

Influenza-associated Pediatric Death

Last revised in May 20, 2011

I. IDENTIFICATION

A. CLINICAL DESCRIPTION:

An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. Influenza-associated deaths in all persons aged <18 years should be reported.

B. REPORTING CRITERIA: Laboratory confirmation.

C. LABORATORY CRITERIA FOR CONFIRMATION: Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and include identification of influenza A or B virus infections by a positive result by at least one of the following:

- Influenza virus isolation in tissue cell culture from respiratory specimens;
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens;
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens;
- Rapid influenza diagnostic testing of respiratory specimens;
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens;
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera*.

*Serologic testing for influenza is available in a limited number of laboratories, and should only be considered as evidence of recent infection if a four-fold rise in influenza (HI) antibody titer is demonstrated in paired sera. Single serum samples are not interpretable.

D. WISCONSIN CASE DEFINITION:

A death in a person <18 years old meeting the clinical case definition that is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II: Report to the Local Health Department electronically, through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F44151](#)), or by other means within 72 hours upon recognition of a case.

B. EPIDEMIOLOGY REPORTS REQUESTED:

Electronically Report through WEDSS

or

Paper Copy Acute and Communicable Diseases Case Report ([F-44151](#)) along with Pediatric Death Data Collection Form (CDC)

C. PUBLIC HEALTH INTERVENTIONS:

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

Source investigation by LHD to include history of influenza vaccination, co-infection with other viruses or bacteria

III. CONTACTS FOR CONSULTATION

- A. A. LOCAL HEALTH DEPARTMENTS – REGIONAL OFFICES – TRIBAL AGENCIES:
<http://www.dhs.wisconsin.gov/localhealth/index.htm>
- B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003
- C. WISCONSIN STATE LABORATORY OF HYGIENE / Virus Isolation: (608) 262-3185.

IV. RELATED REFERENCES

- Heymann DL, ed. Influenza. In: *Control of Communicable Diseases Manual*. 189th ed. Washington, DC: American Public Health Association, 2008:315-331
- Pickering LK, ed. Influenza. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009:400-412.