Congenital Varicella Syndrome Questionnaire
Australian Paediatric Surveillance Unit

Please ring Prof Robert Booy on 02 98451415 if you wish to discuss this questionnaire.

REPORTING CLINICIAN

1. APSU Dr Code/Name ☐☐☐☐ /…………..
2. Month/Year of Report …..… /………
3. Date questionnaire completed ☐☐ / ☐☐ / ☐☐

PATIENT

4. First 2 letters of first name ☐☐
5. First 2 letters of surname ☐☐
6. Date of Birth ☐☐ / ☐☐ / ☐☐
7. Sex ☐ M ☐ F
8. Post code ☐☐☐☐
9. Date of diagnosis: ☐☐ month/ ☐☐ year
10. Measures at birth (if known)

(a) Birth weight …………..grams (b) Length…………cm (c) Head Circumference………….cm (If known)

11. Gestational age at birth ………………..weeks (if Known)
12. Country of Birth Australia ☐ Other ☐ specify________________ DK ☐
13. Mother's country of birth Australia ☐ Other ☐ specify________________ DK ☐
14. Father's country of birth Australia ☐ Other ☐ specify________________ DK ☐
15. Is the child of Aboriginal or Torres Strait Islander origin Yes ☐ No ☐ DK ☐

If this patient is primarily cared for by another physician whom you believe will report the case and could provide additional details, please write the other physician's name in the space below then complete questionnaire details above this line and return to APSU.
If no other report is received for this child we will contact you for further information.

The primary clinician caring for this child is: ***Name****:* ***Hospital***

<u>Instructions for questions below:</u> Please answer each question by ticking the appropriate box or writing your response in the space provided. Y = yes, N = no, DK= Don't Know, NA = Not applicable

DIAGNOSIS (tick all that apply)

16. Which of the following criteria were used to diagnose Congenital Varicella Syndrome (CVS)?
    - ☐ Cicatricial skin lesions in a dermatomal distribution and/or pox-like scars and/or limb hypoplasia
    - ☐ Development of Herpes Zoster in the first year of life
    - ☐ Spontaneous abortion following varicella infection in pregnancy; ☐ Termination; ☐ Stillbirth or ☐ Early death
17. If laboratory confirmed, which tests were +ve? Culture ☐ PCR ☐ EM ☐ IF ☐ Serology ☐
18. Give gestation/age when abnormalities were first noted………weeks gestation; or…………days/weeks of age

CLINICAL FEATURES

19. Did the child have any of the following features at diagnosis? (tick all that apply)

a. Cicatricial skin scars Yes ☐ No ☐ DK ☐

b. Pox-like lesions Yes ☐ No ☐ DK ☐

c. Limb hypoplasia Yes ☐ No ☐ DK ☐

d. Herpes Zoster (<12m of age) Yes ☐ No ☐ DK ☐ If Yes specify age(s) at onset…………

e. CNS abnormality Yes ☐ No ☐ DK ☐

If Yes, please specify…………………………

(e.g. microcephaly, hydrocephalus, cerebellar hypoplasia, motor or sensory defects, sphincter dysfunction, peripheral nervous system defects, muscle atrophy, encephalitis, cortical atrophy)

f. Eye lesions Yes ☐ No ☐ DK ☐

If Yes, please specify:………………………………………………………………………………………

(e.g. cataract, chorioretinitis, Horner's syndrome, ptosis, nystagmus, optic atrophy)

g. Gastrointestinal abnormalities Yes ☐ No ☐ DK ☐

If Yes, please specify (e.g. colonic atresia, hepatitis, liver failure)……………………………………………

h. Genito-urinary abnormalities Yes ☐ No ☐ DK ☐

If Yes, please specify……………………………………..

i. Cardiovascular abnormalities Yes ☐ No ☐ DK ☐

If Yes, please specify……………………………………..

j. Failure to thrive Yes ☐ No ☐ DK ☐.

If yes, give measures: Height: …….cm Weight: ………grams Age when measured:……………

k. Developmental delay Yes ☐ No ☐ DK ☐

If Yes, please specify………………………………………..

OUTCOME OF CHILD

20. Was hospitalization after birth prolonged due to CVS? ☐ Or was the child readmitted for CVS? ☐

If Yes for either, number of days hospitalized due to CVS……………

21. Did the child receive any treatment specifically related to CVS? Yes ☐ No ☐ DK ☐.

If Yes, please specify treatments……………………………………………………………………………………………

……

22. Did the patient undergo surgery related to CVS? Yes ☐ No ☐ DK ☐.

If Yes, please specify………

23. What is the child's current status? Still hospitalised ☐ **GO TO Q26**

Dead ☐ **GO TO Q24** Discharged alive ☐ **GO TO Q25**

24. If the child died, was varicella, or its complications a cause of death? Yes ☐ No ☐ DK ☐

25. If the child was discharged, were there any ongoing problems related to CVS on discharge? Yes ☐ No ☐ DK ☐

If Yes, describe ………..

……

PREGNANCY AND MOTHER'S DETAILS for all live births

26. If you do not know the answers to the following questions, is there another medical practitioner (eg. Mother's obstetrician or GP) from whom we could obtain this information Yes ☐ No ☐ DK/NA☐.

If Yes, please provide contact details:

……………………………………………………………………………………………

27. Mother's age when this child was born ……….years

28. Affected child's birth order eg. 1/1, 2/2 ……./……..

29. Did the mother have an identified varicella contact during pregnancy? Yes ☐ No ☐ DK ☐

If yes go to question 30; if No or DK go to question 34

30. Gestation at time of contact in weeks from LMP …………weeks

31. Who was the source of exposure for mother? if known (e.g own child, relative)…………………………….

32. Was this contact living in the same household? Yes ☐ No ☐ DK ☐

33. Had the contact been vaccinated against varicella, (if known)? Yes ☐ No ☐ DK ☐

34. Did the mother have a varicella-like illness in pregnancy Yes ☐ No ☐ DK ☐

If No/DK, go to question 36.

If yes, stage of pregnancy in weeks from LMP……………………weeks

35. What treatment was provided to the mother for the varicella-like illness?

Zoster immune globulin ☐ Aciclovir ☐ Famciclovir ☐ Valaciclovir ☐ None ☐ DK ☐

☐ Other (specify) …………………………………………………………………………………………………

36. Was maternal varicella infection confirmed by laboratory testing? Yes ☐ No ☐ DK ☐

If Yes, which laboratory tests were +ve? Culture ☐ PCR ☐ EM ☐ IF ☐ Serology ☐

Please return this questionnaire in the addressed reply-paid envelope to Dr Yvonne Zurynski, Australian Paediatric Surveillance Unit, Locked Bag 4001, Westmead, 2145, NSW

Thank you for your assistance with this study, which has been approved by a Human Ethics Committee. The APSU is a Unit of the Royal Australasian College of Physicians (Division of Paediatrics and Child Health) and is funded by the NHMRC (Enabling Grant No. 402784), the Department of Health and Ageing, and the Faculty of Medicine at the University of Sydney.