

## 2024-2025 Hospitalizations and Deaths due to Influenza Infection Reporting Form

Cases, hospitalizations, and deaths due to influenza infection must be reported to your local or tribal health department as established in Administrative Rule of Montana 37.114.203. This form should only be completed for hospitalizations and deaths due to influenza infection.

Reporting Jurisdiction:	Reporting Facility:
Jurisdiction Point of Contact and Contact Information:	Facility Point of Contact and Contact Information:

### Patient Demographic Information

Last Name:	First Name:	DOB:	Age:
Street Address:			
City of Residence:		County of Residence:	
Race: White <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			
Ethnicity: Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	

### Clinical Information

Laboratory Confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Test:		Clinical Diagnosis Only: <input type="checkbox"/>	
Type of Test*: Rapid Antigen <input type="checkbox"/> Rapid NAAT <input type="checkbox"/> RT-PCR <input type="checkbox"/> Unknown <input type="checkbox"/>				MTPHL Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Influenza Type: Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Untypeable <input type="checkbox"/>			Subtype: H3N2 <input type="checkbox"/> H1N1 <input type="checkbox"/> Other <input type="checkbox"/>		
Vaccinated for Seasonal Influenza? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			Date of Vaccination:		
Primary HCP Name:			HCP Phone:		
Symptom Onset Date:			Hospital Admission Date:		
Discharge Date:		Discharge Status: Pending <input type="checkbox"/> Home <input type="checkbox"/> Long Term Care <input type="checkbox"/>			
If a resident of a congregate living facility, please identify facility:					
Died due to Illness: No <input type="checkbox"/> Yes <input type="checkbox"/>			Date of Death:		
Select All Applicable Pre-Existing Medical Conditions/Comorbidities**					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Chronic Lung Disease	<input type="checkbox"/> Immune Suppression	<input type="checkbox"/> Metabolic Disorder	<input type="checkbox"/> Neurologic Disorder
<input type="checkbox"/> Neuromuscular Disorder	<input type="checkbox"/> Obesity (BMI ≥40)	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> No Known Condition	<input type="checkbox"/> Other: _____
Comments:					

### \*Types of Influenza Tests

Numerous tests are available to detect flu viruses in respiratory specimens.

- **Rapid Antigen (rapid influenza diagnostic tests or RIDTs):** work by detecting antigens that stimulate an immune response. Results are ready within 10-15 minutes. Not as accurate as other flu tests.
- **Rapid NAAT (rapid molecular assays):** (e.g., Cepheid) work by detecting genetic material (RNA) of the flu virus. Results are ready within 15-20 minutes and are more accurate than RIDTs.
- **Reverse transcription polymerase chain reaction (RT-PCR)** (e.g., Biofire, testing at MTPHL).

RIDTs (rapid antigen tests) have a high rate of false positive results early in the flu season, when flu isn't considered to be "circulating widely". Montana DPHHS recommends that providers order an RT-PCR test to confirm flu in individuals who test positive with an RIDT outside of or early in flu season.

MTDPHHS encourages providers to submit a few specimens each week during the flu surveillance season to MTPHL for additional testing to determine the type and subtype of influenza that a patient is infected with.

### \*\*Risk Factor/Preexisting Comorbidities Reporting

To better understand the impact of influenza in Montana, CDEpi is requesting additional information on underlying risk factors and preexisting medical conditions/ comorbidities among reported cases of influenza hospitalization and death. Use the list below to determine if the reported case has any of the risk factors or medical conditions/comorbidities and check the box  in the "Pre-existing Medical Conditions/Comorbidities" section of the form.

#### Description of pre-existing medical conditions/comorbidities:

- Asthma: Medical diagnosis of asthma or reactive airway disease.
- Cardiovascular Disease: Such as congenital heart disease, congestive heart failure, coronary artery disease, stroke.
- Chronic Lung Disease: Such as COPD and cystic fibrosis.
- Immune Suppression: Due to disease or medication (such as people with HIV or AIDS, cancer, or those taking steroids).
- Metabolic Disorders: Such as inherited metabolic disorders, mitochondrial disorders, diabetes mellitus, thyroid dysfunction, adrenal insufficiency, liver disease.
- Neurologic Disorders: Such as seizure disorder, cerebral palsy, and cognitive dysfunction.
- Neuromuscular Disorders: Such as multiple sclerosis and muscular dystrophy.
- Renal Disease: Such as acute or chronic renal failure, nephrotic syndrome, glomerulonephritis, and impaired creatinine clearance.