identifying febrile infants at risk of SBIs and IBIs. Approach (original and modified) and Lab-score—in and 9 patients (3.5%) who had IBI. In predicting for SBI, WBC, ANC and CRP were shown to be good discriminators, with CRP ≥20mg/L achieving the highest AUC of 0.741. In predicting IBIs, PCT was shown to be a good discriminator, with PCT ≥1.7ng/mL.

Step-by-Step approach (original) had the highest sensitivity and NPV, while Lab-score reported the highest specificity, PPV and AUC. For IBIs, the sensitivity and NPV, whereas the Lab-score reported

Notably, the SBI rate in this study was higher compared with those reported in other centres.\(^{10,16,17}\) In Singapore, KKH is one of 2 tertiary centres that receive referrals from primary care, which may account for the higher rates of disease, since otherwise well infants may be managed at the primary care level. UTIs account for the majority of the SBIs in this study, with \textit{Escherichia coli} and \textit{Klebsiella spp.} being the most common organisms, accounting for respectively 54 (66.7%) and 14 (17.3%) of UTI cases. The rates of UTI remain high across all age groups, including older infants 29–60 days (Table 2), emphasising the need to evaluate for UTI among older infants. \textit{E. coli} also accounted for the majority of the cases with bacteraemia. This is consistent with previously reported studies.\(^{10,18,19}\)

We found that CRP and PCT as single biomarkers were strong predictors of SBIs and IBIs. In line with the findings of previous studies,\(^{6,20,21}\) CRP ≥20mg/L performed best in predicting SBIs with an AUC of 0.741.