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**BUSINESS REPLY SERVICE LICENCE NO. 7487**  
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九龍  
聯合道東 200 號  
橫頭磡賽馬會診所二字樓  
特別預防計劃辦事處  
顧問醫生

**Department of Health  
Centre for Health Protection  
Special Preventive Programme  
(Attn: Consultant Physician)  
2/F Wang Tau Hom Jockey Club Clinic  
200 Junction Road East  
Kowloon**

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**DEPARTMENT OF HEALTH**  
**HIV/AIDS Report Form**

The HIV/AIDS voluntary reporting system has been in place since 1984. All doctors are encouraged to report patients with HIV/AIDS and to update status of the previously reported cases where appropriate. This is an anonymous and confidential system. Data collected is crucial for understanding the HIV epidemiology in Hong Kong and is used in global analysis only. Aggregate statistics are released quarterly and can be obtained at [www.aids.gov.hk](http://www.aids.gov.hk). For any query, please call 3143 7225 or email us at [aids@dh.gov.hk](mailto:aids@dh.gov.hk). Completed form can be faxed to 2297 3239 or mailed to Special Preventive Programme, Centre for Health Protection, Department of Health.

Please complete ALL sections and '✓' in the appropriate box.

**Section (A) – Report of HIV**

- [1] THIS is a NEW report or UPDATE of previous reported case
- [2] Your reference code number<sup>1</sup>: \_\_\_\_\_ [3] Does the patient have a HK identity card? Yes No
- [4] Sex : M F For female, is she pregnant? No Yes If yes, go to Box 1
- [5] Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy) OR Age at last birthday: \_\_\_\_\_
- [6] Ethnicity: Chinese Asian, specify: \_\_\_\_\_ Caucasian Black Others: \_\_\_\_\_ Unknown
- [7] Suspected risk(s) for HIV infection<sup>2</sup>
- Heterosexual Homosexual Bisexual
- Injecting drug use
- Transfusion of blood/blood products (Haemophilia: Yes No )
- Perinatal
- Others, please specify: \_\_\_\_\_
- Asked, but risk undetermined
- Not asked
- Box 1**

Gravida \_\_\_\_ Para \_\_\_\_ LMP \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)

Obstetric follow up clinic/ hospital :

Plan: TOP Continue pregnancy

Expected hospital/place of delivery: \_\_\_\_\_
- [8] Suspected place of infection: Hong Kong Mainland China, specify: \_\_\_\_\_ Others, specify: \_\_\_\_\_
- Asked, but undetermined Not asked
- [9] Date of laboratory diagnosis in HK: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [10] Confirmation test: Yes No If Yes, by Western Blot PCR others \_\_\_\_\_
- [11] Name of Laboratory: \_\_\_\_\_ [12] Laboratory Number, if a/v: \_\_\_\_\_
- [13] Previous HIV diagnosis outside HK: No Yes If yes, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy) place: \_\_\_\_\_
- [14] Any previous negative HIV test: No Yes If yes, date of last negative HIV test \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [15] CD4 (cells/μl): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [16] HIV status of spouse/regular partner: HIV positive HIV negative Unknown No spouse/regular partner

**Section (B) – Report of AIDS**

- [17] Has the patient developed AIDS<sup>3</sup>:  Yes  No (Go to Section C)
- [18] If yes, the AIDS defining illness(es) is (are):
- (i) \_\_\_\_\_ Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- (ii) \_\_\_\_\_ Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- (iii) \_\_\_\_\_ Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [19] CD4 (cells/μl) at AIDS: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)

**Section (C) – Report of Outcome**

- [20] Has the patient referred to/seen at public HIV clinic Yes No If yes, referred on/seen at: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [21] Has the patient defaulted follow up? Yes No If yes, last seen on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [22] Is the patient under private HIV medical care Yes No
- [23] Has the patient left HK? Yes No If yes, last seen on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [24] Has the patient died? Yes No If yes, date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy) Cause: \_\_\_\_\_

**Section (D) – Correspondence**

- Name of medical practitioner: \_\_\_\_\_ in private practice in public service
- Correspondence Address: \_\_\_\_\_
- Tel: \_\_\_\_\_ Fax: \_\_\_\_\_
- Email: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)

<sup>1</sup> Please put down any code of your choice (e.g. case number) for matching purpose only.

<sup>2</sup> Please tick the most likely risk for contracting HIV infection. If there is more than 1 suspected risk, please put down 1 & 2 in descending order of the two most likely risks.

<sup>3</sup> Surveillance definition of AIDS: a definitive laboratory diagnosis of HIV infection AND one or more of the AIDS indicator conditions (July 1995, Scientific Committee on AIDS. Available at [www.aids.gov.hk/report.htm](http://www.aids.gov.hk/report.htm)).

**ALL INFORMATION WILL BE TREATED IN STRICTEST CONFIDENCE**