



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.45

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Approved by: Tony Parker

Subject: HIV/AIDS: EDUCATION, PREVENTION, AND CASE MANAGEMENT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 37-1-403, TCA 68-10-101; TCA 68-10-113 (6) (A), TCA 68-29-107, TCA 39-13-521, TCA 41-21-107, and TCA 41-21-108.
- II. PURPOSE: To provide general guidelines for the prevention and clinical management of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) related illnesses within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To all TDOC personnel, inmates, medical contract staff, medical contractors, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Acute: Sudden and severe (primary disease).
 - B. Advanced-Stage HIV infection (AIDS): A disease marked by opportunistic infections and/or a CD4 T-cell counts less than 200/uL.
 - C. Centers for Disease Control and Prevention (CDC): A federal agency in the Department of Health and Human Services that investigates and leads the nation in the control and prevention of disease.
 - D. CD4 Cells: Also called T helper cells or lymphocyte cells. These cells work for the immune system by directing other cells to rid the body of infections. T cells are the primary target of HIV.
 - E. ELISA (Enzyme-Linked Immunosorbent Assay): A highly sensitive laboratory test used to determine the presence of antibodies to HIV in the blood or oral fluids. Repeatedly reactive (i.e., two or more) ELISA test results should be validated with the Western Blot validation test.
 - F. Human Immunodeficiency Virus (HIV) Screening Test: A laboratory test used to determine the presence of antibodies to HIV in the blood or oral fluids. Positive (or "reactive") screening results must be confirmed with the Western Blot validation test.
 - G. Human Immunodeficiency Virus (HIV): A retrovirus that causes AIDS by infecting helper T cells of the immune system.
 - H. Immune System: The body's defense mechanism against infections, including the lymph system.
 - I. Infection: The invasion by and multiplication of microscopic organisms (bacteria, fungi, viruses, parasites, etc.) in the body, which cause disease.

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- J. Lymphocyte: An infection-fighting white blood cell that helps the immune system clear infections from the body.
- K. Occupational Safety and Health Administration (OSHA): A Federal agency within the U.S. Department of Labor that is responsible for setting workplace standards to promote, enforce, and maintain employee health and safety.
- L. Opportunistic Infections: Any number of potential infections, including Pneumocystis jiroveci pneumonia (PJP) and thrush (Candida), that causes disease when a weakened immune system provides the opportunity. These infections most often occur during advanced-stage HIV disease.
- M. Opt-Out HIV Testing: HIV test conducted after an inmate is notified that testing will be performed, unless he/she declines (or “opts-out”).
- N. Provider: For purposes of this policy, a licensed health professional, health practitioner or healthcare provider who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities. A health professional may operate within all branches of health care, including medicine, surgery, dentistry, midwifery, pharmacy, psychology, nursing or allied health professions. A health professional may also be a public/community health expert working for the common good.
- O. Ribonucleic Acid (RNA): A polymeric molecule implicated in various biological roles in coding, decoding, regulation, and expression of genes. RNA and DNA are nucleic acids, and along with proteins and carbohydrates, constitute the three major macromolecules essential for all known forms of life.
- P. Sexually Transmitted Diseases (STD): Infections spread by the transfer of organisms from person to person during sexual contact.
- Q. Tennessee Department of Health (TDH): The State’s agency responsible for leading the promotion, prevention, and improvement of the health of persons living in, working in, or visiting the State of Tennessee.
- R. Virus: A small infectious agent that replicates only inside the living cells of other organisms.
- S. Western Blot: A laboratory test that detects HIV-specific antibodies in blood or oral fluids. In the United States, Western Blot is the validation test used most often to confirm positive (or “reactive”) HIV screening results.
- V. POLICY: The TDOC shall provide a comprehensive HIV/AIDS education program for inmates and employees that encourage the prevention of HIV/AIDS transmission.
- VI. PROCEDURES: Treatment modalities will be provided to preserve an inmate’s immune system and to delay the onset of any symptoms, opportunistic infections, and disease. Supportive counseling will be provided to those inmates diagnosed with HIV infection and will include emotional and spiritual supportive care to terminally ill inmates, enabling them to make informed decisions about their care.

A. HIV Screening/Testing

1. Mandatory HIV Screening: All inmates less than 21 years of age at the time of initial admission/intake into the system shall be HIV tested unless the inmate has previously been tested pursuant to TCA 39-13-521 and the results are available and verifiable.
2. Intake HIV Screening: All inmates age 21 and older shall be provided with routine opt-out HIV testing upon initial admission/intake. (See Policy #113.20)
3. Post-classification HIV Testing: HIV testing shall also be conducted whenever the institutional attending physician determines that the inmate is a suspect for HIV infection based on HIV risk status and/or presenting clinical indications, or if an inmate reports HIV risk behavior(s) and requests to be tested.
4. Risk Indications for HIV Testing:
 - a. History of blood transfusion between 1978 and 1985
 - b. IV drug use
 - c. Men who have, or have had, sex with men
 - d. History of, or diagnosed Sexually Transmitted Diseases (STDs), including Hepatitis B
 - e. History of sex with prostitutes or multiple partners
 - f. Recent or previous sexual assault victim or a sexual offender
 - g. The source of recent exposure or having been recently exposed to blood or body fluids as defined in the Blood-borne Pathogen Exposure Plan
 - h. Physical signs such as anal trauma, needle marks, and recent scabbing tattoos are also considered HIV infection indicators. The health care provider should be observant during physical examination or periodic appraisals.
5. In addition to the above HIV infection testing indicators, pregnant inmates shall be HIV tested due to the potential of prenatal transmission to the infant. Pregnant, HIV infected inmates often require additional health support services due to the medical and psycho-social problems associated with HIV infection in pregnant women. (See Policy #113.90)

- B. Procedure for Opt-Out HIV Screening/Testing: Consistent with CDC guidelines, HIV screening is done for inmates in all health care settings unless the inmate declines (opt-out screening). Separate written informed consent shall not be required with HIV diagnostic testing or as part of HIV screening programs. HIV screening/testing shall be performed by a licensed health care provider.

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- C. Notification of Test Results: Regardless of the test results, HIV screening results should be delivered to the patient in a confidential manner by a licensed health care provider or a trained HIV tester and counselor. The test result information shall be given in a manner and at a level that is understandable to the inmate with the time allowed for any questions the inmate may have.
1. If the HIV screening result is negative (or “non-reactive”), the inmate shall be informed that a negative result means that it is highly unlikely that he/she was infected with HIV more than 90 days prior to the test. If the inmate indicates that he/she has been potentially exposed to HIV within 90 days prior to the HIV test, the patient shall be encouraged to undergo repeat HIV testing one and three months after initial screening.
 2. If the HIV screening results are positive (or “reactive”), the inmate shall be informed that a preliminary positive result indicates that it is likely that he/she is infected with HIV, but that an additional sample must be collected to confirm the preliminary results. The inmate shall be informed that if HIV positive, he/she could pass the virus to any sexual or drug use partners and shall be encouraged to abstain from any activity that could result in HIV transmission. It is important to remember that inmates receiving preliminary or confirmed HIV positive test results may need time to accept that they have been infected by the virus.
 3. HIV test results shall be documented in the patient’s health record on the Problem Oriented Progress Record, CR-1884, and on the Human Immunodeficiency (HIV) Opt-Out Form, CR-3771.
- D. HIV/AIDS Confidential Case Reporting
1. All AIDS cases and HIV confirmatory laboratory positive test results shall be reported to the TDH as required by amendment of Rule 1200-14-01.02 of the TDH’s regulations governing communicable diseases in Tennessee.
 2. All AIDS cases and HIV confirmatory laboratory positive result shall be reported to the TDH HIV/AIDS Surveillance Representative in the institution’s regional area by means of the current Public Health Adult HIV/AIDS Confidential Case Report, PH-3273.
 - a. The institutional primary care physician is responsible for completion of the Public Health Adult HIV/AIDS Confidential Case Report, PH-3273, for all HIV confirmed positive test results, and all confirmed AIDS cases.
 - b. The Institutional Infection Control Coordinator or registered nurse/designee shall be responsible for forwarding all reports completed by the physician to the regional TDH surveillance representative. Reports will be completed within seven calendar days of receipt of a positive report.
 - c. The HIV/AIDS surveillance representatives may be contacted for forms and/or other information such as, current HIV patient education material. Institutional procedure shall list TDH HIV/AIDS program/surveillance contact person(s) with telephone numbers and addresses.

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- d. All HIV testing and results, including negative and positive results, shall be entered confidentially by the Institutional Infection Control Coordinator, or designee, into the offender management system (OMS) conversation LOEL, using the confidential codes. Information to be entered includes the inmate number, test date, test results, and reason for the test. If the diagnostic status changes from HIV positive to AIDS (conversion), the conversion date should be entered. Questions regarding the method of reporting HIV test results or the confidential codes should be directed to the Central Office Health Services Division.

E. Confidentiality of Health Information

1. All information relative to HIV/AIDS testing, counseling, infection or illness shall be maintained confidentially, and documented in the inmate health record as specified by Policy #113.50, Health Records.
2. Access to any inmate information relative to HIV/AIDS testing, counseling, infection, or illness shall be controlled by the health authority appointed at each facility to preserve the confidentiality of the information contained in the inmate health record as directed by Policy #113.52, Confidentiality/Release of Health Information.
3. HIV/AIDS testing, infection, or illness information regarding an inmate may only be released to a qualified professional or agency representing the inmate after written authorization by the inmate as defined by Policy #113.52, Confidentiality/Release of Health Information.
4. Information regarding an inmate's HIV status shall not be made available or accessible to non-health care staff either in written correspondence, computer transmission, or otherwise, with the following exceptions:
 - a. TCA 39-13-521 requires mandatory testing of sex offenders. If a court order is received pursuant to TCA 39-13-521 by an institution, the health staff shall first determine if the inmate's HIV status is known and report it confidentially to the party named in the court order. If the inmate's HIV status is unknown, the staff shall immediately test the inmate for HIV (with or without consent) and report the information to the party named.
 - b. TCA 41-51-102 requires that if an employee, contract employee, or visitor has an exposure incident with an inmate, the employee, contract employee, or visitor shall be informed of the HIV status of that inmate. If the HIV status is unknown, that inmate shall be immediately tested and the exposed party shall be confidentially informed of the inmate's HIV status. (See Policy #113.51) Privately managed facilities shall develop procedures to notify exposed employees.
5. Any document ordering production or release of HIV or sexually transmitted disease information must meet the following criteria in order to be valid:

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- a. The document must be from an appropriate court. The provisions of TCA 68-10-113 (6)(A) only allow certain courts to order the production or release of STD records. These courts are circuit, chancery, law and equity, juvenile and criminal courts. They do not include appellate, city, municipal, general sessions, or trial justice courts.
- b. The document must be titled “court order” and not “subpoena.”
- c. The document must be signed by the judge of the appropriate court. Due to the confidentiality requirements of the new STD law, the TDOC Legal Services Division shall always be contacted when a subpoena, release, or court order has been received that involves any STD records. The legal staff will determine whether the court order meets the requirements of TCA 68-10-113(6)(A).

F. HIV/AIDS Education and Prevention

1. The institutional Health Services Administrator, in coordination with the Warden, shall develop and implement an HIV/AIDS education and prevention program for the employees and inmates. Information for the program shall be derived from the CDC, OSHA, TDH National Institute of Justice, World Health Organization, or other federal/state sponsored educational or treatment agencies.
2. Employees: All institutional TDOC employees shall participate in one hour of initial orientation training and one hour of update training every other year thereafter. Employees are subject to more frequent training requirements as deemed appropriate by the individual having program responsibility. In accordance with Policy #113.13, employees at risk for potential occupational exposure shall participate in Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens training.
 - a. Documentation shall be completed in accordance with Policy #110.04. It should include the course title, name(s) of the instructor, date, and time the class was conducted, and any training aids used.
 - b. Privately managed institutions shall provide documentation in accordance with corporate policy.
3. Inmates: All inmates shall receive HIV/AIDS education on entry at the diagnostic centers and during their prison term at least annually. This education shall be documented on the Teaching/Counseling Plan, CR-2742, and filed in the health record in accordance with Policy #113.50. Information shall be made available in a language and form the inmates can understand with written material appropriate for the educational level of the inmate population.
 - a. All inmate educational presentations shall be documented to include the course title, name(s) of instructor(s), date and time the class was conducted, and any training aids used (name of video, handouts, etc.).
 - b. Documentation of group education shall include the inmate participants’ names and TDOC numbers on the Health Education Roster, CR-3013. (See Policy #113.40) Closed circuit TV presentations are exempt from the requirement.
 - c. HIV/AIDS literature shall be available during routine sick call.

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- d. All announcements/notices scheduled for HIV/AIDS education and Health Education Rosters shall be maintained by the health administrator for three fiscal years.
- e. Documentation in the inmate's health record shall reflect on-going counseling/teaching as well as HIV/AIDS treatment.

G. Housing

1. Inmates who are known to be diagnosed as having HIV/AIDS shall be housed in the institutional general population, based on the individual's health needs and the available placement resources. For male inmates, DeBerry Special Needs Facility (DSNF) placement will occur only if deemed medically necessary by the DSNF Medical Director. Female inmates requiring infirmary placement or higher levels of care shall be housed at the Tennessee Prison for Women.
2. Policy #113.34 shall be followed for inmates requiring extended health services.

H. HIV/AIDS Management

1. Information and recommendations for diagnosing, treating, and monitoring HIV/AIDS can be obtained from the CDC, TDH, other federal/state sponsored treatment agencies, and/or appropriately credentialed infectious disease specialists.
2. The primary care physician is responsible for developing the inmate's treatment plan and monitoring uncomplicated cases. The primary care physician shall refer all newly diagnosed cases, complicated cases, and treatment resistance cases to the infectious disease specialist.
3. Documentation in the inmate's health record must reflect the counseling/teaching, clinical monitoring, diagnostic reports, medication adherence, and progress (or lack of) toward treatment goals as identified on the Treatment Plan, with changes made as indicated.
4. Efforts should be made to work with the inmate's daily schedule to assist the inmate with adherence to his/her treatment regimen.

I. Pre-Release Discharge Planning

1. The health administrator shall be responsible for ensuring that discharge planning is completed for all HIV/AIDS inmates prior to their release to the community.
2. Release of medical information shall be voluntarily obtained from the inmate (or conservator) prior to initiating community agency referrals or contacts regarding an individual inmate. (See Policy #113.52)
3. The national telephone number of HEARTLINE, 1-800-845-4266, can be called twenty-four hours a day for statewide HIV/AIDS referral sources.

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4. Inmates currently on medication regimens shall be provided at least a 30 day supply, or their current supply of prescribed medication, whichever is greater. (See Policy #113.70) Verbal and written medication instructions shall be provided for each medication.
5. All elements of the discharge planning, including education, medication teaching, and any appointment dates, shall be documented in the inmate's health record.

VII. ACA STANDARDS: 4-4348, 4-4350, 4-4354, 4-4355, 4-4361, 4-4396, and 4-4397.

VIII. EXPIRATION DATE: March 15, 2022.



TENNESSEE DEPARTMENT OF CORRECTION
HUMAN IMMUNODEFICIENCY (HIV) OPT-OUT SCREENING

INSTITUTION

CONFIDENTIAL - PROTECTED HEALTH INFORMATION

A. INMATE INFORMATION

TDOC NUMBER: _____

First Name Last Name

DOB: _____
Month/Day/Year Age

RACE: White Black/AA Hispanic Asian P Islander Other
GENDER: Male Female Transgender (male-female) Transgender (female-male)

B. HIV SCREENING

DATE: _____ TEST CODE: _____ TESTED BY: _____
Month/Day/Year (mm/dd/yyyy)

TEST TYPE: ORA-QUICK (rapid) OQ Lot# _____ Expire: _____
 CONVENTIONAL

C. HIV SCREENING RESULTS

- TEST RESULT: **NEGATIVE** (non-reactive) The following information should be shared with inmate.
- The test result today is negative which means it is highly likely that the inmate was not infected with HIV outside of the 90-day window period.
 - The inmate must be informed that recent and future sex/drug use activities can have an impact on a person's HIV status.
- TEST RESULT: **PRELIMINARY POSITIVE** (reactive) The following information should be shared with inmate.
- The test result today is reactive which means it is highly likely that the inmate is infected with HIV.
 - Additional Samples will be collected and sent to a lab for confirmation of today's result.
 - The inmate must be informed that she/he could pass the virus to any or all future sex or drug use partners. The inmate must be encouraged to adopt and maintain safer sex/safer drug use practices
 - Inmate should be allowed time to react and then resources and next steps should be discussed.

SCREENING Results were delivered to Inmate on _____ by _____

D. HIV CONFIRMATORY TESTING (WESTERN BLOT)

THIS SECTION **MUST** Be COMPLETED FOR ALL PRELIMINARY POSITIVES

DATE: _____ TESTED BY: _____
Sample Collected Month/Day/Year (mm/dd/yyyy)

TEST TYPE: ORA-SURE TEST # _____ OQ Lot# _____ Expire: _____
 CONVENTIONAL

Western Blot Interpretation: Positive Negative Inconclusive (attach lab report)

CONFIRMATORY Results were delivered to Inmate on _____ by _____



TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Patient's Name/TDOC #

Subject

ELEMENT	DATES TAUGHT
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	

Note: Each entry must be signed.

I. STATE/LOCAL USE ONLY

Patient's Name: _____ Phone No.: () _____
(Last, First, M.I.)

Address: _____ City: _____ County: _____ State: _____ Zip Code: _____

RETURN TO STATE/LOCAL HEALTH DEPARTMENT

- Patient identifier information is not transmitted to CDC! -

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients ≥13 years of age at time of diagnosis)



TENNESSEE DEPARTMENT OF HEALTH

II. HEALTH DEPARTMENT USE ONLY

Form Approved OMB number 0920-0009

DATE FORM COMPLETED

Mo. Day Yr.
[][] [][] [][]

SOUNDEX CODE: [][][][]

REPORT STATUS:
1 New Report
2 Update

REPORTING HEALTH DEPARTMENT:

State: _____
City/County: _____

State Patient No.: [][][][][][][][][][]

City/County Patient No.: [][][][][][][][][][]

REPORT SOURCE: [][]

III. DEMOGRAPHIC INFORMATION

DIAGNOSTIC STATUS AT REPORT: (Check one)
1 HIV Infection (not AIDS) 2 AIDS
AGE AT DIAGNOSIS: [][] Years [][] Years
DATE OF BIRTH: Mo. Day Yr. [][][][] [][][][] [][][][]
CURRENT STATUS: Alive Dead Unk. 1 2 9
DATE OF DEATH: Mo. Day Yr. [][][][] [][][][] [][][][]
STATE/TERRITORY OF DEATH: _____

SEX: 1 Male 2 Female
RACE/ETHNICITY: 1 White (not Hispanic) 2 Black (not Hispanic) 3 Hispanic 4 Asian/Pacific Islander 5 American Indian/Alaska Native 9 Not specified
COUNTRY OF BIRTH: 1 U.S. 7 U.S. Dependencies and Possessions (including Puerto Rico) (Specify): _____ 8 Other (specify): _____ 9 Unknown

RESIDENCE AT DIAGNOSIS: City: _____ County: _____ State/Country: _____ Zip Code: [][][][][][][][][][]

IV. FACILITY OF DIAGNOSIS

Facility Name _____
City _____
State/Country _____
FACILITY SETTING (check one)
1 Public 2 Private 3 Federal 9 Unknown
FACILITY TYPE (check one)
01 Physician, HMO 31 Hospital, Inpatient 88 Other (specify): _____
This report is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV/AIDS. Information in the surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

V. PATIENT HISTORY

AFTER 1977 AND PRECEDING THE FIRST POSITIVE HIV ANTIBODY TEST OR AIDS DIAGNOSIS, THIS PATIENT HAD (Respond to ALL Categories):

	Yes	No	Unk.
Sex with male	1	0	9
Sex with female	1	0	9
Injected nonprescription drugs	1	0	9
Received clotting factor for hemophilia/coagulation disorder	1	0	9
Specify: 1 Factor VIII 2 Factor IX 8 Other (Specify): _____			
HETEROSEXUAL relations with any of the following:			
• Intravenous/injection drug user	1	0	9
• Bisexual male	1	0	9
• Person with hemophilia/coagulation disorder	1	0	9
• Transfusion recipient with documented HIV infection	1	0	9
• Transplant recipient with documented HIV infection	1	0	9
• Person with AIDS or documented HIV infection, risk not specified	1	0	9
Received transfusion of blood/blood components (other than clotting factor)	1	0	9
First [][][][] Last [][][][]			
Received transplant of tissue/organs or artificial insemination	1	0	9
Worked in a health-care or clinical laboratory setting	1	0	9
(specify occupation) _____			

VI. LABORATORY DATA

1. HIV ANTIBODY TESTS AT DIAGNOSIS: (Indicate first test)

	Pos	Neg	Ind	Not Done	TEST DATE
	1	0	-	9	Mo. Yr.
HIV-1 EIA	1	0	-	9	[][][][] [][][][]
HIV-1/HIV-2 combination EIA	1	0	-	9	[][][][] [][][][]
HIV-1 Western blot/IFA	1	0	8	9	[][][][] [][][][]
Other HIV antibody test (specify): _____	1	0	8	9	[][][][] [][][][]

2. POSITIVE HIV DETECTION TEST: (Record earliest test)

culture antigen PCR, DNA or RNA probe

Other (specify): _____

3. DETECTABLE VIRAL LOAD TEST: (Record most recent test)

Test type*	COPIES/ML	TEST DATE
		Mo. Yr.
[][]	[][][][][][]	[][][][] [][][][]

*Type 11. NASBA (Organon) 12. RT-PCR (Roche) 13. bDNA (Chiron) 18. Other

• Date of last documented negative HIV test (specify type): _____ Mo. Yr. [][][][] [][][][]

• If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician? Yes No Unk. 1 0 9

If yes, provide date of documentation by physician: _____ Mo. Yr. [][][][] [][][][]

3. IMMUNOLOGIC LAB TESTS: AT OR CLOSEST TO CURRENT DIAGNOSTIC STATUS

	Mo.	Yr.
CD4 Count _____ cells/μL	[][][]	[][][]
CD4 Percent _____ %	[][][]	[][][]
First <200 uL or <14%		
CD4 Count _____ cells/μL	[][][]	[][][]
CD4 Percent _____ %	[][][]	[][][]

VI. STATE/LOCAL USE ONLY

Physician's Name: _____ Phone No.: () _____ Medical Record No.: _____
 (Last, First, M.I.)
 Hospital/Facility: _____ Person Completing Form: _____ Phone No.: () _____
- Patient identifier information is not transmitted to CDC! -

VIII. CLINICAL STATUS

CLINICAL RECORD REVIEWED: Yes <input type="checkbox"/> No <input type="checkbox"/>	ENTER DATE PATIENT WAS DIAGNOSED AS: Asymptomatic (Including acute retroviral syndrome and persistent generalized lymphadenopathy): Mo. Yr. Symptomatic (not AIDS): Mo. Yr.						
1	0						
AIDS INDICATOR DISEASES	INITIAL DIAGNOSIS Def. Pres. INITIAL DATE Mo. Yr.	AIDS INDICATOR DISEASES	INITIAL DIAGNOSIS Def. Pres. INITIAL DATE Mo. Yr.				
Candidiasis, bronchi, trachea, or lungs	1 NA	Lymphoma, Burkitt's (or equivalent term)	1 NA				
Candidiasis, esophageal	1 2	Lymphoma, immunoblastic (or equivalent term)	1 NA				
Carcinoma, invasive cervical	1 NA	Lymphoma, primary in brain	1 NA				
Coccidioidomycosis, disseminated or extrapulmonary	1 NA	<i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary	1 2				
Cryptococcosis, extrapulmonary	1 NA	<i>M. Tuberculosis</i> , pulmonary*	1 2				
Cryptosporidiosis, chronic intestinal (>1 mo. Duration)	1 NA	<i>M. Tuberculosis</i> , disseminated or extrapulmonary*	1 2				
Cytomegalovirus disease (other than liver, spleen, or nodes)	1 NA	<i>Mycobacterium</i> , of other species or unidentified species, disseminated for extrapulmonary	1 2				
Cytomegalovirus retinitis (with loss of vision)	1 2	<i>Pneumocystis carinii</i> pneumonia	1 2				
HIV encephalopathy	1 NA	Pneumonia, recurrent, in 12 mo. period	1 2				
Herpes simplex chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis or esophagitis	1 NA	Progressive multifocal leukoencephalopathy	1 NA				
Histoplasmosis, disseminated or extrapulmonary	1 NA	Salmonella septicemia, recurrent	1 NA				
Isosporiasis, chronic intestinal (>1 mo. duration)	1 NA	Toxoplasmosis of brain	1 2				
Kaposi's sarcoma	1 2	Wasting syndrome due to HIV	1 NA				

Def. = definitive diagnosis Pres. = presumptive diagnosis * RVCT CASE NO.: _____

● If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? 1 Yes 0 No 9 Unknown

IX. TREATMENT/SERVICES REFERRALS

Has this patient been informed of his/her HIV infection? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unk.	This patient is receiving or has been referred for:
This patient's partners will be notified about their HIV exposure and counseled by: <input type="checkbox"/> 1 Health department <input type="checkbox"/> 2 Physician/provider <input type="checkbox"/> 3 Patient <input type="checkbox"/> 9 Unknown	● HIV related medical services <input type="checkbox"/> 1 <input type="checkbox"/> 0 - <input type="checkbox"/> 9 ● Substance abuse treatment services <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 9
This patient received or is receiving: ● Anti-retroviral therapy for HIV treatment Yes No Unk. <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9 ● PCP prophylaxis Yes No Unk. <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9	This patient has been enrolled at: Clinical Trial: <input type="checkbox"/> 1 NIH-sponsored <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Unknown Clinic: <input type="checkbox"/> 1 NRSA-sponsored <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Unknown
FOR WOMEN:	This patient's medical treatment is primarily reimbursed by: <input type="checkbox"/> 1 Medicaid <input type="checkbox"/> 2 Private insurance/HMO <input type="checkbox"/> 3 No coverage <input type="checkbox"/> 4 Other Public Funding <input type="checkbox"/> 7 Clinical trial/government program <input type="checkbox"/> 9 Unknown
● This patient is receiving or has been referred for gynecological or obstetrical services <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown ● Is this patient currently pregnant? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown ● Has this patient delivered live-born infants? <input type="checkbox"/> 1 Yes (if delivered after 1977, provide birth information below for the most recent birth) <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown	
CHILD'S DATE OF BIRTH: Mo. Day Yr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hospital of Birth: _____ City: _____ State: _____
Child's Soundex <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Child's State Patient No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Would you like the health department to provide (circle Yes or No or A,B,C, and D below)
(A) Post-test counseling: Yes or No (B) Referral for social work/support services: Yes or No
(C) Partner notification: Yes No or (D) Info. about TDH HIV Drug Assistance Program: Yes or No
!!! IMPORTANT NOTICE !!!
IF "YES" TO ANY OF THE ABOVE, PLEASE INFORM YOUR PATIENT THAT HE/SHE WILL BE CONFIDENTIALLY CONTACTED BY A HEALTH DEPARTMENT REPRESENTATIVE

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0009). Do not send the completed form to this address.