

HIV infection requires written notification to the Department of Health & Human Services upon initial diagnosis **within five days** to:

**Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.**

Please ensure the case has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*). Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

### 1. Case reference and characteristics

**1. Name code** (first two letters of first and last name only)

Last name	First name

**2. What is the case's postcode** of usual residence

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**3. Does the case plan to reside permanently in Victoria for at least 12 months**

- Yes
- No
- Unknown

**4. What is the case's date of birth**

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**5. What was the case's sex\* at birth**

- Male
- Female (consider testing children of HIV+ mother if applicable)
- Other (e.g. intersex), specify below

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**6. What is the case's gender\***

- Male
- Female
- Indigenous brotherboy
- Indigenous sistergirl
- Other, specify below
- Trans male/man
- Trans female/woman
- Non-binary/gender fluid

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**7. Is the case Aboriginal and/or Torres Strait Islander**

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- No
- Unknown

**8. What is the case's country of birth**

- Australia
- Overseas, specify below

Country	Year arrived in Australia

**9. What is the case's preferred language**

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**10. Does the case require an interpreter**

- Yes
- No

**11. Why was the case tested for HIV infection (tick all that apply)**

- Confirmation of HIV positive status
- Investigation of clinical symptoms suggestive of HIV infection
- Partner with HIV infection
- Screening for prenatal or antenatal care
- PrEP screening
- Reported recent risk behaviour
- Screening for sexually transmitted infections (STIs)
- Screening for immigration
- Screening for blood, organ or semen donor
- Other, specify reason below

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\* Refer to the information guide provided on the last page

### 2. Laboratory diagnosed HIV infection in Victoria—Laboratory use only

**1. Laboratory specimen reference number**

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**2. Specimen collection date**

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**3. Test result**

- Western blot positive
- P24 Ag positive from two specimens
- Nucleic acid test positive from two specimens
- Other, specify below

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**4. HIV virus type identified**

- HIV-1
- HIV-2
- HIV-1 and HIV-2

DHHS Use Only

Please identify the case on every page

Last name

First name

Date of birth

DHHS use

### 3. Diagnosis

#### 1. Has the case been **previously diagnosed with HIV**

- No
- Yes, please specify date, place and source below

Date diagnosed

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Place of diagnosis

- Australia, specify state
  - Victoria
  - ACT  NSW  NT  QLD  SA  TAS  WA
- Overseas, specify country below

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Source of information on previous diagnosis

- Case
- Doctor
- Laboratory

#### 2. Does the case have a **previous negative or indeterminate HIV test**

- Never tested before
- Previous test, date unknown
- Yes, specify date below

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#### 3. Has a CD4+ count been requested at or near the date of **this current diagnosis** in Victoria

- No
- Yes—result pending, specify laboratory

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- Yes, please specify CD4+ count and date

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#### 4. What was the case's **clinical status at the time of this presentation**

- Asymptomatic for HIV
- Symptoms consistent with HIV seroconversion illness (primary HIV infection)<sup>#</sup>
- Other symptoms of HIV infection, please specify below

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- AIDS defining illness
- Deceased (post mortem diagnosis)—please complete the 'Notification of death in a person with HIV infection' form
- Other, please specify below

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#### 5. Does the case report **symptoms** consistent with HIV seroconversion illness (primary HIV infection) **in the previous 12 months**<sup>#</sup>

- No
- Unknown
- Yes, please specify onset date of symptoms below

Onset date

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<sup>#</sup> An acute illness occurring 2–4 weeks following exposure to HIV, characterised by fever, lethargy, anorexia, pharyngitis, headache, myalgias and arthralgias, and lymphadenopathy

### 4. Donations prior to HIV diagnosis

#### 1. Did the case **donate** blood, other bodily fluid or tissue **prior to HIV diagnosis**

- Yes, please specify

Donation **date**

Donation **place**

Donation **type**

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- No
- Unknown

Please identify the case on every page

Last name

First name

Date of birth

DHHS use

## 5. Exposure/Risk—please indicate case history in the following categories (tick all that apply)

### 1. Sexual exposure (tick all that apply)

- No sexual exposure
- Unknown
- Yes, specify details below

What is the **gender\* of the sexual partner(s)** (tick all that apply)

- Male
- Female
- Indigenous brotherboy
- Indigenous sistergirl
- Other, specify below
- Trans male/man
- Trans female/woman
- Non-binary/gender fluid

**From whom** was this infection most likely acquired (source)

- Regular sex partner
- Casual known sex partner
- Anonymous partner
- Source of infection is unknown

**Risk category of the sexual partner(s)** (tick all that apply)

- Male-to-male sexual contact
- Injecting drug use
- Recipient of blood/tissue
- Person with haemophilia/coagulation disorder
- Person from another country, specify below

Country

Date of most recent contact

- Person with HIV infection whose exposure is other than those above, specify below

- Not specified

### 2. Does the case have a history of injecting drug use

- Yes, within the past 12 months
- Yes, more than 12 months ago
- No history of injecting drug use
- Unknown

### 3. Has the case received blood/blood products/tissue

- No
- Unknown
- Yes, specify below

Country

Year received

### 4. Haemophilia/coagulation disorder

- No
- Unknown
- Yes, specify below

### 5. Mother-to-child transmission

- Mother-to-child transmission

### 6. Other exposure

- Other sources of exposure may apply, specify below

### 7. Exposure to HIV could not be established

- Exposure to HIV could not be established

### 8. What is the most likely place the case acquired HIV infection

- Australia, specify state
  - Victoria
  - ACT  NSW  NT  QLD  SA  TAS  WA
- Overseas, specify country below

- Unknown

### 9. Case has no identifiable risk factors, but has had a medical procedure in Australia within the past 2 years

- No
- Unknown
- Yes, specify below

### 10. Is the case a sex worker

- No
- Unknown
- Yes

### 11. Has the case ever worked as a health care worker or is currently training to work as a health care worker

- No
- Unknown
- Yes, specify below

## 6. Contact tracing

Partner notification (contact tracing) is an essential component of clinical and public health management of patients with new HIV diagnoses. **Partner notification officers** can be contacted on **(03) 9096 3367** to provide assistance with contact tracing or other aspects of public health management of your patient (for example, management of people with HIV who place others at risk). Please indicate below:

- I require assistance or advice with contact tracing (a partner notification officer will contact you)
- I do not require assistance or advice with contact tracing
- I have already referred this case to partner notification officers

Please identify the case on every page

Last name

First name

Date of birth

DHHS use

## 7. Further comments

## 8. Notifying doctor

1. Doctor name

Medicare provider no.

Practice/clinic/hospital name

Address

City

State/Territory

Postcode

Telephone

Fax

Date

2. Has the case been referred for HIV management

No

Yes, specify details below

Doctor name—where case was referred for HIV management

Medicare provider no.

Practice/clinic/hospital name

Address

City

State/Territory

Postcode

## Information guide

### Sex and Gender

- The classifications underpinning the variables 'Sex' and 'Gender' are similar, but the criterion used to distinguish between the categories in the two classifications differ. The criterion used to distinguish the categories of the sex standard classification is the set of biological attributes that define the different types of sexes (i.e. males, females and others). Whereas the criterion used to distinguish the categories of the gender standard classification is the set of factors that make up a person's chosen identity within society.
- Where Sex is specified as 'Other,' respondents may describe their sex using a term they are comfortable with, whilst also maximising the potential for analysis of the responses provided. For example, respondents could report terms such as 'indeterminate', 'intersex', 'non-binary', and 'unspecified' for sex.
- Where Gender is specified as 'Other,' respondents may describe their gender using a term they are comfortable with. For example, within our indigenous communities, transgender people may identify as Brotherboys or Sistergirls. Brotherboys are Indigenous transgender people with a male spirit, whose bodies were considered female at birth. Brotherboys choose to live their lives as male, regardless of which stage/path medically they choose. Brotherboys have a strong sense of their cultural identity. Sistergirls are Aboriginal transgender women (assigned male at birth) who have a distinct cultural identity and often take on female roles within the community, including looking after children and family. Many Sistergirls live a traditional lifestyle and have strong cultural backgrounds. Their cultural, spiritual, and religious beliefs are pivotal to their lives and identities. Other commonly used terms to describe gender include 'gender diverse', 'non-binary', 'unspecified', 'trans', 'transgender', 'transsexual', 'gender queer', 'pan-gendered', 'androgynous' and 'inter-gender'. Some cultures may have their own terms for gender identities outside male and female.