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## **Australian Paediatric Surveillance Unit (APSU)**

### **Annual Surveillance Report 2022**

Erratum to Commun Dis Intell (2018) 2023;47.

(<https://doi.org/10.33321/cdi.2023.47.46>)

Suzy M Teutsch, Carlos A Nunez, Anne Morris, Guy D Eslick, and Elizabeth J Elliott, on behalf of Chief Investigators of APSU surveillance studies on communicable disease and complications of communicable disease

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## Erratum

# Australian Paediatric Surveillance Unit (APSU) Annual Surveillance Report 2022

Erratum to *Commun Dis Intell* (2018) 2023;47. (<https://doi.org/10.33321/cdi.2023.47.46>)

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The text within this report, as originally published, incorrectly stated that the two included cases of dengue had not recently travelled to a dengue-endemic country. A reexamination of the case data has shown that both cases had recently travelled to a country where dengue is endemic. The paragraph overleaf provides the corrected text for the dengue case descriptions, and replaces the paragraph at the foot of the right-hand column of text on page 10 of the published report.

In 2022, two cases of dengue were notified to the APSU, one confirmed and one probable (Table 1), and the incidence estimate for the surveillance period (1 February – 31 December 2022) is shown in Table 2. Neither child had a prior history of dengue; however, both had recently travelled to an endemic country. One had DENV2 serotype and the serotype was not recorded for the second child. Both children were hospitalised and symptoms included fever, rash, cough, severe abdominal pain, diarrhoea, fatigue, retro-orbital pain and myalgia/arthralgia joint pains. One child had respiratory co-infection with human metapneumovirus. Both children received supportive therapies (intravenous fluids, pain relief) and one child received ceftriaxone. On discharge, one child had ongoing problems including arthralgia, fatigue, thrombocytopaenia and hepatitis.