THE LANCET
Child & Adolescent Health

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Cloete J, Kruger A, Masha M, et al. Paediatric hospitalisations due to COVID-19 during the first SARS-CoV-2 omicron (B.1.1.529) variant wave in South Africa: a multicentre observational study. *Lancet Child Adolesc Health* 2022; published online Feb 18. https://doi.org/10.1016/S2352-4642(22)00027-XI.

Appendix

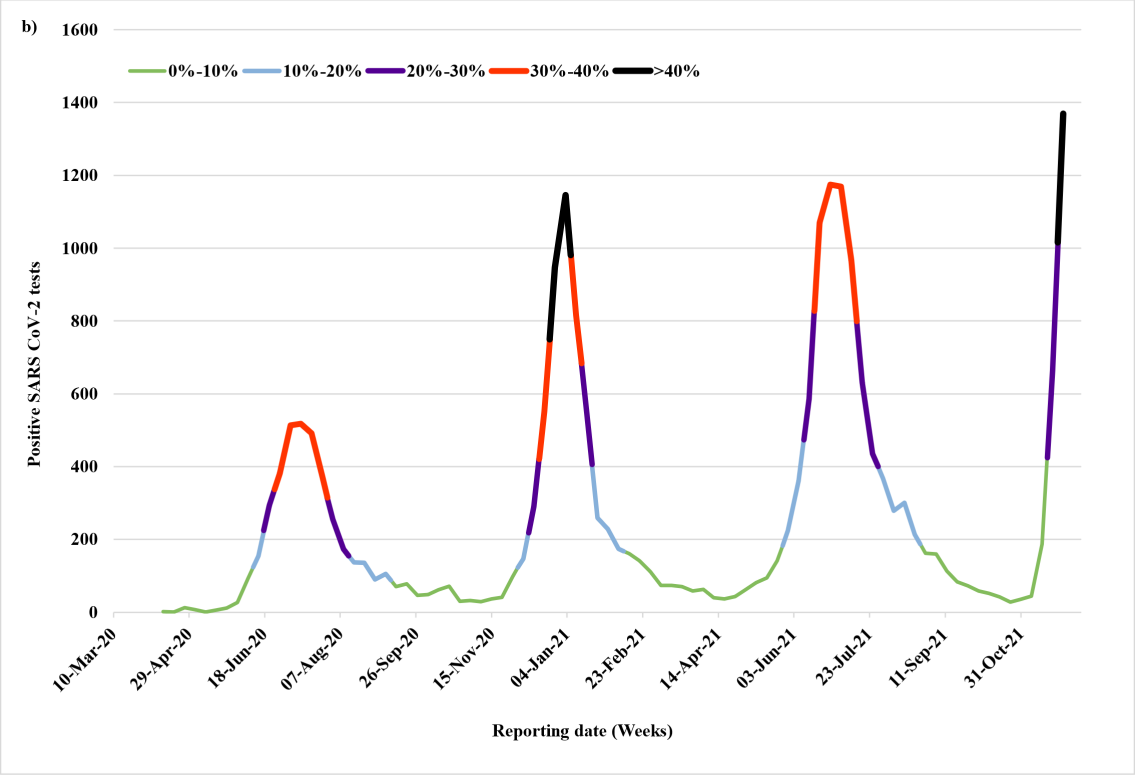

Figure A: Total SARS CoV-2 testing numbers at four large public sector hospitals in Tshwane District, including tests conducted on adults and children. Combined representation of test numbers and test positivity. (Laboratories located at three central/academic and one regional/district public sector hospital in the Tshwane District)

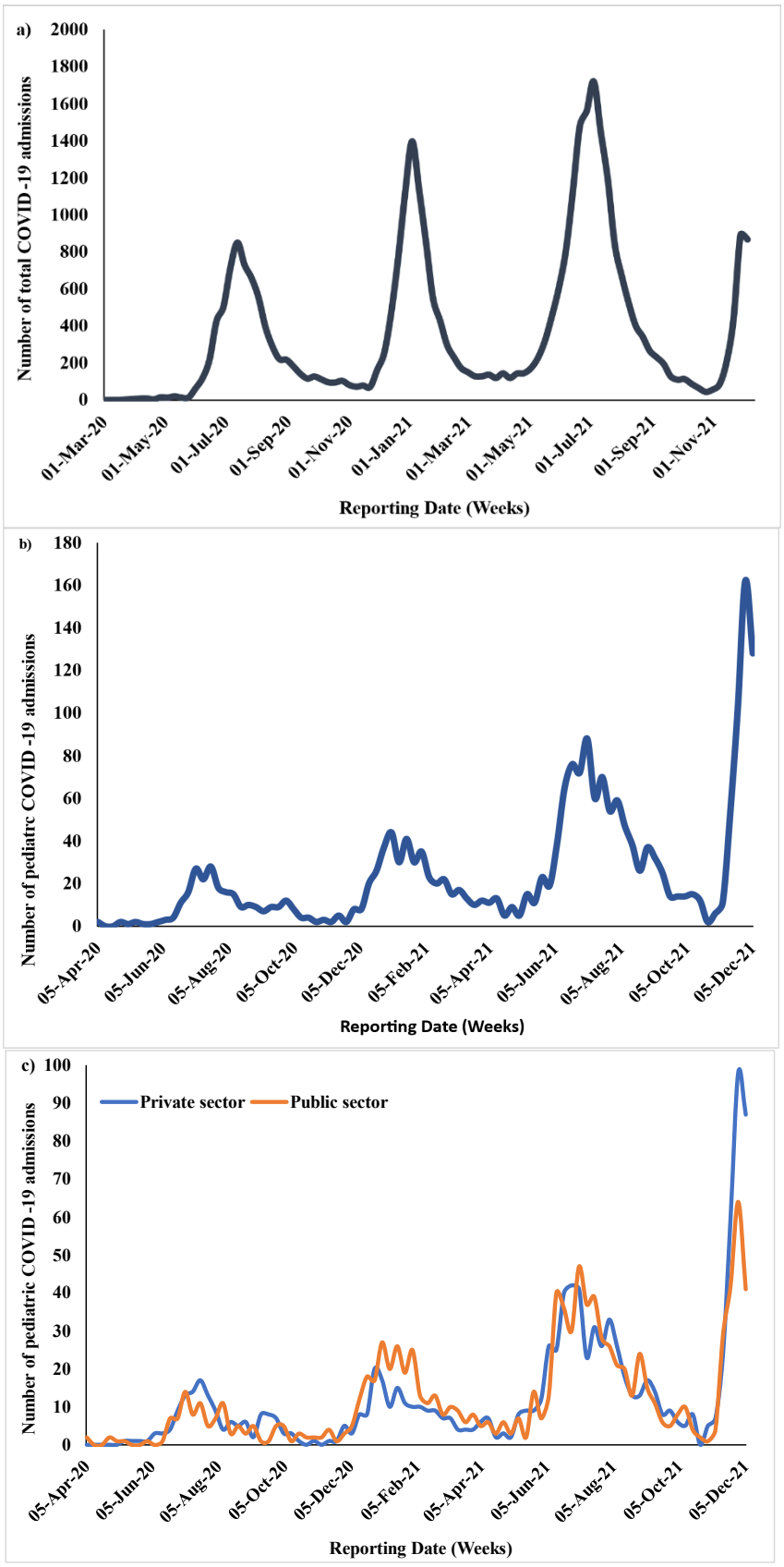

Figure B: Number of hospital admissions in the Tshwane District: a) Total (adults, adolescents and children); b) children and adolescents (≤19 years); c) children and adolescents (≤19 years), as per public and private health care sectors

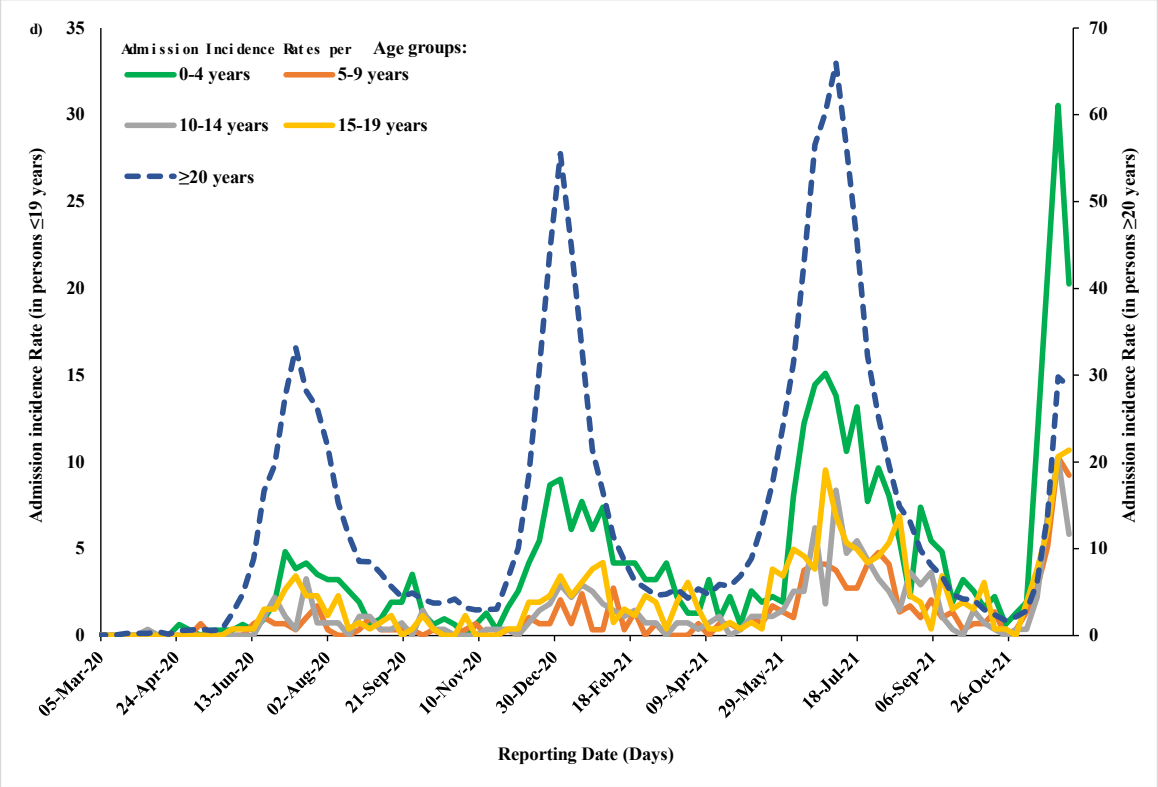

Figure C: COVID-19-associated admission incidence rates per week in the Tshwane District, per age groups (DATCOV; data from 38 hospitals) (1 March 2020 to 11 December 2021)

Seizures	25 (20·3%)
Acute gastroenteritis	25 (20·3%)
Bronchopneumonia	19 (15·4%)
Upper respiratory tract infection	18 (14·6%)
Orthopaedic conditions	8 (6·5%)
Sepsis	7 (5·7%)
Diabetic ketoacidosis	5 (4·1%)
Bronchiolitis	3 (2·4%)
Croup	3 (2·4%)
Appendicitis	3 (2·4%)
Burns	3 (2·4%)
Malnutrition	3 (2·4%)
Near-drowning	1 (0·8%)

Table A Clinical diagnosis of patients admitted with a positive SARS-COV 2 test during the period 31 October to 11 December 2021 **(n=125)**