Australian Paediatric Surveillance Unit and the

Kirby Institute | UNSW AUSTRALIA

Child with HIV infection or perinatal exposure to HIV

Office use only

State number | National number

Confidential form revised : June 2013

1 Notifying doctor

APSU code for notifying doctor

Name

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

2 Identification of the child

Family name (First two letters only)

Given name (First two letters only)

Date of birth / /
(DD/MM/YYYY)

Sex ◯ Male ◯ Female

3 Identification of Mother with HIV Infection

Family name (first two letters only)

Given name (first two letters only)

Date of birth / /
(DD/MM/YYYY)

4 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):

5 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. Please return the partially completed form to address given below. Primary Clinician caring for the child:

Name:

Hospital:

6 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) / /

7 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/µl)

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

8 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 form to:
Australian Paediatric Surveillance Unit (APSU)
Kids Research Institute, The Children's Hospital at Westmead,
Locked Bag 4001, Westmead, NSW 2145
T: (02) 9845 3005 F: (02) 9845 3082 E: apsu@chw.edu.au W: www.apsu.org.au