



# APSU Update

Australian Paediatric Surveillance Unit, A Unit of the Royal Australasian College of Physicians, Division of Paediatrics and Child Health, The Children's Hospital at Westmead

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## May 2010

### Surveillance Studies

#### Intussusception

Thank you to everyone who reported cases for this study. Surveillance will conclude with the May 2010 APSU report card. Please report any outstanding cases as soon as possible to the APSU or to Professor Julie Bines, Dept of Gastroenterology, Royal Children's Hospital, Flemington Road, Parkville, VIC 3052. Ph: 03 9345 4107, Fax: 03 9345 6449.

#### Influenza Surveillance June to September 2010

APSU will again conduct surveillance for the severe complications of influenza. An updated protocol and questionnaire will be posted on the APSU website from the 1<sup>st</sup> of June [www.apsu.org.au](http://www.apsu.org.au). Please report all cases as they are seen and fax completed questionnaires to the APSU on 02 9845 3082.

#### Monitoring perinatal exposure to HIV

Perinatal transmission of HIV although relatively rare is the main cause of HIV infection in Australian children. Cases reported via the APSU are invaluable to determine the use of interventions to prevent transmission eg. antiviral therapy in pregnancy or intrapartum, caesarean delivery and avoidance of breastfeeding. APSU also provides an estimate of the number of women who give birth not knowing that they are HIV positive – important to inform HIV in pregnancy testing policy. Please report all cases of perinatal exposure to HIV. When you notify us of a case, we will immediately send you a questionnaire asking for de-identified demographic and clinical information. Please remember that the questionnaires are also available for download from our website [www.apsu.org.au](http://www.apsu.org.au) or from the National Centre for HIV Evaluation and Clinical Research (NCHECR) <http://www.nchechr.unsw.edu.au/Surveillance> and may be returned to the APSU by fax (02 98453082), post or encrypted e-mail. Please note that the NCHECR have a new address: Level 2, 376 Victoria Street, Darlinghurst, 2010.

#### Acute flaccid paralysis

Please continue to report AFP cases to the APSU to ensure national case ascertainment and to maintain polio-free status for Australia. It is important that all cases of AFP are reported and clinical data and stool samples provided for exclusion of poliovirus infection.

The hospital-based surveillance system Paediatric Active Enhanced Disease Surveillance (PAEDS) currently operates in ONLY four children's hospitals in Australia: Children's Hospital at Westmead, Royal Children's Hospital Melbourne, Women's and Children's Hospital Adelaide and Princess Margaret Hospital, Perth. In 2009, 50 cases were identified via PAEDS and APSU combined, and the highest incidence rate ever reported in Australia in: 1.2/100,000 children <15 years per annum, exceeding the WHO surveillance target of 1/100,000.

PAEDS has been an important initiative of the APSU and the National Centre for Immunization Research and Surveillance (NCIRS), however, please continue to report cases to the APSU, especially if you practice outside of the 4 PAEDS hospitals mentioned above.

### Continuing Professional Development (CPD) Credits

If you participate in APSU surveillance, you are eligible for CPD credits. See [www.apsu.org.au](http://www.apsu.org.au) for more information. Submit your credits through the MyCPD framework on-line <http://www.racp.edu.au/members/ce/mopsform.cfm> or complete a machine readable card: to obtain a card, email [mops@racp.edu.au](mailto:mops@racp.edu.au) or phone 02 8247 6239.

### APSU bi-annual report

The APSU bi-annual report (2007-2008) will be in print shortly and a copy will be available on the APSU website by end of June.

### Highlights

#### World Congress of Internal Medicine (WCIM) 2010 in conjunction with Physicians Week - 20-25<sup>th</sup> March 2010, Melbourne

The theme this year for the APSU session was influenza H1N1-09 pandemic in children. The session highlighted the severe complications of influenza including deaths among children aged <15 years. With the declaration of the H1N1-09 pandemic, APSU once again conducted prospective national surveillance for influenza. In addition to describing the impacts of H1N1-09 there was a unique opportunity for comparison data collected in 2008. In addition, an NHMRC H1N1 grant enabled hospital based surveillance through the Paediatric Active Enhanced Diseases Surveillance (PAEDS) - data on all child hospitalizations in 4 paediatric hospitals in four states were collected.

The APSU session summarised results from surveillance studies and provided a population health perspective and valuable information on the use of anti-influenza antiviral agents and vaccination. We are very grateful to Dr Jim Buttery for chairing the session which included the following presentations:

- H1N1-09 Pandemic in Australia: an overview *Prof. Dominic Dwyer*
- H1N1-09 Pandemic: How did our children fare? *Dr. Yvonne Zurynski* on behalf of the PAEDS team
- Treatments and vaccines: Trials and tribulations. *Prof. Robert Booy*

For presentations please see: <http://www.wcim2010.com.au>.

#### Other presentations from the APSU at the Congress:

- How do women want to be informed about alcohol use in pregnancy? Poster Presented by *Dr. Elizabeth Peardon*
- Supporting families and clinicians to manage rare childhood diseases: A view from Europe. Poster Presented by *Dr Yvonne Zurynski*.
- Influenza H1N1 2009 pandemic: severe complications and deaths in children <15 years. Presented by *Dr Yvonne Zurynski*

### Recent Publications

He S, Zurynski Y, Elliott E. What do paediatricians think of the Australian Paediatric Surveillance Unit? *Journal of Paediatrics and Child Health*. doi:10.1111/j/1440-1754.2010.01755x (In press).