

Neonatal Herpes Simplex Virus (HSV) BPSU surveillance – case notification form

Office use only

date received

date entered

BPSU ref: «BPSU_Ref»

Our ref:

Paediatrician: «Paed_name»

We will store this page separately from the rest of the form in order to separate clinical information from patient identifiers and demographic information.

Please ring, tick or supply details as appropriate

A. Infant's details

1. Birth date _____/_____/_____
2. Sex M F
3. Hospital reference _____
4. Singleton yes, or birth order if multiple
5. Hospital of birth _____ born at home
6. Partial home postcode at birth
(we only need the first half of the postcode) _____

B. Maternal details

1. Date of birth _____/_____/_____ or age _____ in years
at child's birth
2. Ethnic origin white black Asian Oriental other
(if mixed race, tick all that apply)
3. Maternal country of birth _____
4. Number of previous livebirths _____ stillbirths _____ terms/miscs _____
(put NK if you do not know)

Please return both pages of the form in the freepost envelope provided to:
Dr Pat Tookey, Centre for Paediatric Epidemiology and Biostatistics,
Institute of Child Health, 30 Guilford St, London WC1N 1EH.
Any queries, contact Pat Tookey on 020 7905 2604, or email p.tookey@ich.ucl.ac.uk

E. Treatment

1. Were antiviral drugs given? no yes NK

If yes, name of drug _____ dose _____

date started ___/___/_____ and date finished ___/___/_____

2. Were subsequent courses of antiviral treatment required? no yes NK

If yes, details _____

F. Outcome

1. Infant still in hospital Infant discharged home on ___/___/___

Infant died on ___/___/___ Please give brief details below at 3.

2. If the baby survived, when was s/he last seen? ___/___/___

Were there obvious sequelae at that time? no too soon to tell yes

If yes, please give brief details

3. Summary information on outcome at this time _____

G. Laboratory details (neonate only)

HSV detected in neonate?

no HSV-1 HSV-2 HSV not typed

Please give details below of specimens (eg vesicular fluid, blood, CSF) and dates taken, laboratory tests (eg culture, PCR, IF) and results and dates of reports:

	<i>specimen</i>	<i>date taken</i>	<i>type of test and result</i>	<i>date of report</i>
test 1	_____	___/___/___	_____	___/___/___
test 2	_____	___/___/___	_____	___/___/___
test 3	_____	___/___/___	_____	___/___/___
test 4	_____	___/___/___	_____	___/___/___
test 5	_____	___/___/___	_____	___/___/___
test 6	_____	___/___/___	_____	___/___/___

Laboratory where tests were performed _____

If possible, please provide a laboratory reference for the child, and contact name and details at the laboratory in case we need to clarify results: Lab reference _____

Contact name _____ Telephone or email _____

H. Possible sources of infection

Family: please tick all appropriate boxes

Genital herpes infection

Mother **Father/
Partner**

No known genital herpes infection before or during this pregnancy

Genital herpes **before** this pregnancy, **known** to hospital before delivery

Genital herpes **before** this pregnancy, **not known** until after delivery

Genital herpes **during** this pregnancy, **diagnosed before** delivery

Genital herpes **during** this pregnancy, **diagnosed after** delivery

Please give details about genital herpes infection, eg date, treatment, how diagnosis was confirmed:

Non-genital herpes infection

(* other family member, visitor, etc, please say who)

Mother **Father/
Partner** **Other***

Frequent or recurrent oral cold sores reported

Oral cold sores noted at or soon after delivery

Herpetic whitlow noted at or soon after delivery

No non-genital herpes infection noted in any family member

Please give details of non-genital herpes infection noted above. *If in 'other', please say who (eg, visitor, sibling, grandparent)

Hospital acquired infection:

Is there any evidence to suggest a nosocomial infection? No

Member of staff had herpes lesions

Another patient had herpes infection

Please give details about any infection noted above:

I. Laboratory details (mother or other likely source of infection)

Date virus isolated

Virus type

Site

Serology

a) date blood taken

result

J. Other information

Your name (please print): _____ date ____/____/____

And contact details:

telephone _____ email _____