

Alberta Provincial Hospitalized Influenza and Severe Respiratory Illness (SRI) Report Form DATA FIELD DEFINITIONS

DATA FIELD	DEFINITION
Initial Report	Indicates the initial report for a hospitalized influenza case is submitted within two weeks of laboratory report date. SRI cases are reported by FMP (i.e., direct voice communication) followed by the initial report form within one week.
Updated Report	Indicates the form provides data collected which is in addition to or is a correction to the initial report.
Final Report	Indicates the form provides data in addition to the above and/or no further information in the case is anticipated. The final hospitalized influenza report is due within four weeks of laboratory report date. The final report for a SRI case is submitted within two weeks of notification.
SECTION 1: CASE DEFINITION	
Confirmed Influenza A Confirmed Influenza B	As reported by the Provincial Laboratory of Public Health, indicate whether the case is influenza A or influenza B.
Influenza A Strain Subtyped: <input type="checkbox"/> H1 <input type="checkbox"/> H3 <input type="checkbox"/> H5 <input type="checkbox"/> H7 <input type="checkbox"/> Other specify <input type="checkbox"/> A(H1N1)pdm09	As reported by the Provincial Laboratory of Public Health, indicate which strain of influenza A was subtyped.
SRI Case	Severe Respiratory Illness: Case definition SRI
SECTION 2: ADMINISTRATIVE INFORMATION	
Date case investigation opened	Indicate the date the hospitalized case is identified by AHS/FNIHB.
Reported by	Indicate the AHS/FNIHB employee completing the report.
Zone/Region reporting	Select the name of the AHS Zone/Region reporting the case to AHW.
Telephone number	Indicate the telephone number for AHS/FNIHB employee completing the report.
Outbreak Associated EI#	Indicated the Exposure Investigation# the case is associated with.
SECTION 3: CASE INFORMATION	
PHN	Indicate the Personal Health Number issued to the case.
Gender	Indicate the biological sex of the case; indicate unknown where there is no way of determining gender.
Last Name; First Name	Indicate the legal last and first name of the case.
Address; Municipality; Postal Code; Province	Indicate the street address (or legal land description), postal box number, municipality, town, or village, postal code and Canadian province where the case physically resides, if outside Alberta.
Country	If outside Canada, indicate the name of the country where the case resides.
Birth Date	Indicate the date the case was born.

Age at onset	Indicate the case's age when symptoms began. If less than 1 year, indicate age in months.
Lives Primarily on Reserve	Case's residence (home address-temporary or permanent) is on reserve on the Diagnosis Date . Include those whose place of residence was on reserve on the Diagnosis Date and who reside on reserve greater than 50% of the year. Do not include those who have a reserve address listed as their home address but currently reside off reserve for purposes of employment or education for example.
Ethnicity	Indicate the ethnic group that the case most identifies with.
SECTION 4: CLINICAL INFORMATION	
Onset Date	Indicate the date the symptoms first appeared. If unknown, enter the lab specimen collection date.
Symptoms	Fill in the check box(s) to indicate all the symptoms experienced by the case. Specify other symptoms if not contained in the list provided.
Name of Hospital	Indicate the name of the hospital where the case was as an inpatient.
Municipality	Indicate the name of the municipality where the hospital is located. Indicate the province if the hospital is located outside Alberta.
Date of hospital admission	Indicate the date the case was admitted as an inpatient.
Admission diagnosis	Indicate the diagnosis as provided on the hospital record at the time of admission to the hospital.
Transferred to another hospital	Indicate if the case was transferred to another hospital.
If yes, name of hospital; Municipality, Province	Indicate the name of the hospital and the municipality the hospital is located. Indicate the province if the hospital transferred to is located outside Alberta.
Date of hospital discharge	Indicate the date the case was discharged from hospital.
Recovered from influenza but remains in hospital due to other reasons	Indicate if the case has not been discharged but remains in hospital for other reasons.
Admitted to ICU?	Indicate whether or not the case was ever admitted/transferred to an intensive care unit (ICU) during the hospital stay.
Number of days	Indicate how many full days the case was cared for in ICU. If less than one full day, (i.e., <24 hours) indicate number of hours.
On oxygen therapy during any of the hospital stays?	Indicate whether or not the case received oxygen therapy including oxygen of any concentration delivered by nasal cannula, mask or endotracheal tube while hospitalized.
Ventilated during any of the hospital stays?	Indicate whether or not the case was mechanically ventilated while hospitalized.
Number of days	Indicate how many full days the case was mechanically ventilated. If less than one full day, (i.e., <24 hours) indicate number of hours.
Diagnosed with pneumonia?	Indicate whether or not the case was diagnosed with pneumonia on admission or during hospitalization.
Diagnosed with Acute Respiratory Distress Syndrome (ARDS)?	Indicate whether or not the case was diagnosed with ARDS on admission or during hospitalization.
Fatal / Date of death	Indicate the date of death.

Died from disease	Indicate whether influenza was the primary cause of death.
Influenza contributed to death (secondary cause)	Indicate whether influenza may have contributed but was not the direct cause of death.
Died from other causes	Indicate whether something other than influenza caused death and the influenza diagnosis was unrelated.
SECTION 5: MEDICAL AND VACCINE HISTORY	
Antivirals	Indicate whether or not the case received influenza antiviral treatment prior to and/or during the period of hospitalization.
Date of first dose of antiviral	Specify the date of the first dose of an antiviral prescribed to treat the case.
Antiviral used	Select which antiviral was prescribed.
If applicable, date second round of antivirals commenced	Specify the date of the first dose of the second round of antivirals given to treat the case, if applicable.
Antiviral used	Select which antiviral was prescribed.
Did the patient receive any <u>antiviral medications</u> as prophylaxis?	Indicate whether or not the case received influenza antiviral prophylaxis prior to hospitalization.
Date of first dose of antiviral	Specify the date the case received the first dose of antiviral prophylaxis.
Did the patient receive the 2010/2011 <u>seasonal influenza vaccine</u> ?	Indicate whether or not the case has documentation of (or can recall) receipt of the 2010/2011 seasonal influenza vaccine.
Did the patient receive the 2011/2012 <u>seasonal influenza vaccine</u> ?	Indicate whether or not the case has documentation of (or can recall) receipt of the 2011/2012 seasonal influenza vaccine.
Date of immunization	Specify the date the case was given the 2010/2011 seasonal influenza vaccine. If the exact date is unknown and cannot be retrieved, specify the first day of the week the case was immunized. If the week cannot be recalled, indicate the first day of the month the case was immunized.
Did the patient receive the <u>pandemic (H1N1) 2009 vaccine</u> ?	Indicate whether or not the case has documentation of (or can recall) receipt of the pandemic (H1N1) 2009 vaccine.
Did the patient receive <u>pneumococcal vaccine</u> in the past?	Indicate whether or not the case has recall of receipt of pneumococcal vaccine. This includes the 23-valent polysaccharide (Pneumovax®) and/or any conjugate (i.e., Prevnar®) pneumococcal vaccines.
Year of most recent dose	Specify the year the case was given the last dose of the applicable pneumococcal vaccine.
SECTION 6: UNDERLYING CONDITIONS (CHECK ALL THAT APPLY)	
<i>Please report underlying conditions that were pre-existing regardless of stability (i.e., a controlled diabetic or stable asthmatic would still be reported as having an underlying condition)</i>	
None identified	No underlying conditions have been reported by the case or noted in the file.
Co-infection	Indicate if the case was recently/simultaneously co-infected with invasive group A streptococcus (iGAS), invasive Pneumococcal disease (IPD) or some other organism (e.g. not hepatitis C, HIV)
Anemia or	Includes, but is not limited to any type of anemia or hemoglobinopathy,

Hemoglobinopathy	including Sickle cell anemia.
Asthma	Indicate if the case currently has asthma that requires regular medical follow-up or treatment.
COPD	Indicate if the case has COPD
Other Chronic Lung Disease	Indicate if the case has other chronic lung disease including, but is not limited to, emphysema, cystic fibrosis, bronchopulmonary dysplasia.
Chronic Heart Disease	Indicate if case has a chronic heart condition that requires regular medical follow-up or treatment.
Chronic Hepatic Disease	Includes, but is not limited to, cirrhosis, chronic hepatitis B or C.
Chronic Renal Disease	Includes, but is not limited to chronic renal failure, dialysis, pyelonephritis or glomerulonephritis.
Diabetes	Includes Type I and Type II.
Immune Suppressed	Includes, but is not limited to immunodeficiency diseases or immunosuppressive therapy such as AIDS/HIV infection, congenital immunodeficiency, cancer, transplant recipient or person under long-term corticosteroid therapy.
Neurodevelopmental condition	Includes, but is not limited to epileptic disorder, cerebral palsy, autism, severe developmental disorder related to increased potential for impaired clearance of respiratory secretions with these conditions and aspiration.
Obesity	When obesity is mentioned on the hospital chart, please indicate it irrespective of extent of obesity (whether obesity, or morbid obesity). Indicate the case's weight and height and unit of measure used for each.
Other Chronic Conditions	Includes, but is not limited to hypothyroidism, alcohol abuse, injection drug use, gastroesophageal reflux disease (GERD).
Smoker (current)	Indicate if case currently smokes any form of legalized tobacco.
Pregnancy	Indicate if case is/was pregnant and the number of weeks gestation at the onset of respiratory illness requiring hospitalization.
Pregnancy Loss	Indicate if the pregnancy terminated at the time of or subsequent to the diagnosis of influenza or SRI.
Post Partum	Indicate if case gave birth within the past 6 weeks.
SECTION 7: EXPOSURES	
In the 7 days prior to symptom onset did the case:	
Travel outside Alberta?	Indicate if the case traveled outside Alberta. Include municipality/province/country traveled to and date of departure from the area.
Have close contact* with a person with ILI** who recently traveled outside Alberta?	Indicate if the case had close contact* with a person with ILI** who recently traveled outside Alberta. Include name of the municipality/province/country. <u>*Close contact</u> is defined as: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of another person. <u>** ILI</u> is defined as: acute onset of respiratory illness with fever and cough and one or more of the following: sore throat, shortness of breath, arthralgia, myalgia or prostration. In children < 5 years, GI symptoms may be present. Fever may not be prominent in the elderly or young children.
Have close contact* with a confirmed case of	Indicate if the case was a close contact (as defined above) of a confirmed

influenza?	case of influenza.
Was the case:	
<p>A student or staff at a school/educational facility?</p> <ul style="list-style-type: none"> • Facility name • Municipality, Province 	<p>Indicate if case was a student or staff at a school or educational facility. Specify the name of the facility and the municipality where it is located. Include the name of the province if outside Alberta.</p>
<p>Exposed to a person who is part of a cluster of influenza?</p> <ul style="list-style-type: none"> • Location of cluster: <ul style="list-style-type: none"> ○ Acute care facility ○ Long-term care facility ○ School-based ○ Community-based • Facility name • Municipality, Province 	<p>Indicate</p> <ul style="list-style-type: none"> • if case was exposed to a known cluster, • where the cluster is/was occurring, • the name of the facility (if applicable) and • the name of the municipality/province (if outside Alberta) where the influenza cluster is located.
<p>A health care worker exposed to confirmed case (or person with ILI) of influenza?</p> <ul style="list-style-type: none"> • Work location of case <ul style="list-style-type: none"> ○ Acute care facility ○ Long-term care facility ○ School-based ○ Community-based • What PPE was used? <ul style="list-style-type: none"> ○ Surgical mask ○ n95 mask ○ Face shield ○ Eye protection ○ None 	<p>Indicate:</p> <ul style="list-style-type: none"> • if the case is a health care worker that was occupationally exposed, • location where the case was exposed and • the type of Personal Protective Equipment (PPE) that was used during the exposure event (check all that apply).
<p>A laboratory employee working directly with emerging or re-emerging pathogens?</p>	<p>Indicate if the case is a laboratory employee working directly with emerging or re-emerging pathogens.</p>
<p>A farm worker/professional with direct contact with live swine/poultry?</p>	<p>Indicate if the case is a farm worker/professional with direct contact with live swine/poultry.</p>
<p>Comments</p>	<p>Indicate any notes related to the case that are relevant and have not been reported elsewhere on the form.</p>