

ISOSS HIV paediatric follow-up

form date 07/21

www.ucl.ac.uk/isoss

REPORTING HOSPITAL: [Pre-populated]

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

PART 1: CHILD INFORMATION

Date of birth: ___/___/___ Sex: Initials: Soundex:

NHS no.

PART 2: INFECTION STATUS AND LABORATORY INVESTIGATIONS

Has an antibody test been carried out at 22-24months? ([see BHIVA guidelines, section 9.5](#))

No, details Yes, please provide below:

+ - sample date

Antibody (22-24mths): ___/___/___

If 22-24 month antibody not done please provide any PCR results (with dates) undertaken since ___/___/___.

+ - sample date

+ - sample date

+ - sample date

PCR (type below): ___/___/___ ___/___/___ ___/___/___

PCR test type: DNA RNA N/K DNA RNA N/K DNA RNA N/K

*We regard a child as **a) 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 breast feeding, need to have two negative PCR results 4 and 8 weeks after stopping) and **b) definitively uninfected** based on a negative antibody result at 22-24months of age.

Part 3: Infant feeding

Was the infant breastfed? No Yes, specify duration: Not known

If yes, this was: Before maternal diagnosis

By diagnosed mother on fully suppressive therapy

By diagnosed mother in other circumstances, specify:

PART 4: ART EXPOSURE SIDE EFFECTS

Any laboratory or clinical side effects of ART in exposed infant (e.g. anaemia, neutropenia, adrenal dysfunction, lactic acidosis)? Update if any additional side effects since

No Yes, specify:

PART 5: 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/Ireland

Deceased, date of death: ___/___/___ & cause of death:

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