

Influenza: Pediatric Influenza

- Problem Report of Influenza Associated Pediatric ICU admission and/or death
- Action
1. Obtain name, DOB, address and telephone number of pediatric patient with suspected influenza.
 2. Complete the *Pediatric Severe Influenza Case History form*.
 3. Criteria for reporting pediatric Influenza case **hospitalized** in the PICU:
 - Age 0-17 years
 - A clinical syndrome consistent with influenza or complications of influenza, including lower respiratory tract infection, acute respiratory distress syndrome, apnea, cardiopulmonary arrest, myocarditis, Reye or Reye-like Syndrome, or acute CNS syndrome (e.g. encephalitis, seizure); **AND**
 - Confirmation by laboratory testing for influenza; **AND**
 - Hospitalized in the ICU.
 4. Criteria for reporting pediatric Influenza associated **death**:
 - Age 0-17 years
 - A clinical syndrome consistent with influenza or complications of influenza, including lower respiratory tract infection, acute respiratory distress syndrome, apnea, cardiopulmonary arrest, myocarditis, Reye or Reye-like Syndrome, or acute CNS syndrome (e.g. encephalitis, seizure); **AND**
 - Confirmation by laboratory testing for influenza; **AND**
 5. Inform physician that patients with suspected Influenza must be on Droplet Precautions with a private room preferably.

Reporting Form: [Pediatric Severe Influenza Case History form](#)

Fax all reports to the Riverside County Public Health Department, Disease Control at:
(951)358-5102