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) ☐ 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

Is/Was the patient: Hypoxic (sat <93%) on room air?

☐ Yes ☐ No ☐ Unknown

☐ Treated with supplemental oxygen?

☐ Yes ☐ No ☐ Unknown

☐ Treated with bronchodilators?

☐ Yes ☐ No ☐ Unknown

☐ Treated with antibiotics?

☐ Yes ☐ No ☐ Unknown

Hospitalized? If Yes, admission date: ______________________

☐ Yes, was the patient admitted to the Intensive Care Unit (ICU)?

☐ Yes ☐ No ☐ Unknown

☐ If yes, was the patient placed on non-invasive ventilation (BiPAP/CPAP)?

☐ Yes ☐ No ☐ Unknown

☐ If Yes, was the patient intubated?

☐ Yes ☐ No ☐ Unknown

☐ If yes, was the patient placed on ECMO?

☐ Yes ☐ No ☐ Unknown

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 Chlamydophila pneumoniae

RSV Mycoplasma pneumoniae

Human metapneumovirus Legionella pneumoniae

Parainfluenza virus Streptococcus pneumoniae

Adenovirus Blood culture ☐ Yes ☐ No ☐ If positive, which bacteria________________________________

Other: ____________________________

Other: ____________________________

Other: ____________________________

Other: ____________________________

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: ____________________________
**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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