AIDS notification process Information for Health Practitioners and Public Health Units

AIDS is a notifiable disease using non-identifiable data under the Health Act 1956. Attending health practitioners of a patient with HIV who develops an AIDS defining illness (Appendix 1) are required to notify this to the AIDS Epidemiology Group.

The process of notification and providing information is a two-step process for health practitioners and involves local Public Health Units and the AIDS Epidemiology Group, as shown below.

HEALTH PRACTITIONER Part 1:

- a. Diagnose a patient with AIDS
- b. Complete the "Initial Notification Form for Acquired Immunodeficiency Syndrome (AIDS)" Part 1 available from ESR https://surv.esr.cri.nz/episurv/crf.php
- c. Send the form by email to the AIDS Epidemiology Group (AEG): aidsepigroup@otago.ac.nz
- d. File a copy of the form in the patient's case notes



AIDS EPIDEMIOLOGY GROUP (AEG) Part 1:

- a. Check to see if the case is already on file.
- b. If not already on file, forward to the appropriate public health unit to be processed into EpiSurv.



PUBLIC HEALTH UNIT

- a. Create a new case in EpiSurv using the case identification code in both the Surname and Given name fields. Enter the NHI, disease name and report date and submit.
- b. Enter the case's town/city of usual residence and geocode to the nearest TA or DHB in the Case Identification Section.
- c. Save the record and then open the Extra Details Tab. Enter the notifier email, name, address and contact details into the fields in the Clinical Notification and Ordering Provider Section.
- d. Save and close the record.



AIDS EPIDEMIOLOGY GROUP (AEG) Part 2:

a. View notifications the Public Health Unit has logged in EpiSurv and send an email to the Practitioner with the link to Part 2 – the electronic Case Report Form on REDCap (data capture tool).



HEALTH PRACTITIONER Part 2:

a. Complete the electronic Case Report Form once this has been received from the AEG.



AIDS EPIDEMIOLOGY GROUP (AEG) Part 3:

 a. File the completed Part 2 Case Report Form in the AIDS database at the University of Otago.

Appendix 1

AIDS defining conditions in New Zealand:

- Candidiasis of bronchi, trachea, or lungs.
- Candidiasis, oesophageal.
- Cervical cancer, invasive.
- Coccidiodomycosis, disseminated or extrapulmonary.
- Cryptococcus, extrapulmonary.
- Cryptosporidiosis, chronic intestinal (>1 month's duration).
- Cytomegalovirus disease (other than liver, spleen or nodes)
- Cytomegalovirus retinitis (with impairment of vision)
- Encephalopathy, HIV related
- Herpes simples: chronic ulcer(s) >1 month's duration or bronchitis, pneumonitis, or oesophagitis.
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (>1 month's duration)
- Kaposi's sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary, of brain
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary)
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Pneumonia, recurrent bacterial
- Progressive multifocal leukoencephalopathy
- Salmonella septicaemia, recurrent
- Toxoplasmosis, cerebral
- Wasting syndrome due to HIV

(Ministry of Health: Management Guidelines: HIV/AIDS 1995)