Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

hpsc

Patient Details Patient Number

Patient Name Initials

Patient Address

CCA County HSE Area

Gender: Female Male Not Known DOB Age Months Years

Country of Birth Date of Notification

Reporting clinician Address of reporting clinician

Clinical Details

Date of onset of symptoms Date of diagnosis

Please tick all that apply	Yes	No	Not Known
Fever			
Cough			
Myalgia			
Headache			
Sore Throat			
Fatigue			
GI Manifestations			

Other, please specify

Complications *Please tick all that apply*

	Yes	No	Not Known
Acute otitis media			
Acute respiratory distress syndrome			
Primary influenza viral pneumonia			
Secondary bacterial pneumonia			
Croup			
Bronchitis			
Other respiratory complications			
Liver dysfunction			
Renal dysfunction			
Bone marrow dysfunction (with leucopenia / thrombocytopenia)			
Neurological complications			
Encephalitis			
Cardiovascular complications			
Multi-organ complications			
Reyes syndrome			
Other complications			

Complication details:

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

Version 2.0 15/12/2014

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

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hpsc

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

	Yes	No	Not Known
Chronic respiratory disease, including asthma	☐	☐	☐
Congenital/Chronic heart disease	☐	☐	☐
Diabetes Mellitus	☐	☐	☐
Immunosuppression	☐	☐	☐
Children and teenagers on long term aspirin therapy	☐	☐	☐
Chronic liver disease	☐	☐	☐
Chronic neurological disease	☐	☐	☐
Chronic renal disease	☐	☐	☐
Haemoglobinopathies	☐	☐	☐
Morbid obesity (BMI ≥40)	☐	☐	☐
Any condition that can compromise respiratory function*	☐	☐	☐
Other, please specify			

*See page 3 for full definitions

Influenza Vaccination Status

	Yes	No	Not Known
Patient vaccinated during current influenza season?	☐	☐	☐
Date of vaccination			
Manufacturer			
Batch Number			

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

Antiviral treatment

	Yes	No	Not Known
Was antiviral treatment commenced?	☐	☐	☐
Date treatment commenced			

Name of antiviral

Contacts

	Yes	No	Not Known
Is this case a contact of another case?	☐	☐	☐

Is this case related to an outbreak? School ☐ Crèche ☐ Family ☐ Residential Home ☐

Other, please specify

	Yes	No	Not Known
Is this case linked to an imported case?	☐	☐	☐

If yes, please give details

Laboratory

Please indicate which tests were performed for influenza confirmation:

	Yes	No	Not Known
PCR	☐	☐	☐
Tissue Culture	☐	☐	☐
Serology	☐	☐	☐
Near Patient Test	☐	☐	☐
Immunofluoresence	☐	☐	☐
Antigenic Characterisation	☐	☐	☐
Other, please specify			

	Yes	No	Not Known
Specimen referred to the National Virus Reference Laboratory?	☐	☐	☐

Date specimen referred

Please select all influenza types/subtypes that are detected:

Influenza type/subtype	Yes	No
Influenza A (not subtyped)	☐	☐
Influenza A (H1)pdm2009	☐	☐
Influenza A (H3)	☐	☐
Influenza A (unsubtypable)	☐	☐
Influenza B	☐	☐

Version 2.0 15/12/2014

Enhanced Surveillance Form for Confirmed Hospitalised Influenza cases

Outcome

Still Ill ☐ Recovered ☐ Long term sequelae ☐ Recovering ☐ Died ☐ Not Known ☐

Cause of death: Due to this ID* ☐ Not due to this ID ☐ Not known ☐ Awaiting Coroner's Report ☐ Pending ☐

Date of death |_|_|_|_|_|_|

	Yes	No	Not Known
Autopsy	☐	☐	☐

'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:

1) Children over 6 months of age with any of the following:

   a. chronic illness requiring regular follow up (e.g. chronic respiratory disease including cystic fibrosis, moderate or severe asthma, chronic heart disease, diabetes mellitus, chronic liver disease, chronic neurological disease including multiple sclerosis, hereditary and degenerative disorders of the central nervous system etc.)

   b. those who are immunosuppressed due to disease or treatment including those with missing or non-functioning spleens.

2) Children with any condition (e.g. cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder) that can compromise respiratory function especially those attending special schools/ day centres

3) Children and teenagers on long-term aspirin therapy (because of the risk of Reyes syndrome)

4) Those with morbid obesity i.e. Body Mass Index ≥ 40

Form completed by

Date of completion |_|_|_|_|_|_|

Version 2.0 15/12/2014