## Nasopharyngeal Pneumococcal Density during Asymptomatic Respiratory Virus Infection and Risk for Subsequent Acute Respiratory Illness

## Appendix

Appendix Table 1. Multivariable mixed effects quantile regression of the association between detection of any virus and pneumococcal density during asymptomatic periods*

| Characteristic | Coefficient | SE | LL 95\% | UL 95\% | p-value |
| :---: | :---: | :---: | :---: | :---: | :---: |
| (Intercept) | 3.05 | 0.42 | 2.22 | 3.89 | <0.001 |
| Any virus positive | 1.15 | 0.26 | 0.64 | 1.66 | <0.001 |
| Age | 0.12 | 0.14 | -0.17 | 0.40 | 0.423 |
| Female sex | 0.24 | 0.23 | -0.22 | 0.70 | 0.305 |
| Any PCV7 dose | 0.02 | 0.31 | -0.60 | 0.63 | 0.963 |
| June | -0.29 | 0.29 | -0.86 | 0.28 | 0.310 |
| July | -0.83 | 0.50 | -1.81 | 0.15 | 0.098 |
| August | -0.40 | 0.34 | -1.07 | 0.27 | 0.238 |
| September | -0.12 | 0.36 | -0.83 | 0.60 | 0.750 |
| October | 1.44 | 0.41 | 0.62 | 2.26 | <0.001 |
| November | 0.59 | 0.40 | -0.20 | 1.38 | 0.144 |
| Antibiotics yes | -0.18 | 0.75 | -1.67 | 1.32 | 0.815 |
| Antibiotics unknown | -0.53 | 0.97 | -2.46 | 1.40 | 0.585 |

* p-value $<0.05$ considered statistically significant; indicated in bold text.

Appendix Table 2. Multivariable mixed effects quantile regression of the association between detection of specific viruses and pneumococcal during asymptomatic periods*

| Characteristic | Coefficient | SE | LL 95\% | UL 95\% | p-value |
| :--- | :---: | :---: | :---: | :---: | :---: |
| (Intercept) | 2.92 | 0.38 | 2.1757 | 3.67 | $<0.001$ |
| Other single virus | 0.21 | 0.54 | -0.86 | 1.27 | 0.703 |
| AdV only | 0.98 | 0.39 | 0.20 | 1.77 | 0.014 |
| HRV only | 1.40 | 0.25 | 0.91 | 1.88 | $<0.001$ |
| Co-infection | 1.45 | 0.38 | 0.71 | 2.20 | $<0.001$ |
| Age | 0.16 | 0.13 | -0.11 | 0.42 | 0.250 |
| Female sex | 0.23 | 0.24 | -0.25 | 0.70 | 0.344 |
| Any PCV7 dose | 0.01 | 0.30 | -0.59 | 0.62 | 0.961 |
| June | -0.41 | 0.28 | -0.97 | 0.15 | 0.152 |
| July | -0.72 | 0.51 | -1.73 | 0.29 | 0.162 |
| August | -0.41 | 0.33 | -1.06 | 0.24 | 0.213 |
| September | -0.20 | 0.36 | -0.92 | 0.51 | 0.575 |
| October | 1.36 | 0.40 | 0.56 | 2.16 | 0.001 |
| November | 0.46 | 0.40 | -0.33 | 1.24 | 0.251 |
| Antibiotics yes | -0.10 | 0.78 | -1.65 | 1.45 | -0.894 |
| Antibiotics unknown | -0.35 | 0.88 | -2.10 | 1.40 | -0.690 |

* p-value $<0.05$ considered statistically significant; indicated in bold text.

Appendix Table 3. Multivariable survival frailty model of the association between log-transformed pneumococcal density and viral detection, and subsequent ARI censored at 60 d and excluding rhinorrhea as a covariate*

| Exponentiated <br> coefficient <br> (Hazard ratio) |  |  |  |  | LL 95\% |
| :--- | :---: | :---: | :---: | :---: | :---: |

*p-value $<0.05$ considered statistically significant; indicated in bold text. Pneumococcal densities were transformed using restricted cubic splines, and for ease of interpretation their effects on the risk of subsequent ARI are not listed in table but represented in Figure 3 ( $p$-value for pneumococcal density is 0.031).

Appendix Table 4. Multivariable survival frailty model of the association between log-transformed pneumococcal density and rhinorrhea, and subsequent ARI censored at 60 d and excluding viral detection as a covariate*

|  | $\begin{array}{c}\text { Exponentiated } \\ \text { coefficient } \\ \text { (Hazard ratio) }\end{array}$ |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Characteristic | Coefficient | 0.28 | 0.76 | LL 95\% | UL 95\% |$]$ p-value | Age | 0.10 | 1.10 | 0.65 | 0.87 |
| :--- | :--- | :--- | :--- | :--- |
| June | -0.10 | 0.91 | 0.78 | 1.56 |
| July | 0.36 | 1.43 | 0.51 | 1.61 |
| August | -0.36 | 0.70 | 0.88 | 2.33 |
| September | -0.73 | 0.48 | 0.43 | 0.577 |
| October | -0.67 | 0.51 | 0.30 | 0.737 |
| November | 0.47 | 1.61 | 0.32 | 0.79 |
| Antibiotics yes | 0.34 | 1.41 | 0.67 | 0.81 |
| Antibiotics unknown | -0.715 | 0.49 | 0.54 | 0.158 |
| Rhinorrhea | -0.40 | 0.67 | 0.38 | 0.004 |
| Any PCV7 dose | -0.13 | 0.88 | 0.48 | 0.66 |
| Female sex |  | 0.69 | 0.63 | 0.289 |

*p-value $<0.05$ considered statistically significant; indicated in bold text. Pneumococcal densities were transformed using restricted cubic splines, and for ease of interpretation their effects on the risk of subsequent ARI are not listed in table but represented in Appendix Figure 1 X ( $p$-value for pneumococcal density is 0.02 ).


Appendix Figure 1. Flow diagram outlining RESPIRA-Peru study enrollment, sample collection, and sample selection for this analysis.


Appendix Figure 2. Association between asymptomatic pneumococcal densities and risk of subsequent ARI. Estimated hazard ratios correspond to comparisons of increasing log-transformed pneumococcal density relative to the lowest detectable densities ( $p=0.008$ ). Solid lines represent the point estimates for the hazard ratio by log-transformed pneumococcal density; dashed lines represent $95 \%$ confidence intervals for the hazard ratio. Estimates were obtained from a frailty model that adjusted for age, sex, month, prior antibiotic exposure, rhinorrhea, and PCV vaccination status. Pneumococcal densities were modeled using restricted cubic splines to allow examination of nonlinear associations.

