

## Additional file 3

Question on antibiotics use, ANDEMIA case investigation form

### Current treatment (prior to enrolment)

Please indicate any **treatment** taken in the **last 10 days** (other than malaria treatment, ART or TB treatment listed before). **Do NOT list medications prescribed at current consultation/admission unless they have been taken before the collection of ANDEMIA samples.**

27. Is/has the patient taken any **antibiotics**? Yes  No

If **YES**, please specify below: (if **NO**, go to 28):

\_\_\_\_\_ date **last dose** taken: //20 (DD/MM/20YY)

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AMX=Amoxicilline; AMP=Ampicilline; AMC=Augmentin (Amoxicilline+Ac clavu.); CTX= Cefotaxime ;  
CFM=Cefixime; CIP=Ciprofloxacin; CLI=Clindamycine; CRO=Ceftriaxone; DOX=Doxycycline;  
ERY=Erythromycine; GEN=Gentamycine ; OFX=Ofloxacin ; PEN=Pénicilline; SXT=Cotrimoxazole;  
VAN=Vancomycine; Other (please specify in full above)