EFG Senior - Influenza burden assessment in adults aged of 65 years and more visiting a general practitioner for acute respiratory illness in France

Responsable(s) :Leclerc-Zwirn Christel, Laboratoire GSK

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Général

Identification

Nom détaillé	Influenza burden assessment in adults aged of 65 years and more visiting a general practitioner for acute respiratory illness in France
Sigle ou acronyme	EFG Senior
Numéro d'enregistrement (ID-RCB ou EUDRACT, CNIL, CPP, etc.)	CNIL : 908370

Thématiques générales

Domaine médical	General practice Infectious diseases Pneumology
Autres, précisions	Influenza
Mots-clés	elderly subjects, epidemiology

Responsable(s) scientifique(s)

Nom du responsable	Leclerc-Zwirn
Prénom	Christel
Téléphone	+33 (0)1 39 17 86 96
Email	christel.c.leclerc-zwirn@gsk.com
Laboratoire	Laboratoire GSK

Collaborations

Financements

Financements	Private
Précisions	GSK laboratory

Gouvernance de la base de données	
Organisation(s) responsable(s) ou promoteur	LABORATOIRE GSK
Statut de l'organisation	Secteur Privé
Contact(s) supplémentaire(s)	
Caractéristiques	
Type de base de données	
Type de base de données	Study databases
Base de données issues d'enquêtes, précisions	Longitudinal study (except cohorts)
Origine du recrutement des participants	An administrative base or a register
Le recrutement dans la base de données s'effectue dans le cadre d'une étude interventionnelle	No
Informations complémentaires concernant la constitution de l'échantillon	All of the general practitioners in the GROG network monitoring the age group of patients aged 65 years and older can participate. Each investigator will have to include, during the entire epidemic period (equivalent to the period of inclusion), the first 7 patients that meet the eligibility criteria.
Objectif de la base de données	
Objectif principal	Describe and compare the burden of acute respiratory infections (IRA) linked to influenza virus, in terms of morbidity and medical consumption, according to the vaccinal status, in those 65 years and older spontaneously consulting in general practice
Critères d'inclusion	? Patient aged 65 years or older ? Patient having an acute respiratory infection defined as a clinical presentation combining the abrupt appearance of respiratory signs (coughing, rhinitis, coryza) in the context of acute infection (fever, asthenia, headache, myalgia, etc.), in less than 48h. ? For patients 80 years and older, the clinical presentations can associate other general signs

	(mental confusion, dehydration, anorexia, digestive disorders, general malaise, body aches, headache) and respiratory signs (from rhinitis to pneumopathy)
Type de population	
Age	Elderly (65 to 79 years) Great age (80 years and more)
Population concernée	Sick population
Sexe	Male Woman
Champ géographique	National
Détail du champ géographique	France
Collecte	
Dates	
Année du premier recueil	2008
Année du dernier recueil	2010
Taille de la base de données	
Taille de la base de données (en nombre d'individus)	< 500 individuals
Détail du nombre d'individus	93
Données	
Activité de la base	Data collection completed
Type de données recueillies	Clinical data Declarative data Biological data
Données cliniques, précisions	Direct physical measures Medical registration
Données déclaratives, précisions	Paper self-questionnaire Phone interview
Données biologiques, précisions	nasal sample
Existence d'une biothèque	No

Paramètres de santé étudiés	Health event/morbidity Health care consumption and services
Consommation de soins, précisions	Hospitalization Medical/paramedical consultation Medicines consumption

Modalités

Mode de recueil des données	Each investigator will have to include, during the entire epidemic period (equivalent to the period of inclusion), the first 7 patients that meet the eligibility criteria. The investigator will inform patients who have accepted the study, of the objectives of the study using the information notice and will have them sign an explicit consent form. He will then complete the doctor's inclusion questionnaire and will remit the follow-up logbook to the patient, explaining to the latter how to complete this logbook. He must notify the logistics center of the inclusion via fax. The investigator will take a nasal sample and will send it to the reference laboratory according to the study's sampling protocol. In order to control any bias in the selection of patients, a non-inclusion registry will be set up. The investigating doctor will be asked to complete this registry, for all of the patients that meet the eligibility criteria who are not included in the cohort and to fill in the reason for non-inclusion, whatever it may be.
Suivi des participants	Yes
Détail du suivi	Patient follow-up will take place by telephone (or during a visit) between 7 and 10 days and between 28 and 31 days after the inclusion visit, by the investigator, regardless of the patient's vaccinal status and the result of the virological tests. A questionnaire at the end of the study will also be completed by the investigator at the end of the period of the epidemic period, in order to follow any complications and/or superinfections linked to the influenza, and to inform the patients who have left the study. As for the patients, they will, starting on the day of their inclusion in the study, a follow-up logbook until they are cured or up to 28 days
Appariement avec des sources administratives	No

Valorisation et accès

Valorisation et accès

Accès	
Charte d'accès aux données (convention de mise à disposition, format de données et délais de mise à disposition)	Publications are planned
Accès aux données agrégées	Access on specific project only
Accès aux données individuelles	Access on specific project only