

# CHARS paediatric HIV follow-up

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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		If postcode changed (leave off last letter): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Looked after child (foster care/adopted) : <input type="checkbox"/>		Social services involvement/safeguarding : <input type="checkbox"/>	

## PART 2: CLINIC DETAILS

Clinic number: .....	<input type="checkbox"/> in shared care
If yes, shared care clinic name: ..... Paediatrician: .....	
Most recent appointment: ___/___/___	Appointment type: .....
Dates of any other appointments:.....	
<input type="checkbox"/> Child not seen since last CHARS follow-up, skip to part 9 and provide any other relevant details in part 10	
Issues engaging with healthcare services : <input type="checkbox"/>	Issues with ART adherence : <input type="checkbox"/>

## PART 3: B/C EVENTS

Had a CDC stage B or C event since last CHARS follow-up: <input type="checkbox"/> No <input type="checkbox"/> 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 since last CHARS follow-up: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Event name	Date of onset	Resolved	Worst grade	Drugs/treatment (not ART)
Event 1 .....	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	.....	.....
Related to drug, strength	ART stopped	Reported to Yellow Card		
Drug 1 .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
Event name	Date of onset	Resolved	Worst grade	Drugs/treatment (not ART)
Event 2 .....	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	.....	.....
Related to drug, strength	ART stopped	Reported to Yellow Card		
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 last CHARS follow-up: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Admission date: ___/___/___	Diagnosis: .....
*If additional admissions please add to notes (Additional information, part 10).	

## PART 6: CLINICAL DATA

Any comorbidities since last CHARS follow-up: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Comorbidity name	Date of diagnosis	Additional details
Comorbidity 1 .....	___/___/___	.....
Comorbidity 2 .....	___/___/___	.....
Hepatitis B test: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: ___/___/___	Test result: + <input type="checkbox"/> - <input type="checkbox"/>
Hepatitis C test: <input type="checkbox"/> Y <input type="checkbox"/> N	Date: ___/___/___	Test result: + <input type="checkbox"/> - <input type="checkbox"/>
Currently has or has had COVID-19? <input type="checkbox"/> Y <input type="checkbox"/> N	Date: ___/___/___	Lab tests.....
PIMS-TS/MIS-C diagnosis:.....	Date: ___/___/___	
Pregnancy since last report? <input type="checkbox"/> Y <input type="checkbox"/> N	EDD: ___/___/___	If delivered, date of LB/SB: ___/___/___
Pregnancy Status: <input type="checkbox"/> Continuing <input type="checkbox"/> Miscarriage <input type="checkbox"/> Termination <input type="checkbox"/> Livebirth <input type="checkbox"/> Stillbirth		
Weight:..... kg	Date: ___/___/___	Height:..... cm
Date: ___/___/___		

## PART 7: HIV LABORATORY TESTS

Viral load: < <input type="checkbox"/> _____ 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: \_\_\_/\_\_\_/\_\_\_

**PART 8: ART**

**Any change to ART since last CHARS follow-up?**  No  Yes

**ART reported at last follow-up:** <pre-populated by CHARS>

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:**

.....  
 .....