

## Physician's HIV/AIDS Case Reporting (DOH-NEC Form B)

**The law on Reporting Disease (R.A. 3573)** requires physicians to report all diagnosed HIV infectious (asymptomatic and symptomatic cases) to the **AIDS Registrar, National Epidemiology Center, Department of Health**. A written report must be submitted at the time of any of the following: 1) time of diagnosis; 2) follow-up 3) progression to AIDS; 4) Death

### I. Demographics (Please fill up all information asked:)

First Name MI Last name  
Permanent address/ mailing address: \_\_\_\_\_  
Birthday (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_

### II. Type of Report:

- Initial  
 Follow-up  
 Conversion to AIDS  
 Death Date (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

### III. Date Referred (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

Referring Facility: \_\_\_\_\_  
Date Confirmed (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ Laboratory Code: \_\_\_\_\_

### IV. HIV/AIDS Classification (See WHO classification at the back) : \_\_\_\_\_

### V. Mode of Transmission

- Unprotected Sex with Multiple Partners  
 Heterosexual  Bisexual  Homosexual  
 Sharing of unclean injecting equipment  
 Blood Transfusion  
 Born to HIV Infected mother  
 Others, Please specify: \_\_\_\_\_

### VI. For 18 years old and below

- Born to HIV infected Mother  Both parents died of AIDS  
 Father died of AIDS  
 Mother died of AIDS

### VII. If female, does she have access to PMTCT during pregnancy Yes No

If yes, What is the prophylaxis regimen?

- Nevirapine  
 Nevirapine + AZT  
 Others, please specify: \_\_\_\_\_  
 None

### VIII. If female, does she have children < 2 years old? Yes No

If yes, What is the current breastfeeding practice?

- Exclusive Breastfeeding  
 Mixed Breastfeeding

Length of exclusive Breastfeeding

- <=6 months  
 7–17 months  
 18 + months

### IX. If patient is child < 2 years old, What is current feeding practice

- Exclusive Breastfeeding  
 Mixed Breastfeeding

### X. If patient is <= 18 years old

- On Cotrimoxazole Started (MM/YYYY) : \_\_\_\_\_  
 On ARV Started (MM/YYYY) : \_\_\_\_\_

### XI. Adult ART (If patient >= 19 years old)

- On ARV Started (MM/YYYY) : \_\_\_\_\_

XII. Physicians Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Health Facility(Name/Address) : \_\_\_\_\_  
Date Report (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

## WHO Classification

Indicate in the columns below what disease(s) the patients has by placing a ring around the bullet point next to the disease or clinical problem

WHO Clinical Stage I	WHO Clinical Stage II	WHO Clinical Stage III	WHO Clinical Stage IV
<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• Persistent Generalised lymphadenopathy</li> </ul>	<ul style="list-style-type: none"> <li>• Unintentional weight loss &lt; 10% of body weight in the absence of concurrent illness</li> <li>• Minor mucocutaneous manifestations (seborrheic dermatitis, prurigo, fungal nail infections, recurrent oral ulcerations, angular cheilitis)</li> <li>• <b>Herpes zoster within the last 5 years</b></li> <li>• Recurrent upper respiratory tract infections (ie, bacterial sinusitis)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Oral candidiasis</b></li> <li>• Oral hairy leukoplakia with other systemic features</li> <li>• Vulvo-vaginal candidiasis with other systemic features</li> <li>• Unintentional weight loss &gt; 10% of body weight in the absence of concurrent illness</li> <li>• Chronic diarrhoea &gt; 1 month</li> <li>• Prolonged fever (intermittent or constant) &gt; 1 month</li> <li>• Active Pulmonary Tuberculosis (PTB)</li> <li>• PTB within the past year</li> <li>• <b>Severe bacterial infections (eg pneumonia, pyomyositis)</b></li> </ul>	<ul style="list-style-type: none"> <li>• HIV wasting syndrome (weight loss &gt; 10% of body weight and either chronic fever or diarrhoea in the absence of concurrent illness)</li> <li>• Pneumocystis carinii pneumonia</li> <li>• Toxoplasmosis of the brain</li> <li>• Cryptosporidiosis with diarrhoea &gt; 1 month</li> <li>• Isosporiasis with diarrhoea &gt; 1 month</li> <li>• Cryptococcosis, extrapulmonary</li> <li>• Cytomegalovirus of an organ other than liver, spleen or lymph node</li> <li>• Herpes simplex infection, mucocutaneous for &gt; 1 month or visceral</li> <li>• Progressive multifocal leucoencephalopathy</li> <li>• Any disseminated endemic mycosis</li> <li>• Candidiasis of oesophagus, trachea and bronchus</li> <li>• Atypical mycobacteriosis, disseminated or lungs</li> <li>• Non-typhoidal salmonella septicaemia</li> <li>• Extrapulmonary tuberculosis (EPTB)</li> <li>• Lymphoma</li> <li>• Kaposi's sarcoma</li> <li>• HIV encephalopathy</li> </ul>