

*(please print on both sides)*

**CONFIDENTIAL 機密**

POSTAGE  
WILL BE  
PAID BY  
LICENSEE  
郵費由持  
牌人支付

NO POSTAGE  
STAMP  
NECESSARY IF  
POSTED IN  
HONG KONG  
如在本港投寄  
毋須貼上郵票

九龍  
聯合道東 200 號  
橫頭磡賽馬會診所二字樓  
特別預防計劃辦事處  
顧問醫生

**BUSINESS REPLY SERVICE LICENCE NO. 7487**  
商業回郵牌號: 7487

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

Please fold and seal here 請在此對摺及封口

Please fold and seal here 請在此對摺及封口

**DEPARTMENT OF HEALTH**  
**HIV/AIDS Report Form**

The HIV/AIDS voluntary reporting system has been in place since 1984. All doctors are encouraged to report patients with HIV/AIDS and to update status of the previously reported cases where appropriate. This is an anonymous and confidential system. Data collected is crucial for understanding the HIV epidemiology in Hong Kong and is used in global analysis only. Aggregate statistics are released quarterly and can be obtained at [www.aids.gov.hk](http://www.aids.gov.hk). For any query, please call 3143 7225 or email us at [aids@dh.gov.hk](mailto:aids@dh.gov.hk). Completed form can be faxed to 2297 3239 or mailed to Special Preventive Programme, Centre for Health Protection, Department of Health.



Guidance notes  
for filling the form

Please complete ALL sections and '✓' in the appropriate box.

**Section (A) – Report of HIV**

- [1] THIS is a NEW report or UPDATE of previous reported case
- [2] Your reference code number<sup>1</sup>: \_\_\_\_\_
- [3] Does the patient have a HK identity card? Yes No Document ID first 5 digits: \_\_\_\_\_
- [4] Sex at birth<sup>2</sup>: M F (Please fill in box 1) Others Gender identity<sup>3</sup>: M F Non-binary
- [5] Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) OR Age at last birthday: \_\_\_\_\_
- [6] Ethnicity: Chinese Asian, specify: \_\_\_\_\_ Caucasian Black Others: \_\_\_\_\_ Unknown
- [7] Suspected risk(s) for HIV infection<sup>5</sup> (maximal two risks with order)
- Sex with men Sex with women Sex with both men and women
- Injecting drug use Received medical procedure
- Occupational (Health care worker: Yes No)
- Organ transplant/transfusion of blood/blood products  
(Haemophilia: Yes No) Year: \_\_\_\_\_
- Perinatal, mother's reference number: \_\_\_\_\_
- Others, please specify: \_\_\_\_\_
- Asked, but risk undetermined
- Not asked
- [8] Suspected place of infection: Hong Kong Mainland China, specify: \_\_\_\_\_ Others, specify: \_\_\_\_\_
- Asked, but undetermined Not asked
- [9] Date of laboratory diagnosis in HK: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (ddmmyyyy)
- [10] Confirmation test<sup>6</sup>: Yes No If Yes, by Western Blot Confirmatory Assay PCR others \_\_\_\_\_
- [11] Name of Laboratory: \_\_\_\_\_ [12] Laboratory Number<sup>7</sup>: \_\_\_\_\_
- [13] Previous HIV diagnosis outside HK: No Yes If yes, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) place: \_\_\_\_\_
- [14] Any previous negative HIV test: No Yes If yes, date of last negative HIV test : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)
- [15] CD4 (cells/ $\mu$ l): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

**Box 1**

Pregnant<sup>4</sup>? No Yes

Gravida \_\_\_\_ Para \_\_\_\_ LMP \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Obstetric follow up clinic/ hospital: \_\_\_\_\_

Plan: TOP Continue pregnancy

Expected hospital/place of delivery: \_\_\_\_\_

**Section (B) – Report of AIDS**

- [17] Has the patient developed AIDS<sup>8</sup>:  Yes  No (Go to Section C)
- [18] If yes, the AIDS defining illness(es) is (are):
- (i) \_\_\_\_\_ Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mmy/yyy)
- (ii) \_\_\_\_\_ Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)
- (iii) \_\_\_\_\_ Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)
- [19] CD4 (cells/ $\mu$ l) at AIDS: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

**Section (C) – Report of Outcome**

- [20] Has the patient referred to/seen at public HIV clinic? Yes No If yes, referred on/seen at: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)
- [21] Has the patient defaulted follow up? Yes No If yes, last seen on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)
- [22] Is the patient under private HIV medical care Yes No
- [23] Has the patient left HK? Yes No If yes, last seen on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)
- [24] Has the patient died?  Yes No If yes, date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) Cause: \_\_\_\_\_

**Section (D) – Correspondence**

Name of medical practitioner/NGO: \_\_\_\_\_ in private practice in public service

Correspondence Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)