

NSHPC follow-up to establish infection status

MREC approval ref: MREC/04/2/009

form date 10/18

www.ucl.ac.uk/nshpc

CSTU

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HOSP

PART 1: CHILD INFORMATION

Date of birth: ___/___/___ Sex: Initials: Soundex:

NHS/CHI no.

PART 2: INFECTION STATUS AND LABORATORY INVESTIGATIONS

Has an antibody test been carried out at ≥ 18 months?

No, details Yes, please provide below:

+ - sample date

Antibody (≥ 18 months): ___/___/___

If 18 month antibody not done please provide any PCR results (with dates) undertaken since ___/___/___.

+ - sample date

+ - sample date

+ - sample date

PCR (type below): ___/___/___ ___/___/___ ___/___/___

PCR test type: DNA RNA N/K DNA RNA N/K DNA RNA N/K

*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.

Part 3: Infant feeding

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:

PART 4: ART EXPOSURE SIDE EFFECTS

Any laboratory or clinical side effects of ART in exposed infant (e.g. anaemia, neutropenia, adrenal dysfunction, lactic acidosis)? Update if any additional side effects since

No Yes, specify:

PART 5: FOLLOW-UP STATUS

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:

Thank you for completing this form. If you have any further details, please write them on the back of this form.

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 Institute of Child Health, 30 Guilford St, London WC1N 1EH. Telephone the NSHPC on 020 7905 2815 or email kate.francis3@nhs.net if you have any queries.