Appendix 1. Nasopharyngeal carriage of viruses tested in enrolled and analyzed[1] children by cohort and country

	Chest-indrawing pneumonia cohort			No pneumonia cohort	Mozambique
Virus, n (%)	Mozambique n = 98	Pakistan n = 100	Between-country comparison p-value	Mozambique n = 20	Between-cohort comparison p-value
Adenovirus	22 (22.4%)	2 (2.0%)	< 0.01	3 (15.0%)	0.56
Bocavirus	13 (13.3%)	8 (8.0%)	0.33	2 (10.0%)	0.73
Coronavirus 229E	0 (0.0%)	0 (0.0%)		0 (0.0%)	
Coronavirus HKU1	0 (0.0%)	1 (1.0%)	> 0.99	0 (0.0%)	
Coronavirus NL63	1 (1.0%)	1 (1.0%)	> 0.99	4 (20.0%)	< 0.01
Coronavirus OC43	0 (0.0%)	7 (7.0%)	0.01	1 (5.0%)	0.17
Human metapneumovirus AB	16 (16.3%)	5 (5.0%)	0.02	2 (10.0%)	0.73
Influenza A H1N1pdm09	7 (7.1%)	2 (2.0%)	0.10	1 (5.0%)	> 0.99
Influenza A H1	0 (0.0%)	0 (0.0%)		0 (0.0%)	
Influenza A H3	0 (0.0%)	0 (0.0%)		0 (0.0%)	
Influenza B	0 (0.0%)	1 (1.0%)	> 0.99	0 (0.0%)	
Parainfluenza virus 1	2 (2.0%)	0 (0.0%)	0.24	0 (0.0%)	> 0.99
Parainfluenza virus 2	2 (2.0%)	0 (0.0%)	0.24	0 (0.0%)	> 0.99
Parainfluenza virus 3	12 (12.2%)	7 (7.0%)	0.31	6 (30.0%)	0.08
Parainfluenza virus 4	2 (2.0%)	1 (1.0%)	0.62	0 (0.0%)	> 0.99
Respiratory syncytial virus	35 (35.7%)	17 (17.0%)	< 0.01	0 (0.0%)	< 0.01
Rhinovirus	52 (53.1%)	56 (56.0%)	0.79	6 (30.0%)	0.10

[1] - Viral carriage in Pakistan tested in 100 children in the chest-indrawing pneumonia cohort.

Regarding viral strains that were present in at least 10% of children with chest-indrawing pneumonia either in Mozambique or Pakistan, adenovirus was more common in Mozambique than Pakistan (22.4% vs 2.0%;p<0.01), as were bocavirus (13.3% vs 8.0%;p=0.33), human metapneumovirus AB (16.3% vs 5.0%;p=0.02), parainfluenza virus 3 (12.2% vs 7.0%;p=0.31), and respiratory syncytial virus (RSV) (35.7% vs 17.0%;p<0.01); rhinovirus was similarly common among children with chest-indrawing pneumonia at both sites (53.1% in Mozambique vs 56.0% in Pakistan,p=0.79). Among children in the no pneumonia cohort in Mozambique, adenovirus (15.0%), bocavirus (10.0%), human metapneumovirus AB (10.0%), parainfluenza virus 3 (30.0%), and rhinovirus (30.0%) appeared similarly common compared to children with chest-indrawing pneumonia in Mozambique, but coronavirus NL63 was more common in the no pneumonia cohort (20.0% vs 1.0%,p<0.01), while RSV was less common (0.0% vs 35.1%,p<0.01).

Appendix 2. Baseline chest radiograph imaging patterns of children by cohort[1] and country

	Chest-indrawing pneumonia cohort[1]			No pneumonia cohort			Between-cohort comparison p-value	
	Mozambique n = 97	**Pakistan** n = 123	**Between-country comparison p-value**	**Mozambique** n = 20	**Pakistan** n = 20	**Between-country comparison p-value**	**Mozambique**	**Pakistan**
Any consolidation, n (%)	18 (18.6%)	12 (9.8%)	0.09	4 (20.0%)	0 (0.0%)	0.11	> 0.99	0.22
Any pleural effusion, n (%)	1 (1.0%)	0 (0.0%)	0.44	0 (0.0%)	0 (0.0%)		> 0.99	
Any interstitial pattern, n (%)	35 (36.1%)	44 (36.1%)[2]	> 0.99	3 (15.0%)	2 (10.0%)	> 0.99	0.12	0.04
Any obstructive atelectasis, n (%)	0 (0.0%)	1 (0.8%)	> 0.99	0 (0.0%)	0 (0.0%)			> 0.99

[1] Chest-indrawing pneumonia cohort is limited to 97 children in Mozambique and 123 children in Pakistan with both lung ultrasound and chest radiograph imaging.

[2] Presence of interstitial pattern was indeterminate for 1 child in the chest-indrawing pneumonia cohort in Pakistan.

Appendix 3. Baseline chest radiograph consolidation imaging patterns by cohort[1] and country

			CXR consolidation determination			Kappa
			Negative	Positive	Total	
Chest-indrawing pneumonia cohort[1]	Mozambique: LUS consolidation determination	Negative	73	9	82	0.453
		Positive	6	9	15	
		Total	79	18	97	
	Pakistan: LUS consolidation determination	Negative	65	2	67	0.159
		Positive	46	10	56	
		Total	111	12	123	
No pneumonia cohort	Mozambique: LUS consolidation determination	Negative	16	4	20	0†
		Positive	0	0	0	
		Total	16	4	20	
	Pakistan: LUS consolidation determination	Negative	19	0	19	0†
		Positive	1	0	1	
		Total	20	0	20	

[1] Chest-indrawing pneumonia cohort is limited to 97 children in Mozambique and 123 children in Pakistan with both lung ultrasound and chest radiograph imaging.

† Based on few children in the smaller positive/negative category for one imaging modality, and no children in one category for the other imaging modality.