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, Research Building Level 2,
The Children's Hospital at Westmead, Locked Bag 4001, Westmead NSW 2145

The Department of Health and Ageing has engaged the APSU to conduct seasonal surveillance in 2008 for cases of severe complications of influenza in children aged < 15 years.

The surveillance is to be conducted for 3 months only, July to September 2008.

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 of 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 management,
2. short-term outcome,
3. known risk factors to inform future immunisation policy.

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)
- Requirement for Ventilation
- Encephalitis / encephalopathy with or without seizures
- Myocarditis; Pericarditis; Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans
- Disseminated coagulopathy
- Transverse myelitis
- Polyneuritis
- Guillain-Barré
- 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
Questionnaires may be downloaded from: www.apsu.org.au

Please turn over for questionnaire...
Severe Influenza in children < 15 Years
July to September 2008
Australian Paediatric Surveillance Unit
Please ring the APSU 02 9845 3005 if you have any questions about 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 …………………………………
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 ☐
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?
☐ Fever ☐ 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 ☐ Polynerveitis ☐ Guillain-Barré syndrome
☐ Shock (requiring >40 ml/kg fluid resuscitation) ☐ Disseminated coagulopathy
☐ Adult Respiratory distress syndrome ☐ Reye’s Syndrome
☐ Laboratory proven secondary bacterial infection ☐ Bacteraemia ☐ Sepsis ☐ 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: