Newfoundland and Labrador Influenza Surveillance Reporting Requirements

OCTOBER 21, 2009

For Regional Surveillance Partners

Department of Health and Community Services
Division of Public Health
Government of Newfoundland and Labrador
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Introduction

The influenza surveillance strategy that will be in place this year differs substantially from previous seasons as we are in a phase 6 pandemic period. Provincial guidance and reporting recommendations for the surveillance of Pandemic (H1N1) 2009 will help to ensure data submitted provincially and nationally are standardized in order to allow for comparison between and among jurisdictions and also to allow Newfoundland and Labrador (NL) to meet national reporting requirements.

Purpose

This document aims to provide reporting guidance to the regional surveillance partners in order to support standardized submission of data.

Objectives

The objectives of surveillance during a pandemic are to continually monitor and assess the progression of influenza virus so that effective public health measures can be adopted and evaluated to best reduce the burden of illness and societal disruption attributed to the disease. These objectives are based on the WHO Global Pandemic Influenza Surveillance Strategy and meet objectives developed in the Canadian Pandemic Influenza Plan.

Specifically, the surveillance objectives are to:

1. monitor the geographical spread of the virus across Newfoundland and Labrador;
2. monitor the trend of disease occurrence as it rises and falls within each region;
3. monitor the intensity, severity and impact of the pandemic (e.g. clinical cases, hospitalizations and deaths, severe clinical syndromes and their associated risk groups, and demands on the health system); and
4. monitor for changes in the antigenicity and antiviral sensitivity of the virus.
1. FluWatch

1.1 Sentinel Sites
This weekly surveillance strategy collects information to create influenza-like illness (ILI) activity level maps, and to identify localized or widespread activity and outbreaks among the regional health authorities (RHAs). Sentinel sites have been enhanced to include all acute and long term care facilities in the province.

All sentinel site information will be collected on the Wednesday of each week. This information will be forwarded on Mondays to the regional Communicable Disease Control Nurse (CDCN) for entry into the CNPHI FluWatch application (due each Wednesday, one week after data collection).

This information will include all ILI as it is not always possible to stratify by the type of respiratory virus that is circulating.

To learn more about FluWatch, visit: http://www.phac-aspc.gc.ca/fluwatch/index-eng.php.

1.2 Sentinel Physicians

1.21 FluWatch Application
There are 25 sentinel physicians located in Newfoundland and Labrador (increased from 12 sentinel physicians in the 2008/2009 influenza season). These physicians report directly into the FluWatch application each Wednesday: [(# patients presenting with ILI) / (total # of patients seen)]. The age category of each ILI patient is also recorded.

1.22 Laboratory Reporting
The Sentinel physicians are asked to collect five nasopharyngeal (NP) swabs from ILI patients on Monday or Tuesday of each week. These samples will be sent to the PHL and should identify that they are a sentinel sample, including the postal code and the unique sentinel physician identifier. Physicians should contact the Public Health Laboratory (PHL) for supplies, if needed.

2. Pandemic (H1N1) 2009 Hospitalizations
New for the 2009/2010 influenza season is that regions are asked to notify their regional Medical Officer of Health (MOH) in real-time of all new Pandemic (H1N1) 2009 hospitalizations. A real-time email notification should also be forwarded to BOTH kellybutt@gov.nl.ca and cokeefe@gov.nl.ca.

A detailed case-report (Appendix IV) is to be submitted via fax to the regional CDCN and to the Department of Health and Community Services (DHCS): (709) 729-4647.
3. Influenza Deaths

3.1 Pandemic (H1N1) 2009 Deaths
New for the 2009/2010 influenza season is that regions are asked to notify their regional Medical Officer of Health (MOH) in real-time of all new Pandemic (H1N1) 2009 deaths. A real-time email notification should also be forwarded to BOTH kellybutt@gov.nl.ca and cokeefe@gov.nl.ca.

A detailed case-report (Appendix IV) is to be submitted via fax to the regional CDCN and to the DHCS: (709) 729-4647.

3.2 Non Pandemic (H1N1) 2009 Influenza Deaths (Aggregate)
New for the 2009/2010 influenza season is that regions are asked to submit an aggregate count of the number of deaths that occurred in persons with lab-confirmed influenza, excluding Pandemic (H1N1) 2009, irrespective of type or subtype. When type or subtype is available, it should be reported.

This report (Appendix III) is to be submitted via fax to (709) 729-4647 on Mondays by 09:00 EDT.

The purpose of reporting influenza deaths is to maintain surveillance of Pandemic (H1N1) 2009 deaths using all influenza as a proxy during periods where labs may not have capacity to type/subtype all cases with influenza. This will also allow a better understanding of other type/subtypes of influenza that may be circulating.

4. Severe Respiratory Illness (SRI) Events
Regions are asked to notify their regional Medical Officer of Health (MOH) in real-time of all new Severe Respiratory Illness (SRI) that meets the case definition (see Appendix I). A real-time email notification should also be forwarded to BOTH kellybutt@gov.nl.ca and cokeefe@gov.nl.ca.

A detailed case-report (Appendix IV) is to be submitted via fax to the regional CDCN and to the DHCS: (709) 729-4647.

NP swabs should be sent to the PHL. The sample label should indicate that this it is from an SRI event.
5. Unusual Respiratory Clusters/Events

Regions are asked to notify their regional Medical Officer of Health (MOH) in real-time of all reports of an unusual respiratory cluster or event. A real-time email notification should also be forwarded to BOTH kellybutt@gov.nl.ca and cokeefe@gov.nl.ca.

Reporting of unusual activity is subjective as there may not be an established threshold upon which to judge current activity so it may require a certain level of subjective judgment.

NP swabs should be sent to the PHL. The sample label should indicate that this it is from an unusual cluster/event.

6. Public Health Laboratory

Each week the PHL will randomly select two influenza samples to send to the National Microbiology Laboratory for antiviral testing.

Results should be emailed to BOTH kellybutt@gov.nl.ca and cokeefe@gov.nl.ca.
Appendix I: Case Definitions

*Laboratory-Confirmed Pandemic (H1N1) 2009*
A person, with or without clinical symptoms, confirmed by one of the following tests:
- Reverse-Transcriptase Polymerase Chain Reaction (RT-PCR)
- Viral culture
- 4-fold rise in Pandemic (H1N1) 2009 specific neutralizing antibodies

*Influenza-Like Illness (Surveillance definition)*
Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus.

*NOTE:* In children under 5 years, gastrointestinal symptoms may also be present. In patients under 5 or older than 65 years, fever may not be prominent

*Hospitalizations with Pandemic (H1N1) 2009*
Any person, admitted to hospital, with laboratory confirmed Pandemic (H1N1) 2009 influenza OR a patient who develops Pandemic (H1N1) 2009 influenza after admission.

*Deaths with Pandemic (H1N1) 2009*
A death occurring in any person with laboratory-confirmed Pandemic (H1N1) 2009 influenza with no period of complete recovery between illness and death.

*Outbreak of Influenza / Pandemic Influenza (H1N1) 2009*

**Long-Term Care Facilities**
Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed Pandemic (H1N1) 2009 case, in a LTC facility.

**Hospital Facilities**
Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed Pandemic (H1N1) 2009 case, in a hospital facility, outside of the facility’s defined influenza cohort, in patients who have been in hospital for longer than one incubation period.

**Schools/Day Cares/Workplaces**
Greater than 10% absenteeism OR absenteeism that is higher than baseline levels determined by schools or surveillance region which is likely be due to ILI.
**Unusual Respiratory Event**

Reporting of unusual events may require collaboration with non-official influenza surveillance partners or groups in your area. Some examples of unusual activity include:

- Reports by emergency departments indicating higher than expected volume of patients presenting with severe respiratory infection cases admitted to ICU and deaths
- Change in the expected number of people calling into provincial or territorial tele-health hotlines with symptoms associated with respiratory illness
- A media report of a strange or suspicious respiratory event
- A large Pandemic (H1N1) 2009 outbreak in a closed or semi-closed setting.
- Cluster of epi-linked SRI cases or epi-linked H1N1 cases admitted to ICU or deaths.

**SRI Definition**

The case definition for reporting Severe Respiratory Illness (SRI) is applicable to any person meeting all of the following four criteria (I, II, III and IV):

**SRI case**

A person **admitted to hospital** with:

I. **Respiratory symptoms, i.e.**:
   - Fever (over 38 degrees Celsius)
   AND
   - New onset of (or exacerbation of chronic) cough or breathing difficulty

AND

II. **Evidence of severe illness progression, i.e.:**
   - Radiographic evidence of infiltrates consistent with pneumonia
   OR
   - Diagnosis of acute respiratory distress syndrome (ARDS) or severe ILI, which may also include complications such as encephalitis, myocarditis or other severe and life threatening complications
   AND
   - Either admission to the ICU/other area of the hospital where critically ill patients are cared for
   OR

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1 As per influenza-like illness (ILI) definition, fever may not be prominent in patients under 5 years or 65 years and older as well as immunosuppressed individuals. Failure to take temperature should not rule out a history of self-reported fever.

2 Severe ILI: In addition to the symptoms of ILI, severe ILI may also include complications such as encephalitis, myocarditis, etc or other severe and life threatening complications.
• Mechanical ventilation

AND

III. No alternate diagnosis within the first 72 hours of hospitalisation, i.e.:
• Results of preliminary clinical and/or laboratory investigations, within the first 72 hours of hospitalisation, cannot ascertain a diagnosis that reasonably explains the illness.

AND

IV. One or more of the following exposures/conditions, i.e.:
• Residence, recent travel or visit to an affected area where a novel influenza virus or other emerging or re-emerging respiratory virus has been identified (including Pandemic (H1N1) 2009) [refer to table of currently affected areas/sites: http://www.phac-aspc.gc.ca/h5n1/index.html.]
• Close contact (including health care providers) of an ill person who has been to an affected area/site within the 10 days prior to onset of symptoms.
• Exposure to settings in which there had been mass die offs or illness in domestic poultry or swine in the previous six weeks.
• Occupational exposure involving direct health care, laboratory or animal exposure, i.e.:
  o Health care exposure involving primary care providers exposed to patients linked to an ongoing outbreak investigation or sick/dying animals;
  OR
  o Laboratory exposure in a person who works directly with emerging or re-emerging pathogens;
  OR
  o Animal exposure in a person employed as one of the following:
    ▪ domestic poultry/swine farm worker;
    ▪ domestic poultry processing plant worker;
    ▪ domestic poultry culler (catching, bagging, or transporting birds, disposing of dead birds/swine);
    ▪ worker in live animal market
    ▪ dealer or trader of pet birds or other potentially affected animals
    ▪ chef working with live or recently killed domestic poultry or other potentially affected animals
SRI death
A deceased person with:

I. A history of respiratory symptoms, i.e.:
   • History of unexplained acute respiratory illness (including fever, and new
     onset of (or exacerbation of chronic) cough or breathing difficulty) resulting in
     death

AND

II. Autopsy performed with findings consistent with SRI, i.e.:
   • autopsy findings consistent with the pathology of ARDS without an
     identifiable cause

AND

III. No alternate diagnosis that reasonably explains the illness

AND

IV. One or more of exposures/conditions, as listed above.
Appendix II: Pandemic (H1N1) 2009 Line Listing Definitions

Definitions of core data elements to be completed for all SRIs and hospitalized Pandemic (H1N1) 2009 cases and deaths.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>P/T unique ID</td>
<td>Provincial Unique ID</td>
</tr>
<tr>
<td>P/T where case was identified</td>
<td>Province where case was identified</td>
</tr>
<tr>
<td>P/T where case resided</td>
<td>Province where case resided</td>
</tr>
<tr>
<td>Age in years</td>
<td>Case's age in years as of symptom onset date/specimen collection date/report date</td>
</tr>
<tr>
<td>Age in months if &lt;2 years</td>
<td>If case is under 2 years of age, specify age in months</td>
</tr>
<tr>
<td>Sex</td>
<td>Specify sex; [ M=male, F=female or U=unknown]</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>If case is Aboriginal; [Y=yes, N=no or U=unknown]</td>
</tr>
<tr>
<td>Aboriginal ethnicity</td>
<td>Specify aboriginal ethnicity; [1=First Nations, 2=Inuit or 3=Métis]</td>
</tr>
<tr>
<td>Reserve status</td>
<td>If case has First-Nations ethnicity, specify the reserve status; [1=Primarily On reserve, 2=Primarily Off reserve, 3=Unknown]</td>
</tr>
<tr>
<td>Registered Indian</td>
<td>If case is First-Nations, specify if they are a registered Indian; [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Isolated Community</td>
<td>Geographical area with scheduled flights and good phone service but is without year round road access; [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Remote Community</td>
<td>Geographical area where community is located over 350 Km from the nearest hospital but year round road access is available; [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Presence of underlying medical condition(s)</td>
<td>Presence of any underlying conditions (Y=yes, N=no or U=unknown) – Excluding pregnancy, obesity, current smoking</td>
</tr>
<tr>
<td>Chronic pulmonary disease</td>
<td>Case's underlying medical condition (such as but not limited to COPD, cystic fibrosis, bronchopulmonary dysplasia, etc); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Asthma</td>
<td>Case's underlying medical condition (Asthma); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Chronic heart disease</td>
<td>Case's underlying medical condition (Chronic heart disease excluding mild high blood pressure); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Case's underlying medical condition (Diabetes); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>Case's underlying medical condition (Kidney disease such as but not limited to chronic renal failure, patient under dialysis ); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Immunodeficiency or immunosuppression</td>
<td>Case's underlying medical condition (Immunodeficiency or immunosuppression such as but not limited to AIDS/HIV infection, congenital immunodeficiency, cancer, transplant recipient, person under long-term corticosteroid therapy); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Anemia or hemoglobinopathy</td>
<td>Case's underlying medical condition (such as but not limited to any type of anemia, including Sickle cell anemia)</td>
</tr>
<tr>
<td>Neurodevelopmental condition</td>
<td>Case's underlying medical condition (Neurodevelopmental condition such as but not limited to epileptic disorder, cerebral palsy, autism, severe developmental disorder, etc); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Other conditions</td>
<td>Please specify</td>
</tr>
<tr>
<td>Pregnancy or within first 6 weeks postpartum</td>
<td>Case who is/was pregnant (Pregnancy); [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Pregnancy Trimester</td>
<td>If case is pregnant, specify the trimester at time of illness; [1=1st, 2=2nd, 3=3rd, PP= postpartum]</td>
</tr>
<tr>
<td>Patient Weight (in Kilograms or pounds) if available</td>
<td>Indicate patient’s weight in kilograms or pounds</td>
</tr>
<tr>
<td>Patient Height (in Centimetres or inches) if available</td>
<td>Indicate patient’s height in centimetres or inches</td>
</tr>
<tr>
<td>Obesity</td>
<td>As noted in patient’s chart, irrespective of severity; [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Current smoking</td>
<td>As noted in patient’s chart, irrespective of type of smoker; [Y=yes, N=no, U=unknown]</td>
</tr>
<tr>
<td>Symptom onset date</td>
<td>Date of symptom onset; [dd/mm/yyyy]</td>
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<tr>
<td>Specimen collection date</td>
<td>Date of specimen collection; [dd/mm/yyyy]</td>
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<tr>
<td>Hospitalization</td>
<td>Was case hospitalized?; [Y=yes, N=no or U=unknown]</td>
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<tr>
<td>Date of hospitalization</td>
<td>Date of hospitalization; [dd/mm/yyyy]</td>
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<tr>
<td>Discharge</td>
<td>Was case discharged from hospital? [Y=yes, N=no or U=unknown]</td>
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<tr>
<td>ICU</td>
<td>If case has been hospitalized, specify if case admitted to ICU (Intensive care unit); [Y=yes, N=no or U=unknown]</td>
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<tr>
<td>Ventilation</td>
<td>If case has been hospitalized, specify if case has been intubated; [Y=yes, N=no or U=unknown]</td>
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<tr>
<td>Death</td>
<td>Case's death; [Y=yes, N=no or U=unknown]</td>
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<tr>
<td>Date of death</td>
<td>Date of death; [dd/mm/yyyy]</td>
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</tbody>
</table>
Appendix III: Influenza Deaths (Aggregate Report)
RhAs are asked to submit an aggregate (including age and sex) count of the number of deaths that occurred in persons with lab-confirmed influenza (excluding Pandemic (H1N1) 2009), irrespective of type or subtype.

RHA Reporting: __________________________ Date: Monday ________________________ , 09:00

<table>
<thead>
<tr>
<th>Date of Death (dd / mmm / yyyy)</th>
<th>Age (in years)</th>
<th>Sex M=Male; F=Female</th>
<th>Type/subtype (if known)</th>
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<tr>
<td>1</td>
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</tbody>
</table>

This report (Appendix III) is to be submitted via fax to (709) 729-4647 by on Mondays by 09:00 EDT.
Appendix IV: Case Report Form (Hospitalizations, Deaths, SRIs)

| Patient/Proxy PROTECTED INFORMATION – LOCAL USE ONLY – DO NOT FORWARD THIS SECTION |
|-------------------------------------------------|---------------------------------|
| **PATIENT** Contact Information:                | **HOSPITAL** Information:      |
| Last name: ____________________                    | Name of hospital: ______________ |
| First name: ____________________                  |                                |
| **Usual residential address:**                   | **PROXY** Information:         |
| ______________________________________________ | Is respondent a proxy? (e.g. for deceased patient, child) |
| **City:** ____________________                    | □ No  □ Yes (complete information below) |
| Province/Territory: ____________________          | Proxy Last name: ______________ |
| Postal code: _______                             | Proxy First name: ____________ |
| Phone number(s): (____) ______ - _______________ | Proxy Relationship to case: ____________ |
| (____) ______ - __________________             | Proxy Phone number: (_____) _____ - ______________ |

**Local Contact Information** (if different from residential):

| Phone number: (____) _____ - _______________ |
| Number valid until (dd/mm/yyyy): _____/_____/______ |

Please notify your MOH and Kelly Butt (kellybutt@gov.nl.ca) **immediately**

**AND**

Send completed forms to your regional CDCN
**SECTION 1: CASE DEFINITION**

### Severe Respiratory Illness (SRI) case

#### (A) SRI case

A person **admitted to hospital** with:

**V. Respiratory symptoms, i.e.:**

- Fever (over 38 degrees Celsius)
  AND
- New onset of (or exacerbation of chronic) cough or breathing difficulty

**VI. Evidence of severe illness progression, i.e.:**

- Radiographic evidence of infiltrates consistent with pneumonia
  OR
- Diagnosis of acute respiratory distress syndrome (ARDS)
  OR
- Severe ILI, which may also include complications such as encephalitis or other severe and life threatening complications
  AND
- Admission to the ICU/other area of the hospital where critically ill patients are cared for
  OR
- Mechanical ventilation

**VII. No alternate diagnosis within the first 72 hours of hospitalisation, i.e.:**

- Results of preliminary clinical and/or laboratory investigations, within the first 72 hours of hospitalisation, cannot ascertain a diagnosis that reasonably explains the illness.

**VIII. One or more of the following exposures/conditions, i.e.:**

- Residence, recent travel or visit to an affected area where a novel influenza virus or other emerging or re-emerging respiratory virus has been identified (including Pandemic (H1N1) 2009) [refer to table of currently affected areas/sites: http://www.phac-aspc.gc.ca/h5n1/index.html.]
- Close contact (including health care providers) of an ill person who has been to an affected area/site within the 10 days prior to onset of symptoms.
- Exposure to settings in which there had been mass die offs or illness in domestic poultry or swine in the previous six weeks.
- Occupational exposure involving direct health care, laboratory or animal exposure, i.e.:
  - **Health care exposure** involving primary care providers exposed to patients linked to an ongoing outbreak investigation or sick/dying animals;
  - **Laboratory exposure** in a person who works directly with emerging or re-emerging pathogens;
  - **Animal exposure** in a person employed as one of the following:
    - domestic poultry/swine farm worker;
    - domestic poultry processing plant worker;
    - domestic poultry culler (catching, bagging, or transporting birds, disposing of dead birds/swine);
    - worker in live animal market
    - dealer or trader of pet birds or other potentially affected animals
    - chef working with live or recently killed domestic poultry or other potentially affected animals

### (B) SRI death

A **deceased person** with:

**V. A history of respiratory symptoms, i.e.:**

- History of unexplained acute respiratory illness (including fever, and new onset of (or exacerbation of chronic) cough or breathing difficulty) resulting in death

**VI. Autopsy performed with findings consistent with SRI, i.e.:**

- Autopsy findings consistent with the pathology of ARDS without an identifiable cause

**VII. No alternate diagnosis that reasonably explains the illness**
### SECTION 2: ADMINISTRATIVE INFORMATION

<table>
<thead>
<tr>
<th>Report Status</th>
<th>Initial Report</th>
<th>Update</th>
<th>Date of initial report (dd/mm/yyyy):</th>
<th>Date of this update (dd/mm/yyyy):</th>
</tr>
</thead>
</table>

Name/affiliation of person making report: __________________________

Reporting contact phone no: (____) ____ - ______ext ______

Reporting Province: __________________________

Reporting RHA: __________________________

Province where case resides: __________________________

### SECTION 3: PATIENT INFORMATION

**Gender:**
- [ ] Male
- [ ] Female
- [ ] Unknown

**Age:** ___ years, [ ] Age unknown

*If under 2 years of age, specify ___ months*

**Occupation:** __________________________

**Aboriginal**
- [ ] Yes
- [ ] No
- [ ] Unknown

*If Aboriginal, what is their ethnicity*
- [ ] Inuit
- [ ] Innuk
- [ ] Métis
- [ ] First Nations (FN):

*If FN, does this person live primarily on reserve?*
- [ ] Yes
- [ ] No
- [ ] Unknown

*If FN, is this person a ‘Registered Indian’?*
- [ ] Yes
- [ ] No
- [ ] Unknown

**Is patient from:**
- [ ] Isolated Community
- [ ] Yes
- [ ] No
- [ ] Unknown

*Remote Community*
- [ ] Yes
- [ ] No
- [ ] Unknown

*(no year round road access)*

### SECTION 4: CLINICAL INFORMATION

**Symptoms (check all that apply):**

- [ ] fever
- [ ] cough
- [ ] sore throat
- [ ] arthralgia
- [ ] myalgia
- [ ] malaise
- [ ] rhinorrhea or nasal congestion
- [ ] sneezing
- [ ] shortness of breath
- [ ] sputum production
- [ ] headache
- [ ] diarrhea
- [ ] nausea
- [ ] vomiting
- [ ] chest pain
- [ ] altered level of consciousness
- [ ] nose bleed
- [ ] encephalitis
- [ ] conjunctivitis
- [ ] other, specify: __________________________

**Was this case hospitalized:**
- [ ] Yes
- [ ] No
- [ ] Unknown

Date of initial admission (dd/mm/yyyy): ___/___/_______

Date of final discharge (dd/mm/yyyy): ___/___/_______

**Course of Illness/Severity:**

- Admitted to ICU? [ ] Yes [ ] No [ ] Unknown
- On oxygen therapy during any of the hospital stays? [ ] Yes [ ] No [ ] Unknown
- Ventilated during any of the hospital stays? [ ] Yes [ ] No [ ] Unknown
- Pneumonia diagnosed by chest x-ray or CT scan? [ ] Yes [ ] No [ ] Unknown
- Diagnosed with Acute Respiratory Distress Syndrome (ARDS) [ ] Yes [ ] No [ ] Unknown

**Disposition at time of report:**

- [ ] Stable
- [ ] Deteriorating
- [ ] Recovering
- [ ] Died (indicate date/cause below)
- [ ] Unknown

If patient died, **Date of death (dd/mm/yyyy): ___/___/_______**  
**Cause of death (specify): __________________________**

### SECTION 5: MEDICAL AND VACCINE HISTORY

**Treatment:**

- Is patient taking prescribed antivirals? [ ] Yes [ ] No [ ] Unknown

If yes, Specify name: __________________________

Start date (dd/mm/yyyy): ___/___/_______

End date (dd/mm/yyyy): ___/___/_______

**Did patient receive this year’s seasonal human influenza vaccine?**
- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, date of vaccination (dd/mm/yyyy): ___/___/_______

### SECTION 6: UNDERLYING CONDITIONS and RISK FACTORS

Revised October 21, 2009
Chronic Pulmonary disease
Asthma
Chronic heart disease
Chronic Liver disease
Diabetes
Kidney disease
Immunodeficiency
Anemia or Hemoglobinopathy
Chronic Neurological disease

Pregnant (or <5wks postpartum) If yes, weeks of gestation____ or trimester:________ or weeks postpartum______

Other condition/risk, specify:
Weight:__________  Kgs  Pounds
Height:__________ cm inches
Obesity (as per chart) Yes No Unknown
Current smoking Yes No Unknown

SECTION 7: LABORATORY TESTING

<table>
<thead>
<tr>
<th>Date Specimen Collected (dd/mm/yyyy)</th>
<th>P/T Lab Specimen Number</th>
<th>Specimen Source</th>
<th>Test Method</th>
<th>Test Result</th>
<th>Date Test Performed (dd/mm/yyyy)</th>
<th>Laboratory Performing Test</th>
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*Recommended specimens for optimal investigation of influenza include: nasopharyngeal swab; nasal swab; bronchoalveolar lavage (BAL); serum (as per consultation with NML)

SECTION 8: EXPOSURES

Is the patient:
☐ A health care worker exposed to SRI patient(s) under investigation
☐ Exposed to a person who is part of a cluster of human swine influenza or SRI (Please describe location of cluster):
  ☐ Acute care facility  ☐ Long term care facility  ☐ School-based  ☐ Community-based
☐ A laboratory worker working directly with emerging or re-emerging pathogens
☐ In contact with any of the following animals within 7 days after symptom onset:
  ☐ swine  ☐ poultry  ☐ other (e.g. mink, ferrets): ______________________

In the 10 days prior to symptom onset, had the patient travelled outside of NL: ☐ Yes ☐ No ☐ Unknown
If yes, please specify location: _______________________________________________________
Date of arrival (dd/mm/yyyy): ____/____/________
Date of departure (dd/mm/yyyy): ____/____/________

SECTION 9: SUMMARY OF CLOSE CONTACTS* IN THE 7 DAYS PRIOR TO SYMPTOM ONSET

Total # contacts: ______
☐ Household contacts: ______  ☐ Workplace contacts: ______
☐ Other close contacts: ______(i.e. social)

*Close contact: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of human swine influenza.