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Study protocol for a core outcome set in paediatric sepsis in low middle-income countries

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ABSTRACT

Introduction

Despite only recently being declared a major global health issue, sepsis in children is the leading cause of death worldwide. New interventions and a concerted effort to enhance our understanding of sepsis are required to address the huge burden of disease, especially in low middle-income countries (LMIC) where it is highest. An opportunity therefore exists to ensure that ongoing research in this area is relevant to all stakeholders and is of consistently high quality. One method to address these issues is through the development of a core outcome set. (COS)

Methods and analysis

This study protocol outlines the phases in the development of a core outcome set for paediatric sepsis in LMIC. The first step involves performing a systematic review of all outcomes reported in the research of paediatric sepsis in low middle-income countries. A two-stage international e-Delphi survey will then invite a broad range of participants to rank each generated outcome for inclusion into the COS. Finally, a face to face consensus meeting will be held where each outcome will be reviewed, voted on and ratified for inclusion into the COS.

Ethics and dissemination

No core outcome sets exist for clinical trials in paediatric sepsis. This COS will serve to not only highlight the heavy burden of paediatric sepsis in this setting and aid collaboration and participation between all stakeholders, but to promote ongoing essential high quality and relevant research into the topic. A COS in paediatric sepsis in LMIC will advocate for a common language and facilitate interpretation of findings from a variety of settings.

Article Summary

Strengths and limitations of this study

- With the continued high burden of disease in low middle-income countries, a core outcome set (COS)
 for use in paediatric sepsis research in a resource-limited setting is required to focus efforts and improve
 research consistency, relevance and quality in this area.
- The protocol uses a well-established process involving a thorough systematic review and an allencompassing 3 step Delphi survey involving clinicians, researchers, nurses, patients and parents/guardians
- The feasibility of an e-survey is limited in regions with poor internet access, so the use of a local facilitator will ensure patients and the parent/guardian have equal input into the COS development.

Keywords Paediatric sepsis, core outcome sets, low-middle income countries

INTRODUCTION

Sepsis is the leading cause of death in children, with the highest-burden in those countries least resourced to address it. Now recognised as a major global health issue, in 2017 the WHO adopted a resolution with the aim of reducing the human and economic burden of sepsis (1). Severe paediatric sepsis has a worldwide prevalence of 8% (2) and a mortality of 9 -20% (3). Severe sepsis and septic shock has a mortality of 20 -40% within developing countries (4)(5). It is thought to be the final common pathway to multi-organ failure and death from a number of infectious diseases (6), including the top four causes of childhood mortality as reported by the WHO.

With the high prevalence of disease, new interventions and treatments are essential, as is a concerted effort to better understand the genesis of sepsis. Analysis and comparison of trials involving paediatric sepsis in low middle-income countries (LMIC) are problematic however due to the significant heterogeneity and inconsistency in reporting outcomes (7, 8). A standardised way to evaluate trial outcomes is therefore imperative.

One method that is being increasingly used to address these issues is a minimum core outcome set (COS) (7). These are defined as a minimum set of outcomes that should be consistently measured and reported in clinical trials for a specific clinical area (7). All stakeholders have a role in developing the COS. The use of COS not only aims to improve consistency across trials allowing accurate comparison, including potential meta-analysis, but to limit selective reporting (9, 10) and improve the quality and relevance of clinical research (11).

Limited funding and resources, a high sepsis burden of varying infectious aetiologies and a large proportion of children with significant comorbidities determine the differences in outcomes seen in LMICs. These factors are in contrast to HICs and hence necessitate a region-specific COS to better understand these disparities and craft context-specific solutions. As an example total annual expenditure on health in many parts of sub-Saharan Africa is under US \$25 per capita and often less than 3% of the GDP (12) and the number of ICU beds as a percentage of hospital beds is approximately 1.5% in LMIC compared to 2.5 to 9% in HIC (13). Recognising the huge discrepancy in resources between regions is essential as is the potential financial impact. In 2018, 11.7% of the world's population spent over 10% of their annual income on healthcare, leaving an estimated 100 million people impoverished by out of pocket spending. (14) A region-specific COS will ensure relevance and meaning to patients and clinicians alike. By advocating a common language between stakeholders, interpretation of findings from a variety of diverse settings will become simpler and attention can focus on research into the essential outcomes.

AIMS AND OBJECTIVES

This study aims to develop a COS for use in clinical trials involving paediatric sepsis in LMICs. The specific study objectives are to identify outcomes previously reported in trials of paediatric sepsis in LMIC and to prioritise these outcomes using clinicians, researchers, patients and parents.

The protocol outlines our methods used to establish a COS and aims to raise awareness of paediatric sepsis in LMIC and aid collaboration and participation between all stakeholders. A stepwise approach to COS development will be undertaken as suggested by The Core Outcome Measures in Effectiveness Trials (COMET) Initiative and the Outcome Measures in Rheumatology (OMERACT) Initiative (15).

METHODS AND ANALYSIS

Our COS development plan has been registered with the COMET initiative ($\underline{www.comet-initiative.org}$). As per published recommendations (16) and previous core outcome sets (11, 17 – 19), a three-step process will be utilised to develop an international consensus for paediatric sepsis in low middle-countries COS:

1. Systematic review of outcomes currently reported in the research of paediatric sepsis in low middle-income countries.

- 2. Two round Delphi e-survey to prioritise outcomes
- Consensus meeting of global experts, clinicians and nurses and e-survey participants to ratify COS

When complete, the Core Outcome Set Standards for Reporting (COS-STAR) (20) will be applied.

Scope of core outcome set

This COS will be purely focused on clinical outcomes in paediatric sepsis in LMIC, and not involve those outcomes that are specific to premature infants or certain conditions, such as meningococcal septicaemia.

Identification of existing knowledge

One prior systematic review in 2017 evaluated all paediatric randomised controlled trials of patients with septic shock. This however included high-income countries and was intensive care specific. Neonates were excluded. Mortality was the most frequent primary outcome whilst long term patient-centred outcomes were rarely used (4).

1. Systematic review

A systematic review will be performed to identify both morbidity and mortality outcomes reported in existing studies involving paediatric sepsis in low middle-income countries.

Types of studies, participants and interventions

All forms of published studies will be included. Subjects will children under the age of 18 with sepsis. Those involving a high proportion (>50%) of premature patients will be excluded. Studies undertaken in a low middle-income country, as defined by the World Bank, and those describing a clinical outcome that is measured systematically across the population studied will be included. Sepsis, severe sepsis or septic shock will be defined by either the International Consensus Conference on Pediatric Sepsis Definitions, American College of Chest Physicians/ Society of Critical Care Medicine consensus criteria, sepsis-relevant International Classification of Diseases (ICD)-9/ICD-10 codes), Integrated Management of Childhood Illness or clearly self- defined (e.g. positive blood culture with one or more symptoms). Only articles in English from 1994 to 2019 will be assessed.

Search methods for identification of studies and study eligibility

The search strategy will be applied to PubMed, Embase, Scopus, Cochrane Central Register of Controlled Trials and the World Health Organisation International Clinical Trials Platform (ICTRP). One review author (GW) will independently screen the abstracts returned from the search strategy and any studies not meeting inclusion criteria will be excluded. Assessment of methodological quality will not be undertaken as we are evaluating outcomes only. The electronic search strategy was developed as per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (21). Details are outlined in supplemental file 2.

Data extraction, analysis and presentation

One review author (GW) will perform data extraction using a standardised form. The following data will be retrieved: author details, year and journal of publication, sepsis definition, reported outcomes and outcome definition(s). The outcomes will then be listed and placed into broader outcome categories.

Records will be managed in EndNote X9 reference software (Clarivate Analytics, Boston, MA).

2. Delphi process

A two-round international Delphi process involving an electronic-based questionnaire populated by outcomes from the literature review will then be performed to rank the outcomes.

Selection of panel members

A minimum of 50 participants for the Delphi panel will be involved. Participants will be recruited from around the world, with an aim to have all from low middle-income countries. Experienced clinicians in paediatrics and critical care, nurses, researchers and previous patients and parents/ guardians will be invited to participate. These will be identified from prior research papers and previous collaborations with members of the research team.

Delphi Round 1

Participants will initially be asked to complete brief questions related to their profession and experience. A list of outcomes generated from the systematic review will then be presented, and the participants required to rank each one on a scale from 1 to 9 (22). A score of 1 -3 indicates an unimportant outcome that should not be included, scores of 4 - 6 demonstrate an important but not critical outcome and scores of 7 - 9 imply an outcome that is essential to inclusion (17, 19, 20). A survey reminder will be sent out after 7 days and then again after 2 weeks. All outcomes will be carried on to the second round. There will be a free-text option for participants to suggest additional outcomes.

Delphi Round 2

In the second phase of the electronic questionnaire, the first round scores for each outcome and number of prior respondents will be revealed to the participant. With this knowledge, each outcome will be rescored as described previously in Delphi round one.

At this point, patients and their parents or guardian will be identified by clinicians known to team members and approached after discharge. The questionnaire will be paper-based and outcome measures simplified into broad domains for the patients to rank with the use of a local facilitator.

Once again, a survey reminder will be sent out after 7 days and then again after 2 weeks.

Analysis of Outcomes

Descriptive statistics will be used to analyse the responses from both round one and two. Free text answers will be reviewed by the authorship team to evaluate for uncaptured outcomes in the first-round questionnaire and added if deemed appropriate to the second Delphi round questionnaire.

Our definition of consensus will follow that of previous COS publications (16). Analysis of the second round outcomes for which \geq 70% of panellists scored it 7–9 and fewer than 15% of panellists scored it 1–3 will have met criteria for inclusion in the consensus meeting discussion. Outcomes for which \geq 70% of panellists scored it 1–3, and fewer than 15% of panellists scored it 7–9 will be defined to have met consensus for exclusion. (16). Those outcomes not meeting criteria will be defined as lack of consensus.

3. Consensus Meeting

A face-to-face consensus meeting will be held after completion of the Delphi process to finalise the outcomes for inclusion in the COS. The exact final meeting format will depend upon the location and the number of participants able to attend. Invites will be sent to those that have completed both rounds of the Delphi survey. The outcomes from round two of the Delphi survey will be presented and discussed. Participants will then anonymously vote for each outcome for inclusion and exclusion in the finalised COS using a format similar to that of the Delphi survey. Consensus for inclusion will be as before: if $\geq 70\%$ of panellists vote in favour and fewer than 15% of panellists vote against. At this time, we will also enquire

of the participants as to the practicality, feasibility and cost-effectiveness of the finalised core outcome set and the ease as to which it could be implemented

Ethics

All participants involved will be asked for their consent before undertaking the Delphi survey, and all procedures will be conducted according to the Declaration of Helsinki. Involvement in the survey will be completely voluntary and the responses anonymised. A waiver for ethics approval has been granted by the authors' institution.

Implementation, dissemination and updating the COS

Upon completion of the consensus meeting, we will draft a COS guideline including an explanation of our methods using the COS-STAR template (20). It will be submitted to a high impact journal and presented at international meetings. We will seek endorsement and dissemination by major international societies and journals with an interest in paediatric sepsis and hope that it can be used as a standard in LMICs data sets for paediatric sepsis.

Discussion

At present, no core outcome sets exist for clinical trials in paediatric sepsis. Outcomes from HICs cannot be reliably extrapolated to LMICs (23). This region-specific COS aims to reduce heterogeneity that currently exists in this area, limit reporting bias and improve the quality and relevance of outcomes published. It will also hopefully serve to highlight the heavy burden of paediatric sepsis in this setting and aid collaboration and participation between all stakeholders, encouraging ongoing essential high-quality research into the topic and facilitate further understanding of this complex disease.

Author Contributions

GW and SM were involved in study conception. GW, SM AND NK were involved in manuscript drafting and editing.

Patient and Public Involvement

Patients will be approached during the second round of the Delphi Survey.

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This research received no specific grant from any funding agency in the public, commercial or not for profit sectors.

Competing interests

All have no conflicts of interest to declare

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References

- 1. WHO. Seventieth World Health Assembly Update, 26 May 2017. WHO. 2017;41(May):22-31https://www.who.int/en/news-room/detail/26-05-2017-seventieth-world-health-assembly-update-26-may-2017
- 2. Weiss SL, Fitzgerald JC, Pappachan J, et al. Global epidemiology of pediatric severe sepsis: the sepsis prevalence, outcomes, and therapies study. Am J Respir Crit Care Med. 2015. May 15:1919(10):1147-57 Doi:10.1164/rccm.201412-2323oc

- 3. Fleischmann-Struzek C, Goldfarb DM, Schlattmann P, et al. The global burden of paediatric and neonatal sepsis: a systematic review. Lancet Respir Med. 2018 Mar;6(3):223-230. doi: 10.1016/S2213-2600(18)30063-8.
- 4. Menon K, Mcnally JD, Zimmerman JJ, et al. Primary Outcome Measures in Pediatric Septic Shock Trials: A Systematic Review. Pediatr Crit Care Med. 2017 Mar;18(3):e146-e154. Doi:10.1097/pcc.000000000001078
- 5. Tan B, Wong JJ, Sultana et al. Global Case-Fatality Rates in Pediatric Severe Sepsis and Septic Shock: A Systematic Review and Meta-analysis. JAMA Pediatr. 2019 Apr 1;173(4):352-362. doi: 10.1001/jamapediatrics.2018.4839.
- 6. Kissoon N, Carapetis J. Pediatric sepsis in the developing world. J Infect. 2015;71(s1):s21-s26. Doi:10.1016/j.jinf.2015.04.016
- 7. Sinha I, Jones L, Smyth RL, Williamson PR: A systematic review of studies that aim to determine which outcomes to measure in clinical trials in children. PLoS medicine 2008, 5(4):e96.
- 8. Clarke M. Standardising outcomes for clinical trials and systematic reviews. Trials. 2007; 8(1): 39. Https://doi.org/10.1186/1745-6215-8-39 pmid: 18039365
- 9. Kirkham JJ, Dwan KM, Altman DG, et al. The impact of outcome reporting bias in randomised controlled trials on a cohort of systematic reviews. BMJ. 2010; 340(7747):637-640.https://doi.org/10.1136/bmj.c365
- 10. Dwan K, Altman DG, Arnaiz JA, et al. Systematic review of the empirical evidence of study publication bias and outcome reporting bias. Siegfried n, editor. PloS one.2008; 3 (8): e3081. Https://doi.org/10.1371/journal.pone.0003081 pmid: 18769481
- 11. Ma C, Panaccione R, Fedorak RN, et al. Development of a core outcome set for clinical trials in inflammatory bowel disease: Study protocol for a systematic review of the literature and identification of a core outcome set using a Delphi survey. BMJ Open 2017;7(6):e016146. doi:10.1136/bmjopen-2017-016146
- 12. World Health Organization: Domestic general government health expenditure (GGHE-D) as percentage of gross domestic product (GDP) (%) Data by country, 2015 http://apps.who.int/gho/data/node.main.GHEDGGHEDGDPSHA2011?lang=en
- 13. Murthy, S., Leligdowicz, A., & Adhikari, N. K. (2015). Intensive care unit capacity in low-income countries: a systematic review. PloS one, 2015; 10(1), e0116949. doi:10.1371/journal.pone.0116949
- 14. WHO. WHO Health Statistics 2018- Monitoring Health for the SDGs. Vol 15.; 2018. doi:10.22201/fq.18708404e.2004.3.66178
- 15. Boers M, Kirwan JR, Wells G,, et al. Developing core outcome measurement sets for clinical trials: OMERACT filter 2.0. Journal of clinical epidemiology. Elsevier inc; 2014;67(7):745-753: 1±9. Https://doi.org/10.1016/j.jclinepi.2013.11.013 pmid: 24582946
- 16. Williamson PR, Altman DG, Blazeby JM, et al. Developing core outcome sets for clinical trials: Issues to consider. Trials 2012;13(1):132.
- 17. Moza A, Benstoem C, Autschbach R, Stoppe C, Goetzenich A. A core outcome set for all types of cardiac surgey effectiveness trials: A study protocol for an international eDelphi survey to achieve consensus on what to measure and the subsequent selection of measurement instruments. Trials (2015) 16 (1):545 DOI 10.1186/s13063-015-1072-8
- 18. Waters AM, Tudur Smith C, Young B, et al. The CONSENSUS study: Protocol for a mixed-methods study to establish which outcomes should be included in a core outcome set for oropharyngeal cancer. Trials 2014, 15(1):168 http://www.trialsjournal.com/content/15/1/168
- 19. Harman NL, Bruce IA, Callery P et al. MOMENT management of otitis media with effusion in cleft palate: Protocol for a systematic review of the literature and identification of a core outcome set using a Delphi survey. Trials 2013, 14(1):70 http://www.trialsjournal.com/content/14/1/70
- 20. Kirkham JJ, Gorst S, Altman DG et al. Core outcome Set-STAndards for reporting: The COS-STAR statement. PLoS medicine 2016;13(10):e1002148
- 21. Moher D, Liberati A, Tetzlaff K, et al. Preferred reporting items for systematic reviews and meta-analyses: the prisma statement. J clin epidemiol 2009;62:1006–12.

- 22. Guyatt GH, Oxman AD, Kunz R, et al. GRADE guidelines: 2. Framing the question and deciding on important outcomes. J Clin Epidemiol 2011;64(4):395–400.
- 23. Vukoka M, Riviello ED, Schultz MJ. Critical care outcomes in resource-limited settings. Current opinion in critical care 2019;24(5):421-427



Supplemental File 2

Systematic Review Search Strategies

Criteria

- Inclusion:
 - o Articles published in English
 - Peer Reviewed articles
 - o Focus on paediatric patients with sepsis (those under 18 years of age)
 - Sepsis, severe sepsis or septic shock as defined by international consensus (International Consensus Conference on Pediatric Sepsis Definitions, American College of Chest Physicians/ Society of Critical Care Medicine consensus criteria, sepsis-relevant International Classification of Diseases (ICD)-9/ICD-10 codes), by IMCI and self-defined (e.g. positive blood culture with one or more symptoms)
 - Involve research in low middle income countries
 - o Describe a clinical outcome that is measured systematically across the population studied
 - Years: 1994 to 2019

Exclusion

- o Adult studies (>18 yrs.)
- o Preterm Sepsis
- o Those performed in high resource countries (as defined by the World Bank)
- No outcome data
- o Articles which are not peer reviewed
- Duplicate references
- o Studies missing methods of data collection and eligibility criteria
- Studies involving sepsis in specific subgroup population
- o Retrospective bacteremia

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('sepsis'/exp OR sepsis:ti,ab,kw OR septic:ti,ab,kw OR pyemia*:ti,ab,kw OR pyohemia*:ti,ab,kw OR pyaemia*:ti,ab,kw OR septicemia*:ti,ab,kw OR 'blood poisoning':ti,ab,kw) AND ('newborn'/exp OR 'pediatrics'/exp OR 'child'/exp OR 'adolescent'/exp OR infant*:ti,ab,kw OR baby:ti,ab,kw OR babies:ti,ab,kw OR newborn*:ti,ab,kw OR neonate*:ti,ab,kw OR pediatric:ti,ab OR paediatric:ti,ab OR child:ti,ab,kw OR children:ti,ab,kw OR toddler*:ti,ab,kw OR adolescen*:ti,ab,kw OR teen*:ti,ab,kw OR youth*:ti,ab,kw OR boy:ti,ab,kw OR boys:ti,ab,kw OR girl*:ti,ab,kw OR juvenile*:ti,ab,kw) AND ('developing country'/exp OR 'low income country'/exp OR 'middle income country'/exp OR 'afghanistan'/exp OR 'albania'/exp OR 'algeria'/exp OR 'american samoa'/exp OR 'angola'/exp OR 'armenia'/exp OR 'azerbaijan'/exp OR 'bangladesh'/exp OR 'belarus'/exp OR 'belize'/exp OR 'benin'/exp OR 'bhutan'/exp OR 'bolivia'/exp OR 'bosnia and herzegovina'/exp OR 'botswana'/exp OR 'brazil'/exp OR 'bulgaria'/exp OR 'burkina faso'/exp OR 'burundi'/exp OR 'cape verde'/exp OR 'cambodia'/exp OR 'cameroon'/exp OR 'central african republic'/exp OR 'chad'/exp OR 'china'/exp OR 'colombia'/exp OR 'comoros'/exp OR 'democratic republic congo'/exp OR 'congo'/exp OR 'costa rica'/exp OR 'cote d'ivoire'/exp OR 'cuba'/exp OR 'diibouti'/exp OR 'dominica'/exp OR 'dominican republic'/exp OR 'ecuador'/exp OR 'egypt'/exp OR 'el salvador'/exp OR 'eritrea'/exp OR 'ethiopia'/exp OR 'equatorial guinea'/exp OR

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togo*:ti,ab,kw OR tonga*:ti,ab,kw OR tunisia*:ti,ab,kw OR tunesia:ti,ab,kw OR turkey:ti,ab,kw OR turkish:ti,ab,kw OR turkmenistan:ti,ab,kw OR turkmen*:ti,ab,kw OR turkush:ti,ab,kw OR ukraina:ti,ab,kw OR vanuatu*:ti,ab,kw OR venezuela*:ti,ab,kw OR vietnam*:ti,ab,kw OR 'viet nam':ti,ab,kw OR 'west bank':ti,ab,kw OR 'gaza':ti,ab,kw OR yemen*:ti,ab,kw OR zambia*:ti,ab,kw OR zimbabwe*:ti,ab,kw)

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("Sepsis" [Mesh] OR sepsis[tiab] OR septic[tiab] OR pyemia*[tiab] OR pyohemia*[tiab] OR pyaemia*[tiab] OR septicemia*[tiab] OR "blood poisoning"[tiab]) AND ("Infant, Newborn"[Mesh] OR "Pediatrics"[Mesh] OR "Child"[Mesh] OR "Adolescent"[Mesh] OR infant[tiab] OR infants[tiab] OR baby[tiab] OR babies[tiab] OR newborn[tiab] OR newborns[tiab] OR neonate[tiab] OR neonates[tiab] OR pediatric [tiab] OR paediatric[tiab] OR child[tiab] OR children[tiab] OR toddler[tiab] OR toddlers[tiab] OR adolescent[tiab] OR adolescence[tiab] OR teen[tiab] OR teens[tiab] OR teenager[tiab] OR teenagers[tiab] OR youth[tiab] OR boy[tiab] OR boys[tiab] OR girl[tiab] OR girls[tiab] OR juveniles[tiab] OR juveniles[tiab]) AND ("Developing Countries" [Mesh] OR "Afghanistan" [Mesh] OR "Albania" [Mesh] OR "Algeria" [Mesh] OR "American Samoa" [Mesh] OR "Angola" [Mesh] OR "Armenia" [Mesh] OR "Azerbaijan" [Mesh] OR "Bangladesh" [Mesh] OR "Republic of Belarus" [Mesh] OR "Belize" [Mesh] OR "Benin" [Mesh] OR "Bhutan" [Mesh] OR "Bolivia" [Mesh] OR "Bosnia and Herzegovina" [Mesh] OR "Botswana" [Mesh] OR "Brazil" [Mesh] OR "Bulgaria" [Mesh] OR "Burkina Faso" [Mesh] OR "Burundi"[Mesh] OR "Cabo Verde"[Mesh] OR "Cambodia"[Mesh] OR "Cameroon"[Mesh] OR "Central African Republic" [Mesh] OR "Chad" [Mesh] OR "China" [Mesh: NoExp] OR "Colombia" [Mesh] OR "Comoros" [Mesh] OR "Democratic Republic of the Congo" [Mesh] OR "Congo" [Mesh] OR "Costa Rica" [Mesh] OR "Cote d'Ivoire" [Mesh] OR "Cuba" [Mesh] OR "Djibouti" [Mesh] OR "Dominica" [Mesh] OR "Dominican Republic" [Mesh] OR "Ecuador" [Mesh] OR "Egypt" [Mesh] OR "El Salvador" [Mesh] OR "Eritrea" [Mesh] OR "Ethiopia" [Mesh] OR "Equatorial Guinea" [Mesh] OR "Fiji" [Mesh] OR "Gabon" [Mesh] OR "Gambia" [Mesh] OR "Georgia (Republic)"[Mesh] OR "Ghana"[Mesh] OR "Grenada"[Mesh] OR "Guinea"[Mesh] OR "Guinea-Bissau" [Mesh] OR "Guatemala" [Mesh] OR "Guyana" [Mesh] OR "Haiti" [Mesh] OR "Honduras" [Mesh] OR "India" [Mesh] OR "Indonesia" [Mesh] OR "Iran" [Mesh] OR "Iraq" [Mesh] OR "Jamaica" [Mesh] OR "Jordan" [Mesh] OR "Kazakhstan" [Mesh] OR "Kenya" [Mesh] OR "Democratic People's Republic of Korea" [Mesh] OR "Kosovo" [Mesh] OR "Kyrgyzstan" [Mesh] OR "Laos" [Mesh] OR "Lebanon" [Mesh] OR "Lesotho" [Mesh] OR "Liberia" [Mesh] OR "Libya"[Mesh] "Macedonia (Republic)"[Mesh] OR "Madagascar"[Mesh] OR "Malawi"[Mesh] OR "Malaysia"[Mesh] OR "Mali"[Mesh] OR "Mauritania"[Mesh] OR "Mauritius" [Mesh] OR "Mexico" [Mesh] OR "Micronesia" [Mesh] OR "Moldova" [Mesh] OR "Mongolia" [Mesh] OR "Montenegro" [Mesh] OR "Morocco" [Mesh] OR "Mozambique" [Mesh] OR "Myanmar" [Mesh] OR "Namibia" [Mesh] OR "Nepal" [Mesh] OR "Nicaragua" [Mesh] OR "Niger"[Mesh] OR "Nigeria"[Mesh] OR "Pakistan"[Mesh] OR "Papua New Guinea"[Mesh] OR "Paraguay" [Mesh] OR "Peru" [Mesh] OR "Philippines" [Mesh] OR "Romania" [Mesh] OR

"Russia" [Mesh] OR "Rwanda" [Mesh] OR "Samoa" [Mesh] OR "Sao Tome and Principe" [Mesh] OR "Senegal" [Mesh] OR "Serbia" [Mesh] OR "Sierra Leone" [Mesh] OR "Somalia" [Mesh] OR "South Africa" [Mesh] OR "South Sudan" [Mesh] OR "Sri Lanka" [Mesh] OR "Saint Lucia" [Mesh] OR "Saint Vincent and the Grenadines" [Mesh] OR "Sudan" [Mesh] OR "Suriname" [Mesh] OR "Swaziland"[Mesh] OR "Syria"[Mesh] OR "Tajikistan"[Mesh] OR "Tanzania"[Mesh] OR "Thailand" [Mesh] OR "Timor-Leste" [Mesh] OR "Togo" [Mesh] OR "Tonga" [Mesh] OR "Tunisia" [Mesh] OR "Turkey" [Mesh] OR "Turkmenistan" [Mesh] OR "Uganda" [Mesh] OR "Ukraine"[Mesh] OR "Uzbekistan"[Mesh] OR "Vanuatu"[Mesh] OR "Venezuela"[Mesh] OR "Vietnam" [Mesh] OR "Yemen" [Mesh] OR "Zambia" [Mesh] OR "Zimbabwe" [Mesh] OR "developing country" OR "developing countries" OR "developing economy" OR "under developed country" OR "under developed countries" OR "third world" OR "low income country" OR "low income economy" OR "low income nation" OR "lower income country" 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Bank" [tiab] OR "Gaza" [tiab] OR Yemen*[tiab] OR Zambia*[tiab] OR Zimbabwe*[tiab])

Scopus

= 6,164 results after limiting to English, 1994-present and excluding books, book chapters, editorials, notes, and letters on 6/24/2019

TITLE-ABS-KEY (sepsis OR septic OR pyemia* OR pyohemia* OR pyaemia* OR septicemia* OR {blood poisoning}) AND TITLE-ABS-KEY (infant OR infants OR baby OR babies OR newborn OR newborns OR neonate OR neonates OR pediatric OR paediatric OR child OR children OR toddler OR toddlers OR adolescent OR adolescence OR teen OR teens OR teenager OR teenagers OR youth OR boy OR boys OR girl OR girls OR juvenile OR juveniles) AND TITLE-ABS-KEY ({developing country} OR {developing countries} OR {developing economy} OR {under developed countries} OR {third world} OR {low income country} OR {low income economy} OR {middle income country} OR {middle income nation} OR {poor

country OR {poor countries} OR {LAMI country} OR {LAMI countries} OR afghanistan OR afghani* OR albania* OR algeria* OR {American Samoa} OR samoan* OR angola OR angolan* OR armenia* OR azerbaijan* OR bangladesh OR bengali* OR belarus* OR byelorussian OR byelarus OR belorussia OR belize* OR benin* OR bhutan* OR bolivia* OR bosnia* OR herzegovina OR botswana* OR bechuanaland OR batswana OR motswana OR brazil* OR bulgaria* OR "Burkina Faso" OR burkinabé OR burundi* OR "Cabo Verde" OR "Cape Verde" OR "Cape Verdean" OR cambodia* OR khmer OR cameroon* OR cameroun OR "Central African Republic" OR "Centrafrican Republic" OR "Chad" OR tchad OR chadian OR china OR chinese OR colombia* OR comoros OR "Comoro Islands" OR comorian OR "Democratic Republic of the Congo" OR "Democratic Republic Congo" OR congo* OR "Costa Rica" OR "Costa Rican" OR "Cote d'Ivoire" OR "Ivory Coast" OR ivorian OR cuba* OR djibouti* OR dominica* OR "Dominican Republic" OR "French Sudan" OR ecuador* OR egypt* OR "United Arab Republic" OR "El Salvador" OR salvador* OR eritrea* OR ethiopia* OR "Equatorial Guinea" OR equatoguinean OR fiji* OR gabon* OR gaboon OR gambia* OR "Republic of Georgia" OR "Georgia SSR" OR ghana* OR grenada OR grenadian OR guinea* OR "Guinea-Bissau" OR "Portuguese Guinea" OR guatemala* OR guyana OR guyanese OR haiti* OR hondura* OR india OR "Indian Union" OR indonesia* OR "Netherlands East Indies" OR "East Indies" OR "West Irian" OR "West New Guinea" OR timor OR "Java" OR "Irian Jaya" OR bali OR sumatra OR celebes OR sulawesi OR "Malay Archipelago" OR madura OR iran* OR iraq* OR jamaica* OR jordan* OR kazakhstan* OR kazakh OR kenya* OR kiribati* OR "Democratic People's Republic of Korea" OR "North Korea" OR "North Korean" OR kosovo OR kosovar OR kosovan OR kyrgyzstan* OR kirghizia OR "Kyrgyz Republic" OR "Kirghiz SSR" OR kirgizstan OR kyrgyzs OR lao OR laos OR laotian* OR lebanon OR lebanese OR lesotho* OR basutoland OR liberia* OR libya* OR macedonia* OR madagascar OR malagasy OR malawi* OR nyasaland OR malaysia* OR malaya* OR maldives OR maldivian OR mali OR malian OR "Marshall Islands" OR mauritania* OR mauretania OR mauritius OR mauritian OR mexico OR mexican* OR micronesia* OR moldova* OR moldavia* OR mongolia* OR montenegro OR montenegrin OR morocco OR ifni OR moroccan OR mozambique OR "Portuguese East Africa" OR mocambique OR mozambican OR myanmar OR burma OR myanma OR burmese OR namibia* OR nauru* OR nepal* OR nicaragua* OR niger* OR nigeria* OR pakistan* OR "Papua New Guinea" OR "East New Guinea" OR paraguay* OR peru* OR philippines OR phillipines OR filipino* OR romania* OR rumania* OR roumania* OR russia* OR rwanda* OR ruanda OR samoa* OR "Sao Tome" OR senegal* OR serbia* OR "Sierra Leone" OR "Sierra Leonean" OR "Solomon Islands" OR "Solomon Islander" OR somali* OR "South Africa" OR "South African" OR "South Sudan" OR "South Sudanese" OR "Sri Lanka" OR "Sri Lankan" OR ceylon OR "Saint Lucia" OR "St. Lucia" OR "Saint Vincent" OR "St. Vincent" OR sudan* OR surinam* OR swaziland OR "Swazi" OR eswatini OR syria* OR tajikistan* OR tadjikistan* OR tadzhik OR tanzania* OR tanganyika OR thai* OR "Timor-Leste" OR "East Timor" OR togo* OR tonga* OR tunisia* OR turkey OR turkish OR turkmenistan OR turkmen* OR tuvalu* OR uganda* OR ukraine OR ukrainian OR ukraina OR uzbekistan* OR uzbek OR vanuatu* OR venezuela* OR vietnam* OR "Viet Nam" OR "West Bank" OR "Gaza" OR yemen* OR

zambia* OR zimbabwe*) AND (LIMIT-TO (LANGUAGE, "English")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010) OR LIMIT-TO (PUBYEAR, 2009) OR LIMIT-TO (PUBYEAR, 2008) OR LIMIT-TO (PUBYEAR, 2007) OR LIMIT-TO (PUBYEAR, 2006) OR LIMIT-TO (PUBYEAR, 2005) OR LIMIT-TO (PUBYEAR, 2002) OR LIMIT-TO (PUBYEAR, 2001) OR LIMIT-TO (PUBYEAR, 2000) OR LIMIT-TO (PUBYEAR, 2001) OR LIMIT-TO (PUBYEAR, 1998) OR LIMIT-TO (PUBYEAR, 1997) OR LIMIT-TO (PUBYEAR, 1996) OR LIMIT-TO (PUBYEAR, 1995) OR LIMIT-TO (PUBYEAR, 1994)) AND (EXCLUDE (DOCTYPE, "no") OR EXCLUDE (DOCTYPE, "sh") OR EXCLUDE (DOCTYPE, "sh") OR EXCLUDE (DOCTYPE, "sh")

Cochrane Library

- #1: MeSH descriptor: [Sepsis] explode all trees
- #2: sepsis OR septic OR pyemia* OR pyohemia* OR pyaemia* OR septicemia* OR "blood poisoning"
- #3: #1 OR #2
- #4: MeSH descriptor: [Infant, Newborn] explode all trees
- #5: MeSH descriptor: [Pediatrics] explode all trees
- #6: MeSH descriptor: [Child] explode all trees
- #7: MeSH descriptor: [Adolescent] explode all trees
- #8: infant OR infants OR baby OR babies OR newborn OR newborns OR neonate OR neonates OR pediatric OR padiatric OR child OR children OR toddler OR toddlers OR adolescent OR adolescence OR teen OR teens OR teenager OR teenagers OR youth OR boy OR boys OR girl OR girls OR juvenile OR juveniles
- #9: #4 OR #5 OR #6 OR #7 OR #8
- #10: MeSH descriptor: [Developing Countries] explode all trees
- #11: ("developing country" OR "developing countries" OR "developing economy" OR "under developed country" OR "under developed countries" OR "third world" OR "low income country" OR "low income economy" OR "lower income country" OR "lower middle income country" OR "middle income country" OR "middle income economy" OR "middle income nation" OR "poor country" OR "poor countries" OR "LAMI country" OR "LAMI countries" OR Afghanistan OR Afghanis OR Albania OR Algeria OR "American Samoa" OR

Samoan* OR Angola OR Angolan* OR Armenia* OR Azerbaijan* OR Bangladesh OR Bengali* OR Belarus* OR Byelorussian OR Byelarus OR Belorussia OR Belize* OR Benin* OR Bhutan* OR Bolivia* OR Bosnia* OR Herzegovina OR Botswana* OR Bechuanaland OR Batswana OR Motswana OR Brazil* OR Bulgaria* OR "Burkina Faso" OR Burkinabé OR Burundi* OR "Cabo Verde" OR "Cape Verde" OR "Cape Verdean" OR Cambodia* OR Khmer OR Cameroon* OR Cameroun OR "Central African Republic" OR "Centrafrican Republic" OR "Chad" OR Tchad OR Chadian OR China OR Chinese OR Colombia* OR Comoros OR "Comoro Islands" OR Comorian OR "Democratic Republic of the Congo" OR "Democratic Republic Congo" OR Congo* OR "Costa Rica" OR "Costa Rican" OR "Cote d Ivoire" OR "Ivory Coast" OR Ivorian OR Cuba* OR Djibouti* OR Dominica* OR "Dominican Republic" OR "French Sudan" OR Ecuador* OR Egypt* OR "United Arab Republic" OR "El Salvador" OR Salvador* OR Eritrea* OR Ethiopia* OR "Equatorial Guinea" OR Equatoguinean OR Fiji* OR Gabon* OR Gaboon OR Gambia* OR "Republic of Georgia" OR "Georgia SSR" OR Ghana* OR Grenada OR Grenadian OR Guinea* OR "Guinea-Bissau" OR "Portuguese Guinea" OR Guatemala* OR Guyana OR Guyanese OR Haiti* OR Hondura* OR India OR "Indian Union" OR Indonesia* OR "Netherlands East Indies" OR "East Indies" OR "West Irian" OR "West New Guinea" OR Timor OR "Java" OR "Irian Jaya" OR Bali OR Sumatra OR Celebes OR Sulawesi OR "Malay Archipelago" OR Madura OR Iran* OR Iraq* OR Jamaica* OR Jordan* OR Kazakhstan* OR Kazakh OR Kenya* OR Kiribati* OR "Democratic People's Republic of Korea" OR "North Korea" OR "North Korean" OR Kosovo OR Kosovar OR Kosovan OR Kyrgyzstan* OR Kirghizia OR "Kyrgyz Republic" OR "Kirghiz SSR" OR Kirgizstan OR Kyrgyzs OR Lao OR Laos OR Laotian* OR Lebanon OR Lebanese OR Lesotho* OR Basutoland OR Liberia* OR Libya* OR Macedonia* OR Madagascar OR Malagasy OR Malawi* OR Nyasaland OR Malaysia* OR Malaya* OR Maldives OR Maldivian OR Mali OR Malian OR "Marshall Islands" OR Mauritania* OR Mauretania OR Mauritius OR Mauritian OR Mexico OR Mexican* OR Micronesia* OR Moldova* OR Moldavia* OR Mongolia* OR Montenegro OR Montenegrin OR Morocco OR Ifni OR Moroccan OR Mozambique OR "Portuguese East Africa" OR Mozambique OR Mozambican OR Myanmar OR Burma OR Myanma OR Burmese OR Namibia* OR Nauru* OR Nepal* OR Nicaragua* OR Niger* OR Nigeria* OR Pakistan* OR "Papua New Guinea" OR "East New Guinea" OR Paraguay* OR Peru* OR Philippines OR Phillipines OR Filipino* OR Romania* OR Rumania* OR Roumania* OR Russia* OR Rwanda* OR Ruanda OR Samoa* OR "Sao Tome" OR Senegal* OR Serbia* OR "Sierra Leone" OR "Sierra Leonean" OR "Solomon Islands" OR "Solomon Islander" OR Somali* OR "South Africa" OR "South African" OR "South Sudan" OR "South Sudanese" OR "Sri Lanka" OR "Sri Lankan" OR Ceylon OR "Saint Lucia" OR "Saint Vincent" OR Sudan* OR Surinam* OR Swaziland OR Swazi OR Eswatini OR Syria* OR Tajikistan* OR Tadjikistan* OR Tadzhik OR Tanzania* OR Tanganyika OR Thai* OR "Timor Leste" OR "East Timor" OR Togo* OR Tonga* OR Tunisia* OR Tunesia OR Turkey OR Turkish OR Turkmenistan OR Turkmen* OR Tuvalu* OR Uganda* OR Ukraine OR Ukrainian OR Ukraina OR Uzbekistan* OR Uzbek OR Vanuatu* OR Venezuela* OR Vietnam* OR "Viet Nam" OR "West Bank" OR "Gaza" OR Yemen* OR Zambia* OR Zimbabwe*)

#12: #10 OR #11

#13: #3 AND #9 AND #12



Supplementary file 1

PRISMA-P Checklist

This checklist has been adapted for use with protocol submissions to *Systematic Reviews* from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 **4**:1

Section/tonic	"_	Charlist itam	Information reported		Line
Section/topic	#	Checklist item	Yes	No	number(s)
ADMINISTRATIVE INF	FORMAT	ION			
Title					
Identification	1a	Identify the report as a protocol of a systematic review			Page 1 title
Update	1b	If the protocol is for an update of a previous systematic review, identify as such			Not applicable
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract			Page 2 Methods and analysis
Authors		· · · · · · · · · · · · · · · · · · ·			
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author			Page 1 Affiliations
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review			Page 5 Manuscript contributions
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments			
Support					
Sources	5a	Indicate sources of financial or other support for the review			No funding
Sponsor	5b	Provide name for the review funder and/or sponsor			Not applicable
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol			Not applicable
INTRODUCTION					
Rationale	6	Describe the rationale for the review in the context of what is already known			Page 2 Introduction

Saction/tonia		Observative A. Marian	Information reported		Line	
Section/topic	#	Checklist item	Yes	No	number(s)	
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)			Page 3 Methods	
METHODS					•	
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review			Page 3 Methods	
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage			Page 2 Methods	
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	\boxtimes		Supplemental file 2	
STUDY RECORDS	•		•			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review			Page 3 – data extraction	
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)			Page 3 – data extraction	
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	\boxtimes		Page 3 – data extraction	
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications			Page 3 – Types of studies, participants, and interventions	
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	\boxtimes		Page 3 – data extraction	
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis			Page 3 – Assessment of methodological quality	
DATA		·		•	,	
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized			Not applicable – qualitative systematic review	



Saction/tonia	44	# Charlint itam	Information reported		Line
Section/topic	#	Checklist item	Yes	No	number(s)
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., <i>I</i> ² , Kendall's tau)			Not applicable – qualitative systematic review
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)			Not applicable
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned			Not applicable
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)			Not applicable, systematic review only
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	\boxtimes		Page xx – Assessment of Methodologic Quality



BMJ Open

Study protocol for a core outcome set in paediatric sepsis in low and middle-income countries

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Study protocol for a core outcome set in paediatric sepsis in low and middle-income countries

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ABSTRACT

Introduction

Sepsis is the leading cause of death in children worldwide and has recently been declared a major global health issue. New interventions and a concerted effort to enhance our understanding of sepsis are required to address the huge burden of disease, especially in low and middle-income countries (LMIC) where it is highest. An opportunity therefore exists to ensure that ongoing research in this area is relevant to all stakeholders and is of consistently high quality. One method to address these issues is through the development of a core outcome set (COS).

Methods and analysis

This study protocol outlines the phases in the development of a core outcome set for paediatric sepsis in LMIC. The first step involves performing a systematic review of all outcomes reported in the research of paediatric sepsis in low middle-income countries. A three-stage international Delphi process will then invite a broad range of participants to score each generated outcome for inclusion into the COS. This will include an initial two step online survey and finally, a face to face consensus meeting where each outcome will be reviewed, voted on and ratified for inclusion into the COS.

Ethics and dissemination

No core outcome sets exist for clinical trials in paediatric sepsis. This COS will serve to not only highlight the heavy burden of paediatric sepsis in this setting and aid collaboration and participation between all stakeholders, but to promote ongoing essential high quality and relevant research into the topic. A COS in paediatric sepsis in LMIC will advocate for a common language and facilitate interpretation of findings from a variety of settings. A waiver for ethics approval has been granted by UBC Children's and Women's Research Ethics Board.

Article Summary

Strengths and limitations of this study

- With the continued high burden of disease in low and middle-income countries, a core outcome set (COS) for use in paediatric sepsis research in a resource-limited setting is required to focus efforts and improve research consistency, relevance and quality in this area.
- The protocol uses a well-established process involving a thorough systematic review and an allencompassing 3 step Delphi survey involving clinicians, researchers, nurses, patients and parents/guardians
- The feasibility of an e-survey is limited in regions with poor internet access, so the use of a local facilitator will ensure patients and the parent/guardian have equal input into the COS development.

Keywords: Paediatric sepsis, core outcome sets, low-middle income countries

INTRODUCTION

Sepsis is the leading cause of death in children, with the highest-burden in those countries least resourced to address it. Now recognised as a major global health issue, in 2017 the WHO adopted a resolution with the aim of reducing the human and economic burden of sepsis (1). Severe paediatric sepsis has a worldwide prevalence of 8% (2) and a mortality of 9 -20% (3). Severe sepsis and septic shock has a mortality of 20 -40% within developing countries (4)(5). It is thought to be the final common pathway to multi-organ failure and death from a number of infectious diseases (6), including the top four causes of childhood mortality as reported by the WHO.

With the high prevalence of disease, new interventions and treatments are essential, as is a concerted effort to better understand the genesis of sepsis. Analysis and comparison of trials involving paediatric sepsis in low and middle-income countries (LMIC) are problematic however due to the significant heterogeneity and inconsistency in reporting outcomes (7, 8). A systematic review into primary outcome measures in paediatric septic shock trials demonstrated that the use of mortality alone had significant limitations and suggested more long term outcomes should be explored (4). A standardised way to evaluate trial outcomes is therefore imperative.

One method that is being increasingly used to address these issues is a minimum core outcome set (COS) (7). These are defined as a minimum set of outcomes that should be consistently measured and reported in clinical trials for a specific clinical area (7). All stakeholders have a role in developing the COS. The use of COS not only aims to improve consistency across trials allowing accurate comparison, including potential meta-analysis, but to limit selective reporting (9, 10) and improve the quality and relevance of clinical research (11).

sepsis COS in sepsis have been developed (http://www.cometinitiative.org/studies/details/1317?result=true), including one ongoing in Paediatric Critical Care Medicine research (http://www.comet-initiative.org/studies/details/1131?result=true). No core outcome set currently exists for paediatric sepsis however, and very few are region specific. Limited funding and resources, a high sepsis burden of varying infectious aetiologies and a large proportion of children with significant comorbidities determine the differences in outcomes seen in LMICs. These factors are in contrast to HICs and hence necessitate a region-specific COS to better understand these disparities and craft context-specific solutions. As an example total annual expenditure on health in many parts of sub-Saharan Africa is under US \$25 per capita and often less than 3% of the GDP (12) and the number of ICU beds as a percentage of hospital beds is approximately 1.5% in LMIC compared to 2.5 to 9% in HIC (13). Recognising the huge discrepancy in resources between regions is essential as is the potential financial impact. In 2018, 11.7% of the world's population spent over 10% of their annual income on healthcare, leaving an estimated 100 million people impoverished by out of pocket spending. (14) A region-specific COS will ensure relevance and meaning to patients and clinicians alike. By advocating a common language between stakeholders, interpretation of findings from a variety of diverse settings will become simpler and attention can focus on research into the essential outcomes. Potential barriers to development and dissemination of a COS in this setting may be hindered by a lack of access to research capabilities and limited implementation feasibility.

AIMS AND OBJECTIVES

This study aims to develop a COS for use in clinical trials involving paediatric sepsis in LMICs. The specific study objectives are to identify outcomes previously reported in trials of paediatric sepsis in LMIC and to prioritise these outcomes using clinicians, researchers, patients and parents.

The protocol outlines our methods used to establish a COS and aims to raise awareness of paediatric sepsis in LMIC and aid collaboration and participation between all stakeholders. The protocol has been developed using the COS-STAD guidance for developing core outcome sets (15, supplementary file 1) and the COS-

STAP guidance for a protocol for a core outcome set development study (16, supplementary file 2). A stepwise approach to COS development will be undertaken as suggested by The Core Outcome Measures in Effectiveness Trials (COMET) Initiative and the Outcome Measures in Rheumatology (OMERACT) Initiative (17).

METHODS AND ANALYSIS

Our COS development plan has been registered with the COMET initiative (http://www.comet-initiative.org/studies/details/1400?result=true). As per published recommendations (18) and previous core outcome sets (11, 19 - 21), a multi-step process will be utilised to develop an international consensus for paediatric sepsis in low and middle-countries COS (figure 1):

- 1. Systematic review of outcomes currently reported in the research of paediatric sepsis in low and middle-income countries.
- 2. Three round Delphi process:
 - a. 2 round e-Delphi survey to prioritise outcomes
 - b. Consensus meeting of global experts, clinicians, parent/guardian, patients and nurses and e-survey participants to ratify COS

When complete, the Core Outcome Set Standards for Reporting (COS-STAR) (22) will be applied.

Scope of core outcome set

This COS will be purely focused on clinical outcomes in paediatric sepsis clinical trials in LMIC, and not involve those outcomes that are specific to premature infants or certain conditions, such as meningococcal septicaemia.

<u>Identification of existing knowledge</u>

One prior systematic review in 2017 evaluated all paediatric randomised controlled trials of patients with septic shock. This however included high-income countries and was intensive care specific. Neonates were excluded. Mortality was the most frequent primary outcome whilst long term patient-centred outcomes were rarely used (4).

1. Systematic review

A systematic review will be performed to identify both morbidity and mortality outcomes reported in existing studies involving paediatric sepsis in low and middle-income countries.

Types of studies, participants and interventions

All forms of published studies will be included. Subjects will children under the age of 18 with sepsis. Those involving a high proportion (>50%) of premature patients will be excluded. Studies undertaken in a low and middle-income country, as defined by the World Bank (23), and those describing a clinical outcome that is measured systematically across the population studied will be included. All interventions related to paediatric sepsis in this setting will be applicable. Sepsis, severe sepsis or septic shock will be defined by either the International Consensus Conference on Pediatric Sepsis Definitions, American College of Chest Physicians/ Society of Critical Care Medicine consensus criteria, sepsis-relevant International Classification of Diseases (ICD)-9/ICD-10 codes), Integrated Management of Childhood Illness or clearly self- defined (e.g. positive blood culture with one or more symptoms). Only articles in English from 1st January 1994 to 1st September 2019 will be assessed.

Search methods for identification of studies and study eligibility

The search strategy will be applied to PubMed, Embase, Scopus, Cochrane Central Register of Controlled Trials and the World Health Organisation International Clinical Trials Platform (ICTRP). One review author (GW) will independently screen the abstracts returned from the search strategy and any studies not meeting inclusion criteria will be excluded. Assessment of methodological quality will not be undertaken as we are evaluating outcomes only. The electronic search strategy was developed as per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (24). Details are outlined in supplemental files 3 and 4.

Data extraction, analysis and presentation

One review author (GW) will perform data extraction using a standardised form. A second reviewer (SM) will provide validation in cases of doubt. The following data will be retrieved: author details, year and journal of publication, sepsis definition, reported outcomes and outcome definition(s). The data will be synthesised and presented in a descriptive table. The outcomes will then be condensed into a list and placed into broader outcome categories, including efficacy, safety, mortality, morbidity, cost effectiveness and quality of life. Each of these categories will be further stratified depending upon the frequency of outcomes. Care will be taken to avoid ambiguity in the language used in the list of outcomes.

A list of authors will be compiled and invited to participate.

Records will be managed in EndNote X9 reference software (Clarivate Analytics, Boston, MA).

2. Delphi process

A two-round international e-Delphi survey involving an electronic-based questionnaire populated by outcomes from the literature review will then be performed to rank the outcomes.

Selection of panel members

A minimum of 50 participants for the Delphi panel will be involved. Nurses, clinicians and researchers will be recruited from around the world, with an aim to have all from low and middle-income countries. This will ensure a direct relevance to the population of children in most need, and give a voice to those rarely heard, a need previously identified in COS development (25). These participants will be identified from prior research papers on paediatric sepsis in LMIC, current involvement in ongoing studies and previous collaborations with members of the research team. The planned start date for the initial online survey is January 5th 2020. The second round will occur 6 weeks after participants after completed round one, and therefore occur in March 2020. The survey and list of outcomes will be translated into French and Spanish.

Delphi Round 1

Participants will initially be asked to complete brief questions related to their profession and experience. A list of outcomes generated from the systematic review will then be presented, and the participants required to rank each one on a scale from 1 to 9 (26). A score of 1 -3 indicates an unimportant outcome that should not be included, scores of 4 - 6 demonstrate an important but not critical outcome and scores of 7 - 9 imply an outcome that is essential to inclusion (19, 21, 22). A survey reminder will be sent out after 7 days and then again after 2 weeks. All outcomes will be carried on to the second round. There will be a free-text option for participants to suggest additional outcomes.

Patient and Public Involvement

At this point, approximately ten patients and their parents or guardian will be identified by clinicians known to team members and approached after discharge. The questionnaire will be paper-based, and outcome measures simplified into broad domains for the patients to score with the use of a local facilitator, due to

the limited access to internet, possible illiteracy and non-English speaking. The patient survey will generate the relevant domains of key interest, and be incorporated into round 2 of the Delphi. The specific granular outcomes will be defined by the formal Delphi.

Delphi Round 2

In the second phase of the electronic questionnaire, the first round scores for each outcome and number of prior respondents will be fedback to the participants. With this knowledge, each outcome will be rescored as described previously in Delphi round one.

Once again, a survey reminder will be sent out after 7 days and then again after 2 weeks.

Analysis of Outcomes

Descriptive statistics will be used to analyse the responses from both round one and two, including quantitative (absolute values, percentages) and qualitatively (suggestions given by participants) meaures. The demoninator will reflect only those outcomes scored. Free text answers will be reviewed by the authorship team to evaluate for uncaptured outcomes in the first-round questionnaire and added if deemed appropriate to the second Delphi round questionnaire.

Our definition of consensus will follow that of previous COS publications (18). Analysis of the second round outcomes for which \geq 70% of panellists scored it 7–9 and fewer than 15% of panellists scored it 1–3 will have met criteria for inclusion in the consensus meeting discussion. Outcomes for which \geq 70% of panellists scored it 1–3, and fewer than 15% of panellists scored it 7–9 will be defined to have met consensus for exclusion. (18). Those outcomes not meeting criteria will be defined as lack of consensus.

3. Consensus Meeting

A face-to-face consensus meeting will be held after completion of the e-Delphi survey to finalise the outcomes for inclusion in the COS. Invites will be sent to those that have completed both rounds of the Delphi survey. All stakeholder groups will be represented, including local patients, parents, nurses and clinicians. The exact final meeting format will depend upon the location and the number of participants able to attend, but most likely occur in June 2020. The outcomes from round two of the e-Delphi survey will be presented and discussed. Participants will then anonymously vote for each outcome for inclusion and exclusion in the finalised COS using a format similar to that of the Delphi survey. Consensus for inclusion will be as before: if \geq 70% of panellists vote in favour and fewer than 15% of panellists vote against. At this time, we will also enquire of the participants as to the practicality, feasibility and cost-effectiveness of the finalised core outcome set and the ease as to which it could be implemented. A formal feasibility matrix will be incorporated to inform this process so as to ensure that feasibility is assessed in a standardized way. Those outcomes that are deemed feasible by \geq 70% of panellists, will meet consensus for inclusion into the COS.

Ethics and dissemination

All participants involved will be asked for their consent before undertaking the Delphi survey, and all procedures will be conducted according to the Declaration of Helsinki. Involvement in the survey will be completely voluntary and the responses anonymised. A waiver for ethics approval has been granted by the UBC Children's and Women's Research Ethics Board.

Implementation, dissemination and updating the COS

Upon completion of the consensus meeting, we will draft a COS guideline including an explanation of our methods using the COS-STAR template (22). It will be submitted to a high impact journal and presented at international meetings. We will seek endorsement and dissemination by major international societies and

journals with an interest in paediatric sepsis and hope that it can be used as a standard in LMICs data sets for paediatric sepsis.

The next step will be to determine how best to measure the core outcomes using the COSMIN-Comet (27) guidance. Those attending the consensus meeting and prior Delphi participants will be invited to form a group to develop this further.

Discussion

At present, no core outcome sets exist for clinical trials in paediatric sepsis. Outcomes from HICs cannot be reliably extrapolated to LMICs (28). This region-specific COS aims to reduce heterogeneity that currently exists in this area, limit reporting bias and improve the quality and relevance of outcomes published. It will also hopefully serve to highlight the heavy burden of paediatric sepsis in this setting and aid collaboration and participation between all stakeholders, encouraging ongoing essential high-quality research into the topic and facilitate further understanding of this complex disease.

Author Contributions

GW and SM were involved in study conception. GW, SM AND NK were involved in manuscript drafting and editing.

Patient and Public Involvement

Patients will be approached during the second round of the Delphi Survey.

<u>Funding Statement</u>

This research received no specific grant from any funding agency in the public, commercial or not for profit sectors.

Competing interests

All have no conflicts of interest to declare

Word Count 2930 (excluding references)

References

- 1. WHO. Seventieth World Health Assembly Update, 26 May 2017. WHO. 2017;41(May):22-31https://www.who.int/en/news-room/detail/26-05-2017-seventieth-world-health-assembly-update-26-may-2017
- 2. Weiss SL, Fitzgerald JC, Pappachan J, et al. Global epidemiology of pediatric severe sepsis: the sepsis prevalence, outcomes, and therapies study. Am J Respir Crit Care Med. 2015. May 15:1919(10):1147-57 Doi:10.1164/rccm.201412-2323oc
- 3. Fleischmann-Struzek C, Goldfarb DM, Schlattmann P, et al. The global burden of paediatric and neonatal sepsis: a systematic review. Lancet Respir Med. 2018 Mar;6(3):223-230. doi: 10.1016/S2213-2600(18)30063-8.
- 4. Menon K, Mcnally JD, Zimmerman JJ, et al. Primary Outcome Measures in Pediatric Septic Shock Trials: A Systematic Review. Pediatr Crit Care Med. 2017 Mar;18(3):e146-e154. Doi:10.1097/pcc.000000000001078
- 5. Tan B, Wong JJ, Sultana et al. Global Case-Fatality Rates in Pediatric Severe Sepsis and Septic Shock: A Systematic Review and Meta-analysis. JAMA Pediatr. 2019 Apr 1;173(4):352-362. doi: 10.1001/jamapediatrics.2018.4839.
- 6. Kissoon N, Carapetis J. Pediatric sepsis in the developing world. J Infect. 2015;71(s1):s21-s26. Doi:10.1016/j.jinf.2015.04.016
- 7. Sinha I, Jones L, Smyth RL, Williamson PR: A systematic review of studies that aim to determine which outcomes to measure in clinical trials in children. PLoS medicine 2008, 5(4):e96.

- 8. Clarke M. Standardising outcomes for clinical trials and systematic reviews. Trials. 2007; 8(1): 39. Https://doi.org/10.1186/1745-6215-8-39 pmid: 18039365
- 9. Kirkham JJ, Dwan KM, Altman DG, et al. The impact of outcome reporting bias in randomised controlled trials on a cohort of systematic reviews. BMJ. 2010; 340(7747):637-640.https://doi.org/10.1136/bmj.c365
- 10. Dwan K, Altman DG, Arnaiz JA, et al. Systematic review of the empirical evidence of study publication bias and outcome reporting bias. Siegfried n, editor. PloS one.2008; 3 (8): e3081. Https://doi.org/10.1371/journal.pone.0003081 pmid: 18769481
- 11. Ma C, Panaccione R, Fedorak RN, et al. Development of a core outcome set for clinical trials in inflammatory bowel disease: Study protocol for a systematic review of the literature and identification of a core outcome set using a Delphi survey. BMJ Open 2017;7(6):e016146. doi:10.1136/bmjopen-2017-016146
- 12. World Health Organization: Domestic general government health expenditure (GGHE-D) as percentage of gross domestic product (GDP) (%) Data by country, 2015 http://apps.who.int/gho/data/node.main.GHEDGGHEDGDPSHA2011?lang=en
- 13. Murthy, S., Leligdowicz, A., & Adhikari, N. K. (2015). Intensive care unit capacity in low-income countries: a systematic review. PloS one, 2015; 10(1), e0116949. doi:10.1371/journal.pone.0116949
- 14. WHO. WHO Health Statistics 2018- Monitoring Health for the SDGs. Vol 15.; 2018. doi:10.22201/fq.18708404e.2004.3.66178
- 15. Kirkham JJ, Davis K, Altman DG, et al. Core Outcome Set-STAndards for Development: The COS-STAD recommendations. PLoS Med. 2017;14(11):e1002447. Published 2017 Nov 16. doi:10.1371/journal.pmed.1002447
- 16. Kirkham JJ, Gorst S, Altman DG, et al. Core Outcome Set-STAndardised Protocol Items: the COS-STAP Statement. Trials. 2019;20(1):116. Published 2019 Feb 11. doi:10.1186/s13063-019-3230-x
- 17. Boers M, Kirwan JR, Wells G,, et al. Developing core outcome measurement sets for clinical trials: OMERACT filter 2.0. Journal of clinical epidemiology. Elsevier inc; 2014;67(7):745-753: 1±9. Https://doi.org/10.1016/j.jclinepi.2013.11.013 pmid: 24582946
- 18. Williamson PR, Altman DG, Blazeby JM, et al. Developing core outcome sets for clinical trials: Issues to consider. Trials 2012;13(1):132.
- 19. Moza A, Benstoem C, Autschbach R, Stoppe C, Goetzenich A. A core outcome set for all types of cardiac surgey effectiveness trials: A study protocol for an international eDelphi survey to achieve consensus on what to measure and the subsequent selection of measurement instruments. Trials (2015) 16 (1):545 DOI 10.1186/s13063-015-1072-8
- 20. Waters AM, Tudur Smith C, Young B, et al. The CONSENSUS study: Protocol for a mixed-methods study to establish which outcomes should be included in a core outcome set for oropharyngeal cancer. Trials 2014, 15(1):168 http://www.trialsjournal.com/content/15/1/168
- 21. Harman NL, Bruce IA, Callery P et al. MOMENT management of otitis media with effusion in cleft palate: Protocol for a systematic review of the literature and identification of a core outcome set using a Delphi survey. Trials 2013, 14(1):70 http://www.trialsjournal.com/content/14/1/70
- 22. Kirkham JJ, Gorst S, Altman DG et al. Core outcome Set-STAndards for reporting: The COS-STAR statement. PLoS medicine 2016;13(10):e1002148
- 23. World Bank. World Bank Country and Lending Groups. (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups)
- 24. Moher D, Liberati A, Tetzlaff K, et al. Preferred reporting items for systematic reviews and meta-analyses: the prisma statement. J clin epidemiol 2009;62:1006–12.
- 25. Gargon E, Gorst SL, Harman NL, Smith V, Matvienko-Sikar K, Williamson PR. Choosing important health outcomes for comparative effectiveness research: 4th annual update to a systematic review of core outcome sets for research. PLoS One. 2018;13(12):e0209869. Published 2018 Dec 28. doi:10.1371/journal.pone.0209869

- 26. Guyatt GH, Oxman AD, Kunz R, et al. GRADE guidelines: 2. Framing the question and deciding on important outcomes. J Clin Epidemiol 2011;64(4):395–400.
- 27. Prinsen CA, Vohra S, Rose MR, et al. How to select outcome measurement instruments for outcomes included in a "Core Outcome Set" a practical guideline. *Trials*. 2016;17(1):449. Published 2016 Sep 13. doi:10.1186/s13063-016-1555-2
- 28. Vukoka M, Riviello ED, Schultz MJ. Critical care outcomes in resource-limited settings. Current opinion in critical care 2019;24(5):421-427



Figure 1: Timeline of COS Development

Systematic Review

- Step 1: Systematic review of literature involving paediatric sepsis in LMIC
 - Identify outcomes
 - August October 2019

Online e-Delphi Survey

Step 2: 1st round Delphi process

- Online survey
- Score outcomes
- Jan Feb 2020
- Step 3: 2nd round Delphi process
 - Online survey
 - Re-score outcomes
 - March April 2020

Consensus meeting

Step 4: 3rd round Delphi process

- Consenus meeting of selected stakeholders
- Ratify outcomes
- Plan next steps
- June/July 2020

Core Outcome Set-STAndards for Development: COS-STAD recommendations (15)

DOMAIN	STANDARD NUMBER	METHODOLOGY	PAGE AND SECTION REPORTED
Scope specification	1	The research or practice setting(s) in which the COS is to be applied The health condition(s) covered by the COS	Page 3. Scope of COS
	2 3	The population(s) covered by the CO	Page 3. Scope of COS Page 3. Scope of COS
	4	The intervention(s) covered by the COS	Page 3. Type of studies, participants and interventions
Stakeholders	5	Those who will use the COS in research	Page 4. Selection of panel members
involved	6	Healthcare professionals with experience of patients with the condition	Page 4. Selection of panel members
	7	Patients with the condition or their representatives	Page 4. Selection of panel members
Consensus process	8	The initial list of outcomes considered both healthcare professionals' and patients' views	Page 4. Delphi process
	9 10	A scoring process and consensus definition were described a priori. Criteria for including/dropping/adding outcomes were described a prior	Page 4. Delphi process Page 4. Delphi process
	11	Care was taken to avoid ambiguity of language used in the list of outcomes.	Page 4. Delphi process
		Care was taken to avoid ambiguity of language used in the list of outcomes.	

Core Outcome Set-STAndardised Protocol Items: COS-STAP Statement (16)

TITLE/ABSTACT			PAGE AND SECTION REPORTED
Title	1a.	Identify in the title that the paper describes the protocol for the planned development of a COS	Page 1. Title
Abstract	1b.	Provide a structured abstract	Page 1. Abstract
INTRODUCTION			
Background and	2a.	Describe the background and explain the rationale for developing the COS, and identify the reasons why a COS is needed and the potential	Page 2. Background
objectives		barriers to its implementation	
	2b.	Describe the specific objectives with reference to developing a COS	Page 2. Objectives
Scope	3a.	Describe the health condition(s) and population(s) that will be covered by the COS	Page 2. Objectives
	3b.	Describe the intervention(s) that will be covered by the COS	Page 2. Objectives
	3c.	Describe the context of use for which the COS is be applied	Page 2. Objectives
METHODS			
Stakeholders	4.	Describe the stakeholder groups to be involved in the COS development process, the nature and rationale for their involvement and also how	Page 4. Delphi process
		the individuals will be identified; this should cover involvement both as members of the research team and as participants in the study.	
Information sources	5a.	Describe the information sources that will be used to identify the list of outcomes. Outline the methods or reference other protocols/papers.	Page 3. Systematic Review
	5b.	Describe how outcomes may be dropped/combined with reasons	Page 4. Delphi process
Consensus process	6.	Describe the plans for how the consensus process will be undertaken	Page 4. Delphi process
Consensus definition	7a.	Describe the consensus definition	Page 4. Delphi process
	7b.	Describe the procedure for determining how outcomes will be added/combined/dropped from consideration during the consensus process.	Page 4. Delphi process
ANALYSIS			
Outcome	8.	Describe how outcomes will be scored and summarised, describe how participants will receive feedback during the consensus process	Page 4. Delphi process
scoring/feedback			
Missing data	9.	Describe how missing data will be handled during the consensus process	Page 4. Delphi process
ETHICS and DISSEM	INATI	ION	
Ethics approval/	10.	Describe any plans for obtaining research ethics committee/ institutional review board approval in relation to the consensus process and	Page 5. Ethics and dissemination
informed consent		describe how informed consent will be obtained (if relevant).	
Dissemination	11.	Describe any plans to communicate the results of study participants and COS users, inclusive of methods and timing of dissemination	Page 5. Implementation,
			dissemination and updating the COS
ADMINISTRATIVE I	NFOR	MATION	
Funders	12.	Describe sources of funding, role of funders	Page 6. Funding Statement
Conflicts of interest	13.	Describe any potential conflicts of interest within the study team and how they will be managed.	Page 6. Competing interests

COS - Core outcome set

Supplemental File 3

Systematic Review Search Strategies

Criteria

- Inclusion:
 - o Articles published in English
 - Peer Reviewed articles
 - o Focus on paediatric patients with sepsis (those under 18 years of age)
 - Sepsis, severe sepsis or septic shock as defined by international consensus (International Consensus Conference on Pediatric Sepsis Definitions, American College of Chest Physicians/ Society of Critical Care Medicine consensus criteria, sepsis-relevant International Classification of Diseases (ICD)-9/ICD-10 codes), by IMCI and self-defined (e.g. positive blood culture with one or more symptoms)
 - Involve research in low middle income countries
 - o Describe a clinical outcome that is measured systematically across the population studied
 - Years: 1994 to 2019

Exclusion

- o Adult studies (>18 yrs.)
- o Preterm Sepsis
- o Those performed in high resource countries (as defined by the World Bank)
- o No outcome data
- o Articles which are not peer reviewed
- Duplicate references
- Studies missing methods of data collection and eligibility criteria
- o Studies involving sepsis in specific subgroup population
- o Retrospective bacteremia

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('sepsis'/exp OR sepsis:ti,ab,kw OR septic:ti,ab,kw OR pyemia*:ti,ab,kw OR pyohemia*:ti,ab,kw OR pyaemia*:ti.ab.kw OR septicemia*:ti.ab.kw OR 'blood poisoning':ti.ab.kw) AND ('newborn'/exp OR 'pediatrics'/exp OR 'child'/exp OR 'adolescent'/exp OR infant*:ti,ab,kw OR baby:ti,ab,kw OR babies:ti,ab,kw OR newborn*:ti,ab,kw OR neonate*:ti,ab,kw OR pediatric:ti,ab OR paediatric:ti,ab OR child:ti,ab,kw OR children:ti,ab,kw OR toddler*:ti,ab,kw OR adolescen*:ti,ab,kw OR teen*:ti,ab,kw OR youth*:ti,ab,kw OR boy:ti,ab,kw OR boys:ti,ab,kw OR girl*:ti,ab,kw OR juvenile*:ti,ab,kw) AND ('developing country'/exp OR 'low income country'/exp OR 'middle income country'/exp OR 'afghanistan'/exp OR 'albania'/exp OR 'algeria'/exp OR 'american samoa'/exp OR 'angola'/exp OR 'armenia'/exp OR 'azerbaijan'/exp OR 'bangladesh'/exp OR 'belarus'/exp OR 'belize'/exp OR 'benin'/exp OR 'bhutan'/exp OR 'bolivia'/exp OR 'bosnia and herzegovina'/exp OR 'botswana'/exp OR 'brazil'/exp OR 'bulgaria'/exp OR 'burkina faso'/exp OR 'burundi'/exp OR 'cape verde'/exp OR 'cambodia'/exp OR 'cameroon'/exp OR 'central african republic'/exp OR 'chad'/exp OR 'china'/exp OR 'colombia'/exp OR 'comoros'/exp OR 'democratic republic congo'/exp OR 'congo'/exp OR 'costa rica'/exp OR 'cote d`ivoire'/exp OR 'cuba'/exp OR 'djibouti'/exp OR 'dominica'/exp OR 'dominican republic'/exp OR 'ecuador'/exp OR 'egypt'/exp OR 'el salvador'/exp OR 'eritrea'/exp OR 'ethiopia'/exp OR 'equatorial guinea'/exp OR 'fiji'/exp OR 'gabon'/exp OR 'gambia'/exp OR 'ghana'/exp OR 'grenada'/exp OR 'guinea'/exp OR 'guinea-bissau'/exp OR 'guatemala'/exp OR 'guvana'/exp OR 'haiti'/exp OR 'honduras'/exp OR 'india'/exp OR 'indonesia'/exp OR 'iran'/exp OR 'iraq'/exp OR 'jamaica'/exp OR 'jordan'/exp OR 'kazakhstan'/exp OR 'kenya'/exp OR 'kiribati'/exp OR 'north korea'/exp OR 'kosovo'/exp OR 'kyrgyzstan'/exp OR 'laos'/exp OR 'lebanon'/exp OR 'lesotho'/exp OR 'liberia'/exp OR 'libyan arab jamahiriya'/exp OR 'madagascar'/exp OR 'malawi'/exp OR 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("Sepsis" [Mesh] OR sepsis[tiab] OR septic[tiab] OR pyemia*[tiab] OR pyohemia*[tiab] OR pyaemia*[tiab] OR septicemia*[tiab] OR "blood poisoning"[tiab]) AND ("Infant, Newborn"[Mesh] OR "Pediatrics"[Mesh] OR "Child"[Mesh] OR "Adolescent"[Mesh] OR infant[tiab] OR infants[tiab] OR baby[tiab] OR babies[tiab] OR newborn[tiab] OR newborns[tiab] OR neonate[tiab] OR neonates[tiab] OR pediatric [tiab] OR paediatric[tiab] OR child[tiab] OR children[tiab] OR toddler[tiab] OR toddlers[tiab] OR adolescent[tiab] OR adolescence[tiab] OR teen[tiab] OR teens[tiab] OR teenager[tiab] OR teenagers[tiab] OR youth[tiab] OR boy[tiab] OR boys[tiab] OR girl[tiab] OR girls[tiab] OR juvenile[tiab] OR juveniles[tiab]) AND ("Developing Countries" [Mesh] OR "Afghanistan" [Mesh] OR "Albania" [Mesh] OR "Algeria" [Mesh] OR "American Samoa" [Mesh] OR "Angola" [Mesh] OR "Armenia" [Mesh] OR "Azerbaijan" [Mesh] OR "Bangladesh" [Mesh] OR "Republic of Belarus" [Mesh] OR "Belize" [Mesh] OR "Benin" [Mesh] OR "Bhutan" [Mesh] OR "Bolivia" [Mesh] OR "Bosnia and Herzegovina" [Mesh] OR "Botswana" [Mesh] OR "Brazil" [Mesh] OR "Bulgaria" [Mesh] OR "Burkina Faso" [Mesh] OR "Burundi" [Mesh] OR "Cabo Verde" [Mesh] OR "Cambodia" [Mesh] OR "Cameroon" [Mesh] OR "Central African Republic" [Mesh] OR "Chad" [Mesh] OR "China" [Mesh: NoExp] OR "Colombia" [Mesh] OR "Comoros" [Mesh] OR "Democratic Republic of the Congo" [Mesh] OR "Congo" [Mesh] OR "Costa Rica" [Mesh] OR "Cote d'Ivoire" [Mesh] OR "Cuba" [Mesh] OR "Djibouti" [Mesh] OR "Dominica" [Mesh] OR "Dominican Republic" [Mesh] OR "Ecuador" [Mesh] OR "Egypt" [Mesh] OR "El Salvador" [Mesh] OR "Eritrea" [Mesh] OR "Ethiopia" [Mesh] OR "Equatorial Guinea" [Mesh] OR "Fiji" [Mesh] OR "Gabon" [Mesh] OR "Gambia" [Mesh] OR "Georgia (Republic)" [Mesh] OR "Ghana" [Mesh] OR "Grenada" [Mesh] OR "Guinea" [Mesh] OR "Guinea-Bissau" [Mesh] OR "Guatemala" [Mesh] OR "Guyana" [Mesh] OR "Haiti" [Mesh] OR "Honduras" [Mesh] OR "India" [Mesh] OR "Indonesia" [Mesh] OR "Iran" [Mesh] OR "Irag" [Mesh] OR "Jamaica" [Mesh] OR "Jordan" [Mesh] OR "Kazakhstan" [Mesh] OR "Kenya" [Mesh] OR "Democratic People's Republic of Korea" [Mesh] OR "Kosovo" [Mesh] OR "Kyrgyzstan" [Mesh] OR "Laos" [Mesh] OR "Lebanon" [Mesh] OR "Lesotho" [Mesh] OR "Liberia" [Mesh] OR "Macedonia (Republic)"[Mesh] OR "Madagascar"[Mesh] "Libya"[Mesh] OR "Malawi" [Mesh] OR "Malaysia" [Mesh] OR "Mali" [Mesh] OR "Mauritania" [Mesh] OR "Mauritius" [Mesh] OR "Mexico" [Mesh] OR "Micronesia" [Mesh] OR "Moldova" [Mesh] OR "Mongolia" [Mesh] OR "Montenegro" [Mesh] OR "Morocco" [Mesh] OR "Mozambique" [Mesh] OR "Myanmar" [Mesh] OR "Namibia" [Mesh] OR "Nepal" [Mesh] OR "Nicaragua" [Mesh] OR "Niger" [Mesh] OR "Nigeria" [Mesh] OR "Pakistan" [Mesh] OR "Papua New Guinea" [Mesh] OR "Paraguay" [Mesh] OR "Peru" [Mesh] OR "Philippines" [Mesh] OR "Romania" [Mesh] OR

"Russia" [Mesh] OR "Rwanda" [Mesh] OR "Samoa" [Mesh] OR "Sao Tome and Principe" [Mesh] OR "Senegal" [Mesh] OR "Serbia" [Mesh] OR "Sierra Leone" [Mesh] OR "Somalia" [Mesh] OR "South Africa" [Mesh] OR "South Sudan" [Mesh] OR "Sri Lanka" [Mesh] OR "Saint Lucia" [Mesh] OR "Saint Vincent and the Grenadines" [Mesh] OR "Sudan" [Mesh] OR "Suriname" [Mesh] OR "Swaziland" [Mesh] OR "Syria" [Mesh] OR "Tajikistan" [Mesh] OR "Tanzania" [Mesh] OR "Thailand" [Mesh] OR "Timor-Leste" [Mesh] OR "Togo" [Mesh] OR "Tonga" [Mesh] OR "Tunisia" [Mesh] OR "Turkey" [Mesh] OR "Turkmenistan" [Mesh] OR "Uganda" [Mesh] OR "Ukraine"[Mesh] OR "Uzbekistan"[Mesh] OR "Vanuatu"[Mesh] OR "Venezuela"[Mesh] OR "Vietnam" [Mesh] OR "Yemen" [Mesh] OR "Zambia" [Mesh] OR "Zimbabwe" [Mesh] OR "developing country" OR "developing countries" OR "developing economy" OR "under developed country" OR "under developed countries" OR "third world" OR "low income country" OR "low income economy" OR "low income nation" OR "lower income country" OR "lower middle income country" OR "middle income economy" OR "middle income economy" OR "middle income nation" OR "poor country" OR "poor countries" OR "LAMI country" OR "LAMI countries" OR Afghanistan[tiab] OR Afghani*[tiab] OR Albania*[tiab] OR Algeria*[tiab] OR "American Samoa"[tiab] OR Samoan*[tiab] OR Angola[tiab] OR Angolan*[tiab] OR Armenia*[tiab] OR Azerbaijan*[tiab] OR Bangladesh[tiab] OR Bengali*[tiab] OR Belarus*[tiab] OR Byelorussian[tiab] OR Byelarus[tiab] OR Belorussia[tiab] OR Belize*[tiab] OR Benin*[tiab] OR Bhutan*[tiab] OR Bolivia*[tiab] OR Bosnia*[tiab] OR Herzegovina[tiab] OR Botswana*[tiab] OR Bechuanaland[tiab] OR Batswana[tiab] OR Motswana[tiab] OR Brazil*[tiab] OR Bulgaria*[tiab] OR "Burkina Faso"[tiab] OR Burkinabé[tiab] OR Burundi*[tiab] OR "Cabo Verde"[tiab] OR "Cape Verde"[tiab] OR "Cape Verdean"[tiab] OR Cambodia*[tiab] OR Khmer[tiab] OR Cameroon*[tiab] OR Cameroun[tiab] OR "Central African Republic"[tiab] OR "Centrafrican Republic" [tiab] OR "Chad" [tiab] OR Tchad [tiab] OR Chadian [tiab] OR China [tiab] OR Chinese[tiab] OR Colombia*[tiab] OR Comoros[tiab] OR "Comoro Islands"[tiab] OR Comorian[tiab] OR "Democratic Republic of the Congo"[tiab] OR "Democratic Republic Congo"[tiab] OR Congo*[tiab] OR "Costa Rica"[tiab] OR "Costa Rican"[tiab] OR "Cote d'Ivoire"[tiab] OR "Ivory Coast"[tiab] OR Ivorian[tiab] OR Cuba*[tiab] OR Djibouti*[tiab] OR Dominica*[tiab] OR "Dominican Republic"[tiab] OR "French Sudan"[tiab] OR Ecuador*[tiab] OR Egypt*[tiab] OR "United Arab Republic"[tiab] OR "El Salvador"[tiab] OR Salvador*[tiab] OR Eritrea*[tiab] OR Ethiopia*[tiab] OR "Equatorial Guinea"[tiab] OR Equatoguinean[tiab] OR Fiji*[tiab] OR Gabon*[tiab] OR Gaboon[tiab] OR Gambia*[tiab] OR "Republic of Georgia"[tiab] OR "Georgia SSR"[tiab] OR Ghana*[tiab] OR Grenada[tiab] OR Grenadian[tiab] OR Guinea*[tiab] OR "Guinea-Bissau"[tiab] OR "Portuguese Guinea"[tiab] OR Guatemala*[tiab] OR Guyana[tiab] OR Guyanese[tiab] OR Haiti*[tiab] OR Hondura*[tiab] OR India[tiab] OR "Indian Union"[tiab] OR Indonesia*[tiab] OR "Netherlands East Indies"[tiab] OR "East Indies"[tiab] OR "West Irian" [tiab] OR "West New Guinea" [tiab] OR Timor [tiab] OR "Java" [tiab] OR "Irian Jaya"[tiab] OR Bali[tiab] OR Sumatra[tiab] OR Celebes[tiab] OR Sulawesi[tiab] OR "Malay Archipelago"[tiab] OR Madura[tiab] OR Iran*[tiab] OR Iraq*[tiab] OR Jamaica*[tiab] OR Jordan*[tiab] OR Kazakhstan*[tiab] OR Kazakh[tiab] OR Kenya*[tiab] OR Kiribati*[tiab] OR "Democratic People's Republic of Korea" [tiab] OR "North Korea" [tiab] OR "North Korean" [tiab] OR Kosovo[tiab] OR Kosovar[tiab] OR Kosovan[tiab] OR Kyrgyzstan*[tiab] OR Kirghizia[tiab] OR "Kyrgyz Republic" [tiab] OR "Kirghiz SSR" [tiab] OR Kirgizstan [tiab] OR Kyrgyzs [tiab] OR

Lao[tiab] OR Laos[tiab] OR Laotian*[tiab] OR Lebanos[tiab] OR Lebanese[tiab] OR Lesotho*[tiab] OR Basutoland[tiab] OR Liberia*[tiab] OR Libva*[tiab] OR Macedonia*[tiab] OR Madagascar[tiab] OR Malagasy[tiab] OR Malawi*[tiab] OR Nyasaland[tiab] OR Malaysia*[tiab] OR Malaya*[tiab] OR Maldives[tiab] OR Maldivian[tiab] OR Mali[tiab] OR Malian[tiab] OR "Marshall Islands" [tiab] OR Mauritania* [tiab] OR Mauretania [tiab] OR Mauritius [tiab] OR Mauritian[tiab] OR Mexico[tiab] OR Mexican*[tiab] OR Micronesia*[tiab] OR Moldova*[tiab] OR Moldavia*[tiab] OR Mongolia*[tiab] OR Montenegro[tiab] OR Montenegrin[tiab] OR Morocco[tiab] OR Ifni[tiab] OR Moroccan[tiab] OR Mozambique[tiab] OR "Portuguese East Africa"[tiab] OR Mocambique[tiab] OR Mozambican[tiab] OR Mvanmar[tiab] OR Burma[tiab] OR Myanma[tiab] OR Burmese[tiab] OR Namibia*[tiab] OR Nauru*[tiab] OR Nepal*[tiab] OR Nicaragua*[tiab] OR Niger*[tiab] OR Nigeria*[tiab] OR Pakistan*[tiab] OR "Papua New Guinea"[tiab] OR "East New Guinea" [tiab] OR Paraguay*[tiab] OR Peru*[tiab] OR Philippines[tiab] OR Phillipines[tiab] OR Filipino*[tiab] OR Romania*[tiab] OR Rumania*[tiab] OR Roumania*[tiab] OR Russia*[tiab] OR Rwanda*[tiab] OR Ruanda[tiab] OR Samoa*[tiab] OR "Sao Tome"[tiab] OR Senegal*[tiab] OR Serbia*[tiab] OR "Sierra Leone"[tiab] OR "Sierra Leonean" [tiab] OR "Solomon Islands" [tiab] OR "Solomon Islander" [tiab] OR Somali*[tiab] OR "South Africa"[tiab] OR "South African" [tiab] OR "South Sudan"[tiab] OR "South Sudanese" [tiab] OR "Sri Lanka"[tiab] OR "Sri Lankan" [tiab] OR Ceylon[tiab] OR "Saint Lucia"[tiab] OR "St. Lucia"[tiab] OR "Saint Vincent"[tiab] OR "St. Vincent''[tiab] OR Sudan* [tiab] OR Surinam*[tiab] OR Swaziland[tiab] OR "Swazi"[tiab] OR Eswatini[tiab] OR Syria*[tiab] OR Tajikistan*[tiab] OR Tadjikistan*[tiab] OR Tadzhik[tiab] OR Tanzania*[tiab] OR Tanganyika[tiab] OR Thai*[tiab] OR "Timor-Leste"[tiab] OR "East Timor" [tiab] OR Togo*[tiab] OR Tonga*[tiab] OR Tunisia*[tiab] OR Tunesia[tiab] OR Turkey[tiab] OR Turkish[tiab] OR Turkmenistan[tiab] OR Turkmen*[tiab] OR Tuvalu*[tiab] OR Uganda*[tiab] OR Ukraine[tiab] OR Ukraina[tiab] OR Ukraina[tiab] <u>Uzbekistan*[tiab] OR Uzbek[tiab] OR Vanuatu*[tiab] OR Venezuela*[tiab] OR Vietnam*[tiab]</u> OR "Viet Nam" [tiab] OR "West Bank" [tiab] OR "Gaza" [tiab] OR Yemen*[tiab] OR Zambia*[tiab] OR Zimbabwe*[tiab])

Scopus

= 6,164 results after limiting to English, 1994-present and excluding books, book chapters, editorials, notes, and letters on 6/24/2019

TITLE-ABS-KEY (sepsis OR septic OR pyemia* OR pyohemia* OR pyaemia* OR septicemia* OR {blood poisoning}) AND TITLE-ABS-KEY (infant OR infants OR baby OR babies OR newborn OR newborns OR neonate OR neonates OR pediatric OR paediatric OR child OR children OR toddler OR toddlers OR adolescent OR adolescence OR teen OR teens OR teenager OR teenagers OR youth OR boy OR boys OR girl OR girls OR juvenile OR juveniles) AND TITLE-ABS-KEY ({developing country} OR {developing countries} OR {developing economy} OR {under developed countries} OR {third world} OR {low income country} OR {low income economy} OR {low income country} OR {middle income country} OR {middle income country} OR {middle income nation} OR {poor

country OR {poor countries} OR {LAMI country} OR {LAMI countries} OR afghanistan OR afghani* OR albania* OR algeria* OR {American Samoa} OR samoan* OR angola OR angolan* OR armenia* OR azerbaijan* OR bangladesh OR bengali* OR belarus* OR byelorussian OR byelarus OR belorussia OR belize* OR benin* OR bhutan* OR bolivia* OR bosnia* OR herzegovina OR botswana* OR bechuanaland OR batswana OR motswana OR brazil* OR bulgaria* OR "Burkina Faso" OR burkinabé OR burundi* OR "Cabo Verde" OR "Cape Verde" OR "Cape Verdean" OR cambodia* OR khmer OR cameroon* OR cameroun OR "Central African Republic" OR "Centrafrican Republic" OR "Chad" OR tchad OR chadian OR china OR chinese OR colombia* OR comoros OR "Comoro Islands" OR comorian OR "Democratic Republic of the Congo" OR "Democratic Republic Congo" OR congo* OR "Costa Rica" OR "Costa Rican" OR "Cote d'Ivoire" OR "Ivory Coast" OR ivorian OR cuba* OR djibouti* OR dominica* OR "Dominican Republic" OR "French Sudan" OR ecuador* OR egypt* OR "United Arab Republic" OR "El Salvador" OR salvador* OR eritrea* OR ethiopia* OR "Equatorial Guinea" OR equatoguinean OR fiji* OR gabon* OR gaboon OR gambia* OR "Republic of Georgia" OR "Georgia SSR" OR ghana* OR grenada OR grenadian OR guinea* OR "Guinea-Bissau" OR "Portuguese Guinea" OR guatemala* OR guyana OR guyanese OR haiti* OR hondura* OR india OR "Indian Union" OR indonesia* OR "Netherlands East Indies" OR "East Indies" OR "West Irian" OR "West New Guinea" OR timor OR "Java" OR "Irian Jaya" OR bali OR sumatra OR celebes OR sulawesi OR "Malay Archipelago" OR madura OR iran* OR iraq* OR jamaica* OR jordan* OR kazakhstan* OR kazakh OR kenya* OR kiribati* OR "Democratic People's Republic of Korea" OR "North Korea" OR "North Korean" OR kosovo OR kosovar OR kosovan OR kyrgyzstan* OR kirghizia OR "Kyrgyz Republic" OR "Kirghiz SSR" OR kirgizstan OR kyrgyzs OR lao OR laos OR laotian* OR lebanon OR lebanese OR lesotho* OR basutoland OR liberia* OR libya* OR macedonia* OR madagascar OR malagasy OR malawi* OR nyasaland OR malaysia* OR malaya* OR maldives OR maldivian OR mali OR malian OR "Marshall Islands" OR mauritania* OR mauretania OR mauritius OR mauritian OR mexico OR mexican* OR micronesia* OR moldova* OR moldovia* OR mongolia* OR montenegro OR montenegrin OR morocco OR ifni OR moroccan OR mozambique OR "Portuguese East Africa" OR mocambique OR mozambican OR myanmar OR burma OR myanma OR burmese OR namibia* OR nauru* OR nepal* OR nicaragua* OR niger* OR nigeria* OR pakistan* OR "Papua New Guinea" OR "East New Guinea" OR paraguay* OR peru* OR philippines OR phillipines OR filipino* OR romania* OR rumania* OR roumania* OR russia* OR rwanda* OR ruanda OR samoa* OR "Sao Tome" OR senegal* OR serbia* OR "Sierra Leone" OR "Sierra Leonean" OR "Solomon Islands" OR "Solomon Islander" OR somali* OR "South Africa" OR "South African" OR "South Sudan" OR "South Sudanese" OR "Sri Lanka" OR "Sri Lankan" OR ceylon OR "Saint Lucia" OR "St. Lucia" OR "Saint Vincent" OR "St. Vincent" OR sudan* OR surinam* OR swaziland OR "Swazi" OR eswatini OR syria* OR tajikistan* OR tadjikistan* OR tadzhik OR tanzania* OR tanganyika OR thai* OR "Timor-Leste" OR "East Timor" OR togo* OR tonga* OR tunisia* OR tunesia OR turkey OR turkish OR turkmenistan OR turkmen* OR tuvalu* OR uganda* OR ukraine OR ukrainian OR ukraina OR uzbekistan* OR uzbek OR vanuatu* OR venezuela* OR vietnam* OR "Viet Nam" OR "West Bank" OR "Gaza" OR yemen* OR

zambia* OR zimbabwe*) AND (LIMIT-TO (LANGUAGE, "English")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010) OR LIMIT-TO (PUBYEAR, 2009) OR LIMIT-TO (PUBYEAR, 2008) OR LIMIT-TO (PUBYEAR, 2007) OR LIMIT-TO (PUBYEAR, 2006) OR LIMIT-TO (PUBYEAR, 2005) OR LIMIT-TO (PUBYEAR, 2004) OR LIMIT-TO (PUBYEAR, 2003) OR LIMIT-TO (PUBYEAR, 2002) OR LIMIT-TO (PUBYEAR, 2001) OR LIMIT-TO (PUBYEAR, 2000) OR LIMIT-TO (PUBYEAR, 1999) OR LIMIT-TO (PUBYEAR, 1998) OR LIMIT-TO (PUBYEAR, 1997) OR LIMIT-TO (PUBYEAR, 1996) OR LIMIT-TO (PUBYEAR, 1995) OR LIMIT-TO (PUBYEAR, 1994)) AND (EXCLUDE (DOCTYPE, "no") OR EXCLUDE (DOCTYPE, "sh") OR EXCLUDE (DOCTYPE, "sh")

Cochrane Library

#1: MeSH descriptor: [Sepsis] explode all trees

#2: sepsis OR septic OR pyemia* OR pyohemia* OR pyaemia* OR septicemia* OR "blood poisoning"

#3: #1 OR #2

#4: MeSH descriptor: [Infant, Newborn] explode all trees

#5: MeSH descriptor: [Pediatrics] explode all trees

#6: MeSH descriptor: [Child] explode all trees

#7: MeSH descriptor: [Adolescent] explode all trees

#8: infant OR infants OR baby OR babies OR newborn OR newborns OR neonate OR neonates OR pediatric OR paediatric OR child OR children OR toddler OR toddlers OR adolescent OR adolescence OR teen OR teens OR teenager OR teenagers OR youth OR boy OR boys OR girl OR girls OR juvenile OR juveniles

#9: #4 OR #5 OR #6 OR #7 OR #8

#10: MeSH descriptor: [Developing Countries] explode all trees

#11: ("developing country" OR "developing countries" OR "developing economy" OR "under developed country" OR "under developed countries" OR "third world" OR "low income country" OR "low income economy" OR "lower income country" OR "lower middle income country" OR "middle income economy" OR "middle income economy" OR "middle income nation" OR "poor country" OR "poor countries" OR "LAMI country" OR "LAMI country" OR "LAMI countries" OR Afghanistan OR Afghanis OR Albania OR Algeria OR "American Samoa" OR

Samoan* OR Angola OR Angolan* OR Armenia* OR Azerbaijan* OR Bangladesh OR Bengali* OR Belarus* OR Byelorussian OR Byelarus OR Belorussia OR Belize* OR Benin* OR Bhutan* OR Bolivia* OR Bosnia* OR Herzegovina OR Botswana* OR Bechuanaland OR Batswana OR Motswana OR Brazil* OR Bulgaria* OR "Burkina Faso" OR Burkinabé OR Burundi* OR "Cabo Verde" OR "Cape Verde" OR "Cape Verdean" OR Cambodia* OR Khmer OR Cameroon* OR Cameroun OR "Central African Republic" OR "Centrafrican Republic" OR "Chad" OR Tchad OR Chadian OR China OR Chinese OR Colombia* OR Comoros OR "Comoro Islands" OR Comorian OR "Democratic Republic of the Congo" OR "Democratic Republic Congo" OR Congo* OR "Costa Rica" OR "Costa Rican" OR "Cote d Ivoire" OR "Ivory Coast" OR Ivorian OR Cuba* OR Djibouti* OR Dominica* OR "Dominican Republic" OR "French Sudan" OR Ecuador* OR Egypt* OR "United Arab Republic" OR "El Salvador" OR Salvador* OR Eritrea* OR Ethiopia* OR "Equatorial Guinea" OR Equatoguinean OR Fiji* OR Gabon* OR Gaboon OR Gambia* OR "Republic of Georgia" OR "Georgia SSR" OR Ghana* OR Grenada OR Grenadian OR Guinea* OR "Guinea-Bissau" OR "Portuguese Guinea" OR Guatemala* OR Guyana OR Guyanese OR Haiti* OR Hondura* OR India OR "Indian Union" OR Indonesia* OR "Netherlands East Indies" OR "East Indies" OR "West Irian" OR "West New Guinea" OR Timor OR "Java" OR "Irian Jaya" OR Bali OR Sumatra OR Celebes OR Sulawesi OR "Malay Archipelago" OR Madura OR Iran* OR Iraq* OR Jamaica* OR Jordan* OR Kazakhstan* OR Kazakh OR Kenya* OR Kiribati* OR "Democratic People's Republic of Korea" OR "North Korea" OR "North Korean" OR Kosovo OR Kosovar OR Kosovan OR Kyrgyzstan* OR Kirghizia OR "Kyrgyz Republic" OR "Kirghiz SSR" OR Kirgizstan OR Kyrgyzs OR Lao OR Laos OR Laotian* OR Lebanon OR Lebanese OR Lesotho* OR Basutoland OR Liberia* OR Libya* OR Macedonia* OR Madagascar OR Malagasy OR Malawi* OR Nyasaland OR Malaysia* OR Malaya* OR Maldives OR Maldivian OR Mali OR Malian OR "Marshall Islands" OR Mauritania* OR Mauretania OR Mauritius OR Mauritian OR Mexico OR Mexican* OR Micronesia* OR Moldova* OR Moldavia* OR Mongolia* OR Montenegro OR Montenegrin OR Morocco OR Ifni OR Moroccan OR Mozambique OR "Portuguese East Africa" OR Mozambique OR Mozambican OR Myanmar OR Burma OR Myanma OR Burmese OR Namibia* OR Nauru* OR Nepal* OR Nicaragua* OR Niger* OR Nigeria* OR Pakistan* OR "Papua New Guinea" OR "East New Guinea" OR Paraguay* OR Peru* OR Philippines OR Phillipines OR Filipino* OR Romania* OR Rumania* OR Roumania* OR Russia* OR Rwanda* OR Ruanda OR Samoa* OR "Sao Tome" OR Senegal* OR Serbia* OR "Sierra Leone" OR "Sierra Leonean" OR "Solomon Islands" OR "Solomon Islander" OR Somali* OR "South Africa" OR "South African" OR "South Sudan" OR "South Sudanese" OR "Sri Lanka" OR "Sri Lankan" OR Ceylon OR "Saint Lucia" OR "Saint Vincent" OR Sudan* OR Surinam* OR Swaziland OR Swazi OR Eswatini OR Syria* OR Tajikistan* OR Tadjikistan* OR Tadzhik OR Tanzania* OR Tanganyika OR Thai* OR "Timor Leste" OR "Fast Timor" OR Togo* OR Tonga* OR Tunisia* OR Tunesia OR Turkey OR Turkish OR Turkmenistan OR Turkmen* OR Tuvalu* OR Uganda* OR Ukraine OR Ukrainia OR Ukraina OR Uzbekistan* OR Uzbek OR Vanuatu* OR Venezuela* OR Vietnam* OR "Viet Nam" OR "West Bank" OR "Gaza" OR Yemen* OR Zambia* OR Zimbabwe*)

#12: #10 OR #11

#13: #3 AND #9 AND #12



Supplementary file 4

PRISMA-P Checklist

This checklist has been adapted for use with protocol submissions to *Systematic Reviews* from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 **4**:1

Section/topic	#		Information reported		Line
			Yes	No	number(s)
ADMINISTRATIVE INF	ORMAT	TION			
Title					
Identification	1a	Identify the report as a protocol of a systematic review			Page 1 title
Update	1b	If the protocol is for an update of a previous systematic review, identify as such		\boxtimes	Not applicable
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract			Page 2 Methods and analysis
Authors					
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author			Page 1 Affiliations
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review			Page 5 Manuscript contributions
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments		\boxtimes	Not applicable
Support					
Sources	5a	Indicate sources of financial or other support for the review			No funding
Sponsor	5b	Provide name for the review funder and/or sponsor		\boxtimes	Not applicable
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol			Not applicable
INTRODUCTION					
				_	

Section/topic	#	Checklist item	Information reported		Line number(s)	
			Yes	No	number(s)	
Rationale	6	Describe the rationale for the review in the context of what is already known			Page 2 Introduction	
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)			Page 3 Methods	
METHODS						
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review			Page 3 Methods	
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage			Page 2 Methods	
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated			Supplemental file 3	
STUDY RECORDS						
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review			Page 3 – data extraction	
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)			Page 3 – data extraction	
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators			Page 3 – data extraction	
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications			Page 3 – Types of studies, participants, and interventions	
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale			Page 3 – data extraction	
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis			Page 3 – Assessment of	



Section/topic	#		Information reported		Line
			Yes	No	number(s)
					methodological quality
DATA					
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized			Not applicable – qualitative systematic review
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., I 2, Kendall's tau)			Not applicable – qualitative systematic review
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)			Not applicable
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned			Not applicable
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)			Not applicable, systematic review only
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)			Not applicable



BMJ Open

Study protocol for a core outcome set in paediatric sepsis in low and middle-income countries

Journal:	BMJ Open
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Study protocol for a core outcome set in paediatric sepsis in low and middle-income countries

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ABSTRACT

Introduction

Sepsisis the leading cause of death in children worldwide and has recently been declared a major global health issue. New interventions and a concerted effort to enhance our understanding of sepsis are required to address the huge burden of disease, especially in low and middle-income countries (LMIC) where it is highest. An opportunity therefore exists to ensure that ongoing research in this area is relevant to all stakeholders and is of consistently high quality. One method to address these issues is through the development of a core outcome set (COS).

Methods and analysis

This study protocol outlines the phases in the development of a core outcome set for paediatric sepsis in LMIC. The first step involves performing a systematic review of all outcomes reported in the research of paediatric sepsis in low middle-income countries. A three-stage international Delphi process will then invite a broad range of participants to score each generated outcome for inclusion into the COS. This will include an initial two step online survey and finally, a face to face consensus meetingwhere each outcome will be reviewed, voted on and ratified for inclusion into the COS.

Ethics and dissemination

No core outcome sets exist for clinical trials in paediatric sepsis. This COS will serve to not only highlight the heavy burden of paediatric sepsis in this setting and aid collaboration and participation between all stakeholders, but to promote ongoing essential high quality and relevant research into the topic. A COS in paediatric sepsis in LMIC will advocate for a common language and facilitate interpretation of findings from a variety of settings. A waiver for ethics approval has been granted by UBC Children's and Women's Research Ethics Board.

Article Summary

Strengths and limitations of this study

- With the continued high burden of disease in low and middle-income countries, a core outcome set (COS) for use in paediatric sepsis research in a resource-limited setting required to focus efforts and improve research consistency, relevance and quality in this area.
- The protocol uses a well-established process involving a thorough systematic review and an allencompassing3 step Delphi survey involving clinicians, researchers, nurses, patients and parents/guardians
- The feasibility of an e-survey is limited in regions with poor internet access, so the use of a local facilitator will ensure patients and the parent/guardian have equal input into the COS development.

Keywords: Paediatric sepsis, core outcome sets, low-middle income countries

INTRODUCTION

Sepsis is the leading cause of death in children, with the highest-burden in those countries least resourced to address it. Now recognised as a major global health issue, in 2017 the WHO adopted a resolution with the aim of reducing the human and economic burden of sepsis (1). Severe paediatric sepsis has a worldwide prevalence of 8% (2) and a mortality of 9 -20% (3). Severe sepsis and septic shock has a mortality of 20 - 40% within developing countries (4)(5). It is thought to be the final common pathway to multi-organ failure and death from a number of infectious diseases (6), including the top four causes of childhood mortality as reported by the WHO.

With the high prevalence of disease, new interventions and treatments are essential, as is a concerted effort to better understand the genesis of sepsis. Analysis and comparison of trials involving paediatric sepsis in low and middle-income countries (LMIC) are problematic however due to the significant heterogeneity and inconsistency in reporting outcomes (7,8). A systematic review into primary outcome measures in paediatric septic shock trials demonstrated that the use of mortality alone had significant limitations and suggested more long term outcomes should be explored (4). A standardised way to evaluate trial outcomes is therefore imperative.

One method that is being increasingly used to address these issues is a minimum core outcome set (COS) (7). These are defined as a minimum set of outcomes that should be consistently measured and reported in clinical trials for a specific clinical area (7). All stakeholders have a role in developing the COS. The use of COS not only aims to improve consistency across trials allowing accurate comparison, including potential meta-analysis, but to limit selective reporting (9,10) and improve the quality and relevance of clinical research (11).

sepsis have been developed (http://www.cometnumber of sepsis COS initiative.org/studies/details/1317?result=true), including one ongoing in Paediatric Critical Care Medicine research (http://www.comet-initiative.org/studies/details/1131?result=true). No core outcome set currently exists for paediatric sepsis however, and very few are region specific. Limited funding and resources, a high sepsis burden of varying infectious aetiologies and a large proportion of children with significant comorbidities determine the differences in outcomes seen in LMIC. These factors arein contrast to high income countries (HIC) and hence necessitate a region-specific COS to better understand these disparities and craft context-specific solutions. As an example total annual expenditure on health in many parts of sub-Saharan Africa is under US \$25 per capita and often less than 3% of the GDP (12) and the number of ICU beds as a percentage of hospital beds is approximately 1.5% in LMIC compared to 2.5 to 9% in HIC (13). Recognising the huge discrepancy in resources between regions is essential as is the potential financial impact. In 2018, 11.7% of the world's population spent over 10% of their annual income on healthcare, leaving an estimated 100 million people impoverished by out of pocket spending. (14) A region-specific COS will ensure relevance and meaning to patients and clinicians alike. By advocating a common language between stakeholders, interpretation of findings from a variety of diverse settings will become simpler and attention can focus on research into the essential outcomes. Potential barriers to development and dissemination of a COS in this settingmay be hindered by a lack of access to research capabilities and limited implementation feasibility.

AIMS AND OBJECTIVES

This study aims to develop a COS for use in clinical trials involving paediatric sepsis in LMIC. The specific study objectives are to identify outcomes previously reported in trials of paediatric sepsis in LMIC andto prioritise these outcomes using clinicians, researchers, patients and parents.

The protocol outlines our methods used to establish a COS and aims to raise awareness of paediatric sepsis in LMIC and aid collaboration and participation between all stakeholders. The protocol has been developed using the COS-STAD guidance for developing core outcome sets (15, supplementary file 1) and the COS-STAP guidance for a protocol for a core outcome set development study (16, supplementary file 2). A stepwise approach to COS development will be undertaken as suggested by The Core Outcome Measures in Effectiveness Trials (COMET) Initiative and the Outcome Measures in Rheumatology (OMERACT) Initiative (17).

METHODS AND ANALYSIS

Our COS development plan has been registered with the COMET initiative (http://www.comet-initiative.org/studies/details/1400?result=true). As per published recommendations (18) and previous core outcome sets (11, 19 - 21), a multi-step process will be utilised to develop an international consensus for paediatric sepsis in low and middle-countries COS (figure 1):

- 1. Systematic review of outcomes currently reported in the research of paediatric sepsis in low and middle-income countries.
- 2. Three round Delphi process:
 - a. 2 rounde-Delphisurvey to prioritise outcomes
 - b. Consensus meeting of global experts, clinicians, parent/guardians, patients and nursesand e-survey participants to ratify COS

When complete, the Core Outcome Set Standards for Reporting (COS-STAR) (22) will be applied.

Scope of core outcome set

This COS will be purely focused on clinical outcomes in paediatric sepsis clinical trials in LMIC, and not involve those outcomes that are specific to premature infants or certain conditions, such as meningococcal septicaemia. The population will include those from newborn up to under eighteen years of age.

Identification of existing knowledge

One prior systematic review in 2017 evaluated all paediatric randomised controlled trials of patients with septic shock. This however included high-income countries and was intensive care specific. Neonates were also excluded. Mortality was the most frequent primary outcome whilst long term patient-centred outcomes were rarely used (4).

1. Systematic review

A systematic review will be performed to identify both morbidity and mortality outcomes reported in existing studies involving paediatric sepsis in low and middle-income countries.

Types of studies, participants and interventions

All forms of published studies will be included. Subjects will children under the age of 18 with sepsis. Those involving a high proportion (>50%) of premature patients will be excluded. Studies undertaken in a low and middle-income country, as defined by the World Bank (23), and those describing a clinical outcome that is measured systematically across the population studied will be included. Outcome will be defined to be a measurement or observation used to capture and assess the effect of treatment such as assessment of side effects (risk) or effectiveness (benefits) (24). All interventions related to paediatric sepsis in this setting will be applicable. Sepsis, severe sepsis or septic shock will be defined by either the International Consensus Conference on Pediatric Sepsis Definitions, American College of Chest Physicians/ Society of Critical Care Medicine consensus criteria, sepsis-relevant International Classification of Diseases (ICD)-9/ICD-10 codes), Integrated Management of Childhood Illness or clearly

self- defined (e.g. positive blood culture with one or more symptoms). Only articles in English from 1stJanuary 1994 to 1st September 2019 will be assessed.

Search methods for identification of studies and study eligibility

The search strategy will be applied to PubMed, Embase, Scopus, Cochrane Central Register of Controlled Trials and the World Health Organisation International Clinical Trials Platform (ICTRP). One review author (GW) will independently screen the abstracts returned from the search strategy and any studies not meeting inclusion criteria will be excluded. Assessment of methodological quality will not be undertaken as we are evaluating outcomes only. The electronic search strategy was developed as per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (25). Details are outlined in supplemental files3 and 4.

Data extraction, analysis and presentation

One review author (GW) will perform data extraction using a standardised form. A second reviewer (SM) will provide validation in cases of doubt. The following data will be retrieved: author details, year and journal of publication, sepsis definition, reported outcomes and outcome definition(s). The data will be synthesised and presented in a descriptive table. The outcomes will then be condensedinto a list and placed into one of the 38 domains in the outcome taxonomy (26). Care will be taken to avoid ambiguity in the language used in the list of outcomes, with the final list of outcomes being reviewed by multiple healthcare professionals from around the world prior to commencement of the Delphi. A list of authors will be compiled and invited to participate.

Records will be managed in EndNote X9 reference software (Clarivate Analytics, Boston, MA).

2. Delphi process

A two-round international e-Delphi survey involving an electronic-based questionnairepopulated by outcomes from the literature review will then be performed to rank the outcomes.

Selection of panel members

A minimum of 50 participants for the Delphi panel will be involved. Nurses, clinicians and researchers will be recruited from around the world, with an aim to have all from low and middle-income countries. This will ensure a direct relevance to the population of children in most need, and give a voice to those rarely heard, a need previously identified in COS development (27). These participants will be identified from prior research papers on paediatric sepsis in LMIC, current involvement in ongoing studies and previous collaborations with members of the research team. The planned start date for the initial online survey is January 5th 2020. The second round will occur 6 weeks after participants after completed round one, and therefore occur in March 2020. The survey and list of outcomes will be translated into French and Spanish.

Delphi Round 1

Participants will initially be asked to complete brief questions related to their profession and experience. A list of outcomes generated from the systematic review will then be presented, and the participants required to rank each one on a scale from 1 to 9 (28). A score of 1 -3 indicates an unimportant outcome that should not be included, scores of 4 - 6 demonstrate an important but not critical outcome and scores of 7 - 9 imply an outcome that is essential to inclusion (19, 20, 21). A survey reminder will be sent out after 7 days and then again after 2 weeks. All outcomes will be carried on to the second round. There will be a free-text option for participants to suggest additional outcomes.

At this point, approximately ten patients and their parents or guardian will be identified by clinicians known to team members and approached after discharge. The questionnaire will be paper-based, and outcome measures simplified into broad domains for the patients to score with the use of a local facilitator, due to the limited access to internet, possible illiteracy and non-English speaking. The patient survey will generate the relevant domains of key interest, and be incorporated into the outcomes for round 2 of the Delphi. The patient and parent/guardian generated outcomes and associated scores will be displayed to the remaining stakeholders in round two. The specific granular outcomes will be defined by the formal Delphi

Delphi Round 2

In the second phase of the electronic questionnaire, the first round scores for each outcome and number of prior respondents will be fedbackto the participants. With this knowledge, including the patient scored outcomes, each outcome will be rescored as described previously in Delphi round one.

Once again, a survey reminder will be sent out after 7 days and then again after 2 weeks.

Analysis of Outcomes

Descriptive statistics will be used to analyse the responses from both round one and two, including quantitative (absolute values, percentages) and qualitatively (suggestions given by participants)meaures. The demoninator will reflect only those outcomes scored. Free text answers will be reviewed by the authorship team to evaluate for uncaptured outcomes in the first-round questionnaire and added if deemed appropriate to the second Delphi round questionnaire.

Our definition of consensus will follow that of previous COS publications (18). Analysis of the second round outcomes for which \geq 70% of panellists scored it 7–9 and fewer than 15% of panellists scored it 1–3 will have met criteria for inclusion in the consensus meeting discussion. Outcomes for which \geq 70% of panellists scored it 1–3, and fewer than 15% of panellists scored it 7–9 will be defined to have met consensus for exclusion (18). Those outcomes not meeting criteria will be defined as lack of consensus.

3. Consensus Meeting

A face-to-face consensus meeting will be held after completion of the e-Delphi survey to finalise the outcomes for inclusion in the COS. Invites will be sent to those that have completed both rounds of the Delphi survey. All stakeholder groups will be represented, including local patients, parents, nurses and clinicians. The exact final meeting format will depend upon the location and the number of participants able to attend, but most likely occur in June2020. All outcomes from round two of the e-Delphi survey will be presented, including the results of the patient survey. Both the aggregate score for each outcome and the individual score for each stakeholder group will be displayed in order to ensure any important differences are highlighted and discussed. Participants will then anonymously vote for each outcome for inclusion and exclusion in the finalised COS using a format similar to that of the Delphi survey. Consensus for inclusion will be as before: if $\geq 70\%$ of panellists vote in favour and fewer than 15% of panellists vote against. At this time, we will also enquire of the participants as to the practicality, feasibility and cost-effectiveness of the finalised core outcome set and the ease as to which it could be implemented. A formal feasibility matrix will be incorporated to inform this process so as to ensure that feasibility is assessed in a standardized way. Those outcomes that are deemed feasible by $\geq 70\%$ of panellists, will meet consensus for inclusion into the COS.

Ethics and dissemination

All participants involved will be asked for their consent before undertaking the Delphi survey, and all procedures will be conducted according to the Declaration of Helsinki. Involvement in the survey will be

completely voluntary and the responses anonymised. A waiver for ethics approval has been granted by the UBC Children's and Women's Research Ethics Board.

Implementation, dissemination and updating the COS

Upon completion of the consensus meeting, we will draft a COS guideline including an explanation of our methods using the COS-STAR template (22). It will be submitted to a high impact journal and presented at international meetings. We will seek endorsement and dissemination by major international societies and journals with an interest in paediatric sepsis and hope that it can be used as a standard in LMIC data sets for paediatric sepsis.

The next step will be to determine how best to measure the core outcomes using the COSMIN-Comet (29) guidance. Those attending the consensus meeting and prior Delphi participants will be invited to form a group to develop this further.

Discussion

At present, no core outcome sets exist for clinical trials in paediatric sepsis in LMIC. Outcomes from HIC cannot be reliably extrapolated to this setting (30). This region-specific COS aims to reduce heterogeneity that currently exists in this area, limit reporting bias and improve the quality and relevance of outcomes published. It will also hopefully serve to highlight the heavy burden of paediatric sepsis in this setting andaid collaboration and participation between all stakeholders, encouraging ongoing essential high-quality research into the topic and facilitate further understanding of this complex disease.

Author Contributions

GW and SM were involved in study conception. GW, SM AND NK were involved in manuscript drafting and editing.

Patient and Public Involvement

Patients will be approached during the second round of the Delphi Survey.

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Competing interests

All have no conflicts of interest to declare

Figure 1. Timeline of COS development

Word Count3047(including abstract and excluding references)

References

- 1. WHO. Seventieth World Health Assembly Update, 26 May 2017. WHO. 2017;41(May):22-31https://www.who.int/en/news-room/detail/26-05-2017-seventieth-world-health-assembly-update-26-may-2017
- 2. Weiss SL, Fitzgerald JC, PappachanJ, et al. Global epidemiology of pediatric severe sepsis: the sepsis prevalence, outcomes, and therapies study. Am JRespir CritCare Med. 2015. May 15:1919(10):1147-57 Doi:10.1164/rccm.201412-2323oc
- 3. Fleischmann-Struzek C, Goldfarb DM, Schlattmann P, et al. The global burden of paediatric and neonatal sepsis: a systematic review. Lancet Respir Med. 2018 Mar;6(3):223-230. doi: 10.1016/S2213-2600(18)30063-8.

- 4. Menon K, McnallyJD, Zimmerman JJ, et al. Primary Outcome Measures in PediatricSeptic Shock Trials: ASystematic Review. PediatrCritCare Med. 2017 Mar;18(3):e146-e154. Doi:10.1097/pcc.000000000001078
- 5. Tan B, Wong JJ, Sultana et al. Global Case-Fatality Rates in Pediatric Severe Sepsis and Septic Shock: A Systematic Review and Meta-analysis. JAMA Pediatr. 2019 Apr 1;173(4):352-362. doi: 10.1001/jamapediatrics.2018.4839.
- 6. KissoonN, CarapetisJ. Pediatric sepsis in the developing world. J Infect. 2015;71(s1):s21-s26. Doi:10.1016/j.jinf.2015.04.016
- 7. Sinha I, Jones L, Smyth RL, Williamson PR: A systematic review of studies that aim to determine which outcomes to measure in clinical trials in children. PLoS medicine 2008, 5(4):e96.
- 8. Clarke M. Standardising outcomes for clinical trials and systematic reviews. Trials. 2007; 8(1): 39. Https://doi.org/10.1186/1745-6215-8-39 pmid: 18039365
- 9. Kirkham JJ, DwanKM, Altman DG, et al. The impact of outcome reporting bias in randomised controlled trials on a cohort of systematic reviews. BMJ. 2010; 340(7747):637-640.https://doi.org/10.1136/bmj.c365
- 10. DwanK, Altman DG, Arnaiz JA, et al. Systematic review of the empirical evidence of study publication bias and outcome reporting bias. Siegfried n, editor. PloS one.2008; 3 (8): e3081. Https://doi.org/10.1371/journal.pone.0003081 pmid: 18769481
- 11. Ma C, Panaccione R, Fedorak RN, et al. Development of a core outcome set for clinical trials in inflammatory bowel disease: Study protocol for a systematic review of the literature and identification of a core outcome set using a Delphi survey. BMJ Open 2017;7(6):e016146. doi:10.1136/bmjopen-2017-016146
- 12. World Health Organization: Domestic general government health expenditure (GGHE-D) as percentage of gross domestic product (GDP) (%) Data by country, 2015 http://apps.who.int/gho/data/node.main.GHEDGGHEDGDPSHA2011?lang=en
- 13. Murthy, S., Leligdowicz, A., & Adhikari, N. K. (2015). Intensive care unit capacity in low-income countries: a systematic review. PloS one, 2015; 10(1), e0116949. doi:10.1371/journal.pone.0116949
- 14. WHO. WHO Health Statistics 2018- Monitoring Health for the SDGs. Vol 15.; 2018. doi:10.22201/fq.18708404e.2004.3.66178
- 15. Kirkham JJ, Davis K, Altman DG, et al. Core Outcome Set-STAndards for Development: The COS-STAD recommendations. PLoS Med. 2017;14(11):e1002447. Published 2017 Nov 16. doi:10.1371/journal.pmed.1002447
- 16. Kirkham JJ, Gorst S, Altman DG, et al. Core Outcome Set-STAndardised Protocol Items: the COS-STAP Statement. Trials. 2019;20(1):116. Published 2019 Feb 11. doi:10.1186/s13063-019-3230-x
- 17. Boers M, Kirwan JR, Wells G,, et al. Developing core outcome measurement sets for clinical trials: OMERACT filter 2.0. Journal of clinical epidemiology. Elsevier inc; 2014;67(7):745-753: 1±9. Https://doi.org/10.1016/j.jclinepi.2013.11.013 pmid: 24582946
- 18. Williamson PR, Altman DG, BlazebyJM, et al. Developing core outcome sets for clinical trials: Issues to consider. Trials 2012;13(1):132.
- 19. MozaA, Benstoem C, Autschbach R, Stoppe C, Goetzenich A. A core outcome set for all types of cardiac surgey effectiveness trials: A study protocol for an international eDelphi survey to achieve consensus on what to measure and the subsequent selection of measurement instruments. Trials (2015) 16 (1):545 DOI 10.1186/s13063-015-1072-8
- 20. Waters AM, Tudur Smith C, Young B, et al. The CONSENSUS study: Protocol for a mixed-methods study to establish which outcomes should be included in a core outcome set for oropharyngeal cancer. Trials 2014, 15(1):168 http://www.trialsjournal.com/content/15/1/168
- 21. Harman NL, Bruce IA, Callery P et al. MOMENT management of otitis media with effusion in cleft palate: Protocol for a systematic review of the literature and identification of a core outcome set using a Delphi survey. Trials 2013, 14(1):70 http://www.trialsjournal.com/content/14/1/70
- 22. Kirkham JJ, Gorst S, Altman DG et al. Core outcome Set-STAndards for reporting: The COS-STAR statement. PLoS medicine 2016;13(10):e1002148

- 23. World Bank. World Bank Country and Lending Groups. (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups)
- 24. Williamson, P.R., Altman, D.G., Bagley, H., Barnes, K.L., Blazeby, J.M., Brookes, S.T. et al. The COMET Handbook: version 1.0. Trials. 2017; 18: 280
- 25. Moher D, LiberatiA, TetzlaffK, et al. Preferred reporting items for systematic reviews and meta-analyses: the prisma statement. J clin epidemiol2009;62:1006–12.
- 26. Dodd S, Clarke M, Becker L, Mavergames C, Fish R, Williamson PR. A taxonomy has been developed for outcomes in medical research to help improve knowledge discovery. J Clin Epidemiol. 2018;96:84–92. doi:10.1016/j.jclinepi.2017.12.020
- 27. Gargon E, Gorst SL, Harman NL, Smith V, Matvienko-Sikar K, Williamson PR. Choosing important health outcomes for comparative effectiveness research: 4th annual update to a systematic review of core outcome sets for research. PLoS One. 2018;13(12):e0209869. Published 2018 Dec 28. doi:10.1371/journal.pone.0209869
- 28. Guyatt GH, Oxman AD, Kunz R, et al. GRADE guidelines: 2. Framing the question and deciding on important outcomes. J Clin Epidemiol 2011;64(4):395–400.
- 29. Prinsen CA, Vohra S, Rose MR, et al. How to select outcome measurement instruments for outcomes included in a "Core Outcome Set" a practical guideline. *Trials*. 2016;17(1):449. Published 2016 Sep 13. doi:10.1186/s13063-016-1555-2
- 30. Vukoka M, Riviello ED, Schultz MJ. Critical care outcomes in resource-limited settings. Current opinion in critical care 2019;24(5):421-427

Figure 1: Timeline of COS Development

Systematic Review

- Step 1: Systematic review of literature involving paediatric sepsis in LMIC
 - Identify outcomes
 - August October 2019

Online e-Delphi Survey

Step 2: 1st round Delphi process

- Online survey
- Score outcomes
- Jan Feb 2020
- Step 3: 2nd round Delphi process
 - Online survey
 - Re-score outcomes
 - March April 2020

Consensus meeting

Step 4: 3rd round Delphi process

- Consenus meeting of selected stakeholders
- Ratify outcomes
- Plan next steps
- June/July 2020

Core Outcome Set-STAndards for Development: COS-STAD recommendations (15)

DOMAIN	STANDARD NUMBER	METHODOLOGY	HOW STANDARD WAS OR WAS NOT MET	PAGE AND SECTION REPORTED
Scope specification	1	The research or practice setting(s) in which the COS is to be applied	Paediatric research in low- and middle-income countries	Page 3. Scope of COS
	2	The health condition(s) covered by the COS	Sepsis – multiple definitions as mentioned in text	Page 3. Scope of COS
	3	The population(s) covered by the COS	Paediatric - The population will include those from newborn up to under eighteen years of age.	Page 3. Scope of COS
	4	The intervention(s) covered by the COS	All interventions related to paediatric sepsis in this setting will be applicable.	Page 3. Type of studies, participants and interventions
Stakeholders involved	5	Those who will use the COS in research	Researchers working in LMIC in paediatric sepsis	Page 4. Selection of panel members
involved	6	Healthcare professionals with experience of patients with the condition	Paediatricians and paediatric nurses working in LMIC	Page 4. Selection of panel members
	7	Patients with the condition or their representatives	Parents and guardians included of patients with previous sepsis in LMIC	Page 4. Selection of panel members
Consensus process	8	The initial list of outcomes considered both healthcare professionals' and patients' views	Round two of the Delphi includes both health care professionals' and patient/parents' views	Page 4. Delphi process
process	9	A scoring process and consensus definition were described a priori.	A list of outcomes generated from the systematic review will then be presented, and the	Page 4. Delphi process
		, (participants required to rank each one on a scale from 1 to 9. A score of 1 -3 indicates an	
			unimportant outcome that should not be included, scores of 4 - 6 demonstrate an	
			important but not critical outcome and scores of 7 - 9 imply an outcome that is essential to	
			inclusion. Analysis of the second-round outcomes for	
			which ≥70% of panellists scored it 7–9 and fewer than 15% of panellists scored it 1–3 will	
			have met criteria for inclusion in the consensus meeting discussion. Outcomes for which \geq 70%	
			of panellists scored it 1-3, and fewer than 15%	
			of panellists scored it 7–9 will be defined to have met consensus for exclusion. Those outcomes	
			not meeting criteria will be defined as lack of consensus	
	10	Criteria for including/dropping/adding outcomes were described a prior	All patient and participant suggested outcomes will be added to the second round Delphi. All	Page 4. Delphi process
			outcomes from the first round will be carried over.	
	11	Care was taken to avoid ambiguity of language used in the list of outcomes.	The final list of outcomes will be reviewed by multiple healthcare professionals from around	Page 4. Delphi process
			the world prior to commencement of the Delphi	

COS – Core outcome set

Core Outcome Set-STAndardised Protocol Items: COS-STAP Statement (16)

TITLE/ABSTACT			PAGE AND SECTION REPORTED
Title	1a.	Identify in the title that the paper describes the protocol for the planned development of a COS	Page 1. Title
Abstract	1b.	Provide a structured abstract	Page 1. Abstract
INTRODUCTION			
Background and	2a.	Describe the background and explain the rationale for developing the COS, and identify the reasons why a COS is needed and the potential	Page 2. Background
objectives		barriers to its implementation	
	2b.	Describe the specific objectives with reference to developing a COS	Page 2. Objectives
Scope	3a.	Describe the health condition(s) and population(s) that will be covered by the COS	Page 2. Objectives
	3b.	Describe the intervention(s) that will be covered by the COS	Page 2. Objectives
	3c.	Describe the context of use for which the COS is be applied	Page 2. Objectives
METHODS			
Stakeholders	4.	Describe the stakeholder groups to be involved in the COS development process, the nature and rationale for their involvement and also how	Page 4. Delphi process
		the individuals will be identified; this should cover involvement both as members of the research team and as participants in the study.	
Information sources	5a.	Describe the information sources that will be used to identify the list of outcomes. Outline the methods or reference other protocols/papers.	Page 3. Systematic Review
	5b.	Describe how outcomes may be dropped/combined with reasons	Page 4. Delphi process
Consensus process	6.	Describe the plans for how the consensus process will be undertaken	Page 4. Delphi process
Consensus definition	7a.	Describe the consensus definition	Page 4. Delphi process
	7b.	Describe the procedure for determining how outcomes will be added/combined/dropped from consideration during the consensus process.	Page 4. Delphi process
ANALYSIS			
Outcome	8.	Describe how outcomes will be scored and summarised, describe how participants will receive feedback during the consensus process	Page 4. Delphi process
scoring/feedback			
Missing data	9.	Describe how missing data will be handled during the consensus process	Page 4. Delphi process
ETHICS and DISSEM	INATI	ON	
Ethics approval/	10.	Describe any plans for obtaining research ethics committee/ institutional review board approval in relation to the consensus process and	Page 5. Ethics and dissemination
informed consent		describe how informed consent will be obtained (if relevant).	
Dissemination	11.	Describe any plans to communicate the results of study participants and COS users, inclusive of methods and timing of dissemination	Page 5. Implementation,
			dissemination and updating the COS
ADMINISTRATIVE I	NFOR	MATION	
Funders	12.	Describe sources of funding, role of funders	Page 6. Funding Statement
Conflicts of interest	13.	Describe any potential conflicts of interest within the study team and how they will be managed.	Page 6. Competing interests

COS - Core outcome set

Supplemental File 3

Systematic Review Search Strategies

Criteria

- Inclusion:
 - o Articles published in English
 - Peer Reviewed articles
 - o Focus on paediatric patients with sepsis (those under 18 years of age)
 - Sepsis, severe sepsis or septic shock as defined by international consensus (International Consensus Conference on Pediatric Sepsis Definitions, American College of Chest Physicians/ Society of Critical Care Medicine consensus criteria, sepsis-relevant International Classification of Diseases (ICD)-9/ICD-10 codes), by IMCI and self-defined (e.g. positive blood culture with one or more symptoms)
 - Involve research in low middle income countries
 - o Describe a clinical outcome that is measured systematically across the population studied
 - Years: 1994 to 2019

Exclusion

- o Adult studies (>18 yrs.)
- o Preterm Sepsis
- o Those performed in high resource countries (as defined by the World Bank)
- o No outcome data
- o Articles which are not peer reviewed
- Duplicate references
- Studies missing methods of data collection and eligibility criteria
- o Studies involving sepsis in specific subgroup population
- o Retrospective bacteremia

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('sepsis'/exp OR sepsis:ti,ab,kw OR septic:ti,ab,kw OR pyemia*:ti,ab,kw OR pyohemia*:ti,ab,kw OR pyaemia*:ti.ab.kw OR septicemia*:ti.ab.kw OR 'blood poisoning':ti.ab.kw) AND ('newborn'/exp OR 'pediatrics'/exp OR 'child'/exp OR 'adolescent'/exp OR infant*:ti,ab,kw OR baby:ti,ab,kw OR babies:ti,ab,kw OR newborn*:ti,ab,kw OR neonate*:ti,ab,kw OR pediatric:ti,ab OR paediatric:ti,ab OR child:ti,ab,kw OR children:ti,ab,kw OR toddler*:ti,ab,kw OR adolescen*:ti,ab,kw OR teen*:ti,ab,kw OR youth*:ti,ab,kw OR boy:ti,ab,kw OR boys:ti,ab,kw OR girl*:ti,ab,kw OR juvenile*:ti,ab,kw) AND ('developing country'/exp OR 'low income country'/exp OR 'middle income country'/exp OR 'afghanistan'/exp OR 'albania'/exp OR 'algeria'/exp OR 'american samoa'/exp OR 'angola'/exp OR 'armenia'/exp OR 'azerbaijan'/exp OR 'bangladesh'/exp OR 'belarus'/exp OR 'belize'/exp OR 'benin'/exp OR 'bhutan'/exp OR 'bolivia'/exp OR 'bosnia and herzegovina'/exp OR 'botswana'/exp OR 'brazil'/exp OR 'bulgaria'/exp OR 'burkina faso'/exp OR 'burundi'/exp OR 'cape verde'/exp OR 'cambodia'/exp OR 'cameroon'/exp OR 'central african republic'/exp OR 'chad'/exp OR 'china'/exp OR 'colombia'/exp OR 'comoros'/exp OR 'democratic republic congo'/exp OR 'congo'/exp OR 'costa rica'/exp OR 'cote d`ivoire'/exp OR 'cuba'/exp OR 'djibouti'/exp OR 'dominica'/exp OR 'dominican republic'/exp OR 'ecuador'/exp OR 'egypt'/exp OR 'el salvador'/exp OR 'eritrea'/exp OR 'ethiopia'/exp OR 'equatorial guinea'/exp OR 'fiji'/exp OR 'gabon'/exp OR 'gambia'/exp OR 'ghana'/exp OR 'grenada'/exp OR 'guinea'/exp OR 'guinea-bissau'/exp OR 'guatemala'/exp OR 'guvana'/exp OR 'haiti'/exp OR 'honduras'/exp OR 'india'/exp OR 'indonesia'/exp OR 'iran'/exp OR 'iraq'/exp OR 'jamaica'/exp OR 'jordan'/exp OR 'kazakhstan'/exp OR 'kenya'/exp OR 'kiribati'/exp OR 'north korea'/exp OR 'kosovo'/exp OR 'kyrgyzstan'/exp OR 'laos'/exp OR 'lebanon'/exp OR 'lesotho'/exp OR 'liberia'/exp OR 'libyan arab jamahiriya'/exp OR 'madagascar'/exp OR 'malawi'/exp OR 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togo*:ti,ab,kw OR tonga*:ti,ab,kw OR tunisia*:ti,ab,kw OR tunesia:ti,ab,kw OR turkey:ti,ab,kw OR turkish:ti,ab,kw OR turkmenistan:ti,ab,kw OR turkmen*:ti,ab,kw OR turkmenistan:ti,ab,kw OR turkmen*:ti,ab,kw OR turkmenistan:ti,ab,kw OR turkmen*:ti,ab,kw OR turkmenistan:ti,ab,kw OR ukraina:ti,ab,kw OR ukraina:ti,ab,kw OR ukraina:ti,ab,kw OR venezuela*:ti,ab,kw OR venezuela*:t

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("Sepsis" [Mesh] OR sepsis[tiab] OR septic[tiab] OR pyemia*[tiab] OR pyohemia*[tiab] OR pyaemia*[tiab] OR septicemia*[tiab] OR "blood poisoning"[tiab]) AND ("Infant, Newborn"[Mesh] OR "Pediatrics"[Mesh] OR "Child"[Mesh] OR "Adolescent"[Mesh] OR infant[tiab] OR infants[tiab] OR baby[tiab] OR babies[tiab] OR newborn[tiab] OR newborns[tiab] OR neonate[tiab] OR neonates[tiab] OR pediatric [tiab] OR paediatric[tiab] OR child[tiab] OR children[tiab] OR toddler[tiab] OR toddlers[tiab] OR adolescent[tiab] OR adolescence[tiab] OR teen[tiab] OR teens[tiab] OR teenager[tiab] OR teenagers[tiab] OR youth[tiab] OR boy[tiab] OR boys[tiab] OR girl[tiab] OR girls[tiab] OR juvenile[tiab] OR juveniles[tiab]) AND ("Developing Countries" [Mesh] OR "Afghanistan" [Mesh] OR "Albania" [Mesh] OR "Algeria" [Mesh] OR "American Samoa" [Mesh] OR "Angola" [Mesh] OR "Armenia" [Mesh] OR "Azerbaijan" [Mesh] OR "Bangladesh" [Mesh] OR "Republic of Belarus" [Mesh] OR "Belize" [Mesh] OR "Benin" [Mesh] OR "Bhutan" [Mesh] OR "Bolivia" [Mesh] OR "Bosnia and Herzegovina" [Mesh] OR "Botswana" [Mesh] OR "Brazil" [Mesh] OR "Bulgaria" [Mesh] OR "Burkina Faso" [Mesh] OR "Burundi" [Mesh] OR "Cabo Verde" [Mesh] OR "Cambodia" [Mesh] OR "Cameroon" [Mesh] OR "Central African Republic" [Mesh] OR "Chad" [Mesh] OR "China" [Mesh: NoExp] OR "Colombia" [Mesh] OR "Comoros" [Mesh] OR "Democratic Republic of the Congo" [Mesh] OR "Congo" [Mesh] OR "Costa Rica" [Mesh] OR "Cote d'Ivoire" [Mesh] OR "Cuba" [Mesh] OR "Djibouti" [Mesh] OR "Dominica" [Mesh] OR "Dominican Republic" [Mesh] OR "Ecuador" [Mesh] OR "Egypt" [Mesh] OR "El Salvador" [Mesh] OR "Eritrea" [Mesh] OR "Ethiopia" [Mesh] OR "Equatorial Guinea" [Mesh] OR "Fiji" [Mesh] OR "Gabon" [Mesh] OR "Gambia" [Mesh] OR "Georgia (Republic)" [Mesh] OR "Ghana" [Mesh] OR "Grenada" [Mesh] OR "Guinea" [Mesh] OR "Guinea-Bissau" [Mesh] OR "Guatemala" [Mesh] OR "Guyana" [Mesh] OR "Haiti" [Mesh] OR "Honduras" [Mesh] OR "India" [Mesh] OR "Indonesia" [Mesh] OR "Iran" [Mesh] OR "Irag" [Mesh] OR "Jamaica" [Mesh] OR "Jordan" [Mesh] OR "Kazakhstan" [Mesh] OR "Kenya" [Mesh] OR "Democratic People's Republic of Korea" [Mesh] OR "Kosovo" [Mesh] OR "Kyrgyzstan" [Mesh] OR "Laos" [Mesh] OR "Lebanon" [Mesh] OR "Lesotho" [Mesh] OR "Liberia" [Mesh] OR "Macedonia (Republic)"[Mesh] OR "Madagascar"[Mesh] "Libya"[Mesh] OR "Malawi" [Mesh] OR "Malaysia" [Mesh] OR "Mali" [Mesh] OR "Mauritania" [Mesh] OR "Mauritius" [Mesh] OR "Mexico" [Mesh] OR "Micronesia" [Mesh] OR "Moldova" [Mesh] OR "Mongolia" [Mesh] OR "Montenegro" [Mesh] OR "Morocco" [Mesh] OR "Mozambique" [Mesh] OR "Myanmar" [Mesh] OR "Namibia" [Mesh] OR "Nepal" [Mesh] OR "Nicaragua" [Mesh] OR "Niger" [Mesh] OR "Nigeria" [Mesh] OR "Pakistan" [Mesh] OR "Papua New Guinea" [Mesh] OR "Paraguay" [Mesh] OR "Peru" [Mesh] OR "Philippines" [Mesh] OR "Romania" [Mesh] OR

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Scopus

= 6,164 results after limiting to English, 1994-present and excluding books, book chapters, editorials, notes, and letters on 6/24/2019

TITLE-ABS-KEY (sepsis OR septic OR pyemia* OR pyohemia* OR pyaemia* OR septicemia* OR {blood poisoning}) AND TITLE-ABS-KEY (infant OR infants OR baby OR babies OR newborn OR newborns OR neonate OR neonates OR pediatric OR paediatric OR child OR children OR toddler OR toddlers OR adolescent OR adolescence OR teen OR teens OR teenager OR teenagers OR youth OR boy OR boys OR girl OR girls OR juvenile OR juveniles) AND TITLE-ABS-KEY ({developing country} OR {developing countries} OR {developing economy} OR {under developed countries} OR {third world} OR {low income country} OR {low income economy} OR {low income country} OR {middle income country} OR {middle income country} OR {middle income nation} OR {poor

country OR {poor countries} OR {LAMI country} OR {LAMI countries} OR afghanistan OR afghani* OR albania* OR algeria* OR {American Samoa} OR samoan* OR angola OR angolan* OR armenia* OR azerbaijan* OR bangladesh OR bengali* OR belarus* OR byelorussian OR byelarus OR belorussia OR belize* OR benin* OR bhutan* OR bolivia* OR bosnia* OR herzegovina OR botswana* OR bechuanaland OR batswana OR motswana OR brazil* OR bulgaria* OR "Burkina Faso" OR burkinabé OR burundi* OR "Cabo Verde" OR "Cape Verde" OR "Cape Verdean" OR cambodia* OR khmer OR cameroon* OR cameroun OR "Central African Republic" OR "Centrafrican Republic" OR "Chad" OR tchad OR chadian OR china OR chinese OR colombia* OR comoros OR "Comoro Islands" OR comorian OR "Democratic Republic of the Congo" OR "Democratic Republic Congo" OR congo* OR "Costa Rica" OR "Costa Rican" OR "Cote d'Ivoire" OR "Ivory Coast" OR ivorian OR cuba* OR djibouti* OR dominica* OR "Dominican Republic" OR "French Sudan" OR ecuador* OR egypt* OR "United Arab Republic" OR "El Salvador" OR salvador* OR eritrea* OR ethiopia* OR "Equatorial Guinea" OR equatoguinean OR fiji* OR gabon* OR gaboon OR gambia* OR "Republic of Georgia" OR "Georgia SSR" OR ghana* OR grenada OR grenadian OR guinea* OR "Guinea-Bissau" OR "Portuguese Guinea" OR guatemala* OR guyana OR guyanese OR haiti* OR hondura* OR india OR "Indian Union" OR indonesia* OR "Netherlands East Indies" OR "East Indies" OR "West Irian" OR "West New Guinea" OR timor OR "Java" OR "Irian Jaya" OR bali OR sumatra OR celebes OR sulawesi OR "Malay Archipelago" OR madura OR iran* OR iraq* OR jamaica* OR jordan* OR kazakhstan* OR kazakh OR kenya* OR kiribati* OR "Democratic People's Republic of Korea" OR "North Korea" OR "North Korean" OR kosovo OR kosovar OR kosovan OR kyrgyzstan* OR kirghizia OR "Kyrgyz Republic" OR "Kirghiz SSR" OR kirgizstan OR kyrgyzs OR lao OR laos OR laotian* OR lebanon OR lebanese OR lesotho* OR basutoland OR liberia* OR libya* OR macedonia* OR madagascar OR malagasy OR malawi* OR nyasaland OR malaysia* OR malaya* OR maldives OR maldivian OR mali OR malian OR "Marshall Islands" OR mauritania* OR mauretania OR mauritius OR mauritian OR mexico OR mexican* OR micronesia* OR moldova* OR moldovia* OR mongolia* OR montenegro OR montenegrin OR morocco OR ifni OR moroccan OR mozambique OR "Portuguese East Africa" OR mocambique OR mozambican OR myanmar OR burma OR myanma OR burmese OR namibia* OR nauru* OR nepal* OR nicaragua* OR niger* OR nigeria* OR pakistan* OR "Papua New Guinea" OR "East New Guinea" OR paraguay* OR peru* OR philippines OR phillipines OR filipino* OR romania* OR rumania* OR roumania* OR russia* OR rwanda* OR ruanda OR samoa* OR "Sao Tome" OR senegal* OR serbia* OR "Sierra Leone" OR "Sierra Leonean" OR "Solomon Islands" OR "Solomon Islander" OR somali* OR "South Africa" OR "South African" OR "South Sudan" OR "South Sudanese" OR "Sri Lanka" OR "Sri Lankan" OR ceylon OR "Saint Lucia" OR "St. Lucia" OR "Saint Vincent" OR "St. Vincent" OR sudan* OR surinam* OR swaziland OR "Swazi" OR eswatini OR syria* OR tajikistan* OR tadjikistan* OR tadzhik OR tanzania* OR tanganyika OR thai* OR "Timor-Leste" OR "East Timor" OR togo* OR tonga* OR tunisia* OR tunesia OR turkey OR turkish OR turkmenistan OR turkmen* OR tuvalu* OR uganda* OR ukraine OR ukrainian OR ukraina OR uzbekistan* OR uzbek OR vanuatu* OR venezuela* OR vietnam* OR "Viet Nam" OR "West Bank" OR "Gaza" OR yemen* OR

zambia* OR zimbabwe*) AND (LIMIT-TO (LANGUAGE, "English")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010) OR LIMIT-TO (PUBYEAR, 2009) OR LIMIT-TO (PUBYEAR, 2008) OR LIMIT-TO (PUBYEAR, 2007) OR LIMIT-TO (PUBYEAR, 2006) OR LIMIT-TO (PUBYEAR, 2005) OR LIMIT-TO (PUBYEAR, 2004) OR LIMIT-TO (PUBYEAR, 2003) OR LIMIT-TO (PUBYEAR, 2002) OR LIMIT-TO (PUBYEAR, 2001) OR LIMIT-TO (PUBYEAR, 2000) OR LIMIT-TO (PUBYEAR, 1999) OR LIMIT-TO (PUBYEAR, 1998) OR LIMIT-TO (PUBYEAR, 1997) OR LIMIT-TO (PUBYEAR, 1996) OR LIMIT-TO (PUBYEAR, 1995) OR LIMIT-TO (PUBYEAR, 1994)) AND (EXCLUDE (DOCTYPE, "no") OR EXCLUDE (DOCTYPE, "sh") OR EXCLUDE (DOCTYPE, "sh")

Cochrane Library

#1: MeSH descriptor: [Sepsis] explode all trees

#2: sepsis OR septic OR pyemia* OR pyohemia* OR pyaemia* OR septicemia* OR "blood poisoning"

#3: #1 OR #2

#4: MeSH descriptor: [Infant, Newborn] explode all trees

#5: MeSH descriptor: [Pediatrics] explode all trees

#6: MeSH descriptor: [Child] explode all trees

#7: MeSH descriptor: [Adolescent] explode all trees

#8: infant OR infants OR baby OR babies OR newborn OR newborns OR neonate OR neonates OR pediatric OR paediatric OR child OR children OR toddler OR toddlers OR adolescent OR adolescence OR teen OR teens OR teenager OR teenagers OR youth OR boy OR boys OR girl OR girls OR juvenile OR juveniles

#9: #4 OR #5 OR #6 OR #7 OR #8

#10: MeSH descriptor: [Developing Countries] explode all trees

#11: ("developing country" OR "developing countries" OR "developing economy" OR "under developed country" OR "under developed countries" OR "third world" OR "low income country" OR "low income economy" OR "lower income country" OR "lower middle income country" OR "middle income economy" OR "middle income economy" OR "middle income nation" OR "poor country" OR "poor countries" OR "LAMI country" OR "LAMI country" OR "LAMI countries" OR Afghanistan OR Afghanis OR Albania OR Algeria OR "American Samoa" OR

Samoan* OR Angola OR Angolan* OR Armenia* OR Azerbaijan* OR Bangladesh OR Bengali* OR Belarus* OR Byelorussian OR Byelarus OR Belorussia OR Belize* OR Benin* OR Bhutan* OR Bolivia* OR Bosnia* OR Herzegovina OR Botswana* OR Bechuanaland OR Batswana OR Motswana OR Brazil* OR Bulgaria* OR "Burkina Faso" OR Burkinabé OR Burundi* OR "Cabo Verde" OR "Cape Verde" OR "Cape Verdean" OR Cambodia* OR Khmer OR Cameroon* OR Cameroun OR "Central African Republic" OR "Centrafrican Republic" OR "Chad" OR Tchad OR Chadian OR China OR Chinese OR Colombia* OR Comoros OR "Comoro Islands" OR Comorian OR "Democratic Republic of the Congo" OR "Democratic Republic Congo" OR Congo* OR "Costa Rica" OR "Costa Rican" OR "Cote d Ivoire" OR "Ivory Coast" OR Ivorian OR Cuba* OR Djibouti* OR Dominica* OR "Dominican Republic" OR "French Sudan" OR Ecuador* OR Egypt* OR "United Arab Republic" OR "El Salvador" OR Salvador* OR Eritrea* OR Ethiopia* OR "Equatorial Guinea" OR Equatoguinean OR Fiji* OR Gabon* OR Gaboon OR Gambia* OR "Republic of Georgia" OR "Georgia SSR" OR Ghana* OR Grenada OR Grenadian OR Guinea* OR "Guinea-Bissau" OR "Portuguese Guinea" OR Guatemala* OR Guyana OR Guyanese OR Haiti* OR Hondura* OR India OR "Indian Union" OR Indonesia* OR "Netherlands East Indies" OR "East Indies" OR "West Irian" OR "West New Guinea" OR Timor OR "Java" OR "Irian Jaya" OR Bali OR Sumatra OR Celebes OR Sulawesi OR "Malay Archipelago" OR Madura OR Iran* OR Iraq* OR Jamaica* OR Jordan* OR Kazakhstan* OR Kazakh OR Kenya* OR Kiribati* OR "Democratic People's Republic of Korea" OR "North Korea" OR "North Korean" OR Kosovo OR Kosovar OR Kosovan OR Kyrgyzstan* OR Kirghizia OR "Kyrgyz Republic" OR "Kirghiz SSR" OR Kirgizstan OR Kyrgyzs OR Lao OR Laos OR Laotian* OR Lebanon OR Lebanese OR Lesotho* OR Basutoland OR Liberia* OR Libya* OR Macedonia* OR Madagascar OR Malagasy OR Malawi* OR Nyasaland OR Malaysia* OR Malaya* OR Maldives OR Maldivian OR Mali OR Malian OR "Marshall Islands" OR Mauritania* OR Mauretania OR Mauritius OR Mauritian OR Mexico OR Mexican* OR Micronesia* OR Moldova* OR Moldavia* OR Mongolia* OR Montenegro OR Montenegrin OR Morocco OR Ifni OR Moroccan OR Mozambique OR "Portuguese East Africa" OR Mozambique OR Mozambican OR Myanmar OR Burma OR Myanma OR Burmese OR Namibia* OR Nauru* OR Nepal* OR Nicaragua* OR Niger* OR Nigeria* OR Pakistan* OR "Papua New Guinea" OR "East New Guinea" OR Paraguay* OR Peru* OR Philippines OR Phillipines OR Filipino* OR Romania* OR Rumania* OR Roumania* OR Russia* OR Rwanda* OR Ruanda OR Samoa* OR "Sao Tome" OR Senegal* OR Serbia* OR "Sierra Leone" OR "Sierra Leonean" OR "Solomon Islands" OR "Solomon Islander" OR Somali* OR "South Africa" OR "South African" OR "South Sudan" OR "South Sudanese" OR "Sri Lanka" OR "Sri Lankan" OR Ceylon OR "Saint Lucia" OR "Saint Vincent" OR Sudan* OR Surinam* OR Swaziland OR Swazi OR Eswatini OR Syria* OR Tajikistan* OR Tadjikistan* OR Tadzhik OR Tanzania* OR Tanganyika OR Thai* OR "Timor Leste" OR "Fast Timor" OR Togo* OR Tonga* OR Tunisia* OR Tunesia OR Turkey OR Turkish OR Turkmenistan OR Turkmen* OR Tuvalu* OR Uganda* OR Ukraine OR Ukrainia OR Ukraina OR Uzbekistan* OR Uzbek OR Vanuatu* OR Venezuela* OR Vietnam* OR "Viet Nam" OR "West Bank" OR "Gaza" OR Yemen* OR Zambia* OR Zimbabwe*)

#12: #10 OR #11

#13: #3 AND #9 AND #12



Supplementary file 4

PRISMA-P Checklist

This checklist has been adapted for use with protocol submissions to *Systematic Reviews* from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 **4**:1

Section/topic	#		Information reported		Line
			Yes	No	number(s)
ADMINISTRATIVE INF	ORMAT	TION			
Title					
Identification	1a	Identify the report as a protocol of a systematic review			Page 1 title
Update	1b	If the protocol is for an update of a previous systematic review, identify as such		\boxtimes	Not applicable
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract			Page 2 Methods and analysis
Authors					
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author			Page 1 Affiliations
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review			Page 5 Manuscript contributions
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments		\boxtimes	Not applicable
Support					
Sources	5a	Indicate sources of financial or other support for the review			No funding
Sponsor	5b	Provide name for the review funder and/or sponsor		\boxtimes	Not applicable
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol			Not applicable
INTRODUCTION					
				_	

Section/topic	#	Checklist item	Information reported		Line number(s)	
			Yes	No	number(s)	
Rationale	6	Describe the rationale for the review in the context of what is already known			Page 2 Introduction	
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)			Page 3 Methods	
METHODS						
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review			Page 3 Methods	
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage			Page 2 Methods	
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated			Supplemental file 3	
STUDY RECORDS						
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review			Page 3 – data extraction	
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)			Page 3 – data extraction	
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators			Page 3 – data extraction	
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications			Page 3 – Types of studies, participants, and interventions	
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale			Page 3 – data extraction	
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis			Page 3 – Assessment of	



Section/topic	#		Information reported		Line
			Yes	No	number(s)
					methodological quality
DATA					
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized			Not applicable – qualitative systematic review
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., <i>I</i> ₂ , Kendall's tau)			Not applicable – qualitative systematic review
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)			Not applicable
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned			Not applicable
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)			Not applicable, systematic review only
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)			Not applicable

