

# SEVERE ACUTE HEPATITIS IN CHILDREN < 17 YEARS OF AGE

## Australian Paediatric Surveillance Unit

Please contact the APSU (02) 9845 3005 or [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au) if you have any questions about this form

APSU Office Use Only

Study ID #:

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

Version V1.0

Date: 24.08.2022

### REPORTING CLINICIAN'S DETAILS:

1. APSU Dr Code/Name:  / \_\_\_\_\_

2. Date case report form completed: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yyyy)

### PATIENT DETAILS:

3. First 2 letters of first name:

4. First 2 letters of surname:

5. Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yyyy)

6. Sex:  Male  Female  Indeterminate

7. Postcode of family:

8. Child's ethnicity:  Aboriginal  Torres-Strait Islander  
 Both Aboriginal & Torres Strait Islander  Other (specify): \_\_\_\_\_

9. Child's country of birth:  Australia  Other (please specify): \_\_\_\_\_  DK

10. Recent travel overseas in past SIX months?  
If yes:  Yes  No  Not known

1. Country: \_\_\_\_\_ Date from: \_\_\_/\_\_\_/\_\_\_ Date to: \_\_\_/\_\_\_/\_\_\_  
2. Country: \_\_\_\_\_ Date from: \_\_\_/\_\_\_/\_\_\_ Date to: \_\_\_/\_\_\_/\_\_\_  
3. Country: \_\_\_\_\_ Date from: \_\_\_/\_\_\_/\_\_\_ Date to: \_\_\_/\_\_\_/\_\_\_

11. Age-appropriate routine immunisations:  Yes  No  Not known

### SEVERE ACUTE HEPATITIS CASE DEFINITION (<17 YEARS OF AGE):

#### I. Symptoms and signs at presentation

Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	Itch	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Jaundice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	Joint or muscle pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	Dark urine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	Pale coloured stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	If other, please specify: _____			

**AND**

II. An elevated serum alanine aminotransferase (ALT) level (>500 U/L)  Yes  No  DK

**OR**

An aspartate aminotransferase (AST) levels (>500 U/L)  Yes  No  DK

If this patient is primarily cared for by another physician who you believe will report the case, please complete the details above this line and return to the APSU. Please keep the patient's name and other details in your records.

If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

The primary clinician caring for this child/young person is: **Name:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

### PRESENTATION:

12. Hospital admission:  Yes  No  DK

13. Pre-existing medical condition:  Yes  No  DK

If yes, list underlying conditions (including if known chronic Hepatitis B or C carrier): \_\_\_\_\_

14. Any medications PRECEDING onset of illness:  Yes  No  DK

If yes, list: \_\_\_\_\_



25. Was autoimmune hepatitis diagnosed?  Yes  No  DK  
**If yes**, list test and result:  
 ANA (Anti-nuclear antibody):  Yes  No  DK  
 SMA (Smooth muscle antibody):  Yes  No  DK  
 LKMA1 (Liver kidney microsome type 1 antibody):  Yes  No  DK  
 Other  Yes  No  DK **If yes**, specify: \_\_\_\_\_
26. Was abdominal imaging performed?  Yes  No  DK **If Yes**, Date: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_  
**If yes**, state investigation and main findings: \_\_\_\_\_
27. Was a liver biopsy performed?  Yes  No  DK **If Yes**, Date: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_  
**If yes**, main findings: \_\_\_\_\_
28. Other investigations performed?  Yes  No  DK **If Yes**, Date: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_  
**If yes**, main findings: \_\_\_\_\_
29. Did the child receive antiviral medication?  Yes  No  DK  
**If yes**, describe: \_\_\_\_\_
30. Was the cause of hepatitis drug induced?  Yes  No  DK  
**If yes**, which type of drug:  
 Antibiotic (*please specify*): \_\_\_\_\_  
 Anti-epileptic (*please specify*): \_\_\_\_\_  
 Anti-Tuberculosis treatment (*please specify*): \_\_\_\_\_  
 Paracetamol  
 Vaping / e-cigarette: \_\_\_\_\_  
 Non-prescription drugs (*please specify*): \_\_\_\_\_  
 Complementary Therapies (*please specify*): \_\_\_\_\_  
 Other (*please specify*): \_\_\_\_\_

#### OUTCOMES:

31. **Child's status** At the time of questionnaire completion: (*tick all that apply*)  
 Hospitalised  
 On-going hepatitis (ALT >500 U/L)  
 Liver failure  
 Liver dysfunction  
 End stage liver disease  
 Liver transplant  
 Died  
**If died**, date of death: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_  
 Cause of death: \_\_\_\_\_
32. Indicate the Final diagnosis if known when completing the questionnaire: (*tick all that apply*)  
 Viral hepatitis, state which virus: \_\_\_\_\_  
 Autoimmune hepatitis, type: \_\_\_\_\_  
 Drug-induced hepatitis, which drug: \_\_\_\_\_  
 Acute hepatitis of unknown origin  
 Other diagnosis, state diagnosis: \_\_\_\_\_
33. Any other comments: \_\_\_\_\_

**Thank you for your help with this research project.**

**Please return this case report form to the APSU via email to [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au) or fax to 02 9845 3082, or mail to Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145 - even if you don't complete all items.**

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Faculty of Medicine and Health, The University of Sydney.

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.