



Mother with perinatally exposed children

Office use only

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State number

Confidential

form revised : January 2017

Information is sought on the mother with perinatally exposed children and her risk factors for perinatal HIV transmission

1 Identification of the mother with HIV infection

Family name (First two letters only)

□□

Given name (First two letters only)

□□

Date of birth

(DD/MM/YYYY)

Child born to the mother with HIV infection

The child indicated below was notified through the Australian Paediatric Surveillance Unit as having been born to the mother with HIV infection

Family name (First two letters only)

□□

Given name (First two letters only)

□□

Date of birth

(DD/MM/YYYY)

Sex Male Female

2 Other characteristics of the mother with HIV infection

Country of birth Australia Other

If **Other**, state year of arrival in Australia

□□□□

Does the mother self-identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander

Does the father self-identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander

For person of **both Aboriginal and Torres Strait Islander** status, tick both "Yes" circles.

State/Territory of residence

□□□□

Postcode of usual place of residence

□□□□

What language does the mother mostly speak at home:

English Other (Specify):

Current status of the mother

Mother is alive
Date of most recent contact
(DD/MM/YYYY)

Mother has died
Date of death
(DD/MM/YYYY)

3 Diagnosis of HIV infection

Date of first diagnosis of HIV infection in Australia

(DD/MM/YYYY)

CD4+ count at diagnosis of HIV infection

□□□□

(cells/ μ l)

4 Exposure to HIV

Injecting drug use
 Receipt of blood/tissue
Date of receipt (DD/MM/YYYY)

Heterosexual contact with:

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

Person with diagnosed HIV infection
(Specify the person's exposure)

Heterosexual contact, not further specified

Other exposure
(Specify)

Source of exposure to HIV remains unclear or undetermined
(Details)

Where was HIV infection most likely to have been acquired?

Australia Overseas Not known

5 Perinatal exposure to HIV

How was pregnancy achieved for the child reported above?

- Not known
- Unprotected sexual intercourse with an HIV infected partner
- Unprotected sexual intercourse with an uninfected partner
- Assisted reproduction

(Specify)

Has the mother had other exposed children born or breast-fed in Australia prior to the child reported above?

- Yes
- No
- Not known

If **Yes**, has perinatal exposure to HIV been documented for the other children?

- Yes
- No
- Not known

Mode of delivery of the child

- Not known
- Vaginal delivery
- Elective caesarean
- Emergency caesarean

If delivery was by **emergency caesarean**, specify the reasons for the emergency caesarean:

Duration of ruptured membranes

- No rupture of membranes
- Less than 4 hours
- 4 hours or longer
- Not known

Was the child breast-fed?

- Yes
- No
- Not known

If **Yes**, for how long was the child breast-fed? _____ (weeks)

Complete the remainder of Section 5 if the mother was diagnosed with HIV infection prior to delivery of the child.

Was the mother treated with any antiretroviral therapy during pregnancy?

- Yes
- No
- Not known

If **Yes**, please report the antiretroviral agent and date of commencement of treatment.

If the mother stopped any antiretroviral treatment prior to delivery, please report the stop date.

	Antiretroviral agent	Commencement date	Stop date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Please report any adverse events associated with antiretroviral use during pregnancy:

Mother's CD4+ count close to delivery of the child

(cells/ul)

Date of specimen collection for the measurement of CD4+ cell count

(DD/MM/YYYY)

Mother's viral load close to delivery of the child

(RNA copies/ml)

Date of specimen collection for the measurement of HIV viral load

(DD/MM/YYYY)

Did the mother receive intra-partum antiretroviral therapy?

- Yes
- No
- Not known

If **Yes**, specify the antiretroviral therapy

Return completed form to:
 Australian Paediatric Surveillance Unit (APSU)
 Kids Research Institute, The Children's Hospital at Westmead
 Locked bag 4001 WESTMEAD NSW 2145
 Tel: 02 9845 3005 Fax: 02 9845 3082
 E: apsu@chw.edu.au W: www.apsu.org.au

Return completed form to:
 HIV Public Health Team
 Locked bag 28 FORTITUDE VALLEY BC QLD 4006
 Tel: 07 3328 9797 Fax: 07 3328 9799
 Email: HIV_PH_Team@health.qld.gov.au