

INSTRUCTIONS FOR COMPLETING FORMS PH-3273 FOR ADULT HIV/AIDS CASE REPORT AND PH-3274 FOR PEDIATRIC HIV/AIDS CASE REPORT

Please report persons age 13 and older at diagnosis of HIV and/or AIDS on form PH-3273. Persons age 12 and under at diagnosis of HIV and/or AIDS are reported on form PH-3274. Infants born to HIV infected mothers must also be reported as perinatally HIV exposed on form PH-3274. T. C. A. 68-10-101 requires every physician or other person who diagnoses, treats, or prescribes for a case of HIV infection or AIDS and every superintendent or manager of a clinic, hospital, laboratory, or penal institution to report this to the Tennessee Department of Health. HIV and AIDS are Category IV notifiable diseases which require special confidential case reporting to designated regional state health department office staff. Ask for the Regional HIV/AIDS Surveillance Coordinator or call the central office at the state health department in Nashville at 615-532-8495.

VI. STATE/LOCAL USE ONLY

Physician's Name: _____ Phone No.: () _____ Medical Record No.: _____
 (Last, First, M.I.)
 Hospital/Facility: _____ Person Completing Form: _____ Phone No.: () _____
- Patient identifier information is not transmitted to CDC! -

VII. LABORATORY DATA

1. HIV ANTIBODY TESTS AT DIAGNOSIS: (Record all tests, include earliest positive)

	Positive	Negative	Indeterminate	Not Done	TEST DATE	
					Mo.	Yr.
• HIV-1 EIA	1	0	-	9		
• HIV-1 EIA	1	0	-	9		
• HIV-1/HIV-2 combination EIA	1	0	-	9		
• HIV-1/HIV-2 combination EIA	1	0	-	9		
• HIV-1 Western blot/IFA	1	0	8	9		
• HIV-1 Western blot/IFA	1	0	8	9		
• Other HIV antibody test (specify):	1	0	8	9		

2. HIV DETECTION TESTS (Record all tests, include earliest positive)

	Pos.	Neg.	Not Done	TEST DATE		
				Mo.	Yr.	
• HIV Culture	1	0	9			• HIV DNA PCR..... 1 0 9
• HIV Culture	1	0	9			• HIV RNA PCR..... 1 0 9
• HIV Antigen Test	1	0	9			• HIV RNA PCR..... 1 0 9
• HIV Antigen Test	1	0	9			• Other, specify..... 1 0 9

3. HIV VIRAL LOAD TESTS: (Record all tests, include earliest detectable)

*Type: 11. NASBA (Organon) 12. RT-PCR (Roche) 13. bDNA(Chiron) 18. Other

Test type*	Detectable		Copies/ml	Test Date	
	Yes	No		Mo.	Yr.
	1	0			

4. IMMUNOLOGIC LAB TESTS: (At or closest to earliest diagnostic status)

	Mo.	Yr.
• CD4 Count		
• CD4 Count		
• CD4 Percent		
• CD4 Percent		

5. If HIV tests were not positive or were not done, or the patient is less than 18 months of age, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? Yes No Unk. 1 0 9

6. If laboratory tests were not documented, is patient confirmed by physician as:

	Date of Documentation		
	Yes	No	Unk.
• HIV-infected	1	0	9
• Not HIV-infected	1	0	9

VIII. CLINICAL STATUS

AIDS INDICATOR DISEASES				AIDS INDICATOR DISEASES			
	Initial Diagnosis Def.	Pres.	Initial Date Mo. Yr.		Initial Diagnosis Def.	Pres.	Initial Date Mo. Yr.
Bacterial infections, multiple or recurrent (including Salmonella septicemia)	1	NA		Kaposi's Sarcoma	1	2	
Candidiasis, bronchi, trachea, or lungs	1	NA		Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia	1	2	
Candidiasis, esophageal	1	2		Lymphoma, Burkitt's (or equivalent term)	1	NA	
Coccidioidomycosis, disseminated or extrapulmonary	1	NA		Lymphoma, immunoblastic (or equivalent term)	1	NA	
Cryptococcosis, extrapulmonary	1	NA		Lymphoma, primary in brain	1	NA	
Cryptosporidiosis, chronic intestinal (>1 mo. Duration)	1	NA		Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary	1	2	
Cytomegalovirus disease (other than liver, spleen, or nodes) onset at >1 mo. of age	1	NA		M. Tuberculosis, disseminated or extrapulmonary*	1	2	
Cytomegalovirus retinitis (with loss of vision)	1	2		Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary	1	2	
HIV encephalopathy	1	NA		Pneumocystis carinii pneumonia	1	2	
Herpes simplex chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis or esophagitis, onset at >1 mo of age	1	NA		Progressive multifocal leukoencephalopathy	1	NA	
Histoplasmosis, disseminated or extrapulmonary	1	NA		Toxoplasmosis of brain, onset at > 1 mo. Of age	1	2	
Isosporiasis, chronic intestinal (>1 mo. duration)	1	NA		Wasting syndrome due to HIV	1	NA	

Has this child been diagnosed with pulmonary tuberculosis?* 1 Yes 2 No 9 Unk. Mo. Yr. *RVCT CASE NO.:
 If yes, initial diagnosis and date: 1 Definitive 2 Presumptive

