U.S. Department of Health & Human Services

Perinatal HIV Exposure Reporting (PHER)

Centers for Disease Control and Prevention

Infant's State Number _____ Mother's State Number _____

Infant's City Number _____ Mother's City Number _____

Form Approved OMB No. 0920-0573 Exp. Date 06/30/2019

1. If information on the mother is not available, was the child adopted, or in foster care?

☐ Yes ☐ No ☐ Not applicable

2. Records abstracted

(**1** = Abstracted, **2** = Attempted—record not available, **3** = Not abstracted, **4** = Attempted—will try again)

_____Prenatal care records

_____Maternal HIV clinic records

_____Labor and delivery records

_____Pediatric birth records

_____Pediatric HIV medical records

_____ Pediatric medical records (non-HIV clinic or provider)

_____ Birth certificate

_____ Death certificate

_____ Health department records

_____ Other (Specify) _____

3. Weeks' gestation at first prenatal care visit

__ __ weeks

4. Was the mother screened for any of the following during pregnancy?

(Check test(s) performed before birth, but closest to date of delivery or admission to labor and delivery)

	Yes	Date (mm/dd/yyyy)	No	Not documented	Record not available	Unknown
Group B strep	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Hepatitis B (HBsAg)	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Rubella	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Syphilis	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐

5. Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery

(See instructions for data abstraction for definitions)

	Yes	Date (mm/dd/yyyy)	No	Not documented	Record not available	Unknown
Bacterial vaginosis	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Chlamydia trachomatis infection	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Genital herpes	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Gonorrhea	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Group B strep	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Hepatitis B (HbsAg+)	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Hepatitis C	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
PID	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Syphilis	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐
Trichomoniasis	☐	__ __/__ __/__ __ __ __	☐	☐	☐	☐

6. Mother's reproductive history

_____ No. of previous pregnancies _____ No. of previous miscarriages or stillbirths

_____ No. of previous live births _____ No. of previous induced abortions **OR** _____ Total No. of previous abortions

7. Complete the chart for all siblings.

	Date of birth (mm/dd/yyyy)	Age (yrs: mos as of mm/yyyy)	HIV serostatus (See list below)	State Number	City Number
Sib 1	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_____	_____	_____
Sib 2	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_____	_____	_____
Sib 3	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_____	_____	_____
Sib 4	__ __/__ __/__ __ __ __	___:___ as of __ __/__ __ __ __	_____	_____	_____

HIV serostatus: **1** = Infected, **2** = Not infected, **3** = Indeterminate, **9** = Not documented, **U** = Unknown

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0573). **Do not send completed form to this address**.

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV. Information in CDC's National HIV Surveillance System that would permit identification of any individual on whom a record is maintained is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

8. Was substance use during pregnancy noted in the medical or social work records?

☐ Yes ☐ No (**Go to 9**) ☐ Record not available (**Go to 9**) ☐ Unknown

8a. If yes, indicate which substances were used during pregnancy. (Check all that apply)

☐ Alcohol ☐ Cocaine ☐ Marijuana (cannabis, THC, cannabinoids) ☐ Opiates
☐ Amphetamines ☐ Crack cocaine ☐ Methadone ☐ Other (Specify) _____
☐ Barbiturates ☐ Hallucinogens ☐ Methamphetamines ☐ Specific drug(s) not documented
☐ Benzodiazepines ☐ Heroin ☐ Nicotine (any tobacco product)

8b. If substances used, were any injected?

☐ Yes ☐ No ☐ Not documented ☐ Unknown ☐ Specify injected substance(s). _____

9. Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?

☐ Yes, positive result (Check all that apply)

☐ Alcohol ☐ Cocaine ☐ Marijuana (cannabis, THC, cannabinoids) ☐ Opiates
☐ Amphetamines ☐ Crack cocaine ☐ Methadone ☐ Other (Specify) _____
☐ Barbiturates ☐ Hallucinogens ☐ Methamphetamines ☐ Specific drug(s) not documented
☐ Benzodiazepines ☐ Heroin ☐ Nicotine (any tobacco product)

☐ Yes, negative result
☐ No
☐ Toxicology screen not documented

10. Was a toxicology screen done on the infant at birth?

☐ Yes, positive result (Check all that apply)

☐ Alcohol ☐ Cocaine ☐ Marijuana (cannabis, THC, cannabinoids) ☐ Opiates
☐ Amphetamines ☐ Crack cocaine ☐ Methadone ☐ Other (Specify) _____
☐ Barbiturates ☐ Hallucinogens ☐ Methamphetamines ☐ Specific drug(s) not documented
☐ Benzodiazepines ☐ Heroin ☐ Nicotine (any tobacco product)

☐ Yes, negative result
☐ No
☐ Toxicology screen not documented

11. Was the mother's HIV serostatus noted in her prenatal care medical records?

☐ Yes, HIV-positive ☐ Yes, HIV-negative ☐ No ☐ No prenatal care ☐ Record not available ☐ Unknown

12. Were antiretroviral drugs prescribed for the mother during this pregnancy?

☐ Yes (**Complete table**) ☐ No (**Go to 12a**) ☐ Not documented (**Go to 13**) ☐ Record not available (**Go to 13**) ☐ Unknown (**Go to 13**)

	Drug name	Drug refused	Date drug started (mm/dd/yyyy)	Gestational age drug started (weeks; round down)	Drug stopped Yes	Drug stopped No	Drug stopped ND	Date stopped (if yes in preceding column) (mm/dd/yyyy)	Stop codes (See list on p. 4)
i.	_____	☐	__ __/__ __/__ __ __ __	_____	☐	☐	☐	__ __/__ __/__ __ __ __	_____
ii.	_____	☐	__ __/__ __/__ __ __ __	_____	☐	☐	☐	__ __/__ __/__ __ __ __	_____
iii.	_____	☐	__ __/__ __/__ __ __ __	_____	☐	☐	☐	__ __/__ __/__ __ __ __	_____
iv.	_____	☐	__ __/__ __/__ __ __ __	_____	☐	☐	☐	__ __/__ __/__ __ __ __	_____
v.	_____	☐	__ __/__ __/__ __ __ __	_____	☐	☐	☐	__ __/__ __/__ __ __ __	_____
vi.	_____	☐	__ __/__ __/__ __ __ __	_____	☐	☐	☐	__ __/__ __/__ __ __ __	_____

(**After completing table, go to 13**)

12a. If no antiretroviral drug was prescribed during pregnancy, check reason.

☐ No prenatal care ☐ Mother known to be HIV-negative during pregnancy ☐ Not documented ☐ Unknown
☐ HIV serostatus of mother unknown ☐ Mother refused ☐ Other (Specify) _____

13. Was mother's HIV serostatus noted in her labor and delivery records?

☐ Yes, HIV-positive ☐ Yes, HIV-negative ☐ No ☐ Record not available ☐ Unknown

14. Did mother receive antiretroviral drugs during labor and delivery?

☐ Yes (**Complete table**) ☐ No (**Go to 14a**) ☐ Not documented (**Go to 15**) ☐ Record not available (**Go to 15**) ☐ Unknown (**Go to 15**)

	Drug name	Drug refused	Date received (mm/dd/yyyy)	Time received (See military time)	Type of administration: Oral	IV	Not documented
i.	_____	☐	__ __/__ __/__ __ __ __	_____ : _____	☐	☐	☐
ii.	_____	☐	__ __/__ __/__ __ __ __	_____ : _____	☐	☐	☐
iii.	_____	☐	__ __/__ __/__ __ __ __	_____ : _____	☐	☐	☐
iv.	_____	☐	__ __/__ __/__ __ __ __	_____ : _____	☐	☐	☐
v.	_____	☐	__ __/__ __/__ __ __ __	_____ : _____	☐	☐	☐
vi.	_____	☐	__ __/__ __/__ __ __ __	_____ : _____	☐	☐	☐

(**After completing the table, go to 15**)

Military time: noon = 12:00; midnight = 00:00

14a. If no antiretroviral drug was received during labor and delivery, check reason.

☐ Precipitous delivery/STAT Cesarean delivery
☐ Prescribed but not administered
☐ HIV serostatus of mother unknown
☐ Birth not in hospital
☐ Mother tested HIV-negative during pregnancy
☐ Mother refused
☐ Other (Specify) _____
☐ Not documented
☐ Unknown

15. Was mother referred for HIV care after delivery?

☐ Yes ☐ No (**Go to 17**) ☐ Not documented (**Go to 17**) ☐ Record not available (**Go to 17**) ☐ Unknown

16. If yes, indicate mother's first CD4 result or first viral load result after discharge from hospital

(up to 6 months after discharge).

16a. CD4 result ☐ Not done ☐ Not available

Result	Unit	Date blood drawn (mm/dd/yyyy)
__ __ __ __	cells/µL	__ __/__ __/__ __ __ __
__ __	%	__ __/__ __/__ __ __ __

16b. Viral load result ☐ Not done ☐ Not available

Result in copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
_____	_____	__ __/__ __/__ __ __ __

17. Birth information ☐ Birth not in hospital ☐ Record not available

	Time (See military time)	Date (mm/dd/yyyy)		Time (See military time)	Date (mm/dd/yyyy)
Onset of labor	__ __:__ __	__ __/__ __/__ __ __ __	Rupture of membranes	__ __:__ __	__ __/__ __/__ __ __ __
Admission to labor and delivery	__ __:__ __	__ __/__ __/__ __ __ __	Delivery	__ __:__ __	__ __/__ __/__ __ __ __

Military time: noon = 12:00; midnight = 00:00

18. If Cesarean delivery, mark all the following indications that apply.

☐ HIV indication (high viral load)
☐ Previous Cesarean (repeat)
☐ Malpresentation (breech, transverse)
☐ Prolonged labor or failure to progress
☐ Mother's or physician's preference
☐ Fetal distress
☐ Placenta abruptia or p. previa
☐ Other (*e.g., herpes, disproportion*) (Specify)_____
☐ Not specified
☐ Not applicable

19. Was mother's HIV serostatus noted on the child's birth record?

☐ No ☐ Yes, HIV-positive ☐ Yes, HIV-negative ☐ Record not available ☐ Unknown

20. Were antiretroviral drugs prescribed for the child?

☐ Yes (**Complete table**) ☐ No (**Go to 20a**) ☐ Not documented ☐ Record not available ☐ Unknown

	Drug name	Drug refused	Date drug started (mm/dd/yyyy)	Time started (See military time)	Drug stopped Yes	No	ND	UNK	Stop date (if therapy not completed) (mm/dd/yyyy)	Stop codes (See list)
i.	_____	☐	__ __/__ __/__ __ __ __	____ : ____	☐	☐	☐	☐	__ __/__ __/__ __ __ __	_____
ii.	_____	☐	__ __/__ __/__ __ __ __	____ : ____	☐	☐	☐	☐	__ __/__ __/__ __ __ __	_____
iii.	_____	☐	__ __/__ __/__ __ __ __	____ : ____	☐	☐	☐	☐	__ __/__ __/__ __ __ __	_____
iv.	_____	☐	__ __/__ __/__ __ __ __	____ : ____	☐	☐	☐	☐	__ __/__ __/__ __ __ __	_____
v.	_____	☐	__ __/__ __/__ __ __ __	____ : ____	☐	☐	☐	☐	__ __/__ __/__ __ __ __	_____
vi.	_____	☐	__ __/__ __/__ __ __ __	____ : ____	☐	☐	☐	☐	__ __/__ __/__ __ __ __	_____

Military time: noon = 12:00; midnight = 00:00

20a. If no antiretroviral drug was prescribed, indicate reason.

☐ HIV serostatus of mother unknown
☐ Mother known to be HIV-negative during pregnancy
☐ Mother refused
☐ Other (Specify) _____
☐ Not documented

Stop codes (2 codes allowed; if more, choose the 2 most important)

S1 = Adverse events (toxicity, lack of tolerance)
S2 = ART completed
S3 = Drug resistance detected
S4 = Poor adherence
S5 = Inadequate effectiveness
S6 = Strategic treatment interruption (planned drug holiday)
S7 = Drug interactions
S8 = Mother's choice
S9 = Pregnancy
S10 = Child determined not to be HIV infected
S11 = Improving effectiveness
S12 = Improving convenience
S13 = Reason not indicated; unknown
S14 = Mother couldn't afford drugs
Sxx = Other reason

List of abbreviations

ART	antiretroviral therapy
ND	not documented
PCP	*Pneumocystis jirovecii* pneumonia [*jirovecii* is now preferred to *carinii;* abbreviation is the same]
PID	pelvic inflammatory disease
STAT	immediately (*statim*)

Comments

Please include comments or clinical information you consider relevant to the overall understanding of this child's HIV exposure or infection status. State the date and source of the information.