



## Priority Assessment

Assessor's Name: _____
Assessment Completion Date: ___/___/___      Month and Year of Pregnancy Outcome: _____
How the exposure was identified (e.g. surveillance, provider, etc.): _____

✓	<b>Criteria for Priority Case Review</b> <i>Case Definition: HIV-infected woman with exposed infant or fetus ≥ 24 weeks gestation</i>
<input type="checkbox"/>	1. The infant has been diagnosed with HIV infection or had at least one positive virologic test – <b>MUST BE REVIEWED</b>
<input type="checkbox"/>	2. Delivery within the last 24 months <sup>1</sup>
<input type="checkbox"/>	3. Case includes fetal, infant, and/or maternal death. Please indicate: <input type="checkbox"/> Fetal death <input type="checkbox"/> Infant death <input type="checkbox"/> Maternal death
<input type="checkbox"/>	4. Woman was under the age of 21 years at time of delivery
<input type="checkbox"/>	5. Woman was born outside the U.S.
<input type="checkbox"/>	6. The woman received late prenatal care, e.g. started in 3 <sup>rd</sup> trimester (≥ 28 wk gestation) <b>OR</b> The woman did not receive prenatal care
<input type="checkbox"/>	7. Woman experienced prolonged hospitalization (greater than 7 days) during pregnancy
<input type="checkbox"/>	8. There is no HIV viral load information for the woman available for the last 3 months of pregnancy
<input type="checkbox"/>	9. The woman received a late HIV diagnosis, i.e. during third trimester, during labor/delivery, or during postpartum period
<input type="checkbox"/>	10. The woman had a detectable HIV viral load at the time of delivery <b>OR</b> Viral load was unknown at the time of delivery
<input type="checkbox"/>	11. The woman had suspected or known acquisition of HIV during pregnancy or breast-feeding
<input type="checkbox"/>	12. The woman did not have a post-partum HIV care visit within 12 weeks
<input type="checkbox"/>	13. The woman had an unknown or detectable HIV viral load (greater than 1,000) within the first six months post-partum
<input type="checkbox"/>	14. The mother-infant pair did not receive all three arms of perinatal HIV prophylaxis (prenatal, labor/delivery, and neonatal).
<input type="checkbox"/>	15. The woman gave birth within the last 18 months of previous birth
<input type="checkbox"/>	16. No discussion of inter-pregnancy interval <b>And/Or</b> No discussion of contraception plan upon discharge from hospital

<sup>1</sup> While the National Resource Center recommends cases be reviewed within 24 months of the pregnancy outcome, some jurisdictions may still want to review cases that fall outside this time-frame as they may indicate specific systems issues.

	<i>The woman has experienced the following:</i>
<input type="checkbox"/>	17. Perinatal HIV infection
<input type="checkbox"/>	18. Co-infection (e.g. syphilis, gonorrhea, hepatitis B or C)
<input type="checkbox"/>	19. Suspected or known Intimate Partner Violence
<input type="checkbox"/>	20. Homelessness
<input type="checkbox"/>	21. Chemical dependency, addiction, or substance abuse
<input type="checkbox"/>	22. Mental illness
<input type="checkbox"/>	23. Developmental delay(s) or intellectual disability
<input type="checkbox"/>	24. Detention in jail OR incarceration during pregnancy or post-partum
<input type="checkbox"/>	25. Language or Cultural Barriers (e.g. refugee, non-English speaking, new immigrant)
<input type="checkbox"/>	26. Other:
<input type="checkbox"/>	27. Other:
<input type="checkbox"/>	28. Other:
<input type="checkbox"/>	29. Other:
<input type="checkbox"/>	30. Other:
	<b>SUBTOTAL Check marks <input checked="" type="checkbox"/> (#17 – 30)</b>
	<b>SUBTOTAL Check marks from previous page (#1 – 16)</b>
	<b>TOTAL Check Marks <input checked="" type="checkbox"/></b>