Health Canada / Santé Canada

Important • Open flat and remove instructions before completing form.

HIV/AIDS Case Report
Adult, Adolescent and Pediatric (non maternal-fetal) Cases
(A separate form is available for maternal-fetal transmission cases.)

GENERAL INFORMATION

- The Canadian AIDS Case Reporting Surveillance System is a voluntary collaboration of all provinces and territories.
  AIDS reports are collected by the provinces and territories under the authority of each provincial or territorial Health Act.
  The system is coordinated by the Division of HIV/AIDS Surveillance at the Bureau of HIV/AIDS and STD, Laboratory Centre for Disease Control, Health Canada.

INSTRUCTIONS

- Pediatric cases include children who are less than 15 years old at time of diagnosis of HIV or AIDS, whichever is being reported.
- Complete a new form at each change of status eg. HIV to AIDS, death update, or new disease information. If you are uncertain whether a report form has been previously submitted, regardless of source, 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 to the Local Medical Officer of Health.
  Physicians in all other provinces/territories: After completing the HIV/AIDS Case Report form, please forward copies 2,3 and 4 to the Local Medical Officer of Health.
- Cases of AIDS must meet the Canadian surveillance case definition as described in the: Canada Diseases Weekly Report 1987;13-38:169-176 and the Canada Communicable Disease Report 1993; 19-15:116-117.
- **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 initials, 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, V, 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 if maternal-fetal transmission is not suspected. Other acceptable evidence is outlined in the Canada Diseases Weekly Report 1987;13-38:169-176 and the Canada Communicable Disease Report 1993; 19-15:116-117.
- **In the absence of laboratory evidence for HIV infection, causes of immunodeficiency that DISQUALIFY diseases as indicators of AIDS are:**
  1. High-dose or long-term systemic corticosteroid therapy or other immunosuppressive/cytotoxic therapy within 3 months before the onset of the indicator disease.
  2. Any of the following diseases diagnosed <3 months after diagnosis of the indicator disease: Hodgkin's disease, non-Hodgkin's lymphoma (other than primary brain lymphoma), lymphocytic leukemia, multiple myeloma, any other cancer of lymphoreticular 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
- Recurrent (more than one episode in a 1-year period), acute (new X-ray evidence, not present earlier) pneumonia diagnosed by both of the following:
  a) culture (or other organism-specific diagnostic method) obtained from a clinically reliable specimen of a pathogen that typically causes pneumonia (other than *Pneumocystis carinii* or *Mycobacterium tuberculosis*); **and**
  b) radiologic evidence of pneumonia. Cases that do not have laboratory confirmation of a causative organism for one of the episodes of pneumonia will be considered to be presumptively diagnosed.

Presumptive
- Recurrent (more than one episode in a 1-year period), acute (new symptoms, signs, or X-ray evidence not present earlier) pneumonia diagnosed on clinical grounds by the patient's physician.

Candidiasis (bronchi, trachea or lungs)
Definitive
- Gross inspection by endoscopy, autopsy or microscopy (histology or cytology) on a specimen obtained directly from the tissues affected (including scrapings from the mucosal surface), not from a culture.

Candidiasis (esophageal)
Definitive
- Gross inspection by endoscopy, autopsy or microscopy (histology or cytology) on a specimen obtained directly from the tissues affected (including scrapings from the mucosal surface), not from a culture.

Presumptive
- Recent onset of retrosternal pain on swallowing; **and** oral candidiasis diagnosed by the gross appearance of white plaques on an erythematous base or by the microscopic appearance of fungal mycelial filaments in an uncultured specimen scraped from the oral mucosa.

Cervical cancer, invasive
Definitive
- Microscopy (histology or cytology).

Coccidioidomycosis (disseminated or extrapulmonary)
Cryptococcosis (extrapulmonary)
Definitive
- Microscopy (histology or cytology), culture or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues.

Cryptosporidiosis (chronic intestinal, >1 mo. duration)
Definitive
- Microscopy (histology or cytology).

Cytomegalovirus disease (other than in liver, spleen or nodes)
Definitive
- Microscopy (histology or cytology), culture or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues.

Cytomegalovirus retinitis (with loss of vision)
Definitive
- Microscopy (histology or cytology), culture or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues.

Presumptive
- Characteristic appearance on serial ophthalmoscopic examinations (e.g., discrete patches of retinal whitening with distinct borders, spreading in a centrifugal manner following blood vessels, progressing over several months, frequently associated with retinal vasculitis, hemorrhage, and necrosis). Resolution of active disease leaves retinal scarring and atrophy with retinal pigment epithelial mottling.

Encephalopathy, HIV-related (dementia)
Definitive
- Clinical findings of disabling cognitive and/or motor dysfunction interfering with occupation or activities of daily living in an adult, or the loss of behavioural development milestones affecting a child, progressing over weeks to months in the absence of a concurrent illness or condition other than HIV infection that could explain the findings. Methods to rule out such concurrent illnesses and conditions must include cerebrospinal fluid examination and either brain imaging (computed tomography or magnetic resonance) or autopsy.

Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis or esophagitis
Histoplasmosis (disseminated or extrapulmonary)
Definitive
- Microscopy (histology or cytology), culture or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues.

Isosporiasis, chronic intestinal (>1 mo. duration)
Definitive
- Microscopy (histology or cytology).

Kaposi's sarcoma
Definitive
- Microscopy (histology or cytology).

Presumptive
- Characteristic gross appearance of an erythematous or violaceous plaque-like lesion on skin or mucous membrane.
  (Note: presumptive diagnosis of Kaposi's sarcoma should not be made by clinicians who have seen few cases of it).

Lymphoma, Burkitt's (or equivalent term)
Lymphoma, immunoblastic (or equivalent term)
Lymphoma, primary in brain
Definitive
- Microscopy (histology or cytology).

Mycobacterium avium* complex or *M. kansasii (disseminated or extrapulmonary)
Mycobacterium of other species or unidentified species
Definitive
- Culture

Presumptive
- Microscopy of a specimen from stool or normally sterile body fluids or tissue from a site other than lungs, skin, or cervical or hilar lymph nodes, showing acid-fast bacilli of a species not identified by culture.

M. tuberculosis (disseminated or extrapulmonary)
Definitive
- Culture

M. tuberculosis (pulmonary)
Definitive
- Culture

Presumptive
- When bacteriologic confirmation is not available, other reports may be considered to be verified cases of pulmonary tuberculosis if the criteria meet those in the definitions in any of the following sources:
  1) the Canada Diseases Weekly Report 1991;17S3:32-3;
  2) the 1990 Canadian Tuberculosis Reporting System form; or
  3) Health Reports 1992;4(2) (Suppl.No10):xi.

***Pneumocystis carinii* pneumonia**
Definitive
- Microscopy (histology or cytology).

Presumptive
- A history of dyspnea on exertion or nonproductive cough of recent onset (within the past 3 months); **and** chest X-ray evidence of diffuse bilateral interstitial infiltrates or gallium scan evidence of diffuse bilateral pulmonary disease; **and** arterial blood gas analysis showing an arterial pO_2< 70mm Hg or a low respiratory diffusing capacity (< 80% of predicted values) or an increase in the alveolar-arterial oxygen tension gradient; **and** no evidence of bacterial pneumonia.

Progressive multifocal leukoencephalopathy
Definitive
- Microscopy (histology or cytology).

Salmonella septicemia, recurrent
Definitive
- Culture

Toxoplasmosis of brain
Definitive
- Microscopy (histology or cytology).

Presumptive
- Recent onset of a focal neurologic abnormality consistent with intracranial disease or a reduced level of consciousness; **and** brain imaging evidence of a lesion having a mass effect (on computed tomography or nuclear magnetic resonance) or the radiographic appearance of which is enhanced by injection of contrast medium; and serum antibody to toxoplasmosis or successful response to therapy for toxoplasmosis.

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 (30 days or more, 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 enteritis).

Diseases affecting pediatric cases only (<15 years old)

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

Lymphoid interstitial pneumonia and/or Pulmonary lymphoid hyperplasia
Definitive
- Microscopy (histology or cytology).

Presumptive
- Bilateral reticulonodular interstitial pulmonary infiltrates present on chest X-ray ≥2 months with no response to antibiotic treatment.

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HIV/AIDS Case Report Adult, Adolescent and Pediatric (non maternal-fetal) Cases

For provincial/territorial use	For use by LCDC
Provincial ID Number	EPIC No.
Province to which case is attributed	Date received (YY MM DD)

☐ 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 **If so, please provide name, city and telephone number.**
Name | City | Telephone number ( )

Patient's initials First Middle Last | **Sex** ☐ M ☐ F | **Date of birth** YY MM DD | **Vital Status** ☐ Alive (If yes, date last known to be alive) ▶ YY MM DD ☐ Unknown ☐ 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** ☐ Canada ☐ Other (specify) → | **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.
☐	☐	☐	Sex with a female.
			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
If yes, please give details of type of donation, date and location in Section VI "Additional Information or Comments".

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

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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

Date of first positive HIV test (if known) — Year | Month

Current CD4 count (if known) — cells/μ l

SECTION IV - DISEASES INDICATIVE OF AIDS

DISEASES	Date of Diagnosis Year	Month	Diagnostic method Definitive	Presumptive
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 or nodes)				
Cytomegalovirus retinitis (with loss of vision)				
Encephalopathy, HIV-related (dementia)				
Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis or esophagitis				
Histoplasmosis (disseminated or extrapulmonary)				
Isosporiasis, chronic intestinal (>1 mo. duration)				
Kaposi's sarcoma				
Lymphoma, Burkitt's (or equivalent term)				
Lymphoma, immunoblastic (or equivalent term)				
Lymphoma, primary in brain				

DISEASES	Date of Diagnosis Year	Month	Diagnostic method Definitive	Presumptive
Mycobacterium avium complex or *M. kansasii* (disseminated or extrapulmonary)				
Mycobacterium of other species or unidentified species				
M. tuberculosis (disseminated or extrapulmonary) **(Please complete SECTION V)**				
Specify Site: ☐ Miliary ☐ Pleurisy ☐ Other respiratory ☐ C.N.S. ☐ Bone and joint ☐ Genitourinary				
Other (specify) →				
M. tuberculosis (pulmonary) **(Please complete SECTION V)**				
Pneumocystis carinii pneumonia				
Progressive multifocal leukoencephalopathy				
Salmonella septicemia, recurrent				
Toxoplasmosis of brain				
Wasting syndrome due to HIV				
Diseases affecting pediatric cases only (<15 years old)				
Bacterial infections, multiple or recurrent (excluding recurrent bacterial pneumonia)				
Lymphoid interstitial pneumonia and/or Pulmonary lymphoid hyperplasia				

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 → mm ☐ No ☐ Unknown
3. **If the PPD test was negative, was the patient anergy tested?** ☐ Yes ☐ No ☐ Unknown If yes, were any sites positive? ☐ Yes ☐ No ☐ Unknown

SECTION VI - ADDITIONAL INFORMATION OR COMMENTS

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

Person completing this form

Telephone number ( )

Date report completed YY | MM | DD

FOR PROVINCIAL/TERRITORIAL 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 ☐ NIR - Heterosexual

☐ Blood transfusion recipient ☐ Clotting factor recipient ☐ Occupational exposure ☐ Heterosexual - Partner at risk ☐ NIR - Other

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