

HIV Infectious Disease Reporting Form

All information requested below is required.
Please complete and return to SMDHU by fax (705) 733-7738

Reported by	Form Completed on yyyy/mm/dd
Health Care Provider (HCP): _____	Phone #: _____
Family HCP (if different): _____	Phone #: _____
Patient Demographics	
Name: _____ <small style="margin-left: 40px;"><i>last name, first name</i></small>	DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <small style="margin-left: 40px;"><i>yyyy/mm/dd</i></small>
Address: _____	Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Reason for Testing	
<input type="checkbox"/> Routine screen <input type="checkbox"/> Contact of case <input type="checkbox"/> Sexual assault <input type="checkbox"/> Prenatal screen Due Date: _____ <input type="checkbox"/> On HIV PrEP <input type="checkbox"/> Insurance <input type="checkbox"/> Immigration screening <input type="checkbox"/> Symptomatic Please list symptoms and onset date: _____ <input type="checkbox"/> Other: _____	
Risk Factors (Select all that apply)	
<input type="checkbox"/> Sex with opposite sex <input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with trans <input type="checkbox"/> Sex with HIV+ partner <input type="checkbox"/> Anonymous sex <input type="checkbox"/> Sex trade worker <input type="checkbox"/> Sex with sex trade worker <input type="checkbox"/> Sex at bath house	<input type="checkbox"/> No condom/barrier used <input type="checkbox"/> Condom/barrier breakage <input type="checkbox"/> New contact in past 2 months <input type="checkbox"/> >1 partner in last 6 months (#____) <input type="checkbox"/> Met partner through internet <input type="checkbox"/> Co-infected with other STI <input type="checkbox"/> Judgement impaired by alcohol/drugs <input type="checkbox"/> Injection drug user (IDU)
<input type="checkbox"/> Inhalation drug user <input type="checkbox"/> Shared drug equipment <input type="checkbox"/> Needle stick/occupational exposure <input type="checkbox"/> Patient was born to HIV+ mother <input type="checkbox"/> Other blood exposure _____ <input type="checkbox"/> Received blood or blood products When: _____ Where: _____ Most recent date of risk: _____	
Diagnosis	
History: (Select all that apply)	
<input type="checkbox"/> No prior HIV testing <input type="checkbox"/> HIV testing done in the past. If so, please indicate last negative HIV test Date: _____ <input type="checkbox"/> Previous HIV diagnosis Date: _____	
Location of HIV Diagnosis: (province/country, name of clinic/HCP): _____	
On ART <input type="checkbox"/> No <input type="checkbox"/> Yes Rx: _____	
Current Status: (Select all that apply)	
Patient is aware of diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Patient's reaction to HIV diagnosis: _____	
Does the patient have emotional supports available to them? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Has a referral been made to HIV specialist? <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____	

Health Teaching – Please advise the patient of the following information:

- HIV is transmitted when three events occur at the same time:
 - i. Body fluid from a person living with HIV contains enough HIV to cause infection
 - ii. There is a route in a negative HIV person that HIV can use to enter the person’s body and
 - iii. An activity brings the fluid and route together
- Main body fluids involved are blood, semen (including pre-cum), rectal fluid, vaginal fluid and breast milk
- Main activities involved are sexual activity (vaginal, anal and oral sex), sharing needles/syringes to inject drugs/steroids, pregnancy, birth, and breast feeding
- Key times of high infectivity are during seroconversion and later in disease (AIDS)
- Without treatment [Antiretroviral Therapy (ART)], HIV can progress to AIDS
- The earlier ART is started, the better the outcome for patient
- Consistent use of ART can achieve and maintain undetectable viral load and healthy immune system
- Undetectable viral load does not mean the absence/cure of HIV infection or no risk of transmission to sexual/drug equipment sharing partners
- HIV+ individuals are living longer with life expectancies close to that of the general public due to the success of ART
- Disclose HIV+ status to past, current and future sexual/drug equipment sharing partners; as well as care providers where there is potential blood exposure (e.g. health care provider, dentist, EMS etc.)
- Do not donate blood, organs, sperm or breast milk
- Must unregister as organ and tissue donor with Service Ontario
- Use condoms/barriers during oral, anal and vaginal sex in order to reduce transmission/acquisition of infections
- Do not share personal hygiene (razor, toothbrush etc.) or drug equipment used to prepare, inject or inhale drugs
- Cover cuts and sores – bag items contaminated with blood before putting in garbage
- Clean up blood spills with diluted household bleach (9 parts water to 1 part bleach) ensuring solution stays on spill for at least 10 minutes before being wiped away with disposable paper towel. Bag items before putting them in garbage

HIV Resources

CATIE: Canada’s Source for HIV & Hep C Information www.Catie.ca
The Gilbert Centre: HIV & Hep C Clinic and social supports in Simcoe-Muskoka region www.gilbertcentre.ca
Canadian Mental Health Association: For those experiencing effects of mental illness & addictions www.cmhastartalking.ca
HALCO: HIV and AIDS Legal Clinic of Ontario <https://www.halco.org/>

Partner/Contact Notification

All sexual contacts or contacts who share drugs/drug equipment with the patient need to be notified from a period of 3 months prior to their last negative HIV test. If the patient has never been tested before, all contacts since the onset of sexual activity or risk behavior need to be notified.

Please include all known contact information below:

Name	DOB/Age	Male/Female/ Other	Contact information (i.e. address, phone number, email, online profile username)	Date of last Exposure

- Patient declined to give contact/partner(s) name and information (patient may be ordered by the MOH to provide information)
- Patient’s contact/partner(s) are untraceable/anonymous or insufficient information available
- Patient’s contact/partner(s) information is provided above

Total number of contacts: _____ Number of contacts that are untraceable/anonymous: _____

*****NOTE: SMDHU Case Investigator will be following up with all identified contacts*****

Healthcare Provider signature: _____

Date: _____