

BRITISH PAEDIATRIC SURVEILLANCE UNIT
Reporting Instructions & Case Definitions – JULY 2018

When reporting a case **PLEASE** keep details of patients for reference.

IMPORTANT NOTICE

Please inform the office of retirements or circumstances that will affect your ability to return the orange card. Complete the report card by ticking "nothing to report" or indicating the number of cases of the listed conditions seen in the month specified.

1. HIV infection & perinatal HIV exposure

Case Definition: Any child less than 16 years of age who has HIV infection. Also any child born to a woman known to be HIV infected at the time of that child's birth regardless of the child's infection status.

Reporting Instructions: Please report any child not previously reported to the BPSU who meets the case definition.

2. Progressive intellectual & neurological deterioration

Case Definition: Any child under 16 years of age at onset of symptoms who fulfils **ALL** of the following three criteria:

- Progressive deterioration for more than three months with
- Loss of already attained intellectual/developmental abilities and
- Development of abnormal neurological signs.

Excluding: Static intellectual loss e.g. after encephalitis, head injury or near drowning.

Including: Children who meet the case definition even if specific neurological diagnoses have been made.

- Metabolic disorders leading to neurological deterioration.
- Seizure disorders if associated with **progressive** deterioration.
- Children that have been diagnosed as having neurodegenerative conditions but not yet developed symptoms

Reporting restricted to: Cases seen in the last month but including those whose conditions began earlier (i.e. including 'old cases' of children in follow-up if seen in that month).

Reporting Instructions: Please report any child seen in the last month who meets the case definition, including those who have already been given a specific diagnosis.

3. Congenital rubella

Case Definition: Any infant (live or still born) or child up to 16 years of age who, in the opinion of the notifying paediatrician, has suspected or confirmed congenital rubella with or without defects, based on history, clinical and/or laboratory findings. Please include "imported cases", including children born in the British Isles where the maternal infection occurred abroad, AND children who were born abroad.

Reporting Instructions: Please report any infant (live or still born) or child seen by you for the first time in the last month who meets the case definition, **REGARDLESS OF COUNTRY OF BIRTH.**

4. Life threatening bronchopulmonary dysplasia

Case definition: Any infant initially delivered at <32 completed weeks of gestation, without associated significant (including cardiorespiratory) congenital abnormality, where at (or beyond) 38 weeks postmenstrual age the infant is receiving positive pressure support by any route (ventilation, nCPAP, BIPAP or humidified high flow nasal cannula with a flow more than 2lpm), or receiving pulmonary vasodilators without intercurrent illness to explain this need.

Reporting instructions: Please report any child seen in the last month who meets the case definition in the UK or the Republic of Ireland.

5. Juvenile-onset systemic lupus erythematosus (JSLE)

Case definition: Any child / young person aged up to 18 years of age who:

1. Has a new, consultant diagnosis of suspected JSLE **AND**
2. Fulfils 2 or more ACR criteria* **AND** / OR has lupus nephritis on biopsy **AND**
3. Has no alternative diagnosis for relevant disease features

* A copy of the ACR criteria can be viewed at <http://www.rcpch.ac.uk/bpsu/lupus>

Reporting instructions: Please report any child / young person aged up to 18 years of age who meets the case definition in the UK and ROI.

6. Listeria infection in infants <90 days

Case definition: In young infants <90 days a microbiologically confirmed listeria sepsis or meningitis, or in babies < than 7 days old probable listeria sepsis or meningitis defined as Isolation or PCR confirmation of listeria from maternal cultures (Blood or CSF, placenta or genital tract) and/or isolation of listeria from surface swabs, meconium or nasogastric aspirate from baby and clinical signs of sepsis and treatment of the baby with at least 5 days of appropriate antibiotics, or clinical signs of meningitis and CSF pleocytosis (WCC ≥ 20 cells / mm³).

Reporting instructions: Please report any infant of 90 days of age or less with a clinical diagnosis of invasive listeria infection according to the treating clinician or with suspected listeria infection treated for at least 5 days with appropriate antibiotics in the UK and ROI.

7. Severe Microcephaly

Case definition: Any live born infant up to and including 12 months of age who has a head circumference more than 3 standard deviations below the mean (<-3SD), adjusted for age-, sex- and gestation (using the UK-WHO growth chart standard or UK90 growth chart for babies under 2 weeks of age).

Excluding: infants with anencephaly, and/or similar neural tube defects, (where the standard measurement of occipito-frontal circumference is not appropriate).

Reporting instructions: Please report any live born child aged up to and including 12 months of age who:

- has been diagnosed with microcephaly in the past month,

and/or noted to have a head circumference that is:

- more than three standard deviations below the mean (<-3SD) for gestational age and sex, or below the <0.4th percentile for age and sex.

Use your standard growth chart.

If you are unsure whether the child meets the case definition, for example an infant has only had one abnormal head measurement, please report the child or contact the principal investigator.

Excluding: Please do not report babies with anencephaly.

8. Acute severe poisonings in children (ASPIC)

Case definition: Any accidental or unintentional poisoning in children < 15 years resulting in:

1. death **AND/OR**
2. signs and symptoms defined as needing **ANY** of the below interventions

A. Further Monitoring	<ul style="list-style-type: none"> • Continuous Oximetry PLUS Oxygen PLUS ECG monitoring • Arterial/CVP monitoring
B. Further airway and respiratory support	<ul style="list-style-type: none"> • Invasive ventilation or • Non-invasive ventilation e.g. CPAP • Use of an adjunctive airway e.g. NPA • Nebulised adrenaline for airway obstruction, • Intravenous bronchodilators
C. Cardiovascular support	<ul style="list-style-type: none"> • 40 mls/kg fluid resuscitation • >80 mls/kg fluid resuscitation over 24 hours • Inotropic/vasopressor treatment • Arrhythmia needing treatment or acute cardiac pacing
D. Neurological Support	<ul style="list-style-type: none"> • GCS < 12 AND frequent GCS monitoring (1 hour or less) • Prolonged epileptic seizure requiring continuous IV infusions
E. Other support	<ul style="list-style-type: none"> • Acute renal replacement (e.g. CVVH/HD/PD) • Plasma filtration or Exchange transfusion • Extracorporeal Liver Support (MARS) or Admission to a Paediatric Liver Unit • CPR in the last 24 hours

Reporting instructions: Please report any child seen in the last month who meets the case definition in the UK or the Republic of Ireland.