

Supplementary table. World Health Organization definitions of severity of illness in persons with COVID-19 infection.

Category		Definition
Mild		<p>Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as fever, fatigue, cough (with or without sputum production), anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache. Rarely, patients may also present with diarrhoea, nausea and vomiting.</p> <p>The elderly and immunosuppressed may present with atypical symptoms. Symptoms due to physiologic adaptations of pregnancy or adverse pregnancy events, such as e.g. dyspnea, fever, GI-symptoms or fatigue, may overlap with COVID-19 symptoms.</p>
	Pneumonia	<p>Adult with pneumonia but no signs of severe pneumonia and no need for supplemental oxygen. Child with non-severe pneumonia who has cough or difficulty breathing + fast breathing: fast breathing (in breaths/min): < 2 months: ≥ 60; 2–11 months: ≥ 50; 1–5 years: ≥ 40, and no signs of severe pneumonia.</p>
Severe	Severe pneumonia	<p>Adolescent or adult: fever or suspected respiratory infection, plus one of: respiratory rate > 30 breaths/min; severe respiratory distress; or SpO₂ $\leq 93\%$ on room air. Child with cough or difficulty in breathing, plus at least one of the following: central cyanosis or SpO₂ < 90%; severe respiratory distress (e.g. grunting, very severe chest indrawing); signs of pneumonia with a general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions. Other signs of pneumonia may be present: chest indrawing, fast breathing (in breaths/min): < 2 months: ≥ 60; 2–11 months: ≥ 50; 1–5 years: ≥ 40. While the diagnosis is made on clinical grounds; chest imaging may identify or exclude some pulmonary complications.</p>
Critical	Acute respiratory distress syndrome	<p>Onset: within 1 week of a known clinical insult or new or worsening respiratory symptoms. Chest imaging (radiograph, CT scan, or lung ultrasound): bilateral opacities, not fully explained by volume overload, lobar or lung collapse, or nodules. Origin of pulmonary infiltrates: respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g. echocardiography) to exclude hydrostatic cause of infiltrates/oedema if no risk factor present.</p> <p>Oxygenation impairment in adults: Mild ARDS: $200 \text{ mmHg} < \text{PaO}_2/\text{FiO}_2 \leq 300 \text{ mmHg}$ (with PEEP or CPAP $\geq 5 \text{ cmH}_2\text{O}$, or non-ventilated) Moderate ARDS: $100 \text{ mmHg} < \text{PaO}_2/\text{FiO}_2 \leq 200 \text{ mmHg}$ (with PEEP $\geq 5 \text{ cmH}_2\text{O}$, or non-ventilated) Severe ARDS: $\text{PaO}_2/\text{FiO}_2 \leq 100 \text{ mmHg}$ (with PEEP $\geq 5 \text{ cmH}_2\text{O}$, or non-ventilated) When PaO₂ is not available, SpO₂/FiO₂ ≤ 315 suggests ARDS (including in non-ventilated patients).</p>

		<p>Oxygenation impairment in children: note OI = Oxygenation Index and OSI = Oxygenation Index using SpO₂. Use PaO₂-based metric when available. If PaO₂ not available, wean FiO₂ to maintain SpO₂ ≤ 97% to calculate OSI or SpO₂/FiO₂ ratio:</p> <p>Bilevel (NIV or CPAP) ≥ 5 cmH₂O via full face mask: PaO₂/FiO₂ ≤ 300 mmHg or SpO₂/FiO₂ ≤ 264</p> <p>Mild ARDS (invasively ventilated): 4 ≤ OI < 8 or 5 ≤ OSI < 7.5</p> <p>Moderate ARDS (invasively ventilated): 8 ≤ OI < 16 or 7.5 ≤ OSI < 12.3</p> <p>Severe ARDS (invasively ventilated): OI ≥ 16 or OSI ≥ 12.3.</p>
	Sepsis	<p>Adults: life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection.¹ Signs of organ dysfunction include: altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia.</p> <p>Children: suspected or proven infection and ≥ 2 aged based systemic inflammatory response syndrome criteria, of which one must be abnormal temperature or white blood cell count.</p>
	Septic shock	<p>Adults: persisting hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥ 65 mmHg and serum lactate level > 2 mmol/L.</p> <p>Children: any hypotension (SBP < 5th centile or > 2 SD below normal for age) or two or three of the following: altered mental state; tachycardia or bradycardia (HR < 90 bpm or > 160 bpm in infants and HR < 70 bpm or > 150 bpm in children); prolonged capillary refill (> 2 sec) or feeble pulse; tachypnea; mottled or cool skin or petechial or purpuric rash; increased lactate; oliguria; hyperthermia or hypothermia.</p>