

## Supplemental Information

### Methods

Using the search terms “pediatric,” “HSV,” and “NMDAR,” we searched PubMed to identify published pediatric HSV-associated anti-NMDAR cases. These search terms only identified 8 articles with 24 cases represented. We then used the reference lists of these articles to identify additional articles describing children with HSV-associated anti-NMDAR. Cases of AE not known to be anti-NMDAR were excluded, as were cases occurring in patients >18 years old.

Case details were abstracted, and summary statistics of patient demographics, clinical characteristics, and outcomes were performed. To prevent inclusion of single cases multiple times, a case series of 42 cases of pediatric HSV-associated anti-NMDAR was excluded because many cases appeared to have also been presented in other sources.<sup>1</sup>

### Results

In addition to the current case, we identified 24 published pediatric

cases of HSV-associated anti-NMDAR as a sequela of HSVE (Table 1). One additional case (2 of 24, 8%) of these occurred after neonatal disease (Table 2). Various treatment regimens including IV steroids, IVIG, rituximab, and PLEX therapy with and without antiviral treatment were initiated. Younger children developed anti-NMDAR antibodies shortly after HSVE.<sup>2,3</sup> Furthermore, infants had worse outcomes, with some variability attributable to differing HSVE severity.<sup>1</sup>