Australian Paediatric Surveillance Unit

Influenza Surveillance 1st June to 30th September 2011

The APSU has been asked by the Department of Health and Ageing to conduct seasonal surveillance for the severe complications of laboratory confirmed influenza in children aged < 15 years and admitted to hospital.

Please report children with severe complications of laboratory proven influenza and admitted to hospital as soon as possible by completing the questionnaire overleaf and

FAX to: 02 9845 3082
or by mail to:
Australian Paediatric Surveillance Unit, Kids Research Institute, Level 2,
The Children’s Hospital at Westmead, Locked Bag 4001, Westmead NSW 2145

Severe Complications of Influenza will be added to the routine monthly APSU report card. However, we ask that you report any cases that meet the case definition criteria as soon as possible by e-mail, fax or phone and return the questionnaire on the reverse of this page.

Aims: To document severe complications in children admitted to hospital with influenza, including:
1. presentation, diagnosis and treatment
2. immunisation status and predisposing factors to inform future policy
3. short-term outcome

Case Definition:
Any child aged < 15 years with laboratory confirmed influenza AND admitted to hospital AND have any of the following complications:

- Pneumonia (X-ray confirmed and requiring oxygen)
- Requirement for Ventilation
- Encephalitis / encephalopathy with or without seizures
- Myocarditis; Pericarditis; Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans
- Disseminated coagulopathy
- Transverse myelitis
- Polynuertis
- Guillain-Barré syndrome
- Shock (requiring >40 ml/kg fluid resuscitation)
- Acute renal failure
- Re ye’s Syndrome
- Laboratory proven secondary bacterial infection; Bacteraemia; Septicaemia; Bacterial pneumonia
- Death, including death at presentation to hospital

Exclusions: Simple febrile seizures

Please do not report children hospitalized for influenza who have no severe complications

If you need assistance with this surveillance study or additional questionnaires please call the APSU on: 02 9845 3005, 02 9845 1202 or email: APSU@chw.edu.au

Additional Questionnaires may be downloaded from:
www.apsu.org.au

Please turn over for questionnaire...
Severe Influenza in children < 15 Years (June to September 2011)
Australian Paediatric Surveillance Unit

Please ring the APSU 02 9845 3005 if you have any questions about this questionnaire. Additional questionnaires can be downloaded www.apsu.org.au

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK = Don’t Know

REPORTING CLINICIANS  1. Dr Name: ___________________________  Ph: ___________________________  Email: ___________________________

2. Hospital: ___________________________ APSU code (if have one)  3. Date questionnaire completed: __________/________/________

PATIENT DETAILS  4. First 2 letters of first name: __________  5. First 2 letters of surname: __________  6. Date of Birth: __________/________/________


10. Ethnicity: ATSI  □ Caucasian  □ Asian  □ Pacific Islander  □ Middle Eastern  □ African  □ Other  □ specify ___________________________

SECTION A: Diagnosis, Presentation and Treatment

11. Date of onset of symptoms: __________/________/________  12. Date of 1st admission to hospital: __________/________/________

13. Admitted to ICU?  □ Yes  □ No  □ DK  13a. If yes, specify date of admission to ICU: __________/________/________

14. How was influenza confirmed?  □ Nose swab  □ Nasopharyngeal aspirate  □ Other  □ specify ___________________________

15. Which lab tests were +ve for influenza?  □ Culture  □ PCR  □ IF  □ Serology  □ Rapid Antigen Test

16. Results: Influenza type?  □ A  □ B  □ C  17. Was further sub-typing done?  □ Yes  □ No  □ DK

18. If Yes, Which sub-type was present? (eg. H1N1-09, H3N2, Shanghai-like, Malaysia-like)

19. Which of the following symptoms were present prior to admission?  □ Fever  □ Cough  □ Dyspnoea  □ Sore throat  □ Vomiting  □ Diarrhoea  □ Headache  □ Malaise/lethargy  □ Myalgia  □ Confusion/disorientation  □ Seizure/unconsciousness  □ Rash  □ Other  □ specify ___________________________

20. List all complications present during hospital stay? (tick as many as apply)  □ Pneumonia  (X-ray confirmed)  □ Ventilated? If yes, for how long? ______ Days

□ Encephalitis / encephalopathy  □ Myocarditis  □ Pericarditis  □ Cardiomyopathy  □ Rhabdomyolysis  □ Purpura fulminans  □ Disseminated coagulopathy  □ Transverse myelitis  □ Polyneuritis  □ Guillain-Barré syndrome  □ Shock (requiring >40 ml/kg fluid resuscitation)  □ Acute renal failure  □ Reye’s Syndrome  □ Laboratory proven bacterial co-infection; Specify organism and site: ___________________________

□ Laboratory proven viral co-infection; Specify organism and site: ___________________________

21. Any other complications?  □ Yes  □ No  □ DK  21a. If Yes, specify: ___________________________

22. Was the child treated with:  □ Tamiflu  □ Relenza  □ Neither  □ DK  □ Date Commenced: __________/________/________

23. During the illness was the child treated with:  □ Nurofen  □ Other NSAIDS  □ If yes, which? ___________________________

□ Aspirin  □ Other  □ specify ___________________________

SECTION B: Underlying medical conditions and history

24. Is the child immunocompromised (eg. HIV+ve, primary immunodeficiency, treated for malignancy)?  □ Yes  □ No  □ DK

If Yes, specify: ___________________________

25. Has the child any other chronic illness that might increase the risk of influenza complications?  □ Yes  □ No  □ DK

□ Cystic fibrosis  □ Congenital heart disease  □ Neuromuscular disorder  □ Asthma  □ Other chronic lung disease  □ Other Specify: ___________________________

26. Was the child vaccinated for seasonal influenza since February 2010?  □ Yes  □ No  □ DK  26a. If yes, when? __________/________/________

27. Was the child vaccinated for H1N1 2009 since December 2009?  □ Yes  □ No  □ DK  27a. If yes, when? __________/________/________

28. Has the child been vaccinated against pneumococcus?  □ Yes  □ No  □ DK  28a. If yes, when? __________/________/________

29. Prior to admission did the child have contact with a person with lab confirmed influenza?  □ Yes  □ No  □ DK

□ If yes, who was the contact person? (eg. Parent, sibling, friend) ___________________________

30. If yes, was the contact person?  □ Child  □ Adult  □ DK

31. Was the contact person a:  □ Child  □ Adult  □ DK  32. Age of contact person? ___________________________

33. In the 10 days before onset of symptoms, had the child travelled outside of Australia?  □ Yes  □ No  □ DK  □ If yes, where? ___________________________

34. Has the child had close contact with farm animals?  □ Yes  □ No  □ DK  □ If yes, what type? ___________________________

SECTION C: Outcome

35. At the time of reporting, was the child  □ In ICU  □ Hospitalised  □ Discharged Alive  □ Died

36. Date of Discharge or Death __________/________/________  37. If died, autopsy performed?  □ Yes  □ No  □ DK

38. Were there any ongoing problems on discharge?  □ Yes  □ No  □ DK  □ If yes, specify: ___________________________

Please return this questionnaire ASAP via FAX: 02 9845 3082 or mail to APSU, The Children’s Hospital at Westmead, Locked Bag 4001, Westmead, 2145, NSW

Thank you for your assistance with this study which has been initiated by the Office of Health Protection, Department of Health and Ageing