

Nosocomial Respiratory Infection / Severe Respiratory Infection Paediatric Data Collection Form

1. CHEC SITE: _____ 2. Sequential Patient ID: _____	3. <input type="checkbox"/> New Report <input type="checkbox"/> Update 4. Date completed: _____, 2005 (mm/dd)										
DEMOGRAPHICS											
5. Date of birth: _____ (mm/dd/yyyy) 6. Date of admission: _____ (mm/dd/yyyy)	7. Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown										
8. Hospital Unit: (at time of onset or presumed acquisition)* <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Paediatric Intensive Care Unit</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Paediatric Medicine ward</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Neonatal Intensive Care Unit</td> <td style="border: none;"><input type="checkbox"/> Paediatric Surgery ward</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Haematology/Oncology ward</td> <td style="border: none;"><input type="checkbox"/> General Paediatric ward</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Haematopoetic stem cell transplant unit</td> <td style="border: none;"><input type="checkbox"/> Organ Transplant unit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> Adult ward</td> </tr> </table> <p><i>* Unit admitted to if submitted as community-acquired SRI</i></p>		<input type="checkbox"/> Paediatric Intensive Care Unit	<input type="checkbox"/> Paediatric Medicine ward	<input type="checkbox"/> Neonatal Intensive Care Unit	<input type="checkbox"/> Paediatric Surgery ward	<input type="checkbox"/> Haematology/Oncology ward	<input type="checkbox"/> General Paediatric ward	<input type="checkbox"/> Haematopoetic stem cell transplant unit	<input type="checkbox"/> Organ Transplant unit	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Adult ward
<input type="checkbox"/> Paediatric Intensive Care Unit	<input type="checkbox"/> Paediatric Medicine ward										
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<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Adult ward										
9. Primary admitting diagnosis: _____											
10. Underlying chronic medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 11. If Yes, check all appropriate boxes: <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Chronic heart disease <input type="checkbox"/> Neoplasm <input type="checkbox"/> Haematopoeitic stem cell transplant recipient <input type="checkbox"/> Organ transplant recipient <input type="checkbox"/> Immune suppression* <input type="checkbox"/> Kidney disease <input type="checkbox"/> Other (specify): _____ 12. If < 2 years old: Premature birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 13. Gestational age: <input type="checkbox"/> <28 weeks <input type="checkbox"/> 28-32 weeks <input type="checkbox"/> 32-<36 weeks <small>* includes congenital or acquired immunodeficiency, chemotherapy, immunosuppressive drugs, chronic high-dose systemic steroids (≥ 2 mg/kg or ≥ 20 mg/day prednisone or equivalent for > 2 weeks)</small>											
NOSOCOMIAL INFECTION: DESCRIPTION											
14. Nosocomial Infection <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, go to Question 19)	15. Symptom onset date: _____, 2005 (mm/dd)										
16. Choose one of: <input type="checkbox"/> Clinically diagnosed nosocomial FRI: <i>In absence of laboratory confirmation:</i> Fever (> 38 degrees oral or >38.5 rectal) AND At least one respiratory abnormality listed opposite AND No other evident cause for the abnormality <input type="checkbox"/> Laboratory - confirmed viral nosocomial FRI: Positive viral culture, rapid antigen test or PCR AND At least one respiratory abnormality listed opposite	rhinitis or nasal congestion pharyngitis or sore throat sneezing cough wheeze stridor apnea, dyspnoea or laboured breathing increased respiratory secretions, need for increased suctioning change in characteristics of chronic secretions decreased air entry on auscultation rales, rhonchi, crackles decreased oxygen saturation need for increased FiO2 or increased ventilator support new abnormality on chest radiograph										
17. Chest x-ray evidence of pneumonia ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not done											

1. CHEC SITE: _____

2. Sequential Patient ID: _____

NOSOCOMIAL INFECTION: CASE CLASSIFICATION

18. Upper respiratory tract infection (eg rhinitis, pharyngitis, laryngitis, cold, epiglottitis): clinical diagnosis
- Pneumonia must be supported by radiographic evidence
- Other lower respiratory tract infection (eg bronchiolitis, tracheitis, laryngotracheobronchitis, croup): clinical diagnosis
- Respiratory tract infection, unspecified site
- Clinical respiratory abnormality and fever, or clinical respiratory abnormality and respiratory virus isolated; unable to rule out pneumonia clinically and chest radiographic not done or result not available.*

COMMUNITY-ACQUIRED SEVERE RESPIRATORY ILLNESS

19. **Community-acquired severe respiratory illness**
- Fever > 38° C oral or >38.5 rectal
- AND Cough or shortness of breath
- AND Pneumonia or ARDS on chest radiograph
- AND No alternate diagnosis within 72 hrs of admission
- AND Risk factor for imported respiratory viral infection

20. **Risk factor for imported respiratory viral infection:**
- Within the 10 days prior to onset of symptoms, travel to or residence in area of potential SARS re-emergence or Avian influenza risk (as defined by Health Canada)
- Within the 10 days prior to onset of symptoms, close contact with a person with FRI who had been in an area of potential SARS re-emergence or Avian influenza risk within 10 days of onset of symptoms in the contact person
- Within the 10 days prior to onset of symptoms, close contact with a person with SARS or Avian influenza

21. **SARS-CoV Infection confirmed ?**
- Yes No Unknown

22. **Avian influenza confirmed ?**
- Yes No Unknown

23. **Other pathogen identified ?** Yes No

LABORATORY RESULTS

24. No specimens taken
- Specimen** (Note results of all cultures relevant to this infection, whether positive or negative)
- NP Nasopharyngeal swab/aspirate BAL Bronchial specimen
- TS Throat swab or wash BC Blood culture
- SP Sputum Other Specify _____

Specimen	Date taken <i>mm/dd/2005</i>)	Test	Results
25			
26			
27			
28			
29			
30			
31			

CONSEQUENCES OF THIS INFECTION:

32. Was the patient transferred to ICU (PICU, NICU or adult ICU)? Yes No Already in ICU prior to onset

33. If yes, # days ? _____*

34. Did the patient undergo mechanical ventilation Yes No Already ventilated prior to onset

35. Was the patient re-admitted to hospital? Yes No

36. If yes, # days ? _____*

* if more than one hospital or ICU admission for the same infection, add the days

36. Therapy (given for this infection): Antiviral therapy yes no

37. Antibiotic therapy yes no

38. Patient outcome at discharge or end of surveillance period:

Remains in this hospital Discharged home Transferred to another hospital or care centre Died

39. Date of Death: _____, 2005
mm/dd

40. If death within 30 days:

Relationship to this infection: Direct cause Contributing cause Unrelated Unknown

PREVENTABILITY

41. If influenza: Candidate for influenza vaccine? Yes No Unknown

42. Received influenza vaccine ? Yes No Unknown

43. Correct number of doses? * Yes No Unknown

44. Correct timing (last dose at least 14 days before onset of influenza) Yes No Unknown
* (2 doses if < 9 years old and the never vaccinated in previous years, otherwise one dose)

45. Was post-exposure antiviral influenza prophylaxis received? Yes No Unknown
(oseltamivir, zanamivir, amantadine)

46. If RSV: Candidate for RSV-IG or monoclonal antibody (Synagis) prophylaxis? Yes No Unknown

47. If yes: Received RSV prophylaxis this season (prior to infection)? Yes No Unknown

If pneumococcal pneumonia:

48. Candidate for pneumococcal conjugate vaccine? Yes No Unknown

49. Received pneumococcal conjugate vaccine? Yes No Unknown

50. How many doses? _____

51. Candidate for pneumococcal polysaccharide vaccine? Yes No Unknown

52. Received pneumococcal polysaccharide vaccine ? Yes No Unknown

Influenza vaccine - NACI criteria: ³⁵

Age 6-23 months
Chronic heart disease
Chronic lung disease (including bronchopulmonary dysplasia, cystic fibrosis, or asthma severe enough to require regular medical follow-up)
Diabetes mellitus or other metabolic disease
Cancer
Immunodeficiency (acquired or inherited)
Immunosuppression due to disease or therapy
Chronic renal disease
Anemia or hemoglobinopathy
Chronic acetylsalicylic acid therapy (e.g. Kawasaki syndrome, rheumatoid arthritis)
Residence in institutional setting
Household contact of child aged < 24 months or other high risk individual
If provincial criteria differ, use provincial criteria and note discrepancy here _____

RSV immunoprophylaxis - NACI criteria: ³⁴

< 2 years old with haemodynamically significant congenital heart disease
< 2 years old with bronchopulmonary dysplasia requiring oxygen within the 6 months prior to onset of RSV season
Premature, 32 weeks gestation or less and age < 6 months at onset of RSV season
If provincial criteria differ, use provincial criteria and note discrepancy here _____

Pneumococcal vaccine - NACI criteria: ^{38,39}

All children < 2 years old (conjugate vaccine)
Underlying illness: age < 5 years (conjugate); age >2 years (polysaccharide)
Sickle cell disease or other sickling hemoglobinopathy
Functional or anatomic asplenia or splenic dysfunction
HIV infection
Congenital or acquired immunodeficiency
Immunosuppression due to disease or therapy
Chronic heart disease
Chronic lung disease (excluding asthma unless receiving high-dose systemic steroids)
Chronic CSF leak
Cochlear implant
Diabetes mellitus
Chronic renal insufficiency, nephrotic syndrome
If provincial criteria differ, use provincial criteria and note discrepancy here _____