



# Mother with perinatally exposed children

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**Confidential**

form revised : April 2015

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

## 1 Identification of the mother 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 mother with HIV infection

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

Country of birth Australia Other

If Other, state year of arrival in Australia [ ][ ][ ][ ]

Does the mother self-identify as Aboriginal or Torres Strait Islander? No Yes, Aboriginal Yes, Torres Strait Islander

Does the father self-identify as Aboriginal or Torres Strait Islander? No Yes, Aboriginal Yes, Torres Strait Islander

For person of both Aboriginal and Torres Strait Islander status, tick both "Yes" circles.

State/Territory of residence [ ][ ][ ][ ]
Postcode of usual place of residence [ ][ ][ ][ ][ ][ ]

What language does the mother mostly speak at home: English Other (Specify):

Current status of the mother
Mother is alive Date of most recent contact (DD/MM/YYYY) / /
Mother has died Date of death (DD/MM/YYYY) / /

## 3 Diagnosis of HIV infection

Date of first diagnosis of HIV infection in Australia (DD/MM/YYYY) / /

CD4+ count at diagnosis of HIV infection [ ][ ][ ][ ] (cells/µl)

## 4 Exposure to HIV

Injecting drug use
Receipt of blood/tissue Date of receipt (DD/MM/YYYY) / /

### Heterosexual contact with:

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:
Person with diagnosed HIV infection (Specify the person's exposure)
Heterosexual contact, not further specified
Other exposure (Specify)
Source of exposure to HIV remains unclear or undetermined (Details)

Where was HIV infection most likely to have been acquired?

Australia Overseas Not known

**5 Perinatal exposure to HIV**

How was pregnancy achieved for the child reported above?

- Not known
- Unprotected sexual intercourse with an HIV infected partner
- Unprotected sexual intercourse with an uninfected partner
- Assisted reproduction  
(Specify) \_\_\_\_\_

Has the mother had other exposed children born or breast-fed in Australia prior to the child reported above?

- Yes
- No
- Not known

If **Yes**, has perinatal exposure to HIV been documented for the other children?

- Yes
- No
- Not known

Mode of delivery of the child

- Not known
- Vaginal delivery
- Elective caesarean
- Emergency caesarean

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of ruptured membranes

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

Was the child breast-fed?

- Yes
- No
- Not known

If **Yes**, for how long was the child breast-fed? \_\_\_\_\_ (weeks)

**Complete the remainder of Section 5 if the mother was diagnosed with HIV infection prior to delivery of the child.**

Was the mother treated with any antiretroviral therapy during pregnancy?

- Yes
- No
- Not known

If **Yes**, please report the antiretroviral agent and date of commencement of treatment.

If the mother stopped any antiretroviral treatment prior to delivery, please report the stop date.

Antiretroviral agent	Commencement date	Stop date
1 _____	_____/_____/_____	_____/_____/_____
2 _____	_____/_____/_____	_____/_____/_____
3 _____	_____/_____/_____	_____/_____/_____
4 _____	_____/_____/_____	_____/_____/_____
5 _____	_____/_____/_____	_____/_____/_____

Please report any adverse events associated with antiretroviral use during pregnancy:

\_\_\_\_\_

\_\_\_\_\_

Mother'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)

Mother's viral load close to delivery of the child

(RNA copies/ml)

Date of specimen collection for the measurement of HIV viral load

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

(DD/MM/YYYY)

Did the mother receive intra-partum antiretroviral therapy?

- Yes
- No
- Not known

If **Yes**, specify the antiretroviral therapy

\_\_\_\_\_

\_\_\_\_\_

**Footnotes**

- 1 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.
- 2 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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