

DEPARTMENT OF HEALTH  
HIV/AIDS Report Form

DH2293, revised October 2025

All doctors and HIV testing providers are encouraged to report **laboratory confirmed cases of HIV infection** to the Department of Health. The information provided is crucial for understanding the HIV epidemiology in Hong Kong and will be handled with the strictest confidence. Latest statistics are released on a regular basis at [www.aids.gov.hk](http://www.aids.gov.hk).



e-Form

To report the case, you may complete this form and return it to us by fax (2297 3239), email ([aids@dh.gov.hk](mailto:aids@dh.gov.hk)) or post; or scan the QR code and complete the online e-Form. For any queries, please contact us at 3143 7225 or [aids@dh.gov.hk](mailto:aids@dh.gov.hk).

Please complete **ALL** sections with the best information available to you and "✓" the appropriate boxes.

**Section A – Report of HIV**

- [ 1 ] Your reference code number: \_\_\_\_\_ (e.g. case / clinic number representing your client)
- [ 2 ] Does the client have a HK identity card? ☐ No ☐ Yes
- [ 3 ] HKID number **OR** other document ID number: \_\_\_\_\_ (first 5 alphanumeric characters)  
e.g. A1234 for HKID no. A123456(7)
- [ 4 ] Date of birth: \_\_\_\_D\_\_\_\_M\_\_\_\_Y **OR** Age at last birthday: \_\_\_\_\_
- [ 5 ] Ethnicity: ☐ Chinese ☐ Asian, specify: \_\_\_\_\_ ☐ White ☐ Black ☐ Others, specify: \_\_\_\_\_ ☐ Unknown
- [ 6 ] Sex at birth <sup>1</sup>: ☐ Male ☐ Female ☐ Others
- [ 7 ] Gender identity <sup>2</sup>: ☐ Man ☐ Woman ☐ Non-binary
- [ 8 ] Is client pregnant? ☐ No ☐ Yes ☐ Not Applicable *If yes, please fill in*
- [ 9 ] Suspected risk(s) for HIV infection <sup>3</sup>:  
☐ Sex with men ☐ Sex with women ☐ Sex with both men and women  
☐ Injecting drug use  
☐ Organ transplant / transfusion of blood / blood products  
☐ Mother-to-child transmission  
☐ Asked, but risk undetermined  
☐ Not asked  
☐ Other identifiable risk(s), specify: \_\_\_\_\_  
(e.g. sex worker, client of sex worker, practice of chemsex, occupational exposure, etc.)
- [ 10 ] Suspected place of infection:  
☐ Hong Kong ☐ Chinese Mainland, specify: \_\_\_\_\_ (province / city) ☐ Others, specify: \_\_\_\_\_ ☐ Asked, but undetermined ☐ Not asked
- [ 11 ] Date of laboratory diagnosis (i.e. positive confirmatory laboratory test <sup>4</sup>) in HK: \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 12 ] Name of Laboratory : \_\_\_\_\_
- [ 13 ] Laboratory Number <sup>5</sup> : \_\_\_\_\_
- [ 14 ] Reason for HIV test <sup>6</sup> : ☐ Clinical indication (e.g. AIDS-defining illnesses, symptoms or conditions suggestive of immunodeficiency, etc.)  
*[select the most applicable reason]* ☐ Epidemiological or behavioural risk factors (e.g. men who have sex with men, multiple sex partners, etc.)  
☐ As part of integral clinical care (e.g. attendee of antenatal / tuberculosis / methadone / sexual health clinic, etc.)  
☐ Health check (e.g. opportunistic testing offered by healthcare professionals, health check plans, etc.)  
☐ Self-initiated testing for HIV
- [ 15 ] Any previous HIV diagnosis outside HK: ☐ No ☐ Yes, place of diagnosis: \_\_\_\_\_, date: \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 16 ] Any previous **negative** HIV test result: ☐ No ☐ Yes, date of last negative HIV test result : \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 17 ] Any **positive** rapid test / self-test within 3 months: ☐ No ☐ Yes, date of positive rapid test / self-test : \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 18 ] Baseline HIV viral load: \_\_\_\_\_ (copies/mL) Date : \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 19 ] Baseline CD4 count : \_\_\_\_\_ (cells/μL) Date : \_\_\_\_D\_\_\_\_M\_\_\_\_Y

**Section B – Report of AIDS**

- [ 20 ] Has the client developed AIDS <sup>7</sup>: ☐ No (Go to **Section C**) ☐ Yes
- [ 21 ] If yes, the AIDS-defining illness(es) is (are):  
( i ) \_\_\_\_\_ Date of diagnosis: \_\_\_\_D\_\_\_\_M\_\_\_\_Y  
( ii ) \_\_\_\_\_ Date of diagnosis: \_\_\_\_D\_\_\_\_M\_\_\_\_Y  
( iii ) \_\_\_\_\_ Date of diagnosis: \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 22 ] CD4 count at presentation of AIDS-defining illness(es): \_\_\_\_\_ (cells/μL) Date: \_\_\_\_D\_\_\_\_M\_\_\_\_Y

**Section C – Linkage to Care & Outcome**

- [ 23 ] Has the client been referred to / seen at public HIV clinic? ☐ No ☐ Yes, referred / seen on : \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 24 ] Is the client under private HIV medical care? ☐ No ☐ Yes
- [ 25 ] Has the client defaulted follow up? ☐ No ☐ Yes, last seen on : \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 26 ] Has the client left HK? ☐ No ☐ Yes, last seen on : \_\_\_\_D\_\_\_\_M\_\_\_\_Y
- [ 27 ] Has the client died? (If yes, cause of death: \_\_\_\_\_) ☐ No ☐ Yes, date of death : \_\_\_\_D\_\_\_\_M\_\_\_\_Y

**Section D – Correspondence**

Name of doctor / organisation: \_\_\_\_\_ ☐ in private practice ☐ in public service

Correspondence address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_D\_\_\_\_M\_\_\_\_Y

**ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE**

**Guidance notes for filling the HIV/AIDS Report Form (DH2293)**

1. **Sex at birth** refers to the sex assignment on birth certificate.
2. **Gender identity** refers to a person's own identification of gender, with/without any medical or behavioural transition. Some people identify themselves as non-binary gender or gender fluid (not fixed).
3. **Suspected risk(s) for HIV infection**: Some people may have more than one identified risk factor. If the client had a negative HIV test result before, assess the risk factors after the last negative test.
4. **Confirmatory test**: Western blot, HIV-1/HIV-2 antibody differentiation assay, and molecular test are regarded as confirmatory tests for diagnosis of HIV infection. Please submit this report form only if the confirmatory test result is positive.
5. **Laboratory number**: Please fill in all available laboratory numbers from the following public laboratories which provide confirmatory testing for HIV: (1) Public Health Laboratory Services Branch, (2) Queen Elizabeth Hospital, (3) Prince of Wales Hospital or (4) Hong Kong Red Cross Blood Transfusion Service. If confirmatory testing is performed in a private laboratory, please attach a copy of the confirmatory lab report with this report form.
6. **Reason for HIV test**: For details, please refer to "Recommendations on HIV Testing in Hong Kong" (November 2024, Scientific Committee on AIDS and STI. Available at [https://www.chp.gov.hk/files/pdf/recommendations\\_on\\_hiv\\_testing\\_in\\_hk\\_nov\\_2024.pdf](https://www.chp.gov.hk/files/pdf/recommendations_on_hiv_testing_in_hk_nov_2024.pdf)).
7. **AIDS**: A definitive laboratory diagnosis of HIV infection AND one or more of the AIDS-defining illnesses (July 1995, Scientific Committee on AIDS. Available at <https://www.aids.gov.hk/english/surveillance/definition.html>).

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商業回郵牌號：7487

Special Preventive Programme Head Office  
Centre for Health Protection  
Department of Health  
Attn: Consultant Physician  
2/F, Wang Tau Hom Jockey Club Clinic  
200 Junction Road East  
Kowloon

九龍  
聯合道東二百號  
橫頭磡賽馬會診所二樓  
衛生署衛生防護中心  
特別預防計劃總部  
顧問醫生

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