



Mother with perinatally exposed children

Office use only

State number and National number input boxes

State number

National number

Confidential

form revised : June 2013

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, Given name, Date of birth input fields

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, Given name, Date of birth, Sex input fields

2 Other characteristics of the mother with HIV infection

Country of birth radio buttons: Australia, Other

If Other, state year of arrival in Australia input field

Does the mother self-identify as Aboriginal or Torres Strait Islander? radio buttons

Does the father self-identify as Aboriginal or Torres Strait Islander? radio buttons

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

State/Territory of residence, Postcode of usual place of residence input fields

What language does the mother mostly speak at home? radio buttons: English, Other

Current status of the mother radio buttons: Mother is alive, Mother has died, with date input fields

3 Diagnosis of HIV infection

Date of first diagnosis of HIV infection in Australia input field

CD4+ count at diagnosis of HIV infection input field (cells/µl)

4 Exposure to HIV

Exposure radio buttons: Injecting drug use, Receipt of blood/tissue, with date input field

Heterosexual contact with:

Heterosexual contact radio buttons: 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, Person with diagnosed HIV infection

Other exposure radio buttons: Other exposure, Source of exposure to HIV remains unclear or undetermined

Where was HIV infection most likely to have been acquired?

Where was HIV infection most likely to have been acquired? radio buttons: 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/ μ 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 form to the:

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