Australian Paediatric Surveillance Unit

Influenza Surveillance 1st July to 30th September 2013

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 with any of the following complications:

- Pneumonia (Confirmed on X-ray or microbiology)
- Oxygen requirement
- Mechanical ventilation
- Encephalitis / encephalopathy
- Seizures (including simple febrile seizure, prolonged or focal seizure or status epilepticus)
- Myocarditis; Pericarditis; Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans
- Disseminated coagulopathy
- Transverse myelitis
- Polynueuritis/ mononeuritis
- Guillain-Barré syndrome
- Shock (requiring >40 ml/kg fluid resuscitation)
- Acute renal failure
- Reye Syndrome
- Laboratory proven secondary bacterial infection; Bacteraemia; Septicaemia; cellulitis
- Death, including death at presentation to hospital

CHANGE to the protocol for 2013: We are no longer excluding simple febrile seizures. Please include children with confirmed influenza and admitted to hospital who had a febrile seizure.

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 2013)
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 [ ]  13(a). 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 _______  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)
   [ ] Oxygen needed?
   [ ] Mechanical Ventilation? If yes, for how long? _______ Days
   [ ] Encephalitis / encephalopathy
   [ ] Seizure: (specify type):
   [ ] Myocarditis
   [ ] Pericarditis
   [ ] Cardiomyopathy
   [ ] Rhabdomyolysis
   [ ] Purpura fulminans
   [ ] Disseminated coagulopathy
   [ ] Transverse myelitis
   [ ] Polyneuritis
   [ ] Mononeuritis
   [ ] 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: (a). _______ Tamiflu _______ Relenza _______ Neither [ ] DK Date Commenced: _______ / _______ / _______

   (b). _______ Antibiotics? If yes, which ones? _______ _______ _______ _______

   (c). _______ Nurofen _______ Other NSAIDS? _______ Aspirin?

SECTION B: Underlying medical conditions and history

23. Is the child immunocompromised (eg. HIV+ve, primary immunodeficiency, treated for malignancy)? Yes [ ] No [ ] DK [ ] If Yes, specify _______ _______ _______ _______

24. 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): _______ _______ _______ _______

25. Did the child receive the Flu vaccine in the last 12 months? Yes [ ] No [ ] DK [ ] If yes, when? _______ / _______ / _______

26. If yes which vaccine? _______ _______ _______ _______

27. Has the child been vaccinated against pneumococcus? Yes [ ] No [ ] DK [ ] If yes, when? _______ / _______ / _______

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

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

30. Was the contact person a: [ ] Child _______ [ ] Adult _______ Age of contact person: _______ / _______ / _______

31. Did the child travel overseas in the 10 days before onset of symptoms? Yes [ ] No [ ] DK [ ] If yes, where? _______ _______ _______ _______

32. Has the child had close contact with farm animals? Yes [ ] No [ ] DK [ ] If yes, what type? _______ _______ _______ _______

SECTION C: Outcome

33. At the time of reporting, was the child _______ in ICU _______ Hospitalised _______ Discharged Alive _______ Died _______ _______ _______ _______

34. Date of Discharge or Death _______ / _______ / _______  36. If died, autopsy performed? Yes [ ] No [ ] DK _______ _______ _______ _______

35. Date of Discharge or Death _______ / _______ / _______  37. Were there any ongoing problems on discharge? Yes [ ] No [ ] DK [ ] If yes, specify _______ _______ _______ _______

Please return this questionnaire ASAP via FAX: 02 9845 3082