

INQPSU



**Bi-Annual Report of the
International Network of Paediatric
Surveillance Units
2006-07**

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1 Introduction

Following the successful development of the British Paediatric Surveillance Unit in 1986, the same methodology was adopted and adapted in the 1990s by other countries who wished to set up active paediatric surveillance systems. In 1992, surveillance units were established in the Netherlands and Germany and, in 1994, in Switzerland (Table 1). The European paediatric surveillance units then met and communicated regularly to discuss surveillance protocols.

The European initiative was also the stimulus for the development in 1992 of an Australian unit and later the Malaysian unit (1994) to be followed by units in Canada (1996), Papua New Guinea (1996), New Zealand and Latvia (1997), Portugal (2001) and Greece/Cyprus (2003). Wales (1994) and Republic of Ireland (1996) developed surveillance units using a similar methodology to the BPSU, but including on more common disorders (**Table 1**).

Through the use of active ascertainment, surveillance units provide an efficient, effective framework for case finding for investigators who wish to study rare conditions in children. Conditions under surveillance include infections, infection-related conditions, vaccine-preventable diseases, congenital and inherited (genetic) diseases, unusual injuries or therapies and rare complications of common diseases. The units frequently encourage, facilitate or elicit studies undertaken by clinical investigators and only occasionally initiate and undertake research themselves¹.

In 1998 an International Network of Paediatric Surveillance Units (INoPSU) was formed by existing units during the 22nd International Congress of Paediatrics in Amsterdam, The Netherlands².

The first INoPSU conference was held in June 2000 in Ottawa, Canada. Following this conference a document, known as the Amsterdam-Ottawa Note, detailing the functions and structure of the network was produced. The second conference was held in April 2002 in York, UK and the 3rd in May 2004 in Lisbon, Portugal. Two non-paediatric surveillance units have affiliated to INoPSU, these being the British Ophthalmology Surveillance Unit and UK Obstetric Surveillance System. All the units contact each other for results, sharing of protocols and to put researchers in different countries in touch with each other. A common website (www.inopsu.com) and yearly international report is shared as part of the national reports.

Convenors of INoPSU - Current Executive

Over the past two years, INoPSU members have facilitated the surveillance of 70 different rare conditions (Appendix 1) and have now undertaken over 150 studies covering a child population of over 50 million children and involving over 10,000 clinicians. Details on all the activities of each surveillance unit are available from their respective websites and also from the INoPSU website (www.inopsu.com).

The mission of INoPSU is

- to advance knowledge of rare and uncommon childhood infections and disorders
- to enable participation of paediatricians in surveillance on a national and international basis so as to achieve a series of benefits to clinical practice and health policy.

Table: 1 - INoPSU Summary– Adapted from Annual Reports 2006

Country	Child Population (aged 0-15 years)	Average No. Contributing Clinicians*	Reply by Reply Paid Card (%)	Reply By Email (%)	Average Report Cards Returned (%)	Average Questionnaire return rate (%)
Australia	3,980 132	12407	38	62	95	86
Britain	12,700,000	2550	100	0	91	92
Canada	7,600,000 (0-17.9 years)	2500	82	N/A	82	96
Cyprus/Greece	1,280,000	110	100	---	100	100
Germany	12,000,000	462	No	Postcard: 97,2 Email: 98,4 (2004)	98 (2004)	60-95 (2004)
Ireland	1,500,000	150	100	0	80	80
Latvia	348,960	8	-	90	70	85
Netherlands	3 000,000	692	94	70	0% since November	70
New Zealand	800,000	208	23	77	94	
Portugal	1,400,000	1,800	70	30	33	66
Switzerland	1,300,000	38	100	--	100	98
Wales	577.800	158	N/A	N/A	100	N/A

2 INoPSU Conference 2006

Following the successful 3rd INoPSU meeting held in Lisbon Portugal during 2004, a fourth meeting was held in London to coincide with the BPSU's 20th anniversary conference. Representatives attended the meeting from 12 of the 15 national units; only representatives from New Zealand, Papua New Guinea and Malaysia were not able to attend.

The meeting allowed representatives from each of the national units to network and exchange experience about rare disease surveillance and issues that affect each of the units, particularly funding and the increasing need for confidentiality and consent. The morning session consisted of presentations from individual units. The Australian unit presented data on behalf of New Zealand and itself on Fetal Alcohol Syndrome. There was much interest in replicating the study though concerns over case definition needed to be addressed. The Canadian unit presented data on neonatal herpes and hyperbilirubinaemia and talks on type 2 diabetes (Latvia), vitamin k deficiency bleeding (Netherlands) and acute flaccid paralysis (Switzerland) were also received. On behalf of INoPSU the Australian Unit presented a paper on the public health impacts of surveillance studies. This paper has since been published in Archives of Disease in Childhood. A business meeting in the afternoon discussed funding needs, the potential for international collaboration in undertaking studies and the development of the INoPSU website.

At the INOPSU business meeting the units agreed to fund a part-time administrator to take forward the objectives of INoPSU. A funding application to the EU Framework 7 programme has been submitted, which we hope will be considered favourably. These funds would allow us to improve collaboration between units and increase networking between other rare disease organisations.

Fig 1 INoPSU Delegates



3 National Units 2006 Highlights

Australia

The APSU was awarded an Enabling grant from the National Health and Medical Research Council of Australia (NHMRC). In particular the grant will address some important gaps in surveillance by enhancing data collection among rural and remote Aboriginal communities and migrant children. Funding has also been received from Commonwealth Department of Health and Ageing for a pilot study to enhance the (PAEDS) collection of biological specimens by specially designated nurses in major paediatric hospitals around the country. This is developed in collaboration with the National Centre for Immunisation Research and Surveillance.

Elizabeth Elliott and Yvonne Zurynski had the great pleasure of attending the Biannual INOPUSU conference and the 25 years celebration of BPSU, in London. This was an opportunity to network with international colleagues and to hear the results of surveillance studies conducted by the 14 paediatric surveillance units. There were 3 presentations by Australian delegates at the INOPUSU conference:

- Early-onset eating disorders in young children: First report from the APSU and CPSP studies.
- Fetal alcohol syndrome in Australia & New Zealand.
- Beyond counting numbers: Public health impacts of national paediatric surveillance units studies.

The APSU co-ordinated the writing and publication in Archives of Disease in Childhood, of the INOPUSU paper: *Beyond Counting Cases: Public Health Impacts of National Paediatric Surveillance Units*, which highlights the usefulness of our studies in improving public health policy and clinical practice (ref).

It has been a busy year with 5 new studies commencing. Three studies of varicella infection – neonatal varicella; congenital varicella; and the severe complications of varicella, coincided with the inclusion of varicella vaccination on the National Immunisation Program in Australia. The study of severe seatbelt injuries commenced in January 2006 and will provide an opportunity to compare results with a similar study which was conducted by the Canadian Paediatrics Surveillance Program. Preliminary results from the Vitamin D Deficiency Rickets study suggest that this condition is more common in Australia than previously thought, and predominantly affects the migrant community.

The Unit has been very productive with 24 journal articles related to APSU studies published. APSU studies, particularly prevention of fetal alcohol syndrome and seatbelt safety for children aged less than 12 years, have also been featured in the media in 2006-7. Further details may be viewed at www.apsu.org.au, publications section.

Britain

2006 saw the BPSU celebrate the completion of 20 years of surveillance. To recognise this the BPSU held a conference in May to showcase the work that it has undertaken over the past 20 years. Over 140 national and international delegates attended the conference, many from our INOPUSU partners. The following day the 4th INOPUSU conference was held. In the morning an invited audience heard presentations from Canada, Australia, Netherlands to mention just three. The afternoon saw INOPUSU hold its business meeting at which Rob Pereira was appointed the new INOPUSU coordinator following on from Rudi von Kries.

In house the BPSU saw the appointment of a new chair, with Professor Mike Preece stepping down after nearly five years to be replaced by Professor Alan Colver.

Canada

Congenital cytomegalovirus infection (CMV): During the ten-month surveillance, 18 cases of congenital CMV infection were confirmed. Infants are often severely affected and diagnosed prenatally. First Nations children appear to be at increased risk of infection.

Early-onset eating disorder study (EOED): During the two-year study, 160 cases were confirmed for a minimum incidence of 2.6 per 100,000. Children are seriously ill with an average weight loss of 7.4 kg (\pm 5) and almost half (48%) required hospitalization. Many cases did not meet the present DSM-IV diagnostic criteria for anorexia nervosa. For early detection of EOED, the use of growth charts is strongly recommended.

Cyprus/Greece

The development of knowledge of uncommon childhood infections and disorders concerning Public Health, as well as the active participation of paediatricians and other clinicians in surveillance on a national basis have become the Unit's stimulus for the next years.

Two independent studies regarding a network of clinicians reporting Congenital Toxoplasmosis and Haemolytic-Uraemic Syndrome cases commenced in November 2005 in Greece, but real-time reporting was feasible by April 2006.

Congenital Toxoplasmosis: Primary aim of the study is to estimate the incidence of symptomatic congenital toxoplasmosis in Greece through active surveillance on a monthly basis. The severity of clinical manifestations, the age at presentation, visual impairment and management of the cases will be reported separately. Laboratory testing methods will be assessed in order to form decisions about the feasibility of a neonatal screening project for congenital toxoplasmosis in Greece. The Unit also provides national data collection for the disease, since congenital toxoplasmosis cases have not been mandatory reported to the Ministry of Health.

Haemolytic-Uraemic Syndrome: The study aims to assess the incidence of *E.Coli* O157:H7 -Haemolytic-Uraemic Syndrome in children and the relation to the prevalence of the pathogen in the animal population of the District of Thessaly. The incidence of other enteropathogens causing diarrhoea associated infections (*Salmonella* spp, *Shigella* spp, *Campylobacter*, *Yersinia*) will also be assessed through active surveillance on a weekly report card

Germany

2006 saw the completion of 5 studies these being Ingestion of lamp oil (intoxications) after 6 years; hereditary periodic fever syndrome; Kernicterus; Systemic Lupus erythematosus; Chronic interstitial lung disease and Nephrotic syndrome. Three new studies commenced Shaken Baby Syndrome, Intussusception and Non-bacterial Osteitis."

Ireland

As well as contributing to the British paediatric surveillance unit Irish paediatricians contribute to the Irish Paediatric Surveillance Unit. Covering the whole island of Ireland the IPSU facilitates the surveillance of more common paediatric disorders. 2006 saw surveillance of congenital toxoplasmosis, Cyclical Vomiting Syndrome, nutritional Vitamin D deficient rickets; severe bronchiolitis requiring ICU/HDU care, Non CF bronchiectasis and peanut allergy. New studies for 2007 include complicated or severe chicken pox, shingles and adrenal Insufficiency.

2006 saw the retirement of Dennis Gill as IPSU coordinator to be replaced by Dr Robert Cunney.

Latvia

Case reports were received on the following

Leukaemia: lymphoblastic (8), myeloblastic (2); Lymphoma: Hodgkins (6), Non-Hodgkins (2);

Adolescent pregnancies (481); artificial abortions in adolescents (355); DM type II and MODY in childhood (285); Intussusception in early childhood (32) and Severe retinopathy of prematurity (43).

Netherlands

One of the most interesting surveillances of 2006 was anorexia nervosa. It was believed to have a prevalence of 0.3 %-0.6% in the Netherlands in women from 15-29 years. The incidence seemed to rise from 79.6 in 1987 to 109/10⁵/y women from 15-19 years of age in 1997. The surveillance produced 387 notifications in the first year, mainly from child psychiatrists and pediatricians. After cleaning the group towards the inclusion criteria (eg < 18 years) 296 remained for investigation. Because the questionnaire was quite long many doctors will need help to complete it. The return rate was 43% in January 2007, but it will rise considerably in the next months. The first analysis showed a male to female ratio of 1:10. The mean age was 14.9 y (9.7 -17.9 y). Psychiatric sub-diagnoses were: restrictive type 59%, purging type 15%, restrictive type 17% and not otherwise specified 9%. The mean BMI SDS during the first visit was - 2.1 (-5.3 to - 4.1).

This study shows that there seems to be a higher incidence of anorexia than expected. It is too early to draw conclusions on the cause of this observation.

New Zealand

The highlight for the New Zealand Paediatric Surveillance Unit (NZPSU) for 2006 was that there were four presentations made at the 58th Annual Scientific Meeting of the Paediatric Society of New Zealand on work undertaken via the NZPSU.

Shaken Baby Syndrome: Dr Patrick Kelly from University of Auckland Starship Children's Hospital

Active Surveillance of Infants hospitalised with Pertussis: Rebecca Somerville, Cameron Grant University of Auckland Starship Children's Hospital

What is Known about the Prevalence of HIV Among Pregnant Women: Nigel Dickson from University of Otago

Infantile Cholestasis: Alison Wesley from University of Auckland Starship Children's Hospital

Portugal

Surveillance on four new conditions commenced in 2006. The PPSU actively participated in the INoPSU Conference and Business Meeting (London, May 2006).

Results of many of the PPSU studies were presented at a session of the Portuguese Paediatric Congress (Aveiro, October 2006). Final results of the GBS study were presented at the 14th European Congress on Neonatology (Thronnheim, September 2006) and in Europaediatrics (Barcelona, October 2006).

Switzerland

In 2006 the study on intussusception has been completed (259 cases in 3 years) and two new studies have been included in the surveillance programme: pertussis and severe hyperbilirubinaemia.

The study on intussusception has been published in Vaccine (Taipainen T et al. Vaccine 2006;24:1483-7). It showed that the Brighton Collaboration case definition was useful and applicable to assess the background rate of intussusception.

Results of the surveillance of shaken baby syndrome, intussusception and acute rheumatic fever have been presented at the Annual Conference of the Swiss Paediatric Society (June 22-23, 2006 in Bern. The study on acute rheumatic fever has also been presented at the 4th Congress on Rheumatology and Paediatrics in Strasbourg (June 21-22, 2006).

Wales

Hypernatraemia in young infants is a worrying condition with serious short and long term consequences, especially neuro developmental disability, a consequence of cerebral oedema and intracranial haemorrhage. 25-30 years ago the condition was prevalent in Britain due to a combination of the very early introduction of solid foods along with use of milk formulas of high sodium content often made worse through the incorrect making up of milk powder feeds. The concern about hypernatraemia provided an impetus to modify the composition of milk formula as well as delaying the introduction of solid foods. As a result hypernatraemia became very uncommon.

Studies and case reports in recent years backed by anecdotal clinical experience have described hypernatraemia now more in association with breast-feeding, the abnormal biochemistry being due to lack of water accompanied by poor weight gain and signs of dehydration. Might all this reflect inadequate understanding of the technique of breast-feeding management by the mother? What also of the support given to the breast-feeding mother by health care professionals? Encouraging breast-feeding without necessary support may contribute to the problem, especially with hospital stays for breast-feeding mothers being shortened. An overzealous encouragement of breast-feeding with a reluctance to give complementary milk feeds early on could also contribute.

The incidence of hypernatraemia has not been ascertained on a population basis. Is the number genuinely increasing? Are those reported in the literature the tip of an iceberg? This study sets out to establish the incidence of hypernatraemia (serum sodium >150 mmol/L) in infants under one year in Wales with special reference to this condition complicating breast-feeding, and to identify any antecedent risk factors in order to identify possible ways of future prevention.

Fifteen cases have so far been investigated from 39 original notifications. All the babies were breast fed. The majority of babies had symptoms of dehydration with weight loss; a significant finding. Half the cases show a greater than twenty percent weight loss, some approaching thirty percent. Just one child had been weighed in the community before admission to the hospital and in fifty percent concern was only expressed on the day of admission to hospital. In this small sample, boys considerably outnumbered girls and none of the index cases were multiple pregnancies. What seems to be emerging therefore is that hypernatraemia in breast fed babies may be a complication of inadequate lactation. The research is continuing and it is hoped the reasons for breast-feeding inadequacies will be elucidated

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Australia

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Canada

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May – INoPSU meeting, London, England

- One-time surveys – CPSP added value
- International comparison of Neonatal hyperbilirubinemia – severe and Neonatal herpes simplex virus infection
- International comparison of quality assurance criteria for Acute flaccid paralysis

June – CPS Annual Conference, St. John's, Newfoundland, Canada

- Helping newborns with neurological challenges (Congenital cytomegalovirus infection and Congenital myotonic dystrophy) – concurrent session
- Impact of surveillance on injury prevention – poster
- Acute rheumatic fever – poster
- Early-onset eating disorders – poster
- Head injury secondary to suspected child maltreatment – poster
- Prader-Willi syndrome – poster

October – European Academy of Paediatrics (ESPR/Esn and ESPNIC), Barcelona, Spain

- Neonatal diseases research through surveillance: The Canadian experience (Neonatal hyperbilirubinemia – severe, Neonatal herpes simplex virus infection, and Congenital cytomegalovirus infection) – poster

October – Canadian Association of Paediatric Health Centres, Vancouver, British Columbia, Canada

- Impact of surveillance on injury prevention – poster

Germany

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6 INoPSU Publications

1. Grenier D, Elliott EJ, Zurynski Y, Pereira R Rodrigues, Reece M, Lynn R, Kries von R
Beyond Counting Cases: Public Health Impact of National Paediatric Surveillance Units.
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7 INOPSU History Timeline

Year	Activity	Year	Activity
1984	British Paediatric Surveillance Unit (BPSU) Committee set up	1998	At the 22nd International congress of Paediatrics in Amsterdam 10 units agree a document (Amsterdam Note) that outlines the formation of INOPSU
1985	BPSU pilot surveillance commenced		The Amsterdam Note is ratified at the first INOPSU conference, held in Ottawa Canada. Document outlining INOPSU terms of reference renamed Amsterdam-Ottawa note.
Jun-86	BPSU Launched		British Ophthalmology Surveillance Unit accepted into INOPSU as an affiliate member
1988	Professor Guus de Jonge in Netherlands discuss BPSU with JD Baum	2000	INOPSU web site launched
1988	Professor Eberherdt Schmidt in Germany discusses BPSU with JD Baum		Prof.Hadjichristodoulou talks with the BPSU with the aim of developing a Greece/Cyprus unit
1990	Dutch Paediatric Association approved a Dutch surveillance unit		Portuguese Paediatric Surveillance Unit launched
1992	Dutch and Germany Units launched		At the International Paediatric Association (IPA) meeting INOPSU accepted as an affiliate
1992	Dr Elizabeth Elliott spoke to Dr Susan Hall re: BPSU activities	2001	INOPSU publish first paper - Rare disease surveillance: an International perspective
1992	Dr Elizabeth Elliott launches Australian Unit with support of Australian College of Physicians	2002	2nd INOPSU conference held in York, UK
1992	Professor Joe Sibert at the Welsh Paediatric Society meeting suggested the establishment of a Welsh unit separate from the BPSU	2003	Greece/Cyprus Unit launched
1992	Welsh Paediatric Surveillance System (WPSS) was set up in 1994 as a joint venture between the University of Wales Departments of Child Health (Professor Jo Sibert) and Public Health Medicine (Professor Stephen Palmer)		3rd INoPSU conference held in Lisbon, Portugal
1994	Malaysian Paediatric Surveillance Unit launched with assistance from Australia		INOPSU website redeveloped
1994	1st and 2nd EU grant applications submitted - rejected	2004	INOPSU present workshop at IPA meeting in Cancun, Mexico
1994	Germans, Dutch and British Units met with the newly formed Swiss Unit in Leiden for the first European Paediatric Surveillance Unit meeting	2006	INOPSU paper - "How to acknowledge the work of our contributors": a paper appeared in July 2005: Arch Dis Child: 90:768
1995	Dr Victor Marchessault, who was a member of the British Paediatric Association took the idea of a paediatric surveillance back to Canada	2007	4th INoPSU conference held in London, UK
1995	First joint EPSU study published. - Pediatr Res 1995;38:423-33	2008	INoPSU paper published in Archives of Disease in Childhood
1996	European units present at ESPID conference IN Denmark		FP7 Grant application for funding rejected
1996	Launch of the Canadian Paediatric Surveillance Programme		Malaysian and Papua New Guinea Units fold
1996	Papua New Guinea Surveillance Unit launched with assistance from Australia		5th INoPSU conference to be held in Munich, Germany
1996	Professor Elizabeth Elliott wrote to the BPSU proposing the development of an International surveillance unit network		
1997	Launch of the New Zealand, Irish and Latvian Unit		
1997	Joint national study on Vitamin K deficiency bleeding published - Eur J Pediatr 1997;156:126-30.		

Appendix 1 Conditions under surveillance 2006-7

Acquired demyelinating syndromes of the central nervous system	Canada
Acute encephalitis and encephalomyelitis	Portugal
Acute flaccid paralysis	Australia, Canada, New Zealand, Switzerland
Acute rheumatic fever	Canada, Switzerland
Adverse drug reactions – serious and life-threatening	Canada, New Zealand
Alcohol intoxication	Netherlands
Ambiguous genitals	Netherlands
Anaphylaxis in childhood	Switzerland
Anorexia nervosa	Netherlands
Arthritic syndrome	Latvia
Bleeding complications after adenotomy/tonsillectomy in children	Germany
Cerebral palsy among 5-years-olds	Portugal
Child abuse	Netherlands
Child death review pilot	Wales
Chronic fatigue syndrome	Netherlands
Chronic interstitial lung disease	Germany
Complications of measles	Germany
Congenital adrenal hyperplasia - Non CAH Primary Adrenal Insufficiency	Ireland
Congenital cytomegalovirus	Australia, Canada, Portugal
Congenital hydronefrosis	Netherlands
Congenital myotonic dystrophy	Canada
Congenital rubella (with defects)	Australia, British Isles, Netherlands, New Zealand, Switzerland
Congenital toxoplasmosis	Greece, Portugal
Congenital varicella	Australia
Craniosynostosis	Wales
Cystic fibrosis	Netherlands
Diabetes mellitus under 5 years / Insulin-dependend Diabetes mellitus	Germany, Netherlands
Early onset eating disorder	Australia, British Isles
Fatal and near-fatal asthma	Germany
Fetal Alcohol Syndrome	Netherlands
FMAIT	British Isles
Gall stones in childhood	Wales
Genetic-based severe early hearing impairment	Portugal
Haemoglobinopathies	Australia, Netherlands
Haemolytic uraemic syndrome	Greece, New Zealand, Portugal, Switzerland
Head injury secondary to suspected child maltreatment (abuse or neglect)	Canada
Hepatitis C virus infection	Australia
Hereditary periodic fever syndrome	Germany
Herpes	British Isles
HIV	British Isles, New Zealand
Hyperbilirubinaemia	Canada, Netherlands, Switzerland
Hyperinsulinaemic hypoglycaemia	Australia, New Zealand
Hypernatraemia	Wales
Inherited neuromuscular disorders	Australia
Intussusception	Australia, British Isles, Latvia, Germany
Idiopathic intracranial haemorrhage	British Isles
Inborn errors of metabolism	New Zealand
Influenza-associated intensive care and deaths cases among children and adolescents	Germany
Intractable asthma	Netherlands
Invasive Haemophilus influenzae infections (all types)	Germany
Juvenile idiopathic arthritis	Wales

Kawasaki disease	Portugal
Long term ventilation	Wales
Malaria	British Isles, Portugal
MCADD	British Isles, Canada, Netherlands
Morbid obesity	Netherlands
MRSA	British Isles
Multiple sclerosis	Netherlands
Neonatal group B streptococcus sepsis	Australia, Portugal
Neonatal herpes simplex virus infection	Australia, British Isles, Switzerland
Neonatal sinus venous thrombosis	Germany
Neonatal varicella	Australia
Nephrotic syndrome	Germany
Neuroborreliosis	Netherlands
Neural tube defects	Switzerland
Non-bacterial Osteitis	Germany
Non CF bronchiectasis	Ireland
Non tuberculosis mycobacterial infection (NTMI)	Australia
Non-type 1 diabetes mellitus	Canada, Latvia, Wales
Nosebleeds in Infancy	Wales
Peanut allergy	Ireland
Perinatal exposure to HIV	Australia
Perinatal infection after exposure to HIV	Australia
Pertussis	Switzerland
PIND	British Isles
Pneumococcal sepsis/Meningitis	Germany ,New Zealand
Rett syndrome	Australia
Scleroderma	British Isles
Serious seatbelt injuries	Australia
Severe bronchiolitis requiring ICU?HUD care	Ireland
Severe combined immunodeficiency	Canada
Severe complications of varicella infection	Australia, Ireland, Netherlands
Severe retinopathy of prematurity	Latvia
Shaking baby syndrome	Switzerland, Germany
Stroke & transient ischaemic attacks	Ireland
Systemic lupus erythematosus	Germany
Transfusion-related acute lung injury	Canada
Varicella zoster complications	Netherlands
Varicella – neonatal, congenital & severe complications requiring hospitalisation	Australia Australia, British Isles, Switzerland, New Zealand
Vitamin K deficiency bleeding	Portugal
VVZ among hospitalized children and adolescents	