

**Weekly Surveillance for Influenza in hospitalized children aged < 5 years**

During the week beginning 3<sup>rd</sup> September I have seen  (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)                            | • Polyneuritis   |
| • Requirement for Ventilation                            | • Shock (requiring >40 ml/kg fluid resuscitation)  |
| • Encephalitis / encephalopathy with or without seizures | • Acute renal failure  |
| • Myocarditis; Pericarditis; Cardiomyopathy              | • Reye's Syndrome  |
| • Guillain-Barré   | • Laboratory proven secondary bacterial infection; Bacteraemia; Septicaemia; Bacterial pneumonia |
| • Rhabdomyolysis   | • Death  |
| • Purpura fulminans                                      |  |
| • Disseminated coagulopathy                              |  |
| • Transverse myelitis                                    |  |
| • <b>Exclusion:</b> 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](mailto:APSU@chw.edu.au)**

**Please turn over for questionnaire .....**

**Influenza in children < 5 Years - September 2007**  
**Australian Paediatric Surveillance Unit**

Please ring the APSU 02 9845 3005 if you wish to discuss this questionnaire.

*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 1<sup>st</sup> 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  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  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
- 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  **If yes**, when?  /  /

25. Has the child been vaccinated against pneumococcus? Yes  No  DK  **If yes**, when?  /  /

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  **If yes**, where? .....

31. Has the child had close contact with  Pigs  Birds/Poultry **If yes**, what type? .....

**SECTION C: Outcome**

32. At the time of reporting, was the child  Still in ICU  Still hospitalized  Discharged Alive  Died

33. Date of Discharge or Death  /  /  34. If died, autopsy performed? Yes  No  DK

35. 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