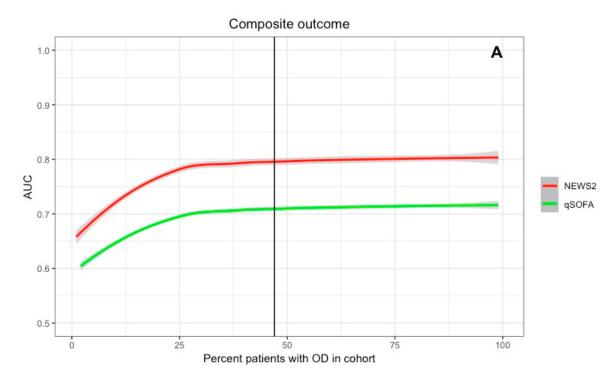
## **Supplementary Material**



**Figure 1.** The performance of NEWS2 and qSOFA change with the frequency of organ dysfunction in the cohort.

Patients were divided in two groups as to the presence or absence of organ dysfunction (excluding neurological dysfunction). Samples from the two groups were drawn to mimic cohorts with the proportion of patients with organ dysfunction ranging from 1% to 99% in steps of 1%. For each proportion of patients with organ dysfunction 100 stochastic cohorts were drawn with replacement and the AUC-values for NEWS2 and qSOFA were calculated and the median was calculated and plotted. The vertical line represents the proportion of patients with organ dysfunction in the original whole cohort.

Table 1. National Early Warning Score 2 (NEWS2).

	3	2	1	0	1	2	3
Respiration rate	<9		9–11	12-20		21–24	>24
SpO <sub>2</sub> Scale 1	<92	92-93	94–95	>95			
SpO <sub>2</sub> Scale 1	<84	84–85	86-87	88–92 >92 on air	93–94 on oxygen	95–96 on oxygen	>96 on oxygen
Air or Oxygen		Oxygen		Air			
SBP	<91	91-100	101-110	111-219			>219
Pulse	<41		41–50	51-90	91–110	111-130	>130
Consciousness				Alert			VPCU
Temperature	<35.1		35.1– 36.0	36.1– 38.0	38.1–39.0	>39.0	

Table 2. Periods of inclusion.

Site	Catchment area	Period of inclusion	Days with inclusion	
Cohort A				
Lund	334 000	2011-03-30 - 2011-11-01	117	
Örebro¹	180 000	2011-04-24 - 2011-12-07	87	
Malmö	420 000	2011-03-12 - 2011-11-11	67	
Linköping	150 000	2011-05-17 – 2011-09-14	38	
Cohort B				
Lund	334 000	2015-02-02 - 2015-02-27 + 2016-01-21 - 2016-03-18	62	
Bern <sup>2</sup>	1 500 000	2015-02-18 - 2015-04-10	33	
Vancouver <sup>2</sup>	650 000	2015-03-11 - 2015-04-10	23	
Helsingborg	250 000	2015-04-13 - 2016-01-21	84	

<sup>&</sup>lt;sup>1</sup> only at ED for infectious diseases, <sup>2</sup>more hospitals in the catchment area.

**Table 3.** Definitions for comorbidities.

Diabetes	- All patients with a diabetes diagnosis					
Cardiovascular	- Ischemic heart disease including previous myocardial infarction or present					
	medication for angina pectoris					
Disease	- Chronic heart failure requiring continuous medication					
	- Peripheral vascular disease including claudicatio intermittens					
	- Proof of elevated serum creatinine registered as chronic in medical history					
Renal Disease	- Chronic kidney replacement therapy					
Kenai Disease	- Chronic renal failure.					
	- Haemodialysis or chronic peritoneal dialysis					
	- Chronic obstructive or restrictive disease that requires daily medication or					
	results in limitations in daily life					
Pagningtony Diagona	<ul> <li>Diagnosis of pulmonary hypertension</li> </ul>					
Respiratory Disease	- Ongoing medication for other lung diseases (e.g. sarcoidosis, lung fibrosis,					
	tuberculosis)					
	- Asthma bronchiale requiring regular medication					
	- Cirrhosis score with a positive biopsy and documented portal hypertension,					
	- Previous episodes with high gastro-intestinal bleeding due to portal					
Liver Disease	hypertension,					
	- Previous episodes with liver failure, coma or encephalopathy					
	- Other chronic hepatic disease					
Malignancy	- Proven by imaging, biopsy, surgery or by tumour markers					
	- Ongoing (or present) immunosuppressive therapy, chemotherapy, or					
Immuno deficiences	radiotherapy					
Immunodeficiency	- Haematological malignancy such as leukaemia, lymphoma and myeloma					
	- HIV/AIDS					

Table S4. Missing data.

	Cohort A $n = 555$		Cohor	t B n = 707
	n	%	n	%
<b>Systolic Blood Pressure</b>	4	<1	6	<1
<b>Heart Frequency</b>	1	<1	3	<1
SaO2	10	2	24	3
<b>Respiratory Frequency</b>	7	1	17	2
Temperature	8	1	23	3
<b>Mental Status</b>	6	1	5	<1
Lactate	32	6	232	33
HBP	18	3	178	25
Oxygen treatment	6	1	24	3

**Table 5.** AUC for different risk stratification scores for sepsis with organ dysfunction (excl organ dysfunction in central nervous system or hyperlactemia), admission to intensive care within 72 hours due to an infection or infection-related mortality within 72 hours from enrolment, missing values were substituted by multiple imputation.

	qSOFA	qSOFA incl lactate	qSOFA incl HBP	NEWS2	NEWS2 incl lactate	NEWS2 incl HBP
			Cohort A			
AUC	0.71	0.73	0.79	0.79	0.80	0.82
95% CI	0.67 - 0.75	0.69-0.77	0.75 - 0.83	0.76 - 0.83	0.76 - 0.84	0.78-0.85
p compared to qSOFA	reference	0.52	0.01	0.01	< 0.01	< 0.01
p compared to NEWS2	0.01	0.04	1	reference	0.72	0.27
			Cohort B			
AUC	0.63	0.63	0.67	0.70	0.70	0.71
95% CI	0.58 - 0.67	0.58-0.67	0.63 - 0.72	0.66 - 0.74	0.66 - 0.74	0.67-0.76
p compared to qSOFA	reference	1	0.23	0.03	0.03	0.01
p compared to NEWS2	0.03	0.03	0.35	reference	1	0.75