

HIV ENHANCED SURVEILLANCE

Case follow up after diagnosis



NSW HIV Number:

Family name (first two letters only)

Given name (first two letters only)

Date of birth:

Gender: Male Female Transgender

Doctor Name:

Clinic Name:

Clinic patient code:

Date first positive in NSW:

Date form sent out:

CLINICAL MANAGEMENT AND PATIENT OUTCOMES

Question 1. Is this patient in your care for HIV infection? YES; go to Question 3 NO; go to Question 2

Question 2. The patient is not in my care for HIV infection because the patient:

(select all that apply and then continue to complete the rest of the form as best you can):

was referred on date: _____, to Dr _____

Tel: _____, Address: _____

was lost to follow up, due to:

was hospitalised on date: _____, in (name of hospital): _____

died on date: _____, due to: _____

other reason (specify): _____

Question 3. For this patient please provide the most recent:

Consultation date: _____

CD4 count: _____, specimen date: _____

Viral load: _____, specimen date: _____

Question 4. Has this patient commenced antiretroviral therapy (ART)?

YES, on date: _____

NO, due to: Patient not ready (specify): _____

Patient declined ART (specify): _____

Not clinically indicated (specify): _____

Other reason (specify): _____

Question 5a. How many contacts were identified? _____ 5b. How many were reached by i) the patient:

ii) your service: _____ iii) another service: _____ (specify): _____

Question 6. Please complete/update: HIV subtype (e.g. B or CRF01_AE): _____

Question 7. Country this HIV infection was most likely acquired: _____

Question 8. Other questions for the doctor: _____

Answers to Question 8. _____

Question 9. Additional comments: _____

FORM COMPLETED BY

Name: _____

Signature: _____

Date: _____

Please return completed HIV enhanced surveillance forms to the HIV Surveillance Officer either by:

1. Post: Communicable Diseases Branch, NSW Health, LMB 961 NORTH SYDNEY NSW 2059.

2. Secure fax: Communicable Diseases Branch, NSW Health, Fax. 02 9391 9189.

For enquires please call 02 9391 9195 or email NSWH-HIV@health.nsw.gov.au