



# Definitions for COVID-19/Seasonal Influenza Death and Hospitalized Case Report

**Initial Report** – complete as many fields as possible (Sections 1, 2 and 3 are mandatory).

**Update/Amendment** – only required if a correction needs to be submitted to Alberta Health.

A report form is required for individuals who tested positive for influenza and/or SARS-CoV-2 with severe outcomes:

- Hospitalized for COVID-19 or seasonal influenza (direct, contributing or unknown cause),
- Acquired COVID-19 or seasonal influenza while hospitalized for other reasons,
- Deceased<sup>(1)</sup>

|                   |   |
|-------------------|---|
| Initial Report    | Identifies if ESR is an initial report  |
| Amendment         | Identifies if ESR is an amended report  |
| Lost to follow-up | Indicates initial contact was made, however the investigator was unable to reach the client subsequently. |
| Unable to Contact | Indicates there were attempts to contact the case, however no direct contact was made.                    |

## Section 1: Case Definition

|   |   |
|---|---|
| Confirmed/Probable COVID-19 or Confirmed Influenza Case | <ul style="list-style-type: none"> <li>• Identify how patient meets the reporting requirements for COVID-19 or seasonal influenza.</li> <li>• Identify which strain or variant of COVID-19 or seasonal influenza.</li> <li>• <b>A separate report form</b> is required for the following:             <ul style="list-style-type: none"> <li>- If more than one influenza strain (e.g., A &amp; B) is found,</li> <li>- If more than one SARS-CoV-2 variant (e.g., delta and omicron) is found,</li> <li>- If more than one SAR-CoV-2 sub-variants (e.g. Omicron BA.2 and BA.5) is found,</li> <li>- If both COVID-19 and influenza are identified while in hospital.</li> </ul> </li> </ul> <p>Refer to the Public Health Disease Management Guidelines for <a href="#">COVID-19</a> and <a href="#">Seasonal Influenza</a>.</p> |
|---|---|

## Section 2: Reporting Information

|                                 |   |
|---------------------------------|---|
| Date Case Investigation Opened  | The date that the investigation into the case began.  |
| Date Reported to Alberta Health | The date the case was first reported to Alberta Health (e.g., for CDOM: the date emailed to Alberta Health, for FNIHB: the date faxed to Alberta Health). |
| Submitter                       | The name of the public health professional that has completed the follow-up and is reporting.   |
| FNIHB Location Reporting        | The AHS zone where the case resides at the time of diagnosis.   |
| Telephone Number                | The telephone number of the public health professional reporting.   |
| Outbreak Associated and EI#     | Identifies whether a disease event is associated with an outbreak and the EI#.  |

## Section 3: Personal Identifiers

|            |  |
|------------|--|
| All fields | Refer to the <a href="#">Notifiable Disease Report (NDR) Manual</a> for definitions. |
|------------|--|

## Section 4: Clinical Findings

|                                    |   |  |   |
|------------------------------------|---|--|---|
| Onset Date                         | The date the disease or symptoms are reported to have first appeared. |  |   |
| Where was disease likely acquired? |   | <b>Community</b>   | <b>Hospital</b>   |
|                                    | <b>COVID-19</b>   | Onset of clinical illness <sup>(2)</sup> <b>less than 7 days</b> after admission and a positive SARS-CoV-2 result. | Onset of clinical illness <b>7 days or more</b> after admission and a positive SARS-CoV-2 result. |

<sup>(1)</sup> Confirmed influenza or confirmed/probable COVID-19 deaths that come to the attention of Public Health, including death in the community where either infection is the cause or contributing cause.

<sup>(2)</sup> **Clinical illness:** Refer to the Public Health Disease Management Guidelines for [COVID-19](#) and [Seasonal Influenza](#).

|   |  |   |   |
|---|--|---|---|
|   | <b>Influenza</b>   | Onset of clinical illness and a positive influenza result <b>less than 72 hours*</b> after admission.                     | Onset of clinical illness and a positive result for influenza <b>72 hours or more</b> after admission to hospital; or ILI on admission with a negative influenza result and a subsequent positive influenza result more than 72 hours* after admission. |
| Pregnant?   | Indicate if pregnant at the time of diagnosis (Yes, No or Unknown).  |   |   |
| Hospitalized?   | No*  | Client not admitted or only seen in the emergency room.   |   |
|   | Yes  | Client was admitted to a unit overnight or diagnosed while admitted to hospital (for another reason).                     |   |
|   | Unknown*   | Unknown if case was admitted to unit overnight or diagnosed while admitted to hospital (for another reason).              |   |
| <b>*If no or unknown is selected, this report form is NOT required.</b> |  |   |   |
| Admission Date  | Date admitted to hospital  |   |   |
| Reason for Admission  | Direct cause (due to disease)  | Admission to hospital is due to the disease being reported in Section 1.  |   |
|   | Contributing cause   | The disease being reported in Section 1 contributed to admission to hospital.   |   |
|   | Medically unrelated (not due to or contributing cause)   | The disease being reported in Section 1 did NOT contribute to admission to hospital.                                      |   |
|   | Clinically unable to determine   | Unable to clinically assess or determine if the disease being reported in Section 1 contributed to admission to hospital. |   |
| Admitted to ICU?  | No   | Case was not admitted to an intensive care unit (ICU).  |   |
|   | Yes  | Case was admitted to ICU.   |   |
|   | Unknown  | Unknown if case was admitted to ICU.  |   |
| Reason for ICU Admission  | Direct cause (due to disease)  | Admission to intensive care unit (ICU) is due to the disease being reported in Section 1.                                 |   |
|   | Contributing cause   | The disease being reported in Section 1 contributed to admission to ICU.  |   |
|   | Medically unrelated (not due to or contributing cause)   | The disease being reported in Section 1 did NOT contribute to admission to ICU.   |   |
|   | Clinically unable to determine   | Unable to clinically assess or determine if the disease being reported in Section 1 contributed to admission to ICU.      |   |
| Ventilated during any of the hospital stays?                            | No   | Case was not mechanically ventilated while in hospital.   |   |
|   | Yes  | Case was mechanically ventilated while in hospital.   |   |
|   | Unknown  | Unknown if case was mechanically ventilated while in hospital.  |   |
| Fatal/Death Date  | If the case died of the disease being reported in Section 1 <sup>(3)</sup> , enter the date the case died. |   |   |
|   | Died – from disease  | The case died due to the disease being reported in Section 1.   |   |
|   | Disease contributed to death (secondary cause)   | The disease being reported in Section 1 contributed to but was not the direct cause of death.                             |   |
|   | Other causes   | The case died from causes unrelated to the disease being reported in Section 1.   |   |
|   | Unknown cause  | The case died from causes not yet known or identified.  |   |
| <b>Section 5: Comments</b>  |  |   |   |
| Comments  | Add any relevant case-specific comments only.  |   |   |

<sup>(3)</sup> Confirmed influenza or confirmed/probable COVID-19 deaths that come to the attention of Public Health, including death in the community where either infection is the cause or contributing cause.