

Supplementary Materials: Prevalence of Vitamin D Deficiency in Treatment-Naïve Subjects with Chronic Pulmonary Aspergillosis

Table S1. Diagnostic criteria for diagnosis of chronic pulmonary aspergillosis.

Presence of an Underlying Structural Lung Disease	
<ul style="list-style-type: none"> Post-pulmonary tuberculosis sequelae, interstitial lung disease, allergic bronchopulmonary aspergillosis, chronic obstructive pulmonary disease, bronchiectasis, post-thoracic surgery (lobectomy, pneumonectomy and others), and others 	
Clinical Presentation	
<ul style="list-style-type: none"> Duration of symptoms (at least 3 months) Symptoms: systemic (fever, weight loss, anorexia, malaise, fatigue), respiratory (cough, expectoration, dyspnea, chest pain, hemoptysis) 	
Evidence of <i>Aspergillus</i> Infection	
<ul style="list-style-type: none"> Respiratory tract cultures showing <i>Aspergillus</i> species on more than one occasion <ul style="list-style-type: none"> <i>A. fumigatus</i>-specific IgG >27 mgA/L (using the ImmunoCap method)* Demonstration of <i>Aspergillus</i> in respiratory secretions by molecular methods Elevated serum (>0.6) or bronchoalveolar lavage fluid (>1.6) galactomannan* 	
Radiological Manifestations	
<ul style="list-style-type: none"> One or more cavities, pulmonary fibrosis, fungal ball, pleural thickening, and nodules Simple aspergilloma: single thin walled cavity with a fungal ball without any pleural thickening or infiltrates surrounding the cavity Chronic cavitory pulmonary aspergillosis (CCPA): presence of one or more cavities with or without fungal ball. Most patients have thick walled cavities with pericavitory infiltrates including nodules, consolidation and parenchymal fibrosis Chronic fibrosing pulmonary aspergillosis: destruction of at least two lobes of lung due to fibrosis. Destruction of one lobe is classified as CCPA 	
Exclusion of other Causes	
<ul style="list-style-type: none"> Exclusion of pulmonary disorders with similar presentation such as tuberculous and non-tuberculous mycobacterial infection, chronic necrotizing pneumonias, pulmonary malignancies, and others 	

* The cut-off value may be different in different geographical locale, method used for estimation, and the study population and needs to be derived.