**Supplemental Digital Content 1.** Surveillance for childhood deaths

This study leveraged on existing surveillance of deaths being undertaken as part of the Child Health and Mortality Prevention Surveillance (CHAMPS) program, albeit being extended to be inclusive of children who were resident outside of the region involved in the CHAMPS program. (Chawana, Baillie et al. 2019). The surveillance includes identification of all stillbirth, neonatal and childhood deaths at Chris Hani Baragwanath Academic Hospital, (CHBAH), Soweto, South Africa.

An immediate family member (parent/legal care giver as applicable) of fatal cases where SARS‐CoV‐2 was identified ante‐mortem was approached for consenting into the study by the study counsellors once the study research assistants have identified the deaths. Fatal cases in whom SARS‐CoV‐2 was not identified ante‐mortem, or where SARS‐CoV‐2 testing was not done ante‐mortem, were also targeted for inclusion in the study to ascertain whether post-mortem testing would identify SARS-CoV-2. In this analysis, we focus our analysis only on those cases in whom SARS-CoV-2 infection was identified on ante-mortem or post-mortem sampling. All of the children in whom MITS was done, had testing for SARS-CoV-2 undertaken post-mortem.

Post-mortem minimal invasive tissue sampling (MITS) in SARS-CoV-2 associated deaths, in pediatric patients <14 years of age, focused specifically on lung samples but also included sampling of the heart, brain, and liver. Post-mortem blood cultures were done in all cases. The overall details of the MITS sampling method are detailed in the table below.