



October 26, 2007

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manual

Re: **AIDS Case Reporting Form – 2007 Version**

Please note the following changes to the Communicable Disease Control Manual, Chapter 5 – Sexually Transmitted Infections

Section II – HIV/AIDS – HIV-1 and HIV-2 Counselling and Follow Up Policy:

- Table of Contents updated to include Appendix 10

Page 27, Section 11 - Appendix:

- Appendix 10 added.

In British Columbia AIDS reporting is accomplished by submitting a BC AIDS Case Report Form to the Division of STI/HIV Prevention and Control, BCCDC. This version of the form has been updated from the previous version (July 2000) to include more AIDS Defining Illnesses and to expand the collection of personal information for enhanced surveillance purposes. The following new data fields have been added to the form:

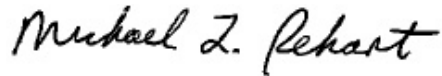
- Client full name (previously initials only)
- Client address, postal code
- PHN
- Date of Death
- Client country of birth
- Year of arrival in Canada (if country of birth not Canada)
- Date of first positive HIV test (yyyy/mm/dd)
- Additional HIV risks: Sex Trade Worker (STW), STW/Injection Drug User, Women Who Have Sex with Women (WSW), Perinatal, Blood/Blood Product Recipient

Administrative Circular #2007:15

The BC Centre for Disease Control uses the epidemiological information gathered on the form for surveillance and reporting purposes. AIDS data is also routinely sent to the Public Health Agency of Canada (PHAC) for national reporting (all personal identifiers are removed).

If you have any questions or concerns, please contact Daphne Spencer, Nurse Educator, at telephone (604) 660-1979, fax (604) 775-0808 or by email at daphne.spencer@bccdc.ca

Sincerely,



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