



# NOTIFICATION OF HIV INFECTION OR DEATH OF A PERSON WITH HIV INFECTION

OFFICE USE ONLY: NSW HIV Number \_\_\_\_\_ Received Date \_\_\_\_\_

**PATIENT INFORMATION**

1. Family name (first two letters only): \_\_\_\_\_
2. Given name (first two letters only): \_\_\_\_\_
3. Date of birth (DD/MM/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
4. Current gender:  Male  Female  Non-binary  
 Another term (specify) .....
5. Sex recorded at birth:  Male  Female  
 Another term (specify) .....
6. Postcode of usual place of residence: \_\_\_\_\_
7. Patient/clinic record number: .....

**NOTIFYING DOCTOR DETAILS**

Dr Name: .....  
 Dr Address: .....  
 .....  
 Ph: ..... Fax: .....  
 Email: .....  
 Date form sent to Dr: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**LABORATORY INFORMATION**

- Lab Name: .....  
 Lab Number: .....  
 Lab Code: .....
8. Date of specimen collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
  9. Test Results:  
 Western Blot:  Negative  Indeterminate  Positive  
 Proviral DNA:  Not detected  Detected  Not tested  
 p24 Antigen:  Not detected  Detected  Not tested
  10. Virus type:  HIV-1  HIV-2  HIV-1 & HIV-2  
 HIV subtype (e.g. B or CRF01\_AE) .....
  11. Laboratory evidence of newly acquired infection  
 Recent negative test (within 12 months):  Yes  No  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 WB band pattern suggests early infection:  Yes  No

**NOTIFICATION INFORMATION**

13. Is your patient of Aboriginal or Torres Strait Islander origin?  
 If both Aboriginal and Torres Strait Islander, mark both 'Yes' boxes.  
 No  Yes, Aboriginal  Yes, Torres Strait Islander
14. Country of birth:  
 Australia  Other (specify) .....  
 Date of arrival in Australia (MM/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
15. Language spoken at home:  English  
 Other (specify) .....
16. How does your patient describe their sexual identity?  
 Heterosexual  Gay  Lesbian  Bisexual  
 Another term (specify) .....
17. Has your patient been previously diagnosed with HIV?  
 No  Yes (specify date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 If in Australia, specify state/territory: .....  
 If overseas, specify country: .....
18. Previous laboratory test(s)  
 Negative: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Source:  Patient/carer  Clinician  Laboratory  
 Indeterminate Western Blot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Source:  Patient/carer  Clinician  Laboratory  
 No previous tests  Unknown
19. Previous non-laboratory test(s)  
 No  Yes  Unknown  
 If yes, please specify the type, result and date below  
 (R = reactive, N = non-reactive, U = invalid/unknown):

**CD4 AND VIRAL LOAD INFORMATION**

12. CD4 and viral load information  
 Earliest CD4 count at time of HIV diagnosis:  
 ..... cells / $\mu$ L  
 Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Earliest viral load at time of HIV diagnosis:  
 ..... copies /mL  
 Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Test type	Result	Date
Rapid test e.g. POCT, a[TEST]	R/N/U	DD/MM/YYYY
Self-test	R/N/U	DD/MM/YYYY
DBS	R/N/U	DD/MM/YYYY

Please return completed notification by post or secure fax to:  
 HIV Surveillance Officer, Communicable Diseases Branch,  
 NSW Ministry of Health, Locked Bag 2030 St Leonards NSW 1590.  
 Fax: 02 9391 9189.  
 For further information phone: 02 9391 9195 or email:  
[NSWH-HIV@health.nsw.gov.au](mailto:NSWH-HIV@health.nsw.gov.au)

**CLINICAL INFORMATION**

**20. Why was your patient tested for HIV? (mark all that apply)**

- Confirming a previous HIV diagnosis
- Confirming a reactive point-of-care test
- Confirming a reactive self-test
- Identified at risk by contact tracing
- Partner with HIV infection
- Clinical symptoms suggested HIV
- Reported recent risk behaviour
- Baseline PEP
- Screen –sexually transmissible infections
- Screen –blood-borne viruses
- Screen –immigration
- Screen –antenatal
- Screen –PrEP
- Other (specify) .....

**21. Who initiated this HIV test?**

- Clinician  Patient
- Other (specify) .....

**22. What was your patient's clinical status at the time of specimen collection for this HIV diagnosis?**

- Asymptomatic for HIV infection
- Symptoms of primary HIV infection (seroconversion)
- Other HIV symptoms (specify) .....
- AIDS-defining illness (specify) .....
- Deceased → see **Q31 to 33**
- Other (specify) .....

**23. Has your patient reported seroconversion symptoms, either at the time of specimen collection or before this diagnosis?**

- No  Yes (specify date) \_\_\_ / \_\_\_ / \_\_\_\_\_

**24. Is your patient a current sex worker (sex worker in the last 12 months)?**

- No  Yes  Unknown

**25. Has your patient ever taken pre-exposure prophylaxis (PrEP)?**

- No  Unknown
- Yes (specify most recent dose) \_\_\_ / \_\_\_ / \_\_\_\_\_

**26. Has your patient started antiretroviral treatment?**

- Yes (specify date) \_\_\_ / \_\_\_ / \_\_\_\_\_
- No (specify reason) .....

**27. If you are no longer managing this patient for HIV, please provide the contact details of the doctor you have referred your patient to.**

Name: .....

Contact details: .....

*Contact tracing is the responsibility of the managing clinician. If you require assistance with contact tracing or any other aspect of the public health management of your patient, please contact your local Sexual Health Clinic. To find your closest appropriate sexual health service, call the NSW Sexual Health Infolink on 1800 451 624.*

**HIV RISK EXPOSURE**

**28. Please indicate your patient's likely HIV exposure history:**

- Sexual exposure (tick one box only)**
- Sex with person of same sex
  - Sex with both sexes → see **Q29**
  - Sex only with persons of opposite sex → see **Q29**
  - Sexual exposure not known
  - No sexual contact
- Blood exposure (tick all appropriate boxes)**
- Injecting drug use
  - Receipt of blood/tissue Year received \_\_\_ \_\_\_ \_\_\_
- Specify country .....
- Haemophilia/coagulation disorder
- Other exposure**
- Perinatal transmission
  - Other potential sources of exposure (specify) .....
  - Exposure to HIV is unclear/undetermined
- If undetermined, are there potential exposures through medical procedures in Australia?
- No  Yes (specify) .....

**29. Heterosexual sex was with a (tick all appropriate boxes):**

- Man who has had sex with men
- Injecting drug user
- Recipient of blood/tissue
- Person with haemophilia/coagulation disorder
- Person with known HIV infection
- Specify diagnosed partner's HIV risk exposure .....
- Person from a country other than Australia
- Specify country.....
- Date of most recent sexual contact with this person \_\_\_ / \_\_\_ / \_\_\_\_\_
- Heterosexual contact, not further specified

**30. Where was this HIV infection most likely acquired?**

- Australia
- Unknown
- Overseas (specify country) .....

**NOTIFICATION OF DEATH OF A PERSON WITH HIV INFECTION**

**31. Date of death** \_\_\_ / \_\_\_ / \_\_\_\_\_

**32. Death information source**

- Treating doctor
- Other (specify) .....

**33. What was the cause of death?**

- Accidental
- AIDS related illness (specify) .....
- Cancer  Cardiovascular disease
- Drug overdose  Liver disease
- Suicide  Not reported
- Other (specify) .....