



**7 Diseases indicative of AIDS (Continued)** Definitive Presumptive

(At least one box for Question 7 must be ticked)

Non-Hodgkin's lymphoma, primary of brain/CNS

Non-Hodgkin's lymphoma, other site

(Type)  Large cell/Immunoblastic

Burkitt's

Other (Specify) \_\_\_\_\_

HIV encephalopathy (includes AIDS Dementia Complex)

HIV wasting syndrome

Invasive cervical cancer

Recurrent bacterial pneumonia (2 or more episodes in 1 year)

Other \_\_\_\_\_

**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

**Footnotes**

- 1 Communicable Diseases Network Australia 2004. Interim surveillance case definitions for the Australian national notifiable diseases surveillance system. Communicable Diseases Australia, Australian Government Department of Health and Ageing, Canberra ACT 2004.  
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/cda-surveil-nnds-casedefs-distype.htm>
- 2 Notification forms are available at [www.nchechr.unsw.edu.au/NCHECRweb.nsf/page/Surveillance](http://www.nchechr.unsw.edu.au/NCHECRweb.nsf/page/Surveillance)

**State/Territory health authority use only**

State/Territory   Initials of State/Territory Officer

Date notification received at State/Territory Health Authority \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DD/MM/YYYY)

Date forwarded to NCHECR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DD/MM/YYYY)