

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
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

Refer to NDR Manual at open.alberta.ca/publications/ndr-manual-9th-edition for Definitions.

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.		

Admitted to ICU?	Yes	Case was admitted to an intensive care unit (ICU).
	No	Case was not admitted to ICU.
	Unknown	Unknown if case was admitted to ICU.
Ventilated during any of the hospital stays?	Yes	Case was mechanically ventilated while in hospital.
	No	Case was not mechanically ventilated while in hospital.
	Unknown	Unknown if case was mechanically ventilated while in hospital.
Diagnosed with pneumonia?	Yes	Case was diagnosed with pneumonia by a physician.
	No	Case was not diagnosed with pneumonia by a physician.
	Unknown	Unknown if case was diagnosed with pneumonia by a physician.
Diagnosed with Acute Respiratory Distress Syndrome (ARDS)?	Yes	Case was diagnosed with Acute Respiratory Distress Syndrome (ARDS) by a physician.
	No	Case was not diagnosed with ARDS.
	Unknown	Unknown if case was diagnosed with ARDS.
Fatal / Death Date	If the case died, either while in hospital or not, enter the date the case died.	
	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 <u>previous</u> influenza season.
	No	There is no history of the case receiving influenza vaccine during the <u>previous</u> influenza season.
	Unknown	Unknown if client received influenza vaccine during the <u>previous</u> influenza season.
Did the patient receive the current seasonal influenza vaccine?	Yes*	There is a history of the client receiving influenza vaccine during the <u>current</u> influenza season and <u>prior</u> to the onset of symptoms.
	No	There is no history of the client receiving influenza vaccine during the <u>current</u> influenza season and <u>prior</u> to the onset of symptoms.
	Unknown	Unknown if client received influenza vaccine during the <u>current</u> influenza season.
	*If yes is selected, indicate the date the current seasonal influenza vaccine was received by client.	
Comments	Refer to the NDR Manual at open.alberta.ca/publications/ndr-manual-9th-edition for examples of comments.	