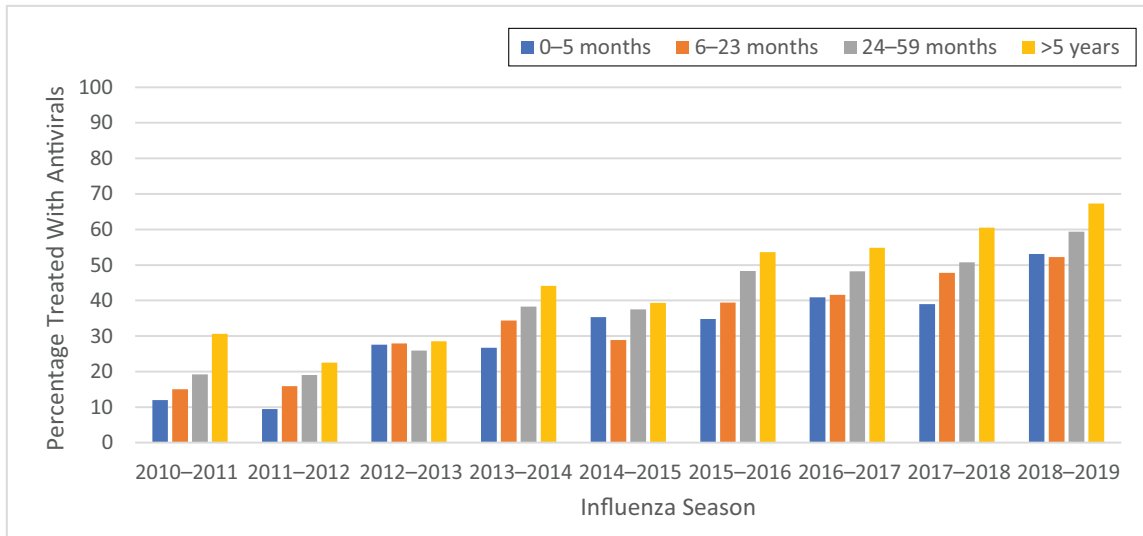


Supplemental Information



SUPPLEMENTAL FIGURE 5

Cumulative proportion treated with antivirals, by day of IMPACT hospital admission, among children who received antivirals ($n = 3122$).

SUPPLEMENTAL TABLE 3 Factors Associated With Early Receipt of Antivirals Among Children Hospitalized for Influenza Across 12 Canadian IMPACT Pediatric Hospital Centers, 2010–2011 to 2018–2019, Among Those Who Were Treated With Antivirals (*n* = 3122)

Exposure Variable	Early Receipt (First 2 d of Hospital Admission) (<i>n</i> = 2551), <i>n</i> (%)	Late Receipt (>2 d After Hospital Admission) (<i>n</i> = 571), <i>n</i> (%)	OR (95% CI)	aOR ^a (95% CI)
Demographic data				
Age, ^b y				
Mean ± SD	4.92 ± 4.39	5.16 ± 3.83	<i>P</i> = .04	1.01 (0.98–1.03)
Median (IQR)	3.58 (1.41–7.41)	3.91 (1.66–7.41)		
Sex				
Male	1469 (82.3)	314 (17.7)	1.11 (0.92–1.33)	1.02 (0.82–1.26)
Influenza season				
2010–2011	93 (73.3)	34 (26.7)	Reference	Reference
2011–2012	76 (74.5)	26 (25.5)	1.06 (0.59–1.93)	1.12 (0.56–2.27)
2012–2013	164 (71.3)	66 (28.7)	0.90 (0.55–1.47)	0.76 (0.43–1.34)
2013–2014	204 (81.9)	45 (18.1)	1.65 (0.99–2.75)	1.95 (1.05–3.59)
2014–2015	200 (81.3)	46 (18.7)	1.58 (0.95–2.63)	1.30 (0.72–2.35)
2015–2016	505 (84.5)	92 (15.5)	2.00 (1.27–3.15)	2.08 (1.17–3.69)
2016–2017	224 (82.6)	47 (17.4)	1.74 (1.05–2.88)	1.63 (0.87–3.07)
2017–2018	437 (81.8)	97 (18.2)	1.64 (1.04–2.58)	1.85 (1.04–3.28)
2018–2019	648 (84.5)	118 (15.5)	2.00 (1.29–3.11)	2.89 (1.63–5.12)
Timing of admission within influenza season				
Admitted during “peak” season ^c	1870 (83.1)	379 (16.9)	1.39 (1.14–1.68)	1.12 (0.87–1.44)
Availability of a local influenza antiviral treatment guideline ^d				
Treatment guideline available	1709 (81.4)	388 (18.6)	0.95 (0.78–1.16)	0.67 (0.42–1.06)
Laboratory data				
Influenza virus type				
A	1955 (82.7)	408 (17.3)	Reference	Reference
B	584 (78.2)	162 (21.8)	0.75 (0.61–0.92)	0.83 (0.64–1.08)
Both A and B	12 (92.3)	1 (7.7)	2.5 (0.32–19.28)	3.14 (0.32–30.67)
Timing of availability of report of laboratory confirmation of influenza infection				
Result available before IMPACT center admission	275 (93.2)	20 (6.8)	62.98 (34.65–114.47)	93.45 (49.60–176.05)
Result available on first day of admission	1747 (88.5)	225 (11.5)	35.56 (23.54–53.73)	46.90 (30.10–73.08)
Result available within second day of admission	498 (73.0)	184 (27.0)	12.39 (8.11–18.93)	13.19 (8.45–20.57)
Result available after second day of admission	31 (17.9)	142 (82.1)	Reference	Reference
Clinical data				
Presence of underlying chronic health condition				
Any	1448 (80.0)	362 (20.0)	0.75 (0.62–0.91)	0.85 (0.68–1.06)
Chronic heart disorders	161 (78.5)	44 (21.5)	0.80 (0.57–1.14)	NI ^e
Chronic lung disorders	585 (82.5)	124 (17.5)	1.07 (0.86–1.33)	NI ^e
Diabetes mellitus or other metabolic disorders	98 (80.9)	23 (19.1)	0.95 (0.59–1.51)	NI ^e
Cancer	135 (68.5)	62 (31.5)	0.45 (0.33–0.62)	NI ^f
Immunodeficiency	146 (78.4)	40 (21.6)	0.80 (0.56–1.15)	NI ^e
Immunosuppression	165 (77.8)	47 (22.2)	0.77 (0.55–1.08)	NI ^e
Chronic renal disease	82 (81.1)	19 (18.9)	0.96 (0.58–1.60)	NI ^e
Chronic anemia	39 (78.0)	11 (22.0)	0.79 (0.40–1.55)	NI ^e
Hemoglobinopathy	115 (79.5)	32 (20.5)	0.79 (0.53–1.18)	NI ^e
Chronic acetylsalicylic acid therapy	2 (66.7)	1 (33.3)	0.44 (0.04–4.94)	NI ^e
Residence in institutional setting and other chronic care facilities	16 (94.1)	1 (5.9)	3.59 (0.47–27.18)	NI ^e
Neurologic or neurodevelopment disorders	403 (83.6)	79 (16.4)	1.16 (0.90–1.51)	NI ^e

SUPPLEMENTAL TABLE 3 Continued

Exposure Variable	Early Receipt (First 2 d of Hospital Admission) (<i>n</i> = 2551), <i>n</i> (%)	Late Receipt (>2 d After Hospital Admission) (<i>n</i> = 571), <i>n</i> (%)	OR (95% CI)	aOR ^a (95% CI)
Pregnancy	1 (100.0)	0 (0)	—	—
Obesity	13 (76.4)	4 (23.6)	0.72 (0.23–2.23)	NI ^e
Prematurity (if <1 y old)	48 (77.4)	14 (22.6)	0.76 (0.41–1.39)	NI ^e
Duration of symptoms before admission at IMPACT hospital, ^b d				
Mean ± SD	3.37 ± 3.01	3.23 ± 3.19	<i>P</i> = .16	0.97 (0.93–1.00)
Median (IQR)	3 (1–5)	3 (1–4.5)	<i>P</i> = .16	0.97 (0.93–1.00)
Presence of radiographically confirmed pneumonia	876 (81.5)	198 (19.5)	0.98 (0.81–1.19)	1.19 (0.94–1.51)
Presence of a laboratory-confirmed bacterial infection	175 (76.7)	53 (23.3)	0.71 (0.52–0.99)	0.92 (0.62–1.37)
Coreceipt of antibiotic therapy	1941 (80.4)	472 (19.6)	0.66 (0.52–0.84)	0.89 (0.66–1.19)
Need for intensive care	692 (79.7)	176 (20.3)	0.83 (0.68–1.01)	NI ^e
Need for respiratory support ^g	443 (79.2)	116 (20.8)	0.82 (0.65–1.03)	NI ^e
Hospital LoS, ^b d				
Mean ± SD	5.78 ± 8.95	8.93 ± 11.91	<i>P</i> < .05	NI ^h
Median (IQR)	3 (2–6)	6 (4–10)	<i>P</i> < .05	NI ^h
Outcome at hospital discharge				
Survived	2528 (81.7)	565 (18.3)	Reference	NI ^h
Died of reported influenza infection	28 (82.3)	6 (17.7)	0.85 (0.34–2.11)	NI ^h
Died of other cause	0 (0.0)	0 (0.0)	—	NI ^h

Data are *n* (row %) unless otherwise indicated.

^a Multivariable logistic regression model included age, sex, influenza season, IMPACT center, timing of admission relative to peak influenza activity within season, availability of local guideline, presence of underlying chronic health conditions, influenza virus type, timing of availability of influenza laboratory test result relative to hospital admission, duration of symptoms before admission, presence of radiographically confirmed pneumonia, presence of a laboratory confirmed bacterial infection and coreceipt of antibiotic therapy. Odds ratios for IMPACT center not shown in the table above.

^b Medians compared using Wilcoxon rank test.

^c Admitted when the national testing positivity rate was at least 15%, as reported by the Public Health Agency of Canada.

^d Availability of a local guideline at the admitting IMPACT center for the season of the admission.

^e Not included in the multivariable model because not significantly associated in univariable analysis.

^f Not included in the multivariable model since including the composite variable “presence of any underlying chronic health condition” led to better model fit.

^g Includes CPAP, BiPAP, conventional and high-frequency ventilation and ECMO.

^h Not included in the multivariable model because these variables necessarily occurred after antiviral treatment decisions (ie, at the end of the hospitalization).