

Sponsored by the Swiss Society of Paediatrics (SSP) and the Federal Office of Public Health (FOPH)

Acute pediatric hepatitis of unknown origin

Institution: _____ Code SPSU: _____

Gender: M F other

Age in years: _____ Age in months if < 2 years: _____ Place of residence: _____

Physician (name, address): _____

Clinical findings and Outcome:

Date of Onset: ____ / ____ / ____ Hospitalization date: ____ / ____ / ____

- Clinical presentation in the 4 weeks preceding symptom onset:

 conjunctivitis diarrhea fever headache respiratory symptoms rash sore throat vomiting none

other : _____

- History of previous infection in the 4 weeks preceding symptom onset

 yes : _____ no

- Clinical Symptoms since onset:

 conjunctivitis anorexia dark urine diarrhea fever headache Hepatomegaly jaundice irritability / confusion abdominal pain respiratory symptoms rash sore throat bloody stool pale stool

other : _____

- Complications:

 Acute liver failure bone marrow failure renal failure Bleeding diathesis coma encephalopathy sepsis other : _____- Admitted to ICU: yes no- Admitted to transplant unit: yes no- Transplant: yes no awaiting

- Liver Biopsy result: _____

- Outcome: alive / recovered / cured died due to hepatitis died due to something else died of unknown cause still on treatment

- Date of death: ____ / ____ / ____

- Precondition: asplenia asthma autoimmune cancer diabetes cardiac and other hypertension endocrine gastro-intestinal genetic HIV / other immunodeficiency hypertension renal disease liver disease immunosuppressed chronic lung disease except asthma metabolic disease neuromuscular disease obesity pregnant tuberculosis none other : _____

Previous SARS-CoV-2 infection or vaccine

Previous SARS-CoV-2 infection: yes unknown Covid vaccination: yes no

Lab findings

- Peak ALT: _____ Peak AST: _____ Peak bilirubin: _____ Peak INR: _____

- Adenovirus found (PCR or rapid test):

yes no not tested
If yes : stool blood respiratory

- Other virus found:

yes: _____ no not tested
 stool blood respiratory

- Toxicology: positive: _____
 negative not performed

Epidemiological link and travel history

Family with jaundice: yes no unknown

Family with SARS-CoV-2 yes no unknown

Epidemiological link to other case yes no unknown

Travel in the last 30 days: yes no

Travel location: _____

Contact with animals: yes no

If yes please specify: _____

Regular medicine, natural or complementary medications:

yes no

If yes please specify: _____

Final Diagnosis

Viral autoimmune hemophagocytic syndrome

toxic Wilson unknown

other Please specify: _____

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