

**Supplementary Table S1. Description of sites**

	<b>Location</b>	<b>Type of hospital</b>	<b>Wards included / excluded</b>
<b>Groote Schuur Hospital</b>	Cape Town, Western Cape province	Tertiary teaching hospital	We included patients who died in the general medical wards and the short-stay medical ward, and excluded those who died in subspeciality wards and intensive care units.
<b>Edendale Hospital</b>	Edendale, KwaZulu-Natal province	Regional teaching hospital	We included patients who died in the general medical wards and excluded those who died in the intensive care unit. Edendale Hospital does not have subspeciality or short-stay medical wards.
<b>Cecilia Makiwane Hospital and Frere Hospital (co-managed as East London Hospital Complex)</b>	Mdantsane / East London, Eastern Cape province	Regional / tertiary teaching hospital complex	We included all patients who died in the general medical wards as well as medical patients who died in the high care and intensive care units. Cecilia Makiwane and Frere Hospitals do not have subspeciality or short-stay medical wards.

**Supplementary Table S2. Characteristics of the 56 patients considered to have died from an ADR-related cause and details of their ADRs**

No	Age	Sex	HIV	Adverse drug reaction(s)	Implicated drug(s)	WHO causality category	Relation of ADR to death	Preventable
1	28	F	Pos	Renal failure with hyperkalaemia	Spirololactone	Possible	A contributor	Yes
2	25	M	Pos	Renal failure with hypocalcaemia	Tenofovir	Possible	A contributor	Yes
3	30	M	Pos	Renal failure	Tenofovir	Possible	A contributor	No
4	40	M	Pos	Renal failure*	Tenofovir	Possible	A contributor	Yes
5	29	M	Pos	Renal failure	Tenofovir	Possible	A contributor	Yes
6	45	M	Pos	Renal failure	Tenofovir	Possible	A contributor	Yes
7	54	F	Pos	Renal failure	Tenofovir	Possible	A contributor	Yes
8	33	M	Pos	Renal failure	Tenofovir	Possible	A contributor	Yes
9	32	M	Pos	Renal failure	Tenofovir	Possible	Major contributor	No
10	23	F	Pos	Renal failure	Co-trimoxazole	Possible	A contributor	No
11	31	F	Pos	Renal failure*	Co-amoxiclav, ibuprofen	Possible	A contributor	No
12	39	M	Pos	(1) Renal failure	(1) Ciprofloxacin	(1) Possible	(1) A contributor	(1) No
				(2) Depressed consciousness	(2) Clonazepam, haloperidol	(2) Possible	(2) A contributor	(2) No
13	52	F	Pos	Renal impairment	Tenofovir	Possible	A contributor	Yes
14	37	F	Pos	Acute kidney injury	Rifampicin, tenofovir	Possible	Major contributor	No
15	43	F	Pos	Acute kidney injury	Co-trimoxazole, tenofovir	Possible	Major contributor	No
16	34	M	Pos	(1) Acute kidney injury	(1) Aciclovir, co-amoxiclav, indomethacin, tenofovir	(1) Possible	(1) Major contributor	(1) No
				(2) Depressed consciousness	(2) Codeine, tramadol	(2) Possible	(2) Major contributor	(2) Yes

17	58	F	Pos	(1) Acute kidney injury	(1) Tenofovir	(1) Possible	(1) A contributor	(1) No
				(2) Drug-induced liver injury	(2) Co-trimoxazole, rifampicin	(2) Possible	(2) Major contributor	(2) No
18	33	F	Pos	Drug-induced liver injury & renal failure†	Rifampicin	Probable	A contributor	No
19	44	M	Pos	Drug-induced liver injury & renal failure	Co-trimoxazole	Possible	A contributor	Yes
20	39	F	Pos	Drug-induced liver injury	Rifampicin	Possible	A contributor	Yes
21	34	M	Pos	Drug-induced liver injury	Rifampicin	Probable	A contributor	No
22	23	F	Pos	Drug-induced liver injury	Isoniazid, pyrazinamide, rifampicin	Probable	Major contributor	No
23	27	M	Pos	(1) Drug-induced liver injury	(1) Co-trimoxazole, fluconazole, isoniazid, pyrazinamide, rifampicin	(1) Possible	(1) A contributor	(1) No
				(2) Bone marrow suppression	(2) Co-trimoxazole	(2) Possible	(2) A contributor	(2) No
24	37	F	Pos	(1) Drug-induced liver injury	(1) Isoniazid, pyrazinamide, rifampicin	(1) Possible	(1) Major contributor	(1) Yes
				(2) Hyperkalaemia	(2) Spironolactone	(2) Probable	(2) A contributor	(2) Yes
25	67	F	Pos	Intracranial bleed	Aspirin	Possible	Major contributor	No
26	52	M	Pos	Lactic acidosis	Metformin	Possible	A contributor	Yes
27	53	M	Pos	Lactic acidosis	Stavudine	Possible	A contributor	Yes
28	61	F	Pos	(1) Lactic acidosis	(1) Stavudine	(1) Probable	(1) Major contributor	(1) No
				(2) Renal failure	(2) Tenofovir	(2) Possible	(2) A contributor	(2) No
29	32	M	Pos	Bone marrow suppression	Co-trimoxazole	Possible	A contributor	No
30	60	M	Pos	Neutropaenia	Stavudine	Possible	Major contributor	No
31	65	F	Pos	(1) Diarrhoea	(1) Lopinavir-ritonavir	(1) Possible	(1) A contributor	(1) No
				(2) Sodium toxicity	(2) 0.9% sodium chloride	(2) Possible	(2) Major contributor	(2) Yes
32	65	F	Unk	Renal failure with hyperkalaemia	Enalapril	Possible	A contributor	Yes

33	62	F	Unk	(1) Renal failure	(1) Furosemide	(1) Possible	(1) A contributor	(1) Yes
				(2) Anticholinergic effects	(2) Amitriptyline	(2) Possible	(2) A contributor	(2) No
34	51	M	Unk	Drug-induced liver injury*	Valproate	Possible	A contributor	No
35	79	F	Unk	Intracranial bleed	Warfarin	Certain	Major contributor	Yes
36	79	F	Unk	Intracranial bleed	Warfarin	Probable	Major contributor	No
37	78	F	Unk	Intracranial bleed	Aspirin	Possible	Major contributor	No
38	55	F	Unk	Intracranial bleed	Heparin	Possible	A contributor	Yes
39	66	M	Unk	(1) Gastrointestinal bleed	(1) Aspirin, colchicine, enoxaparin	(1) Possible	(1) Major contributor	(1) Yes
				(2) Hypovolaemia	(2) Polyethylene glycol / sodium sulfate	(2) Possible	(2) Major contributor	(2) No
40	70	F	Unk	Hyperkalaemia*	Perindopril	Possible	A contributor	No
41	89	F	Unk	Hypokalaemia	furosemide	Possible	A contributor	No
42	80	M	Unk	Hypokalaemia	Sodium polystyrene sulfonate	Certain	Major contributor	Yes
43	88	F	Unk	Hypokalaemia	Furosemide, hydrochlorothiazide, prednisone	Probable	Major contributor	Yes
44	53	M	Unk	Hypoglycaemia	Insulin	Certain	A contributor	Yes
45	22	M	Unk	Hypoglycaemia	Insulin	Possible	A contributor	Yes
46	61	F	Unk	Hypoglycaemia, stroke	Insulin	Possible	A contributor	No
47	74	F	Unk	(1) Hypoglycaemia	(1) Insulin	(1) Probable	(1) A contributor	(1) No
				(2) Masked awareness of hypoglycaemia	(2) Atenolol	(2) Probable	(2) A contributor	(2) No
				(3) Hypotension, stroke	(3) Amlodipine, atenolol, enalapril, hydralazine, hydrochlorothiazide	(3) Probable	(3) A contributor	(3) No
48	58	M	Unk	Hypotension, stroke	Furosemide	Possible	A contributor	Yes
49	67	M	Unk	Hypotension	Amlodipine, prazosin	Possible	A contributor	Yes

<b>50</b>	76	F	Unk	Bone marrow suppression, infection	Chlorambucil	Possible	A contributor	No
<b>51</b>	19	M	Unk	Pneumonia	Prednisone, tacrolimus	Possible	A contributor	No
<b>52</b>	87	F	Unk	Diarrhoea	Rifampicin	Possible	A contributor	No
<b>53</b>	79	M	Neg	(1) Renal failure	(1) Furosemide	(1) Possible	(1) A contributor	(1) Yes
				(2) Atrial fibrillation	(2) Theophyllin	(2) Possible	(2) A contributor	(2) Yes
				(3) Gastrointestinal bleed	(3) Prednisone	(3) Possible	(3) A contributor	(3) No
<b>54</b>	62	F	Neg	Drug-induced liver injury	Erythromycin	Possible	A contributor	No
<b>55</b>	55	F	Neg	Drug reaction with eosinophilia and systemic symptoms (DRESS)	Allopurinol	Certain	Major contributor	Yes
<b>56</b>	29	M	Neg	Angioedema	Codeine, ibuprofen	Possible	A contributor	No

Neg: HIV-seronegative; Pos: HIV-infected; Unk: HIV serology unknown

\* The panel did not reach consensus: this ADR included as a majority decision

†The panel reached consensus on the assessment of this ADR attributable to rifampicin. Additionally, a majority of the panel considered it possible that the patient's DILI could be attributed to isoniazid and pyrazinamide, and her renal failure to ethambutol.