

# THE LANCET

## Respiratory Medicine

### Supplementary appendix

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# Supplemental Material – Risk and accuracy of outpatient-identified hypoxemia for death among suspected child pneumonia cases in rural Bangladesh: a multi-facility cohort study

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## Section 1: Key study definitions

### Panel. Key study definitions

<b>Eligibility criteria</b>	
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• 3-35 months of age <i>and</i></li> <li>• Residing in the surveillance area <i>and</i></li> <li>• Observed difficult breathing <i>and</i></li> <li>• Written informed consent</li> </ul>
<b>Observed difficult breathing</b>	<ul style="list-style-type: none"> <li>• fast breathing for age <i>or</i></li> <li>• chest indrawing <i>or</i></li> <li>• head nodding or tracheal tugging <i>or</i></li> <li>• persistent nasal flaring <i>or</i></li> <li>• cyanosis <i>or</i></li> <li>• stridor <i>or</i></li> <li>• grunting <i>or</i></li> <li>• adventitial lung auscultation sounds</li> </ul>
<b>Fast breathing</b>	<ul style="list-style-type: none"> <li>• respiratory rate 50 breaths/minute for 3–11 month olds</li> <li>• respiratory rate 40 breaths/minute for 12–35 month olds</li> </ul>
<b>WHO IMCI general danger sign</b>	<ul style="list-style-type: none"> <li>• stridor at rest <i>or</i></li> <li>• observed or history of convulsions within prior 24 hours <i>or</i></li> <li>• not feeding or drinking <i>or</i></li> <li>• vomiting everything <i>or</i></li> <li>• lethargy or coma</li> </ul>
<b>Severe acute malnutrition</b>	<ul style="list-style-type: none"> <li>• Weight-for-age z score &lt; -3 <i>or</i></li> <li>• bilateral pedal edema <i>or</i></li> <li>• Mid-upper arm circumference &lt;11.5cm (children &gt;6 months old)</li> </ul>
<b>Quality SpO<sub>2</sub> measurement</b>	<ul style="list-style-type: none"> <li>• Stable SpO<sub>2</sub> value for ≥3 seconds <i>and</i></li> <li>• ≥2 green bars on the device Quality Index scale <i>and</i></li> <li>• ≥2 green bars on the device Perfusion Index scale <i>and</i></li> <li>• &lt;5 minutes measurement time</li> </ul>
<b>WHO IMCI severe pneumonia</b>	<ul style="list-style-type: none"> <li>• Observed difficult breathing <i>and</i></li> <li>• ≥1 WHO-defined general danger sign <i>or</i></li> <li>• Severe acute malnutrition</li> </ul>
<b>WHO IMCI non-severe pneumonia</b>	<ul style="list-style-type: none"> <li>• Observed difficult breathing <i>and</i></li> <li>• Fast breathing <i>or</i></li> <li>• Chest indrawing <i>and</i></li> <li>• Absence of any WHO-defined general danger signs <i>and</i></li> <li>• Absence of severe acute malnutrition</li> </ul>

WHO indicates World Health Organization; SpO<sub>2</sub>, peripheral oxyhemoglobin saturation; IMCI, Integrated Management of Childhood Illness

**Section 2: Outpatient 3 – 11 month old children and three month mortality – secondary analysis**

**Supplemental Table 1. Three-month mortality of outpatient 3 – 11 month old children with suspected pneumonia in rural Bangladesh**

Characteristic		Alive, N=3,801	Dead, N=47	p value
<b>Age, in months</b>	Median (IQR)	6 (4, 9)	5 (4, 7)	0.016
<b>Sex, n (%)</b>	Females	1,569 (41.2)	26 (55.3)	0.052
	Males	2,232 (58.7)	21 (44.6)	
<b>Clinic, n (%)</b>	Beanibazar	1,132 (29.7)	18 (38.3)	0.108
	Zakiganj	1,036 (27.2)	16 (34.0)	
	Kanaighat	1,633 (42.9)	13 (27.6)	
<b>Severe acute malnutrition<sup>1</sup>, n (%)</b>		393 (7.7)	14 (29.7)	<0.001
<b>General danger signs<sup>2</sup>, n (%)</b>		8 (0.2)	0 (0)	0.753
<b>SpO<sub>2</sub> in room air, n (%)</b>	94% – 100%	3,344 (87.9)	29 (61.7)	<0.001
	90% – 93%	297 (7.8)	9 (19.5)	
	< 90%, n (%)	98 (2.5)	4 (8.5)	
	Failed measurement, n	62 (1.6)	5 (10.6)	
<b>Hospitalization, n (%)</b>		344 (9.0)	14 (29.7)	<0.001
<b>Oxygen, n (%)</b>		147 (3.8)	10 (21.2)	<0.001

IQR indicates interquartile range; SpO<sub>2</sub>, peripheral arterial oxyhemoglobin saturation.

<sup>1</sup>Weight-for-age z score < -3 and/or a mid-upper arm circumference <11.5cm (for children >6 months old)

<sup>2</sup>Stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma

**Supplemental Table 2. Risk of three-month mortality by SpO<sub>2</sub> measurement of outpatient 3 – 11-month-old children with suspected pneumonia in rural Bangladesh**

Characteristic		Risk ratio <sup>1</sup>	95% CI	p value	Adjusted risk ratio <sup>1</sup>	95% CI	p value
<b>WHO IMCI and no SpO<sub>2</sub>, N=3,848</b>	WHO IMCI referral criteria <sup>2</sup>	4.7	2.5, 8.8	<0.001	–	–	–
<b>WHO IMCI and SpO<sub>2</sub> (continuous), N=3,781</b>	WHO IMCI referral criteria <sup>2</sup>	4.7	2.5, 8.8	<0.001	4.1	2.1, 8.2	<0.001
	SpO <sub>2</sub>	0.9	0.8, 0.9	<0.001	0.9	0.9, 0.9	<0.001
<b>WHO IMCI and SpO<sub>2</sub> (strata), N=3,848</b>	WHO IMCI referral criteria <sup>2</sup>	4.7	2.5, 8.8	<0.001	4.1	2.2, 7.7	<0.001
	90% – 93%	3.4	1.6, 7.1	0.001	3.1	1.5, 6.4	0.002
	< 90%	4.5	1.6, 12.7	0.004	4.1	1.4, 11.9	0.009
	Failed measurement	8.6	3.4, 21.7	<0.001	7.5	3.0, 18.6	<0.001
<b>SpO<sub>2</sub> &lt;90% or failed measurement threshold, N=3,848</b>	WHO IMCI referral criteria <sup>2</sup>	4.7	2.5, 8.8	<0.001	4.4	2.2, 9.4	<0.001
	< 90% or failed measurement	5.1	2.5, 10.4	<0.001	4.5	2.2, 9.5	<0.001
<b>SpO<sub>2</sub> &lt;94% or failed measurement threshold, N=3,848</b>	WHO IMCI referral criteria <sup>2</sup>	4.7	2.5, 8.8	<0.001	4.2	2.2, 7.8	<0.001
	< 94% or failed measurement	4.4	2.4, 7.8	<0.001	3.9	2.2, 7.1	<0.001

CI indicates confidence interval; SpO<sub>2</sub>, peripheral oxyhemoglobin saturation; CI, confidence interval.

<sup>1</sup>Risk ratio estimated by poisson regression with robust variance estimation

<sup>2</sup>WHO IMCI referral criteria, which includes any of: stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma, or severe acute malnutrition (weight-for-age z score < -3 and/or a mid-upper arm circumference <11.5cm (for children >6 months old))

**Section 3: Outpatient 12 – 35 month old children: two-week and three-month mortality – secondary analysis**

**Supplemental Table 3. Characteristics of outpatient 12 – 35 month old children with suspected pneumonia in rural Bangladesh**

Characteristic		No pneumonia, N=392	Non-severe pneumonia, N=2,406	Severe pneumonia, N=442	Total, N=3,240
Age, in months	Median (IQR)	20 (15,26)	20 (15,26)	22 (16,27)	20 (15,26)
Sex, n (%)	Females	175 (44.6)	1,060 (44.0)	183 (41.4)	1,418 (43.70)
Clinic, n (%)	Beanibazar	240 (61.2)	775 (32.20)	86 (19.4)	1,101 (33.9)
	Zakiganj	76 (19.3)	573 (23.8)	141 (31.9)	790 (24.3)
	Kanaighat	76 (19.3)	1,058 (43.9)	215 (48.6)	1,349 (41.6)
Weight, in kg	Mean (SD)	9.7 (1.5)	9.5 (1.4)	7.4 (1.0)	9.2 (1.6)
Weight-for-age z score	>-2.0	302 (77.0)	1,677 (69.7)	9 (2.0)	1,988 (61.3)
	<-2.0 to >-3.0	90 (22.9)	729 (30.3)	9 (2.0)	828 (25.5)
	<-3.0	–	–	424 (95.9)	424 (13.0)
Mid-upper arm circumference <11.5cm, n (%)		–	–	16 (3.6)	16 (0.4)
Severe acute malnutrition, n (%)		–	–	429 (97.0)	429 (13.2)
Fever >101 °F, n (%)		61 (15.5)	668 (27.7)	117 (26.4)	846 (26.1)
Fast breathing for age, n (%)		–	2,325 (96.6)	395 (89.3)	2,720 (83.9)
Lower chest wall indrawing, n (%)		–	711 (29.5)	140 (31.6)	851 (26.2)
Respiratory distress, n (%)		4 (1.0)	193 (8.0)	43 (9.7)	240 (7.4)
	Head nodding, n (%)	–	101 (4.2)	27 (6.1)	128 (3.9)
	Nasal flaring, n (%)	4 (1.0)	115 (4.7)	26 (5.8)	145 (4.4)
	Wheeze, n (%)	5 (1.2)	37 (1.5)	10 (2.2)	52 (1.6)
	Grunting, n (%)	1 (0.2)	6 (0.2)	3 (0.6)	10 (0.3)
WHO IMCI danger signs, n (%)		–	–	14 (3.1)	14 (0.4)
	Stridor, n (%)	–	–	–	–
	Convulsion, n (%)	–	–	13 (2.9)	13 (0.4)
	Not feeding, n (%)	–	–	–	–
	Vomiting everything, n (%)	–	–	–	–
Lethargy, n (%)		–	–	2 (0.4)	2 (0)
SpO <sub>2</sub> in room air <sup>1</sup>	Median (IQR)	97 (96, 99) (n=387)	97 (96, 99) (n=2,358)	97 (96, 98) (n=425)	97 (96, 99) n=3,170
	94% – 100%, n (%)	363 (92.6)	2,198 (91.3)	390 (88.2)	2,951 (91.0)
	90% – 93%, n (%)	22 (5.6)	133 (5.5)	27 (6.1)	182 (5.6)
	< 90%, n (%)	2 (0.5)	27 (1.1)	8 (1.8)	37 (1.1)
	Failed measurement, n (%)	5 (1.2)	48 (2.0)	17 (3.8)	70 (2.1)
Hospitalization, n (%)		6 (1.5)	116 (4.8)	37 (8.3)	159 (4.9)
Oxygen, n (%)		3 (0.7)	43 (1.7)	15 (3.3)	61 (1.8)
Mortality, n (%)	Two weeks	–	2 (0.1)	1 (0.2)	3 (0.1)
	Three months	–	3 (0.1)	2 (0.4)	5 (0.1)

WHO indicates World Health Organization; IMCI, Integrated Management of Childhood Illness; IQR, interquartile range; SD, standard deviation; SpO<sub>2</sub>, peripheral arterial oxyhemoglobin saturation. <sup>1</sup>387 measurements for no pneumonia category; 2,358 measurements for non-severe pneumonia category; 425 measurements for severe pneumonia category; 3,170 measurements total.



**Supplemental Table 4. Two-week mortality of outpatient 12 – 35 month old children with suspected pneumonia in rural Bangladesh**

Characteristic		Alive, N=3,237	Dead, N=3	p value
Age, in months	Median (IQR)	20 (15, 26)	13 (12, 17)	0.049
Sex, n (%)	Females	1,417 (43.7)	1 (33.3)	0.716
	Males	1,820 (56.2)	2 (66.6)	
Clinic, n (%)	Beanibazar	1,101 (34.0)	0 (-)	0.010
	Zakiganj	787 (24.3)	3 (100.0)	
	Kanaighat	1,349 (41.6)	0 (-)	
Severe acute malnutrition <sup>1</sup> , n (%)		428 (13.2)	1 (33.3)	0.304
WHO IMCI danger signs <sup>2</sup> , n (%)		14 (0.4)	0 (-)	0.909
SpO <sub>2</sub> in room air, n (%)	94% – 100%	2,950 (91.1)	1 (33.3)	<0.001
	90% – 93%	181 (5.5)	1 (33.3)	
	< 90%, n (%)	37 (1.1)	0 (-)	
	Failed measurement, n	69 (2.1)	1 (33.3)	
Hospitalization, n (%)		157 (4.8)	2 (66.6)	<0.001
Oxygen, n (%)		59 (1.8)	2 (66.6)	<0.001

IQR indicates interquartile range; SpO<sub>2</sub>, peripheral arterial oxyhemoglobin saturation.

<sup>1</sup>Weight-for-age z score < -3 and/or a MUAC <11.5cm (for children >6 months old)

<sup>2</sup>Stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma

**Supplemental Table 5. Risk of two-week mortality by SpO<sub>2</sub> measurement of outpatient 12 – 35 month old children with suspected pneumonia in rural Bangladesh**

Characteristic		Risk ratio <sup>1</sup>	95% CI	p value
WHO IMCI and no SpO <sub>2</sub> , N=3,240	WHO IMCI referral criteria <sup>2</sup>	3.1	0.2, 34.8	0.346
SpO <sub>2</sub> (continuous), N=3,170	SpO <sub>2</sub>	0.9	0.8, 1.0	0.165
WHO IMCI and SpO <sub>2</sub> (strata), N=3,240	90% – 93%	16.2	1.0, 258.2	0.049
	< 90%	–	–	–
	Failed measurement	42.1	2.6, 667.4	0.008
SpO <sub>2</sub> <90% or failed measurement threshold, N=3,240	< 90% or failed measurement	14.6	1.3, 160.2	0.028
SpO <sub>2</sub> <94% or failed measurement threshold, N=3,240	< 94% or failed measurement	20.4	1.8, 224.6	0.014

CI indicates confidence interval; SpO<sub>2</sub>, peripheral oxyhemoglobin saturation; CI, confidence interval.

<sup>1</sup>Risk ratio estimated by poisson regression with robust variance estimation

<sup>2</sup>WHO IMCI referral criteria, which includes any of: stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma, or severe acute malnutrition (weight-for-age z score < -3 and/or a mid-upper arm circumference <11.5cm (for children >6 months old))

**Supplemental Table 6. WHO IMCI accuracy for identifying two-week mortality with and without pulse oximetry and at varying SpO<sub>2</sub> thresholds for outpatient 12 – 35 month old children in Bangladesh**

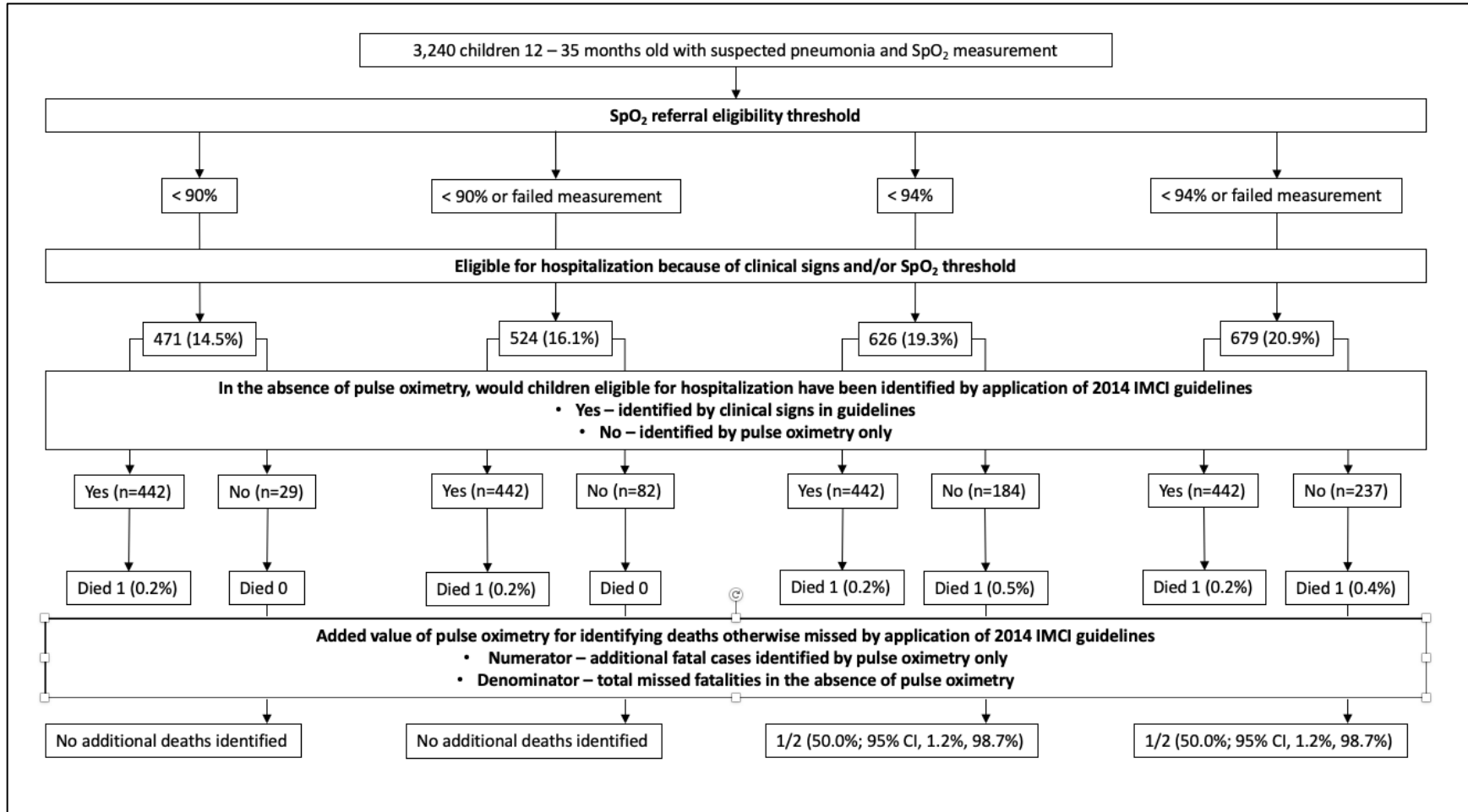
Model	Referral eligibility prevalence	Sensitivity (95% CI)	Specificity (95% CI)	PPV (95% CI)	NPV (95% CI)	LR Positive (95% CI)	LR Negative (95% CI)	AUC	Diagnostic OR (95% CI)	LRT <sup>1</sup>
<b>WHO IMCI without pulse oximetry</b>	13.6%	33.3% (0.8%, 90.6%)	86.4% (85.1%, 87.5%)	0.2% (0%, 1.2%)	99.9% (99.7%, 99.9%)	2.4 (0.4, 12.2)	0.7 (0.3, 1.7)	0.59 (0.2, 0.9)	3.1 (0.2, 35.0)	Ref
<b>WHO IMCI with SpO<sub>2</sub> &lt;90%</b>	14.5%	33.3% (0.8%, 90.6%)	85.5% (84.2%, 86.7%)	0.2% (0%, 1.1%)	99.9% (99.7%, 100%)	2.3 (0.4, 11.4)	0.7 (0.3, 1.7)	0.59 (0.2, 0.9)	2.9 (0.2, 32.5)	0.1
<b>WHO IMCI with SpO<sub>2</sub> &lt;90% or failure</b>	16.1%	33.3% (0.8%, 90.6%)	83.8% (82.5%, 85.1%)	0.1% (0%, 1.0%)	99.9% (99.7%, 100%)	2.0 (0.4, 10.2)	0.7 (0.3, 1.7)	0.58 (0.2, 0.9)	2.5 (0.2, 28.6)	2.8
<b>WHO IMCI with SpO<sub>2</sub> &lt;94%</b>	19.3%	66.7% (9.4%, 99.2%)	81.6% (80.2%, 82.9%)	0.3% (0%, 1.2%)	100% (99.8%, 100%)	3.6 (1.6, 8.1)	0.4 (0, 2.0)	0.74 (0.4, 1.0)	2.8 (1.2, 6.6)	0.1
<b>WHO IMCI with SpO<sub>2</sub> &lt;94% or failure</b>	20.9%	66.6% (9.4%, 99.1%)	79.0% (77.6%, 80.4%)	2.0% (1.1%, 3.3%)	99.7% (99.4%, 99.8%)	3.1 (1.4, 7.1)	0.4 (0, 2.0)	0.72 (0.4, 1.0)	7.5 (0.6, 83.5)	5.8

WHO indicates World Health Organization; IMCI, Integrated Management of Childhood Illnesses; SpO<sub>2</sub>, peripheral oxyhemoglobin saturation; CI, confidence interval; PPV, positive predictive value; NPV, negative predictive value; OR, odds ratio.

<sup>1</sup>Chi-square test statistic for the likelihood-ratio test comparing the reduced model (IMCI without pulse oximetry) and the full model (IMCI with pulse oximetry (SpO<sub>2</sub> threshold specified by table row)).

P values for LRT comparisons as follows: IMCI with SpO<sub>2</sub> <90%= 0.7797; SpO<sub>2</sub> <90% or failure=0.0892; IMCI with SpO<sub>2</sub> <94%=0.1814; IMCI with SpO<sub>2</sub> <94% or failure=0.0160.

**Supplemental Figure 1: 3,240 children 12 – 35 months old with suspected pneumonia and SpO<sub>2</sub> measurement**



**Supplemental Table 7. Three-month mortality of outpatient 12 – 35 month old children with suspected pneumonia in rural Bangladesh**

Characteristic		Alive, N=3,235	Dead, N=5	p value
Age, in months	Median (IQR)	20 (15, 26)	16 (13, 17)	0.134
Sex, n (%)	Females	1,416 (43.7)	2 (40.0)	0.865
	Males	1,819 (56.2)	3 (60.0)	
Clinic, n (%)	Beanibazar	1,100 (34.0)	1 (20.0)	0.178
	Zakiganj	787 (24.3)	3 (60.0)	
	Kanaighat	1,348 (41.6)	1 (20.0)	
Severe acute malnutrition <sup>1</sup> , n (%)		427 (13.2)	2 (40.0)	0.077
WHO IMCI danger signs <sup>2</sup> , n (%)		14 (0.4)	0 (-)	0.883
SpO <sub>2</sub> in room air, n (%)	94% – 100%	2,949 (91.1)	2 (40.0)	<0.001
	90% – 93%	181 (5.6)	1 (20.0)	
	< 90%, n (%)	36 (1.1)	1 (20.0)	
	Failed measurement, n	69 (2.1)	1 (20.0)	
Hospitalization, n (%)		156 (4.8)	2 (60.0)	<0.001
Oxygen, n (%)		59 (1.8)	2 (40.0)	<0.001

IQR indicates interquartile range; SpO<sub>2</sub>, peripheral arterial oxyhemoglobin saturation.

<sup>1</sup>Weight-for-age z score < -3 and/or a MUAC <11.5cm (for children >6 months old)

<sup>2</sup>Stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma

**Supplemental Table 8: Risk of three-month mortality by SpO<sub>2</sub> measurement of outpatient 12 – 35 month old children with suspected pneumonia in rural Bangladesh**

Characteristic		Risk ratio <sup>1</sup>	95% CI	p value
WHO IMCI and no SpO <sub>2</sub> , N=3,240	WHO IMCI referral criteria <sup>2</sup>	4.2	0.7, 25.1	0.114
WHO IMCI and SpO <sub>2</sub> (continuous) , N=3,170	SpO <sub>2</sub>			
WHO IMCI and SpO <sub>2</sub> (strata), N=3,240	90% – 93%	8.1	0.7, 89.0	0.087
	< 90%	39.8	3.6, 430.3	0.002
	Failed measurement	21.0	1.9, 229.8	0.012
SpO <sub>2</sub> <90% or failed measurement threshold, N=3,240	< 90% or failed measurement	19.5	3.2, 115.6	0.001
SpO <sub>2</sub> <94% or failed measurement threshold, N=3,240	< 94% or failed measurement	15.3	2.5, 91.3	0.003

CI indicates confidence interval; SpO<sub>2</sub>, peripheral oxyhemoglobin saturation; CI, confidence interval.

<sup>1</sup>Risk ratio estimated by poisson regression with robust variance estimation

<sup>2</sup>WHO IMCI referral criteria, which includes any of: stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma, or severe acute malnutrition (weight-for-age z score < -3 and/or a mid-upper arm circumference <11.5cm (for children >6 months old))

#### **Section 4: Outpatient 3-11 month old children and two-week mortality risk model specification – primary analysis**

**Overall approach:** Due to the fact that mortality events at two-weeks were modest in number (n=24) for our primary analysis of 3 – 11 month olds (and also for secondary analyses) the model specification approach sought to optimize both model fit and parsimony. Our research question of interest was whether a low oxygen saturation was independently associated with an elevated mortality risk when controlling for the currently recommended Integrated Management of Childhood Illnesses (IMCI) criteria (i.e., World Health Organization (WHO) IMCI danger signs and/or severe acute malnutrition). That is, does oxygen saturation have added value in predicting fatalities when employed in an outpatient context in Bangladesh?

We therefore employed a forward selection approach where variables with a p value <0.05 in bivariable analysis (see Table 2) of the association between mortality and exposure variables were added stepwise to the base model of hypoxemia and IMCI referral criteria. We then compared the Bayesian Information Criterion (BIC) score of the ‘nested model’ (i.e., saved model) and the ‘non-nested model’ (i.e., current model). As described by Williams in 2022 (see <https://www3.nd.edu/~rwilliam/xsoc73994/L05.pdf>) and Jorgensen et al (see <https://methods.sagepub.com/foundations/goodness-of-fit-measures>) BIC evaluates model fit while also comparing the nested and non-nested models. Per Williams and Jorgensen BIC favors the model that is most likely to have produced the observed data, while also having penalties for models with variables that do not lead to an improved fit. Overall, this results in BIC favoring more parsimonious but suitable models.

To facilitate BIC model comparison we utilized a scale proposed by Raftery (<https://www3.nd.edu/~rwilliam/xsoc73994/L05.pdf>) that categorizes the absolute magnitude of BIC difference with a qualitative description of the strength of difference. We used Raftery’s scale to facilitate decision-making on model selection.

Raftery scale:

Absolute difference	Evidence
0-2	Weak
2-6	Positive
6-10	Strong
>10	Very strong

Whenever evidence of the absolute difference in BIC values between models was ‘weak’ we also considered the p value of the added term. In this scenario of ‘weak’ BIC evidence (i.e., neither model favored) we then evaluated the added term’s p value. If the added term’s p value was <0.05 then we added the variable to the model. If the added term’s p value was >0.05 then we did not add the variable to the model and retained the nested (saved) model. A similar approach was utilized for secondary analyses of mortality risk as mortality events remained modest in number.

**Model specification Summary Table – Risk of two-week mortality by SpO<sub>2</sub> measurement of outpatient 3 – 11-month-old children with suspected pneumonia in rural Bangladesh – primary analysis**

<b>Model A: exposure variables</b>	<b>Model B: exposure variables</b>	<b>BIC – Model A</b>	<b>BIC – Model B</b>	<b>BIC – absolute difference</b>	<b>Evidence per Raftery scale</b>	<b>Favored Model</b>
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	Model A plus: <ul style="list-style-type: none"> <li>• clinic (as fixed effect)</li> </ul>	-31444.231	-31424.047	20.1	Very strong	Model A
	Model A plus: hospital (as interaction term)	-31391.621	-31444.231	52.6	Very strong	Model A
	Model A plus: oxygen (as interaction term)	-31393.801	-31444.231	50.4	Very strong	Model A
	Model A plus: Severe acute malnutrition (as interaction term)	-31385.667	-31444.231	58.5	Very strong	Model A
	Model A plus: WHO IMCI referral criteria (as interaction term)	-31385.593	-31444.231	58.6	Very strong	Model A





- **Clinic as random effect:**

Mixed-effects Poisson regression  
Group variable: clinic

Number of obs = 3,848  
Number of groups = 3

Obs per group:  
min = 1,052  
avg = 1,282.7  
max = 1,646

Integration points = 7  
Log likelihood = -132.11966

Wald chi2(4) = 32.03  
Prob > chi2 = 0.0000

death2w	IRR	Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	4.064415	2.234161	2.55	0.011	1.383893	11.93696
<90	9.839038	5.779364	3.89	0.000	3.111461	31.11293
failed	10.85599	7.145203	3.62	0.000	2.988305	39.43791
IMCI_refer	3.089452	1.466933	2.38	0.018	1.218187	7.835178
_cons	.0030839	.0010222	-17.44	0.000	.0016105	.0059053

Note: \_cons estimates baseline incidence rate (conditional on zero random effects).

Random-effects Parameters	Estimate	Std. Err.	[95% Conf. Interval]	
clinic: Identity				
sd(_cons)	.2256012	.3461003	.0111556	4.562368

LR test vs. Poisson model: chibar2(01) = 0.17      Prob >= chibar2 = 0.3396

As Prob >= chibar2 = 0.3396 the model with clinic as random effect is not favored. Model A retained.

- **Hospital as interaction term:**

**Model A:**

Poisson regression

Number of obs = 3,848  
Wald chi2(4) = 45.28  
Prob > chi2 = 0.0000  
Pseudo R2 = 0.0936

Log pseudolikelihood = -132.20513

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.088078	1.488237	2.34	0.019	1.200794	7.941595
hypoxia						
90-93	4.297255	2.224147	2.82	0.005	1.55823	11.85088
<90	10.25691	6.015159	3.97	0.000	3.249602	32.37451
failed	11.39268	7.505195	3.69	0.000	3.1324	41.43571
_cons	.0030693	.0009125	-19.46	0.000	.0017139	.0054966

Note: \_cons estimates baseline incidence rate.

**Model B:**

Poisson regression

Number of obs = 3,848  
Wald chi2(7) = .  
Prob > chi2 = .  
Pseudo R2 = 0.1113

Log pseudolikelihood = -129.61626

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						

90-93	3.956257	2.557308	2.13	0.033	1.114478	14.04422
<90	10.71148	8.328808	3.05	0.002	2.333405	49.17098
failed	6.97e-07	2.24e-07	-44.07	0.000	3.71e-07	1.31e-06
IMCI_refer	2.733921	1.41045	1.95	0.051	.9945916	7.514967
hypoxia#hosp_admit						
94-100#Hospitalized	2.712538	2.174594	1.24	0.213	.5636149	13.05477
90-93#Hospitalized	1.853218	1.711559	0.67	0.504	.3032427	11.32564
<90#Hospitalized	1.177236	1.167856	0.16	0.869	.1684396	8.227779
failed#Hospitalized	3.30e+07	1.94e+07	29.43	0.000	1.04e+07	1.04e+08
_cons	.0028118	.0008777	-18.82	0.000	.0015251	.0051842

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death2w

	Model B	Model A	Difference
Model:	poisson	poisson	
N:	3848	3848	0
BIC:	-31391.621	-31444.231	52.609

Difference of 52.609 in BIC provides very strong support for Model A.

- Oxygen as interaction term:**

**Model A:**

Poisson regression	Number of obs	=	3,848
	Wald chi2(4)	=	45.28
	Prob > chi2	=	0.0000
Log pseudolikelihood = -132.20513	Pseudo R2	=	0.0936

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]
IMCI_refer					
yes	3.088078	1.488237	2.34	0.019	1.200794 7.941595
hypoxia					
90-93	4.297255	2.224147	2.82	0.005	1.55823 11.85088
<90	10.25691	6.015159	3.97	0.000	3.249602 32.37451
failed	11.39268	7.505195	3.69	0.000	3.1324 41.43571
_cons	.0030693	.0009125	-19.46	0.000	.0017139 .0054966

Note: \_cons estimates baseline incidence rate.

**Model B:**

Poisson regression	Number of obs	=	3,848
	Wald chi2(8)	=	61.53
	Prob > chi2	=	0.0000
Log pseudolikelihood = -128.52644	Pseudo R2	=	0.1188

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]
hypoxia					
90-93	4.672748	2.723364	2.65	0.008	1.490996 14.64429
<90	7.614756	5.973938	2.59	0.010	1.636328 35.43575
failed	6.911972	7.263007	1.84	0.066	.8813958 54.20421
IMCI_refer	2.835139	1.404959	2.10	0.035	1.073395 7.488399
hypoxia#oxygen_treat1					
94-100#oxygen treatment	7.487596	5.954273	2.53	0.011	1.575619 35.58226
90-93#oxygen treatment	1.613031	1.731597	0.45	0.656	.1967314 13.22549
<90#oxygen treatment	3.831333	3.786484	1.36	0.174	.5522205 26.58198
failed#oxygen treatment	3.692888	4.504832	1.07	0.284	.3380753 40.33842

```

      _cons | .0026705 .0008379 -18.89 0.000 .0014438 .0049393
-----

```

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death2w

	<u>Model B</u>	<u>Model A</u>	<u>Difference</u>
Model:	poisson	poisson	
N:	3848	3848	0
BIC:	-31393.801	-31444.231	50.430

**Difference of 50.430 in BIC provides very strong support for Model A.**

- **Severe acute malnutrition as interaction term**

**Model A:**

Poisson regression

Number of obs	=	3,848
Wald chi2(4)	=	45.28
Prob > chi2	=	0.0000
Pseudo R2	=	0.0936

Log pseudolikelihood = -132.20513

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.088078	1.488237	2.34	0.019	1.200794	7.941595
hypoxia						
90-93	4.297255	2.224147	2.82	0.005	1.55823	11.85088
<90	10.25691	6.015159	3.97	0.000	3.249602	32.37451
failed	11.39268	7.505195	3.69	0.000	3.1324	41.43571
_cons	.0030693	.0009125	-19.46	0.000	.0017139	.0054966

Note: \_cons estimates baseline incidence rate.

**Model B:**

Poisson regression

Number of obs	=	3,848
Wald chi2(7)	=	2987.25
Prob > chi2	=	0.0000
Pseudo R2	=	0.1192

Log pseudolikelihood = -128.46604

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	2.562591	1.996971	1.21	0.227	.5563606	11.80326
<90	15.26281	9.028405	4.61	0.000	4.787664	48.65701
failed	17.95996	11.7362	4.42	0.000	4.989708	64.64508
wazrefer						
SAM	4.200377	2.786909	2.16	0.031	1.144259	15.41886
hypoxia#wazrefer						
90-93#SAM	2.765048	3.080908	0.91	0.361	.3113623	24.55497
<90#SAM	5.93e-09	5.20e-09	-21.58	0.000	1.06e-09	3.31e-08
failed#SAM	5.04e-09	4.69e-09	-20.51	0.000	8.12e-10	3.13e-08
_cons	.0028799	.0009587	-17.57	0.000	.0014997	.0055303

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death2w

	<u>Model B</u>	<u>Model A</u>	<u>Difference</u>
Model:	poisson	poisson	
N:	3848	3848	0
BIC:	-31385.667	-31444.231	58.564

**Difference of 58.564 in BIC provides very strong support for Model A**



◇ Final model internal validation using nonparametric bootstrap estimation (Stata output)

bootstrap, reps (100): poisson death2w i.IMCI\_refer i.hypoxia, vce(robust) irr  
 (running poisson on estimation sample)

Bootstrap replications (100)

```

-----+----- 1 -----+----- 2 -----+----- 3 -----+----- 4 -----+----- 5
..... 50
..... 100
  
```

```

Poisson regression                Number of obs   =    3,848
                                Replications     =     100
                                Wald chi2(2)       =    28.22
                                Prob > chi2       =    0.0000
Log pseudolikelihood = -133.45167  Pseudo R2      =    0.0850
  
```

death2w	Observed IRR	Bootstrap Std. Err.	z	P> z	Normal-based [95% Conf. Interval]	
IMCI_refer yes	3.128901	1.532008	2.33	0.020	1.198441	8.168963
hypoxia <94 or fail	6.597115	2.941184	4.23	0.000	2.753365	15.80681
_cons	.0030611	.0010239	-17.31	0.000	.0015892	.0058965

Note: \_cons estimates baseline incidence rate.

**Section 5: Outpatient 3-11 month old children and three-month mortality risk model specification – secondary analysis**

**Model specification Summary Table – Risk of *three-month* mortality by SpO<sub>2</sub> measurement of outpatient 3 – 11 month old children with suspected pneumonia in rural Bangladesh**

Model A: exposure variables	Model B: exposure variables	BIC – Model A	BIC – Model B	BIC – absolute difference	Evidence per Raftery scale	Favored Model
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<ul style="list-style-type: none"> <li>• Model A plus: clinic (as fixed effect)</li> </ul>	-31138.405	-31115.271	23.1	Very strong	Model A
	Model A plus: hospital (as interaction term)	-31138.405	-31075.272	63.1	Very strong	Model A
	Model A plus: oxygen (as interaction term)	-31138.405	-31078.613	59.7	Very strong	Model A
	Model A plus: Severe acute malnutrition (as interaction term)	-31138.405	-31075.541	62.8	Very strong	Model A
	Model A plus: WHO IMCI referral criteria (as interaction term)	-31138.405	-31075.541	62.8	Very strong	Model A





Integration points = 7  
 Log likelihood = -234.6181  
 Wald chi2(4) = 51.00  
 Prob > chi2 = 0.0000

death3m	IRR	Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	3.116741	1.192995	2.97	0.003	1.471927	6.599562
<90	4.114381	2.198526	2.65	0.008	1.443655	11.72588
failed	7.538975	3.665533	4.15	0.000	2.907025	19.55131
IMCI_refer	4.17394	1.340478	4.45	0.000	2.224229	7.832727
_cons	.00694	.00141	-24.46	0.000	.0046603	.0103347

Note: \_cons estimates baseline incidence rate (conditional on zero random effects).

Random-effects Parameters	Estimate	Std. Err.	[95% Conf. Interval]	
clinic: Identity				
sd(_cons)	2.03e-09	.3071851	0	.

LR test vs. Poisson model: chibar2(01) = 0.00      Prob >= chibar2 = 1.0000

As Prob >= chibar2 = 1.0000 the model with clinic as random effect is not favored. **Model A** retained.

• **Hospital as interaction term:**

**Model A:**

Poisson regression      Number of obs = 3,837  
 Wald chi2(3) = 30.80  
 Prob > chi2 = 0.0000  
 Log pseudolikelihood = -242.48427      Pseudo R2 = 0.0450

death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	3.421933	1.289732	3.26	0.001	1.634754	7.162932
<90	4.547667	2.382444	2.89	0.004	1.628767	12.69751
failed	8.654143	4.052849	4.61	0.000	3.456171	21.6697
_cons	.0086233	.0015946	-25.71	0.000	.0060016	.01239

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death3m

**Model B:**

Poisson regression      Number of obs = 3,837  
 Wald chi2(8) = 71.50  
 Prob > chi2 = 0.0000  
 Log pseudolikelihood = -232.78855      Pseudo R2 = 0.0832

death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	2.610541	1.253465	2.00	0.046	1.018642	6.690205
<90	4.159782	3.07086	1.93	0.053	.9787941	17.67868
failed	3.842992	3.617086	1.43	0.153	.6074422	24.31274
IMCI_refer						
yes	3.797708	1.260521	4.02	0.000	1.981499	7.278623
hypoxia#hosp_admit						
94-100#Hospitalized	2.036664	1.113455	1.30	0.193	.6975304	5.946695
90-93#Hospitalized	2.053398	1.35302	1.09	0.275	.5644186	7.470416

<90#Hospitalized	1.159271	1.158979	0.15	0.882	.1633795	8.225686
failed#Hospitalized	2.985105	3.139161	1.04	0.298	.3800398	23.44716
_cons	.0066056	.0013647	-24.30	0.000	.0044061	.0099029

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death3m

	<u>Model B</u>	<u>Model A</u>	<u>Difference</u>
Model:	poisson	poisson	
N:	3837	3837	0
BIC:	-31075.272	-31138.405	63.133

Difference of 63.133 in BIC provides very strong support for Model A.

• **Oxygen as interaction term:**

Model A:

Poisson regression	Number of obs	=	3,837
	Wald chi2(3)	=	30.80
	Prob > chi2	=	0.0000
Log pseudolikelihood = -242.48427	Pseudo R2	=	0.0450

death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]
hypoxia					
90-93	3.421933	1.289732	3.26	0.001	1.634754 7.162932
<90	4.547667	2.382444	2.89	0.004	1.628767 12.69751
failed	8.654143	4.052849	4.61	0.000	3.456171 21.6697
_cons	.0086233	.0015946	-25.71	0.000	.0060016 .01239

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death3m

Model B:

Poisson regression	Number of obs	=	3,837
	Wald chi2(8)	=	79.38
	Prob > chi2	=	0.0000
Log pseudolikelihood = -231.11796	Pseudo R2	=	0.0898

death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]
hypoxia					
90-93	3.087967	1.285479	2.71	0.007	1.365617 6.982589
<90	2.818841	2.090287	1.40	0.162	.6589755 12.0579
failed	5.16432	3.608703	2.35	0.019	1.312847 20.31479
IMCI_refer					
yes	3.909904	1.287935	4.14	0.000	2.050112 7.456836
hypoxia#oxygen_treat1					
94-100#oxygen treatment	4.085228	2.560228	2.25	0.025	1.196093 13.953
90-93#oxygen treatment	1.708854	1.333272	0.69	0.492	.3703268 7.885417
<90#oxygen treatment	3.921632	3.915643	1.37	0.171	.5540707 27.75674
failed#oxygen treatment	2.65533	2.293471	1.13	0.258	.4885576 14.43183
_cons	.0065034	.0013177	-24.85	0.000	.0043718 .0096742

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death3m

	<u>Model B</u>	<u>Model A</u>	<u>Difference</u>
Model:	poisson	poisson	

N: 3837 3837 0  
 BIC: -31078.613 -31138.405 59.792

Difference of 59.792 in BIC provides very strong support for Model A.

• Severe acute malnutrition as interaction term

**Model A:**

Poisson regression Number of obs = 3,837  
 Wald chi2(3) = 30.80  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0450  
 Log pseudolikelihood = -242.48427

death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	3.421933	1.289732	3.26	0.001	1.634754	7.162932
<90	4.547667	2.382444	2.89	0.004	1.628767	12.69751
failed	8.654143	4.052849	4.61	0.000	3.456171	21.6697
_cons	.0086233	.0015946	-25.71	0.000	.0060016	.01239

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death3m

**Model B:**

Poisson regression Number of obs = 3,837  
 Wald chi2(7) = 3784.10  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0837  
 Log pseudolikelihood = -232.65386

death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
hypoxia						
90-93	2.738977	1.352003	2.04	0.041	1.04093	7.207012
<90	6.573545	3.517065	3.52	0.000	2.303449	18.75948
failed	7.650213	4.612302	3.37	0.001	2.346851	24.938
IMCI_refer						
yes	4.604039	1.88962	3.72	0.000	2.059602	10.29188
hypoxia#IMCI_refer						
90-93#yes	1.340438	1.026362	0.38	0.702	.2988744	6.011801
<90#yes	2.88e-10	2.01e-10	-31.36	0.000	7.29e-11	1.14e-09
failed#yes	.9331607	.8722026	-0.07	0.941	.1494029	5.828459
_cons	.0067611	.0014706	-22.97	0.000	.0044144	.0103552

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death3m

	<u>Model B</u>	<u>Model A</u>	<u>Difference</u>
Model:	poisson	poisson	
N:	3837	3837	0
BIC:	-31075.541	-31138.405	62.864

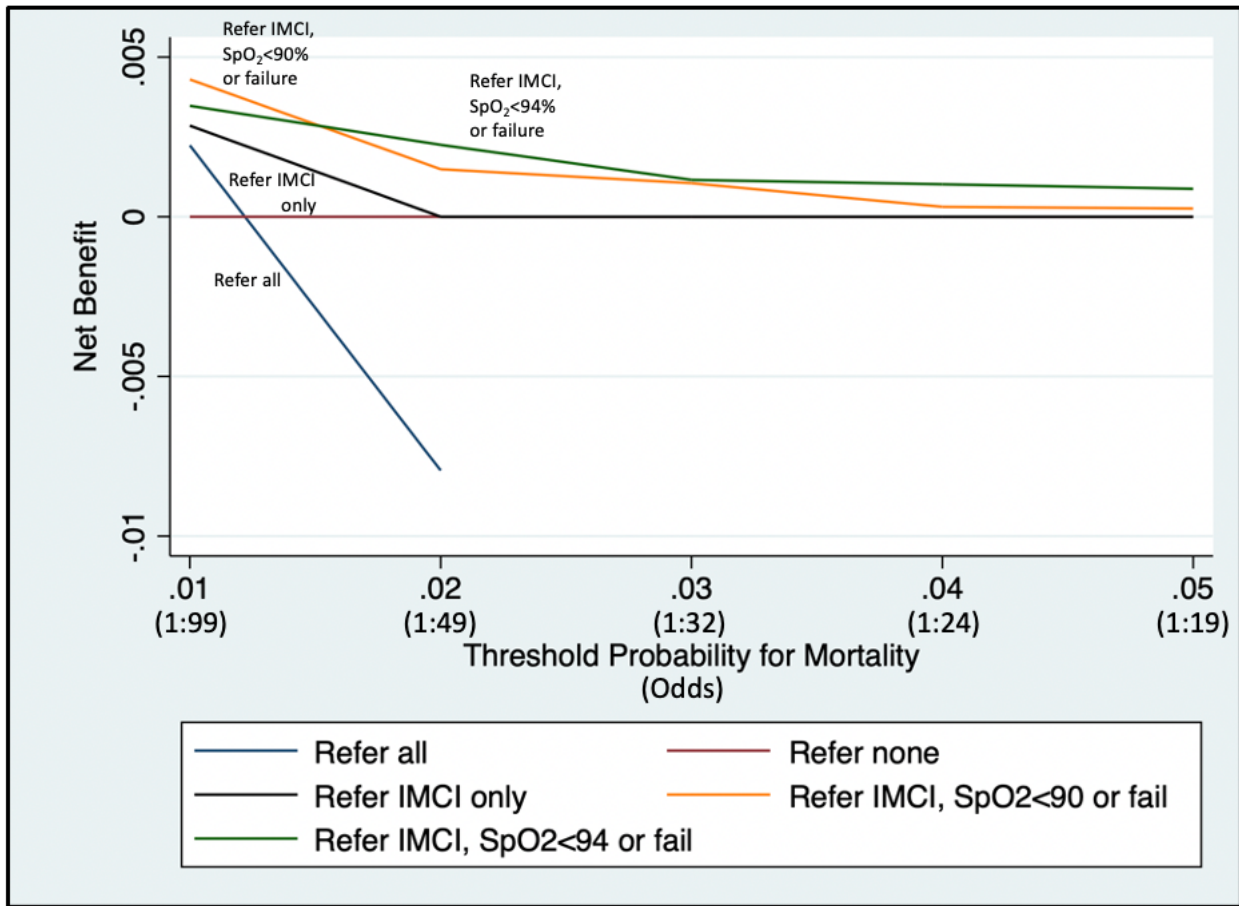
Difference of 13.349 in BIC' provides very strong support for saved model.

Difference of 62.864 in BIC provides very strong support for Model A.



**Section 6: Exploratory post-hoc sensitivity analyses**

◇ **Supplemental Figure 2: Decision curve analysis**



At all threshold probabilities for mortality an approach incorporating pulse oximetry (yellow or green lines) has an approximately 2-3x higher net benefit (identifying deaths amongst all referrals) than use of IMCI alone (black line). Above a threshold probability of 1.5%, an approach using a SpO<sub>2</sub> <94% threshold or failure (green line) has a roughly 2x higher net benefit than an approach using a <90% threshold or failure for referral (yellow line). In other words, an approach using IMCI, SpO<sub>2</sub> <94%, or failed measurement for referral is the favored referral approach when missing a death event would be valued as 65.6 times worse (or lower) than not referring a patient. **This decision curve analysis overall favors the primary model.**

◇ Supplemental Table 11. Exploratory post-hoc analysis: EMPIC eligibility criteria applied to outpatient 3 – 11 month olds in rural Bangladesh

a) Mortality at two weeks

	EMPIC criteria	Total
alive	1,044 99.52	1,044 99.52
dead	5 0.48	5 0.48
Total	1,049 100.00	1,049 100.00

◇ Supplemental Table 12. Exploratory post-hoc analysis: Comparison of outpatient 3 – 11 month olds with difficult breathing reported by caregivers and unreported by caregivers in rural Bangladesh

Difficult breathing	Mortality at two weeks		Total
	alive	dead	
Caregiver reported	3,609 99.48	19 <b>0.52</b>	3,628 100.00
Not reported by caregiver but observed by study physician	215 97.73	5 <b>2.27</b>	220 100.00
Total	3,824 99.38	24 0.62	3,848 100.00

Pearson chi2(1) = 10.2373 Pr = 0.001

◇ **Supplemental Table 13. Exploratory post-hoc analysis: Exclusion of all patients 3 – 11 month olds referred to outpatient clinics**

refer	Freq.	Percent	Cum.
not referred	3,812	99.06	99.06
referred	36	0.94	100.00
<b>Total</b>	<b>3,848</b>	<b>100.00</b>	

Characteristic N=3,812		Risk ratio <sup>1</sup>	95% CI	p value	Adjusted risk ratio <sup>2</sup>	95% CI	p value
<b>SpO<sub>2</sub> strata</b>	<b>94% – 100%</b>	Ref			Ref		
	<b>90% – 93%</b>	4.0	1.2, 12.5	0.017	3.7	1.2, 11.1	0.020
	<b>&lt; 90%</b>	12.3	3.9, 38.0	<0.001	11.4	3.5, 36.7	<0.001
	<b>Failed measurement</b>	17.2	4.9, 60.1	<0.001	14.9	3.9, 56.2	<0.001

CI indicates confidence interval; SpO<sub>2</sub>, peripheral oxyhemoglobin saturation; CI, confidence interval.

<sup>1</sup>Risk ratio estimated by poisson models with robust variance estimation

<sup>2</sup>Model adjusted for WHO IMCI referral criteria, which includes any of: stridor at rest, convulsions, not feeding or drinking, vomiting everything, lethargy or coma, or severe acute malnutrition (weight-for-age z score < -3 and/or a mid-upper arm circumference <11.5cm (for children >6 months old))

◇ **Exploratory post-hoc model specification – Risk of two-week mortality by SpO<sub>2</sub> measurement of outpatient 3 – 11 month old children with suspected pneumonia in rural Bangladesh**

**Additional variables examined in post-hoc analyses:**

- Age in months (continuous)
- Sex (binary)
- Duration of illness (in days)
- Distance from clinic (access to care)
- PCV (pneumococcal conjugate vaccine) status
- Maternal age in years (continuous)
- Wealth quintile (socioeconomic status)
- Cooking source (indoor air pollution)
- Water source
- Type of toilet (sanitation)

**The following variables were not available in our dataset:**

- Prior hospitalization
- Chronic medical conditions
- Birth weight
- Gestational age
- Anemia (hemoglobin levels)

**Supplemental Table 14. Two-week mortality of outpatient 3 – 11 month old children with suspected pneumonia in rural Bangladesh – exploratory analysis of additional variables**

Characteristic		Alive, N=3,824	Dead, N=24	p value
<b>Illness duration, in days<sup>1</sup></b>	Median (IQR)	3 (3,5) (n=3,755)	3 (3, 5) (n=23)	0.9918
<b>Distance from clinic, km</b>	Median (IQR)	8.9 (4.4, 13.9)	10.6 (7.0, 16.5)	0.2078
<b>PCV status, n (%)</b>	Zero doses	189 (4.9%)	1 (4.1%)	0.008
	≥1 dose	2,634 (68.8%)	10 (41.6%)	
	Missing	1,001 (26.1%)	13 (54.1%)	
<b>Maternal age, in years</b>	Mean (SD)	27.8 (6.2)	30.0 (7.4)	0.0845
<b>Wealth quintile, n (%)<sup>2</sup></b>	First (Poorest)	678 (17.7%)	5 (20.8%)	0.941
	Second	687 (17.9%)	5 (20.8%)	
	Middle	714 (18.6%)	5 (20.8%)	
	Fourth	727 (19.0%)	5 (20.8%)	
	Fifth (Richest)	728 (19.0%)	3 (12.5%)	
<b>Cooking fuel, n (%)<sup>3</sup></b>	Biomass	3,341 (87.3%)	22 (91.6%)	0.789
	No Biomass	186 (4.8%)	1 (4.1%)	
<b>Water source, n (%)<sup>4</sup></b>	Piped water	37 (0.8%)	0	0.269
	Well water	2,272 (59.4%)	19 (79.1%)	
	Surface water	1,226 (32.0%)	4 (16.6%)	
<b>Type of toilet, n (%)<sup>5</sup></b>	Flush	1,475 (38.5%)	9 (37.5%)	0.864
	Pit	2,022 (52.8%)	14 (58.3%)	
	None	36 (0.9%)	0	

IQR indicates interquartile range.

<sup>1</sup>70 participants with missing illness duration data (69 alive, 1 death)

<sup>2</sup>291 participants with missing wealth quintile data (290 alive, 1 death)

<sup>3</sup>298 participants with missing cooking fuel data (297 alive, 1 death)

<sup>4</sup>290 participants with missing cooking fuel data (289 alive, 1 death)

<sup>5</sup>292 participants with missing cooking fuel data (291 alive, 1 death)



**Supplemental Table 15. Summary Table**

Model A: exposure variables	Model B: exposure variables	BIC – Model A	BIC – Model B	BIC – absolute difference	Evidence per Raftery scale	Favored Model
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• agemonths</li> </ul>	-31444.231	-31438.108	6.1	Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• sex</li> </ul>	-31444.231	-31436.671	7.5	Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Duration of illness</li> </ul>	-31444.231	-30797.799	646.4	Very Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Distance from clinic</li> </ul>	-31444.231	-31437.309	6.9	Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Mothers age in years</li> </ul>	-31444.231	-28513.890	2930.3	Very Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Wealth quintile</li> </ul>	-31444.231	-28765.905	2678.3	Very Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Cooking fuel</li> </ul>	-31444.231	-28701.620	2742.6	Very Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Drinking water source</li> </ul>	-31444.231	-28776.592	2667.6	Very Strong	Model A
<ul style="list-style-type: none"> <li>• WHO IMCI referral criteria</li> <li>• SpO<sub>2</sub> &lt;90%</li> <li>• SpO<sub>2</sub> 90-93%</li> <li>• Failed SpO<sub>2</sub></li> </ul>	<b>Model A plus:</b> <ul style="list-style-type: none"> <li>• Toilet</li> </ul>	-31444.231	-28756.691	2687.5	Very Strong	Model A



IMCI_refer							
yes	3.088078	1.488237	2.34	0.019	1.200794	7.941595	
hypoxia							
90-93	4.297255	2.224147	2.82	0.005	1.55823	11.85088	
<90	10.25691	6.015159	3.97	0.000	3.249602	32.37451	
failed	11.39268	7.505195	3.69	0.000	3.1324	41.43571	
_cons	.0030693	.0009125	-19.46	0.000	.0017139	.0054966	

Note: \_cons estimates baseline incidence rate.

**Model B:**

Poisson regression	Number of obs	=	3,848
	Wald chi2(5)	=	50.38
	Prob > chi2	=	0.0000
Log pseudolikelihood = -131.85725	Pseudo R2	=	0.0960

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.195236	1.547166	2.40	0.016	1.236922	8.25398
hypoxia						
90-93	4.178833	2.247738	2.66	0.008	1.456147	11.99236
<90	10.13321	5.947302	3.95	0.000	3.207498	32.01308
failed	11.20877	7.44957	3.64	0.000	3.046723	41.23664
sex	1.409442	.588582	0.82	0.411	.6217077	3.195276
_cons	.0026267	.0008145	-19.16	0.000	.0014304	.0048235

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death2w

	Model A	Model B	Difference
Model:	poisson	poisson	
N:	3848	3848	0
BIC:	-31436.671	-31444.231	7.560

Difference of 7.560 in BIC provides strong support for **Model A**.

• **Duration of illness (in days)**

**Model A:**

Poisson regression	Number of obs	=	3,848
	Wald chi2(4)	=	45.28
	Prob > chi2	=	0.0000
Log pseudolikelihood = -132.20513	Pseudo R2	=	0.0936

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.088078	1.488237	2.34	0.019	1.200794	7.941595
hypoxia						
90-93	4.297255	2.224147	2.82	0.005	1.55823	11.85088
<90	10.25691	6.015159	3.97	0.000	3.249602	32.37451
failed	11.39268	7.505195	3.69	0.000	3.1324	41.43571
_cons	.0030693	.0009125	-19.46	0.000	.0017139	.0054966

Note: \_cons estimates baseline incidence rate.

**Model B:**

Poisson regression	Number of obs	=	3,778
	Wald chi2(5)	=	42.10
	Prob > chi2	=	0.0000



```

      _cons | .0022019 .0009653 -13.96 0.000 .0009325 .0051994
-----+-----

```

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death2w

	Model B	Model A	Difference
Model:	poisson	poisson	
N:	3848	3848	0
BIC:	-31437.309	-31444.231	6.922

Difference of 6.922 in BIC provides strong support for **Model A**.

- **PCV (pneumococcal conjugate vaccine) status**

**Model A:**

```

Poisson regression      Number of obs   =   3,848
                        Wald chi2(4)           =   45.28
                        Prob > chi2            =   0.0000
Log pseudolikelihood = -132.20513          Pseudo R2       =   0.0936

```

```

-----+-----
      death2w |          IRR   Robust
              |          Std. Err.   z   P>|z|   [95% Conf. Interval]
-----+-----
IMCI_refer |
  yes      |   3.088078   1.488237   2.34  0.019   1.200794   7.941595
hypoxia    |
  90-93    |   4.297255   2.224147   2.82  0.005   1.55823   11.85088
  <90      |  10.25691    6.015159   3.97  0.000   3.249602  32.37451
  failed   |  11.39268    7.505195   3.69  0.000   3.1324    41.43571
  _cons    |   .0030693   .0009125  -19.46  0.000   .0017139   .0054966
-----+-----

```

Note: \_cons estimates baseline incidence rate.

**Model B:**

```

Poisson regression      Number of obs   =   3,848
                        Wald chi2(6)           =   60.70
                        Prob > chi2            =   0.0000
Log pseudolikelihood = -128.17505          Pseudo R2       =   0.1212

```

```

-----+-----
      death2w |          IRR   Robust
              |          Std. Err.   z   P>|z|   [95% Conf. Interval]
-----+-----
IMCI_refer |
  yes      |   3.103873   1.473752   2.39  0.017   1.223896   7.871608
hypoxia    |
  90-93    |   4.338794   2.252709   2.83  0.005   1.568281  12.00368
  <90      |  11.94653    7.113074   4.17  0.000   3.719022  38.37559
  failed   |   8.65485    5.661911   3.30  0.001   2.401113  31.19655
  PCV      |
  >=1      |   1.103826   1.191732   0.09  0.927   .1330184   9.159875
  miss     |   3.627252   3.864158   1.21  0.226   .4495539  29.26669
  _cons    |   .0017436   .0018988  -5.83  0.000   .0002063   .0147371
-----+-----

```

Note: \_cons estimates baseline incidence rate.

	Model B	Model A	Difference
Model:	poisson	poisson	
N:	3848	3848	0
BIC:	-31427.525	-31444.231	16.706

Difference of 16.706 in BIC provides **very strong support** for **Model A**.





death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.33858	1.591857	2.53	0.011	1.311303	8.500029
hypoxia						
90-93	4.32805	2.23504	2.84	0.005	1.572986	11.90857
<90	7.759166	5.074746	3.13	0.002	2.153285	27.95944
failed	11.92115	7.77758	3.80	0.000	3.318777	42.82111
cook	1.096524	1.128305	0.09	0.929	.1459303	8.2393
_cons	.002981	.003186	-5.44	0.000	.000367	.0242163

Note: \_cons estimates baseline incidence rate.

Measures of Fit for poisson of death2w

	Model B	Model A	Difference
Model:	poisson	poisson	
N:	3550	3848	-298
BIC:	-28701.620	-31444.231	2742.611

Difference of 2742.611 in BIC provides strong support for Model A.

- **Water source**

**Model A:**

Poisson regression	Number of obs	=	3,848
	Wald chi2(4)	=	45.28
	Prob > chi2	=	0.0000
Log pseudolikelihood = -132.20513	Pseudo R2	=	0.0936

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.088078	1.488237	2.34	0.019	1.200794	7.941595
hypoxia						
90-93	4.297255	2.224147	2.82	0.005	1.55823	11.85088
<90	10.25691	6.015159	3.97	0.000	3.249602	32.37451
failed	11.39268	7.505195	3.69	0.000	3.1324	41.43571
_cons	.0030693	.0009125	-19.46	0.000	.0017139	.0054966

Note: \_cons estimates baseline incidence rate.

**Model B:**

Poisson regression	Number of obs	=	3,558
	Wald chi2(5)	=	39.50
	Prob > chi2	=	0.0000
Log pseudolikelihood = -125.79688	Pseudo R2	=	0.0947

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer						
yes	3.420568	1.648687	2.55	0.011	1.329921	8.79773
hypoxia						
90-93	3.988581	2.099558	2.63	0.009	1.421519	11.1914
<90	7.26988	4.774762	3.02	0.003	2.006639	26.33815
failed	11.34992	7.435438	3.71	0.000	3.143133	40.9848
water	.5385543	.236354	-1.41	0.158	.2278582	1.2729
_cons	.0071539	.0043359	-8.15	0.000	.0021809	.0234666





◇ Exploratory post-hoc sensitivity analysis – Weekly community surveillance for acute respiratory illness

• Supplemental Table 16. Hypoxemia strata

SpO <sub>2</sub> range, n (%)	No weekly surveillance, N=3,340	Weekly surveillance, N=508	p value
94-100%	2,932 (87.7%)	441 (86.8%)	0.730
90-93%	261 (7.8%)	45 (8.8%)	
<90%	87 (2.6%)	15 (2.9%)	
Failed measurement	60 (1.8%)	7 (1.3%)	

• Supplemental Table 17. Mortality

Mortality, n (%)	No weekly surveillance, N=3,340	Weekly surveillance, N=508	p value
Alive	3,317 (99.3%)	507 (99.8%)	0.190
Dead	23 (0.7%)	1 (0.2%)	

• Primary Model controlling for weekly surveillance (Stata output)

```
Poisson regression                               Number of obs   =    3,848
                                                  Wald chi2(5)    =    48.46
                                                  Prob > chi2     =    0.0000
Log pseudolikelihood = -130.91839              Pseudo R2      =    0.1024
```

```
-----+-----
```

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer yes	3.201104	1.506542	2.47	0.013	1.272615	8.051975
SpO <sub>2</sub> 90-93	4.280017	2.208068	2.82	0.005	1.557074	11.76473
<90	10.50013	6.142024	4.02	0.000	3.336463	33.04478
failed	11.29997	7.392041	3.71	0.000	3.135101	40.72895
Weekly yes Weekly	.2656409	.2692679	-1.31	0.191	.036431	1.936951
_cons	.0033847	.0010095	-19.07	0.000	.0018865	.0060729

```
-----+-----
```

Note: \_cons estimates baseline incidence rate.

• Model selection accounting for weekly surveillance (Stata output)

Model A.

```
Poisson regression                               Number of obs   =    3,848
                                                  Wald chi2(4)    =    45.28
                                                  Prob > chi2     =    0.0000
Log pseudolikelihood = -132.20513              Pseudo R2      =    0.0936
```

```
-----+-----
```

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer yes	3.088078	1.488237	2.34	0.019	1.200794	7.941595
SpO <sub>2</sub> 90-93	4.297255	2.224147	2.82	0.005	1.55823	11.85088
<90	10.25691	6.015159	3.97	0.000	3.249602	32.37451
failed	11.39268	7.505195	3.69	0.000	3.1324	41.43571
_cons	.0030693	.0009125	-19.46	0.000	.0017139	.0054966

```
-----+-----
```

Note: \_cons estimates baseline incidence rate.

Model B.



◇ **Exploratory post-hoc sensitivity analysis – One month mortality**

24 of the 33 deaths (73%) that took place by four-weeks had already occurred by the two-week mark. To evaluate whether using a four-week endpoint meaningfully changed our findings we conducted a post-hoc analysis of our primary model using a four-week outcome period. As is seen below there are no qualitative changes in our findings based on this sensitivity analysis.

```
Poisson regression                                Number of obs   =    3,846
                                                    Wald chi2(4)    =    41.97
                                                    Prob > chi2     =    0.0000
Log pseudolikelihood = -177.01457                Pseudo R2      =    0.0685
```

death1m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI refer						
yes	3.091602	1.281484	2.72	0.006	1.372008	6.966435
SpO <sub>2</sub>						
90-93	3.797379	1.649481	3.07	0.002	1.620856	8.896584
<90	6.474083	3.604245	3.36	0.001	2.174193	19.27784
failed	7.190706	4.537666	3.13	0.002	2.087489	24.76959
_cons	.0048611	.0011449	-22.62	0.000	.0030638	.0077128

Note: \_cons estimates baseline incidence rate.

## ◇ Exploratory post-hoc sensitivity analysis – Verbal autopsy data

Surveillance activities include verbal autopsies on deceased individuals conducted by trained CHWs using a standardized form adapted from the WHO. Post-hoc sensitivity analyses of verbal autopsy data were performed using two approaches, (1) a “symptom coding” approach aligned with IMCI and (2) a computer coded verbal autopsy (CCVA) approach using with WHO’s OpenVA platform (<https://openva.net/>).

### **IMCI symptom coding:**

In the symptom coding VA analysis approach, we created a binary variable for probable LRI using two closed-ended questions from the WHO VA tool, (1) “Did baby/child have any difficulty with breathing?” and (2) “Did baby/child have cough?” We then classified a child with cough and/or difficult breathing and either fast breathing, chest indrawing, grunting, or wheezing as a probable LRI death.

### **2 week mortality:**

Using this approach, VA data indicates that at our primary 2 week outcome, 21/24 deaths were probable LRI (87%). We re-analyzed our primary model dropping the 3 non probable LRI deaths at two weeks from our analysis (1 death occurred in the SpO<sub>2</sub> 94-100% range, 1 death in <90%, and 1 death in failed SpO<sub>2</sub> measurement). There are no qualitative changes in our findings based on this sensitivity analysis.

### **Supplemental Table 18. IMCI symptom VA results by probable LRI and SpO<sub>2</sub> strata among 3-11 month olds – 2 week mortality**

Hypoxemia, n (%)	IMCI symptom VA – No LRI, N=3	IMCI symptom VA – LRI, N=21
SpO <sub>2</sub> 94-100%	1 (8%)	11 (91%)
SpO <sub>2</sub> 90-93%	0	5 (100%)
SpO <sub>2</sub> <90%	1 (25%)	3 (75%)
Failed SpO <sub>2</sub> measurement	1 (33%)	2 (66%)

### **Statistical Output (Stata). Risk of two-week LRI mortality by IMCI symptom VA results among 3-11 month olds**

```
Poisson regression                                Number of obs   =   3,845
                                                    Wald chi2(4)    =   35.95
                                                    Prob > chi2     =   0.0000
Log pseudolikelihood = -119.10737                Pseudo R2      =   0.0867
```

death14	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]
IMCI refer					
yes	3.766143	1.850566	2.70	0.007	1.437615 9.866223
SpO <sub>2</sub>					
90-93	4.607234	2.415904	2.91	0.004	1.648519 12.87616
<90	8.297839	5.516088	3.18	0.001	2.254855 30.53595
failed	8.167038	6.428539	2.67	0.008	1.746049 38.20083
_cons	.0026942	.0008531	-18.69	0.000	.0014484 .0050113

Note: \_cons estimates baseline incidence rate.

### **1 month mortality:**

At 1 month, 29/33 (87%) deaths were “probable LRI” using the IMCI symptom coding approach. We re-analyzed our primary model dropping the 4 non probable LRI deaths at 3 months from our analysis (2 deaths occurred in the SpO<sub>2</sub> 94-100% range, 0 deaths 90-93% range, 1 death in <90%, and 1 death in failed SpO<sub>2</sub> measurement). We found no qualitative changes in our findings with this sensitivity analysis.

### **Supplemental Table 19. WHO IMCI symptom VA results by probable LRI and SpO<sub>2</sub> strata among 3-11 month olds – 1 month mortality**

Hypoxemia, n (%)	WHO IMCI symptom VA – No LRI, N=4	WHO IMCI symptom VA – LRI, N=29
SpO <sub>2</sub> 94-100%	2 (10%)	17 (89%)
SpO <sub>2</sub> 90-93%	0	7 (100%)
SpO <sub>2</sub> <90%	1 (25%)	3 (75%)
Failed SpO <sub>2</sub> measurement	1 (33%)	2 (66%)



**2 week mortality:**

We re-analyzed our primary model dropping the 3 non probable LRI deaths at two weeks from our analysis (1 non LRI death occurred in the SpO<sub>2</sub> 94-100% range, 1 death in the 90-93% range, 0 deaths in <90%, and 1 death in failed SpO<sub>2</sub> measurement). There are no qualitative changes in our findings based on this sensitivity analysis.

**Supplemental Table 21. CCVA results by probable LRI and SpO<sub>2</sub> strata among 3-11 month olds – 2 week mortality**

Hypoxemia, n (%)	CCVA – No LRI, N=3	CCVA – LRI, N=20
SpO <sub>2</sub> 94-100%	1 (9%)	10 (90%)
SpO <sub>2</sub> 90-93%	1 (20%)	4 (80%)
SpO <sub>2</sub> <90%	0	4 (100%)
Failed SpO <sub>2</sub> measurement	1 (33%)	2 (66%)

**Statistical Output (Stata). Risk of two-week LRI mortality by CCVA results among 3-11 month olds**

```
Poisson regression                                Number of obs   =    3,838
                                                    Wald chi2(4)    =    44.90
                                                    Prob > chi2     =    0.0000
Log pseudolikelihood = -118.12924                Pseudo R2      =    0.0939
```

death2w	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer yes	3.837677	1.884962	2.74	0.006	1.465485	10.04975
hypoxia 90-93	3.727059	2.097485	2.34	0.019	1.236898	11.23049
<90	10.94352	6.547705	4.00	0.000	3.387411	35.35463
failed	8.488399	6.63871	2.73	0.006	1.832769	39.31369
_cons	.0026866	.0008533	-18.64	0.000	.0014416	.0050066

Note: \_cons estimates baseline incidence rate.

**1 month mortality:**

We re-analyzed our primary model dropping the 3 non probable LRI deaths at 1 month from our analysis (2 non LRI deaths occurred in the SpO<sub>2</sub> 94-100% range, 2 deaths in the 90-93% range, 0 deaths in <90%, and 1 death in failed SpO<sub>2</sub> measurement). There are no qualitative changes in our findings based on this sensitivity analysis.

**Supplemental Table 22. CCVA results by probable LRI and SpO<sub>2</sub> strata among 3-11 month olds – 1 month mortality**

Hypoxemia, n (%)	CCVA – No LRI, N=5	CCVA – LRI, N=27
SpO <sub>2</sub> 94-100%	2 (11%)	16 (88%)
SpO <sub>2</sub> 90-93%	2 (28%)	5 (71%)
SpO <sub>2</sub> <90%	0	4 (100%)
Failed SpO <sub>2</sub> measurement	1 (33%)	2 (84%)

**Statistical Output (Stata). Risk of 1 month LRI mortality by CCVA results among 3-11 month olds**

```
Poisson regression                                Number of obs   =    3,836
                                                    Wald chi2(4)    =    41.41
                                                    Prob > chi2     =    0.0000
Log pseudolikelihood = -154.03109                Pseudo R2      =    0.0708
```

Death1m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
IMCI_refer yes	3.999751	1.701045	3.26	0.001	1.737911	9.205311

hypoxia							
90-93	3.002195	1.485697	2.22	0.026	1.138163	7.919053	
<90	7.048637	4.005814	3.44	0.001	2.313974	21.47098	
failed	5.464678	4.148496	2.24	0.025	1.234176	24.19647	
_cons	.0041123	.001054	-21.44	0.000	.0024884	.0067958	

Note: \_cons estimates baseline incidence rate.

### 3 month mortality:

We re-analyzed our primary model dropping the 3 non probable LRI deaths at 3 months from our analysis (5 non LRI deaths occurred in the SpO<sub>2</sub> 94-100% range, 3 deaths in the 90-93% range, 0 deaths in <90%, and 1 death in failed SpO<sub>2</sub> measurement). There are no qualitative changes in our findings based on this sensitivity analysis.

### Supplemental Table 23. CCVA results by probable LRI and SpO<sub>2</sub> strata among 3-11 month olds – 3 month mortality

Hypoxemia, n (%)	CCVA – No LRI, N=9	CCVA – LRI, N=36
SpO <sub>2</sub> 94-100%	5 (18%)	22 (81%)
SpO <sub>2</sub> 90-93%	3 (33%)	6 (66%)
SpO <sub>2</sub> <90%	0	4 (100%)
Failed SpO <sub>2</sub> measurement	1 (20%)	4 (80%)

### Statistical Output (Stata). Risk of 3 month LRI mortality by CCVA results among 3-11 month olds

Poisson regression	Number of obs	=	3,827
	Wald chi2(4)	=	44.22
	Prob > chi2	=	0.0000
Log pseudolikelihood = -194.85037	Pseudo R2	=	0.0661

Death3m	IRR	Robust Std. Err.	z	P> z	[95% Conf. Interval]
IMCI_refer					
yes	4.305268	1.55199	4.05	0.000	2.123996 8.726633
hypoxia					
90-93	2.536414	1.13168	2.09	0.037	1.057881 6.0814
<90	4.946178	2.724373	2.90	0.004	1.680447 14.55843
failed	5.747006	3.435861	2.92	0.003	1.780528 18.5496
_cons	.0057086	.0012562	-23.48	0.000	.0037087 .008787

Note: \_cons estimates baseline incidence rate.





