**Supplementary File 1**

***Laboratory diagnosis for SARS-CoV-2***

The patients’ early morning deep throat saliva, air samples and environmental swabs collected in CIF and CTF were subjected to nucleic acid extraction by the eMAG extraction system (bioMérieux, Marcy-l’Étoile France) as previously described.1 The presence of the SARS-CoV-2 RNA in the specimens was determined by the LightMix SarbecoV E-gene plus EAV control kit (TIB Molbiol, Berlin, Germany) according to the manufacturer’s instructions.2,3 The assay included an EAV extraction control which could monitor the presence of amplification inhibitors in the specimens to exclude a false negative result.

The SARS-CoV-2 IgG serology testing was performed on patients in CIF and CTF by using the FDA emergency use approved Abbott ARCHITECT SARS-CoV-2 IgG qualitative assay according to the manufacturer’s instructions.4 Briefly, 100 μl of patient’s serum was used for detection of the IgG antibodies targeting the SARS-CoV-2 nucleocapsid. Results were reported as an index (ratio of the chemiluminescent signal between the samples and a calibrator), with values >1.4 indicating a positive result.

References of Supplementary File

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3. Yip CC, Sridhar S, Cheng AK, *et al.* Evaluation of the commercially available LightMix(R) Modular E-gene kit using clinical and proficiency testing specimens for SARS-CoV-2 detection. *J Clin Virol* 2020;129:104476. Epub 2020/06/10. doi: 10.1016/j.jcv.2020.104476.
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