



Australian Paediatric Surveillance Unit

Influenza Surveillance 1st July to 30th September 2012

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 children with severe complications of laboratory proven influenza and admitted to hospital as soon as possible by completing the questionnaire overleaf

and

FAX to: 02 9845 3082

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**

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 severe complications in children admitted to hospital with influenza, including:

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 have 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
- **Exclusions:** Simple febrile seizures
- 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

Please do not report children hospitalized for influenza 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

Additional Questionnaires may be downloaded from:
www.apsu.org.au

Please turn over for questionnaire...

Severe Influenza in children < 15 Years (July to September 2012)**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. H1N1-09, 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 influenza in the last 12 months? Yes No DK If yes, when? //27. If yes which vaccine was given? _____ DK 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