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

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

Enhanced Perinatal Surveillance (EPS) Data Collection Form

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

Enhanced Perinatal Surveillance (EPS)

CDC

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   ☐ Active case finding for enhanced perinatal surveillance

☐ Routine case reporting—maternal report   ☐ Laboratory reporting

☐ Birth registry match   ☐ 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   _____ Pediatric medical records (non-HIV clinic or provider)

_____ Maternal HIV clinic records   _____ Birth certificate

_____ Labor and delivery records   _____ Death certificate

_____ Pediatric birth records   _____ Health department records

_____ Pediatric HIV medical 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   ☐ Hawaiian/Other Pacific Islander

☐ Asian   ☐ White

☐ Black/African American   ☐ Unknown

☐ Other (Specify.)_____

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

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   ❑ Private care (OB/GYN, midwife)   ❑ Other (Specify.) _____

  ❑ Adult HIV specialty clinic   ❑ Correctional facility   ❑ Not documented

  ❑ HMO clinic (for prenatal care)   ❑ ACTG site   ❑ 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

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

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	**Tests**	**Military time**
Positive	Rapid	noon = 12:00
Negative	Expedited EIA	4:30 pm = 16:30
Indeterminate	EIA	midnight = 00:00
Results not available	Not documented	12:30 am = 00:30
Not tested		
Not tested but known to be infected		
Refused		
Unknown		

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   <u>174</u>   cells/μL   <u>08/12/2000</u>

                                                        <u>12</u>   %   <u>08/12/2000</u>

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.) _____

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.)	Oral	Type of administration 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 **35b. Viral load** ❏ Not done ❏ Not available

Result	Unit	Date blood drawn (mm/dd/yyyy)	Result in copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
__ __ __ __	cells/µL	__ /__ /__ __ __ __	_____	_____	__ /__ /__ __ __ __
__ __	%	__ /__ /__ __ __ __			

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) ❏ Fetal distress
❏ Previous Cesarean (repeat) ❏ Placenta abruptia or p. previa
❏ Malpresentation (breech, transverse) ❏ Other (eg, herpes, disproportion)
❏ Prolonged labor or failure to progress Specify _____
❏ Mother's or physician's preference ❏ Not specified

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

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	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

50. Were birth defects noted during the first year of life?	**50a. If yes, specify type(s).** _____
☐ Yes ☐ No (**Go to 51**.) ☐ Record not available (**Go to 51**.) ☐ Unknown	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)	Epzicom (Abacavir/3TC, Kivexa)	Amprenavir (Agenerase)	Adefovir dipivoxil (bis-POM, PMEA, Preveon)
Efavirenz (Sustiva)	Lamivudine (3TC, Epivir)	Darunavir (Prezista)	Atripla (Efavirenz & Tenofovir & Emtricitabine)
Nevirapine (Viramune, NVP)	Stavudine (d4T, Zerit)	Indinavir (Crixivan)	
	Trizivir (AZT & 3TC & Abacavir)	Kaletra (Lopinavir, Ritonavir)	Fuzeon (Enfuvirtide or T20)
NRTI	Truvada (Tenofovir DF/Emtricitabine)	Lexiva (Fosamprenavir)	Hydroxyurea (Droxia, Hydrea)
Abacavir (Ziagen, ABC)	Videx® EC (Didanosine)	Nelfinavir (Viracept)	Intelence
Combivir (AZT & 3TC)	Viread (Tenofovir)	Reyataz (Atazanavir or ATV)	Selzentry
Didanosine (ddI, Videx)	Zalcitabine (ddC, Hivid)	Ritonavir (Norvir)	Isentress
Emtriva (Emtricitabine or FTC)	Zidovudine (AZT, Retrovir)	Saquinavir (Fortavase, Invirase)	**If an antiretroviral drug not on this list, call CDC**
		Tipranavir (Aptivus)	

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

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

List of abbreviations

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