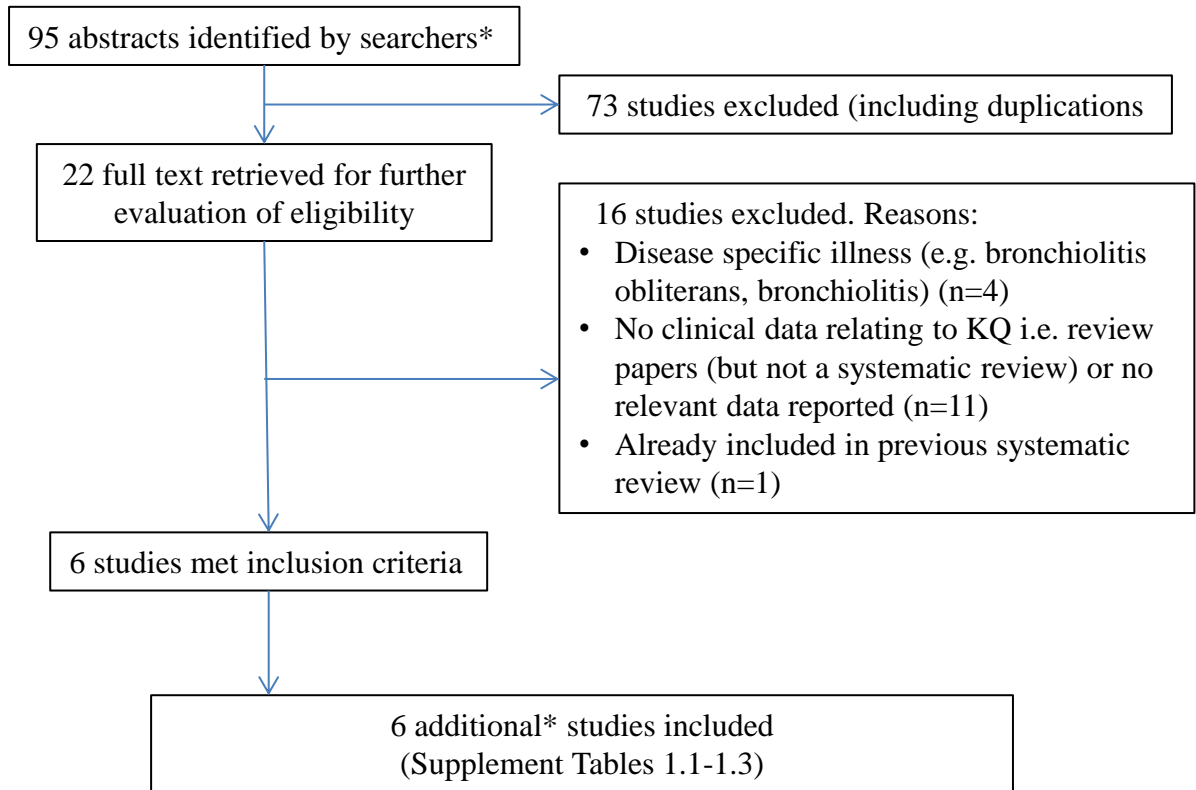


**Figure S1:** Selection of studies that addressed key question (KQ) 1

In children aged  $\leq 18$ -years with chronic wet or productive cough unrelated to an underlying disease and without any specific cough pointers (e.g. coughs with feeding, digital clubbing, etc.)

- what is the evidence for PBB in clinical studies and clinical guidelines
- what have been used for the symptoms, signs and duration of cough for those with PBB



\*Additional to previous published systematic reviews {6008} {5954}

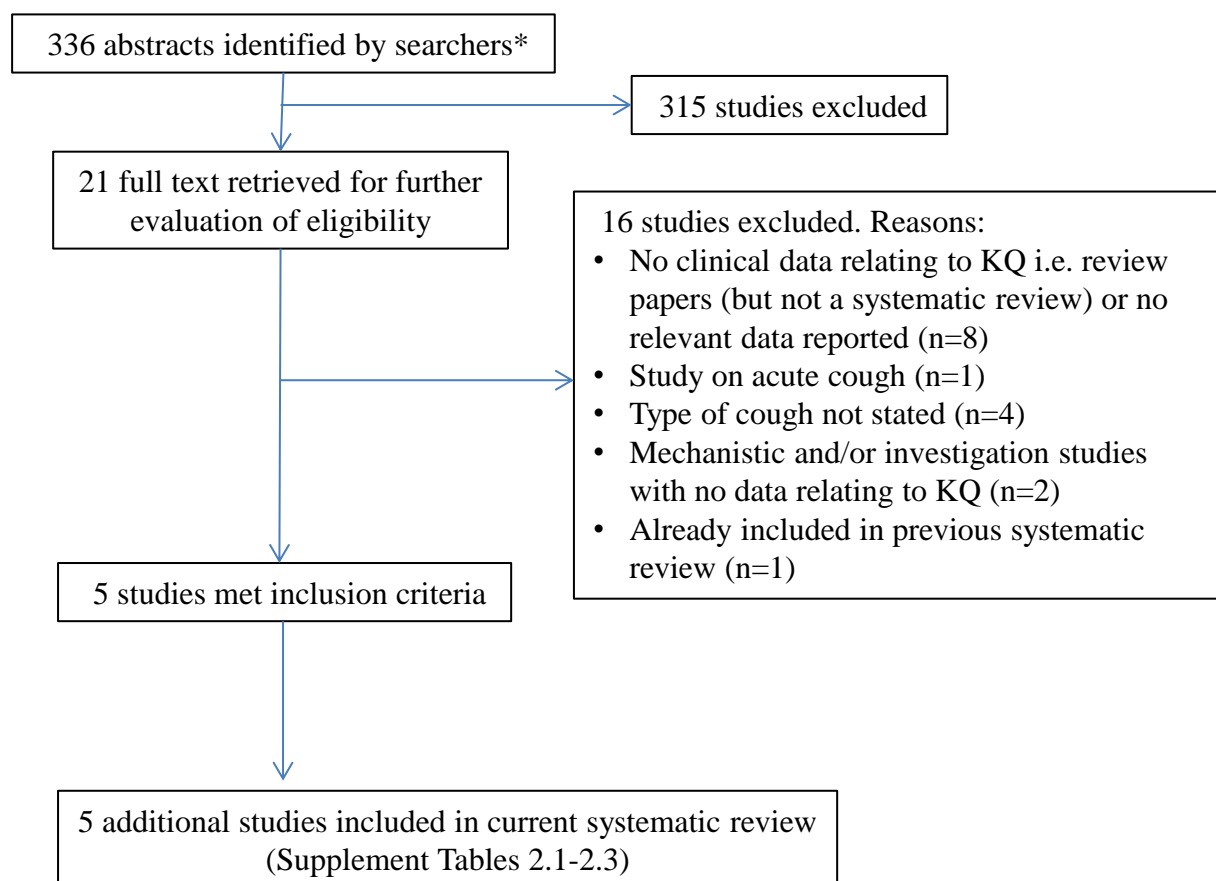
**Figure S2:** Selection of studies that addresses KQ2

In children with chronic (>4 weeks) wet or productive with or without other specific cough pointers (e.g. clubbing and feeding difficulties), what:

(a) are the possible causes

(b) tests should be undertaken and when should they be referred for further investigations?

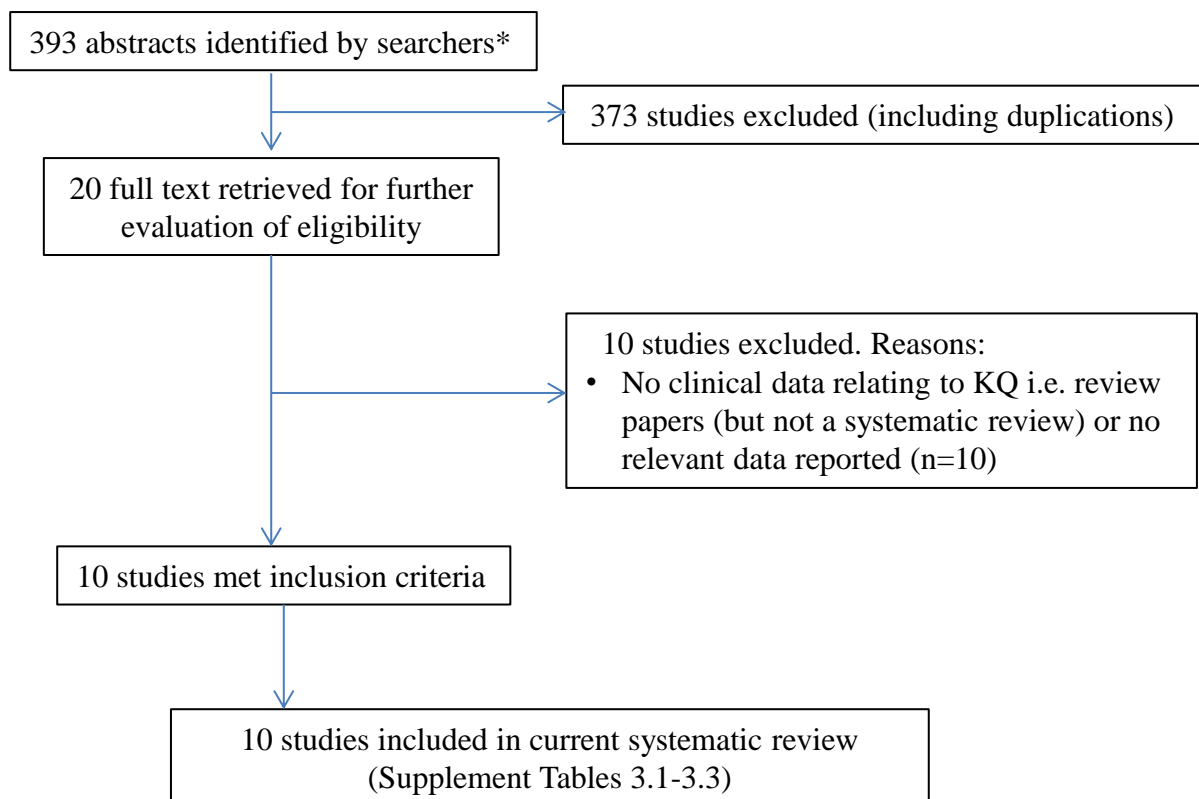
(c) is the risk of harm in cases of delayed treatment and investigations?



\*Additional to previous published systematic reviews{6008}{5954}

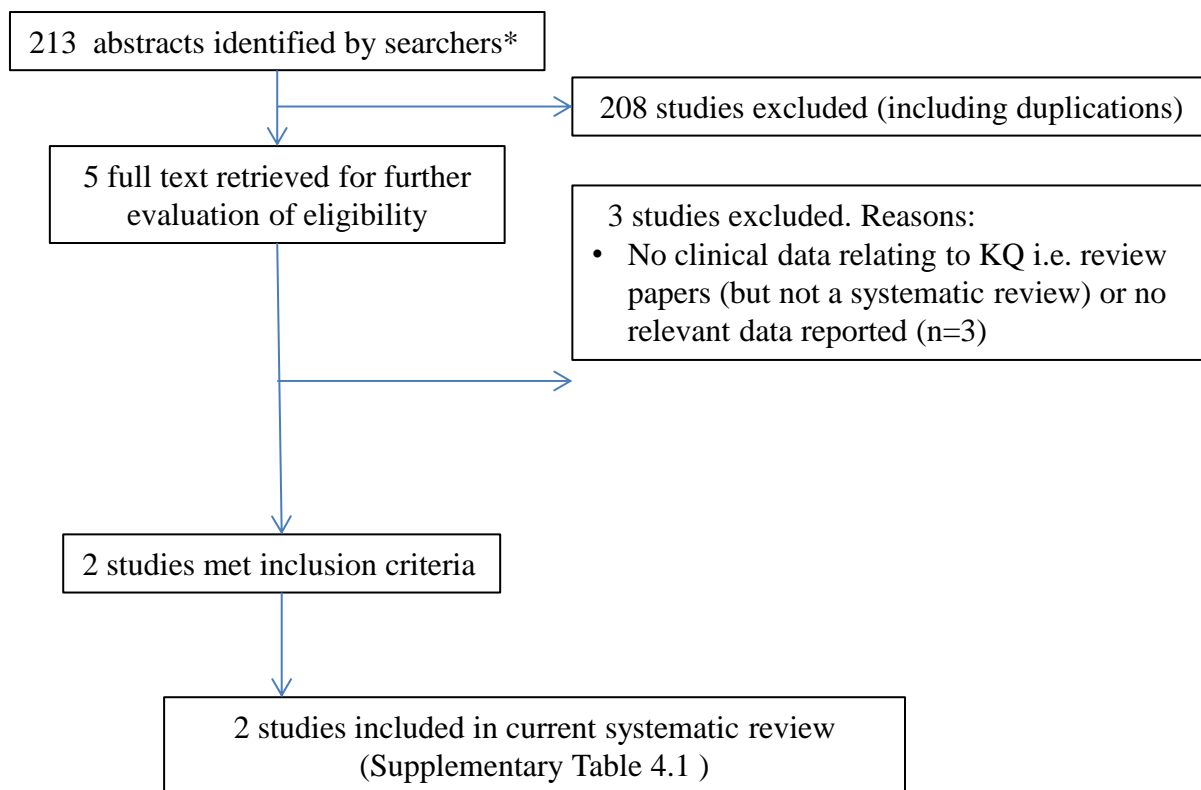
**Figure S3:** Selection of studies that addressed KQ3

In children with chronic (>4-weeks) wet or productive cough unrelated to an underlying disease and without any specific cough pointers, what bacteria are cultured from the lower airways?



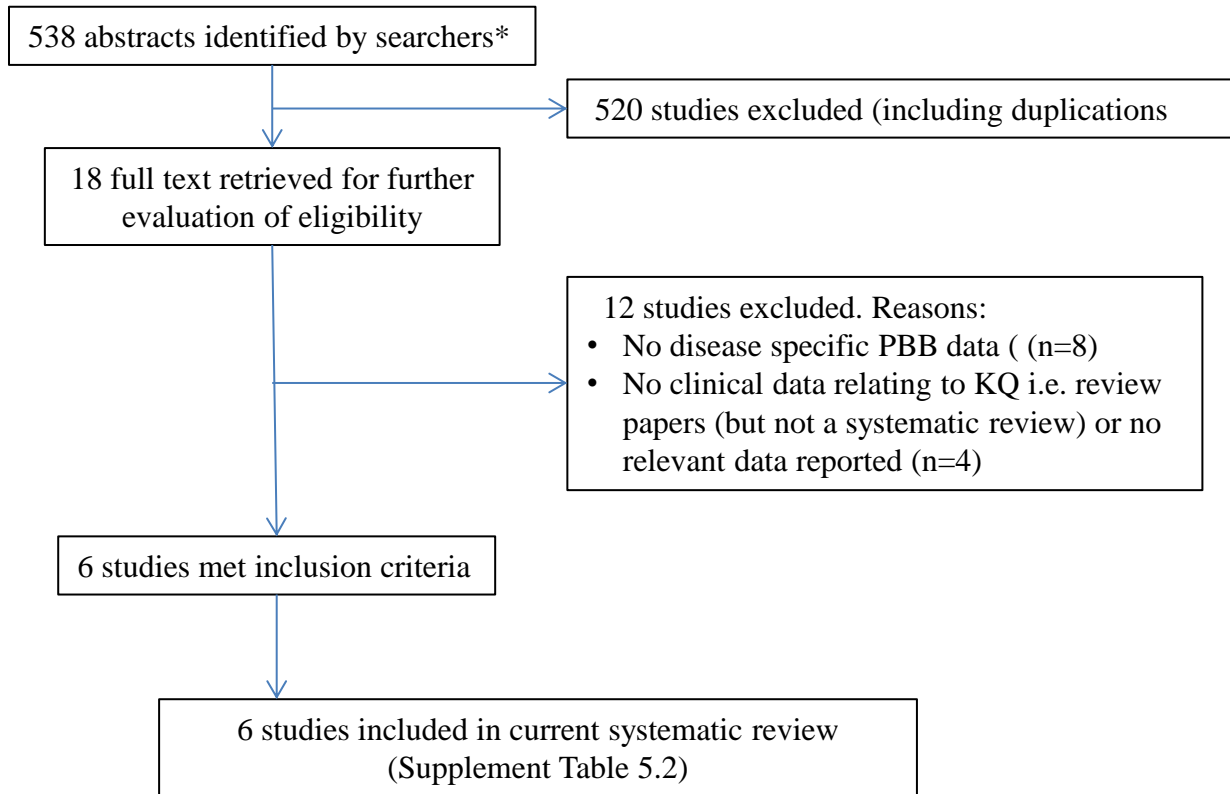
**Figure S4(i):** Selection of studies that addressed KQ4(i)

In children aged <18 years with PBB (protracted bacterial bronchitis) what is the known microbiology (virus)?



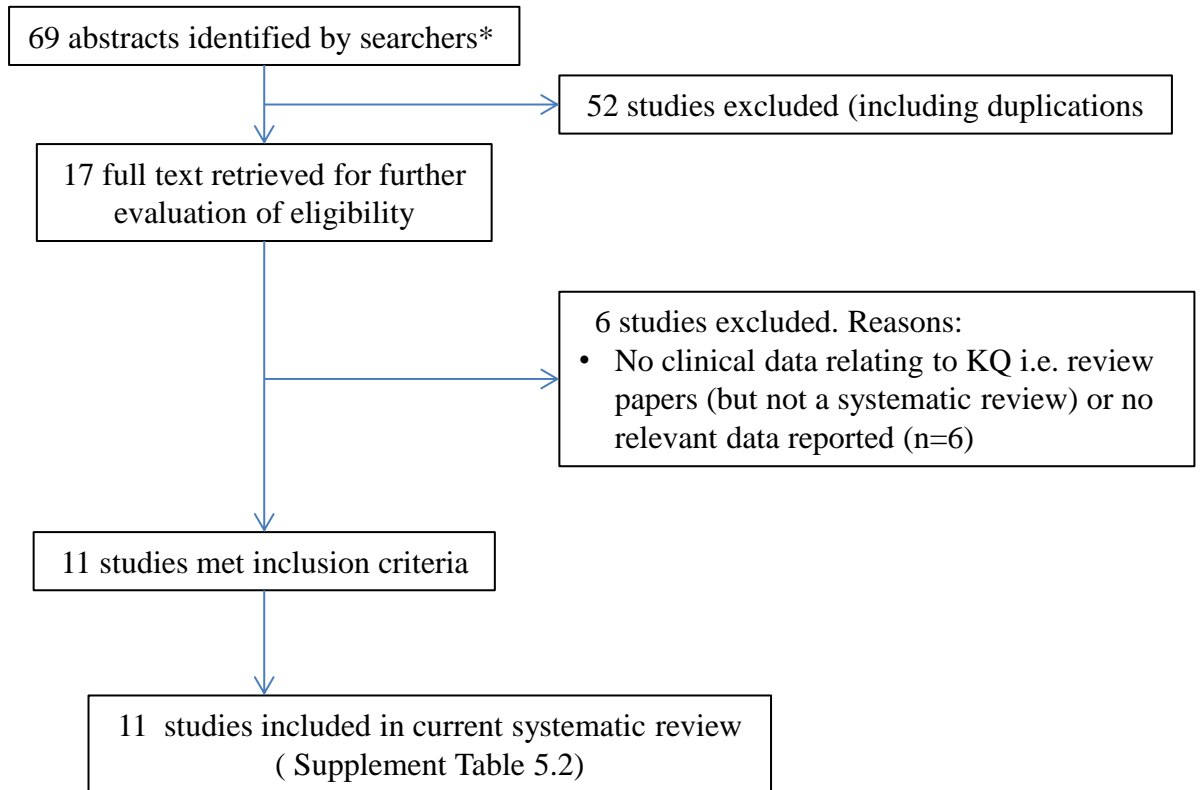
**Figure S5(ii):** Selection of studies that addressed KQ5(ii)

In children aged <18 years with PBB, what are the known **pathobiology** (risk factors, underlying mechanisms, cellular pathways, immunity)?



**Figure S5(ii):** Selection of studies that addressed KQ5(ii)

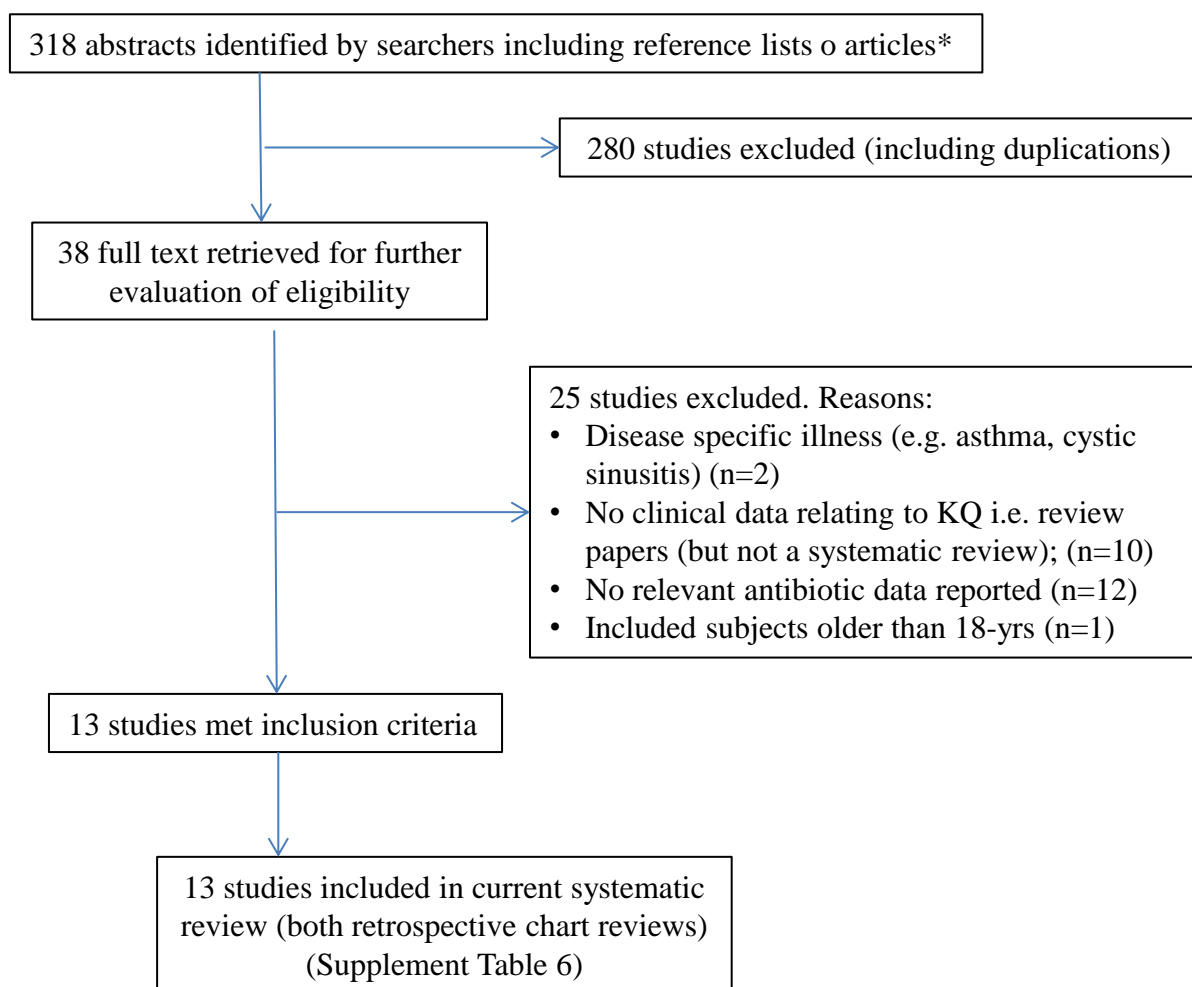
In children aged <18 years with PBB, what are the known pathobiology (ie, **airway malacia**)?



**Figure S6:** Selection of studies that addresses key question 6

KQ6: In children aged  $\leq 18$ -years with chronic wet or productive cough unrelated to an underlying disease and without any specific cough pointers (e.g. coughing with feeding, digital clubbing, etc.),

- How effective are antibiotics in improving clinical outcomes (eg. cough resolution)?
- What is the most suitable antibiotic?
- For how long should antibiotics be prescribed?
- Does treatment dose and duration influence risk of recurrence in the following 12-months?



**Figure S7:** Selection of studies that addresses key question 7

KQ7: In children aged  $\leq 18$ -years with chronic wet or productive cough unrelated to an underlying disease and without any specific cough pointers (e.g. coughing with feeding, digital clubbing, etc.),

- (a) What is the role of prophylactic antibiotics?
- (b) What is the risk of antibiotic resistance?
- (c) How should recurrences be managed?

