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 parent or tutor), who have given consent to participate in the study and who are experiencing symptoms of the actual acute episode in the last 7 days prior to admission

Screening

1) Does the patient comply with any of the admission diagnosis listed in Annex 1?
   a. ICD used
   b. Admission diagnosis (letter/code.subcode)

2) Date of admission (yyyymm-dd)

3) What is the hospital ID?

4) Patient study identification number

5) Sex
   - Female
   - Male

6) Age (in months)
   if the patient < 1 month, use the value 0
   e.g. 4 years old = 48 months

If the answers to questions 1 is 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 question 1, then please consider this questionnaire closed.

Sequencing scheme for all samples (patients of all ages):
### GIHSN Core questionnaire (Patients less than 5 years of age)

#### Swabbing

7) **Date of swabbing** (yyyy-mm-dd)

<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>

#### Laboratory Results

8) **a. Does the patient have a positive influenza test result?**

   - [ ] Yes
   - [ ] No
   - [ ] Inadequate sample

   **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

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

   - [ ] Yes
   - [ ] No
   - [ ] Inadequate sample

   **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 • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Human coronavirus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Metapneumovirus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Respiratory syncytial virus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Adenovirus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Bocavirus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Parainfluenza virus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Rhinovirus</td>
<td>• Yes • Inadequate sample</td>
</tr>
<tr>
<td>[ ] Others</td>
<td>• Yes • Inadequate sample</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

10) Has the patient had one of these symptoms in the last 7 days prior to admission?
   ✓ Fever
   ✓ Nausea and vomiting
   ✓ Malaise/fatigue/lethargy
   ✓ Headache
   ✓ Diarrhea
   ✓ Myalgia/muscle ache
   ✓ Loss or change to sense of smell or taste
   ✓ Cough
   ✓ Sore throat
   ✓ Shortness of breath/difficult breathing
   ✓ Wheezing
   ✓ Nasal congestion

   ☐ Yes ☐ No

11) Height (Round up to the nearest integer) cm
    ☐ Do not know

12) Weight (Round up to the nearest integer) kg
    ☐ Do not know

13) a. Does the patient have any chronic conditions?
    ☐ Yes ☐ No ☐ Not asked

   b. If yes, indicate which ones
      ☐ Cardiovascular disease
      ☐ Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
      ☐ Asthma
      ☐ Diabetes
      ☐ Immunodeficiency (genetic, acquired or induced)
      ☐ Renal impairment
      ☐ Rheumatologic disease / Autoimmune disease
      ☐ Neurological or neuromuscular disease
      ☐ Cirrhosis / Liver disease
      ☐ Neoplasm (active)
      ☐ Obesity
      ☐ Malnutrition
      ☐ Active tuberculosis
      ☐ HIV exposure
      ☐ Prematurity (born <37 week gestation)
      ☐ Other

14) a. Use of antiviral for the current episode initiated before this admission
    ☐ Yes ☐ No ☐ Do not know
GIHSN Core questionnaire (Patients less than 5 years of age)

b. Starting Date (yyyy-mm-dd) __________ - __________ - __________

15) a. Use of antiviral for the current episode initiated during hospitalization
   b. Starting Date (yyyy-mm-dd) __________ - __________ - __________

16) a. Use of antibiotics for the current episode initiated before this admission?
   b. Starting Date (yyyy-mm-dd) __________ - __________ - __________

17) a. Use of antibiotics for the current episode initiated during hospitalization?
   b. Starting Date (yyyy-mm-dd) __________ - __________ - __________

Vaccination Status

18) Vaccination status:
   a. Influenza vaccination for the current season
      If yes, were 2 doses of vaccine given to the patient?
      b. Vaccinated more than 14 days before onset of the ILL symptoms
      c. Influenza vaccination in the preceding season?
      d. Vaccination history for current season validated through registry or medical records?

Severity (measured at admission)

19) Confusion/lethargy at admission
20) Respiratory rate (breaths/min) __________
21) Oxygen saturation value on ambient air (%) __________ %
22) Supplemental oxygen without mechanical ventilation
23) Vasopressor support
24) Apnea

Severity (measured at any time during admission)

25) ICU admission
26) Mechanical ventilation

Outcome

27) Death while hospitalized
28) Discharge/death date (yyyy-mm-dd) __________ - __________ - __________
29) Discharge to another hospital

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

31) 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)

Data Linking

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 patients less than 5 years old

For the very young pediatric population (0 to less than 5 years of age) to be eligible, the child will need to present the following. 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 to 466</td>
<td>J00-J06, J20-J22</td>
</tr>
<tr>
<td>Dyspnea, breathing anomaly, shortness of breath, tachypnea (polypnea)</td>
<td>786.0; 786.00; 786.05-786.07;</td>
<td>R06.0, R06.9, R06.3, R06.00,</td>
</tr>
<tr>
<td></td>
<td>786.09; 786.9</td>
<td>R06.09, R06.83, R06.02, R06.82,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R06.2, R06.89</td>
</tr>
<tr>
<td>Acute asthma or exacerbation</td>
<td>493.92</td>
<td>J45.901</td>
</tr>
<tr>
<td>Pneumonia and influenza</td>
<td>480 to 488</td>
<td>J09-J18</td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td>518.82</td>
<td>J96</td>
</tr>
<tr>
<td>Acute heart failure</td>
<td>428-429.0</td>
<td>I50-I50.9; I51.4</td>
</tr>
<tr>
<td>Myalgia</td>
<td>729.1</td>
<td>M79.1</td>
</tr>
<tr>
<td>Altered consciousness, convulsions, febrile convulsions</td>
<td>780.01-780.02; 780.09; 780.31</td>
<td>R40.20, R40.4, R40.0, R40.1,</td>
</tr>
<tr>
<td></td>
<td>780.32</td>
<td>R56.00, R56.01</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>Gastrointestinal manifestations</td>
<td>009.0; 009.3</td>
<td>A09.0; A09.9</td>
</tr>
<tr>
<td>Sepsis, Systemic inflammatory response syndrome, not otherwise specified</td>
<td>995.90-995.94</td>
<td>R65.10, R65.11, R65.20, A41.9</td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td>078.82; 787.0; 787.01-787.03</td>
<td>R11; R11.0; R11.10 - R11.12; R11.2</td>
</tr>
<tr>
<td><strong>COVID 19</strong></td>
<td></td>
<td>U07</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>Condition</td>
<td>Code</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>--------</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>