CNISP·PCSIN

Canadian Nosocomial Infection Surveillance Program

SURVEILLANCE FOR INFLUENZA IN HOSPITALIZED ADULTS 2009- 2010
Instructions on Completing Patient Questionnaire (Appendix A)

CHEC Site #: This will be the **3-character** alphanumeric number assigned to your institution. It will always begin with the two digit number assigned to your CHEC member e.g., 07, 15, and a letter assigned by the CHEC member for that specific institution e.g., A, B, C, etc. The CHEC Site # for each institution should always be the same for all the CHEC/CNISP surveillance projects and will always have all three alphanumeric digits reported as the CHEC Site #, e.g., 07A, 15A.

Patient ID: This is the unique patient identifier code. This number should never be longer than 8 characters. The 8 characters should consist of the 3-character CHEC site #, as described above (e.g., 09A), the Year the positive influenza was taken, (e.g., 09 or 10), and a consecutive number starting at 001 and continuing on with each additional case. An example of the first case in an institution would be 09A09001. An example of the thirty-fifth case would be 09A09035, and so on. The sites that are currently participating in the 2008-2009 laboratory-confirmed flu surveillance may continue numbering consecutively their cases.
Note: Please do not include dashes as separators in between the sets of characters.

Case Classification: See Appendix D for definitions.

Q1. To Q3: Indicate the date the specimen positive for influenza was taken and received, the results of the positive test, and type of specimen taken. Indicate the date of onset only if the information is readily available.

Q4. Date of admission to hospital: All positive influenza cases must be patients admitted to your hospital.

Q5. and Q6: Indicate the date of birth at onset (year is sufficient), or if this is not available, indicate the age of the patient, in years. If the onset date is not available, the age may be given at the time the positive specimen for influenza was taken. Indicate whether the case is female or male.

Q7. Indicate the first three digits of the postal code. If unavailable, indicate the city of residence

Q8. Aboriginal status: Please indicate if the patient is aboriginal based on the information available in the patient's medical chart.

Q9. Underlying conditions: The primary purpose of this question is to identify whether the patient has (an) underlying medical condition(s) that would put the patient at

increased risk of an influenza infection. This question should be answered based on the best information available in the patient's medical chart.

Q10 Previous influenza vaccine: Indicated if the patient received influenza vaccine in the fall prior to this admission. To record yes, the vaccine should have been received at least two weeks before the onset of this episode. This question should be answered based on the information available in the chart or routine infection control assessment. However, whenever possible, please obtain the information by interviewing the patient if it is not available in the chart.

Q11. Antibiotic therapy: This means antibiotics started because of the symptoms occurring at or after the time that the specimen was taken for testing. Patients who were on antibiotics for another infection when they acquired healthcare-associated (nosocomial) influenza should NOT be counted as being treated with antibiotics.

Q12. Antivirals: Indicate if the patient received antiviral treatment for this episode.

Q13. and Q14. This should include only patients that were admitted to the ICU or were intubated and required mechanical ventilation due to influenza or its complications. Do not include cases that were already in the ICU or intubated when at the onset of their influenza, or patients who were intubated for reasons other than this episode, e.g. surgery.

Q15. Bacteraemia: Patients may have had blood cultures taken when this episode developed, (or when they were admitted to hospital, or they may develop a bacterial complication of their influenza). Fewer than 5% of patients are expected to have a positive blood culture. Include all positive blood cultures even if they were unrelated to the episode of influenza.

Q16. and Q17. Influenza *attributable death:* All cases of death occurring in the hospital and within 30 days of diagnosis of an influenza episode will be assessed by the CHEC member or his/her delegate to determine if the death was attributable to influenza. Cause of death will be determined by the following criteria:

1. Influenza is the primary cause of death: influenza caused the death of this patient, that is, the patient had no other condition that would have caused death during this hospitalization.
2. Contributed to the death: influenza contributed to the death, but was not the primary cause, that is, the influenza exacerbated an existing disease condition that led to the patient's death.
3. Unrelated to the death: the patient died, but death was not related to influenza.

Patients are considered lost to follow-up once they are discharged. Therefore it is not necessary to ascertain outcome after 30 days, even if the patient dies, after the patient is discharged.

Q18. Source of infection: The source of infection should be determined based on your best judgement, using all of the information available to you. See definitions in Appendix D.

Q19. Primary admitting diagnosis: For healthcare-associated, this should not be completed. For community-associated cases admitted for influenza, indicate the admitting diagnosis from the medical history. Check no more than two.

Q20. Transmission to other hospitalized patients: Whenever possible, assess if there is nosocomial transmission of influenza to other hospitalized patients or healthcare workers. This can be ascertained through interview with staff and regular ward rounds.

Q21 and Q22. Infection control precautions: Assessment of the infection prevention and control precautions used will assist with planning for a pandemic. If the information is not readily available in the patient's chart, please assess through interview with staff and/or regular ward rounds.