Supplemental Digital Content

Table S1. Comparison of 2015 (children) and 2023 (adults) diagnostic criteria for infective endocarditis. Shaded cells indicate that no modifications have been made between the two versions.IE: infective endocarditis, HACEK: *Haemophilus, Aggregatibacter, Cardiobacterium, Eikenella, and Kingella*, TEE: transesophageal echocardiography, TTE: transthoracic echocardiography, CT: computed tomography, [18F]-FDG-PET/CT: ^{18}F-fluorodeoxyglucose positron emission tomography, WBC SPECT/CT: white blood cell single photon emission tomography.

Modified Duke Criteria (2015 AHA Guideline for Management of Infective Endocarditis in Children and Adults)	**2023 European Society of Cardiology modified diagnostic criteria**
Major critera	
1. Positive blood culture for IE	
A. Typical microorganism consistent with IE from ≥2 blood cultures, as noted below	Typical microorganisms consistent with IE from two separate blood cultures: - Oral streptococci - Streptococcus gallolyticus (formerly S. bovis) - HACEK group - S. aureus - E. faecalis (acknowledged as a typical endocarditis bacterium)
(I) Viridans streptococci, *Streptococcus bovis*, or HACEK group	
(II) Community-acquired Staphylococcus aureus or enterococci, in the absence of a primary focus	
B. Microorganisms consistent with IE from persistently positive blood cultures, defined as:	
(I) ≥2 Positive cultures of blood samples drawn >12 hours apart	
(II) All of 3 or a majority of ≥4 blood cultures, (with first and last samples drawn ≥1 hour apart).	
(III) Single positive blood culture for *Coxiella burnetii* or antiphase-I immunoglobulin G antibody titer >1:800	
2. Evidence of endocardial involvement/Imaging positive for IE	
A. Positive echocardiogram (TEE recommended in prosthetic valves, rated at least possible IE by clinical criteria, or complicated IE; TTE as the first test in other patients) for IE, defined as	Valvular, perivalvular/periprosthetic and foreign material anatomic and metabolic lesions characteristic of IE detected by any of the following imaging techniques: - Echocardiography (TTE and TEE). - Cardiac CT. - [18F]-FDG-PET/CT. - WBC SPECT/CT.
(I) Oscillating intracardiac mass on valve or supporting structures, in the path of regurgitant jets, or on implanted material in the absence of an alternative anatomic explanation or	
(II) Abscess	

or	
(III) New partial dehiscence of prosthetic valve or	
B. New valvular regurgitation (worsening or changing of preexisting murmur not sufficient)	
Minor citeria	
1. Predisposition: predisposing heart condition or IV drug use	
2. Fever: temperature ≥38.0°C	
3. Vascular phenomena: major arterial emboli, septic pulmonary infarcts, mycotic aneurysm, intracranial hemorrhage, conjunctival hemorrhages, and Janeway lesions	
4. Immunologic phenomena: glomerulonephritis, Osler nodes, Roth's spots, and rheumatoid factor	
5. Microbiological evidence: positive blood culture but does not meet a major criterion as noted above or serological evidence of active infection with organism consistent with IE	
IE Classification (at admission and during follow-up)	
Definite: - 2 major criteria. - 1 major criterion and at least 3 minor criteria. - 5 minor criteria.	
Possible: - 1 major criterion and 1 or 2 minor criteria. - 3–4 minor criteria.	
Rejected: - Does not meet criteria for definite or possible at admission with or without a firm alternative diagnosis.	