



## Viral Respiratory Illness Hospital Admission or Death Reporting Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the [NWT Public Health Act](#) (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the [Disease Surveillance Regulations](#) (2009, R-096-2009). This information is used for territorial and national surveillance and informs public health planning and interventions.

### When to report:

Event	Timeline for submitting report form to OCPHO after making a diagnosis or forming opinion
Viral Respiratory Illness Hospital Admission	24 hours
Viral Respiratory Illness Death	24 hours

### What to report:

Report a confirmed case (see below) with viral respiratory illness requiring hospital admission (ward), ICU admission, or results in death within the reporting timelines outlined above.

<b>Confirmed Case:</b>	<p>Clinical illness* in a person with confirmation of viral infection (e.g. SARs-CoV-2, influenza, RSV) from an appropriate clinical specimen documented by:</p> <ul style="list-style-type: none"><li>Detection of viral nucleic acid via laboratory molecular assay (e.g. polymerase chain reaction (PCR), nucleic acid amplification test (NAAT))</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>Detection of viral nucleic acid via validated rapid molecular assay (e.g. point-of-care (POC) NAAT that does not require confirmatory laboratory testing)</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>Isolation of virus from appropriate clinical specimen</li></ul> <p>*clinical illness = signs and symptoms consistent with reported viral infection</p>
<b>Hospitalization (includes ICU admission)</b>	<p>Confirmed case who:</p> <ul style="list-style-type: none"><li>Is admitted to hospital (ward or ICU) for at least an overnight stay</li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>Their hospital admission is prolonged for reasons directly or indirectly related to their infection, and with no period of recovery between illness and admission</li></ul> <p>If unable to determine whether an admission or prolongation was related to viral infection, please report as a hospitalization case</p>
<b>Death</b>	<p>A death occurring in a confirmed case with no period of complete recovery between illness and death, unless there is evidence that their viral infection did not contribute to their death (e.g. trauma, poisoning, drug overdose).</p>

### How to Report

Please send completed report forms to the OCPHO by:

Report Method	How-to
Medical Confidential Fax	867-873-0442
Secure File Transfer	<a href="mailto:CDU@gov.nt.ca">CDU@gov.nt.ca</a>



## Viral Respiratory Illness Hospital Admission OR Death Reporting Form

SECTION 1: CASE INFORMATION			
Affix patient label	Last Name:		First Name:
	HCN:		Date of Birth:
	Home Community:		Province/Territory: Other:
	Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown		
	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/> Unknown		
SECTION 2: CASE VIRAL ILLNESS INFORMATION (CHECK ALL THAT APPLY IF CO-INFECTION PRESENT)			
<input type="checkbox"/> COVID-19 (SARS-CoV-2) <input type="checkbox"/> Influenza <input type="checkbox"/> Respiratory syncytial virus (RSV) <input type="checkbox"/> Other, please specify:			
SECTION 3: LABORATORY SPECIMEN TESTING INFORMATION (COMPLETE ALL THAT APPLY)			
Test Type		Specimen Collection Date	
<input type="checkbox"/> PCR			
<input type="checkbox"/> POCT (e.g. IDNow) POSITIVE ONLY			
SECTION 4: CLINICAL COURSE AND OUTCOMES			
Admitted to hospital or hospital stay was prolonged as a result of their illness (does not include ER visits):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If hospitalized, was the case admitted to the intensive care unit (ICU):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did the case require transfer to a medical facility out of territory (OOT) ? (e.g. transfer to Alberta)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Date admitted to the hospital:	Date admitted to ICU (if applicable):		
Deceased: <input type="checkbox"/> Yes, Date: <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If deceased, indicate cause of death:			
SECTION 5: REPORTING HEALTH CARE PROFESSIONAL INFORMATION			
Office of the Chief Public Health Officer Phone: (867) 920-8646   Medical Confidential Fax: (867) 873-0442   SFT: <a href="mailto:CDCU@gov.nt.ca">CDCU@gov.nt.ca</a>			
Clinic Site or Hospital Unit:			
Completed by:		(Sign)	
Phone:		Date:	
Comments:			

How to submit: By Medical Confidential Fax: 867-873-0442 OR Secure File Transfer: to [CDCU@gov.nt.ca](mailto:CDCU@gov.nt.ca)