MOTHER WITH PERINATALLY EXPOSED CHILDREN

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 1.1_30.05.2019

1. NOTIFYING DOCTOR:

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

2. IDENTIFICATION OF THE MOTHER WITH HIV INFECTION:

Information is sought on the mother with perinatally exposed children and her risk factors for perinatal HIV transmission

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

3. CHILD BORN TO THE MOTHER WITH HIV INFECTION:

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

Sex: ☐ Male ☐ Female

4. OTHER CHARACTERISTICS OF THE MOTHER WITH HIV INFECTION:

Country of birth: ☐ Australia ☐ Other *(please specify)*: _____

If ***Other***, state year of arrival in Australia: ☐☐☐☐

Does the mother self-identify as Aboriginal or Torres Strait Islander? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Does the father self-identify as Aboriginal or Torres Strait Islander? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

*For person of **both Aboriginal and Torres Strait Islander** status, tick both "Yes" options*

State/Territory of residence: ☐☐☐☐ Postcode of usual place of residence: ☐☐☐☐

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

Current status of the mother :

☐ Mother is alive, date of most recent contact: __ __/__ __/__ __ __ __ *(dd/mm/yyyy)*

☐ Mother has died, date of death: __ __/__ __/__ __ __ __ *(dd/mm/yyyy)*

5. DIAGNOSIS OF HIV INFECTION:

Date of first diagnosis of HIV infection in Australia : __ __/__ __/__ __ __ __ *(dd/mm/yyyy)*

Date of first ever HIV diagnosis (if previously diagnosed overseas) : __ __/__ __/__ __ __ __ *(dd/mm/yyyy)*

CD4+ count at diagnosis of HIV infection? ☐☐☐☐ (cells/µl)

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

6. EXPOSURE TO HIV:

☐ Injecting drug use

☐ Receipt of blood/tissue Date of receipt : __ __/__ __/__ __ __ __ *(dd/mm/yyyy)*

☐ Heterosexual contact with :

- ☐ 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 *(specifiy the country)* : _____
- ☐ Person with diagnosed HIV infection *(specify the person's exposure)* : _____
- ☐ Heterosexual contact, not further specified

☐ Other exposure *(specify)* : _____

☐ Source of exposure to HIV remains unclear or undetermined *(details)* : _____

_____

Where was HIV infection most likely to have been acquired ? ☐ Australia ☐ Overseas ☐ Not known

If overseas, country of acquisition : _____

7. 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 ☐ NK

If Yes, has perinatal exposure to HIV been documented for the other children ? ☐ Yes ☐ No ☐ NK

Number of antenatal visits : _____

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 ☐ NK ***If Yes***, for how long was the child breast-fed? _____ (weeks)

Please complete the remainder of Section 7 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 ☐ NK

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 closest to delivery of the child : ☐☐☐☐ (cells/µl)

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

Mother's viral load closest 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 ☐ NK

If Yes, specify the antiretroviral therapy : _____

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.

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