



COVID-19/Seasonal Influenza/RSV Death and Hospitalized Case Report

Definitions and Instructions

Alberta 

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Communicable Disease Control Branch

Public and Rural Health Division

Alberta Health

COVID-19/Seasonal Influenza/RSV Death and Hospitalized Case Report Definitions and Instructions | Alberta Health, Government of Alberta

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Revisions

Revision Date	Document Section	Description of Revision
August 2024	General	<ul style="list-style-type: none">• Addition of RSV to form/definitions• Minor wording updates• Alignment of some definitions with NDR manual definitions (e.g. Lost to follow-up, Unable to contact)
	Section 4 – Where was disease likely acquired	<ul style="list-style-type: none">• Updated definitions to align with Alberta Health Services (AHS) Infection Prevention and Control (IPC).

COVID-19/Seasonal Influenza/RSV Death and Hospitalized Case Report – Definitions and Instructions

A separate case report form is required for individuals who test positive for either influenza, RSV or SARS-CoV-2 and **experience severe outcomes**:

- Hospitalization due to COVID-19, seasonal influenza or RSV (direct cause, contributing factor or unknown cause),
- Acquisition of COVID-19, seasonal influenza or RSV while hospitalized for other reasons leading to severe outcomes such as ICU admission, need for ventilation, or a significant deterioration in health status,
- Death⁽¹⁾

Initial Report	Complete as many fields as possible (Sections 1, 2 and 3 are mandatory).
Amendment	Only required if a correction or new information needs to be submitted to Alberta Health.
Lost to follow-up	Initial contact was made with case or proxy (e.g., next-of-kin), however the investigator was unable to reach the case/proxy subsequently to complete the follow-up. Other sources of information (e.g., electronic database, clinic records, and physician) should be utilized to complete the form.
Unable to Contact	There were attempts to contact the case, or proxy (e.g., next-of-kin), however no direct contact was made. Other sources of information (e.g., electronic database, clinic records, and physician) should be utilized to complete the form.

Section 1: Case Definition

Confirmed/Probable COVID-19, Confirmed Influenza or Confirmed/Probable RSV case	<ul style="list-style-type: none"> • Identify how patient meets the reporting requirements for COVID-19, seasonal influenza or RSV. • If COVID-19 or seasonal influenza – Identify which strain or variant. • A separate report form is required in the following scenarios: <ul style="list-style-type: none"> - If more than one influenza strain (e.g., A & B) is found, - If more than one SARS-CoV-2 variant (e.g., delta and omicron) is found, - If more than one SAR-CoV-2 sub-variants (e.g., Omicron BA.2 and BA.5) is found, - If both COVID-19/RSV, COVID-19/influenza or influenza/RSV are identified in a person with severe outcomes. <p>Refer to the Public Health Disease Management Guidelines for COVID-19, Seasonal Influenza and RSV.</p>
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Section 2: Reporting Information

Date Case Investigation Opened	The date 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 who completed the follow-up and is
FNIHB Location Reporting	The AHS zone where the case resided at the time of diagnosis.
Telephone Number	The telephone number of the public health professional reporting.
Outbreak Associated and EI#	Indicates whether a disease event is associated with an outbreak and identifies the EI#.

(1) Confirmed influenza or confirmed/probable RSV 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.

Section 3: Personal Identifiers

All fields

Refer to the [Notifiable Disease Report \(NDR\) Manual](#) for definitions.

Section 4: Clinical Findings

Onset Date

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

Where was disease likely acquired?

	Hospital	Community
COVID-19	<ul style="list-style-type: none"> COVID-19 infection in a patient admitted at least four (4) calendar days before clinical illness⁽²⁾ onset and swab test positive when collected on or after the 4th calendar day of admission. OR, in cases where the patient was admitted for less than four (4) calendar days, but a confirmed hospital-acquired infection is deemed by clinical reasoning or evidence. 	<ul style="list-style-type: none"> A patient who develops clinical illness⁽²⁾ or tests positive for the infection prior to, at the time of, or within the first 3 calendar days of admission to the hospital, assuming no other evidence suggests the infection was acquired in the hospital.
Influenza and RSV	<ul style="list-style-type: none"> RSV or influenza in a patient with clinical illness⁽²⁾ and tests positive on or after the 4th calendar day of admission. If symptoms began before the 4th day but the test is positive afterward, the infection is still classified as hospital-acquired only if there is strong evidence linking it to the hospital or the patient was a direct transfer from another facility. Additionally, within the 7-day infection window period (3 days before to 3 days after positive test), the patient must exhibit at least one of the following new or worsening symptoms with no other known cause: <ul style="list-style-type: none"> Fever/chills/rigors (Adults: >37.8°C; Pediatrics: ≥38.0°C) Cough Shortness of breath or difficulty breathing Decreased oxygen saturation or increased oxygen requirements Sore throat, painful swallowing, or hoarse voice Runny nose, nasal congestion, or sneezing 	

Pregnant?

Indicate if pregnant at the time of diagnosis (Yes, No or Unknown).

Hospitalized?

No*	Client not admitted as an inpatient to hospital for the disease being reported, (e.g., only seen in the emergency room).
Yes	Client acquired disease in hospital or was admitted as an inpatient to hospital (ICU or non-ICU) for the disease being reported, or if already an inpatient (for another reason) and this diagnosis resulted in a change in health status or increase in duration of stay.
Unknown*	Unknown if the case was admitted to a unit overnight or diagnosed while admitted to hospital (for another reason).

*If no or unknown is selected, this report form is NOT required.

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

Admission Date	The date the client was admitted to hospital.	
Reason for Admission*	Direct cause (due to disease)	The disease reported in Section 1 is the reason the client was admitted to hospital (non-intensive care unit [ICU]).
	Contributing cause	The disease reported in Section 1 contributed to, but is not the primary reason for, admission to hospital (non-ICU).
	Medically unrelated (not due to or contributing cause)	The disease reported in Section 1 did NOT contribute to non-ICU admission to hospital (i.e., admitted for other reasons).
	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 the ICU.
	Yes	Case was admitted to ICU.
	Unknown	Unknown if case was admitted to the ICU.
Reason for ICU Admission**	Direct cause (due to disease)	The disease reported in Section 1 is the reason the client was admitted to the ICU.
	Contributing cause	The disease reported in Section 1 contributed to, but is not the primary reason for, admission to ICU.
	Medically unrelated (not due to or contributing cause)	The disease 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 ⁽³⁾ , 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.

Section 5: Comments

Comments	Add any relevant case-specific comments only.
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* Includes individuals that acquire COVID-19, seasonal influenza and/or RSV leading to severe outcomes such as ICU admission, need for ventilation, or a significant deterioration in health status while hospitalized for other reasons.

** Includes individuals that acquire COVID-19, seasonal influenza and/or RSV leading to severe outcomes such as need for ventilation, or a significant deterioration in health status while in ICU for other reasons.

(3) Confirmed influenza or confirmed/probable RSV 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.