



## 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. ICD used  ICD-9  ICD-10
- b. Admission diagnosis (letter/code.subcode) |\_|\_|\_|\_|. |\_|\_|\_|
- 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

- 18) Vaccination status:
- a. Influenza vaccination for the current season  Yes  No  Do not know  
 If yes, were 2 doses of vaccine given to the patient?  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

### Severity (measured at admission)

- 19) Confusion/lethargy at admission  Yes  No  Do not know
- 20) Respiratory rate (breaths/min)    /     Do not know
- 21) Oxygen saturation value on ambient air (%) |\_\_|\_\_|\_\_| %  Do not know
- 22) Supplemental oxygen without mechanical ventilation  Yes  No  Do not know
- 23) Vasopressor support  Yes  No  Do not know
- 24) Apnea  Yes  No  Do not know

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

- 25) ICU admission  Yes  No  Do not know
- 26) Mechanical ventilation  Yes  No  Do not know

### Outcome

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

29) Discharge to another hospital

Yes  No  Do not know

30) a. ICD used at discharge/death

ICD-9  ICD-10

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)

|\_|\_|\_| . |\_|\_|

### Data Linking

31) 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
<b>COVID 19</b>		<b>U07</b>
<b>Bacterial infection, unspecified, in conditions classified elsewhere and of unspecified site</b>	<b>041.9</b>	
<b>Transient cerebral ischemia</b>	<b>435</b>	
<b>Acute, but ill-defined, cerebrovascular disease</b>	<b>436</b>	
<b>Chronic bronchitis</b>	<b>491</b>	
<b>Asthma</b>	<b>493</b>	

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	