Report of HIV/AIDS - Please use this form for reporting LAB CONFIRMED HIV/AIDS
Fax completed form to 905-940-4541 – Please forward lab and / or provide lab details

Health Care Provider Information:	**Name:** **Address:** **Phone:**		**Fax:**
Client Information:	**Legal Name:** **Preferred name:** **Pronoun(s):** **Address:**	**Gender identity:**	**DOB:** **Sex (assigned at birth):** **Language:** **Phone:**

Collection Date:

DIAGNOSIS

Client is diagnosed with: ☐ HIV ☐ AIDS ☐ Referring to specialist for diagnosis
For AIDS diagnosis - specify any indicative diseases: _____

☐ **Referral to HIV Specialist/Clinic: _____ Appt Date: _____**

Is the client aware of the test result? ☐ Yes ☐ No
Is this a new diagnosis for the client? ☐ Yes ☐ No – date first diagnosed: _____
Last lab confirmed HIV negative test date: _____

****Is client pregnant?** ☐ **YES – EDD: _____**

HIV EDUCATION

☐ **Yes** ☐ **No – CLIENT HAS BEEN INFORMED OF THEIR HIV RESULT AND RECEIVED HEALTH TEACHING**

York Region Public Health recommends health teaching include:

- Strategies to decrease transmission of HIV including safer sex and new, sterile/single use needles and inhalation supplies. Harm reduction supplies for drug use are available at no cost – visit ohrdp.ca/find-supplies
- Inform client of their duty to disclose HIV status to partners prior to sexual activity or sharing drug use equipment, if there is a realistic possibility of transmission
- Importance of linkage to HIV care and treatment. Individuals that achieve sustained undetectable viral load > 6 months, cannot sexually transmit HIV (U=U; Undetectable=Untransmissible)
- Advised not to donate blood, semen, organs, tissue or breast milk
- Understanding the test results and the difference between HIV infection and AIDS
- Recommendation to disclose their diagnosis to dentist and other health care providers to enable provision of appropriate care
- If applicable, strategies to support future healthy pregnancy
- If applicable, advised to refer to their professional college for infection reporting and any practice recommendations/restrictions

Reason for Testing:

☐ Routine screening ☐ Symptoms ☐ Contact tracing ☐ Immigration ☐ Insurance
☐ Blood/Organ Donation ☐ Postmortem ☐ Sexual Assault ☐ Therapeutic Abortion
☐ Prenatal – EDD (yy/mm/dd): _____ ☐ Other: _____

Symptoms:

☐ Asymptomatic ☐ Symptoms (specify): _____
Start date: _____ End date: _____

Other STI Testing (indicate results):

☐ Chlamydia: ☐ Gonorrhea: ☐ Hepatitis B: ☐ Hepatitis C: ☐ Syphilis:
☐ Other: _____

ASSESSMENT OF RISK FACTORS

Exposure Setting	Behavioural Social Factors
☐ Bath house	☐ No condom used ☐ Condom breakage
☐ Correctional facility	☐ Anonymous sex ☐ Sex with same sex
☐ Travel to: _____	☐ Sex with opposite sex
☐ Underhoused / Homeless	☐ Sex with transgender person
☐ Social Venue/Event: _____	☐ Sex with sex trade worker ☐ Sex trade worker
☐ Other _____	☐ Sex for drugs / shelter / food /survival
☐ Unknown	☐ Judgement impaired by alcohol / drugs
Medical Risk Factors	☐ New contact in past 2 months
☐ Co-Infection with: _____	☐ More than one sex contact in last 6 months #___
☐ Repeat STI	☐ Met contact through internet sites: _____
☐ Pregnant	☐ Contact visiting from outside province: _____
☐ On HIV Pre-Exposure Prophylaxis	☐ Other: _____
☐ Other: _____	☐ Unknown
☐ Unknown	

Tuberculosis (TB) Skin Test

York Region Public Health advises that all clients diagnosed with HIV be screened for active TB disease and TB infection.

Has your client had a TB skin test or IGRA? ☐ Yes – Date: _____ ☐ No – advised to be tested

*If client is diagnosed with TB infection (LTBI) or active TB disease, please contact York Region Public Health TB Program ext. 76000. Note: A false negative tuberculin skin test (TST) can be caused in patients who have HIV infection and a low CD4 lymphocyte count, malnutrition, major viral illness, recent immunization (MMR, Varicella), and young age (< 6 months). The Online TST/IGRA Interpreter can be used as an interpretation decision aid.

Has contact notification been discussed with the client? ☐ Yes ☐ No

Contacts are defined as those who have had intimate sexual contact, shared drug equipment or other risk activity with client from outer limit of time frame. Traceback period is 6 weeks prior to most recent confirmed negative HIV result (12 weeks for lab testing prior to April 2023 or any Rapid HIV testing). In the absence of prior HIV testing, it includes all contacts within the last 10 years (or since initiation of sexual/risk activity). **# of Contacts:** _____

Does the client have any contacts that are pregnant? ☐ Yes ☐ No

Who has taken responsibility to complete contact notification?

☐ Client has taken responsibility to inform partner(s) **and HCP assesses client as reliable**

☐ Health Care Provider – HCP will provide each partner with contact notification and testing

☐ Public Health - Client has requested anonymous notification of partner(s) or HCP requests PH follow-up. Please provide any known identifying information about each partner(s) including name, gender, address, telephone number, age/date of birth.

☐ Unable to Follow – Client does not have sufficient information to contact partner(s)

☐ Not discussed with client

Please provide contact details – at minimum contact name and telephone number. Additional contacts/information that does not fit below can be included on a separate page and faxed.

Contact Name (Last, First)	Gender	DOB/Age	Address	Telephone

Request for Public Health Follow-up

☐ ***Check this box if you have concerns such as: client is unwilling or unable to take appropriate precautions to reduce HIV transmission, client is at risk of disconnection from care (e.g. due mental health concerns, psychosocial concerns), or if your client would like support from Public Health to link to local supports and services. A Public Health Nurse will follow-up with your client.***

Comments: _____

HCP Name/Signature: _____ Date: _____

Submit form ◉

To order free STI Medications: York Region Health Care Providers can order a one-time STI treatment or become a stock clinic provider by contacting the Sexual and Blood Borne Infections On Duty Line at 1-877-464-9675 Ext. 74214, or complete the STI medication order form and fax to 905-940-4541. For Health Care Providers outside York Region, contact your local Health Unit.

To order free hepatitis A and/or B vaccine for clients meeting eligibility criteria: For York Region Health Care Providers send completed High Risk vaccines order form and/or High Risk Hepatitis B vaccine order form via fax to (905) 830-0578,via email to vaccineinventory@york.ca or call 1-877- 464-9675 Ext. 74033. For Health Care Providers outside York Region, contact your local Health Unit.