

ONLINE SUPPLEMENTARY S2

Risk factor: Variable associated with an increased risk of disease or infection.¹⁰⁹

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

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"> • Self-reported symptoms of ARill only • Self-reported symptoms combined with an algorithm at least partially validated for ARill • Self-reported symptoms of an ARill reviewed by a physician, but without clinical or laboratory evaluation • Clinical diagnosis of an ARill by a physician, based on history and clinical examination 	<ul style="list-style-type: none"> • General symptoms of an ARill where the pathology could not be attributed specifically to an infection • ARill studies could include illnesses that are due to either infective or non-infective causes but were not specified in the study design
Acute respiratory infection (ARinf)	Suspected acute respiratory tract infection (ARinf)	<ul style="list-style-type: none"> • Self-reported symptoms combined with an algorithm that has been validated for ARinf • Self-reported symptoms of an ARinf reviewed by a physician, but without clinical or laboratory evaluation • Clinical diagnosis of an ARinf by a physician, based on history and clinical examination 	<ul style="list-style-type: none"> • General symptoms and/or physical signs suggestive of an ARinf, but where the specific pathology of an infection was not confirmed • 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).²¹
	Confirmed acute respiratory tract infection (ARinf)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.

		organism from specimen(s), or serology (e.g. rise in antibody titres)	
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