

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

Q1— Questions about your child.		
Q1-1 Sex: Male/Female		
Q1-2 School		
1: Nursery school (age: 0–3 years)	2: Kindergarten or nursery school (age: 4 years)	
3: Kindergarten or nursery school (age: 5 years)	4: Kindergarten or nursery school (age: 6 years)	
5: Elementary school (age: 7–12 years), grade []		
6: Junior high school (age: 13–15 years), grade []		
Q1-3 Birthday (year/month): ____/____		
Q1-4 Sibling(s): No/Yes		
Q1-5 Underlying disease: No/Yes		
If yes, (a) Asthma, (b) Epilepsy, (c) Other: _____		
Q1-6 Did your child live in Toda or Warabi city during the season? Yes/other place: _____		
Q1-7 What is the method of transportation used by your child for going to school (walking, by bus, etc.)? _____		
Q2— Questions about infection prevention.		
Q2-1 Frequency of hand washing		
1: Never	2: Somewhat	3: Frequently
Q2-2 Frequency of mask-wearing		
1: Never	2: Somewhat	3: Frequently
Q3— Questions about influenza (flu) vaccination.		
Q3-1 Vaccination status		
1: None	2: Vaccinated once during the season	3: Vaccinated twice during the season
Q3-2 Vaccination status with date, if done		
First time (year/month/day): 201__/____/____		
Second time (year/month/day): 201__/____/____		
Q4— Questions about influenza infection.		
Q4-1 Did your child have influenza?		No/Yes
Q4-2 If yes, infection date and type of influenza during the season		
First infection (year/month/day): 201__/____/____		Type of influenza: A/B/Unknown
Second infection (year/month/day): 201__/____/____		Type of influenza: A/B/Unknown
Q4-3 Was your child tested for influenza?		No/Yes/Unknown
Q4-4 Did your child receive any treatment for influenza? (Select all that apply)		
1. Medicine: Oseltamivir (Tamiflu®)	2. Medicine: Baloxavir (Xofluza®)	
3. Spray: Zanamivir (Relenza®)	4. Spray: Laninamivir (Inavir®)	
5. Intravenous: Peramivir (Rapiacta®)	6. Other: _____	
7. Unknown		