

Effect of ethnicity on influenza prevalence, disease severity, and vaccination status among the university students of the United Arab Emirates

Demographics:

- **Age (Years):**
- **Categorize your BMI:**
 - Normal
 - Overweight
 - Obese
- **Name of your University:**
- **Ethnicity (Select from dropdown):**
 - Emirati
 - Other Arab
 - Iranian
 - South Asian (includes Indian, Bangladeshi, Pakistani, Sri Lankan, etc.)
 - Filipino
 - Egyptian
 - Westerner
 - East Asian (China, Japan, Mongolia, North Korea, South Korea, and Taiwan)
 - African
- **Duration of stay in the UAE**
 - Less than 1 Year
 - 1 – 5 Years
 - More than 5 Years
- **Do you live with your family in the UAE?**
 - Yes
 - No
- **Do you have good health insurance?**
 - Yes
 - No
- **Do your family members also have health insurance?**
 - Yes
 - No
- **How will you categorize your family based on economic status:**
 - Well off

Just adequate
Not adequate

- **Educational background of parents:**

Both parents are university graduates
One parent is a university graduate
Both have a high school level or less education

Prevalence of influenza and severity

- **Do you know that seasonal influenza, also known as flu, is caused by influenza viruses?**

Yes, I Know
No, I didn't know

- **Do you know that Flu season in the UAE typically peaks between October and February?**

Yes, I Know
No, I didn't know

- **Have you been infected by the influenza virus (Seasonal flu)? (Choose one of the following)**

Never
Yes (in the last 1 year)
Yes (in the last 5 years)

- **Did you visit the doctor for flu treatment?**

I never had the Flu
No, I did not see the doctor
Yes, I visited the doctor

- **If you visited the doctor, was a nasal or throat swab (sample) taken from you?**

Yes
No
Not applicable

- **Did the test(s) confirm that you had influenza (Flu)?**

Yes
No
Don't know

Not applicable

▪ **Did you experience fatigue following the flu illness?**

Yes

No

Not applicable

▪ **On a scale of 1- 5, how severe was your flu experience?**

1

2

3

4

5

Not applicable

▪ **How long were you ill during your flu infection?**

0-2 days

3-5 days

More than 5 days

Not Applicable

▪ **Were you hospitalized in connection with your flu illness?**

Yes

No

Not Applicable

▪ **If yes, how many days did you stay in the hospital?**

1-2 days

3-5 days

More than 5 days

Not Applicable

▪ **If you have the flu, mark which symptoms you had. (You can select multiple symptoms)**

1. Headache
2. Stuffy nose / runny nose
3. Sore throat
4. Cough
5. Shortness of breath
6. Chest pain

7. No Fever
8. Low-grade Fever
9. High Fever
10. Convulsions
11. Joint pain
12. Muscle pain
13. Vomiting, diarrhea
14. Ear infection
15. Pneumonia
16. Other

▪ **Did you experience any complications (e.g., pneumonia) following the flu?**

Yes
No
Not Applicable

▪ **Have you used influenza antiviral medicine during flu treatment?**

Yes
No
Not applicable

▪ **Do you have one or more of the following diseases/conditions?**

1. Asthma
2. Diabetes Mellitus
3. Cardiovascular disease
4. Kidney disease
5. Impaired immune system
6. Any other condition

▪ **Do you think flu can spread through coughs, sneezes, or dirty hands?**

Yes
No

▪ **Do you think some people can die due to complications of flu infection?**

Yes
No

▪ **When you are feeling sick with flu symptoms, how often do you come to school/university anyway?**

Always

Often
Rarely
Never

- **How often do you stay home when you are sick to control the spread of infection to others?**
Always
Often
Rarely
Never
- **When you cough or sneeze, how often do you use your arm to cover it?**
Always
Often
Rarely
Never
- **If you cough or sneeze on your hands, how often do you wash/clean them after that?**
Always
Often
Rarely
Never

Vaccination

- **Are you aware of any vaccination against the flu?**
Yes
No
Not sure
- **If yes, did you take a vaccination against the flu last year?**
Yes
No
- **Did you get or are you planning to get the flu vaccine this year?**
Yes, if it is free of cost
Yes, at all costs
No, even if it is free of cost

- **Have you been regularly taking annual booster shots of the influenza vaccine?**
 - Yes
 - No
- **If you have received the flu vaccine, have you experienced any adverse side effects?**
 - Yes
 - No
 - Not applicable
- **If you have received a flu vaccination, do you feel it was effective?**
 - Yes
 - No
 - Not applicable
- **Do you think the seasonal flu vaccine is effective in preventing influenza for an individual?**
 - Yes
 - No
- **Do you think seasonal flu vaccination among community members is the most effective way to control the spread of influenza?**
 - Yes
 - No
- **Do you believe that getting the flu vaccination is necessary for public health?**
 - Yes
 - No
- **If you had an influenza vaccine in the past year, please select one of the following:**
 - It was free for me
 - It was covered by my insurance
 - I paid for the vaccine
- **If you have not taken the vaccine, will you take it if provided to you for free?**
 - Yes
 - No

- **Will you recommend your family members get vaccinated against the flu (Select one of the following)**
 - Never
 - Yes, if provided for free
 - Yes, at all costs
- **Do you think seasonal flu is not a big illness to consider vaccination for?**
 - Yes
 - No
- **Do you think vaccination lowers natural immunity?**
 - Yes
 - No