



# Australian Paediatric Surveillance Unit

## Influenza Surveillance May to September 2009

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**

In view of the recent outbreak of H1N1 swine influenza, the Department of Health and Ageing has engaged the APSU to conduct seasonal surveillance in 2009 for cases of severe complications of influenza in children aged < 15 years.

The surveillance is to commence as soon as possible and continue to September 2009.

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)
  - 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, including death at presentation to hospital
- **Exclusion:** Simple febrile seizures

Please do not report children hospitalized 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](mailto:APSU@chw.edu.au)  
Questionnaires may be downloaded from: [www.apsu.org.au](http://www.apsu.org.au)**

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

# Severe Influenza in children < 15 Years (May to September 2009)

## 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. 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 \_\_\_\_\_  DK

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 1<sup>st</sup> 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

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, 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. 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: \_\_\_\_\_

21. Any other complications? Yes  No  DK  If Yes, specify: \_\_\_\_\_

22. Was the child treated with Tamiflu  Relenza  Neither  DK

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

Chronic lung disease  Other Specify \_\_\_\_\_

26. Had the child been vaccinated against influenza? Yes  No  DK  If yes, when? //

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? \_\_\_\_\_ DK

32. 10 days before onset of symptoms, had the child travelled outside of Australia? Yes  No  DK  If yes, where? \_\_\_\_\_

33. Has the child had close contact with  Pigs  Birds/Poultry If yes, what type? \_\_\_\_\_

### SECTION C: Outcome

34. At the time of reporting, was the child  Still in ICU  Still hospitalized  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 questionnaire ASAP via FAX: 02 9845 3082  
or mail to APSU, The Children's Hospital at Westmead, Locked Bag 4001, Westmead, 2145, NSW