



Australian Paediatric Surveillance Unit

Influenza Surveillance 1st June to 31st October 2010

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: //**PATIENT DETAILS:** 4. First 2 letters of first name: 5. First 2 letters of surname: 6. Date of Birth: //7. Sex: M F 8. Postcode of family: 9. Country of Birth: Australia Other specify _____ DK10. 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 Test16. Results: Influenza type? A B 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 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 Neither DK Date Commenced: //23. During the illness was the child treated with: 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 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 Died36. 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