



SEVERE AND FATAL PEDIATRIC INFLUENZA: REPORTING AND INVESTIGATION

Patients meeting the below criteria should be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) within 24 hours of the case-patient' discharge or death. A supplemental questionnaire is now linked to CDRSS 2.0 by selecting "1-2021-19704" located in the outbreak information tab under the investigation # drop down list (Details Below). Once the survey is submitted, it becomes a part of CDRSS record and is available for viewing and editing the case patients CDRSS record. Instructions on what information should be recorded in CDRSS and how to submit the supplemental survey can be found below.

Reporting Criteria

The New Jersey Department of Health (NJDOH) is requesting reports of cases of severe or fatal influenza in pediatric patients. Health care providers and facilities should report cases meeting the following clinical and laboratory criteria.

Clinical

- Pediatric patients (i.e., less than 18 years of age) with laboratory confirmed influenza **AND**
- Severe illness defined as admission to an intensive care unit for an influenza related illness; **OR**
- Influenza-related deaths (when there is no complete recovery between illness and death); **OR**
- Influenza encephalopathy (defined as altered mental status or personality changes in patients lasting more than 24 hours and occurring within 5 days of the onset on an acute febrile respiratory illness)

Laboratory

- Laboratory confirmation for influenza virus infection may be done on pre- or post- mortem clinical specimens, and includes identification of influenza A or B virus infections by a positive result by at least one of the following methods:
 - Influenza virus isolation in tissue cell culture from respiratory specimens.
 - Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens.
 - Immunofluorescent antibody staining (direct and indirect) of respiratory specimens
 - Rapid influenza diagnostic testing of respiratory specimens.
 - Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens.
 - Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera (single serum samples are not interpretable).

All cases meeting the reporting criteria should be entered into CDRSS by the acute care facility or by the local health department where the patient resides. At a minimum, the following information should be entered into CDRSS.

- Disease Information

- a) **Disease:** Influenza, Human Isolates
- b) **Subgroup:** Subgroup should be selected based on patients test results.

* Disease: INFLUENZA, HUMAN ISOLATES

Subgroup:

Date Reported to State or
Local Health Department:

Age at Case Creation:

Age At Onset:

* Case Status:

TYPE A H1 ▼

—Select One—

NOVEL INFLUENZA A

TYPE 2009 H1N1

PENDING

TYPE A H1

TYPE A H3

TYPE B

TYPE A (SUBTYPING NOT DONE)

- Pending
 - Select pending if the test has been conducted but the result of the test remains unknown.
 - Novel Influenza A
 - Select this from the drop-down list if an influenza virus has been identified which cannot be subtyped by standard laboratory methods (i.e. unsubtypeable)
 - Type 2009 H1N1
 - Select this from the drop-down list if a 2009 H1N1 influenza virus has been identified.
 - Type A (Subtyping not done)
 - Select this from the drop-down list if an influenza A virus has been identified by an influenza subtype has not been identified. (NOTE: this is not the same as A unsubtypeable) This include tests conducted by rapid antigen test which are positive for influenza A.
 - Type AH1
 - Select this from the drop-down list if an influenza AH1 virus has been identified. (NOTE: AH1 has not circulated since 2009.)
 - Type AH3
 - Select this from the drop-down list if an influenza AH3 virus has been identified.
 - Type B
 - Select this from the drop-down list if an influenza B virus has been identified.
- c) **Illness Onset Date:** Enter the date which signs and symptoms first began.
 - d) **Case Status:** Assign the correct case and report status for the case.
 - Confirmed – A clinically compatible case that is laboratory confirmed (see clinical/lab criteria above)
 - Not a case – A case not meeting case definition.

- Patient Personal Information

- a) **First and Last Name:** Enter the first and last name of the case patient.
- b) **Date of Birth:** Enter the date of birth of the case patient.
- c) **Gender, Race, Ethnicity:** Enter the gender, race, ethnicity of the case patient.

+ Addresses

- a) **Current address information:** Enter the address where the patient currently resides.
- b) Add additional addresses that might be relevant to the case. For example, a daycare or school the child attends. This can be done by clicking the "Add Additional Address Information" under this section and completed the appropriate fields.

+ Laboratory and Diagnostic Test Information

- a) Include any influenza labs that were conducted including rapid influenza diagnostics tests.

+ Comments

- a) Enter any relevant comments associated with the investigation of the illness.

+ Outbreak Information

- a) The supplemental survey can be accessed from this tab. Please see instructions below for using the pediatric influenza survey for additional case reporting.

- Clinical Status

Pre-Existing Conditions

Pre-Existing Conditions:

[\[Add Pre-Existing Conditions\]](#)

- a) Enter any pre-existing conditions the patient had prior to illness onset.

Mortality Information

- b) Select yes if the patient died and enter any death specific information (i.e., date of death, cause of death, autopsy information) available.

+ Immunization Information

+ Medical Facility and Provider Information

Medical Facility Name	Patient Status	Dates of Hospitalization	Medical Facility Type
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- a) Ensure **both** admission and discharge dates are included.

Provider Information

Last Name	First Name	Street	City	Zip	Primary Phone
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- a) Enter all physicians associated with the case and their contact information.

+ Signs and Symptoms

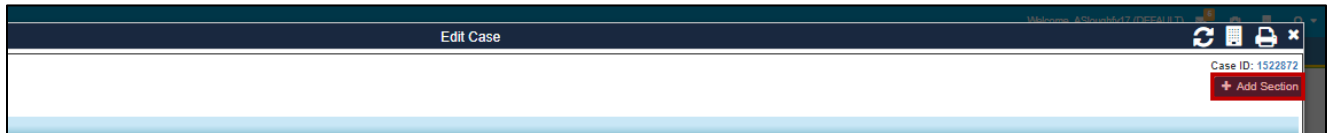
[\[Add/Edit Signs and Symptoms\]](#)

- a) For each sign and symptom:
 - Select Response: Yes, No, Unknown, Not Asked, refused to answer
 - Select Attribute: select attribute if applicable
 - Enter Onset/Resolution date

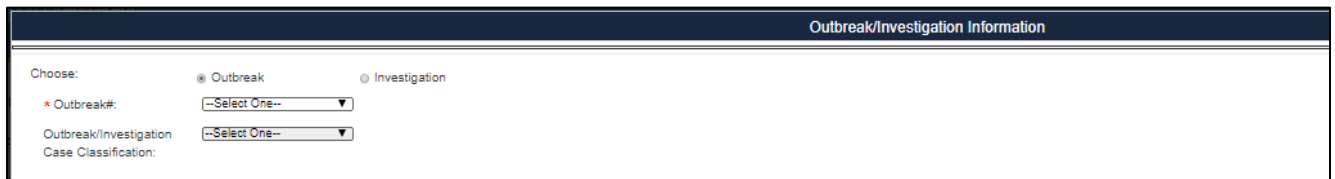
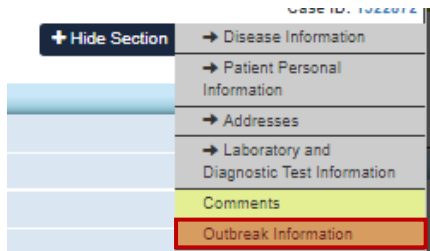
Supplemental Pediatric Flu Survey from CDRSS

Providers reporting a patient meeting the above reporting criteria should follow the directions below and also complete the supplemental pediatric influenza survey within CDRSS. The survey can be completed by following the step-by-step instructions provided below:

1. Within the CDRSS case, select “add section” located in the top right corner of the case.




2. When this section displays, select “Outbreak Information” from the drop-down list.

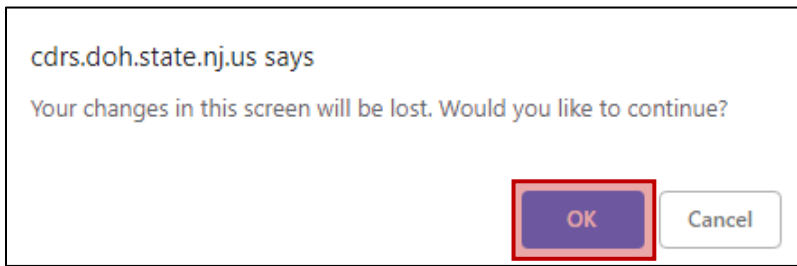
A screenshot of a form titled "Outbreak/Investigation Information". It contains the following fields:

- Choose: Outbreak Investigation
- * Outbreak#: --Select One--
- Outbreak/Investigation Case Classification: --Select One--

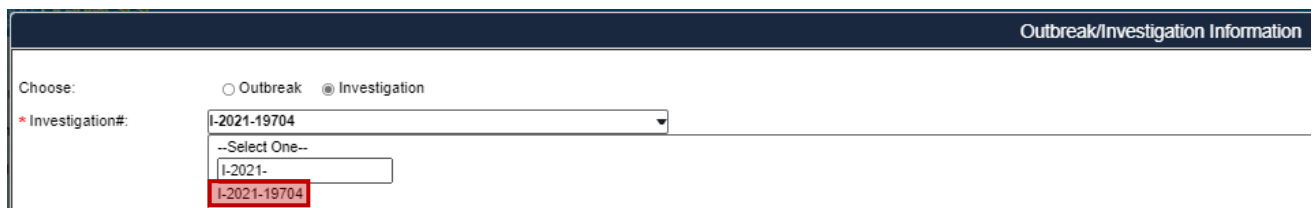
4. Select the bubble next to “Investigation”.

A screenshot of the same "Outbreak/Investigation Information" form. In this view, the "Investigation" radio button is selected and highlighted with a red box. The other fields remain the same as in the previous screenshot.

- You may be asked by your browser if you would like to continue, select OK (Note: If you are not in chrome, this pop-up may differ).



- Select the Investigation# drop-down and select "I-2021-19704" and save (bottom right of box).



- This will reveal the **PED-FLU 21-22** questionnaire under the outbreak information tab.



DID THE PATIENT DIE? ⓘ

Yes No

WAS A SPECIMEN COLLECTED FOR BACTERIAL CULTURE FROM A NORMALLY STERILE SITE (E.G. BLOOD, CEREBROSPINAL FLUID [CSF], OR PLEURAL FLUID? SPECIMENS COLLECTED MORE THAN 24 HOURS AFTER DEATH ARE NOT STERILE. ⓘ

Yes No

WERE OTHER RESPIRATORY SPECIMENS COLLECTED FOR BACTERIAL CULTURE FROM A NON-STERILE SITE (E.G. SPUTUM, ET TUBE ASPIRATE)? ⓘ

Yes No



SUBMITTED BY: ⓘ

DATE SUBMITTED: ⓘ

 ⓘ

SUBMITTER'S PHONE NUMBER: ⓘ

SUBMITTER'S EMAIL ADDRESS: ⓘ