



Do **not** complete this HIV case report form if client has had a positive HIV confirmatory test prior to this current positive test (i.e., "previous positive")  
Please inform HIVSS that this client is considered a "previous positive" either by phone (604-707-5643) or email < [hivss@bccdc.ca](mailto:hivss@bccdc.ca) >  
**FAX** this form to: Clinical Prevention Services at 604 707-5604 **CONFIDENTIAL** when completed

**A. CLIENT INFORMATION**

Did client request HIV non-nominal reporting?  Yes  No

Name  
*Last* *First* *Middle*

Alternate Name(s) Date of Birth *YYYY/MM/DD* PHN

Home Address City Postal Code Province

Phone (home/office/cell) Phone (home/office/cell) Email

Was client born in Canada?  Yes  No  Unknown  
If NO, what country was client born in? \_\_\_\_\_ What year did client arrive in Canada? \_\_\_\_\_

*HIV affects individuals in some communities more than others. Understanding how HIV affects gender, age, those born in or outside of Canada, and/or different ethnic/racial communities can guide where programs and services would be most helpful.*

Which ethnicity/race does client self-identify with? (check ALL that apply)  
 White  Black  Chinese  South Asian  Southeast Asian  
 West Asian or Arab  Korean  Japanese  Filipino  Latin American  
 Other/Mixed race  Asked but unknown  Asked not provided

Does client self-identify as an Indigenous person?  Yes  No  Asked but unknown  Asked not provided

If client identifies as an Indigenous person, is client (check all that apply)  First Nations  Inuit  Métis  Asked but unknown  Asked not provided

Is client registered under the *Indian Act* of Canada (i.e., a Status Indian)?  Yes  No  Asked but unknown  Asked not provided

If client identifies as a First Nations person, does client live on a reserve?  Yes  No  Asked but unknown  Asked not provided

If client does live on a reserve, which Community does client live in? \_\_\_\_\_ Name of client's First Nations Health Service organization \_\_\_\_\_

Does client identify as Two-Spirit?  Yes  No  Asked but unknown  Asked not provided

What gender does client identify with? (check ALL that apply)  
 Man  Woman  Transgender  Non-binary  Unsure/Questioning

My gender is: \_\_\_\_\_  Prefer not to answer

What sex is listed on client's BC Services Card or CareCard?  Male  Female  X

Is client currently pregnant?  Yes \_\_\_\_\_ weeks or EDC \_\_\_\_\_  No  Unknown

**B. LABORATORY INFORMATION**

*This section to be completed by HIVSS*

Specimen collection date *YYYY/MM/DD* Lab result suggests acute HIV infection  Yes  No Date of most recent negative HIV test *YYYY/MM/DD*

Name of Testing Provider / Clinic or Agency Phone  
Address City Postal Code

*This section to be completed by Public Health*

Is this client's first ever lifetime HIV diagnosis by HIV viral load?  Yes  No  
If YES, date of viral load *YYYY/MM/DD*

Did client receive result?  Yes  No  Unknown  
If YES, date client received result *YYYY/MM/DD* Person giving result \_\_\_\_\_

If NO, is client (please specify)  Lost to follow-up  Deceased  Other, specify \_\_\_\_\_

First CD4 cell count (cells/ $\mu$ L) \_\_\_\_\_ Date of first CD4 cell count *YYYY/MM/DD*

Did a positive HIV POC test lead to this current confirmatory positive test?  Yes  No  Unknown  
If YES, date of positive HIV POC test *YYYY/MM/DD* where was test done \_\_\_\_\_

Did client identify any previous negative HIV test?  Yes  No  Unknown  
If YES, date of last negative HIV test *YYYY/MM/DD* where was test done \_\_\_\_\_



**C. MOTIVATION FOR HIV TESTING**

<p>Where was client tested?</p> <input type="checkbox"/> GP/NP office <input type="checkbox"/> Community setting (e.g., outreach, peer testing) <input type="checkbox"/> Emergency/Urgent Care <input type="checkbox"/> Correctional facility <input type="checkbox"/> Hospital (inpatient) <input type="checkbox"/> On-line testing <input type="checkbox"/> Clinic <input type="checkbox"/> Other _____	<p>Who initiated testing?</p> <input type="checkbox"/> Provider <input type="checkbox"/> Client <input type="checkbox"/> Unknown	<p>Reason for testing</p> <input type="checkbox"/> Routine screening (including prenatal) <input type="checkbox"/> Symptomatic <input type="checkbox"/> Recent risk event or exposure <input type="checkbox"/> Partner diagnosed with STI/HIV/HCV <input type="checkbox"/> Other, specify _____
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**D. RISK FACTORS & EXPOSURE INFORMATION**

What are the possible risk factors of HIV acquisition for this client? (check ALL that apply)

<p><b>Gender of sexual partner(s)</b></p> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown	<p><b>Substance use</b></p> <input type="checkbox"/> Shared injection drug using equipment (e.g., needles, syringes, cookers, cotton) <input type="checkbox"/> Shared inhalation drug using equipment (e.g., pipes, straws, rolled-up bills)	<p><b>Other risks</b></p> <input type="checkbox"/> Transactional sex or sex work <input type="checkbox"/> Mother to child (vertical) transmission <input type="checkbox"/> Received blood or blood products year received _____ specify country _____ <input type="checkbox"/> Occupationally exposed to HIV contaminated blood or body fluids <input type="checkbox"/> Tattoo, body piercing or acupuncture <input type="checkbox"/> Medical exposure (e.g., surgery, dental, organ/tissue transplant) <input type="checkbox"/> No identified risk <input type="checkbox"/> Other, specify _____
<p><b>Details of sexual partner(s)</b></p> <input type="checkbox"/> Partner known to be HIV positive <input type="checkbox"/> Partner known to be at higher risk of HIV infection (e.g., partner shares injection drug using equipment, partner is a sex trade worker or patron, partner from an HIV endemic country) <input type="checkbox"/> Partner has no identified risk	<p><b>Recreational drug(s) currently used</b></p> <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin, fentanyl or other opioids <input type="checkbox"/> Poppers (amyl nitrate) <input type="checkbox"/> Crystal methamphetamine (T, Tina) <input type="checkbox"/> GHB <input type="checkbox"/> Ecstasy (E, MDMA) <input type="checkbox"/> Ketamine (K) <input type="checkbox"/> Other drug, specify _____	
<p><b>Antiretroviral (ARV) medications ever used</b></p> <input type="checkbox"/> PrEP      date of last use      YYYY/MM <input type="checkbox"/> PEP      date of last use      YYYY/MM	<p><b>Route(s) used for recreational drug(s)</b></p> <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> Rectal	

**E. INTERVENTIONS**

Client referred by Testing Provider / Clinic or Agency to public health for follow-up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is there concern for violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Are you aware of client experiencing housing instability in the year prior to HIV diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does client feel the need to speak with a mental health service provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does client feel the need for help in reducing their alcohol use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**F. PARTNER NOTIFICATION**

Has notification of individuals who may be at risk of exposure to HIV been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
What is the total number of individuals who may have been exposed to HIV during the trace-back period? _____	Of this total number of individuals, how many are notifiable? _____		

**G. NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H. PERSON REPORTING**

Name	Phone	Email
Health Authority <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> VIHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> FNHA	Date form completed YYYY/MM/DD	



**Human Immunodeficiency Virus (HIV) – Case Definition**

For adults, adolescents & children ≥ 18 months:

- detection of HIV antibody by screening test (i.e., ELISA or point of care HIV test) followed by positive confirmatory test (i.e., Western blot, Immunoblot or nucleic acid amplification test); **OR**
- detection of HIV nucleic acid (RNA or DNA; detectable viral load); **OR**
- detection of p24 antigen with confirmation by neutralization assay; **OR**
- isolation of HIV in culture.

For children < 18 months:

- detection of HIV DNA by nucleic acid amplification testing on two separate samples collected at different times [1].

Note:

1. For determination of the timing for HIV testing for clinical diagnosis of HIV infection in children < 18 months of age, please refer to the appropriate clinical guidelines.

**Indigenous Identity – Definitions**

**First Nations:** Officially called Indians in the *Indian Act*, this term refers to the indigenous peoples of North America located in what is now Canada, and their descendants, who are not Inuit or Métis. For the purposes of Indigenous identification within BC, the term “First Nations” is the generally preferred term in place of “Indian” and includes both status and non-status First Nations.

**Métis:** Métis means a person who self-identifies as Métis, is of historic Métis Nation Ancestry, is distinct from other Indigenous peoples and is accepted by the Métis Nation. Métis people identify themselves, and are recognized, as distinct from First Nations (Indian), Inuit or European descendants. The distinct Métis culture arose after contact with the first European explorers/settlers but prior to colonialism.

**Inuit:** The Inuit are Indigenous inhabitants of the North American Arctic. They are united by a common cultural heritage and a common language. Formerly, the Inuit were referred to as “Eskimo.” Now they prefer their own term, “Inuit,” meaning simply “people.”

**Ethnicity / Race – Descriptions**

White	e.g., Irish, Scottish, English, Portuguese, Italian, Russian
Black	e.g., African, Haitian, Jamaican, Somali, Nigerian
Chinese	e.g., Chinese, Taiwanese
South Asian	e.g., East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi
Southeast Asian	e.g., Vietnamese, Cambodian, Indonesian, Laotian
West Asian	e.g., Afghan, Assyrian, Iranian
Arab	e.g., Egyptian, Moroccan, Lebanese, Kuwaiti, Libyan
Korean	e.g., Korean only
Japanese	e.g., Japanese only
Filipino	e.g., Filipino only
Latin American	e.g., Mexican, Central/South American
Other	e.g., Use this classification when ethnicity is known but does not appear on list or in cases of dual ethnicity
Unknown	e.g., Use this classification if health care practitioner did not record ethnicity
Declined to answer	e.g., Use this classification if case declined to state self-identified ethnicity

**Has notification of individuals who may be at risk of exposure been discussed?**

Discussion includes reviewing with case the importance of notifying those individuals who may have been potentially exposed to HIV; in addition to outlining options or services available to assist with partner notification and/or testing.

Individuals at risk of exposure to HIV may include:

- Sexual, injection and/or non-injection drug use partners
- Infants or children who may have been exposed due to vertical transmission (e.g., in utero, breastfeeding)
- Individuals that form part of the case’s social network(s) who may benefit from testing or linkage to services (e.g., individuals who are not partners of the cases but share similar risk behaviours)

**What is the total number of individuals who may have been exposed to HIV during the trace-back period?**

**Trace-back period:** When conducting partner notification, priority should go to individuals with ongoing exposure to HIV and those with more recent exposure. The time period for going back should be determined by clinical criteria including stage of infection at time of diagnosis, sero-conversion illness history, and evidence of high-risk exposure. The outer limit of the trace-back period is the onset of exposure risk or the last known negative HIV test result.

**Of this total number of individuals, how many are notifiable?**

**Notifiable:** Sufficient information provided to locate individual(s) (e.g., full name, email, phone number, or other potential identifying information in sufficient detail to enable the case or clinician to locate the individual).