

Manitoba Health (MH)
**Provincial Reporting Requirements for Severe Outcomes
Associated with Laboratory Confirmed Influenza
2022–2023**

The data collection of influenza associated hospitalizations, ICU admissions, and deaths is required in the 2021–2022 influenza season. This surveillance system has been implemented since the H1N1 pandemic to monitor the severity/burden of illness during an influenza season.

If there is a significant¹ change in the level or severity of influenza activity, please refer to Appendix A for **Enhanced Surveillance for ICU Admissions**.

Objective

- Monitor the severity of circulating influenza types/strains in Manitoba
- Describe the characteristics and clinical outcomes
- Guide public health interventions

Surveillance Period

July 1, 2022 to August 31, 2023

Influenza-Associated Hospital and ICU Admissions

All laboratory-confirmed influenza cases who were admitted to hospitals in Manitoba **within 14 days** before or after the specimen collection date for at least **an overnight stay** are defined by linking surveillance data to the system of Admission, Discharge and Transmission (ADT).

Note that the reason for hospitalization and ICU admission does not have to be attributable to influenza. A positive laboratory test is sufficient for reporting.

The Epidemiology and Surveillance Unit (E&S) at MHSC will conduct the data linkage. The defined severe outcomes will be entered into PHIMS by E&S.

1. Enter outcomes (“Hospitalization admission” and “ICU admission”) and outcome dates;
2. For each entry of “ICU admission”, there should have at least one entry of “Hospitalization admission”.

Influenza-Associated Deaths

Influenza associated deaths are defined as all laboratory-confirmed influenza cases who have died **within 10 days before or 30 days after** the specimen collection date.

Note that the reason for deaths does not have to be attributable to influenza. A positive laboratory test is sufficient for reporting.

¹ As determined by provincial Medical Officers of Health, Epidemiologists, and other provincial surveillance personnel.

Deaths in Hospitals

E&S will conduct data linkage and define influenza-associated deaths that occurred **IN hospitals**.

Deaths in Other Settings

RHAs are expected to report all known laboratory-confirmed and influenza-associated deaths *at the individual level* that occur **OUTSIDE of hospitals**, such as in community or long-term care facilities. The process by which these deaths are identified is deferred to the RHAs.

Death Data Submission: In PHIMS

All influenza-associated deaths should be submitted in PHIMS. Please refer to the document, **QRC 7.9** about the general process to enter outcomes of investigation into PHIMS that is available online at <https://phimsmb.ca/document/103/7-0-investigations/2877/qrc-7-9-investigation-outcome-information.pdf>

1. Enter “Fatal” and outcome date;
2. **Optional: IF** information is available, enter more fields for deceased cases:
 - a. Add one comment regarding the location of death, for example “Fatal: Community.”
 - b. Complete the table “Cause of Death Details” including items such as Cause of Death, Contributing Level, Relationship to Communicable Disease, and Autopsy Performed.

Reporting

Influenza associated hospitalizations, ICU admissions, and deaths will be included in the weekly influenza report and in the end of season report.

Appendix A

Enhanced Surveillance for ICU Admissions Associated with a Positive Laboratory Report of Influenza

If a significant² change in the level or severity of influenza activity warrants the implementation of this surveillance component, more detailed information on influenza positive cases admitted to the ICU will allow for characterization of those patients with severe disease. These data are important to:

- Determine whether this influenza season is characteristic of previous non-pandemic seasons
- Detect the potential emergence of novel (and more pathogenic) influenza viruses; target intervention strategies at populations that are experiencing severe clinical outcomes
- Anticipate potential increases in medical resources required for care/treatment

Methodology

A.) Eligible Cases

All Manitoba residents with laboratory confirmed influenza admitted to an ICU are to be included.

B.) Facilities

All cases admitted to all ICUs (adult and pediatric) in Manitoba are eligible:

1. Health Sciences Centre ICU
2. Children's Hospital ICU
3. St. Boniface ICU
4. Victoria General
5. Grace General
6. Seven Oaks General
7. Concordia General
8. Brandon General Hospital
9. Norway House Hospital
10. Percy E. Moore Hospital

C.) Data Collection and Submission

Winnipeg and Brandon will be asked to complete detailed investigation forms for **all** cases admitted to ICUs. This form will be circulated once this surveillance component is activated. Blank forms will be made available on the Manitoba Health website at <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html> under the heading "Influenza".

It is required that the ICU case investigation reporting form be completed within 72 hours of receipt of an influenza positive test result (if activity/severity indicates otherwise, an MOH may request expedited follow-up). All completed forms should be submitted to E&S by confidential fax to **(204)948-3044**.

D.) Reporting

Should this program be implemented, enhanced surveillance data on ICU-admitted cases will be included in the end of season influenza report.

² As determined by provincial Medical Officers of Health, Epidemiologists, and other provincial surveillance personnel.