

## Online Supplementary Document

Mathew et al. Etiology of community acquired pneumonia among children in India:  
prospective, cohort study

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**Table S1.** Pathogens identified through multiplex-PCR

<b>Bacteria</b>	<b>Viruses</b>
<i>S. pneumoniae</i>	Influenza A,B,C
<i>H. influenzae</i>	Parainfluenza 1,2,3,4
<i>S. aureus</i>	RSV A,B
	Rhinoviruses
Atypical organisms	Enteroviruses
<i>Mycoplasma pneumoniae</i>	Coronaviruses OC43, 229E, NL63, HKU1
<i>Chlamydia pneumoniae</i>	Human metapneumovirus
	Parechovirus
	Severe Acute Respiratory Syndrome (SARS) virus
	Adenovirus
	Cytomegalovirus

**Table S2.** Standardisation of PCR methodology for viruses and atypical organisms

<b>Viruses</b>
Influenza A,B,C: QCMDINFRNA11
Parainfluenza 1,2,3,4
RSV A,B: QCMDRSVRNA11
Rhinoviruses: QCMD RVRNA11
Enteroviruses
Coronaviruses OC43, 229E, NL63, HKU1: QCMD CVRNA11
Human metapneumovirus: QCMD MPVRNA2011
Parechovirus: QCMD 2013 Parechovirus RNA EQA programme
Severe Acute Respiratory Syndrome (SARS) virus: QCMD CVRNA11
Adenovirus: QCMD 2013 Adenovirus DNA EQA Programme,
Cytomegalovirus: QCMD 2013 Cytomegalovirus DNA EQA programme,
Atypical organisms
Mycoplasma pneumoniae: QCMDCP-MP12
Chlamydia pneumoniae: QCMDCP-MP12

**Table S3.** Definitions of terms used in this study

<ul style="list-style-type: none"><li>• Pneumonia was defined as per the IMCI definition [5-7] as cough or difficult breathing associated with fast breathing/tachypnea. Tachypnea was defined as Respiratory rate (counted twice for one full minute by trained research team members and re-confirmed by a trained medical officer) &gt;60/min for infants &lt;2 months; &gt;50/min for infants 2-12 months; &gt;40/min for children &gt;12-60 months; and &gt;30/min for children &gt;60-144 months.</li></ul>
<ul style="list-style-type: none"><li>• Severe pneumonia was defined as the presence of lower chest indrawing in a child with pneumonia.</li></ul>
<ul style="list-style-type: none"><li>• Very severe pneumonia was defined by the presence of any general danger sign (as per the IMCI criteria) such as inability to feed, dull/unresponsive, vomiting everything, seizures, central cyanosis or unconsciousness.</li></ul>
<ul style="list-style-type: none"><li>• Cold season was defined from 16 November to 15 February; and Warm season from 16 February to 15 November.</li></ul>
<ul style="list-style-type: none"><li>• Acute malnutrition was defined as weight-for-age z score &lt;-3</li></ul>
<ul style="list-style-type: none"><li>• Absent or deficient breastfeeding was defined as duration of breastfeeding &lt;6 months for infants older than six months; or less than infant's age for those &lt;6 months old.</li></ul>
<ul style="list-style-type: none"><li>• Upper respiratory infection was defined as symptoms of common cold for less than 5 days duration viz runny nose, sneezing, dry cough, sore throat, with or without fever.</li></ul>
<ul style="list-style-type: none"><li>• Family history of TB was defined as diagnosed TB or history of taking anti-tuberculosis medication, in any family member/household contact.</li></ul>
<ul style="list-style-type: none"><li>• Predominant use of solid fuel was defined as usage of solid fuel (wood, coal or dried animal dung) as the main source of fuel used for cooking/heating purposes.</li></ul>
<ul style="list-style-type: none"><li>• Any use of solid fuel was defined as any usage of the above three solid fuels.</li></ul>
<ul style="list-style-type: none"><li>• Exposure to tobacco smoke at home was defined as current exposure to any family member/household contact smoking (any form of tobacco) indoors.</li></ul>
<ul style="list-style-type: none"><li>• WHO categorization of chest radiography [Q]: <b>Class I</b> = consolidation/pleural effusion; <b>Class II</b> = interstitial pattern/infiltrate; <b>Class III</b> = no consolidation/infiltrate/effusion; <b>Class IV</b> = radiograph quality not sufficient for reading.</li></ul>