

**INSTRUCTIONS FOR COMPLETION OF THE MICHIGAN  
ADULT HIV CONFIDENTIAL CASE REPORT FORM (ACRF) in MDSS  
DCH FORM #1355  
Modified March 2018**

The Michigan Adult HIV Confidential Case Report Form (ACRF) is Michigan's version of the Centers for Disease Control (CDC) 50.42A/50.42C and, as of the date of its release, replaces all prior HIV and AIDS case report forms for age 13 and over. (A separate form, DCH Form 1402 is used for reporting HIV/AIDS in persons under age 13.)

All patients with evidence of HIV infection, including Stage 3 HIV infection (previously referred to as AIDS), should be reported within 7 days of diagnosis, including a diagnosis made by a clinical care provider based on history and symptoms. HIV Stage 3 (AIDS) cases include all patients with a history of HIV infection who also have documented CD4 levels under 200 cells/microliter or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14% when a CD4 count is not available, or any of the AIDS indicator diseases referenced in Section X. of these instructions. See December 5, 2008, MMWR supplement No. RR-10 Vol. 57:1-2 for complete HIV and Stage 3 (AIDS) definitions.

**NOTES:**

1. **Selecting Y/N/U:** For all instances on the case report form answers of "Y" or "yes" will be interpreted as if the event in question has occurred. Answers of "N" or "no" will be interpreted as if the event in question did NOT occur. Answers of "Unk" or "unknown" will be interpreted as if there was no data in the source used to complete the ACRF to allow a determination of "yes" or "no" to be made. Finally, blank or missing answers will be interpreted as if no source was examined to allow a determination of "yes" or "no" or "unknown" to be made.
2. **MDHHS Only:** Sections and fields that are marked "to be completed by MDHHS" should be left blank.
3. **Date Fields:** MDSS requires month, day and year in the format mm/dd/yyyy. Therefore, if a date is missing the 'day', enter '01' for the day. If a date is missing the 'month', enter '07' for the month. For example, for dates without complete date information, only month and year available (i.e., 03/2010), please enter date as 03/01/2010. For dates with only year available (i.e., .././2010), please enter date as 07/01/2010.

4. **Deduplication:** Users are asked to merge the patient, however, do not proceed through the case deduplication portion. Simply click 'Place in Queue' and the case will be deduplicated from the queue. This will ensure that case information is not erased by new information.
5. **Contact Information:** Please contact your [MDHHS HIV Surveillance contact](#) with questions for clarification or assistance in completing the adult case report form in MDSS.

**GETTING STARTED:**

1. To enter a new case of HIV in MDSS, select 'New Case' from the menu on the left hand side of the screen
2. Under 'Reportable Condition', select 'HIV/AIDS, Adult'
3. In the Patient Information section, the required fields are denoted in red. Fill in this information and select 'Continue'. This will direct you to the new Lab Entry Screen.
4. Enter any lab information and select 'Continue' when finished. You will then be directed to the ACRF. Alternatively, if you do not have any lab information to enter, you can instantly activate the ACRF by clicking the 'Detail' button on the initial screen, or selecting 'Continue' on the lab information screen.
  - NOTE: The webpage will be prompted to ask you if you are sure you want to continue to the next page without entering lab information. Select 'OK', and you will be directed to the ACRF.
5. Instructions for entering information in each section are listed below.

**INSTRUCTIONS FOR COMPLETING EACH SECTION:**

<b>Investigation Information</b>
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1. Patient Status, Case Status, Case Disposition: these are **required** MDSS variables and must be entered
  - a. Case Status: Choose among Confirmed, Not a Case, Probable, Suspect, Unknown, Non-Michigan Case
  - b. Patient Status: Choose among Alive, Died
  - c. Case Disposition: Choose among Inpatient, Died, Outpatient
2. Investigation Status:
  - o When a case is entered in MDSS, select '**NEW**' for **Investigation Status**.

- The LHD staff who are investigating the case will change the Investigation Status to '**ACTIVE**'.
- For low morbidity LHDs: If a referral needs to be made for **Partner Services (PS)** to **Central Michigan District Health Department (CMDHD)**, the LHD will change the Investigation Status to '**REVIEW**'. This will alert CMDHD PS staff that the case report form is complete and they may begin partner services.
- High morbidity LHDs may use a similar strategy as noted above for alerting PS staff within their health departments.
- Once the LHD investigation/PS is complete, the Investigation Status will be changed to '**COMPLETE**'.

**Entering Lab Results through the Initial Investigation Screen**

1. Select 'New Case', And HIV/AIDS, under 'Reportable Condition', and complete the Investigation Information and Patient Information Sections. Click 'Continue'.
2. On the Lab Entry Screen, you will find 3 sections: 1) Laboratory Information, 2) Lab Order Information, and 3) Lab Result.
  - All fields in red are required
  - Once a test name is selected from the 'Select Ordered Test' drop down list, certain lab results below will become unavailable because they are not applicable results for the selected test name.
  - Enter a Collection Date.
  - Once the information is completed select 'Add Lab'.
  - The lab entered will appear at the top of the screen.
  - Additional labs can be entered by completing the lab fields again (see instructions above) and selecting 'Add Lab'.
  - Use the 'Edit' and 'Remove' buttons to make changes to a lab or to delete a lab.
3. Once all of the laboratory information is entered, click 'Continue' and the HIV Case Detail Form will open.

**NOTE: Lab information can also be entered directly through the case Detail Form. More Detailed instructions for entering lab information begin on page 7 of this document, under Section IX. HIV Diagnostic/Care Tests.**

**SECTION I.**

**Health  
Department  
Use Only**

Please leave this section blank for state health department use.

**SECTION II.**

**Patient  
Identifier  
Information**

1. MDSS Patient ID- the Patient ID number is generated by MDSS.
2. **Enter the patient's full legal, alias name and/or maiden name.**
3. **Complete current address, phone number, alternate phone number and social security number.**
4. **STICKY NUMBER:** Agencies funded by MDHHS for HIV testing: Complete the 10 digit code from strip of stickers beginning with the number '26'.
5. Parent/Guardian (required if under 18) - Please complete if patient is under 18 as this is an MDSS required variable.

**SECTION III.**

**Form  
Information**

**Provide the date the ACRF was completed and the name and phone number for the individual who could be reached to answer questions concerning the information provided on the ACRF. This person can be a physician, nurse, physician's assistant or any confidentiality-trained staff member with knowledge to interpret and access the patient's medical information.**

**SECTION IV.**

**Current  
Provider  
Information**

**Complete the provider, facility name, address information, medical record number and phone where the patient is currently receiving HIV care. This may or may not be the same physician or facility that provided testing. Use the pulldown menu to select county, which will allow you to select the provider from the list. IMPORTANT: Only type in provider information if you cannot find the provider on the list.**

**SECTION V.**

**Demographic  
Information**

1. **Diagnostic Status**  
Check the appropriate diagnosis status: HIV, Stage 3 (AIDS), or Unknown
2. **Suspect acute HIV infection?**  
Indicate if a care provider suspects that this patient is acutely (recently) infected with HIV or is experiencing acute retroviral syndrome. No support documentation is required.
3. **Sex at Birth**  
Please indicate the biological sex the patient was assigned at birth.
4. **Current Gender**  
Indicate the gender to which the patient most closely identifies at time ACRF is completed (this may or may not be different than the sex the patient was assigned at birth) and if the patient identifies as a transgender female (Trans to Female) or as a transgender male (Trans to Male). Transgender is an umbrella term used for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. For the purposes of HIV case surveillance this term includes transgender people regardless of whether they have altered their bodies hormonally and/or surgically.
5. **Date of Birth**  
Indicate month/day/year of birth. Please also list any past or current alias dates of birth. It is not necessary to enter the patient's Age or Age Units.
6. **Country of Birth**  
Select the appropriate country of birth from the drop down.
7. **Vital Status**  
Check the appropriate box: Alive, Dead, Unknown.
8. **Death Date and the State/Territory of Death**  
Complete, if known.
9. **Marital Status**  
Check the appropriate marital status
10. **Ethnicity**  
Ethnicity and race are two different variables. It is critical to note Arab and Latino/Hispanic ethnicity to provide statistics on health disparities.
11. **Race**  
Ethnicity and race are two different variables. The appropriate box MUST be checked for race. If applicable, more than one race may be selected.

## 12. *Residence at Diagnosis*

If same as current residence, check 'Yes (copy)' radio button.

If not, provide full address. If there are additional addresses or phone numbers, please report in Comments section.

### SECTION VI.

#### Facility of Diagnosis

1. Check the appropriate box for 'Site of 1<sup>st</sup> Positive Test for HIV Diagnosis' or 'Site of Stage 3 (AIDS) Diagnosis'
2. Select the Facility County where the patient was first diagnosed (as HIV positive or as Stage 3 (AIDS), accordingly). This will populate the available facilities in the next field. Next, select the facility from the list provided in the 'Select Facility' field. If the facility is found, the remaining address information for this field will be auto-populated. If the facility is not found in the list, enter the name of the facility, physician and the address, city, state, zip, country and phone of the facility where the patient was first diagnosed.
3. Select the appropriate facility type. If the facility type is not listed, select "Other" and specify, for example, public clinic, counseling and testing site, community based organization

### SECTION VII.

#### HIV Testing and Treatment History

Testing and treatment history information must be completed for all HIV/AIDS reports in Michigan. Dates are very important in this section. Enter patient-reported answers to past testing behaviors and the dates of these tests as reported by the patient. Medical staff can complete this section using information found in the medical record. If patient ever received antiretroviral medication (ARV) to treat or prevent HIV or Hepatitis B, enter at least one ARV name, date of first use and date of last use (if stopped) or most recent use (if still using ARV), if known. This information will be used in the calculation of HIV incidence rates (rates of recent infection). Also note if the patient is on PCP prophylaxis.

**Note:** MDSS dates require month, day and year in the format mm/dd/yyyy. Therefore, if a date is missing the 'day', enter '1' for the day. If a date is missing the 'month', enter '7' for the month.

**SECTION VIII.**

**Patient History**

Check ALL appropriate risk factor boxes in each column with Yes, No or Unknown.

1. If there is no information for a specific risk factor, please check "unknown" rather than leaving it blank. Blanks indicate you did not look for this information.
2. Mark "Yes" to any of the following **ONLY** if the patient or the health care provider believes it to be the mode of HIV transmission: clotting factor, transfusion, transplant or health care/laboratory exposure.
3. If a patient or health care provider believes the mode of transmission includes clotting factor, transfusion, transplant or health care/laboratory exposure, please provide details in the comment section. Indicate first and last dates of any blood transfusions, if applicable. Write in specific occupation if patient is, or was a healthcare worker and believes he/she was exposed to HIV in a healthcare setting.
4. Indicate if patient was having high risk sex – unless another risk has already been noted. This includes exchanging sex for drugs, money, etc., sex with anonymous partners, recurrent STIs, or an unusually high number of sex partners.
5. Further, if the patient or health care provider believes the mode of transmission includes heterosexual sex with a person with known HIV/AIDS infection and that sex partner is known to have a clotting factor disorder, a transfusion or transplant please also indicate this in the comment section.
6. Indicate if patient was perinatally infected and list name of patient's mother.

**SECTION IX.**

**HIV  
Diagnostic/Care  
Tests**

1. Enter specimen collection dates and immunoassay (IA) results indicating HIV infection. Call HIV Surveillance with any questions at either 248-424-7910 or 517-335-8165.
2. To add a new test result. Click 'Add Test' on the case detail form. This will open up the HIV Diagnostic/Care Tests Entry Screen.

HIV DIAGNOSTIC / CARE TESTS ENTRY					
<b>Laboratory Information</b>					
Select Lab:	<input type="text"/>				
Lab Name:	<input type="text"/>				
Street:	<input type="text"/>				
City:	<input type="text"/>	County:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/>				
<b>Lab Order Information</b>					
Select Ordered Test:	<input type="text"/>				
Test Name:	<input type="text"/>				
Collection Date:	<input type="text"/>				
<b>Lab Result</b>					
<input type="checkbox"/> Positive or Reactive	<input type="checkbox"/> Reactive for Ag	<input type="checkbox"/> HIV1 Ab Positive	<input type="checkbox"/> Indeterminate		
<input type="checkbox"/> Negative or NonReactive	<input type="checkbox"/> Reactive for Ab	<input type="checkbox"/> HIV2 Ab Positive	<input type="checkbox"/> Both (undifferentiated)		
<input type="checkbox"/> Ag not reportable due to high Ab level					
<input type="radio"/> Sanger Sequence		<input type="radio"/> Deep or NextGen Sequence			
<input type="radio"/> Detectable		<input type="radio"/> Undetectable	Copies/ml: <input type="text"/>		
CD4 Count:	<input type="text"/>	cells/uL	CD4 Percent:	<input type="text"/>	
		%			
		<input type="button" value="Add Lab"/> <input type="button" value="Cancel"/>			

- All fields in red are required. Once a test name is selected from the 'Select Ordered Test' drop down, certain lab results below will become unavailable because they are not applicable results for the selected test name.
- Enter a Collection Date.
- Once the information is completed, click 'Add Lab'.
- The entered lab will appear at the top of Section IX.
- Additional lab tests can be entered by clicking 'Add Test', and repeating the steps above.
- Use the 'Edit' and 'Remove' buttons to make changes to a lab or delete a lab, respectively.
- If laboratory documentation of a positive HIV test is unavailable in the medical record, select 'Yes' where you are asked '**If HIV lab tests were NOT documented, is HIV diagnosis confirmed by physician?**'. Enter the earliest date the clinical care provider documented the patient's HIV infection. A care provider diagnosis is made by clinical and/or laboratory evaluation and should be clearly documented (e.g., in progress notes). Prescription of anti-retroviral (ARV) drugs is sufficient evidence of a care provider diagnosis of HIV infection, with the exception of ARVs prescribed for Pre-exposure prophylaxis, or PrEP.

Below is a list of HIV Diagnostic and Care Tests available in the 'Select Ordered Test' drop down list. Use these descriptions to help match the test you are reporting to one of the tests listed. If you have further questions, please call the HIV Surveillance office.

### **HIV Diagnostic Tests:**

#### **HIV-1/2 Ag/Ab Lab IA (Discriminating and Differentiating (e.g. Bioplex):**

This screening test detects both HIV-1 antigen and antibody to HIV-1 and HIV-2. It goes further by a) distinguishing between antigen and antibody reactivity and b) differentiating between HIV-1 and HIV-2. Example is BioPlex 2200. Results are Antigen reactive (Reactive for Ag), Antibody reactive for HIV-1 (HIV1 Ab Positive), Antibody reactive for HIV-2 (HIV2 Ab Positive), Reactive for both HIV-1 and HIV-2 antibodies (Both (undifferentiated)) or Nonreactive. NOTE: Antigen reactivity may indicate recent infection with accompanying high levels of circulating virus.

#### **HIV-1/2 Ag/Ab Rapid IA (4th Gen Discriminating Screen)(e.g. Alere Determine):**

This screening test detects both HIV-1 antigen and antibody to HIV-1 and HIV-2. It goes a step further and distinguishes between antigen and antibody reactivity. Example is Alere Determine. Results are Antigen reactive (Reactive for Ag), Antibody reactive (reactive for Ab), Both, or neither (Negative or NonReactive). NOTE: Antigen reactivity may indicate recent infection with accompanying high levels of circulating virus.

#### **HIV-1/2 Ag/Ab Lab IA (4th Gen Screen):**

This screening test detects both HIV-1 antigen and antibody to HIV-1 and HIV-2. It is more sensitive than antibody-only tests and can help indicate acute infection. Results are either Reactive or Nonreactive.

#### **HIV-1/2 Ab IA (2nd or 3rd Gen Screen):**

Traditional antibody screening tests or initial immunoassays (IA). Results are either Reactive or Nonreactive. These may be rapid or conventional lab-based tests. Not as sensitive as 4th generation assays. If two IAs are used to diagnose a patient, tests must be different: i.e. test for different virus components or use different methodologies. Using different manufacturers is sufficient.

#### **HIV1/HIV 2 Type Differentiating IA (Supplemental Test) (e.g. Geenius):**

A second or supplemental laboratory test that distinguishes between HIV-1 and HIV-2 antibodies. Examples are Multispot and Geenius. Currently replacing Western blot as the second test in standard laboratory testing sequence. Results are Antibody reactive for HIV-1 (HIV1 Ab Positive), Antibody reactive for HIV-2 (HIV2 Ab Positive), Both (undifferentiated), Indeterminate, or Neither (Negative or

NonReactive). Patients who test reactive on an initial screen and then nonreactive or indeterminate on HIV-1/HIV-2 Antibody Differentiation test should have an HIV-1 nucleic acid test (NAAT) to confirm or rule out infection.

**HIV-1 Western Blot (Supplemental Test):**

Traditionally the second antibody test in standard laboratory sequence, now being replaced by the HIV-1/HIV-2 Type Differentiation test. Results are Reactive, Nonreactive, or Indeterminate. Patients who test reactive on an initial screen and then nonreactive or indeterminate on HIV-1 Western Blot should have an HIV-1 nucleic acid test (NAAT) to confirm or rule out infection.

**HIV-1 RNA/DNA Qualitative NAAT:**

The HIV-1 Nucleic Acid Amplification Test (NAAT or simply, NAT) detects the RNA or DNA of the HIV virus itself. At this time, most laboratories do not automatically perform a NAAT to sort out conflicting test results, where the initial screen was reactive but the second, supplemental test was negative or indeterminate. The physician must order the follow-up test. A few laboratories will run all 3 tests on the initial specimen when indicated.

**OTHER:**

Select this test name **ONLY** when you are reporting other, less common test results that are not listed elsewhere in the drop down menu (i.e., IFA, HIV-2 Western blot, p24 antigen test with confirmation.)

**Last Negative Test (prior to HIV diagnosis):**

If a prior negative HIV test is documented on an infected patient, indicate collection date of the most recent negative test result. NOTE: This documented last negative test date is different from the "Date of most recent negative test" in Section XII HIV Testing and Treatment History, which is from the patient's recollection.

**HIV Care Tests:**

**HIV-1 RNA Assay Quantitative Viral Load:**

The viral load detects and quantifies the level of HIV-1 RNA in the bloodstream and is used to monitor disease progression and therapy. It is not meant to be a diagnostic test; however, a detectable level of virus in the blood confirms infection for surveillance purposes.

Record both the earliest and most recent viral load tests. Include date of collection. Enter number of copies per milliliter, plus ">" (greater than) or "<" (less than) if applicable. Log results are no longer collected. If the lab report also includes "Detectable" or "Undetectable" result, check the appropriate radio button.

### CD4 Count and Percentage:

Record the CD4 cell count and percent closest to the current diagnostic status (i.e., HIV or Stage 3 (AIDS) as well as the first CD4 count/percent less than 200/ul or less than 14% of total lymphocytes. The CD4 percentage of less than 14% of total lymphocytes is no longer used to classify infections as Stage 3 (AIDS), unless a CD4 count is not available.

### HIV Genotype:

Indicate if the patient has received an HIV genotype test and if possible the specimen collection date and whether it was a Sanger Sequence or Deep or NextGen Sequence.

#### **SECTION X.**

#### **Stage 3 (AIDS) Opportunistic Illnesses**

For Stage 3 (AIDS) reports, select the name of the opportunistic illness from the drop-down list and enter the 'Illness Diagnosis Date'. Below is a list of all opportunistic illnesses:

- Candidiasis, bronchi, trachea, or lungs
- Candidiasis, esophageal
- Carcinoma, invasive cervical
- Cryptococcosis, extrapulmonary
- Cytomegalovirus retinitis (with loss of vision)
- Cryptosporidiosis, chronic intestinal (>1 mo. duration)
- Cytomegalovirus disease (other than in liver, spleen, or nodes)
- Coccidioidomycosis, disseminated or extrapulmonary
- Herpes Simplex: chronic ulcer(s) > (1 mo. duration) or bronchitis, pneumonitis, or esophagitis
- HIV encephalopathy
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (> 1 mo. duration)
- Kaposi's sarcoma
- Lymphoid interstitial pneumonia and/or pulmonary lymphoid
- Lymphoma, Burkitt's (or equivalent)
- Lymphoma, immunoblastic (or equivalent)
- Lymphoma, primary in brain
- Mycobacterium avium complex or M.kansasii disseminated or extrapulmonary
- M. tuberculosis, pulmonary

- M. tuberculosis, disseminated or extrapulmonary
- Mycobacterium, of other/unidentified species, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Pneumonia, recurrent, in 12 mo. period
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain, onset at >1 mo. of age
- Wasting syndrome due to HIV

**SECTION XI.**  
**Treatment/Services Referrals**

Select the appropriate response to: "Patient informed of their infection?" and "This patient's partners will be notified about their HIV exposure and counseled by:" Under Michigan law, notifying the known sex or needle-sharing partners of HIV-infected patients is an affirmative duty of the attending physician (clinical care provider). This responsibility may be discharged to local public health by selecting the 'Local Health Dept' radio button.

**SECTION XII.**  
**Women Only**

For women, list all known obstetrical information as requested. Indicate whether the patient is currently pregnant, whether referred to an obstetrician and list their EDC (due date). Provide birth information, if applicable, for their most recent birth: child's date of birth and address of birth hospital. Enter "home birth" if born at home and include the full name of the child.