

# Confidential and Routine Notification of HIV infection by Medical Practitioners

HIV infection requires written notification to the Department of Health upon initial diagnosis **within five days** to:

**Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.**

Please ensure the patient has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*). Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

## 1. Patient reference and characteristics

### 1. Name code (first two letters of first and last name only)

Last name	First name

### 2. Postcode of usual residence

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### 3. Date of birth

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### 4. Sex at birth

- Male  
 Female (consider testing children of HIV+ mother if applicable)  
 Other (e.g. intersex), specify below

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### 5. Identified gender

- Male  
 Female  
 Non-binary/gender fluid  
 They use a different term, specify below

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### 6. Pregnancy status

- Pregnant, weeks gestation at diagnosis > 

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 Not pregnant  
 Unknown

### 7. Alive/deceased

- Alive  
 Died due to this infection >  
 Died due to other causes >

#### Date of death

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#### What was the cause of death

- AIDS defining illness<sup>1</sup>  
 Accidental  
 Non-AIDS defining cancer  
 Drug overdose  
 Heart or vascular disease  
 Liver disease  
 Suicide  
 Unknown  
 Other cause, specify reason below

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#### Source of information on the death

- Doctor  
 Other, specify below

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### 8. Is the patient of Aboriginal and/or Torres Strait Islander origin

- Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 No  
 Unknown

### 9. Country of birth

- Australia  
 Overseas, specify below

Country	Year arrived in Australia

### 10. Preferred language

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### 11. What was the reason for testing for HIV infection (tick all that apply)

- Confirmation of previous HIV diagnosis  
 Confirmation of a reactive / invalid HIV point of care test  
 Confirmation of a reactive / invalid HIV self-test  
 Investigation of clinical symptoms suggestive of HIV infection  
 Partner with diagnosed HIV infection  
 Reported recent risk behaviour for HIV infection  
 Screening associated with pregnancy (for prenatal or antenatal care)  
 Screening for blood, organ or semen donor  
 Screening for blood borne viruses  
 Screening for immigration  
 Screening for PrEP  
 Screening for sexually transmissible infections  
 Other, specify reason below

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### 12. Has the patient ever taken pre-exposure prophylaxis (PrEP)

- Yes, specify > 

Date of most recent dose

  
 No  
 Unknown

## 2. Laboratory diagnosed HIV infection in Victoria

### 1. Laboratory specimen reference number

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### 2. Specimen collection date

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### 3. Test result

- Western blot positive  
 P24 Ag positive  
 HIV Nucleic acid test positive  
 Other, specify below

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### 4. HIV virus type identified

- HIV-1  
 HIV-2  
 HIV-1 and HIV-2

Department use only

Please identify the patient on every page

Last name

First name

Date of birth

Department use

### 3. Diagnosis

#### 1. Has the patient been previously diagnosed with HIV

Yes, specify >  No

Date diagnosed (for previous diagnosis)

#### Place of diagnosis (for previous diagnosis)

Australia, state >  Victoria  ACT  NSW  NT  
 QLD  SA  TAS  WA

Overseas > Country

#### Source of information (for previous diagnosis)

Patient  
 Doctor  
 Laboratory

#### 2. Does the patient have a previous negative or indeterminate HIV test

Yes, specify >  Never tested before  
 Previous test, date unknown

Date of previous test

#### Source of information on previous test

Patient  
 Doctor  
 Laboratory

#### 3. Has the patient had a previous non-laboratory HIV test

Yes, specify >  No  
 Unknown

Date of last test

#### What was the result of the test

Non-reactive  
 Invalid  
 Reactive

#### What was the type of test

Rapid  
 Self (home) test  
 Other, specify >

#### Source of information on the test

Patient  
 Doctor

#### 4. Has a CD4+ count been requested at or near the date of this current diagnosis in Victoria

Yes, specify >  No

Cells/ $\mu$ L

CD4+ count date

Yes, result pending, specify >  No

Laboratory

#### 5. Has a viral load been requested at or near the date of this current diagnosis

Yes, specify >  No

copies/mL

Viral load date

Yes, result pending, specify >  No

Laboratory

#### 6. What was the patient's clinical status at the time of this presentation

Asymptomatic for HIV  
 Symptoms consistent with HIV seroconversion illness (primary HIV infection)  
 Other symptoms of HIV infection, please specify below

AIDS defining illness  
 Deceased (post mortem diagnosis)  
 Other, specify below

#### 7. Does the patient report symptoms consistent with HIV seroconversion illness (primary HIV infection) in the previous 12 months<sup>2</sup>

Yes, specify onset date >  No  
 Unknown

### 4. Exposure / Risk—please indicate patient's history in the following categories (tick all that apply)

#### 1. Sexual exposure

No sexual exposure  
 Unknown  
 Sexual contact with people of the same gender  
 Sexual contact with people of more than one gender  
 Sexual contact only with persons of different gender

Complete the below question if heterosexual contact (including sexual contact with people of more than one or different genders) was identified as a potential source of exposure to HIV.

#### 2. Heterosexual contact with (tick all that apply)

Man who has had sex with men  
 Transgender woman who has had sex with men  
 Person who injects drugs  
 Heterosexual contact, not specified  
 Recipient of blood/tissue  
 Person with haemophilia/coagulation disorder  
 Person from another country, specify > Country

Date of most recent contact

Person with diagnosed HIV infection, specify the partner's exposure

#### 3. Does the patient have a history of injecting drug use

Yes, within the past 12 months  
 Yes, more than 12 months ago  
 No history of injecting drug use  
 Unknown

#### 4. Has the patient received blood / blood products / tissue

Yes, specify >  No  
 Unknown

Country

Year received

#### 5. Mother-to-child transmission

Mother-to-child transmission

#### 6. Other exposure

Other sources of exposure may apply, specify below

#### 7. Exposure to HIV could not be established

Exposure to HIV could not be established

#### 8. What is the most likely place the patient acquired HIV infection

Australia, specify state >  Victoria  ACT  NSW  NT  
 QLD  SA  TAS  WA

Overseas, specify > Country

Unknown

Please identify the patient on every page

Last name

First name

Date of birth

Department use

## 5. Donation and medical procedure history in Australia and health care worker status

1. Did the patient donate blood, other bodily fluid or tissue in Australia prior to HIV diagnosis

- No  
 Unknown  
 Yes, please specify details below

Donation date

Donation type


2. Patient has no identifiable risk factors, but has had a medical procedure in Australia within the past 2 years

- Yes, specify >  
 No  
 Unknown

3. Has the patient ever worked as a health care worker or is currently training to work as a health care worker

- Yes, specify >  
 No  
 Unknown

## 6. Contact tracing

Partner notification and treatment is an essential component of the management of HIV, and it is the responsibility of the treating doctor to discuss this with the patient. If you would like support with partner notification, DH Partner Notification Officers (PNOs) can be contacted on (03) 9096 3367.

Please indicate below:

- I require contact tracing support, please arrange for a PNO to contact me  
 I have already referred this patient to a Partner Notification Officer  
 I do not require support with contact tracing

## 7. Further comments

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## 8. Notifying doctor

1. Doctor name

Medicare provider no.

Practice/clinic/hospital name

Address

City

State/Territory

Postcode

Telephone

Fax

Date

2. Has the patient been referred for HIV management

- No  
 Yes, specify details below

Doctor name—where patient was referred for HIV management

Medicare provider no.

Practice / clinic / hospital name

Address

City

State/Territory

Postcode

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Center for Disease Control list of AIDS defining illnesses from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a2.htm> :

Bacterial infections, multiple or recurrent among children aged <13 years

Candidiasis of bronchi, trachea, or lungs

Candidiasis of esophagus†

Cervical cancer, invasive among adults and adolescents aged >13 years

Coccidioidomycosis, disseminated or extrapulmonary

Cryptococcosis, extrapulmonary

Cryptosporidiosis, chronic intestinal (>1 month's duration)

Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month

Cytomegalovirus retinitis (with loss of vision)†

Encephalopathy, HIV related

Herpes simplex: chronic ulcers (>1 month's duration) or bronchitis, pneumonitis, or esophagitis (onset at age >1 month)

Histoplasmosis, disseminated or extrapulmonary Isosporiasis, chronic intestinal (>1 month's duration)

Kaposi sarcoma†

Lymphoid interstitial pneumonia or pulmonary lymphoid hyperplasia complex among children aged <13 years.†

Lymphoma, Burkitt (or equivalent term)

Lymphoma, immunoblastic (or equivalent term)

Lymphoma, primary, of brain

Mycobacterium avium complex or Mycobacterium kansasii, disseminated or extrapulmonary†

Mycobacterium tuberculosis of any site, pulmonary,†(only among adults and adolescents aged >13 years) disseminated,† or extrapulmonary†

Mycobacterium, other species or unidentified species, disseminated† or extrapulmonary†

Pneumocystis jirovecii pneumonia†

Pneumonia, recurrent (only among adults and adolescents aged >13 years)†

Progressive multifocal leukoencephalopathy

Salmonella septicemia, recurrent

Toxoplasmosis of brain, onset at age >1 month†

Wasting syndrome attributed to HIV

† *Condition that might be diagnosed presumptively*

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Seroconversion illness may occur 2–4 weeks following exposure to HIV, and is characterized by fever, lethargy, anorexia, pharyngitis, headaches, myalgias and arthralgias and lymphadenopathy.