

SUPPLEMENTARY FILE

Annexure 1: Characteristics of Included Studies (n=25)

Author (Year)	Study Design	Study Location/Population	Sample Size	Key Objectives	Main Findings	Quality Rating
Outbreak Investigations (n=8)						
Rao B et al. (2004) [24]	Outbreak investigation	Andhra Pradesh, children with AES	329 cases	Investigate 2003 AES outbreak	Identified CHPV as cause; CFR 55.6%	High
Chadha M et al. (2005) [25]	Outbreak investigation	Gujarat, pediatric AES cases	26 Confirmed cases	Confirm CHPV in 2004 outbreak	9/20 CHPV-RNA positive; CFR 78.3%	High
Gurav YK et al. (2010) [26]	Outbreak investigation	Nagpur, children with AES	78 AES cases	Investigate 2007 outbreak	39/78 CHPV-positive; CFR 43.6%	High
Tandale B et al. (2008) [27]	Outbreak investigation	North Telangana, children <15	90 AES cases	Determine CHPV contribution	25/52 CHPV-positive; CFR 54.4%	High
Dwivedi B et al. (2015) [29]	Outbreak investigation	Odisha, tribal population	23 AES cases	Document CHPV in eastern India	First CHPV confirmation in Odisha	High
Damle RG et al. (2018) [30]	Entomological investigation	Gujarat, sandfly populations	277 sandflies (9 pools)	Detect CHPV in vectors	CHPV detected in Sergentomyia spp.	High
Sudeep A et al. (2023) [31]	Entomological study	Maharashtra, sandfly diversity	6568 sandflies	Assess vector ecology	Shift from Phlebotomus to Sergentomyia	High
Balachandran C et al. (2025) [32]	Outbreak investigation	Gujarat, 2024 outbreak	64 confirmed cases	Document resurgence	Confirmed CHPV re-emergence	High
Laboratory/Diagnostic Studies (n=3)						
Sapkal GN et al. (2018) [14]	Diagnostic methods review	India	N/A	Review diagnostic tools	Compared RT-PCR, ELISA, virus isolation	Low
Tripathy A et al. (2005) [23]	Immunological study	Children with CHPV	14 patients	Assess cytokine levels	Elevated TNF- α in recovered children	Moderate
Cherian S et al. (2012) [28]	Genomic analysis	Indian isolates	8 CHPV isolates	Whole genome sequencing	Genetic characterization of strains	High
Narrative Reviews/Commentaries (n=14)						
Adnan H et al. (2025) [8]	Commentary	India	N/A	Public health crisis	Called for immediate action	Moderate
Singh WH et al. (2024) [9]	Narrative review	India	N/A	Clinical manifestations	Reviewed neuropathogenesis	Low
Deshwali ZH et al. (2025) [10]	Narrative review	India	N/A	Comprehensive review	Summarized all outbreaks	Low
Banerjee I et al. (2024) [11]	Commentary	Gujarat/Rajasthan	59 cases	Outbreak alert	Reported 51 Gujarat, 8 Rajasthan cases	Low
Rajasekharan S et al. (2014) [12]	Narrative Review	India (laboratory focus)	N/A	Molecular mechanisms	Phosphoprotein, apoptosis, ROS, BBB penetration	Low
Maiti D et al. (2014) [13]	Narrative review	India	N/A	Exotic tropical disease	Emphasized neglect	Low

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Kothawade H et al. (2024) [15]	Narrative review	India	N/A	Prevention strategies	Reviewed vaccine candidates	Low
Sudeep A et al. (2016) [16]	Narrative review	India	N/A	Clinical scenario review	Documented changing patterns	Low
Garg R et al. (2024) [17]	Perspective	India	N/A	Policy recommendations	Suggested integrated control	Low
Basak S et al. (2007) [18]	Narrative review	India	N/A	Review CHPV epidemiology	Summarized early outbreaks	Low
Potharaju N (2006) [19]	Commentary	India	N/A	Emerging pathogen concern	Highlighted pediatric vulnerability	Low
Debnath R & Chawla P (2024) [20]	Outbreak report	Gujarat 2024	51 Confirmed cases	Document resurgence	19 deaths, 2024 resurgence, seasonal patterns	Moderate
Kanabar B et al. (2024) [21]	Systematic review	India	22 studies	Temporal trends	Analyzed outbreak patterns	Moderate
Mishra A (2007) [22]	Book chapter	India	N/A	Public health importance	Called for increased surveillance	Moderate
Total	25 studies	Pan-India coverage	Varied	Multiple objectives	Comprehensive synthesis	9 High, 4 Moderat, 12 Low