

Inclusion

Record ID _____

Hospital based surveillance of Influenza and COVID-19 cases in Switzerland

Each new record is a distinct COVID-19 OR Influenza Episode related to a patient.

In case a patient undergoes one Influenza episode and one COVID-19 episode, please create two separate records: one for influenza, and one for COVID-19.

A new episode is defined as a new hospitalisation separated by at minimum 30 days from the previous hospitalisation. In case a specific patient undergoes more than one episode, please create a new record to report each additional episode.

Whenever possible, make sure that you fill the Inclusion, Demography, Case Declaration, and Admission forms within 72h. The other forms can be filled later but ASAP.

Is this another episode of the same virus (COVID-19 or Influenza) from a same patient ?

- No (this is the patient's first episode)
- Yes (the first episode record has been already reported)
- Still to be confirmed

ID of first episode of this patient _____

ID is the number on the right of the full CenterID-ID identifier, e.g. 123-456

([0-9999])

Was the first episode of this patient recorded in the old COVID-19 database?

Yes No

Center (or consortium) where the first episode was created

- CHUV (Lausanne) EOC (Lugano)
 HFR (Fribourg) Hirslanden AG ZH (Zurich) Hirslanden Klinik St. Anna (Luzern) Hopital VS (Sion)
 HUG (Geneva) Inselspital (Bern)
 UKBB (Kinderspital Basel)
 KISPI (Zurich) KSA (Aarau)
 KSGR (Graubunden)
 KSNW (Niedwalden) KSSG (St.Gallen) & consortium KSW (Winterthur)
 LUKS (Luzern) OKS (St.Gallen)
 Spitaeler SH (Schaffhausen)
 STGAG KSM (Muensterlingen)
 USB (Basel) USZ (Zurich)
 (your current center: [user-dag-label])

Center (or consortium) where the first episode was created - Old Database

- CHUV (Lausanne) EOC (Lugano)
 HFR (Fribourg) Hirslanden AG ZH (Zurich) Hopital VS (Sion)
 HUG (Geneva) Inselspital (Bern)
 KISPI (Basel) KISPI (Zurich)
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 USB (Basel) USZ (Zurich)
 (your current center: [user-dag-label])

Checking inclusion criteria

This entry reports:

- A laboratory-confirmed Influenza diagnosis
 A laboratory-confirmed COVID-19 diagnosis (e.g. RT-PCR/Antigenic test)
 A clinical COVID-19 diagnosis (e.g. CT-scan/radio/serology)

Hospitalised for more than 24 hours

- Yes No

Patient's inclusion

Confirm inclusion ?

- Yes (include patient)

If the inclusion cannot be confirmed, please do not report this episode: either have the PI delete the entry, or replace it with an episode that fulfills the inclusion criteria.

Inclusion date

ID of user checking the inclusion

Demography

Demography

Year of birth

Is the patient a child (< 18 years)

Yes

No

Is the patient 6 years old or less ?

Yes

No

Birth Month

Gender

Male

Female

Other

Height, Weight and BMI will be evaluated during each individual hospitalisation event

Case Declaration

Starting date of symptoms

Exposure factors

Type of exposure

- Community acquired
- Nosocomial (> 3 days) from this hospital
- Nosocomial (> 3 days) from another institution
- Unknown

Type of exposure

- Community acquired
- Nosocomial (> 5 days) from this hospital
- Nosocomial (> 5 days) from another institution
- Unknown

Employed in a healthcare facility at time of infection?

- No
- Yes
- Unknown

Employed in a microbiology laboratory at time of infection?

- No
- Yes
- Unknown

Was the infection acquired abroad?

- No
- Yes
- Unknown

Diagnosis method

Date and time of collection of diagnosis method
(CT scan/Serology/Lab sample)

...check if date/time may NOT be exact

- exact date and time
- exact date / estimated time
- estimated date and time

Type of sample

- Nasal swab
- Throat swab
- Nasopharyngeal swab
- Tracheal aspiration
- Broncho-alveolar lavage
- Other...

...please, specify sample type

Confirmation method

- PCR (RT-PCR/POCT-PCR)
- Antigenic Rapid Flu test
- Viral culture
- Immunofluorescence
- Other

Confirmation method

PCR (RT-PCR/POCT-PCR)
 CT Scan or radiology compatible with COVID-19 diagnosis
 Serology compatible with COVID-19 diagnosis
 Antigenic test
 Other...

...please, specify confirmation method

Influenza virus type

A
 B
 Unknown

Influenza virus sub-type

Was the patient's sample sequenced?

No
 Yes
 Unknown

Canton in which the patient resides, given by "XX" in the GISAID number

hCoV-19/Switzerland/XX-ZZZZZZZZ/YYYY

- ZH
 BE
 LU
 UR
 SZ
 OW
 NW
 GL
 ZG
 FR
 SO
 BS
 BL
 SH
 AR
 AI
 SG
 GR
 AG
 TG
 TI
 VD
 VS
 NE
 GE
 JU
 UN
(UN = Unknown)
-

Number associated to the sample, given by "ZZZZZZZZ" in the GISAID number

hCoV-19/Switzerland/XX-ZZZZZZZZ/YYYY

Year in which the sample was sequenced, given by "YYYY" in the GISAID number

2020
 2021
 2022

hCoV-19/Switzerland/XX-ZZZZZZZZ/YYYY

COVID-19 virus type

 Common variant/Mutation but no VOC A.23.1 AY.1 AY.4 AY.4.1 AY.4.2 AY.4.4 AY.5 AY.6 AY.7 AY.7.1 AY.7.2 AY.9 AY.9.2 AY.12 AY.25 AY.26 AY.33 AY.39 AY.41 AY.42 AY.43 AY.43.4 AY.46 AY.46.6 AY.51 AY.70 AY.98 AY.98.1 AY.102 AY.103 AY.109 AY.112 AY.113 AY.114 AY.121 AY.121.1 AY.122 AY.123 AY.125 AY.126 B.1 B.1.1 B.1.1.7 - Alpha B.1.1.29 B.1.1.39 B.1.1.70 B.1.1.189 B.1.1.222 B.1.1.296 B.1.1.318 B.1.1.529/BA.1 - Omicron BA.1.1 BA.1.1.14 B.1.1.529/BA.2 B.1.36 B.1.36.1 B.1.111-E484K B.1.146A B.1.160 B.1.160.16 B.1.160.20 B.1.177 B.1.214 B.1.214.2 B.1.221 B.1.258 B.1.258.17 B.1.351 - Beta

- B.1.367
 - B.1.427/B.1.429 - Epsilon
 - B.1.525 - Eta
 - B.1.526 - Iota
 - B.1.617
 - B.1.617.1 - Kappa
 - B.1.617.2 - Delta
 - B.1.617.3
 - B.1.620
 - B.1.621 - Mu
 - C.1.2
 - C.16
 - C.36.3
 - C.37 - Lambda
 - P.1 - Gamma
 - P.1.2
 - P.2 - Zeta
 - P.3 - Theta
 - Ph-B.1.1.28
 - N501Y Mutation - no sequencing available
 - Other
 - Unknown
- (The options for this field will be updated regularly)

Was a multiplex PCR used?

- No
- Yes
- Unknown

Were concomitant viruses identified?

- No
- Yes
- Unknown

Which concomitant viruses were identified ?

- Adenovirus
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus OC43
- Coronavirus NL63
- Mers-CoV
- SARS-CoV-2
- Human Metapneumovirus
- Human Rhinovirus
- Human Enterovirus
- Influenza A
- Influenza B
- Parainfluenza 1
- Parainfluenza 2
- Parainfluenza 3
- Parainfluenza 4
- RSV
- Bocavirus
- Other

Previous SARS-CoV-2/COVID-19 infections

Based on the information in the patient files, was the patient already previously infected by SARS-CoV-2/COVID-19?

- No
- Yes
- Unknown

Based on the information in the patient's files, please give the date of diagnostic (even if just approximated) for this previous infection

Admission

Please confirm that the patient is rehospitalised following complications of this same episode!

same episode

Entry date into the hospital

The difference between this first hospitalisation and the sample date is more than 14 days: please make sure this is accurate!

I confirm that the Hospital Entry Date and the Sample Date are correct because this hospitalisation is either:

confirmed

a follow-up of an hospitalisation due to COVID-19/Influenza, or an hospitalisation due to complications of COVID-19/Influenza
A nosocomial case

Patient's admission

Where was the patient hospitalised ?

- Medicine
- Geriatrics
- Intensive Care
- Surgery
- Paediatrics
- Emergency Room
- NICU/PICU
- Obstetrics
- Other...

...please, specify where the patient was hospitalised

Was the patient hospitalised in an unit dedicated to the reported infection?

- No
- Yes
- Unknown

[Only applicable for hospital consortia]

Please provide the ID of the hospital in your consortium.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- ((optional))

...code of Unit/Building

_____ (optional)

Origin (pre-hospitalisation)

- Domicile
 Long term care
 Other hospital
 Other...

...please, specify origin

Height and Weight during hospitalisation

Height

previously reported height (if applicable):
 [height][previous-instance]

 ([cm])

Weight

 ([kg])

BMI

 ([kg/m²])

Obesity

- No Yes Unknown

This is only a warning message:
 the BMI calculation and obesity status do not match.
 Please check the given values.

Note that the WHO classification based on BMI is lacking subtleties, so this warning is only present to raise awareness on a possible error. It does not imply that there is indeed an error.

Symptoms

Severity (CURB-65 score)

- Confusion (abbreviated Mental Test Score < 9)
 Urea (BUN > 19 mg/dL or 7 mmol/L)
 Respiratory rate > 30 per minute
 Blood pressure: diastolic < 60 or systolic < 90 mmHg
 Age >= 65 years
 None of the above

Severity (for children)

- Respiratory distress
 Oxygen saturation < 92%
 Evidence of severe clinical dehydration or clinical shock
 Altered conscious level
 None of the above

Total score (each choice counts for 1)

 (0-1 points: low risk >1 points: high risk)

Additional symptoms

- Cough
- Rhinitis
- Diarrhoea
- Fever
- Loss of smell
- Loss of taste
- Sore throat
- Myalgia
- Headache
- Dyspnoe
- None of the above

What was the highest temperature recorded at admission?

(in degrees celsius)

Vaccination status AT ADMISSION

Vaccinated for the current influenza season

- No
- Yes
- Unknown

Vaccination date (influenza)

Had the second dose of influenza vaccine

- No
- Yes
- Not applicable (patient >9 years old)
- Unknown

Vaccination date for second dose (influenza)

(Only applicable for children < 9 years)

Vaccine name

- Agrippal®
- Influvac®
- Fludac®
- Mutagrip®
- Fluarix Tetra®
- Vaxigrip Tetra®
- Unknown
- Other

Was the mother immunized against influenza during this child's pregnancy?

- No
- Yes
- Not applicable (patient >6 months old)
- Unknown

Vaccinated against COVID-19

- No
- Yes
- Unknown

How many doses did the patient received

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Unknown

Vaccine name of the last dose

- Comirnaty©
- Moderna
- Astra-Zeneca
- Janssen (J&J)
- Unknown
- Other...

... please specify vaccine name

Date of last injection (COVID-19)

(if day is unknown, give month and year if available)

Reason for hospitalisation

Based on the information available at admission, is the patient hospitalised

- Because of COVID-19/Influenza
- With COVID-19/Influenza
- No determination possible
- Not documented

Clinical Complementary Information

Co-morbidities

Does the patient have comorbidities?

No Yes

Chronic respiratory disease No Yes Unknown

... please specify

Asthma No Yes Unknown

Diabetes No Yes Unknown

Hypertension No Yes Unknown

Chronic cardiovascular disease No Yes Unknown

Chronic renal disease No Yes Unknown

Chronic liver disease No Yes Unknown

Chronic neurological impairment No Yes Unknown

Hematological pathology with immuno-suppression No Yes Unknown

Oncological pathologies No Yes Unknown

Rheumatological and auto-immune pathology with immuno-suppression No Yes Unknown

Dementia No Yes Unknown

Transplant (solid organs) No Yes Unknown

HIV-positive No Yes Unknown

Immuno-suppressive treatment No Yes Unknown

History of prematurity No Yes Unknown

Tuberculosis No Yes Unknown

Others No Yes Unknown

.... please specify

Other risk factors

Pregnancy No Yes Unknown

Postpartum < 4 weeks No Yes Unknown
(Women who gave birth in the 4 weeks before the episode)

Premature < 24 months No Yes Unknown
(Premature children aged < 24 months)

...please specify the gestational week the child was born in

_____ (Number between 0 and 38)

...please specify weight at birth

_____ (in kg)

Smoking No Yes Unknown

Is the patient under an ACE inhibitor? No Yes Unknown

Charlson Comorbidity Index (CCI)
Please report the SCORE, not the percentage nor the estimated risk

[PMID CACI Calculator]

Charlson M, Szatrowski TP, Peterson J, Gold J.
Validation of a combined comorbidity index. J Clin Epidemiol. 1994;47(11):1245-51. PMID: 7722560

Antiviral treatment (against Influenza/COVID-19)

Prophylactic treatment No Yes Unknown

Treatment of confirmed infection No Yes Unknown

Name of the treatment Oseltamivir
 Zanamivir
 Baloxavir
 Other...

Name of the treatment Chloroquine
 Interferon
 Lopinavir/Ritonavir
 Remdesivir
 Tenofovir
 Ribavirin
 Dexamethason (PLEASE REPORT DEXAMETHASON UNDER CORTICO-STEROID TREATMENTS, NOT HERE)
 Other...

...please, specify (name of treatment)

Antibody & Immunomodulatory treatments (against COVID-19)

Antibody or immunomodulatory treatment against confirmed infection No Yes Unknown

Name of the antibody or immunomodulatory treatment

- Bamlanivimab/Etesevimab
- Casirivimab/Imdevimab
- Tocilizumab/Actemra
- Plasma therapy
- Sotrovimab
- Baricitinib
- Other...

...please, specify (name of antibody or immunomodulatory treatment)

Cortico-steroids treatment (against COVID-19)

WARNING - If the cortico-steroids are prescribed against COMPLICATIONS, please do not enter them here, but below in section "Additional treatments (against complications)"

Was the patient treated with cortico-steroids against COVID-19? No Yes Unknown

Name of the cortico-steroid treatment

- Dexamethason
- Prednisone
- Budesonid
- Other...

...please, specify (name of cortico-steroid treatment)

Stay in Intermediate care

Did the patient stay in intermediate care ?

No Yes Unknown

Intermediate care (first stay)

Intermediate care entry date

((if available))

Intermediate care exit date

((if available))

Non-invasive ventilation

 No Yes Unknown

Any additional stay in intermediate care to report ?

 No Yes**Intermediate care (second stay)**

Intermediate care entry date

((if available))

Intermediate care exit date

((if available))

Non-invasive ventilation

 No Yes Unknown

Any additional stay in intermediate care to report ?

 No Yes**Intermediate care (third stay)**

Intermediate care entry date

((if available))

Intermediate care exit date

((if available))

Non-invasive ventilation

 No Yes Unknown**Stay in Intensive care**

Did the patient stay in intensive care ?

 No Yes Unknown

Intensive care (first stay)

Intensive care entry date

((if available))

Intensive care exit date

((if available))

Non-invasive ventilation

 No Yes Unknown

Invasive ventilation

 No Yes Unknown

Extra-Corporeal Membrane Oxygenation (ECMO)

 No Yes Unknown

Any additional stay in intensive care to report ?

 No Yes**Intensive care (second stay)**

Intensive care entry date

((if available))

Intensive care exit date

((if available))

Non-invasive ventilation

 No Yes Unknown

Invasive ventilation

 No Yes Unknown

Extra-Corporeal Membrane Oxygenation (ECMO)

 No Yes Unknown

Any additional stay in intensive care to report ?

 No Yes**Intensive care (third stay)**

Intensive care entry date

((if available))

Intensive care exit date

((if available))

Non-invasive ventilation

 No Yes Unknown

Invasive ventilation

 No Yes Unknown

Extra-Corporeal Membrane Oxygenation (ECMO) No Yes Unknown

Complications

(probably related to Influenza/COVID-19)

Did the patient have any complications ?

No Yes Unknown

Ear/Nose/Throat (ENT) diseases No Yes Unknown

Acute Otitis Media No Yes Unknown

Respiratory diseases No Yes Unknown

Acute respiratory distress syndrome No Yes Unknown

Pneumonia No Yes Unknown

...pneumonia code
[see pneumonia classification] PN1 PN2 PN3
 PN4 PN5

...lobar pneumonia No Yes Unknown

...was the pneumonia associated with the reported infection? No Yes Unknown

Paediatric Multisystem Inflammatory Syndrome (PIMS/PMIS) No Yes Unknown

Cardiac disease No Yes Unknown

Digestive disease No Yes Unknown

Liver disease No Yes Unknown

Renal disease No Yes Unknown

Neurological impairment No Yes Unknown

Encephalitis/Encephalopathy No Yes Unknown

Febrile convulsion No Yes Unknown

Psychiatric alteration No Yes Unknown

Deconditioning syndrome No Yes Unknown

Osteo-articular disease No Yes Unknown

Thrombosis/Embolism No Yes Unknown

Other bacterial infections (excepted pneumonia) No Yes Unknown

Other non-bacterial infections No Yes Unknown

Other complications... No Yes

...please, specify (complications)

Additional treatments (against complications)

Antibiotic treatment taken (against complications) No Yes Unknown

Code of given antibiotics (main)
[see list of AB codes]

([code required - 0 if n/a])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Code of given antibiotics (additional)

([optional])

Antifungal treatment taken (against complications)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
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Cortico-steroids treatment taken (against complications)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
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Immunomodulator treatment taken (against complications)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
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Patient Follow Up

Patient's destination

Deceased Yes No Unknown

... death occurred during hospitalisation
 after being discharged

Date of death _____

Was the death caused by Influenza/COVID-19? No Yes Unknown

Destination Domicile
 LTC Facility
 Another hospital
 Rehabilitation
 Other
 Unknown

... please specify destination _____

Was the patient transferred to an hospital participating to this surveillance system? No Yes

In which participating hospital was the patient transferred?

Make sure you give the patient ID to the hospital he/she is being transferred to in order to ease the follow-up process!

CHUV (Lausanne)
 EOC (Lugano)
 HFR (Fribourg)
 Hirslanden AG ZH (Zurich)
 Hirslanden Klinik St. Anna (Luzern)
 Hopital VS (Sion)
 HUG (Geneva)
 Inselspital (Bern)
 UKBB (Kinderspital Basel)
 KISPI (Zurich)
 KSA (Aarau)
 KSGR (Graubunden)
 KSNW (Niedwalden)
 KSSG (St.Gallen) & consortium
 KSW (Winterthur)
 LUKS (Luzern)
 OKS (St.Gallen)
 Spitaeler SH (Schaffhausen)
 STGAG KSM (Muensterlingen)
 USB (Basel)
 USZ (Zurich)

Why was the patient transferred to another hospital? Lack of space
 Favourable evolution (the patient was put in recovery care)
 Unfavourable evolution (the patient needed to be put in intensive care)
 Unknown

Discharging date from hospital

Based on all the information available at discharge,
was the patient hospitalised

- Because of COVID-19/Influenza
- With COVID-19/Influenza
- No determination possible
- Not documented

Comments

Comments
