Quick Reference for
Influenza-Associated Pediatric Death

Case Tab:

Disease: Select - Influenza-Associated Pediatric Death (*do not select Influenza-Associated Hospitalization/Death - Minimal for Pediatric Flu Deaths**)

Case County: County in which 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 the address of the 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 the person die?
- If "person died" is marked "Yes", date of death must be entered, then select Unknown for "Did person die due to this disease". OSDH personnel will mark this question based on the outcome of the investigation.
- If the patient is still alive and currently hospitalized at your facility, select "No" when asked if the patient is deceased.

If the patient is still alive and was hospitalized for influenza (but did not die):
- Please enter the case under "Influenza-Associated Hospitalization/Death – Minimal."
- The reporting process for influenza-associated hospitalizations is the same for both pediatric and adult cases.

If the patient died (case is ≥ 18 years old):
- If death occurred while admitted to the facility or ED, select "Yes" and fill in the date of death.
- Unsure of death status: enter Unknown. Leave a comment stating as such. Enter as Influenza-Associate Hospitalization/Death - Minimal

If the patient died (case is < 18 years old):
- If the case does not have an existing influenza-associated hospitalization or death – minimal case, enter case under the disease "Influenza-associated pediatric mortality." Select died=yes and fill in the date of death.
- If the case has an existing influenza-associated hospitalization or death – minimal case, select died=yes and enter DOD in the existing case. If your permissions allow you to change the disease selection, change disease to "Influenza-associated pediatric mortality." If your permissions do not allow you to change the selection, select died=yes and enter DOD in the current case, then contact the Epi-on-call at 405-426-8710 to alert OSDH of the pediatric mortality.

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.
- Please ensure that all transfer facilities and accurate admission dates are entered for each facility involved in the patient's care. This helps us prevent duplicate reporting and maintain accurate case counts.

Reporting Source Information (Required Section):
- Select: Name of Person OR
- If reporting for an organization: Select Organization, Click "Add"

Lab Tab:
All fields on this tab need to be filled in, even if you link or create the case from the ELR.

Enter the date of the first positive influenza test

Subtyping:
- 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 to coordinate specimen submission to PHL for subtyping.
- The investigator will fill in whether the specimen was sent to the CDC.

Additional invasive pathogens:
- If viral or bacterial respiratory or invasive pathogens were identified other than flu, please specify the pathogens identified, specimen type, and specimen collection date (Can also select 'Unknown').

Sx Tab:
Cannot select unknown for symptoms for pediatric influenza-associated death cases.

- If the patient is deceased, all variables on the symptoms tab should be completed, and additional symptoms or underlying conditions/co-morbidities (including any immunosuppressive or developmental conditions) should be added to the free-text field for other symptoms.
- If the Onset of Symptoms is unknown, enter the date of collection and select the box: This is an approximate date.

Tx|Rx Tab:
Treatment/Intervention:
- Please select 'yes, no, or unknown' for if the patient was treated for disease or if patient required mechanical ventilation.

Medications section:
- Enter all information you have for treatment/prophylaxis administered to the patient during hospitalization. (e.g., oseltamivir (Tamiflu) 12 mg BID or twice daily for 5 days, Start Date-End Date)

Exp/Risk Tab:
Enter the information you have relative to Exposure, Travel, and High-Risk Setting (Can select 'Unknown', as needed).

Comments Tab:
Vaccination info:
- Please enter flu vaccination information, if available differs from the information present in OSIIS, as a comment
- Indicate whether the case was vaccinated during the current flu season prior to symptom onset date (Y,N,Unk).
  - If yes, please enter the date (or approximate date) the dose was administered and the type of vaccine (inactivated injection, quadrivalent inactivated injection, live-attenuated nasal spray, or unknown).

- For prior season flu vaccination history, please indicate if the case was vaccinated against flu during a prior flu season (Y,N,Unk)
  - If "Yes" for prior season vaccination, indicate if the case received a total of 2 or more flu vaccines in their lifetime (Y,N,Unk).

Additional comments:
- Enter any comments you feel are pertinent to the case, including vaccination status of the case if known.
- If the case has been entered 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.**

Questions? Respiratory@health.ok.gov or 405.426.8710