

Appendix

Table 1: Comparison between the study physician, the weighted score, and the interVA4 weighted-score applied to deaths in Agincourt

	<50% likelihood of VAC1 being due to diabetes (n=8639)	CACC (n=58)
Study negative cases total (8617)	8572	48
SPCC (n=77)	67	10
Weighted score negative cases (8565)	8519	46
WSCC (132)	120	12

CACC were defined as VA cause 1 greater than 50% probability due to type 1 diabetes

Table 2: Univariate testing for positive and negative predictors of study-physician defined cases

Symptom	% in positive cases (n=77)	% in negative cases (n=8617)	p
Ante-mortem diagnosis of diabetes	82.28	0.87	<0.001
Polyuria	15.19	2.94	<0.001
Polydipsia	49.37	29.00	<0.001
Confusion	37.97	17.83	<0.001
Weight loss	73.42	55.47	0.001
Chronic abdominal pain	5.06	1.01	0.001
Abdominal pain	11.39	2.94	<0.001
Wasting	39.24	30.61	0.098
Acute rapid breathing	7.60	3.92	0.095
TB and chronic cough	5.06	10.90	0.097
Chronic diarrhoea	3.8	11.51	0.032

Injury	2.5	10.47	0.021
Measles	7.59	2.35	0.002
Haematuria	5.06	2.04	0.06
Night sweats	3.8	11.51	0.032

Table 3. Multivariable testing with Inter-VA4 algorithm classification of diabetes as likely (>50%) cause of death as the dependent variable.

	beta	SE	p
Ante-mortem diagnosis of diabetes	3.617	0.485	0
Polyuria	2.7	0.492	0
Polydipsia	3.837	0.374	0
Sunken eyes	-15.208	964.671	0.987
Wheeze	-16.068	663.968	0.981
Night sweats	-14.858	671.399	0.982
wasting	-4.408	1.154	0
Abdominal swelling	-3.476	1.38	0.012
Chronic cough	-2.64	1.083	0.015
Chronic fever	-1.613	0.476	0.001

