

## General Guidance on Section XI – HIV/AIDS Incidence

Yes	evidence that the event occurred
No	evidence that the event did NOT occur
Unknown	1) evidence that patient said, "Don't know" 2) provider documented "Unknown" or 3) insufficient evidence
Refused	Patient refused, provider documented "Refused," or the facility did not allow for medical record review
Blank	Patient or provider was not asked or source was not investigated

For all dates, only enter information that you have evidence of. For example, if only month & year are known enter 05/\_\_/2000 or if only the year is known enter \_\_/\_\_/2000.

### Patient Information

Please select the source of Testing and Treatment History (TTH) information by checking the appropriate source box. If you use a source not listed, please specify that source on the "Other" line provided. **Only one source may be used per form.** Record the Date patient reported information as follows:

- For Medical Record Review: Date when most recent TTH data provided. Do NOT use the date of review unless no other date is available.
- For Provider Report: Date when TTH information was obtained from patient. If date is unknown, enter date when report was received at health department.
- For Other: Use the date the TTH information was originally collected.

### Previous Positive Testing History

All of the questions in this section reference the patient's first positive HIV test ever. **Only complete this section when there is evidence regarding a positive test before the one which initiated the case report.** List the month (mm), day (dd), and year (yyyy) of the patient's first positive test. If date is unknown, leave date field blank. Indicate the state where the first positive HIV test was performed.

### Previous Negative Testing History

Indicate whether the patient has ever had a negative HIV test prior to receiving their first positive result. List the month (mm), day (dd), and year (yyyy) of the patient's last negative test. If date is unknown, leave date field blank. Indicate the total number of negative tests the patient had during the twenty-four months prior to receiving their first positive result. Indicate the state where the last negative HIV test was performed.

### XIV. Antiretroviral Medications

Indicate whether the patient has ever taken any HIV or antiretroviral medications (ARVs). If yes, indicate date the patient first began taking HIV or ARV medications. List the date the patient stopped taking ARV medications. List the names of the medications taken using the abbreviation list below. Check the box if the client is currently taking HIV or ARV meds.

#### Medicine Codes

22= Agenerase (amprenavir)	23= Hydroxyurea	21= Sustiva (efavirenz)
30= Aptivus (tipranavir, TPV)	18= Invirase (saquinavir mesylate)	13= Trizivir (abacavir sulfate/ lamivudine/ zidovudine)
32= Atripla (efavirenz/ emtricitabine/ tenofovir DF)	34= Intelence (etravirine)	27= Truvada (FTC/TDF)
24= Combivir (lamivudine/ zidovudine)	36= Isentress (raltegravir)	01= Videx (didanosine, ddl)
06= Crixivan (indinavir sulfate)	16= Kaletra (lopinavir/ ritonavir)	14= Videx EC (didanosine, l)
11= Emtriva (emtricitabine, FTC)	31= Lexiva (fosamprenavir, 908)	17= Viracept (nelfinavir mesylate)
03= Epivir (lamivudine, 3TC)	07= Norvir (ritonavir)	05= Viramune (nevirapine)
28= Epzicom (3TC/ABC)	33= Prezista (darunavir, DRV)	12= Viread (tenofovir)
25= Fortovase (saquinavir)	09= Rescriptor (delavirdine mesylate)	04= Zerit (stavudine, d4T)
10= Fuen (enfuvirtide, T-20)	26= Retrovir (zidovudine, ZDV, AZT)	20= Ziagen (abacavir sulfate)
19= Hespsera (adefovir)	15= Reyataz (atazanavir sulfate)	<b>88= Other</b>
02= Hivid (zalcitabine, ddC)	08= Saquinavir (Fortovase, Invirase)	<b>99= Unspecified</b>
	35= Selzentry (maraviroc)	