

Supplementary material

The role of mannose-binding lectin on pneumococcal infection

METHODS

Patients and controls.

Blood cultures were obtained in all the admitted patients. Bacteraemic Community-acquired pneumonia (CAP) was defined when patients with a diagnosis of CAP had at least one positive blood culture for a potential pathogenic microorganism taken within 48 hours of presentation to the hospital. Patients with defined severe immunosuppression and patients with tuberculosis, obstructive pneumonia caused by neoplasia or pneumonia as terminal event of chronic and progressive disease, were excluded from the study. The diagnosis of pneumonia was assumed in the presence of acute onset of signs and symptoms suggesting lower respiratory tract infection and radiographic evidence of a new pulmonary infiltrate that had no other known cause. A diagnosis of pneumococcal pneumonia was considered with one of the following criteria: 1) at least one blood, pleural fluid, or transthoracic needle aspiration culture positive for *S.pneumoniae*; 2) bacterial growth of $\geq 10^3$ colony-forming units/millilitre (CFU/mL) of *S.pneumoniae* from a protected specimen brush, and/or $\geq 10^4$ CFU/mL in bronchoalveolar lavage; 3) positive urinary antigen for *S.pneumoniae*, using a commercially available immunochromatographic assay (Binax NOW). Sepsis, severe sepsis (SS), septic shock (SSh) and multi-organ dysfunction syndrome (MODS) were defined using the American College of Chest Physicians/Society of Critical Care Medicine criteria [1]. The pneumonia severity index (PSI) was measured using the Fine scale [2]. Acute respiratory failure (ARF) was defined as an oxygen saturation of less

than 90% on room air, or a PaO₂ less than 60 mmHg. Acute respiratory distress syndrome (ARDS) was defined using the American European Consensus Conference Definition [3].

REFERENCES

1. Bone RC, Balk RA, Cerra FB, *et al.* Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. The ACCP/SCCM Consensus Conference Committee. American College of Chest Physicians/Society of Critical Care Medicine. *Chest* 1992; 101: 1644-1655.

2. Fine MJ, Auble TE, Yealy DM, *et al.* A prediction rule to identify low-risk patients with community-acquired pneumonia. *N Engl J Med* 1997; 336: 243-250.

3. Bernard GR, Artigas A, Brigham KL, *et al.* The American-European Consensus Conference on ARDS. Definitions, mechanisms, relevant outcomes, and clinical trial coordination. *Am J Respir Crit Care Med* 1994; 149: 818-824.