



Enhanced Surveillance Form for Confirmed Hospitalised Influenza cases aged 0-14 years


Patient Details

Patient Number		Initials	
Patient Name			
Patient Address			
CCA	County	HSE Area	
Gender: Female	Male	Not Known	DOB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Age		Months	Years
<input type="text"/>		<input type="text"/>	<input type="text"/>
Reporting clinician		Address of reporting clinician	
<input type="text"/>		<input type="text"/>	
Date of Notification <input type="text"/>			

Clinical Details

Date of onset of symptoms Date of diagnosis

Complications *Please tick all that apply*

	Yes	No	Not known		Yes	No	Not known
Acute otitis media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute respiratory distress syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary influenza viral pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary bacterial pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi-organ complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reyes syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other respiratory complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone marrow dysfunction (with leucopenia / thrombocytopenia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Details	<input type="text"/>		

Hospitalisation

Hospitalised? Yes No Not Known

Admitted to ICU? Yes No Not Known

Hospital Name

Hospital admission date Hospital discharge date

Number of days hospitalised

Influenza Vaccination Status

Patient vaccination during current influenza season? Yes No Not Known

Date of vaccination

If child aged <6 months, did the mother receive influenza vaccination during pregnancy? Yes No Not Known

Antiviral treatment

Was antiviral treatment commenced? Yes No Not Known

Date treatment commenced

Name of antiviral



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Risk Groups

Is the patient in any of the following at risk groups?

	Yes	No	Not Known
Chronic respiratory disease, including asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congenital/Chronic heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunosuppression (including all cancer patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children and teenagers on long term aspirin therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic neurological disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemoglobinopathies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morbid obesity (BMI ≥ 40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any condition that can compromise respiratory function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See risk groups below for full definitions

Laboratory: Influenza type/subtype

(Please select all influenza types/subtypes that are detected)

	Yes	No
Influenza A (not subtyped)	<input type="checkbox"/>	<input type="checkbox"/>
Influenza A (H1N1)pdm2009	<input type="checkbox"/>	<input type="checkbox"/>
Influenza A (H3N2)	<input type="checkbox"/>	<input type="checkbox"/>
Influenza B	<input type="checkbox"/>	<input type="checkbox"/>

Outcome

Still Ill Recovered Long term sequelae Recovering Died Not Known

Cause of death:

Due to this ID*	<input type="checkbox"/>	Awaiting Coroner's Report	<input type="checkbox"/>
Not due to this ID	<input type="checkbox"/>	Pending	<input type="checkbox"/>
Not known	<input type="checkbox"/>		

Date of death Autopsy Yes No Not Known

*'Due to this ID' is selected if influenza is reported as the primary cause of death by the physician or if influenza is listed anywhere on the death certificate as a cause of death.

Comments

Definitions for Paediatric Influenza Risk Groups:

See [Immunisation Guidelines for Ireland](#) for most up to date guidance on risk groups

- Children over 6 months of age with any of the following:
 - Chronic illness requiring regular follow up (e.g. chronic respiratory disease including cystic fibrosis, moderate or severe asthma, bronchopulmonary dysplasia, congenital heart disease, diabetes mellitus, haemoglobinopathies, chronic liver disease, chronic neurological disease including multiple sclerosis, hereditary and degenerative disorders of the central nervous system etc.)
 - Those with immunosuppression due to disease or treatment, including asplenia or hyposplenism and all cancer patients
- Children with any condition that can compromise respiratory function (e.g. spinal cord injury, seizure disorder, or other neuromuscular disorder) especially those attending special schools/ day centres
- Children with Down syndrome.
- Children with moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability.
- Children and teenagers on long-term aspirin therapy (because of the risk of Reyes syndrome)
- Those with morbid obesity i.e. Body Mass Index ≥ 40

Form completed by

Date of completion