

NZPSU study of Varicella and Post-varicella complications requiring hospitalisation

Please ring Elizabeth Wilson (021 365 590) if you wish to discuss this questionnaire

Reporting Paediatrician:

Date form completed: ____/____/____

Information on Child

1. First 2 letters of child's family name ☐☐ First 2 letters of child's first name ☐☐
2. Child's date of birth (d,m,y) ____/____/____ Child's sex ☐

If this child was primarily cared for by another physician who you believe will report please complete questionnaire down to the line and return. If no other report is received we will contact you so please keep the patient's details on your NZPSU file.

3. The primary clinician caring for this child: Name: Hospital:

4. Child's ethnicity (tick more than one box if appropriate):

☐ European ☐ Maori ☐ Samoan ☐ Cook Island Maori ☐ Tongan ☐ Niuean
☐ Chinese ☐ Indian ☐ Other(s) (please specify)

5. Child's Country of birth: ☐ New Zealand ☐ Other (Specify)

6. Area in NZ currently living: Postcode

7. Birth weight.....grams Gestational age at birthweeks

Section A: Diagnosis and History

8. Date varicella illness commenced (d,m,y) ____/____/____

9. Date of hospital admission (d,m,y) ____/____/____

10. Overall duration of varicella illnessdays

11. Known history of varicella exposure? ☐ Yes ☐ No ☐ DK

If "known" describe e.g. sibling, school outbreak

12. How was varicella diagnosed? ☐ Clinically ☐ Laboratory ☐ Both ☐ DK

If laboratory, which tests were +ve? (tick all that apply)

☐ PCR ☐ Immunofluorescence ☐ Serology ☐ Other (Specify)

Section B: Clinical Features

13. Main reason for admission

Infective complications present at or during admission

14. Skin/soft tissue abscess/cellulitis Yes ☐ No ☐ DK ☐

15. Toxic shock Yes ☐ No ☐ DK ☐

16. Necrotising fasciitis Yes ☐ No ☐ DK ☐

17. Septic arthritis/osteomyelitis Yes ☐ No ☐ DK ☐

18. Other focal purulent collection Yes ☐ No ☐ DK ☐

If "Yes" to any of the above, state site of infection and organism for each:

.....
.....

Other complications present at or during admission

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 19. Encephalitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 20. Ataxia | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 21. Stroke | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 22. Purpura fulminans | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 23. Disseminated coagulopathy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 24. Haemorrhagic varicella | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 25. X-ray evidence of pneumonia | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 26. X-ray evidence of varicella pneumonitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 27. Fulminant varicella (multi-organ involvement) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 28. Reye's Syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 29. Hepatitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 30. congenital varicella syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 31. Other..... | | | |

Specific treatment for varicella (*include maternal management if neonatal disease*)

- | | | | |
|---------------|---|-----------------------------|-----------------------------|
| 32. Acyclovir | Yes <input type="checkbox"/> (Specify | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 33. VZIG/IVIG | Yes <input type="checkbox"/> (Specify | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| 34. Other | Yes <input type="checkbox"/> (Specify | No <input type="checkbox"/> | DK <input type="checkbox"/> |

Section C. Underlying medical conditions and history

35. Is the child immunocompromised?
 Yes ☐ (Specify) No ☐ DK ☐
36. Does the child have an underlying disorder? (e.g. eczema)
 Yes ☐ (Specify) No ☐ DK ☐
37. Had the child been vaccinated against varicella, with live attenuated vaccine?
 Yes ☐ (Specify) No ☐ DK ☐
38. 26. Is there a history of varicella illness other than this episode for this child?
 Yes ☐ (Specify) No ☐ DK ☐
39. Has the child ever received varicella zoster immunoglobulin?
 Yes ☐ (Specify) No ☐ DK ☐

Section D. Severity and Outcome

40. How long did the child spend in hospital?days/weeks
41. Was the child admitted to ICU/HDU?
 Yes ☐ (Specify how long.....) No ☐ DK ☐
42. What is the child's current status?
 Still hospitalised ☐ Discharged alive ☐ Died (Specify cause of death.....)
43. If the child was discharged, were there any ongoing problems on discharge?
 Yes ☐ (Specify) No ☐ DK ☐

Thank you for completing this. Please return to