

CASE		FOR OFFICE USE ONLY	AIDS CASE REPORT		PHYSICIAN/CLINIC
DATE RECEIVED		<input type="checkbox"/> NEW CASE		<input type="checkbox"/> UPDATE	NAME
PATIENT INFORMATION					ADDRESS
					FIRST NAME
LAST NAME		<input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> STW <input type="checkbox"/> WSW <input type="checkbox"/> MSM/IDU <input type="checkbox"/> STW/IDU <input type="checkbox"/> Heterosexual - no other risk <input type="checkbox"/> Heterosexual - partner at risk (specify): _____ <input type="checkbox"/> Heterosexual - endemic <input type="checkbox"/> Blood/Blood Product Recipient <input type="checkbox"/> Perinatal <input type="checkbox"/> No Identified Risk <input type="checkbox"/> Other (specify): _____		PHONE	
DATE OF BIRTH _____/_____/_____ YEAR / MONTH / DAY				1ST DISEASE(S) INDICATIVE OF AIDS	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDERED				DATE OF AIDS DIAGNOSIS _____/_____ YEAR / MONTH	
VITAL STATUS <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> UNKNOWN				DATE OF FIRST POSITIVE HIV TEST _____/_____/_____ YEAR / MONTH / DAY	
DATE OF DEATH _____/_____/_____ YEAR / MONTH / DAY		ADDRESS		DATE OF AIDS DIAGNOSIS	
ADDRESS		CITY		DATE OF FIRST POSITIVE HIV TEST	
CITY		POSTAL CODE		_____/_____/_____ YEAR / MONTH / DAY	
PHN		ETHNICITY		COMMENTS	
<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT		COUNTRY OF BIRTH			
<input type="checkbox"/> ASIAN <input type="checkbox"/> SOUTH ASIAN <input type="checkbox"/> ARAB/WEST ASIAN <input type="checkbox"/> LATIN AMERICAN		YEAR OF ARRIVAL IN CANADA			
<input type="checkbox"/> OTHER (SPECIFY) _____					

EXPLANATIONS

ETHNICITY	DISEASES INDICATIVE OF AIDS <small>(For AIDS Case Report Definitions see www.bccdc.org)</small>
BLACK: e.g. African, Haitian, Jamaican, Somali ASIAN: e.g. Chinese, Japanese, Vietnamese, Cambodian, Filipino, Korean, Laotian SOUTH ASIAN: e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi ARAB/WEST ASIAN: e.g. Armenian, Egyptian, Iranian, Moroccan, Lebanese, Afghani LATIN AMERICAN: e.g. Mexican, Cuban, Puerto Rican, Central/South American	Bacterial pneumonia, recurrent* Candidiasis (bronchi, trachea or lungs) Candidiasis (esophageal)* Cervical cancer, invasive Coccidioidomycosis (disseminated or extrapulmonary) Cryptococcosis (extrapulmonary) Cryptosporidiosis (chronic intestinal, >1 mo duration) Cytomegalovirus disease (other than in liver, spleen, nodes) Cytomegalovirus retinitis* (with vision loss) Encephalopathy, HIV-related (dementia) Herpes simplex (chronic ulcers >1 mo duration) Histoplasmosis (disseminated or extrapulmonary) Isoporiasis (chronic intestinal > 1 mo duration) Kaposi's sarcoma* Lymphoma (Burkitt's, immunoblastic or primary in brain) M. tuberculosis (disseminated or extrapulmonary) M. tuberculosis (pulmonary) Mycobacterium avium complex*, M. kansasii*, other/unknown* Pneumocystis carinii pneumonia* Progressive multifocal leukoencephalopathy (PML) Salmonella septicemia, recurrent Toxoplasmosis of brain Wasting syndrome due to HIV Pediatric cases (<15 years old): Bacterial infections, multiple or recurrent Lymphoid interstitial pneumonia/pulmonary lymphoid hyperplasia *may be diagnosed presumptively if patient has had a positive HIV test
MSM = Men Who Have Sex With Men STW = Sex Trade Worker IDU = Injection Drug User Endemic = from a country where heterosexual transmission predominates	
INSTRUCTIONS PLEASE RETURN THE COMPLETED AIDS CASE REPORT TO: BC CENTRE FOR DISEASE CONTROL DIVISION OF STI/HIV PREVENTION AND CONTROL 655 WEST 12TH AVENUE VANCOUVER, BC, V5Z 4R4 FOR ADDITIONAL INFORMATION, PLEASE CONTACT (604) 775 - 2911	