NMDOH

NEW MEXICO DEPARTMENT OF HEALTH

CONFIDENTIAL PROVIDER HIV/AIDS ADULT CASE REPORT

State regulations require reporting of all HIV infections diagnosed or treated in New Mexico.

Reports may be securely faxed to **505-827-0013**, or mailed to:

New Mexico Department of Health
1190 St. Francis Dr., N 1359
Santa Fe, NM 87502-6110
Attn: Surveillance Coordinator

1. PROVIDER/FACILITY INFORMATION

▲ PERSON COMPLETING FORM

▲ PHONE ▲ DATE COMPLETED

▲ PHYSICIAN ▲ PHYSICIAN PHONE

▲ FACILITY NAME ▲ FACILITY PHONE

▲ FACILITY ADDRESS ▲ CITY/STATE/ZIP

FACILITY TYPE

INPATIENT **OUTPATIENT**

☐ HOSPITAL ☐ PRIVATE PHYSICIAN

☐ OTHER ☐ ADULT HIV CLINIC

☐ OTHER: _____

SCREENING, DIAGNOSTIC, REFERRAL AGENCY

☐ STD CLINIC ☐ OTHER

OTHER FACILITY ☐ ER ☐ LAB ☐ CORRECTIONS ☐ UNKNOWN

☐ OTHER: _____

2. PATIENT INFORMATION

▲ PATIENT LAST NAME ▲ FIRST NAME ▲ MIDDLE NAME

▲ AKA (CHOSEN NAME, PREFERRED NAME, NICKNAME, PREVIOUS LAST NAME, ETC.)

ADDRESS TYPE ☐ RESIDENTIAL ☐ HOMELESS

☐ CORRECTIONAL FACILITY ☐ POSTAL

☐ FOSTER HOME ☐ TEMPORARY

☐ MILITARY ☐ OTHER

▲ CURRENT STREET ADDRESS

▲ CITY ▲ STATE ▲ ZIP CODE

▲ PHONE NUMBER ▲ DATE OF BIRTH

▲ SOCIAL SECURITY NUMBER ▲ MEDICAL RECORD NUMBER

VITAL STATUS ☐ ALIVE ☐ DEAD

▲ DATE OF DEATH ▲ STATE OF DEATH

STATUS ☐ HIV ☐ AIDS

COUNTRY OF BIRTH ☐ U.S. ☐ OTHER/U.S. DEPENDENCY

▲ *SPECIFY*

SEX ASSIGNED AT BIRTH ☐ MALE ☐ FEMALE ☐ OTHER

CURRENT GENDER IDENTITY

☐ MALE ☐ TRANSGENDER MAN/MALE

☐ FEMALE ☐ TRANSGENDER WOMAN/FEMALE

☐ NON-BINARY/GENDER NONCONFORMING ☐ UNKNOWN

☐ TWO-SPIRIT ☐ ADDITIONAL GENDER IDENTITY:

▲ *SPECIFY*

RACE (CHECK ALL THAT APPLY): ☐ WHITE ☐ BLACK ☐ ASIAN

☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ PACIFIC ISLANDER

ETHNICITY ☐ HISPANIC/LATINX ☐ NOT HISPANIC/LATINX

☐ UNKNOWN

▲ EXPANDED RACE/ETHNICITY

3. RESIDENCE/FACILITY AT HIV/AIDS DIAGNOSIS

☐ Check if patient address/facility at HIV diagnosis are same as current (if checked, leave the rest of this section blank)

▲ ADDRESS AT TIME OF DIAGNOSIS IF DIFFERENT THAN CURRENT ADDRESS:

▲ FACILITY OF HIV DIAGNOSIS ▲ PHONE

▲ FACILITY ADDRESS ▲ CITY/STATE/ZIP

FACILITY TYPE

INPATIENT ☐ HOSPITAL ☐ OTHER

OUTPATIENT ☐ PRIVATE PHYSICIAN ☐ ADULT HIV CLINIC

☐ OTHER: _____

SCREENING, ETC ☐ STD CLINIC ☐ OTHER: _____

OTHER ☐ ER ☐ LAB

☐ CORRECTIONS ☐ UNKNOWN

▲ EARLIEST HIV DIAGNOSIS

EVER PROGRESSED TO STAGE-3? ☐ YES ☐ NO

4. PATIENT HISTORY & RISK FACTORS

CHECK ALL THAT APPLY:			
SEX WITH MALE	☐ YES	☐ NO	☐ UNKNOWN
SEX WITH FEMALE	☐ YES	☐ NO	☐ UNKNOWN
INJECTION DRUG USE	☐ YES	☐ NO	☐ UNKNOWN
PERINATAL INFECTION WITH HIV	☐ YES	☐ NO	☐ UNKNOWN
HETEROSEXUAL RELATIONS WITH:			
INJECTION DRUG USER	☐ YES	☐ NO	☐ UNKNOWN
BISEXUAL MALE	☐ YES	☐ NO	☐ UNKNOWN
PERSON /DOCUMENTED HIV/AIDS	☐ YES	☐ NO	☐ UNKNOWN

▲ OTHER DOCUMENTED RISK (SPECIFY):

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

To download this form, go to **http://www.nmhealth.org/about/erd/ideb/haep**

REV 0022023

5. CLINICAL: ACUTE HIV INFECTION AND OPPORTUNISTIC ILLNESSES

SUSPECT ACUTE HIV? ☐ YES ☐ NO ☐ UNKNOWN

Clinical signs/symptoms consistent with acute retroviral syndrome? (e.g., fever, malaise/fatigue, myalgia, pharyngitis, rash, lymphadenopathy) ☐ YES ☐ NO ☐ UNKNOWN

▲ IF YES, DATE OF SIGN/SYMPTOM ONSET

▲ OPPORTUNISTIC ILLNESS ▲ DIAGNOSIS DATE

6. PREGNANCY

IS PATIENT CURRENLY PREGNANT? ☐ YES ☐ NO ☐ UNKNOWN

▲ EXPECTED DELIVERY DATE

IS PATIENT IN PRE-NATAL CARE? ☐ YES ☐ NO ☐ UNKNOWN

7. HIV TESTS

DOCUMENTATION OF TESTS

Required: Attach copies of all relevant laboratory results for HIV diagnosis and indicate that labs are attached:

☐ **Labs are attached** (If checked, the results fields in this section can be left blank)

▲ DATE/LAST DOCUMENTED NEGATIVE HIV TEST (BEFORE HIV DIAGNOSIS DATE)

▲ SPECIFY TYPE OF TEST

If HIV lab tests were **not** documented, is HIV diagnosis confirmed by a clinician? ☐ YES ☐ NO ☐ UNKNOWN

▲ IF YES, DATE DOCUMENTATION BY CARE PROVIDER

Was the first positive test from a self-test performed by the patient?

☐ YES ☐ NO ☐ UNKNOWN

HIV IMMUNOASSAYS (NON-DIFFERENTIATING)

☐ HIV-1/2 AG/AB

▲ COLLECTION DATE

☐ RAPID TEST

☐ POS/REACTIVE ☐ NEG/NON-REACTIVE ☐ INDETERMINATE

7. HIV TESTS (CONTINUED)

☐ HIV-1/2 RNA/NDA NAAT (QUAL)

▲ COLLECTION DATE

☐ POS/REACTIVE ☐ NEG/NON-REACTIVE ☐ INDETERMINATE

▲ COLLECTION DATE, MOST RECENT HIV VIRAL LOAD

CHOOSE ONE: < = >

▲ COPIES/ML ▲ LOG

▲ COLLECTION DATE, MOST RECENT CD4 ▲ COUNT (CELLS/ µL) ▲ %

▲ COLLECTION DATE, FIRST CD4 <200 µL ▲ COUNT (CELLS/ µL) ▲ %

HIV IMMUNOASSAYS (TYPE-DIFFERENTIATING)

☐ HIV-1/2 AG/AB AND TYPE DIFFERENTIATING

▲ COLLECTION DATE

☐ RAPID TEST

Overall Interpretation	HIV-1 AG	HIV-1 AB
☐ REACTIVE	☐ REACTIVE	☐ REACTIVE
☐ NON-REACTIVE	☐ NON-REACTIVE	☐ NON-REACTIVE
		☐ REACTIVE, NON-DIFFERENTIATING

☐ HIV-1/2 TYPE DIFFERENTIATING

▲ COLLECTION DATE

Role of test in diagnostic algorithm:

☐ SCREENING/INITIAL ☐ CONFIRMATORY/SUPPLEMENTAL

☐ RAPID TEST

Overall Interpretation:

☐ HIV-1 POSITIVE ☐ HIV-2 POSITIVE ☐ HIV NEGATIVE

☐ HIV POSITIVE, UNTYPABLE

☐ HIV-2 POSITIVE WITH HIV-1 CROSS-REACTIVITY

8. HIV TESTING & TREATMENT HISTORY

Ever taken **any** antiretroviral medications (ARVs)?

☐ YES ☐ NO ☐ UNKNOWN

IF YES, REASON FOR ARV USE (SELECT ALL THAT APPLY):

☐ FOR **HIV TREATMENT?** ☐ YES ☐ NO ☐ UNKNOWN

▲ ARV MED ▲ DATE BEGUN ▲ DATE OF LAST USE

☐ FOR **PrEP?** ☐ YES ☐ NO ☐ UNKNOWN

▲ ARV MED ▲ DATE BEGUN ▲ DATE OF LAST USE

☐ FOR **PEP?** ☐ YES ☐ NO ☐ UNKNOWN

▲ ARV MED ▲ DATE BEGUN ▲ DATE OF LAST USE

☐ FOR **PREGNANCY?** ☐ YES ☐ NO ☐ UNKNOWN

▲ ARV MED ▲ DATE BEGUN ▲ DATE OF LAST USE

☐ **OTHER** ☐ YES ☐ NO ☐ UNKNOWN

▲ ARV MED ▲ DATE BEGUN ▲ DATE OF LAST USE

The primary objective of HIV surveillance is to identify emerging trends so that prevention and control measures can be applied to effectively minimize disease burden. The data collected also help set priorities and develop targeted interventions for all affected by HIV. To meet these needs, NMDOH relies upon timely and complete reporting by all providers.

Any medical provider, laboratory, or organization that offers HIV testing by name (confidential testing) or provides care to persons with HIV infection must report.

Questions about this form or requests for data can be directed to NMDOH at (505) 699-2912.