Australian Paediatric Surveillance Unit

Influenza Surveillance 1st July to 30th September 2012

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
- Polyneuritis
- Guillain-Barré syndrome
- Shock (requiring >40 ml/kg fluid resuscitation)
- Acute renal failure
- Reye’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 (July to September 2012)
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: ____________ / ____________ / ____________


10. Ethnicity: [ ] 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? [ ] Nasopharyngeal aspirate [ ] PCR [ ] Rapid Antigen Test [ ] Other (specify): ____________

15. Which lab tests were +ve for influenza? [ ] Culture [ ] PCR [ ] IF [ ] Serology [ ] Rapid Antigen Test [ ] Other (specify): ____________

16. Results: Influenza type? [ ] A [ ] B [ ] 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 If yes, associated with seizures? [ ] Myocarditis [ ] Pericarditis [ ] Cardiomyopathy [ ] Rhombomylisis [ ] 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 [ ] If Yes, specify: ____________________________

22. Was the child treated with: [ ] Tamiflu [ ] Relenza [ ] Nurofen [ ] Other NSAIDs If yes, which? ____________________________ [ ] Aspirin

23. During the illness was the child treated with: [ ] Tamiflu [ ] Relenza [ ] Nurofen [ ] Other NSAIDS If yes, which? ____________________________ [ ] Aspirin

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 [ ] If Yes, which one(s)? [ ] Cystic fibrosis [ ] Congenital heart disease [ ] Neuromuscular disorder [ ] Asthma [ ] Other chronic lung disease [ ] Other Specify ____________________________

26. Was the child vaccinated for influenza in the last 12 months? Yes [ ] No [ ] DK [ ] If Yes, when? ____________ / ____________ / ____________

27. If yes which vaccine was given? ____________________________ [ ] If Yes, where? ____________ / ____________ / ____________

28. Has the child been vaccinated against pneumococcus? Yes [ ] No [ ] DK [ ] If Yes, when? ____________ / ____________ / ____________

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

30. If Yes, who was the contact person? (eg. Parent, sibling, friend) ____________________________

31. Was the contact person a: [ ] Child [ ] Adult 32. Age of contact person? ____________ [ ] If Yes, where? ____________________________

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.