## Supplementary information

Box S1. Model parametrisation [1, 2]
Let $n_{j k}(t)$, the number of bronchiolitis admissions in IMD group $j$ and year $k$ observed at time $t$ (measured in weeks), follow a Poisson distribution with rate $\lambda_{j k}(t)=E\left(n_{j k}(t)\right) / N_{j k}(t)$ where $N_{j k}(t)$ denote the person-time at risk in IMD group $j$ and year $k$ at time $t$. We modelled this rate, after log-transformation, as a function of year and time of admission as follows:

$$
\begin{aligned}
\log \left(\lambda_{j k}(t)\right)=\beta_{0} & +\beta_{1}(\sin (2 \pi t / \mathrm{T}))+\beta_{2}(\cos (2 \pi t / \mathrm{T}))+\sum_{j=1}^{5} \alpha_{j} I_{\mathrm{IMD}=j}+\sum_{j=1}^{5} \delta_{1 j} \sin (2 \pi t / \mathrm{T}) I_{\mathrm{IMD}=j} \\
& +\sum_{j=1}^{5} \delta_{2 j} \cos (2 \pi t / \mathrm{T}) I_{\mathrm{IMD}=j}+\sum_{k=1}^{3} \theta_{k} I_{\mathrm{age}=k}+\sum_{k=1}^{3} \theta_{k} \sin (2 \pi t / \mathrm{T}) I_{\mathrm{age}=k} \\
& +\sum_{k=1}^{3} \theta_{k} \cos (2 \pi t / \mathrm{T}) I_{\mathrm{age}=k}+\sum_{k=1}^{K} \theta_{k} I_{x=k}
\end{aligned}
$$

Where: T is the length of period within one harmonic cycle (i.e. 1 year $=52.14$ weeks); and $I_{X=x}$ is the binary indicator of the covariates $X$ taking value $x ; K$ indicates the number of covariates included in the model (e.g. sex and year categories). The parameter $\beta_{0}$ is the intercept, $\beta_{1}$ and $\beta_{2}$ are harmonic function coefficients, $\delta_{1 j}$ and $\delta_{2 j}$ are IMD group-specific harmonic function coefficients, and the parameters $\alpha_{1}, \delta_{11}, \delta_{21}$ and $\theta_{1}$ are all constrained to be zero to deal with the collinearity of the binary indicators.

Figure S 1 . Flow diagram to show study participant and hospital admission selection


Table S1. Hospital admissions in children <1 year olds, total and due to bronchiolitis, by year and month:
England, 2012-2016

|  |  | Any condition <br> (N) | Bronchiolitis <br> (N) | Proportion of all (\%) |
| :---: | :---: | :---: | :---: | :---: |
| Year | 2012 | 262,411 | 37,136 | 14.2 |
|  | 2013 | 252,053 | 34,264 | 13.6 |
|  | 2014 | 250,454 | 35,982 | 14.4 |
|  | 2015 | 255,866 | 41,408 | 16.2 |
|  | 2016 | 271,865 | 45,003 | 16.6 |
| Month | January | 112,008 | 24,116 | 21.5 |
|  | February | 104,485 | 13,787 | 13.2 |
|  | March | 113,802 | 11,647 | 10.2 |
|  | April | 101,518 | 8,077 | 8.0 |
|  | May | 100,649 | 6,238 | 6.3 |
|  | June | 93,729 | 4,004 | 4.3 |
|  | July | 96,421 | 3,432 | 3.6 |
|  | August | 85,770 | 1,990 | 2.3 |
|  | September | 90,995 | 5,358 | 5.9 |
|  | October | 109,270 | 14,181 | 13.0 |
|  | November | 135,434 | 41,794 | 30.9 |
|  | December | 148,568 | 59,079 | 39.8 |

## REFERENCES

1. Lofgren, E.T., et al., Disproportional effects in populations of concern for pandemic influenza: insights from seasonal epidemics in Wisconsin, 1967-2004. Influenza and Other Respiratory Viruses, 2010. 4(4): p. 205-212.
2. Naumova, E.N. and I.B. MacNeill, Seasonality Assessment for Biosurveillance Systems, in Advances in Statistical Methods for the Health Sciences: Applications to Cancer and AIDS Studies, Genome Sequence Analysis, and Survival Analysis, J.-L. Auget, et al., Editors. 2007, Birkhäuser Boston: Boston, MA. p. 437-450.
