

Supplementary file 2. Delphi round-one questions for TITAN HSV/VZV study

- **Diagnosis and investigation to guide treatment**

1. What are the clinical signs that make you suspect a viral AU in the first presentation of the patient above?

HSV		VZV	
a.	Unilaterality	a.	Unilaterality
b.	Raised IOP	b.	Raised IOP
c.	Decreased corneal sensation	c.	Decreased corneal sensation
d.	Cornea oedema	d.	Cornea oedema
e.	Diffuse KPs	e.	Diffuse KPs
f.	Stellate KPs	f.	Stellate KPs
g.	Granulomatous KPs	g.	Granulomatous KPs
h.	Anterior synechiae	h.	Anterior synechiae
i.	Posterior synechiae	i.	Posterior synechiae
j.	Absence of synechiae	j.	Absence of synechiae
k.	Iris heterochromia	k.	Iris heterochromia
l.	Iridoplegia	l.	Iridoplegia
m.	Diffuse iris atrophy	m.	Diffuse iris atrophy
n.	Sectorial iris atrophy	n.	Sectorial iris atrophy
o.	Engorged iris vessels	o.	Engorged iris vessels
p.	Anterior chamber cells	p.	Anterior chamber cells
q.	Anterior chamber flare	q.	Anterior chamber flare

2. Do you think it is important to perform the following when a viral AU is suspected? Please select one of the following:

Aqueous tap

HSV		VZV	
a.	All the time	a.	All the time
b.	Often	b.	Often
c.	Sometimes	c.	Sometimes
d.	Rarely	d.	Rarely
e.	Never	e.	Never
f.	Not available in my center	f.	Not available in my center

Serology i.e. IgM and IgG

HSV		VZV	
a.	All the time	a.	All the time
b.	Often	b.	Often
c.	Sometimes	c.	Sometimes
d.	Rarely	d.	Rarely
e.	Never	e.	Never
f.	Not available in my center	f.	Not available in my center

Confocal microscopy

HSV		VZV	
a.	All the time	a.	All the time
b.	Often	b.	Often
c.	Sometimes	c.	Sometimes
d.	Rarely	d.	Rarely
e.	Never	e.	Never

f. Not available in my center

f. Not available in my center

Comments: free text

Comments: free text

3. Do you perform additional investigations i.e. aqueous tap, serology or confocal microscopy in the presence of classical skin lesions to confirm your diagnosis of a viral AU?

HSV

VZV

E.g. Cold sores, crops of oral or facial vesicles, please comment:

E.g. Dermatomal skin blisters, please comment:

Comments: free text

Comments: free text

4. What will you send the aqueous tap for? Please select any/all of the following:

HSV

VZV

a. Multiplex qualitative PCR for various infective causes
b. Multiplex quantitative PCR for various infective causes
c. GWC for intraocular antibodies concurrent with PCR
d. GWC for intraocular antibodies if PCR negative
e. Microscopy and culture
f. Drug resistance testing assuming you have a positive initial result

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b. Multiplex quantitative PCR for various infective causes
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Comments: free text

Comments: free text

5. If you perform multiplex qualitative PCR for various infective causes, is this followed by quantitative PCR where available?

HSV

VZV

a. Yes
b. No, it is not available
c. No, I do not use quantitative PCR results for my management

a. Yes
b. No, it is not available
c. No, I do not use quantitative PCR results for my management

Comments: free text

Comments: free text

6. In your practice currently, how is the diagnosis of a viral AU clinched - What proportion of your patients (* expressed in %) are diagnosed based on:

HSV

VZV

I diagnose viral AU based solely on clinical features only. I do not perform laboratory testing ____ %
I diagnose viral AU based on clinical features as the laboratory tests were negative ____ %
I diagnosed viral AU based on clinical features and this was confirmed with laboratory tests being positive ____ %

I diagnose viral AU based solely on clinical features only. I do not perform laboratory testing ____ %
I diagnose viral AU based on clinical features as the laboratory tests were negative ____ %
I diagnosed viral AU based on clinical features and this was confirmed with laboratory tests being positive ____ %

What is the predominant clinical presentations you see? (Posner Sclossman, Fuchs-like, Non sepecific chronic AU, others) Please comment: free text

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7. What and how often do you perform blood investigations for your patients maintained on systemic antiviral therapy?

Who takes responsibility for ordering and reviewing these tests

HSV

VZV

- a. Infectious disease specialist
- b. Internal medicine specialist
- c. Myself, the ophthalmologist

- a. Infectious disease specialist
- b. Internal medicine specialist
- c. Myself, the ophthalmologist

Complete blood counts

HSV

VZV

- a. Once a year
- b. Twice a year
- c. Thrice a year
- d. 4 or more times per year
- e. Never

- a. Once a year
- b. Twice a year
- c. Thrice a year
- d. 4 or more times per year
- e. Never

Urea, creatinine and electrolytes

HSV

VZV

- a. Once a year
- b. Twice a year
- c. Thrice a year
- d. 4 or more times per year
- e. Never

- a. Once a year
- b. Twice a year
- c. Thrice a year
- d. 4 or more times per year
- e. Never

Liver function tests

HSV

VZV

- a. Once a year
- b. Twice a year
- c. Thrice a year
- d. 4 or more times per year
- e. Never

- a. Once a year
- b. Twice a year
- c. Thrice a year
- d. 4 or more times per year
- e. Never

Comments: free text

Comments: free text

8. Do you use endothelial cell count as a surrogate marker for control of infection?

HSV

VZV

- a. Yes
- b. No

- a. Yes
- b. No

Are other imaging modalities of importance in your follow-up of patients? Please comment: free text

Are other imaging modalities of importance in your follow-up of patients? Please comment: free text

• Treatment

1. Do you initiate treatment (nonspecific i.e. anti-inflammatory therapy or specific i.e. antiviral therapy) in the following instances?

PCR/GWC pending or unavailable

HSV

VZV

- a. Yes, only anti-inflammatory treatment
- b. Yes, only antiviral treatment
- c. Yes, both anti-inflammatory and antiviral treatment
- d. No, I do not start treatment

- a. Yes, only anti-inflammatory treatment
- b. Yes, only antiviral treatment
- c. Yes, both anti-inflammatory and antiviral treatment
- d. No, I do not start treatment

PCR/GWC negative

HSV

VZV

- a. Yes, only anti-inflammatory treatment
- b. Yes, only antiviral treatment
- c. Yes, both anti-inflammatory and antiviral treatment
- d. No, I do not start treatment

- a. Yes, only anti-inflammatory treatment
- b. Yes, only antiviral treatment
- c. Yes, both anti-inflammatory and antiviral treatment
- d. No, I do not start treatment

Comments: free text

Comments: free text

2. How does the results from an aqueous tap help you to modify or end treatment? Please select any/all of the following:

HSV	VZV
a. I alter my treatment dosages/frequency/duration based on results of repeated PCR/GWC	a. I alter my treatment dosages/frequency/duration based on results of repeated PCR/GWC
b. I stop treatment only if repeated PCR/GWC is negative	b. I stop treatment only if repeated PCR/GWC is negative
c. I do not repeat PCR/GWC. I follow up the patient clinically	c. I do not repeat PCR/GWC. I follow up the patient clinically
Comments: free text	Comments: free text

3. What are the clinical endpoints in the treatment of viral AU? Please select any/all of the following:

HSV	VZV
a. Resolution of inflammation clinically i.e. cells, flare, KPs	a. Resolution of inflammation clinically i.e. cells, flare, KPs
b. Resolution of raised IOP	b. Resolution of raised IOP
c. Resolution of cornea oedema	c. Resolution of cornea oedema
d. Negative results on repeated aqueous tap	d. Negative results on repeated aqueous tap
Comments: free text	Comments: free text

4. Do you alter your treatment strategy based on clinical presentation? Please comment

HSV	VZV
Chronic AU Please comment: free text	Chronic AU Please comment: free text
Episodic hypternsive uveitis Please comment: free text	Episodic hypternsive uveitis Please comment: free text

5. Do you start on antiviral therapy?

HSV	VZV
a. Yes, only topical	a. Yes, only topical
b. Yes, only systemic	b. Yes, only systemic
c. Yes, both	c. Yes, both
d. No	d. No
Comments: please state your clinical indication/reasoning for your choice	Comments: please state your clinical indication/reasoning for your choice

6. What is your first line drug for systemic antiviral therapy assuming no contraindications?

HSV	VZV
a. PO acyclovir	a. PO acyclovir
b. PO valacyclovir	b. PO valacyclovir
c. PO famicyclovir	c. PO famicyclovir
d. Others	d. Others
e. No, I do not use systemic therapy	e. No, I do not use systemic therapy
Comments: free text	Comments: free text

7. What is your first line drug for topical antiviral therapy assuming no contraindications?

HSV	VZV
a. Acyclovir	a. Acyclovir
b. Trifluridine	b. Trifluridine
c. topical ganciclovir gel	c. topical ganciclovir gel 0.15%
d. Others	d. Others
e. No, I do not use topicals	e. No, I do not use topicals
Comments: free text	Comments: free text

8. What is your second line drug for antiviral therapy assuming no contraindications?

9. What is your typical dosage and duration of initial topical and/or systemic antiviral therapy?

10. What is your typical dosage and duration of maintenance topical and/or systemic antiviral therapy?

11. Will you start the following medications in a case of a viral AU?

Topical corticosteroids without antiviral coverage	
HSV	VZV
a. Yes	a. Yes
b. No	b. No
Topical NSAIDs without antiviral coverage	
HSV	VZV
a. Yes	a. Yes
b. No	b. No
Cycloplegics/mydriatics	
HSV	VZV
a. Yes	a. Yes
b. No, it is not required	b. No, it is not required
c. No, I worry about permanent n	c. No, I worry about permanent n
Comments: free text	Comments: free text

12. What is your first line drug for topical anti-inflammatory therapy assuming no contraindications?

HSV	VZV
a. Steroid	a. Steroid
b. NSAID	b. NSAID
Please select one of the following as your first line drug choice:	
HSV	VZV
a. Fluorometholone	a. Fluorometholone
b. Loteprednol	b. Loteprednol
c. Prednisolone Acetate 0.12%	c. Prednisolone Acetate 0.12%
d. Prednisolone Acetate 1%	d. Prednisolone Acetate 1%
e. Dexamethasone	e. Dexamethasone
f. Nepafenac	f. Nepafenac
g. Ketorolac tromethamin	g. Ketorolac tromethamine
Comments: free text	Comments: free text

13. Is there a role of periocular or systemic corticosteroids?

HSV		VZV	
a.	Yes, I use systemic corti	a.	Yes, I use systemic corticosteroid
b.	Yes, I use periocular cor	b.	Yes, I use periocular corticosteroid
c.	Yes, I use both	c.	Yes, I use both
d.	No	d.	No
Comments: free text		Comments: free text	

14. What is your typical dosage and duration of initial topical and/or systemic anti-inflammatory therapy? Please comment below.

15. What is your typical dosage and duration of maintenance topical and/or systemic anti-inflammatory therapy? Please comment below.

16. What is your first line drug for high IOP in a case of viral AU assuming no contraindications?

HSV		VZV	
a.	Beta Blocker	a.	Beta Blocker
b.	Alpha Agonist	b.	Alpha Agonist
c.	PGA	c.	PGA
d.	Miotic	d.	Miotic
e.	CAI (topical)	e.	CAI (topical)
f.	CAI (systemic)	f.	CAI (systemic)
Comments: free text		Comments: free text	

- **Follow up and complication**

1. How do you define a recurrence? Please comment in terms of duration since last treatment/flare, clinical signs and symptoms etc.

2. What is the frequency of recurrences before you will consider indefinite therapy?

Antiviral therapy			
HSV		VZV	
a.	Once a year	a.	Once a year
b.	Twice a year	b.	Twice a year
c.	Thrice a year	c.	Thrice a year
d.	4 or more times per year	d.	4 or more times per year
e.	Never	e.	Never
Anti-inflammatory therapy			
HSV		VZV	
a.	Once a year	a.	Once a year
b.	Twice a year	b.	Twice a year
c.	Thrice a year	c.	Thrice a year
d.	4 or more times per year	d.	4 or more times per year
e.	Never	e.	Never
Comments: free text		Comments: free text	

3. How will you adjust anti-inflammatory therapy or antiviral therapy prophylactic treatment prior to and after procedures like cataract or glaucoma surgery?
4. In your experience, does performing glaucoma surgery alter the prognosis of the infection?

HSV	VZV
a. Yes, for the better	a. Yes, for the better
b. Yes, for the worse	b. Yes, for the worse
c. No	c. No
d. Not sure	d. Not sure
Comments: free text	Comments: free text

5. If there is recurrence shortly on stopping therapy, what therapeutic approach would you adopt?

HSV	VZV
a. Restart initial dosages, similar taper	a. Restart initial dosages, similar taper
b. Restart initial dosages, longer taper	b. Restart initial dosages, longer taper
c. Restart initial dosages, indefinite maintenance therapy	c. Restart initial dosages, indefinite maintenance therapy
Comments: free text	Comments: free text

6. If the patient stops treatment, when would you restart therapy and why?

HSV	VZV
a. Immediately, even if there are no signs of disease activity	a. Immediately, even if there are no signs of disease activity
b. Only when disease activity is noted again	b. Only when disease activity is noted again
Comments: free text	Comments: free text

7. If there is evidence of active corneal involvement, how would this alter your therapy?

HSV	VZV
E.g. epithelial keratitis or stromal keratitis, please comment:	E.g. microdendrities, please comment: