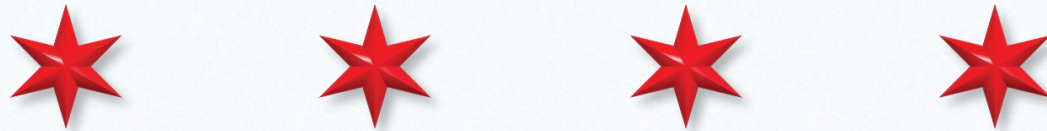


CHIMS | ELECTRONIC HIV/AIDS CASE REPORTING

OCTOBER 2021



Lori E. Lightfoot
Mayor



Allison Arwady, MD, MPH
Commissioner

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CHIMS [Chicago Health Information Management System] is an electronic surveillance system utilized by the Chicago Department of Public Health [CDPH] for the mandated[†] case reporting of sexually transmitted infections [STIs] and HIV/AIDS by Chicago health care professionals.[‡] The following instructions detail the procedures for electronically submitting HIV/AIDS case reports via CHIMS.

LOGGING IN TO THE CHIMS PROVIDER PORTAL

- ★ Go to the CHIMS Login Page at <https://chims.cityofchicago.org/maven/login.do>. Please only use Google Chrome  browser to access CHIMS.
- ★ Enter your **Username** and **Password** and click **Login**.

Chicago Health Information Management System



CDPH
Chicago Department
of Public Health

Chicago Health Information Management System Terms and Conditions of Use.

If you do not agree to be bound by the terms and conditions, promptly exit this application.
Terms Of Use

The Chicago Health Information Management System (CHIMS) and related services are provided subject to your compliance with the Terms and Conditions of Use set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This Agreement is entered into by and between the Chicago Department of Public Health (CDPH) and
This secure system provides a method for electronically entering, updating, reporting, and tracking notifiable conditions in the City of Chicago.

Login

Username:

Password:

Application: Main

[Reset password](#)

[†]For more information regarding the requirements for mandated reporting of sexually transmitted infections [STIs] and HIV/AIDS in the State of Illinois, refer to the following websites:

<http://www.ilga.gov/commission/icar/admincode/077/07700693sections.html> [STIs]
<https://www.ilga.gov/commission/icar/admincode/077/07700697sections.html> [HIV/AIDS]

[‡]The Illinois Administrative Code defines a health care professional as a physician [MD or DO] licensed to practice medicine in all its branches, a licensed physician's assistant [PA], or a licensed advanced practice nurse [APN].

CREATION OF NEW HIV EVENT

★ To begin the process of creating a new HIV event, click the **Paper Icon**.

Chicago Health Information Management System SHORTCUT BUTTONS [Home ? Enter Case ID Search Eric Warren]

TOOLBAR BUTTONS [Paper Icon Search Icon Reports Icon Recent Events Icon]

Welcome to the CHIMS Reporting Site

Getting Started

- To create a new case report, use the Create Event button on the tool bar above (far left).
- Your most recent case reports are listed below. To find older case reports, use the Search tool (magnifying glass) on the tool bar above.
- Click the link in the CASE ID column to see detailed information about a specific case report.
- To update your professional information, click on your name in the My Professional Information section below.
- To update your contact information, choose Edit Profile in the drop-down after clicking your name at the top right of the screen.
- Link to [State of Illinois â€” Reportable STIs and Laboratory Results](#).
- Link to [State of Illinois â€” HIV/AIDS Confidentiality and Testing Code](#).

My Professional Information

Name	Date Created	Last Updated
Eric Warren	02/11/2021	02/12/2021

My Recent Cases

Case ID	Date Created	Patient Name	Condition	Status
100000121	02/20/2021	HIV Test4	900 - HIV	Open
100000120	02/19/2021	STD Test7	700 - Syphilis	Open
100000112	02/11/2021	STD Test6	700 - Syphilis	Open
100000109	02/11/2021	STD Test5	700 - Syphilis	Open
100000106	02/09/2021	700 Test2	700 - Syphilis	Open

Provider labs imported by CDPH

My Lab Tests

Case ID	Patient Name	Specimen Collection Date	Specimen Source	Test	Result	Titer	Result Notes
100000121	HIV Test4	02/08/2021	Blood	HIV 1 and 2 Ab [Identifier] in Serum or Plasma by Rapid immunoassay	Positive (10828004)		
100000121	HIV Test4	02/08/2021	Blood	HIV 1 RNA [# /volume] (viral load) in Plasma by Probe & signal amplification method	Detected	250	
100000096	700 Test1	02/01/2021		Reagin Ab [Titer] in Serum by RPR		1:16	
100000096	700 Test1	02/01/2021		Treponema pallidum Ab c in Serum by Immunoassay	Reactive (G-A497)		
100000096	700 Test1	02/01/2021		Reagin Ab [Presence] in Serum by RPR	Reactive (G-A497)		

Filter:

Showing 1 to 5 of 5 entries First Previous **1** Next Last

TOOLBAR

- Create Event** | Create a new event
- Search Event** | Search for an existing event based on various search criteria
- Reports** | View/print and export reports from data entered in CHIMS [limited functionality]
- Recent Events** | Provide access to the last 20 events the user has opened or created

SHORTCUT

Home | Depending on where the user was prior to using this button, it will either take the user back to the Dashboard Screen or to the patient's Event Summary Screen.

Help | Currently Not Functional

Search | Allows the user to quickly open an event by entering the Event ID. Users may also perform free-text searches.

Administration | Allows the user to edit their profile or log out of the system.

- * In the Event Information section, select **900 – HIV** as the Disease.
- ATTENTION** | Before continuing, click [Search Person...](#) at the bottom of the page to ensure that the person does not have a pre-existing event.
- * Populate the fields for which you have information. Please ensure that you scroll down to view all of the fields.
- NOTE** | The case report will be flagged as incomplete if the fields highlighted in **Green** are not populated.

Create Event - Person Information

Event Information

Disease:

Add Person

First Name:

Middle Name:

Last Name:

Maiden/Other Name:

Mother's Maiden Name:

Birth Date:

Social Security Number:

Additional Demographics

Name Type:

 [Add New](#)

Alias Date of Birth:

 [Add New](#)

Sex at Birth:

Current Gender Identity:

Race:

- American Indian Alaskan Native
- Asian
- Black or African American
- White

Expanded Race:

Ethnicity:

↓ SCROLL DOWN TO CONTINUE DATA ENTRY ↓

★ Once all of the available information has been entered, click **Save** at the bottom of the screen.

NOTE | The case report will be flagged as incomplete if the fields highlighted in **Green** are not populated.

Emergency Contact First Name:	Emergency Contact Last Name:	
<input type="text"/>	<input type="text"/>	
Emergency Contact Relationship:		
<input type="text" value="▼"/>		
Emergency Contact Phone:		
<input type="text"/>		
Emergency Contact Street Address:	Emergency Contact Street Address 2:	
<input type="text"/>	<input type="text"/>	
Emergency Contact City:	Emergency Contact State:	Emergency Contact Zip Code:
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>
Contact Information		
Street:		
<input type="text"/>		
<input type="text"/>		
City:	State:	Zip Code:
<input type="text" value="Chicago"/>	<input type="text" value="▼"/>	<input type="text"/>
County:	Country:	
<input type="text" value="▼"/>	<input type="text" value="▼"/>	
Home Phone:	Mobile Phone:	Work Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:		
<input type="text"/>		
Contact Method:	Residence Type:	
<input type="text" value="▼"/>	<input type="text" value="▼"/>	
<input type="button" value="Search Person..."/>	<input type="button" value="Clear"/>	
<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Help"/>

ENTERING HIV CASE INFORMATION

★ To begin the process of entering HIV case information, double click [HIV Confidential Case Report Form](#).

Event Summary x

Basic Information

Event ID:	103462869
Disease:	900 - HIV
Person:	HIV Case1 Birth Date: 01/02/1993 Phone: (111) 111-1111
Dates:	Create Date: 09/11/2021
Maven Status:	Open
Linked Events/Contacts:	0 linked event(s)/contact(s)
Notifications:	General Notifications (1) Lot Number: Not answered
	General Notifications (1) Diagnosis Date: Not answered
	General Notifications (1) Diagnosis Code: Not answered

Edit Event Properties

Event Data

Person

Question Packages

Question Package	Person	Last Update	Updated By	Status
▶ HIV Confidential Case Report Form	HIV Case1	09/13/2021	Test Physician2 [eric.warren@cityofchicago.org]	Incomplete
Laboratory Test Results (read only)	HIV Case1	09/11/2021	Test Physician2 [eric.warren@cityofchicago.org]	Completed

View Question Package

SECTION 1 | Reporter Information

- ★ Select a **Reporting Facility** from the dropdown list. The location information will automatically populate in the Provider Information section.

Reporter Information	
* Date of report	09/11/2021
* Reporting facility	Englewood Medical Center (Test)
Person completing form	Test Physician2
* Reporter phone number	(773) 000-9996
* Reporter Email	eric.warren@cityofchicago

SECTION 2 | Provider Information

- ★ Enter the **Attending Clinician** and the **Reason for Visit**.
- ★ Select **Testing Clinician**, **Treating Clinician**, or both.

Provider Information	
* Attending clinician	
Clinician Phone Number	(312) 747-8900
* Street address	641 W 63RD St
* City	Chicago
* Reason for visit	
* Testing or treating clinician	<input type="checkbox"/> Testing <input type="checkbox"/> Treating
Department/clinic	
Alt. phone	
Street address 2	Lower Level
State	IL
* ZIP code	60621

SECTION 3 | Patient Identification

- ★ Enter the **Medical Record Number** [if known].
- ★ Select **Other ID Type** [e.g., HRSA URN, Ryan White Number, state number, etc.] from the dropdown list and populate **ID** [if available].

Patient Identification	
Patient First name	HIV
Last Name Soundex	
Alternate Name Type	
Alt first name	
Click to Select Address at the Time of Report	
Residence type	Unknown
Address Date	MM/DD/YYYY
Street address	2849 N Clark St
City	Chicago
County	Cook County
Social Security Number (SSN)	
Medical Record Number	
Other ID type	ID
Middle name	
Last name	Case1
Alt middle name	
Alt last name	
Street address 2	
State	IL
Zip code	60657
Country	USA
Phone	(111) 111-1111

SECTION 4 | Facility Providing Information

- ★ Select the **Facility Type** from the appropriate dropdown list.

Adult HIV Confidential Case Report Form (Patients ≥ 13 Years of Age at Time of Diagnosis)			
Facility Providing Information			
Facility Name	Englewood Medical Center (Test)	Phone	(312) 747-8900
Street Address	641 W 63RD St	City	Chicago
County	Cook	State	IL
Country	USA	Zip Code	60621
Facility Type			
Inpatient		Outpatient	
Screening, Diagnostic, Referral Agency		Other facility	
Date Form Completed	09/11/2021	Person Completing Form	Test Physician2
* Person Completing Form Email	eric.warren@cityofchicago	Phone	(773) 000-9996

SECTION 5 | Residence at Diagnosis

- ★ Check an **Address Event Type** box.
- ★ If the Residence at Diagnosis is the **Same as Current Address**, select **Yes**. The address will populate automatically.
- ★ If the Residence at Diagnosis is not the **Same as Current Address**, select **No** and enter the residence at diagnosis information.
- ★ Select an **Address Type** from the dropdown list.

Residence at Diagnosis			
Address Event Type (Check all that apply)	<input type="checkbox"/> Residence at HIV diagnosis <input type="checkbox"/> Residence at stage 3 (AIDS) diagnosis		
SAME as Current Address?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Address type	[Dropdown menu]		
Street address	641 W 63RD St	Street address 2	Address Date MM/DD/YYYY
City	Chicago	County	Cook County
State	IL	Country	USA
Zip code 60621			
<small>Public reporting burden of this collection of information is estimated to average 20 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 the completed form to this address.</small>			

SECTION 6 | Facility of Diagnosis

- ★ Check a **Diagnosis Type** box.
- ★ If the Facility of Diagnosis is the **Same as Facility Providing Information**, select **Yes**. The address will populate automatically.
- ★ If the Facility of Diagnosis is not the **Same as Facility Providing Information**, select **No** and enter the facility of diagnosis information.
- ★ Select the **Facility Type** from the appropriate dropdown list.

Facility of Diagnosis			
Diagnosis Type (Check all that apply to facility below)	<input type="checkbox"/> HIV		
	<input type="checkbox"/> Stage 3 (AIDS)		
SAME as Facility Providing Information?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Facility Name	Englewood Medical Center (Test)	Phone	(312) 747-8900
Street Address	641 W 63RD St	City	Chicago
County	Cook	State	IL
Country	USA	Zip Code	60621
Facility Type			
Inpatient	<input type="checkbox"/>	Outpatient	<input type="checkbox"/>
Screening, Diagnostic, Referral Agency	<input type="checkbox"/>	Other facility	<input type="checkbox"/>
Provider Name		Provider Phone	
		Specialty	

SECTION 7 | Patient History

- ✦ Select an answer for each of the questions listed, even if the information is unknown.
- ✦ If the patient **Received Clotting Factor**, select **Yes**, choose the **Clotting Factor** from the dropdown list, and enter the **Date Received**.
- ✦ If the patient Received Transfusion of Blood/Blood Components, select **Yes**, enter the **First Date Received**, and the **Last Date Received**.
- ✦ If the patient **Worked in a Health Care or Clinical Laboratory Setting**, select **Yes**.
 - ◆ If an **Occupational Exposure is Being Investigated or Considered a Primary Mode of Exposure**, select **Yes**.
 - ◆ **Specify Occupation** of the patient from the dropdown list and enter the occupational **Setting**.
 - ◆ If there are **Other Documented Risks**, select **Yes**, and enter details in the Comment field.

Patient History (respond to all questions)		Pediatric risk (please enter in Comments) <input type="checkbox"/> Yes
After 1977 and before the earliest known diagnosis of HIV infection, this patient had:		
Sex with male		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Sex with female		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Injected non-prescription drugs		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Received clotting factor for hemophilia/coagulation disorder		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Specify clotting factor	<input type="text"/>	
Date received	<input type="text" value="MM/DD/YYYY"/>	
HETEROSEXUAL relations with any of the following:		
HETEROSEXUAL contact with intravenous/injection drug user		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
HETEROSEXUAL contact with bisexual male		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
HETEROSEXUAL contact with person with hemophilia/coagulation disorder with documented HIV infection		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
HETEROSEXUAL contact with transfusion recipient with documented HIV infection		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
HETEROSEXUAL contact with transplant recipient with documented HIV infection		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
HETEROSEXUAL contact with person with documented HIV infection, risk not specified		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Received transfusion of blood/blood components (other than clotting factor) (document reason in Comments)		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
First date received:	<input type="text" value="MM/DD/YYYY"/>	
Last date received:	<input type="text" value="MM/DD/YYYY"/>	
Received transplant of tissue/organs or artificial insemination		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Worked in a health care or clinical laboratory setting		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Occupational exposure is being investigated or considered as primary mode of exposure		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Specify occupation	<input type="text"/>	
Specify setting	<input type="text"/>	
If occupational exposure is being investigated or considered as primary mode of exposure, specify occupation and setting:		— Disregard
Other documented risk (please include detail in Comments)		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

SECTION 8 | Clinical

- ✦ If the patient has **Clinical Symptoms Consistent with Acute HIV Infection**, select **Yes**.
- ✦ Enter the **Date of Sign/Symptom Onset** and select **Which Symptoms are Present**.
- ✦ If there is **Other Evidence of Acute HIV Infection**, select **Yes**, enter the **Date of Evidence**, and **Describe**.
- ✦ If the patient has **Opportunistic Illnesses**, select a **Diagnosis** from the dropdown list and enter the **Diagnosis Date**.

Clinical: Acute HIV Infection and Opportunistic Illnesses (record all dates as mm/dd/yyyy)	
Does the patient have clinical symptoms consistent with acute HIV infection (e.g. fever, malaise/fatigue, myalgia, pharyngitis, rash, lymphadenopathy)?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of sign/symptom onset:	
Which of the following symptoms are present (Check all that apply)?	<input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Malaise/fatigue <input type="checkbox"/> Night sweats <input type="checkbox"/> Myalgia <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> GI Symptoms (e.g. nausea, vomiting or diarrhea) <input type="checkbox"/> Weight loss <input type="checkbox"/> Headache
Is there other evidence of acute HIV infection?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of evidence	
Please describe	
Opportunistic Illnesses	
Diagnosis	Dx Date (mm/dd/yyyy)

SECTION 9 | Laboratory Data

- ★ If laboratory tests results are available, select **Yes** for the appropriate test, and enter the following information:
 - ◆ Test Brand Name/Manufacturer
 - ◆ Lab Name
 - ◆ Facility Name
 - ◆ Provider Name
 - ◆ Result
 - ◆ Collection Date
- ★ If the **Laboratory Test Results Meet Approved HIV Diagnostic Algorithm Criteria**, select **Yes** and enter the **Specimen Collection Date**.
- ★ If laboratory tests were not documented and the HIV diagnosis was documented by a physician, select **Yes**, and enter the **Date of Diagnosis**.
- ★ Enter the **Date of Last Documented Negative HIV Test** and **Type of Test** [if known].

Laboratory Data (record tests not specified below in Comments)	
HIV Immunoassays (Nondifferentiating)	
Add a Nondifferentiating Test? <input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> Add New
TEST:	<input checked="" type="radio"/> HIV-1 IA <input type="radio"/> HIV-1/2 IA <input type="radio"/> HIV-1/2 Ag/Ab <input type="radio"/> HIV-1 WB <input type="radio"/> HIV-1 IFA <input type="radio"/> HIV-2 IA <input type="radio"/> HIV-2 WB
Test Brand Name/Manufacturer	<input type="text"/>
Facility name	<input type="text"/>
RESULT:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate
Point-of-care rapid test	<input type="text"/>
	Collection Date: <input type="text" value="MM/DD/YYYY"/>
HIV Immunoassays (Differentiating)	
Add a Differentiating Test	<input type="text"/>
HIV Detection Tests (Qualitative)	
Add a Qualitative Test?	<input type="text"/>
HIV Detection Tests (Quantitative viral load) Note: Include earliest test at or after diagnosis	
Add a Viral Load Test?	<input type="text"/>
Drug Resistance Tests (Genotypic)	
Add a Drug Resistance Test?	<input type="text"/>
Immunologic Tests (CD4 count and percentage)	
Add an Immunologic Test Set?	<input type="text"/>
Documentation of Tests	
Did documented laboratory test results meet approved HIV diagnostic algorithm criteria?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Specimen collection date of earliest positive test for this algorithm:	<input type="text" value="MM/DD/YYYY"/>
<i>Complete the above only if none of the following were positive for HIV-1: Western blot, IFA, culture, viral load, qualitative NAAT (RNA or DNA), HIV-1/2 type-differentiating immunoassay (supplemental test), stand-alone p24 antigen, or nucleotide sequence.</i>	
If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Provide date of diagnosis:	<input type="text" value="MM/DD/YYYY"/>
Date of last documented negative HIV test (before HIV diagnosis date):	<input type="text" value="MM/DD/YYYY"/>
	Specify type of test: <input type="text"/>

SECTION 10 | Treatment and Services Referrals

- ★ If the Patient Has Been Informed of His/Her HIV Infection, select Yes,
- ★ If there is Evidence of receipt of HIV Medical Care, select either Yes, Documented or Yes, Client Self-Report Only.
- ★ If the Patient is Receiving or Has Been Referred for Gynecological or Obstetrical Services, select Yes.
- ★ If the Patient is Currently Pregnant, select Yes.
- ★ If the Patient Has Delivered Live-Born Infants, select Yes.
- ★ If child information is available, select Yes for Add a Child and complete the relevant fields.

Treatment/Services Referrals	
Has this patient been informed of his/her HIV infection? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	This patients partners will be notified about their HIV exposure and counseled by: <input type="radio"/> 1 - Health Dept <input type="radio"/> 2 - Physician/Provider <input type="radio"/> 3 - Patient <input type="radio"/> 9 - Unknown
Evidence of receipt of HIV medical care other than laboratory test result Select one (record additional evidence in Comments) <input type="radio"/> 1-Yes, documented <input type="radio"/> 2-Yes, client self-report, only	
For Female Patient	
This patient is receiving or has been referred for gynecological or obstetrical services: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Is this patient currently pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Has this patient delivered live-born infants? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
For Children of Patient (record most recent birth first)	
Add a Child <input type="checkbox"/> <input checked="" type="radio"/> Yes Add New	
Child's Name	Child's Last Name Soundex
Child's Date of Birth MM/DD/YYYY	Child's State Number
Facility Name of Birth (if child was born at home, enter "home birth")	Facility Phone
Facility Type	
Inpatient <input type="radio"/>	Outpatient <input type="radio"/> Other facility <input type="radio"/>
Street Address	City Chicago
County Cook	State IL
Country USA	Zip Code

SECTION 11 | HIV Antiretroviral Use History

- ★ Select the **Main Source of Antiretroviral [ARV] Use Information** and the **Date Patient Reported Information** [if known].
- ★ If the patient has **Ever Taken Any ARVs**, select **Yes**.
- ★ Select the **Reason for ARV Use**, the **ARV Medication**, and enter the **Date Began** and the **Date of Last Use** [if known].

HIV Antiretroviral Use History					
Main source of antiretroviral (ARV) use information (select one):	<input type="radio"/> Patient Interview <input type="radio"/> Medical Record Review <input type="radio"/> Provider Report <input type="radio"/> NHM&E <input type="radio"/> Other			Date patient reported information	MM/DD/YYYY
Ever taken any ARVs?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Reason for ARV use	ARV medication	Other, specify	Date began	Date of last use	
HIV Tx			MM/DD/YYYY	MM/DD/YYYY	
ARV workflow column					

HIV Tx = HIV Treatment

PrEP = Pre-Exposure Prophylaxis

PEP = Post-Exposure Prophylaxis

PMTCT = Prevention of Mother-to-Child Transmission

HBV Tx = Hepatitis B Virus Treatment

Other

SECTION 12 | HIV Testing History

- ★ Select the **Main Source of Testing History Information** [if known].
- ★ If the patient **Ever Had Previous Positive HIV Test**, select **Yes** and enter the **Date of First Positive HIV Test** [if known].
- ★ If the patient **Ever Had a Negative HIV Test**, select **Yes** and enter the **Date of Last Negative HIV Test** [if known].
- ★ Enter the **Number of Negative HIV Tests within 24 Months Before First Positive Test** [if known].

HIV Testing History		
Main source of testing history information	<input type="radio"/> Patient Interview <input type="radio"/> Medical Record Review <input type="radio"/> Provider Report <input type="radio"/> NHM&E <input type="radio"/> Other	
Ever had previous positive HIV test?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Ever had a negative HIV test?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Number of negative HIV tests within 24 months before first positive test:		Date of first positive HIV test (mm/dd/yyyy)
Otherwise number of negative HIV tests is:	<input type="checkbox"/> Unknown	Date of last negative HIV test (mm/dd/yyyy) <i>(If date is from a lab test with test type, enter in Lab Data section)</i>

SECTION 13 | Comments

- ★ If you would like to include additional information not collected in other sections, select **Yes**, and enter information in the **Comment** field.

Comments	
Add a comment? ☰	<input checked="" type="radio"/> Yes Add New
Comment	<div style="border: 1px solid black; height: 100px;"></div>

SUBMISSION OF HIV CASE REPORT

- ★ Once you have entered all available information and are ready to submit the HIV case report to the Chicago Department of Public Health:
 - ◆ Select **Yes** for **Submit Now to the DPH?**
 - ◆ Click **Save**.

Report Submission

* Submit now to the DPH? **Yes**

Date submitted 10/09/2021

* Indicates required field

Save Cancel Help

LOGGING OUT OF THE CHIMS PROVIDER PORTAL

- ★ To log out of the CHIMS Provider Portal:
 - ◆ Click your **Username** in **blue**.
 - ◆ Click **Logout**.

Chicago Health Information Management System

Enter Case ID Search Test Physician2

Edit Profile

Logout

APPENDIX A | HIV AND HIV-RELATED LABORATORY TESTS

TEST	WHAT IT DETECTS OR MEASURES
HIV Immunoassays [Non-Differentiating]	
HIV-1 IA ¹	HIV-1 p24 Antigen
HIV-1/2 IA ¹	HIV-1 Antibody and HIV-2 Antibody
HIV-1/2 Ag/Ab	HIV-1 Antibody, HIV-2 Antibody, and HIV-1 p24 Antigen
HIV-1 WB ²	HIV-1 Antibody
HIV-1 IFA ³	HIV-1 Antibody
HIV-2 IA ¹	HIV-2 Antibody
HIV-2 WB ²	HIV-2 Antibody
HIV Immunoassays [Differentiating]	
HIV-1/2 Type-Differentiating	Differentiates between HIV-1 Antibody and HIV-2 Antibody
HIV-1/2 Ag/Ab-Differentiating	Differentiates between HIV Antigen and HIV Antibody
HIV-1/2 Ag/Ab and Type-Differentiating	Differentiates between HIV-1 p24 Antigen, HIV-1 Antibody, and HIV-2 Antibody
HIV Detection [Qualitative]	
HIV-1 RNA/DNA NAAT ⁴	HIV-1 RNA
HIV-1 Culture	HIV-1 Antigen, HIV-1 Antibody, or HIV-1 RNA
HIV-2 RNA/DNA NAAT ⁴	HIV-2 RNA
HIV-2 Culture	HIV-2 Antigen, HIV-2 Antibody, or HIV-2 RNA
HIV Detection [Quantitative]	
HIV-1 RNA/DNA NAAT ⁴ [copies/mL†]	Number of copies of HIV-1 in mL of sample
HIV-2 RNA/DNA NAAT ⁴ [copies/mL†]	Number of copies of HIV-2 in mL of sample
Immunologic	
CD4 Count [cells/μL‡]	Number of CD4 T-lymphocytes [cells] in μL of sample
CD4 Percentage	Percentage of Lymphocytes that are CD4

¹ IA = Immunoassay | ² WB = Western Blot | ³ IFA = Immunofluorescent Antibody | ⁴ NAAT = Nucleic Acid Amplification Test
† mL = milliliter [1/1,000 of a liter] | ‡ μL = microliter [1/1,000,000 of a liter]

APPENDIX B | FDA-APPROVED HIV MEDICATIONS

BRAND NAME	GENERIC NAME [Other Names and Acronyms]
Nucleoside Reverse Transcriptase Inhibitors [NRTIs]	
Ziagen	abacavir [abacavir sulfate, ABC]
Emtriva	emtricitabine [FTC]
Epivir	lamivudine [3TC]
Viread	tenofovir disoproxil fumarate
Retrovir	zidovudine [azidothymidine, AZT, ZDV]
Non-Nucleoside Reverse Transcriptase Inhibitors [NNRTIs]	
Pifeltro	doravirine [DOR]
Sustiva	efavirenz [EFV]
Intelence	etravirine [ETR]
Viramune/Viramune XR	nevirapine [extended release nevirapine, NVP]
Eduvant	rilpivirine [rilpivirine hydrochloride, RPV]
Protease Inhibitors [PIs]	
Rayataz	atazanavir [atazanavir sulfate, ATV]
Prezista	darunavir [darunavir ethanolate, DRV]
Lexiva	fosamprenavir [fosamprenavir calcium, FOS-APV, FPV]
Norvir	ritonavir [RTV]
Invirase	saquinavir [saquinavir mesylate, SQV]
Aptivus	tipranavir [TPV]
Fusion Inhibitors	
Fuzeon	enfuvirtide [T-20]
CCR5 Antagonists	
Selzentry	maraviroc [MVC]
Integrase Inhibitors	
Tivicay	dolutegravir [dolutegravir sodium, DTG]
Isentress/Isentress HD	raltegravir [raltegravir potassium, RAL]
Attachment Inhibitors	
Rukobia	fostemsavir [fostemsavir tromethamine, FTR]
Post-Attachment Inhibitors	
Trogarzo	ibalizumab-uiyk [Hu5A8, IBA, Ibalizumab, TMB-355, TNX-355]
Pharmacokinetic Enhancers	
Tybost	cobicistat [COBI, c]

Source | [The National Institutes of Health: FDA-Approved HIV Medications](#)

APPENDIX C | FDA-APPROVED HIV MEDICATIONS [COMBINATIONS]

BRAND NAME	GENERIC NAMES
Epzicom	abacavir and lamivudine
Triumeq	abacavir, dolutegravir, and lamivudine
Trizivir	abacavir, lamivudine, and zidovudine
Evotaz	atazanavir and cobicistat
Biktarvy	bictegravir, emtricitabine, and tenofovir alafenamide
Prezcobix	darunavir and cobicistat
Symtuza	darunavir, cobicistat, emtricitabine, and tenofovir alafenamide
Dovato	dolutegravir and lamivudine
Juluca	dolutegravir and rilpivirine
Delstrigo	doravirine, lamivudine, and tenofovir disoproxil fumarate
Atripla	efavirenz, emtricitabine, and tenofovir disoproxil fumarate
Symfi	efavirenz, lamivudine, and tenofovir disoproxil fumarate
Symfi Lo	efavirenz, lamivudine, and tenofovir disoproxil fumarate
Genvoya	elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide
Stribild	elvitegravir, cobicistat, emtricitabine, and tenofovir disoproxil fumarate
Odefsey	emtricitabine, rilpivirine, and tenofovir alafenamide
Complera	emtricitabine, rilpivirine, and tenofovir disoproxil fumarate
Descovy	emtricitabine and tenofovir alafenamide
Trivada	emtricitabine and tenofovir disoproxil fumarate
Cimduo	lamivudine and tenofovir disoproxil fumarate
Combivir	lamivudine and zidovudine
Kaletra	lopinavir and ritonavir

Source | [The National Institutes of Health: FDA-Approved HIV Medications](#)

Missing Required HIV Data in Case Report in CHIMS



o chims@cityofchicago.org <chims@cityofchicago.org>
To: o Eric Warren

Today at 3:27 AM

09/13/2021
Englewood Medical Center (Test)

Dear Test Physician2,

Thank you for submitting a recent report in the Chicago Health Information Management System (CHIMS). Per Illinois Administrative Code, HIV/AIDS case reports must be submitted within seven (7) days (<https://www.ilga.gov/commission/jcar/admincode/077/077006970C02100R.html>), and reports should include complete information regarding demographics, diagnosis, and treatment.

Your efforts to provide complete and accurate HIV/AIDS reporting information are critical, as these reports serve many vital public health purposes, including monitoring trends in disease morbidity, targeting public health prevention efforts, etc.

Your recently submitted report is missing some important information. Please see below for more details. ("X" indicates missing or incomplete data):

CHIMS Event ID (last four digits): xxxxx2869

Data Field	Missing Value (X)
Patient's First Name	
Patient's Last Name	
Patient's Birth Date	X
Patient's City	X
Patient's County	
Patient's ZIP Code	X
Patient's Sex at Birth	X
Patient's Race	

Please login to the CHIMS Provider Portal (<https://chims.cityofchicago.org/maven/login.do>) to update and save your report with the additional information. If you have any questions regarding HIV/AIDS reporting or the contents of this message, please email chims@cityofchicago.org.

APPENDIX E | CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM TERMS AND CONDITIONS OF USE

The Chicago Health Information Management System [CHIMS] and related services are provided subject to your compliance with the Terms and Conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the Chicago Department of Public Health [CDPH] and you, the User of the Department's Health Information Management System.

1. Applicability § This Agreement states certain terms that apply to User's access to CHIMS. User agrees to comply with, and be bound by, this Agreement, and to use CHIMS only for the purposes for which it is intended. CDPH may revise these Terms and Conditions at any time without notice. User's continued use of CHIMS after the Terms and Conditions are changed indicates User's acceptance of those new Terms and Conditions.

2. Privacy and Confidentiality of Identifiable Personal Information § CDPH and the organizations and individuals that use CHIMS are required by law to protect the privacy and security of the identifiable personal information [personal data] in CHIMS. CDPH reserves the right to exercise complete control over the access, use, disclosure, and disposition of the personal data in CHIMS. User agrees to use all personal data in compliance with this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data.

3. Unauthorized Access: User Responsibilities § User agrees: [a] to use its best efforts and to take all steps reasonably necessary to prevent unauthorized access to, use of, or disclosure of personal data; [b] to notify CDPH both orally and in writing as soon as possible about any unauthorized access to, use of, or disclosure of personal data, and [c] to take such measures, in consultation with CDPH, as are reasonably necessary to mitigate or address any unauthorized access to, use of, or disclosure of personal data. None of the foregoing shall be construed to waive any rights or remedies that CDPH possesses in the event of unauthorized access to, use of, or disclosure of personal data.

4. Use of Personal Data within User's Organization § User is responsible for limiting access to personal data obtained from the CHIMS to those employees, contractors, and agents that need such information in furtherance of a legitimate business purpose related to the CHIMS, and that are allowed by law to access such information. User is responsible for ensuring that its employees, contractors, and agents that use personal data produced by or associated with the CHIMS are aware of, and comply with, the applicable provisions of this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data. User is responsible for the acts or omissions of its employees, contractors, and agents.

5. User IDs and Passwords § User IDs and passwords will only be granted at the direction of CDPH. User's assigned ID and password are non-transferable and may not be shared with any other employee or individual.

6. Termination of Access § CDPH may terminate any User's or authorized user's right to access CHIMS at any time, with or without cause, without notice and without penalty. None of the foregoing shall be construed: [1] to relieve User of any of the responsibilities imposed by this Agreement or by applicable law; or [2] to waive any rights or remedies that CDPH possesses in the event of unauthorized access to or use of CHIMS.

7. Governing Law § Any actions arising out of User's access to CHIMS shall be governed by the laws of Illinois and shall be brought and maintained in a state or federal court in Illinois which shall have exclusive jurisdiction thereof.

