

CHILD WITH HIV INFECTION OR PERINATAL EXPOSURE TO HIV

Australian Paediatric Surveillance Unit

Please contact the APSU (02) 9845 3005 or SCHN-APSU@health.nsw.gov.au if you have any questions about this form

APSU Office Use Only

Study ID #:

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.

DK = Don't Know; NA = Not Applicable; NK = Not Known

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1. NOTIFYING DOCTOR:

APSU Dr Code/Name: / _____ Date questionnaire completed: __ / __ / ____ (dd/mm/yyyy)

2. IDENTIFICATION OF THE CHILD:

First 2 letters of first name: First 2 letters of surname: Date of Birth: __ / __ / ____ (dd/mm/yyyy)
Sex: Male Female

3. IDENTIFICATION OF THE MOTHER WITH HIV INFECTION:

First 2 letters of first name: First 2 letters of surname: Date of Birth: __ / __ / ____ (dd/mm/yyyy)

4. OTHER CHARACTERISTICS OF THE CHILD:

Child's country of birth: Australia Other (please specify): _____

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" options

What language does the child mostly speak at home? English Other (please specify): _____

5. EXPOSURE TO HIV:

At least one box must be ticked

Child was born to woman with diagnosed HIV infection

Other exposure (please specify): _____

If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to the APSU

Please keep the patient's name and other details in your records. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

The primary clinician caring for this 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 Infected Undetermined 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)

Date of specimen collection for the measurement of CD4+ cell count: __ __ / __ __ / ____ (dd/mm/yyyy)

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

Date of specimen collection for the measurement of viral load: __ __ / __ __ / ____ (dd/mm/yyyy)

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 questionnaire titled "Mother with perinatally exposed children" via the secure online link:

<https://redcap.sydney.edu.au/surveys/?s=9RKD388CMJor>

or download and complete a printed copy of the questionnaire:

<http://www.apsu.org.au/assets/current-studies/HIV-Mother-Questionnaire-V1.1.pdf>

If you are unable to complete the form, please forward to the doctor providing the mother's HIV care.

Thank you

Thank you for your help with this research project.

Please return this questionnaire to the APSU via email to SCHN-APSU@health.nsw.gov.au

or fax to 02 9845 3082

or mail to: Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145

- even if you don't complete all items.

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.



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