



CASE REPORT FORM

Under Section 74 of the Health Act 1956

FORM 1A: NOTICE OF CASE OF NOTIFIABLE DISEASE, NAMELY ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

DISEASE NAME

ACQUIRED IMMUNODEFICIENCY SYNDROME

NOTIFIER IDENTIFICATION

Name of reporting practitioner _____ Contact Phone (____) _____

Date reported ____/____/____

CASE IDENTIFICATION

DO NOT IDENTIFY THE PATIENT BY NAME OR ADDRESS

Instead, complete the boxes below with the first two (2) letters of the surname, first initial of given name, sex and date of birth. If name begins with "Mac", "Mc", "van der", etc. do not include these letters. (For example, a person called James McCallum born 2 June 1956 would appear as CAJM020656).

1 st two letters of surname	1 st initial of given name	Sex	Day	Month	Year

CASE DEMOGRAPHY

DATE OF DIAGNOSIS: (in New Zealand or overseas) ____/____/____

DISTRICT OF USUAL RESIDENCE: _____

ETHNICITY: Tick all that apply. Ask the patient.

- NZ Maori
 NZ European/Pakeha
 Pacific Islands people
 Other European _____
 Other (Specify) _____

MODE OF INFECTION: (More than one may be ticked)

- Homosexual behaviour
 Heterosexual behaviour (detail) _____
 Receipt transfusion/blood products
 Receipt coagulation factor
 Needle sharing between injecting drug users
 Congenital/perinatal (specify) _____
 Other (specify) _____
 Not known (detail) _____

SEROLOGY: *(Tick one)*

- HIV Antibody serology
- Positive
 - Negative
 - Not done

CLINICAL:

(More than one may be ticked)

- Opportunistic infection (specify type) _____
- Kaposi's sarcoma
- Invasive cervical cancer
- HIV encephalopathy including dementia
- Lymphoma
- Recurrent bacterial pneumonia

PRESENT STATUS

- Alive
- Dead *(Date of death)*
- Gone overseas
- Moved to *(Health District)* _____

SIGNATURE OF MEDICAL PRACTITIONER _____ DATE ____/____/____

Comments:

For Office Use:

SIGNATURE OF MEDICAL OFFICER OF HEALTH _____ DATE ____/____/____

Comments:

Do not enter this case on EpiSurv.

Post form to: AIDS Epidemiology Group, Otago University Medical School, PO Box 913, Dunedin