

## **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