Question	Responses
Accuracy of finger pulse oximeter vs hand held pulse oximeter; How accurate is pleth based RR used in multimodal devices?	Accuracy of finger vs hand held pulse oximeters depend on multiple factors, including the fit on the child's toe or finger, movement artifact, the child's perfusion status, dirt on fingers/toes, and the quality of the device itself and its tolerance to movement artifact etc. Also the ability of the HCW to optimize the measurement on the child is key.
What are the various multimodal devices available and their approval status	Malaria consortium did work exploring performance of different low cost paediatric oximeters, overall their results found fingertip devices were less reliable.
Have there been any recommendations of pulse oximeters that are cheaper than the $500 model discussed in the Bangladesh case? Are there any recommended pulse oximeters that aren't quite so expensive? What is the least expensive model that is still reliable? Would love recommendations.	As part of the Lagos study, the healthcare workers will be randomised to recieve either a Lifebox, or a Masimo RadG, both around $250, so hopefully we'll be able to see if there are any operational difference between these.
Is there utility of keeping Chest Indrawing in IMCI algorythm in settings with pulse oximetery	This still needs clarification.
What type are these. Finger probe or hand held?	The Pulse oximeters used had 3 different probes to cater for all age groups-Neonatal probe, Paediatrics probe & adult probe.
Were different probes used for different aged patients What pulse oximeter was used in Uganda?	Uganda used hand held Eden &Biotech pulse-oximeter. Pulse oximeters used had 3 different probes to cater for all age groups-Neonatal probe, Paediatrics probe & adult probe.
What is the utility of Pox in newborn in Outpatient setting and can this be used for traiaging	This is also not completely clarified and the probe size may be of big importance to get accurate values for neonates. Our results among neonates may indicate that hypoxemia was slightly overestimated which presumabley culd be related to the probe being to big for accurate measurements.
Do you have the prevalence in newborns in the Uganda study?	We have not done an analysis specifically on newborns.
What was prevalance of chest indrawing who had normal SPO2 and no fast breathing	in Jigawa, chest in drawing was not commonly recorded, only 0.7%. It's very possible we missed cases of indrawing.
Are patients supposed to go first to CHW-HC1-HC2 before getting to HC3? Wondering if referral problem starts at lower levels and therefore losing kids who may benefit from oxygen.	Ideally not very sick patients are supposed to seek health care at HCI & HCII, however, due to various challenges ranging from distance, availability of drugs etc patients may choose to go direct to HCIII level or even to higher level of care.
MUAC for malnutrition?	We used MUAC and weight for age z-scores for assessing nutritional status, and assessed for oedema.
In the Jigawa group did you screen for TB symptoms or contact? Sickle cell disease or other underlying conditions?	no, we did not asses for TB, or ask about contacts with TB cases, which is a limitation, along with not conducting mRDTs or checking for a wider range of symptoms, like diarrhoea
Was the Lagos study in urban Lagos and was there any measurement of environmental common pollutants?	in Lagos, the setting is Ikorodu, which is a peri-urban area, with some remote and hard to reach areas and some densely populated areas, but which aren't not necessarily well served with healthcare services. Sadly, we have not collected any information on environmental pollution.
When referring to non pneumonia RTI, was it based on clinical diagnosis or was it confirmed by XR?	In Malawi, no X-rays were done, all was clinical diagnosis.
If CFR with Moderate hypoxemia is 3.8% shont IMCI algorythm use <94% cUT OFF compared to 90 as per current guidelines	it is possible that the CFR was lower in our study due to the fact that study patients were all referred and thus more likely put on oxygen
We're the children started on antibiotics promptly? Their fluids snd electrolytes? Othe underlying	In Malawi, antibiotics were sometime sarted at the health centere but fluids are less commonly provided at health centers and electrolytes can not be measured.
How were referral funds managed?	All children who were referred in the Malawi study were referred according to standard care, thus no additional funds were provided and the health care seeking patters are part of the study aim and will be presented separately.
For kids not being found in hospital, do you know/believe anything about reasons for this?	We are currently looking into follow up data to better understand reasons. We also conducted qualitative interviews with caregivers who attended referrals and ones who did not, but just have not analysed these yet! But they were done to try and understand decision making.