State of California - Health and Human Services Agency

California Department of Public Health
Immunization Branch
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Respiratory Syncytial Virus (RSV) Death Form (<5 years)

PATIENT INFORMATION

Patient's name (last, first, middle)	*Date of Birth (month/day/year)*	*Age (enter age and check one)*
	/ /	____ ☐ Days ☐ Weeks ☐ Months ☐ Years

Address (number and street)	*Apt #*	*City*	*State*	*Zip code*	*Local health jurisdiction of residence*

Gender ☐ F ☐ M ☐ Unknown | *Ethnicity (check one)* ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race (check all that apply) ☐ White ☐ Black/African American ☐ Asian ☐ Pacific Islander ☐ Native American/Alaskan Native ☐ Other ☐ Unknown

REPORTING AGENCY INFORMATION

Reporting local health jurisdiction	*Name of reporter*	*Telephone number of reporter*
		( )

SIGNS, SYMPTOMS, COMPLICATIONS, AND MEDICAL INTERVENTIONS

Signs and Symptoms

Symptomatic ☐ Y ☐ N ☐ Unknown *Date of symptom onset* _____/_____/_____

☐ Apnea	☐ Diarrhea	☐ Hypothermia	☐ Shortness of breath/Respiratory distress
☐ Congested/Runny nose	☐ Ear ache/Ear infection	☐ Inability to eat/Poor feeding	☐ Sore throat
☐ Cough	☐ Cyanosis	☐ Lethargy, less active or sleepy	☐ Tachypnea
☐ Decreased vocalization or stridor	☐ Fever/Chills	☐ Myalgia/Muscle aches	☐ Wheezing
☐ Dehydration	Highest recorded temperature, if available _____	☐ Nausea/Vomiting	☐ Other, specify _____
		☐ Seizures	

Complications

☐ Acute respiratory distress syndrome (ARDS)	☐ Pneumonia	☐ Seizures
☐ Altered mental status	☐ Pulmonary hypertension	☐ Sepsis/Multi-organ failure
☐ Bronchiolitis	☐ Secondary bacterial infection	☐ Other, specify _____

Medical Interventions

☐ BiPAP	☐ CPAP	☐ Nitric oxide	☐ Supplemental O_2
☐ ECMO (Extracorporeal Membrane Oxygenation)	☐ Intravenous pressors	☐ Resuscitation/CPR	☐ Other (excluding intubation), specify _____

BIRTH HISTORY

☐ Check if not documented

Was patient premature (<37 weeks gestation)	☐ Y	☐ N	☐ U	Weeks gestation _____
Respiratory disease syndrome associated with prematurity	☐ Y	☐ N	☐ U	
Did patient require supplemental oxygen during birth hospitalization	☐ Y	☐ N	☐ U	
Did mother smoke while pregnant	☐ Y	☐ N	☐ U	

UNDERLYING MEDICAL CONDITIONS

Did the patient have any underlying medical conditions? ☐ Y ☐ N ☐ U

Asthma/Reactive airway disease	☐ Y	☐ N	☐ U	Abnormality of upper airway	☐ Y	☐ N	☐ U	Blood disorder	☐ Y	☐ N	☐ U
Cardiovascular disease	☐ Y	☐ N	☐ U	Chronic metabolic disease	☐ Y	☐ N	☐ U	Chronic lung disease	☐ Y	☐ N	☐ U
Weight at admission <11 lb (5 kg)	☐ Y	☐ N	☐ U	Gastrointestinal disease	☐ Y	☐ N	☐ U	Genetic disorder	☐ Y	☐ N	☐ U
Immunosuppressed	☐ Y	☐ N	☐ U	Immunosuppressive medications	☐ Y	☐ N	☐ U	Liver disease	☐ Y	☐ N	☐ U
Renal disease	☐ Y	☐ N	☐ U	Other conditions	☐ Y	☐ N	☐ U				

If yes for any of the above, please specify: _____

RSV PROPHYLAXIS

Palivizumab (Synagis) within 6 months of death ☐ Y ☐ N ☐ U

Specify dates of doses: Dose 1: ___/___/___ Dose 2: ___/___/___ Dose 3: ___/___/___ Dose 4: ___/___/___ Dose 5: ___/___/___

HOSPITALIZATION INFORMATION

Patient hospitalized ☐ Y ☐ N ☐ U Nights hospitalized _____

Hospital name	*City*	*State*	*Zip code*	*Telephone* ( )

Admission date / /	*Discharge date* / /	*Medical record number*	*Admission diagnosis*	*Discharge diagnosis*

Patient in ICU ☐ Y ☐ N ☐ U ICU admission date ___/___/___ ICU discharge date ___/___/___

Patient intubated ☐ Y ☐ N ☐ U Intubation start date ___/___/___ Intubation end date ___/___/___

DEATH INFORMATION

Date of death _____/_____/_____

Location of death ☐ Home ☐ ED ☐ Hospital ☐ Other, specify _____

Was an autopsy performed? ☐ Y ☐ N ☐ U *Where was autopsy performed?* _____ Describe findings _____

LABORATORY INFORMATION

Radiographic and Lumbar Puncture Findings

Medical procedure performed ☐ Chest X-ray ☐ Chest CT ☐ Lumbar puncture ☐ Other, specify _____

Procedure date _____/_____/_____ Procedure result _____ Describe findings _____

RSV Testing

Specimen source _____

Test performed ☐ Rapid antigen test ☐ Fluorescent antibody ☐ PCR ☐ Serology ☐ Viral culture ☐ Other, specify _____

Where was testing performed? _____ Collection date ____/_____/____

Result interpretation ☐ Positive ☐ Negative ☐ Indeterminate ☐ Specimen inadequate ☐ Pending

RSV type ☐ A ☐ B ☐ A&B ☐Unknown

Bacterial Pathogens

Bacterial pathogens detected within 3 weeks of death ☐ Y ☐ N ☐ U

Specimen source _____ Collection date ____/____/____ Pathogen detected _____

Overall interpretation ☐ Community acquired ☐ Hospital acquired ☐ Colonization ☐ Contaminant

Other Viral Pathogens

Other viral pathogens detected within 2 weeks of death ☐ Y ☐ N ☐ U

Specimen source _____ Collection date ____/____/____ Pathogen detected _____

Overall interpretation ☐ Community acquired ☐ Hospital acquired ☐ Colonization ☐ Contaminant

NOTES

CASE DEFINITION

Confirmed

A death in a child who is <5 years of age with an illness clinically compatible with respiratory syncytial virus (RSV) (e.g., fever, cough, rhinorrhea, congestion, decreased appetite, sneezing, difficulty breathing, wheezing; in very young infants, irritability, decreased activity, and breathing difficulties may be the only symptoms of infection) with laboratory confirmed RSV infection (e.g., rapid antigen test, polymerase chain reaction (PCR), viral culture, serology, fluorescent antibody).

Probable

A death in a child who is <5 years of age with an illness clinically compatible with RSV, but laboratory testing is inconclusive or specimens were unavailable/unsuitable for testing.

Suspect

A death in a child who is <5 years of age under investigation for RSV.

NOTE: There should be no period of complete recovery between the illness and death. RSV-associated deaths in all children aged <5 years should be reported.

A death should not be reported if:

- The RSV illness is followed by full recovery to baseline health status prior to death
- The death occurs in a person 5 years or older
- After review and consultation there is an alternative agreed upon cause of death