Severe acute respiratory infections, the missing link in the surveillance pyramid

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON28164

Source
NTR

Brief title
SARI surveillance

Health condition

severe acute respiratory infection, surveillance, influenza, hospital admission, ernstige acute luchtweg infectie, ziekenhuisopname, SARI

Sponsors and support

Primary sponsor: National Institute for Public Health and the Environment (RIVM)
Source(s) of monetary or material Support: eerste geldstroom (Geld van Ministerie van OC&W aan universiteiten)

Intervention

Outcome measures

Primary outcome

The development and establishment of a sustainable SARI surveillance system that, when this is proven feasible, will be extended to other hospitals from the year 2019 onward. The end result is an integrated respiratory surveillance system covering the full spectrum of

respiratory infections, which provides input for (inter)national public administrations and is used for policy decisions.

The planned products are:

•Protocol for the implementation of a potential nationwide sustainable continuous SARI surveillance;

•Weekly publication of the results of fully integrated respiratory surveillance system on RIVM website.

Secondary outcome

•Seasonal influenza vaccine effectiveness against influenza laboratory confirmed SARI hospitalisation among patient 65 years of age and above.

•Data used for pooling with 22 hospitals in other European countries to obtain robust data on influenza vaccine effectiveness against severe outcomes.

•Amount of SARI patients attributable to influenza and/or other causative respiratory pathogens per influenza season.

•The disease burden of influenza on different health care levels.

Study description

Background summary

Surveillance of respiratory infections in primary care in the Netherlands was established more than 40 years ago. The registration of influenza-like illness by general practitioners, complemented by virological analysis of nasal/
throat swabs, represent the current base of the surveillance pyramid of respiratory infections in the Netherlands. The missing link between primary care and crude mortality monitoring is the surveillance of patients with severe
acute respiratory infections (SARI) requiring hospital admission. A sustained SARI surveillance system detects outbreaks in time, place, causative pathogen and person in order to implement and evaluate health care interventions. Several other countries have implemented an operative SARI surveillance system as advised by the World Health
Organization (WHO). From October 2015 onwards, a pilot study started at the Jeroen Bosch Hospital and Leiden University Medical Center with the main objective to
set up a sentinel surveillance system for SARI patients in the Netherlands. However, adding laboratory diagnostic results is crucially important and should result in a sustained integrated respiratory surveillance system in the future.

Study objective

The primary objective is to set up a pilot sentinel syndromic surveillance system for patients with a severe acute respiratory infection (SARI) requiring hospital admission

Study design

Within the whole study period, important timepoints are:

•influenza season 2015-2016

•influenza season 2016-2017

•influenza season 2017-2018

Intervention

This is not an intervention study

Contacts

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Eligibility criteria

Inclusion criteria

A SARI patient will be defined as a hospitalised person with:

•at least one systemic symptom or sign: fever or feverishness, malaise, headache or myalgia or deterioration of general condition (asthenia or loss of weight or anorexia or confusion or dizziness)

v
and

•at least one respiratory symptom or sign (cough, sore throat or shortness of breath) at admission or within 48 hours after admission.

Exclusion criteria

The symptoms of onset should not have started (or clearly worsened, if chronic) more than 7 days at admission

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other

Control: N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	19-10-2015

Enrollment:	0
Type:	Anticipated

Ethics review

Positive opinion Date:	18-08-2016
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL5891
NTR-old	NTR6079
Other	METC UMC Utrecht : 15-483/C

Study results

Summary results
Marbus SD et al. Ernstige acute luchtweginfecties: de ontbrekende bouwsteen in de surveillance piramide. Nederlands Tijdschrift voor Medische Microbiologie 2016; 1: 52-56