# Australian Paediatric Surveillance Unit

**Severe Complications of Influenza in Children <16 Years and admitted to hospital**

**(1st May 2024 to 30th September 2024)**

Additional case report forms can be downloaded from 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 DETAILS:**

**1.** Dr Name: Ph: Email:

**2.** Hospital: APSU code *(if known):*

**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<br>☐ Other *(specify):* _____<br>☐ DK |
| **10**. Ethnicity: | ☐ Aboriginal<br>☐ Torres Strait Islander<br>☐ Both Aboriginal and Torres Strait Islander | ☐ Caucasian<br>☐ Asian<br>☐ Pacific Islander<br>☐ Middle Eastern | ☐ African<br>☐ Other *(specify)* _____<br>☐ DK |

**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

***If yes,*** specify date of admission to ICU: ___ ___/___ ___/___ ___

Duration of ICU admission: _____ days

**14.** How was influenza confirmed? ☐ Nose swab ☐ Nasopharyngeal aspirate ☐ Other *(specify)*: _____

**15.** Which lab tests were +ve for influenza? ☐ PCR ☐ IF ☐ Serology ☐ Rapid Antigen Test

**16.** Results: Influenza type? ☐ A ☐ B ☐ Unknown

**17.** Was further sub-typing done? ☐ Yes ☐ No ☐ DK

***If Yes,*** which sub-type was present?
*(e.g. H1N1, H3N2, H5N1)*

_____ _____

**18. Which of the following symptoms were apparent <u>on presentation to hospital</u>?**

- ☐ Fever
- ☐ Cough
- ☐ Dyspnoea
- ☐ Sore throat
- ☐ Vomiting
- ☐ Diarrhoea
- ☐ Headache
- ☐ Malaise / lethargy
- ☐ Myalgia
- ☐ Confusion / disorientation
- ☐ Seizure / unconsciousness
- ☐ Rash
- ☐ Other (specify): _____

**19. Please tick all <u>complications present during the hospital stay</u>**

- ☐ Pneumonia (radiologically confirmed)
- ☐ Acute Respiratory Distress Syndrome (ARDS)
- ☐ Encephalitis / encephalopathy /meningoencephalitis
- ☐ Cerebrovascular accident
- ☐ Seizure (specify type): _____
- ☐ Myocarditis ☐ Pericarditis ☐ Cardiomyopathy ☐ Cardiac failure
- ☐ Rhabdomyolysis
- ☐ Purpura fulminans ☐ Disseminated intravascular coagulopathy
- ☐ Hepatitis ☐ Pancreatitis ☐ Liver failure
- ☐ Transverse myelitis ☐ Polyneuritis ☐ Mononeuritis
- ☐ Guillain-Barré syndrome ☐ Acute disseminated encephalomyelitis
- ☐ Shock (requiring fluid resuscitation)
- ☐ Acute kidney injury Stage ☐ 1 ☐ 2 ☐ 3 *(refer to study info sheet)*
- ☐ Reye Syndrome
- ☐ Other (specify): _____
- ☐ Laboratory proven **bacterial co-infection**; specify organism and site of infection:
  _____
- ☐ Laboratory proven **viral co-infection**; specify organism and site of infection:
  _____
- ☐ Laboratory proven **COVID-19** Co-infection

**20.** Was respiratory support required? ☐ Yes ☐ No ☐ DK

***If yes,*** please indicate**:**
☐ Oxygen therapy only
☐ Non-invasive ventilation (e.g., CPAP)
☐ Invasive ventilation
☐ Extracorporeal Membrane Oxygenation (ECMO)

Duration? (days): _____ days

**21a)** Was the child treated with:
☐ Oseltamivir (Tamiflu) Date commenced: __ __ /__ __ /__ __
☐ Zanamivir (Relenza) Date commenced: __ __ /__ __ /__ __
☐ Neither
☐ Other (please specify): _____ Date commenced: __ __ /__ __ /__ __
☐ DK

**b)** ☐ Antibiotics ***If Yes,*** which ones? _____

**c)** ☐ Aspirin ☐ IV Fluids

**SECTION B: Underlying medical conditions and history**

**22.** Is the child immunocompromised (e.g. 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
☐ Other chronic lung disease, specify: _____
☐ Prematurity
☐ Cerebral Palsy
☐ Other *(please specify):* _____

**24.** Did the child receive the Flu vaccine in the last 12 months? ☐ Yes ☐ No ☐ DK

***If yes***, when? __ __ /__ __ /__ __ ☐ DK

***If yes,*** which vaccine? _____ ☐ DK

**25.** Has the child been vaccinated against pneumococcus? ☐ Yes ☐ No ☐ DK

***If yes***, when? __ __ /__ __ /__ __ ☐ DK

**26.** Prior to admission did the child have contact with a person with laboratory confirmed influenza? ☐ Yes ☐ No ☐ DK

***If yes*****,** what was the relationship to the child? (e.g. parent, sibling, friend): _____ ☐ DK

***If yes,*** was the contact person a: ☐ Child ☐ Adult Age of contact *if known*: _____ ☐ DK

**27.** Did the child travel overseas **i**n the 7 days before onset of symptoms? ☐ Yes ☐ No ☐ DK

***If yes*****,** where? _____ ☐ DK

**28.** Has the child visited a farm/business in the past 7 days? ☐ Yes ☐ No ☐ DK

***If yes*****,** was it: ☐ Commercial live poultry ☐ Pig handling ☐ DK

**SECTION C: COVID-19**

**29.** Has the child had **<u>PREVIOUS</u>** infection with COVID-19? ☐ Yes ☐ No ☐ DK

***If yes***, when: _____ (month) _____ (year)

***If yes,*** were they admitted to hospital? ☐ Yes ☐ No ☐ DK

| | |
|---|---|
| ***If yes,*** did they require respiratory support? | ☐ Yes ☐ No ☐ DK |
| Please list any other complications of COVID-19 infection: | _____ ☐ DK |
| **30.** How many doses of COVID-19 vaccine has the child received? | ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ DK |

**SECTION D: Outcome**

| | |
|---|---|
| **31**. At the time of reporting, was the child: | ☐ In ICU ☐ Hospitalised ☐ Discharged Alive ☐ Died ☐ DK |
| **32**. Date of Discharge: | ___ ___/___ ___/___ ___ |
| **33**. Were there any ongoing problems on discharge? | ☐ Yes ☐ No ☐ DK |
| ***If yes,*** specify: | _____ |
| **34.** If died, date of death: | ___ ___/___ ___/___ ___ |
| Was a cause of death determined? | ☐ Yes ☐ No ☐ DK |
| ***If yes,*** specify: | _____ |

**If the child is still in ICU or hospital at the time of this report we will contact you in one month to see if the child has been discharged well or with problems or has died.**

**Please return this case report form ASAP by email to SCHN-APSU@health.nsw.gov.au or via FAX: (02) 9845 3082**

**Thank you for your help with this research project.**

**Please return this case report form to the APSU via email to SCHN-APSU@health.nsw.gov.au**
**or by mail to: Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145**

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Faculty of Medicine and Health, The University of Sydney.
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All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC).
This study has been approved by the Sydney Children's Hospitals Network (SCHN) HREC (approval number: 2020/ETH03310).

If you have any concerns or complaints about any aspect of the project or the way it is being conducted, you may contact the Executive Officer of the SCHN HREC on (02) 7825 1253 or SCHN-Ethics@health.nsw.gov.au.