#### **Model description**

To explore questions related to co-transmission, we built a deterministic SIR-SI model. In this model, both humans and mosquitoes (i.e. *Aedes aegypti*) can be co-infected, and co-infected mosquitoes or humans can then transmit a single virus or multiple viruses. We model births and deaths in the mosquito population at a constant rate, thereby achieving a constant population size. Due to the timescale of interest for this illustration, we do not model human births or deaths. Cross-protective immunity is incorporated into the model as a reduction in the probability of transmission to humans who are single-infected or recovered from one virus. Humans recover from infections at a constant rate, and for simplicity, humans who are sequentially infected are assumed to be co-infected for the duration of their subsequent co-infectious period (this will lead to an overestimate of the proportion of the population in the  $I_{12}^{S}$  compartment). For simplicity, and because we are mainly interested in exploring the influence of variation in the probability of co-transmission, virus X and virus Y have identical parameters, except that one virus is introduced one month after the other. Other transmission parameters (see **S2 Table** for details) were chosen to be broadly in line with previous dengue modeling studies [1–3], and to produce a final attack rate of ~60% for a single invading virus.

Model equations for humans are as follows, with parameter values and their meaning given in **S2 Table**:

$$\begin{aligned} \frac{dS}{dt} &= -(\lambda_1 + \lambda_2 + \lambda_{12})S \\ \frac{dI_1}{dt} &= \lambda_1 S - (\lambda_2 + \lambda_{12} + \frac{1}{r})I_1 \\ \frac{dI_2}{dt} &= \lambda_2 S - (\lambda_1 + \lambda_{12} + \frac{1}{r})I_2 \\ \frac{dI_{12}}{dt} &= \lambda_2 S - (\lambda_1 + \lambda_{12} + \frac{1}{r})I_2 \\ \frac{dI_{12}}{dt} &= \lambda_{12}(S + I_1 + I_2) - \frac{I_{12}}{r} \\ \frac{dI_{12}}{dt} &= \lambda_2 I_1 + \lambda_1 I_2 - \frac{I_{12}}{r} \\ \frac{dI_{12}}{dt} &= (\lambda_{12} + \lambda_2)R_1 - \frac{I_{12}}{r} \\ \frac{dI_{2,1}}{dt} &= (\lambda_{12} + \lambda_1)R_2 - \frac{I_{2,1}}{r} \\ \frac{dR_1}{dt} &= \frac{I_1}{r} - (\lambda_{12} + \lambda_2)R_1 \\ \frac{dR_2}{dt} &= \frac{I_2}{r} - (\lambda_{12} + \lambda_1)R_2 \\ \frac{dR_{12}}{dt} &= \frac{1}{r}(I_{1,2} + I_{2,1} + I_{12}^{\ C} + I_{12}^{\ S}) \\ \lambda_1 &= mab(I_1^{\ M} + p_1I_{12}^{\ M}) \\ \lambda_2 &= mab(I_2^{\ M} + p_2I_{12}^{\ M}) \end{aligned}$$

Equation for mosquitoes are as follows, with parameter values and their meaning given in **S2 Table**:

$$\begin{aligned} \frac{dS^{M}}{dt} &= g(I_{1}^{M} + I_{2}^{M} + I_{12}^{M}) - (\lambda_{1}^{M} + \lambda_{2}^{M} + \lambda_{12}^{M})S^{M} \\ \frac{dI_{1}^{M}}{dt} &= \lambda_{1}^{M}S^{M} - (\lambda_{2}^{M} + \lambda_{12}^{M})I_{1}^{M} - gI_{1}^{M} \\ \frac{dI_{2}^{M}}{dt} &= \lambda_{2}^{M}S^{M} - (\lambda_{1}^{M} + \lambda_{12}^{M})I_{2}^{M} - gI_{2}^{M} \\ \frac{dI_{12}^{M}}{dt} &= \lambda_{12}^{M}S^{M} + (\lambda_{1}^{M} + \lambda_{12}^{M})I_{2}^{M} + (\lambda_{2}^{M} + \lambda_{12}^{M})I_{1}^{M} - gI_{12}^{M} \\ \lambda_{1}^{M} &= ac(I_{1} + I_{2,1} + p_{1}^{M}(I_{12}^{C} + I_{12}^{S})) \\ \lambda_{2}^{M} &= ac(I_{2} + I_{1,2} + p_{2}^{M}(I_{12}^{C} + I_{12}^{S})) \\ \lambda_{12}^{M} &= acp_{12}^{M}(I_{12}^{C} + I_{12}^{S}) \end{aligned}$$

**S1-S2 Figs** provide a graphical representation of the state transitions defined by the equations.

Simulations of the model are initiated by introducing a single infectious human into a population of 1,000,000. After 30 days, a single person with virus 2 is introduced into the population. We assume that there is no cross-protective immunity between the two viruses.

**S3 Fig** shows how the total number of co-infections over the course of the outbreak changes as we vary  $p_1$ ,  $p_2$ , and  $p_{12}$ . The highest number of co-infections occur when  $p_{12}$  is highest (bottom left corner), which is also when  $p_1$  and  $p_2$  are lowest as  $p_1 + p_2 + p_{12} = 1$ .

**S4 Fig** shows how the number of co-infections (left panel) and the proportion of co-infections due to co-transmission (right panel) varies as we change the probability of co-transmission,  $p_{12}$ , and keep  $p_1 = p_2$ . more than half of co-infections are due to co-transmission when  $p_{12}$ =0.175 (right panel).

## **Probabilities of co-transmission**

A rough estimate of the probabilities of co-transmission from co-infected humans to mosquitoes can be obtained with data from Rückert et al. [4]. This study fed mosquitoes on blood that contained a single virus or all combinations of chikungunya, dengue, and Zika viruses. They then tested which mosquitoes were single- or co-infected, and also which mosquitoes had either or both virus in their saliva after 3, 7, and 14 days (a proxy for transmission potential).

For mosquitoes co-exposed to dengue and Zika virus, there were 197 mosquitoes that were infected, of which 118 (60%) were co-infected. Similarly, using the data underlying Figure 4 in Rückert et al. [4], after 14 days there were 26 dengue/Zika virus co-infected mosquitoes which had at least one virus in their saliva, of which 7 (27%) had both. The equivalent figures for the other pairs of viruses are shown in **S3 Table.** For simplicity of analysis, our model assumes that virus 1 and 2 have equal probabilities of co-transmission ( $p_1 = p_2$ ), although in practice it seems likely these values will differ depending on the pair of viruses in question (**S3 Table**).

# Supplemental tables

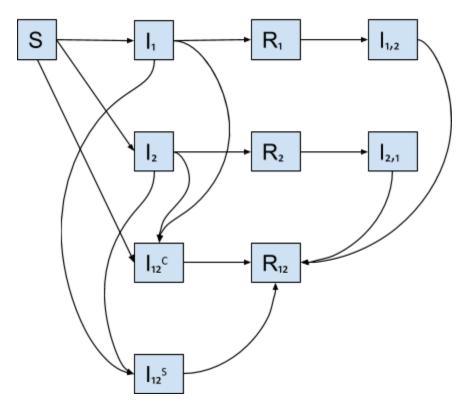
**S2 Table.** Parameter names, meanings and values. See the next section of the appendix for a discussion of the probabilities of transmission from co-infected *Ae. aegypti* mosquitoes and humans. Transmission parameters specific for *Ae. aegypti* mosquitoes were chosen broadly in line with previous dengue modeling studies [1–3], and to produce a final attack rate of 60% for a single invading virus.

Parameter	Meaning	Value
т	Ratio of Ae. aegypti mosquitoes to humans	1.0
a	Mosquito biting rate	0.5/day
b	Probability that an infected mosquito transmits to a human during feeding	0.3
С	Probability that a mosquito becomes infected after feeding on an infected human	0.5
r	Average time for a human to recover	5 days
g	Mosquito mortality rate	0.125/day
<i>p</i> <sub>1</sub>	Probability that when a co-infected mosquito transmits, it transmits only virus X to a human	varied
<i>p</i> <sub>2</sub>	Probability that when a co-infected mosquito transmits, it transmits only virus Y to a human	varied
<i>p</i> <sub>12</sub>	Probability that when a co-infected mosquito transmits, it transmits both viruses to a human	varied
$p_1^M$	Probability that when a mosquito becomes infected after feeding on a co-infected human, it only becomes infected by virus X	0.2
$p_2^M$	Probability that when a mosquito becomes infected after feeding on a co-infected human, it only becomes infected by virus Y	0.2
$p_{12}^{M}$	Probability that when a mosquito becomes infected after feeding on a co-infected human, it becomes infected by both viruses	0.6

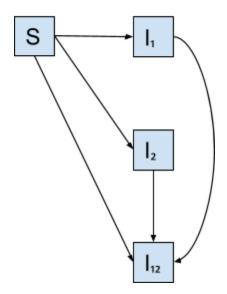
**S3 Table.** Proportion of transmission events leading to co-infection from a co-infected human to a mosquito  $(p_{12}^{M})$  or from a co-infected mosquito to a human  $(p_{12})$ . In the latter case we assume that co-infection does not affect the transmission probability, and that hence co-transmission occurs in the same proportion as which it is found in the saliva.

Virus 1	Virus 2	$p_{12}^{M}$	<i>p</i> <sub>12</sub>
Dengue	Zika	0.60	0.70
Dengue	Chikungunya	0.77	0.38
Zika	Chikungunya	0.36	0.27

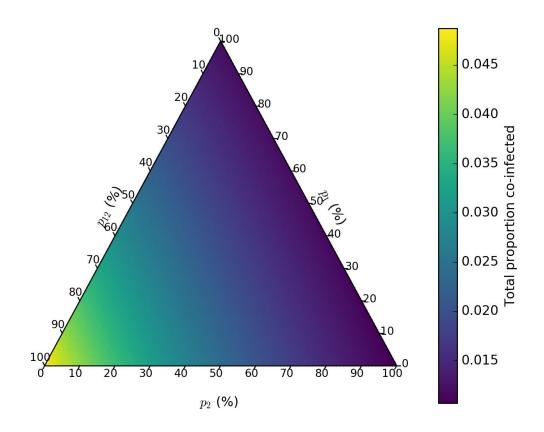
### **Supplemental figures**



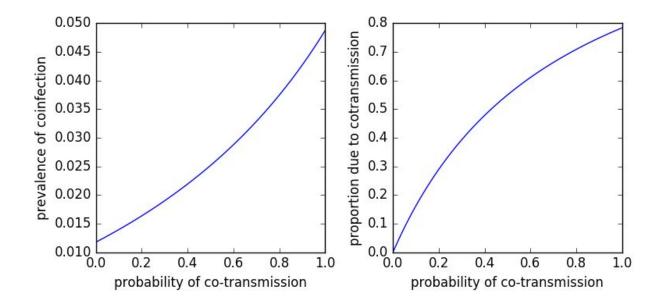
**S1 Fig. Model diagram for the human component of the model.** Susceptible individuals (S) can be infected by virus 1 (from either a mosquito with virus 1 or from a co-infected mosquito), by virus 2 (from either a mosquito infected with virus 2 or a co-infected mosquito), or by both viruses from a co-infected mosquito. Single-infected humans ( $I_1$  and  $I_2$ ) can either be infected by the other virus and become co-infected, or recover. Co-infected humans can be co-infected either due to co-transmission ( $I_{12}^{C}$ ) or due to sequential transmission ( $I_{12}^{S}$ ), and then recover. Individuals who have recovered from just one virus ( $R_1$  and  $R_2$ ) can become infected with the other virus ( $I_{1,2}$  and  $I_{2,1}$ ) and are then infectious with only their second infection. Individuals who have recovered from both infections ( $R_{12}$ ) form an absorbing state and remain immune.



**S2 Fig. Model diagram for the mosquito component of the model.** Susceptible mosquitoes (S) can be infected by virus 1 (from either a human with virus 1 or from a co-infected human), by virus 2 (from either a human infected with virus 2 or a co-infected human), or by both viruses from a co-infected human. Single-infected mosquitoes (I<sub>1</sub> and I<sub>2</sub>) can be infected by the other virus, becoming co-infected. Mosquitoes remain infected for the duration of their lifetime. From all states, mosquitoes die at a constant rate, and are born into the susceptible compartment at the same rate to maintain a constant population. All infected mosquitoes transmit with probability *c* per bite, and co-infected mosquitoes transmit virus X, virus Y, or both, in a proportion given by  $p_1^M$ ,  $p_2^M$ , and  $p_{12}^M$ .



**S3 Fig. Total proportion of individuals that were co-infected by the end of the epidemic.** This shows the final attack rate with changing probabilities of co-transmission.  $p_{12}$  represents the probability of co-transmission given an infectious bite by a co-infected mosquito.



S4 Fig. The impact of varying the probability of co-transmission on both the prevalence of co-infection (left) , and the proportion of co-infection that is due to co-transmission (right) .

## Supplemental references

- 1. Newton EAC, Reiter P. A model of the transmission of dengue fever with an evaluation of the impact of ultra-low volume (ULV) insecticide applications on dengue epidemics. Am J Trop Med Hyg. 1992;47: 709–720.
- 2. Burattini MN, Chen M, Chow A, Coutinho FAB, Goh KT, Lopez LF, et al. Modelling the control strategies against dengue in Singapore. Epidemiol Infect. 2007;136: 309–319.
- 3. Flasche S, Jit M, Rodríguez-Barraquer I, Coudeville L, Recker M, Koelle K, et al. The long-term safety, public health impact, and cost-effectiveness of routine vaccination with a recombinant, live-attenuated dengue vaccine (Dengvaxia): A model comparison study. PLoS Med. 2016;13: e1002181.
- 4. Rückert C, Weger-Lucarelli J, Garcia-Luna SM, Young MC, Byas AD, Murrieta RA, et al. Impact of simultaneous exposure to arboviruses on infection and transmission by *Aedes aegypti* mosquitoes. Nat Commun. 2017;8: 15412.