

A SURVEILLANCE STUDY OF CONGENITAL AND HOSPITALISED NEONATAL VARICELLA

Abstract Fetal varicella syndrome (FVS) is a rare but devastating consequence that can occur when a non

neonatal varicella.

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Background A safe and effective chickenpox vaccine has been developed but not implemented as part of routine UK immunisation programmes. As FSV and neonatal varicella are not notifiable illnesses, currently data are not collected regarding infection rates, treatment, and associated morbidity/mortality. Thus information is lacking regarding the burden of chickenpox in these extremely vulnerable groups. This study will fill this data gap, which will help inform public health interventions, guide decisions about the benefits and cost effectiveness of introducing the vaccine to routine vaccination schedules, and describe short term outcomes and treatment for these conditions in the UK.

Cover d d-term outcomes (at discharge) of neonates with FVS and neonatal varicella (case

varicella infection. This will include any infant less than a year old who develops shingles.

Please also report cases of varicella diagnosed in the first 28 days of life.

Please report all suspected cases, even if the results of investigations are pending.

Methods

Clinicians who report a case of fetal varicella syndrome or neonatal varicella syndrome via the orange card will receive a single questionnaire on the dedicated BPSU online reporting system, to be completed by reporting clinician.

Ethics approval

REC, CAG, PBPP, PAC

Support group

Bliss

Funding

ESPID/INOPSU

References

1. Vyse AJ, Gay NJ, Hesketh LM, Morgan-Capner P, Miller E. Seroprevalence of antibody to varicella zoster virus in England and Wales in children and young adults (1994-2004). *Journal of Clinical Virology* 2004; 48: 104-110.