GENERAL INFORMATION

- The Canadian AIDS Case Reporting Surveillance System is a voluntary collaboration of all provinces and territories.
- AIDS reports are collected from all provinces and territories under the authority of each provincial health agency.

INSTRUCTIONS

- Pediatric cases include children who are less than 15 years old at the time of diagnosis of HIV or AIDS, whichever is being reported.
- Complete a new form at each change of status, e.g., HIV to AIDS, death update, or new disease information. If you are uncertain whether a report form has been previously submitted, please submit a new report form.

- PLEASE PRESS HARD AND USE A BALL POINT PEN.

- Physicians in Quebec: After completing the HIV/AIDS Case Report form, please forward it to the Medical Officer of Health.
- Physicians in all other provinces/territories: After completing the HIV/AIDS Case Report form, please forward it to the Local Medical Officer of Health.


- PLEASE DO NOT SEND CASE REPORTS DIRECTLY TO THE LABORATORY CENTRE FOR DISEASE CONTROL. ALL CASES MUST BE REPORTED TO THE LOCAL MEDICAL OFFICERS OF HEALTH.

SECTION I: PATIENT INFORMATION

- Death Update: If this form is being used as a death update, please provide initial, date of birth and date of death.
- Use Section IV to indicate all diseases present at death.
- If a complete case report form has been previously submitted and there is no new information, it is not necessary to complete Sections II, III, and VI.

SECTION III: LABORATORY DATA

- Laboratory evidence of HIV infection in persons over 15 months of age or in non-maternal-fetal transmission

For the purpose of surveillance, a confirmed, repeatedly reactive screening test for HIV antibody constitutes sufficient laboratory evidence of HIV infection in any person over 15 months of age or in infants less than 15 months of age where maternal-fetal transmission is not suspected. Other acceptable evidence is outlined in the Canada Diseases Weekly Report 1991:15-396-169-116 and the Canada Communicable Disease Report 1993:15-156-116-17.

- In the absence of laboratory evidence for HIV infection, causes of immunodeficiency that DISQUALIFY diseases as indicators of AIDS are:
  1. High-dose long-term corticosteroid therapy or other immunosuppressive therapy before the onset of the usual acquired immunodeficiency syndrome.
  2. Any of the following diseases diagnosed <3 months after the diagnosis of the indicator disease: Hodgkin's disease, non-Hodgkin's lymphoma (other than primary brain lymphoma), lymphocytic lymphoma, multiple myeloma, any other lymphoproliferative (lymphomatosus) lymphoproliferative tissue, or angioimmunoblastic lymphadenopathy.
  3. A genetic (congenital) immunodeficiency syndrome or an acquired immunodeficiency syndrome atypical of HIV infection, such as one involving hypogammaglobulinemia.

SECTION IV: DISEASES INDICATIVE OF AIDS

- The following definitions are intended for purposes of surveillance. They are not intended to provide clinical guidance in diagnosis and should not be used in that way.
- For classification under the surveillance definition for AIDS, most diseases may be diagnosed by presumptive methods if the patient has had a positive HIV test.
- For Encephalopathy (HIV-related) and Wasting syndrome due to HIV, the methods of diagnosis described here are not truly definitive, but are sufficiently rigorous for surveillance purposes.

Bacterial pneumonia, recurrent

- Definitive: microorganism isolated from the tissues against which a therapeutic agent has been administered.
- Presumptive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.
- Isolation of an isolate from the organism from the tissues against which a therapeutic agent has been administered.

Cryptococcosis (oatmeal pneumonia)

- Definitive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.
- Presumptive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.

Mycobacterium avium complex or M. kansasi (disseminated or extrapulmonary)

- Definitive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.

M. tuberculosis (disseminated or extrapulmonary)

- Definitive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.

Progressive multifocal leukoencephalopathy

- Definitive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.

Sarcoma (Kaposi's sarcoma)

- Definitive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.

Sarcoidosis

- Definitive: microscopic examination of the tissues against which a therapeutic agent has been administered, or culture of an organism from a tissue or body fluid.

Wasting syndrome due to HIV

- Definitive: findings of profound involuntary weight loss (more than 10% of baseline body weight) plus either chronic diarrhea (2 or more loose stools per day for 30 days or more) or chronic weakness and documented fever (2 or more days of intermittent or constant) in the absence of concurrent illness or condition other than HIV infection that could explain the findings (e.g., cancer, tuberculosis, cryptosporidiosis, or other specific entities).

Diseases affecting pediatric cases only (≤15 years old)

- Bacterial infections, multiple or recurrent (excluding recurrent bacterial pneumonia)

- HIV-related infections (including disseminated or extrapulmonary)

- Wasting syndrome due to HIV

- Other diseases affecting pediatric cases only (≤15 years old)
HIV/AIDS Case Report
Adult, Adolescent and Pediatric
(non maternal-fetal) Cases

For provincial/territorial use
HIV AIDS New case report Update

SECTION I - PATIENT INFORMATION

Reporting physician's name City Telephone number
Hospital or clinic City Province
Is another physician providing ongoing care to this patient? Yes No
Name City Telephone number

Patient's Initials City Date of birth
First Middle Last MM DD

Sex
M F

Date of birth

Vital Status
Alive (if yes, date last known to be alive) YY MM DD
Dead (if yes, date of death) YY MM DD

* Is the patient: (please ask patient to assist you in answering this question)

White
Black (e.g. African, Haitian, Jamaican, Somali, etc.)
North American Indian Métis Inuit
Asian (e.g., Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Laotian, Korean, Filipino, etc.)

South Asian (e.g. East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi, etc.)
Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan, etc.)
Latin-American (e.g. Mexican, Central/South American, etc.)
Other - includes mixed ethnicity (specify) 

What language does this person speak most often at home? Country of birth Year of arrival in Canada

City and province/territory of residence at diagnosis
City Province/Territory First 3 digits of Postal Code

Current city and province/territory of residence
City Province/Territory First 3 digits of Postal Code

SECTION II - RISK(S) ASSOCIATED WITH THE TRANSMISSION OF HIV IN THIS PATIENT

* Since January 1978 and preceding the diagnosis of HIV/AIDS, this patient had: (check ALL that apply)

Yes No Unknown

Sex with a male.

Heterosexual sex with: (check ALL that apply)

* an injection drug user;
* a bisexual male;
* a transfusion recipient with documented HIV infection;
* a person with hemophilia/coagulation disorder;
* a person born in a country where heterosexual transmission predominates. If yes, specify country:

* a person with confirmed or suspected HIV infection or AIDS (whether or not risk factor is known).

* Injected non-prescription drugs (including steroids).

Received pooled concentrates of factor VIII or IX for treatment of hemophilia/coagulation disorder.

If yes, please complete Section 1 of the Supplement to HIV/AIDS Case Report.

Received transfusion of whole blood or blood components such as packed red cells, plasma, platelets or cryoprecipitate.

If yes, please complete Section 2 of the Supplement to HIV/AIDS Case Report.

Exposure to HIV-contaminated blood or body fluids or concentrated virus in an occupational setting. If yes, specify occupation:

* Other medical exposure (eg: organ or tissue transplant, artificial insemination).

If yes, please give details in Section VI "Additional Information or Comments".

Non-medical, non-occupational exposure which could have been the source of the infection (eg: acupuncture, tattoo, body piercing, breast milk).

If yes, please give details of type of exposure, date and location in Section VI "Additional Information or Comments".

Since January 1978, has this patient donated blood, plasma, platelets, organs, tissues, semen or breast milk? Yes No Unknown

Has the Red Cross or other appropriate donor program been notified? Yes No Unknown

Do you want a public health official to ensure this notification? Yes No Unknown

HCSC 4205 E (08·96)
Distribution: White - Medical Officer of Health Yellow - Ministry of Health Pink - LCDC
**SECTION III - LABORATORY DATA**

- Does this case have evidence, as defined in the above instructions, of HIV infection?
  - Yes
  - No
  - Unknown

<table>
<thead>
<tr>
<th>Date of first positive HIV test (if known)</th>
<th>Current CD4 count (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Month</td>
</tr>
</tbody>
</table>

**SECTION IV - DISEASES INDICATIVE OF AIDS**

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Date of Diagnosis</th>
<th>Diagnostic method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial pneumonia, recurrent</td>
<td></td>
<td></td>
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<tr>
<td>Candidiasis (bronchi, trachea or lungs)</td>
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<td></td>
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<tr>
<td>Candidiasis (esophageal)</td>
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<tr>
<td>Cervical cancer, invasive</td>
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<tr>
<td>Cocidioidomycosis (disseminated or extrapulmonary)</td>
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<tr>
<td>Cryptococcosis (extrapulmonary)</td>
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<tr>
<td>Cryptosporidiosis (chronic intestinal, &gt;1 mo. duration)</td>
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<tr>
<td>Cytomegalovirus disease (other than in liver, spleen or nodes)</td>
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<tr>
<td>Cytomegalovirus retinitis (with loss of vision)</td>
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<tr>
<td>Encephalopathy, HIV-related (dementia)</td>
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<tr>
<td>Herpes simplex: chronic ulcer(s) (&gt;1 mo. duration) or bronchitis, pneumonitis or esophagitis</td>
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<tr>
<td>Histoplasmosis (disseminated or extrapulmonary)</td>
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<tr>
<td>Isosporiasis, chronic intestinal (&gt;1 mo. duration)</td>
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<tr>
<td>Kaposi's sarcoma</td>
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<td></td>
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<tr>
<td>Lymphoma, Burkitt's (or equivalent term)</td>
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<td></td>
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<tr>
<td>Lymphoma, immunoblastic (or equivalent term)</td>
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<td></td>
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<tr>
<td>Lymphoma, primary in brain</td>
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</tr>
</tbody>
</table>

**SECTION V - TUBERCULOSIS**

1. Before the diagnosis of AIDS, was this patient ever treated for tuberculosis?
   - Yes - When? Year Month |
   - No
   - Unknown

2. Has this patient ever had a PPD skin test?
   - Yes - What was the size in mm |
   - No
   - Unknown

3. If the PPD test was negative, was the patient anergy tested?
   - Yes
   - No
   - Unknown

**SECTION VI - ADDITIONAL INFORMATION OR COMMENTS**

(Please use this section for information of interest about the acquisition of the virus, etc.)

**FOR PROVINCIAL/TERITORIAL USE:** To which exposure category has this patient been assigned?

- Men who have sex with men (MSM)
- Injection drug user (IDU)
- MSM and IDU
- Heterosexual - Endemic
- Heterosexual - Partner at risk
- Blood transfusion recipient
- Clotting factor recipient
- Occupational exposure
- Other

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