



## HIV EXPOSURE HISTORY

Please indicate the patient's reported exposure history by ticking the appropriate boxes below

### 1. SEXUAL EXPOSURE (Tick one)

- Sexual contact with person(s) of same sex only (Go to 2.)
- Sexual contact with both sexes (Go to 2.)
- Sexual contact with person(s) of opposite sex only (Go to 3.)
- No sexual contact (Go to 4.)
- Sexual exposure not known (Go to 4.)

### 2. MEN WHO HAVE SEX WITH MEN

From whom was this infection most likely acquired? (Tick one)

- Regular partner
- Casual partner
- Unknown

Where did the exposure(s) occur with the likely source partner? (Tick one or more)

- At a private residence
- At a sex on premises venue (e.g. sauna)
- At a "beat" or other public place (e.g. public toilet)
- Other (Specify) .....

### 3. HETEROSEXUAL EXPOSURE (Tick one or more)

What was the exposure history of sexual partner(s)?

- Man who has had sex with men
- Injecting drug user
- Recipient of blood/blood products/tissue
- Person with haemophilia/coagulation disorder
- Person from a country other than Australia

(Specify country) .....

Date of most recent heterosexual contact with such person(s)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Did heterosexual contact with such person(s) occur in Australia?

- Yes
- No
- Not reported

- Person with diagnosed HIV infection (Specify person's exposure) .....
- Heterosexual contact, not further specified

### 4. BLOOD EXPOSURE (Tick one or more)

- Injecting drug user
- Recipient of blood, blood products or tissue (Specify) .....
- Haemophilia/coagulation disorder
- Needlestick/splash

### 5. MOTHER-TO-CHILD TRANSMISSION

- Mother-to-child transmission (Specify mother's exposure) .....

### 6. OTHER OR UNDETERMINED SOURCE OF EXPOSURE

HAS YOUR PATIENT DONATED BLOOD OR OTHER BODY FLUID/TISSUE PRIOR TO HIV DIAGNOSIS?

- Yes
- No
- Unknown

If "Yes", contact Australian Red Cross Blood Service (☎ 08 9325 3333)

## NOTIFICATION OF AIDS

Date of AIDS diagnosis in WA \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the patient had a previous AIDS diagnosis in other state/country?

- Yes
- No
- Unknown

If diagnosed elsewhere, please specify date & place of diagnosis

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place .....

Prior to AIDS diagnosis, did the patient receive antiretroviral therapy?

- Yes
- No
- Unknown

If "Yes", specify month/year commenced therapy \_\_\_\_/\_\_\_\_

### DISEASES INDICATIVE OF AIDS (Tick one or more)

Definite Probable

- Pneumocystis jirovecii* (carinii) pneumonia
- Oesophageal candidiasis
- Kaposi's sarcoma (Site) .....
- Herpes simplex virus of >1 month duration (Site) .....
- Cryptococcosis (Site) .....
- Cryptosporidiosis (diarrhoea > 1 month)
- Toxoplasmosis (Site) .....
- Cytomegalovirus (Site) .....
- Mycobacterium tuberculosis* complex
  - Pulmonary
  - Extrapulmonary
- Atypical mycobacterial disease
  - Type .....
  - Site .....
- Lymphoma
  - Type .....
  - Site .....
- HIV encephalopathy
- HIV wasting syndrome
- Invasive cervical cancer
- Recurrent pneumonia (2 or more episodes in 1 year)
- Other (Specify) .....

## NOTIFICATION OF DEATH

Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the death AIDS-related?  Yes  No

Specify cause of death .....

## FURTHER COMMENTS

If you require assistance with the public health management of your patient, please contact the Medical Epidemiologist (☎ 08 9388 4852)

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