

**Instructions for Completing  
The District of Columbia Department of Health  
Pediatric HIV/AIDS Confidential Case Report Form  
July 2007**

The District of Columbia Pediatric HIV/AIDS Confidential Case Report Form is the District of Columbia Department of Health (DOH) version of the federal CDC Pediatric HIV/AIDS Confidential Case Report Form, and as of the date of its release, replaces all prior HIV and AIDS case report forms used in the District for patients less than 13 years of age at the time of diagnosis. (A separate form, the Adult HIV/AIDS Confidential Case Report Form, is used for reporting HIV/AIDS in persons age 13 and over.) Instructions for each section of the form are found below. The form may be photocopied or downloaded from the HIV/AIDS website at <http://doh.dc.gov>. Copies of the form may be obtained from the DOH HIV/AIDS Administration, Surveillance and Epidemiology Bureau, by calling (202) 671-4900.

The District of Columbia Pediatric HIV/AIDS Confidential Case Report Form is designed to collect information to promote the understanding of HIV infection and AIDS morbidity and mortality among infants and children at both the national and local level. Case report information is shared at the national level with the United States Centers for Disease Control and Prevention (CDC) to provide national estimates; however, *all personal identifiers are removed* before information is transmitted to CDC. DOH follows strict protocols to protect the security and confidentiality of all HIV/AIDS patient level information.

Patients for whom this form is indicated include the following patients less than 13 years of age:

- All children born to HIV-infected mothers (perinatal exposure reporting\*)
- Children who meet the pediatric HIV infection case definition
- Children who meet the pediatric AIDS case definition
- Children who were previously reported with HIV (not AIDS) and who have progressed to AIDS
- Children who are HIV infected or who have AIDS and have died.

\*This includes children whose infection status has not yet been determined, seroreverters, and those exposed but determined not to be infected with HIV; inclusion of such patients is for public health surveillance purposes only. A federal assurance of confidentiality applies to information on children exposed perinatally with or without consequent infection.

Health care providers physically located (and providing services) in the District should report all HIV/AIDS cases to DOH within 48 hours of diagnosis, including a physician diagnosis based upon history and symptoms. Reports should be made:

- Regardless of the patient's state of residence; and

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- Upon accepting a new patient, even if a previous provider may have reported the HIV/AIDS case to DOH or to another health department located in another jurisdiction.

Completed case report forms should be mailed in a double-sealed envelope marked “confidential” to Department of Health – Box 19, Attn. Field Coordinator, 64 New York Avenue, N.E., Washington, DC 20002. Alternatively, completed forms may be hand-delivered to the attention of the Field Coordinator, Bureau of Surveillance and Epidemiology, HIV/AIDS Administration, Department of Health, 64 New York Avenue, N.E., Suite 5001, Washington, D.C. 20002.

Data obtained from these forms are entered into compatible or standardized computer software provided by the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC, and then transferred without personal identifiers to CDC electronically by encrypted computer diskette or electronic transfer via secure data network.

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**Instructions for Providers Completing the  
Pediatric HIV/AIDS Confidential Case Report Form**

**SECTION I. PATIENT IDENTIFIER INFORMATION**  
(shaded areas are for DOH use only)

Note: Patient identifier information is for DOH use only and is not transmitted to CDC.

**Leave blank all of the gray-shaded areas marked for “Health Department Use Only”.**

**Patient Name**

Enter the patient’s last name, first name, and middle initial. If available, write in any other names, a.k.a., aliases, maiden name, or prior legal names in the Comments Section of the form.

**Date Form Completed**

Enter the date in the *mmddy* format. For example, January 15, 2007, would be entered as 01 15 07.

**Address**

Enter the patient’s current home address including ward, city, county, state, and zip code.

**Telephone Number**

Enter the patient’s home telephone number including the area code.

**Comment [M1]:** This item can be deleted, since the form is specific to and will only be used by DOH.

**Diagnostic Status at Report**

Indicate whether the case is an HIV infection or an AIDS case. Select HIV infection (not AIDS) if the patient meets the 1994 Revised Case Definition for HIV Infection in children less than 13 years of age and does not meet the current CDC pediatric AIDS surveillance case definition. Select AIDS if the patient meets the current CDC pediatric AIDS surveillance case definition. A patient may meet the case definition for HIV infection only, the case definition for AIDS only, or both. These diagnostic criteria may be met simultaneously or sequentially. Case definitions for each diagnosis can be found in Section 5 of the DOH Name-Based Reporting Binder.

**Perinatally HIV Exposed (not AIDS)**

Select "Perinatally HIV Exposed" if the patient is aged less than 18 months, was born to an HIV-infected mother, and does not meet the criteria for HIV infection or the criteria for "Not Infected with HIV".

**Confirmed HIV Infection (not AIDS)**

Select "Confirmed HIV Infection (not AIDS)" if the patient meets criteria specified in the Revised Surveillance Case Definition for HIV Infection and does not meet the current CDC pediatric AIDS case definition. See "Confirmed HIV Infection Criteria" Appendix 1.

**Seroreverter**

Select "seroreverter" if the perinatally exposed child initially has a positive HIV test, but is found NOT to be HIV-infected through criteria listed in Appendix 2. With respect to the four diagnostic status categories available on the case report form, "seroreverter" is synonymous with "Not Infected with HIV". See Appendix 2, "Seroreverters".

**AIDS**

Select AIDS if the patient meets the current AIDS case definition for children less than 13 years of age. See Section 5 of the DOH Name-Based Reporting Binder for information regarding case definitions.

**Date of last medical evaluation**

Enter the year and month of the child's last medical evaluation regardless of the reason for exam. This includes emergency room visits.

**Age at Diagnosis of HIV Infection and AIDS**

Enter age in months if child is less than 18 months of age, or enter age in years if child is greater than 18 months and less than 13 years of age.

**Sex**

This field denotes the patient's sex at birth. This is a biological designation, male, female, or intersexed. Intersexed is defined as a person born with both ovarian and testicular tissue (formerly "hermaphrodite").

**Date of Birth**

Enter the patient's month, day, and year of birth in the *mm dd yyyy* format.

**Country of Birth**

Select the applicable response from the boxes provided.

**Social Security Number**

When available, enter the patient's full social security number. This information will be used to identify possible duplicate case records and will not be used for other purposes.

**Note:** DOH encourages providers to explain to their patients that strict procedures are in effect to protect the confidentiality and security of all information collected on the HIV/AIDS Case Report Form. DOH does not transmit names, social security numbers, or other information that could be used to identify an individual to the Federal Government; nor release any information that could be used to identify an individual to any other agency, business, or individual. All data is reported in the aggregate, in summary tables, charts, and graphs. Nonetheless, some patients may not wish to provide their social security number. In this circumstance, DOH encourages providers to complete the case report form to the best of their ability, providing the patient's name, date of birth, and other identifying information requested on the form. This will assist DOH in maintaining accurate, unduplicated records, an essential element of our quality assurance procedures.

**Current status**

This field should indicate whether the patient was alive or dead at the time of the case report.

**Date of Death**

If the child is deceased, enter the date the patient died.

**State / Territory / Country of Death**

If the child is deceased, enter the state, country or territory where the death occurred. If the death occurred outside of the United States, indicate the country of death, if known.

**Date of initial evaluation for HIV infection**

Enter the date of initial evaluation for HIV infection. This is the date when HIV infection was first considered, either clinically or through laboratory evaluation.

For a child whose mother is known to be HIV infected at the time of birth and for whom the assessment of HIV infection is performed at birth, use the date of birth. This assessment does not necessarily include an order for an HIV test, although documentation of an HIV test is often the earliest evidence that the diagnosis was considered.

**Reason for initial HIV evaluation**

Select applicable response.

**Ethnicity**

Only one box should be checked for this variable. This field should be completed in addition to the race field. If known, please indicate whether the patient identifies as Hispanic. If the patient does identify as Hispanic, then the applicable boxes should also be completed. If no ethnicity information is available, then select “unknown”. DO NOT choose “unknown” unless a search for this datum was unsuccessful.

*Note: Ethnicity and race are two different variables. The appropriate box must be checked for each variable.*

**Race**

This field must be completed and more than one box may be checked if applicable. If no race information is available, select “unknown”.

**Residence at Diagnosis**

This field should be completed to reflect the patient’s residence when HIV or AIDS was first diagnosed. The home address as given by the parent/guardian of the patient at the time of HIV and/or AIDS diagnosis usually populates these fields. Please refer to Appendix 3, HIV/AIDS Case Residency Assignment Sheet, for further residency information.

**SECTION II. FACILITY OF DIAGNOSIS**

**Facility Name**

Enter the name, city, state, and country of the reporting facility or provider where the patient was first diagnosed (as HIV positive or with AIDS, accordingly). For example, if you are seeing this patient for the first time and your practice is located in Washington, DC, indicate “Washington, DC” on the form. The facility where the patient was first diagnosed may or may not be the facility where the infant was born.

For occurrences of seroreversion or perinatal exposure pending investigative closure, enter the name of the facility where the child received the initial evaluation for HIV infection. When these diagnoses or events occurred at different facilities, enter the name of each and specify which diagnosis occurred at which facility. If more space is needed, complete your response in the Comments Section of the form.

**Facility Setting**

Indicate whether or not the facility of diagnosis is public, private, federal, or unknown.

- Public facilities include public clinics and correctional institutions operated by a District Government agency.
- Private facilities include hospitals, doctors’ offices, and clinics.

**Comment [M2]:** The District does not have a public hospital.

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- Federal facilities include the Department of Veterans' Affairs medical centers, military clinics, and federal correctional institutions.

**Facility Type**

Select the appropriate facility type.

- Select "Physician, HMO" when the diagnosis was made at a private, outpatient care site not associated with a hospital.
- Examples of "Other" include publicly and privately operated facilities such as HIV Counseling and Testing Sites, tuberculosis clinics, and prenatal/obstetrics clinics facilities. For facilities marked as "other", specify the type of facility in the space provided.

**Comment [M3]:** The form already indicates that hospitals can have outpatient sites.

**Facility Phone Number**

Provide the telephone number for the facility of diagnosis.

**SECTION III. MATERNAL DEMOGRAPHICS AND HISTORY**  
**(Respond to ALL categories)**

Maternal perinatal exposure is the predominant risk factor for pediatric HIV cases.

Data regarding risk factors for infection that occurred before the first positive HIV test or AIDS diagnosis should be collected. Respond to each risk factor, selecting "yes" for all risk factors that apply and "no" for all those that do not apply. For example, only select "no" if the medical record specifically states that this is not a risk factor and "unknown" for those for which the investigation failed to yield an answer.

Risk factor information on the mother refers to behaviors that started before the child's birth.

Information on the child refers to circumstances or behaviors that were thought to have exposed the child to HIV, not to treatments since the child became HIV infected. For example, if the child received a blood transfusion after the documentation of HIV infection, do not enter that information on the form.

**Child's biologic mother's HIV infection status**

Select applicable response.

**(Mother) Diagnosed with HIV infection/AIDS**

If mother was diagnosed with HIV infection/AIDS, select appropriate box depending upon information available to determine the timing of her diagnosis. Where the date of mother's first positive HIV confirmatory test is available, establish which box to select by comparing to the date of birth and then selecting the appropriate box.

**Date of mother's first positive HIV confirmatory test**

Where mother is known to be HIV infected, enter month and year of the first positive HIV confirmatory test. If the year is known, but the search for month was unsuccessful, then enter "n/a" for the unknown month followed by the documented year.

**Mother was counseled about HIV testing during this pregnancy, labor, or delivery**

Select appropriate response.

Select "yes" if mother was counseled at any time during this pregnancy, labor, or delivery by a health care provider about the risks of HIV in pregnancy and the risks, benefits, and meaning of HIV testing.

**This child's biologic mother had:**

**Injected nonprescription drugs**

**Heterosexual relations with any of the following:**

This section relates to ascertainment of risk among heterosexual sex partners of the biologic mother of the case patient:

**Intravenous/injection drug user**

**Bisexual male**

**Male with hemophilia/coagulation disorder**

Coagulation disorder or hemophilia only refer to disorders of clotting factors including Factors I through Factor XII. Disorders include Hemophilia A, Von Willebrand's disease, and Hemophilia B.

**Transfusion recipient with documented HIV infection**

If "yes", document the reason for the transfusion in the Comments Section of the form.

**Transplant recipient of tissue/organs or artificial insemination**

If "yes", alert the Bureau of Surveillance and Epidemiology immediately at (202) 671-4900. Document the reason for the transplant in the Comments Section of the form.

**Male with AIDS or documented HIV infection, risk not specified**

Select "yes" only if male partner is known to be HIV positive and that partner's risk history for HIV is unknown.

**Received Transfusion of blood/blood components (other than clotting factor)**

If “yes”, specify month and year of first and last transfusions before the child’s biologic mother received a diagnosis of HIV infection or AIDS.

**Received transplant of tissue/organs or artificial insemination**

If this is the only risk factor present and the biologic mother did not have a diagnosis of HIV infection at the time of the child’s birth, then alert the Bureau of Surveillance and Epidemiology immediately at (202) 671-4900. The transmission mode will be initially classified as “risk not reported/identified” pending outcome of the DOH Case of Public Health Important (COPHI) investigation.

If the biologic mother is known to be HIV infected and this is the only maternal risk, then the case patient will be initially classified as “mother has HIV infection, risk not specified.”

**Before the diagnosis of HIV infection, this child had:**

Alert the Bureau of Surveillance and Epidemiology immediately at (202) 671-4900 if the child has one or more of the risk factors documented in this section:

**Received clotting factor for hemophilia / coagulation disorder**

Select applicable response and specify disorder.

If “yes” and the child was born after March 1998 and receipt of clotting factor is the suspected mode of HIV transmission, alert the Bureau of Surveillance and Epidemiology immediately at (202) 671-4900.

**Received transfusion of blood/blood components (other than clotting factor)**

If child received transfusion of blood cells (red cells, white cells, and platelets) or plasma, specify month and year of first and last transfusion before the patient was infected with HIV or received a diagnosis of AIDS. Document the reason for the transfusion in the Comments Section of the form.

**Received transplant of tissue/organs**

If “yes”, alert the Bureau of Surveillance and Epidemiology immediately at (202) 671-4900. The case will initially be classified as “risk not reported/identified” pending outcome of the no identified risk (NIR) investigation.

**Sexual contact with a male**

If the child is known to have had sexual contact/abuse, mark the appropriate box. If this is the only risk history, the case will initially be classified as “risk not reported/identified” pending the outcome of the NIR investigation.

**Sexual contact with a female**

If the child is known to have had sexual contact/abuse, mark the appropriate box. If this is the only risk history, the case will initially be classified as “risk not reported/identified” pending outcome of the NIR investigation.

**Injected nonprescription drug**

If this is the only risk history, the case will be initially classified as “risk not reported/identified” pending outcome of the NIR investigation.

**Other**

Select this response only if directed to do so by an investigator from the Bureau of Surveillance and Epidemiology.

**SECTION IV. BIRTH HISTORY**

**Birth history was available for this child**

Select applicable response.

**Hospital of Birth**

Enter name, city, state, and country of the hospital/clinic of birth. If this child was born at home, enter “home birth.”

**Residence at Birth**

Enter name of city, county, state, country, and ZIP code of residence of the patient at birth.

Use mother’s residence at time of infant’s birth. After an unsuccessful search for these data, enter “Unk.”

**Birth Weight**

Enter the birth weight in pounds or grams as indicated on the form.

If recorded in pounds and ounces, convert to grams. (For conversion: 2.2lbs= 1000 grams).

**Birth**

**Type**

Select applicable response. If unknown, select “9”.

**Delivery**

Select applicable response. If unknown, select “9”.

Notes in the child’s records are acceptable even if no birth records are available.

**Birth Defects**

Select applicable response. If “Yes”, specify type.

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**Code**

Record all codes.

Refer to Appendix 4, Reference List for Birth Defect Coding for further details and an abbreviated list of birth defect codes.

**Neonatal Status**

Select applicable response and record the child's gestational age, if known, in the boxes provided.

- "Full term" is defined as gestational age greater than or equal to 37 weeks.
- "Premature" is defined as gestational age less than 37 weeks.

If search for gestational age was unsuccessful, then enter "n/a" for unknown number of weeks.

Post mature neonatal status (after 40 weeks) should be recorded as full term.

**Prenatal Care**

Prenatal care is defined as any care for the pregnancy beyond pregnancy testing and before delivery, even if no regular follow-up ensued.

**Month prenatal care began**

Record the month of pregnancy (01 to 09) that the mother began her prenatal care.

If any fraction of a month is reported, round to the next whole month. In the absence of prenatal care, enter "00".

If search for this datum was unsuccessful, then enter "n/a" for month of first visit.

**Total number of prenatal visits**

Record the total number of times the mother went to the clinic or doctor for her prenatal care; exclude visits unrelated to prenatal care.

In the absence of prenatal care visits, enter "00".

In the presence of prenatal care and if search for this datum was unsuccessful, then enter "n/a" for number of prenatal visits.

Where data source reports a range of visits (e.g., "10-13"), enter the lowest number (e.g., "10").

**Did mother receive zidovudine (ZDV, AZT) during pregnancy?**

The term "pregnancy" is defined as: The condition of having a developing embryo or fetus in the body after union of an ovum and spermatozoon. Labor and delivery occur after this interval, so they are not considered part of the 'pregnancy.'

If a woman did not receive zidovudine, do not assume it was because she refused it.

Select “Refused” only if explicit documentation in the medical record indicates that the patient was offered the drug, but the patient declined.

In the absence of documentation that the patient has taken the drug, select “No”.

**Comment [M4]:** This is confusing. How do you distinguish the absence of evidence from an unsuccessful search for evidence?

Select “Unk.” after an unsuccessful search for this datum.

**If “yes”, what week of pregnancy was zidovudine (ZDV, AZT) started?**

Enter the time of the start of ZDV, AZT.

**Did mother receive zidovudine (ZDV, AZT) during labor/delivery?**

If a woman did not receive zidovudine, do not assume it was because she refused it.

Select “Refused” only if specific documentation in the record clearly states that she was offered the drug but she declined.

In the absence of documentation that the patient has taken the drug, select “No”.

“Unknown” should be used only if the labor/delivery records are not available.

**Comment [M5]:** This is also confusing.

**Did mother receive zidovudine (ZDV, AZT) prior to this pregnancy?**

Select “Yes” if information is available that states that the mother used ZDV anytime before this pregnancy.

Select “No” if the mother never used this antiretroviral.

Select “Unknown” if it is unknown whether the mother ever used ZDV before this pregnancy.

**Did mother receive any other antiretroviral medication during pregnancy?**

Select applicable response.

If “Yes”, enter type of medication received.

For a list of antiretroviral therapies currently available, refer to Appendix 5 for a list of Antiretroviral Treatments.

**Did mother receive any other antiretroviral medication during labor/delivery?**

If “Yes”, write in the type of medication received.

## SECTION V. LABORATORY DATA

Please indicate the first HIV positive laboratory result and test date. Include EIA and Western blot antibody tests, viral loads, and other virus detection tests. "Ind." refers to *Indeterminate* HIV antibody test results.

HIV diagnosis date is the earliest date at which HIV infection was diagnosed either from a positive confirmatory laboratory test result or when this information is not available, a documented physician diagnosis date. A physician documented diagnosis date (e.g., in the progress notes) is the date of the patient visit to the health care provider who documented the diagnosis of HIV infection.

AIDS diagnosis dates are clearly defined as either the date of the earliest CD4 T-lymphocyte count  $<200$  cells/ $\mu$ L or the date of the first opportunistic infection diagnosis.

HIV diagnosis date should use the earliest of diagnosis dates regardless of whether the method of diagnosis was through a laboratory test, physician diagnosis, or an AIDS-defining condition. For example, if a physician seeing a patient in January 2000 writes in the patient's chart that the patient was diagnosed with HIV infection in March 1998, the diagnosis date is the day that this information was documented (i.e., January 2000) in the medical record and not March 1998.

For children not infected with HIV (seroreverter), include all negative viral detection and negative antibody tests.

If perinatally HIV exposed, include all test results regardless of result.

A negative HIV test result does not necessarily represent absence of infection. Because antibody tests such as the HIV-ELISA are the standard means of screening for HIV infection, the test type specified in this field is typically an antibody test. Additionally, HIV-2 infection would be missed by assays specific to detection of HIV-1 antibodies; such case reports could include a previous HIV-1 negative antibody test result here. By contrast, other HIV tests, such as those measuring viral load, are typically ordered for patients already known to be infected; so these are not included here. For example, an undetectable viral load test should not be documented here.

Patient self report of last negative test is not considered "documented" and thus should not be entered in this field.

**HIV antibody tests at diagnosis:**

Record all tests and include the earliest positive test result.

**HIV-1 EIA**

Enter result and date of first HIV-1 EIA, including rapid tests. "Positive EIA" means repeatedly reactive tests on a single sample.

**HIV-1/HIV-2 COMBINATION EIA**

Enter result and collection date of first HIV-1/HIV-2 combination EIA test. If tests indicate HIV-1 or HIV-2 results separately, please specify the results as given in the laboratory report.

**HIV-1 WESTERN BLOT/IFA**

Enter result and collection date of first HIV-1 Western blot/IFA.

**OTHER HIV ANTIBODY TEST**

If other HIV tests other than those above were employed, specify the type of test performed. Enter result and collection date.

**HIV Detection Tests**

Record all tests and include the earliest positive test result. Select applicable response corresponding to earliest positive detection test. These are all qualitative tests. All varieties of such tests establish the presence of the pathogen, HIV. By contrast, HIV tests such as the EIA or Western blot establish the presence of the immune system's response to the pathogen-HIV antibodies.

**CULTURE**

Enter result and collection date of earliest test by culture. HIV culture tests cannot distinguish between HIV-1 and HIV-2.

**ANTIGEN**

Enter result and collection date of earliest antigen test. Antigens are the virus' own proteins; such tests are specific for these proteins. HIV antigen detection tests include Abbott HIVAG-1 Monoclonal and Coulter HIV-1 p24 Antigen ELISA Test System.

**HIV PCR, DNA, OR RNA PROBE**

Enter result and date of earliest test by these methods. The most commonly used DNA PCR test is Amplicor/COBAS HIV-1 DNA. The most commonly used RNA PCR test is Procleix RNA test. Enter type of HIV detection test in the space provided, and result and date by this method.

**OTHER (SPECIFY)**

Enter type of HIV detection test in the space provided, and result and date by this other method. Other assays and their equivalents are any in-house HIV virus detection tests that are not FDA approved.

### **HIV Viral Load Test**

These are all quantitative tests. Enter results in units of copies per milliliter (mL). Enter the month and year test was performed. Viral load tests with undetectable results should also be entered here.

#### **Test type**

Enter test type. Two-digit codes are "11" = NASBA; "12" = RT-PCR; "13" = bDNA; "18" = Other. Enter "19" for unspecified test type.

#### **Copies/mL**

Enter result in units of viral copies per milliliter. Where detectable results are reported with log data only, enter "greater than detection limits for this assay" under the copies/mL field. Because undetectable results are typically reported as *below the detection limits of the assay* rather than by a specific quantitative value, enter "fewer than detectable by this assay" under the copies/mL field.

#### **Test Date**

Enter the date the specimen was collected in the *mm yyyy* format. Do not confuse this date with the date the test was run or reported.

### **Immunologic Lab Tests**

Please record the CD4 cell count and percent closest to the current diagnostic status, as well as the first CD4 count/percent less than 200/ul or less than 14%. Include the dates of all tests.

#### **If HIV tests were not positive or were not done, or the patient is less than 18 months of age, does this patient have an immunodeficiency that would disqualify the patient from the AIDS case definition?**

Select appropriate response.

#### **If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?**

Note, if laboratory documentation of a positive HIV test is unavailable in the medical record, enter the date of physician's diagnosis of HIV infection. A physician diagnosis is made by clinical and/or laboratory evaluation and should be clearly documented (e.g., in progress notes).

A physician documented diagnosis date is the date of the patient visit to the health care provider who documented the diagnosis of HIV infection. This date is used in the absence of HIV laboratory test results and should include a month and year. Prescription of anti-retroviral drugs is sufficient evidence of a physician diagnosis of HIV infection.

Documentation by a physician of a patient/parent history of patient self-report is not considered a "physician diagnosis".

**Not HIV infected**

If laboratory evidence of negative HIV tests is not available in the patient's medical or other record and there is written documentation by a physician of a diagnosis of seroreverter, based upon evidence of negative HIV laboratory tests notes in the patient medical record, enter a physician diagnosis of "not infected with HIV" or "seroreverter" and the date of this documentation.

**SECTION VI. MATERNAL INFORMATION**

**Maternal Date of Birth**

Enter the biologic mother's month, day, and year of birth.

**Maternal Soundex** For DOH use only

**Maternal UI code** For DOH use only

**Maternal State Patient No.** For DOH use only

**Birthplace of Biologic Mother**

Mark the box corresponding to the biologic mother's country of birth.

If this information is not available in the child's records, it can be left blank and updated on follow-up.

**SECTION VII. CLINICAL STATUS**

**AIDS Indicator Diseases**

For all AIDS reports, check all known indicator diseases and enter dates of diagnosis. Specify whether presumptive or definitive. Definitive diagnoses are generally based on specific laboratory methods, while presumptive diagnoses are those made by the clinicians. If search for month of "Initial Date" was unsuccessful, then enter "n/a" for unknown month.

**RVCT Case No.**

This is the tuberculosis (TB) case report number. If this patient has a verified case of TB, DOH staff will enter the nine-digit alphanumeric code from the TB case report or TB data management system. Providers in the private and public sectors diagnosing TB in their AIDS patients may get this number from the DOH TB surveillance staff by calling (202) 698-4040.

## SECTION VIII. TREATMENT SERVICES AND REFERRALS

### **This child received or is receiving**

#### **Neonatal Zidovudine (ZDV, AZT) for HIV prevention**

Record whether child received any neonatal (first six (6) weeks of life) zidovudine to prevent perinatal HIV infection.

#### **Other neonatal antiretroviral medication during the neonatal period for HIV Prevention?**

Select applicable response.

If "Yes", record the day, month, and year the child was started on other antiretrovirals as prophylaxis during the first six (6) weeks of life.

If the year and month are present but search for day was unsuccessful, then enter "n/a" for the day followed by the documented month and year.

#### **If "yes", specify**

If "Yes", write in the type of medication received.

#### **Antiretroviral Therapy for HIV Treatment**

Select applicable response.

If "Yes", record month, day and year the child started on any antiretroviral therapy for treatment of confirmed HIV infection.

#### **PCP Prophylaxis**

Select applicable response.

If "Yes", enter the month, day, and year the child was started on therapy to prevent the occurrence of PCP.

If the year and month are present without a designated day, "n/a" should be entered for the day followed by the documented month and year.

If nothing in the medical chart indicates the use of any of these drugs or refers to the prophylactic treatment of PCP, then select "No".

"Unk." is used if treatment information in the medical chart is unclear or was unavailable.

**Was child breastfed?**

Select applicable response.

If there is suspicion that the child's only exposure to HIV was through breast milk, alert the Bureau of Surveillance and Epidemiology (NIR Coordinator) at (202) 671-4900.

**This child has been enrolled at:**

**Clinical Trial**

Select applicable response according to whether patient is enrolled in a clinical trial, particularly if the trial is sponsored by the National Institutes of Health (NIH).

Children treated under the AIDS Clinical Trials Group (ACTG) protocols or enrolled in the Women and Infants Transmission Study (WITS) are participating in NIH-sponsored clinical trials.

**Clinic**

Select the applicable response according to whether patient is enrolled at a clinic, particularly if that clinic is sponsored by the United States Health Resources and Services Administration (HRSA).

**This child's medical treatment is primarily reimbursed by:**

Indicate the child's primary method of reimbursement for medical treatment.

**This child's primary caretaker is:**

Select the response corresponding to the persons who give the majority of care for the child.

For children living with one or two biologic parents, "Biologic parent(s)" should be selected.

**SECTION IX. PROVIDER INFORMATION**

Enter the provider's name, address, telephone number, email, and fax number, as well as the name of the person completing the case report form for the facility and the patient's medical record number.

For HIV infection reports, enter the name of the physician who ordered the test.

For AIDS case reports, enter the name of the physician medically managing the patient's care.

**SECTION X. COMMENTS SECTION**

This section can be used to record information not requested on the form, or to clarify or supplement requested information. For example, surveillance staff may document the investigative progress toward ascertainment of risk factor information.

**SECTION XI. FOR HEALTH DEPARTMENT USE ONLY**

**Leave blank all of the gray-shaded areas marked for “Health Department Use Only”.**

**LIST OF APPENDICES**

1. Confirmed HIV Infection Criteria
2. Seroreverters
3. HIV/AIDS Case Residency Assignment Sheet
4. Reference List for Birth Defect Coding5. List of Antiretroviral Treatments

### Appendix 1: Confirmed HIV Infection Criteria

**Among children aged *greater than or equal to 18 months and less than 13 years*, a reportable case of HIV infection must meet at least one of the following criteria:**

#### Laboratory Criteria

- Positive result on a screening test for HIV antibody (e.g., repeatedly reactive enzyme immunoassay), followed by a positive result on a confirmatory (sensitive and more specific) test for HIV antibody (e.g., Western blot or immunofluorescence antibody test)
- or**
- Positive result or report of a detectable quantity on any of the following HIV virologic (nonantibody) tests:
  - HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA)
  - HIV p24 antigen test, including neutralization assay
  - HIV isolation (viral culture)

**OR**

#### Clinical or Other Criteria (if the above laboratory criteria are not met)

- Diagnosis of HIV infection, based upon the laboratory criteria above, that is documented in a medical record by a physician
- or**
- Conditions that meet criteria included in the case definition for AIDS

**Among children aged *less than 18 months*, a reportable case of HIV infection must meet at least one of the following criteria:**

#### Laboratory Criteria

##### *Definitive*

- Positive results on two separate specimens (excluding cord blood) using one or more of the following HIV virologic (nonantibody) tests:
  - HIV nucleic acid (DNA or RNA) detection
  - HIV p24 antigen test, including neutralization assay, in a child greater than or equal to one month of age
  - HIV isolation (viral culture)

**OR**

##### *Presumptive*

A child who does not meet the criteria for definitive HIV infection but who has:

- Positive results on only one specimen (excluding cord blood) using the above

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HIV virologic tests and no subsequent negative HIV virologic or negative HIV antibody test

***OR***

**Clinical or Other Criteria**

(if the above definitive or presumptive laboratory criteria are not met)

- Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician

***OR***

- Conditions that meet criteria included in the 1987 pediatric surveillance case definition for AIDS (<http://www.cdc.gov/mmwr/pdf/other/mmsu3601.pdf>)

In the absence of laboratory evidence of HIV infection in the child, that child meets the HIV case definition if diagnosed with conditions that meet the criteria in the 1987 pediatric case definition for AIDS if born to a mother known to be infected at the time of birth.

The current HIV infection case definition for children less than 13 years of age, and persons of all ages, is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a2.htm>.

## Appendix 2: Seroreverters

Virtually all children less than 18 months of age born to HIV-infected mothers are antibody positive at birth. A child aged less than 18 months born to an HIV-infected mother will be categorized for surveillance purposes as “not infected with HIV” if the child does not meet the criteria for HIV infection but meets the following criteria:

### Laboratory Criteria

#### *Definitive*

- At least two negative HIV antibody tests from separate specimens obtained at > 6 months of age
- At least two negative HIV virologic tests\* from separate specimens, both of which were performed at > 1 month of age and one of which was performed at > 4 months of age

#### **AND**

No other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS-defining condition)

#### **OR**

#### *Presumptive*

A child who does not meet the above criteria for definitive “not infected” status but who has:

- One negative EIA HIV antibody test performed at > 6 months of age and NO positive HIV virologic tests, if performed

#### **OR**

- One negative HIV virologic test\* performed at > 4 months of age and NO positive HIV virologic tests, if performed

#### **OR**

- One positive HIV virologic test with at least two subsequent negative virologic Tests,\* at least one of which is at > 4 months of age; or negative HIV antibody test results, at least one of which is at > 6 months of age

#### **AND**

No other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS-defining condition).

#### **OR**

### Clinical or Other Criteria

(if the above definitive or presumptive laboratory criteria are not met)

Determined by a physician to be “not infected,” and a physician has noted the results of the preceding HIV diagnostic tests in the medical record

#### **AND**

NO other laboratory or clinical evidence of HIV infection (i.e., has not had any

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positive virologic tests, if performed, and has not had an AIDS-defining condition)

\* HIV nucleic acid (DNA or RNA) detection tests are the virologic methods of choice to exclude infection in children aged < 18 months. Although HIV culture can be used for this purpose, it is more complex and expensive to perform and is less well standardized than nucleic acid detection tests. The use of p24 antigen testing to exclude infection in children aged < 18 months is not recommended because of its lack of sensitivity.

### Appendix 3: HIV/AIDS Case Residency Assignment

HIV and AIDS cases are reported based upon the place of residence at diagnosis of HIV infection and/or AIDS, regardless of where the exposure may have taken place. The usual residence can be assumed to be the address given at the time of diagnosis, recorded in the medical chart or reported by physicians or laboratories. In certain circumstances, the usual residence may be different. Several of these commonly encountered scenarios are outlined below.

**Multiple residences:** Use the address where the patient lives most of the time. If this is equally divided, then use the address at the time of diagnosis.

**Homeless persons:** Should be reported by the jurisdiction where the patient was staying at the time of diagnosis.

**Students:** A full-time student should be reported using the address where the student lives most of the time. A part-time student should be reported using the address where the student is living at the time of diagnosis.

**Military personnel:** Residency should be reported using the address where the patient was living at the time of diagnosis, either on the base or off of the base.

**Incarcerated persons:**

State or Federal Prison: A patient who is incarcerated at the time of diagnosis should have the residence of the correctional facility.

City or County Jail: If the patient will be incarcerated for a short period of time, i.e. less than one year, then the home address should be used as the residence. If the incarceration period will be long-term, then the address of the facility should be used.

**Institutionalized persons:** A patient living in a facility such as a hospice, nursing home, drug or alcohol recovery facility, or institution for the physically or mentally disabled, should use the address of the facility as the residence of diagnosis.

**Foreign citizens:** If a patient, regardless of citizenship, is diagnosed with HIV or AIDS while residing in the United States, then the case should be reported and the address of the patient's usual residence in the United States should be used.

**Appendix 4: Reference List for Birth Defect Coding**

System	Condition	6-digit Codes	3-digit Codes
<b>Central Nervous System</b>	Spina Bifida (meningocele)	741.000–741.990	A04
	Anencephaly	740.000–740.100	A01
	Encephalocele	742.000–742.090	A13
<b>Cardiovascular</b>	Atrial septal defects	745.510–745.590	D06
	Ventricular septal defects	745.400–745.490	D05
	Pulmonary valve anomalies	746.000–746.090	D12
	Coarctation of the aorta	747.100–747.190	D26
	Aortic valve anomalies	746.300–746.490	D14
	Transposition of the Great Arteries	745.100–745.190	D02
	Tetralogy of Fallot	745.200–742.210	D03
	Hypoplastic left heart syndrome	746.700	D18
<b>Orofacial</b>	Cleft palate without cleft lip	749.000–749.090	F01
	Cleft lip with and without cleft palate	749.100–749.290	F02
<b>Musculoskeletal</b>	Clubfoot	754.730	J05
	Reduction defect of upper limb	755.200–755.290	K01
	Reduction defect of lower limb	755.300–755.390	K02
<b>Chromosomal</b>	Down syndrome	758.000–758.098	R01
	Trisomy 13 (Patau Syndrome)	758.100–758.198	R02
	Trisomy 18 (Edwards Syndrome)	758.200–758.298	R03
	22q11.2 deletion	758.370	R04
<b>Eye</b>	Cataract	743.320–743.326	B04
	Anophthalmos and microphthalmus	743.000–743.100	B01
<b>Genitourinary</b>	Hypospadias	752.600–752.607	G02
	Anomalies of renal pelvis and ureter	753.200–753.290	H06
	Ambiguous genitalia	752.700–752.790	G04
<b>Abdominal Wall Anomalies</b>	Gastrochisis	756.710	N04
	Omphalocele	756.700	N02
<b>Diaphragmatic Anomalies</b>	Diaphragmatic hernia	756.600–756.616	N01

**Appendix 5: List of Antiretroviral Treatments**

A single drug formulation often has multiple names; trade names are in bold. Drug names include the following, which serves only as a guide as of August 2007.

<b>Drug Type Among Antiretroviral Class</b>				
<b>Nucleoside/ Nucleotide Reverse Transcriptase Inhibitors (NRTIs)</b>	<b>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>	<b>Protease Inhibitors</b>	<b>Fusion Inhibitors</b>	<b>NRTI Combination Drugs</b>
Abacavir-ABC, <b>Ziagen</b>	Delavirdine- <b>Rescriptor</b>	Amprenavir- <b>Agenerase</b>	Enfuvirtide- <b>Fuzeon</b>	Combivir
Didanosine-ddI, <b>Videx, Videx EC</b>	Efavirenz- <b>Sustiva</b>	Atazanavir- <b>Reyataz</b>	Celsenti, maraviroc, UK-427,857, <b>Selzentry</b>	Trizivir
Emtricitabine- FTC, <b>Emtriva</b>	Nevirapine- <b>Viramune</b>	Indinavir- <b>Crixivan</b>		Truvada
Lamivudine-3TC, <b>Epivir</b>		Lopinavir + Ritonavir- <b>Kaletra</b>		Abacavir combo
Stavudine-D4T, <b>Zerit</b>		Nelfinavir- <b>Viracept</b>		
Tenofovir- Disoproxil, Fumarate, <b>Viread</b>		Ritonavir- <b>Norvir</b>		<b>Multi-class Combination Drug</b>
Zalcitabine-ddC, <b>HIVID</b>		Saquinavir (hard gel capsule)- <b>Invirase</b>		EFV+FTC+TDF, <b>Atripla</b>
Zidovudine-AZT, ZDV, <b>Retrovir</b>		Saquinavir (soft gel capsule)- <b>Fortovase</b>		
Kivexa, abacavir + lamiduvine, 3TC + ABC, <b>Epzicom</b>		Tipranavir, TPV- <b>Aptivus</b>		

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<b>Drug Type Among Antiretroviral Class</b>				
<b>Nucleoside/ Nucleotide Reverse Transcriptase Inhibitors (NRTIs)</b>	<b>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>	<b>Protease Inhibitors</b>	<b>Fusion Inhibitors</b>	<b>NRTI Combination Drugs</b>
		Telzir, fosamprenavir, FPV, <b>Lexiva</b>		
		Darunavir, DRV, <b>Prezista</b>		