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Genital herpes in children under eleven years of age

BRITISH PAEDIATRIC SURVEILLANCE UNIT

General Information

Hospital or centre:.....

Consultant Responsible for Reported Case:

Person completing Questionnaire:

Contact Telephone Number:

Patient details:

1.1. Patient NHS Number:

1.2. Date of Birth (dd/mm/yy): / /

1.3. Sex (please circle): Male / Female

1.4. Post-code (first part only):

Date child presented: / /

Date form completed: / /

Patient ethnicity (please tick):

WHITE: British
 Irish
 Other (describe below)

BLACK: African
 Caribbean
 Other (describe below)

MIXED: White and Black Caribbean
 White and Black African
 White and Asian
 Other (describe below)

ASIAN: Bangladeshi
 Indian
 Pakistani
 Other (describe below)

CHINESE: Chinese

OTHER: Other (describe below)

2.1. If "Other" chosen, please describe:

For further information or queries, please contact: Dr Richard Reading

*Please return completed form in the pre-paid envelope to: Dr Richard Reading
Jenny Lind department, Norfolk and Norwich University hospital, Colney Lane,
Norwich NR4 7UY, Tel 01603 287624, email Richard.reading@nuh.nhs.uk*

Presenting clinical details

1. Is this the first episode of genital herpes? Yes No, recurrence Not Known

If a recurrence, date of first recorded presentation to secondary care:.....

2. Are characteristic genital or perigenital lesions present: Yes No

If "no", what lesions are present:

3. Are there herpetic lesions elsewhere? Yes No Not known

If "yes" where:

Oral (primary infection with gingivo-stomatitis)	<input type="checkbox"/>
Orolabial (secondary infection i.e. "cold sore")	<input type="checkbox"/>
Ocular	<input type="checkbox"/>
CNS	<input type="checkbox"/>
Skin elsewhere	<input type="checkbox"/>

If skin elsewhere, where:.....

4. How was the diagnosis confirmed: Viral culture PCR Paired sera
Not known Not done Other

If "other" please describe:.....

5. HSV type: HSV1 HSV2 Not Known

6. History of orolabial herpes in child, family members, caregivers or close contacts

Child: Yes No Not known If "yes" how long since last episode

Others: Yes No Not known If "yes" give details below:

Relationship to child (eg mother) how long since last episode.....

Relationship to child how long since last episode.....

7. History of genital herpes in family members, caregivers or close contacts

Yes No Not known If "yes" give details below:

Relationship to child how long since last episode.....

Relationship to child how long since last episode.....

8. Were tests for the following sexually transmitted infections performed?

Gonococcus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>
Chlamydia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>
Trichomonas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>
Syphilis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>
Hepatitis C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>
HIV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>	If yes, positive <input type="checkbox"/> or negative <input type="checkbox"/>

Other infection – please specify:.....

Associated features

Was there any evidence of immunodeficiency

Yes Possibly No Not known If yes or possibly – describe below

Was the child taking any immunosuppressant drugs

Yes No Not known If yes – please list below

Has the child had any other unusual infections

Yes No Not known If yes – please describe below

Is the child still in nappies or other continence aids (eg pads)

Yes No Not known If yes – please describe below

If under school age, is the child attending day care, pre-school or nursery

Yes No Not known If yes – please describe below

Does the child have a disability which requires other people to provide personal care such as nappy changing or intimate cleaning

Yes No Not known If yes – please describe below

Comments and further information on any of the questions in this section.....

.....

.....

.....

Child protection details

1. On this occasion were any allegations of sexual abuse made by:

The child A parent Another person (who) No allegations

If so please give brief details:.....

.....

2. Were there any anal or genital symptoms which might indicate sexual abuse (see RCPCH Child Protection Companion pp 47- 48)

Yes No Don't know If yes please give brief details:.....

.....

3. Were there any possible behavioural indicators of sexual abuse (see RCPCH Child Protection Companion pp 47- 48)

Yes No Don't know If yes please give brief details:.....

.....

4. Were there any abnormal or equivocal genital findings (other than herpes vesicles)?

Yes No Don't know If yes please give brief details

.....

5. Were there any abnormal or equivocal anal findings?

Yes No Don't know If yes please give brief details

.....

6. Were there any physical signs elsewhere indicative of abuse (eg burns, bruises etc)

Yes No Don't know If yes please give brief details:.....

.....

7. Were there any other findings from the history, examination or investigations which might indicate sexual abuse?

Yes No Don't know If yes please give brief details:.....

.....

8. In the past has a formal child protection investigation been done on this family?

Yes (this child) Yes (other family members) No Don't know

If "yes" – did this result in registration (or equivalent elsewhere in UK) for any type of abuse

Yes No Don't know

Child protection outcomes

What child protection actions were taken? (tick as many as necessary)

- None
- Discussion with GP, HV or named or designated health professional
- Informal or anonymous discussion with social worker
- Formal referral to social services or police
- Social worker or police interview with child
- Interagency discussion (eg strategy meeting in England)
- Case conference held
- Civil court proceedings (Family court or childrens hearing) ..
- Criminal court proceedings
- Other action (please specify)

If case conference held, was child registered under category of sexual abuse Yes No
Under any other category (eg neglect) Yes No

If court proceedings held, was a finding made indicating sexual abuse had occurred
Yes No

Thank you

Thank you for completing this questionnaire. The investigations and further enquiries may be complete for this child, or there may be further tests, proceedings or more information may be expected. If you believe this to be the case would you please indicate in the relevant boxes below

Information likely to be complete

Further information likely to become available

If further information is likely, when would be a suitable time for us to contact you again

3 months

6 months

12 months

Please give a means of contact (tel, fax, email, or address) and we suggest you retain a record of the child's identity so you can trace the notes when we contact you again