

Australian Paediatric Surveillance Unit

Severe Complications of Influenza in Children < 15 Years and admitted to hospital

(1st May 2023 to 30th September 2023)

Please ring the APSU on (02) 9845 3005 if you require assistance with this questionnaire.

Additional questionnaires 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 Other (specify): _____ DK
10. Ethnicity: Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander
 Caucasian Asian Pacific Islander Middle Eastern
 African Other (specify) _____ 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 13(a). If yes, specify date of admission to ICU: ___/___/___
13(b). 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 17. Was further sub-typing done? Yes No DK
18. If Yes, Which sub-type was present? (e.g. 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 (radiologically confirmed)
- Acute Respiratory Distress Syndrome (ARDS)
- Encephalitis / encephalopathy
- Seizure (specify type): _____
- Myocarditis Pericarditis Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans Disseminated intravascular coagulopathy
- Transverse myelitis Polyneuritis Mononeuritis
- Guillain-Barré syndrome
- Shock (requiring > 40 ml/kg fluid resuscitation)
- Acute renal failure Reye's 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**

21. Was respiratory support required? Yes No DK

21(a). If yes, please indicate: Oxygen therapy only Non-invasive ventilation (e.g. CPAP)
 Invasive ventilation Extracorporeal Membrane Oxygenation (ECMO) Duration? _____ days

22. Was the child treated with:

22(a). Oseltamivir (Tamiflu) Zanamivir (Relenza) Neither Other (please specify): _____ DK

Date commenced: ___/___/___

22(b). Antibiotics *If Yes, which ones?* _____

22(c). Ibuprofen (e.g. Nurofen) Other NSAIDS Aspirin

SECTION B: Underlying medical conditions and history

23. Is the child immunocompromised (e.g. 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

24(a). *If yes, which one(s)?* Cystic fibrosis Congenital heart disease Neuromuscular disorder Asthma

Other chronic lung disease, specify: _____ Prematurity Cerebral Palsy

Other (please specify): _____

26. Did the child receive the Flu vaccine in the last 12 months? Yes No DK *If yes, when?* _____ DK

26(a). *If yes, which vaccine?* _____ DK

27. Has the child been vaccinated against pneumococcus? Yes No DK *If yes, when?* _____ DK

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

28(a). *If yes, what was the relationship to the child? (e.g. Parent, sibling, friend):* _____

28(b). *If yes, was the contact person a:* Child Adult *Age of contact if known:* _____

29. Did the child travel overseas in the 10 days before onset of symptoms? Yes No DK *If yes, where?* _____

30. Has the child had close contact with farm animals in the past 10 days? Yes No DK *If yes, what type?* _____

SECTION C: COVID-19

31. Has the child had **PREVIOUS** infection with COVID-19? Yes No DK

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

31(b) *If yes, were they admitted to hospital?* Yes No DK

31(c) *If yes, did they require respiratory support?* Yes No DK

31(d) Please list any other complications of COVID-19 infection: _____

32. How many doses of COVID-19 vaccine has the child received? 0 1 2 3 DK

SECTION D: Outcome

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

35. Date of Discharge: ___/___/___

36. Were there any ongoing problems on discharge? Yes No DK *If yes, specify:* _____

37. 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 questionnaire 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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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines