Notification Timeline:

From Lab/Practitioner to Public Health: Within 48 hours.

From Public Health to Saskatchewan Health: Within 2 weeks.

Public Health Follow-up Timeline: Within 72 hours.

Public Health Purpose for Notification of HIV

- To support positive outcomes for individuals and the community through:
  - Engagement in care, education about prevention and control measures, referrals to harm reduction services, and other communicable disease services including TB screening and immunizations;
- To identify cases of HIV through contact tracing in order to prevent further transmission;
- To offer testing and referral to supportive services to at risk individuals through contact tracing;
- To track epidemiology trends of HIV in Saskatchewan including risk factors and distribution;
- To identify locations where increased transmission of HIV may be occurring in order to inform other interventions;
- To monitor the effectiveness of prevention and control measures;
- To make timely and evidence informed actions on outbreaks; and
- To inform the public and medical community about HIV.

Surveillance Case Definition[1] (Adapted from Public Health Agency of Canada, May 2008)

Confirmed Case: Adults, Adolescents and Children ≥ 18 months	Detection of HIV antibody with confirmation (e.g., EIA screening with confirmation by Western blot or other confirmatory test) **OR** detection of HIV nucleic acid (e.g., DNA PCR or plasma RNA) **OR** HIV p24 antigen with confirmation by neutralization assay **OR**

[1] Surveillance case definitions ensure uniform reporting to allow comparability of surveillance data. The definition is not intended to be used for clinical or laboratory diagnosis or management of cases.

	isolation of HIV in culture.
Confirmed Case: Children < 18 months (on two separate samples collected at different times)	Detection of HIV nucleic acid (e.g., DNA PCR or plasma RNA) **OR** HIV p24 antigen with confirmation by neutralization assay **OR** isolation of HIV in culture.
Probable Case: Adults	Positive screening test that cannot be confirmed **OR** indeterminate confirmatory test (HIV 1/2 Confirmatory assay or Western blot)* **OR** reactive point of care test.
Probable Case: < 18 months	One positive confirmatory test without a second confirmatory test result available for the individual.
In children < 18 months of age born to HIV-positive women, nucleic acid testing should be done within two weeks after birth and, if negative, repeated at 1 to 2 months and at 3 to 4 months of age. Any positive results should be repeated with a second specimen for confirmation. For children who are born to HIV-positive women and who have negative nucleic acid results, antibody testing should be done at 12 and 18 months of age to ensure that they have lost maternally derived antibodies. (This is not used to determine uninfected status but rather to eliminate the possibility of a positive antibody result being misinterpreted.) These children should continue to be monitored until they have a negative HIV antibody test.	

*Indeterminate Western blot tests results on a repeat basis (3) are considered to be negative (U.S. Centers for Disease Control and Prevention, 1989).

Table 1: Stage of HIV Infection at Diagnosis for individuals > 5 years of age (adapted from BC Center of Excellence in HIV [2018] and Vajpayee [2005])

Stage	Criteria	CD4 at Diagnosis	AIDS-defining Illness
0	Laboratory criteria met for acute HIV infection, or previous negative or indeterminate HIV test within 180 days of first confirmed positive		
1	Stage 0 not met **AND**	CD4 ≥500	**AND** *No* AIDS case report
2		CD4 200-499	
3		CD4 <200	**OR** AIDS case report
Unknown		No CD4 available	**AND** *No* AIDS case report

One of the objectives is to identify individuals early in the course of infection to reduce further transmission to others. The CD4 count can be a marker to reflect stage of HIV infection at diagnosis.

Epidemiology and Occurrence

Under development

Additional Background Information

Causative Agent

Human immunodeficiency virus. A retrovirus. Type 1 predominant in Canada, but Type 2 is present.

Reservoir/Source

Table 2: Fluids and tissues capable of transmitting blood borne pathogens (U.S. Centers for Disease Control, 2001)

Fluid	HIV
Blood and fluids visibly contaminated with blood	Yes
Semen	Yes
Vaginal secretions	Yes
Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids and inflammatory exudates	Yes
Saliva, faeces, nasal secretions, sputum, sweat, tears, urine, vomitus	No, unless contaminated with blood
Transplanted tissue or organs	Yes
Breast milk	Yes

Symptoms

Individuals infected with HIV may experience several stages (Public Health Agency of Canada, 2013). The stage based on CD4 count (**Table 1**) is considered a more objective way to document stage. Below is a description of clinical presentation HIV based on stage of infection:

- ***HIV Primary/Acute infection***
  Up to 90% of individuals experience symptoms within 2-4 weeks after infection (acute retroviral syndrome). Symptoms typically last 1-2 weeks but may last up to several months. These signs and symptoms include:
  - fever (mean temperature 39.4°C [102.9°F] > 80%);
  - arthralgia or myalgia, rash, lymphadenopathy, sore throat, fatigue, headache (40-80%);
  - oral ulcers and/or genital ulcers, > 5 kg weight loss, nausea, vomiting, or diarrhea (10-40%).

- ***Chronic Asymptomatic HIV infection***
  Many persons with HIV fall into this stage. It is the stage where the immune response is able to control viral replication and plasma viremia. In this stage of infection, people can experience the following signs and symptoms:
  - generalized lymphadenopathy;
  - thrombocytopenia.
- ***Chronic Symptomatic HIV infection***
  This is the stage of profound immunosuppression. Signs and symptoms include:
  - oral hairy leukoplakia;
  - unexplained fever (> 2 weeks);
  - fatigue or lethargy;
  - unexplained weight loss (> 10% body weight);
  - chronic diarrhea (> 3 weeks);
  - unexplained lymphadenopathy (usually generalized);
  - cervical dysplasia;
  - dyspnea and dry cough;
  - loss of vision;
  - recurrent or chronic mucocutaneous candidiasis (oral, esophageal, vaginal);
  - dysphagia (esophageal candidiasis);
  - red/purple nodular skin or mucosal lesions (Kaposi sarcoma);
  - encephalopathy;
  - herpes zoster, especially if severe, multidermatomal or disseminated;
  - increased frequency or severity of mucocutaneous herpes simplex virus infection;
  - unexplained “anemia of chronic disease.”

Complications
Acquired immunodeficiency syndrome (AIDS). See Section 6-15.

Incubation Period
The incubation period varies on each individual’s ability to develop antibodies to HIV. Up to 90% of individuals experience symptoms within 2-4 weeks after infection. See Symptoms.

In HIV/AIDS research, the seroconversion period refers to the period of time it usually takes to develop detectable antibodies to HIV following infection with HIV. In 75% of persons, antibodies are produced in 4 to 8 weeks; in almost all persons, antibodies are produced within 14 weeks.

The seroconversion period is frequently described as the "window period." It is very significant in relation to the timing of HIV tests. In HIV testing, the window period refers to the time between a person becoming infected and when laboratory tests can detect HIV infection. The window period varies based on the test that is completed; progress in HIV testing technologies continues to result in tests with shorter window periods (British Columbia Centre for Disease Control, October, 2016).

Persons who are tested during the window period may receive a negative HIV test result although they may be infected with HIV. Persons disclosing HIV-related risk factors in the 14 weeks before testing negative for HIV are encouraged to be retested at the end of the window period.

In addition to test results, the risks that the individual has engaged in during the window period should be considered. Statistically it is very unlikely that a person with HIV would be tested during the 3 month window period (and test negative) however that possibility should be considered in persons with ongoing risk factors.

A summary of window periods based on the test used provides context to the reliability of the test results:

- antibody/antigen (4th generation test) has window period of approximately 2-3weeks;
- antibody test (3rd generation) has a window period of approximately 3-4 weeks;
- POCT has a window period of approximately 3-4 weeks;
- the Western blot or other confirmatory tests have a window period of approximately 4-6 weeks though it may take up to 8 weeks for a positive result.

Because window periods vary with the test, a negative test result at 3 months in an individual with no ongoing risk factors is deemed to be negative and no further testing is required.

Period of Communicability

Communicability begins early after infection and extends throughout the individuals lifespan. Infectiousness is related to an individuals HIV viral load (i.e., high viral load increases potential for transmission). Generally, people are most infectious early and late in the course of infection. If the viral load is suppressed (<200 copies/mL), the risk of transmission is decreased. The presence if an STI does not increase the possibility of transmission if the HIV positive person is on effective ARVs (Barré-Sinoussi, 2018).

Mode of Transmission (Public Health Agency of Canada, 2010)
Transmission of HIV infection occurs essentially through specific exposure to blood or body fluids from an HIV-infected person. The risk of transmission decreases when the infected person is effectively responding to treatment.

In order to be infected, the virus must have an entry point, most directly through a person's bloodstream or mucous membranes (HIV cannot survive outside the body). HIV is transmitted from one person to another through:

- unprotected sexual intercourse (vaginal, anal or oral);
- shared needles, syringes or other equipment used for injecting drugs;
- unsterilized needles or equipment for tattooing, skin piercing or acupuncture;
- pregnancy, delivery and breast feeding (i.e., from an HIV-infected mother to her infant);
- occupational exposures in health care or other high risk settings.

Table 4 Estimated Per-Act Probability of Acquiring HIV from a Known HIV-Infected Source by Exposure Act

Type of Exposure	Estimated Risk	Reference
Parenteral		
Blood Transfusion	90% (9 in 10)	Patel, et al (2014)
Needle-sharing during injection drug use	0.63% (63 in 10000)	
Percutaneous (needlestick)	0.23% (23 in 10 000)	
Sexual		
Receptive anal intercourse	1.4% (7 in 5000)	Patel, et al (2014)
Receptive penile-vaginal intercourse	0.08% (8 in 10000)	Patel, et al (2014)
Insertive anal intercourse	0.11% (11 in 10000)	Patel, et al (2014)
Insertive penile-vaginal intercourse	0.04% (4 in 10000)	Patel, et al (2014)
Receptive oral intercourse	Low[a]	Varghese, et al. (2002); Page-Shafer, et al. (2002)
Insertive oral intercourse	Low[a]	Varghese, et al. (2002)
Other[b]		
Biting	Negligible	Pretty, et al. (1999)
Spitting	Negligible	

Throwing body fluids (including semen or saliva)	Negligible	
Sharing sex toys	Negligible	
[a] HIV transmission through oral sex has been documented, but rare. Accurate estimates of risk are not available. It is prudent to recommend HIV post-exposure prophylaxis (PEP) for receptive oral sex with ejaculation, although discussion about the low risk should occur. Refer to Saskatchewan Guidelines for the Management of Blood and Body Fluids[2] for further consideration [b] HIV transmission through these exposure routes is technically possible but extremely unlikely and cases are not well documented. Increased risk occurs when the activity involved exposure to blood		

Source: New York State Department of Health AIDS Institute, 2013. AIDS (2014)

Risks for HIV Transmission

- Multiple sexual partners (> 1 in 3 months).
- Unprotected sexual activity (i.e., no barrier protection).
- Sex with a person infected with HIV.
- Receptive anal/vaginal intercourse.
- Sharing of needles or other drug-using equipment.

Specimen Collection and Transport

HIV infection is diagnosed by detection of antibodies, or of HIV antigens or nucleic acids in blood. For serological testing, collect blood in serum separator vacutainer (SST). Refer to Roy Romanow Provincial Laboratory (RRPL) Compendium of Tests at https://rrpl-testviewer.ehealthsask.ca/. The serological test used at RRPL is the HIV combo assay, which detects the presence of both antibodies and the p24 antigen in serum. Reactive results in this assay are confirmed. See Saskatchewan HIV Testing Policy, Lab Testing Flowchart[3].

HIV viral load

Patients with confirmed HIV infection should have at least one HIV viral load assay performed. Refer to Roy Romanow Provincial Laboratory (RRPL) Compendium of Tests at https://rrpl-testviewer.ehealthsask.ca/.

[2] https://publications.saskatchewan.ca/#/products/129382
[3] http://www.skhiv.ca/#!routine-testing/ciha

HIV resistance genotyping

Patients who are receiving anti-retroviral therapy, and whose viral load increases should have a sample submitted for HIV resistance genotyping. Submit frozen specimens to RRPL with completed requisition for British Columbia Center of Excellence.

Newborns: sample referred to Reference laboratory for HIV detection by molecular methods.

Public Health Investigation

I. Case

History

Obtain as detailed a history as possible using the Attachment – HIV Data Collection Worksheet. This should be done in consultation and partnership with the ordering practitioner who initially diagnosed HIV in the individually. In order to monitor trends in epidemiology in Saskatchewan, it is important that all risk factors are asked and responses are documented. When a transmission risk is identified, timely follow-up must be completed.

- Inquire about factors that are associated with HIV acquisition or transmission:
  - Men who have sex with men (MSM);
  - multiple sexual partners;
  - injection drug use;
  - sharing injection or non-injection drug equipment; .
- history of sexual or needle-sharing contact with someone infected with HIV. Discuss all potential risks that the case has been exposed to with particular focus on parenteral exposures such as:
  - heterosexual sex with at risk individuals (person who injects drugs, men who have sex with men, persons from endemic country, injection drug use;
  - invasive body art (tattooing/piercing)[4];
  - medical/dental procedures in sub-standard settings;
  - transfusions of blood/blood products in Canada;
  - transfusions of blood/blood products outside of Canada.

[4] It is important to obtain details regarding dates of exposures and names/locations of the facilities in which exposures may have occurred. Consider whether investigation of any facility may be indicated. Consult with MHO. When personal service or medical/dental facilities are identified as a potential source for exposure, further investigation of other clientele may be warranted.

Public Health Interventions

Assessment

- It is important to know if the client is aware of their diagnosis or if the testing provider has not yet been able to notify the case. Prior to communicating with the client, discuss with health care provider who diagnosed the individual. Know whether the health care provider has informed their patient of the diagnosis and if they have collected information on contacts.
- Assess for contacts and obtain names and phone numbers of contacts as per Contact Investigation.

Communication

- Individuals may be difficult to reach. Make several attempts to contact individuals using various methods (phone, text, home visit) at different times of the day. Some individuals' mobile service contracts only allow for text messaging. It is important to have policies and procedures that support the use of alternate modes of communication to assist in case follow-up.
- The primary care provider is an important partner in the public health follow-up of HIV. It is important to provide updates to care providers when referrals have been made to public health to assist in follow-up.

Education

Providers are expected to be proficient in providing education in the topics below:

- Description of HIV infection – progression, chronicity, treatment, management.
- Blood borne transmission/prevention, including risk reduction.
- *The Public Health Act, 1994*/Transmission/Prevention/Partner Notification of current and future partners:
  - the legal necessity to disclose HIV status with current and new sexual and needle-sharing partners.
- HIV post-exposure prophylaxis (PEP) use/availability in Saskatchewan.
- Contact notification – responsibilities under *The Public Health Act, 1994*: Sexual/IDU/Other Blood Body Fluid Exposure.
- Infectious Diseases (ID) Specialist referral.

Education must be tailored to the individual and often requires repetition and reinforcement of learning. Information may need to be reinforced using written materials and repeated conversations.

Environmental Assessment

- If personal service facilities are identified in the investigation, it may be prudent for a public health inspection to be made to ensure adequate infection prevention and control measures are in place.

Exclusion

- Not applicable. Standard/Routine Infection Prevention and Control measures apply.

Immunization

- See Saskatchewan Immunization Manual – Chapter 7[5] for vaccines that HIV positive individuals are eligible for. Discuss with the regional medical health officer (MHO) and/or primary care practitioner/ID Specialist as required.

Referrals

Cases should be referred to clinical and social services:

- Infectious Diseases (ID) specialist or other treating practitioner.
- Social programs as agreed to by client (e.g., community agencies that provide support to HCV positive people) or harm reduction programs for needle exchange services and related health services;
- Employee Health Department if case is a health care worker with a high risk of exposure to clients.
- Canadian Blood Services (CBS) if the case has a history of donation or receipt of blood or blood products. See Appendix K – Notification to Canadian Blood Services.
- Saskatchewan Transplant Program if the cases has a history of donation or receipt of tissues. See Appendix M – Notification to the Saskatchewan Transplant Program.
- In addition, a referral to an HIV Case Manager may be beneficial for clients that require additional supports.

Testing

Cases should be advised that they should also be tested for other sexually transmitted and blood borne pathogens including chlamydia, gonococcal infections, syphilis, hepatitis B and hepatitis C.

[5] https://publications.saskatchewan.ca/api/v1/products/129354/formats/155759/download

Treatment
The treatment of HIV infections is to be prescribed by an ID Specialist or General Practitioner mentored by an ID Specialist.
Clinical management of cases involves follow-up testing which is not described in this document.

II. Contacts/Contact Investigation

Contact Definition

Contacts are defined as all sexual and needle/equipment-sharing partners of the case as well as others who may have been exposed to the case's blood or body fluids (e.g., trauma – see Mode of Transmission above) since:

a. three months prior to the case's last negative HIV test
   OR
b. onset of risk behaviour (for cases that have not been previously tested).
   In the case of "b", priority should be given to the most recent contacts.

All children born to mothers who are or may be HIV-infected need to be evaluated. Refer to Perinatal HIV Prevention Protocols[6]. This includes:

a. children born within the window periods of the mother's positive test
   AND
b. any children born since the last negative HIV test of the mother.

Public Health Interventions

Education

- Contacts should be identified and notified of their exposure to the disease.
- Contacts should be informed of their duties as outlined in the Disease Control Regulations:
  - to protect themselves by going to a physician or clinic nurse for testing and care;
  - to take all reasonable measures to reduce significantly the risk of infecting others.

[6] https://skhiv.ca/pregnancy-and-newborn-care/

- Contacts should be assessed for risk behaviours and counselling should be provided to reduce risk exposures including the use of pre-exposure prophylaxis (PrEP).
- Referrals to harm reduction and supportive services should be provided as applicable.
- Contacts must be advised about blood and body fluid precautions while undergoing testing in the window period for HIV.

Testing

- In addition to the education provided, pre-test counselling should be provided. *Canadian Guidelines on Sexually Transmitted Infections*[7] as well as the British Columbia Centre for Disease Control Communicable Disease Control Manual, Chapter 5: HIV Pre and Post Test Guidelines.
- The frequency and timing of testing should be based on the time since the most recent exposure/risk behaviour. Baseline testing is recommended at the time of contact notification. Follow-up tests should be conducted at 4 weeks and 3 months.
- If the exposure was 12 months ago, the baseline test would be all that is required unless the contact is engaging in other risk behaviours in which, case regular sexually transmitted and blood borne infection testing should be suggested.

Prophylaxis

The *Guidelines for Exposures to Blood and Body Fluids*[8] outline the recommendations for the use of HIV post-exposure prophylaxis and the *Saskatchewan Pre-Exposure Prophylaxis (PrEP) Guidelines*[9] outline recommendations for PrEP. This may provide an opportune time to discuss PrEP for contacts that are engaged in ongoing exposures.

Immunization

There is no vaccine to prevent HIV infections. Contacts should be provided immunizations as per the Saskatchewan Immunization Manual, Chapter 5[10] and Chapter 7.[11]

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[7] http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-8-eng.php.

[8] https://publications.saskatchewan.ca/#/categories/6834

[9] https://skhiv.ca/wp-content/uploads/2018/03/Pre-Exposure-Prophylaxis_Guideline-Review-for-Primary-Care-Practitioners-in-Saskatchewan.pdf

[10] https://publications.saskatchewan.ca/api/v1/products/129354/formats/155757/download

[11] https://publications.saskatchewan.ca/api/v1/products/129354/formats/155759/download

Exclusion
Not applicable. Standard blood and body fluid precautions apply until assured negative through testing as recommended above.

III. Environment

Child Care Centre Control Measures
Refer to the Saskatchewan Ministry of Health Infection Control Manual for Child Care Facilities.[12] All childcare centre staff should use standard precautions when handling all blood and body fluids. Children known to have HIV do not need to be excluded from childcare. If the child is known to bite, this should be discussed with the Medical Health Officer.

Institutional Control Measures
Refer to Saskatchewan Health Authority or former Regional Health Authority Infection Control Policies. Standard precautions should be followed by all staff working in health care settings. All health care settings should have policies and procedures in place for managing staff with occupational risk due to exposure to blood or body fluids. As well, there should be policies and procedures in place to manage occupational exposures to blood and body fluids.

For more information on occupational exposure see the Saskatchewan Guidelines for the Management of Exposures to Blood and Body Fluids.[13]

Personal Service Facilities
Refer to Saskatchewan Personal Service Facility Best Management Practices[14].

- If personal service facilities are identified in the investigation, it may be prudent for a public health inspection to be made to ensure adequate infection prevention and control measures are in place. Consultation with the MHO is suggested.

[12] http://www.saskatchewan.ca/live/births-deaths-marriages-and-divorces/starting-a-family/early-learning-and-child-care/child-care

[13] https://publications.saskatchewan.ca/#/categories/6834

[14] http://www.saskatchewan.ca/residents/environment-public-health-and-safety/environmental-health/personal-service-facilities

Other Facilities with Alternate Caregivers and Other Residents (eg. group homes, foster homes, etc)

Standard precautions should be followed by all staff working in these settings. All settings should have policies and procedures in place for mitigating occupational risk of exposure to blood or body fluids. As well, there should be policies and procedures in place to manage occupational exposures to blood and body fluids should these occur.

For more information on occupational exposure see the Saskatchewan Guidelines for the Management of Exposures to Blood and Body Fluids.[15]

IV. Epidemic Measures

When two or more cases occur in association with a common exposure, search for additional cases. Screen contacts and implement measures to interrupt further transmission as appropriate to the situation

Medical Health Officers may declare and outbreaks of HIV that has been identified through contact tracing efforts. Responding to an HIV or HCV outbreak may require augmenting and redirecting resources, engaging a large and diverse group of partners and stakeholders, building upon collaborations and developing targeted communication messages for specific groups. Increased resources are usually needed to respond to the increased number of new diagnoses and to identify the root causes of the outbreak. Refer to the US CDC publication, *Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs*[16] for reference.

Prevention and Education

Refer to the Blood and Body Fluid Pathogens Introduction and General Considerations section of the manual that highlights topics for client education that should be considered.

[15] https://publications.saskatchewan.ca/#/categories/6834
[16] https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf

Health education efforts should include both broad-based campaigns to raise awareness of risk, modes of transmission, and prevention measures, and reduce stigma as well as targeted programs to educate and reduce risk in target populations.

Routine testing should be promoted by health care providers. Refer to the Public Health Agency of Canada HIV Screening and Testing Guide[17] and the SK HIV Testing Policy[18] for additional information on routine testing.

Immunization
There is no immunization available for the prevention of HIV infection.

Pre-Exposure Prophylaxis
PrEP is an important prevention intervention that should be offered as part of an overall risk reduction strategy. PrEP involves the use of antiretroviral medications by confirmed HIV negative individuals with ongoing risk of HIV acquisition. It is initiated before HIV exposures. It should be used in conjunction with behavioural risk counselling and other harm reduction interventions. Refer to the Saskatchewan Pre-Exposure Prophylaxis Guidelines.[19]

Education

- Health education efforts should include both broad-based campaigns to raise awareness of risk, modes of transmission, and prevention measures, and reduce stigma as well as targeted programs to educate and reduce risk in at-risk populations.
- Personal service providers should be referred to Saskatchewan Personal Service Facility Best Management Practices[8] for infection prevention and control measures.

[17] http://www.phac-aspc.gc.ca/aids-sida/guide/hivstg-vihgdd-eng.php
[18] http://www.skhiv.ca/#!routine-testing/ciha
[19] https://skhiv.ca/wp-content/uploads/2018/03/Pre-Exposure-Prophylaxis_Guideline-Review-for-Primary-Care-Practitioners-in-Saskatchewan.pdf

Revisions

Date	Change
September 2018	• Clarified the purpose for notification of cases to public health • Incorporated Stages of HIV based on CD4 counts • Incorporated a placeholder for an Epidemiology and Occurrence section to the chapter. • Removed case definition for AIDS as it is included in its own chapter. • Incorporated standardized HIV Data Collection Worksheet. • Rearranged and updated the style into the new format of the Manual. • Added information on U=U and PrEP. • References reviewed and updated as applicable.

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Government of Saskatchewan

HIV Notification Form

Please complete **all** sections

PANORAMA

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

A) PERSON REPORTING – HEALTH CARE PROVIDER INFORMATION

Clinic Name: Location: Attending Physician or Nurse: Address: Phone number:	***FOR PUBLIC HEALTH OFFICE USE ONLY:*** **Service Area:** **Date Received:** **Panorama Client ID:** **Panorama Investigation ID:**

B) CLIENT INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MM / DD Age: _____ Health Card Province: _____ Health Card Number (PHN):	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other Gender Identity: ☐ Transgender Male-to-female ☐ Transgender Female-to-male ☐ Undifferentiated ☐ Other (specify)	Phone : ☐ Primary Home: ☐ Mobile contact: ☐ Workplace: ☐ Alt Contact: Name: _____ Relationship: _____
Place of Employment/School:	Email Address:	Preferred Communication Method: ☐ Home ☐ Work ☐ E-mail ☐ Text

Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description

Mailing (Postal address):

Street Address or FN Community (Primary Home):

C) IMMIGRATION INFORMATION

Country Born In: _____

Country Emigrated from: _____ Arrival Date: YYYY / MM / DD OR Arrival Year YYYY

D) DISEASE EVENT HISTORY

Site / Presentation: ☐ Adults, adolescents, and children ≥ 18 months ☐ Children <18 months

Staging (see CDC Manual): ☐ Stage 0 ☐ Stage 1 (CD4 ≥500) ☐ Stage 2 (CD4 200-499) ☐ Stage 3 (CD4 <200) ☐ Unknown

E) SIGNS & SYMPTOMS

	YES	NO		YES	NO	SPECIFY
Asymptomatic			Symptoms prior to or at time of testing?			
Initial CD4 result						

HIV Notification Form

Please complete **all** sections

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

F) RISK FACTORS (Please complete *all* Risk Factors from 3 months prior to last known negative result –specify dates as needed)
Legend: N-No, NA-Not Asked, U-Unknown

DESCRIPTION	Yes Start date	N, NA, U	Add'l Info
Sexual Behaviour – MSM +	TE		
Sexual Behaviour - Heterosexual Sex	TE		
Sexual Behaviour - Heterosexual sex with person who injects drugs	TE		
Sexual Behaviour - Heterosexual sex with MSM	TE		
Sexual Behaviour - Heterosexual sex with person with hemophilia/coagulation disorder	TE		
Sexual Behaviour - Heterosexual sex with person from endemic country (Add'l Info)			
Sexual Behaviour – Heterosexual sex with person with confirmed/suspected HIV/AIDS (Add'l Info)	YYYY / MM/DD		
Sexual Behaviour – Sex with a known case	YYYY / MM/DD		
Sexual Behaviour - Unknown/Anonymous Partner (Add'l Info)	TE		
Sexual Behaviour - E-partnering internet/apps (Add'l Info.)	TE		
Sexual Behaviour - Goods **provided** (food, shelter, money or drugs) in exchange for sex	TE		
Sexual Behaviour - Goods **received** (food, shelter, money or drugs) in exchange for sex	TE		
Sexual Behaviour - Events with multiple sexual partners (Add'l Info)	TE		
Exposure - Blood and body fluids (not otherwise listed) (Add'l Info.)	YYYY / MM/DD		
Exposure - Invasive body art (e.g. tattoo, body piercing, scarification)	YYYY / MM/DD		
Exposure - Non medical, non-occupational source (acupuncture, breastmilk) (Add'l Info)	YYYY / MM/DD		
Exposure - Occupational - HIV contaminated blood, body fluid	YYYY / MM/DD		
Special Population - Infant born to an infected mother	YYYY / MM/DD		
Special Population - From or residence in an endemic country (Add'l Info)			
Special Population – Pregnancy			
Special Population - Self-reported Indigenous			
Substance Use - Injection drug use (including steroids)	YYYY / MM/DD		
Risk Behavior - Sharing injection drug equipment	YYYY / MM/DD TE		
Medical Treatment - Blood, blood product or tissue recipient (Add'l Info.)	YYYY / MM/DD INTERVENTION		
Medical Treatment - Other (transplant, surgery, dental, oscopy, etc.) (Add'l Info)	YYYY / MM/DD INTERVENTION		
Blood, blood product, tissue or transplant **donor**	Document referral in Interventions and complete Appendix K – Referral to CBS, and upload into Document Management		
Unable to obtain Risk Factors ☐ yes *(not entered in Panorama – update in disposition)*			

G) UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts:_____ (number of contacts that the individual cannot name)

Include known contacts on the following pages

HIV Notification Form - Contacts

Please complete **all** sections.

Case Name:

Please include information on additional contacts on a separate sheet

Page _____ of _____

CONTACTS

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _____	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	
Phone #: ☐ Primary Home: ☐ Workplace: ☐ Mobile contact: ☐ alternate phone: Relationship:	**e-mail Address:**	
Online Names: Site/Service:	User Name:	
Place of Employment/School:	**Is contact pregnant?** ☐ Yes ☐ No ☐ Unknown **Is contact HIV positive** ☐ Yes ☐ No ☐ Unknown **If yes, did they inform case?** ☐ Yes ☐ No ☐ Unknown	
Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description **Mailing** (Postal address): **Street Address** or **FN Community** (Primary Home):		
Exposure Dates: 1st YYYY / MMM / DD to YYYY / MMM / DD **Exposure Type**: ☐ Heterosexual ☐ Sharing Injection Drug Equipment ☐ MSM		
Comments:	**INTERVENTION** **Testing** ☐ Advised ☐ Received ☐ **Referral** (Specify)	

CONTACTS

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _____	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	
Phone #: ☐ Primary Home: ☐ Workplace: ☐ Mobile contact: ☐ alternate phone: Relationship:	**e-mail Address:**	
Online Names: Site/Service:	User Name:	
Place of Employment/School:	**Is contact pregnant?** ☐ Yes ☐ No ☐ Unknown **Is contact HIV positive** ☐ Yes ☐ No ☐ Unknown **If yes, did they inform case?** ☐ Yes ☐ No ☐ Unknown	
Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description **Mailing** (Postal address): **Street Address** or **FN Community** (Primary Home):		
Exposure Dates: 1st YYYY / MMM / DD to YYYY / MMM / DD **Exposure Type**: ☐ Heterosexual ☐ Sharing Injection Drug Equipment ☐ MSM		
Comments:	**INTERVENTION** **Testing** ☐ Advised ☐ Received ☐ **Referral** (Specify)	

Government of Saskatchewan

HIV – Public Health Follow-Up

PANORAMA

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

Panorama Client ID: _____
Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN ->SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MM / DD Age: _____	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	PHN:

B) INVESTIGATION INFORMATION

LHN -> SUBJECT SUMMARY-> STBBI ENCOUNTER GROUP-> CREATE INVESTIGATION

Disease Summary Classification: CASE:	**Date**	***Classification: CONTACT:***	***Date***	***LAB TEST INFORMATION:***
☐ Lab Confirmed	YYYY / MM / DD	☐ *Contact*	*YYYY / MM / DD*	*Date specimen collected:*
☐ Suspect	YYYY / MM / DD	☐ *Not a Contact*	*YYYY / MM / DD*	*YYYY / MM / DD*
☐ Person Under Investigation	YYYY / MM / DD	☐ *Person Under Investigation*	*YYYY / MM / DD*	

Disposition: *FOLLOW UP:*

☐ In progress	YYYY / MM / DD	☐ Complete	YYYY / MM / DD
☐ Incomplete - Declined	YYYY / MM / DD	☐ Not required	YYYY / MM / DD
☐ Incomplete – Lost contact	YYYY / MM / DD	☐ Referred – Out of province	YYYY / MM / DD
☐ Incomplete – Unable to locate	YYYY / MM / DD	(Specify where)	YYYY / MM / DD

C) INTERVENTIONS

LHN-> INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:

Assessment:
- ☐ Assessed for contacts — Investigator name — YYYY / MM / DD
- ☐ Client aware of diagnosis — Investigator name — YYYY / MM / DD

Communication:
- ☐ Phone call (morning) — Investigator name — YYYY/ MM/ DD
- ☐ Phone call (afternoon) — Investigator name — YYYY/ MM/ DD
- ☐ Phone call (evening) — Investigator name — YYYY/ MM/ DD
- ☐ Text Message sent — Investigator name — YYYY/ MM/ DD
- ☐ E-mail — Investigator name — YYYY/ MM/ DD
- ☐ Home visit — Investigator name — YYYY/ MM/ DD
- ☐ Letter Sent — Investigator name — YYYY/ MM/ DD
- ☐ Letter (See Document Management) — YYYY/ MM/ DD — Investigator name
- ☐ Ordering practitioner contacted — YYYY/ MM/ DD — Investigator name
- ☐ Other communication (See Investigator Notes) — YYYY/ MM/ DD — Investigator name

General: Investigator name
- ☐ Disease-Info/Prev-Control — YYYY/ MM / DD
- ☐ Disease-Info/Prev-Cont/Assess'd for Contacts — YYYY/ MM / DD

Education/counselling:
- ☐ Prevention/Control measures — Investigator name — YYYY / MM / DD
- ☐ Disease information provided — Investigator name — YYYY / MM / DD
- ☐ Other (See Investigator Notes) — YYYY / MM / DD

Immunization: Investigator name
- ☐ Eligible Immunization recommended — YYYY / MM / DD
- ☐ Immunization nurse notified — YYYY / MM / DD

Environmental health:
- ☐ Personal Service Facility inspection — YYYY / MM / DD — Investigator name

Referral: Investigator name
- ☐ Canadian Blood Services — YYYY / MM / DD
- ☐ Child Protective Services — YYYY / MM / DD
- ☐ Harm Reduction Services — YYYY / MM / DD
- ☐ HIV Case Management — YYYY / MM / DD
- ☐ Infectious Disease Specialist — YYYY / MM / DD
- ☐ Primary Care Provider — YYYY / MM / DD
- ☐ Saskatchewan Transplant Program — YYYY / MM / DD
- ☐ Consultation with MHO — YYYY / MM / DD

Other:
- ☐ Other (specify)_____ — YYYY / MM / DD

Other Investigation Findings
- ☐ Investigator Notes — YYYY/ MM /DD
- ☐ See Document Management — YYYY/ MM /DD

Testing:
- ☐ Laboratory testing recommended — YYYY / MM / DD
- ☐ STBBI Testing recommended -See Investigator Notes — YYYY / MM / DD

Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	

HIV Public Health Follow-up

Please complete **all** sections.

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

D) OUTCOMES ***(Optional except for severe influenza)*** LHN-> INVESTIGATION-> OUTCOMES

☐ Hospitalization YYYY/MM/DD ☐ ICU/intensive medical care: YYYY/MM/DD ☐ Intubation/Ventilation YYYY/MM/DD ☐ Unknown YYYY/MM/DD
☐ Other _____ YYYY/MM/DD
☐ Fatal YYYY/MM/DD Cause of Death: (if Fatal was selected) _____

E) Transmission Events LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY

Transmission Event ID (system-generated can be documented below)	**Exposure Name**	**Setting type Important:** (Select the most appropriate setting for the TE; if >1 select multiple settings)	**Date/Time** (included the earliest transmission date to the latest date)	**# of contacts**
	HIV Contact – Inv ID #	☐ Sexual Exposure ☐ Type of community contact (IDU) ☐ Public facilities ☐ Multiple Settings		

F) Total number of contacts
LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -UNKNOWN/ANONYMOUS CONTACTS

_____ (Total number of *unknown* and *known* contacts)

Initial Report completed by:		**Date initial report completed:** YYYY / MMM / DD

CONTACTS

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _____ HSN: _____	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	
Phone #: ☐ Primary Home: ☐ Workplace: ☐ Mobile contact: ☐ alternate phone: Relationship:	**e-mail Address:**	
Online Names: Site/Service: User Name:		
Place of Employment/School:	**Is contact pregnant?** ☐ Yes ☐ No ☐ Unknown **Is contact HIV positive** ☐ Yes ☐ No ☐ Unknown **If yes, did they inform case?** ☐ Yes ☐ No ☐ Unknown	
Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description **Mailing** (Postal address): **Street Address** or **FN Community** (Primary Home):		
Exposure Dates: 1st YYYY / MMM / DD to YYYY / MMM / DD **Exposure Type**: ☐ Heterosexual ☐ Sharing Injection Drug Equipment ☐ MSM		
Comments:	**INTERVENTION** **Testing** ☐ Advised ☐ Received ☐ **Referral** (Specify)	

Complete more contact sheets if needed

Please see the following pages for the AIDS Case Report Form.

Public Health Agency of Canada | Agence de santé publique du Canada

Protected when completed

HIV/AIDS Case Report Adult, Adolescent and Pediatric (non maternal-fetal) Cases

For provincial/territorial use	For use by PHAC
Provincial/territorial ID Number	EPIC No.
Province/Territory to which case is attributed	Date received YY MM DD

☐ HIV ☐ AIDS ☐ New case report ☐ Update

SECTION I – PATIENT INFORMATION

Reporting physician's name	City	Telephone number
		( )

Hospital or clinic	City	Province/Territory

Is another physician providing ongoing care to this patient? ☐ Yes ☐ No

If so, please provide name, city and telephone number.

Name | City | Telephone number ( )

Patient's initials First | Middle | Last

Sex ☐ M ☐ F

Date of birth YY MM DD

Vital Status ☐ **Alive** (If yes, date last known to be alive) ▶ YY MM DD ☐ unknown

☐ **Dead** (If yes, date of death) ▶ YY MM DD

• **Is the patient: (please ask patient to assist you in answering this question)**

- ☐ **White**
- ☐ **Black** (*e.g. African, Haitian, Jamaican, Somali, etc.*)
- ☐ **North American Indian** ☐ **Métis** ☐ **Inuit**
- ☐ **Asian** *(e.g. Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Laotian, Korean, Filipino, etc.)*
- ☐ **South Asian** *(e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, etc.)*
- ☐ **Arab/West Asian** *(e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan, etc.)*
- ☐ **Latin-American** *(e.g. Mexican, Central/South American, etc.)*
- ☐ **Other – includes mixed ethnicity (specify)** →

What language does this person speak most often at home?	Country of birth ☐ Canada ☐ Other (specify) →	Year of arrival in Canada

City and province/territory of residence at diagnosis			Current city and province/territory of residence		
City	Province/Territory	First 3 digits of Postal Code	City	Province/Territory	First 3 digits of Postal Code

SECTION II – RISK(S) ASSOCIATED WITH THE TRANSMISSION OF HIV IN THIS PATIENT

• **Since January 1978 and preceding the diagnosis of HIV/AIDS, this patient had: (check ALL that apply)**

Yes	No	Unknown	
☐	☐	☐	Sex with a male.
☐	☐	☐	Sex with a female.
			Heterosexual sex with: (check ALL that apply)
☐	☐	☐	• an injection drug user;
☐	☐	☐	• a bisexual male;
☐	☐	☐	• a transfusion recipient with documented HIV infection;
☐	☐	☐	• a person with hemophilia/coagulation disorder;
☐	☐	☐	• a person born in a country where heterosexual transmission predominates. **If yes, specify country** →
☐	☐	☐	• a person with confirmed or suspected HIV infection or AIDS (whether or not risk factor is known).
☐	☐	☐	Injected non-prescription drugs (including steroids).
☐	☐	☐	Received pooled concentrates of factor VIII or IX for treatment of hemophilia/coagulation disorder. **If yes, please complete Section 1 of the Supplement to HIV/AIDS Case Report.**
☐	☐	☐	Received transfusion of whole blood or blood components such as packed red cells, plasma, platelets or cryoprecipitate. **If yes, please complete Section 2 of the Supplement to HIV/AIDS Case Report.**
☐	☐	☐	Exposure to HIV-contaminated blood or body fluids or concentrated virus in an occupational setting. **If yes, specify occupation** →
☐	☐	☐	Other medical exposure (e.g., organ or tissue transplant, artificial insemination). **If yes, please give details in Section VI "Additional Information or Comments".**
☐	☐	☐	Non-medical, non-occupational exposure which could have been the source of the infection (e.g. acupuncture, tattoo, body piercing, breast milk). **If yes, please give details of type of exposure, date and location in Section VI "Additional Information or Comments".**

Since January 1978, has this patient donated blood, plasma, platelets, organs, tissues, semen or breast milk? ☐ Yes ☐ No ☐ Unknown

If yes, please give details of type of donation, date and location in Section VI "Additional Information or Comments".

Has the Red Cross or other appropriate donor program been notified? ☐ Yes ☐ No ☐ Unknown

Do you want a public health official to ensure this notification? ☐ Yes ☐ No ☐ Unknown

SECTION III – LABORATORY DATA

• Does this case have evidence, as defined in the above instructions, of HIV infection?

☐ **Yes** ☐ **No** ☐ **Unknown**

Date of first positive HIV test (if known)

Year | Month

Current CD4 count (if known)

cells/μ l

SECTION IV – DISEASES INDICATIVE OF AIDS

DISEASES	Date of Diagnosis Year	Month	Diagnostic method Definitive	Presumptive
Bacterial pneumonia, recurrent			☐	☐
Candidiasis (bronchi, trachea or lungs)			☐	
Candidiasis (esophageal)			☐	☐
Cervical cancer, invasive			☐	
Coccidioidomycosis (disseminated or extrapulmonary)			☐	
Cryptococcosis (extrapulmonary)			☐	
Cryptosporidiosis (chronic intestinal, >1 mo. duration)			☐	
Cytomegalovirus disease (other than in liver, spleen or nodes)			☐	
Cytomegalovirus retinitis (with loss of vision)			☐	☐
Encephalopathy, HIV-related (dementia)			☐	
Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis or esophagitis			☐	
Histoplasmosis (disseminated or extrapulmonary)			☐	
Isosporiasis, chronic intestinal (>1 mo. duration)			☐	
Kaposi's sarcoma			☐	☐
Lymphoma, Burkitt's (or equivalent term)			☐	
Lymphoma, immunoblastic (or equivalent term)			☐	
Lymphoma, primary in brain			☐	

DISEASES	Date of Diagnosis Year	Month	Diagnostic method Definitive	Presumptive
Mycobacterium avium complex or *M. kansasii* (disseminated or extrapulmonary)			☐	☐
Mycobacterium of other species or unidentified species			☐	☐
M. tuberculosis (disseminated or extrapulmonary) **(Please complete SECTION V)**			☐	

Specify Site:

☐ Miliary ☐ Pleurisy ☐ Other respiratory

☐ C.N.S. ☐ Bone and joint ☐ Genitourinary

Other (specify) →

M. tuberculosis (pulmonary) **(Please complete SECTION V)**			☐	☐
Pneumocystis carinii pneumonia			☐	☐
Progressive multifocal leukoencephalopathy			☐	
Salmonella septicemia, recurrent			☐	
Toxoplasmosis of brain			☐	☐
Wasting syndrome due to HIV			☐	

Diseases affecting pediatric cases only (<15 years old)

Bacterial infections, multiple or recurrent (excluding recurrent bacterial pneumonia)			☐	
Lymphoid interstitial pneumonia and/or Pulmonary lymphoid hyperplasia			☐	☐

SECTION V – TUBERCULOSIS

1. **Before the diagnosis of AIDS, was this patient ever treated for tuberculosis?** ☐ Yes – when? → Year | Month ☐ No ☐ Unknown
2. **Has this patient ever had a PPD skin test?** ☐ Yes – What was the size in mm? → mm ☐ No ☐ Unknown
3. **If the PPD test was negative, was the patient anergy tested?** ☐ Yes ☐ No ☐ Unknown If yes, were any sites positive? ☐ Yes ☐ No ☐ Unknown

SECTION VI – ADDITIONAL INFORMATION OR COMMENTS

(Please use this section for information of interest about the acquisition of the virus, etc.)

Person completing this form

Telephone number

( )

Date report completed

YY MM DD

FOR PROVINCIAL/TERRITORIAL USE: To which exposure category has this patient been assigned?

☐ Men who have sex with men (MSM) ☐ Injection drug user (IDU) ☐ MSM **and** IDU ☐ Heterosexual – Endemic ☐ NIR – Heterosexual

☐ Blood transfusion recipient ☐ Clotting factor recipient ☐ Occupational exposure ☐ Heterosexual – Partner at risk ☐ NIR – Other

Government of Saskatchewan

PANORAMA

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

AIDS Data Collection Worksheet

Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN ->SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MM / DD Age: _____	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other Gender Identity: ☐ Transgender Male-to-female ☐ Transgender Female-to-male ☐ Undifferentiated ☐ Other (specify)	Phone : ☐ Primary Home: ☐ Mobile contact: ☐ Workplace: ☐ Alt Contact: Name: _____ Relationship: _____
Health Card Province: _____ Health Card Number (PHN):		
Place of Employment/School:	Email Address:	Preferred Communication Method: ☐ Home ☐ Work ☐ E-mail ☐ Text

Address Type:
☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description

Mailing (Postal address):

Street Address or FN Community (Primary Home):

Address at time of investigation if not the same:

B) INVESTIGATION INFORMATION

SUBJECT SUMMARY->STBBI ENCOUNTER GROUP->CREATE INVESTIGATION

Disease Summary Classification: CASE:	**Date**	**Investigation Information Disposition:**	**Date**
☐ Confirmed	YYYY / MMM / DD	☐ Complete ☐ Referred – Out of province	YYYY / MMM / DD

FOLLOW UP:

☐ In progress	YYYY / MM / DD	☐ Complete	YYYY / MM / DD
☐ Incomplete - Declined	YYYY / MM / DD	☐ Not required	YYYY / MM / DD
☐ Incomplete – Lost contact	YYYY / MM / DD	☐ Referred – Out of province	YYYY / MM / DD
☐ Incomplete – Unable to locate	YYYY / MM / DD	(Specify where)	YYYY / MM / DD

REPORTING NOTIFICATION: Name of Attending Physician or Nurse**:**	Location:
Provider's Phone number:	Date Received (Public Health): YYYY / MMM / DD

Type of Reporting Source: ☐ Health Care Facility ☐ Nurse Practitioner ☐ Physician ☐ Other_____

C) OUTCOMES *(optional except for severe influenza,*

LHN-> INVESTIGATION-> OUTCOMES

☐ Not yet recovered/recovering YYYY / MM / DD	☐ ICU/intensive medical care YYYY / MM / DD	☐ Hospitalization YYYY / MM / DD
☐ Recovered YYYY / MM / DD	☐ Intubation /ventilation YYYY / MM / DD	☐ Unknown YYYY / MM / DD
☐ Fatal YYYY / MM / DD	☐ Other _____ YYYY / MM / DD	

Cause of Death: (if Fatal was selected) _____

AIDS Data Collection Worksheet

Please complete **all** sections

Panorama Client ID: _____
Panorama Investigation ID: _____

DISEASES INDICATIVE OF AIDS

DESCRIPTION	Date of Diagnosis YYYY / MM / DD	Definitive	Presumptive
Bacterial pneumonia, recurrent			
Candidiasis (bronchi, trachea or lungs)			
Candidiasis (esophageal)			
Cervical cancer, invasive			
Coccidiodomycosis (disseminated or extrapulmonary)			
Cryptococcosis (extrapulmonary)			
Cryptococcosis (chronic intestinal, >1mo. Duration)			
Cytomegalovirus disease (other than in liver, spleen or nodes)			
Cytomegalovirus retinitis (with loss of vision)			
Encephalopathy, HIV-related (dementia)			
Herpes simplex: chronic ulcer(s) (>1 mo. Duration)or bronchitis, pneumonitis or esophagitis			
Histoplasmosis (disseminated or extrapulmonary)			
Isoporiasis, chronic intestinal (>1mo. Duration)			
Kaposis's sarcoma			
Lymphoma, Burkitt's (or equivalent term)			
Lymphoma, immunoblastic (or equivalent term)			
Lymphoma, primary in brain			
Mycobacterium avium complex or M. kansasii (disseminated or extrapulmonary)			
Mycobacterium of other species or unidentified species			
M. tuberculosis (disseminated or extrapulmonary) **Specify in comments**: **Millary, Pleurisy, Other respiratory, CNS, Bone and Joint, Genitourinary**)			
M. tuberculosis (pulmonary)			
Pneumocystis carinii pneumonia			
Progressive multifocal leukoencephalopathy			
Salmonella septicemia, recurrent			
Toxoplasmosis of brain			
Wasting syndrome due to HIV			
<15 years of age – Bacterial infections, multiple or recurrent (excluding recurrent bacterial pneumonia)			
<15 years of age – Lymphoid interstitial pneumonia and/or Pulmonary lymphoid hyperplasia			

Additional Information or Comments: