Attachment 3(f)

Adult and Pediatric HIV/AIDS Confidential Case Reports
for National HIV/AIDS Surveillance OMB No. 0920-0573

Supplemental Surveillance Activity 3:
Enhanced Perinatal Surveillance (EPS) Data Collection Form

Form Approved
OMB No. 0920-0573
Expiration Date XX/XX/20XX

Adult and Pediatric HIV/AIDS Confidential Case Reports
for National HIV/AIDS Surveillance

Enhanced Perinatal Surveillance (EPS) Data Collection Form

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0573)

Infant State No. ___________________________

U.S. Department of Health
& Human Services
Centers for Disease Control
and Prevention

Enhanced Perinatal Surveillance (EPS)

Form Approved OMB No. 0920-0573 Exp. Date XX/XX/20XX

New ❑ Updated ❑	**Initials of person completing the form** (Print legibly.)	**Information complete for analysis?** ❑ Yes ❑ No

Date form completed (eg. abstraction concluded) __ __/__ __/__ __ __ __ (mm/dd/yyyy)	**Date form received by main facility** __ __/__ __/__ __ __ __ (mm/dd/yyyy)	**Date case was reported** __ __/__ __/__ __ __ __ (mm/dd/yyyy)

How was the infant first identified?

❑ Routine case reporting—pediatric report
❑ Routine case reporting—maternal report
❑ Birth registry match
❑ Active case finding for enhanced perinatal surveillance
❑ Laboratory reporting
❑ Other than routine surveillance activities (Specify.)

If information on the mother is not available, was the child adopted, in foster care, or abandoned?

❑ Yes ❑ No ❑ Not applicable

1. Records abstracted (Required)
(**1** = Abstracted, **2** = Attempted—record not available, **3** = Not abstracted, **4** = Attempted—will try again)

_____Prenatal care records
_____Maternal HIV clinic records
_____Labor and delivery records
_____Pediatric birth records
_____Pediatric HIV medical records
_____ Pediatric medical records (non-HIV clinic or provider)
_____ Birth certificate
_____ Death certificate
_____ Health department records
_____ Other (Specify.) ____

Demographic Information

2. Infant

Reporting state (**Required**)	City No.	Date of birth (**Required**) __ __/__ __/__ __ __ __ (mm/dd/yyyy)	Sex at birth ❑ M ❑ F
State No. (**Required**)	Soundex code	Date of death __ __/__ __/__ __ __ __ (mm/dd/yyyy)	

3. Mother

Reporting state	City No.	Date of birth __ __/__ __/__ __ __ __ (mm/dd/yyyy)	
State No.	Soundex code	Date of death __ __/__ __/__ __ __ __ (mm/dd/yyyy)	

4. Mother's country of birth	**4a. If mother's country of birth is not specified, list continent of birth if known.**

5. Mother's Hispanic ethnicity

❑ Yes
❑ No
❑ Unknown

6. Mother's race (Mark all that apply.)

❑ American Indian/Alaska Native
❑ Asian
❑ Black/African American
❑ Other (Specify.)____
❑ Hawaiian/Other Pacific Islander
❑ White
❑ Unknown

7. Marital status (at time of delivery) ❑ Single ❑ Divorced ❑ Married ❑ Separated ❑ Widowed ❑ Unknown

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV/AIDS. Information in CDC's HIV/AIDS surveillance system that would permit identification of any individual on whom a record is maintained is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0573). **Do not send completed form to this address**.

DRAFT

8. Mother's HIV risk factor (Mark all that apply.)

- ❑ Injection drug use
- Heterosexual contact with
  - ❑ injection drug user
  - ❑ bisexual male
  - ❑ male with hemophilia with documented HIV
  - ❑ transfusion recipient with documented HIV infection
  - ❑ transplant recipient with documented HIV infection
  - ❑ HIV-infected male, risk factor not specified
- ❑ Hemophilia with documented HIV
- ❑ Receipt of transfusion
- ❑ Receipt of transplant (tissue/organ or artificial insemination
- ❑ Perinatal exposure (i.e. mother was perinatally infected)
- ❑ Unknown
- ❑ Other documented risk (Discuss with the NRR coordinator in your state.)
  If Other, specify ____

Prenatal Care

9. Did mother receive any prenatal care for this pregnancy?

❑ Yes ❑ No (**Go to 15**.) ❑ Not documented (**Go to 15**.) ❑ Unknown

10. Date of first prenatal care visit

__ __/__ __/__ __ __ __ (mm/dd/yyyy)

11. Month of pregnancy during which prenatal care began

_______ (mos) (99 = unknown) **or** _______ (in weeks if month is not noted in chart)

12. Date of last prenatal care visit before delivery

__ __/__ __/__ __ __ __ (mm/dd/yyyy)

13. Number of prenatal care visits ___________ (99 = unknown)

14. In what type of facility was prenatal care primarily delivered? (Check only one box.)

- ❑ OB/GYN clinic
- ❑ Adult HIV specialty clinic
- ❑ HMO clinic (for prenatal care)
- ❑ Private care (OB/GYN, midwife)
- ❑ Correctional facility
- ❑ ACTG site
- ❑ Other (Specify.) ______________________________
- ❑ Not documented
- ❑ Unknown

15. Was the mother screened for any of the following during pregnancy?
(Check test performed before birth, but closest to date of delivery or admission to labor and delivery.)

	Yes	Date (mm/dd/yyyy)	No	Not documented	Record not available	Unknown
Group B strep	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Hepatitis B (HBsAg)	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Rubella	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Syphilis	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑

16. Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery
(See Instructions for Data Abstraction for definitions.)

	Yes	Date of diagnosis (mm/dd/yyyy)	No	Not documented	Record not available	Unknown
Bacterial vaginosis	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Chlamydia trachomatis infection	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Genital herpes	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Gonorrhea	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Group B strep	❑	__ __/_ __/__ __ __ __	❑	❑	❑	❑
Hepatitis B (HbsAg+)	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Hepatitis C	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
PID	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Syphilis	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑
Trichomoniasis	❑	__ __/__ __/__ __ __ __	❑	❑	❑	❑

17. Mother's reproductive history

___________ No. of previous pregnancies
__________ No. of previous miscarriages or stillbirths
___________ No. of previous live births
__________ No. of previous induced abortions **or** ______ Total No. of previous abortions

DRAFT

18. Complete the chart for all siblings.

	Date of birth (mm/dd/yyyy)	Age (yrs: mos as of mm/yyyy)	HIV serostatus (See list.)	State No.	City No.
Sib 1	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_______________	_____________________	_____________________
Sib 2	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_______________	_____________________	_____________________
Sib 3	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_______________	_____________________	_____________________
Sib 4	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_______________	_____________________	_____________________
Sib 5	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_______________	_____________________	_____________________
Sib 6	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_______________	_____________________	_____________________

HIV serostatus: **1** = Infected, **2** = Not infected, **3** = Indeterminate, **9** = Not documented U=Unknown

Substance Use

19. Was substance use during pregnancy noted in the medical or social work records?

❑ Yes ❑ No (**Go to 20**.) ❑ Record not available (**Go to 20**.) ❑ Unknown

19a. If yes, indicate which substances were used during pregnancy. (Check all that apply.)

❑ Alcohol ❑ Cocaine ❑ Marijuana (cannabis, THC, cannabinoids) ❑ Opiates
❑ Amphetamines ❑ Crack cocaine ❑ Methadone ❑ Other (Specify.)
❑ Barbiturates ❑ Hallucinogens ❑ Methamphetamines ______________________________
❑ Benzodiazepines ❑ Heroin ❑ Nicotine (any tobacco product) ❑ Specific drug(s) not documented

19b. If substances used, were any injected?

❑ Yes ❑ No ❑ Not documented ❑ Unknown Specify injected substance(s). ____

20. Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?

❑ Yes, positive result (Check all that apply.)

❑ Alcohol ❑ Cocaine ❑ Marijuana (cannabis, THC, cannabinoids) ❑ Opiates
❑ Amphetamines ❑ Crack cocaine ❑ Methadone ❑ Other (Specify.)
❑ Barbiturates ❑ Hallucinogens ❑ Methamphetamines ____________________________
❑ Benzodiazepines ❑ Heroin ❑ Nicotine (any tobacco product) ❑ Specific drug(s) not documented

❑ Yes, negative result ❑ No ❑ Toxicology screen not documented

21. Was a toxicology screen done on the infant at birth?

❑ Yes, positive result (Check all that apply.)

❑ Alcohol ❑ Cocaine ❑ Marijuana (cannabis, THC, cannabinoids) ❑ Opiates
❑ Amphetamines ❑ Crack cocaine ❑ Methadone ❑ Other (Specify.)
❑ Barbiturates ❑ Hallucinogens ❑ Methamphetamines ____________________________
❑ Benzodiazepines ❑ Heroin ❑ Nicotine (any tobacco product) ❑ Specific drug(s) not documented

❑ Yes, negative result ❑ No ❑ Toxicology screen not documented

22. If the results of the toxocology screen indicated substance use, was the mother referred for treatment (during or after this pregnancy)?

❑ Yes ❑ No ❑ Not documented ❑ Unknown

DRAFT

Maternal Testing/Clinical Information

23. Mother's HIV serostatus

- ❑ Mother refused HIV testing
- ❑ HIV-positive before this pregnancy
- ❑ HIV-positive during this pregnancy
- ❑ HIV-positive at time of delivery
- ❑ HIV-positive before child's birth, date unknown
- ❑ HIV-positive after child's birth
- ❑ HIV-positive, date unknown

24. Date of mother's first positive result from confirmatory testing (WB or IFA)

__ __/__ __/__ __ __ __ (mm/dd/yyyy)

25. Results of mother's HIV screening during pregnancy

	Results (See list in 26.)	Test (See list in 26.)	Date (mm/dd/yyyy)
25a. First screening	______________________	______________________	__ __/__ __/__ __ __ __
25b. Second screening (if result was negative, or mother refused first screening)	______________________	______________________	__ __/__ __/__ __ __ __
25c. Third screening (if result was negative, or mother refused second screening)	______________________	______________________	__ __/__ __/__ __ __ __

26. Mother's HIV screening at time of labor and delivery

	Results (See list.)	Test (See list.)	Date of results in labor and delivery (mm/dd/yyyy)	Time of results in labor and delivery (See military time.)
26a. First screening	______________________	______________________	__ __/__ __/__ __ __ __	__ __:__ __
26b. Second screening (if applicable)	______________________	______________________	__ __/__ __/__ __ __ __	__ __:__ __
26c. Confirmatory test	______________________	______________________	__ __/__ __/__ __ __ __	__ __:__ __

Results
- Positive
- Negative
- Indeterminate
- Results not available
- Not tested
- Not tested but known to be infected
- Refused
- Unknown

Tests
- Rapid
- Expedited EIA
- EIA
- Not documented

Military time
- noon = 12:00
- 4:30 pm = 16:30
- midnight = 00:00
- 12:30 am = 00:30

DRAFT

27. Were CD4 counts determined during pregnancy or within 6 months before pregnancy?

❑ Yes ❑ No (**Go to 28**.) ❑ Not documented (**Go to 28**.) ❑ Record not available (**Go to 28**.) ❑ Unknown

27a. If yes, list below. (If more than 3 counts in record, **prioritize** the CD4 counts, starting with the count closest to delivery. If CD4 counts were not determined during pregnancy, record CD4 counts within 6 months before pregnancy if possible.)

Example: CD4 count of 174 cells/µL, 12%, August 12, 2000, would be recorded as 174 cells/µL 08/12/2000

12 % 08/12/2000

CD4 result	Unit	Date blood drawn (mm/dd/yyyy)	CD4 result	Unit	Date blood drawn (mm/dd/yyyy)	CD4 result	Unit	Date blood drawn (mm/dd/yyyy)
__ __ __ __	cells/µL	__ __/__ __/__ __ __ __	__ __ __ __	cells/µL	__ __/__ __/__ __ __ __	__ __ __ __	cells/µL	__ __/__ __/__ __ __ __
__ __	%	__ __/__ __/__ __ __ __	__ __	%	__ __/__ __/__ __ __ __	__ __	%	__ __/__ __/__ __ __ __

28. Were viral quantification tests (ie, viral load) performed on the mother during pregnancy or within 6 months before pregnancy?

❑ Yes ❑ No (**Go to 29**.) ❑ Not documented (**Go to 29**.) ❑ Record not available (**Go to 29**.) ❑ Unknown

28a. If yes, list all results below. (If more than 3 in record, **prioritize** the results of viral load tests, starting with the result closest to delivery. If viral load tests were not performed during pregnancy, record viral loads within 6 months of pregnancy if possible.)

Result in No. of copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
____________________	____________	__ __/__ __/__ __ __ __
____________________	____________	__ __/__ __/__ __ __ __
____________________	____________	__ __/__ __/__ __ __ __

29. What was the mother's most advanced HIV serostatus during pregnancy?

❑ HIV infection, not AIDS ❑ AIDS, CD4 criteria only ❑ AIDS, indicator condition

❑ HIV-negative ❑ Not documented ❑ Record not available ❑ Unknown

30. Was the mother's HIV serostatus noted in her prenatal care medical records?

❑ Yes, HIV-positive ❑ Yes, HIV-negative ❑ No ❑ No prenatal care ❑ Record not available ❑ Unknown

Antiretroviral Therapy

31. Were antiretroviral drugs prescribed for the mother during this pregnancy?

❑ Yes (**Complete table**.) ❑ No (**Go to 31a**.) ❑ Not documented (**Go to 32**.) ❑ Record not available (**Go to 32**.) ❑ Unknown

	Drug name (See list on p. 8.)	Other (specify)	Drug refused	Date drug started (mm/dd/yyyy)	Gestational age drug started (weeks; round down)	Drug stopped Yes	No	ND	Date stopped (if yes in preceding column) (mm/dd/yyyy)	Stop codes (See list on p. 8.)
i.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
ii.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
iii.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
iv.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
v.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
vi.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
vii.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______
viii.	____________	________	❑	__ __/__ __/__ __ __ __	__________	❑	❑	❑	__ __/__ __/__ __ __ __	______

(**After completing table, go to 32**.)

31a. If no antiretroviral drug was prescribed during pregnancy, check reason.

❑ No prenatal care ❑ Mother known to be HIV-negative during pregnancy ❑ Not documented ❑ Unknown

❑ HIV serostatus of mother unknown ❑ Mother refused ❑ Other (Specify.) ______________

DRAFT

32. Was mother's HIV serostatus noted in her labor and delivery records?
❑ Yes, HIV-positive ❑ Yes, HIV-negative ❑ No ❑ Record not available ❑ Unknown

33. Did mother receive antiretroviral drugs during labor and delivery?
❑ Yes (**Complete table.**) ❑ No (**Go to 33a.**) ❑ Not documented (**Go to 34.**) ❑ Record not available (**Go to 34.**) ❑ Unknown

	Drug Name (See list.)	Other (specify)	Drug refused	Date received (mm/dd/yyyy)	Time received (See military time.)	Type of administration: Oral	IV	Not documented
i.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑
ii.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑
iii.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑
iv.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑
v.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑
vi.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑
vii.	___________________	____________	❑	__ __/__ __/__ __ __ __	__ __:__ __	❑	❑	❑

(**After completing table, go to 34.**) Military time: noon = 12:00; midnight = 00:00

33a. If no antiretroviral drug was received during labor and delivery, check reason.
❑ Precipitous delivery/STAT Cesarean delivery
❑ HIV serostatus of mother unknown
❑ Mother tested HIV-negative during pregnancy
❑ Other (Specify.) ________________________
❑ Prescribed but not administered
❑ Birth not in hospital
❑ Mother refused
❑ Not documented
❑ Unknown

34. Was mother referred for HIV care after delivery?
❑ Yes ❑ No (**Go to 36.**) ❑ Not documented (**Go to 36.**) ❑ Record not available (**Go to 36.**) ❑ Unknown

35. If yes, indicate first CD4 result or first viral load after discharge from hospital (up to 6 months after discharge).

35a. CD4 result ❑ Not done ❑ Not available

Result	Unit	Date blood drawn (mm/dd/yyyy)
__ __ __ __	cells/μL	__ __/__ __/__ __ __ __
__ __	%	__ __/__ __/__ __ __ __

35b. Viral load ❑ Not done ❑ Not available

Result in copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
_________________	____________	__ __/__ __/__ __ __ __

Birth History

36. Type of birth ❑ Single ❑ Twin ❑ ≥3 ❑ Record not available ❑ Unknown

37. Birth information ❑ Birth not in hospital ❑ Record not available

	Time (See military time.)	Date (mm/dd/yyyy)		Time (See military time.)	Date (mm/dd/yyyy)
Onset of labor	__ __:__ __	__ __/__ __/__ __ __ __	Rupture of membranes	__ __:__ __	__ __/__ __/__ __ __ __
Admission to labor and delivery	__ __:__ __	__ __/__ __/__ __ __ __	Delivery	__ __:__ __	__ __/__ __/__ __ __ __

Military time: noon = 12:00; midnight = 00:00

38. Gestational age at time of delivery___________________ (in weeks; round down to nearest whole week)

39. Mode of delivery
❑ Vaginal (**Go to 40.**) ❑ Unknown
❑ Elective Cesarean delivery
❑ Non-elective Cesarean delivery
❑ Cesarean delivery, unknown type
❑ Record not available (**Go to 41.**)

39a. If Cesarean delivery, mark all the following indications that apply.
❑ HIV indication (high viral load)
❑ Previous Cesarean (repeat)
❑ Malpresentation (breech, transverse)
❑ Prolonged labor or failure to progress
❑ Mother's or physician's preference
❑ Fetal distress
❑ Placenta abruptia or p. previa
❑ Other (eg, herpes, disproportion)
Specify ________________________________
❑ Not specified

40. Instrument used ❑ None ❑ Forceps ❑ Vacuum ❑ Forceps and vacuum ❑ Not specified

DRAFT

41. Child's birth weight (lbs/oz or grams)

_______ lbs ________ oz **or** _________ grams

42. Was mother's HIV serostatus noted on the child's birth record? ☐ **No**

☐ Yes, HIV-positive ☐ Yes, HIV-negative ☐ Record not available ☐ Unknown

Pediatric History

43. Were antiretroviral drugs prescribed for the child during the first 6 weeks of life?

☐ Yes (**Complete table.**) ☐ No (**Go to 43a.**) ☐ Not documented (**Go to 44.**) ☐ Record not available (**Go to 44.**) ☐ Unknown

	Drug name (See list on p. 8.)	Other (specify)	Drug refused	Date drug started (mm/dd/yyyy)	Time started (See military time.)	ART Completed? Yes No ND UNK	Stop date (if therapy not completed) (mm/dd/yyyy)	Stop codes (See list on p. 8.)
i.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
ii.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
iii.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
iv.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
v.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
vi.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
vii.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______
viii.	______	______	☐	__ __/__ __/__ __ __ __	__ __:__ __	☐ ☐ ☐ ☐	__ __/__ __/__ __ __ __	______

Military time: noon = 12:00; midnight = 00:00

43a. If no antiretroviral drug was prescribed during the first 6 weeks of life, indicate reason.

☐ HIV serostatus of mother unknown
☐ Mother known to be HIV-negative during pregnancy
☐ Mother refused
☐ Other (Specify.) ____________________________
☐ Not documented

44. Infant's HIV antibody testing

	Results (See list.)	Test (See list.)	Date blood drawn (mm/dd/yyyy)
i.	______	______	__ __/__ __/__ __ __ __
ii.	______	______	__ __/__ __/__ __ __ __
iii.	______	______	__ __/__ __/__ __ __ __

Results
- Positive
- Negative
- Indeterminate
- Results not available
- Infant not tested
- Mother refused
- Unknown

Tests
- Rapid
- Expedited EIA
- EIA
- Not documented

45. Results of DNA/RNA screening

	Results (See list in 44.)	Test: DNA	Test: RNA	Date blood drawn (mm/dd/yyyy)
i.	______	☐	☐	__ __/__ __/__ __ __ __
ii.	______	☐	☐	__ __/__ __/__ __ __ __
iii.	______	☐	☐	__ __/__ __/__ __ __ __
iv.	______	☐	☐	__ __/__ __/__ __ __ __
v.	______	☐	☐	__ __/__ __/__ __ __ __

46. What is the child's current HIV infection status?

☐ AIDS ☐ Confirmed HIV infected (not AIDS)
☐ HIV-negative ☐ Indeterminate as of __ __/__ __/__ __ __ __ (mm/dd/yyyy)

47. If child's HIV serostatus is indeterminate, indicate reason.

☐ Moved from state ☐ Lost to follow-up
☐ Provider out of state ☐ Died before serostatus determined
☐ Child <18 months of age ☐ Not documented

48. Was PCP prophylaxis prescribed during the first year of life?

☐ Yes Date received __ __/__ __/__ __ __ __
☐ No ☐ Not documented ☐ Record not available ☐ Unknown

49. Was child breastfed?

☐ Yes Duration _______ days _____ weeks
☐ Duration not documented
☐ No ☐ Not documented ☐ Record not available ☐ Unknown

DRAFT

Infant State No. ______________________

50. Were birth defects noted during the first year of life?
❑ Yes ❑ No (**Go to 51.**) ❑ Record not available (**Go to 51.**) ❑ Unknown

50a. If yes, specify type(s). ______________________
Code _____._____ Code _____._____ Code _____._____

51. If child is deceased, please obtain the following from the death certificate. (Print legibly. Include ICD-9 or ICD-10 codes only if code appears on death certificate.)

	Cause of death	ICD-9 code	or	ICD-10 code
Immediate	____________	________		________
Underlying	____________	________		________
Underlying	____________	________		________
Underlying	____________	________		________
Contributing	____________	________		________

Note. Please be sure that a date of death has been entered on page 1, under Demographic Information (2. Infant).

Please include comments or clinical information you consider relevant to the overall understanding of this child's HIV exposure or infection status. State the date and source of the information.

Antiretroviral drugs and stop codes

NNRTI	NRTI (cont)	Protease inhibitor	Other
Delavirdine (Rescriptor) Efavirenz (Sustiva) Nevirapine (Viramune, NVP) **NRTI** Abacavir (Ziagen, ABC) Combivir (AZT & 3TC) Didanosine (ddI, Videx) Emtriva (Emtricitabine or FTC)	Epzicom (Abacavir/3TC, Kivexa) Lamivudine (3TC, Epivir) Stavudine (d4T, Zerit) Trizivir (AZT & 3TC & Abacavir) Truvada (Tenofovir DF/Emtricitabine) Videx® EC (Didanosine) Viread (Tenofovir) Zalcitabine (ddC, Hivid) Zidovudine (AZT, Retrovir)	Amprenavir (Agenerase) Darunavir (Prezista) Indinavir (Crixivan) Kaletra (Lopinavir, Ritonavir) Lexiva (Fosamprenavir) Nelfinavir (Viracept) Reyataz (Atazanavir or ATV) Ritonavir (Norvir) Saquinavir (Fortavase, Invirase) Tipranavir (Aptivus)	Adefovir dipivoxil (bis-POM, PMEA, Preveon) Atripla (Efavirenz & Tenofovir & Emtricitabine) Fuzeon (Enfuvirtide or T20) Hydroxyurea (Droxia, Hydrea) Intelence Selzentry Isentress **If an antiretroviral drug not on this list, call CDC**

Stop codes (2 codes allowed; if more, choose the 2 most important)

S1 = Adverse events (toxicity, lack of tolerance)
S2 = ART completed
S3 = Drug resistance detected
S4 = Poor adherence
S5 = Inadequate effectiveness
S6 = Strategic treatment interruption (planned drug holiday)
S7 = Drug interactions
S8 = Mother's choice
S9 = Pregnancy
S10 = Child determined not to be HIV infected
S11 = Improving effectiveness
S12 = Improving convenience
S13 = Reason not indicated; unknown
S14 = Mother couldn't afford drugs
Sxx = Other reason

List of abbreviations

ACTG	AIDS Clinical Trials Group
ART	antiretroviral therapy
EIA	enzyme immunoassay
HARS	HIV/AIDS Reporting System
HMO	health maintenance organization
ICD-9	International Classification of Diseases, Ninth Revision
ICD -10	International Classification of Diseases, Tenth Revision
IFA	immunofluorescent assay
ND	not documented
NNRTI	nonnucleoside reverse transcriptase inhibitor
NRTI	nucleoside reverse transcriptase inhibitor
NRR	no risk factor reported
OB-GYN	obstetric-gynecologic or obstetrician-gynecologist
PCP	*Pneumocystis jirovecii* pneumonia [*jirovecii* is now preferred to *carinii;* abbreviation is the same]
PI	protease inhibitor
PID	pelvic inflammatory disease
STAT	immediately (*statim*)
WB	Western blot

DRAFT