

Supplementary Figure S1. The WHO-based proforma used for the collection of blood samples

MR #: _____ EPID #: _____

Sentinel site information		Province: _____																																	
Name of Health facility: _____		Date of investigation: _____																																	
District: _____		1. Name: _____																																	
Patient's information		2. Sex: <i>Male</i> <i>Female</i>																																	
1. Father / Husband Name: _____		3. Age _____ If less than 2 Yrs.: _____ Months																																	
4. Address: Village/Mohallah: _____ /UC#: _____		Mobile Phone Number: _____																																	
Town/Tehsil: _____ District: _____																																			
Type of Locality: Urban Peri Urban Rural																																			
Drinking Water Source: Municipality Ground water (Well), Surface water (Shallow well, streams etc.) Other																																			
If other, please specify: _____																																			
5. History of Fever for at least 03 days during last week present? Yes No		If No, Stop investigation and exclude the case.																																	
6. Has the patient received Typhoid conjugate vaccine (TCV): Yes No Unknown		If Yes, Number of Doses: _____ Date of Last Vaccination: _____/_____/_____																																	
History of current illness:		1 Date of Onset of initial illness symptoms: _____/_____/_____																																	
1. Symptoms: History of Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (related to current visit)		2. Household contact with a confirmed case of typhoid or paratyphoid fever in 28 days before onset of illness: Yes No If Yes, please mention details: _____																																	
4. Medication prior to current medical evaluation (check all that apply)		3. Travel history within last 28 days before onset of illness for persons to endemic settings: Yes No If yes, please mention details of travelled destination: _____																																	
<table border="1"> <thead> <tr> <th>Medicine</th> <th>Yes</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr> <td>Antibiotics</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">↓ If Yes</p>		Medicine	Yes	No	Unknown	Antibiotics																													
Medicine	Yes	No	Unknown																																
Antibiotics																																			
Name of Antibiotics: _____																																			
Hospitalization:																																			
Was patient admitted to Hospital during current illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of admission: _____/_____/_____																																	
Outcome of Case: Cured Complicated Died		If yes, please mention details: _____																																	
Were there any associated complications? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
Name & Designation of the investigating Officer: _____																																			
Laboratory Part: (To be filled by Lab)																																			
1. Was blood sample taken? Yes No		2. Date of Sample collection: _____/_____/_____																																	
4. Date of Sample received in Lab: _____/_____/_____		3. Date of Sample sent to the Lab: _____/_____/_____																																	
5. Date of Result: _____/_____/_____																																			
Blood Culture Result: Positive Negative Not Done		If Positive, Type of isolate: Salmonella Typhi Salmonella Para typhi (A, B, C), Other: _____																																	
Was antibiotic Sensitivity Testing Performed? Yes No		If Yes, Was the Organism Resistant to: (use ✓)																																	
		<table border="1"> <thead> <tr> <th>Antibiotic</th> <th>Yes</th> <th>No</th> <th>Not Tested</th> </tr> </thead> <tbody> <tr> <td>Chloramphenicol</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ampicillin</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Co-Trimoxazole</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fluoroquinolones</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cefixime/Ceftriaxone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Azithromycin</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Meropenem</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Antibiotic	Yes	No	Not Tested	Chloramphenicol				Ampicillin				Co-Trimoxazole				Fluoroquinolones				Cefixime/Ceftriaxone				Azithromycin				Meropenem			
Antibiotic	Yes	No	Not Tested																																
Chloramphenicol																																			
Ampicillin																																			
Co-Trimoxazole																																			
Fluoroquinolones																																			
Cefixime/Ceftriaxone																																			
Azithromycin																																			
Meropenem																																			
Final Classification Discarded Salmonella Positive If Salmonella Positive, Specify Type: XDR MDR Non-resistant inconclusive																																			
Name & Designation of Lab focal person: _____		Date: _____																																	

Supplementary Table S1. WHO Classification of Typhoid fever cases by drug resistance status.

WHO classification for sensitive and resistant <i>S. Typhi</i>	
Non-resistant <i>S. typhi</i>	If the <i>S. typhi</i> isolates are sensitive to first-line and third-line antibiotics (cefixime and ceftriaxone) and with or without susceptibility to second-line antibiotics
Multi-drug Resistant (MDR) <i>S. typhi</i>	If the <i>S. typhi</i> isolates are resistant to first-line antibiotics but sensitive to third-line antibiotics and with or without resistance to second-line antibiotics
Extensively drug-resistant (XDR) <i>S. typhi</i>	Resistance to all three lines of drugs but still sensitive to a few antibiotics like carbapenems and Azithromycin
Pan drug-resistant (PDR) <i>S. typhi</i>	Resistant to all antibiotics or any clinically available antibiotics called PDR