

## 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's discharge or death. A 2024-2025 season supplemental questionnaire can be linked to CDRSS cases by selecting **"I-2024-29917"** located in the outbreak information tab under the investigation # drop down list (Details included below). Once the survey is submitted, it becomes a part of the CDRSS case and is available for viewing and editing within the CDRSS case report. 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**

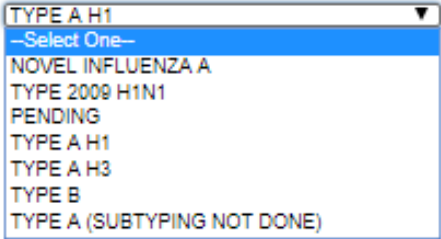
- Laboratory confirmation for influenza virus infection may be done on pre- or post- mortem clinical specimens, and includes identification of influenza A or B virus infections by a positive result by at least one of the following methods:
  - Influenza virus isolation in tissue cell culture from respiratory 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 patient test results.

\* Disease: INFLUENZA, HUMAN ISOLATES

Subgroup: 

Date Reported to State or Local Health Department:

Age at Case Creation:

Age At Onset:

\* Case Status:

- 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 when 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.
    - Probable or Possible – Not in use

## - 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) **Sex (For Clinical use), Race, Ethnicity:** Enter the sex, 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

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

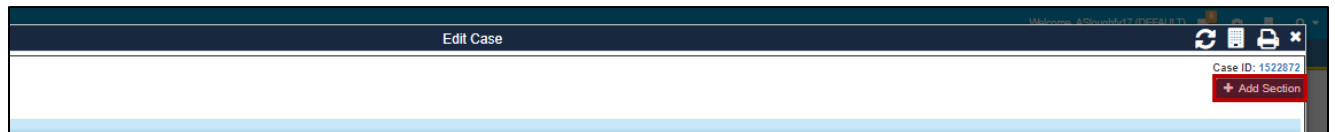
- a) For each sign and symptom:
- Select Response: Yes, No, Unknown, Not Asked, refused to answer
  - Select Attribute if applicable

- Enter Onset/Resolution date

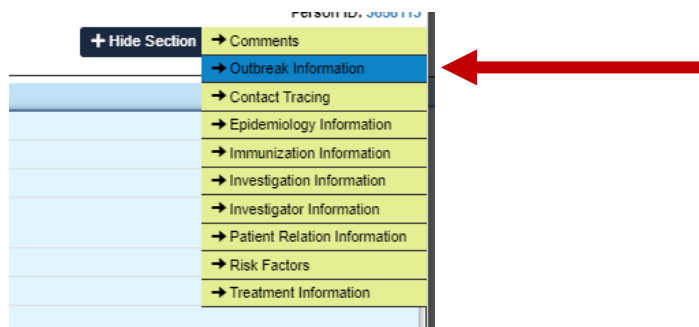
### Supplemental Pediatric Flu Survey from CDRSS

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.



3. This will propagate the Outbreak/Investigation Information Tab.
4. Select the Investigation bubble and select “**I-2024-29917**” as the Investigation#. 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 “**OTHER**” for case role and type “**SEVERE PED FLU CASE**” for case role comment. Save and Close on the bottom right.

Choose:	<input type="radio"/> Outbreak	<input checked="" type="radio"/> Investigation	
Exposure Setting:	--Select One--		Location Name: <input type="text"/>
* Investigation#:	I-2024-29917		
* Case Role:	OTHER		* Case Role Comment: SEVERE PED FLU CASE
Outbreak/Investigation Case Classification:	CONFIRMED		
Number:	I-2024-29917		
Start Date:		End Date:	
Location Name:	PEDIATRIC INFLUENZA SURVEILLANCE		

1. This will reveal the **PED-FLU 24-25** questionnaire under the outbreak information tab.

Outbreak Information

PED FLU

DID THE PATIENT DIE?  
WAS A SPECIMEN COLLECTED FOR BACTERIAL CULTURE FROM A NORMALLY STERILE SITE (E.G. BLOOD, CEREBROSPINAL FLUID [CSF], OR PLEURAL FLUID? SPECIMENS COLLECTED GREATER THAN 24 HOURS AFTER DEATH ARE NOT STERILE.  
WERE OTHER RESPIRATORY SPECIMENS COLLECTED FOR BACTERIAL CULTURE FROM A NON-STERILE SITE (E.G. SPUTUM, ET TUBE ASPIRATE)?  
WAS A SPECIMEN (E.G. FIXED LUNG TISSUE) COLLECTED FROM AN AUTOPSY FOR TESTING OF BACTERIAL PATHOGENS BY A LOCAL OR STATE

Edit Questionnaire Information

- Select the “edit questionnaire information” link and complete the pediatric flu supplemental questionnaire that displays, being sure to select “**Save and Close**” when complete.

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 GREATER 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: ⓘ

Save & Close
Close