

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)
 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])

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

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

Sex

- Male Female Other

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

Case Declaration

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

- Yes
 No

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

Diagnosis method

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

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

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.4.9
- 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.1.1.1
- BA.1.1.14
- B.1.1.529/BA.2
- BA.2.12.1
- BA.2.3
- BA.2.74
- BA.2.9
- BA.2.10
- BA.4
- BA.4.1.1
- BA.5
- BA.5.1
- BA.5.1.2
- BA.5.2
- BA.5.2.3

- 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
 - BE.1
 - BE.1.1
 - 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
 - BA.2.36
 - BA.5.1.1
 - BA.5.1.23
 - BA.5.1.5
 - BA.5.2.1
 - BA.5.2.2
 - BA.5.2.20
 - BA.5.3.1
 - BA.5.6
 - BA.5.9
 - BE.1.1.1
 - BF.1
 - BF.10
 - BF.26
 - BF.5
 - BF.7
 - BN.1
 - BQ.1
 - BQ.1.1
 - 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

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

[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

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)

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®
 Unknown
 Other...

... please specify vaccine name

Date of last injection (COVID-19)

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

...estimated date ?

- estimated day, exact month
 estimated month and day
((optional))

Last injection received (COVID-19)

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

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

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

.....Cardiac 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 (≥ 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 No Yes 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
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
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
.....Transplant (solid organs)	<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
History of prematurity	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown

Others No Yes 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 (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)
 Paxlovid
 Other...

...please, specify (name of treatment)

Monoclonal antibodies treatment (against COVID-19)

Monoclonal antibodies treatment (against COVID-19) 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 (against COVID-19) 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

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

Respiratory diseases

 No Yes Unknown

Acute respiratory distress syndrome

 No Yes Unknown

Pneumonia

 No Yes Unknown

...pneumonia code [see pneumonia classification]	<input type="radio"/> PN1 <input type="radio"/> PN2 <input type="radio"/> PN3 <input type="radio"/> PN4 <input type="radio"/> PN5
...was the pneumonia associated with the reported infection?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Paediatric Multisystem Inflammatory Syndrome (PIMS/PMIS)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Cardiac disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
...Myocarditis	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
...Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
...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 impairment	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Other bacterial infections (excepted pneumonia)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
.....Bacteremia	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Other non-bacterial infections	<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
Encephalitis/Encephalopathy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Other complications	<input type="radio"/> No <input type="radio"/> Yes

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)

No Yes Unknown

Cortico-steroids treatment taken (against complications)

No Yes Unknown

Immunomodulator treatment taken (against complications)

No Yes Unknown

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)

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
