Supplemental Digital Content 1

For more information about the sensitivity priors in the PERCH Integrated Etiology Analysis refer to <u>Appendix</u> Section III B 6 in <u>The PERCH Study</u> Group. Causes of severe pneumonia requiring hospital admission in children without HIV infection from Africa and Asia: the PERCH multi-country casecontrol study. Lancet. 2019; 6736(19):1-23.

Table: Integrated etiology analysis input values for sensitivity and specificity of laboratory test measures

Specimen/test	Pathogen	Sensitivity Prior ^a		
		Base ^b	Reduced ^b	Specificity
Blood cultures ^c	-Streptococcus pneumoniae -Haemophilus influenzae	5-20%	1-13%	100%
	-Moraxella catarrhalis -Staphylococcus aureus -Nonfermentative gram- negative rods -Candida species -Non-pneumococcal streptococci, including enterococci	5-15%	1-10%	
	Salmonella species Enterobacteriaceae Neisseria meningitidis	10-50%	1-34%	
NP/OP PCR	-Streptococcus pneumoniae -Haemophilus influenzae	50-90%	15-55%	1 – Control prevalence (ref SDC Table 4)
	-Salmonella species -Legionella species	0.5-90%	0.5-90%	
	-All other PCR targets	50-90%	50-90%	
Whole blood PCR	- Streptococcus pneumoniae	12-65%	12-65%	1 – Control prevalence (ref SDC Table 4)
Induced sputum	-Mycobacterium tuberculosis	10-30%	10-30%	100%

Abbreviation: SDC, Supplemental Digital Content.

a. Background information supporting choice of sensitivity priors provided in the all-site PERCH paper.

b. Base: > 1.5 mL blood culture volume (blood culture only) and no evidence of prior antibiotic exposure. Reduced \leq 1.5 mL or evidence of prior antibiotic exposure.

c. Direct evidence of the diagnostic sensitivity for *Streptococcus pneumoniae* and *Haemophilus influenzae* from vaccine probe studies. For all other pathogens we set the base blood culture sensitivity prior to 5-15%, with the exception of Salmonella species, Enterobacteriaceae and *Neisseria meningitidis*, for which we selected wider priors (10-50%) to reflect their greater uncertainty.