

INSTRUCTIONS FOR COMPLETION OF THE GEORGIA ADULT HIV/AIDS CASE REPORT FORM

The purple HIV/AIDS case report form (CDC 50.42A Rev. 4/2009) replaces all prior versions of the form and is used to report individuals 13 years of age and older with HIV or AIDS. Instructions for each section of the form are described below. The form should be completed by a health care provider including doctors, physician assistants, nurses, and case managers. The form should NOT be completed by the patient. The enclosed form may be photocopied or downloaded from <http://health.state.ga.us/epi/hiv aids>. More copies of the form can also be obtained by calling 1-800-827-9769.

The case report form is designed to collect, in a confidential manner, information that will assist in characterizing HIV/AIDS in Georgia. Accurate, thorough case reports provide important information regarding the transmission of HIV. Reporting an individual's sex, date of birth, race, ethnicity, and risk behavior allows public health to develop and evaluate prevention and care programs targeted to specific at-risk populations and areas of need. Case report information is de-identified prior to reporting it to the Centers for Disease Control and Prevention.

Providers should report all patients with evidence of HIV infection, including AIDS, within 7 days of diagnosis. Additionally, providers should report all new patients with HIV/AIDS for whom they are assuming care. The form can also be used to update a patient's clinical classification from HIV to AIDS and his/her vital status. AIDS cases include all patients with laboratory confirmation of HIV infection who also have a documented low CD4 level (<200 cells/ul or <14% of total lymphocytes) and/or any of the AIDS indicator diseases listed in Section VII of the report form. If you are diagnosing a patient with HIV and AIDS at the same time, a separate case report form should be completed for each diagnosis.

All HIV-infected pregnant women should be reported immediately using this form. All babies born to HIV-infected mothers should be reported immediately after birth using the Pediatric HIV/AIDS Case Report Form which can be found on the following website. <http://health.state.ga.us/epi/hiv aids>

Please send completed reports in a double envelope marked "Confidential" and "To be Opened by Addressee Only" to:

**Georgia Division of Public Health
Epi Section
P.O. Box 2107
Atlanta, GA 30301**

Phone: 1-800-827-9769
<http://health.state.ga.us/epi/hiv aids>

SIDE 1

SECTION I. State Health Department Use Only	<ul style="list-style-type: none">• Please leave this section blank.
SECTION II. Patient Identifier Information	<ul style="list-style-type: none">• Please make sure to enter the date the form is completed directly above Section II.• Enter the patient's full name, most current address and phone number, and social security number.• If available, record aliases and maiden name.• If patient is currently residing in an institution (e.g. correctional or mental health facility) please also record the name of the facility.• If patient is homeless and not living at a shelter, please enter either the address of the facility reporting this person or the approximate physical location (e.g. street intersection) where this individual is staying, if known. Please make sure to indicate that the person is homeless.• Identifying information is <u>not</u> sent to the Centers for Disease Control and Prevention but is necessary for de-duplication.
SECTION III. Reporting Facility Information	<ul style="list-style-type: none">• Enter the name and address of the provider and facility reporting this case.• Record the patient's medical record number if known.• Please provide the name and phone number for the person completing the form who can be reached, if necessary, to answer questions concerning information on this form.• Please indicate whether or not the reporting facility is also the facility of initial diagnosis. If not, complete Section IX.
SECTION IV. Demographic Information	<p>Diagnostic Status</p> <ul style="list-style-type: none">• If you are diagnosing HIV and AIDS simultaneously, please complete a separate case report form for each diagnosis.• Check the appropriate box under Diagnostic Status for whether you are reporting "Adult HIV" or "Adult AIDS." For information about HIV and AIDS diagnostic criteria, please see the introduction to these instructions. If you are not sure, leave this question blank.• All remaining demographic information should correspond to the diagnostic status being reported. <p>Sex at Birth</p> <ul style="list-style-type: none">• Ask patient his/her sex at birth and record response.• For transgender, check appropriate box as communicated by patient regardless of transitional or operative status.• If you would like to update a previously reported patient as transgender, please call the HIV Surveillance office. <p>Date of Birth</p> <ul style="list-style-type: none">• Please record date of birth in month/day/year format (e.g. 01/31/1980). <p>Country of Birth</p> <ul style="list-style-type: none">• For U.S. Dependencies and Territories and other countries of birth, please specify. <p>Vital Status</p> <ul style="list-style-type: none">• Indicate if patient is alive or deceased at time of report.

	<p>Death Information</p> <ul style="list-style-type: none"> • If patient has died, record death date and location. • If using the form to provide a death update for someone previously reported, please check “deceased” or call the HIV Surveillance Office to provide this information. <p>Residence at Diagnosis</p> <ul style="list-style-type: none"> • If patient’s residence at initial HIV or AIDS diagnosis is the same as his/her current address, please check the “same as current” box and leave the rest of this box blank. • If patient’s residence at initial HIV or AIDS diagnosis is different from his/her current address, please record patient’s residence at initial diagnosis in this field. • If patient’s “residence at diagnosis” cannot be located in the chart, please write “unknown.” • If patient is currently residing in an institution (e.g. correctional or mental health facility) please also record the name of the facility. • If patient is homeless and not living at a shelter, please enter either the address of the facility reporting this person or the approximate physical location (e.g. street intersection) where this individual is staying, if known. Please make sure to indicate that the person is homeless. <p>Race</p> <ul style="list-style-type: none"> • More than one race can be checked. It’s important to ask the patient how he/she self-identifies racially. • <p>Ethnicity</p> <ul style="list-style-type: none"> • If ethnicity is unknown, check “unknown.” • Note: Ethnicity and race are two different, self-reported variables. The appropriate box must be checked for each variable. If patient is of Hispanic ethnicity, a race category should still be checked if known.
<p>SECTION V. Patient History</p>	<p>Please check a box for <u>each</u> line. Risk information is critically important to helping target limited prevention funds for populations most at risk. Do not leave any line blank. If you would like a risk assessment form that you can ask the patient to complete to assist with filling out this section, please call the HIV Epi Team office.</p> <ul style="list-style-type: none"> • Please go through the entire patient history section with the patient and select a response for each line. If patient indicates “unknown,” please make sure to mark that response. • If reporting heterosexual contact, make sure all fields under the “heterosexual relations” section are completed. • If patient was perinatally infected and is currently under the age of 13, please complete the Pediatric HIV/AIDS Case Report Form found on the HIV Epi Team’s website.
<p>SECTION VI. Documented Laboratory Data</p>	<p>Remember to include the month/year for all laboratory tests as dates are required for reporting purposes. Test date refers to the specimen collection date.</p> <p>HIV Antibody Tests at Diagnosis</p> <ul style="list-style-type: none"> • Please record the earliest documented positive HIV antibody test result with the test date (month, year) for the appropriate test type. • If patient tested positive using OraQUIK or OraSURE, only report confirmatory Western Blot results including those using OraSURE specimens.

	<p>Positive HIV Detection Test</p> <ul style="list-style-type: none"> • Only complete this section if patient has a positive laboratory result for one of the specific HIV detection tests that can be used to diagnose HIV. <p>CD4</p> <ul style="list-style-type: none"> • Please record the earliest CD4 cell count and percent found in the chart. • If applicable, please record the first CD4 of less than 200 cells per microliter or less than 14% of total lymphocytes <u>OR</u> the CD4 at first AIDS opportunistic infection (OI). <p>Viral Load</p> <ul style="list-style-type: none"> • Record both the earliest and most recent <u>detectable</u> viral load test values, dates, and specify the test type. The test type is the same as the test name and can be located on the laboratory result. Codes for the test type are located below the boxes for viral load values. <p>Physician Diagnosis</p> <ul style="list-style-type: none"> • If laboratory documentation of a positive HIV test is unavailable in the medical record, enter the date of physician diagnosis of HIV infection or AIDS. A physician diagnosis is made by clinical and/or laboratory evaluation and should be clearly documented in the chart (e.g. in progress notes). Prescription of anti-retroviral drugs is sufficient evidence of a physician diagnosis of HIV infection.
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SIDE 2

<p>SECTION VII. AIDS Indicator Diseases</p>	<p>Please review the medical chart for any diagnosed AIDS Indicator Diseases and enter date of diagnosis if checked. Specify whether diagnosis is presumptive or definitive.</p> <ul style="list-style-type: none"> • Definitive diagnoses are generally based on specific laboratory methods, while presumptive diagnoses are those made by the clinician. Detailed information about AIDS Indicator Diseases can be accessed at: http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm. • If a diagnosis is written in the medical record without a date of diagnosis, make a notation in the Comment Section at the bottom of the form. • “RVCT Case No” is a field reserved for State Health Department usage.
<p>SECTION VIII. Treatment/ Services Referrals</p>	<ul style="list-style-type: none"> • Indicate if patient is aware of HIV infection. • Please make sure to mark whether you would like the Georgia Division of Public Health to offer partner notification and linkage services to the patient or if the provider will offer these services. • Please indicate the primary form of reimbursement for the patient’s HIV treatment. • Please indicate if patient has received or is currently receiving antiretroviral therapy. • Please indicate if patient is receiving or has been referred for HIV medical services and substance abuse treatment services.
<p>SECTION IX. Facility of Diagnosis</p>	<ul style="list-style-type: none"> • Enter the name of the provider and the address, city, state and zip code of the facility where the patient was <u>first diagnosed</u> with either HIV and/or AIDS depending on which one is being reported on this form. If patient’s “facility of diagnosis” cannot be located in the chart, please write “unknown.”

SECTION X. Women Only	<p>Please indicate whether the patient is currently pregnant and list due date.</p> <ul style="list-style-type: none"> • If patient has delivered a child after HIV diagnosis, provide birth information, if available, for the most recent birth including child's date of birth and address of birth hospital. Enter "home birth" if born at home. Include the full name of the child.
SECTION XI. Comments	<p>Please add any additional information in this section that is not captured in other sections of the form. If a patient indicates that he/she was first diagnosed in another state, please record the state name in this section.</p>

Note: If you are aware of an HIV-positive child in your care under 13 years of age and/or a woman with HIV who just delivered, please contact our surveillance department at (800) 827-9769 for assistance in completing the appropriate case report forms and linking the mother and child with services.