### Influenza Death

#### Case Name

**LHJ Case ID**

- **Y**  [ ] Any other complication ____________________________
- **N**  [ ] Another viral co-infection ____________________________

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#### Pediatric Death Only

- **Y**  [ ] Bronchiolitis
- **N**  [ ] Encephalitis or encephalomyelitis
- **N**  [ ] Hemorrhagic pneumonia/pneumonitis
- **N**  [ ] Myocarditis
- **N**  [ ] Reye syndrome
- **N**  [ ] Shock
- **N**  [ ] Sepsis syndrome
- **N**  [ ] Did cardiac/respiratory arrest occur outside the hospital

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#### Predisposing Conditions

- **Y**  [ ] Alcohol or drug abuse
- **N**  [ ] Cancer diagnosis or treatment in 12 months prior to onset ____________________________
- **N**  [ ] Cardiac disease/congenital heart disease
- **N**  [ ] Chronic kidney disease
- **N**  [ ] Chronic liver disease
- **N**  [ ] Chronic lung disease (e.g., COPD, emphysema)
- **N**  [ ] Current tobacco smoker
- **N**  [ ] Diabetes mellitus
- **N**  [ ] HIV positive/AIDS
- **N**  [ ] Non-cancer immunosuppressive condition
- **N**  [ ] Chemotherapy
- **N**  [ ] Steroid therapy
- **N**  [ ] Cognitive abnormality
- **N**  [ ] Obesity  Height (in inches) _____  Weight (in pounds) _____
- **N**  [ ] Organ transplant
- **N**  [ ] Other immunosuppressive condition ____________________________
- **N**  [ ] Neuromuscular disorder (e.g., muscular dystrophy) ____________________________
- **N**  [ ] Other underlying medical conditions ____________________________

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#### Pediatric Death Only

- **N**  [ ] Asthma/reactive airway disease
- **N**  [ ] Hemoglobinopathy (e.g., sickle cell disease)
- **N**  [ ] Cerebral palsy
- **N**  [ ] Cystic fibrosis
- **N**  [ ] Moderate to severe developmental delay
- **N**  [ ] History of febrile seizures
- **N**  [ ] Chromosomal abnormality/genetic syndrome ____________________________
- **N**  [ ] Antiviral prophylaxis
- **N**  [ ] Chronic aspirin therapy
- **N**  [ ] Chemotherapy or radiation therapy
- **N**  [ ] Steroids by mouth of injection
- **N**  [ ] Other immunosuppressive therapy ____________________________
- **N**  [ ] History of seizures
- **N**  [ ] Mitochondrial disorder ____________________________
- **N**  [ ] Premature at birth  Gestational age in weeks _______
- **N**  [ ] Skin or soft tissue infection
- **N**  [ ] Endocrine disorder ____________________________
- **N**  [ ] Other neurological disorder ____________________________

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#### Pregnancy

**Pregnancy status at time of symptom onset**

- **Pregnant**  [ ] Weeks pregnant at any symptom onset
  - **Still pregnant**  [ ]
  - **Fetal death (miscarriage or stillbirth)**  [ ]
  - **Abortion**  [ ]
  - **Other**  [ ]
  - **Delivered – full term**  [ ]
  - **Delivered – preemie**  [ ]
  - **Delivered – Unk**  [ ]
  - **Delivery method**  [ ]
    - **Vaginal**  [ ]
    - **C-section**  [ ]
    - **Unk**  [ ]

- **Postpartum**  [ ]
  - **Outcome of pregnancy**  [ ]
    - **Fetal death (miscarriage or stillbirth)**  [ ]
    - **Abortion**  [ ]
    - **Other**  [ ]
    - **Delivered – full term**  [ ]
    - **Delivered – preemie**  [ ]
    - **Delivered – Unk**  [ ]
    - **Delivery method**  [ ]
      - **Vaginal**  [ ]
      - **C-section**  [ ]
      - **Unk**  [ ]

- **Neither pregnant nor postpartum**  [ ]
  - **Unk**  [ ]

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Influenza Death required variables are in **bold**. Answers are: Yes, No, Unknown to case.
Influenza Death

Case Name ___________________________________  LHJ Case ID ___________________________________

Pediatric Death Only
Y    N   Unk

Travel
International travel related
Likely geographic region of exposure
Exposure and Transmission Summary
Y
N   Unk

Hospitalization
Y    N   Unk

Clinical Testing - Pediatric Death Only

Y    N   Unk

Vaccination
Y    N    Unk

Influenza vaccine during the current season (before illness)
First dose date
Less than 14 days prior to illness onset
Fourteen or more days prior to illness onset
Fourteen or more days prior to illness onset
Not given

Vaccine type
Inactivated influenza vaccine (IIV3) [injected]
Quadrivalent inactivated influenza vaccine (IIV4) [injected]
Live-attenuated influenza vaccine (LAIV4) [nasal spray]
Unk

Second dose date
Less than 14 days prior to illness onset
Fourteen or more days prior to illness onset
Not given

Vaccine type
Inactivated influenza vaccine (IIV3) [injected]
Quadrivalent inactivated influenza vaccine (IIV4) [injected]
Live-attenuated influenza vaccine (LAIV4) [nasal spray]
Unk

Vaccine information available
Yes  No  Date of vaccine administration ___/___/___

Vaccine lot number _________________________________
Administering provider _________________________________

Sources reviewed (check all the apply)
Patient's immunization record
Medical records
Coroner's report
Immunization information system (registry)
Parent report
News/media report
Other _________________________________

Pediatric Death Only
Y    N    Unk

Influenza vaccine in previous season
Received 2 doses of vaccine during a previous season (if patient was less than 8 years of age at the time of death)

Risk and Exposure Information
Y    N    Unk

Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
Antiviral therapy received after illness onset

Exposure and Transmission Summary
Likely geographic region of exposure
Not in US - country
Unk

International travel related
During entire exposure period
During part of exposure period
No international travel

Influenza Death required variables are in bold. Answers are: Yes, No, Unknown to case
Influenza Death required variables are in **bold**. Answers are: Yes, No, Unknown to case

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**Suspected exposure setting**
- [ ] Day care/Childcare
- [ ] School (not college)
- [ ] Doctor’s office
- [ ] Hospital ward
- [ ] Hospital ER
- [ ] Hospital outpatient facility
- [ ] Home
- [ ] Work
- [ ] College
- [ ] Military
- [ ] Correctional facility
- [ ] Place of worship
- [ ] Laboratory
- [ ] Long term care facility
- [ ] Homeless/shelter
- [ ] International travel
- [ ] Out of state travel
- [ ] Transit
- [ ] Hospital outpatient facility
- [ ] Home
- [ ] Work
- [ ] College
- [ ] Military
- [ ] Correctional facility
- [ ] Place of worship
- [ ] Laboratory
- [ ] Long term care facility
- [ ] Homeless/shelter
- [ ] International travel
- [ ] Out of state travel
- [ ] Transit
- [ ] Hospital outpatient facility
- [ ] Home
- [ ] Work
- [ ] College
- [ ] Military
- [ ] Correctional facility
- [ ] Place of worship
- [ ] Laboratory
- [ ] Long term care facility
- [ ] Homeless/shelter
- [ ] International travel
- [ ] Out of state travel
- [ ] Transit
- [ ] Other

Describe __________________________________________

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**Exposure summary**

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**Suspected transmission setting**
- [ ] Day care/Childcare
- [ ] School (not college)
- [ ] Doctor’s office
- [ ] Hospital ward
- [ ] Hospital ER
- [ ] Hospital outpatient facility
- [ ] Home
- [ ] Work
- [ ] College
- [ ] Military
- [ ] Correctional facility
- [ ] Place of worship
- [ ] Laboratory
- [ ] Long term care facility
- [ ] Homeless/shelter
- [ ] International travel
- [ ] Out of state travel
- [ ] Transit
- [ ] Social event
- [ ] Large public gathering
- [ ] Restaurant
- [ ] Hotel/motel/hostel
- [ ] Other

Describe _____________________________________________________________________________________________

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**Public Health Interventions/Actions**

- [ ] Y
- [ ] N
- [ ] Unk

Letter sent Date __/__/__ Batch date __/__/__

Any other public health action __________________

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**TREATMENT**

- [ ] Did patient receive prophylaxis/treatment
- [ ] Yes
- [ ] No
- [ ] Unk

Specify antiviral

Prescribed dose _______ [ ] g [ ] mg [ ] ml Frequency _______ Duration _______ [ ] Days [ ] Weeks [ ] Months

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**NOTES**

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**LAB RESULTS**

- [ ] Lab report information
- [ ] Submitter
- [ ] Performing lab for entire report

- [ ] Lab report reviewed – LJH
- [ ] WDRS user-entered lab report note
- [ ] Referring lab

- [ ] Specimen
- [ ] Specimen identifier/accession number
- [ ] Specimen collection date __/__/__ Specimen received date __/__/__
- [ ] WDRS specimen type
- [ ] WDRS specimen source site
- [ ] WDRS specimen reject reason

- [ ] Test performed and result
- [ ] WDRS test performed
- [ ] WDRS test result, coded
- [ ] WDRS test result, comparator
- [ ] WDRS result, numeric only (enter only if given, including as necessary **Comparator** and **Unit of measure**)
- [ ] WDRS unit of measure
- [ ] Test method
- [ ] WDRS interpretation code
- [ ] Test result – Other, specify

- [ ] WDRS result summary
- [ ] Positive
- [ ] Negative
- [ ] Indeterminate
- [ ] Equivocal
- [ ] Test not performed
- [ ] Pending

Test result status
- [ ] Final results: Can only be changed with a corrected result
- [ ] Preliminary results
- [ ] Record coming over is a correction and thus replaces a final result
- [ ] Results cannot be obtained for this observation
- [ ] Specimen in lab; results pending

Result date __/__/__

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- [ ] Ordering Provider
- [ ] Ordering facility
- [ ] WDRS ordering provider
- [ ] WDRS ordering facility name