

<p style="text-align: center;">BRITISH PAEDIATRIC SURVEILLANCE UNIT Reporting Instructions & Case Definitions – OCTOBER 2024</p>

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

<p style="text-align: center;">IMPORTANT NOTICE</p>
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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. Congenital and Hospitalised Neonatal Varicella

Case definition for Fetal varicella syndrome:

- 1a) Any stillborn or liveborn infant who, in the opinion of the notifying paediatrician, has confirmed or suspected fetal varicella syndrome, with or without congenital deformities based on history, clinical and/or laboratory findings.
- 1b) Any infant that presents with herpes zoster (shingles) in the first year of life (based on clinical and laboratory findings)
- 1c) Spontaneous abortion or termination of pregnancy following varicella in pregnancy.

Case definition for Neonatal varicella syndrome:

- 1) Chicken pox in an infant less than 1 month of age, regardless of gestational age at birth, based on history, clinical findings and/or laboratory findings.

2. Rapid-onset obesity with hypoventilation, hypothalamic dysfunction and autonomic dysregulation (ROHHAD)

Please report all existing and new cases you have seen in the last month fulfilling this case definition of ROHHAD (in the UK and Republic of Ireland) not previously notified.

Please report any patients under the age of 15 years with:

- i) Rapid onset of obesity in childhood after 12 months of age in a previously healthy child
 - a. with evidence of crossing three major centile lines for weight within a 12-month period (e.g. 9th to 75th centile)
 - b. or family photographic evidence of highly significant weight gain in 12 months, in cases with no baseline weight measurement.

And ii) Sleep disordered breathing requiring overnight respiratory support

Exclusion, any of:

- i) Evidence of structural abnormality of hypothalamic-pituitary axis on MRI
- ii) Congenital structural brain abnormality e.g., septo-optic dysplasia
- iii) Acquired brain injury e.g., craniopharyngioma
- iv) Other cause identified for obesity e.g., Prader Willi syndrome, monogenic obesity
- v) PHOX2B variant associated with congenital central hypoventilation syndrome