

Child with	HIV	infectio	on or
perinatal e	xpo	sure to	HIV

Kirby Institute	
Office use only	

			State number	Nation	nal number	
	Confidential form revised : June 2013					
1	Notifying doctor APSU code for notifying doctor	6	<b>Perinatal exposure to HIV</b> To be completed only if the child was born to HIV infection	a woma	an with	
	Name Month/year of report to APSU		Was the child treated with antiretroviral therapy before her/his HIV infection status was known?			
	(Month) (Year)		OYes ONo ONot known			
2	Identification of the child Family name (First two letters only)		If <b>Yes</b> , date of commencement of therapy (DD/MM/YYYY)	/	/	
	Given name (First two letters only)		Was the child treated with prophylactic therap	v before	e her/his	
	Date of birth / /		HIV infection status was known?	,		
	(DD/MM/YYY)		OYes ONo ONot known			
	Sex Male Female		If Yes, date of commencement of therapy			
3	Identification of Mother with HIV Infection		(DD/MM/YYYY)	/	/	
	Family name (first two letters only)         Given name (first two letters only)	7	Child's HIV infection status When was the child last tested for HIV infection	on?		
	Date of birth / /		(DD/MM/YYYY)	/	/	
	(DD/MM/YYYY)		What was the result of the last test?			
4	Other characteristics of the child           Country of birth         Australia         Other		O Not infected         O Undetermined           O Infected         O Not known			
	If the child was <i>born in Australia,</i>		If the child has HIV infection:			
	in which State/Territory was the child born?		When was the first diagnosis of HIV infect (DD/MM/YYYY)	ion in A /	ustralia? /	
	If the child was <i>born overseas,</i> state year of arrival in Australia		What was the child's CD4+ count at first HIV diagnosis?			
	State/Territory of residence of the child		What was the child's viral load		(cells/µl)	
	Is the child of Aboriginal or Torres Strait Islander descent?		at first HIV diagnosis?			
	No Yes, Aboriginal Yes, Torres Strait Islander			(1	RNA copies/ml)	
	For persons of <i>both Aboriginal and Torres Strait Islander</i> descent,		Current status of the child			
	tick both "Yes" circles.		Child is alive			
	What language does the child mostly speak at home?		Date of most recent contact (DD/MM/YYYY)	/	/	
	O English O Other (Specify):		Child has died Date of death (DD/MM/YYYY)	/	/	
5	Exposure to HIV At least one box must be ticked		Information is sought on the child's mother an	d her ris	sk factors for	
	Child was born to woman with diagnosed HIV infection		perinatal HIV transmission.			
	Other exposure (Specify)		Would you either:	ild'a ma	thor or	
			Complete the enclosed questionnaire on the ch Complete the section "Child born to the woma			
	If the child <i>is primarily cared for by another clinician who you believe will report the case and could provide additional details,</i> please complete Questions 1, 2, 3 and 4 above and then write the primary clinician's name in the space below. Please return the partially completed form to address given below. Primary Clinician caring for the child:		infection" of the enclosed questionnaire and forv providing the mother's HIV care. <b>Thank you</b>			
	Name:					
	Hospital:					

 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