Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Office of Integrated Surveillance and Informatics Services
305 South Street, Jamaica Plain, MA 02130
Phone: ***617-983-6801*** *Confidential Fax:* ***617-983-6813***

State No.
MAVEN ID:

HIV/AIDS

CONFIDENTIAL CASE REPORT

DEMOGRAPHIC INFORMATION

Last Name:	First Name:	MI:
Current Address:	Apt. #	City:
State:	Zip:	Contact Phone: ( )
Full SSN: __ __ __-__ __-__ __ __ __		

Residence Type: ☐ Permanent ☐ Correctional ☐ Homeless | ☐ Deceased: Date of Death: __ __/__ __/__ __ __ __

Date of birth: __ __/__ __/__ __ __ __ | Sex at birth: ☐Female ☐Male | Country of Birth:

Current gender identity: ☐ Female ☐ Male ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Non-binary

Race (check all that apply): ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific-Islander ☐ Asian ☐ White ☐ Black/African American ☐ Unknown ☐ Other, specify ______________________

Hispanic/Latino: ☐Yes ☐No ☐Unknown

Expanded ethnicity: ☐ Cape Verdean ☐ Dominican ☐ Puerto Rican ☐ Brazilian ☐ Haitian ☐ Other, specify ______________________

LABORATORY DATA

(*Please attach all relevant labs and/or EMR notes regarding this case*)

HIV ANTIBODY/ANTIGEN TESTS AT DIAGNOSIS

(Record date of earliest test)

Test	Result	Date:
HIV-1/2 EIA	☐Pos ☐Neg	__ __/__ __/__ __ __ __
HIV-1/2 Ag/Ab	☐Pos ☐Neg ☐Ind	__ __/__ __/__ __ __ __
HIV-1 WB	☐Pos ☐Neg ☐Ind	__ __/__ __/__ __ __ __
HIV-2 WB	☐Pos ☐Neg ☐Ind	__ __/__ __/__ __ __ __

HIV-1/2 differentiating test (select all that apply):

☐ HIV-1 Positive ☐ HIV-2 Positive

☐ Negative ☐ Indeterminate __ __/__ __/__ __ __ __

☐ Undifferentiated (both)

HIV DETECTION TEST

(Record date of earliest test)

Viral load test:

Result: __________RNA copies/ml ____ log copies

Date: ____ ____/____ ____/____ ____ ____ ____

Other detection test (specify test type):

____

Result: ☐ Positive ☐ Negative ☐ Indeterminate

Date: ____ ____/____ ____/____ ____ ____ ____

IMMUNOLOGIC LAB TESTS

At or closest to current diagnostic status:

CD4 Count ___, ___ ____ ___cells/µl CD4 Percent ___ ___ %

Date: ____ ____/____ ____/____ ____ ____ ____

If ever <200 cells/µl or <14%:

CD4 Count ___, ___ ____ ___cells/µl | CD4 Percent ___ ___ %

Date: ____ ____/____ ____/____ ____ ____ ____

OTHER LAB INFORMATION

Last documented negative HIV test:

Specify type:______________________________

Date: ____ ____/____ ____/____ ____ ____ ____

If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?

☐ Yes ☐ No ☐ Unknown

Date: ____ ____/____ ____/____ ____ ____ ____

Diagnostic Status: ☐ HIV Infection (Not AIDS) ☐ AIDS

Residence at Diagnosis:	City:	State/Country:	Zip:
Facility of Diagnosis:	City:	State/Country:	Zip:

Type of Facility: ☐ Hospital ☐ Correctional Facility ☐ Other, specify______________________

CLINICAL INFORMATION

Treating Provider Name:	Provider phone: ( )______-_______
Treating Facility Name:	Patient MRN #:

Was there an AIDS defining condition or opportunistic infection? □Yes □No □Unknown

Please specify:	Date of condition: __ __/__ __/__ __ __ __
Is this patient currently pregnant? □ Yes □No □Unk	Has this patient delivered live-born infants? □ Yes □No □Unk
Date(s) of birth:	State(s) of birth:

Was the patient symptomatic? □ Yes □No □Unk

Were partners notified? □ Yes □ No □Unk	If yes, by whom? □ Patient □ Health Department □ Clinic staff □ Other_______

To request partner notification services, please contact **(617) 983-6940**

RISK HISTORY *(Please respond to all questions)*

See Supplement for Pediatric Risk

□Yes □No □Unknown	Sex with male?
□Yes □No □Unknown	Sex with female?
□Yes □No □Unknown	Injection drug use?
□Yes □No □Unknown	Heterosexual sex with injection/intravenous drug user?
□Yes □No □Unknown	Heterosexual sex with bisexual male?
□Yes □No □Unknown	Heterosexual sex with person with hemophilia/coagulation disorder?
□Yes □No □Unknown	Heterosexual sex with transfusion recipient with documented HIV infection?
□Yes □No □Unknown	Heterosexual sex with transplant recipient with documented HIV infection?
□Yes □No □Unknown	Heterosexual sex with person with AIDS or documented HIV infection?
□Yes □No □Unknown	Received clotting factor for hemophilia/coagulation disorder?
□Yes □No □Unknown	Received transfusion of blood/blood components (other than clotting factor)?
□Yes □No □Unknown	Received transplant of tissue/organs or artificial insemination?
□Yes □No □Unknown	Worked in health-care or clinical laboratory setting? Occupation ___________________________

Other: ____

HIV ANTIRETROVIRAL(ARV) USE AND TESTING HISTORY

Main source of information (select one) □ Patient Interview □ Medical Record Review □ Provider Report

Date patient reported information: : __ __/__ __/__ __ __ __ Ever taken ARVs? □ Yes □ No □ Unknown

Reason for ARV use (select all that apply):		Date began:	Date of last use:
□ HIV Tx	ARV medications _________________________	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __
□ PrEP	ARV medications _________________________	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __
□ PEP	ARV medications _________________________	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __
□ PMTCT	ARV medications _________________________	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __
□ HBV Tx	ARV medications _________________________	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __
□ Other	ARV medications _________________________	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __

Ever had previous positive HIV test? □Yes □No □Unk Date of first positive test: __ __/__ __/__ __ __ __

Location of first positive test: ___________________________________

Ever had negative HIV test? □Yes □No □Unk Date of last negative HIV test: __ __/__ __/__ __ __ __
(if date is from a lab test with test type, enter in lab data section)

Number of negative HIV tests within 24 months before first positive test: # ________ □Unknown

ADMINISTRATIVE INFORMATION

Comments:

Name of person completing form:	Date completed: __ __/__ __/__ __ __ __
Facility name:	Phone: (____)_____-_______

Please send completed form by CONFIDENTIAL FAX to ***617-983-6813***