University of California San Francisco
Nouna Center of Health Research
Parental or Legal Guardian Consent for Study Participation

Information Notice:

For parents or legal guardians of children under 5 years of age
Title: MORDOR II Burkina Faso: Longitudinal Trial
Date: 2/10/2020
Version: 2.6

Significance of Consent:

"Consent" signifies that you authorize your child to participate in this clinical research study. You have the right to decide if you want your child to participate or not. The objective of this document is to explain the study to you. Please take the time to read or listen attentively to the following information.

This medical research only includes the people who have chosen to participate. Take your time in making your decision to participate in this study. You can discuss your decision with your friends and family. If you have questions, you can ask the study physicians or the CRSN personnel.

We ask that your child participates in this study because your child is within our study area. You can choose to participate in this study or not. The participation of your child is voluntary.

Why is this study being conducted?

The objective of this study is to determine how antibiotic treatment impacts child growth and intestinal microbiome changes over a 6 month period.

The microbiome is a community of micro-organisms, like bacteria, that live within the body to protect us against germs and pathogens. This study will investigate if taking the antibiotic Azithromycin changes these micro-organisms within the body.

How many children will participate in this study?

1500 children will participate.

What happens if my child participates in this study?

If you agree to participate in this study, we will:

-Treat children between 8 days old and 59 months old with a single dose of antibiotics (Azithromycin) or a placebo

- Your children will be measured (if they can stand) or weighed (if they cannot stand) to determine the dosage treatment.
- Your child will then receive the treatment. Treatment is a liquid solution.

- Your children could receive the antibiotic, or they could receive the placebo. A computer program is going to decide randomly which group your child will be in (by chance, like flipping a coin). Your child will have an equal probability of being assigned to either the treatment or the placebo group. We cannot know which group your child will be in. The placebo will have the same appearance and the same taste as the antibiotic but it does not contain any active substance.
- The study will be "blinded" meaning neither you, your child, nor the study staff will know which treatment group your child has been assigned to.

We will complete the following on days 0, 14, and 180:

-**Measure your child's height, weight, and mid upper-arm circumference**
-**Conduct a blood smear (thick and thin) to detect your child's malaria status at each visit**
-**Measure the child's core body temperature** to evaluate if the child has a fever
-**Take a nasal sample from your child.** A trained medical officer will insert a flexible swab with a cotton tip in your child's nose until it reaches the back of the nose.
-**Obtain a fresh stool from your child.** Your child will have to discharge feces in a plastic bag and a trained health professional will take the sample.
-**Obtain a rectal swab from your child.** A trained medical officer will insert a flexible swab with a cotton tip into your child's rectum.
- **Collect a blood sample from your child**. A trained medical officer will place a tourniquet into a vein on your child's arm and take a tube of blood. The maximum amount of blood to be collected is 10ml. The amount of blood to be drawn for research and clinical purposes will not exceed 2 ½% of total blood volume for a single draw.
-**Ask for information about your child's health and record if your child is alive or if they passed away.**

If your child is younger than 28 days old, we will take extra precautions such as:

-**A field worker will visit your home** once a week for 3 weeks following treatment
-**The field worker will ask you a series of questions** regarding your child's health since treatment
-**Any child suspected of having Pyloric Stenosis will be immediately referred** to the study pediatrician for evaluation

What will become of the samples taken during the study?
The samples taken from your child will be frozen and stored without your child's name or identification at the CRSN in Nouna and in the Heinz Laboratory at the F.I. Proctor Foundation at 513 Parnassus Avenue, S310, San Francisco, CA 94143.

If you agree to let us collect and store your child's specimen for future biological research, after all tests for this study are performed, we will keep them for 30 years in what is called a "tissue bank" for future research. If you subsequently decide that you do not want your child's samples and information used for future research, you may notify us, and we will destroy all remaining identifiable samples and information. However, if research has already been done on parts of your specimens, the data will be retained and analyzed as part of this research. If you'd like to request the destruction of your child's remaining samples, please contact Dr. Catherine Oldenburg at +14155028843 or Dr. Ali Sie, Director of CRSN, at +22620537043.

All samples from your child will be labeled with a random number. Age, gender, and community of residence will be available for each sample, but names will be kept confidential. Therefore, all specimens will be de-identified. Access to these samples will generally be limited to study staff. Only a few study staff members at the CRSN will be able know which number goes with your child's name. As per the Bill

and Melinda Gate's Foundation Open Access Policy, some of your child's de-identified data and specimens may be shared for further research.

Specimens may be used in the development of tests, products, or discoveries that may have potential commercial value in which you will not be paid or receive money.

How long will my child be in the study?

The entire procedure time your child will be in the study is 1 hour and 45 minutes. These procedures will take place over the course of 6 months.

Day 0: Treatment will take approximately 15 minutes. In addition, it will take 5 minutes for the height, weight, and mid upper arm circumference measurements, 10 minutes for the blood sample, 5 minutes for the nasopharyngeal sample, 5 minutes for the stool sample, and 5 minutes for the blood smear. The total time on day 0 will be approximately 45 minutes.

Days 14 and 180: We will not be treating your child on these days. It will take 5 minutes for the height, weight, and mid upper arm circumference measurements, 10 minutes for the blood sample, 5 minutes for the nasopharyngeal sample, 5 minutes for the stool sample, and 5 minutes for the blood smear. The total time on days 14 and 180 is 30 minutes each.

If your child is under 28 days old, there will be a household visit once a week for 3 weeks following treatment. These household visits will take approximately 10 minutes each visit. Therefore, your child will be in the study an additional 30 minutes. The total time for a child under 28 days old in the study is 2 hours and 15 minutes over the course of 6 months.

Can my child stop participating in the study?

Yes. You can decide to stop participating at any moment. Inform the study physician or the CRSN personnel if you are considering stopping or if you decide to stop. They will tell you how to stop your child’s participation safely.

What are the secondary effects or the risks my children can expect to suffer?

Your child can have secondary effects during the study. The secondary effects frequently associated with this type of antibiotic are: diarrhea, abdominal pain, vomiting, or skin rashes. Each child participating in this study will be carefully monitored for any side effects.

Your child may also be allergic to the study medication. The most common allergic reactions to this type of treatment are: a rash, itching, or dizziness. Serious allergic reactions such as shortness of breath or swelling of the face/tongue/lips are rare and will be closely monitored and treated free of charge by our team.

Taking the treatment might also increase the risk of your child developing infantile hypertrophic pyloric stenosis (IHPS). IHPS is when the opening between the stomach and small intestines thickens, if this happens your child will vomit and won’t be able to feed properly. The only way to treat IHPS is to perform a surgery that will widen the opening between the stomach and the small intestines. This is an uncommon condition and your child will be monitored very closely for any early signs of IHPS. If your

child develops symptoms that might be related to this condition s/he will be seen immediately by a pediatrician for further evaluation. All medical and transportation costs will be free to you and your child.

The antibiotic treatment can change the variability of the types of bacteria in your child's gut. Some research suggests that this change will only be temporary and the diversity of bacteria living in your child' s intestine and nose will return to normal after a few weeks after treatment. However, it is not guaranteed that this return to normalcy of bacteria will occur.

Risk of injury during the exam procedure is minimal. Your child may experience discomfort when we collect the blood sample, but the risk of injury is minimal. Measuring the child's body temperature may be associated with discomfort. Nose bleeding can occur after nasopharyngeal swabs, if this is the case, a medical staff member will treat your child immediately. Some effects are associated with venipuncture such as discomfort at the site of puncture, bruising, swelling, and rarely infection. Discomfort can also be associated with the rectal swab. Trained staff will attempt to mitigate any negative risks. You should talk to a CRSN staff member if your child is experiencing any side effects.

What are the advantages of participating in this study?

If your child is in the group that receives the antibiotic, they may benefit from participating in the study, but this cannot be guaranteed. The children who receive placebo will not receive any benefit from the treatment.

What other choices do I have if my child is not participating in the study?

You can decide to participate in the study or not to participate in the study. Your participation is voluntary. It is your choice if your child participates in the study or not. Nothing will happen to you or your child if you decide that your child will not participate in this study.

How will my child's information be kept confidential?

The data you give us is protected. We will collect the answers to the questions using tablets. Once the questions are collected, the answers will be locked on the tablet until they are transferred to a secure location at the CRSN and then sent to a secure server. Only study staff will be allowed to see these responses. Written consents will be kept in locked cabinets at the CRSN accessible only to study staff.

There is always a risk of loss / breach of confidentiality of study data, but we will take steps to prevent this from happening.

By signing this consent form, you authorize us to use your child's personal and medical information as described in this document.

- Your child's personal and medical information can be accessed by UCSF and others (such as regulators and ethics committees). These measures are designed to ensure that the study is conducted appropriately.

- In addition, only study staff are allowed to use information that identifies you and your child (such as your child's name) for study purposes only.

- The study information will have a code number. They will not include your child's name. The key linking the code and the child's name will be maintained by the Principal Investigator (Dr. Ali Sie) or a delegate.

- The key linking your child's name and code number will not be disclosed (only coded information will be used for the study).

- CRSN and UCSF can:

- store data in electronic format and analyze for study results
- Share data with authorized regulatory agencies.
- Share data with ethics committees
- Share coded information with companies, organizations or universities for research purposes.

The personal and medical data collected could be transferred, stored and used in your country of residence but also in any other country where the institutions collaborate with UCSF or CRSN.

This information may be used in countries where data protection is lower than in your country of residence. UCSF and CRSN will ensure that the data transferred is processed in accordance with the consent form you signed.

The clinical trial will be described on http://www.clinicaltrials.gov, according to American law.

What is the cost of participating in this study?

You and your children will not be charged for any of the study activities.

Will my child and I be paid for participating in the study?

You and your child will not be paid for participating in this study.

What happens if my child is injured as a result of participating in this study?

It is important that you inform a member of the CRSN personnel if you think that your child was injured as a result of participating in this study. You will not have to pay for medical treatment if your child is injured because of their participation in this study.

Who can answer my questions about the study?

If you have questions about the study or your rights as a participant to someone other than the researchers or if you have concerns about the study, please contact the President of the Ethics for Health Research Committee Professor Seni Kouada 09 P Box 7009 Ouagadougou 09, telephone: +226 50 36 6674 or the President of the CRSN Ethical Committee: M Zoumbara Jean Desire, telephone: +22670716530, P Box 02, Nouna This is a medical research study. This study will be explained to you by a member of the CRSN personnel. Dr. Ali Sie, Director of CRSN, telephone: +22620537043, is here to answer your questions. Dr. Mamadou Bountogo, the coordinator of the study at CRSN, telephone: +22670398944 and the other Principal Investigator, Dr. Catherine Oldenburg at the University of California San Francisco is available to answer your questions by telephone at +14155028843.

Attest of Consent

Participant ID_____

I, the undersigned:

_____

Name of Parent or Legal Guardian

_____

Name of Child/Participant

I have read the informed consent form, or it was read to me. I understand perfectly the information here above. I had the opportunity to ask questions, and I had satisfactory answers. I voluntarily consent to have my child participate in this research. I understand that I have the right to refuse my participation or to stop at any moment without penalty or loss of benefits which I am otherwise entitled.

By signing below I also acknowledge that the samples from my child will be used for further study. These samples will be coded, but de-identified to my child's identity.

I authorize my child to participate in this study.

_____ _____
Date Parent/ Legal Guardian or fingerprint (in case the participant is illiterate)

_____ _____
Date Witness Signature or fingerprint (in case the participant is illiterate)

_____ _____
Date Signature of the Person who obtained the Consent