

## **Supplemental file 2**

### ***Details of sepsis screening***

For each sepsis screening, routine investigations included: microscopy and bacterial and fungal cultures of blood, urine, stool or rectal swab, cerebrospinal fluid (CSF), endotracheal aspirates (infants on mechanical ventilation) and other body fluids if available, such as peritoneal fluid, pleural fluid and pus. Hematologic and biochemical investigations included total white cell and platelet counts, arterial or capillary blood pH and base deficit, and serum and CSF glucose concentrations. Chest and abdominal radiographs were performed. The radiograph images were stored digitally in a computed system (Mobilette Plus; Siemens, Erlangen, Germany) so that the brightness and contrast of these images could be optimized to highlight the abnormal lesions. The digital technology greatly enhanced the chance of picking up subtle features. Extreme care was exercised in interpreting the radiographic findings. All radiographs were systematically reviewed by two independent investigators, a neonatologist (H.S.L.) and a pediatric radiologist (W.C.W.C.), who were blinded to the patient's identity, routine laboratory results and biomarker results. During the review process, abdominal radiographs (AXR) with *(i)* intramural gas or portal venous gas, *(ii)* pneumoperitoneum (the 'football' sign or gas under the diaphragm), *(iii)* fixed dilated bowel loops suggestive of non-viable gut segments, and *(iv)* white-out appearance of the abdominal cavity indicating ascites in non-paralyzed neonates, were considered positive. Any disagreement in opinion of these radiologic features between the assessors was subjected to a further review, and the final interpretation of signs was based on a consensus of opinion.