During the week beginning 3rd September I have seen \(\text{(insert number)}\) of cases of influenza.

I have completed the Influenza questionnaire for each child: Yes □ Not Yet □

OR

I have NO cases of influenza to report □

Please return this reporting page and any completed questionnaires by FAX: 02 9845 3082

or by mail in the reply-paid envelope:
APSU, The Children’s Hospital at Westmead, Locked Bag 4001, Westmead NSW 2145

Thank you in advance for reporting cases of severe complicated influenza through the APSU mechanism.

Background
The recent outbreak of influenza and a number of deaths reported among young children has prompted the Department of Health and Ageing to engage the APSU to conduct active surveillance for cases of influenza in children aged under 5 years.

The surveillance is to be conducted for 4 weeks only during the month of September.

Aims: To document:
1. The diagnosis and management in young children admitted to hospital with influenza
2. The complications of influenza and short-term outcome
3. The risk factors in children hospitalized with influenza to inform future influenza vaccination policy.

Case Definition:
Any child aged < 5 years and with laboratory confirmed influenza and admitted to hospital, and with any of the following complications:

- Pneumonia (X-ray confirmed)
- Requirement for Ventilation
- Encephalitis / encephalopathy with or without seizures
- Myocarditis; Pericarditis; Cardiomyopathy
- Guillain-Barré
- Rhabdomyolysis
- Purpura fulminans
- Disseminated coagulopathy
- Transverse myelitis
- Polyneuritis
- Shock (requiring >40 ml/kg fluid resuscitation)
- Acute renal failure
- Reye’s Syndrome
- Laboratory proven secondary bacterial infection; Bacteraemia; Septicaemia; Bacterial pneumonia
- Death
- Exclusion: Simple febrile seizures

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

Thank you for your assistance with this study which has been initiated by the Office of Health Protection, Department of Health and Ageing.
Influenza in children < 5 Years - September 2007
Australian Paediatric Surveillance Unit

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. APSU Dr Code / Name: ……… / …………………………………………………
2. Date questionnaire completed: ☐/☐/☐ ☑/☐/☐

PATIENT DETAILS:
3. First 2 letters of first name: ☐ ☐ 4. First 2 letters of surname: ☐ ☐ 5. Date of Birth: ☐/☐/☐ ☑/☐/☐
6. Sex: ☐ M ☐ F 7. Postcode of family: ☐ ☐ ☐ ☐ ☐
8. Country of Birth Australia ☑ Other ☐ specify …………………………… ☐ DK
9. Ethnicity: ☐ ATSI ☐ Caucasian ☐ Asian ☐ Pacific Islander ☐ Middle Eastern ☐ African ☐ Other ☐ (specify)……

SECTION A: Diagnosis, Presentation and Treatment
10. Date of onset of symptoms: ☐/☐/☐ ☑/☐/☐ 11. Date of 1st admission to hospital: ☐/☐/☐ ☑/☐/☐
12. Admitted to ICU? Yes ☐ No ☐ DK ☑ 12a. If Yes, specify date of admission to ICU: ☐/☐/☐ ☑/☐/☐
13. How was influenza confirmed? ☐ Nose swab ☐ Nasopharyngeal aspirate ☐ Other (specify): ____________
14. Which lab tests were +ve for influenza? ☐ Culture ☐ PCR ☐ IF ☐ Serology
15. Results: Influenza type? ☐ A ☐ B ☐ C ☐ D ☑
16. Was further sub-typing done? ☐ Yes ☐ No ☐ DK ☑
17. If Yes, Which sub-type was present? (eg. H1N1, H3N2, Shanghai-like, Malaysia-like)

18. Which of the following symptoms were present prior to admission? ☐ Cough ☐ Dyspnoea ☐ Sore throat ☐ Vomiting ☐ Diarrhoea ☐ Headache ☐ Malaise/lethargy ☐ Myalgia ☐ Confusion/disorientation ☐ Seizure/unconsciousness ☐ Rash ☐ Other (specify)……………………
19. Which of the following complications were present during hospital admission? (tick as many as apply)
   ☐ Pneumonia (X-ray) ☐ Ventilated? If Yes, for how long? _____ Days
   ☐ Encephalitis / encephalopathy If Yes, ☐ associated with seizures?
   ☐ Myocarditis ☐ Pericarditis ☐ Cardiomyopathy ☐ Rhabdomyolysis
   ☐ Purpura fulminans ☐ Disseminated coagulopathy
   ☐ Transverse myelitis ☐ Polynuertitis ☐ Guillain-Barré syndrome
   ☐ Shock (requiring >40 ml/kg fluid resuscitation)
   ☐ Acute renal failure ☐ Reye’s Syndrome
   ☐ Laboratory proven secondary bacterial infection
   ☐ Bacteraemia ☐ Sepsicaemia ☐ Bacterial pneumonia
What was the site of infection, and organism: ________________________________________________

20. Any other complications? Yes ☐ No ☐ DK ☑ If Yes, specify: ……………………………………..
21. Was the child treated with Tamiflu ☐ Relenza ☐ Neither ☐ DK ☑

SECTION B: Underlying medical conditions and history
22. Is the child immunocompromised (eg. HIV+ve, primary immunodeficiency, treated for malignancy)? Yes ☐ No ☐ DK ☑
   If Yes, specify: __________________________________________________________
23. 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
   ☐ Chronic lung disease ☐ Other Specify: ……………………………………..
24. Had the child been vaccinated against influenza? Yes ☐ No ☐ DK ☑
25. Has the child been vaccinated against pneumococcus? Yes ☐ No ☐ DK ☑
26. Prior to admission did the child have contact with a person with lab confirmed influenza? Yes ☐ No ☐ DK ☑
27. If yes, who was the contact person? (eg. Parent, sibling, friend) __________________________________________
28. Was the contact person a ☐ Child ☐ Adult 29. Age of contact person? …………………… DK ☑
30. 10 days before onset of symptoms, had the child travelled outside of Australia? Yes ☐ No ☐ DK ☑
31. If yes, where? ______________
32. 10 days before onset of symptoms, had the child travelled outside of Australia? Yes ☐ No ☐ DK ☑
33. Prior to admission did the child have contact with Pigs ☐ Birds/Poultry ☐ Other ☐ (specify) ☐
34. If died, autopsy performed? Yes ☐ No ☐ DK ☑
35. Were there any ongoing problems on discharge? Yes ☐ No ☐ DK ☑

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