Supplemental Table 3. Review of reports describing features of hemophagocytic lymphohistiocytosis (HLH) and culture proven invasive salmonellosis (typhoidal or non-typhoidal).

S. No.	Authors, year of publication [reference]	Country	Microbe, No. of patients	Features of HLH (as per HLH-2004 criteria). Comments	Therapy{Dose, duration}
1.	Kim BS et al., 1971 [1]	United States	*S.* Typhi*, 2	Bone marrow examination (BME) suggestive of HLH	Not available (NA)
2.	Macias EG, 1975 [2]	United States	*S.* Typhi, 2	BME at presentation: histiocytic proliferation with hemophagocytosis and granuloma. BME after 3 weeks of antimicrobial therapy: normal	Chloramphenicol {~3 weeks}
3.	Fernandes-Costa F et al., 1979 [3]	South Africa	*S.* Typhi*, 2	Fever, pancytopenia, splenomegaly, and BME showing histiocytic proliferation with hemophagocytosis. Repeat BME in 1 patient was normal	Antibiotics. Details: NA
4.	Benz-Lemoine E et al., 1983 [4]	France	*S.* Typhimurium septicemia, 1 pediatric patient	Child with chronic granulomatous disease (CGD). Article in French language. Details: NA	NA

			<18 years (P)		
5.	Fame TM et al., 1986 [5]	United States	*S.* Typhi, 1 (P)	Fever, hepatosplenomegaly, pancytopenia, and BME showing increased histiocytes with hemophagocytosis (overall hypocellular marrow). Readmitted again after 3 weeks for typhoid, no features of HLH	Intravenous (IV) ampicillin {100mg/kg/d, 10 days} followed by oral amoxicillin {1.5 g/d, 2 weeks}. IV and oral cotromoxazole {10/50 mg/kg/d, 2 weeks}
6.	Udden MM et al., 1985 [6]	United States	*S.* Typhi, 5 (P=1)	In all 5: fever, cytopenias, and BME showing histiocytosis and hemophagocytosis. Splenomegaly was seen in 2 and hypofibrinogenemia in 1.	Ampicillin or chloramphenicol. Details: NA
7.	Mallouh AA et al., 1987 [7]	Saudi Arabia	*S.* Typhi, 3 (P=3)	Fever, cytopenia(s), and BME showing histiocytosis and hemophagocytosis. Other details: NA	NA
8.	Chien YH et al., 1999 [8]	Taiwan	*S.* Typhi, 1 (P)	Fever, pancytopenia, elevated triglycerides, and	IV ceftriaxone. Details:

				BME showing hemophagocyosis. Other details: NA.	NA.
9.	Karthik R, 2007 [9]	India	*S.* Typhi, 1 (P)	Fever, cytopenia, elevated triglycerides, elevated ferritin, and BME showed hemophagocytosis.	IV ceftriaxone {2 weeks}
10.	Koul PA et al., 2010 [10]	India	*S.* Typhi, 3	Fever, cytopenia, splenomegaly, and BME showing hemophagocytosis (same features in all)	Antibiotics. Details: NA
11.	Khalaf D et al., 2011 [11]	Saudi Arabia	*S.* Typhi, 1	Fever, splenomegaly, cytopenia, hypofibrinogenemia, hyperferritinenia, and BME showing hemophagocytosis.	Floroquinolone, IV dexamethasone {8 days}, and IVIg {4 days}
12.	Shah PA et al., 2011 [12]	India	*S.* Typhi, 1	Fever, splenomegaly, pancytopenia, elevated ferritin, elevated triglycerides, and BME showing hemophagocytosis	IV ceftriaxone {2 g/day, 10 days}
13.	Nath UK et al., 2013 [13]	India	*S.* Paratyphi, 1	Fever, splenomegaly, pancytopenia, elevated ferritin, elevated triglycerides, decreased fibrinogen, and BME showed hemophagocytosis (overall normocellular marrow)	IV ceftriaxone {10 days}. Dexamethasone {10 mg/m^2/d, 3 weeks} was employed upfront

14.	Iqbal N et al., 2013 [14]	India	*S.* Typhi, 2	Both fulfilled HLH-2004 criteria. Details: NA	NA
15.	Non LR et al., 2015 [15]	India	*S.* Typhi, 1	Fever, splenomegaly, cytopenias, elevated ferritin, and elevated soluble interleukin-2 receptor (sIL-2R). Additionally, features of rhabdomyolysis	IV ceftriaxone followed by cotrimoxazole {total 2 weeks}
16.	Song M et al., 2017 [16]	China	*S.* Choleraesuis	NA	NA
17.	Uribe-Londono J et al., 2018 [17]	Colombia	*S.* Typhi, 1 (P)	Fever, splenomegaly, pancytopenia, elevated ferritin, and elevated triglycerides. BME did not show hemophagocytosis	Ciprofloxacin {~2 weeks}. Intravenous immunoglobulin (IVIg) {1 g/kg/d, 2 days}was given upfront.
18.	Abbas A et al., 2018 [18]	Pakistan	*S.* Typhi, 1 (P)	Fever, pancytopenia, elevated ferritin and triglycerides, decreased fibrinogen, and BME showed hemophagocytosis (overall suppressed hematopoiesis)	IV ceftriaxone {2 weeks}
19.	Sánchez-Moreno P et al.,	Spain	*S.* Typhi, 1 (P)	Fever, splenomegaly, pancytopenia, elevated	IV ceftriaxone {80

	2019 [19]			ferritin, and decreased fibrinogen.	mg/kg/d, 2 weeks}and methylprednisolone {initially 2 mg/kg, 2 weeks}
20.	Şahin Yaşar A et al., 2019 [20]	Turkey	*S.* Typhi, 1 (P)	Fever, pancytopenia, elevated ferritin and triglycerides, decreased fibrinogen, and BME showing histiocytes with hemophagocytosis. Additionally, findings of rhabdomyolysis	IV ceftriaxone {2 weeks}. Dexamethasone {10 mg/m^2/d} and IVIg {0.5 g/kg} given upfront
21.	Durmuş SY et al., 2020 [21]	Turkey	*S.* Typhimurium septicemia, 1 (P)	Fever, cytopenias, elevated ferritin and triglycerides, decreased fibrinogen, and splenomegaly (ultrasonography). BME did not show hemophagocytosis	IV ceftriaxone {100 mg/kg/d, 10 days}. IVIg {1 g/kg/d, 2 days} started on day 2
22.	Wei A et al., 2020 [22]	China	*S.* Typhimurium septicemia, 1 (P)	Fever, splenomegaly, pancytopenia, elevated ferritin, elevated sIL-2Rα, decreased fibrinogen, decreased natural killer cell activity, and BME showed hemophagocytosis. Diagnosed as CGD	IV Meropenem {~2 weeks}. Methylprednisolone {initial dose 10 mg/kg/d}

					given upfront.
23.	Banday AZ et al., 2020 [our report]	India	*S.* Enteritidis, 1 (P)	Fever, splenomegaly, cytopenia, elevated ferritin, decreased fibrinogen, and BME showing histiocytic proliferation with marked hemophagocytosis	IV Meropenem {120 mg/kg/d, 2 weeks}. IV dexamethasone {initially 10 mg/m^2/d, 2 weeks} was given upfront

Literature search was performed using PubMed database and references of retrieved articles were checked for relevant articles.

Abbreviations used in the table elaborated at first use. * Culture positivity not explicitly mentioned in the report.

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