



Australian Paediatric Surveillance Unit

Influenza Surveillance July to September 2008

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 cases of any children with severe complications of laboratory proven influenza and admitted to hospital as soon as possible by

FAX: 02 9845 3082

Phone: 02 9845 3005

or by mail to:

**Australian Paediatric Surveillance Unit, Research Building Level 2,
The Children's Hospital at Westmead, Locked Bag 4001, Westmead NSW 2145**

The Department of Health and Ageing has engaged the APSU to conduct seasonal surveillance in 2008 for cases of severe complications of influenza in children aged < 15 years.

The surveillance is to be conducted for 3 months only, July to September 2008.

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 in children hospitalised with severe complications of influenza:

1. presentation, diagnosis and management,
2. short-term outcome,
3. known risk factors to inform future immunisation policy.

Case Definition:

Any child aged < 15 years with laboratory confirmed influenza AND admitted to hospital AND with any of the following complications:

- Pneumonia (X-ray confirmed)
 - Requirement for Ventilation
 - Encephalitis / encephalopathy with or without seizures
 - Myocarditis; Pericarditis; Cardiomyopathy
 - Rhabdomyolysis
 - Purpura fulminans
 - Disseminated coagulopathy
 - Transverse myelitis
 - Polyneuritis
 - Guillain-Barré
 - Shock (requiring >40 ml/kg fluid resuscitation)
 - Acute renal failure
 - Reye's Syndrome
 - Laboratory proven secondary bacterial infection; Bacteraemia; Septicaemia; Bacterial pneumonia
 - Death
- **Exclusion:** Simple febrile seizures

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

Please turn over for questionnaire...

Severe Influenza in children < 15 Years July to September 2008

Australian Paediatric Surveillance Unit

Please ring the APSU 02 9845 3005 if you have any questions about this questionnaire.

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. APSU Dr Code / Name: /

2. Date questionnaire completed: / /

PATIENT DETAILS:

3. First 2 letters of first name:

4. First 2 letters of surname:

5. Date of Birth: / /

6. Sex: M F

7. Postcode of family:

8. Country of Birth Australia Other specify DK

9. Ethnicity: ATSI Caucasian Asian Pacific Islander Middle Eastern African Other (specify)

SECTION A: Diagnosis, Presentation and Treatment

10. Date of onset of symptoms: / /

11. Date of 1st admission to hospital: / /

12. Admitted to ICU? Yes No DK

12a. If yes, specify date of admission to ICU: / /

13. How was influenza confirmed? Nose swab Nasopharyngeal aspirate Other (specify):

14. Which lab tests were +ve for influenza? Culture PCR IF Serology

15. Results: Influenza type? A B

16. Was further sub-typing done? Yes No DK

17. If Yes, Which sub-type was present? (eg. H1N1, H3N2, Shanghai-like, Malaysia-like)

18. 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).....

19. Which of the following complications were present during hospital admission? (tick as many as apply)

- Pneumonia (X-ray)
 - 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 secondary bacterial infection
 - Bacteraemia Septicaemia Bacterial pneumonia
- What was the site of infection, and organism:

20. Any other complications? Yes No DK **If Yes**, specify:

21. Was the child treated with Tamiflu Relenza Neither DK

SECTION B: Underlying medical conditions and history

22. Is the child immunocompromised (eg. 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

Chronic lung disease Other Specify

24. Had the child been vaccinated against influenza? Yes No DK **If yes**, when? / /

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

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

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

28. Was the contact person a Child Adult

29. Age of contact person? DK

30. 10 days before onset of symptoms, had the child travelled outside of Australia? Yes No DK **If yes**, where?

31. Has the child had close contact with Pigs Birds/Poultry **If yes**, what type?

SECTION C: Outcome

32. At the time of reporting, was the child Still in ICU Still hospitalized Discharged Alive Died

33. Date of Discharge or Death / /

34. If died, autopsy performed? Yes No DK

35. 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