

# CHARS paediatric HIV Baseline

form date 06/23

[www.ucl.ac.uk/chars](http://www.ucl.ac.uk/chars)

REPORTING HOSPITAL: [Pre-populated]

HOSPITAL CODE (ICH use): [Pre-populated]

## PART 1: DEMOGRAPHICS

NHS no.: .....		Initials: .....	Soundex: .....
Date of birth: ___/___/___	Sex at birth: <input type="checkbox"/> Male or <input type="checkbox"/> Female	If gender identify different from sex at birth please indicate: <input type="checkbox"/> Male (incl trans man) <input type="checkbox"/> Female (incl trans woman) <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <input type="checkbox"/> Not stated	
Born abroad <input type="checkbox"/> No <input type="checkbox"/> Yes, country of birth: .....			
Postcode at notification: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		If postcode changed (leave off last letter): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Looked after child (foster care/adopted) : <input type="checkbox"/>		Social services involvement/safeguarding : <input type="checkbox"/>	

## PART 1a: CHILDREN BORN ABROAD (for children born in UK, skip to part 2)

Date of arrival in UK: ___/___/___	Date of first clinical presentation in UK: ___/___/___
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**Diagnosed when:**  
 Before arrival in UK, date: \_\_\_/\_\_\_/\_\_\_ & country: .....  
 After arrival in UK

**Any ART before arrival in UK?**  
 No  
 Yes, specify drugs and dates if known: .....  
 Not known

## PART 2: CLINIC DETAILS

**Clinic number:** .....  in shared care  
If yes, shared care clinic name: ..... Paediatrician: .....

**Most recent appointment:** \_\_\_/\_\_\_/\_\_\_ **Appointment type:** .....

**Dates of any other appointments:** .....

**Issues engaging with healthcare services :**  **Issues with ART adherence :**

## PART 3: B/C EVENTS

Had a CDC stage B or C event:  No  Yes

Event name	Date of onset	Category	Diagnosis	Drugs/treatment (not ART)
Event 1 .....	___/___/___	<input type="checkbox"/> B <input type="checkbox"/> C	.....	.....
Event 2 .....	___/___/___	<input type="checkbox"/> B <input type="checkbox"/> C	.....	.....

## PART 4: ART ADVERSE EVENTS

Had an event:  No  Yes

Event name	Date of onset	Resolved	Worst grade	Drugs/treatment (not ART)
Event 1 .....	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	.....	.....
<b>Related to drug, strength</b>	<b>ART stopped</b>	<b>Reported to Yellow Card</b>		
Drug 1 .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Event 2 .....	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	.....	.....
<b>Related to drug, strength</b>	<b>ART stopped</b>	<b>Reported to Yellow Card</b>		
Drug 2 .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

## PART 5: HOSPITAL ADMISSIONS

Had an admission since diagnosis:  No  Yes

**Admission date:** \_\_\_/\_\_\_/\_\_\_ **Diagnosis:** .....

*\*If additional admissions please add to notes (Additional information, part 10).*

## PART 6: CLINICAL DATA

Any comorbidities:  No  Yes

Comorbidity name	Date of diagnosis	Additional details
Comorbidity 1 .....	___/___/___	.....
Comorbidity 2 .....	___/___/___	.....

**Hepatitis B test:**  Y  N **Date:** \_\_\_/\_\_\_/\_\_\_ **Test result:** +  -

Hepatitis C test:  Y  N Date: \_\_\_/\_\_\_/\_\_\_ Test result: +  -

Currently has or has had COVID-19?  Y  N Date: \_\_\_/\_\_\_/\_\_\_ Lab tests.....

PIMS-TS/MIS-C diagnosis:..... Date: \_\_\_/\_\_\_/\_\_\_

Pregnancy ever?  Y  N EDD: \_\_\_/\_\_\_/\_\_\_ If delivered, date of LB/SB: \_\_\_/\_\_\_/\_\_\_

Pregnancy Status:  Continuing  Miscarriage  Termination  Livebirth  Stillbirth

Weight:..... kg Date: \_\_\_/\_\_\_/\_\_\_ Height:..... cm Date: \_\_\_/\_\_\_/\_\_\_

**PART 7: HIV LABORATORY TESTS (at UK diagnosis)**

Viral load: < \_\_\_\_\_ copies/ml Date: \_\_\_/\_\_\_/\_\_\_ CD4: \_\_\_\_\_ (\_\_\_\_%) Date: \_\_\_/\_\_\_/\_\_\_

Total lymphocytes: \_\_\_\_\_ cells/ml<sup>3</sup> Date: \_\_\_/\_\_\_/\_\_\_

Viral load: < \_\_\_\_\_ copies/ml Date: \_\_\_/\_\_\_/\_\_\_ CD4: \_\_\_\_\_ (\_\_\_\_%) Date: \_\_\_/\_\_\_/\_\_\_

Total lymphocytes: \_\_\_\_\_ cells/ml<sup>3</sup> Date: \_\_\_/\_\_\_/\_\_\_

If type 2 infection, tick here:

**PART 8: First UK ART**

Antiretroviral drugs	Dosage	Formulation	Start Date	End Date	Start/Stop Reason
1 .....	.....	.....	___/___/___	___/___/___	.....
2 .....	.....	.....	___/___/___	___/___/___	.....
3 .....	.....	.....	___/___/___	___/___/___	.....
4 .....	.....	.....	___/___/___	___/___/___	.....
5 .....	.....	.....	___/___/___	___/___/___	.....

Not currently on treatment  Treatment failure/resistance

**PART 9: FOLLOW-UP STATUS**

**Current follow-up status:**  
 Still in follow-up at this unit  
 Transferred to other paed clinic, date: \_\_\_/\_\_\_/\_\_\_ & Clinic Name: .....  
 Transferred to adolescent clinic, date: \_\_\_/\_\_\_/\_\_\_ & Clinic Name: .....  
 Transferred to adult care, date: \_\_\_/\_\_\_/\_\_\_ & Clinic Name: .....  
 Known to have left UK  
 Lost to follow-up, details.....  
 Deceased, date of death: \_\_\_/\_\_\_/\_\_\_ & cause of death: .....  
Related to HIV or ART?  No  Yes

**Part 10: ADDITIONAL INFORMATION**

Please enter any additional information in the space below:  
.....  
.....