

# CONFIDENTIAL REPORT OF A NEW DIAGNOSIS OF HIV INFECTION

Please complete the following information on your patient

**1. Reporting doctor**

Name .....

Address.....

**2. Anonymous code**

Please complete the box with the first 2 letters of the surname (do not include the letters 'Mac', 'Mc', 'van der' if the surname starts with these), the first initial of given name, sex, and date of birth.

1st two letters of surname	Initial of given name	Sex	Day	Month	Year

**3. Type of Testing Site** (ie general practice, STD clinic, refugee resettlement centre, AIDS Foundation centre, hospital outpatient clinic etc)

**4. Reasons for HIV testing**

- History of sexual contact with person at risk of HIV infection
- History of injecting drug use
- Symptoms related to HIV disease (specify.....)
- Blood donation screening
- Antenatal screening
- Contact tracing (specify.....)
- Other (specify.....)

**5. Date of first diagnosis of HIV infection**

**6. Most recent previous negative HIV antibody test**

Date .....

No previous test performed

**7. First CD4 count (cubic mm) after diagnosis**

Date:.....Result:.....

**8. Meets the criteria for AIDS?**

- Yes
- No

(If yes, please download the AIDS notification form from [www.otago.ac.nz/aidsepi/group](http://www.otago.ac.nz/aidsepi/group) and send to the local Medical Officer of Health)

**9. Ethnic group** (self reported by patient, more than one box may be ticked)

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- Others - such as Dutch, Japanese, Tokelaun. Please

state:.....

**10. District of usual residence** (City or region)

**11. Likely country that infection occurred in**

**12. Likely mode of infection** (more than one box may be ticked)

- Sexual contact between males (see Question 13)
- Sexual contact between male and female (see Question 14)
- Receipt transfusion/blood products or tissue
- Receipt coagulation factor
- Sharing of equipment (eg needles and syringes) between injecting drug users
- Perinatal transmission. Specify likely mode of infection of the mother .....
- Exposure other than those stated above. Specify exposure .....
- Exposure is unclear. Please explain .....
- Has not been interviewed with respect to exposure

**13. If considered infected through sexual contact between men**

**(a) Is your patient**

- Homosexual
- Bisexual
- Unknown

**(b) Sexual contact was with**

- a New Zealander in New Zealand
- a visitor in New Zealand
- a man overseas
- Unknown

**14. If considered infected through sexual contact between male and female, sexual contact was with** (more than one box can be ticked)

- (for females) A bisexual man
- An injecting drug user
- A person who had received a blood transfusion, blood products or tissue
- A person with haemophilia/coagulation disorder
- A person from a country where heterosexual transmission of HIV is common. Specify country.....
- A person with HIV infection whose exposure is other than above. Specify exposure.....
- A person with HIV infection whose exposure has not been determined
- Other, please specify .....
- Unknown

**15. Please provide the name of the doctor (or the service) who will be providing the ongoing care**

.....

**16. Do you (the doctor) think that the information in this form accurately describes your patient's exposure to HIV?**

- Yes
- No

If 'No' please specify why you are not satisfied

.....

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**17. If your patient's history suggests sources of exposure to HIV other than through sexual contact, injecting drug use, receipt of blood, blood products or tissue in the interval 1980 to 1985, or perinatal transmission, does your patient request further investigation of exposure to HIV?**

- Yes
- No
- Not asked

If 'Yes', the AIDS Epidemiology Group will contact you directly to discuss a suitable approach to the investigation

Thank you for providing this information which will assist in the surveillance and control of HIV infection in New Zealand

Please return this completed form to:  
**AIDS Epidemiology Group**  
Department of Preventive and Social Medicine  
University of Otago Medical School  
P.O. Box 913, Dunedin