

Congenital Infection by Human Cytomegalovirus

Dear Colleague, thank you for completing this questionnaire and for your quick return in the prepaid envelope. Please, answer as many questions as possible using uppercase. The information collected is confidential and only for medical research. **Thank you for your cooperation.**

Name or vignette of the notifier code no.

Telephone

Fax

E-mail

1. Patient's name (initials) | | | | | | |

2. District of residence

3. Date of Birth | | | . | | | . | | | 4. Gender: M / F

The inquiry has already been completed by another notifier | | If you know it, enter the code number | | | | | .

NEWBORN

Birth hospital Gestational age | | | Weight at birth | | | | |
Viruria (1st 3 weeks of life) positive | |

Signs or symptoms of illness: no | | Yes | |

IUGR | | Fever | | sepsis-like syndrome | | Pneumonia | | Hepatitis | |

Coolestase | | Anemia | |

Thrombocytopenia | | Leukopenia / Neutropenia | | hepatosplenomegaly | |

Hypersplenism | |

Microcephaly | | Intracranial calcifications | | Chorioretinitis | | Convulsions
| | Deafness | | postnatal growth delay | |

Other | | Which

CSF cytochemical examination

Transfontanelar ultrasound

Therapy: No | | Yes | | Duration: | | | | days Ganciclovir | |

Foscarnet | |

Complications

Pregnancy | | | G | | | D

Serology for CMV:

Before pregnancy not | | yes | | Specify :IgG IgM

During the current pregnancy: no | | yes | | Specify:

1st TM: IgG.... IgM.....2nd TM: IgG....IgM.... 3rd TM: IgG....IgM....

IgG avidity: low | | high | |

Prenatal diagnosis: no | | yes | |
 - Ultrasound changes not | | yes | | Gestational age | | | weeks
 - Amniocentesis not | | yes | | Gestational age | | | weeks
 Result of virus culture in LA Other exams
 Maternal illness in pregnancy Other positive serologies
 Proposal for medical termination of pregnancy: no | | yes | |
 Age at discharge | | | | hours / days / months
 Clinic on discharge
 Death: no | | yes | | Age at death | | | | hours / days / months
 Cause: Autopsy result:
 Comments:
 MOTHER Age | | | Place of birth Profession
 Graffard Adapted | |
 BROTHERS N^o | | | Ages | | | | | | | | | | | | | | |
 Nursery: no | | yes | |

Name and contact of the child's physician

OBJECTIVE OF THE STUDY

To know the epidemiology of congenital infection by human cytomegalic virus from 1) Cases of congenital infection and 2) newborns at risk of congenital infection due to documented maternal changes during pregnancy.

METHODOLOGY

Newborns or infants born as of 1 January 2006 must be notified with:

- 1) Definite symptomatic congenital infection (see definition);
- 2) Newborns with positive viruria in the first 3 weeks of life or, symptomatic infants, when it is possible to verify they had positive viruria in the first 3 weeks of life.

The evolutionary study of infected children should be performed until the preschool age with serial audiological examination and study of development.

DEFINITIONS

Confirmed symptomatic congenital infection - newborn with CMV positive viruria and one or more of the signs or symptoms referred to in investigation.

Asymptomatic congenital infection - newborn with positive viruria for CMV without the signs or symptoms reported in the survey.

Viruria - culture of the virus in the urine. It is important that the urine collection has occurred within the first 3 weeks of the RN to be able to affirm that the infection is congenital.

Anemia - Hb <14g / dL in the first week of life or <12mg / dL in the first month of life.

Thrombocytopenia - Platelet count less than 150,000 / mm³.

Leukopenia - leukocyte count <5000 / mm³.

Neutropenia - neutrophil count <1500 / mm³.

IUGR and post natal growth delay - Weight below the 10th percentile respectively for gestational age or for postnatal age.

Deafness - Diagnosis performed by acoustic otoacoustic emissions or auditory evoked potentials of the brainstem.