Health Information System

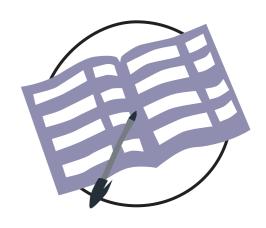
Organisation:

10.3 Prevention of Mother to Child Transmission (PMTCT)

Location:

* CONFIDENTIAL *

PMTCT Results Register



> Illustrated Guide to PMTCT Results Register

| Α | | | | | | В | CLIENT TEST RESULTS PARTNER TEST RESULTS | | | | | | | | | | | | | | | | | |
|---|---------------|--------------|--------------------|-----|-----------------------|---------------|---|------------------------|--------|---------------------|-------------|-----------------|-----------------|--------------------------|-----------------|------------------------|--------|---------------------|------------------------------|----------------|-----------------|--------------------------|------------------|--------------------|
| | Serial No. | PMTCT No. | Counsellor code | Age | Status (Ref / Nat) | Date of visit | Prev. Test (Y / N) | Pre-test counselled | /es/eg | Screening test * | Continuator | 7.16-616-846. x | HIV Status** | Post test counsellied | Accepted ARV | Pre-test counselled | resteq | Screening fest * | Confirmatory test * atory | 7.10-breaker * | HIV Status** | Post test counsellied | Result Shared | Next appt. date |
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Registration

Serial No.:

> Enter sequence number in

register

PMTCT No:

> Enter unique client identifying code

Counsellor Code:

> Enter unique counsellor identifying code

Age:

> Fill age (in years)

Status:

> Classify as Refugee (Ref) /

National (Nat)

Date of visit:

> Enter date (dd/mm/yy)

Prev. test:

> Enter Yes (Y) or No (N) to indicate whether client has had previous

test.

NOTES

PMTCT Client code and Counselor codes should be ciphered according to Ministry of Health and/or agency

guidelines.

Previous test means at any time in any location, including country of

origin.

B Test Results

For Pre-test counseled / Tested / Post-test counseled:

> Enter Yes (Y) or No (N) to indicate presence or absence of the event. Leave blank if not indicated.

For Screening / Confirmatory / Tiebreaker tests:

> Enter Positive (P) / Negative (N)

HIV Status:

> Enter Positive (P) / Negative (N) / Indeterminate (I)

Accepted anti-retroviral (ARV) prophylaxis:

> Enter Yes (Y) / No (N) for HIV positive women only

C Partner Results

Fill counseling and testing outcomes of each partner as described for for the client.

Result shared:

> Enter date on which results were shared between partners (dd/mm)

Next Appt date:

> Enter date of next scheduled appointment (dd/mm/yy)

NOTES

PMTCT partner results are ciphered under the same code as for the PMTCT client.

If the partner is absent, the reason for absence should be written in the partner fields.

Health Information System

10.3 Prevention of Mother to Child Transmission (PMTCT)

* CONFIDENTIAL *

PMTCT Results Register

All health information recorded in PMTCT is confidential. Access to this register should be restricted at all times. Registers should be stored out of public view when not in use, ideally in separate locations that are secured with a lock and key.

The health information system operates under a principle of shared confidentiality. Counsellors should enter results into this register on a "need to know" basis and only counselors and health care providers with a direct role in the management of clients should update individual PMTCT records.

| | | | | CL | | | | | | | | | | | PARTNER TEST RESULTS | | | | | | | | |
|---------------|--------------|--------------------|-----|-----------------------|------------------|-----------------------|------------------------|--------|---------------|------------------------|--------------|-----------------|--------------------------|-----------------|------------------------|--------|------------------|------------------------|---------------|-----------------|--------------------------|------------------|--------------------|
| Serial No. | PMTCT No. | Counsellor code | Age | Status (Ref / Nat) | Date of visit | Prev. Test (Y / N) | Pre-test counselled | lested | Screening CTI | Confirmatory test * | * 19/8049.9/ | HIV Status** | Post test counsellied | Accepted ARV | Pre-test counselled | lesseq | Screening test x | Confirmatory test * | 7.6.6reaker * | HIV Status** | Post test counsellied | Result Shared | Next appt. date |
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