

8 HIV exposure history

Please indicate the person’s reported exposure history by ticking the appropriate circles

8.1 Sexual exposure (One circle must be ticked)

- Sexual contact with person of same sex
- Sexual contact with both sexes
- Sexual contact only with person of opposite sex
(Please **complete question 8.2**)
- No sexual contact
- Sexual exposure not reported

8.2 Complete this question only if heterosexual contact was a potential source of exposure to HIV

Heterosexual contact with: (Tick all appropriate circles)

- Man who has had sex with men
- Injecting drug user
- Recipient of blood/tissue
- Person with haemophilia/coagulation disorder
- Person from a country other than Australia

(Specify the country) _____

Date of most recent heterosexual contact with this person: _____ / _____ / _____
(DD/MM/YYYY)

Did heterosexual contact with this person occur in Australia?

- Yes
- No
- Not reported

Person with diagnosed HIV infection
(Specify the partner’s exposure) _____

Heterosexual contact, not further specified

8.3 Blood exposure (Tick all appropriate circles)

- Injecting drug use
- Receipt of blood/tissue
– Year blood/tissue received :
(YYYY)
- Haemophilia/coagulation disorder

8.4 Mother-to-child transmission

Mother-to-child HIV transmission

8.5 Other source of exposure to HIV (Specify) _____

8.6 Undetermined exposure

Source of exposure to HIV remains unclear or undetermined

(Detail) _____

9 Where was HIV infection most likely to have been acquired?

- Australia
- Overseas
- Not known

10 Current status of person

10.1 Person is alive
Date of most recent contact _____ / _____ / _____
(DD/MM/YYYY)

10.2 Person has died
Date of death _____ / _____ / _____
(DD/MM/YYYY)

If the person has died, had the person been diagnosed with AIDS?

- Yes
- No
- Not known

Was the cause of death an illness related to AIDS?

- Yes
- No
- Not known

If the cause of death was not due to AIDS, indicate the other cause of death

- Accidental
- Drug overdose
- Liver disease
- Other cause (Specify) _____
- Cancer
- Heart or vascular disease
- Suicide
- Not reported

Source of information on the death:

- Doctor
- State/Territory
- Other (Specify) _____

If you require assistance with contact tracing or any other aspect of public health management of the person with HIV infection, please contact your local Area Health Service or Sexual Health Clinic.

Notification forms are available at www.nchechr.unsw.edu.au/nchechr

Footnotes

- 1 Evolving western blot: 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).
- 2 Primary HIV infection occurs 2– 4 weeks following exposure to HIV, and is characterized by fever, lethargy, anorexia, pharyngitis, headaches, myalgias and arthralgias and lymphadenopathy.

State/Territory health authority use only

Date form forwarded to Doctor _____ / _____ / _____
(DD/MM/YYYY)

Date form received at State/Territory Health Authority _____ / _____ / _____
(DD/MM/YYYY)

Date forwarded to NCHECR _____ / _____ / _____
(DD/MM/YYYY)

Please return the completed form to the Area Health Service at the address below