

Influenza-Associated Pediatric Mortality

Merlin reporting code = 48700
 Case report form (CRF): [Influenza-Associated Pediatric Mortality CRF](#)
PAPER CRF REQUIRED

Clinical Description

An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. Influenza-associated deaths in all persons aged <18 years should be reported.

A death should not be reported if:

1. There is no laboratory confirmation of influenza virus infection.
2. The influenza illness is followed by full recovery to baseline health status prior to death.
3. The death occurs in a person 18 years or older.
4. After review and consultation, there is an alternative agreed upon cause of death.

Laboratory criteria for case classification

Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and include identification of influenza A or B virus infections by a positive result by at least one of the following:

- Influenza virus isolation in cell culture from respiratory specimens,
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens,
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens,
- Rapid influenza diagnostic testing of respiratory specimens,
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens, or
- Fourfold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera*.

Case classification

Confirmed:

A death with laboratory evidence that meets the clinical description.

Laboratory or rapid diagnostic test confirmation is required as part of the case definition; therefore, all reported deaths will be classified as confirmed.

Comments

*Serologic testing for influenza is available in a limited number of laboratories, and should only be considered as evidence of recent infection if a fourfold rise in influenza (HI) antibody titer is demonstrated in paired sera. Single serum samples are not interpretable.

 **Isolates from all cases must be sent to the Bureau of Public Health Laboratories for confirmation.**

Please notify the Bureau of Epidemiology when investigating a case.

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