**Supplementary Table 3.** Clinical features of children with demyelinating syndromes (n=1) and children with neurological syndromes/signs other than acute encephalopathy or seizures (n=4; please refer to Figure 1).

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| **Age (year) at presentation/Sex** | **Underlying condition** | **Primary reason for admission** | **Neurological manifestation** | **MRI findings** | **CSF and MOG/AQP4 results** |
| 16/F | Asthma,  IgA nephropathy  | Abnormal movements | - High amplitude, non-rhythmic, jerk-like left arm, head, leg jerking - Dysarthria | Brain MRI: Incidental finding of pituitary lesion concerning for cystic microadenoma vs Rathke's cyst with hemorrhagic component.  | CSF: Not doneMOG/AQP4 ab: not done |
| 2.9/M | None | Bilateral lower limb weakness | - Progressive lower limb weakness symmetric weakness in the context of hyporeflexia- Confusion- Agitation | Brain MRI: T2/FLAIR signal hyperintensity in the deep cerebellar hemispheres, more pronounced on the right. Possible subtle enhancement of the lower cranial nerves. Spine MRI: Marked abnormal enhancement of the cauda equina associated with mild thickening of the nerve roots. | CSF: - WBC 4- RBC 282- Protein 2.22 g/L- Glucose 3.7 mmol/L- % neutrophils ND- % lymphocytes ND- OCB negativeMOG/AQP4 ab: negative |
| 13/F | None | Weakness in right foot | Weakness in right foot (MRC 2) | Not done | CSF: Not doneMPG/AQP4 ab: Not done |
| 2/F | None | Ataxia  | Ataxia | Not done | CSF: Not doneMOG/AQP4 ab: Not done |
| 10/F | None | Gait abnormalities, paraesthesias | Paresthesias below neck, normal sensory examination. Brisk reflexes | Brain MRI: Limited sequences, unremarkable.  Spine MRI: Subtle signal hyperintensity within the upper cervical spinal cord | CSF: - WBC 3- RBC 3- Protein 0.15g/L- Glucose 3.1- % neutrophils 1- % monocytes 38- % lymphocytes 61- OCB negativeMOG/AQP4: Not done |