NSHPC confidential paediatric notification

MREC approval ref: MREC/04/2/009 *form date 10/18* www.ucl.ac.uk/nshpc

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PART 1: CHILD INFORMATION

Date of birth: ____/____/____ | ☐ **Male** or ☐ **Female** | **Initials:** …… | **Soundex:** ……

Hospital no. ……..
NHS/CHI no. ……..

Ethnic origin:
☐ White ☐ Black other
☐ Black African ☐ Asian, Indian Subcontinent
☐ Black Caribbean ☐ Other Asian / Chinese
☐ Mixed or other, specify: ……

Home postcode (leave off last letter): ☐☐☐☐ ☐☐■
Home postcode at birth: ☐☐☐☐ ☐☐■

Place of birth:
☐ UK/Ireland – hospital of birth: ……..
☐ Abroad – country of birth: ……

How was this child identified as infected or at risk of infection?
☐ Mother known to be infected in pregnancy
☐ Mother diagnosed after the birth of this child
☐ Child symptomatic
☐ Other family member diagnosed
☐ Other, specify: ……

Siblings?
If you are aware of any *siblings* reported to us, please give dates of birth or other ref. below:
……
……
……

PART 2: DETAILS OF EXPOSURE TO INFECTION (MATERNAL OR OTHER)

Exposed to maternal infection? ☐ No* ☐ Yes (if yes, complete all of part 2) ☐ Not known
*If no, other exposure risk for child? ☐ No ☐ Yes, specify: ……..

Mother's date of birth: ____/____/____

Mother's country of birth: ……
If not UK/Ireland, date arrived: ____/____/____

Mother's no. of previous livebirths: …….. **stillbirths:** …….. **miscarriages/terminations:** ……..

Mother diagnosed *when*:
☐ Before this pregnancy
☐ During this pregnancy
☐ At delivery
☐ After the birth of this child

Mother's likely source of infection:
☐ Heterosexual, specify partner's likely risk factor if known: ……
☐ Vertical transmission, specify place and age at diagnosis: ……
☐ Injecting drug use
☐ Other, specify: ……

Maternal infection probably acquired: ☐ In UK/Ireland ☐ Abroad, specify: …….. ☐ Not known

PART 3: DETAILS FOR CHILDREN BORN IN UK/IRELAND (for children born abroad, skip to part 4)

I. Perinatal details

Gest …… weeks **Birthweight** …….. kg
Birth head circumference ……. cm

Congenital abnormalities?
☐ No ☐ Yes, specify: ……

Mode of delivery:
☐ Vaginal
☐ Elective CS
☐ Emergency CS
☐ Not known

Concurrent maternal infection(s)?
☐ None
☐ HBV
☐ HCV
☐ Syphilis
☐ Other, specify: ……

Other confirmed infection(s) in infant?
☐ No ☐ Yes, specify: ……

Other problems? ☐ None ☐ Necrotising enterocolitis
☐ Other, specify: ……

Infant required ventilation?
☐ No ☐ Yes, details: ……

Was the infant breastfed? ☐ No ☐ Yes, specify duration: …….. ☐ Not known
If yes, this was: ☐ Before maternal diagnosis
☐ By diagnosed mother on fully suppressive therapy
☐ By diagnosed mother in other circumstances, specify: ……
……

II. Treatment details

Antiretrovirals given for mother and/or infant to reduce risk of vertical transmission? ☐ No ☐ Yes

-ART antenatally? ☐ None ☐ Yes, specify: …… ☐ Not known

-ART at delivery? ☐ None ☐ IV AZT ☐ Not known
☐ Other, specify:……..

-ART post-partum for infant?
☐ None ☐ Not known
☐ Oral AZT ☐ IV AZT Date started: ____/____/____ Duration ……wks
☐ Triple, specify: …… Date started: ____/____/____ Duration ……wks

III. Laboratory investigation results

Please indicate this child's current infection status: ☐ Infected ☐ Presumed uninfected* ☐ Indeterminate

*We regard a child as **a) presumed uninfected** on the basis of two negative PCR results over the age of 1 month (with one test at age ≥3 months, if not breast feeding. If breast feeding, need to have two negative PCR results 4 and 8 weeks after stopping) and **b) definitively uninfected** based on a negative antibody result over the age of 18 months.

Diagnostic test results:
Please provide results and sample dates of all diagnostic tests *including earliest (+ or -) PCR result for infected infants.*

	+ -	sample date	+ -	sample date	+ -	sample date
Antibody:	☐ ☐	____/____/____				
PCR (type below):	☐ ☐	____/____/____	☐ ☐	____/____/____	☐ ☐	____/____/____
PCR test type:	☐ DNA ☐ RNA ☐ N/K		☐ DNA ☐ RNA ☐ N/K		☐ DNA ☐ RNA ☐ N/K	

Viral load (if detectable): _____ copies/ml Date: ____/____/____ **If type 2 infection, tick here:** ☐

Any laboratory or clinical side effects of ART in exposed infant (eg anaemia, neutropenia, adrenal dysfunction, lactic acidosis)? ☐ No ☐ Yes, specify: ……

PART 4: DETAILS FOR INFECTED CHILDREN BORN ABROAD

I. Diagnosis and treatment details

Date of arrival in UK/Ireland: ____/____/____ **Date of first clinical presentation in UK/Ireland:** ____/____/____

Diagnosed *when*: ☐ Before arrival in UK/Ireland, year: …… & country: ……
☐ After arrival in UK/Ireland

If diagnosed abroad, any ARVs before arrival in UK/Ireland?
☐ No
☐ Yes, specify drugs and dates if known: ……
……
☐ Not known

II. Laboratory investigation results

Diagnostic test results:
Please provide results and sample dates of all diagnostic tests undertaken in UK/Ireland.

	+ -	sample date	+ -	sample date	+ -	sample date
Antibody:	☐ ☐	____/____/____	☐ ☐	____/____/____	☐ ☐	____/____/____
PCR (type below):	☐ ☐	____/____/____	☐ ☐	____/____/____	☐ ☐	____/____/____
PCR test type:	☐ DNA ☐ RNA ☐ N/K		☐ DNA ☐ RNA ☐ N/K		☐ DNA ☐ RNA ☐ N/K	

Viral load (if detectable): _____ copies/ml Date: ____/____/____ **If type 2 infection, tick here:** ☐

PART 5: TREATMENT AND CLINICAL DETAILS FOR *ALL INFECTED CHILDREN*

Date of last examination: ____/____/____

Current antiretroviral treatment? ☐ No ☐ Yes ☐ Not known
If yes, specify drugs: ……

Any CDC stage C symptoms? ☐ No ☐ Yes, specify details and dates below:
1. …… Date (mm/yy): ____/____
2. …… Date (mm/yy): ____/____

PART 6: FOLLOW-UP STATUS *FOR ALL CHILDREN*

Date of last contact: ____/____/____ **Any other serious conditions diagnosed?** ☐ No ☐ Yes, specify: ……
……

Current status:
☐ Still in follow-up at this unit
☐ Discharged (uninfected)

If not seen:
☐ Follow-up elsewhere, details: ……
☐ Lost to follow-up, details……
☐ Known to have left UK/Ireland
☐ Dead, date of death: ____/____/____ & cause of death: ……

Form completed by: Name: _____ Date: ____/____/____

Position: _____ Telephone: _____ Email: _____

Thank you for your help. Please return this form to: CONFIDENTIAL, FAO H Peters, Surveillance Studies Group PPP Programme, UCL GOS Institute of Child Health, 30 Guilford St, London WC1N 1EH. Telephone the NSHPC on 020 7905 2815 or email nshpc@ucl.ac.uk if you have any queries. For emails containing identifiers, please contact: kate.francis3@nhs.net