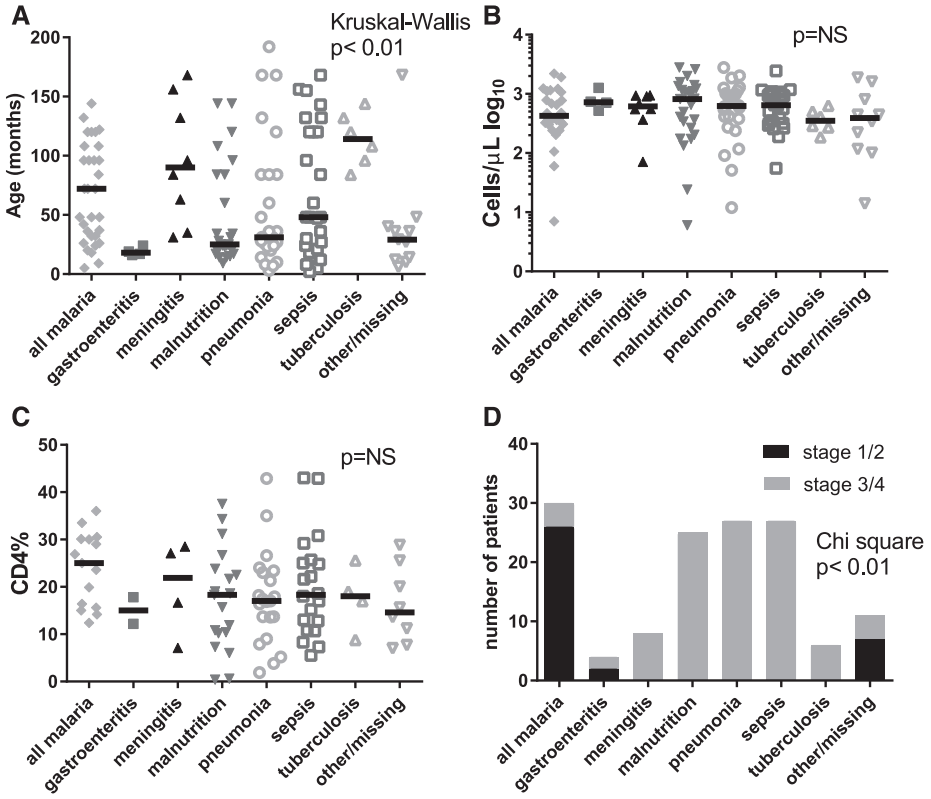
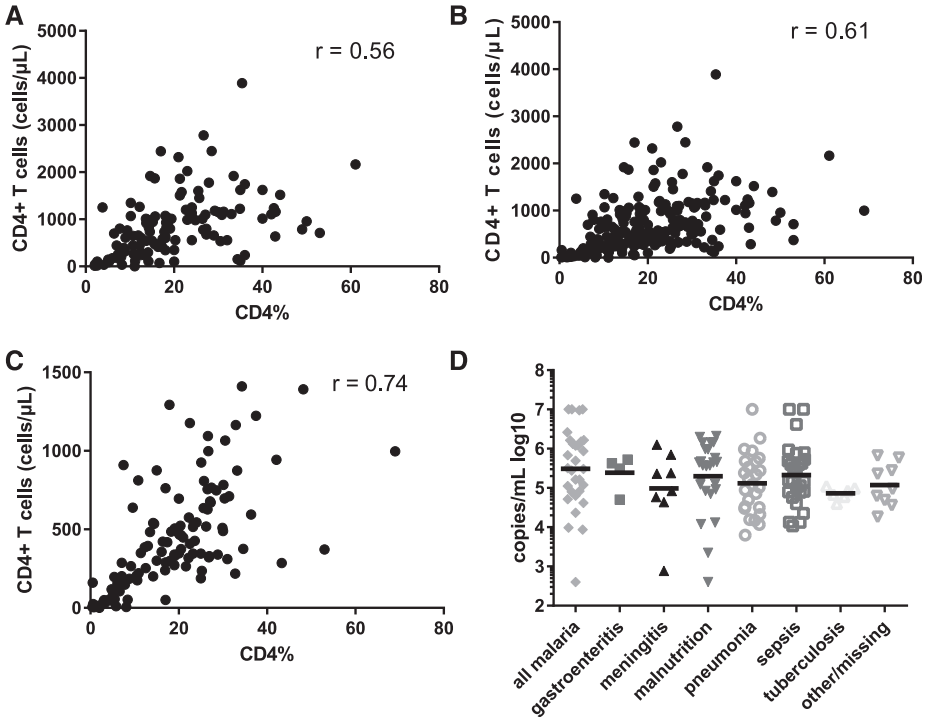


SUPPLEMENTAL FIGURE 1. Age distribution (**A**), CD4+ T-lymphocyte absolute and percent (**B**, **C**), and HIV clinical stage (**D**) by discharge diagnosis for children with detectable HIV DNA or RNA PCR only. Horizontal bars denote median values. (**A**) Age differed between groups ($P < 0.01$, Kruskal–Wallis test). Children with tuberculosis were significantly older than children with gastroenteritis (multiplicity adjusted $P < 0.04$). (**B**) CD4 count did not differ between groups ($P = 0.531$, Kruskal–Wallis test). Note: scale of y axis is log10. (**C**) CD4% did not differ between groups ($P = 0.50$, Kruskal–Wallis test). (**D**) HIV clinical stage differed based on discharge diagnosis (Chi-square, $P < 0.01$). Nearly all children with malnutrition, pneumonia, meningitis, tuberculosis and sepsis had advanced clinical HIV disease severity (stage 3 or 4), whereas 79.7% of children with malaria had mild or asymptomatic clinical HIV disease (stage 1 or 2).



SUPPLEMENTAL FIGURE 2. Correlation between absolute CD4+ T lymphocyte count and CD4+ T lymphocyte percentage (**A**–**C**), and HIV viral load based on discharge diagnosis (**D**). (**A**) Correlation of CD4 count with CD4% for all children with available data. CD4 count positively correlated with CD4% ($r = 0.61$, 95% CI 0.52–0.68, $P < 0.01$). (**B**) Correlation of CD4 count with CD4% for children $N \geq 5$ years old. There was a stronger correlation between CD4 count and CD4% in older children ($r = 0.74$, 95% CI 0.64–0.81, $P < 0.01$). (**C**) Correlation of CD4 count with CD4% for children younger than 5 years old was weaker than in older children ($r = 0.56$, 95% CI 0.42–0.67, $P < 0.01$). (**D**) 150 children had HIV RNA PCR quantification from archived plasma. HIV viral load did not differ based on discharge diagnosis. Note: *y* axis scale is log10; horizontal bars denote geometric mean.