Supplementary Table 1. Influenza survey (2018–2019 season)

Q1—Questions about your child.

<table>
<thead>
<tr>
<th>Q1-1</th>
<th>Sex: Male/Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1-2</td>
<td>School</td>
</tr>
<tr>
<td>1: Nursery school (age: 0–3 years)</td>
<td>2: Kindergarten or nursery school (age: 4 years)</td>
</tr>
<tr>
<td>3: Kindergarten or nursery school (age: 5 years)</td>
<td>4: Kindergarten or nursery school (age: 6 years)</td>
</tr>
<tr>
<td>5: Elementary school (age: 7–12 years), grade [ ]</td>
<td></td>
</tr>
<tr>
<td>6: Junior high school (age: 13–15 years), grade [ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q1-3</th>
<th>Birthday (year/month): __<strong><strong>/</strong></strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1-4</td>
<td>Sibling(s): No/Yes</td>
</tr>
<tr>
<td>Q1-5</td>
<td>Underlying disease: No/Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, (a) Asthma, (b) Epilepsy, (c) Other: __________</td>
</tr>
<tr>
<td>Q1-6</td>
<td>Did your child live in Toda or Warabi city during the season? Yes/other place: ______</td>
</tr>
<tr>
<td>Q1-7</td>
<td>What is the method of transportation used by your child for going to school (walking, by bus, etc.)? ______________</td>
</tr>
</tbody>
</table>

Q2—Questions about infection prevention.

<table>
<thead>
<tr>
<th>Q2-1</th>
<th>Frequency of hand washing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Never</td>
<td>2: Somewhat</td>
</tr>
<tr>
<td>Q2-2</td>
<td>Frequency of mask-wearing</td>
</tr>
<tr>
<td>1: Never</td>
<td>2: Somewhat</td>
</tr>
</tbody>
</table>

Q3—Questions about influenza (flu) vaccination.

<table>
<thead>
<tr>
<th>Q3-1</th>
<th>Vaccination status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: None</td>
<td>2: Vaccinated once during the season</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3-2</th>
<th>Vaccination status with date, if done</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time (year/month/day): 201__/<strong><strong>/</strong></strong></td>
<td></td>
</tr>
<tr>
<td>Second time (year/month/day): 201__/<strong><strong>/</strong></strong></td>
<td></td>
</tr>
</tbody>
</table>

Q4—Questions about influenza infection.

<table>
<thead>
<tr>
<th>Q4-1</th>
<th>Did your child have influenza? No/Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4-2</td>
<td>If yes, infection date and type of influenza during the season</td>
</tr>
<tr>
<td>First infection (year/month/day): 201__/<strong><strong>/</strong></strong></td>
<td>Type of influenza: A/B/Unknown</td>
</tr>
<tr>
<td>Second infection (year/month/day): 201__/<strong><strong>/</strong></strong></td>
<td>Type of influenza: A/B/Unknown</td>
</tr>
<tr>
<td>Q4-3</td>
<td>Was your child tested for influenza? No/Yes/Unknown</td>
</tr>
<tr>
<td>Q4-4</td>
<td>Did your child receive any treatment for influenza? (Select all that apply)</td>
</tr>
<tr>
<td>1. Medicine: Oseltamivir (Tamiflu®)</td>
<td>2. Medicine: Baloxavir (Xofluza®)</td>
</tr>
<tr>
<td>5. Intravenous: Peramivir (Rapiacta®)</td>
<td>6. Other: __________</td>
</tr>
<tr>
<td>7. Unknown</td>
<td></td>
</tr>
</tbody>
</table>