John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

CONFIDENTIAL REPORTING WORKSHEET

Pt. Name:_____ **MRN:**_____ **SS#:**_____-____-_____

Address:_____ Tel: ( )_____-_____

City:_____ Parish:_____ State:_____ Zip: _____

Sex (at birth): ❑ Male ❑ Female	**Date of Birth:** __/__/__	**Country of Birth:** ☐ USA ☐ Other:_____	**Date of death:** **State of death:** __/__/__ _____
Gender (as applicable): ❑ Male to female transgender ❑ Female to male transgender	**Race** (check all that apply): ❑ American Indian/Alaskan ❑ Native Hawaiian ❑ White ❑ Black/African American ❑ Asian ❑ Unknown		**Hispanic Ethnicity:** ❑ Y ❑ N ❑ Unknown

Diagnostic Tests	**Collection Date** (mm/dd/yyyy)	**Ordering Site** (if other than reporting facility)
Preliminary (report positives): ❑ IA 1 ❑ IA 1/2 Check if rapid ❑ ❑ Ag/Ab Combo (4th Gen, lab-based) ❑ Determine (rapid) Ag+___ Ab+___	/ /	
Supplemental/Differentiating (report all): ❑ Western Blot Pos___ Neg___ ❑ Multispot 1+_ 2+___ Neg ___ ❑ Geenius 1+_ 2+_ Neg ___	/ / ❑ Check if result Indeterminate	
❑ **Viral detection -** Qual DNA or RNA PCR (NAT): Pos/Detc____ Neg ____	/ /	
❑ **Other** (specify):	/ /	
If labs not available, date reporting facility documented pt's diagnosis:	/ /	
Clinical Status Tests		
❑ **Viral load –** Quantitative RNA **Copies/ml** : _____	/ /	
❑ **CD4 T-lymphocytes:** Count_____ Percent: __	/ /	
Opportunistic Infections (OIs) – see list on reverse. Please document typ and date of diagnosis in Comments section.		
Most recent negative test: ❑ per lab report ❑ per patient	/ /	Test type (if known)
Insurance provider:		

Patient History / Risk Factors *(please complete all lines)*

Yes	No	Unk	
❑	☐	☐	Sex with male
❑	☐	☐	Sex with female
❑	☐	☐	Injected nonprescription drugs
❑	☐	☐	**Heterosexual** relations with (check all that apply): ☐ Injecting Drug User ☐ Bisexual Male (for female pts) ☐ Person with hemophilia/coagulation disorder ☐ Transfusion/transplant recipient ☐ Person with known HIV infection
❑	☐	☐	Rec'd clotting factor for hemophilia/coag. disorder
❑	☐	☐	Rec'd transfusion of other blood/blood components Dates (mo/yr): Earliest_____ Latest _____
❑	☐	☐	Rec'd tissue/organ transplant or artificial insemination
❑	☐	☐	Blood/body fluid exposure in a healthcare or clinical lab setting (mo/yr):____/____ (*Include details on reverse)*

Date of first diagnosis _____
State of last residence_____

Treatment History

Has patient ever taken antiretroviral medications (ARVs)?
❑Yes (treatment) ❑Yes (prevention-PrEP/PEP) ❑No ❑ Unknown

Date of earliest ARV use:____/____/____

Date ARVs last used:_____/_____/_____

❑ Ongoing Please list known ARV medications:

For Females: Is patient currently pregnant? ❑ Yes ❑ No ❑ Unk If yes, estimated date of delivery: ____/____/_____

Has the patient delivered a live-born infant? ❑ Yes ❑ No ❑ Unk If yes, date of most recent delivery:____/____/_____

Delivery hospital (most recent live-born infant):_____ City/State: _____

Patient Notification: Has the patient been notified of his/her HIV test results? ❑ YES ❑ NO

Partner Services: (see reverse for info)
❑ I give Office of Public Health staff permission to conduct partner services for this patient.
❑ I will conduct partner notification for this patient.
❑ I have discussed partner notification with this patient and s/he will notify partners.

Reporting Facility:_____ **Date:** _____

Address:_____ **City:**_____ **State:**_____ **Zip:** _____

Reporting Physician: _____ **Phone:** _____

Person Completing Form:_____ **Phone:**

Please or fax or call
Angela Everette Field Epi.
Region 1
Ph:504 568-5453 (o) 504 877-5849 (cell)
Fax: (504) 568- 2453

Vers. 8/24/2022

To Our Providers:

This worksheet was developed to assist with timely reporting of HIV cases by the diagnosing and/or managing physician, by collecting the most critical information requested on the Centers for Disease Control and Prevention (CDC)'s Adult Case Report Form. In some cases, staff of the STD/HIV Program (SHP), under the Dept of Health and Hospitals Office of Public Health, may need to contact the provider for additional information not included on this worksheet. If a provider prefers to complete the CDC Adult Case Report Form him- or herself, copies may be obtained from the SHP contact listed at the bottom of the form. Case reports may also be made by phone to the SHP contact, or SHP staff can complete the required forms on site via a chart review. *Please include as much information as is available; partial or approximate dates are acceptable for historical information*.

Reporting Requirements: Louisiana's Public Health Sanitary Code (Title 51, Part II, Chapter 1) requires that any physician practicing medicine in the State of Louisiana who attends, examines, or prescribes to a person with HIV infection must report the case by the end of the work week after the existence of a case, suspected case, or a positive laboratory result is known (Class C). HIV infection in pregnancy and perinatal HIV exposure are reportable within one business day (Class B). Other health care providers, laboratories, and other entities have similar reporting requirements.

HIPAA Guidelines Related to Disclosures for Public Health Activities: The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. See 45 CFR 164.512(b)(1)(i).

Risk Factors and Cases of Public Health Importance: Information on patient risk factors and likely mode of HIV transmission is used in planning prevention activities and to more effectively allocate HIV-related resources. The CDC also closely monitors for any new cases of **HIV-2;** for HIV transmission through a rare or unusual route such as transfusion, transplant, or occupational exposure; and for any cases in children age 12 and under not due to perinatal HIV exposure. Such cases, collectively known as "Cases of Public Health Importance (COPHI)", often require a special investigation and should be reported to your regional contact as soon as suspected.

Partner Services: OPH Disease Intervention Specialists (DIS) make a good faith effort to locate any individual identified as a spouse, sexual contact, or needle-sharing partner of a person newly diagnosed with HIV infection (source patient), to notify the partner(s) of the possible exposure, provide counseling about the risk of infection, and offer testing for HIV infection and other STDs. In performing these activities, the DIS first attempt to contact the source patient's medical provider to determine how partner notification will be conducted. If neither the source patient nor the medical provider is able to adequately conduct this notification, the DIS will seek to interview the source patient directly to identify partners for counseling, testing, and referral. *Notification of partners is conducted in such a manner as to maintain the confidentiality of the source patient.* Partner Services is a valuable prevention activity, as well as a means to offer follow-up services and support to newly diagnosed patients and promote their linkage to care.

(Continued from Clinical Status section on front)

Opportunistic Infections (OIs): *If patient has a current or previous diagnosis of any of the following, please note the condition and date of diagnosis in Comments.*

- Candidiasis, bronchi, trachea, or lungs
- Candidiasis, esophageal
- Carcinoma, invasive cervical
- Coccidiodomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (>1 mo. duration)
- Cytomegalovirus disease (other than in liver, spleen, or lymph nodes)
- Cytomegalovirus retinitis (with loss of vision)
- HIV encephalopathy
- Herpes simplex: chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (>1 mo. duration)
- Kaposi's sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary in brain
- *Mycobacterium avium* complex or *M. kansasii*, disseminated or extrapulmonary
- *M.tuberculosis*, pulmonary
- *M.tuberculosis*, disseminated or extrapulmonary
- *Mycobacterium*, of other species or unidentified species, disseminated or extrapulmonary
- *Pneumocystis jerovecii* pneumonia (formerly *P. carinii*)
- Pneumonia, recurrent, within a 12-month period
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV

Comments (Opportunistic infections, additional risk information, antiretroviral meds, partner information, etc.):

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