**Supplementary Table: Advice given to runners following the Pre-Race acute Illness Medical Assessment (PRIMA)**

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| *1. Advice given regarding participation guidelines for runners with systemic illness - advised not to run (ANR):*  Runners were advised not to run on race day if they presented with systemic illness that included any of the following:   * Any systemic features of illness (fever, tachycardia, myalgia, excessive fatigue). * Any symptoms of gastro-enteritis, namely diarrhoea and vomiting, or clinical evidence of dehydration. * Any lower respiratory tract symptoms or signs, namely cough, wheeze, shortness of breath, chest pain, or any abnormal respiratory finding compatible with infection. * Pharyngitis suspected to be of Group A β-Haemolytic streptococcus (*GABHS)* origin (‘Strep throat’) including exudative tonsillo-pharyngitis. * Any other suspected systemic condition, infective or otherwise, where the clinician felt it would not be advisable to compete. |
| *2. Advice given regarding participation guidelines with symptoms suggesting localised illness - Advice given and an information sheet provided (Information group):*  Runners with localised illness (no evidence of systemic illness) were advised that they could start the race. However, these runners were also advised to start at a running speed that was 50% slower than their usual running speed, monitor how they felt after the first 10-15 minutes of the race. If they developed no symptoms and felt well, it was suggested that they could continue the race. However, they were advised to stop running and withdraw from the race if symptoms developed and deteriorated. An outcome of ‘Other’ was assigned to runners who were given prescriptions for medication or non-urgently referred to other health professionals, but where the advice in the record was not clear with respect to safety of participation. |
| *3. Advice given regarding participation guidelines according to the timing of assessment at the PRIMA facility:*  It was possible that runners could be assessed up to 3 days before the race. Therefore, runners who had symptoms of acute illness (localised or systemic) more than 24 hours before the race were in some instances advised to monitor their symptoms, and then use the information and guidelines to decide on race day whether to compete or not. These runners were given one or more of three educational information leaflets on ‘Exercise and acute illness’, ‘Exercise and URTI’ or ‘Exercise and gastro-intestinal infection’. The information in the leaflets was discussed so that the runner could make an informed decision on the morning of race day. |