Hospitalized Seasonal Influenza Report
Definitions

**Initial Summary** – please 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.

**Final Summary** – all fields are considered mandatory upon submission.

A Report form is required for:
- Individuals hospitalized for seasonal influenza.
- Individuals who acquire seasonal influenza while hospitalized for other reasons.

### Section 1: Case Definition

**Confirmed Influenza Case**

Patient meets the confirmed influenza case definition and the strain identified is seasonal. If more than one strain (e.g. A and B) is found a separate hospitalized influenza report form is required for each strain.

Refer to the Alberta Health Public Health Notifiable Disease Management Guidelines: [open.alberta.ca/publications/influenza](open.alberta.ca/publications/influenza)

**Influenza A Strain Subtyped**

The influenza strain typed by the laboratory. If more than one subtype (e.g., H1N1 and H5N1) is found a separate hospitalized influenza report form is required for each subtype.

### 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 EI#**

Identifies whether a disease event is associated with an outbreak and the EI#.

### Section 3: Personal Identifiers


### Section 4: Clinical Findings

**Onset Date**

The date the disease or symptoms are reported to have first appeared.

**Unable to Contact**

Indicates there were attempts to contact the case, however no direct contact was made.

**Lost to follow-up**

An initial contact was made, however the investigator was unable to reach the client subsequently.

**Was client hospitalized**

- **Yes**
  - Client was admitted to a unit overnight or diagnosed while admitted to hospital (for another reason).

- **No**
  - Client not admitted or only seen in the emergency room.

- **Unknown**
  - Unknown if case was admitted to unit overnight or diagnosed while admitted to hospital (for another reason).

*If this is selected, a Hospitalized Seasonal Influenza Report is not required.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted to ICU?</td>
<td>Case was admitted to an intensive care unit (ICU).</td>
<td>Case was not admitted to ICU.</td>
<td>Unknown if case was admitted to ICU.</td>
</tr>
<tr>
<td>Ventilated during any of the hospital stays?</td>
<td>Case was mechanically ventilated while in hospital.</td>
<td>Case was not mechanically ventilated while in hospital.</td>
<td>Unknown if case was mechanically ventilated while in hospital.</td>
</tr>
<tr>
<td>Diagnosed with pneumonia?</td>
<td>Case was diagnosed with pneumonia by a physician.</td>
<td>Case was not diagnosed with pneumonia by a physician.</td>
<td>Unknown if case was diagnosed with pneumonia by a physician.</td>
</tr>
<tr>
<td>Diagnosed with Acute Respiratory Distress Syndrome (ARDS)?</td>
<td>Case was diagnosed with Acute Respiratory Distress Syndrome (ARDS) by a physician.</td>
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**Fatal / Death Date**
- **Died – from disease**: The case died from influenza.
- **Disease contributed to death (secondary cause)**: Influenza contributed to but was not the direct cause of death.
- **Died – from other causes**: The case died from causes unrelated to influenza.
- **Died – cause unknown**: The case died from causes not yet known or identified.

**Autopsy performed?**
- **Yes**: An autopsy was performed on the case (based on information available at the time).
- **No**: An autopsy was not performed on the case.
- **Unknown**: Unknown if an autopsy was performed on the case.

**Section 5: Antiviral and Vaccine History**
- **Did the patient receive the previous seasonal influenza vaccine?**
  - **Yes**: There is a history of the case receiving influenza vaccine during the previous influenza season.
  - **No**: There is no history of the case receiving influenza vaccine during the previous influenza season.
  - **Unknown**: Unknown if client received influenza vaccine during the previous influenza season.
- **Did the patient receive the current seasonal influenza vaccine?**
  - **Yes**: There is a history of the client receiving influenza vaccine during the current influenza season and prior to the onset of symptoms.
  - **No**: There is no history of the client receiving influenza vaccine during the current influenza season and prior to the onset of symptoms.
  - **Unknown**: Unknown if client received influenza vaccine during the current influenza season.

*If yes is selected, indicate the date the current seasonal influenza vaccine was received by client.*

**Comments**