CHILD WITH HIV INFECTION

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

Version 2.1_03.02.2020

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)*

Gender at Diagnosis: ☐ Male ☐ Female ☐ Other – specify: _____

Sex Registered at Birth: ☐ Male ☐ Female ☐ Other – specify: _____

3. 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? ☐☐☐

If the child was ***born overseas***, state year of arrival in Australia: ☐☐☐☐ *(YYYY)*

State/Territory of residence of the child: ☐☐☐

Postcode of usual place of residence: ☐☐☐☐

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):* _____

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:***

4. LABORATORY DIAGNOSIS OF HIV INFECTION:

Laboratory number: _____

Date of specimen collection for this diagnosis of HIV in Australia: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

HIV Type: ☐ HIV-1 ☐ HIV-2 ☐ HIV-1 & HIV-2

Earliest CD4+ count after this diagnosis? ☐☐☐☐ (cells/µl)

Date of CD4+ cell count: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

Earliest viral load after this HIV diagnosis? ☐☐☐☐☐☐☐ (RNA copies/ml)

Date of viral load:	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*
Why was the child tested for HIV? *(Tick as many boxes as appropriate)*	☐ Mother positive for HIV ☐ Investigation of clinical symptoms suggestive of HIV ☐ Confirmation of previous HIV diagnosis ☐ Screening blood borne viruses ☐ Screening immigration ☐ Other – specify: _____
What was the clinical status of the child at the date of specimen collection for this HIV diagnosis? *(Tick as many boxes as appropriate)*	☐ Asymptomatic for HIV ☐ Symptoms consistent with primary HIV infection (HIV seroconversion illness) [1] ☐ AIDS defining illness [2] ☐ Other symptoms – specify: _____ _____ ☐ Other symptoms of HIV – specify: _____ _____ ☐ Deceased (please complete questions in Section 7)
Does the child report a history of symptoms consistent with seroconversion illness? [1] ***If Yes***, date of symptomatic onset:	☐ Yes ☐ No __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*
Has the child ever taken pre-exposure prophylaxis (PrEP)? ***If Yes***, specify the date of the most recent dose of PrEP:	☐ Yes ☐ No ☐ Not reported __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

5. CHILD'S HIV TESTING HISTORY:

Has the child had a previous laboratory HIV test? ***If Yes***, when was last HIV laboratory test?	☐ Yes ☐ No ☐ Not reported __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*
What was the result of the previous laboratory HIV test?	☐ Negative ☐ Indeterminate
Who reported the result of the previous negative or indeterminate laboratory HIV test?	☐ Parent / guardian / child ☐ Doctor ☐ Laboratory
Has the child had a previous non-laboratory HIV test? *If Yes*, when was last HIV non-laboratory test?	☐ Yes ☐ No ☐ Not reported __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

What was the result of the previous non-laboratory HIV test?	☐ Non-reactive ☐ Invalid ☐ Reactive
What was the type of the previous non-laboratory HIV test?	☐ Rapid ☐ Self (home test) ☐ Other – specify: _____
Who reported the result of the previous non-laboratory HIV test?	☐ Parent / guardian / child ☐ Doctor
Place of child's first ever HIV diagnosis:	☐ Australia ☐ Overseas
Specify the Australian State/Teritory of child's first ever HIV diagnosis in Australia: ***If applicable***, specify the date of child's first ever HIV diagnosis in Australia:	_____ __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*
Specify the country if child's first ever HIV diagnosis if overseas: Specify the date of child's first ever HIV diagnosis if overseas:	_____ __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

6. EXPOSURE TO HIV: (at least one box must be ticked)

Sexual Exposure

- ☐ Sexual contact with people of the same gender
- ☐ Sexual contact with people of different genders
- ☐ Sexual contact only with people of different gender - please complete next question
- ☐ No sexual contact
- ☐ Sexual exposure not reported

Complete this question only if heterosexual contact was a potential source of exposure to HIV:

Heterosexual contact with *(Tick all appropriate boxes)*

- ☐ Man who has had sex with men
- ☐ Transgender woman 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):_____
  Date of most recent heterosexual contact with the person specified above: __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*
- ☐ Person with diagnosed HIV infection, specify the partner's exposure: _____
- ☐ Heterosexual contact, not further specified

Blood exposure *(Tick all appropriate boxes)*

- ☐ Injecting drug use
- ☐ Receipt of blood / tissue: Year blood / tissue received: ☐☐☐☐
  Where was blood / tissue received?
  - ☐ Australia
  - ☐ Overseas (specify country of receipt of blood/tissue): _____
  - ☐ Not known

Perinatal exposure

☐ Mother positive for HIV

Note: If exposure was perinatal, please complete the "Child with perinatal exposure to HIV" case report form

Other source of exposure to HIV *(please specify)*

_____

_____

Undetermined exposure

Source of exposure remains unclear or undetermined *(detail):*

_____

_____

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)*

What was the cause of death?

☐ AIDS defining illness [2]
☐ Accidental
☐ Non-AIDS defining illness
☐ Drug overdose
☐ Heart or vascular disease
☐ Liver disease
☐ Suicide
☐ Not reported
☐ Other cause – specify: _____
_____

Source of information on the death: ☐ Doctor ☐ State/Territory ☐ Other – specify: _____

Footnotes:

[1] Seroconversion illness may occur 2-4 weeks following exposure to HIV and is characterised by fever, lethargy, anorexia, pharyngitis, headaches, myalgias and arthralgias and lymphadenopathy.

[2] Center for Disease Control list of AIDS defining illnesses from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a2.htm

If you require assistance with contact tracing or any other aspect of public health management of the person with HIV infection, please contact your local Area Health Service or Sexual Health Clinic.

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

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division)
and Faculty of Medicine and Health, The University of Sydney.
The APSU is funded by the Australian Government Department of Health.
This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.

Australian Paediatric Surveillance Unit UNSW SYDNEY Kirby Institute