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Supplemental Material

Association between Kawasaki Disease and Prenatal Exposure to Ambient and Industrial Air Pollution: A Population-Based Cohort Study

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Table S5. Adjusted hazard ratio per interquartile range increment from single pollutant models for the association between Kawasaki disease and average prenatal exposure to industrial PM_{2.5}, NO₂ and SO₂ and ambient PM_{2.5} and NO₂ in Quebec, Canada.

Figure S1. Adjusted hazard ratio (HR) between prenatal exposure to ambient air pollution and incidence of Kawasaki disease, according to selected characteristics. Dots represent the mean HR for interquartile (IQR) increments in air pollution exposure, and bars represent 95% confidence intervals, estimated separately for each subgroup using single pollutant Cox models, adjusted for maternal age, parity, sex, multiple birth, material deprivation, maternal smoking during pregnancy, birth year and rural/urban residence. The horizontal axis indicates binary categories (no/yes) for patient characteristics. “Warm season” represents spring or summer. IQRs are 3.8 µg/m³ for ambient PM_{2.5}, 11.9 µg/m³ for ambient NO₂, 0.13 µg/m³ for industrial PM_{2.5}, 1.1 µg/m³ for industrial NO₂, and 1.7 µg/m³ for industrial SO₂. Numeric values for HRs and 95% CIs, as well as the number of cases in each subgroup and p-value of Cochran Q tests, are provided in Table S4.