

NOTIFICATION OF HIV INFECTION OR DEATH OF A PERSON WITH HIV INFECTION



OFFICE USE ONLY:

NSW HIV Number _____ Received Date _____

PATIENT INFORMATION

Family name (first two letters only)
 Given name (first two letters only)
 Date of birth (DD/MM/YYYY) __ / __ / ____
 Gender M F Transgender
 Postcode of usual place of residence
 Patient/clinic record number: _____

NOTIFYING DOCTOR DETAILS

Dr Name:
 Dr Address:

 Ph: Fax:
 Email:
 Date form sent to Dr __ / __ / ____

LABORATORY INFORMATION

Lab Name:
 Lab Number:
 Lab Code:

1. Date of specimen collection for this diagnosis of HIV

__ / __ / ____

2. Results of tests performed for this diagnosis

a) Western blot

Positive Indeterminate group 4
 Other Indeterminate Negative
 Not tested

b) Proviral DNA Positive Negative Not tested

c) p24 Antigen Positive Negative Not tested

3. Laboratory evidence of newly acquired infection

a) Recent negative test (within 12 months) Yes No

Specify date __ / __ / ____

b) Evolving western blot* Yes No

* Typical evolution of HIV specific antibodies detected by Western blot in consecutive specimens consistent with primary HIV infection (incremental reactivity to gag, pol and envelope proteins of HIV-1)

4. HIV virus type

HIV-1 HIV-2 HIV-1 & HIV-2 Unknown
 HIV subtype (if available)

CD4 AND VIRAL LOAD INFORMATION

5. Earliest CD4 count at the time of, or within 3 months of the date of this HIV diagnosis

CD4 count: cells / μ L
 Date __ / __ / ____

6. Earliest viral load at the time of, or within 3 months of the date of this HIV diagnosis

Viral Load: copies/mL
 Date __ / __ / ____

NOTIFICATION INFORMATION

7. Other details of your patient

- a) Country of birth
 Australia Other (specify)
- b) If other, specify year of arrival in Australia
- c) Is your patient of Aboriginal or Torres Strait Islander origin?
 If both Aboriginal and Torres Strait Islander, mark both yes boxes.
 No Yes, Aboriginal Yes, Torres Strait Islander
- d) What language does your patient mostly speak at home?
 English Other (specify)

8. Has your patient engaged in any sex work in the last 12 months? No Yes Unknown

9. Has your patient ever had a previous HIV test?

No previous tests Unknown testing history
 Yes (specify date of results)
 Most recent **negative** test: __ / __ / ____
 Most recent **indeterminate** test: __ / __ / ____
 First **positive** test: __ / __ / ____

10. Place of first positive test

NSW Other State/Territory (specify)
 Overseas (specify)

11. Source of information for previous test

Patient/carer Doctor Laboratory

12. Why was your patient tested for HIV antibody?

- Confirmation of a previous HIV diagnosis
- Confirmation of a reactive HIV point of care test
- Confirmation of a reactive HIV self-test
- Patient was identified at risk via contact tracing
- Partner with HIV infection
- Reported recent risk behaviour
- Baseline test prior to post exposure prophylaxis
- Investigation of clinical symptoms suggestive of HIV
- Screening – sexually transmissible infections
- Screening – PrEP
- Screening – immigration
- Screening – antenatal
- Other (specify) **> Please turn over**

13. Who initiated the test for this HIV diagnosis?

- Doctor Patient Other (specify)

14. What was your patient's clinical status at the time of specimen collection for this HIV diagnosis?

- Asymptomatic for HIV infection
 Symptoms consistent with seroconversion illness
 Other symptoms of HIV (specify).....
 AIDS defining illness (specify).....
 Deceased (post mortem diagnosis) → see **Q20 to 22**
 Other (specify).....

15. Has your patient reported symptoms consistent with a seroconversion illness at the time of collection or prior to this HIV diagnosis?

- Yes No Unknown
 If yes, specify date of onset of symptoms
 ___ / ___ / _____

16. Has your patient ever taken pre-exposure prophylaxis?

- Yes No Unknown
 If yes, specify the date of the most recent dose of PrEP
 ___ / ___ / _____

HIV RISK EXPOSURE

17. Please indicate your patient's HIV exposure history:

Sexual exposure (tick one box ONLY)

- Sex with person of same sex
 Sex with both sexes → see **Q19**
 Sex only with persons of opposite sex → see **Q19**
 Sexual exposure not known
 No sexual contact

Blood exposure (tick all appropriate boxes)

- Injecting drug use
 Receipt of blood/tissue
 Specify country
 Specify year received
 Haemophilia/coagulation disorder

Other exposure

- Mother-to-child transmission
 Other potential sources of exposure (specify).....

 Exposure to HIV is unclear/undetermined
 If undetermined, are there potential exposures through medical procedures? Yes No
 If yes, specify.....

18. Where was this HIV infection most likely to have been acquired?

- Australia
 Overseas, specify country
 Not known

19. Heterosexual sex was with a:

- (tick all appropriate boxes)
 Man who has had sex with men
 Injecting drug user
 Recipient of blood/tissue
 Person with haemophilia/coagulation disorder
 Person with diagnosed HIV infection
 Specify diagnosed partner's exposure.....

 Person from a country other than Australia
 Specify country.....
AND
 Date of most recent sexual contact with this person
 ___ / ___ / _____
 Heterosexual contact, not further specified

PATIENT MANAGEMENT

20. Please provide information about antiretroviral therapy for your patient. Antiretroviral therapy has been:

- Commenced
 → Date ___ / ___ / _____
 Deferred, reason:
 Not clinically indicated, due to:

 Patient declined, due to:

 Treatment required for other condition, due to:

 Other (specify):

Note: If you are no longer managing this patient for HIV, please provide the contact details of the doctor you have referred your patient to.

Name: _____

Contact details: _____

Contact tracing is the responsibility of the managing clinician. If you require assistance with contact tracing or any other aspect of the public health management of your patient, please contact your local Sexual Health Clinic. To find your closest appropriate sexual health service, call the NSW Sexual Health Infolink on 1800 451 624.

NOTIFICATION OF DEATH OF A PERSON WITH HIV INFECTION

21. Date of death ___ / ___ / _____

22. Source of information about this death

- Treating doctor
 State/Territory Register of Deaths
 Other (specify).....

23. What was the cause of death?

- AIDS related illness (specify).....
 Accidental Suicide
 Drug overdose Cardiovascular disease
 Cancer Liver disease
 Not reported Other (specify).....