Australian Paediatric Surveillance Unit

Influenza Surveillance 1st July to 30th September 2014

The Department of Health has requested for APSU to conduct seasonal surveillance for severe complications of laboratory confirmed influenza in children aged < 15 years and admitted to hospital. This surveillance will inform future vaccination policy and improve our understanding of severe influenza disease in children.

Severe Complications of Influenza will be added to the routine monthly APSU report card. However, we ask that you report children that meet the case definition criteria as soon as possible by e-mail, fax or phone and return the case report form on the reverse of this page or complete an on-line version of the case report form.

Aim: To document the clinical features, medical and vaccination history, and outcome of children admitted to hospital with severe complications of influenza

Case Definition:
Any child aged < 15 years with laboratory confirmed influenza AND admitted to hospital AND who have at least one of the following complications:

- Pneumonia (Confirmed on X-ray or microbiology)
- Oxygen requirement
- Mechanical ventilation
- Laboratory proven secondary bacterial co-infection; Bacteraemia; Septicaemia;
- Encephalitis / encephalopathy
- Seizures (including simple febrile seizure, prolonged or focal seizure or status epilepticus)
- Transverse myelitis
- Polyneuritis/ mononeuritis
- Guillain-Barré syndrome
- Reye Syndrome
- Myocarditis; Pericarditis; Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans
- Disseminated coagulopathy
- Shock (requiring >40 ml/kg fluid resuscitation)
- Acute renal failure
- Death, including death at presentation to hospital

Please do not report children hospitalized for influenza who do not have severe complications

If you have seen a case of severe hospitalized influenza please report the child to the APSU as soon as possible by phone 02 98453005; email apsu@chw.edu.au or fax: 02 98453082

Please use this secure web link to an on-line case report form https://surveys.sydney.edu.au/surveys/?s=sw89Y6Qxng
OR please complete the case report form overleaf and fax back to APSU 02 98453082

Additional case report forms may be downloaded from: www.apsu.org.au

If you need assistance with this surveillance study please contact the APSU

Please turn over for the case report form...
Severe Influenza in children < 15 Years (July to September 2014)
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 ☐  13(a). 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 ☐  17. Was further sub-typing done? Yes ☐  No ☐  DK ☐

18. If Yes, Which sub-type was present? (eg. H1N1-09, H3N2, Shanghai-like, Malaysia-like)

19. Which of the following symptoms were apparent on presentation to hospital?
☐ Fever  ☐ Cough  ☐ Dyspnoea  ☐ Sore throat  ☐ Vomiting  ☐ Diarrhoea  ☐ Headache  ☐ Malaise/lethargy  ☐ Myalgia  ☐ Confusion/disorientation  ☐ Seizure/unconsciousness  ☐ Rash  ☐ Other (specify) ☐

20. Please tick all complications present during the hospital stay
☐ Pneumonia (X-ray confirmed)  ☐ Oxygen therapy needed?  ☐ Mechanical Ventilation? Yes, for how long? ______ Days
☐ Encephalitis / encephalopathy
☐ Seizure: (specify type):
☐ Myocarditis  ☐ Pericarditis  ☐ Cardiomyopathy  ☐ Rhabdomyolysis
☐ Purpura fulminans  ☐ Disseminated coagulopathy  ☐ Transverse myelitis  ☐ Polyneuritis  ☐ Mononeuritis
☐ 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: (a). Tamiflu  Relenza  ☐ Neither  DK Date Commenced: ______/______/______
(b). ☐ Antibiotics  If yes, which ones? ____________________  (c). ☐ Nurofen  ☐ Other NSAIDS  ☐ Aspirin

SECTION B: Underlying medical conditions and history

23. Is the child immunocompromised (eg. HIV+ve, primary immunodeficiency, treated for malignancy)? Yes ☐  No ☐  DK ☐

If Yes, specify ____________________

24. 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) ____________________

25. Did the child receive the Flu vaccine in the last 12 months? Yes ☐  No ☐  DK ☐  If yes, when? ______/______/______

26. If yes which vaccine? ______/______/______

27. Has the child been vaccinated against pneumococcus? Yes ☐  No ☐  DK ☐  If yes, when? ______/______/______

28. Prior to admission did the child have contact with a person with lab confirmed influenza? Yes ☐  No ☐  DK ☐

29. If yes, who was the contact person? (eg. Parent, sibling, friend) ____________________

30. Was the contact person a: ☐ Child  ☐ Adult  31. Age of contact person? ______/______/______

32. Did the child travel overseas in the 10 days before onset of symptoms? Yes ☐  No ☐  DK ☐  If yes, where? ______/______/______

33. Has the child had close contact with farm animals in the past 10 days? Yes ☐  No ☐  DK ☐  If yes, what type? ______/______/______

SECTION C: Outcome

34. At the time of reporting, was the child ☐ In ICU  ☐ Hospitalised  ☐ Discharged Alive  ☐ Died

35. Date of Discharge or Death ______/______/______

36. If died, autopsy performed? Yes ☐  No ☐  DK ☐

37. Were there any ongoing problems on discharge? Yes ☐  No ☐  DK ☐  If yes, specify ____________________

Please return this case report form ASAP via FAX: 02 9845 3082

Version No.9 23-6-2013