

## **HIV Reporting: Instructions for HIV counselors**

1. **No code reporting:** During 2002-2004, HIV could be reported by code at the client's request. As of January 1, 2005, the code option is no longer available.
2. **Pre-test counseling:** HIV counselors will continue to offer confidential and anonymous testing to their clients. The requirement for HIV reporting by name should be explained to all clients as part of the discussion about what happens if a test result is positive. Forms and specimens will be submitted as usual.
3. **Post-test counseling:** Counselor should explain the reporting requirement to clients who test HIV positive. Clients who wish to remain anonymous may do so. Case report forms should not be submitted for positive anonymous tests. The client should understand that the use of their name is only for reporting purposes; other aspects of care will use the client's name (medical records, insurance/Medicaid forms, laboratory tests, prescriptions, etc).
4. **Consent:** Consent is not required for testing or reporting.
5. **Reporting:** HIV cases are reported using the *Adult HIV Confidential Case Report Form (CRF)* - designed specifically for use by HIV OTL staff. HIV Surveillance Program staff will mail a CRF to the counselor based on the ID number submitted to Surveillance with the laboratory result.
6. **Client ID number:** It is important that the client's ID number be included on the CRF. Use an excess sticker from the xPEMS form or write it in (see instructions).
7. **Required information:** The sections of the case report form that include required information are denoted in the instructions by an asterisk. Within each of those sections, required information is also asterisked and underlined. Without this information we will be unable to register the report. Fill in all available information and please do not delay a report for information that is not required.
8. **Timely reporting:** We receive requests for data throughout the year and would like our numbers to be as real-time as possible. You can help by reporting cases at least weekly. State law requires reporting within 48 hours of recognition of a reportable condition. In the case of HIV reporting, batch reporting on a weekly basis is acceptable.
9. **Who to call for assistance?** Contact our office at (860) 509-7900 if you have questions about the HIV reporting requirement. Melinda Vazquez is the primary contact for HIV counselors regarding reporting and will follow up by letter to solicit unreported cases.
10. **HIV counselors should mail completed case report forms to:**

Melinda Vazquez  
Department of Public Health, 410 Capitol Ave, MS# 11ASV, PO Box 340308  
Hartford, CT 06134

## Adult HIV Confidential Case Report - Instructions for HIV counselors

### \* Section 1. Patient Identifier Information

<u>Client ID #</u> :*	Record the patient's Form/ID number.
<u>Patient's name</u> :*	Record name (last, first, middle initial).
Phone number:	Record the patient's best phone number, if available.
Address:	Record the patient's street address.
<u>City, County, State, Zip</u> :*	Record the patient's city, county, state and zip code of current residence.

### \* Section 2. Counselor Information

<u>Counselor's name</u> :*	Record the name (last, first) of the counselor who ordered the test. This is the person we will contact about the CRF, if needed.
<u>Phone number</u> :*	Record the Counselor's phone number.
Facility:	Record the name of the site where the HIV test was done.

### DPH use only

For Connecticut Department of Public Health use only.

### \* Section 3. Demographic information

Diagnostic status:	Check 'HIV'
<u>Date of birth</u> :*	Record date of birth – MM/DD/YYYY
Current status:	Check the client's current status
<u>Sex</u> :*	Check 'male' <u>or</u> 'female' (defined as 'sex at birth')
<u>Current Gender Identity</u> :	Check the client's current gender identity
<u>Ethnicity</u> :*	Check <u>one</u> ethnicity
<u>Race</u> :*	Check <u>one</u> race
Country of birth:	Record country of birth
<u>Residence</u> :*	Record the city, circle the county, and enter the zip code of residence at the time of the test

### \* Section 4. Facility of diagnosis

<u>Facility name</u> :*	Record the name and address of the site where the client tested HIV positive
Facility setting:	Check "public" for state-funded site
<u>Facility type</u> :*	Usually, circle: HIV Counseling and Testing Site

**Section 5. Patient History**

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Transmission: Record risks occurring after 1977. Ask about each one. Check “yes” for each of the listed behaviors or exposures that your client confirms. If the client denies everything, check “no” or “unknown” (if refused) for each category. If this section is left blank we will consider the answer to be unknown.

\* **Section 6. Laboratory Data**

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HIV antibody test:\* HIV counselors will usually enter HIV-1 EIA and HIV-1/HIV-2 MULTI SPOT. Record the month, day and year that the blood was drawn for HIV testing. If month and/or day is unknown, leave them blank but record the year

Detectable viral load: Enter if available (HIV CTR/OTL staff may not have results of this test).

Date of neg HIV test: If available, record the date of the most recent negative HIV test

Immunologic lab tests: Record CD4 results, if available.

AIDS Indicator Disease: Record any AIDS indicator disease (opportunistic infections) that you are aware of.

**Section 7. For Female Patients**

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Complete questions regarding pregnancy and/or former births.

**Section 8. Referrals**

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Patient informed If the patient failed to return for results, select no.

Partner notification Select how the patient’s sex partners will be notified

DPH assistance Let us know if you’d like DIS staff to assist with partner notification

**Section 9. Comments**

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Record any additional comments that you have about the patient

\* **Section 10. HIV Testing and Treatment History**

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*All new HIV infections must be interviewed. Please review the following section carefully! Text in boxes is suggested script for the counselor.*

Select the “Source of Information” for the Testing and Treatment History.

**Thank you for providing this information. Remember that all the answers you give will be kept private. First are a few questions about your past HIV tests.**

1. Date patient answered the questions \_\_\_/\_\_\_/\_\_\_\_ (month/day/year)

The next question is used to determine if the client has had a positive test before the one that led to the client being considered eligible for HIV incidence surveillance.

2. Has the patient ever had a previous positive test?  Yes  No  Unkn

3. What was the date (month and year) of the very first time you ever tested positive for HIV? List when you got your test, not when you got your results. We will refer to this test date again.

___/____ (month/year)
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*Next, the interviewer should ask if the client has had a prior negative HIV antibody test. If the client has had a negative test, then the interview proceeds to ask when the client had his/her last HIV negative test.*

4. What was the date (month and year) of the last negative HIV test?

___/____ (month/year)
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5. In the two years before your first positive test (on the date in question 2), how many times did you get tested for HIV?

\_\_\_ (tests before the first positive)

6. Why was the patient tested for HIV?

Select the best reason available. If other, please provide the reason.

Finally, it is important to determine the client's use of antiretroviral medications (ARVs). These medications can decrease the level of HIV antibodies circulating in the blood. As a result, a less sensitive EIA would be less likely to detect HIV antibodies, and could therefore produce a result that suggests a recent infection regardless of the length of time since the client's seroconversion.

The interviewer should have a picture that depicts the antiretroviral medication that a client might have taken. This card should be shown when asking about HIV medications because a client may be unsure of the exact medications that he/she has taken or may confuse other medications for antiretroviral medications and incorrectly report that he/she has taken HIV medications.

These last questions are about HIV medicines. Sometimes these are used to try to prevent HIV infection. Some of the medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART. Please refer to an ANTI-RETROVIRAL MEDICINES chart when asking the next questions.

7. In the past 6 months have you taken any medicines shown in the picture on the last page to treat or try to prevent HIV or Hepatitis?

Yes.....  1

No.....  0

I don't know.....  9



**Please go to question 7a**



**STOP, you are finished!**

If the client is currently taking medications, got to the final question:

7a. Why did the patient use ARVs?

On the "ARV USE TABLE" select the reason that the patient took ARV medication and list the medications.

Enter the date that the medication was started and stopped, if applicable.

What was the first day on which you took any of the medicines shown in the pictures?  
Please make your best guess if you are not sure.

\_\_/\_\_/\_\_\_\_ (month/day/year)

When was the last day you took any of the medications shown in the pictures?

\_\_/\_\_/\_\_\_\_ (month/day/year)

**You are finished! Thank you!**