

1. Baseline - Demographics

Number	Question	Answers
1.1	Month of birth	☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December
1.2	Age (months)	Months
1.3	Gender	☐ Male ☐ Female
1.4	Zip Code	

2. Baseline - Admission

Number	Question	Answers
2.1	Date of admission	(dd-mm-yyyy)
2.2	Date of start of symptoms	(dd-mm-yyyy) (Partial dates permitted)

3. Baseline - RSV infection

Number	Question	Answers
3.1	Confirmed or possible RSV case	☐ confirmed case by pcr ☐ confirmed case by antigen ☐ possible case (not tested)
3.2	Search for coinfectant(s) in the respiratory tract?	☐ Yes ☐ No ☐ Unknown
3.2.1	<i>If 'Search for coinfectant(s) in the respiratory tract?' is equal to 'Yes' answer this question:</i> Co-infecting agent(s) identified?	☐ None ☐ Adenovirus ☐ B paraptussis & holmesii ☐ B. pertussis ☐ Bocavirus ☐ Chlamydia pneumoniae ☐ Covid 19 ☐ Enterovirus ☐ hMPV ☐ Human coronavirus non SARS (HCoV-229E,-OC43, -NL63,-HKU1) ☐ Influenza A ☐ Influenza B ☐ Legionella pneumophilla ☐ Mycoplasma pneumoniae ☐ Parainfluenza ☐ Rhinovirus

4. Baseline - Signs and symptoms on admission (observed at hospital or at home)

Number	Question	Answers
4.1	Central temperature $\geq 38^{\circ}\text{C}$	☐ Yes ☐ No ☐ Unknown

4.2	Cough	☐ Yes ☐ No ☐ Unknown
4.3	Signs of respiratory distress	☐ Yes ☐ No ☐ Unknown
4.4	Max respiratory rate in ER (/min)	/min
4.5	Abnormal pulmonary auscultation	☐ Yes ☐ No ☐ Unknown
4.6	Episode of apnea	☐ Yes ☐ No ☐ Unknown
4.7	Cyanosis	☐ Yes ☐ No ☐ Unknown
4.8	Oxygen-dependance (saturation < 94%)	☐ Yes ☐ No ☐ Unknown
4.9	Hypothermia	☐ Yes ☐ No ☐ Unknown
4.10	Loss of alertness	☐ Yes ☐ No ☐ Unknown
4.11	Convulsions	☐ Yes ☐ No ☐ Unknown
4.12	Inability of feeding	☐ Yes ☐ No ☐ Unknown

4.13	Vomiting	☐ Yes ☐ No ☐ Unknown
4.14	Diarrhea	☐ Yes ☐ No ☐ Unknown
4.15	Hypotonia	☐ Yes ☐ No ☐ Unknown
4.16	Dehydration	☐ Yes ☐ No ☐ Unknown
4.17	Rhinitis	☐ Yes ☐ No ☐ Unknown
4.18	Otitis	☐ Yes ☐ No ☐ Unknown
4.19	Tachycardia	☐ Yes ☐ No ☐ Unknown
4.20	Bradycardia	☐ Yes ☐ No ☐ Unknown
4.21	Petechias	☐ Yes ☐ No ☐ Unknown
4.22	Pulmonary infiltrate at imaging	☐ Yes ☐ No ☐ Unknown

5. Anamnesis and risk factors - Anamnesis

Number	Question	Answers
5.1	Vaccination of mother with anti-RSV vaccine	☐ Yes ☐ No ☐ Unknown
5.1.1	If 'Vaccination of mother with anti-RSV vaccine' is equal to 'Yes' answer this question: At which gestational age (weeks)	
5.2	Treatment with monoclonal anti-RSV antibodies (for the current rsv season)	☐ Yes ☐ No ☐ Unknown
5.2.1	If 'Treatment with monoclonal anti-RSV antibodies (for the current rsv season)' is equal to 'Yes' answer this question: Which one?	☐ palivizumab ☐ nirsevimab ☐ clesrovimab
5.2.1.1	If 'Which one?' is not equal to 'palivizumab' answer this question: At which age?	n months, 0 for birth
5.2.1.2	If 'Which one?' is equal to 'palivizumab' answer this question: At which age the first dose was given?	n months, 0 for birth
5.3	Breastfeeding ongoing at time of disease?	☐ Yes ☐ No ☐ Unknown
5.4	Concomitant IVRS in mother?	☐ Yes ☐ No ☐ Unknown
5.5	Concomitant IVRS in siblings?	☐ Yes ☐ No ☐ Unknown
5.6	Previous hospitalization for bronchiolitis?	☐ Yes ☐ No ☐ Unknown
5.6.1	If 'Previous hospitalization for bronchiolitis?' is equal to 'Yes' answer this question: Which season?	☐ Previous season ☐ Same season

5.6.2	If 'Previous hospitalization for bronchiolitis?' is equal to 'Yes' answer this question: Admission to ICU needed?	☐ Yes ☐ No ☐ Unknown
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6. Anamnesis and risk factors - Prematurity

Number	Question	Answers
6.1	Premature birth?	☐ Yes ☐ No ☐ Unknown
6.1.1	If 'Premature birth?' is equal to 'Yes' answer this question: At which GA?	Weeks
6.1.2	If 'Premature birth?' is equal to 'Yes' answer this question: Need for any ventilatory (invasive or non invasive) support during NICU stay?	☐ Yes ☐ No ☐ Unknown
6.1.2.1	If 'Need for any ventilatory (invasive or non invasive) support during NICU stay?' is equal to 'Yes' answer this question: Type of support	☐ Non-invasive ☐ Invasive ☐ Unknown
6.1.3	If 'Premature birth?' is equal to 'Yes' answer this question: Consequent bronchodysplasia with oxygene at home?	☐ Yes ☐ No ☐ Unknown

7. Comorbidities - Comorbidities

Number	Question	Answers
7.1	Any comorbidity?	☐ Yes ☐ No ☐ Unknown

7.1.1	If 'Any comorbidity?' is equal to 'Yes' answer this question: Comorbidity	☐ Asthma/chronic wheezing ☐ Baby born from a HIV mother ☐ Bronchiectasis ☐ Cancer under treatment ☐ Congenital cardiopathy ☐ Congenital Immunodeficiency ☐ Down syndrome ☐ HIV ☐ Intrauterine growth retardation at birth ☐ Kidney congenital disease ☐ Metabolic disease ☐ Mucoviscidosis ☐ Neurological disorder ☐ Neuromuscular disease ☐ Nonmalignant hematological disease ☐ Other Immunosuppressive therapy ☐ Polymalformative syndrome ☐ Severe atopic dermatitis ☐ Other
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7.1.1.1 **If 'Comorbidity' is equal to 'Other' answer this question:**
Other_comorbidity

8. Treatments - Treatments

Number	Question	Answers
8.1	Antiviral treatment	☐ Yes ☐ No ☐ Unknown
8.1.1	If 'Antiviral treatment' is equal to 'Yes' answer this question: Which antiviral treatment	☐ Tamiflu ☐ Other
8.1.1.1	If 'Which antiviral treatment' is equal to 'Other' answer this question: Other antiviral	
8.2	Antibiotics treatment	☐ Yes ☐ No ☐ Unknown

8.2.1	If 'Antibiotics treatment' is equal to 'Yes' answer this question: For which main reasons?	☐ Acute otitis media ☐ Bacterial LRT superinfection ☐ Bacteriemia ☐ Cellulitis or other cutaneous infections ☐ Central line-associated bloodstream infection ☐ Encephalitis ☐ Ethmoiditis ☐ Mastoiditis ☐ Meningitis ☐ Persistent fever of unknown origin ☐ Sepsis ☐ Other reason
8.2.1.1	If 'For which main reasons?' is equal to 'Other reason' answer this question: Other reason	
8.2.2	If 'Antibiotics treatment' is equal to 'Yes' answer this question: Which antibiotics?	☐ amoxicillin ☐ amikacine ☐ amoxicillin+ clavulanate ☐ azythromycin ☐ cefadroxyl ☐ cefazoline ☐ cefepime ☐ cefotaxime ☐ ceftazidim ☐ ceftriaxone ☐ cefuroxime ☐ cefuroxime axetil ☐ ciprofloxacin ☐ clarithromycin ☐ clindamycin ☐ flucloxacillin ☐ meropenem ☐ penicillin ☐ piperacillin tazobactam ☐ temocillin ☐ Trimethoprim/sulfamethoxazole ☐ vancomycin ☐ Other
8.2.2.1	If 'Which antibiotics?' is equal to 'Other' answer this question: Other antibiotic	
8.2.3	If 'Antibiotics treatment' is equal to 'Yes' answer this question: Total duration antibiotic use	days

8.3	Use of respiratory support?	☐ Yes ☐ No ☐ Unknown
8.3.1	If 'Use of respiratory support?' is equal to 'Yes' answer this question: Which respiratory support was used?	☐ BIPAP ☐ CPAP ☐ Optiflow ☐ Oxygen goggles
8.3.2	If 'Use of respiratory support?' is equal to 'Yes' answer this question: Total duration?	days
8.4	Nutritional support?	☐ Yes ☐ No ☐ Unknown
8.4.1	If 'Nutritional support?' is equal to 'Yes' answer this question: Which nutritional support was needed?	☐ Gastric feeding ☐ TPN
8.4.2	If 'Nutritional support?' is equal to 'Yes' answer this question: Total duration?	days

9. Complications - Complications

Number	Question	Answers
9.1	Any complication?	☐ Yes ☐ No ☐ Unknown
9.1.1	If 'Any complication?' is equal to 'Yes' answer this question: Secondary bacterial pneumonia (not present on admission)	☐ Yes ☐ No ☐ Unknown
9.1.2	If 'Any complication?' is equal to 'Yes' answer this question: Pleural effusion?	☐ Yes ☐ No ☐ Unknown
9.1.2.1	If 'Pleural effusion?' is equal to 'Yes' answer this question: Type of pleural effusion	☐ with drainage ☐ without drainage

9.1.3	If 'Any complication?' is equal to 'Yes' answer this question: Pneumothorax?	☐ Yes ☐ No ☐ Unknown
9.1.4	If 'Any complication?' is equal to 'Yes' answer this question: Proven bacteriemia/sepsis?	☐ Yes ☐ No ☐ Unknown
9.1.5	If 'Any complication?' is equal to 'Yes' answer this question: Bacterial pathogen identified in sterile sample?	☐ Yes ☐ No ☐ Unknown
9.1.5.1	If 'Bacterial pathogen identified in sterile sample?' is equal to 'Yes' answer this question: Which bacterial pathogen was identified	☐ Escherichia coli ☐ Haemophilus influenza ☐ Klebsiella pneumoniae ☐ Moraxella catharralis ☐ Staphylococcus aureus ☐ Streptococcus beta hemolyticus group A (GAS) ☐ Streptococcus pneumoniae ☐ Other
9.1.5.1.1	If 'Which bacterial pathogen was identified' is equal to 'Other' answer this question: Specify other	
9.1.6	If 'Any complication?' is equal to 'Yes' answer this question: Febrile seizures	☐ Yes ☐ No ☐ Unknown
9.1.7	If 'Any complication?' is equal to 'Yes' answer this question: Encephalitis	☐ Yes ☐ No ☐ Unknown
9.1.8	If 'Any complication?' is equal to 'Yes' answer this question: Other important complication	☐ Yes ☐ No ☐ Unknown
9.1.8.1	If 'Other important complication' is equal to 'Yes' answer this question: Other complication specify	
9.1.9	If 'Any complication?' is equal to 'Yes' answer this question: Transfert to a tertiary hospital (for ICU admission)?	☐ Yes ☐ No ☐ Unknown

10. ICU stay - ICU

Number	Question	Answers
10.1	ICU admission needed?	☐ Yes ☐ No ☐ Unknown
10.1.1	If 'ICU admission needed?' is equal to 'Yes' answer this question: Duration of ICU stay	days
10.1.2	If 'ICU admission needed?' is equal to 'Yes' answer this question: Transfer from another hospital ?	☐ Yes ☐ No ☐ Unknown
10.1.3	If 'ICU admission needed?' is equal to 'Yes' answer this question: Invasive ventilatory support? (IET)	☐ Yes ☐ No ☐ Unknown
10.1.3.1	If 'Invasive ventilatory support? (IET)' is equal to 'Yes' answer this question: Duration? (days)	days
10.1.4	If 'ICU admission needed?' is equal to 'Yes' answer this question: Extracorporeal membrane oxygenation (ECMO)	☐ Yes ☐ No ☐ Unknown
10.1.4.1	If 'Extracorporeal membrane oxygenation (ECMO)' is equal to 'Yes' answer this question: ECMO duration	days
10.1.5	If 'ICU admission needed?' is equal to 'Yes' answer this question: Complications in ICU	☐ Acute renal insufficiency ☐ ARDS ☐ Guillain Barré syndrome ☐ Multi-organ failure (MOF) ☐ Myocarditis/pericarditis ☐ Sepsis on CVC ☐ Septic shock ☐ Thromboembolic complications ☐ Ventilatory Acquired Pneumoniae

11. Discharge - Discharge

Number	Question	Answers
11.1	Date of discharge	(dd-mm-yyyy)
11.2	Status at discharge	Alive Death Important sequellae
11.2.1	If 'Status at discharge' is equal to 'Important sequellae' answer this question: Important sequellae, specify	