



## Australian Paediatric Surveillance Unit

### Influenza Surveillance 1<sup>st</sup> June to 30<sup>th</sup> September 2011

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](mailto:APSU@chw.edu.au)

**Additional 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 (June to September 2011)****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](http://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 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  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 seasonal influenza since February 2010? Yes  No  DK  **If yes**, when? //27. Was the child vaccinated for H1N1 2009 since December 2009? Yes  No  DK  **If yes**, when? //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