

Attachment 3 (e)

National HIV Surveillance System (NHSS)

OMB # 0920-0573

Perinatal HIV Exposure Reporting Data Collection Form

29 October 2012

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

Perinatal HIV Exposure Reporting Data Collection Form
for the National HIV Surveillance System (NHSS)

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Public reporting burden of this collection of information is estimated to average 30 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)

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

Pediatric HIV Exposure Reporting (PHER)



Form Approved OMB No. XXXXX Exp. Date XXXXXX

1. If information on the mother is not available, was the child adopted, or in foster care?
 Yes No Not applicable

2. Records abstracted
 (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.) _____

3. Weeks' gestation at first prenatal care visit
 ___ weeks

4. 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	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (HBsAg)	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 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	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Chlamydia trachomatis</i> infection	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group B strep	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (HbsAg+)	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PID	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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).

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6. 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

7. 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 ___/___/_____	_____	_____	_____

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

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

Yes No (Go to 10.) Record not available (Go to 9.) Unknown

8a. If yes, indicate which substances were used during pregnancy. (Check all that apply.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Marijuana (cannabis, THC, cannabinoids) | <input type="checkbox"/> Opiates |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Crack cocaine | <input type="checkbox"/> Methadone | <input type="checkbox"/> Other (Specify.) |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Methamphetamines | _____ |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Heroin | <input type="checkbox"/> Nicotine (any tobacco product) | <input type="checkbox"/> Specific drug(s) not documented |

8b. If substances used, were any injected?

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

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

- Yes, positive result (Check all that apply.)
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Marijuana (cannabis, THC, cannabinoids) | <input type="checkbox"/> Opiates |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Crack cocaine | <input type="checkbox"/> Methadone | <input type="checkbox"/> Other (Specify.) |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Methamphetamines | _____ |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Heroin | <input type="checkbox"/> Nicotine (any tobacco product) | <input type="checkbox"/> Specific drug(s) not documented |
- Yes, negative result No Toxicology screen not documented

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

- Yes, positive result (Check all that apply.)
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Marijuana (cannabis, THC, cannabinoids) | <input type="checkbox"/> Opiates |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Crack cocaine | <input type="checkbox"/> Methadone | <input type="checkbox"/> Other (Specify.) |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Methamphetamines | _____ |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Heroin | <input type="checkbox"/> Nicotine (any tobacco product) | <input type="checkbox"/> Specific drug(s) not documented |
- Yes, negative result No Toxicology screen not documented

11. 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

12. Were antiretroviral drugs prescribed for the mother during this pregnancy?
 Yes (Complete table.) No (Go to 12a.) Not documented (Go to 13.) Treatment not indicated
 Record not available (Go to 13.) 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			Date stopped (if yes in preceding column) (mm/dd/yyyy)	Stop codes (See list on p. 8.)
					Yes	No	ND		
i. _____	_____	<input type="checkbox"/>	__/__/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__/__/____	_____
ii. _____	_____	<input type="checkbox"/>	__/__/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__/__/____	_____
iii. _____	_____	<input type="checkbox"/>	__/__/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__/__/____	_____
iv. _____	_____	<input type="checkbox"/>	__/__/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__/__/____	_____
v. _____	_____	<input type="checkbox"/>	__/__/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__/__/____	_____
vi. _____	_____	<input type="checkbox"/>	__/__/____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__/__/____	_____

(After completing table, go to 13.)

12a. 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.) _____

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

14. Did mother receive antiretroviral drugs during labor and delivery?
 Yes (Complete table.) No (Go to 14a.) Not documented (Go to 15.) Record not available (Go to 15.) 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. _____	_____	<input type="checkbox"/>	__/__/____	__:__:__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. _____	_____	<input type="checkbox"/>	__/__/____	__:__:__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. _____	_____	<input type="checkbox"/>	__/__/____	__:__:__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. _____	_____	<input type="checkbox"/>	__/__/____	__:__:__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. _____	_____	<input type="checkbox"/>	__/__/____	__:__:__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. _____	_____	<input type="checkbox"/>	__/__/____	__:__:__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(After completing table, go to 15.)

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

14a. 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
 Hospital did not have ARVs available Unknown

15. Was mother referred for HIV care after delivery?
 Yes No (Go to 18.) Not documented (Go to 17.) Record not available (Go to 17.) Unknown

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

16a. CD4 result Not done Not available

Result	Unit	Date blood drawn (mm/dd/yyyy)
_____	cells/ μ L	___/___/___
_____	%	___/___/___

16b. Viral load Not done Not available

Result in copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
_____	_____	___/___/___

17. Birth information Birth not in hospital Record not available

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

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

18. 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
- Not applicable

19. Was mother's HIV serostatus noted on the child's birth record? No

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

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

- Yes (Complete table.)
- No (Go to 20a.)
- Not documented
- Record not available
- 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. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
ii. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
iii. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
iv. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
v. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
vi. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____

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

20a. If no antiretroviral drug was prescribed during the first 6 weeks of life, indicate reason.

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

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)	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															
<p>Stop codes (2 codes allowed; if more, choose the 2 most important)</p> <table> <tr> <td>S1 = Adverse events (toxicity, lack of tolerance)</td> <td>S6 = Strategic treatment interruption (planned drug holiday)</td> <td>S11 = Improving effectiveness</td> </tr> <tr> <td>S2 = ART completed</td> <td>S7 = Drug interactions</td> <td>S12 = Improving convenience</td> </tr> <tr> <td>S3 = Drug resistance detected</td> <td>S8 = Mother's choice</td> <td>S13 = Reason not indicated; unknown</td> </tr> <tr> <td>S4 = Poor adherence</td> <td>S9 = Pregnancy</td> <td>S14 = Mother couldn't afford drugs</td> </tr> <tr> <td>S5 = Inadequate effectiveness</td> <td>S10 = Child determined not to be HIV infected</td> <td>Sxx = Other reason</td> </tr> </table>				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
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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	<i>Pneumocystis jirovecii</i> pneumonia [<i>jirovecii</i> is now preferred to <i>carinii</i> ; abbreviation is the same]
HMO	health maintenance organization	PI	protease inhibitor
ICD-9	International Classification of Diseases, Ninth Revision	PID	pelvic inflammatory disease
ICD -10	International Classification of Diseases, Tenth Revision	STAT	immediately (<i>statim</i>)
IFA	immunofluorescent assay	WB	Western blot
ND	not documented		
NNRTI	nonnucleoside reverse transcriptase inhibitor		