



Research Meeting on

The challenges and opportunities of severe acute respiratory infection surveillance platforms

Abstract:

Severe acute respiratory infection (SARI) is defined by the World Health Organization as an acute respiratory infection with history of fever or measured fever of $\geq 38\text{ }^{\circ}\text{C}$ and cough, with onset within the last 10 days and requiring hospitalisation. This relatively simple case definition enables consistent application over time and in different hospitals and countries.

Establishing SARI surveillance in a hospital requires dedicated resources so that all potentially eligible patients are identified and invited to participate by someone knowledgeable about the surveillance project. Experienced clinical nurses who have worked in the hospital where surveillance is to occur are the ideal professional group to fill this role. The SARI surveillance research nurse role provides new professional opportunities for such nurses in a role that is also attractive as it does not involve nightshifts. The SARI surveillance platform provides opportunities for doctors and nurses to participate in clinical research and use the data collected to complete further postgraduate qualifications. The collection of SARI surveillance data in a consistent manner over several years becomes a very valuable resource for informing clinical practice and health policy. As an example, the SARI surveillance project in New Zealand called SHIVERS (Southern Hemisphere Influenza Vaccine Effectiveness Research and Surveillance) has provided evidence that enabled:

- Government funding of influenza vaccine for children less than 5 years old.
- Description of respiratory syncytial virus disease burden in children and in chronically unwell adults.
- Demonstration of the impact of COVID-19 non-pharmaceutical interventions on influenza and other respiratory viral infections in New Zealand.
- Prediction of hospital bed utilisation.
- Increased understanding of the relationship between specific respiratory viruses and disease severity in patients with SARI.
- Preparedness for future pandemics.



Professor Cameron Grant, FRACP PhD. Head of Department - Paediatrics: Child & Youth Health and Professor in Paediatrics, The University of Auckland. Paediatrician, Starship Children's Health Park Road, Auckland, New Zealand.

Professor Cameron Grant participates in both undergraduate and postgraduate teaching including the supervision of research students. He received a University of Auckland Teaching Excellence Award for sustained excellence in teaching. He completed his undergraduate medical training at the University of Otago and his paediatric house officer and then registrar training in Auckland. He then undertook 3 years postgraduate training as a Senior Pediatric Resident, Duke University Medical Center in Durham, North Carolina and as a General Pediatric Academic Fellow, Johns Hopkins Hospital and Johns Hopkins University in Baltimore, Maryland. After completing his PhD at the University of Auckland in 2004, he returned to the United States as a Fulbright Senior Scholar in 2007. His research focuses on prevalent child health problems, respiratory infections in young children, and improving child health through immunisation or improved nutrition. He has research leadership roles in: Growing Up in New Zealand (www.growingup.co.nz) New Zealand's contemporary child cohort study; in SHIVERS (<https://www.esr.cri.nz/search/?q=shivers&sortBy=Relevance>), New Zealand's severe acute respiratory infection surveillance system; and in CIRCAN (<https://circan.org/>), the Children's Inpatient Research Collaboration of Australia and New Zealand.



17 October 2024



1:00 – 2:00 P.M.



Seminar Room, 6/F, Lui Che
Woo Clinical Sciences
Building, Prince of Wales
Hospital, Shatin.



Zoom Meeting

<https://cuhk.zoom.us/j/98931022297?pwd=7wKLDqXnFvYwIcDk5FuBnqZtaMsGsm.1>

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