**Appendix Table 1. Acute Respiratory Infection (ARI) diagnosis codes obtained from the Clinical Classification Software respiratory group.\***

|  |  |  |
| --- | --- | --- |
| **Diagnosis** | **ICD-9 Codes** | **Descriptors** |
| **Pneumonia** | 481, 482.0, 482.1, 482.2, 482.3, 482.30, 482.31, 482.32, 482.39, 482.4, 482.40, 482.41, 482.42, 482.49, 482.8, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483, 483.0, 483.1, 483.8, 484.1, 484.3, 484.5, 484.6, 484.7, 484.8, 485, 486, 510.0, 510.9, 511.0, 511.1, 511.8, 511.89, 511.9, 513.0, 517.1, 003.22, 020.3, 020.4, 020.5, 021.2, 022.1, 031.0, 039.1, 055.1, 073.0, 083.0, 112.4, 114.0, 114.4, 114.5, 115.05, 115.15, 115.95, 130.4 | Bacterial pneumonia Lung abscessEmpyemaPleural effusionCandidiasis of lungPneumonia with AspergillosisPneumonia in whooping coughHistoplasmosis pneumoniaLegionnaire’s diseaseBronchopneumonia |
|  |
| **Viral pneumonia, Influenza** | 480.0, 480.1, 480.2, 480.3, 480.8, 480.9, 052.1, 487.0, 487.1, 487.8, 488, 488.0, 488.01, 488.02, 488.09, 488.1, 488.11, 488.12, 488.19, 488.81, 488.82, 488.89, 465.8, 465.9 | Viral pneumoniaInfluenza with pneumoniaInfluenza with respiratory manifestationsAcute upper respiratory infection |
| **Bronchiolitis, Bronchitis** | 466.0, 466.1, 466.11, 466.19, 490, 491.0, 491.1, 491.2, 491.20, 491.21, 491.22, 491.8, 491.9, 494, 494.0, 494.1 | Acute bronchiolitisRSV bronchiolitisAcute bronchitisChronic bronchitisMucopurulent chronic bronchitisBronchiectasis |
| **Other** | 507.0, 506.0, 507.8, 514, 517.3, 518.81, 518.82, 581.84, 518.4, 519.8, 519.9, 786.00, 786.01, 786.05, 786.06, 786.07, 786.09, 786.2, 786.3, 786.30, 786.39, 786.4, 786.52, 786.7, 786.9, 793.1, 793.19, 799.1, 519.11, 519.19 | Aspiration pneumonitisAcute chest syndromeLung edemaRespiratory system disease Respiratory failureCough, tachypnea, shortness of breathHemoptysisAbnormal lung sounds |

\*Two study members (RS and JT) independently reviewed all Clinical Classification Software codes in the respiratory group to determine those indicative of ARI. Discrepancies were arbitrated by a third reviewer (SSS) and group discussion.