U.S. Department of Health and Human Services

Pediatric HIV Confidential Case Report Form

Centers for Disease Control

and Prevention (CDC)

(Patients aged <13 years at time of perinatal exposure or patients aged <13 years at time of diagnosis)

*Information NOT transmitted to CDC

	*Middle	Name	*Last Nam	е		Last Name Soundex
Iternate Name Type (exa	ample: Birth, Call Me)	*First Name	*Mi	ddle Name	*Last N	
Address Type						
	Correctional facility Foster home	Homeless Military	Other Postal		Shelter Temporary	
Current Address, Street		Willitar y	Fosiai		тетпрогагу	Address Date
						/ /
Phone City		Cour	nty	State/Countr	у	*ZIP Code
Medical Record Number	r	*Other ID Type		*Number	•	
I. Health Departme		cord all dates as m		s	State Number	
leporting Health Dept – 0	City/County		City/C	County Number		
Oocument Source		Surveillance I	Method Passive	Follow up	Reabs	traction Unknown
Did this report initiate a n	new case investigatio	n? Report Mediu	ım			
Yes No	Unknown	1-Field visi 2-Mailed	t 3-Faxe 4-Pho		5-Electroi 6-CD/disk	nic transfer
						-
	ng Information	(record all dates as	s mm/dd/yyyy)			*Phono
	ng Information	(record all dates as	s mm/dd/yyyy)			*Phone
II. Facility Providing Facility Name	ng Information	(record all dates as	s mm/dd/yyyy)	City		*Phone
Facility Name	ng Information	record all dates as		City		*Phone *ZIP Code
Facility Name Street Address County Facility Type						
Street Address County Cacility Type Inpatient:	Outpatient:	State/Country	y	Other Facili		*ZIP Code
Facility Name Street Address County	Outpatient:	State/Country		Other Facili	ncy room	

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0573). Do not send the completed form to this address.

This report to CDC is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV. Information in CDC's National HIV Surveillance System that would permit identification of any individual on whom a record is maintained is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

IV. Patient Demographics (record all dates as mm/dd/yyyy)

		rt 3-Perir	natal HIV exposure		atric HIV	5-Pediatric	AIDS 6-F	Pediatric seroreverter
Diagnostic Sta	-							
Sex Assigned a		Male F	emale Unkno	wn				
Country of Birt	th					Date o	of Birth	Alias Date of Birth
US		:£. \				1	1	/ /
	ependency (s					/_		
Vital Status		Date o	of Death		State of Death			
1-Alive	2-Dead	/	/					
Date of Last M	ledical Evalu	ation	Date of Initia	l Evaluation	or HIV			
			/_	/				
Gender Identity	tv							Date Identified
Boy	·y							
Girl		Additional of	gender identity (sp	ecifv)				
Transgende	er bov	Declined to		,				
Transgende		Unknown						
								Date Identified
Sexual Orienta		-						/ /
•	heterosexual		to answer					
Lesbian or g	gay	Unknowr	1					
Bisexual	anual orienta	tion (onocify)						
Additionals	sexual orienta	ation (specify) _						
Ethnicity	Hispanic/La	itino Not l	Hispanic/Latino	Unknown			Expanded Ethnicity	у
,				· · · · · · · · · · · · · · · · · · ·				
Race	American Ir	ndian/Alaska Na	ative N	ative Hawaiiar	/Other Pacific Isla	ander	Expanded Race	
(check all	Asian	ididii// iidoka i vi		hite	, other radino isi	aridoi		
that apply)		an American		nknown				
			additional addres			dates as m		Observativity CAME
Address Event (check all that a	t Type apply	gnosis (add Residence at HIV diagnosis	Residenc	e at stage	Residence at perinatal expos		nm/dd/yyyy) Residence at pediatric seroverte	Check if <u>SAME</u> or current address
Address Event (check all that a to address belo Address Type	t Type apply ow)	Residence at HIV diagnosis	Residenc	e at stage liagnosis	Residence at		Residence at	
Address Event (check all that a to address belo Address Type Residential	t Type apply ow)	Residence at HIV diagnosis	Residenc 3 (AIDS) o	e at stage liagnosis	Residence at		Residence at	
Address Event (check all that a to address below Address Type Residential Bad addres	t Type apply ow)	Residence at HIV diagnosis Military Other	Residenc 3 (AIDS) o	e at stage liagnosis	Residence at	sure	Residence at	
Address Event (check all that a to address below Address Type Residential Bad address Correctiona	t Type apply bw) ss al facility	Residence at HIV diagnosis Military Other Postal	Residenc 3 (AIDS) c	e at stage liagnosis	Residence at	sure	Residence at pediatric seroverte	
Address Event (check all that a to address belo Address Type Residential Bad addres Correctional Foster home	t Type apply bw) ss al facility	Residence at HIV diagnosis Military Other Postal Shelter	Residenc 3 (AIDS) c *Street Address City	e at stage liagnosis	Residence at	sure	Residence at pediatric seroverte	er current address
Address Event check all that a to address below Address Type Residential Bad addres Correctiona	t Type apply bw) ss al facility	Residence at HIV diagnosis Military Other Postal	Residenc 3 (AIDS) c	e at stage liagnosis	Residence at	sure	Residence at pediatric seroverte	
Address Event check all that a to address below Address Type Residential Bad address Correctional Foster home Homeless	t Type apply bw) ss al facility ae	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residenc 3 (AIDS) c *Street Address City	e at stage liagnosis	Residence at	sure	Residence at pediatric seroverte	er current address
Address Event (check all that a to address below Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type Check all that a	t Type apply bw) ass al facility be of Diagn apply	Residence at HIV diagnosis Military Other Postal Shelter Temporary	*Street Address City State/Country	e at stage liagnosis	Residence at	sure C	Residence at pediatric seroverte	*ZIP Code
Address Event (check all that a to address belo Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type (check all that a to facility below)	t Type apply bw) ass al facility be of Diagn apply	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country	e at stage liagnosis	Residence at perinatal expos	sure C	Residence at pediatric seroverte	*ZIP Code
Address Event (check all that a to address below Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type (check all that a to facility below) Facility Name	t Type apply bw) ass al facility be of Diagn e apply d)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country	e at stage liagnosis	Residence at perinatal expos	sure C	Residence at pediatric seroverte	*ZIP Code *as facility mation
Address Event check all that a co address belo Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type check all that a co facility below Facility Name	t Type apply bw) ass al facility be of Diagn e apply d)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country ditional facilities in	e at stage liagnosis	Residence at perinatal expos	Sure	Residence at pediatric seroverte	*ZIP Code *as facility mation
Address Event (check all that a to address below Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type (check all that a to facility below) Facility Name *Street Address County	t Type apply bw) ass al facility be of Diagn e apply d)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country ditional facilities in	e at stage liagnosis	Residence at perinatal expos	Sure	Residence at pediatric seroverte	*ZIP Code as facility mation *Phone
Address Event (check all that a to address beloe Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type (check all that a to facility Name *Street Address County Facility Type	t Type apply bw) ass al facility be of Diagn e apply d)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country ditional facilities in	e at stage liagnosis	Residence at perinatal expos	ure	Residence at pediatric seroverte	*ZIP Code as facility mation *Phone
Address Event (check all that a to address belo Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type (check all that a to facility below) Facility Name *Street Address County Facility Type Inpatient:	t Type apply bw) ass al facility be of Diagn e apply d)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country ditional facilities in Stage 3 (AIDS)	e at stage liagnosis n Comments)	Residence at perinatal expos	ure City Other	Residence at pediatric seroverte County Check if SAME providing information in the providing in the prov	*ZIP Code as facility mation *Phone
Address Event (check all that a to address beloe Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type (check all that a to facility Name *Street Address County Facility Type	t Type apply bw) ss al facility le of Diagn e apply y)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country ditional facilities in Stage 3 (AIDS)	e at stage liagnosis n Comments) ate/Country	Residence at perinatal expos	ure City Other I	Residence at pediatric seroverte	*ZIP Code as facility mation *Phone
Address Event (check all that a condition address below the second address to address the second address the second address to address the second address the s	t Type apply bw) ss al facility le of Diagn e apply y)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) c *Street Address City State/Country ditional facilities in Stage 3 (AIDS) Stage 3 (AIDS)	e at stage liagnosis n Comments) ate/Country vsician's office linic	Residence at perinatal expos	ure City Other I Em	Residence at pediatric seroverte County Check if SAME providing information of the providing informat	*ZIP Code as facility mation *Phone
Address Event check all that a o address below Address Type Residential Bad address Correctional Foster home Homeless VI. Facility Diagnosis Type check all that a o facility below Facility Name Street Address County Facility Type Inpatient: Hospital	t Type apply bw) ss al facility le of Diagn e apply y)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) of *Street Address City State/Country Stage 3 (AIDS) Stage 3 (AIDS)	e at stage liagnosis n Comments) Sister Country resician's office linic IIV clinic	Residence at perinatal expos	City Other I Em Lat Unl	Residence at pediatric seroverte County Check if SAME providing informations in the providing information in the providing in the providing in the providing information in the providing in	*ZIP Code as facility mation *Phone
Address Event (check all that a condition address below the second address to address the second address the second address to address the second address the s	t Type apply bw) ss al facility le of Diagn e apply y)	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) control 3 (AIDS) control 4 (AIDS) control 5 (AIDS) control 5 (AIDS) control 6 (AIDS) cont	e at stage liagnosis n Comments) Sister Country resician's office linic IIV clinic	Residence at perinatal expos	City Other I Em Lat Unl	Residence at pediatric seroverte County Check if SAME providing informations in the providing information in the providing in the providin	*ZIP Code as facility mation *Phone
Address Event (check all that a condition address below the second address to address the second address the second address to address the second address the s	t Type apply bw) as all facility lie of Diagn e apply y) ass	Residence at HIV diagnosis Military Other Postal Shelter Temporary	Residence 3 (AIDS) control 3 (AIDS) control 4 (AIDS) control 5 (AIDS) control 5 (AIDS) control 6 (AIDS) cont	e at stage liagnosis n Comments) Sister Country resician's office linic IIV clinic	Residence at perinatal expos	City Other I Em Lat Uni Oth	Residence at pediatric seroverte County Check if SAME providing informations in the providing information in the providing in the providin	*ZIP Code as facility mation *Phone

VII. Patient History (respond to all questions) (record all dates as mm/dd/yyyy)

Birthing person's HIV infection status (selection	one):				
Refused HIV testing	Known HIV+ during pregnan	cy Kno	wn HIV+ afte	r child's bi	rth
Known to be uninfected after this child's b	rth Known HIV+ sometime befo		+, time of diag	-	nown
Known HIV+ before pregnancy	Known HIV+ at delivery	HIV	status unkno	wn	
Date of birthing person's first positive test result to confirm infection	Child breastfed/chestfed by birthing per Yes No Unkno		eceived prer om birthing		d/pre-chewed
/		Yes	٨	lo	Unknown
After 1977 and before the earliest known	diagnosis of HIV infection, the birthing pe	rson had:			
Perinatally acquired HIV infection			Yes	No	Unknown
Injected nonprescription drugs			Yes	No	Unknown
Birthing person had HETEROSEXUAL rela	tions with any of the following:				
HETEROSEXUAL contact with person who	injected drugs		Yes	No	Unknown
HETEROSEXUAL contact with bisexual ma	e		Yes	No	Unknown
HETEROSEXUAL contact with person with	nemophilia/coagulation disorder with docu	mented HIV infection	Yes	No	Unknown
HETEROSEXUAL contact with transfusion	recipient with documented HIV infection		Yes	No	Unknown
HETEROSEXUAL contact with transplant r	cipient with documented HIV infection		Yes	No	Unknown
HETEROSEXUAL contact with person with	documented HIV infection, risk not specifi	ed	Yes	No	Unknown
Birthing person had:					
Received transfusion of blood/blood compo	nents (other than clotting factor) (document	reason in Comments)	Yes	No	Unknown
First date received/	Last date received//				
Received transplant of tissue/organs or an	ficial insemination		Yes	No	Unknown
Before the diagnosis of HIV infection, this	child had:				
Injected nonprescription drugs			Yes	No	Unknown
Received clotting factor for hemophilia/co	gulation disorder		Yes	No	Unknown
Specify clotting factor:	Date received				
Received transfusion of blood/blood compo	ents (other than clothing factor) (document	reason in Comments)	Yes	No	Unknown
First date received	Last date received//				
Received transplant of tissue/organs			Yes	No	Unknown
Sexual contact with male			Yes	No	Unknown
Sexual contact with female			Yes	No	Unknown
Been breastfed/chestfed by non-birthing p	erson		Yes	No	Unknown
Received premasticated/pre-chewed food	from non-birthing person		Yes	No	Unknown
Other documented risk (include detail in C	omments)		Yes	No	Unknown

VIII. Clinical: Opportunistic Illnesses (record all dates as mm/dd/yyyy)

Diagnosis	Dx Date
Bacterial infection, multiple or recurrent (including Salmonella septicemia)	
Candidiasis, bronchi, trachea, or lungs	
Candidiasis, esophageal	
Carcinoma, invasive cervical	
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)	
HIV encephalopathy	
Herpes simplex: chronic ulcers (>1 mo. duration), bronchitis, pneumonitis, or esophagitis	
Histoplasmosis, disseminated or extrapulmonary	
Isosporiasis, chronic intestinal (>1 mo. duration)	
Kaposi's sarcoma	

Diagnosis	Dx Date
Lymphoid interstitial pneumonia and/or pulmonary lymphoid	
Lymphoma, Burkitt's (or equivalent)	
Lymphoma, immunoblastic (or equivalent)	
Lymphoma, primary in brain	
Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary	
M. tuberculosis, pulmonary ¹	
M. tuberculosis, disseminated or extrapulmonary ¹	
Mycobacterium, of other/unidentified species, disseminated or extrapulmonary	
Pneumocystis pneumonia	
Pneumonia, recurrent, in 12 mo. period	
Progressive multifocal leukoencephalopathy	
Toxoplasmosis of brain, onset at >1 mo. of age	
Wasting syndrome due to HIV	

¹If a diagnosis date is entered for either tuberculosis diagnosis above, provide RVCT Case Number:

IX. Laboratory Data (record additional tests and tests not specified below in Comments) (record all dates as mm/dd/yyyy)

HIV Immunoassays	TEST HIV-1 I	A HIV-1/2 IA	HIV-1/2 Ag/Ab	HIV-2 IA
Test Brand Name/Manu	_		Lab Name	=
Facility Name			Provider Name	
Result Col Positive Negative Indeterminate	//	ing Option (if application) in the control of the c	provider tly observed by a provide	r²
Test Brand Name/Manu	_	differentiating imm	unoassay (differentiates l Lab Name	petween HIV Ag and HIV Ab)
Facility Name			Provider Name	
	Reactive F	-1/2 Ab: Reactive	Collection Date	Testing Option (if applicable) Point-of-care test by provider Self-test, result directly observed by a provider ² Lab test, self-collected sample
TEST	HIV-1/2 Ag/Ab and type-o	differentiating immur	noassay (differentiates ar	nong HIV-1 Ag, HIV-1 Ab, and HIV-2 Ab)
Test Brand Name/Manu	ıfacturer		Lab Name	
Facility Name			Provider Name	
Result ³ Overall interpretation: Reactive Nonreactive Index Value	Analyte results: HIV-1 Ag: Reactive Nonreactive Not reportable due to high Ab level Index Value	HIV-1 Ab: Reactive Nonreactive Reactive undifferentiated Index Value	HIV-2 Ab: Reactive Nonreactive Reactive undifferentiated Index Value	Collection Date Testing Option (if applicable) Point-of-care test by provider Self-test, result directly observed by a provider² Lab test, self-collected sample
TEST Test Brand Name/Manu		ing immunoassay (s	supplemental) (differenti	ates between HIV-1 Ab and HIV-2 Ab)
Facility Name			Provider Name	
Result ⁴ Overall interpretation: HIV positive, untypak HIV-1 positive with HIV-2 cross-reactivit HIV-2 positive with HIV-1 cross-reactivit; HIV negative	HIV-1 indeterminate HIV-2 indeterminate HIV-1 positive	e Negat	HIV-2 Ab: ve Positive	Collection Date / / Testing Option (if applicable) Point-of-care test by provider Self-test, result directly observed by a provider² Lab test, self-collected sample
Test Brand Name/Manu	TEST Ifacturer	HIV-1 WB	HIV-1 IFA HIV-2 Lab Name	WB
Facility Name			Provider Name	
Result Positive Negative Indeterminate		Colle	ction Date	Testing Option (if applicable) Point-of-care test by provider Self-test, result directly observed by a provider ² Lab test, self-collected sample

HIV Detection Tests	•	TEST	HIV-1/2 R	NA NAAT (Qua	ılitative)
Test Brand Name/Mar	nufacturer			Lab Name	
Facility Name				Provider Na	ame
Result			Collec	tion Date	Testing Option (if applicable)
HIV-1	HIV, not dif		/	/	Point-of-care test by provider
HIV-2 Both (HIV-1 and HIV	(HIV-1 or H /-2) Neither (ne				Self-test, result directly observed by a provider ² Lab test, self-collected sample
Test Brand Name/Mar	nufacturer	TEST H	V-1 RNA NA	AT (Qualitative Lab Name	and Quantitative)
Facility Name				Provider Na	ame
	Analyte results:	(Copies/mL		Testing Option (if applicable) Point-of-care test by provider
Reactive	Detectable above	limit	Log		Self-test, result directly observed by a provider ²
Nonreactive	Detectable within Detectable below		ction Date		Lab test, self-collected sample
	TEST	HIV-1 RNA/DN HIV-1 culture	NA NAAT (Qı	ualitative)	HIV-2 RNA/DNA NAAT (Qualitative) HIV-2 culture
Test Brand Name/Mar	nufacturer			Lab Name	
Facility Name				Provider Na	ame
Result					Testing Option (if applicable)
Positive	(Collection Date	/ /	/	Point-of-care test by provider
Negative Indeterminate					Self-test, result directly observed by a provider ² Lab test, self-collected sample
Test Brand Name/Mar		-1 RNA/DNA NA	AT (Quantita	ative) HIV- Lab Name	2 RNA/DNA NAAT (Quantitative)
Facility Name				Provider Na	ame
Result Detectable above li	mit	Copies/mL _			
Detectable above in					Testing Option (if applicable)
Detectable below li		Log _			Point-of-care test by provider Self-test, result directly observed by a provider ²
Not detected	С	ollection Date	//		Lab test, self-collected sample
Drug Resistance Te	sts (Genotypic)	TEST	HIV-1	Genotype (Uns	specified)
Test Brand Name/Mar	nufacturer			Lab Name	
Facility Name				Provider Na	ame
Collection Date	-				
Immunologic Tests	(CD4 count and p	ercentage)			
OD4	-11-7-1		0/	0-11	/ /
CD4 count c Test Brand Name/Mar	•	percentage	%	Collection D	Date//
Facility Name				Provider Na	ame

Documentation of Tests				
Complete only if none of the for DNA), HIV-1/2 type-differentiate				r DNA), qualitative NAAT (RNA or ce.
Did documented laboratory	test results meet approv	ed HIV diagnostic algorith	n criteria? Yes N	o Unknown
If YES, provide specimen co	ollection date of earliest p	ositive test result for this	algorithm/	
Is earliest evidence of HIV in	nfection diagnosis docum	ented by a physician rathe	r than by laboratory test resu	ılts?
HIV-infected Yes	s No Unknowr	Date of di	agnosis by physician/_	
Not HIV-infected Yes	s No Unknowr	Date of di	agnosis by physician/	/
² Results not directly observed by overall interpretation. Complete the			te the overall interpretation and the	analyte results. ⁴ Always complete the
X. Birth History (for pa	atients exposed perinatall	y with or without consequ	ent infection)	
Birth history available?	Yes No	Unknown		
Residence at Birth	Check if <u>SAME</u> as currer	t address		
Address Type Residentia	al Correction	onal facility Homeles	other Other	Shelter
Bad addre	ess Foster ho	ome Military	Postal	Temporary
*Street Address			City	
County	St	ate/Country		*ZIP Code
Facility of Birth Che		. M.P. a. M. Carras and Province		
Facility Name of Birth (If child	eck if <u>SAME</u> as facility pro	· ·		*Phone
Facility Name of Birth (if Child	u was born at nome, enter	nome birtir)		Filolie
Facility Type	<u>Q</u>	outpatient:	Other Facility:	
Inpatient: Hospital		Other, specify	Emergency room Corrections	Other, specify
Other, specify			Unknown	
*Street Address			City	
County	Si	ate/Country		*ZIP Code
Birth History Birth Wei	ightlbsoz	grams Type	1-Single 2-Twin	3-More than two 9-Unknown
Delivery Vaginal	Cesarean Unknow			
If Cesarean delivery, mark al				
HIV indication (high viral lo Previous Cesarean (repea	,	g person's or physician's p listress	eference Not specified	
Malpresentation (breech,	•	nta abruptia or p. previa		
Prolonged labor or failure	•	(e.g., herpes, disproportion)	(Specify)	
Birth Information	Date	Time (use military time	noon = 12:00; midnight = 00:	00)
Rupture of membranes			<u>:</u>	
Delivery			:	
Communited Discussions V	No. No.	denous EVEO *		
Congenital Disorders Ye	es No Ur	known If YES, specify		
Neonatal Status 1-Full-t	term 2-Premature	9-Unknown Ne c	natal Gestational Age in Wee	ks (99 = Unknown, 00 = None)

Substance name	Not screen	ed Date of screen		Result	
Alcohol		1 1	Positive	Negative	Unknown
Amphetamines			Positive	Negative	Unknown
Barbiturates		1 1	Positive	Negative	Unknown
Benzodiazepines		1 1	Positive	Negative	Unknown
Cocaine		1 1	Positive	Negative	Unknown
Crack cocaine		<u> </u>	Positive	Negative	Unknown
Fentanyl		<u> </u>	Positive	Negative	Unknown
Hallucinogens		1 1	Positive	Negative	Unknowr
Heroin			Positive	Negative	Unknowr
K2			Positive	Negative	Unknown
Marijuana (cannabis, THC, cannabinoids)			Positive	Negative	Unknowr
Methadone			Positive		Unknowr
			Positive	Negative	Unknowr
Methamphetamines			_	Negative	
Nicotine (any tobacco)		<u> </u>	Positive	Negative	Unknowr
Opiates			Positive	Negative	Unknowr
PCP			Positive	Negative	Unknowr
Other, specify			Positive	Negative	Unknowr
Specific drug(s) not documented			Positive	Negative	Unknowr
rthing Person Date of Birth/		Birthing Person Last Name	e Soundex	ır	
irthing Person Date of Birth	*Other Birthing Persor	Birthing Person Last Name Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U	e Soundex	natal	
irthing Person Date of Birth	*Other Birthing Persor	Birthing Person Last Name Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U	e Soundex on State ID Numbe ID number) tal Number of Prer	natal e)	
irthing Person Date of Birth	*Other Birthing Persor	Birthing Person Last Name Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U	e Soundex on State ID Numbe ID number) tal Number of Prer	natal e) Yea	ar outcome occurred 9 = Unknown
irthing Person Date of Birth	*Other Birthing Persor	Birthing Person Last Name Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one)	e Soundex on State ID Numbe ID number) tal Number of Prer	Ye. (9999	occurred
irthing Person Date of Birth	*Other Birthing Person	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Numbe ID number) Ital Number of Prer Inknown, 00 = Non	reatal e) Yea (9999)	
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many	Birthing Person Last Name Birthing Person Birthing Person Birthing Person Birthing Person Birthing Person Frenatal Care—To Care Visits (99 = U Freyonancies Pregnancy outcome (select one) Miscarriage or Stillt Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Pred Inknown, 00 = None oirth Induced a	retal e) Yea (9999) abortion	occurred
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt Miscarriage or Stillt Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a oirth Induced a	Yea (999) abortion abortion	occurred
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a oirth Induced a oirth Induced a	reatal e) Yea (999) abortion abortion abortion abortion	occurred
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	yeabortion abortion abortion abortion abortion abortion abortion	occurred
irthing Person Date of Birth	*Other Birthing Person tal If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth 6 weeks	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	yeabortion abortion abortion abortion abortion abortion atherion atheres are also abortion abortion abortion abortion abortion abortion abortion abortion	occurred 9 = Unknowr
irthing Person Date of Birth irthing Person Country of Birth irthing Person City/County ID Number renatal Care—Month of Pregnancy Prenatare Began (99 = Unknown, 00 = None) as the birthing person ever been regnant before this pregnancy? Include previous pregnancies that noded in a live birth, miscarriage, iillbirth, or induced abortion. Yes No Unknown (Record additional pregnancy outcomes in Comments) as a test result (with a specimen collection bor/delivery record? D4 Yes No Unknown Unknown	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth on date within the 6 weeks	Birthing Person Last Name Birthing Person Birthing Pers	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	hatal e) Yea (9999) abortion abortion abortion abortion abortion abortion below thing person's No	Unknown
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth 5 un date within the 6 weeks bown (als (ARVs) prior to this pre	Birthing Person Last Name Birthing Person Birthing Pers	e Soundex on State ID Number ID number) Ital Number of Prediction of P	hatal e) Yea (9999) abortion abortion abortion abortion abortion abortion below thing person's No	Unknown
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth on date within the 6 weeks	Birthing Person Last Name Birthing Person Birthing Pers	e Soundex on State ID Number ID number) Ital Number of Prediction of P	patal (9999) abortion abortion abortion abortion abortion abortion abortion both abortion abortion both abortion abortion abortion both abortion abortion abortion both ab	Unknown
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth 6 weeks own (als (ARVs) prior to this presented of last use ///	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	patal (9999) abortion abortion abortion abortion abortion abortion abortion both abortion abortion both abortion abortion abortion both abortion abortion abortion both ab	Unknown
irthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth 6 weeks own 6 als (ARVs) prior to this present of last use 6 of last use 7 / / / / / / / / / / / / / / / / / / /	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	patal (9999) abortion abortion abortion abortion abortion abortion abortion both abortion abortion both abortion abortion abortion both abortion abortion abortion both ab	Occurred O = Unknown Unknown
sirthing Person Date of Birth	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth 6 weeks own (als (ARVs) prior to this presented of last use ///	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	patal (9999) abortion abortion abortion abortion abortion abortion abortion both abortion abortion both abortion abortion abortion both abortion abortion abortion both ab	Occurred O = Unknown Unknown
relude previous pregnancies that nded in a live birth, miscarriage, tillbirth, or induced abortion. Yes No Unknown (Record additional pregnancy outcomes in Comments) Vas a test result (with a specimen collection abor/delivery record? ED4 Yes No Unknown Date YES, specify all ARVs id birthing person receive any antiretrovirulate began/	*Other Birthing Person al If YES, specify how many 1 Live Birth 2 Live Birth 3 Live Birth 4 Live Birth 5 Live Birth 5 Live Birth 6 weeks own 6 als (ARVs) prior to this present of last use 6 of last use 7 / / / / / / / / / / / / / / / / / / /	Birthing Person Last Name Birthing Person Birthing Person ID (specify type of ID and Prenatal Care—To Care Visits (99 = U previous pregnancies Pregnancy outcome (select one) Miscarriage or Stillt	e Soundex on State ID Number ID number) tal Number of Prer Inknown, 00 = Non oirth Induced a	patal (9999) abortion abortion abortion abortion abortion abortion abortion both abortion abortion both abortion abortion abortion both abortion abortion abortion both ab	Unknown

Date began//	Date of la	st use/	/			
If YES, specify all ARVs						
If NO, select reason Precipitous delivery/STAT Cesareal	n dolivory	Rirthing porce	on tostod HIV nogs	ative during pregnar	201	
HIV serostatus of birthing person u		Other (specify	•	ative during pregnar	Ю	
Birth not in hospital		Unknown	·)			
Was the birthing person screened for	any of the	following conditi	ons during this p	regnancy? Check t	est(s) performe	d before birth
Condition name	Was co	ondition screene	d?			
Group B strep	Yes	s, Date of screen (mm/dd/yyyy)		No	Unknown
Hepatitis B (HBsAg)	Yes	s, Date of screen (mm/dd/yyyy)		No	Unknown
Rubella	Yes	s, Date of screen (mm/dd/yyyy)		No	Unknown
Syphilis	Yes	s, Date of screen (mm/dd/yyyy)		No	Unknown
Were any of the following conditions	diagnosed	for the birthing p	erson during this	pregnancy or at th	ne time of labor	and delivery?
Condition name	Was co	ondition diagnos	ed?			
Bacterial vaginosis	Yes	s, Date of diagnos	is (mm/dd/yyyy) _		No	Unknown
Chlamydia trachomatis infection	Yes	s, Date of diagnos	is (mm/dd/yyyy)		No	Unknown
Genital herpes	Yes	s, Date of diagnos	is (mm/dd/yyyy)		No	Unknown
Gonorrhea	Yes	s, Date of diagnos	is (mm/dd/yyyy)		No	Unknown
Group B strep		s, Date of diagnos			No	Unknown
Hepatitis B (HBsAg)	Yes	s, Date of diagnos	is (mm/dd/yyyy)		No	Unknown
Hepatitis C		s, Date of diagnos		//	No	Unknown
PID		s, Date of diagnos			No	Unknown
Syphilis		s, Date of diagnos			No	Unknown
Trichomoniasis		s, Date of diagnos		1 1	No	Unknown
Were substances used by the birthing				Yes No	Unknowr	1
Substance name		Used and injected	Used and did not inject	Used and unknown if injected	Did not use	Unknown if used
Alcohol				,		
Amphetamines						
Barbiturates						
Benzodiazepines						
Cocaine						
Crack cocaine						
Fentanyl						
Hallucinogens						
Heroin						
K2						
Marijuana (cannabis, THC, cannabino	ids)					
Methadone						
Methamphetamines						
Nicotine (any tobacco)						
Opiates						
PCP						
Other, specify						
Specific drug(s) not documented						

Yes

No

Refused

Unknown

Did birthing person receive any ARVs during labor/delivery?

Substance name	1	Not screen	ed Date o	f screen		Result	
Alcohol			/	1	Positive	Negative	Unknov
Amphetamines					Positive	Negative	Unknov
Barbiturates				/	Positive	Negative	Unknov
Benzodiazepines				1	Positive	Negative	Unknov
Cocaine				1	Positive	Negative	Unknov
Crack cocaine				7	Positive	Negative	Unknov
					Positive	Negative	Unknov
Hallucinogens					Positive	Negative	Unknov
Heroin					Positive	Negative	Unknov
<2				7	Positive	Negative	Unknov
Marijuana (cannabis, THC, cannabinoid	s)			7	Positive	Negative	Unknov
Methadone				'	Positive	Negative	Unknov
Methamphetamines				_	Positive	Negative	Unknov
Nicotine (any tobacco)				-	Positive	Negative	Unknov
Dpiates					Positive	Negative	Unknov
PCP				7	Positive	Negative	Unknov
Other, specify				1	Positive	Negative	Unknov
Specific drug(s) not documented					Positive	Negative	Unknov
s this child ever taken any ARVs?	Yes No	U Reasor	nknown n for use		Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No	U Reasor	nknown	HBV Tx	Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pi Other (specify	U Reasor PrEP P reason)	nknown n for use EP PMTCT		Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reasor PrEP Preason)	nknown n for use	HBV Tx	Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr Other (specify)	Reasor PrEP P reason) PrEP P reason)	nknown of for use PEP PMTCT PEP PMTCT		Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr Other (specify)	Reasor rEP P reason) rEP P reason)	nknown of for use PEP PMTCT PEP PMTCT	HBV Tx	Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr Other (specify HIV Tx Pr Other (specify)	Reasor rEP P reason) rEP P reason) rEP P reason)	nknown of for use PEP PMTCT PEP PMTCT	HBV Tx	Date began	Date o	of last use
II. Treatment/Services Refers this child ever taken any ARVs? ARV medication 1	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reasor rEP P reason) rEP P reason) rEP P reason) rEP P reason)	nknown for use PEP PMTCT PEP PMTCT PEP PMTCT	HBV Tx HBV Tx	Date began	Date o	of last use
s this child ever taken any ARVs? ARV medication .	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason) rEP P reason) rEP P reason) rEP P reason)	nknown of or use PEP PMTCT PEP PMTCT	HBV Tx	Date began	Date o	
s this child ever taken any ARVs? ARV medication 2. 3.	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason) rEP P reason) rEP P reason) rEP P reason)	nknown for use PEP PMTCT PEP PMTCT PEP PMTCT	HBV Tx HBV Tx			/
ARV medication 1.	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason) rEP P reason) rEP P reason) rEP P reason)	nknown for use PEP PMTCT PEP PMTCT PEP PMTCT	HBV Tx HBV Tx	Date began / / / / / Date began / / / / / / / / / / / / / / / / / / /		/
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason)	nknown n for use PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT Unknown 7-Social si	HBV Tx HBV Tx	/ / / / / / / / / / / / / / / / / / /		/
ARV medication ARV medication ARV medication ARV medication ARV medication ARV medications in Comments this child ever taken PCP prophyla is child's primary caretaker is 1-Biological parent 3- Foster/ 2-Other relative 4- Foster/	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason)	nknown n for use PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT Unknown 7-Social si	HBV Tx HBV Tx HBV Tx ervice agency	/ / / / / / / / / / / / / / / / / / /	J J Date o	of last use
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason)	nknown n for use PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT Unknown 7-Social si	HBV Tx HBV Tx HBV Tx ervice agency	/ / / / / / / / / / / / / / / / / / /	J J Date o	//
s this child ever taken any ARVs? ARV medication	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason)	nknown n for use PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT Unknown 7-Social si	HBV Tx HBV Tx HBV Tx ervice agency	/ / / / / / / / / / / / / / / / / / /	J J Date o	/
ARV medication I. 2. 3. 4. 5. cord additional ARV medications in Commer is this child ever taken PCP prophylatis child's primary caretaker is 1-Biological parent 3- Foster/	Yes No HIV Tx Pr Other (specify HIV Tx Pr	Reason rEP P reason)	nknown n for use PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT PEP PMTCT Unknown 7-Social si	HBV Tx HBV Tx HBV Tx ervice agency	/ / / / / / / / / / / / / / / / / / /	J J Date o	/