

**Title page****Characteristics of Patent Ductus Arteriosus in Congenital Rubella Syndrome**

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**Supplemental table 1. Numbers of transcatheter therapy and transcatheter patent ductus arteriosus occlusion therapy at the Department of Cardiology, Children’s Hospital 1**

Year	2011	2012	2013	2014	2015	Total in 5 years
Transcatheter therapy (a)	494	770	553	581	580	2978
Transcatheter PDA occlusion (b)	419	495	273	187	225	1599
(b)/(a) (%)	84.8	64.3	49.4	32.2	38.8	53.7

PDA; patent ductus arteriosus

**Supplemental table 2. Definition of Congenital Rubella Syndrome (CRS)<sup>29</sup>**

1) Symptoms suggesting CRS are symptoms in Group (A) and (B) as below.

Group A	Group B
congenital heart disease	purpura
cataract(s)	jaundice within 24 hours after birth
glaucoma	hepatosplenomegaly
suspected hearing impairment	meningoencephalitis <sup>a</sup>
	developmental delay
	microcephaly

2) Confirmed CRS and Probable CRS

Confirmed CRS

one with any clinical manifestations of CRS (A and B) confirmed on a laboratory test<sup>b</sup>.

Probable CRS

one that is not laboratory confirmed but includes either 2 of the clinical signs listed in group (A) or 1 of the clinical signs listed in group (A) and 1 of the clinical signs listed in group (B) with no evidence of any other etiology.

a; Meningoencephalitis was defined clinically according to the presence of abnormal neurologic findings and signs of meningeal irritation, such as neck stiffness, altered consciousness, bulging fontanel, and convulsions.

b; Cases were laboratory confirmed based on the detection of rubella-specific immunoglobulin M antibodies in infancy.

Supplemental figure. Number of transcatheter patent ductus arteriosus occlusion therapy between 2011 and 2015, at Children's Hospital 1 in Ho Chi Minh City, sorted by birth months

