

## Quick Reference for Influenza-Associated Hospitalization or Death – Minimal



*This quick reference applies to **hospitalized adults (≥18 years) only**. If the patient is <18 years, stop here and use the **Influenza-Associated Pediatric Death Quick Reference**.*

### Case Tab:

Disease: Select - Influenza-Associated Hospitalization or Death - Minimal

Case County: County the patient has residence, if unknown enter the county of the facility/hospital.

### Person Tab:

Enter all demographic information you have. Must have first name, last name, and date of birth.

If unsure or address of patient is unknown: enter 999 Address Unknown and enter zip code, city, state, and county of facility/hospital.

Additional Required fields to continue: Birth Sex, Ethnicity, Race

Did person die? If patient is/was alive while hospitalized with facility, Select No. If patient died while admitted to facility or ED, Select Yes. If Did person die is marked Yes, enter date of death.

Unsure of death status: enter Unknown.

If Did person die is marked Yes, then select Unknown for Did person die due to this disease.

### Provider Tab:

Enter all information you have including admission date (all "\*" fields are required).

Was the patient transferred from another hospital?

If unsure of transferring hospital: select Unknown.

Reporting Source Information (Required Section):

Select: Name of Person

OR

If reporting for an Organization: Select Organization

Click "Add"

### Lab Tab:

All of this tab needs to be filled in even if you link or create the case from the ELR.

- If the lab was not done at your facility, enter in the comment box:
  - Place/facility, date of collection, and whether the test was positive for Flu A or Flu B.
- For Flu A, if subtyping was not performed or is unknown, Select Unknown.
- If subtyping was performed but could not be determined, Select Unsubtypable.
  - If you have a Flu A specimen that is Unsubtypable, call the Epi on Call at 405-426-8710 to coordinate transport of the specimen.

### Sx Tab:

Can select Unknown and leave as is except in the case of death. If the patient is deceased, all of this tab must be filled in. If Onset of Symptoms is unknown, enter in date of collection and select the box: This is an approximate date.

### Exp/Risk Tab:

Vaccine for current season: Enter the information you have. Can select Unknown.

### Comments Tab:

Enter any comments you feel are pertinent to the case. If the case has been entered in by accident, document a statement in the Comments tab and OSDH personnel will take care of the case for you. When done with the case, please select the Submit button to save and close out the case. If this is not done, the case will be locked for approx. 20 minutes.