

AIDS/2

U.K. HAEMOPHILIA CENTRE DIRECTORS' HEPATITIS WORKING PARTYACQUIRED IMMUNE DEFICIENCY SYNDROME SURVEYSPECTRUM OF DISEASE PRESENTATION IN THE
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Please complete and return to _____ at Oxford Haemophilia Centre a report form AIDS/3 for all patients with blood coagulation defects seen by your Centre who fulfil any of the following criteria. Although some patients meeting the following criteria may have other underlying conditions and/or immunosuppressive therapy accounting for AIDS-related findings, please report these patients anyway.

1. Diseases Specific for AIDS

The following diseases may be specific manifestations of or associated with AIDS. Report all patients with these diseases:

Malignancies

Kaposi's sarcoma
Lymphocytic leukemia
Lymphoma
Other lymphoreticular neoplasms

InfectionsParasitic

Pneumocystis carinii pneumonia
Toxoplasmosis (CNS or pulmonary)
Strongyloidosis (CNS or pulmonary)
Cryptosporidiosis (intestinal disease lasting longer than one month)

Fungal

Candidiasis - "thrush" (oral, pharyngeal, esophageal or systemic)
Cryptococcosis (CNS or pulmonary)
Zygomycosis (CNS or pulmonary)
Aspergillosis (CNS or pulmonary)
Nocardiosis (CNS or pulmonary)

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Viral

Cytomegalovirus disease (CNS, pulmonary or esophageal)
 Herpes simplex virus (extensive oral or genital
 disease or persisting longer
 than one month)
 Varicella zoster virus - herpes zoster, "shingles"
 (involving more than one
 dermatome or persisting longer
 than one month)

Bacterial

Tuberculosis (active, reactivated, and/or disseminated)
 Non-tuberculosis mycobacterial disease (e.g.,
M. avium [intracellulare]/Battery bacillus

2. AIDS-Related Diseases: - Nonspecific Diagnoses

The following "diseases" are non-specific diagnoses for which AIDS-specific diagnoses must be considered until a specific diagnosis is made.

Pneumonia
 Central nervous system dysfunction.

3. AIDS-Related Prodromal Symptoms and Signs

The following symptoms and signs have been common among AIDS cases prior to the diagnosis of the specific diseases listed above. Report all patients with any of these symptoms or signs:

Throat pain and difficulty swallowing (lasting more than a week)
 Shortness of breath
 Fever (lasting more than a week)
 Diarrhoea (lasting more than a week)
 Swollen lymph glands (lasting more than a month)
 Cough (lasting more than two weeks)
 Unexplained weight loss

4. Haematologic/Immunologic Abnormalities

The underlying defect leading to AIDS appears to be a loss of the "helper" subset of the T cell population of lymphocytes. The following laboratory test abnormalities are seen in a variable (depending on the test) proportion of AIDS cases. Please report all patients with the following abnormalities:

Lymphopenia (WBC x % lymphs in differential e.g.,
 4500 x .20 = 900) (consistently less than 1,000
 lymphocytes per mm³ on at least two occasions at
 least two weeks apart)
 In vitro lymphocyte stimulation test responses
 abnormally low
 Skin test allergy to delayed type hypersensitivity
 antigens

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T lymphocytes percent or absolute number abnormally low
T-helper lymphocytes percent or absolute number abnormally low
T-helper:T-suppressor lymphocyte ratio abnormally low (below 1.0)

5. Autoimmune Disorders

Idiopathic thrombocytopenia purpura
Coombs positive haemolytic anaemia
Demyelinating neuropathy (recent onset, unexplained)

1st March 1983

FORM AIDS/3

U.K. HAEMOPHILIA CENTRE DIRECTORS HEPATITIS WORKING PARTY

Surveillance of possible cases of the Acquired Immune Deficiency Syndrome (AIDS)

Form for reporting of cases. Please complete and return to at the Oxford Haemophilia Centre.

HAEMOPHILIA CENTRE:

NAME OF PATIENT:

D. OF B.: NATIONAL FILE DIAG./REG.NO.
(if known)

COAGULATION DEFECT:

DATE DISEASE (AIDS) FIRST SUSPECTED:

DATE OF ONSET OF SYMPTOMS:

PRESENT CONDITION: ALIVE/DEAD

Date of death

Was P.M. performed?

If yes, by whom
.....

Are any specimens of serum and/or lymph node or other organs from Biopsy or P.M. available for study? Yes*/No

*If yes, please specify:
.....

MAIN CLINICAL FEATURES (please tick appropriate box)

	Yes	No
Malaise	[]	[]
Loss of Weight (unexplained)	[]	[]
Fever (lasting more than one week)	[]	[]
Enlarged Lymph Nodes (lasting more than one month)	[]	[]
Diarrhoea (lasting more than one week)	[]	[]
Dyspnoea (lasting more than one month)	[]	[]
Cough (lasting more than two weeks)	[]	[]

Other Diseases: Please see document AIDS/2 and specify, including Date of Onset.

.....
.....
.....
.....

Other Symptoms and/or Signs (please specify)

.....
.....
.....

LABORATORY INVESTIGATIONS:

	<u>Date</u>	<u>Result</u>
Hb
Wbc
Absolute lymphocyte count
T cells
B cells (per cent)
T helper/suppressor ratio
IgG
IgM
IgA levels
Other (please specify)		
.....
.....
.....

SEROLOGICAL STUDIES:

CMV	....	.....
EBV	....	.....
Toxoplasma	....	.....
Herpes Simplex	....	.....
Varicella Zoster	....	.....
Other (please specify)		
.....
.....

ANY EVIDENCE OF SEXUAL CONTACT (please tick appropriate box)

HOMOSEXUAL [] HETEROSEXUAL [] BISEXUAL []

HEROIN ADDICTION? Yes/No

HAS THE PATIENT VISITED THE U.S.A. OR CARIBBEAN IN THE PAST
3 YEARS? Yes/No

If yes, where and when?

ANY CONTACT WITH OTHER PATIENTS KNOWN OR SUSPECTED TO HAVE AIDS?

Yes/No

If yes, please specify

HAS THE PATIENT RECEIVED ANY OF THE FOLLOWING BLOOD PRODUCTS?

	(a) Since 1.1.80		(b) Before 1.1.80	
Factor VIII concentrates:	Yes	No	Yes	No
Hemofil.	[]	[]	[]	[]
Koate	[]	[]	[]	[]
Factorate	[]	[]	[]	[]
Profilate	[]	[]	[]	[]
Prothrombin complex concentrates:				
Autoplex	[]	[]	[]	[]
Proplex	[]	[]	[]	[]

HAS THE PATIENT RECEIVED ANY OTHER BLOOD PRODUCTS SINCE 1st
JANUARY, 1980? (please tick appropriate box for materials
received)

Whole blood []
Plasma []
Cryoprecipitate []
Platelets []

NHS F.VIII concentrates:

- Elstree []
- Oxford []
- Edinburgh []

Commercial F.VIII concentrates:

- Kryobulin []

Prothrombin complex concentrates:

- NHS Oxford []
- NHS Edinburgh []
- FEIBA []
- Prothromplex []

Other (please-specify)

.....

HAS ANY SIMILAR ILLNESS OCCURRED IN HOUSEHOLD CONTACTS OF THE
 PATIENT? Yes*/No

*If yes, please specify nature:

.....

HAS THE PATIENT A HISTORY OF

- (a) treatment with immunosuppressive drugs? Yes/No
- (b) Deep x-ray therapy? Yes/No
- (c) Any illness which would result in immuno-
 deficiency? Yes*/No

*If yes, please specify

.....

FINAL CLINICAL DIAGNOSIS:

(signed)
 date