

Reporting of Severe and Fatal Pediatric Influenza
New Jersey Department of Health
2016-2017 Influenza Season

Patients meeting the below criteria should be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) within 24 hours of the case-patients' discharge or death. A supplemental questionnaire has been created as a survey in the Hippocrates system and is now linked to CDRSS by selecting "PED_FLU_16_17" from the "Outbreak #" drop down list located in the "Outbreak/Investigation Information" section on the epidemiology tab (see below). This replaces the previous web based questionnaire and should be completed on all patients meeting the reporting criteria. Once the survey is submitted, it becomes part of the CDRSS record and is available for viewing and editing in the case patients CDRSS record. A Hippocrates account is not required to complete the survey. 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 hospitalized 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**
- Influenza-related deaths (in which there is no period of 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 of an acute febrile respiratory illness); **OR**
- Severe illness defined as admission to an intensive care unit for an influenza-related 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 or 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)

CDRSS Entry

All cases meeting the above 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 in CDRSS.

1. Patient information Tab
 - a. Disease – Influenza, Human Isolates should be selected for all influenza reports.
 - b. Subgroup- Subgroup should be selected based on the patients test results.

► Patient Information

Disease Information:	
Disease*:	INFLUENZA, HUMAN ISOLATES
Subgroup:	Select Subgroup
Date Reported to State:	Pending
Local Health Department:	NOVEL INFLUENZA A
	TYPE 2009 H1N1
	TYPE A (SUBTYPING NOT DONE)
	TYPE A H1
	TYPE A H3
	TYPE B
Prefix:	SDFGASFDA
First Name:	

1. Pending
 - a. Select pending if the test has been conducted but the result of the test remains unknown.
2. Novel Influenza A
 - 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).
3. Type 2009 H1N1
 - a. Select this from the drop down list if a 2009 H1N1 influenza virus has been identified
4. Type A (Subtyping not done)
 - a. Select this from the drop down list if an influenza A virus has been identified but an influenza subtype has not been identified. (NOTE: This is not the same as A

Unsubtypeable) This includes test conducted by rapid antigen test which are positive for influenza A.

5. Type AH1
 - a. Select this from the drop down list if an influenza AH1 virus has been identified.
 6. Type AH3
 - a. Select this from the drop down list if an influenza AH3 virus has been identified.
 7. Type B
 - a. Select this from the drop down list if an influenza B virus has been identified.
 - c. Onset Date – Enter the date which signs and symptoms first began.
 - d. First and Last Name- Enter the first and last name of the case patient.
 - e. Current address information – Enter the address where the patient currently resides.
 - f. Gender, Race, Ethnicity – Enter the gender, race and ethnicity of the case patient.
2. Clinical Status Tab
 - a. Medical Facilities – Ensure both admission and discharge dates are included.
 - b. Physicians – Enter all physicians associated with the case.
 - c. Pre-existing conditions – Enter any pre-existing conditions the patient had prior to illness onset.
 - d. Treatment - Enter any treatment the patient had prior to or during illness.
 - e. Mortality - Select yes if the patient died and enter any death specific information (i.e., date of death, autopsy information) available.
 3. Signs/symptoms Tab
 - a. Select the signs/symptoms that were associated with the case patients illness.
 4. Laboratory Evaluation Tab
 - a. Include any influenza laboratories that were conducted including rapid influenza diagnostics tests.
 5. Case Comments Tab– Enter any relevant comments associated with the investigation of the illness.
 6. Epidemiology Tab – The supplemental survey can be accessed from this tab. Please see instructions below for using the Hippocrates survey for additional case reporting.
 7. Case Classification Tab – Assign the correct case and report status for the case.
 - a. Confirmed - A clinically compatible case that is laboratory confirmed (see clinical and laboratory criteria above).

- b. Not a case – A case not meeting the confirmed case definition.

Supplemental Hippocrates Survey from CDRSS

Providers reporting a patient meeting the above reporting criteria should follow the directions below and also complete the Hippocrates survey in addition to the CDRSS fields requested above. The survey can be completed by following the step by step instructions provided below.

1. Go to the Epidemiology Tab



2. Under the “Outbreak/Investigation Information” section, select the drop down arrow for “Outbreak #”
 - a. Select PED_FLU_16_17 if you are reporting a pediatric case associated with any influenza virus.

Epidemiology:

Route of Transmission: AIRBORNE, BLOODBORNE, CONGENITAL

Method of Import: [Dropdown]

Method of Case Detection: ACTIVE SURVEILLANCE, CASE OR OUTBREAK INVESTIGATION, CONTACT INVESTIGATION

Case Investigators and Addresses:

Case Investigators:			History
Last Name	First Name	Address	Remove
ADD NEW INVESTIGATOR			

Investigation:

Interviewed: Unknown Reason not interviewed: [Dropdown]

Other Control Measures:

Patient's Role/Function: [Dropdown]

ADD NEW

Observation Status: [Dropdown]

Observation Address: [Text Field]

EDIT OBSERVATION ADDRESS

Outbreak/Investigation Information:

Outbreak #: PED_FLU_16_17... Investigation #: Select One

ADD NEW OUTBREAK/INVESTIGATION

- Once you select the correct “Outbreak #”, a description of the outbreak will appear below your selection.

Outbreak/Investigation Information:

Outbreak #: PED_FLU_16_17... Investigation #: Select One

ADD NEW OUTBREAK/INVESTIGATION

Outbreak/Investigation Case Classification: SELECT ONE

Number: **PED_FLU_16_17**

Start Date: End Date:

Location Name: **3**

Street: Apartment:
City: State: **NJ**
County: **UNKNOWN** Municipality: **OTHER/UNKNOWN**
Zip:

Description: **This E# will capture severe and fatal pediatric influenza cases occurring in the 2016-17 influenza season.**

Risk Factors:
PED FLU CASE DEFINITION MET Select One

- Complete the remaining tabs of the CDRSS record. Assign the correct case and report status and then submit the case.

Outbreak/Investigation Information:

Outbreak #: PED_FLU_16_17 **4**
Type: **Outbreak**
Description: **This E# will capture severe and fatal pediatric influenza cases occurring in the 2016-17 influenza season.**

New Case Classification:

Case Status: * SELECT ONE Reason for Status:
Report Status: * SELECT ONE Reason for Status:
 NO FOLLOW-UP/INVESTIGATION

- Upon submission of the CDRSS record, the following message will appear along with a selectable field called “ADD/MODIFY QUESTIONNAIRE RESPONSE”. Select this new field.

Case #489728 has been successfully updated.

The Outbreak/Investigation that you selected is associated with the following questionnaire:
PED-FLU

ADD/MODIFY QUESTIONNAIRE RESPONSE **5**

- The Hippocrates survey will appear in a new window.

- Respond to each question requested in the survey. This is a conditional survey which means that your responses define which additional questions will appear on the remainder of the survey. NOTE: Some conditional questions may take a moment or two to load, please be patient and allow the questions to load before responding.

- At the end of the survey, please indicate who is submitting the survey and who we may follow up with if additional questions arise. After all questions have been responded to click submit at the end of the survey.

The screenshot shows a form titled "CONTACT INFORMATION" with four fields: "Submitted By:" (Alpha-numeric), "Date:" (D/T-EST), "Phone Number:" (Alpha-numeric), and "Email Address:" (Alpha-numeric). At the bottom of the form, there are two buttons: "Submit" and "Close". The "Submit" button is circled in red, and a red arrow points from a box containing the number "8" to it.

- After you submit the record you can either print your responses or simply close the record.

The screenshot shows the Hippocrates logo and a confirmation message: "Thank you for your response!". Below the message are two buttons: "Print Response" and "Close". A red arrow points from a box containing the number "9" to the "Close" button.

- You will now be returned back to CDRSS and can continue

Modifying Survey Responses

- After the CDRSS record has been submitted, you can access the survey responses by opening the CDRSS record and clicking on the epidemiology tab. Select "ADD/MODIFY QUESTIONNAIRE RESPONSE" to view or modify any survey response.

Number: **PED_FLU_16_17**

Start Date: **09/30/2011** End Date:

Location Name:

Street: Apartment:

City: State: **NJ**

County: **UNKNOWN** Municipality: **OTHER/UNKNOWN**

Zip:

Description: **This E# will capture severe and fatal pediatric influenza cases occurring in the 2013-14 influenza season.**

Associated Questionnaire: **PED-FLU**

[ADD/MODIFY QUESTIONNAIRE RESPONSE](#)

2. You will also have the opportunity to access the survey after re-submitting the CDRSS case in the same fashion as described above.

Case #489728 has been successfully updated.

The Outbreak/Investigation that you selected is associated with the following questionnaire:
PED-FLU

[ADD/MODIFY QUESTIONNAIRE RESPONSE](#)