

**ONLINE SUPPLEMENTARY S2**

*Risk factor:* Variable associated with an increased risk of disease or infection.<sup>109</sup>

*Odds ratio:* An odds ratio (OR) is another measure of association that quantifies the relationship between exposure with two categories and health outcome.<sup>110</sup>

*Risk:* The probability or chance, as measured by the occurrence of new cases of disease in a defined population over a defined period. Risk relates to the number of newly observed cases.

*Risk ratio/relative risk:* A risk ratio (RR), also called relative risk, compared the risk of a health event (disease/illness, injury, risk factor, or death) among one group with the risk among another group.

*Level of athlete performance:* Studies were categorized according to the level of performance of the athletes participating in the study and included: elite/professional, amateur, trained/competitive, recreational or a combination thereof.

*Pathological classification* (main and subgroups) of acute respiratory illness (ARill) and infections (ARinf) by diagnostic method.

Pathological classification		Methods to diagnose ARill	Description
Main group	Subgroup		
General (undiagnosed) acute respiratory illness (ARill)		<ul style="list-style-type: none"> <li>• Self-reported symptoms of ARill only</li> <li>• Self-reported symptoms combined with an algorithm at least partially validated for ARill</li> <li>• Self-reported symptoms of an ARill reviewed by a physician, but without clinical or laboratory evaluation</li> <li>• Clinical diagnosis of an ARill by a physician, based on history and clinical examination</li> </ul>	<ul style="list-style-type: none"> <li>• General symptoms of an ARill where the pathology could not be attributed specifically to an infection</li> <li>• ARill studies could include illnesses that are due to either infective or non-infective causes but were not specified in the study design</li> </ul>
Acute respiratory infection (ARinf)	Suspected acute respiratory tract infection (ARinf)	<ul style="list-style-type: none"> <li>• Self-reported symptoms combined with an algorithm that has been validated for ARinf</li> <li>• Self-reported symptoms of an ARinf reviewed by a physician, but without clinical or laboratory evaluation</li> <li>• Clinical diagnosis of an ARinf by a physician, based on history and clinical examination</li> </ul>	<ul style="list-style-type: none"> <li>• General symptoms and/or physical signs suggestive of an ARinf, but where the specific pathology of an infection was not confirmed</li> <li>• The validated questionnaires that were used included the Wisconsin Upper Respiratory Symptom Survey (WURSS-21®); the Jackson Cold Scale (JCS); or other questionnaires in which the severity of the symptoms were scored to provide a quantitative assessment (AIS Symptom log).<sup>21</sup></li> </ul>
	Confirmed acute respiratory tract infection (ARinf)	<ul style="list-style-type: none"> <li>• Clinical diagnosis of ARinf by a physician that was confirmed by laboratory investigation to identify a specific pathogen utilising polymerase chain reaction (PCR) testing on specimen(s), culture of an</li> </ul>	<ul style="list-style-type: none"> <li>• In some studies, the identified pathogen was associated with a viral outbreak in a sporting team. The incidence rates in these studies may not reflect the rates of ARinf in general studies monitoring for ARinf in athletes.</li> </ul>

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