

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

The District of Columbia Adult HIV/AIDS Confidential Case Report Form is the District of Columbia Department of Health (DOH) version of the CDC Adult HIV/AIDS 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 age 13 and over. (A separate form is used for reporting HIV/AIDS in patients under age 13.) Instructions for each section of the form are found below. The form may be photocopied or downloaded from the HIV/AIDS webpage on <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 Adult HIV/AIDS Confidential Case Report Form is designed to collect information to promote the understanding of HIV infection and AIDS morbidity and mortality, both at 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 patient level information.

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

- Patients with an HIV (not AIDS) diagnosis
- Patients with an AIDS diagnosis*
- Patients who were previously reported with HIV (not AIDS) and who have progressed to AIDS
- Patients who are HIV infected or who have AIDS and have died.

*The occurrence of AIDS is reportable as an event independent of the occurrence of HIV infection (not AIDS). For purposes of HIV/AIDS surveillance, progression to AIDS in a previously reported HIV patient represents a new report of AIDS rather than an update of a previously reported HIV case.

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
- 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.

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Completed case report forms should be mailed in a double-sealed envelope marked “confidential” to the Department of Health – Box 19, Attn. Field Coordinator, 64 New York Avenue, N.E., Washington, DC 20002. Alternatively, completed reports 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.

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

SECTION I. HEALTH DEPARTMENT USE ONLY

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

Date Form Completed

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

**SECTION II. PATIENT INFORMATION
FOR HIV AND AIDS CASE REPORTS
MUST BE COMPLETED**

Note: Patient identifier information is for DOH use only and is not transmitted to CDC; however, all information in this section must be completed.

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 1993 CDC case definition for HIV infection and does not meet the 1993 CDC AIDS surveillance case definition. Select AIDS if the patient meets the 1993 CDC AIDS surveillance case definition. A patient may meet the case definition for HIV

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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.

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.

Telephone Number

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

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.

Address

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

Birth Date

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

Current status

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

Age at Diagnosis

This field should be completed with the person's two-digit age in years at the time of diagnosis.

Sex (at birth)

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").

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Sex (current)

This field denotes the patient's biological sex at the time of diagnosis, male, female, intersexed, or in transition (sexual reassignment process has not been completed). Current sex may vary from the patient's sex at birth, for example, where a patient has had sexual reassignment surgery.

Transgender (gender identity)

For a patient who is biologically a male, but identifies socially and behaviorally as a female, the patient is recorded as transgender, male to female.

For a patient who is biologically a female, but identifies socially and behaviorally as a male, the patient is recorded as transgender, female to male.

Additional information regarding the patient's gender identity (the patient's sense of being a man or a woman, or a boy or a girl), expression, or behavior may be noted in the comments section; for example, current gender identity might be classified as male; female; intersexed; male to female; female to male; cross dresser; drag queen; or she male. See Gender Identity Definitions in Appendix 1.

Country of Birth

Select the applicable response from the boxes provided.

Death Date

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

State / Territory / Country of Death

If the patient 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.

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. If at the time of diagnosis, the patient was incarcerated in the District of

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Columbia, incarcerated at another location, homeless, or in a detoxification center or program, this should also be indicated. Please refer to the HIV/AIDS Case Residency Assignment Sheet in Appendix 2, for further residency information.

SECTION III. REPORTING INFORMATION

Reporting Facility

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.

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

Reporting 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, STD clinics, tuberculosis clinics, substance abuse treatment facilities, family planning clinics, and prenatal/obstetrics clinics facilities. For facilities marked as “other,” specify the type of facility in the space provided.

SECTION IV. PATIENT HISTORY **(Respond to ALL Categories)**

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

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which the investigation failed to yield an answer. For assistance on how to obtain risk factor information, refer to the guide in Section 6 of the DOH Name-Based Reporting Binder.

Sex with male

The person completing the case report form can presume “yes” for this risk factor among males with a history that suggests receptive anal intercourse. For example, if a male patient presents with a history of rectal gonorrhea, this is suggestive of a history of receptive anal intercourse.

Received clotting factor

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.

Heterosexual relations with any of the following

This section relates to ascertainment of risk among heterosexual sex partners of the case patient.

Bisexual male

This field applies only to female patients.

Person with AIDS or documented HIV infection, risk not specified

Select “yes” only if the patient’s HETEROSEXUAL sex partner is known to be HIV positive and that partner’s risk factor for HIV is not specified.

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

If yes, specify month and year of first and last transfusions before occurrence of patient’s HIV diagnosis.

Received transplant of tissue / organs or artificial insemination

If yes, alert the Bureau of Surveillance and Epidemiology immediately at (202) 671-4900.

Occupational exposure

Write in the specific occupation if the exposure was occupational.

Perinatal exposure

If patient was diagnosed after age 13 but infection is thought to be due to perinatal exposure, then select “yes”.

SECTION V. LABORATORY DATA

Please indicate the first HIV positive laboratory result and test date. Include EIA and Western blot antibody tests, viral loads, or 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/ μ 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 in March 1998, the diagnosis date is the day that this information was documented in the medical record (i.e., January 2000) and not March 1998.

HIV antibody tests at diagnosis:

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-1 ANTIBODY

If HIV-1 tests other than those above were employed, specify the type of test performed. Enter result and collection date.

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Positive HIV Detection Tests

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 the result and date by the applicable method.

NAT (Nucleic Acid Test)

Enter the date of the earliest test result by nucleic acid testing.

OTHER HIV AB (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.

Viral Load Test (record most recent test)

This is a quantitative test. 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.

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Test Date

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

Date of last documented negative HIV test (specify type)

Enter type of test and specimen collection date.

A negative HIV test result does not necessarily represent the 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.

If HIV laboratory tests were not documented, is the 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.

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.

Resistance Tests

Please indicate if the patient has received HIV genotyping or phenotyping testing and if possible the month and year of testing. Please include a copy of the test with the case report form.

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.

SECTION VI. REASON FOR VISIT

Reason for Visit

Indicate the reason for the patient's visit and mark all reasons that apply.

Additional Risk Information and Co-Infections

Indicate any additional risk information, including co-infections and diagnosis date for these infections. If a patient was found to be infected with Hepatitis B or C, indicate whether or not the infection was known to be acute or chronic. If the patient was diagnosed with a sexually transmitted disease, specify the disease and the diagnosis date.

SECTION VII. CLINICAL STATUS

Clinical status

Indicate whether the person recording data in the form's *Clinical Status* section reviewed the patient's medical chart.

For HIV reports in which the patient was clinically evaluated, enter the date that the patient was determined to be symptomatic (with HIV related conditions) or asymptomatic.

Asymptomatic

This category includes HIV-positive patients with no HIV-related symptoms, with acute retroviral illness, or with persistent generalized lymphadenopathy (PGL).

Symptomatic

This category includes HIV-positive patients with symptoms attributable to HIV infection other than acute retroviral illness or persistent generalized lymphadenopathy (PGL).

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 upon specific laboratory methods, while presumptive diagnoses are those made by the clinicians. If the search for the month of the "Initial Date" was unsuccessful, then enter "n/a" for the unknown month. A complete description of AIDS indicator diseases may be found in Appendix 3 or in the MMWR Supplement RR-17, Vol. 41, Dec. 18, 1992.

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RVCT Case No.

This is the tuberculosis (TB) case report number. If this patient has a verified case of TB, DOH staff 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 DOH TB surveillance staff by calling (202) 698-4040.

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify the patient from the AIDS case definition?
Select applicable response. Refer to Appendix 4 for causes of disqualifying immunodeficiency.

SECTION VIII. TREATMENT SERVICES AND REFERRALS

Complete all partner counseling and referral service questions, which include: Has the patient been informed of the HIV infection and who will notify the patient's partners about their HIV exposure. If notification is not documented, select "Unk." unless the person completing the form knows with certainty that the patient is aware of the infection.

Has this patient ever received:

Antiretroviral therapy

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

PCP Prophylaxis

Examples of PCP prophylaxis include Trimethoprim/sulfamethoxazole (TMP/SMX, Bactrim, Septra), Pentamidine, and Dapsone.

Has this patient received or been referred for HIV-related medical services or substance abuse treatment services

Select "yes" even if the patient has yet to actually receive such services.

Enrollment and reimbursement

Indicate the patient's primary method of reimbursement for medical treatment and whether or not the patient has been enrolled in any clinical trials or clinics.

For women

For women, list all known obstetrical information as requested. Indicate whether the patient is currently pregnant and if so, her anticipated due date in the *mm dd yy* format.

Indicate whether or not the patient has delivered any live-born infants and if so, provide the number of children delivered since being diagnosed as well as any available birth

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information for the most recent birth, including hospital of birth. Information on additional or multiple births can be recorded in the Comments Section of the form.

CHILD'S SOUNDEX

To be completed by DOH personnel

CHILD'S STATE PATIENT NO.

To be completed by DOH personnel.

SECTION IX. HIV TESTING HISTORY

Has this patient ever had a rapid HIV screening test?

Indicate whether or not the patient has ever had a rapid HIV screening test; and if so, whether it was a test using an oral, blood, or urine specimen.

First Positive HIV Test

Indicate the date, place, and state where the first positive HIV test was performed.

Ever have negative HIV test?

If the patient ever had a negative test, indicate the name of the facility or agency where the patient was tested including the state and the date of the last documented negative HIV test and the type of test.

Patient self-reported date of last negative HIV test

Document the date that the patient states that he or she was last tested for HIV and had a negative result. This date and test result does not need to be documented by a medical provider, but instead is according to the patient's self-report.

Number of times tested

Indicate the number of times that the patient was tested for HIV in the past two years or in the two years before the first positive test. Include in that count the first positive test.

Ever taken any ARV or HIV medicines?

Document whether or not the patient has received any antiretrovirals (ARV) or HIV medication. If the patient is currently taking ARV or HIV medication, indicate the types of medications being taken and the first and last day that those medications were taken.

SECTION X. FOR HEALTH DEPARTMENT USE ONLY

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

SECTION XI. COMMENTS SECTION

This section can be used to record information not requested on the form, or to clarify or supplement requested information. For example, providers may document information regarding the patient’s gender identity.

LIST OF APPENDICES

1. Gender Identity Definitions
2. HIV/AIDS Case Residency Assignment
3. AIDS Indicator Diseases
4. Disqualifying Immunodeficiencies
5. List of Antiretroviral Treatments

Appendix 1: Gender Identity Definitions

Gender	Description
Male	Of, relating to, or designating the sex that has organs to produce spermatozoa for fertilizing ova
Female	Of or denoting the sex that produces ova or bears young
Male to Female	Male who self identifies as female
Female to Male	Female who self identifies as male
Intersexed	Individuals born with both ovarian and testicular tissue. Formerly “hermaphrodite”
Cross Dresser	Individuals, frequently heterosexual, who wear clothing of the opposite gender for different reasons
Drag Queen	Individuals whose sexual orientation is homosexual, who cross dress.
She Male	A biologic male who has both male and female sex characteristics by choice (due to hormones), but has not undergone genital reassignment.
Transgender	An individual whose gender identity, expression, or behavior is not traditionally associated with the individual’s birth sex.
Transsexual	An individual who is profoundly unhappy in the sex assignment made at birth, and who seeks to change or who has already changed the individual’s body to be like that of the sex associated with individual’s gender identity.

Appendix 2: HIV/AIDS Case Residency Assignment

HIV and AIDS cases are reported based on the place of residence at diagnosis of HIV 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 was 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 3: AIDS Indicator Diseases

The following information is provided to help determine if a patient meets the HIV/AIDS diagnostic criteria.

**Adult AIDS Indicator Diseases—one or more sufficient
if definitively diagnosed in the absence of positive HIV test results)**

- Candidiasis of bronchi, trachea, or lungs
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (greater than one month's duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes)
- Herpes simplex: chronic ulcer(s) (greater than one month's duration); or bronchitis, pneumonitis, or esophagitis
- Kaposi's sarcoma (among patients < 60 years of age)
- Lymphoma, primary, of brain (among patients < 60 years of age)
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Progressive multifocal leukoencephalopathy
- Toxoplasmosis of brain

**Adult AIDS indicator diseases—one or more sufficient
(if diagnosed presumptively or definitively in the presence of positive HIV test results)**

- Candidiasis of bronchi, trachea, or lungs
- Candidiasis, esophageal
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (greater than one month's duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes)
- Cytomegalovirus retinitis (with loss of vision)
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcer(s) (greater than one month's duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (greater than one month's duration)
- Kaposi's sarcoma (among patients < 60 years of age)
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary, of brain (among patients < 60 years of age)
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary)
- Mycobacterium, other species or unidentified species, disseminated or

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extrapulmonary

- Pneumocystis carinii pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV

Definitive diagnostic methods are detailed in the 1987 and 1993 MMWR case definition supplement and recommendations (1987;36:1 15S and 1992;41:1 17RR). Guidance on diagnosis of these diseases in the context of all nationally notifiable diseases is available at http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm.

For another view of this distinction in the context of treatment of opportunistic infections, *see* Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5315a1.htm>.

Methods for the presumptive diagnosis of diseases indicative of AIDS listed in the case definition supplement are simply suggested guidelines, not requirements. Among illnesses that can be presumptively diagnosed, if a method does not meet the requirements for definitive diagnosis, then it meets the requirements for presumptive diagnosis. Accept any method that the clinician considers diagnostic.

Appendix 4: List of Disqualifying Immunodeficiencies

Causes of immunodeficiency that disqualify clinical conditions as indicators of AIDS *in the absence of laboratory evidence for HIV infection* are:

High-dose or long-term systemic corticosteroid therapy or other immunosuppressive/cytotoxic therapy within three months before the onset of the AIDS-defining clinical condition.

Any of the following diseases diagnosed before or within three months after the AIDS-defining clinical condition was diagnosed:

- Hodgkin's disease
- non-Hodgkin's lymphoma (other than primary brain lymphoma)
- lymphocytic leukemia
- multiple myeloma
- any other cancer of lymphoreticular or histiocytic tissue
- angioimmunoblastic lymphadenopathy

A genetic (congenital) immunodeficiency syndrome or an acquired immunodeficiency syndrome atypical of HIV infection, such as one involving hypogammaglobulinemia.

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.

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

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