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

Saskatchewan Ministry of Health

HIV CASE REPORTING FORM

Complete and forward a copy in the envelope provided to the office of your regional Medical Health Officer.

Use national reporting form for AIDS cases.

This report is authorized by law. Under *The Public Health Act* it is mandatory to report all cases of HIV and AIDS to the Medical Health Officer of the regional health authority, following which mandatory information on confirmed cases will be forwarded to the Chief Medical Health Officer.

PART 1 – PATIENT INFORMATION

RHA Reporting:	**Check (✓) applicable** ☐ New case report ☐ Updated report	Date of Last Contact with Patient (YYYY/MM/DD):	☐ Unable to contact ☐ Lost to follow-up ☐ Deceased Date: ______________
PHN:	Birth Date (YYYY/MM/DD):	Sex ☐ Male ☐ Female ☐ Other	
Patient Name *Last*	*First*	*Middle*	

Current Street Address:	**Current** City/Town/First Nations Community:	**Current** Province:	**Current** Postal Code:
Street Address **at time of diagnosis:**	City/Town/First Nations Community **at diagnosis:**	Province **at diagnosis:**	Postal Code **at diagnosis:**

Country of Birth:	Arrival Year in Canada:	Ethnicity (see over for descriptions)
		☐ White ☐ First Nations ☐ Métis ☐ Inuit ☐ Black (N. American) ☐ Black (African) ☐ East Asian ☐ South Asian ☐ Arab/West Asian ☐ Latin American ☐ Multiple ethnicity ☐ Unknown ☐ Other, *please specify:* ______________________

PART 2 – RISK FACTORS

Sexual Risk Factors (Respond to each item)

Y N Unknown

☐ ☐ ☐ Sex with a male

☐ ☐ ☐ Sex with a female

Heterosexual sex with an individual from any of the following categories:

☐ ☐ ☐ Person who uses injection drugs

☐ ☐ ☐ Bisexual male

☐ ☐ ☐ Transfusion recipient with documented HIV infection

☐ ☐ ☐ Person with a hemophilia/coagulation disorder

☐ ☐ ☐ Person born in a country where heterosexual transmission predominates (see over). If yes*, please specify:* ________________________________

☐ ☐ ☐ Person with a confirmed or suspected HIV infection or AIDS

Other Risk Factors (Respond to each item)

Y N Unknown

☐ ☐ ☐ Injected non-prescription drugs (including steroids)

☐ ☐ ☐ Received blood or blood components after 1985. If yes, *please specify:* ________________________________

☐ ☐ ☐ Occupationally exposed to HIV contaminated blood or body fluids

☐ ☐ ☐ Medical exposure (e.g., organ or tissue transplant, surgery, dental, oscopy). If yes, *please specify:* ______________

☐ ☐ ☐ Non medical, non-occupational exposure which could have been the source of the infection (e.g., acupuncture, tattoo, body piercing, breast milk, needle stick). If yes, *please specify:* ________________________________

☐ ☐ ☐ From endemic country (see over). If yes, *please specify:* ________________________________

☐ ☐ ☐ Perinatal transmission

☐ ☐ ☐ Involved in sex trade

Has this patient donated blood, plasma, platelets, organs, tissues, semen or breast milk? ☐ Yes ☐ No ☐ Unknown

PART 3 – LABORATORY/CLINICAL DATA

Lab Report Accession Number:	Specimen Collection Date (YYYY/MM/DD):
Is this the first positive HIV test for this person? ☐ Yes ☐ No ☐ Unknown If no, Date of first positive (YYYY/MM/DD): ______________	City, province, country of first **positive** HIV test, if outside of Saskatchewan:

Date of **last negative** HIV test (including last non-reactive HIV POC Test) if known? (YYYY/MM/DD):

Is there a history of seroconversion illness? ☐ Yes ☐ No ☐ Unknown If yes, Date (if known)? (YYYY/MM/DD):

Does this person have AIDS? ☐ Yes ☐ No ☐ Unknown Is this person pregnant? ☐ Yes ☐ No ☐ Unknown If yes approx # of weeks: ____

Reason for **current** HIV test **(Check (✓) all that apply)**

☐ Immigration/visa requirement ☐ Prenatal screening ☐ STI screening ☐ Contact of an HIV infected person

☐ Needle stick injury, blood/body fluid exposure ☐ Symptomatic for disease ☐ Insurance requirement

☐ History of a known risk factor, *specify:* ________________________________ ☐ *Other, specify:* ________________________________

Initial CD4 count: Date (YYYY/MM/DD): Initial viral load: Date (YYYY/MM/DD):

Has this person ever had a tuberculin (PPD) skin test? ☐ Yes ☐ No ☐ Unknown If yes Date (YYYY/MM/DD): __________ Size in mm? ______
If no, was anergy tested? ☐ Yes ☐ No ☐ Unknown

Positive Hep B Antigen? ☐ Yes ☐ No ☐ Unknown If yes, Year? ______ Positive Hep C Antigen? ☐ Yes ☐ No ☐ Unknown If yes, Year? ______

PART 4 – ADDITIONAL INFORMATION OR COMMENTS

Reporting physician's name (please PRINT):	City/town:	Phone number:
Name of person completing this form (please PRINT):	Date report completed (YYYY/MM/DD):	Phone number:

Ethnicity Descriptions:

White: People of Caucasian ethnic origins (e.g., British Isles, European, white African origins, etc.)

First Nations: North American Indian regardless of treaty status, living on and/or off reserve

Métis: A person who self-identifies as Métis

Black North American: North American or Caribbean black origins

Black African: African-born black origins

East Asian: e.g., Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Laotian, Korean, Filipino, etc.

South Asian: e.g., East Indian, Pakistani, Punjabi, Bangladeshi, etc.

Arab/West Asian: e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan, etc.

Latin American: e.g., Mexican, Central/South American, etc.

Multiple Ethnicity: Prodigy of dual origin parentage (not Métis)

Endemic Country Definition: An endemic country is defined as a country where the predominant means of HIV transmission is heterosexual contact.

List of Endemic Countries:

Caribbean and Central/South America:

- Anguilla
- Antigua and Barbuda
- Bahamas
- Barbados
- Bermuda
- British Virgin Islands
- Cayman Islands
- Dominica
- Dominican Republic
- French Guiana
- Grenada
- Guadeloupe
- Guyana
- Haiti
- Honduras
- Jamaica
- Martinique
- Montserrat
- Netherland Antilles
- Saint Lucia
- St. Kitts and Nevis
- St. Vincent and the Grenadines
- Suriname
- Trinidad and Tobago
- Turks and Caicos Islands
- U.S. Virgin Islands

Africa:

- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Democratic Republic of the Congo
- Djibouti
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Ivory Coast
- Kenya
- Lesotho
- Liberia
- Malawi
- Mali
- Mozambique
- Namibia
- Niger
- Nigeria
- Republic of Congo
- Rwanda
- Senegal
- Sierra Leone
- Somalia
- South Africa
- Sudan
- Swaziland
- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

Asia:

- Cambodia
- Myanmar/Burma
- Thailand