DCH-1355, MICHIGAN ADULT HIV CONFIDENTIAL CASE REPORT
(Patients > 13 years of age)

Michigan Department of Health and Human Services (MDHHS)
Fax Number: 313-456-1580
(Revised 5-24)

SECTION 1 - SURVEILLANCE USE ONLY

Document ID **MI00-**	eHARS Entry Date	State Number
Soundex Code	Date Received at Surveillance	Document Source
Report Status ☐ New ☐ Update	Report Medium ☐ FV ☐ F ☐ T ☐ E	Surveillance Method ☐ A ☐ F ☐ P ☐ R
Aphirm Entry Date	Aphirm Person ID Number	Sticky Number

SECTION 2 – FACILITY PROVIDING INFORMATION

☐ Same as Facility of Diagnosis ☐ Same as Current Provider of Care

Date Form Completed | Person Completing Form

Facility Completing Form | Phone Number

SECTION 3 – PATIENT IDENTIFIER INFORMATION

Patient Legal Name (Last, First, Middle) ☐ Alias ☐ Maiden Name (Last, First, Middle)

Address Type
☐ Residential ☐ Correctional ☐ PO ☐ Temporary ☐ Homeless ☐ Shelter ☐ Foster Home

Current Address

City | County | State | Zip Code

Phone Number | Mobile Number | Social Security Number

Residence at Diagnosis (check all that apply)
☐ Residence at HIV diagnosis ☐ Residence at Stage 3 (AIDS) Diagnosis

Address ☐ Same as Current Address

City | County | State | Zip Code

SECTION 4 – DEMOGRAPHIC INFORMATION – COMPLETE ALL FIELDS

Case Status
☐ HIV Infection ☐ Stage 3 (AIDS)

Do you suspect this is an acute (recent) infection?
☐ Yes ☐ No

Sex at Birth ☐ Male ☐ Female

Patient Name (Last, First) State Number

Gender Identity
☐ Man ☐ Woman ☐ Transgender Man ☐ Transgender Woman
☐ Additional Gender Identity

Sexual Orientation
☐ Heterosexual ☐ Lesbian/Gay ☐ Bisexual ☐ Declined to Answer
☐ Additional Sexual Orientation

Date of Birth Alias Date of Birth County of Birth
☐ US ☐ Unk ☐ Other (specify)

Vital Status Death Date State/Territory of Death
☐ Alive ☐ Dead ☐ Unk

Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Lives with partner

Race
☐ Black (African American) ☐ White ☐ Asian ☐ American Indian/Alaskan ☐ Native Hawaiian/Pl

Ethnicity
Arab ☐ Yes ☐ No ☐ Unk Latino/Hispanic ☐ Yes ☐ No ☐ Unk

SECTION 5 – FACILITY OF DIAGNOSIS

☐ Site of 1st Positive test for HIV Diagnosis ☐ Site of Stage 3 (AIDS) Diagnosis

Facility Name Phone Number

Address City State Zip Code

Provider Name (Last, First) Provider Specialty Medical Record Number

SECTION 6 – CURRENT PROVIDER OF HIV CARE ☐ Same as Facility of Diagnosis

Provider Name (Last, First) Facility

City State Zip Code Phone Number

SECTION 7 – PATIENT HISTORY (complete all fields)
Before HIV Diagnosis, patient had

Sex with a male	☐ Yes	☐ No	☐ Unk
Sex with a female	☐ Yes	☐ No	☐ Unk
Injected non-prescription drugs	☐ Yes	☐ No	☐ Unk
Transplant/transfusion/clotting disorder(and is claiming this as their source of HIV infection)	☐ Yes	☐ No	☐ Unk
High risk sex (detail in comment section)	☐ Yes	☐ No	☐ Unk
Heterosexual sex with an injection drug user (IDU)	☐ Yes	☐ No	☐ Unk
Heterosexual sex with a bisexual male (females only)	☐ Yes	☐ No	☐ Unk
Heterosexual sex with person known to have HIV/AIDS	☐ Yes	☐ No	☐ Unk
Was patient perinatally infected?	☐ Yes	☐ No	☐ Unk

Patient Name (Last, First) State Number

SECTION 8 – DOCUMENTED LAB DATA

(You may add copies of lab results to this form and may fax form to 313-456-1580).

Type of Test At least 2 Antibody Tests must be indicated for an HIV diagnosis IA = ImmunoAssay	**Collection Date**	Rapid Test	Positive or Reactive	Reactive for AG	Reactive for AB	HIV 1 Ab Positive	HIV 2 Ab Positive	Indeterminate	Undifferentiated	Negative or Non-Reactive	Manufacturer
HIV-1/2 Ag/Ab **Lab** IA Screen (4th Gen Screen)		N	☐					☐		☐	Numerous
HIV-1/2 Ag/Ab **Lab** IA Screen (5th Gen Screen)		N		☐		☐	☐		☐	☐	BioPlex
HIV-1/2 Ag/Ab **Lab** IA (4th Gen Discriminating Screen)		N		☐	☐					☐	Roche Duo
HIV-1/2 Ag/Ab **Rapid** IA (4th Gen Discriminating Screen)		Y		☐	☐					☐	Abbott Determine
HIV-1/2 Ab IA (2nd or 3rd Gen Screen)		Y N	☐							☐	
HIV-1/HIV-2 Type Differentiating IA (Confirmatory Test)		Y				☐	☐	☐	☐	☐	Geenius or VioOne
HIV-1 Western Blot (Confirmatory Test)		N	☐					☐		☐	
HIV-1 RNA/DNA Qualitative NAAT		N	☐							☐	Roche, Aptima
HIV-2 RNA/DNA Qualitative NAAT		N	☐							☐	Roche
Rapid Home Self-Testing HIV Screen		Y	☐							☐	Oraquick
HIV-Syphilis Rapid Screen (Report HIV Results Only)		Y				☐	☐			☐	Chembio DPP
Last Negative Test (prior to HIV diagnosis)		Y N								☐	

If HIV lab tests were NOT documented, is HIV diagnosis confirmed by a clinical care provider? ☐ Yes ☐ No ☐ Unk

If yes, provide date of documentation by care provider.

Patient Name (Last, First) | State Number

HIV-1 RNA Assay Quantitative Viral Load

☐ Detectable | Copies/mL | Collection Date
☐ Undetectable

CD4 Count at or closest to current diagnostic status

CD4 Count cells/ul | CD4 Percentage % | Collection Date

HIV Genotype

Laboratory | Collection Date

SECTION 9 – STAGE 3 (AIDS) OPPORTUNISTIC ILLNESSES

(See instructions for a list of opportunistic illnesses)

Name of Opportunistic Illness | Illness Diagnosis Date

Date questions answered by patient

SECTION 10 – TREATMENT/SERVICES REFERRALS (MI law requires providers to notify known partners or request help from LHD)

Patient Informed of HIV infection? ☐ Yes ☐ No ☐ Unk

Patient's partners will be notified of exposure and counseled by
☐ Local Health Department ☐ Clinical Care Providers

SECTION 11 – WOMEN/BIRTHING PERSON ONLY

Patient currently pregnant? ☐ Yes ☐ No ☐ Unk | If yes, referred to OB? ☐ Yes ☐ No ☐ Unk | EDC (Due Date)

Patient delivered live infants? ☐ Yes ☐ No ☐ Unk | If yes, Most Recent Delivery Date | Child Name

Delivery Hospital | City | State

SECTION 12 – HIV TESTING AND TREATMENT HISTORY (TTH)

Main Source of the TTH Info
☐ Medical Record Review ☐ Provider Report ☐ Patient Interview ☐ Other

First Positive Test Reported by Patient

Ever have previous positive HIV test? ☐ Yes ☐ No ☐ Unk | Date of 1st positive HIV test | Number of negative tests in 24 months before 1st positive test ☐ Unk

Negative Tests Reported by Patient

Ever test negative? ☐ Yes ☐ No ☐ Unk | Date of most recent negative test. | Number of negative tests in 24 months before 1st positive test ☐ Unk

Patient Name (Last, First) State Number

History of any Antiretroviral Treatment (ARV) Use ☐ Check here if no ARV use ever

	ARV Used	Date Began	Date of Last Use
For HIV TX?			
For PrEP?			
For PEP?			
For pregnancy?			

Currently using ARV ☐ Yes ☐ No

Date of most recent use

Date of last use

SECTION 13 – COMMENTS

Comments

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