**Supplementary data file**

**Ongoing excess hospitalizations for severe pediatric group A streptococcal disease in 2023-2024 – a single center report**

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**Table S1.** Definition of invasive group A streptococcal disease (iGAS)

Identification of group A streptococci (*Streptococcus pyogenes)* in a normally sterile body site (culture, PCR, antigen test) such as blood, cerebrospinal fluid, aspirate from a body cavity (e.g., pleural or pericardial space, joint), or surgically sampled deep tissue (e.g., muscle or bone)

OR

Severe clinical presentation\* without alternative diagnosis AND identification of GAS from a non-sterile site (culture, PCR, antigen test).

\*Severe clinical presentation consists of one of the following:

1. Toxic shock syndrome with arterial hypotension (systolic blood pressure < 5th Percentile for age, see Table below) PLUS ≥ 2 of the following criteria

a. Renal impairment (creatinine > 2x the upper limit of normal range for age); b) coagulopathy (platelet count < 100 G/L or clinical signs of disseminated intravascular coagulation (DIC).

b. Liver impairment (ALAT, ASAT or bilirubin > 2 x the upper limit of normal for age).   
c. Generalized erythema with or without subsequent desquamation.  
d. ARDS (acute respiratory distress syndrome).

(2) Necrotizing fasciitis

**Figure S1.** Monthly hospitalization figures for all GAS infections (grey bars), GAS lower respiratory tract disease (green bars), and detection rates of Respiratory Syncytial Virus (blue line) and SARS-CoV-2 (red line) at the Departments of Pediatrics and Pediatric Surgery, Bern University Hospital, Switzerland, between 1 July 2022 and 30 Jun3 2024.

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