British Paediatric Association**Report from the British Paediatric Surveillance Unit**

This third report on the activities of the British Paediatric Surveillance Unit (BPSU) presents the results of mailings between February and July 1988, and updates the results for July 1986 to January 1988 presented previously.¹

Cases reported

The table shows, for each of the reportable conditions, the total number of reports received between July 1986 and July 1988 and the proportion of cases which on detailed follow up (as at 30 September 1988) satisfied the diagnostic criteria. Studies completed (X-linked anhidrotic ectodermal dysplasia, Lowe's syndrome, pilot study of childhood diabetes in the South Western region) and shown in previously published tables are not included.^{1 2} The six new conditions not shown previously, studies of which began in 1988, are childhood onset diabetes

mellitus, galactosaemia, drowning and near drowning, haemorrhagic disease of the newborn (all one or two year prospective studies) and rheumatic fever and congenital rubella syndrome/congenital rubella infection (both retrospective surveys included for one mailing only—January and April 1988 respectively). Respondents were asked to report all cases of rheumatic fever seen in 1987 and cases of congenital rubella born in 1986 and 1987.

The decision to include diabetes was a controversial one because it is not a rare disease, as is reflected in the large number of reports received. Kawasaki disease continues to be the next most frequently reported condition, although unlike observations in other countries no clear seasonal pattern is emerging. In contrast, reporting of haemolytic uraemic syndrome consistently increases in the late summer/early autumn. New reports of AIDS are continuing steadily.

Table BPSU: reports received July 1986–July 1988

Condition	Total reports	Outcome of follow up by investigator		
		Outcome known		Not yet known‡
		Report confirmed* (% of known)	Report not confirmed†	
AIDS in childhood	90	24 (33)	48§	18
Neonatal herpes	64	28 (57)	21	15
Reye's syndrome	105	43 (53)	38	24
Kawasaki disease	259	196 (86)	31	32
Haemolytic uraemic syndrome	141	92 (92)	8	41
Haemorrhagic shock encephalopathy syndrome	51	14 (67)	7	30
Subacute sclerosing panencephalitis	57	34 (81)	8	15
Galactosaemia	27	8 (40)	12	7
Drowning/near drowning	73	48 (96)	2	23
Childhood onset diabetes	647	416 (99)	5	226
Haemorrhagic disease of the newborn¶	19	1 (17)	5	13
Rheumatic fever**	15	—	—	—
Congenital rubella**	20	—	—	—

*Meets case criteria.

†Reporting error, duplicate or revised diagnosis.

‡Still being followed up by the investigator at 30 September 1988.

§Includes 23 cases who are HIV positive (14 symptomatic) but who do not meet the case definition for AIDS.

||Study began in January 1988.

¶Study began in March 1988.

**Included for one month only (see text).

Participation

The average monthly response rate (proportion of cards returned 90 days after each mailing) was 89% (range 77% in South East Scotland to 100% in East Anglia) for the first quarter of 1988, compared with 90% for the previous quarter; 10 regions achieved 90% or more.

The BPSU continues to receive proposals for inclusion of new surveys. Notes to assist research workers in the preparation of a submission are available from the BPSU office. The Medical Coordinator can be consulted informally on proposed projects by telephone or letter.

Comment

Both the numbers of cases ascertained and the 'queue' of proposals for new surveys are measures of the usefulness of the BPSU as a research methodology. The two retrospective surveys mentioned above yielded information on cases either not previously ascertained through an existing, passive methodology (congenital rubella) or not readily available through routine national statistics (rheumatic fever).

Although more studies could clearly be accommodated if the number of reportable conditions were increased from the existing 12, a survey of respondents' views recently conducted through BPA Regional Representatives suggested (13 out of 16 replies received) that such an increase would be unwelcome. The BPSU Executive Committee (formerly the Scientific Advisory Committee) is seeking ways of resolving this dilemma.

Sir Peter Tizard retired from his position as Chairman of the BPSU Executive Committee in September 1988. Sir Peter's wisdom and experience have guided the development of the Unit from its earliest days to its current thriving position. He is succeeded by Professor J D Baum.

References

- ¹ Hall SM, Glickman M. The British Paediatric Surveillance Unit. *Arch Dis Child* 1988;**63**:344-6.
- ² Hall SM, Glickman M. Report from the British Paediatric Surveillance Unit. *Arch Dis Child* 1988;**63**:1117-8.

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Archives of Disease in Childhood

You are invited to meet the editors on Tuesday 11 April 1989 at 9.15 pm at the Annual Meeting of the British Paediatric Association. The speakers will be Malcolm Chiswick on how papers are assessed and Bernard Valman on how the final decision is made.