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 cases of any children with severe complications of laboratory proven influenza and admitted to hospital as soon as possible by

FAX: 02 9845 3082
Phone: 02 9845 3005

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

The Department of Health and Ageing has once again engaged the APSU to conduct seasonal surveillance in 2010 for cases of severe complications of influenza in children aged < 15 years.

The surveillance is to commence 1st June and continue through to 30th September 2010.

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 in children hospitalised with severe complications of influenza:
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 (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 hospitalised but 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
Questionnaires may be downloaded from: www.apsu.org.au

Please turn over for questionnaire...
Severe Influenza in children < 15 Years (June to October 2010) 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: 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 ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ Other ______
17. Was further sub-typing done? Yes ☐ No ☐ DK ☐
18. If Yes, Which sub-type was present? (eg. H1N1, 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 ☐ Rhabdomyolysis ☐ Purpura fulminans ☐ Disseminated coagulopathy ☐ Transverse myelitis ☐ Polynuertis ☐ 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 ☐ Neither ☐ DK ☐ Date Commenced: ________/______/______
23. During the illness was the child treated with: ☐ Nurofen ☐ Other NSAIDS If yes, which? _________________

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 seasonal influenza since February 2010? Yes ☐ No ☐ DK ☐ If yes, when? ________/______/______
27. Was the child vaccinated for H1N1 2009 since December 2009? Yes ☐ No ☐ DK ☐ If yes, when? ________/______/______
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? _______ DK ☐
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.