

Supplementary Figure 1: Data Collection Form. This form was submitted with specimens sent into the CDC from providers and state health departments across the country. Forms were also available for some patients whose specimens were sequenced by state laboratories.

Enterovirus D68 (EV-D68) Patient Summary Form

To be completed for all patients for whom specimens are being submitted to CDC for EV-D68 typing. As soon as possible, please 1) notify and send completed form to your local/state health department, and 2) include a hard copy of the form along with the 50.34 form for specimen shipment.

Today's Date: _____ Name of person filling in form: _____

Phone: _____ Email: _____

Hospital / Health Care Facility Name: _____ STATE: _____ COUNTY: _____

Hospital ID: _____ State ID: _____

Specimen ID (as submitted on 50.34 form for specimen shipment): _____

If multiple specimens are submitted per patient, please include additional specimen IDs in table below

Patient Sex: M F Age: _____ Months Years Patient's State of Residence _____

Race: Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native
 White (More than one box can be checked) Ethnicity: Hispanic Non-Hispanic

Date of symptom onset: _____

Symptoms (mark all that apply): Fever / Highest recorded temperature _____ (°F / °C) Chills Cough Wheezing Sore throat
 Runny nose Shortness of breath / difficulty breathing Tachypnea Retractions Cyanosis Vomiting Diarrhea Rash
 Lethargy Seizure Other (describe): _____

Does the patient have any comorbid conditions? (mark all that apply): None Unknown Asthma Reactive airway disease
 Bronchopulmonary dysplasia Cardiac disease Immunocompromised Prematurity, if yes gestational age _____
 Other (describe): _____

Abnormal Chest radiograph Yes No Unknown

Abnormal Chest CT Yes No Unknown

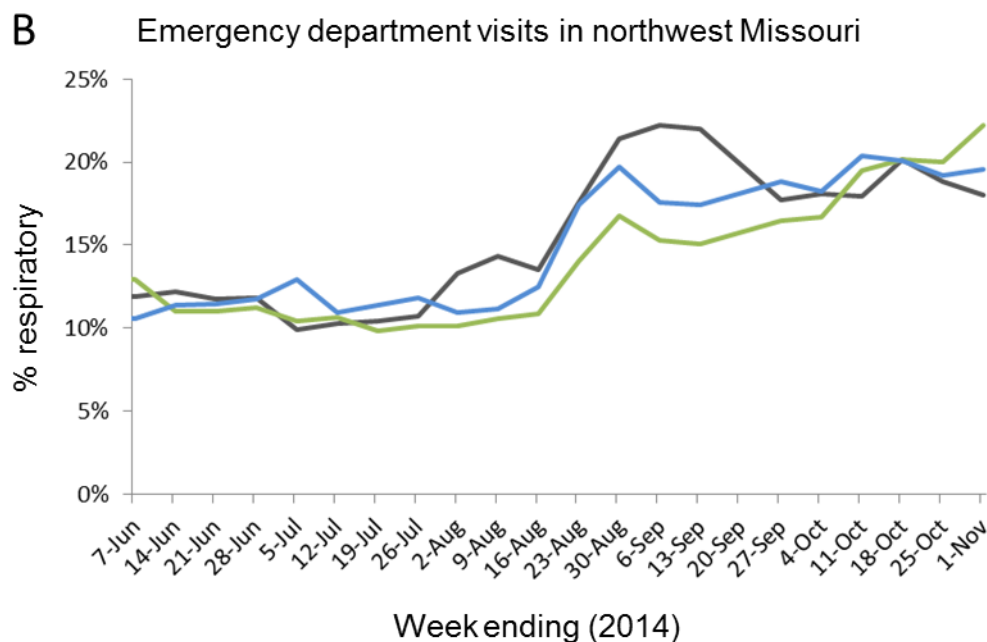
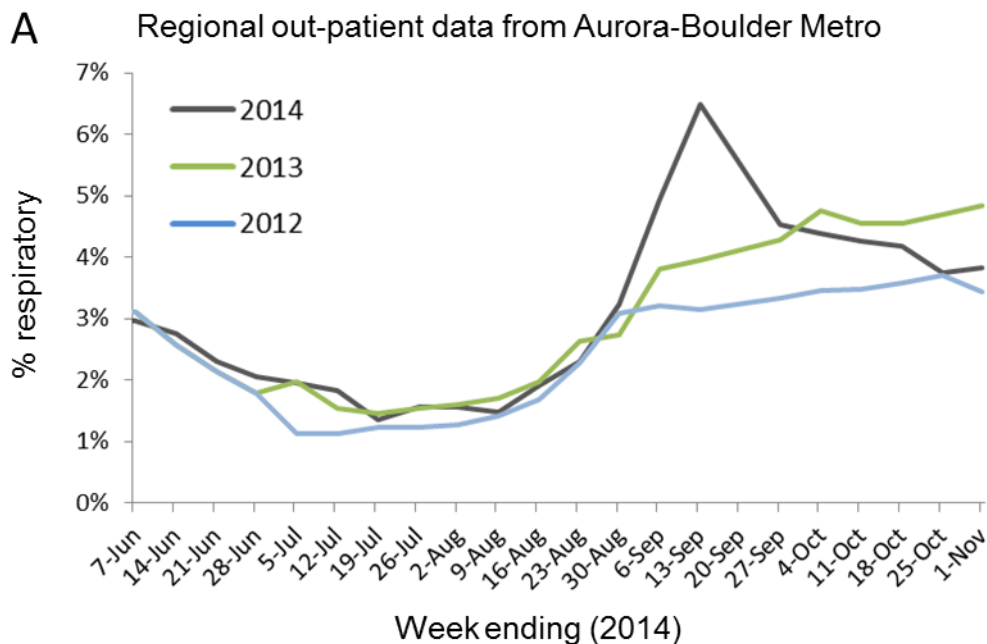
	Yes	No	Unknown
Is/Was the patient: Hypoxic (sat <93%) on room air?			
Treated with supplemental oxygen?			
Treated with bronchodilators?			
Treated with antibiotics?			
Hospitalized? If Yes, admission date: _____			
If Yes, was the patient admitted to the Intensive Care Unit (ICU)?			
If Yes was the patient placed on non-invasive ventilation (BiPAP/CPAP)			
If Yes, was the patient intubated?			
If Yes, was the patient placed on ECMO?			
Did the patient die? If Yes, date of death: _____			

General Pathogen Laboratory Testing (mark all that apply)										
Pathogen	Pos	Neg	Pending	Not Done	Pathogen	Pos	Neg	Pending	Not Done	
Influenza A PCR					Rhinovirus and/or Enterovirus					
Influenza B PCR					Coronavirus (not MERS-CoV)					
Influenza Rapid Test					<i>Chlamydomphila pneumoniae</i>					
RSV					<i>Mycoplasma pneumoniae</i>					
Human metapneumovirus					<i>Legionella pneumophila</i>					
Parainfluenzavirus					<i>Streptococcus pneumoniae</i>					
Adenovirus					Blood culture <input type="checkbox"/> Yes <input type="checkbox"/> No If positive, which bacteria _____					
Other: _____					CSF culture <input type="checkbox"/> Yes <input type="checkbox"/> No If positive, which bacteria _____					
Other: _____					Sputum culture <input type="checkbox"/> Yes <input type="checkbox"/> No If positive, which bacteria _____					

Enterovirus Typing - Specimen Type	Date Collected	Specimen ID	Enterovirus Typing - Specimen Type	Date Collected	Specimen ID
NP OP NP/OP (circle one)			Bronchoalveolar lavage (BAL)		
Nasal wash / aspirate			Tracheal Aspirate		
Sputum			Stool/Rectal swab		
Other: _____			Other: _____		

To be completed by CDC: Patient ID: _____ CSID: _____ CSID: _____
 CSID: _____ CSID: _____ CSID: _____

Supplementary Figure 2: Syndromic surveillance of respiratory illness in Colorado and Missouri, by year. A) Regional out-patient data from the Aurora-Boulder Metro were collected from routine influenza-like illness (ILI) surveillance systems, using the International Classification of Diseases - 9th Revision – Clinical Modification (ICD-9-CM) code for acute upper respiratory infections of unspecified site (465.9). B) ED visit data for respiratory illness from northwest Missouri, in patients under 18 years of age, were collected via ESSENCE surveillance system. Weekly data were collected for June through October of 2012, 2013, and 2014. Data are depicted as a percentage of total visits.



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