

Immunological and virological status

Please give available results from initial date of HIV diagnosis (only one height/weight per year required):

Date	CD4 count (cells/mm ³)	CD4%	Total lymphocytes	HIV RNA load (copies/ml)	Height (cm)	Weight (kg)

Clinical status

Has this child been diagnosed with AIDS?

Y / N

Date of AIDS diagnosis: AIDS indicator disease:

.....

Has the child ever had any of the following? If yes, please provide date of onset:

Unexplained moderate malnutrition	Y / N	.....
Unexplained persistent diarrhoea (>13 days)	Y / N	.....
Unexplained persistent fever (>1 month)	Y / N	.....
Persistent oral candidiasis (after first 6-8 weeks of life)	Y / N	.....
Oral hairy leukoplakia	Y / N	.....
Acute necrotizing ulcerative gingivitis or periodontitis	Y / N	.....
Lymph node tuberculosis	Y / N	.....
Pulmonary tuberculosis	Y / N	.....
Severe recurrent bacterial pneumonia	Y / N	.....
Symptomatic lymphoid interstitial pneumonitis	Y / N	.....
Chronic HIV-associated lung disease	Y / N	.....
Unexplained severe wasting, stunting or severe malnutrition	Y / N	.....
Pneumocystis pneumonia	Y / N	.....
Recurrent severe bacterial infections(excluding pneumonia)	Y / N	.....
Chronic HSV infection	Y / N	.....
(orolabial or cutaneous of >1 mth duration or visceral at any site)		
Extrapulmonary tuberculosis	Y / N	.....
Kaposi sarcoma	Y / N	.....
Oesophageal candidiasis	Y / N	.....
(or candidiasis of trachea, bronchi or lungs)		
Central nervous system toxoplasmosis (after age 1 mth)	Y / N	.....
HIV encephalopathy	Y / N	.....
CMV infection: retinitis or another organ (after age 1 mth)	Y / N	.....
Extrapulmonary cryptococcosis (including meningitis)	Y / N	.....
Disseminated endemic mycosis	Y / N	.....
(extrapulmonary histoplasmosis, coccidiomycosis)		
Chronic cryptosporidiosis	Y / N	.....
Chronic isosporiasis	Y / N	.....
Disseminated non-tuberculous mycobacterial infection	Y / N	.....
Cerebral or B-cell non-Hodgkin lymphoma	Y / N	.....
Progressive multifocal leukoencephalopathy	Y / N	.....
Symptomatic HIV-associated nephropathy	Y / N	.....
HIV-associated cardiomyopathy	Y / N	.....

Has the child had any of the following within the past 6 months?

If yes, provide date of onset:

Persistent generalized lymphadenopathy	Y / N	.....
Persistent hepatosplenomegaly	Y / N	.....
Papular pruritic eruptions	Y / N	.....
Extensive wart virus infection	Y / N	.....
Extensive molluscum contagiosum	Y / N	.....
Fungal nail infections	Y / N	.....
Recurrent oral ulcerations	Y / N	.....
Unexplained persistent parotid enlargement	Y / N	.....
Lineal gingival erythema	Y / N	.....
Herpes zoster	Y / N	.....
Recurrent or chronic upper respiratory tract infections (otitis media, otorrhoea, sinusitis or tonsillitis)	Y / N	.....

Has the child been hospitalized in the past 6 months? Y / N If yes, please provide:

Duration of stay: Days

Reason:

Coinfections

Was this child born to a mother with known HCV coinfection (ie anti-HCV positive)? Y / N / unknown

If this child is aged ≥ 18 months then please provide their HCV seropositivity status here:

Anti-HCV Positive / Negative Date: / Not tested

Was this child's mother :	HBsAg positive?	Y / N / never tested / unknown
	HBeAg positive?	Y / N / never tested / unknown

Has this child been vaccinated against HBV? Y / N / unknown

What is the HBV status of this child?

HBsAg Positive / Negative Date: / not tested

HBeAg Positive / Negative Date: / not tested

******If this child is HCV seropositive, please complete
the additional section at the end of this form*******

Treatment**Has the child ever received any antiretroviral therapy** (excluding PMTCT prophylaxis)?

No / Yes (if yes, please specify below. If ongoing, leave date stopped column blank)

Drug	Total daily dose	Dose unit (mg or ml)	Frequency per day (1)	Formulation (2)	Start date	End date (blank if use ongoing)	Reason for stopping (3)

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(1) **Frequency per day:** 1=1 daily dose / qd; 2=2 daily doses/bid; 3=3 daily doses/tid

(2) **Formulation:** 1 = tablet/capsule/gelcap; 2 = liquid/syrup/suspension; 3 = combination of 1 and 2; 4= other

(3) **Reason for stopping:** coding as follows:

1 = Treatment failure (i.e. virological, immunological, and/or clinical failure)	92.2 = Treatment too complex
2 = Abnormal fat redistribution	92.3 = Drug interaction
3 = Concern of cardiovascular disease	93 = Structured Treatment Interruption (STI)
4 = Hypersensitivity reaction	94 = Patient's wish/decision
5 = Toxicity	94.1 = Non-compliance
70 = Pregnancy – toxicity concerns	95 = Physician's decision
92 = Availability of more effective treatment	98 = Other causes
92.1 = Simplified treatment available	99 = Unknown

Prophylaxis

Has the child ever received any prophylaxis (e.g. to prevent PCP, TB etc) No / Yes

Drug name	Date started	Date stopped	Currently taken?
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Measurements

Date of measurements (dd/mm/yy)

(Weight and height to be recorded on the table on page 1)

Waist circumference (cm) Hip circumference (cm)

Tanner score for pubertal stage (I - V):

For girls: age at menarche (years and months) or not yet applicable ☐

Blood pressure (mm/Hg): 1. 2. 3.

Please perform 3 measurements, ≥ 10 minutes apart

Other tests Please provide results:

Date blood drawn (dd/mm/yy)

Total cholesterol (mg/dl):

Please ring:

Fasting / non-fasting

Triglycerides (mg/dl):

Fasting / non-fasting

ALT (U/l):

Neutrophils (cells/mm³):

Haemoglobin (g/dl):

Does the child have impaired fasting glucose? (110-125 mg/dl)

Yes / No

Does the child have impaired glucose tolerance?

Yes / No

(i.e. fasting glucose < 126 mg/dl and glucose value 2 hours post oral glucose tolerance test of 140-199 mg/dl)

Body fat redistribution

Please complete the following table, with one tick (✓) per row.

“Mild” symptoms are defined as those only noticeable when specifically inspected, “moderate” as readily obvious to the child / carer and “severe” as obvious to a casual observer.

	Normal	Mild	Moderate	Severe
Fat loss				
Face (sunken cheeks, sunken eyes, prominent zygomatic arch)				
Arms (skinny; prominent veins, muscularity and bones)				
Legs (skinny; prominent veins, muscularity and bones)				
Buttocks (loose skin folds, prominent muscles, loss of contour and fat, hollowing)				
Fat accumulation				
Trunk (increase in abdominal girth)				
Base of neck / back (“buffalo hump”)				
Breast enlargement				

Children with HCV coinfection

Please complete this section if this child is:

- Aged >18 months
- Seropositive for HCV antibodies

HCV genotype (if available):

Has this child had a liver biopsy?

N / Y

date:

result:

Has this child had a fibroscan/ultrasound?

N / Y

date:

result:

Has this child received treatment for HCV infection or is such treatment ongoing?

N / Y

Reason for starting treatment:

Drug(s):.....

Doses:

Start date:

Stop date (leave blank if ongoing):

Was this treatment stopped prematurely?

N / Y

If yes, reason:

What was the outcome of treatment (e.g. early virologic response, sustained virologic response) ?

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If any HCV RNA PCR test results are available, please provide them here (before, during and after treatment):

HCV RNA copies/ml Date blood drawn:.....

HCV RNA copies/ml Date blood drawn:.....

HCV RNA copies/ml Date blood drawn:.....

Please report any ALT measurements on page 4.