Supplemental Information

SUPPLEMENTAL TABLE 6 Febrile Infants 8–60 Days With CBC, Blood Culture, and UA Excluded by AAP CPG Criteria

Exclusion criteria	8–21 D Old, *N* (% Cohort With Complete W/U)	22–28 D Old, *N* (% Cohort With Complete W/U)	29–60 D Old, *N* (% Cohort With Complete W/U)	Overall, *N* (% Cohort With Complete W/U)
Clinically ill appearance	42 (10.3)	23 (9.4)	121 (9.4)	186 (9.6)
<37 wk' gestation	10 (2.4)	10 (4.1)	62 (4.8)	82 (4.2)
<2 wk of age and perinatal course complicated by maternal fever, infection, and/or antimicrobial use	18 (4.4)	NA	NA	18 (0.9)
High suspicion for HSV	0	0	0	0
Focal bacterial infection or clinical bronchiolitis	36 (8.8)	18 (7.4)	93 (7.2)	147 (7.6)
Surgery or infection in the first 28 d of life or congenital/chromosomal abnormality (including immune compromise and technology dependence)	27 (6.6)	13 (5.3)	73 (5.7)	113 (5.8)
Immunizations within the last 48 h	0	0	36 (2.8)	36 (1.9)

Infants are not excluded by the AAP CPG for the following: upper respiratory infection symptoms alone (without bronchiolitis); diarrhea; otitis media; positive viral tests; and infants aged >2 weeks not excluded for current/recent use of antibiotics. HSV, herpes simplex virus; NA, not applicable; W/U, workup.

SUPPLEMENTAL TABLE 7 Definitions

Fever	Any measured temperature ≥38°C in a medical setting, either within 4 h of arrival to a KPNC ED, or in clinic within the 12 h before arrival to the ED
Urinary tract infection	Isolation of a single urinary bacterial pathogen with colony count ≥50 000 colony-forming units per milliliter
Bacteremia	Isolation of a bacterial pathogen from blood. Coagulase-negative *Staphylococc*us, viridans group *Streptococcus*, *Micrococcus* species, and diphtheroids were considered contaminants unless treated as a pathogen on the basis of guidance from a pediatric infectious disease specialist.
Bacterial meningitis	Bacterial meningitis was defined as "definite" with the isolation of a single bacterial pathogen from CSF, or as "probable" with sterile CSF with pleocytosis (CSF WBC ≥20 cells per hpf for infants aged 0–28 d or WBC ≥10 cells per hpf for infants aged 29–60 d) obtained after antibiotics with diagnosis confirmed by a pediatric infectious disease specialist, according to criteria outlined by Schnadower 2011.[a] Infants who did not undergo LP were presumed not to have meningitis. No patient without LP was found to have meningitis within 30 d of initial visit.
Clinical ill appearance	Infants excluded for "moderate to severe ill appearance" had 1 of the following terms documented in a physician exam or assessment: cold, decreased mental status, difficult to arouse, floppy, hypotonic, ill-appearing, inconsolable, irritable, listless, toxic, nonresponsive, lethargic, poorly perfused, sick, or shock.
Maternal fever, infection, and/or antimicrobial use	Maternal fever/antibiotics was defined as maternal temperature ≥38°C during delivery or antibiotic administration with Gram-negative coverage, excluding antibiotics for surgical or GBS prophylaxis.
Infants with a high suspicion of HSV infection, focal bacterial infection, or clinical bronchiolitis.	Infants were excluded if there was suspicion for a clinically identifiable infection as documented in the physician examination and assessment: HSV, abscess, cellulitis, bacterial conjunctivitis, mastitis, omphalitis, perforated otitis media, or clinical bronchiolitis.
Infants with documented or suspected immune compromise, congenital or chromosomal abnormalities, or requiring some form of technology or ongoing therapeutic intervention to sustain life	Congenital anomaly was defined as any inborn condition known upon presentation with implications for infection risk. Immune compromise, chromosomal abnormalities, and technology or therapeutic dependence were identified on the basis of ICD-10 codes and chart review.
Infants whose neonatal course was complicated by surgery or infection.	The charts of infants with fever or who received antibiotics during the birth hospitalization were reviewed and those with a clinical diagnosis of bacterial infection or positive culture were considered to have had a neonatal infection and excluded from further analysis. Infants aged 29–60 d who had a positive blood, urine, or CSF culture in the first 28 d of life were also excluded.
Positive UA	Presence of any leukocyte esterase or >5 WBC per hpf (according to AAP CPG definition)

CSF, cerebrospinal fluid; hpf, high-power field; HSV, herpes simplex virus; ICD-10, International Classification of Diseases, 10th Revision; WBC, white blood count.

[a] Schnadower D, Kupperman N, Macias CG, et al. Sterile cerebrospinal fluid pleocytosis in young febrile infants with urinary tract infections. *Arch Pediatr Adolesc Med.* 2011;165(7):635–41.

SUPPLEMENTAL TABLE 8 Performance Characteristics of the AAP CPG, Using Only ANC >5200/mm^3 as IM

	8–21 D Old	22–28 D Old	29–60 D Old
Total infants, *n*	292	187	954
True positive	21	6	18
False positive	271	48	310
False negative	0	3	12
True negative	0	130	614
Sensitivity, % (95% CI)	100 (83.9–100)	66.7 (29.9–92.5)	60.0 (40.6–77.3)
Specificity, % (95% CI)	0.0 (0.0–1.4)	73.0 (65.9–79.4)	66.5 (63.3–69.5)
PPV % (95% CI)	4.2 (4.2–4.2)	9.8 (6.1–15.4)	7.3 (5.5–9.6)
NPV % (95% CI)	NA	98.0 (95.2–99.2)	97.4 (96.1–98.3)
PLR (95% CI)	1.00 (1.00–1.00)	2.47 (1.47–4.16)	1.79 (1.32–2.43)
NLR (95% CI)	NA	0.46 (0.18–1.15)	0.60 (0.39–0.94)

NA, not applicable; NLR, negative likelihood ratio; NPV, negative predictive value; PLR, positive likelihood ratio; PPV, positive predictive value.