

# Initial Notification Form for Acquired Immunodeficiency Syndrome (AIDS)

## Instructions to notifiers:

This is a Schedule 1, Section C disease notifiable to the Medical Officer of Health under Sections 74 and 74AA of the Health Act 1956 using non-identifiable data. This is a legal requirement that involves two steps:

### 1 Completion of this Initial Notification Form

- Please fax this completed form to your local Medical Officer of Health/Public Health Unit who will enter the information into the national notifiable diseases database (EpiSurv)
- File a copy of this notification form in the patient's case notes

### 2 Completion of a web-based Case Report Form

You will be sent a secure link by the AIDS Epidemiology Group (AEG) to a web-based notification form with more detailed questions. If you have not received the link within 2 weeks of sending the Initial Notification Form, please contact the AEG at [aidsepigroup@otago.ac.nz](mailto:aidsepigroup@otago.ac.nz) or phone 03 479 7220

Date reported: \_\_\_\_\_

## Notifier identification:

Name of Reporting Practitioner: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Case identification code:

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 <sup>st</sup> two letters of surname		1 <sup>st</sup> letter of given name	Sex	Day		Month		Year	
#	#	#	#	#	#	#	#	#	#

NHI number: \_\_\_\_\_

Town/City of usual residence of the case (if rural, the nearest city/town): \_\_\_\_\_

## Instructions to Public Health Unit (PHU) Staff:

- Create a new case in EpiSurv using the Case identification code in both the Surname and Given name fields. Enter the disease name and report date and submit.
- In the case report form go to the Case Identification section and enter the case's town/city of usual residence and geocode to the nearest TA or DHB.
- Save the record and then open the Extra Details tab. Enter the notifier details into the fields in the Clinical Notification and Ordering Provider section, using the Comments box for the address.
- Save and Close the record.