



Australian Paediatric Surveillance Unit

Influenza Surveillance 1st July to 30th September 2013

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 with any of the following complications:

- Pneumonia (Confirmed on X-ray or microbiology)
- Oxygen requirement
- Mechanical ventilation
- Encephalitis / encephalopathy
- Seizures (including simple febrile seizure, prolonged or focal seizure or status epilepticus)
- Myocarditis; Pericarditis; Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans
- Disseminated coagulopathy
- Transverse myelitis
- Polyneuritis/ mononeuritis
- Guillain-Barré syndrome
- Shock (requiring >40 ml/kg fluid resuscitation)
- Acute renal failure
- Reye Syndrome
- Laboratory proven secondary bacterial infection; Bacteraemia; Septicaemia; cellulitis
- Death, including death at presentation to hospital

CHANGE to the protocol for 2013: We are no longer excluding simple febrile seizures. Please include children with confirmed influenza and admitted to hospital who had a febrile seizure.

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 2013)**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 13(a). 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) Oxygen needed?
- Mechanical Ventilation? If yes, for how long? _____ Days
- Encephalitis / encephalopathy
- Seizure: (specify type): _____
- Myocarditis Pericarditis Cardiomyopathy
- Rhabdomyolysis
- Purpura fulminans Disseminated coagulopathy
- Transverse myelitis Polyneuritis mononeuritis
- 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: (a). Tamiflu Relenza Neither DK Date Commenced: //(b). Antibiotics? If yes, which ones? _____ (c). Nurofen Other NSAIDs? Aspirin?**SECTION B: Underlying medical conditions and history**23. Is the child immunocompromised (eg. 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 If yes, which one(s)? Cystic fibrosis Congenital heart disease Neuromuscular disorder Asthma Other chronic lung disease Other (Specify) _____25. Did the child receive the Flu vaccine in the last 12 months? Yes No DK If yes, when? _____ DK 26. 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 lab confirmed influenza? Yes No DK

29. If yes, who was the contact person? (eg. Parent, sibling, friend) _____

30. Was the contact person a: Child Adult 31. Age of contact person? _____ DK 32. Did the child travel overseas in the 10 days before onset of symptoms? Yes No DK If yes, where? _____33. Has the child had close contact with farm animals? Yes No DK If yes, what type? _____**SECTION C: Outcome**34. At the time of reporting, was the child In ICU Hospitalised Discharged Alive Died35. Date of Discharge or Death // 36. If died, autopsy performed? Yes No DK 37. Were there any ongoing problems on discharge? Yes No DK If yes, specify: _____

Please return this questionnaire ASAP via FAX: 02 9845 3082