## Annex 3.4.7 Model case report forms (adults, children)

## WORLD HEALTH ORGANIZATION ADULT (>15 YEARS) HIV CASE REPORT FORM

REGISTRATION									
	/		Name and telepho	one numb	er of per	son completing form			
REPORTING FACILITY	DD / \	/EAR							
REPORTING FACILITY					T-lb				
					Teleph				
Reporting facility					number				
Name						-			
Address				_	Facsim	nile			
				-	numbe				
Facility/service type				□ Voluntary testing and counselling					
☐ Hospital: inpatient					programme/HIV counselling and testing				
□ Antenatal/obstetrics,	/gynaec	ology clinic/	prevention of moth	er-to-	outreach/home-based counselling and testing				
child transmission progr					☐ Maternal child health				
☐ HIV care and treatme	ent clinic	:			☐ Emergency department				
□ Voluntary testing and		lling prograr	nme			ectional facility			
☐ Drug treatment clinic						oner/mortuary			
☐ Needle exchange pr						ily planning clinic			
☐ Sexually transmitted	disease c	clinic				er:	(specify)		
☐ TB clinic					□ Unkı	nown			
☐ Physician office/prim	ary care	Clinic							
Did this patient receive	his or he	r HIV digana	seie at a different fac	ility2	☐ Yes	□No			
[If Yes, complete inform				illiy Y	□ 163	Пио			
Facility name where po									
PATIENT PROFILE	ilicili icc	circa alagii	O313.						
Patient name:									
First name		Middle n	ame	_	Surnan	ne			
Other name(s)/alias         Sex:         Male         Female									
					Date o	f birth://			
Address						MM / DD /	YEAR		
Address:						Country of birth:			
Phone	antity number:	ANC/PMTCT number:							
Phone National identity number:					ARC/TMICT Homber.				
Clinic number:		Sound	lex of surname:		Other unique identifier:				
HIV TESTING AND DIAG									
Test type	Te	st date	Test result	Test	ype	Test date	Test result		
First HIV rapid	1	/	□ Positive	p24 antigen		//	□ Positive		
antibody test	MM / DD / YEAR		□ Negative	p2+ dringon		MM / DD / YEAR	☐ Negative		
dillibody losi	1411417	DD / TE/IK	☐ Indeterminate			WINT, BB / TEXIX	- noganio		
Second	1	_ /	□ Positive	RNA		//	□ Positive		
(confirmatory)		DD / YEAR	□ Negative	polymei	ase	MM / DD / YEAR	☐ Negative		
HIV rapid antibody	,	00, 12,	☐ Indeterminate	chain re		, 55, 15	ga		
test				(PCR)					
Third HIV rapid	//		□ Positive	Proviral	DNA	//	□ Positive		
antibody test	MM / DD / YEAR		□ Negative			MM / DD / YEAR	□ Negative		
HIV serological	///		□ Positive	HIV cult	ure	//	☐ Positive		
antibody test	MM /	DD / YEAR	□ Negative			MM / DD / YEAR	□ Negative		
(ELISA/EIA)			_				_		
HIV Indirect		/	☐ Positive	HIV Rec	ont	/ /	☐ Recent		

Fluorescent antibody test	MM / DD / YEAR	□ Negative	Infection Testing Algorithm	MM / DD / YEAR	□ Longstanding		
HIV western blot test	/ / MM / DD / YEAR	<ul><li>□ Positive</li><li>□ Negative</li></ul>					
Date of last negative (m		of last negativ	re HIV test				
/ / MM / DD / YEAR							
HIV CARE AND TREATME							
Date first enrolled in HIV	/ care:// MM / DD / Y						
Transferred in: ☐ Yes			Tro	ansfer in date:/	/		
Complete if transferred				MM / DD / YEAR			
		-	No	Name of previous facility:			
			Do	Date started ART://			
				MM / DD / YEAR			
On ART at previous clini	c (facility from which	patient transferred		☐ Yes ☐ No ☐ Unknown			
				Date co-trimoxazole first dispensed://			
Co-trimoxazole dispens	sea: Li Yes Li	No		MM / DD			
			/ Y	/ YEAR			
Discordant couple:  ANTIRETROVIRAL (ARV)	☐ Yes ☐ No						
Date started on 1st line:			Po	egimen:			
Date switched on 2 <sup>nd</sup> lin			Re				
	MM / DD / YEA		Re	gimen:			
TUBERCULOSIS STATUS			De	ate of TB diagnosis:	1		
					/		
Tuberculosis diagnosed	l: □ Yes		, -		MM / DD /		
				AR			
				ate started on TB treatme	ent://		
TB treatment: □ Yes □ No					MM / DD /		
			YE	AR			
WHO STAGE			Da	ate first diagnosed WHO	stage III: /		
				_/	stage III:/		
Diagnosed WHO stage	III: □ Yes				MM /		
				O / YEAR			
				ate first diagnosed WHO	stage VI:/		
Diagnosed WHO stage	IV: □ Yes		_	_/	MM /		
			DE	) / YEAR			
MATERNAL HISTORY FOR							
Is this patient currently p							
Information on any of this patient's liveborn infants:  Child's name: Unknown Child's date of birth: / / Unknown							
MM / DD / YEAR Place of birth (name and address of hospital):							
Child's name:         □ Unknown Child's date of birth:         □ Unknown							
Child's name:	[	J Unknown <b>Child's</b>	s date of birth: _	/ /	J Unknown		
Place of birth (name and address of hospital):							

-					
Child's name: Unknown Child's date of birth: / / Unknown MM / DD / YEAR Place of Birth (name and address of hospital):					
Child's name: Unknown Child's date of birth: / / Unknown  MM / DD / YEAR  Place of birth (name and address of hospital):					
ADDITIONAL LABORATORY RESULTS					
CD4 count: cells/µL   CD4 percentage:%	Date of collection://				
Most recent CD4 T cell count and percentage (if not first CD4 Test)  □ CD4 count: cells/µL □ CD4 percentage:%	Date of collection:/ MM / DD / YEAR Date source: □ Laboratory record □ Medical record/HIV patient card				
First viral load test  Detectable copies/µL:log: Undetectable	Date of collection://				
Most recent viral load test (if not first CD4 test)  □ Detectable copies/µL: log: □ Undetectable	Date of collection://				
PROBABLE ROUTE OF TRANSMISSION (CHECK ALL THAT APPLY)					
Sex with male	☐ Yes ☐ No ☐ Unknown				
Sex with female	☐ Yes ☐ No ☐ Unknown				
Injected drugs	☐ Yes ☐ No ☐ Unknown				
Received blood or blood product transfusion or transplant	☐ Yes ☐ No ☐ Unknown				
IF PROBABLE ROUTE OF TRANMISSION IS HETEROSEXUAL CONTACT:					
Heterosexual contact with HIV-infected person (unknown risk)	☐ Yes ☐ No ☐ Unknown				
Heterosexual contact with person who injects drugs	☐ Yes ☐ No ☐ Unknown				
Heterosexual contact with bisexual male  Heterosexual contact with sex worker or client of sex worker	☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown				
TRANSFER OUT AND DEATH	L res L no L unknown				
Date of transfer:/	Name and location of facility patient transferred to:				
Date of loss to follow up://					
Date of death:// MM / DD / YEAR	Cause of death: ☐ HIV related ☐ Non-HIV related				
Place of death:					
MINISTRY OF HEALTH USE ONLY					
Date received :// MM / DD / YEAR					
Type of report: ☐ New case ☐ Follow-up information/sentinel event	ts tor a previously reported case				

**Comments:** Countries should adapt the form to meet their specific situation, including additional information on other demographic characteristics such as race or ethnicity, transmission risk categories, types of facilities, etc.

## WORLD HEALTH ORGANIZATION PAEDIATRIC (<15 YEARS) HIV CASE REPORT FORM

REGISTRATION										
Reporting Date/_	/_ DD /		Name ar	nd telepho	ne r	numb	er of per	son completing for	m	
REPORTING FACILITY	/ טט	TEAK							<u> </u>	
Reporting facility :							ohone ber			_
Address						-				
					Facsimile					
					number					
Facility/service type										
Did this patient receive	his or he	er HIV diagn	osis at a di	fferent fac	ility	}	□ Yes	□No		
[If Yes, complete inform				elow]						
Facility name where po	atient rec	eived diagr	nosis:							
Patient name:										
First name		Middle r	name				Surnam	e		
Other name(s)/alias_							Sex:	□Male □	] Female	
Date of birth: _ / _ /										
Phone National identity numb					ANC/PMTCT Number:					
no										
Clinic number:		sounde	x or surnan	me: Other unique identifier:						
HIV TESTING AND DIAG	NOSIS						-			
Test Type	Те			Result	Test Type		уре	Test Date	Test Resul	t
First HIV rapid antibody test	MM / DD / YEAR		☐ Positive ☐ Negative ☐ Indeterminate		p24 antigen		gen	// MM / DD / YEAR		
Second (confirmatory) HIV rapid antibody test	// MM / DD / YEAR		□ Positive □ Negat □ Indete	tive polyme		olymerase hain reaction PCR)		/ / MM / DD / YEAR		
Third HIV rapid antibody test			☐ Positiv	-		Proviral DNA		/ / MM / DD / YEAR		-
HIV serological antibody test (ELISA/EIA)	/ [		□ Positiv	'e	HIV culture		ıre	// MM / DD / YEAR	□ Positive	

		_				
HIV indirect	//	☐ Positive	е	HIV recent	//	☐ Recent
fluorescent antibody	MM / DD / YEAR	□ Negat	ive	infection	MM / DD / YEAR	□ Longstanding
test				testing		
				algorithm		
HIV western blot test	1 1	□ Positive		aigoillilli		
HIN Megiciii Dioi iegi	///		-			
<del></del>	MM / DD / YEAR			I	<u> </u>	1
Date of last negative (m	nost recent) HIV tes	t (it any)	Place	of last negative HI	v test	
/ /						
MM / DD / YEAR						
HIV CARE AND TREATME	NT					
Date first enrolled in HIV	care: /	/				
	MM / DD /	YFAR				
Transferred in: ☐ Yes			Transfer	in Date:/	1	
Complete if transferred				MM / DD		
Complete il ilansienea	iii iioiii anomar iac	·····y		f previous facility:		
			Name o	r previous racility.		
			Date sta	rted ART:/_	/	
					DD / YEAR	
On ART at previous clini	c (facility from whic	:h patient tro				
Ca himayanala di		7 No	Date co	-trimoxazole first d	ispensed://	
Co-trimoxazole dispens	sed:	□ No			MM / DD ,	
Discordant Couple:	□ Yes □ No				,,	
ANTIRETROVIRAL (ARV)						
Date started on 1st line						
Date statted on 1st line			D!			
	MM / DD / YE		Regimer	1:		
Date switched on 2nd I						
	MM / DD / YE	AR	Regimer	n:		
TUBERCULOSIS STATUS						
			Date of 1	B diagnosis:	/	/
Tuberculosis diagnosed	: □ Yes			•	MM / DD / Y	
			Date sta	rted on TB treatme		
TB treatment:	□ Yes □	No	Daic sia	ilea on ib ileanne	MM / DD / Y	
WHO STAGE					141141   1111	L/ (IC
WIIO SIAGE			Darka ffeet	!!	-A (III. /	
Diagnosed WHO stage	III: □ Yes		Date firs	diagnosed WHO		/
MM / DD / YEAR						
Diagnosed WHO stage IV:						
MM / DD / YEAR						
MATERNAL HISTORY FOR FEMALE PATIENTS ONLY						
Is this patient currently pregnant  See No						
Information on any of th						
Child's name:			child's	date of hirth:	/ / □	Unknown
Cilia s name.		- OHKHOWI	Cilia	MAN	/ /	OTIKTIOWIT
Diago of birth (name an	ad addrass of bossit	~!\.		IVIII	A / DD / ILAK	
Place of birth (name ar	ia address of nospii	ai).				
Child's name:		□ Unknowr	n Child's	date of birth:	//	Unknown
					// DD / YEAR	
Place of birth (name ar	Place of birth (name and address of hospital):					
,		•				
Children Chi						
Child's name: Unknown Child's date of birth:/ Unknown						
MM / DD / YEAR						
Place of birth (name and address of hospital):						
-						
Child's name:		Inknown C	nild's data	e of birth: /	/ □ Unk	nown
a s name.		CI	5 4410			

MM / DD / YEAR Place of birth (name and address of hospital):					
-					
ADDITIONAL LABORATORY RESULTS					
First CD4 T cell count and percentage	Date of collection://				
□ CD4 count: cells/µL □ CD4 percentage:	MM / DD / YEAR				
%	Date source:   Laboratory record   Medical record/HIV patient				
	card				
Most recent CD4 T cell count and percentage (if not	Date of collection://				
first CD4 test)	MM / DD / YEAR				
□ CD4 count: cells/µL □ CD4 percentage:	Date source: ☐ Laboratory record ☐ Medical record/HIV patient				
%	card				
First viral load test	Date of collection://				
□ Detectable copies/µL:log:	MM / DD / YEAR				
☐ Undetectable					
Most recent viral load test (if not first CD4 test)	Date of collection://				
□ Detectable copies/µL:log:	MM / DD / YEAR				
☐ Undetectable					
HIV EXPOSURES (CHECK ALL THAT APPLY)	Interest of the Control of the Contr				
Perinatal exposure	Injected non-prescription drugs ☐ Yes ☐ No ☐ Unknown  Sex worker: ☐ Yes ☐ No ☐ Unknown				
Sex with male	Sex worker: Yes No Unknown  Received blood or blood product transfusion or transplant				
Sex with female □ Yes □ No □ Unknown	Yes   No   Unknown				
TRANSFER OUT AND DEATH	Li fes Li NO Li UTIKNOWN				
Name and Location of facility patient transferred to:					
Date of transfer://	warne and tocalion of racinity patient italistened to.				
Date of loss to follow up://					
Date of death:	Cause of death: ☐ HIV related ☐ Non-HIV related				
Place of death:					
MINISTRY OF HEALTH USE ONLY					
Date received ://					
MM / DD / YEAR					
Type of report: □ New case □ Follow-up inform	ation /sentinel events for a previously reported case				
I .					

**Comments:** Countries should adapt the form to meet their specific situation, including additional information on other demographic characteristics such as race or ethnicity, transmission risk categories, types of facilities, etc.