



Core questionnaire: Patients ≥ 5 years of age

Version 13 June 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 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?

a) ILI systemic symptoms

- ✓ Fever Yes No
- ✓ Malaise/fatigue Yes No
- ✓ Headache Yes No
- ✓ Myalgia/muscle ache Yes No

b) ILI respiratory symptoms

- ✓ Cough Yes No
- ✓ Sore throat Yes No
- ✓ Shortness of breath/difficult breathing Yes No
- ✓ Nasal congestion Yes No

8) Does the patient comply with the **GIHSN ILI case definition*** and the timing of **symptom onset criteria**? Yes No

**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):

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

Swabbing

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

|_|_|_|_| - |_|_| - |_|_| Do not know

Laboratory Results

10) a. **Does the patient have a positive flu 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

11) 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)

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

- Yes No
- Yes No
- Yes No
- Yes No

13) a. Pregnancy status

- Yes
- No

b. If yes, pregnancy weeks:

|_|_| weeks

- Non-applicable
- Do not know
- Not asked

14) a. Does the patient have any chronic conditions?

- Yes
- No

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) a. Use of antibiotics during this admission? Yes No Do not know

b. Starting Date (yyyy-mm-dd) |_|_|_|_| - |_|_| - |_|_|

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
 - Other, specify _____

Severity (measured at admission)

- 21) Confusion Yes No Do not know
- 22) Blood pressure (systolic/diastolic) |_|_|_|_| / |_|_|_|_| mmHg Do not know
- 23) Respiratory rate (breaths per minute) |_|_|_| bpm Do not know
- 24) Oxygen saturation value on ambient air (%) |_|_|_|_| % 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) Category |_|_|_| Did not ask

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 Yes No Do not know
- 31) Discharge/death date (yyyy-mm-dd) |_|_|_|_| - |_|_| - |_|_|
- 32) Discharge to another hospital Yes No Do not know
- 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 ICD-9 ICD-10
- 34) What is the frailty score of the patient at discharge (for all patients 50 years and older)? (category 1-9) Category |_|_|
See annex 2 for definition of the scale Did not ask

Data Linking

- 35) 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 the patients 5 years old or more

International Classification of Diseases Code version 9 and 10:

For the Patients 5 years old or older	ICD 9 Codes	ICD 10 Codes
Acute upper or lower respiratory disease	382.9; 460-466	J00-J06, J20-J22, H66.90
Acute myocardial infarction or acute coronary syndrome	410-411 and 413-414	I20-I25.9
Acute asthma or exacerbation	493.92	J45.901
Acute Heart failure	428-429.0	I50-I50.9; I51.4
Pneumonia and influenza	480-488	J09-J18
Bronchitis and exacerbations of Chronic Pulmonary Obstructive disease	490, 491.21 and 491.22,	J40; J44.0; J44.1
Acute respiratory failure	518.82	J96
Myalgia	729.1	M79.1
Acute metabolic failure (diabetic coma, renal dysfunction, acid-base disturbances, alterations to the water balance)	250.1- 250.3; 584-586; 276-277	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
Altered consciousness, convulsions, febrile convulsions, syncope and collapse	780.01-780.02; 780.09; 780.2; 780.31-780.32	R40.20, R40.4, R40.0, R40.1, R55, R56.00, R56.01
Dyspnea/respiratory abnormality	786.0	R06.0, R06-R06.9
Respiratory abnormality	786.00	R06.9
Shortness of breath	786.05	R06.02
Respiratory abnormality, not otherwise specified	786.09	R06.3, R06.00, R06.09, R06.83
Respiratory symptoms/chest symptoms	786.9	R06.89
Fever or fever unknown origin or non specified	780.6-780.60	R50, R50.9
Cough	786.2	R05
Sepsis, Systemic inflammatory response syndrome	995.90-995.94	R65.10, R65.11, R65.20, A41.9
COVID-19		U07

Bacterial infection, unspecified, in conditions classified elsewhere and of unspecified site	041.9	
Transient cerebral ischemia	435	
Acute, but ill-defined, cerebrovascular disease	436	
Chronic bronchitis	491	
Asthma	493	
Chronic airway obstruction, not elsewhere classified	496	
Dizziness / Vertigo, NOS	780.4	
Altered mental status	780.97	
Symptoms concerning nutrition, metabolism and development : Feeding difficulties and mismanagement	783.3	
Symptoms concerning nutrition, metabolism and development : Other	783.9	
Viremia, unspecified	790.8	

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.