

# Multi-centre European study of major infectious disease syndromes - Arboviral compatible febrile illness

<b>Submission date</b> 11/08/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 21/01/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 05/12/2018	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Arboviruses are a group of viruses that can be transmitted to humans by insects and ticks. Arbovirus infections usually only cause mild disease, but some people they can be more serious and can lead to admission to hospital. The symptoms of an arbovirus infection can resemble other illnesses, and so very specific testing is needed for it to be diagnosed. The symptoms can also vary a lot between people, which makes diagnosis even more difficult. Little is known about how many people are affected by these viruses in Europe, or why some people develop more severe symptoms. The aim of this study is to find out how many people who are admitted to hospital with similar symptoms actually do have an arbovirus infection.

### Who can participate?

Adults admitted to hospital with suspected arbovirus infection.

### What does the study involve?

Participants have blood samples (and spinal fluid samples if available) collected when they are admitted to hospital, on day 7 (or when they are discharged from hospital if before 7 days), day 28, and on day 60. These samples are then tested in the laboratory for the presence of antibodies against arboviral infections. Participants also complete a number of questionnaires on day 28 and day 60 in order to assess their recovery and state of health.

### What are the possible benefits and risks of participating?

There are no direct benefits to taking part in this study. There is no risk in taking part other than some possible discomfort when the blood samples are collected.

### Where is the study run from?

1. Infectious and Tropical Diseases Hospital (Romania)
2. Clinic for Infectious Diseases (Croatia)
3. Ippokrateio General Hospital of Athens (Greece)

4. University Hospital Centre "Mother Teresa" (Albania)
5. University Clinical Center of Kosovo (Kosovo)
6. Clinical Center of Serbia (Serbia)

When is the study starting and how long is it expected to run for?  
May 2016 to December 2017

Who is funding the study?  
European Commission (Belgium)

Who is the main contact?  
Ms Emmanuelle Denis

## Contact information

### Type(s)

Public

### Contact name

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## Additional identifiers

Protocol serial number

N/A

## Study information

### Scientific Title

Multi-centre European study of MAJOR Infectious Disease Syndromes (MERMAIDS) –  
Observational Study of Arboviral Compatible Febrile Illness in Hospitalised Patients

### Acronym

MERMAIDS-ARBO

### Study objectives

The aim of this study is to estimate the proportion of adult hospital admissions with a febrile illness in South East Europe that are attributable to four arbovirus infections:

1. West Nile Virus (WNV)
2. Toscana virus (TOSV)
3. Tick borne encephalitis virus (TBEV)
4. Crimean Congo haemorrhagic fever virus (CCHFV)

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Oxford Tropical Research Ethics Committee (OxTREC), 12/08/2015, ref: 31-15

### Study design

Multi-centre observational case series study

### Primary study design

Observational

### Study type(s)

Other

### Health condition(s) or problem(s) studied

Arboviral compatible febrile illness

### Interventions

Blood and, if available, spinal fluid samples will be collected at baseline, day 7 (or date of hospital discharge), day 28 and day 60. Samples will be analysed to identify causative pathogens and to measure antibody levels.

### Intervention Type

Other

### Primary outcome(s)

Proportion of adults hospitalised with a clinically compatible illness who have laboratory confirmed or probable TBEV, WNV, TOSV or CCHFV infection is determined at day 60.

### Key secondary outcome(s))

1. Proportion of patients treated with antivirals, antibiotics and/or steroids
2. Daily clinical observations (vital signs, neurological and haemorrhagic symptoms) during admission
3. Level of consciousness determined according to the Glasgow Coma Scale in Adults at baseline
4. Proportion of patients receiving intensive care treatment and duration
5. Antibody levels are measured from blood samples at baseline, 7, 28 and 60 days
6. Neurological recovery and health outcomes are measured using the modified Rankin scale, Liverpool outcome scores for adults and EQ-5D-5L assessment at discharge and follow up (day 28 and 60)
7. Mortality rate is determined at day 60

**Completion date**

05/01/2020

## Eligibility

**Key inclusion criteria**

1. Adults ( $\geq 18$  years old) admitted to hospital from 1st May – 31st October inclusive with recent onset ( $<21$  days) of symptoms of suspected Encephalitis or Meningitis .

OR

2. Rapid onset of temp. $\geq 38^{\circ}\text{C}$  of unknown etiology ( $<21$  days) AND at least ONE of the signs or symptoms below:
  - 2.1. A neurological symptom (such as: neck stiffness, photophobia, partial paralysis, polyradiculitis, periorbital pain, confusion, altered mental state)
  - 2.2. Severe headache
  - 2.3. Myalgia
  - 2.4. Backache
  - 2.5. Arthralgia
  - 2.6. Maculopapular rash
  - 2.7. Haemorrhagic symptom
  - 2.8. Thrombocytopenia ( $<150\,000$  cells per microliter of blood)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Patients with non-infectious central nervous system (CNS) disorders due to hypoxic, vascular, toxic or metabolic causes
2. Patients where the symptoms are due to another confirmed cause, such as bacterial infection, malaria, malignancy, immune disorders, trauma
3. Patients with a focal source of infection identified, such as pneumonia, viral respiratory tract infection, acute infectious diarrhea, urinary tract infection (positive urine cultures), or skin or soft-tissue infection
4. Patients where the symptoms are caused by recurrence of a pre-existing condition

**Date of first enrolment**

01/05/2016

**Date of final enrolment**

31/10/2019

## **Locations**

**Countries of recruitment**

Albania

Croatia

Greece

Kosovo

Romania

Serbia

**Study participating centre****Infectious and Tropical Diseases Hospital**

Sos. Mihai Bravu nr. 281

Sector 3

Bucuresti

Romania

030303

**Study participating centre****Klinika za infektivne bolesti (Clinic for Infectious Diseases)**

Mirogojska 8

Zagreb

Croatia

10 000

**Study participating centre**

**Ippokrateio General Hospital of Athens**

Sofias 114

Athens

Greece

115 27

**Study participating centre**

**Qendra Spitalore Universitare "Nënë Tereza" Tirane (University Hospital Centre "Mother Teresa")**

Rruga e Dibrës 372

Tirana

Albania

1000

**Study participating centre**

**University Clinical Center of Kosovo**

Prishtina

Kosovo

10000

**Study participating centre**

**Clinical Center of Serbia**

Pasterova 2

Belgrade

Serbia

11000

## **Sponsor information**

**Organisation**

University of Oxford

**ROR**

<https://ror.org/052gg0110>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

European Commission

**Alternative Name(s)**

European Union, Comisión Europea, Europäische Kommission, EU-Kommissionen, Euroopa Komisjoni, EC, EU

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary****Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes