Supplement 1.

RotaNet-Italy surveillance questionnaire provided to all hospitals involved in the surveillance net, and sent back to ISS in association to each fecal sample. This supplementary material is hosted by Eurosurveillance as supporting information alongside the article “Group A rotavirus surveillance before vaccine introduction in Italy, 2014 to 2017” on behalf of the authors who remain responsible for the accuracy and appropriateness of the content. The same standards for ethics, copyright, attributions and permissions as for the article apply. Eurosurveillance is not responsible for the maintenance of any links or email addresses provided therein.

Date ____/___/____

Rotavirus Surveillance

Country _________________ City_____________________ Hospital code ________________
Sample code ________________________________________ Sex _______________________
City of birth___________________________________________ Date of birth ___/___/___
City of residence   ____________________________   Living setting   Urban □   Rural □
Ward of admission__________________  Hospital address______________________________
Cause of admission  __________________________________ Date of admission ___/____/____
Nosocomial infection       Yes ☑       No ☐
Symptoms:
  Fever (>38°C):                Yes ☑       No ☐
  Diarrhea:       > 3 discharge/day ☐       < 3 discharge/day ☐       No ☐
  Vomit:                 Yes ☑       No ☐
  Abdominal pain:                   Yes ☑       No ☐
Rotavirus vaccination       Yes ☑       No ☐       Dose_________ Vaccine used__________
Other symptoms:  ___________________________________________________________
Other recent vaccinations: __________________________________________________________
Other cases (house or school):________________________________________________________
Date of collection of feces:   ___/___/___
Name of the physician ___________________________________________________________
Phone ___________________ fax __________________  E-mail ___________________________