Neonatal and Infant HSV Infection 12 Month Follow up post diagnosis Questionnaire
Australian Paediatric Surveillance Unit (V3- 2015)

Please contact Prof CHERYL JONES on (02) 9845 3382 cheryl.jones@health.nsw.gov.au or APSU (02) 9845 3005
apsu@health.nsw.gov.au if you have any questions about this form.
Please keep a record of the child's unit number in your APSU folder.

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK= Don't Know

OUR ID: ……

REPORTING CLINICIAN DETAILS

1. APSU Dr Code/Name☐☐☐☐/…….…….. 2. Month/Year of initial Report……. /……

3. Date this follow-up questionnaire completed ☐☐ /☐☐ /☐☐

PATIENT

4. First 2 letters of first name ☐☐ 5. First 2 letters of surname ☐☐ 6. Post code ☐☐☐☐

7. Sex: ☐ M ☐ F 8. Date of Birth: ☐☐ / ☐☐/ ☐ ☐

FOLLOW UP

9. Is the child still alive? Yes ☐ No ☐ DK ☐

10. *If NO*: Date of death ☐ ☐ / ☐ ☐ / ☐ ☐

Cause of death: .....

11. *If YES,* Follow up (by yourself or others) since the primary HSV infection? Yes ☐ No ☐ DK ☐

12. *If YES*: Age at last visit: ……..

13. Prophylactic antiviral prescribed? Yes ☐ No ☐ DK☐

If YES, Drug……..… Dose .....mg/kg/day Route ……..Duration ☐ ☐ month(s)

OUTCOME (as assessed at last follow up):

14. Was neurological examination done? Yes ☐ No ☐ DK ☐

If Abnormal, please specify .....

15. Seizures Yes ☐ No ☐ DK ☐

16. Developmental assessment Done? Yes ☐ No ☐ DK ☐

If Abnormal: ☐ mild ☐ moderate ☐ severe. Specify nature of impairment.....

17. Eye examination done? Yes ☐ No ☐ DK ☐

If Abnormal, please specify .....

18. Other physical/social sequelae of the neonatal HSV infection? Yes ☐ No ☐ DK ☐

If yes: please specify .....

RECURRENCES

19. Recurrence of HSV disease?

No ☐ *If NO*, no further information is required. Thank you.

Yes ☐

20. *If YES,* Age OR Date(s) of Recurrence(s)

First recurrence Age ☐ ☐ months Date: ☐ ☐ / ☐ ☐ / ☐ ☐

Second recurrence Age ☐ ☐ months Date: ☐ ☐ / ☐ ☐ / ☐ ☐

Third recurrence Age ☐ ☐ months Date: ☐ ☐ / ☐ ☐ / ☐ ☐

Please turn over

The Australian Paediatric Surveillance Unit is a unit of the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and is funded by the NHMRC (Enabling Grant No. 402784); the Australian Government Department of Health and Ageing; and Sydney Medical School, University of Sydney. This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.

21. *If YES*: Site / Number of recurrence(s):

Cutaneous	Yes ☐ No ☐	Number ☐☐	
Eye	Yes ☐ No ☐	Number ☐☐	
CNS	Yes ☐ No ☐	Number ☐☐	
Other	Yes ☐ No ☐	Number ☐☐	Specify site .....

Management of recurrence(s):

Please provide details of management for each of the recurrences. If there were more than 3 recurrences please print another questionnaire and complete the patient details and details of the additional recurrence.

First recurrence

22. Hospital admission? Yes ☐ No ☐ DK☐ Name of Hospital……

23. Antiviral therapy? Yes ☐ No ☐ DK☐ Drug used ..... Route..... Dose ..... mg/kg/day

24. Lumbar puncture performed? Yes ☐ No ☐ DK☐ If YES, Date: ☐☐/☐☐/☐☐

25. *If YES*: CSF HSV PCR: Positive ☐ Negative ☐ Not done ☐

CSF white cell count ☐☐☐☐ /mm^3 CSF red cell count ☐☐☐☐ /mm^3

26. HSV lesion/swab culture or PCR Yes ☐ No ☐ DK☐ Site ..... Result .....

27. HSV lesion Immunofluorescence Yes ☐ No ☐ DK☐ Site ..... Result .....

Second recurrence

28. Hospital admission? Yes ☐ No ☐ DK☐ Name of Hospital……

29. Antiviral therapy? Yes ☐ No ☐ DK☐ Drug used ..... Route..... Dose ..... mg/kg/day

30. Lumbar puncture performed ? Yes ☐ No ☐ DK☐ If YES, Date ……/……/.....

31. If YES: CSF HSV PCR: Positive ☐ Negative ☐ Not done ☐

CSF white cell count ☐☐ /mm^3 CSF red cell count ☐☐ /mm^3

32. HSV lesion/swab culture or PCR Yes ☐ No ☐ DK☐ Site ..... Result .....

33. HSV lesion Immunofluorescence Yes ☐ No ☐ DK☐ Site ..... Result .....

Third recurrence

34. Hospital admission? Yes ☐ No ☐ DK☐ Name of Hospital……

35. Antiviral therapy? Yes ☐ No ☐ DK☐ Drug used ..... Route..... Dose ..... mg/kg/day

36. Lumbar puncture performed? Yes ☐ No ☐ DK☐ If YES, Date ……/……/.....

37. *If YES*: CSF HSV PCR: Positive ☐ Negative ☐ Not done ☐

CSF white cell count ☐☐ /mm^3 CSF red cell count ☐☐ /mm^3

38. HSV lesion/swab culture or PCR Yes ☐ No ☐ DK☐ Site ..... Result .....

39. HSV lesion Immunofluorescence Yes ☐ No ☐ DK☐ Site ..... Result .....

Thank you for your help with this research.
Please return this questionnaire by Fax (02) 9845 3389 or email to cheryl.jones@health.nsw.gov.au

Prof. Cheryl Jones,
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