

# Child with HIV infection or perinatal exposure to HIV

Office use only

State number

National number

**Confidential**

form revised : June 2007

## 1 Notifying doctor

APSU code for notifying doctor

Month/year of report to APSU

(Month)

(Year)

## 2 Identification of the child

Family name (First two letters only)

Given name (First two letters only)

Date of birth

/  /

(DD/MM/YYYY)

Sex

Male

Female

## 3 Other characteristics of the child

Country of birth

Australia

Other

If **Other**, state year of arrival in Australia

State/Territory of residence of child

Postcode of residence of the child

## 4 Exposure to HIV

*At least one box must be ticked*

Child was born to woman with diagnosed HIV infection

Child has haemophilia/coagulation disorder

Child received blood, blood products or tissue

Other exposure (Specify)

\_\_\_\_\_

\_\_\_\_\_

## 5 Perinatal exposure to HIV

*To be completed only if the child was born to a woman with HIV infection*

Was the child treated with antiretroviral therapy before her/his HIV infection status was known?

Yes

No

Not known

If **Yes**, date of commencement of therapy

(DD/MM/YYYY)

/  /

Was the child treated with prophylactic therapy before her/his HIV infection status was known?

Yes

No

Not known

If **Yes**, date of commencement of therapy

(DD/MM/YYYY)

/  /

## 6 Child's HIV infection status

When was the child last tested for HIV infection?

(DD/MM/YYYY)

/  /

What was the result of the last test?

Not infected

Undetermined

Infected

Not known

If the child has HIV infection:

When was the first diagnosis of HIV infection in Australia?

(DD/MM/YYYY)

/  /

What was the child's CD4+ count at first HIV diagnosis?

(cells/ $\mu$ l)

What was the child's viral load at first HIV diagnosis?

(RNA copies/ml)

## 7 Current status of the child

Has the child been diagnosed with an AIDS defining illness<sup>1</sup>?

Yes

No

If **Yes**, has the AIDS diagnosis been notified to the State/Territory Health Authority?

Yes

No

Current status of the child

Child is alive

Date of most recent contact (DD/MM/YYYY)

/  /

Child has died

Date of death (DD/MM/YYYY)

/  /

*Information is sought on the child's mother and her risk factors for perinatal HIV transmission.*

**Would you either:**

Complete the enclosed questionnaire on the child's mother; **or** Complete the section "Child born to the woman with HIV infection" of the enclosed questionnaire and forward to the doctor providing the mother's HIV care. **Thank you**

### Footnotes

- 1 Communicable Diseases Network Australia. Interim surveillance case definitions for the Australian National Notifiable Diseases Surveillance System, Version 1, 1 January 2004. Australian Government Department of Health and Ageing, Canberra, ACT, 2004. Internet address: <http://www.health.gov.au>

### Return completed form to:

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