

# 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 (Graubuenden)
  - 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)
  - KSA (Aarau)    KSGR (Graubuenden)
  - 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])

**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

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Record ID

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## Demography

Year of birth

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Age Category

- < 1 month
- 1 month - 1 year
- 1 - 2 years
- 3 - 5 years
- 6 - 12 years
- 13 - 19 years
- 20 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 59 years
- 60-64 years
- 65-69 years
- 70 - 79 years
- 80 - 89 years
- 90 - 100 years
- > 100

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Gender

- Male  Female  Other
- 

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

# Case Declaration

Record ID

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Did the patient show any COVID-19/Influenza related symptoms?

- Yes  
 No

Starting date of symptoms

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## 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

## Diagnosis method

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

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Type of sample

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

...please, specify sample type

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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

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Influenza virus type  A  
 B  
 Unknown

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Was the patient's sample sequenced?  No  
 Yes  
 Unknown

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Please provide the EPI ISL reference number from the sequencing using in the GISAID database

\_\_\_\_\_ (as example EPI\_ISL\_402124)

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COVID-19 Virus strain

\_\_\_\_\_ (Pango-lineage)

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Was a multiplex PCR used?  No  
 Yes  
 Unknown

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Were concomitant viruses identified?  No  
 Yes  
 Unknown

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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

# Admission

Record ID

\_\_\_\_\_

Entry date into the hospital

\_\_\_\_\_

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

same episode

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

[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

\_\_\_\_\_

Where was the patient hospitalised ?

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

...please, specify where the patient was hospitalised

\_\_\_\_\_

**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.

**Severity at admission**

Peripheral oxygen saturation (SpO2) at admission

\_\_\_\_\_  
(unit [%])

Respiration rate at admission

\_\_\_\_\_  
(unit [# respiration per minutes])

received extracorporeal membrane oxygenation (ECMO)  
during the first 24h?

- No
- Yes
- Unknown

admitted to an Intensive Care Unit (ICU) during the  
first 24h?

- No
- Yes
- Unknown

received oxygen therapy and either invasive or non-invasive ventilation during the first 24h?

No  
 Yes  
 Unknown

Inotrope or vasopressor

No  
 Yes  
 Unknown

Systolic blood pressure (SPB) at admission

\_\_\_\_\_ (unit [mm Hg])

Seizures

No  
 Yes  
 Unknown

Confusion

No  
 Yes  
 Unknown

Stroke

No  
 Yes  
 Unknown

Fraction of inspired oxygen (FiO<sub>2</sub>) at admission

\_\_\_\_\_ (FiO<sub>2</sub> without oxygen support is 0.21)

### 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®  
 Flud®  
 Mutagrip®  
 Fluarix Tetra®  
 Vaxigrip Tetra®  
 Fluenz Tetra®  
 Efluelda®  
 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)  
 Comirnaty©/Pfizer  
 Comirnaty© Bivalent Original/Omicron  
 Spikevax®/Moderna  
 Spikevax® Bivalent Original/Omicron  
 Nuvaxovid®  
 Comirnaty® Omicron XBB.1.5  
 Spikevax® Omicron XBB.1.5  
 Nuvaxovid® Omicron XBB.1.5  
 Unknown  
 Other...

... please specify vaccine name

\_\_\_\_\_

Date of last injection (COVID-19)

\_\_\_\_\_

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

Last injection received (COVID-19)

< 3 months ago  
 3-5months ago  
 6-12 months ago  
 > 12 months ago  
 Unknown

### 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  
 Assessment done in the Follow-up form only

# Clinical Complementary Information

Record ID

## Co-morbidities

Does the patient have comorbidities?

 No  Yes

 Chronic respiratory disease (including COPD, asthma)  No  Yes  Unknown

 .... COPD  No  Yes  Unknown

 .....Asthma  No  Yes  Unknown

 Diabetes Mellitus  No  Yes  Unknown

 ....Diabetes Mellitus stage  Diet controlled  
 Uncomplicated  
 End-organ damage  
 Unknown

 Hypertension  No  Yes  Unknown

 Chronic cardiovascular disease (including CHF)  No  Yes  Unknown

 .....Congestive heart failure  No  Yes  Unknown  
 (Exertional or paroxysmal nocturnal dyspnea and has responded to digitalis, diuretics, or afterload reducing agents)

 .....Peripheral Vascular Disease  No  Yes  Unknown  
 (Intermittent claudication or past bypass for chronic arterial insufficiency, history of gangrene or acute arterial insufficiency, or untreated thoracic or abdominal aneurysm ( $\geq 6$  cm))

 Myocardial infraction  No  Yes  Unknown  
 (History of definite or probable MI (EKG changes and/or enzyme changes))

 Cerebrovascular accident or transient ischemic attack  No  Yes  Unknown  
 (History of a cerebrovascular accident with minor or no residua and transient ischemic attacks)

 Hemiplegia  No  Yes  Unknown

 Dementia  No  Yes  Unknown  
 (Chronic cognitive deficit)

Peptic ulcer disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown (Any history of treatment for ulcer disease or history of ulcer bleeding)
Chronic kidney disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown (if "yes" please chose only one from mild or moderate to severe)
.....Mild chronic kidney disease	<input type="radio"/> No <input type="radio"/> Yes
.....Moderate to severe chronic kidney disease	<input type="radio"/> No <input type="radio"/> Yes (Severe = on dialysis, status post kidney transplant, uremia; Moderate = creatinine >3 mg/dL (0.27 mmol/L))
Chronic liver disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown (if "yes" please chose only one from mild or moderate to severe)
.....Mild liver disease	<input type="radio"/> No <input type="radio"/> Yes (Mild = chronic hepatitis (or cirrhosis without portal hypertension))
.....Severe liver disease	<input type="radio"/> No <input type="radio"/> Yes (Severe = cirrhosis and portal hypertension with variceal bleeding history; Moderate = cirrhosis and portal hypertension but no variceal bleeding history)
Chronic neurological impairment	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Immunosuppression	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Hematological pathology with immuno-suppression	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Leukemia	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Lymphoma	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Solid organ transplantation	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Immuno-suppressive treatment	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Oncological pathologies	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Solid tumor	<input type="radio"/> None <input type="radio"/> Localized <input type="radio"/> Metastatic
Connective tissue disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
HIV-positive	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....AIDS	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown

**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)

Charlson Comorbidity Index (Automated)  
Note: in the computation of this score "unknown" responses in comorbidities will be considered as "no".

\_\_\_\_\_

Antiviral Treatment  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)  
 Paxlovid  
 Other...

...please, specify (name of treatment)

\_\_\_\_\_

**Monoclonal antibodies treatment against COVID-19**

Monoclonal antibodies treatment  No  Yes  Unknown

Name of the antibody treatment  Bamlanivimab/Etesevimab  
 Casirivimab/Imdevimab  
 Tixagevimab/Cilgavimab (Evusheld)  
 Sotrovimab  
 Other antibodies

...please specify (other monoclonal antibody treatment)

\_\_\_\_\_

**Immune-modulating strategies against COVID-19**

Cortico-steroids or another immune-modulating strategy  No  Yes  Unknown

Name of cortico-steroids or another immune-modulating strategy  Systemic corticoids (dexamethasone, prednisone, other systemic corticoids)  
 Inhaled corticoids (budesonide, other inhaled corticoids)  
 Tocilizumab  
 Baricitinib  
 Other immune-modulating strategy

...please specify (other immune-modulating strategy) \_\_\_\_\_

**Stay in Intermediate care unit**

Did the patient stay in intermediate care unit ?  No  Yes  Unknown

**Intermediate care unit (first stay)**

Intermediate care unit entry date \_\_\_\_\_  
((if available))

Intermediate care unit exit date \_\_\_\_\_  
((if available))

Non-invasive ventilation  No  Yes  Unknown

Any additional stay in intermediate care unit to report ?  No  Yes

**Intermediate care unit (second stay)**

Intermediate care unit entry date \_\_\_\_\_  
((if available))

Intermediate care unit exit date \_\_\_\_\_  
((if available))

Non-invasive ventilation  No  Yes  Unknown

Any additional stay in intermediate care unit to report ?  No  Yes

**Intermediate care unit (third stay)**

Intermediate care unit entry date

\_\_\_\_\_  
((if available))

Intermediate care unit exit date

\_\_\_\_\_  
((if available))

Non-invasive ventilation

No  Yes  Unknown

**Stay in Intensive care unit**

Did the patient stay in intensive care unit ?

No  Yes  Unknown

**Intensive care unit (first stay)**

Intensive care unit entry date

\_\_\_\_\_  
((if available))

Intensive care unit 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 unit to report ?

No  Yes

**Intensive care unit (second stay)**

Intensive care unit entry date

\_\_\_\_\_  
((if available))

Intensive care unit 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 unit to report ?

No  Yes

**Intensive care unit (third stay)**

Intensive care unit entry date

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((if available))

Intensive care unit 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

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

Pneumonia (2nd event)

 No  Yes  Unknown

...pneumonia code (2nd event)

 PN1  PN2  PN3  
 PN4  PN5...was the pneumonia associated with the reported  
infection? No  Yes  UnknownPaediatric Multisystem Inflammatory Syndrome  
(PIMS/PMIS) No  Yes  Unknown

Cardiac disease

 No  Yes  Unknown

...Myocarditis

 No  Yes  Unknown

...Myocardial infarction

 No  Yes  Unknown

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...Arrhythmia	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
...Heart failure	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Thrombosis/Embolism	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Neurological complication	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Encephalitis/Encephalopathy	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Fungal infections	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown



# Patient Follow Up

Record ID

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## Patient's destination

Deceased  Yes  No  Unknown

Date of death

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

Destination  Domicile  
 LTC Facility  
 Another hospital  
 Rehabilitation  
 Other  
 Unknown

... please specify destination

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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)
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- KSSG (St.Gallen) & consortium
- KSW (Winterthur)
- LUKS (Luzern)
- OKS (St.Gallen)
- Spitaeler SH (Schaffhausen)
- STGAG KSM (Muensterlingen)
- USB (Basel)
- USZ (Zurich)

Discharging date from hospital

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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

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