ISOSS paediatric HIV notification

form date 01/22 www.ucl.ac.uk/isoss

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

PART 1: CHILD INFORMATION

Date of birth: ____/____/____ ☐ **Male** or ☐ **Female** ☐ **Indeterminate** **Initials:** …… **Soundex:** ……

NHS no.: …… **Hospital no.:** ……

Ethnic origin:

White
☐ British
☐ Irish
☐ Any other White background

Black or Black British
☐ Caribbean
☐ African
☐ Any other Black background

Other Ethnic Groups
☐ Chinese
☐ Any other ethnic group

Mixed
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other mixed background

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

☐ Not stated

Place of birth:
☐ UK – hospital of birth: ……
☐ Abroad – country of birth: ……

Home postcode (leave off last letter): ☐☐☐☐ ☐☐■
Home postcode at birth (if different from above): ☐☐☐☐ ☐☐■

How was this child identified as infected or at risk of infection?
☐ Mother known to be infected in pregnancy
☐ Mother diagnosed after the birth of this child
☐ Child symptomatic
☐ Other family member diagnosed
☐ Other, specify: ……

Siblings?
If you are aware of any *siblings* reported to us, please give dates of birth or other ref. below:
……
……
……

PART 2: DETAILS OF EXPOSURE TO HIV (MATERNAL OR OTHER)

Exposed to maternal infection? ☐ No* ☐ Yes (if yes, complete all of part 2) ☐ Not known
*If no, other exposure risk for child? ☐ No ☐ Yes, specify: ……

Mother's date of birth: ____/____/____

Mother diagnosed *when*:
☐ Before/during this pregnancy
☐ At delivery
☐ After the birth of this child

PART 3: BIRTH OUTCOME DETAILS (UK-BORN CHILDREN)

I. Perinatal details

Gest …… weeks **Birthweight** …….. kg
Birth head circumference …….. cm

Congenital anomolies?
☐ No ☐ Yes, specify: ……

Exposed to other maternal infection(s)?
☐ None
☐ HBV
☐ HCV
☐ Syphilis
☐ Other, specify: ……

Other confirmed infection(s) in infant?
☐ No ☐ Yes, specify: ……

Other problems? ☐ None ☐ Necrotising enterocolitis ☐ Other, specify: ……

Infant required ventilation?
☐ No ☐ Yes, details: ……

Was the infant breastfed? ☐ No ☐ Yes, specify duration: …….. ☐ Not known
If yes, this was: ☐ Before maternal diagnosis
☐ By diagnosed mother on fully suppressive therapy (supported breastfeeding)
☐ By diagnosed mother in other circumstances, specify: ……
……
*Please note an additional breastfeeding form will be generated for all cases of supported breastfeeding

II. Treatment details

-Maternal ART antenatally? ☐ None ☐ Yes ☐ Not known

-ART post-partum for infant?	☐ None ☐ Not known ☐ Oral AZT ☐ IV AZT Date started: ____/____/____ Duration ……wks ☐ Triple, specify: …… Date started: ____/____/____ Duration ……wks

III. Laboratory investigation results

Please indicate this child's current infection status:

☐ Indeterminate ☐ Presumed uninfected* ☐ Definitively uninfected* ☐ Infected (CHARS report required)

*We regard a child as:

- **presumed uninfected** on the basis of two negative PCR results over the age of 1 month (with one test at age ≥3 months, if not breast feeding. If breastfeeding, need to have two negative PCR results 4 and 8 weeks after stopping)
- **definitively uninfected** based on a negative antibody result over the age of 22-24 months (see BHIVA guidelines, section 9.5).

Diagnostic test results:

Please provide results and sample dates of all diagnostic tests *including earliest (+ or -) PCR result for infected infants.*

	+ -	sample date	+ -	sample date	+ -	sample date
Antibody:	☐ ☐	____/____/____				
PCR (type below):	☐ ☐	____/____/____	☐ ☐	____/____/____	☐ ☐	____/____/____
PCR test type:	☐ DNA ☐ RNA ☐ N/K		☐ DNA ☐ RNA ☐ N/K		☐ DNA ☐ RNA ☐ N/K	

PART 4: FOLLOW-UP STATUS

Date of last contact: ____/____/____	**Any other serious conditions diagnosed?** ☐ No ☐ Yes, specify: …… …… ……..

Current status:

☐ Still in follow-up at this unit

☐ Discharged (uninfected)

If not seen:

☐ Follow-up elsewhere, details: ……..

☐ Lost to follow-up, details……..

☐ Known to have left UK

☐ Deceased, date of death: ____/____/____ & cause of death: ……

Please indicate if this is a looked after child (foster care or adopted) ☐