QUESTIONNAIRE TO BE FINALIZED FOR ALL PATIENTS TESTED

for all eligible patients hospitalized in the previous 72 hours and who have stayed in the hospital for at least 1 night, who are able to communicate (alt. through a proxy), who have given consent to participate in the study and who are experiencing symptoms in the last 7 days prior to admission

Screening

1) Does the patient comply with any of the admission diagnosis listed in Annex 1? ○ Yes ○ No

   a. Admission diagnosis (letter/code.subcode)
   ____________

   b. ICD used
      ○ ICD-9  ○ ICD-10

2) Date of admission (yyyy-mm-dd)
   ____________

3) What is the hospital ID?
   ____________

4) Patient study identification number
   ____________

5) Sex
   ○ Female  ○ Male

6) Age (Years)
   ____________

7) Has the patient had one of these symptoms in the last 7 days prior to admission?
   ○ Yes  ○ No

   a) ILI systemic symptoms
      ✓ Fever
      ✓ Malaise/fatigue
      ✓ Headache
      ✓ Myalgia/muscle ache

   b) ILI respiratory symptoms
      ✓ Cough
      ✓ Sore throat
      ✓ Shortness of breath/difficult breathing
      ✓ Nasal congestion

   ____________
8) Does the patient comply with the GIHSN ILI case definition* and the timing of symptom onset criteria?  

*GIHSN ILI case definition: at least one of the symptoms listed in question 7a AND one of the symptoms listed in question 7b.

If the answers to questions 1 and 8 are Yes and the conditions for inclusion described at the top of the page are fulfilled, please proceed with swabbing and laboratory testing by RT-PCR followed by sequencing of selected positive specimens and continue filling in the questionnaire. If no capacities to generate genetic sequence data (GSD) are available onsite, the site may ship its specimens to the GIHSN sequencing platform in Lyon.

If No, to these two questions, then please consider this questionnaire closed.

Sequencing scheme for all samples (patients of all ages):

<table>
<thead>
<tr>
<th>Hemisphere</th>
<th>Early season</th>
<th>ICU/deaths and vaccine failures</th>
<th>Samples per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>all samples until 15 January</td>
<td>All</td>
<td>10-30 (during season)</td>
</tr>
<tr>
<td>Southern</td>
<td>all samples until 15 July</td>
<td>All</td>
<td>10-30 (during season)</td>
</tr>
<tr>
<td>Intertropical</td>
<td>NA</td>
<td>All</td>
<td>5-15 (all year)</td>
</tr>
</tbody>
</table>
Swabbing

9) Date of swabbing (yyyy-mm-dd)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

|     |     |     |     | Do not know

Laboratory Results

10) a. Does the patient have a positive flu result?

b. If yes, tick the boxes corresponding to the positive virus(es)

- H1N1pdm09
- H3N2
- B/Yamagata
- B/Victoria
- Influenza A not subtyped
- Influenza B no lineage information

11) a. Did you test for other respiratory viruses (optional)?

b. If yes, tick the boxes indicating for which pathogen test was requested and whether test was positive

<table>
<thead>
<tr>
<th>Test performed</th>
<th>Test result positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2</td>
<td>Yes</td>
</tr>
<tr>
<td>Human coronavirus</td>
<td>Yes</td>
</tr>
<tr>
<td>Metapneumovirus</td>
<td>Yes</td>
</tr>
<tr>
<td>Respiratory syncytial virus</td>
<td>Yes</td>
</tr>
<tr>
<td>Adenovirus</td>
<td>Yes</td>
</tr>
<tr>
<td>Bocavirus</td>
<td>Yes</td>
</tr>
<tr>
<td>Parainfluenza virus</td>
<td>Yes</td>
</tr>
<tr>
<td>Rhinovirus</td>
<td>Yes</td>
</tr>
<tr>
<td>Others</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Submission of samples to GISAID EpiFlu™ database via the GISAID platform:
All genome sequence data from selected severe influenza cases and all COVID-19 cases are to be submitted on the GISAID platform on a continued basis (http://gisaid.org/EPI_ISL/123456)
### Clinical history

#### Patient characteristics

12) Other signs or symptoms at disease presentation (i.e., in the past 7 days)
- ✓ Nausea or vomiting
- ✓ Diarrhea
- ✓ New loss of taste or smell
- ✓ Chest pain

13) a. Pregnancy status
- Yes
- No
- Non-applicable

b. If yes, pregnancy weeks:

14) a. Does the patient have any chronic conditions?
- Yes
- No
- Non-applicable

b. If yes, indicate which ones
- Cardiovascular disease
- Chronic obstructive pulmonary disease
- Asthma
- Diabetes
- Immunodeficiency (except HIV) / Organ transplant
- Renal impairment
- Rheumatologic disease / Autoimmune disease
- Neurological or neuromuscular disease
- Cirrhosis / Liver disease
- Neoplasm (active)
- Obesity
- Active tuberculosis
- HIV infection
- Hemoglobinopathies
- Other

15) a. Use of antivirals preceding this admission?
- Yes
- No
- Do not know

b. Starting Date (yyyy-mm-dd)

16) a. Use of antiviral for the current episode during this admission
b. Starting Date (yyyy-mm-dd)

17) a. Use of antibiotics preceding this admission?
- Yes
- No
- Do not know

b. Starting Date (yyyy-mm-dd)
18) Use of antibiotics during this admission?  
- Yes  
- No  
- Do not know

b. Starting Date (yyyy-mm-dd)

Starting Date: __________ - _______ - _______ 

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**Vaccination Status**

19) Vaccination status influenza:
- a. Influenza vaccination for the current season
  - Yes  
  - No  
  - Do not know

- b. Vaccinated more than 14 days before onset of the ILI symptoms
  - Yes  
  - No  
  - Do not know

- c. Influenza vaccination in the preceding season?
  - Yes  
  - No  
  - Do not know

- d. Vaccination history for current season validated through registry or medical records?
  - Yes  
  - No  
  - Do not know

20) Vaccination status COVID-19:
- a. At least first dose COVID-19 vaccine received
  - Yes  
  - No  
  - Do not know

- b. Fully vaccinated (2 doses or 1 dose depending on product) more than 14 days before onset of the ILI symptoms
  - Yes  
  - No  
  - Do not know

- c. If know, indicate which COVID-19 vaccine the patient received
  - Pfizer  
  - AZ  
  - J&J  
  - Novavax  
  - Moderna  
  - Sputnik V  
  - Sinopharm  
  - SinoVac  
  - Bharat Biotech  
  - Do not know

- d. Other, specify ____________________________

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**Severity (measured at admission)**

21) Confusion  
- Yes  
- No  
- Do not know

22) Blood pressure (systolic/diastolic)

Blood Pressure: _______ / _______ mmHg  
- Yes  
- No  
- Do not know

23) Respiratory rate (breaths per minute)

Respiratory Rate: _______ bpm  
- Yes  
- No  
- Do not know

24) Oxygen saturation value on ambient air (%)

Oxygen Saturation: _______ %  
- Yes  
- No  
- Do not know

25) Supplemental oxygen without mechanical ventilation  
- Yes  
- No  
- Do not know

26) Vasopressor support  
- Yes  
- No  
- Do not know

27) What is the baseline frailty score of the patient (for all patients 50 years and older), prior to onset of the current illness? (category 1-9) (see annex 2 for definition of the scale)

Baseline Frailty Score: _______  
- Category  
- Did not ask

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**Severity (measured at any time during admission)**

28) ICU admission (at any time during hospitalization)  
- Yes  
- No  
- Do not know

29) Mechanical ventilation (at any time during hospitalization)  
- Yes  
- No  
- Do not know
Outcome

30) Death while hospitalized

31) Discharge/death date (yyyy-mm-dd)

32) Discharge to another hospital

33) a. Main diagnose at discharge/death (letter/code.subcode)
   b. Secondary 1 diagnose at discharge/death (letter/code.subcode)
   c. Secondary 2 diagnose at discharge/death (letter/code.subcode)
   d. ICD used

34) What is the frailty score of the patient at discharge (for all patients 50 years and older)? (category 1-9)
   See annex 2 for definition of the scale

Data Linking

35) GISAID EpiFlu™ database sharing:
   a. Did you submit the sample to GISAID EpiFlu™ database?
   b. If yes, please enter the GISAID Accession Number (EPI_ISL)
      The GISAID Accession Number needs to be completed for the data linkage (clinical/sequencing).

End of the questionnaire. Please send the questionnaire to PI for recording.
## Annex 1: Admission diagnosis for the patients 5 years old or more

### International Classification of Diseases Code version 9 and 10:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD 9 Codes</th>
<th>ICD 10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute upper or lower respiratory disease</td>
<td>382.9; 460-466</td>
<td>J00-J06, J20-J22, H66.90</td>
</tr>
<tr>
<td>Acute myocardial infarction or acute coronary syndrome</td>
<td>410-411 and 413-414</td>
<td>I20-I25.9</td>
</tr>
<tr>
<td>Acute asthma or exacerbation</td>
<td>493.92</td>
<td>J45.901</td>
</tr>
<tr>
<td>Acute Heart failure</td>
<td>428-429.0</td>
<td>I50-I50.9; I51.4</td>
</tr>
<tr>
<td>Pneumonia and influenza</td>
<td>480-488</td>
<td>J09-J18</td>
</tr>
<tr>
<td>Bronchitis and exacerbations of Chronic Pulmonary Obstructive disease</td>
<td>490, 491.21 and 491.22</td>
<td>J40; J44.0; J44.1</td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td>518.82</td>
<td>J96</td>
</tr>
<tr>
<td>Myalgia</td>
<td>729.1</td>
<td>M79.1</td>
</tr>
<tr>
<td>Acute metabolic failure (diabetic coma, renal dysfunction, acid-base disturbances, alterations to the water balance)</td>
<td>250.1-250.3; 584-586; 276-277</td>
<td>E11.9, E10.9, E11.65, E10.65, E10.11, E11.01, E10.641, E11.641, E10.69, E11.00, E10.10, E11.69, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.4, N18.5, N18.6M N18.9, N19, E87.0, E87.1, E87.2, E87.3, E87.4, E87.5, E87.6, E87.70, E87.71, E87.79, E86.0, E86.1</td>
</tr>
<tr>
<td>Altered consciousness, convulsions, febrileconvulsions, syncope and collapse</td>
<td>780.01-780.02; 780.09; 780.2; 780.31-780.32</td>
<td>R40.20, R40.4, R40.0, R40.1, R55, R56.00, R56.01</td>
</tr>
<tr>
<td>Dyspnea/respiratory abnormality</td>
<td>786.0</td>
<td>R06.0, R06-R06.9</td>
</tr>
<tr>
<td>Respiratory abnormality</td>
<td>786.00</td>
<td>R06.9</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>786.05</td>
<td>R06.02</td>
</tr>
<tr>
<td>Respiratory abnormality, not otherwise specified</td>
<td>786.09</td>
<td>R06.3, R06.00, R06.09, R06.83</td>
</tr>
<tr>
<td>Respiratory symptoms/chest symptoms</td>
<td>786.9</td>
<td>R06.89</td>
</tr>
<tr>
<td>Fever or fever unknown origin or non specified</td>
<td>780.6-780.60</td>
<td>R50, R50.9</td>
</tr>
<tr>
<td>Cough</td>
<td>786.2</td>
<td>R05</td>
</tr>
<tr>
<td>Sepsis, Systemic inflammatory response syndrome</td>
<td>995.90-995.94</td>
<td>R65.10, R65.11, R65.20, A41.9</td>
</tr>
<tr>
<td><strong>COVID-19</strong></td>
<td></td>
<td><strong>U07</strong></td>
</tr>
<tr>
<td>Condition</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Bacterial infection, unspecified, in conditions classified elsewhere and of unspecified site</td>
<td>041.9</td>
<td></td>
</tr>
<tr>
<td>Transient cerebral ischemia</td>
<td>435</td>
<td></td>
</tr>
<tr>
<td>Acute, but ill-defined, cerebrovascular disease</td>
<td>436</td>
<td></td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>491</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>493</td>
<td></td>
</tr>
<tr>
<td>Chronic airway obstruction, not elsewhere classified</td>
<td>496</td>
<td></td>
</tr>
<tr>
<td>Dizziness / Vertigo, NOS</td>
<td>780.4</td>
<td></td>
</tr>
<tr>
<td>Altered mental status</td>
<td>780.97</td>
<td></td>
</tr>
<tr>
<td>Symptoms concerning nutrition, metabolism and development : Feeding difficulties and mismanagement</td>
<td>783.3</td>
<td></td>
</tr>
<tr>
<td>Symptoms concerning nutrition, metabolism and development : Other</td>
<td>783.9</td>
<td></td>
</tr>
<tr>
<td>Viremia, unspecified</td>
<td>790.8</td>
<td></td>
</tr>
</tbody>
</table>

**Annex 2: Frailty scale**

The frailty scale according to the categories defined below. If a subject is in between levels use best judgement.

**Category 1: Very Fit.** People who are robust, active, energetic and motivated. The people commonly exercise regularly. They are among the fittest for their age.

**Category 2: Well.** People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

**Category 3: Managing Well.** People whose medical problems are well controlled but are not regularly active beyond routine walking.

**Category 4: Vulnerable.** While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.
Category 5: Mildly Frail. These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

Category 6: Moderately Frail. People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

Category 7: Severely Frail. Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months)

Category 8: Very Severely Frail. Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

Category 9: Terminally Ill. Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.