

# Woman with perinatally exposed children

Office use only

State number

National number

**Confidential**

form revised : June 2007

Information is sought on the woman with perinatally exposed children and her risk factors for perinatal HIV transmission

## 1 Identification of the woman with HIV infection

Family name (First two letters only)

Given name (First two letters only)

Date of birth

/ /

(DD/MM/YYYY)

## Child born to the woman with HIV infection

The child indicated below was notified through the Australian Paediatric Surveillance Unit as having been born to the woman with HIV infection

Family name (First two letters only)

Given name (First two letters only)

Date of birth

/ /

(DD/MM/YYYY)

Sex

Male

Female

## 2 Other characteristics of the woman with HIV infection

Country of birth  Australia

Other

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

Does the woman self-identify as Aboriginal or Torres Strait Islander?

Yes

No

Not known

State/Territory of residence

Postcode of residence

Has the woman had other children born or breastfed prior to the child reported above?

Yes

No

Not known

Current status of the woman

Woman is alive

Date of most recent contact

/ /

(DD/MM/YYYY)

Woman has died

Date of death

/ /

(DD/MM/YYYY)

## 3 Diagnosis of HIV/ AIDS

Date of first diagnosis of HIV infection in Australia

(DD/MM/YYYY)

/ /

CD4+ count at diagnosis of HIV infection

(cells/ $\mu$ l)

Has the woman been diagnosed with an AIDS defining illness?

Yes

No

Not known

If **Yes**, has the AIDS diagnosis been notified to the State/Territory health authority?

Yes

No

Not known

## 4 Exposure to HIV

Injecting drug use

Receipt of blood/tissue

Date of receipt (DD/MM/YYYY)

/ /

From a high prevalence country<sup>1</sup>

(Specify)

Heterosexual contact with:

Man who has had sex with men

Injecting drug user

Person from a high prevalence country<sup>1</sup>

(Specify)

Recipient of blood/tissue

Person with haemophilia/coagulation disorder

Person with known HIV infection, whose exposure is other than those above

(Specify)

Person with known HIV infection, whose exposure to HIV could not be established

Heterosexual contact, not further specified

Woman has HIV infection, exposure not specified

Other exposure

(Specify)

**5 Perinatal exposure to HIV**

Mode of delivery of the child

- Vaginal       Caesarean  
 Elective       Emergency

If delivery was by **emergency caesarean**, specify the reasons for emergency caesarean:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of ruptured membranes

- No rupture of membranes  
 Less than 4 hours  
 4 hours or longer  
 Not known

Were invasive monitoring procedures used during delivery?

- Yes       No

Gestational age (Weeks)

\_\_\_\_\_

Birth weight (Kilograms)

\_\_\_\_\_

Was the child breast-fed?

- Yes       No       Not known

If **Yes**, for how long was the child breast-fed?

- Less than 1 month       7 – 9 months  
 1 – 3 months       10 – 12 months  
 4 – 6 months       More than one year

**Complete the remainder of Section 6 if the woman was diagnosed with HIV infection prior to delivery of the child.**

Was the woman treated with zidovudine in pregnancy?

- Yes       No

If **Yes**, specify the trimester(s) of zidovudine treatment

- 1st trimester       Throughout pregnancy  
 2nd trimester       Not known  
 3rd trimester

Was the woman treated with other antiretroviral therapy in pregnancy?

- Yes       No       Not known

If **Yes**, specify the antiretroviral therapy and trimester(s) of treatment

- |  |  |  |
|--|--|--|
| <input type="radio"/> 1st trimester        | <input type="radio"/> 1st trimester        | <input type="radio"/> 1st trimester        |
| <input type="radio"/> 2nd trimester        | <input type="radio"/> 2nd trimester        | <input type="radio"/> 2nd trimester        |
| <input type="radio"/> 3rd trimester        | <input type="radio"/> 3rd trimester        | <input type="radio"/> 3rd trimester        |
| <input type="radio"/> Throughout pregnancy | <input type="radio"/> Throughout pregnancy | <input type="radio"/> Throughout pregnancy |
| <input type="radio"/> Not known            | <input type="radio"/> Not known            | <input type="radio"/> Not known            |

Woman's CD4+ count close to delivery of the child

(cells/ $\mu$ l)

Date of specimen collection for the measurement of CD4+ cell count

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(DD/MM/YYYY)

Woman's viral load close to delivery of the child:

- Undetectable  
 Detectable:

(RNA copies/ml)

Date of specimen collection for the measurement of HIV viral load

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(DD/MM/YYYY)

Did the woman receive intra-partum antiretroviral therapy?

- Yes       No       Not known

If **Yes**, specify the antiretroviral therapy

\_\_\_\_\_

\_\_\_\_\_

**Footnotes**

- High prevalence countries are countries in sub-Saharan Africa, the Caribbean and specified countries in South East Asia (Cambodia, Myanmar (Burma) and Thailand), where HIV is transmitted predominantly by heterosexual contact.
- 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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