Supplementary Data

Supplementary Questionnaire 1. English translation of the questionnaire

Item	Question and response options
Q1	Name of your school: _____ (free text)
Q2	Location of your school: Prefecture _____ ; City/ward/town/village _____
Q3	Year of establishment: _____
Q4	(a) Number of enrolled students: _____ (b) Number of teaching and administrative staff: Full-time _____ ; Part-time _____
Q5	Please list the five most common countries/regions of origin of your students and their approximate proportions (%): 1st ____ (%) 2nd ____ (%) 3rd ____ (%) 4th ____ (%) 5th ____ (%)
Q6	(a) Does your school have an infirmary (hokenshitsu)? (SA) 1. Yes 2. No (b) Is there a staff member in charge of the infirmary/health matters? (SA) 1. Yes 2. No — If yes, please state the staff member's qualification, if any: _____ (c) Does your school have partner or cooperating medical institutions? (SA for each) ① In-person consultation: 1. Yes 2. No ② Online consultation: 1. Yes 2. No
Q7	(a) Does your school collect information on infectious diseases? (SA) 1. Yes 2. No → If "No", go to Q8. [Q7b–Q7e: answered only by schools that selected "Yes" in Q7a] (b) Sources of information (MA): 1. National government (*e.g.*, Ministry of Health, Labour and Welfare) 2. Local government, public health center 3. Medical institutions 4. Organizations such as medical associations or infectious disease societies 5. Association for the Promotion of Japanese Language Education 6. Mass media 7. Other (_____) (c) Methods of collection (MA): 1. E-mail newsletters 2. Websites 3. Fax 4. Pamphlets 5. Other (_____) (d) Frequency of collection (SA): 1. Daily 2. Once a week 3. Once a month 4. Irregular (e) Reasons for collection (MA): 1. Guidance from national or local governments 2. Mass media coverage 3. Needs of international students, their families, or communities 4. Other (_____)
Q8	(a) Does your school provide infectious disease information to international students? (SA) 1. Yes 2. No → If "No", go to Q9. [Q8b–Q8e: answered only by schools that selected "Yes" in Q8a] (b) Languages used (MA): 1. Japanese 2. Students' native languages (please specify: _____) 3. Plain Japanese (Yasashii Nihongo) (c) Means of provision (MA): 1. On-campus notices 2. E-mail distribution 3. Social networking/messaging services (*e.g.*, LINE, WeChat) 4. Explanation during classes 5. Distribution of printed materials 6. School website 7. International student communities (online or offline) 8. Other (_____) (d) Priority of each type of information (1 = low priority … 5 = highest priority; SA for each): 1. Symptoms and how to respond 2. Prevention methods 3. How to use medical institutions 4. How to access reliable information sources 5. How to be aware of misinformation and disinformation 6. Statistics on the infection situation 7. Other (_____) (e) Challenges in providing information (MA; for each selected item, please describe the specific situation): 1. Language issues 2. Cultural differences 3. Frequency of information updates 4. Confirming students' understanding 5. Shortage of staff or time 6. Other
Q9	(a) How often do international students consult your school about infectious diseases? (SA) 1. Often (at least once a month) 2. Occasionally (about once every few months) 3. Rarely 4. Never (b) Topics of consultation (MA): 1. Prevention methods 2. How to respond when symptoms develop 3. How to use medical institutions 4. Other (_____) (c) How does your school respond to such consultations? (free text)
Q10	Please describe any challenges or needs regarding obtaining or providing infectious disease information. (free text)

Note: The questionnaire was administered in Japanese by post and addressed to each school by name. This is an English translation. *Abbreviations*: SA, single answer; MA, multiple answers allowed.

Supplementary Table S1. Characteristics of the responding institutions (N = 38)

Characteristic	*n*/N (%)
Prefecture	
Tokyo	12/38 (32)
Aichi	5/38 (13)
Osaka	4/38 (11)
Shizuoka	3/38 (8)
Okayama	2/38 (5)
Okinawa	2/38 (5)
Saitama	2/38 (5)
Ehime	1/38 (3)
Gifu	1/38 (3)
Gunma	1/38 (3)
Ishikawa	1/38 (3)
Kanagawa	1/38 (3)
Mie	1/38 (3)
Toyama	1/38 (3)
Wakayama	1/38 (3)
Year the program was established[a]	
1960–1969	1/38 (3)
1970–1979	1/38 (3)
1980–1989	13/38 (34)
1990–1999	8/38 (21)
2000–2009	6/38 (16)
2010–2019	6/38 (16)
2020–2025	2/38 (5)
Missing	1/38 (3)
Number of enrolled students	
< 100	4/38 (11)
100–199	10/38 (26)
200–299	10/38 (26)
300–399	4/38 (11)
400–499	4/38 (11)
≥ 500	5/38 (13)
Missing	1/38 (3)
Median (IQR); *n* = 37	242 (179–340)
Full-time staff, median (IQR); *n* = 36 (missing, 2)	9.5 (7–18.5)
Part-time staff, median (IQR); *n* = 35 (missing, 3)	16 (11.5–28.5)
Most common country/region of origin of students	
Nepal	14/38 (37)
China	11/38 (29)
Myanmar	7/38 (18)
Viet Nam	3/38 (8)
Taiwan	1/38 (3)
France	1/38 (3)
Indonesia	1/38 (3)
School infirmary	

Yes	32/38 (84)
No	6/38 (16)
Missing	0/38 (0)
Staff member designated for health matters	
Yes	7/38 (18)
Nurse	3
Public health nurse	1
Qualification not reported	3
No	30/38 (79)
Missing	1/38 (3)
Partner medical institution: in-person consultation	
Yes	22/38 (58)
No	15/38 (39)
Missing	1/38 (3)
Partner medical institution: online consultation	
Yes	1/38 (3)
No	33/38 (87)
Missing	4/38 (11)

Note: Missing responses are shown separately. [a]Some schools reported year in the Japanese era calendar; these were converted to Western calendar years before classification. *Abbreviations*: IQR, interquartile range.

Supplementary Table S2. Complete distributions of survey items on information collection, provision, and consultation

Item and response	*n*/N (%)
Q7a. Collect infectious disease information (N = 38)	
Yes	29/38 (76)
No	9/38 (24)
Missing	0/38 (0)
Q7b. Sources (MA; N = 29)	
National government (*e.g.*, Ministry of Health, Labour and Welfare)	17/29 (59)
Local government, public health center	18/29 (62)
Medical institutions	3/29 (10)
Medical associations or infectious disease societies	1/29 (3)
Association for the Promotion of Japanese Language Education	10/29 (34)
Mass media	14/29 (48)
Other (occupational physician; acquaintance)	2/29 (7)
Q7c. Methods (MA; N = 29)	
E-mail newsletters	8/29 (28)
Websites	22/29 (76)
Fax	1/29 (3)
Pamphlets	3/29 (10)
Other (*e.g.*, bulletins, newspapers/television, telephone, e-mail, occupational physician)	7/29 (24)
Q7d. Frequency (SA; N = 29)	
Daily	1/29 (3)
Once a week	0/29 (0)
Once a month	2/29 (7)
Irregular	24/29 (83)
Missing	2/29 (7)
Q7e. Reasons (MA; N = 29)	
Guidance from national or local governments	14/29 (48)
Mass media coverage	11/29 (38)
Needs of students, their families, or communities	12/29 (41)
Other (*e.g.*, school management; perceived responsibility for students' health)	3/29 (10)
Q8a. Provide infectious disease information to students (N = 38)	
Yes	32/38 (84)
No	6/38 (16)
Missing	0/38 (0)
Q8b. Languages (MA; N = 32)	
Japanese	16/32 (50)
Students' native languages[a]	18/32 (56)
Plain Japanese	22/32 (69)
Q8c. Means (MA; N = 32)	
On-campus notices	24/32 (75)
E-mail distribution	4/32 (13)
Messaging services (*e.g.*, LINE, WeChat)	12/32 (38)
Explanation during classes	25/32 (78)
Distribution of printed materials	4/32 (13)

School website	5/32 (16)
International student communities	0/32 (0)
Other (orientation)	1/32 (3)

Q8d. Priority ratings for each type of information among schools that provided information (N = 32); values are *n* (%)

Type of information	1 (low)	2	3	4	5 (highest)	Missing
Symptoms and how to respond	0 (0)	0 (0)	2 (6)	2 (6)	8 (25)	20 (63)
Prevention methods	0 (0)	0 (0)	5 (16)	6 (19)	21 (66)	0 (0)
How to use medical institutions	1 (3)	0 (0)	9 (28)	11 (34)	11 (34)	0 (0)
How to access reliable information sources	3 (9)	6 (19)	15 (47)	4 (13)	4 (13)	0 (0)
How to be aware of misinformation	6 (19)	12 (38)	8 (25)	4 (13)	2 (6)	0 (0)
Statistics on infection situation	10 (31)	9 (28)	9 (28)	2 (6)	2 (6)	0 (0)

Item and response	*n*/N (%)
Q8e. Challenges (MA; N = 32)	
Language issues	14/32 (44)
Cultural differences	11/32 (34)
Frequency of information updates	1/32 (3)
Confirming students' understanding	10/32 (31)
Shortage of staff or time	5/32 (16)
Other	4/32 (13)
No category selected	5/32 (16)
Q9a. Frequency of student consultations (SA; N = 38)	
Often (at least once a month)	2/38 (5)
Occasionally (about once every few months)	17/38 (45)
Rarely	16/38 (42)
Never	2/38 (5)
Missing	1/38 (3)
Q9b. Topics of consultation (MA; N = 38)[b]	
Prevention methods	1/38 (3)
How to respond when symptoms develop	26/38 (68)
How to use medical institutions	28/38 (74)
Other (academic matters)	1/38 (3)
No topic selected	2/38 (5)

Note: MA, multiple answers allowed (percentages do not total 100%); SA, single answer. N is the number of schools to which the item applied according to the skip instructions. Missing responses were not imputed. [a]Languages specified included Chinese, English, Vietnamese, Korean, Nepali, Burmese, Sinhala, and Mongolian. [b]Asked of all schools; one school that reported no consultations selected a topic, and the two schools selecting no topic comprised one that reported no consultations and one that did not answer Q9a.

Supplementary Table S3. Free-text coding framework and illustrative statements: Challenges in providing infectious disease information (Q8e; schools that provided information, N = 32)

Category (pre-specified) / subcode	Schools, *n*	Illustrative statements (condensed English paraphrases)
Language issues (14/32, 44%; free text from 11)		
Unable to cover every student's native language; few staff who speak students' languages	5	Not possible to cover the native language of every student; lack of staff who can communicate in students' native languages; adapting to changes in the composition of student nationalities; support in languages other than English is difficult
Difficulty conveying medical terminology	2	Cannot convey medical terminology accurately; medical terms are difficult to translate, even with translation apps
Uncertainty about whether information is conveyed without interpreters	2	Without interpreters, it is unclear whether information is conveyed appropriately; newly arrived students require interpreters
Difficulty explaining to students with limited Japanese proficiency	2	Difficult to explain preventive measures to students with low Japanese proficiency (*e.g.*, during COVID-19); language affects level of understanding
Cultural differences, as perceived by staff (11/32, 34%; free text from 10)		
Perceived differences in awareness of infectious diseases or prevention	4	Differences in perceptions of prevention; differences in awareness of infectious diseases; lack of awareness
Perceived differences in views of specific diseases by country of origin	1	Perceptions of diseases such as tuberculosis differ depending on how they are handled in the home country
Perceived differences in hygiene practices	2	Hygiene awareness; some students are not in the habit of handwashing
Perceived differences in mask-wearing	1	The respondent perceived that students from Western countries were less accustomed to mask-wearing than Japanese and Chinese-speaking students
Reluctance to seek medical care	1	Some students do not try to go to hospital
Vaccination history cannot be confirmed	1	Unable to confirm childhood vaccination status
Confirming students' understanding (10/32, 31%; free text from 7)		
Affirmative answers without understanding	1	Students answer "yes" even if they do not understand, so true comprehension is unclear
Limited knowledge of diseases	2	Lack of knowledge about illnesses; differences in knowledge about which diseases are infectious
Misinformation from peers	1	Students believe misinformation from senior students or friends
Low interest in school information	1	Low interest in information provided by the school
Text-heavy materials	1	Information is mostly text with few images
Arranging interpreters when coordinating with authorities	1	Arranging interpreters when collaborating with local authorities
Shortage of staff or time (5/32, 16%; free text from 5)		
Insufficient staff or competing duties	2	Other duties make it difficult to respond to each student individually; insufficient manpower

Language support limits available staff	2	Language support limits staff available; language support and Japanese proficiency differ among students
Delays in consolidating information	1	Staff shortages delay consolidation of information
Frequency of information updates (1/32, 3%; free text from 1)		
Uncertainty about timing and content	1	Uncertainty about what information should be provided, when, and how
Other (4/32, 13%; free text from 4)		
Reluctance to visit hospitals, including financial constraints	1	Many students are reluctant to visit hospitals, including for financial reasons
Sharing information when cases occur	1	When a case such as tuberculosis occurs, it is unclear how much information may be shared with other students
Need for clear criteria	1	Clear criteria are needed for what counts as an infectious disease, *e.g.*, whether absence is treated as official leave
No specific challenge	1	Nothing in particular

Note: Categories were the pre-specified response options of item Q8e; respondents could select more than one category, so percentages do not total 100%. Subcodes were developed inductively from the free-text descriptions. Statements were translated from Japanese and condensed; they are not verbatim quotations. Statements about students reflect perceptions of staff respondents and are not measured characteristics of any student population. Coding was conducted in Japanese by one researcher and reviewed by the co-authors; statements were translated into English by the authors for presentation.