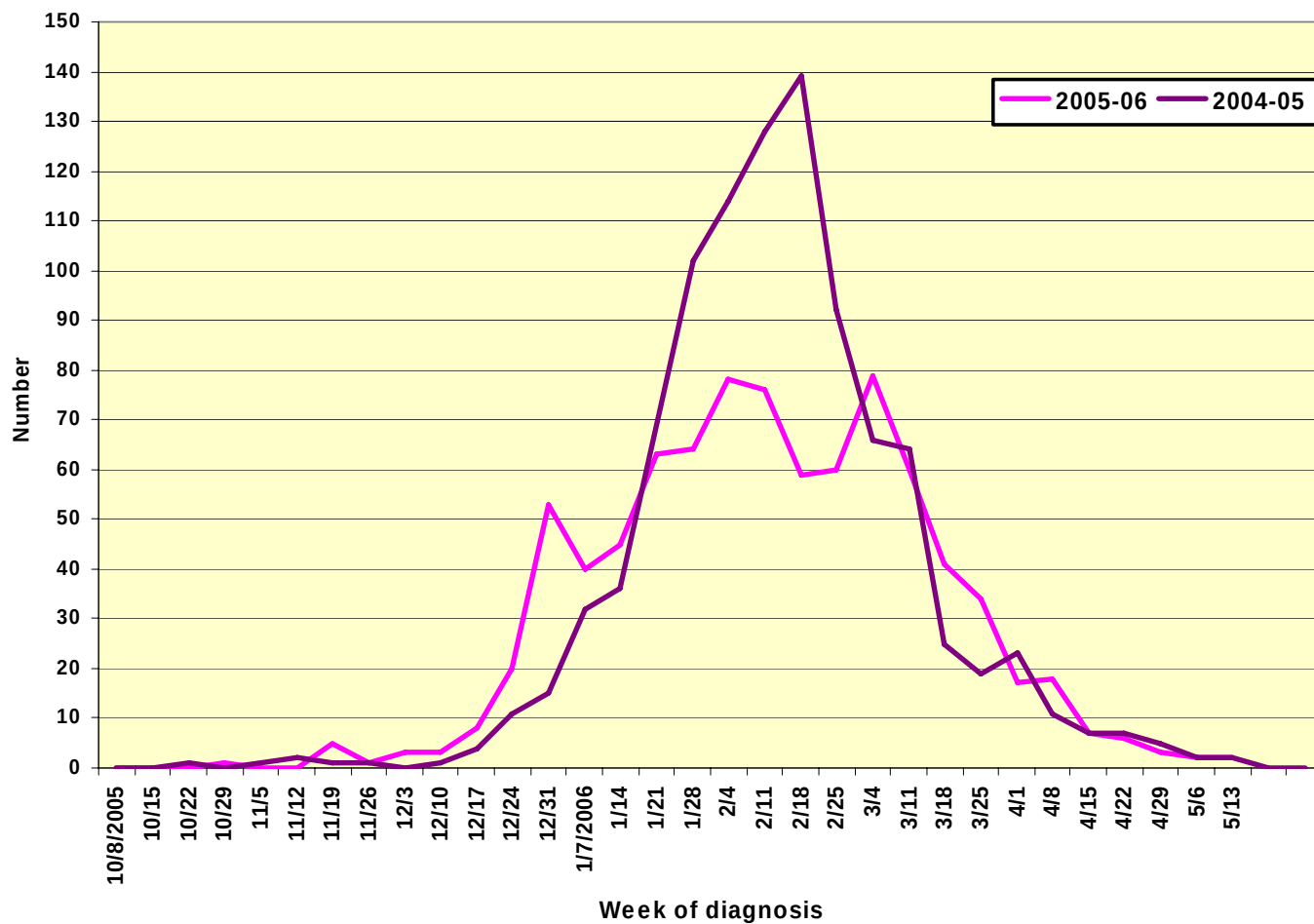


Colorado's Perspective on Monitoring Pandemic Related Morbidity and Mortality



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Influenza-Associated Hospitalizations by Week of Diagnosis Colorado, 2005-06 vs. 2004-05



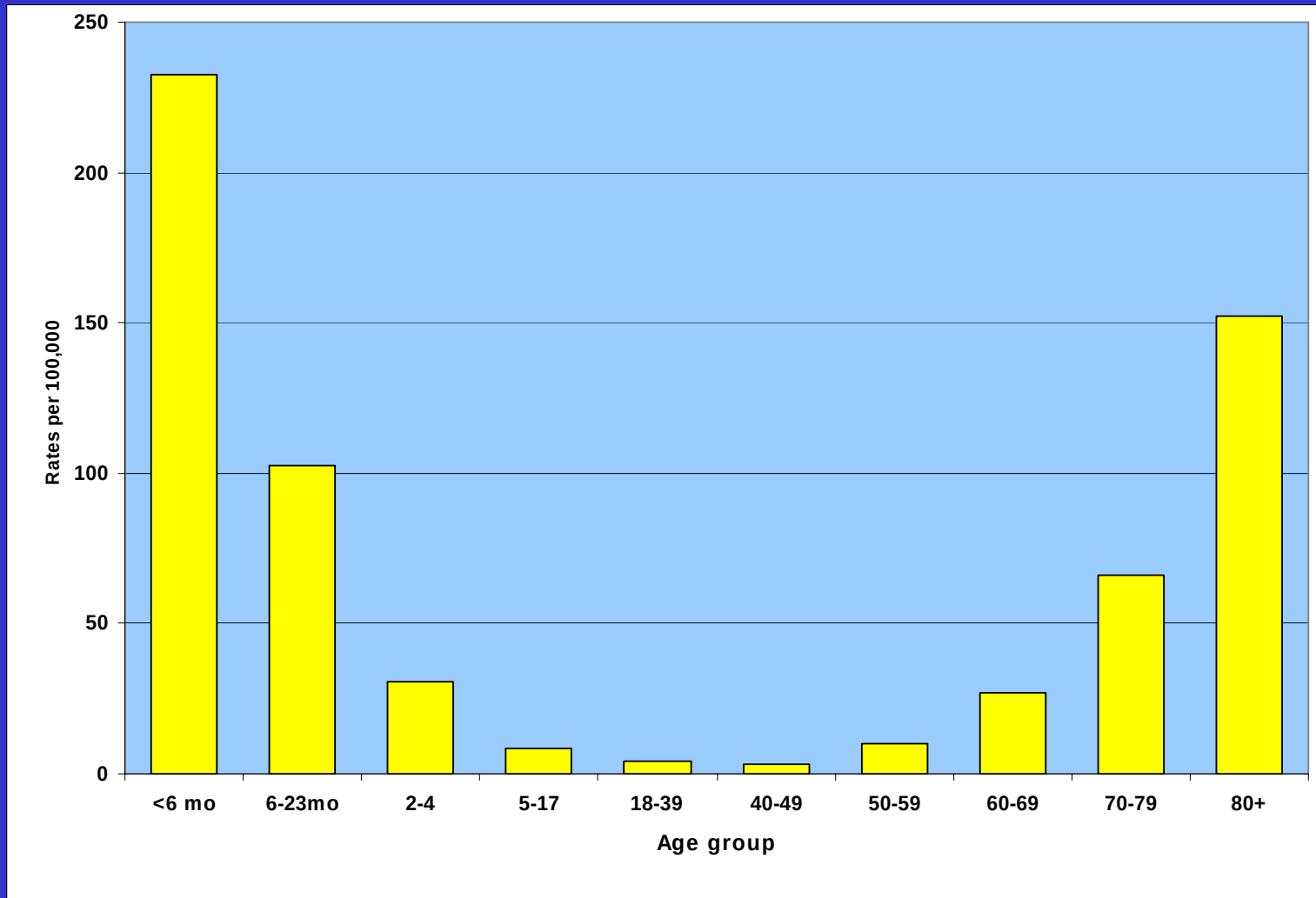
Rationale for Seasonal Reporting of Influenza-Associated Hospitalizations

- Rapid testing had made reporting of positive tests burdensome
- Influenza hospitalizations represent the more severe subset of flu morbidity and are “vaccine preventable”
- Should be a useful indicator of relative severity of flu seasons
- Could help promote vaccination of high risk persons & guide further flu vaccination policy
- Could help with preparedness for pandemic surveillance

METHODS of Surveillance for Flu Hospitalizations in Colorado

- ICP's are primary reporters of notifiable diseases from hospitals
- ICP's already review micro results and admissions data
- Most report through state's web-based disease reporting system; others fax reports
- Reporting hospitalizations was a reduced burden for ICPs from reporting all positive tests
- No state/local HD follow-up or chart review
- Info collected: name, address, age, county, physician, specimen collection date, specimen type, test type, test result, result date, report date

Influenza-Associated Hospitalization Rates by Age Group Colorado, 2005-06



Pandemic Surveillance for Morbidity and Mortality

Pandemic Surveillance for Hospitalizations and Deaths

- Will be important to monitor severe morbidity and mortality caused by a pandemic
- As demonstrated by seasonal flu surveillance, influenza-associated hospitalizations are feasible to monitor and provide useful data
- Milder illness won't be feasible to monitor and/or will be of lesser importance
- Deaths are not routinely monitored as part of seasonal flu surveillance

Surveillance for Hospitalizations During the “Full Blown” Pandemic Phase

- Aggregate reporting of hospitalizations will need to replace individual case reporting – still can be web-based reporting (next slide)
- State and local health dept. staff will be assigned to medium and large hospitals as needed to perform surveillance/reporting function
- Admitting diagnosis from admissions office data will be essential to identify cases; testing availability will likely be limited

Aggregate Reporting Screen

Colorado's Web-Based Disease Reporting System

**Colorado** Department of Public Health and Environment

[Main Menu](#) [Find a Case](#) [Report a Case](#) [Line List](#) [Messages](#) [Help](#) [Logout](#)

[Click here to submit CEDRS problems or suggestions](#)

CEDRS : Aggregate Reporting:

Enter the numbers of new cases and new deaths since the last report for: **Pandemic Influenza**

Facility

Age Group:	< 5	5-17	18-55	55+	Total
New Cases:	0	0	0	0	0
New Deaths:	0	0	0	0	0

Calculate Totals

Report Aggregate Numbers

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Surveillance for Deaths During the “Full Blown” Pandemic Phase

- Ascertainment of deaths among hospitalized cases will vary among facilities
- Surveillance for “out-of-hospital” deaths poses more challenges – not figured out yet
 - Colorado does not yet have electronic death certificate system
 - Coroners or Funeral Home Directors may be asked to do web-based reporting
 - Funeral Home Director reporting may actually be more complete for “at home” deaths – assuming usual burial practices apply

Conclusions

- Routine seasonal surveillance for influenza-associated hospitalizations is feasible and useful
- Documents the time course, age-specific risk, & relative severity of flu seasons
- Seasonal surveillance has “educated” stakeholders to methods and meaning of flu hospitalizations
- During a pandemic case-based/lab-confirmed reporting will not be feasible; aggregate reporting based on “syndrome” will be necessary
- Surveillance for pandemic-related deaths will be more challenging; need to plan for both in-hospital and out-of-hospital deaths