

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 48h. 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

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

Type of exposure

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

Where was the patient exposed?

- Household
- School / Kindergarten / Daycare
- Family / Friends circle
- Other contact
- 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

In which country was the infection most probably contracted?

- Afghanistan
- Åland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Congo, The Democratic Republic of The
- Cook Islands
- Costa Rica
- Cote D'ivoire
- Croatia
- Cuba
- Cyprus
- Czechia
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia

- Falkland Islands (Malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-bissau
- Guyana
- Haiti
- Heard Island and Mcdonald Islands
- Holy See (Vatican City State)
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran, Islamic Republic of
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, Democratic People's Republic of
- Korea, Republic of
- Kosovo
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao
- Macedonia, The Former Yugoslav Republic of
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania

- Mauritius
- Mayotte
- Mexico
- Micronesia, Federated States of
- Moldova, Republic of
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territory, Occupied
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Puerto Rico
- Qatar
- Reunion
- Romania
- Russian Federation
- Rwanda
- Saint Helena
- Saint Kitts and Nevis
- Saint Lucia
- Saint Pierre and Miquelon
- Saint Vincent and The Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and The South Sandwich Islands
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Swaziland
- Sweden

- Switzerland
- Syrian Arab Republic
- Taiwan, Province of China
- Tajikistan
- Tanzania, United Republic of
- Thailand
- Timor-leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Viet Nam
- Virgin Islands, British
- Virgin Islands, U.S.
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

First positive 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

In which service was the diagnosis method made/ sample taken ?

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

...please, specify where

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...

Confirmation method

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

hCoV-19/Switzerland/XX-ZZZZZZZZ/YYYY

COVID-19 virus type

- Common variant/Mutation but no VOC
 - A.23.1
 - AY.1
 - AY.4
 - AY.4.2
 - AY.5
 - AY.6
 - AY.9
 - AY.12
 - AY.33
 - 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.1.36
 - B.1.36.1
 - B.1.111-E484K
 - B.1.146
 - 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)

... please specify

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 files, is there proof of a previous infection (e.g. available results of a PCR/antigenic test)? No
 Yes

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

Was the patient in contact with a healthcare personnel prior to hospitalisation (by phone or consultation) ?

- Yes
 No
 Unknown

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

Vaccinated against COVID-19

- No
 Yes
 Unknown

Vaccine name

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

... please specify vaccine name

First injection date (COVID-19)

...estimated date ?

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

Had the second dose of COVID-19 vaccine

- No Yes Unknown

Second injection date (COVID-19)

...estimated date ?

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

Had the third dose of COVID-19 vaccine

- No Yes Unknown

Third injection date (COVID-19)

...estimated date ?

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

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®
 Other
-

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

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

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

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

Name of the treatment

- Oseltamivir
 Zanamivir
 Baloxavir
 Other...

...please, specify (name of treatment)

Start date of Chloroquine treatment

((if available))

End date of Chloroquine treatment

((if available))

Start date of Interferon treatment

((if available))

End date of Interferon treatment

((if available))

Start date of Lopinovir/Ritonavir treatment

((if available))

End date of Lopinovir/Ritonavir treatment

((if available))

Start date of Remdesivir treatment

((if available))

End date of Remdesivir treatment

((if available))

Start date of Tenofovir treatment

((if available))

End date of Tenofovir treatment

((if available))

Start date of Ribavirin treatment

((if available))

End date of Ribavirin treatment

((if available))

Start date of Oseltamivir treatment

((if available))

End date of Oseltamivir treatment

((if available))

Start date of Zanamivir treatment

((if available))

End date of Zanamivir treatment

((if available))

Start date of Baloxavir treatment

((if available))

End date of Baloxavir treatment

((if available))

Start date of Other treatment

((if available))

End date of Other treatment

((if available))

Antibody treatments (against COVID-19)

Antibody treatment against confirmed infection

No Yes Unknown

Name of the antibody treatment

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

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

Start date of Bamlanivimab/Etesevimab treatment

((if available))

End date of Bamlanivimab/Etesevimab treatment

((if available))

Start date of Casirivimab/Imdevimab treatment

((if available))

End date of Casirivimab/Imdevimab treatment

 ((if available))

Start date of Tocilizumab/Actemra treatment

 ((if available))

End date of Tocilizumab/Actemra treatment

 ((if available))

Start date of Plasma Therapy

 ((if available))

End date of Plasma Therapy

 ((if available))

Start date of Sotrovimab treatment

 ((if available))

End date of Sotrovimab treatment

 ((if available))

Start date of Other antibody treatment

 ((if available))

End date of Other antibody treatment

 ((if available))

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)

Start date of Dexamethason treatment

((if available))

End date of Dexamethason treatment

((if available))

Start date of Prednisone treatment

((if available))

Ending date of Prednisone treatment

((if available))

Start date of Budesonid treatment

((if available))

End date of Budesonid treatment

((if available))

Start date of other cortico-steroids treatment

((if available))

End date of cortico-steroids treatment

((if available))

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	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> 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
...lobar pneumonia	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
...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
Digestive disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Liver disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Renal disease	<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
Encephalitis/Encephalopathy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Febrile convulsion	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Psychiatric alteration	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Deconditioning syndrome	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Osteo-articular disease	<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
Other bacterial infections (excepted pneumonia)	<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
Other complications...	<input type="radio"/> No <input type="radio"/> Yes
...please, specify (complications)	<hr/>

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

Transfers

Was the patient transferred during hospitalisation? Yes No Unknown

... the patient was transferred in

- Medicine
- Geriatrics
- Intensive Care
- Surgery
- Paediatrics
- NICU/PICU
- Obstetrics
- Others...

... please specify (one item only)

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

Did the patient leave with any sequelae requiring post-discharge treatment?

- Yes No Unknown

Comments

Comments
