

Supplement 1.

RotaNet-Italy surveillance questionnaire provided to all hospitals involved in the surveillance net, and sent back to ISS in association to each fecal sample.

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Date \_\_\_/\_\_\_/\_\_\_

## Rotavirus Surveillance

Country \_\_\_\_\_ City \_\_\_\_\_ Hospital code \_\_\_\_\_

Sample code \_\_\_\_\_ Sex \_\_\_\_\_

City of birth \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

City of residence \_\_\_\_\_ Living setting Urban  Rural

Ward of admission \_\_\_\_\_ Hospital address \_\_\_\_\_

Cause of admission \_\_\_\_\_ Date of admission \_\_\_/\_\_\_/\_\_\_

Nosocomial infection Yes  No

### Symptoms:

Fever (>38°C): Yes  No

Diarrhea: > 3 discharge/day  < 3 discharge/day  No

Vomit: Yes  No

Abdominal pain: Yes  No

Rotavirus vaccination Yes  No  Dose \_\_\_\_\_ Vaccine used \_\_\_\_\_

Other symptoms: \_\_\_\_\_

Other recent vaccinations: \_\_\_\_\_

Other cases (house or school): \_\_\_\_\_

Date of collection of feces: \_\_\_/\_\_\_/\_\_\_

Name of the physician \_\_\_\_\_

Phone \_\_\_\_\_ fax \_\_\_\_\_ E-mail \_\_\_\_\_