Supplementary Table 1: Summary of cohort studies evaluating post-infective fatigue.

Study	Triggering infection or illness	Participants (n=eligible / n=followed-up, % female, mean age, setting, country)	Study design	Chronic fatigue and related measure(s) – Questionnaires (Q) Interviews (I)	Outcome timepoints	Case rate of chronic fatigue (CF) or post-infective fatigue syndrome (PIFS) caseness	Baseline predictors of chronic fatigue (CF) or post-infective fatigue syndrome (PIFS) caseness at 6 months	Alternative diagnoses identified at 6 month clinical and laboratory assessment for PIFS
Buchwald et al, 2000[1]	EBV	n=150 / n=144, 53% 21 years Health maintenance organisation - mixed primary, secondary, tertiary care USA	Prospective cohort	Q: checklist of IM symptoms, SF-36, SCL-90, List of Threatening Experiences, Perceived Social Support Inventory, I: DIS	2 months, 6 months	CF: 38% at 2 months; 12% at 6 months	CF: female gender; greater premorbid life events, greater social support	NA
Candy et al, 2003[2]	EBV	n=139 / n=71, 60% 23 years Six general practices and a student healthcare centre, UK	Prospective cohort	Q: Chalder Fatigue Scale, GHQ, SF-36, Illness Perceptions Questionnaire	3 months, 6 months, 12 months	CF: 47% at 3 months; 40% at 6 months; 38% at 12 months	CF: female gender, illness perceptions	NA
Cope et al, 1996[3]	Presumed viral illness	n=64 cases with CF; (n=64 non-infective controls) 78% 30 years primary care UK	Case-control	Q: Symptom Interpretation Questionnaire, GHQ, Beck depression Inventory, Spielberger State and Trait Anxiety Inventory, Multi-dimensional Health Locus of Control, Ways of Coping Questionnaire I: Semi-structured clinical interview for fatigue, CIS	6 months	PIFS: 35% at 6 months	PIFS: premorbid fatigue, sick certification, psychological attributional style	Yes (but no details of other diagnoses available)
Duvignaud et al, 2018[4]	Chikungunya	n=440 / n=362 (cases were required to report fatigue at onset) 62% Adolescents and adults Population level Reunion Island	Prospective case-control	I: Telephone interview	15-36 months post onset (mean = 24 months)	CF: 39%	CF: Female gender, age>60, severe acute illness	NA
Hanevik et al, 2014[5]	Giardia	n=1252 / n=817 67% 38 years Population Norway	Prospective case-control	Q: Chalder Fatigue Scale	3 years 6 years	CF: 46% at 3 years; 31% at 6 years	NA	NA
Hickie et al, 2006[6]	EBV, Ross River Virus, Q fever	n=430 / n=253 43% 34 years	Prospective cohort	Q: SPHERE, Brief Disability Questionnaire,	3 months, 6 months, 12 months	CF: 27% at 3 months; 12% at 6 months; 9% at 12 months	Severe acute illness	Yes - Q fever endocarditis (n=1)

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		Primary care Australia		Eysenck Personality Inventory I: Semi-structured clinical interview (CIDI)		PIFS: 11% at 6 months		
Hotopf et al, 1996[7]	Aseptic meningitis	n=255 / n = 83 cases, (n=76 viral illness controls) 64% female 32 years Specialist hospital UK	Prospective case-control	Q: Chalder Fatigue Scale, Beck Depression inventory, GHQ, SF-36	6-24 months post onset (mean = 18 months)	CF: 25%	Premorbid psychiatric disorder; prolonged convalescence	NA
Jason et al, 2020[8]	IM	n=4703 / n=4501 61% 19 years University USA	Prospective cohort	Q: Fatigue Severity Scale, COPE scale, Perceived Stress Scale, Beck Depression Inventory, Beck Anxiety Inventory, SF-36. I: Medical and psychiatric examination	Baseline (pre-IM), at IM diagnosis, 6 months	PIFS: 23% at 6 months	Severe acute illness, cytokine levels	Yes (but no details of other diagnoses available)
Katz et al, 2009[9]	IM	n=301 90% Adolescent -age NA Primary / secondary care USA	Prospective cohort	Q: Chalder Fatigue Scale I: Semi-structured clinical interview	6 months, 12 months, 24 months	PIFS: 13% at 6 months, 7% at 12 months, 4% at 24 months	Female gender	Yes – transverse myelitis, depression, anorexia nervosa (n=1 for each)
Lowe et al, 2014[10]	STEC	n=608 / n=389 69% 46 years Regional hospitals Germany	Prospective cohort	Q: Chalder Fatigue Scale, Patient Health Questionnaire-9, Generalised Anxiety Disorder Scale, Post-traumatic Stress Diagnostic Scale, SF-12 I: Structured Clinical Interview for DSM-IV (SCID)	6 months	CF: 43% at 6 months	Severe acute illness, pre-existing chronic condition	NA
Moss-Morris et al 2011[11]	IM	n=440 / n=246 62% 29 years Primary care New Zealand	Prospective case-control	Q: Fatigue (in house), HADS, IPQ, BRIQ	3 months 6 months	CF: 9% at 3 months; 7% at six months	Female gender, younger age, prolonged convalescence, perfectionism, anxiety, depression, emotional representations	NA
Pedersen et al, 2019[12]	EBV	n=200 / n=195 65% 17 years Primary care	Prospective case-control	Q: Chalder Fatigue Scale, HADS, IPQ, CAPS, Functional Disability Inventory, PedsQL	6 months	CF: 46% PIFS: 14%	CRP, step count, sensory sensitivity score, pain severity, cognitive performance, anxiety	Yes (but no details of other diagnoses available)

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		Norway						
Seet et al, 2007[13]	Dengue	n=163 / n=127 44% 36 years Specialist hospital Singapore	Cross-sectional	Q: Fatigue Questionnaire I: Telephone interview	2 months	CF: 24 % at 2 months	CF: older age, female gender, severe illness	NA
Sneller et al, 2019[14]	Ebola	n= 966 / n=869 antibody positive cases (and n=2350 antibody negative controls) Population Liberia	Prospective case-control	I: Structured clinical interview including single item report of fatigue	6 months, 12 months	CF: 18% at 18 months (versus 6% in controls)	NA	NA
White et al, 2001[15]	IM	n=469 / n=250 (including those with confirmed EBV: n=101) and various other diagnoses including URTI Primary / secondary care UK	Prospective cohort	I: Semi-structured clinical interview	6 months	PIFS: 10% of the confirmed EBV group	PIFS: positive Monospot test; lower physical fitness	Yes (but no details of other diagnoses available)

BRIQ: Behavioural Responses to Illness Questionnaire; CRP: C reactive protein; CAPS: Children and Adolescents Perfectionism Scale; CIDI: Composite International Diagnostic Interview; CIS: Clinical Interview Schedule for mental health; DIS: National Institute of Mental Health Diagnostic Interview Schedule; EBV: Epstein-Barr virus; GHQ: General Health Questionnaire; HADS: Hospital Anxiety and Depression Scale; IPQ-R: Illness Perception Questionnaire; IM: Infectious mono; Illness Perception Questionnaire; NA: Not Applicable; PedsQL: Paediatric Quality of Life Inventory; SCID: Structured Clinical Interview for DSM-IV; SPHERE: Somatic and Psychological HEalth Report; SF-36: Medical outcomes survey – short form; SF-12: 12-Item Short Form Health Survey; SCL-90: Symptom Checklist-90; STEC: Shiga toxin - producing Escherichia coli O104; URTI: Upper Respiratory Tract Infection

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