Survey

Necrotizing enterocolitis in infants

Currently, there is an outbreak of necrotizing enterocolitis (NEC) in premature infants in the United States, associated with the consumption of SimplyThick®, a thickening product that can be added to liquids, such as breast milk and infant formula to make them easier to swallow.

Health Canada has confirmed that thickening products are sold in Canada (www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2011/2011_72-eng.php). The Public Health Agency of Canada has commissioned this survey to assess if any presentations of NEC in Canadian infants may have been associated with a thickening product.

Your contribution is greatly appreciated.

I. Over the past six (6) months:

1. Have you recommended/used a thickening product for infants younger than one year? Yes ___ No ___
2. Have you seen any infants (younger than one year) hospitalized with:
   - 2.1 Necrotizing enterocolitis? Yes ___ No ___ If yes, specify: < 5 ___ 5-10 ___ >10 ___ number of cases _____
   - 2.2 Necrotizing enterocolitis after using a thickening product? Yes ___ No ___
     If yes, specify: < 5 ___ 5-10 ___ >10 ___ number of cases _____

If the answer 2.2 is no, we thank you for participating in this survey.

II. For each case you have seen, please complete this part of the survey (photocopies can be used).

1. Date of birth: ____ /____ /_____ (DD MM YYYY) Gestational age: weeks _____ Gender: Male ___ Female ___
   Age at presentation: weeks _____ or months _____
2. Confirmation of NEC diagnosis (check all that apply):
   Feeding intolerance ___ Abdominal distention ___ Blood in the stools ___ Ileus ___
   Thickening of bowel mucosa ___ Pneumatosis intestinalis ___ Pneumoperitoneum ___ Portal venous gas ___
3. Thickening product used when NEC was diagnosed:
   SimplyThick® ___ Other, specify: _____
4. Thickening product was added to: Breast milk ___ Formula ___ Both ___
5. Treatment modalities (check all that apply):
   NPO ___ IV fluids ___ Suction ___ Antibiotics ___ Parenteral nutrition ___ Mechanical ventilation ___
   Percutaneous peritoneal drain ___ Ileostomy ___ Colostomy ___ Surgery to release strictures ___
6. Complications: Prolonged hospitalization >1 month ___ Sequelae, specify _____
   Unknown ___
7. Outcome: Alive ___ Still in hospital ___ Deceased ___ Unknown ___
8. Please provide:
   - 8.1 Any other pertinent details _____
   - 8.2 Your contact information if you agree to be contacted for further details.
     Name (please print) _____
     e-mail _____ Telephone # _____

Please return this survey with your monthly reporting form.
Thank you for your participation.

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