

**Table S2**

General health and lifestyle questionnaire.

Gender assigned at birth
Age
Race Black: White: Indian: Coloured: Other (please specify):
Do you smoke or use any kind of tobacco product?
How regularly do you drink alcohol?
Do you use any recreational drugs?
Do you smoke a vaporiser?
Have you showered or bathed in the past 24 hours?
Do you use body lotions or creams?
Do you use deodorant, perfume, cologne or any other fragrances?
Are you vegan?
Are you vegetarian?
Do you eat garlic regularly, or have you eaten any garlic in the past 24 hours?
Do you eat exotic or spicy foods regularly, or have you eaten exotic or spicy food in the past 24 hours?
Do you take vitamin supplements? If you ticked "Yes", please specify these in the space provided.
Are you currently on any medication? If you ticked yes, please specify the medication in the space provided.
Do you have any of the following diseases (HIV/TB/Cholera)? If you choose "Yes", please mark which one/s you have. If you have any disease, illness or condition that is not listed above, please write it down in the space below.
Do you have any form of cancer? If you choose "Yes", please write down what type of cancer you have.
How many times have you had malaria in the past?
Are you currently on any anti-malarial treatment?
If you chose "Yes", for how long have you been on the treatment?