



Canadian Nosocomial Infection Surveillance Program

SURVEILLANCE FOR INFLUENZA IN HOSPITALIZED ADULTS 2009- 2010

Case Definitions

Laboratory-confirmed:

Any test the laboratory reports as confirmed positive for influenza A or B.

Note: if, in the best judgement of a CHEC member, a positive rapid antigen test or PCR test was a false positive, then the case should NOT be included.

Outbreak associated influenza case, testing not performed:

For the purposes of this surveillance, an outbreak is considered to be: healthcare-associated (nosocomial) **illness in 3 or more patients within your hospital** with onset of illness in the same 10-day period at least one of which is laboratory confirmed.¹

Healthcare-associated

Must meet one of the following criteria:

- (i) onset of symptoms is >96 hours after hospital admission
- (ii) onset of symptoms is 24-96 hours after hospital admission, and in best judgement of the infection control professional, illness was acquired in hospital
- (iii) re-admitted with a positive test <96 hours after discharge from hospital

Influenza like Illness (ILI) Screening²

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. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

¹ A hospital may choose, based on its own risk assessment and experience, to change the definition for an outbreak, or an outbreak associated case.

² Screening criteria was developed by PHAC for the purpose of public health monitoring. This criteria is for use for screening only and to determine when a nasopharyngeal swab for influenza testing should be taken.