



Child with HIV infection or perinatal exposure to HIV

Office use only

Grid of boxes for office use only

State number

National number

Confidential

form revised : April 2015

1 Notifying doctor

APSU code for notifying doctor

Name

Month/year of report to APSU (Month) (Year)

2 Identification of the child

5

Family name (First two letters only)

Given name (First two letters only)

Date of birth / /

Sex Male Female

3 Other characteristics of the child

Country of birth Australia Other

If the child was **born in Australia**, in which State/Territory was the child born?

Birthweight: _____ grams Gestational age: _____ weeks

If the child was **born overseas**, state year of arrival in Australia

State/Territory of residence of the child

Is the child of Aboriginal or Torres Strait Islander descent?

No Yes, Aboriginal Yes, Torres Strait Islander

For persons of **both Aboriginal and Torres Strait Islander** descent, tick both "Yes" circles.

What language does the child mostly speak at home?

English Other (Specify):

4 Exposure to HIV

At least one box must be ticked

Child was born to woman with diagnosed HIV infection

Other exposure (Specify)

If the child is **primarily cared for by another clinician who you believe will report the case and could provide additional details**, please complete Questions 1, 2, 3 and 4 above and then write the primary clinician's name in the space below. Could you return the partially completed form to the National Centre in HIV Epidemiology and Clinical Research at the address given below.

Primary clinician caring for the child:

Name

Hospital

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/ μ l)

What was the child's viral load at first HIV diagnosis? (RNA copies/ml)

7 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 password protected form to:

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