 | - | 15A | 100 | 12 |
| 1 | 151444 | 452 | - | Inconclusive | 100 | 8 |
| 1 | 151477 | 2669 | - | Inconclusive | 88 | 8 |
| 1 | 151481 | 179 | - | Inconclusive | 100 | 3 |
| Haemophilus influenzae |  |  |  |  |  |  |
| 1 | 24137 | 1877 | ST-584 | NT | 31 | 16 |
| 2 | 24162 | 12 | ST-12 | NT | 66 | 44 |
| 1 | 24179 | 422 | ST-422 | NT | 58 | 31 |
| 1 | 24185 | 165 | ST-165 | NT | 76 | 25 |
| 1 | 24208 | 57 | ST-57 | NT | 78 | 18 |
| 2 | 49634 | 105 | ST-105 | NT | 100 | 1 |
| 1 | 66853 | 368 | ST-1836 | NT | 88 | 8 |
| 1 | 66856 | 159 | ST-107 | NT | 89 | 18 |
| 1 | 66889 | 145 | ST-11 | NT | 88 | 16 |
| 1 | 72352 | 266 | ST-266 | NT | 70 | 10 |
| 2 | 89110 | 160 | ST-487 | NT | 84 | 19 |
| 1 | 89135 | 567 | ST-746 | NT | 75 | 4 |
| 1 | 89141 | 1218 | ST-107 | NT | 93 | 14 |
| 1 | 91528 | 932 | - | NT | 100 | 1 |
| 1 | 98191 | 836 | ST-836 | NT | 70 | 10 |
| 1 | 125128 | 2092/2597 | ST-1025 | ND/NT | 50 | 2 |
| 1 | 125166 | 597 | ST-584 | NT | 75 | 4 |
| 1 | 125211 | 3 | ST-3 | NT | 100 | 2 |
| 1 | 126121 | 1238 | ST-931 | NT | 100 | 1 |
| 1 | 126127 | - | - | - | - | - |
| 1 | 132982 | 472 | ST-472 | NT | 60 | 5 |
| 2 | 133371 | - | - | - | - | - |
| Escherichia coli |  |  |  |  |  |  |
| 1 | 1674 | 1193/53 | ST-14 | - | 60 | 5 |
| 1 | 2135 | 69/3 | ST-69 | UPEC | 54 | 94 |
| 1 | 93310 | - | - | - | - | - |


| Frequency | Ribosomal sequence type | Sequence type ${ }^{a}$ | Clonal complex ${ }^{a}$ | Serotype ${ }^{\text {b }}$ | $\%^{c}$ | Total \# of isolates in PubMLST ${ }^{d}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Neisseria meningitidis |  |  |  |  |  |  |
| 1 | 2327 | 11 | ST-11 | W | 87 | 2279 |
| Moraxella catarrhalis |  |  |  |  |  |  |
| 1 | 49012 | - | - | - | - | - |
| 1 | 89989 | - | - | - | - | - |
| 1 | 92879 | - | - | - | - | - |
| 1 | 92972 | - | - | - | - | - |
| 2 | 105842 | - | - | - | - | - |
| 1 | 131792 | - | - | - | - | - |
| 1 | 131807 | - | - | - | - | - |

${ }^{\bar{a}}$ Sequence type and clonal complex are based on the multi-locus sequence typing (MLST) scheme. For E. coli, sequence type based on the Achtman MLST scheme is shown first, followed by sequence type based on the Pasteur MLST scheme.
${ }^{b}$ For E. coli, phenotype is shown in the serotype column. For $N$. meningitidis, capsule group is shown in the serotype column.
${ }^{c}$ Percentage of this most frequent combination of the ribosomal sequence type, sequence type, clonal complex, and serotype.
${ }^{d}$ Total number of isolates with this specified ribosomal sequence type found in PubMLST (https://pubmlst.org) organisms) as of 1st December 2022.
Abbreviations: $N D$ not determined; $N T$ nontypeable, $U P E C$ uropathogenic E. coli.

|  | Presence of any Haemophilus sp. $(\mathrm{N}=194)$ | Absence of any Haemophilus sp. $(\mathrm{N}=225)$ | P value | Q value | Cohen's $\mathrm{f}^{\text {b }}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |  |  |
| Age |  |  |  |  |  |
| Median (IQR) - mo | 5.2 (2.0-8.7) | 3.5 (1.7-5.9) | $1.6 \times 10^{-4}$ |  |  |
| Distribution |  |  | $4.2 \times 10^{-6}$ |  |  |
| $<3$ mo | 70/194 (36) | 93/223 (42) |  |  |  |
| 3 to $<6$ mo | 37/194 (19) | 78/223 (35) |  |  |  |
| 6 to $<12 \mathrm{mo}$ | 87/194 (45) | 52/223 (23) |  |  |  |
| Gestational age |  |  |  |  |  |
| Median (IQR) - wk | 39.6 (38.3-40.3) | 39.7 (38.7-40.7) | 0.107 |  |  |
| Distribution |  |  | 0.368 |  |  |
| $<32 \mathrm{wk}$ | 5/192 (3) | 2/221 (1) |  |  |  |
| 32 to <37 wk | 9/192 (5) | 8/221 (4) |  |  |  |
| $\geq 37 \mathrm{wk}$ | 178/192 (93) | 211/221 (95) |  |  |  |
| Female sex | 84/194 (43) | 101/223 (45) | 0.757 |  |  |
| Comorbidity | 20/194 (10) | 16/224 (7) | 0.329 |  |  |
| Virological features |  |  |  |  |  |
| RSV-A ${ }^{\text {c }}$ | 109/192 (57) | 103/218 (47) | 0.009 |  |  |
| Peak RSV read count | $\mathrm{n}=192$ | $\mathrm{n}=216$ |  |  |  |
| Mean $\pm$ SD - $\log _{10}$ | $4.0 \pm 0.9$ | $4.1 \pm 1.1$ | $0.745^{d}$ |  |  |
| Clinical features ${ }^{\text {e }}$ |  |  |  |  |  |
| ReSVinet score |  |  |  |  |  |
| Mean $\pm$ SD | $8.5 \pm 4.5$ | $6.8 \pm 4.6$ | $4.4 \times 10^{-6}$ | $3.1 \times 10^{-5}$ | 0.055 |
| Distribution |  |  | $7.8 \times 10^{-4}$ | $1.8 \times 10^{-3}$ | 0.020 |
| 0-7 | 92/191 (48) | 140/215 (65) |  |  |  |
| 8-13 | 68/191 (36) | 49/215 (23) |  |  |  |
| 14-20 | 31/191 (16) | 26/215 (12) |  |  |  |
| Fever | 85/191 (44) | 54/215 (25) | 0.020 | 0.023 | 0.013 |
| Hospitalisation | 112/178 (63) | 99/213 (46) | $1.9 \times 10^{-4}$ | $6.5 \times 10^{-4}$ | 0.066 |
| PICU admission | 43/178 (24) | 33/213 (15) | 0.118 | 0.118 | 0.010 |
| Any respiratory support | 90/164 (55) | 83/196 (42) | 0.019 | 0.023 | 0.025 |
| Mechanical ventilation | 40/164 (24) | 25/196 (13) | 0.019 | 0.023 | 0.031 |

${ }^{\bar{a}}$ Fourteen patients with an equivocal presence of any Haemophilus sp. were excluded from the table. Haemophilus spp. included H. influenzae (80\%), H. haemolyticus (10\%), H. parainfluenzae (7\%), H. parahaemolyticus ( $1 \%$ ) and unclassified species (1\%). Unless otherwise specified, data are shown as number/total number (\%). Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups, and two-sided chisquare tests with Yates' correction or two-sided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
${ }^{b}$ Cohen's $\mathrm{f}^{2}$ was used to evaluate the effect size of the presence of any Haemophilus sp. on different clinical features. A value between 0.02 and $<0.15$ represents a small effect size.
${ }^{c}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
${ }^{d}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling. ${ }^{e}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

## Supplementary Table 16 | Documented clinical isolates from either bronchial wash or a nasopharyngeal swab ( $\mathbf{N}=\mathbf{2 7}$ ). ${ }^{a}$

| Clinical bacterial isolates | Frequency | Recovery rate by targeted metagenomics |
| :--- | :---: | :---: |
| Staphylococcus aureus | 17 | $65 \%$ |
| Haemophilus influenzae | 9 | $100 \%$ |
| Moraxella or M. catarrhalis | 9 | $67 \%$ |
| Streptococcus pneumoniae | 6 | $83 \%$ |
| Klebsiella pneumoniae | 2 | $0 \%$ |
| Escherichia coli | 1 | $0 \%$ |
| Streptococcus pyogenes | 1 | $0 \%$ |
| Streptococcus agalactiae | 1 | $100 \%$ |
| Enterobacter cloacae complex | 1 | $100 \%$ |

${ }^{a}$ Among the 433 infants, 30 had documented bacterial isolates clinically, including four from blood samples, 27 from bronchial wash samples, one from a nasopharyngeal swab, and one without available information about the sample type (two infants had bacteria isolated from both blood and bronchial wash, and one infant had bacteria isolated from both bronchial wash and the nasopharyngeal swab). All infants with documented bacterial isolates received antibiotics. Information on the timing of sampling of these clinical samples was not available. species who received or did not receive antibiotics during the infection ( $\mathrm{N}=163$ ). ${ }^{a}$

|  | Received antibiotics $(\mathrm{N}=53)$ | Not received antibiotics ( $\mathrm{N}=110$ ) | P value | Q value |
| :---: | :---: | :---: | :---: | :---: |
| Demographic features |  |  |  |  |
| Age |  |  |  |  |
| Median (IQR) - mo | 2.1 (1.0-6.2) | 6.0 (2.8-8.9) | $8.4 \times 10^{-5}$ |  |
| Distribution - no. (\%) |  |  | 0.002 |  |
| $<3 \mathrm{mo}$ | 31 (58) | 33 (30) |  |  |
| 3 to $<6 \mathrm{mo}$ | 8 (15) | 22 (20) |  |  |
| 6 to $<12 \mathrm{mo}$ | 14 (26) | 55 (50) |  |  |
| Gestational age |  |  |  |  |
| Median (IQR) - wk | $\begin{gathered} 38.7 \\ (37.1-39.6) \end{gathered}$ | $\begin{gathered} 39.9 \\ (38.8-40.4) \end{gathered}$ | $8.4 \times 10^{-5}$ |  |
| Distribution — no./total no. (\%) |  |  | 0.022 |  |
| $<32 \mathrm{wk}$ | 3/53 (6) | 2/108 (2) |  |  |
| 32 to $<37 \mathrm{wk}$ | 6/53 (11) | 3/108 (3) |  |  |
| $\geq 37 \mathrm{wk}$ | 44/53 (83) | 103/108 (95) |  |  |
| Female sex - no. (\%) | 19 (36) | 48 (44) | 0.437 |  |
| Comorbidity - no. (\%) | 12 (23) | 8 (7) | 0.011 |  |
| Virological features |  |  |  |  |
| RSV-A - no./total no. (\%) ${ }^{\text {b }}$ | 23/52 (44) | 65/109 (60) | 0.555 |  |
| Peak RSV read count |  |  |  |  |
| Mean $\pm$ SD- $\log _{10}$ | $4.0 \pm 0.8$ | $4.0 \pm 1.0$ | $0.532^{c}$ |  |
| Clinical features ${ }^{\text {d }}$ |  |  |  |  |
| ReSVinet score |  |  |  |  |
| $\text { Mean } \pm \mathrm{SD}$ | $13.1 \pm 3.9$ | $7.1 \pm 3.5$ | $2.0 \times 10^{-11}$ | $1.4 \times 10^{-10}$ |
| Distribution - no./total no. (\%) |  |  | $1.2 \times 10^{-5}$ | $2.8 \times 10^{-5}$ |
| 0-7 | 6/53 (11) | 61/109 (56) |  |  |
| 8-13 | 22/53 (42) | 42/109 (39) |  |  |
| 14-20 | 25/53 (47) | 6/109 (6) |  |  |
| Fever - no./total no. (\%) | 20/53 (38) | 52/109 (48) | 0.559 | 0.559 |
| Hospitalisation - no. (\%) | 49 (92) | 63 (57) | 0.002 | 0.003 |
| PICU admission — no. (\%) | 35 (66) | 8 (7) | $6.6 \times 10^{-6}$ | $2.3 \times 10^{-5}$ |
| Any respiratory support - no./total no. (\%) | 47/53 (89) | 43/96 (45) | $0.004$ | $0.004$ |
| Mechanical ventilation - no./total no. (\%) | 34/53 (64) | 6/96 (6) | $2.9 \times 10^{-4}$ | $5.2 \times 10^{-4}$ |

${ }^{a}$ One hundred and ninety-four RSV-infected infants had co-detection of any Haemophilus species. Among them, 31 had no available information on antibiotic use and were excluded from the table. Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups, and two-sided chi-square tests with Yates' correction or twosided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
${ }^{b}$ Two participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.
Abbreviations: $I Q R$ interquartile range, $P I C U$ paediatric intensive care unit, $R S V$ respiratory syncytial virus, $S D$ standard deviation.

## Supplementary Table 18 | Targeted bacterial and viral species.

| Bacteria |  |  |  |
| :--- | :--- | :--- | :--- |
| Genus | Species | Genus | Species |
| Acinetobacter | baumannii | Leptospira | spp. |
|  | calcoaceticus | Listeria | monocytogenes |
| Bartonella | henselae | Moraxella | catarrhalis |
| Bordetella | pertussis | Mycobacterium | avium |
| Borreliella | burgdorferi |  | intracellulare |
| Brucella | spp. |  | tuberculosis |
| Burkholderia | cepacia | Mycoplasmoides | pneumoniae |
| Chlamydia | pneumoniae | Neisseria | meningitidis |
|  | psittaci | Nocardia | spp. |
| Coxiella | burnetii | Pseudomonas | aeruginosa |
| Enterobacter | cloacae | Serratia | marcescens |
| Escherichia | coli | Staphylococcus | aureus |
| Haemophilus | influenzae | Stenotrophomonas | maltophilia |
|  | parainfluenzae | Streptococcus | agalactiae |
| Klebsiella | aerogenes |  | pneumoniae |
|  | pneumoniae |  | pyogenes |
|  | oxytoca | Treponema | pallidum |
| Legionella | pneumophila |  |  |


| Viruses |  |
| :--- | :--- |
| Family / Virus Name | Family / Virus Name |
| Adenoviridae | Orthomyxoviridae |
| Human adenovirus | Influenza A virus |
| Arenaviridae | Influenza B virus |
| Lassa virus | Influenza C virus |
| Lymphocytic choriomeningitis virus | Paramyxoviridae |
| Coronaviridae | Hendra virus |
| Human coronavirus HKU1, NL63, OC43, 229E | Human parainfluenza virus 1, 2, 3, 4a, 4b |
| Middle East respiratory syndrome-related coronavirus | Measles virus |
| Severe acute respiratory syndrome coronavirus | Mumps virus |
| Flaviviridae | Nipah virus |
| Dengue virus | Parainfluenza virus 5 |
| Japanese encephalitis virus | Sosuga virus |
| Murray Valley encephalitis virus | Parvoviridae |
| St. Louis encephalitis virus | Human bocavirus |
| Tick-borne encephalitis virus | Human parvovirus 4 |
| West Nile virus | Human parvovirus B19 |
| Yellow fever virus | Peribunyaviridae |
| Zika virus | California encephalitis virus |
| Matonaviridae | Phenuiviridae |
| Rubella virus | Rift valley fever virus |
|  | Sandfly fever Naples virus |
|  | Sandfly fever Sicilian virus |

## Family / Virus Name

Family / Virus Name
Orthoherpesviridae
Human alphaherpesvirus 1, 2 (Herpes simplex virus type 1, 2)
Human alphaherpesvirus 3 (Varicella-zoster virus)
Human betaherpesvirus 5 (Human cytomegalovirus)
Human betaherpesvirus 6A, 6B, 7 (Human herpesvirus 6A, 6B, 7)
Human gammaherpesvirus 4 (Epstein-Barr virus)
Human gammaherpesvirus 8 (Kaposi's sarcoma-associated herpesvirus)
Picornaviridae
Cardiovirus A, B
Rhabdoviridae

Coxsackievirus A
Australian bat lyssavirus

Echovirus
Duvenhage lyssavirus

Enterovirus A, B, D
European bat lyssavirus 1, 2
Lagos bat lyssavirus
Hepatovirus A1 (Hepatitis A virus)
Mokola virus
Rabies lyssavirus
Parechovirus B1 (Ljunganvirus 1)
Sedoreoviridae
Rotavirus A, B, C
Rhinovirus A, B, C
gaviridae
Rosavirus A
Chikungunya virus
Salivirus
Pneumoviridae
Eastern equine encephalitis virus
Human metapneumovirus
Venezuelan equine encephalitis virus
Human respiratory syncytial virus
Western equine encephalitis virus
Polyomaviridae
BK polyomavirus
JC polyomavirus
${ }^{\text {a }}$ The probe set only targeted partial genomes of the members of the family Orthoherpesviridae.

Supplementary Table 19 | List of the GenBank accession numbers for RSV consensus sequences used in phylogenetic analyses.

| RSV-A ( $\mathrm{N}=207$ ) |  |  | RSV-B ( $\mathrm{N}=177$ ) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| LR699315 | MZ515752 | MZ515957 | LR699726 | MZ515711 | MZ515889 |
| LR699734 | MZ515766 | MZ515958 | LR699735 | MZ515712 | MZ515895 |
| LR699736 | MZ515773 | MZ515959 | LR699738 | MZ515714 | MZ515903 |
| LR699737 | MZ515777 | MZ515960 | LR699739 | MZ515715 | MZ515904 |
| MZ515551 | MZ515780 | MZ515961 | LR699740 | MZ515719 | MZ515918 |
| MZ515555 | MZ515782 | MZ515962 | LR699741 | MZ515724 | MZ515924 |
| MZ515556 | MZ515784 | MZ515963 | LR699742 | MZ515725 | MZ515925 |
| MZ515559 | MZ515788 | MZ515966 | LR699743 | MZ515727 | MZ515926 |
| MZ515566 | MZ515789 | MZ515967 | LR699744 | MZ515728 | MZ515930 |
| MZ515567 | MZ515790 | MZ515968 | MZ515553 | MZ515732 | MZ515938 |
| MZ515568 | MZ515800 | MZ515969 | MZ515554 | MZ515733 | MZ515944 |
| MZ515569 | MZ515801 | MZ515971 | MZ515557 | MZ515738 | MZ515946 |
| MZ515570 | MZ515802 | MZ515983 | MZ515558 | MZ515743 | MZ515947 |
| MZ515571 | MZ515803 | MZ515984 | MZ515560 | MZ515745 | MZ515950 |
| MZ515572 | MZ515821 | MZ515985 | MZ515562 | MZ515747 | MZ515953 |
| MZ515573 | MZ515825 | MZ515987 | MZ515563 | MZ515748 | MZ515955 |
| MZ515575 | MZ515828 | MZ515992 | MZ515565 | MZ515751 | MZ515970 |
| MZ515577 | MZ515833 | MZ515993 | MZ515574 | MZ515756 | MZ515972 |
| MZ515582 | MZ515834 | MZ515994 | MZ515578 | MZ515761 | MZ515975 |
| MZ515583 | MZ515835 | MZ516000 | MZ515581 | MZ515762 | MZ515991 |
| MZ515592 | MZ515840 | MZ516002 | MZ515584 | MZ515765 | MZ515997 |
| MZ515597 | MZ515841 | MZ516005 | MZ515586 | MZ515769 | MZ516003 |
| MZ515604 | MZ515842 | MZ516008 | MZ515590 | MZ515770 | MZ516006 |
| MZ515606 | MZ515848 | MZ516011 | MZ515591 | MZ515771 | MZ516016 |
| MZ515609 | MZ515850 | MZ516012 | MZ515595 | MZ515775 | MZ516020 |
| MZ515614 | MZ515851 | MZ516014 | MZ515598 | MZ515776 | MZ516021 |
| MZ515616 | MZ515852 | MZ516015 | MZ515599 | MZ515779 | MZ516022 |
| MZ515617 | MZ515854 | MZ516017 | MZ515603 | MZ515785 | MZ516025 |
| MZ515618 | MZ515859 | MZ516024 | MZ515605 | MZ515786 | MZ516030 |
| MZ515619 | MZ515860 | MZ516026 | MZ515607 | MZ515793 | MZ516041 |
| MZ515620 | MZ515861 | MZ516027 | MZ515608 | MZ515794 | MZ516042 |
| MZ515628 | MZ515862 | MZ516028 | MZ515610 | MZ515807 | MZ516049 |
| MZ515629 | MZ515866 | MZ516029 | MZ515612 | MZ515809 | MZ516051 |
| MZ515631 | MZ515875 | MZ516031 | MZ515613 | MZ515812 | MZ516054 |
| MZ515632 | MZ515876 | MZ516033 | MZ515615 | MZ515813 | MZ516056 |
| MZ515634 | MZ515877 | MZ516038 | MZ515625 | MZ515817 | MZ516060 |
| MZ515640 | MZ515878 | MZ516039 | MZ515627 | MZ515818 | MZ516061 |
| MZ515643 | MZ515881 | MZ516040 | MZ515636 | MZ515820 | MZ516062 |
| MZ515645 | MZ515882 | MZ516043 | MZ515637 | MZ515823 | MZ516065 |
| MZ515647 | MZ515884 | MZ516044 | MZ515638 | MZ515824 | MZ516081 |
| MZ515649 | MZ515887 | MZ516047 | MZ515639 | MZ515827 | MZ516095 |
| MZ515650 | MZ515896 | MZ516048 | MZ515653 | MZ515829 | MZ516098 |
| MZ515651 | MZ515898 | MZ516052 | MZ515656 | MZ515830 | MZ516102 |
| MZ515652 | MZ515901 | MZ516053 | MZ515658 | MZ515831 | MZ516104 |
| MZ515655 | MZ515902 | MZ516057 | MZ515660 | MZ515832 | MZ516105 |
| MZ515679 | MZ515905 | MZ516058 | MZ515663 | MZ515836 | MZ516107 |


| RSV-A (N = 207) |  |  |  | RSV-B (N=177) |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| MZ515680 | MZ515907 | MZ516068 | MZ515665 | MZ515837 | MZ516109 |
| MZ515681 | MZ515908 | MZ516072 | MZ515667 | MZ515839 | MZ516113 |
| MZ515682 | MZ515909 | MZ516073 | MZ515669 | MZ515843 | MZ516114 |
| MZ515685 | MZ515910 | MZ516075 | MZ515671 | MZ515845 | MZ516119 |
| MZ515686 | MZ515911 | MZ516076 | MZ515672 | MZ515846 | MZ516122 |
| MZ515688 | MZ515912 | MZ516077 | MZ515674 | MZ515849 | MZ516123 |
| MZ515689 | MZ515913 | MZ516078 | MZ515691 | MZ515855 | MZ516135 |
| MZ515692 | MZ515921 | MZ516080 | MZ515698 | MZ515863 | MZ516136 |
| MZ515696 | MZ515922 | MZ516088 | MZ515699 | MZ515865 | MZ516139 |
| MZ515701 | MZ515923 | MZ516090 | MZ515704 | MZ515869 | MZ516140 |
| MZ515703 | MZ515928 | MZ516092 | MZ515707 | MZ515871 | MZ516141 |
| MZ515706 | MZ515929 | MZ516099 | MZ515708 | MZ515872 | MZ516143 |
| MZ515717 | MZ515931 | MZ516100 | MZ515710 | MZ515883 | OP963385 |
| MZ515718 | MZ515933 | MZ516103 |  |  |  |
| MZ515720 | MZ515939 | MZ516108 |  |  |  |
| MZ515722 | MZ515940 | MZ516110 |  |  |  |
| MZ515723 | MZ515941 | MZ516112 |  |  |  |
| MZ515731 | MZ515942 | MZ516117 |  |  |  |
| MZ515734 | MZ515943 | MZ516120 |  |  |  |
| MZ515740 | MZ515945 | MZ516129 |  |  |  |
| MZ515741 | MZ515949 | MZ516132 |  |  |  |
| MZ515744 | MZ515951 | MZ516134 |  |  |  |
| MZ515749 | MZ515956 | MZ516137 |  |  |  |



Supplementary Fig. 1 | Correlation between the number of unique RSV reads and RSV viral load ( $\mathbf{N}=$ 578). Viral load data from reverse transcription quantitative PCR are available in 597 samples. Samples with both RSV subgroups detected were excluded from this figure ( $\mathrm{N}=9$ ). Another 10 samples without any RSV reads recovered were also excluded from this figure. On average, for every $\log _{10}$ increase in read count, viral load increases by $1.2 \log _{10}$. Source data are provided as a Source Data file.
a

b

## Country <br> Global strain Netherlands Spain United Kingdom

> Season
> $: \quad 2015$
> $: 2016$
> $: 2017$
> $: \quad 2017 / 18$
> $-2018 / 19$
> $: 2019$
> $-2019 / 20$


Supplementary Fig. $2 \mid$ Maximum-likelihood phylogenies. The phylogenies were reconstructed from the strains in the present study and strains collected from all over the world between 2015 and 2019, downloaded from GenBank. a RSV-A phylogeny $(\mathrm{N}=236)$. All RSV-A strains from the present study $(\mathrm{N}=207)$ and GenBank ( $\mathrm{N}=29$ ) were genotype ON1, except for the one at the very bottom, which is genotype GA2, downloaded from GenBank (accession number MH181907). b RSV-B phylogeny ( $\mathrm{N}=216$ ). All RSV-B strains from the present study $(\mathrm{N}=177)$ and GenBank $(\mathrm{N}=39)$ were genotype BA. On average, ON1 strains had greater patristic distances than BA ones (mean $\pm$ standard deviation, $0.0100 \pm 0.0028$ vs. $0.0063 \pm 0.0030$; twotailed Mann-Whitney U test, $\mathrm{P}<2.2 \times 10^{-16}$ ), whereas BA strains showed stronger temporal clustering than ON1 ones. The phylogenies were inferred using RAxML with the general time reversible nucleotide substitution model and gamma-distributed rate heterogeneity among sites. The sampling season and country of each strain are illustrated by tip and bar colours, respectively. Strains labelled as Netherlands, Spain, and United Kingdom were generated from this study, and the remainder were downloaded from GenBank. Red dots show wellsupported nodes with a bootstrap value over $70 \%$ and are sized in proportion to bootstrap values. The trees were rooted to the oldest strains sampled during 1962-1977-GenBank accession numbers KU316149 and KU316166 for RSV-A, and KU316116 and MG813995 for RSV-B. These oldest strains are not shown here.

The scale bars represent the number of nucleotide substitutions per site. Source data are provided as Source Data files.


Supplementary Fig. 3 | Number of deduplicated read pairs mapped to each co-detected pathogen in this study. The centre line of each box denotes the median; box limits, the first and third quartiles; whiskers, the highest and lowest values within 1.5 times the interquartile range from the box limits; and outlying points, outliers. The species from left to right are: respiratory syncytial virus (RSV; $\mathrm{N}=433$ ), rhinovirus ( $\mathrm{RV} ; \mathrm{N}=68$ ), human adenovirus (HAdV; $\mathrm{N}=10$ ), human herpesvirus $6(\mathrm{HHV}-6 ; \mathrm{N}=7$ ), human coronavirus HKU1 (HCoVHKU1; $\mathrm{N}=6$ ), human coronavirus OC43 ( $\mathrm{HCoV}-\mathrm{OC} 43 ; \mathrm{N}=6$ ), human bocavirus ( $\mathrm{HBoV} ; \mathrm{N}=5$ ), human parechovirus A (HPeV-A; $\mathrm{N}=4$ ), enterovirus $\mathrm{D}(\mathrm{EV}-\mathrm{D} ; \mathrm{N}=3$ ), enterovirus $\mathrm{A}(\mathrm{EV}-\mathrm{A} ; \mathrm{N}=2)$, human cytomegalovirus (HCMV; $\mathrm{N}=2$ ), human coronavirus NL63 (HCoV-NL63; $\mathrm{N}=2$ ), human parainfluenza virus (HPIV; $\mathrm{N}=2$ ), enterovirus $\mathrm{B}(\mathrm{EV}-\mathrm{B} ; \mathrm{N}=1)$, human coronavirus $229 \mathrm{E}(\mathrm{HCoV}-229 \mathrm{E} ; \mathrm{N}=1)$, influenza C virus (IFV-C; N = 1), Moraxella catarrhalis ( $\mathrm{N}=286$ ), Streptococcus pneumoniae ( $\mathrm{N}=222$ ), Haemophilus influenzae $(\mathrm{N}=164)$, and Staphylococcus aureus $(\mathrm{N}=38)$. Source data are provided as a Source Data file.


Supplementary Fig. $4 \mid$ Age distribution among RSV-infected infants with each co-detected virus or with RSV alone. The number of infants with respiratory syncytial virus (RSV)/rhinovirus (RV), RSV/human coronavirus (HCoV), RSV/human adenovirus (HAdV), RSV/human herpesvirus 6 (HHV-6), and RSV alone was 68, 15, 10, 7, and 307, respectively. The median (interquartile range) age of infants with RSV/RV, RSV/HCoV, RSV/HAdV, RSV/HHV-6, and RSV alone was 3.9 (1.9-6.4), 8.1 (4.2-10.0), 4.5 (4.1-8.5), 1.6 (1.2-4.5), and $3.8(1.7-6.9)$ months, respectively. The age distribution between these groups was significantly different (Kruskal-Wallis test, $\mathrm{P}=0.025$ ). Infants with $\mathrm{RSV} / \mathrm{HCoV}$ co-detection were significantly older than those with RSV/HHV-6 co-detection and those with RSV alone (two-sided Dunn's post hoc test with the Benjamini-Hochberg method, adjusted $\mathrm{P}=0.033$ and 0.046 , respectively). The centre line of each box denotes the median; box limits, the first and third quartiles; and whiskers, the highest and lowest values within 1.5 times the interquartile range from the box limits. Source data are provided as a Source Data file.


Supplementary Fig. 5 | Phylogeny of genus Enterovirus. Samples where less than $50 \%$ of the genome was recovered were removed from the reconstruction. For infants who had multiple samples collected, only the sample with the highest coverage of the Enterovirus genome was included. The samples from this study ( $\mathrm{N}=$ 58) were further supplemented with 50 complete or nearly complete Enterovirus genomes downloaded from GenBank, collected from across the globe between 2010 and 2021. RAxML was used to reconstruct the
maximum-likelihood phylogeny with the general time reversible nucleotide substitution model and gammadistributed rate heterogeneity among sites. The tree was midpoint rooted. Samples from this study are shown in different colours: Rhinovirus $A$ (red), Rhinovirus $B$ (blue), Rhinovirus $C$ (tangerine), and Enterovirus $D$ (green). All Enterovirus $D$ strains were enterovirus D68. Samples were labelled as anonymised subject ID (two country letters followed by three digits) and order of serial samples if applicable. Strains downloaded from GenBank are shown in black, labelled as GenBank accession number, followed by type, sampling country, and sampling year. Red dots show well-supported nodes with a bootstrap value over $70 \%$ and are sized in proportion to bootstrap values. The scale bar represents the number of nucleotide substitutions per site. Source data are provided as Source Data files.
Abbreviations: $A R$ Argentina, $A U$ Australia, $B E$ Belgium, $C H$ Switzerland, $C N$ China, $C O$ Colombia, $E S$ Spain, $F R$ France, $G B$ United Kingdom, $I N$ India, $J P$ Japan, $K E$ Kenya, $M X$ Mexico, $N L$ Netherlands, $P H$ Philippines, SE Sweden, US United States, $V N$ Viet Nam.


Supplementary Fig. 6 | Phylogeny of human herpesvirus 6 (HHV-6). RAxML was used to reconstruct the maximum-likelihood phylogeny with the general time reversible nucleotide substitution model and gammadistributed rate heterogeneity among sites. Coloured taxa are samples collected from this study ( $\mathrm{N}=19$ ), with HHV-6A in red and HHV-6B in blue. They are labelled as anonymised patient ID (two country letters followed by three digits), order of serial samples if applicable, and number of HHV-6 reads, except for one taxon labelled as Negative-07_2944, which had 2,944 HHV-6 reads and was collected from an infant who had respiratory symptoms but tested negative for RSV. Taxa in black represent the GenBank reference genomes ( $\mathrm{N}=9$ ), labelled as HHV-6 type (ci denotes chromosomally integrated), GenBank accession number, and strain name if available. The tree was midpoint rooted. Red dots show well-supported nodes with a bootstrap value over $70 \%$ and are sized in proportion to bootstrap values. The scale bar represents the number of nucleotide substitutions per site. Source data are provided as Source Data files.


Supplementary Fig. 7 | Composition of co-detected bacteria in RSV-infected infants ( $\mathbf{N}=\mathbf{4 3 3}$ ). The percentage of a bacterial species was calculated as the number of infants having this bacterial species divided by the sum of the number of bacterial species found in each infant. Circles from inside to outside represent the order, family, genus, and species of the bacteria with some levels collapsed for better visualisation. Interactive visualisation via HTML can be accessed in Supplementary Data 1. Source data are provided as a Source Data file.


Supplementary Fig. $8 \mid$ Venn diagram of the top three co-detected bacterial genera in RSV-infected infants $\mathbf{(} \mathbf{N}=\mathbf{4 3 3}$ ). The number in each area represents the number of infants. Forty-one infants did not have any of the three bacterial genera. Source data are provided as a Source Data file.


Any of the top 3 co-detected bacterial genera
Supplementary Fig. $9 \mid$ Age distribution among infants with and without any of the top three co-detected bacterial genera ( $\mathbf{N}=\mathbf{4 1 3}$ ). These bacterial genera were Moraxella, Streptococcus, and Haemophilus, at least one of which was detected in $91 \%(392 / 433)$ of the infants. In contrast, $5 \%(23 / 433)$ of the infants did not have any of the bacterial genera recovered, and $4 \%(18 / 433)$ of the infants had only an equivocal presence of any of the bacterial genera, that were therefore excluded from this comparison. An additional two infants (with any of the three genera) were also excluded from this comparison since they did not have the age information available. The centre line of each box denotes the median; box limits, the first and third quartiles; whiskers, the highest and lowest values within 1.5 times the interquartile range from the box limits; and outlying points, outliers. Coloured overlaid points represent each individual infants. A two-tailed Mann-Whitney U-test was used to evaluate the difference with the P value shown above the plot. Source data are provided as a Source Data file.


Supplementary Fig. 10 | Co-detected bacterial genera by breastfeeding status ( $\mathbf{N}=\mathbf{5 1}$ ). Breastfed was defined as either exclusively breastfed or in combination of formula milk within the 4 weeks prior to the RSV infection. At least one bacterial genus was found in 25/27 (93\%) breastfed and 24/24 (100\%) exclusively formula-fed infants. A mean of 2.1 and 2.5 bacterial genera were identified in each breastfed and exclusively formula-fed infants, respectively, and this difference was not significant (two-tailed Mann-Whitney U test, $\mathrm{P}=$ 0.115 ). Source data are provided as a Source Data file.
a



[^3]

Supplementary Fig. 12 | Coverage plot for SARS-CoV-2. In a previous study, ${ }^{1}$ a sample collected from a patient infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was sequenced using targeted metagenomic sequencing with the Castanet probe set (red) and a SARS-CoV-2-specific probe set (blue). The SARS-CoV-2 genome was reconstructed as previously described. ${ }^{1}$ Genomic regions with coverage of $<10$ Castanet-captured unique reads were shaded in grey $(7.3 \mathrm{~kb})$. The dashed grey line represents nine unique reads. Source data are provided as a Source Data file.

## Supplementary Reference

1. Lythgoe, K. A. et al. SARS-CoV-2 within-host diversity and transmission. Science 372, eabg0821 (2021).

[^0]:    ${ }^{a}$ Fifteen patients with an equivocal presence of any other virus were removed from this table. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups, and two-sided chi-square tests with Yates' correction or two-sided Fisher's exact tests were used to compare categorical variables between the two groups, whichever is appropriate.
    ${ }^{b}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
    ${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
    ${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak

[^1]:    ${ }^{a}$ Data are shown as number (percentage). Percentages may not total 100 due to rounding.
    ${ }^{b}$ Some samples were collected in late 2019 and early 2020 (after the emergence of SARS-CoV-2).

[^2]:    ${ }^{a}$ Percentages may not total 100 due to rounding. For demographic features, two-tailed Mann-Whitney U tests were used to compare continuous variables between the two groups, and two-sided Fisher's exact tests were used to compare categorical variables between the two groups.
    ${ }^{b}$ Nine participants with both RSV subgroups A and B identified were excluded from this comparison. Twosided multivariable logistic regression was used to adjust for sampling season.
    ${ }^{c}$ Two-sided multiple linear regression was used to adjust for the duration between symptom onset and sampling.
    ${ }^{d}$ Multiple linear regression, ordered logistic regression, or multivariable logistic regression (all two-sided) was used to adjust for covariates, depending on the type of the response (dependent) variable. Covariates included age, gestational age, sex, comorbidity, sampling season and country, study cohort, RSV subgroup, and peak RSV read count along with the duration between symptom onset and sampling. Models with different combinations of the covariates were tested, and the model with the lowest Akaike information criterion (AIC) was selected.

[^3]:    Supplementary Fig. 11 | Distribution of commonly co-detected bacteria on the RSV maximum-likelihood phylogenies. a RSV-A phylogeny was reconstructed from 207 samples. b RSV-B phylogeny was reconstructed from 177 samples. Only samples with at least $70 \%$ of the coding sequences recovered were included. For infants with multiple samples collected, only the sample with the highest coverage was included. The phylogenetic trees were reconstructed using RAxML with the general time reversible nucleotide substitution model and gamma-distributed rate heterogeneity among sites. The trees were midpoint rooted. The sampling country of each strain is illustrated by tip colour. The scale bars represent the number of nucleotide substitutions per site. Source data are provided as Source Data files.
    Abbreviations: M. catarrhalis, Moraxella catarrhalis; S. pneumoniae, Streptococcus pneumoniae; H. influenzae, Haemophilus influenzae; S. aureus, Staphylococcus aureus.

