



## Core questionnaire: Patients < 5 years of age

Version 6 November 2020

### 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**?  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 (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):

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

## Swabbing

7) **Date of swabbing** (yyyy-mm-dd) --  Do not know

## 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**

Test performed	Test result positive
<input type="checkbox"/> SARS-CoV-2	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Human coronavirus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Metapneumovirus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Respiratory syncytial virus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Bocavirus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Parainfluenza virus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Rhinovirus	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample
<input type="checkbox"/> Others	<input type="checkbox"/> Yes <input type="checkbox"/> Inadequate sample

**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](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                                     | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Nausea and vomiting                       | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Malaise/fatigue/lethargy                  | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Headache                                  | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Diarrhea                                  | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Myalgia/muscle ache                       | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Loss or change to sense of smell or taste | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Cough                                     | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Sore throat                               | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Shortness of breath/difficult breathing   | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Wheezing                                  | <input type="radio"/> Yes | <input type="radio"/> No |
| ✓ Nasal congestion                          | <input type="radio"/> Yes | <input type="radio"/> 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

- b. Starting Date (yyyy-mm-dd)      |\_|\_|\_|\_| - |\_|\_| - |\_|\_|
- 15) a. Use of antiviral for the current episode initiated during hospitalization       Yes       No       Do not know  
 b. Starting Date (yyyy-mm-dd)      |\_|\_|\_|\_| - |\_|\_| - |\_|\_|
- 16) a. Use of antibiotics for the current episode initiated before this admission?       Yes       No       Do not know  
 b. Starting Date (yyyy-mm-dd)      |\_|\_|\_|\_| - |\_|\_| - |\_|\_|
- 17) a. Use of antibiotics for the current episode initiated during hospitalization?       Yes       No       Do not know  
 b. Starting Date (yyyy-mm-dd)      |\_|\_|\_|\_| - |\_|\_| - |\_|\_|

### Vaccination Status

- 1) Vaccination status:
- a. Influenza vaccination for the current season       Yes       No       Do not know
- b. If yes, were 2 doses of vaccine given to the patient?       Yes       No       Do not know
- c. Vaccinated more than 14 days before onset of the ILI symptoms       Yes       No       Do not know
- d. Influenza vaccination in the preceding season?       Yes       No       Do not know
- e. Vaccination history for current season validated through registry or medical records?       Yes       No       Do not know

### Severity (measured at admission)

- 2) Confusion/lethargy at admission       Yes       No       Do not know
- 3) Oxygen saturation value on ambient air (%)      |\_|\_|\_|\_| %       Do not know
- 4) Supplemental oxygen without mechanical ventilation       Yes       No       Do not know
- 5) Vasopressor support       Yes       No       Do not know
- 6) Apnea       Yes       No       Do not know
- 7) Respiratory rate (breaths/min) \_\_\_\_/\_\_\_\_

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

- 8) ICU admission       Yes       No       Do not know
- 9) Mechanical ventilation       Yes       No       Do not know

### Outcome

- 10) Death while hospitalized       Yes       No       Do not know
- 11) Discharge/death date (yyyy-mm-dd)      |\_|\_|\_|\_| - |\_|\_| - |\_|\_|

12) Discharge to another hospital

Yes  No  Do not know

13) 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

ICD-9  ICD-10

### Data Linking

14) GISAID EpiFlu™ database sharing:

a. Did you submit the sample to GISAID EpiFlu™ database?

Yes  No  No, failed sequencing

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 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:

For the Patients less than 5 years old	ICD 9 Codes	ICD 10 Codes
Acute upper or lower respiratory disease	382.9; 460 to 466	J00-J06, J20-J22
Dyspnea, breathing anomaly, shortness of breath, tachypnea (polypnea)	786.0; 786.00; 786.05-786.07; 786.09; 786.9	R06.0, R06, R06.9, R06.3, R06.00, R06.09, R06.83, R06.02, R06.82, R06.2, R06.89
Acute asthma or exacerbation	493.92	J45.901
Pneumonia and influenza	480 to 488	J09-J18
Acute respiratory failure	518.82	J96
Acute heart failure	428-429.0	I50-I50.9; I51.4
Myalgia	729.1	M79.1
Altered consciousness, convulsions, febrile convulsions	780.01-780.02; 780.09; 780.31- 780.32	R40.20, R40.4, R40.0, R40.1, R56.00, R56.01
Fever or fever unknown origin or non-specified	780.6-780.60	R50, R50.9
Cough	786.2	R05
Gastrointestinal manifestations	009.0; 009.3	A09.0; A09.9
Sepsis, Systemic inflammatory response syndrome, not otherwise specified	995.90-995.94	R65.10, R65.11, R65.20, A41.9
Nausea and vomiting	078.82; 787.0; 787.01-787.03	R11; R11.0; R11.10 - R11.12; R11.2