

1 Supplement Material and Methods

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3 1. Processing of specimens

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5 Two independent slide readers conducted malaria microscopy on Giemsa stained
6 thick and thin smears. In case of discrepancies a third decisive reading by an
7 additional reader was performed (see supplement material and methods for more
8 details). From CSF, a direct cell count was done using a Fuchs-Rosenthal counting
9 chamber. Urine was tested for the presence of leucocytes and nitrite using dipsticks
10 (Urine Control Stripes, Diagnostik Nord, Germany). Alanine transaminase (ALT) and
11 aspartate transaminase (AST) concentrations were measured in all serum samples on a
12 Biolyzer 100 instrument (Analyticon, Biotechnologies, Lichtenfels, Germany).
13 Patients with ALT or AST concentrations above 150 U/L were screened for hepatitis
14 A, B and E virus (see **supplement table S1**).

15 Bacterial cultures were performed on standard media from positive-flagged blood
16 culture bottles (BACTEC Peds Plus/F, Becton Dickinson, USA), from CSF, urine and
17 stool specimens (all Oxoid, Basingstoke, UK). Environmental bacteria and bacteria
18 belonging to the skin flora (e.g. coagulase negative staphylococci, *Corynebacterium*
19 spp. and *Bacillus* spp.) were considered as contaminants. Bacterial isolates were
20 identified biochemically with the VITEK 2 system (bioMérieux, Marcy L'Etoile,
21 France) and MALDI-TOF MS (Bruker Daltonics, Bremen, Germany). *Salmonella*
22 isolates were serotyped by a multiplex PCR for *S. Typhi*, *S. Typhimurium*, *S.*
23 *Enteritidis* and *S. Dublin* as described before [1]. PCR non-typable *Salmonella* strains
24 were serotyped following the Kauffmann-White-Le Minor scheme [2].

25 DNA was extracted from EDTA blood with the GenoType DNA extraction Kit (Hain

26 Lifescience, Nehren, Germany) and from stool using the QIAamp DNA Stool Mini
27 Kit (Qiagen, Hilden, Germany) including six freeze-thaw cycles. DNA and RNA was
28 extracted from all serum, CSF and throat swabs samples using the RTP Pathogen Kit
29 (Stratec biomedical, Birkenfeld, Germany). A panel of PCRs for respiratory,
30 gastrointestinal and systemic bacterial, viral and parasitic pathogens was applied as
31 detailed in the **supplement table S3**.

32 A screening and confirmatory HIV rapid diagnostic test was offered to all study
33 participants above 18 months of age after separate informed consent was signed. 16S
34 rRNA gene-based identification of bacterial pathogens and next-generation
35 sequencing (NGS) for viruses were performed from CSF samples (see section 3. and
36 4.).

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38 **2. Malaria Diagnostics**

39 Thick and thin blood smears were made from venous samples and stained with 10%
40 filtered Giemsa. *Plasmodium* species were differentiated and parasitaemia was
41 estimated by counting the number of asexual forms of *Plasmodium* corresponding to
42 200/500 leukocytes in the thick blood film, and 5000 erythrocytes in the thin blood
43 film according to parasitaemia level. A slide was declared negative when no asexual
44 parasites were detected against 100 fields examined on a thick film. Each slide was
45 examined by two independent expert microscopists. A slide was read by a third
46 microscopist in case of at least one of the following discrepancies: i) in the species, ii)
47 in the positivity of the smears, iii) in the parasitaemia by a factor of ≥ 2 fold, iv)
48 discordant results in case of parasitaemia < 2000 parasite/ μL or by a factor of ≥ 4
49 fold, or v) discordant results in case of parasitemia > 2000 parasite/ μL . For a slide
50 reading to be considered valid, a minimum of two concordant readings by two

51 different expert microscopists was necessary. The parasitaemia was calculated by the
52 mean of the two closest values for each slide.

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54 3. 16S RNA/DNA gene sequencing for CSF patient samples

55 Microbial DNA was extracted out of CSF patient samples using the RTP® Pathogen
56 Kit (Stratec biomedical, Birkenfeld, Germany) according to the manufacturers
57 instructions. 16S rRNA gene sequencing was performed based on the principle
58 established by Weisburg et al., 1991 [3]. Two different primer pairs were used to
59 amplify the rRNA gene (see table 1) using Phusion High Fidelity DNA Polymerase
60 (Thermo Scientific, Waltham, US) with 3% DMSO for 35-40 cycles with the
61 following reaction conditions and then sent for sequencing (SANGER):

62 98°C 5min

63 98°C 10sec

64 55°C 30sec

65 72°C 45sec

66 72°C 7min

67 **Table 1.** Primer pairs used to amplify the rRNA gene

Primer name	Name (Alm et al. 1996[4])	Sequence
F27*		5'- AGA GTT TGA TCA TGG CTC AG -3'
1492R	S-D-Bact-1492-a-A-22	5'- TAC GGY TAC CTT GTT ACG ACT T - 3'
GM3F	S-D-Bact-008-a-S-16	5'- AGA GTT TGA TCM TGG C -3'
GM4R	S-D-Bact-1492-a-A-16	5'- TAC CTT GTT ACG ACT T -3'

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70 4. Next Generation Sequencing – Material and methods

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72 The CSF samples were filtered through a 0.45- μ m filter (Millipore, Darmstadt,
73 Germany) to remove larger debris, bacteria and digested with a mixture of nucleases
74 (Turbo DNase, Ambion, Carlsbad, CA, USA; Baseline-ZERO, Epicenter, Madison,
75 WI, USA; Benzonase, Novagen, San Diego, CA, USA; RNase One, Promega,
76 Fitchburg, WI, USA) to digest unprotected nucleic acids including host DNA/RNA.
77 Enriched viral particles were then extracted, fragmented, reverse-transcribed, ends
78 repaired, dA-tailed, adaptor ligated and purified. Library preparation was performed
79 using the Nextera XT library prep Kit (Illumina, San Diego, CA, USA). Next
80 generation sequencing was performed on the MiSeq Illumina platform (2 x 300 bp
81 paired-end sequencing). Resulting raw reads were trimmed, de-duplicated and de
82 novo assembled using a customized NGS pipeline. The assembled contigs and
83 unassembled singlets were compared with a viral proteome database using BLASTx
84 using E-value cutoff 0.01.

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86 References

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