



National AIDS Control Organisation

India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in



Comprehensive Training on Elimination of Vertical Transmission of HIV & Syphilis Interventions under NACP-V



Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

'Break the Silos, Build Synergies'

Outlay of Training Curriculum

| Session No | Topic |
|------------|---|
| 1 | Introduction to EVTHS services |
| 2 | Primary Prevention of HIV and STI Prevention of Unintended Pregnancies in WLHIV |
| 3 | Screening and Diagnosis of HIV & Syphilis in pregnant women |
| 4 | Management of HIV/Syphilis infection in Pregnant Women |
| 5 | Management of HIV exposed Babies including EID |
| 6 | Management of Syphilis exposed babies |
| 7 | Comprehensive and Integrated EVTHS Service Delivery |
| 8 | Commodities and Supply Chain |
| 9 | Recording and Reporting for EVTHS Services at State NHM |
| 10 | Recording and Reporting for EVTHS Services at SACS |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Session-1

Introduction to

Elimination of Vertical Transmission of HIV & Syphilis



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“Vertical transmission”: spread of infection from mother to child; Occurs during pregnancy (in utero), during labour and delivery (perinatal), or postpartum through breastfeeding.”

Vertical Transmission of Syphilis:

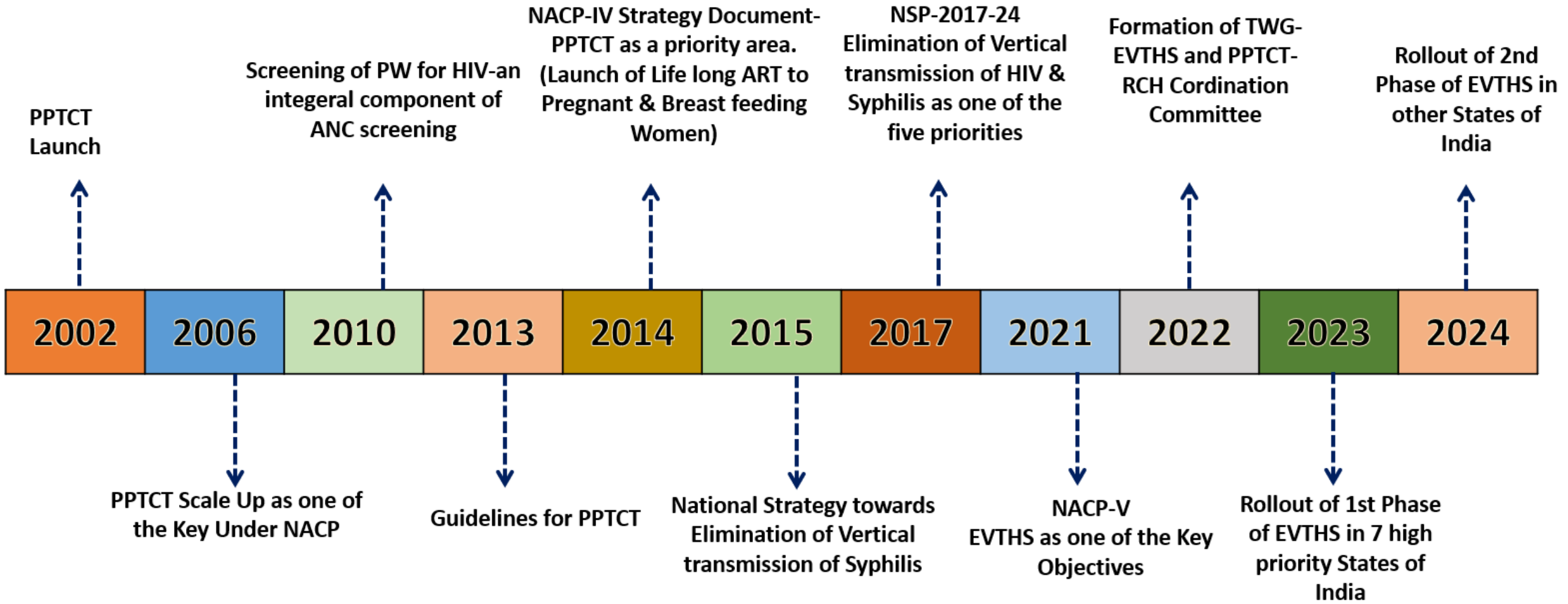
- Infection in pregnancy associated with adverse birth outcomes: early fetal loss, stillbirths, neonatal mortality, low birth weight, preterm babies and congenital syphilis
- Leads to developmental delays, morbidities and neurological consequences in infected infants

* Syphilis can not transmit through breastfeeding

Vertical Transmission of HIV:

- Important transmission route for new HIV infections in children
- Fast progression in infants/children (over half of children < 2 years, die if not diagnosed early)
- The number of Annual New Infections in 2022 was estimated at 66.41 thousand. Out of this children 0-14 years accounted for 6% of the total annual new infections(Source: Sankalak: Status of National AIDS Response, Fifth Edition, 2023.)

From PPTCT to EVTHS under NACP



'Break the Silos, Build Synergies'

NACP V –(2021-2026) Anchoring the National response towards ending the AIDS epidemic

Goals of NACP V



Source: Strategy Document, National AIDS and STD Control Program, Phase-V (2021-2026)

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Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

A. HIV/AIDS prevention and control

1. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
2. 95-95-95 targets: 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
3. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
4. Less than 10% of people living with HIV and key populations experience stigma and discrimination

B. STI/RTI prevention and control

1. Universal access to quality STI/RTI services to at-risk and vulnerable populations
2. Attainment of elimination of vertical transmission of syphilis

State Specific data on EVTHS

| Condition | Indicator | Target | National Achievement 2022-2023 | State Achievement |
|-----------------|---|---------------------------------|-----------------------------------|----------------------|
| ANC | ANC-1 coverage (at least one visit) | ≥95% | ≥95% | |
| HIV | Coverage of HIV testing among pregnant women | ≥95% | 81% | |
| | ART coverage of pregnant women living with HIV | ≥95% | 78% | |
| | HIV MTCT rate | <5% (breastfeeding populations) | 11.75 %* | |
| Syphilis | Coverage of Syphilis testing among pregnant women | ≥95% | 71% | |
| | Adequate treatment coverage of Syphilis-seropositive pregnant women | ≥95% | 89% | |

Source: Sankalak: Status of National AIDS Response, Fifth Edition, 2023; * Source of MTCT rate is HIV Fact Sheet 2023

India added additional target of : **95% of pregnant and breastfeeding women living with HIV to have suppressed viral load towards attainment of elimination of vertical transmission of HIV**

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Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Strategic Framework for EVTHS services

| | | | |
|---|---|--|---|
| Augment comprehensive synergy with National Health Mission (NHM) for implementation of EVTHS intervention | Advocacy to increase access and improve the quality of maternal, and newborn care and child health services | Introduce and scale-up utilization of HIV and Syphilis dual rapid diagnostic screening to fast-track progress on the dual elimination | Strengthen the primary prevention through coordinated actions |
| Prioritize family planning services for eligible PLHIV | Strengthen linkages between screening, confirmatory and treatment centres | Strengthen retention on-ART and its adherence among WLHIV | Strengthen care, support, and treatment for HIV/Syphilis infected pregnant women |
| Strengthen care cascade of HIV-exposed and Syphilis-exposed infants and children | Strategies to reach and provide EVTHS services to 'At-Risk' women | Prioritization and customized strategies for high-burden and low-identification geographies | Strengthen the strategic information for EVTHS |
| Decentralization of essential commodities for EVTHS services | Engage with private sector augmenting their role in attainment of dual elimination | Implementation of EVTHS interventions on the principles of human rights, HIV & AIDS (Prevention & Control) Act 2017, gender equality and community | Prepare strategic roadmap to guide actions towards attainment of validation of elimination of vertical transmission |

Source: National Guidelines for Elimination of Vertical Transmission of HIV and Syphilis, 2024

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Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

| Prongs | Prong 1 | Prong 2 | Prong 3 | Prong 4 |
|---------------------------|--|--|---|---|
| HIV | Primary prevention of HIV, especially among women of reproductive age-group | Prevention of unintended pregnancies among WLHIV | Prevention of vertical transmission of HIV & Syphilis during pregnancy and childbirth | Provision of care and management services for infected women & their exposed/infected children during post-natal and breastfeeding period |
| Syphilis | Primary prevention of syphilis, especially among women of reproductive age-group | | | |
| Partner Management | | | | |

'Break the Silos, Build Synergies'

- India is dedicated towards achieving the global 95-95-95 targets for Elimination of Vertical Transmission of HIV and syphilis (EVTHS) by 2026 and ending the AIDS Epidemic by 2030.
- India has added additional target of **95% of pregnant and breastfeeding women living with HIV to have suppressed viral load towards attainment of elimination of vertical transmission of HIV.**
- The integrated approach outlined in the newer four prongs demonstrates a comprehensive care cascade for EVTHS.
- By focusing on prevention, counseling, testing, treatment, and support, the Strategic framework for EVTHS ensures a holistic and effective response and is focused on all the MCH related activities.

Session-2

Primary Prevention and Prevention of Unintended pregnancies in WLHIV

- Demand Generation and Awareness
- Prevention Services for 'At risk' and High-risk women
- ART initiation in WLHIV
- Health Timing and Spacing of Pregnancy (HTSP) in Women living with HIV (WLHIV)

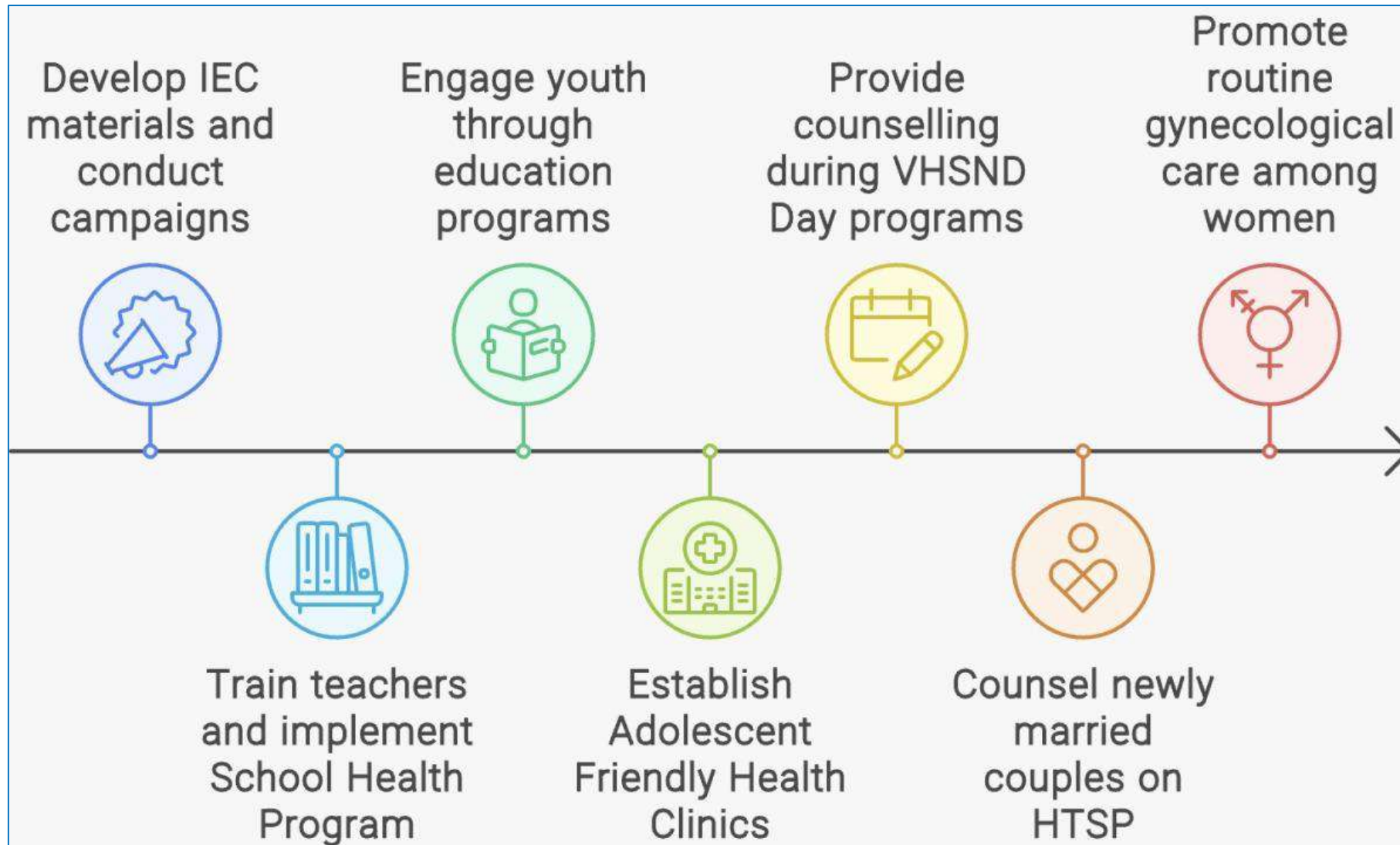


Primary Prevention of HIV and STI

- Demand Generation and Awareness
- Prevention Services for 'At risk' and High-risk women



Demand Generation and Awareness

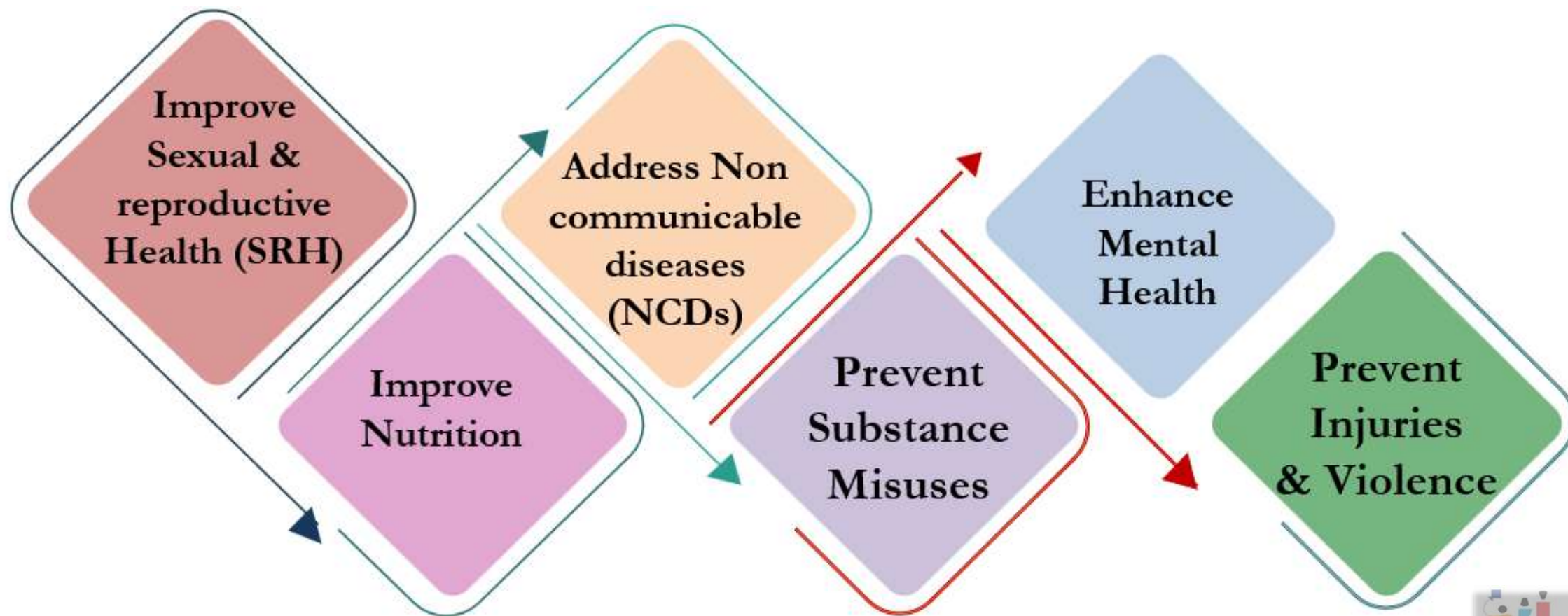


'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Key RKSK Thematic Areas

Rashtriya Kishor Swasthya Karyakram (RKSK) Programme priorities



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Importance of Adolescent Education and Information in Preventing HIV and STIs

- **Informed Decision-Making:** Provides adolescents with **essential knowledge and awareness** to make informed decisions about their sexual health.
- **Encouraging Safe Practices:** **Promotes** safe sexual behaviors, reducing stigma and discrimination associated with HIV and STIs.
- **Empowerment:** **Empowers adolescents** to seek health services, make autonomous decisions, and understand their sexual and reproductive health.
- **Comprehensive Benefits:** **Comprehensive education** reduces HIV and STI prevalence, promotes healthy behaviors, and leads to long-term public health benefits and reduced healthcare costs.

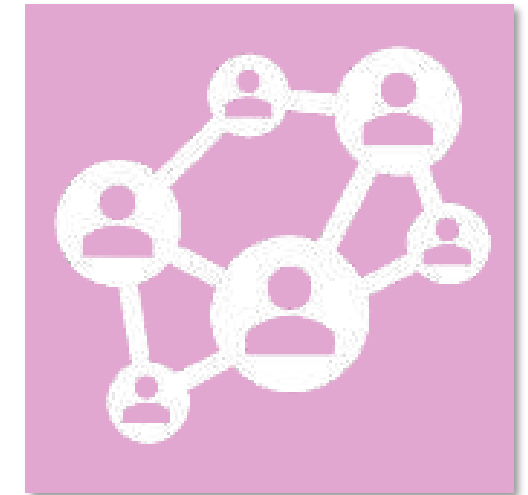
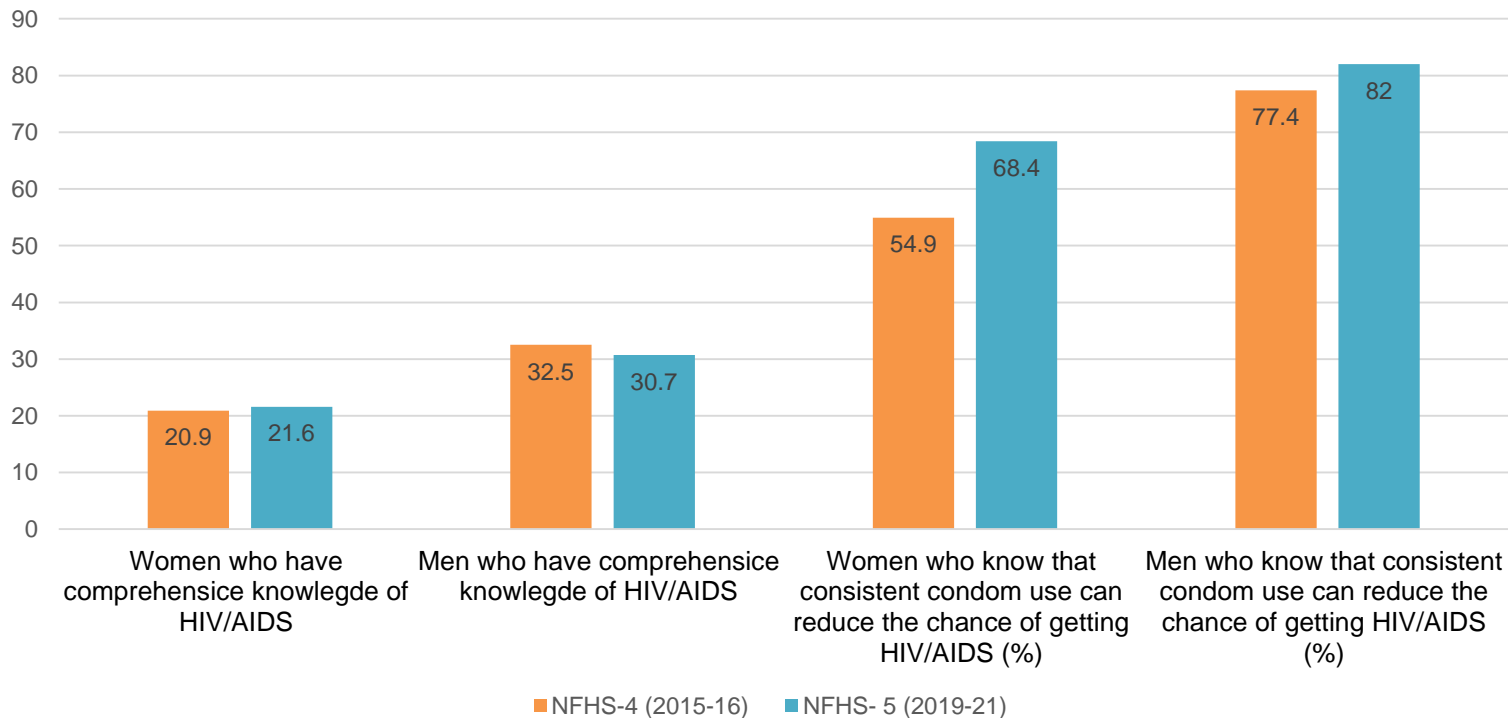


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Knowledge of HIV/AIDS among adults



Knowledge of HIV/AIDS among adults



Source: ncbi.nlm.nih.gov and NFHS

Key Activities for Education, Awareness, & Counselling on SRH Under RKSK

The **Rashtriya Kishor Swasthya Karyakram (RKSK)** aims at overall health and development of adolescents through comprehensive education, awareness, and counseling services.

Improving adolescent sexual and reproductive health is one of the key focus areas.

Adolescent Friendly Health Clinics (AFHCs):

- To provide a **continuum of care and accurate information** AFHCs are established at PHCs/ CHCs/DH and Medical Colleges and serve as the primary point of contact for adolescents seeking health services. They offer a safe environment to discuss SRH concerns. Trained counselors provide SRH counseling, including pre-marital counseling and contraception needs.

Menstrual Hygiene Scheme (MHS):

- Implemented since 2011 to **promote access to high-quality sanitary napkins** at subsidized rates to AGs. Raises awareness about menstrual hygiene management, use and disposal of hygiene products.



Peer Education Programme

In the community, Peer Educators (PEs) strive to improve access to accurate information on key themes of the RKSK, incl pubertal changes, SRH, menstrual hygiene, contraceptives and delaying early marriages. PEs also guide young boys and girls to available health services.





Adolescent Health and Wellness Days (AHWDs):

- AH&WDs are celebrated quarterly at the village, community, or school level to raise awareness among adolescents, parents, families, and stakeholders on adolescent health issues.
- Can be an ideal platform to disseminate information on contraceptive choices and the prevention of HIV and syphilis. They also address various myths, misconceptions, and concerns related to adolescent SRH
- They sensitize youth about the SRH services available at AFHCs, ART centers and Ayushman Arogya Mandir (AAM).

Ayushman Bharat – School Health and Wellness Programme

- Joint Initiative by the **Ministry of Health and Ministry of Education (2020)**
- Trains two teachers from each school as '**Health and Wellness Ambassadors**' (HWAs).
- HWAs deliver interactive classroom sessions on 11 thematic areas related to adolescent health and well-being.
- This includes topics on the prevention of HIV/STIs, Gender Equality, and sexual and reproductive health.
- 2 students from each class selected as **Health and Wellness Messengers (HWM)** to support HWAs in conducting school based activities
- Regular reinforcement of messages/themes through IEC/BCC such as interactive activities/posters/class room/Assembly discussion



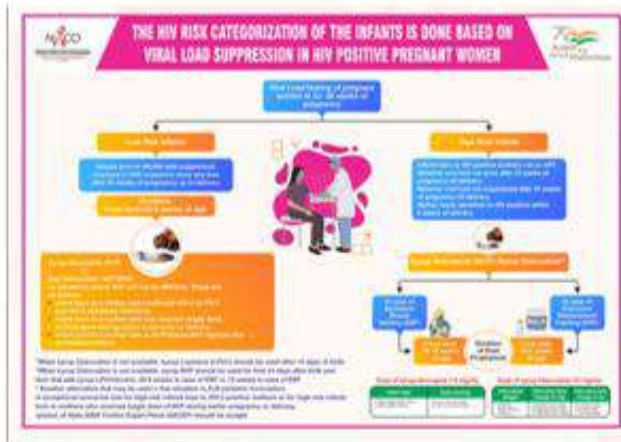
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Specific activities for primary prevention & demand generation

- Awareness generation and Counselling on HIV/ STI through counselors at the AFHC and ICTC
- Preliminary screening of the 'high risk' adolescents by MO at AFHC and referring them for further investigation. Ensuring cross referrals with ICTC, AFHC, PPTCT, TB and FP
- Discussion with the PE groups for early identification of signs and symptoms and timely referral: Planned and collaboratives activities can be taken up.
- Utilizing the platform of the Adolescent Health & Wellness Days (AH&WD) to generate awareness on HIV/ STI and information on the available testing and treatment services
- Health & Wellness Ambassadors (HWAs) to discuss the issues of HIV / STI in their sessions of growth and development. Emphasis on Prong 1 and Prong 2 to prevent early pregnancies
- Focus on IEC/ BCC activities and harnessing the use of social media for demand generation and sensitization encompassing all the joint activities and services



IEC and Job aids



Primary Prevention for HIV and STI : key activities

| Services | Activities | Stake-holders |
|--|--|---|
| Information, Education and Communication | <ul style="list-style-type: none"> • Create tailored IEC materials for HIV and syphilis prevention in regional languages. • Roll out IEC campaigns on EVTHS in mission mode. • Regular coordination meetings between SACS and RMNCAH+N. | SACS in coordination with RMNCAH+N program |
| Health Education and Counselling for SRH in school children and adolescents | <ul style="list-style-type: none"> • Adolescent Friendly Health Clinics (AFHC): provide clinical and counselling services on SRH; Nutrition; Substance abuse; Gender-based violence; NCD and Mental Health • Peer Education Program • Adolescent Health Day and Adolescent Friendly Clubs • Menstrual Hygiene Scheme • School Health and Wellness Program: training of school teachers and children on prevention of HIV and STIs facilitated through Health and Wellness Ambassadors | RMNCAH+N program, in coordination with DISHA |
| Sexual and Reproductive health services | <ul style="list-style-type: none"> • VHSND Day programs • ASHA to counsel women in reproductive age group about HTSP • Encourage routine gynecological care, nutrition, and NCD management for women in reproductive age. | RMNCAH+N program in coordination with SACS/ DISHA |

'Break the Silos, Build Synergies'

Special focus of prevention services on following vulnerable women:

- **High-risk women:** female sex workers, female injectable drug users, transgender persons. They receive prevention services through Targeted intervention (TI) projects and the Link Worker Scheme (LWS).
- **Women who are considered At-Risk of acquiring HIV/Syphilis:** receive preventive services at Sampoorna Suraksha Kendra/ICTC/DSRC

Women who are considered At-Risk of acquiring HIV/Syphilis:

- Adolescent girls and young women engaged in high-risk behaviors
- Women with multiple sexual partners
- Women facing unstable housing or homelessness
- Women with a history of transactional sex, or drug use, or domestic violence
- Women living in prisons and other closed settings
- Women infected with STI/RTI
- HIV negative partner of PLHIV

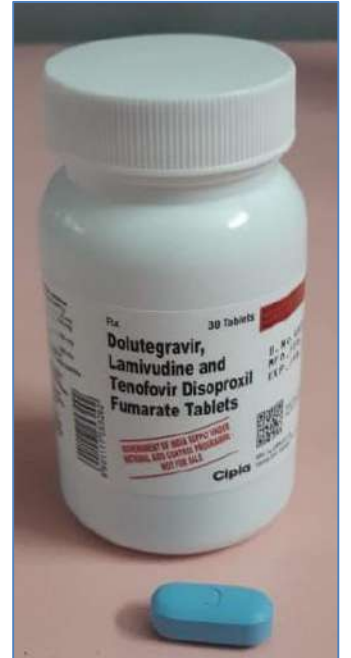
Prevention of Unintended pregnancies in WLHIV

- ART initiation in WLHIV
- Health Timing and Spacing of Pregnancy (HTSP) in Women living with HIV (WLHIV)



ART Initiation in newly diagnosed WLHIV

- All newly diagnosed WLHIV in reproductive age group, need to be initiated on lifelong ART, after counselling for drug adherence and safer sex practices.
- Dolutegravir (DTG): highly potent integrase inhibitor, achieves faster viral suppression and very effective for prevention of vertical transmission of HIV.
- Available as a tablet with a fixed drug combination, **TLD** containing three drugs :Tenofovir (300 mg) + Lamivudine (300 mg) + Dolutegravir (50 mg)
- Prescribed as a single pill taken once a day as per patient's convenience.
- **Appropriate information and counselling to be provided about immense benefits as well as minimal risk related to use of DTG, to make an informed choice about DTG use.**
- Linkages to contraceptive services is essential in women in reproductive age group, who consent to initiation on TLD regimen.
- WLHIV in reproductive age group, who do not wish to take DTG-based ART after adequate counselling, will be started on alternate ART regimen as per guidelines.



Prong 2: Prevention of unintended pregnancies among women living with HIV (WLHIV)

HTSP: approach of achieving healthier pregnancies and their outcomes

- Appropriate contraceptive methods and planning pregnancy.
- All newly diagnosed HIV infected women, in reproductive age group, should be initiated on lifelong ART, after counselling for drug adherence and safer sex practices.
- WLHIV should plan pregnancy:
 - after achieving adequate ART adherence and sustained viral suppression
 - preferably achieve undetectable viral load
- Referral and Linkages for Family Planning Services: WLHIV with unmet family planning need should be promptly referred to health facility offering family planning services

Three key messages about HTSP that should be conveyed are:

1. First pregnancy should be planned only after age of 20 years
2. After a live birth, next pregnancy should be planned only after 2 years or later to keep adequate interval between two births (**ideal spacing between two births is 3–5 years**)
3. After a miscarriage or abortion, next pregnancy should be planned only after 6 months or later to avoid chances of an abortion again

There should be adequate interval between two pregnancies to avoid poor outcomes **due to maternal health (anaemia, increased chances of infections, abortions, haemorrhage, obstructed labour, pre-eclampsia/ eclampsia, preterm birth) and child health (low birth weight, increased infant mortality)**

For further reading refer to Reference Manual for Integrated RMNCAH+N counselling, MOH, GOI, September, 2021; available at https://nhm.gov.in/images/pdf/programmes/family-planing/guidelines/RMNCAH+N_Manual_on_Counseling_2021.pdf

Pregnancy can occur as early as 4 weeks after delivery or 10 days after an abortion

Key points to consider while counselling woman for contraception use who is either 'At risk' or is HIV positive

- **Encourage involvement of the woman's partner in the counseling process**, if appropriate, to support shared decision-making and promote safer sexual practices.
- **Review woman's medical history**, including her HIV status, current treatment regimen, viral load etc to understand any potential interactions between antiretroviral medications and contraceptive methods.
- **Discuss the effectiveness and safety of different contraceptives** for women living with HIV. Emphasize the importance of using highly effective methods to prevent unintended pregnancies and reduce the risk of transmission of HIV.
- **Highlight the benefits of LARC** (long acting reversible contraceptives) methods, such as the IUCD, Implants, which offer highly effective contraception with minimal user intervention and no impact on HIV treatment.
- **Encourage the use of condoms**(to prevent HIV transmission and other sexually transmitted infections) along with other contraceptive method (**Dual protection**)

Ensure a supportive and non-judgmental counselling environment to make the woman/partner/husband feel comfortable discussing their concerns and choices

Contraceptive Basket of choice under National Family Planning Programme

Temporary Methods:

- Condoms (Nirodh)
- Oral Contraceptive Pills-
 - Combined Oral Contraceptives (Mala N)
 - **Centchroman (Chhaya)**
 - Emergency Contraceptive Pills (Ezy Pill)
- IUCD-380A, 375
- **Injectable MPA (Antara Programme)–IM & SC**
- **Sub-dermal contraceptive Implant (single rod)**

Permanent Methods:

- Male Sterilization (Conventional Vasectomy/Non-Scalpel Vasectomy)
- Female Sterilization (Minilap/Laparoscopic)



IUCD 380 A

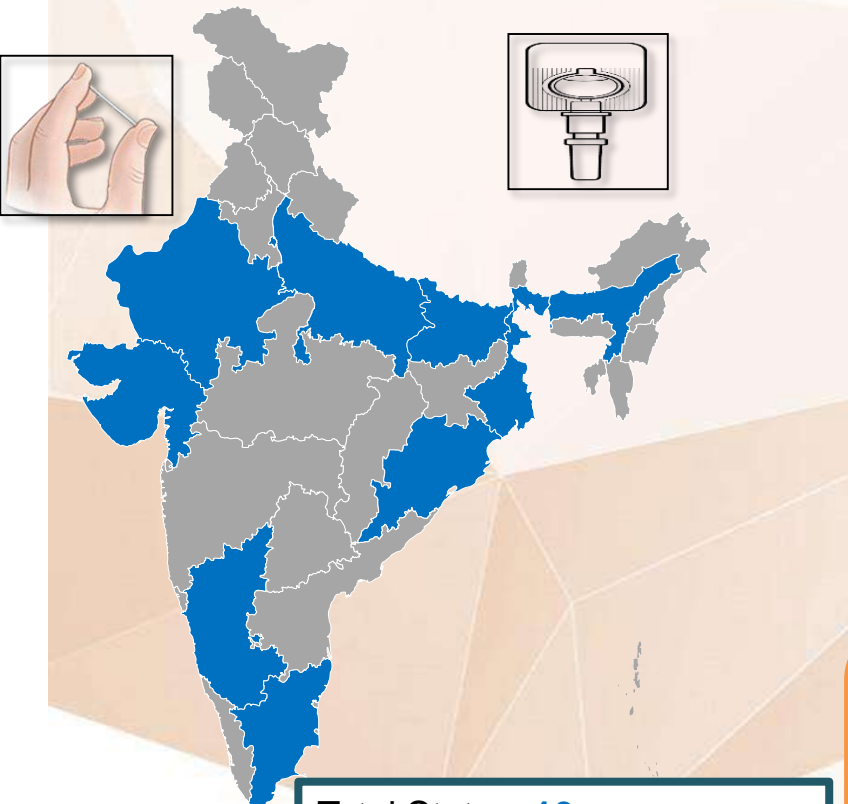


IUCD 375



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Geographical Expansion



Total States: **10**
 Total Districts for Implants: **22**
 Total Districts for SC-MPA: **22**

| State | Districts for introduction of Implants | Districts for introduction of SC-MPA |
|---------------|--|--------------------------------------|
| Uttar Pradesh | Lucknow, Aligarh | Saharanpur, Chitrakoot |
| Bihar | Patna, Bhagalpur | Sheikhpura, Munger |
| Karnataka | Bangalore, Bidar | Yadgir, Mysore |
| Tamil Nadu | Chennai, Dharmapuri | Ramanathapuram, Erode |
| West Bengal | Kolkata, Malda | South 24 Parganas, Uttar Dinajpur |
| Odisha | Cuttack, Ganjam | Balasore, Gajapati |
| Assam | Guwahati, Dibrugarh, Dhubri | Goalpara, Hailakandi, Nagaon |
| Rajasthan | Jaipur, Udaipur | Jaisalmer, Sawai Madhopur |
| Gujarat | Ahmedabad, Surat | Kachch, Bharuch |
| Delhi | South, New Delhi, Shahdra | North-West, South-West, Central |

- **02-03 Districts per State for Implants**
 - Medical College
 - District Hospital
- **02-03 Districts per State for SC-MPA**
 - One vertical Chain of Facilities (Medical College till Sub-Center including HWC)

'Break the Silos, Build Synergies'

| Method | Considerations for WLHIV |
|--|--|
| Intrauterine Contraceptive device (IUCD): copper-bearing IUD (Cu-IUD) | <p>Can safely undergo an IUCD insertion irrespective of their status of ART (Category 2 or 3)</p> <p>For WLHIV (new users)</p> <ul style="list-style-type: none"> • Can safely undergo an IUCD insertion –if there is mild or no clinical HIV disease (irrespective of their status of ART) • Should not undergo IUCD insertion- if having advanced or severe clinical disease • Women who are at high risk for gonorrhoea and/or chlamydia infections or have gonorrhoea, chlamydia, purulent cervicitis, or pelvic inflammatory disease should not undergo IUCD insertion <p>Existing IUD users-</p> <ul style="list-style-type: none"> • New HIV infection in women (with IUCD) does not warrant removal of IUCD. • With advanced or severe clinical disease- can keep IUCD but should be closely monitored for pelvic inflammatory disease. |
| Hormonal methods (all methods) | <p>Safe and suitable, whether or not on ART (category 1 or 2).</p> <p>Atazanavir Interaction: Combined Oral Pills(Mala-N) should not be given to women who are on Atazanavir (as Mala N contains 30 mcg of ethinyl estradiol)</p> <p>If on ritonavir booster ARVs= Category 3</p> |

Considerations for PLHIV on different methods of contraception

| Method | Considerations for PLHIV |
|------------------------------------|---|
| Centchroman Pills (Chhaya) | Can safely be given in any circumstance (Category 1) |
| Female Sterilization | <p>Safe and suitable for WLHIV, whether or not on ART</p> <p>The procedure may need to be delayed in clients with purulent cervicitis, chlamydia, or gonorrhoea or PID or HIV-related illness</p> <p>Client to use other contraceptive method during delay period</p> |
| Male Sterilization | <p>Safe and suitable for PLHIV, whether or not on ART</p> <p>The procedure may need to be delayed if the client has active sexually transmitted infection</p> <p>Client to use other contraceptive method during delay period</p> |

Screening of women with HIV/AIDS using GOI MEC Wheel 2022

GOI MEC wheel has almost all physiological & medical conditions, including woman with HIV/AIDS & STIs/RTIs to help us understand which method can be safely given & which cannot be given



1

Use the method in any circumstance

2

Generally use the method

3

Use of the method not usually recommended unless other more appropriate methods are not available or acceptable

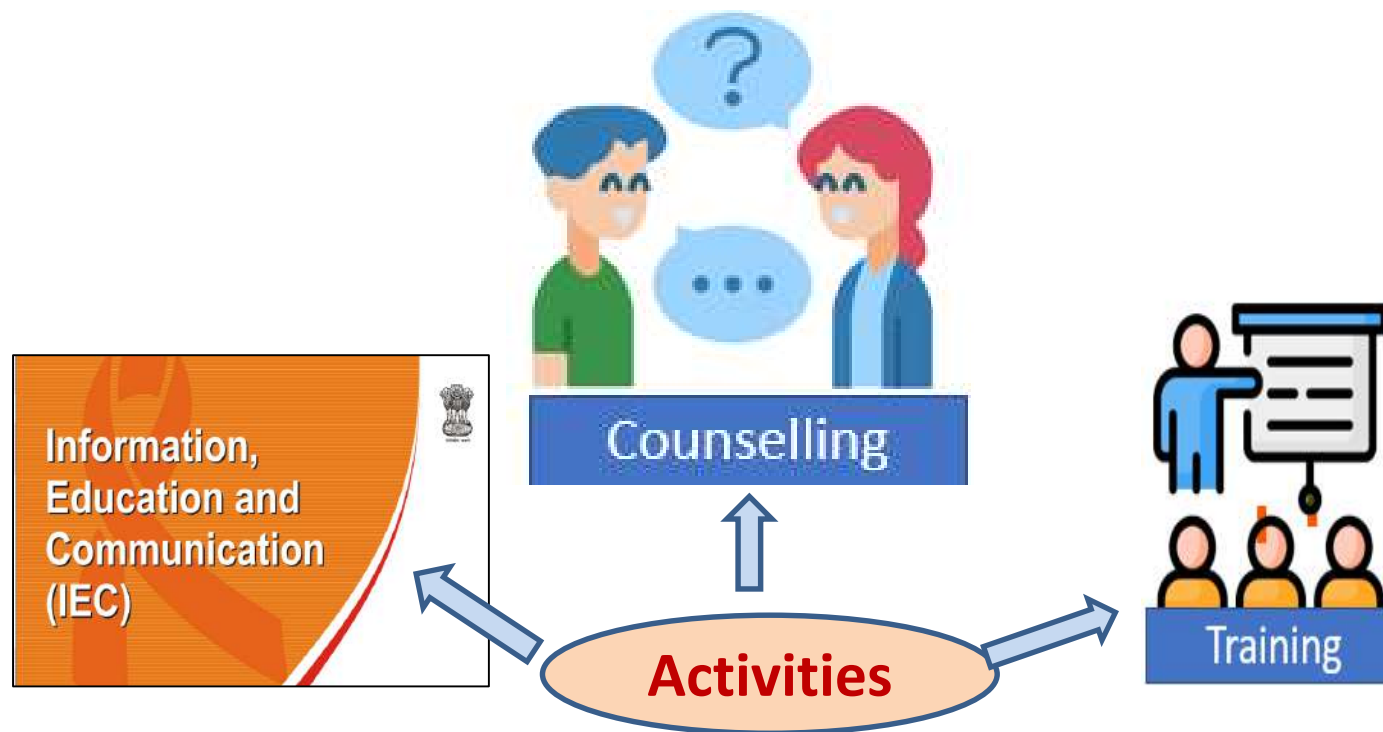
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Method NOT to be used

This block contains three related documents:

- Pregnancy Checklist:** A form to assess pregnancy risk based on 14 questions.
- Comparing Effectiveness of Family Planning Methods:** A chart comparing the effectiveness of various methods (Injectables, IUCD, Female Sterilization, Implants, LARs, PPIs, Pills, Condoms, Withdrawal, Spermicides) based on the number of pregnancies per 100 women in one year.
- Medical Eligibility Criteria (MEC) Wheel For Contraceptive Use - India (2022):** A circular chart showing the medical eligibility of various contraceptive methods for different medical conditions.

- Differential HIV and STI screening
- Counselling and risk reduction Services
- Health Education and Counselling for SRH in school children and adolescents
- Sexual and Reproductive health services
- Referral services to engage 'at risk' women to ensure that they stay negative and healthy



Who is responsible: SACS at state level, DISHA at district level in coordination with RMNCHA+N

Key Points

- Special focus of prevention services on vulnerable women who are At risk and High Risk for HIV and Syphilis
- All newly diagnosed HIV infected women in reproductive age group, should be initiated on lifelong ART, after counselling for drug adherence and safer sex practices
- Healthy Timing and Spacing of Pregnancy (HTSP) is an approach of achieving healthier pregnancies and outcomes and is achieved by using appropriate contraceptive methods and planning pregnancy
- WLHIV should plan their pregnancy, after achieving adequate ART adherence and sustained viral suppression and preferably achieve an undetectable viral load
- WLHIV with unmet family planning need should be promptly referred to health facility offering family planning services
- Dolutegravir (DTG): highly potent integrase inhibitor, achieves faster viral suppression and very effective for prevention of vertical transmission of HIV.

Session-3

HIV and Syphilis Screening and Diagnosis during Pregnancy

- Screening for HIV and Syphilis during Pregnancy
- Linkages of HIV reactive and Syphilis reactive cases
- Confirmation of HIV and Syphilis diagnosis
- Index Testing for HIV and Syphilis



Screening for HIV and Syphilis During Pregnancy

- **Objective:** Early detection and treatment of HIV and syphilis to prevent vertical transmission from mother to child.
- **Importance of screening:** Prevention of Vertical Transmission:
 - **HIV:** Without intervention, the risk of mother-to-child transmission is 30-45%. With appropriate treatment, this risk can be reduced to below 5%.
 - **Syphilis:** Early detection and treatment of syphilis can prevent congenital syphilis, which can lead to stillbirth, neonatal death, or serious infant health issues.

Screening

- **Early Screening:** All pregnant women should be screened for HIV and syphilis during their first antenatal care visit.
- **Initial Testing:** Early detection allows for timely initiation of treatment within NACP framework, reducing the risk of mother-to-child transmission.
- **Continued Monitoring:** NACP Ensures that any new infections during pregnancy are identified and managed appropriately.

- **Rapid Diagnostic Tests (RDTs) kits / Dual testing kits:**
 - **HIV & Syphilis Testing:** Utilizes finger prick blood samples to detect HIV /Syphilis antibodies. Rapid tests provide results within 30 minutes, facilitating immediate action.



Pre-Test Counselling:

Informing the Mother: Discuss the importance of the tests, and the potential outcomes.

Consent: Obtain informed consent before performing the tests.



Conducting the Test:

Sample Collection: Blood samples are taken using a finger prick.

Testing and Results: Tests are conducted on-site, and results are typically available within 30 minutes.



Post-Test Counselling:

Negative Results: Provide counselling to remain protected.

Positive Results: Immediate referral for confirmatory testing and linkage to care.

HIV Reactive Cases:

- Immediate referral to Integrated Counseling and Testing Centers (ICTCs) for confirmatory testing and to enroll them in NACP framework.
- Linkage to Antiretroviral Therapy (ART) centres for treatment initiation, ongoing care and follow-up by NACP.

Syphilis Reactive Cases:

- Immediate 1st dose of Inj Benzathine Penicillin G at the nearest health facility
- Referral to Designated STI/RTI Clinics (DSRCs) for confirmatory testing and for further complete treatment and follow up.

- **Index and Partner Testing for HIV and Syphilis**
 - Index testing: Index testing involves encouraging partners and biological children of reactive cases to undergo testing at ICTC centers.
 - This approach helps in early detection and management, reducing further transmission. Counselling ensures informed consent and supports affected families in accessing necessary treatment and care.
- **Management of Women Coming Directly in Labour**
 - Rapid testing for HIV and syphilis in the labor room ensures timely identification and referral.
 - Further interventions like immediate ART initiation for HIV reactive cases and Benzathine Penicillin G for syphilis reactive cases will be done by NACP to prevent transmission.

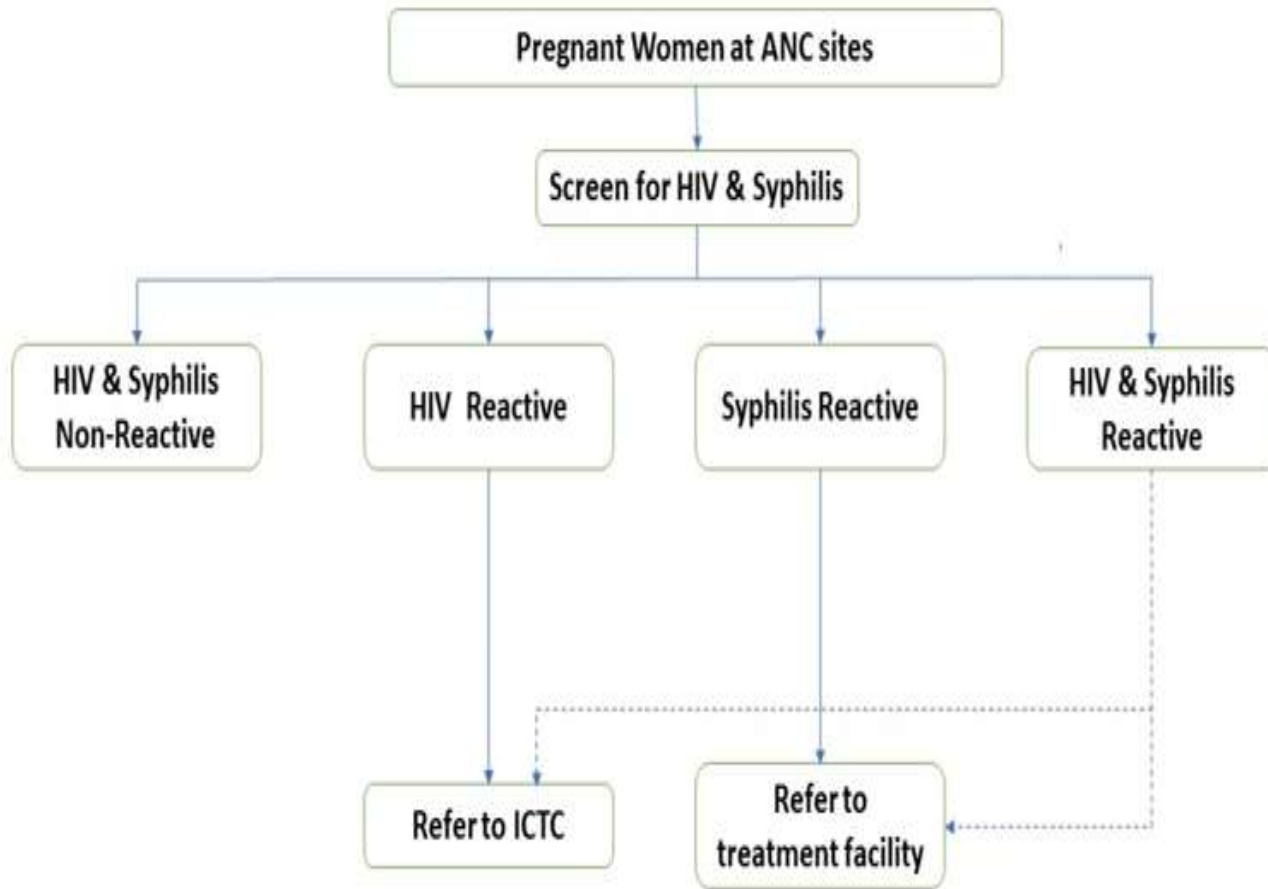
Coordination with Maternal Health

- Regular HIV and Syphilis screening need to be done at Village Health Sanitation and Nutrition Days (VHSND).
- Programs like Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) can ensure identification of HRPs (including HIV and Syphilis) with its follow-up.
- Tagging of these HRP cases with FRU / CEmONC facilities are critical to ensure their institutional delivery and further management.

Coordination and Monitoring

- The Maternal Health division is responsible for the initial screening of HIV and syphilis among pregnant women and for the referral of screened positive cases.
- NACP is responsible for the linkage to ICTCs, ART initiation for HIV reactive cases and Benzathine Penicillin G for Syphilis reactive cases and followup activities.
- The National AIDS Control Organization (NACO) will assume a leadership role in the coordination and oversight of confirmatory diagnosis, treatment protocols, ongoing patient care, capacity building initiatives, and comprehensive program evaluations.
- Joint review meetings at the district level, involving SACS and RCH officers, are crucial for assessing program effectiveness, identifying gaps, and implementing improvements. Effective collaboration between MH and NACO will ensure comprehensive care.

Screening of HIV and Syphilis at screening sites



- Screening involves initial testing using rapid diagnostic kits (RDT) along with brief group/individual counselling sessions.
- Confirmation is a follow-up process that involves conducting additional tests to provide a definitive diagnosis of HIV/Syphilis.
- Dual RDT strategy aims to improve efficiency and testing coverage for HIV and Syphilis in pregnant women.
- **Treatment Facility:** DSRC or any other health facility with availability of Injection Benzathine Penicillin (PHC/CHC) for treatment of syphilis

Steps in HIV and Syphilis Screening During Pregnancy

Screen all pregnant women for HIV & Syphilis in first trimester, preferably the 1st ANC visit

Obtain informed consent and provide pre and post-test counseling, for HIV testing as per guidelines

Pregnant women presenting DIL, with unknown HIV/Syphilis status must be screened in labor room and appropriate linkages established for further care and treatment

HIV negative “At-Risk” pregnant women should undergo repeat HIV/ Syphilis screening in third trimester and at labour

- Ensure availability of HIV & Syphilis testing kits at all facilities providing ANC services; Maintain cold chain throughout supply chain process

Ensure entries of test results and linkage for care in HMIS/RCH portal (ANMOL/SOCH) by service providers (nurses, data entry operator, etc.)

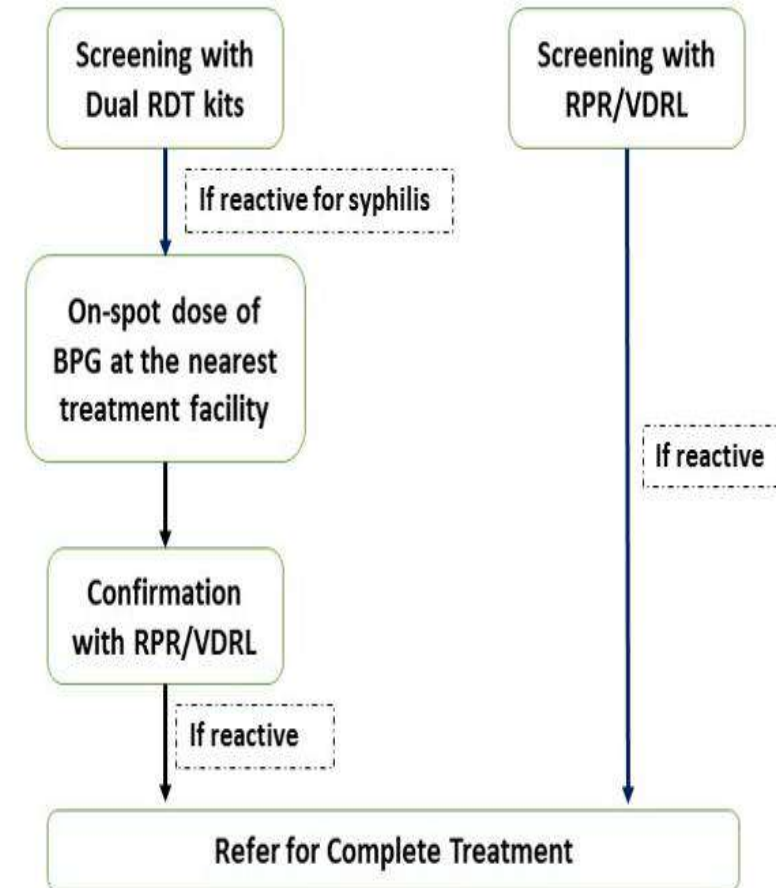


‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

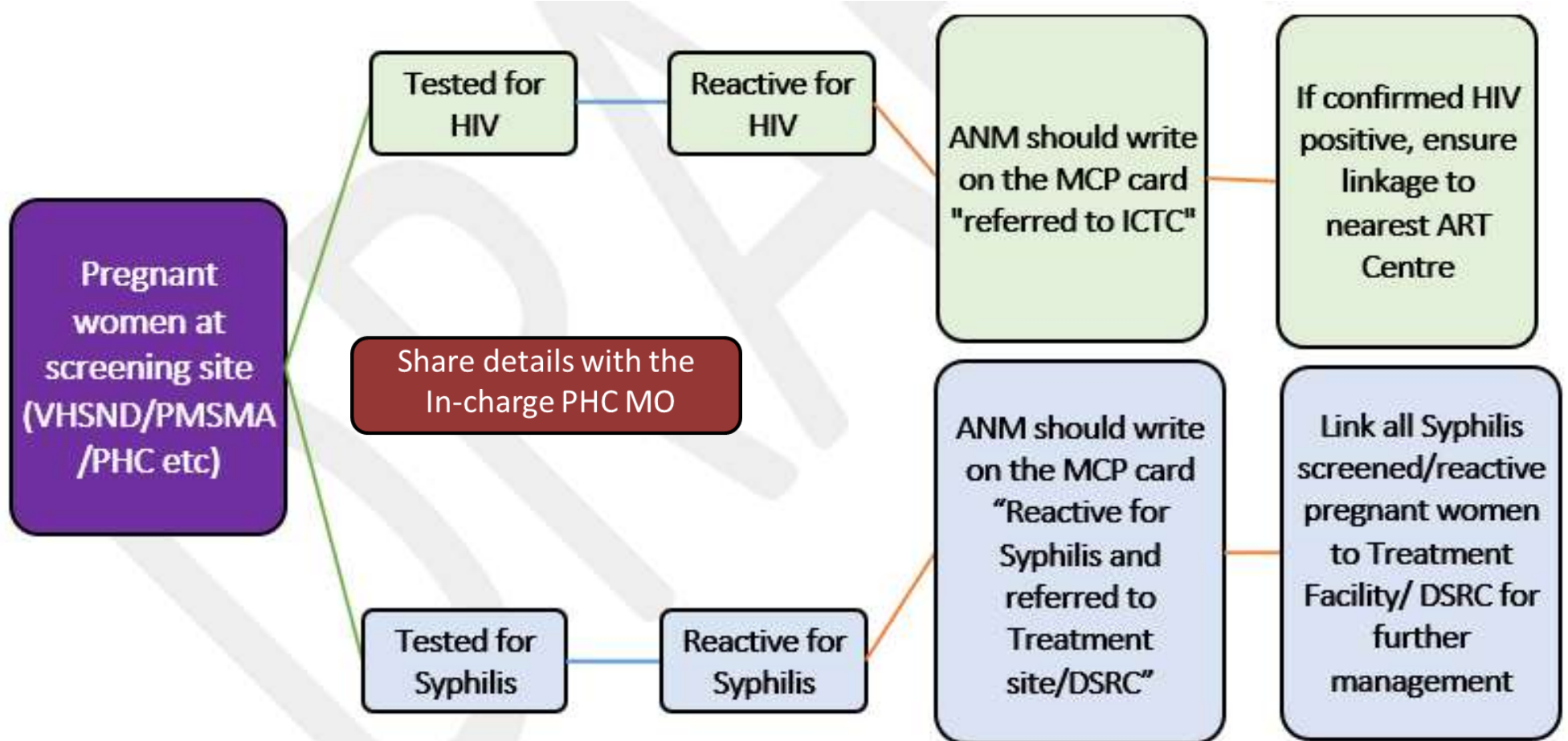
Follow up of all Reactive cases (HIV/Syphilis)

- All pregnant women referred for HIV confirmation at ICTC should be ensured for linkages and the confirmation of HIV Status.
- PWLHIV referred for other HIV services, including ART services, should be tracked to ensure that they avail the services, and have been registered at respective centres.
- All the pregnant women screened reactive for Syphilis should be given first dose of Injection Benzathine Penicillin, at nearest treatment facility and be followed up for complete treatment.
- Further confirmation through TPHA/TPPA is not mandatory to manage a pregnant women screened reactive for syphilis by RPR/VDRL.



'Break the Silos, Build Synergies'

Linkages of HIV/Syphilis reactive cases by ANM/Nurses



MCP- Mother and child protection card

- HIV negative pregnant women who are 'At-risk'/ high-risk for HIV/Syphilis infection, repeat screening in third trimester and at-labour.
- Additional criteria for repeat syphilis screening in pregnant women :
 - Pregnant women with h/o repeated abortions/stillbirths/past history of delivery of premature babies/neonatal deaths.
 - Testing at time of delivery in cases where the partner of previously syphilis reactive pregnant women was not tested/managed.
 - Screening should be repeated among pregnant women who live in areas with high prevalence of Syphilis among pregnant women (>1% sero-positivity)

Index testing for HIV

Who is responsible: Counsellor at HCTS confirmatory facility and Nurse at ART Centre

Activities:

Family testing:

- Spouse with unknown status
- All biological children <19 years of age

Partner testing: all sexual or injecting drug partners from the past year, irrespective of consistent condom use/clean needle use

Partner Testing for Syphilis

Who is responsible: ANM at Treatment Facility and Counsellor at DSRC

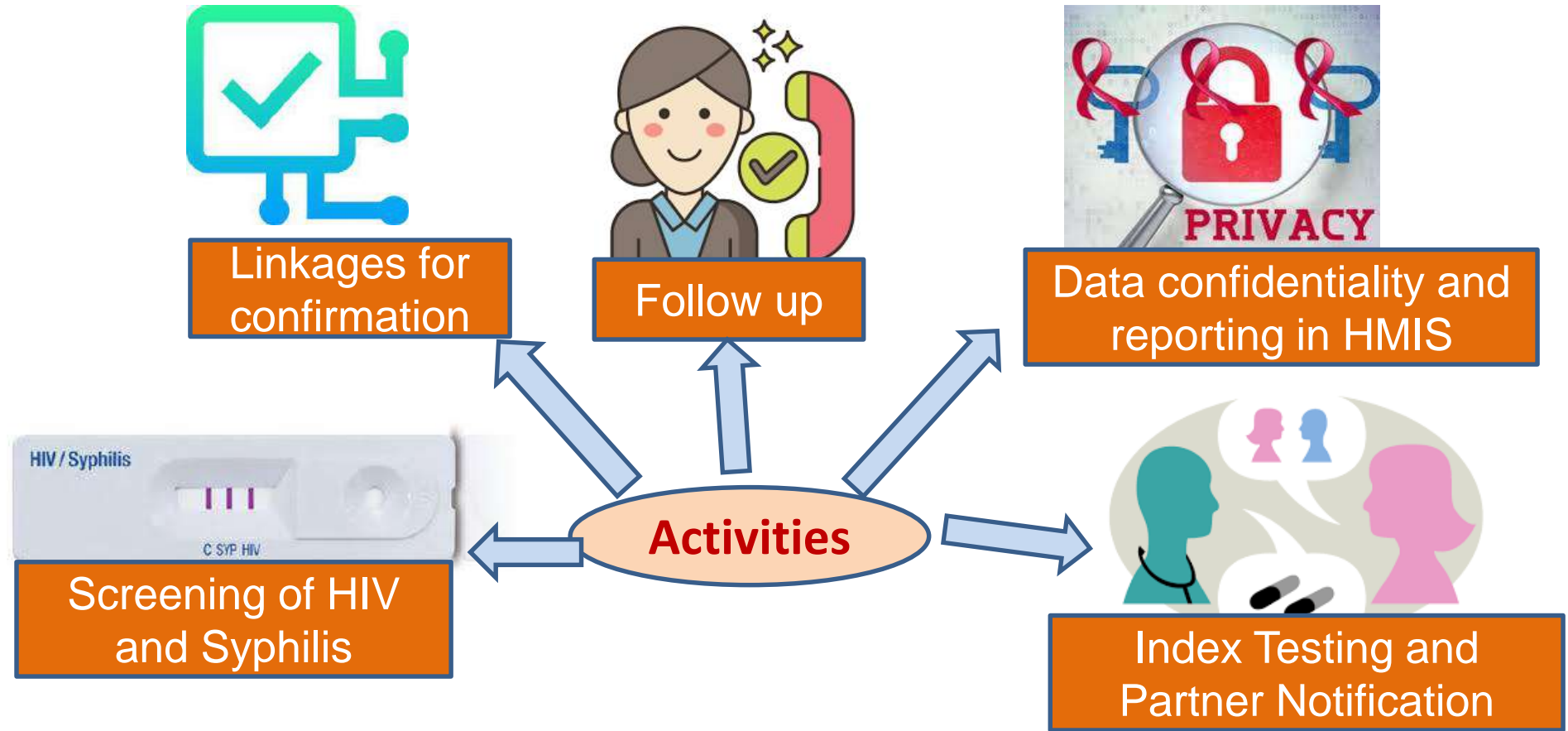
Activities:

1. Partners of pregnant women who screened reactive for Syphilis : evaluate clinically and serologically for Syphilis and treated to prevent re-infection
2. Dual RDT kits can be used for screening of spouses and partners of HIV and/or Syphilis sero-reactive pregnant women

Summary : HIV and Syphilis Screening and Diagnosis during Pregnancy

Screening of HIV & Syphilis using Dual RDT kits

When Dual RDT kit is not available separate PoC/Rapid test kits for HIV and RPR/VDRL test for Syphilis may be used



Who is responsible: Facilities providing ANC services such as VHSND/HWC and labor rooms with support from nearest HCTS confirmatory facilities

'Break the Silos, Build Synergies'

Session-4

Management of HIV/ Syphilis infection in pregnant women

- Care Cascade for HIV infected pregnant mother
- Care Cascade for Syphilis infected pregnant mother
- Management of Women Coming Directly in Labour



- Pregnant women with HIV and/or Syphilis are considered to have high risk pregnancies.
- Should be provided care enlisted under **‘Extended PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan) for high risk pregnancy tracking’**
- HIV and Syphilis infected pregnant women categorized as HRP: treated, counselled and line-list maintained by respective ANM & ASHA.
- ALL HRP to have 3 additional ANC visits. ASHA shall accompany woman with HRP to clinic.
- Visit for syphilis treatment at health facility/DSRC will be part of follow 3 additional ANC visits.
- Visit to for ART initiation, and VL testing at 32-36 weeks will be part of the three additional ANC visits.
- All HRP should be linked with nearest First Referral Units (FRU) for ensuring safe delivery after completion of pregnancy and prompt management of complications, if any.
- Monitor linkages for syphilis/HIV treatment, pregnancy outcome and status of mother and child at 45th day after delivery

Risk factors associated with increase in Vertical Transmission of HIV

Maternal, obstetrical, and infant factors that increase the risk of HIV transmission:

| Maternal Factors | Obstetrical factors | Infant factors |
|---|--|---|
| <ul style="list-style-type: none"> → Recent HIV infection in mother → High viral load and advanced HIV disease → Resistant strains → Advanced clinical stage → Concurrent STI → Viral, bacterial, and parasitic (esp. malaria) placental infection → Malnourishment → Conditions of breasts (sore nipple, breast abscess, mastitis etc.) → Mother acquired HIV infection during pregnancy or breastfeeding | <ul style="list-style-type: none"> → Uterine manipulations (external cephalic version) → Prolonged rupture of the membranes (>4 hours) → Placental abruption, chorio-amnionitis → Intrapartum hemorrhage → Invasive delivery techniques: episiotomies, forceps, use of metal cups for vacuum delivery → Invasive fetal monitoring | <ul style="list-style-type: none"> → Immature Immune System → Preterm baby → Low birth weight (<2.5kg) → First infant of multiple births → Immature Gastro-Intestinal tract → Mouth sores or an inflamed GI tract in baby → Mixed feeding: Breast milk along with other feeds |

Source: EVTHS; Guidance note for first phase implementation in 7 high priority states

‘Break the Silos, Build Synergies’

Elimination of Vertical Transmission of HIV

Steps to reduce the risk of vertical transmission of HIV

- **During Pregnancy** (ART reduces risk during pregnancy)
- **During Childbirth** (Institutional delivery, steps taken to reduce HIV risk during childbirth & Infant ARV Prophylaxis to cover the HIV exposure during childbirth)
- **During Breastfeeding** (ART : mother virally suppressed, U=U, breast milk is safe)

Note:

Highest risk of vertical transmission is during childbirth

Mothers need to be repeatedly counselled for adequate ART adherence, sustained viral suppression, and concept of U=U, throughout pregnancy and breastfeeding



How does ART work for preventing vertical transmission of HIV?

Ante-retroviral Therapy (ART)

- Improves maternal health
- Prevents HIV virus replication in baby (ARVs enter baby through placenta)
- Reduces maternal viral load, achieving viral suppression.
- Lowers the risk of HIV transmission to baby
- If U=U (undetectable viral load = Untransmittable HIV) is attained, risk of HIV transmission becomes negligible

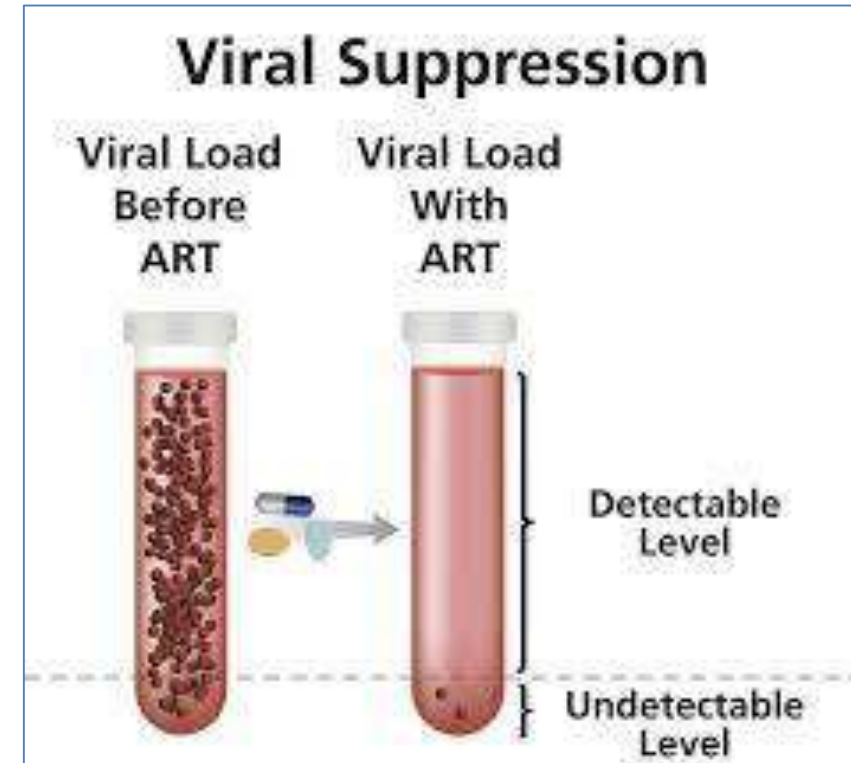


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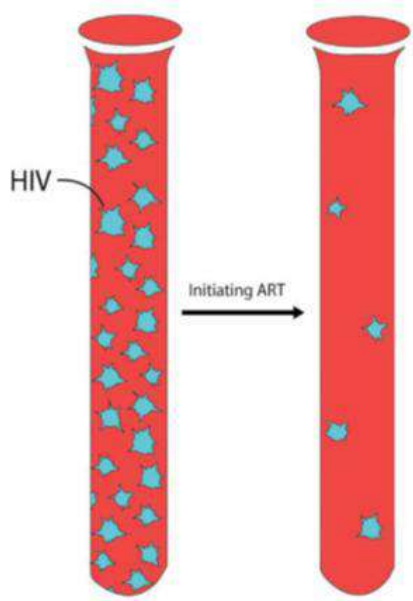
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ART initiation in pregnant women living with HIV (PWLHIV)

- Fast-tracking of lab investigation results, ART dispensation, and medical follow-ups for PWLHIV
- DTG based regimens will be offered to all newly diagnosed PWLHIV, **irrespective of the duration of pregnancy**
- Women who become pregnant while taking Dolutegravir (DTG) based regimen should be counselled for drug adherence and U=U and same regimen is to be continued.
- PWLHIV not on DTG based regimen should be shifted to DTG based regimen, as soon as possible, unless DTG is contraindicated. Sample for viral load testing should be drawn before transition to the DTG-based regimen.
- Same day /rapid ART initiation is recommended for PWLHIV after adequate preparedness counselling

| Monitoring Tool | When to Monitor |
|--|--|
| Body Weight | Every visit |
| Treatment adherence | Every visit |
| Clinical monitoring and T-staging | Every visit |
| 4-symptom TB screening | Every visit |
| Screening for common NCD; Hypertension, Diabetes Mellitus, mental health | Every 6 months or symptom directed |
| Laboratory evaluation based on ART regimen | Every 6 months or symptom directed |
| CD4 count | CD4 must be done every 6 months |
| Viral load | <ul style="list-style-type: none"> • Routine VL testing at 6 months after ART initiation, at 12 months after ART initiation, and then every 12 months * • For newly diagnosed PWLHIV: At 6 months after ART initiation, at 32-26 weeks of pregnancy, 12 months after ART initiation, and then every 12 months • For WLHIV already on treatment and now pregnant: at 32-36 weeks of pregnancy, in addition to routine VL testing |
| * For patients on second/third-line ART, Plasma Viral Load testing to be done every 6 months | |

Viral load testing at 32-36 weeks to determine risk of HIV transmission to baby



- All pregnant women with HIV need to undergo additional viral load test between 32-36 weeks of pregnancy (last month of pregnancy)
- **This test is to be done, irrespective of duration of ART**
- VL result will determine the Risk of HIV transmission to her baby
- Baby born to mother with VL less than 1000 copies will be categorized as LOW RISK for HIV transmission. **LOW RISK Infants will be advised single ARV prophylaxis for 6 weeks, irrespective of feeding option**
- Baby born to mother with VL ≥ 1000 copies or with no VL report, will be categorized as HIGH RISK for HIV transmission
- **HIGH RISK Infants will be advised dual drug ARV prophylaxis and duration will depend on the feeding option**

HIV Risk Categorization based on maternal viral load

| Scenario | Risk status |
|---|------------------|
| Infants born to HIV positive mother not on ART | High Risk |
| Maternal viral load not done between 32 weeks of pregnancy till delivery or viral load result not available | High Risk |
| Unsuppressed maternal viral load between 32 weeks to pregnancy (viral load \geq 1000 copies/ml) | High Risk |
| Mother newly identified as HIV positive within 6 weeks of delivery (including direct in labour diagnosed cases) | High Risk |
| Infants born to mothers with suppressed viral load , at 32-36 week of pregnancy (TND or viral load $<$ 1000 copies/ml) | Low Risk |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

EVTHS Card:(section-11 of the Patient Treatment Card)

| Section-11: PREGNANT WOMEN | |
|--|--|
| <p style="text-align: center; background-color: #d3d3d3; margin: 0;">Obstetric History</p> <p>▶ LMP: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> EDD: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>▶ <input type="checkbox"/> Gravide <input type="checkbox"/> Para</p> <p>▶ Institute/Place selected for the delivery: <input type="checkbox"/> Govt <input type="checkbox"/> Private <input type="checkbox"/> Home</p> <p>▶ Name of the institution planned for delivery</p> <p>Details of Viral Load Testing (32-36 weeks)</p> <p>▶ Viral Load testing done at 32 – 36 weeks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>▶ Viral Load testing: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> Result:.....</p> <p>▶ Category of baby based on Viral Load Testing: (<input checked="" type="checkbox"/> Tick the appropriate)</p> <p><input type="checkbox"/> a) Low Risk → Single Prophylaxis <input type="checkbox"/> b) High risk → Dual Prophylaxis</p> | <p style="text-align: center; background-color: #d3d3d3; margin: 0;">Delivery Details</p> <p>▶ Status of pregnant women at the registration of EVTHS</p> <p><input type="checkbox"/> Already on ART <input type="checkbox"/> Newly diagnosed PLHIV <input type="checkbox"/> Direct in labor <input type="checkbox"/> Post delivery</p> <p>▶ Date of Delivery: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>▶ Mode of Delivery: <input type="checkbox"/> Normal <input type="checkbox"/> Cesarean <input type="checkbox"/> Assisted</p> <p>▶ Place of Delivery: <input type="checkbox"/> Govt <input type="checkbox"/> Private <input type="checkbox"/> Home</p> <p>▶ Name of the institution where delivered:</p> <p>▶ Pregnancy Outcome: (<input checked="" type="checkbox"/> Tick the appropriate)</p> <p><input type="checkbox"/> a) Live birth single <input type="checkbox"/> b) Live birth twin <input type="checkbox"/> c) MTP</p> <p><input type="checkbox"/> d) Still birth <input type="checkbox"/> e) Abortion</p> |
| HIV EXPOSED INFANT | |
| <p style="text-align: center; background-color: #d3d3d3; margin: 0;">Birth Details:</p> <p>▶ Date of birth: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> ▶ Birth weight:Kgs</p> <p>▶ Selected Infant feeding Option* (<input checked="" type="checkbox"/> Tick the appropriate)</p> <p><input type="checkbox"/> a) EBF <input type="checkbox"/> b) ERF <input type="checkbox"/> c) Mixed</p> <p>* To reassess feeding practice at 6 weeks for high-risk infants</p> <p>▶ CPT initiation Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> (Ensure CPT initiation at 6 weeks of age)</p> <p>▶ Any other details:</p> | <p style="text-align: center; background-color: #d3d3d3; margin: 0;">ARV prophylaxis</p> <p>▶ Date starting ARV prophylaxis: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/> Date completion <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>▶ Name of ARV Drug: (<input checked="" type="checkbox"/> Tick the appropriate)</p> <p>a) Nevirapine - Initiated : (<input type="checkbox"/> Yes/ <input type="checkbox"/> No) Completed: (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)</p> <p>b) Zidovudine - Initiated : (<input type="checkbox"/> Yes/ <input type="checkbox"/> No) Completed: (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)</p> <p>c) Any Other - Initiated : (<input type="checkbox"/> Yes/ <input type="checkbox"/> No) Completed: (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)</p> <p>▶ Duration of Prophylaxis:(<input checked="" type="checkbox"/> Tick the appropriate)</p> <p><input type="checkbox"/> 6 weeks <input type="checkbox"/> 12 weeks ▶ Date of cessation of Breast Feeding: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> |

Monitoring of pregnant WLHIV by regular entry in EVTHS card is essential, and separate cards should be maintained for each pregnancy.

‘Break the Silos, Build Synergies’

Counselling messages for pregnant WLHIV to reduce risk of vertical transmission

1. Explain the advantages of ART for her health and to prevent transmission of HIV to her baby and need for starting ART immediately
2. Adherence to ART during pregnancy, labor, entire breast-feeding period and life-long
3. Safer sex practices to avoid fresh HIV and STI infection, throughout pregnancy and breastfeeding
4. Counsel for regular ANC visits
5. Ante-natal counselling for selecting feeding option by parents
6. Care of nipples and breasts
7. Nutritional counselling aimed at taking 'a balanced diet'

8. Iron, folic acid and calcium supplements to be advised throughout pregnancy and breast-feeding period
9. Viral load testing at 32-36 weeks of gestation to decide the risk of HIV transmission
10. Institutional delivery and birth planning, for interventions during childbirth and timely initiation of ARV prophylaxis for the baby
11. ARV prophylaxis to be started for the infant immediately after birth
12. Provide information and counselling that her baby will be under follow up, till HIV infection is excluded, i.e., 18 months or 3 months after stopping of breastfeeding, whichever is later

Summary: Interventions to reduce risk of HIV during pregnancy

- Provide information about HIV to ALL pregnant women
- Antenatal visits are opportunity for EVTHS
- Counsel for safer sex practices to reduce risk of fresh HIV/STI infections
- Prevention of vertical transmission through adherent maternal ART
- Referral for Viral load between 32 and 36 weeks of pregnancy to determine the ARV prophylaxis for the child based on HIV risk
- Counselling for institutional delivery so that interventions for EVTHS can be undertaken
- Counselling on infant feeding practices and ARV prophylaxis for the child
- Safe obstetric practices

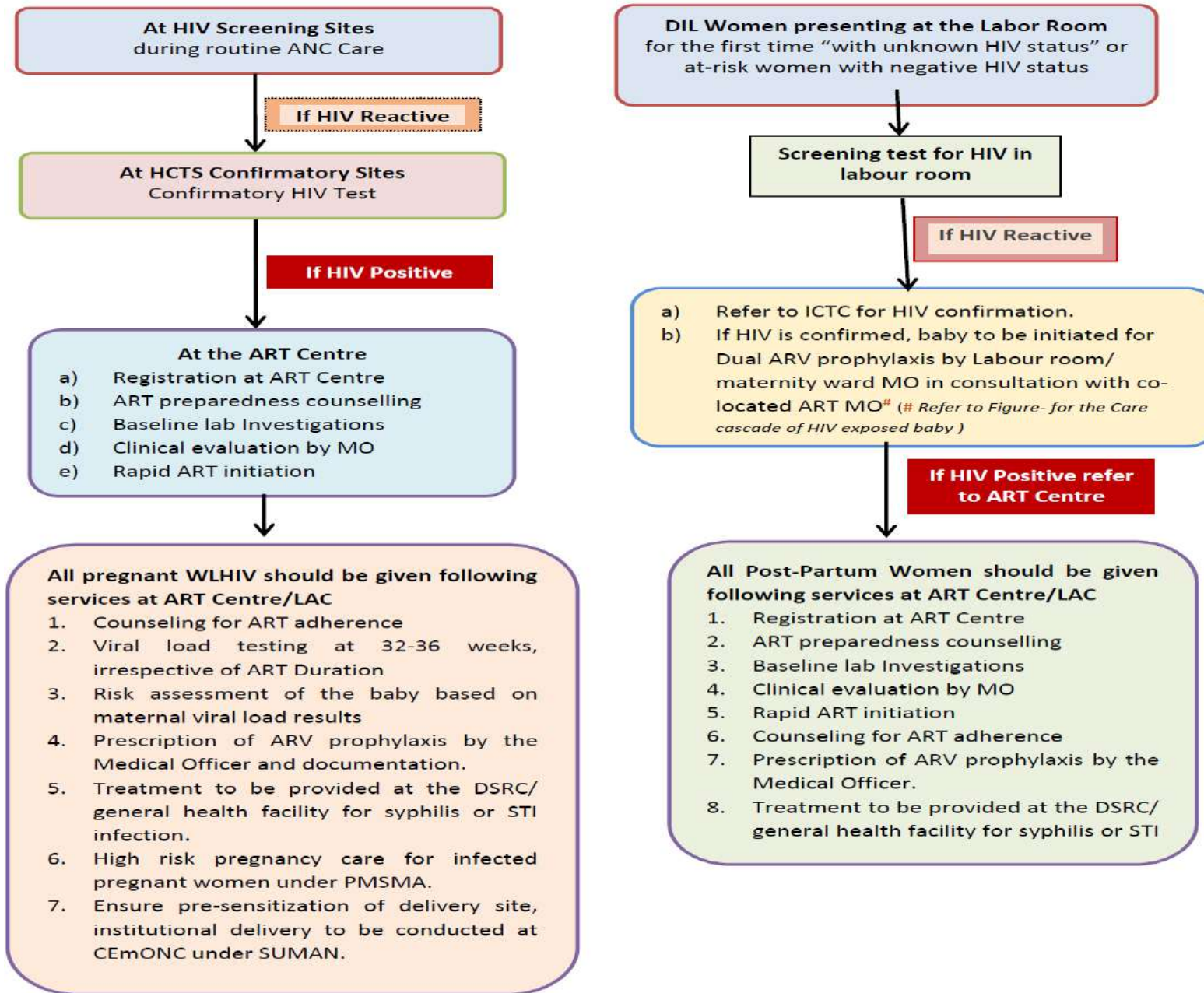
Summary: Interventions to reduce risk of HIV during childbirth

- Under the cover of Maternal ART, the care given to HIV infected mothers and their babies is similar to care given to uninfected mothers and their babies.
- When delivering HIV-infected women, follow safe delivery techniques as below:
 - Standard Workplace Precautions to be adhered to
 - Minimize vaginal examinations and use aseptic techniques
 - Avoid prolonged labour; consider oxytocin to shorten labour
 - Avoid artificial rupture of membranes
 - Use non-invasive foetal monitoring and avoid invasive procedures
 - Support perineum and avoid routine episiotomy
- Avoid instrumental delivery as much as possible unless indicated.

Mode of Delivery: In India, normal vaginal delivery is considered unless the woman has obstetric indications for a Caesarean section (like foetal distress, obstructed labour)

Care Cascade for pregnant women living with HIV

Source: National Guidelines for Elimination of Vertical Transmission of HIV and Syphilis, 2024



'Break the Silos, Build Synergies'

Care Cascade for

Syphilis infected pregnant mother



Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

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Risk factors associated with increase in Vertical Transmission of Syphilis

- Syphilis can be transmitted to the fetus in the early stages of the infection.
- Chance of vertical transmission is as high as 80% in early stages of syphilis infection (primary and secondary stages) .
- Chances of adverse pregnancy outcome in latent stages of syphilis is greater than 50%.
- Untreated sexual partner(s) may result in re-infection in the pregnant women.

Treatment of Syphilis in pregnant women

"Test & Treat" policy for syphilis should be followed under the National Programme

- Screened reactive for syphilis: on-spot dose of 2.4 million units of Injection Benzathine Penicillin G (BPG), IM stat after test dose
- Screened reactive or confirmed positive by RPR/VDRL: Three doses of injection BPG, 2.4 million units, given IM once a week, after test dose
- Doxycycline use for management of syphilis should be avoided in the second and third trimesters of pregnancy
- Erythromycin and azithromycin should not be used as neither reliably cures maternal infection nor prevents vertical transmission
- Syphilis infected pregnant women, who have penicillin allergy should be desensitized and then treated with Injection Benzathine Penicillin.
- Pregnant women with signs of neurosyphilis, ocular syphilis, and oto-syphilis should be referred to a tertiary care centre

Treatment Monitoring for Syphilis in Pregnancy

- **Complete Treatment of Syphilis:** Three doses of with Inj. BPG, with 2.4 million IU, one dose once a week
- **Repeat testing for Syphilis:** after 12 weeks of treatment or at 32 weeks of pregnancy or during labour (whichever is earlier)
- **Successful Treatment** defined as fourfold reduction in titers, equivalent to a change of two dilutions [e.g., from 1:16 falls to 1:4]
- **Treatment Failure:** titer values persist at the same level or increase after 12 weeks and repeat three doses of Inj. BPG over 3 weeks need to given

All the pregnant women screened reactive for Syphilis need tracking to ensure completion of Syphilis treatment and further follow-up for response to treatment

- The treatment response should be monitored at 12 weeks after treatment, or at 32 weeks of pregnancy or during labor (whichever is earlier) at DSRC/treatment facility
- If RPR/VDRL titer values persist at same level or increase after 12 weeks, treatment failure/ reinfection can be suspected. In this case complete treatment to be repeated

EVTHS Card for Syphilis

| EVTHS Card - Syphilis | | | |
|---|----------------------|--|---|
| Pregnant Woman's Card | | | |
| (to be completed for all pregnant women screened reactive for Syphilis) | | | |
| Name | : | PID No./ Mobile Number & DSRC | : |
| Age | : | Case | : Pregnant Women / DIL |
| Gravida | : | Parity | : |
| LMP | : | EDD | : |
| Details on Syphilis Screening | | | |
| Type of test with date of screening | : | RPR/VDRL/ Dual RDT/ TPHA/ Others (Please Name) | |
| Whether test for confirmation conducted | : | Yes/No | If yes, test used & results : |
| RPR/ VDRL Titres | : | (Mention baseline titres) | |
| Treatment Details | | | |
| Injection Benzathine Penicillin | 1st Dose (Yes/No) | Date of treatment | : |
| | 2nd Dose (Yes/No/NA) | Date of treatment | : |
| | 3rd Dose (Yes/No/NA) | Date of treatment | : |
| Treatment Monitoring (Yes/No) | | | |
| If yes, date of monitoring | : | RPR/VDRL Titres | : |
| Outcome | : | Treatment Failure/Successful | If failure, then Retreatment : Yes/No/NA (Date) |
| Partner Screening and Management | : | Yes/No | Provide details : |
| Details on Delivery | | | |
| Pregnancy Outcome | : | Abortion/MTP/ Still Birth/Live Birth | Date of delivery (NA if Abortion or MTP) : |
| RPR/VDRL Titres (at delivery/ childbirth) | : | Yes/ No | RPR/VDRL Titres : |

- EVTHS Syphilis card is a foldable card, that captures screening, management and follow-up details of pregnant women/ DIL cases who are screened reactive for syphilis.

Responsibility: DSRC

Counsellor/HCW at NHM facility.

- Copy of this card will be carried by pregnant women at follow-up visits and for institutional delivery.
- Same card captures the details for follow-up/ management of Syphilis exposed babies.

Counselling messages for Syphilis infected mother would be:

- Linkage to EVTHS programme
- Protected sex practices to avoid HIV or STI infection, throughout pregnancy and breastfeeding
- Nutritional counselling aimed at taking 'a balanced diet' during pregnancy and breast feeding
- Iron, folic acid and calcium supplements to be advised throughout pregnancy and breast-feeding period
- Institutional delivery and birth planning for interventions during labour and delivery
- Repeat testing at 3 months after treatment, or in 3rd trimester or during labor (whichever is earlier) at DSRC/treatment facility
- Baby to be referred to SNCU/ NICU/ paediatric treatment facility soon after birth, for evaluation and management by paediatrician
- RPR/VDRL tests of baby and mother at birth
- Baby to be kept under follow up till 6 months of age (visits at 14th week & 6 month) under a paediatrician

EVTHS Card for Syphilis

| EVTHS Card - Syphilis | | | |
|---|----------------------|--|---|
| Pregnant Woman's Card | | | |
| (to be completed for all pregnant women screened reactive for Syphilis) | | | |
| Name | : | PID No./ Mobile Number & DSRC | : |
| Age | : | Case | : Pregnant Women / DIL |
| Gravida | : | Parity | : |
| LMP | : | EDD | : |
| Details on Syphilis Screening | | | |
| Type of test with date of screening | : | RPR/VDRL/ Dual RDT/ TPHA/ Others (Please Name) | |
| Whether test for confirmation conducted | : | Yes/No | If yes, test used & results : |
| RPR/ VDRL Titres | : | (Mention baseline titres) | |
| Treatment Details | | | |
| Injection Benzathine Penicillin | 1st Dose (Yes/No) | Date of treatment | : |
| | 2nd Dose (Yes/No/NA) | Date of treatment | : |
| | 3rd Dose (Yes/No/NA) | Date of treatment | : |
| Treatment Monitoring (Yes/No) | | | |
| If yes, date of monitoring | : | RPR/VDRL Titres | : |
| Outcome | : | Treatment Failure/Successful | If failure, then Retreatment : Yes/No/NA (Date) |
| Partner Screening and Management | : | Yes/No | Provide details : |
| Details on Delivery | | | |
| Pregnancy Outcome | : | Abortion/MTP/ Still Birth/Live Birth | Date of delivery (NA if Abortion or MTP) : |
| RPR/VDRL Titres (at delivery/ childbirth) | : | Yes/ No | RPR/VDRL Titres : |

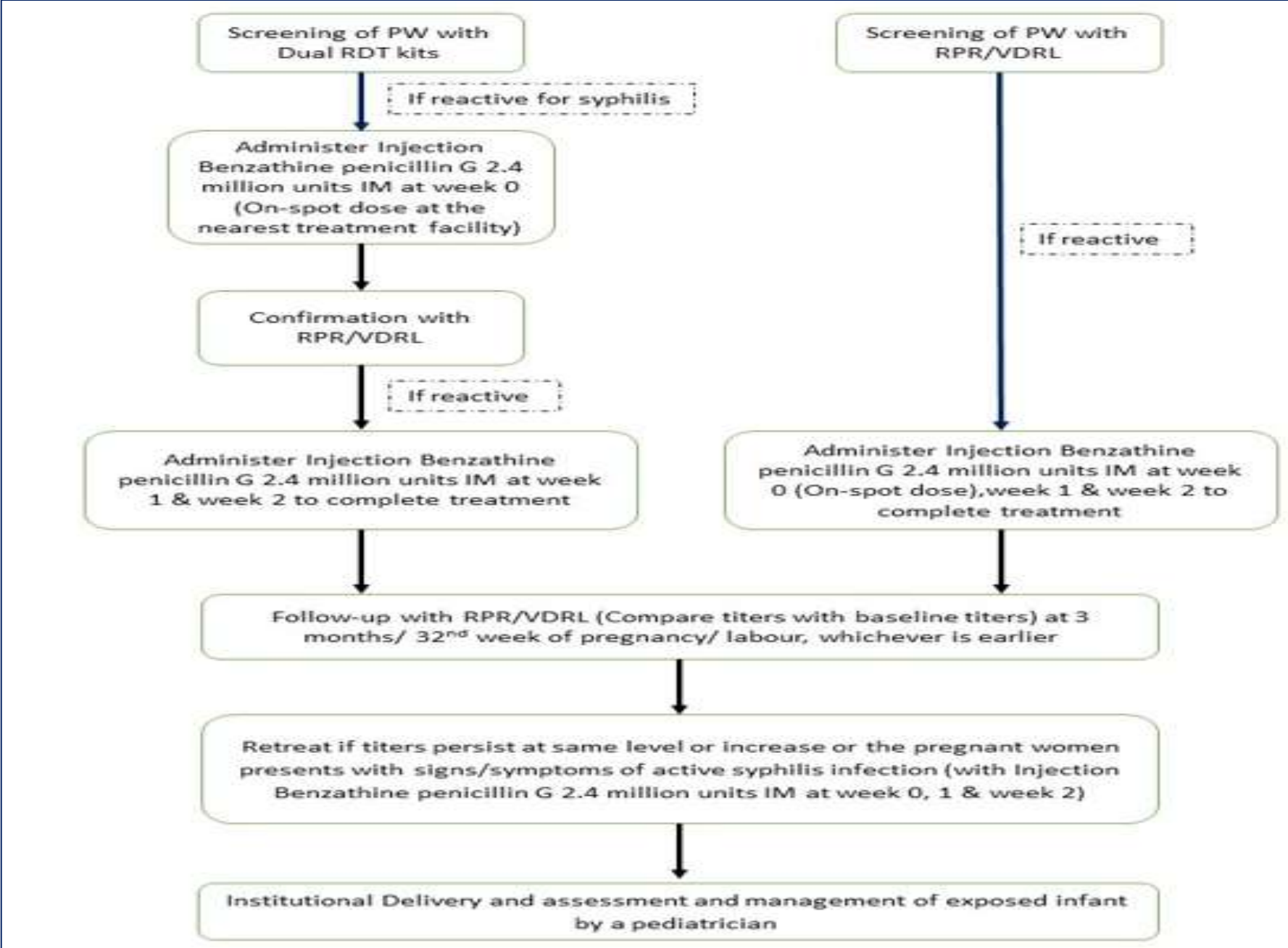
- EVTHS Syphilis card is a foldable card, that captures screening, management and follow-up details of pregnant women/ DIL cases who are screened reactive for syphilis.

Responsibility: DSRC

Counsellor/HCW at NHM facility.

- Copy of this card will be carried by pregnant women at follow-up visits and for institutional delivery.
- Same card captures the details for follow-up/ management of Syphilis exposed babies.

Care Cascade for Syphilis infected mother



'Break the Silos, Build Synergies'

Interventions for Pregnant Women Presenting Directly in Labour

- Labour room nurse will offer bedside counselling and HIV screening test.
- If the woman consents, screen her for HIV, with the Point-of-care (POC) test kit - 'Whole Blood Finger Prick Test'(WBFPT) or Dual RDT kits in delivery room or labour ward.
- If result is screen reactive for HIV, labour room nurse should inform ICTC counsellor and LT for confirmation of HIV status as per guidelines.
- If HIV-positive status is confirmed at HCTS confirmatory site, woman should be referred to ART centre for evaluation and ART initiation as per national guidelines.
- Screen for syphilis using available screening kits as per the facility, such as RPR/VDRL or Dual RDT kits/ POC syphilis test kit
- If Syphilis screening reveals a positive result, patient will receive complete treatment after delivery. First dose of Inj. BPG should be administered during the hospital stay

Mrs. F is a 4 months pregnant FSW who reported to the Antenatal clinic at a rural hospital. She underwent testing by Dual RDT tests for HIV and Syphilis. She was told that she had screened negative for HIV test and screened positive for Syphilis.

Question 1: What are the steps in the management of Mrs. F.

Answer:

- Mrs. F provided with on-spot dose injection benzathine penicillin at treatment facility
- Linkage to the nearest confirmatory facility, to undergo a confirmatory test for Syphilis infection.
- Further managed as per the confirmatory result of RPR/VDRL:
 - If negative- repeat testing at 32-36 weeks of gestation and during labour
 - If Syphilis confirmed: link to treatment centre for treatment, follow-up as per protocol, Partner notification and treatment

Case Scenario-2

Mrs. G is a 6 months pregnant lady who reported to ANC at medical college. She underwent testing by Dual RDT tests for HIV and Syphilis. She was told that she had screened negative for HIV test and screened positive for Syphilis. She further underwent RPR test which came positive with a titer of 1: 32

Question 1: What is the next step in the management of Mrs. G. Discuss the counselling messages to be given to her?

Answer 1:

- Mrs. G is a Syphilis infected pregnant mother who needs complete treatment
- A skin testing performed for penicillin allergy, prior to giving Inj. BPG
- Three doses of with Inj. BPG, with 2.4 million IU, one dose once a week
- Follow-up testing after 12 weeks of treatment or at 32 weeks of pregnancy or during labour (whichever is earlier)

- All pregnant WLHIV are to be initiated/shifted to a Dolutegravir based ART regimen
- Counsel for ART adherence and protected sex practices to avoid fresh HIV/STI infection, throughout pregnancy and breastfeeding
- Viral load should be performed for all pregnant WLHIV between 32-36 weeks of pregnancy to categorize infants as High risk/Low risk based on Viral suppression
- Provide dual prophylaxis for infants with high risk and single drug prophylaxis for low risk for HIV transmission
- ‘Test & Treat’ policy for syphilis under NACP, single dose of Benzathine Penicillin is given to Syphilis reactive pregnant women is enough to prevent infection to fetus
- All pregnant women screened reactive for Syphilis, need tracking to ensure completion of Syphilis treatment and further follow-up for treatment response
- For all direct in labour cases with unknown HIV/Syphilis status and women “at risk”, the Labour room nurse will offer bedside counselling and HIV and Syphilis screening tests, after informed consent

Session-5

Management of HIV exposed Babies including EID

- Care Cascade for HIV exposed baby
- Early Infant Diagnosis (EID)



Definitions: HIV exposed child and HIV infected child

HIV exposed infant/child : (Infant: Under 12 months ;Child: One year and above)

- Infants/children born to HIV infected mothers are considered as HIV exposed until HIV infection can be **reliably excluded or confirmed in them**

HIV infected infant/child :

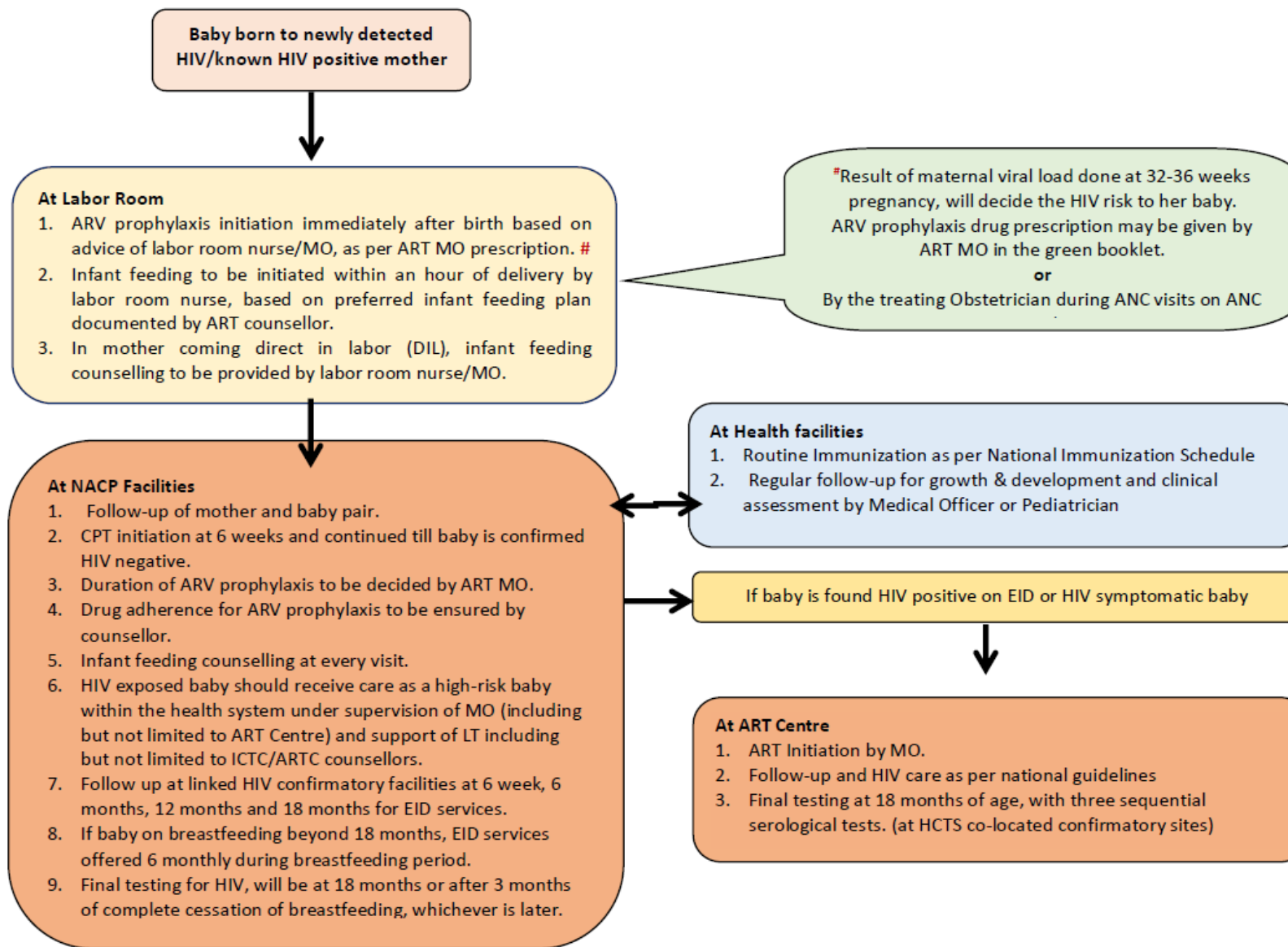
- Infants/children less than 18 months of age are said to be HIV infected, if diagnosed HIV-1 positive*, on two consecutive HIV-1 TNA PCR tests, as per the EID algorithm
- In children beyond 18 months age, HIV testing is done by antibody tests similar to adults

* presently available DBS kits, test for HIV-1 infection only

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Cascade of Care Services for HIV Exposed Babies



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Components of Care of HIV-Exposed Child

- Immediate Care at Birth
- ARV prophylaxis
- Infant feeding
- Co-trimoxazole preventive therapy(CPT)
- Early Infant Diagnosis
- Immunization and Vitamin-A Supplementation
- Regular Clinical Follow up



Immediate Care at Birth

DONT'S

- Avoid multiple vaginal examinations
- Avoid invasive foetal monitoring
- Avoid suctioning (If must, <100 mm Hg pressure or bulb suction)
- Avoid milking of cord



Initiate feeding within the 1st hour of birth according to the preferred and informed choice of the parents

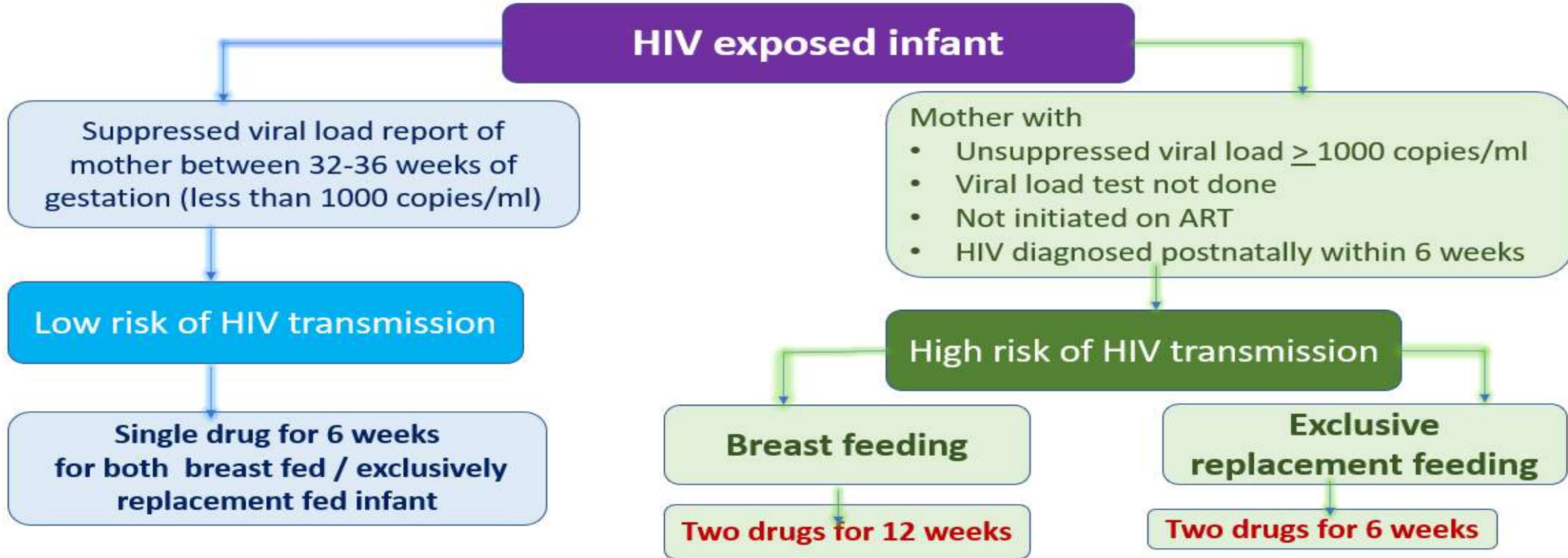
Universal precautions for Health Care Providers

Under the cover of Maternal ART, there is no difference in care given at birth and is similar to that given to uninfected mothers & their babies

DO'S

- Wipe mouth and nostrils as soon as the head is delivered
- Cover cord with gloved hand and gauze before cutting
- Cord clamping soon after birth

ARV Prophylaxis for HIV-Exposed Infants (HEI)



NACP counsellor at ICTC will ensure that infant receives ARV prophylaxis within 72 hours of delivery (preferably within one hour of delivery). ARV prophylaxis can be started beyond 72 hours after birth, though its efficacy in preventing perinatal HIV transmission will be lower. Monitoring drug adherence for ARV prophylaxis essential

Duration of ARV Prophylaxis

| Type of Infant | Type of feeding option | Duration of ARV Prophylaxis |
|---|-------------------------------------|---------------------------------------|
| Infant with Low risk for HIV Transmission | Exclusive Breast feeding (EBF) | 6 weeks, regardless of feeding option |
| | Exclusive Replacement feeding (ERF) | |
| Infant with High risk for HIV Transmission | Exclusive Breast feeding (EBF) | 12 weeks |
| | Exclusive Replacement feeding (ERF) | 6 weeks |

- Minimum of 6 weeks of ARV prophylaxis is given in all HIV exposed infants to cover the peri-natal exposure to HIV virus during labour and delivery
- Duration of ARV Prophylaxis has to be extended to 12 weeks, in infants who are being breast-fed and also categorized High risk for HIV transmission
- Infants on Exclusive Replacement Feeding don't need extended ARV prophylaxis

Source: National Guidelines for HIV Care and Treatment, 2021

ARV Prophylaxis for baby born to women presenting in active labour and **confirmed HIV positive**

Risk Assessment of baby born to women presenting in labour and confirmed HIV positive is High Risk Infant

- **Start DUAL prophylaxis with Nevirapine and Zidovudine as soon as possible.**
- Medical officer of the labour room / ward/ OT, may telephonically consult the Medical officer of collocated ART centre, regarding dosage of the two drugs for ARV prophylaxis.
- NACP counsellor at ICTC will ensure that infant receives the ARV prophylaxis within 72 hours of delivery.
- Infant ARV prophylaxis can be started beyond 72 hours after birth, though its efficacy in preventing perinatal HIV transmission will be lower.

In exceptional scenarios and for high-risk Infants born to HIV-2 positive mothers or for high-risk Infants born to mothers, who had received single dose of Nevirapine during earlier pregnancy or delivery, opinion of SACEP should be sought

Risk Assessment of baby of WLHIV reporting DIL/newly identified postnatally within 6 weeks of delivery

Risk Assessment of infant of WLHIV reporting directly in labour or of women identified HIV infected postnatally, within 6 weeks of delivery is High Risk for HIV transmission.

- Start Dual Prophylaxis, at their first encounter with health services
 - Can be started even if more than 72 hours have passed since birth
 - Should be continued for minimum 6 weeks, regardless of feeding option selected
- Extend the ARV prophylaxis to 12 weeks, if the mother is breast feeding
- Mother should be linked to ART services and initiated on ART, at the earliest possible

Infant ARV Prophylaxis: Dosage of Syrup Nevirapine(10 mg/ml)

| Infant Age | Daily Dosing |
|---|--|
| Birth* to 6 weeks <ul style="list-style-type: none"> • Birth weight 2000–2500 g • Birth weight >2500 g | 10 mg (1 ml) once daily 15 mg (1.5 ml) once daily |
| >6 weeks – up to 6 months [#] | 20 mg (2 ml) once daily |
| >6 months – up to 9 months [#] | 30 mg (3 ml) once daily |
| >9 months – until breastfeeding ends | 40 mg (4 ml) once daily |

*Infants weighing <2000 g, the suggested starting dose is 2 mg/kg once daily.

[#]NVP dose for older infants is provided in a situation where HIV exposure is identified during infancy, the mother is breastfeeding and the infant is either HIV uninfected or the status is yet to be determined after taking opinion from SACEP/ PCoE.

Any HIV-exposed breastfeeding baby beyond 6 weeks of age will need SACEP/PCoE opinion for indication of dual prophylaxis.



Source: National Guidelines for HIV Care and Treatment 2021

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Infant ARV Prophylaxis: Dosage of Syrup Zidovudine(10 mg/ml)

| Infant Birth Weight | Zidovudine Daily Dosage (in mg) | Zidovudine Daily Dosage (in ml) |
|---------------------|---------------------------------|---------------------------------|
| <2000 g | 5 mg/dose twice daily | 0.5 ml twice daily |
| 2000–2500 g | 10 mg/dose twice daily | 1 ml twice daily |
| >2500 g | 15 mg/dose twice daily | 1.5 ml twice daily |



Source: National Guidelines for HIV Care and Treatment 2021

'Break the Silos, Build Synergies'

Source: National Guidelines for HIV Care and Treatment.2021

Infant ARV Prophylaxis: Dosage of Syrup LPV/r (80 mg/20mg per ml)

| Infant Age | Weight of Baby | Daily Dosing |
|---------------------------|---|--------------------|
| Birth to 2 weeks | Do not use LPV/r solution for infants aged younger than 2 weeks of age | |
| 2 weeks to 4 weeks | Weight 2000–2999 g | 0.6 ml twice daily |
| | Weight 3000–3999 g | 0.8 ml twice daily |
| | Weight 4000–4999 g | 1.0 ml twice daily |
| > 4 weeks | Weight 3000–5999 g | 1.0 ml twice a day |
| | Weight 6000–9999 g | 1.5 ml twice a day |

- Dosage: Once-daily dosing of LPV/r is not recommended.
- LPV/r 300 mg/75 mg/m² of body surface area per dose, given twice daily. This approximates to LPV/r 16 mg/4 mg (both per kg body weight) per dose given twice daily.

Source: National Guidelines for HIV Care and Treatment.2021

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Mrs. L , in 2012 during her first pregnancy received single dose nevirapine.

Now she reports to the ART centre with 4 months of pregnancy. Her latest CD4 count is 420 cells/mm³.

Question 1: What ART regimen should she be advised?

Answer 1: Mrs L, needs to be started on ART immediately, after explaining the need of adherent lifelong ART.

Mrs L to be initiated on **TLD**. Advise-TLD one tablet once a day

Question 2: Mother's viral load report done at 34 weeks of gestation was 500 copies/ml. She plans to breastfeed the baby. What Infant ARV prophylaxis should be advised and for what duration?

Answer 2: As mother's viral load report done at 34 weeks of gestation was 500 copies/ml. The baby becomes a **LOW risk infant for HIV Transmission.**

Hence the baby will be advised single drug for ARV Prophylaxis

ARV Prophylaxis for her infant: syrup Zidovudine twice a day for 6 weeks

Explanation: As she was on given single dose nevirapine, chances for archived resistance to NNRTIs are high. Nevirapine will not work, Hence Infant prophylaxis in this case is Syr Zidovudine

Duration of ARV prophylaxis- 6 weeks, irrespective of type of feeding, in low risk infants.

Explanation: breast milk is relatively safe as mother is virally suppressed(U=U). ART will work at prevention of HIV transmission through breast milk

Mrs. M, 26 years, was registered at the ART centre in 2016. She was initiated on ART in 2018 on TLE. She became lost to follow up after one year as she shifted to her village. She has now reported back with history of 3 months of pregnancy.

Question 1: How should we manage this patient?

Answer: Mrs. M, needs to be restarted on ART immediately, after explaining the need of adherent lifelong ART for her health and for preventing HIV transmission to the baby. All pregnant women are to initiated on DTG based regimen

Advise-TLD one tablet once a day

Mother's viral load report done at 36 weeks of gestation was 900 copies/ml. She plans to breastfeed the baby .

Question 2: What Infant prophylaxis should be advised and for what duration?

Answer: Baby should be advised single ARV Prophylaxis: **Syrup Nevirapine once a day**

Explanation:

Mother's viral load report done at 36 weeks of gestation was suppressed (less than 1000 copies/ml). The baby becomes a **low-risk infant for HIV Transmission.**

Hence the baby will be advised single drug for ARV Prophylaxis i.e., Nevirapine

Duration of Prophylaxis:

- **6 weeks, regardless of feeding option**, as breast milk is relatively safe as mother is virally suppressed (U=U). ART will work at prevention of HIV transmission through breast milk

Mrs. L, reports to the ART centre with 4 months of pregnancy. Her latest CD4 count is 420 cells/mm³.

Question 1: What ART regimen should she be advised?

Answer 1: Mrs L, needs to be started on ART immediately, after counselling for the need of adherent lifelong ART.

Mrs L to be initiated on TLD. Advise-TLD one tablet once a day

Question 2: Mother's viral load report done at 34 weeks of gestation was 1500 copies/ml. She plans to breastfeed the baby. What Infant prophylaxis should be advised and for what duration?

Answer: Baby should be advised Dual ARV Prophylaxis: Syrup Nevirapine once a day and Syrup Zidovudine twice a day, both to be given for a duration of 12 weeks

Explanation:

Mother's viral load report done at 36 weeks of gestation was unsuppressed (more than 1000 copies/ml). The baby becomes a **high-risk infant for HIV Transmission**.

Hence the baby will be advised two drugs for ARV Prophylaxis i.e., Nevirapine and Zidovudine

Duration of Prophylaxis:

12 weeks as mother has opted for breast feeding and has not taken adequate duration of ART for optimal viral suppression in breast milk

Infant Feeding Options

- To be discussed in antenatal period
- Health care providers and counselors should help the parents in reaching the right decision and support them in implementing their preferred choice

| Type of Feeding | Definition |
|-------------------------------------|---|
| EBF: Exclusive Breast Feeding | <ul style="list-style-type: none"> • Only breast milk • No other food, fluid or water • Drops or syrups consisting of vitamins, mineral supplements, medicines or vaccines are permitted |
| ERF : Exclusive Replacement Feeding | <ul style="list-style-type: none"> • No breastfeeding • Animal, Dairy milk, infant formula • Hygienic preparation • Feed by Bowl and Spoon, No bottle feeding |
| Mixed Feeding | Breastfeeding + other foods or fluids such as animal or formula milk during first six months of life. Mixed feeding increases the risk of transmission of HIV and should be avoided |



Exclusive Breast Feeding (EBF)

1. Required nutrients and immunological factors are available
2. Prevents diarrhoea, pneumonia, other infections
3. Readily available, no preparation
4. Mother-infant bonding
5. Risk of baby acquiring HIV infection

Exclusive Replacement Feeding (ERF)

1. No risk of HIV transmission
2. Other family members may be involved in feeding when mothers need help
3. Expense of milk, water, fuel and cleaning utensils
4. Risk of infections: diarrhoea, pneumonia
5. Mother may be questioned about not breastfeeding her baby

Counselling Messages for Infant Feeding

- **Counselling should begin in the antenatal period**
- Parents should be counselled about available feeding options and supported in reaching right decision and implementing their preferred choice
- Breast feeding to be started within an hour of the delivery (for both in a normal vaginal and in a Caesarean-section delivery)
- Mixed feeding increases the risk of transmission of HIV and should be avoided
- **Exclusive Breast Feeding for first six months of life is recommended**
- Introduce complementary feeds after 6 months along with continued breastfeeding
- Breastfeeding is encouraged for at least 12 months and may continue up to 24 months or more (similar to the general population). Ensure mother is practicing safer sex and having good adherence to ART

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Exclusive Replacement Feeding (ERF) may be considered only in situations where breastfeeding cannot be done (maternal death, severe maternal sickness, etc.) or upon the informed choice made by the parents

ERF should be recommended only if ALL the six criteria for ERF are met.

1. Access safe water and sanitation
2. Reliably afford sufficient and sustained replacement feeding
3. Prepare feeds frequently and in a clean manner
4. Give exclusive replacement feeding in the first six months
5. The family is supportive of this practice
6. Access health care facilities that offer comprehensive child health services



Image Source : Counselling Flip Chart on Optimal and Young Child Feeding Practices in HIV Setting, PCoE, Kalawati Saran Children's Hospital, New Delhi

Options for Replacement Feeding



- Unmodified fresh **animal milk** (cow's, buffalo's, goat's etc)
 - Pre-packed and processed **toned milk**
 - **Commercial Infant formula** reconstituted as per instructions on the box
- Although, animal milk is not ideally suited to meet the complete nutritional requirements of an infant below 6 months
 - It is easily available, economical and culturally acceptable
 - Hence, India has accepted unmodified animal milk as an affordable option for Replacement Feeding

Source : Counselling Flip Chart on Optimal and Young Child Feeding Practices in HIV Setting, PCoE, Kalawati Saran Children's Hospital, New Delhi

Counselling for Exclusive Replacement Feeding

- Counselling messages for the parents/care giver:
 - Wash hands with soap and water before preparing the feed
 - Use clean utensils to prepare the feed
 - Feed with a bowl/cup and spoon.
- **Bottle feeding should be strictly avoided as it increases risk of infections like diarrhea**
- The infants receiving animal milk should additionally receive multivitamin and iron supplementation



Co-trimoxazole Preventive Therapy (CPT)

In HIV exposed/infected infants, CPT:

- reduces morbidity and mortality
- protects from infections:
 - PCP infection
 - diarrhoea due to isospora and cyclospora
 - toxoplasmosis, malaria and other bacterial diseases.
 - should be started from 6 weeks of age & continued until child is proven HIV-negative



| Dosage: 5mg/kg of TMP per day orally once daily | | | | |
|--|-------------------|---|--------------------------------------|---|
| Weight and Age based dosing for Co-trimoxazole (TMP/SMX) prophylaxis | | | | |
| Weight (kg) | Approx. Age | Co-trimoxazole once a day | | |
| | | Syrup 5 ml (40mg TMP / 200mg SMX) | Child Tablet (20 TMP/100 SMX) | Single strength adult (80mg TMP/400 mg SMX) |
| < 5 | 6 weeks -2 months | 2.5 ml | 1 tablet | - |
| 5- 10 | 2-12 months | 5 ml | 2 tablets | ½ tablet |
| 10- 15 | 1-2 years | 7.5 ml | 3 tablets | ½ tablet |
| 15- 22 | 2-5 years | 10 ml | 4 tablets | 1 tablets |

Need for Early Infant Diagnosis (EID)

- Higher Viral loads in infants as compared to adults which persist till 2 years of life
- Hence HIV disease progresses very rapidly in infants and young children
- Without ART initiation:
 - 1/3rd of infants will die in the first year of life
 - 50% of children will die by their second birthday
- First episode of Opportunistic infection, may itself be fatal
- Asymptomatic Infants and children less than 18 months of age often get missed out on prevention, care, support and treatment

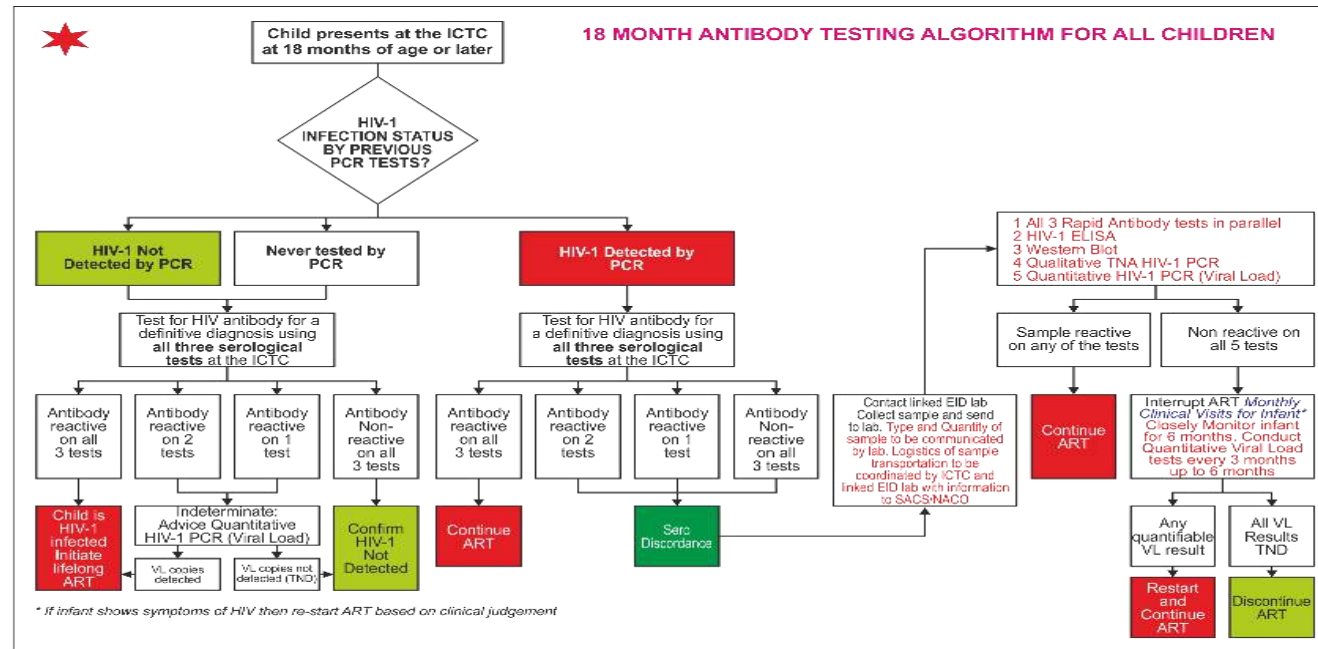
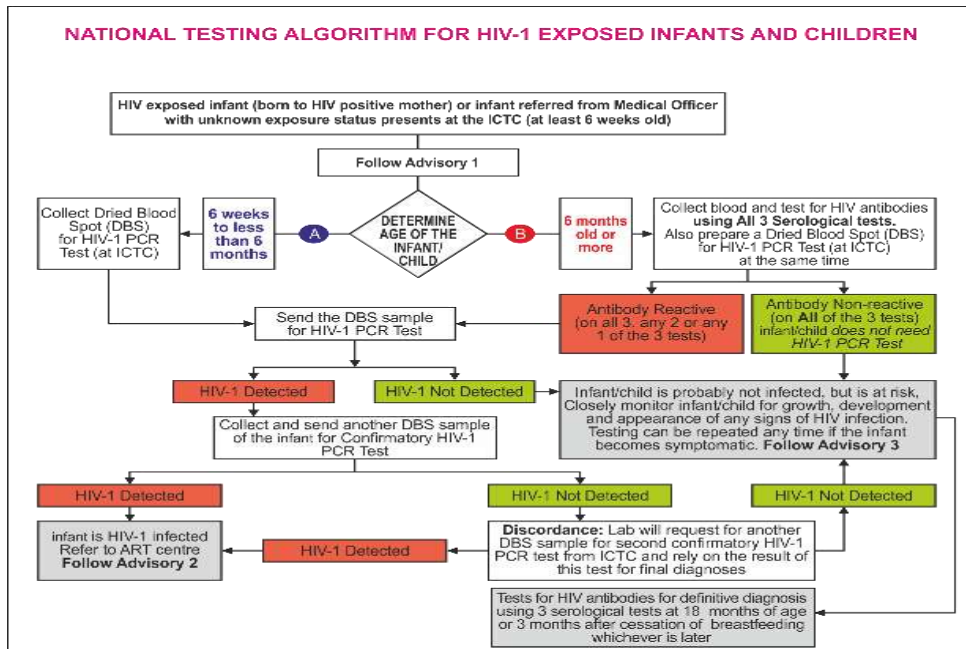
Goals of Early Infant Diagnosis

- To reduce morbidity and mortality in infants and children due to HIV & associated opportunistic infections
- To follow-up exposed infants born to HIV positive mothers in a structured manner
- To identify the HIV infected infants by HIV-1 PCR testing
- To link these infants to the ART centers to provide care, support and treatment services
- To initiate early ART in the babies detected HIV positive by two consecutive HIV-1 PCR testing

Diagnosis of HIV infection in Infants & Children <18 months of age

- Maternal HIV antibodies get transmitted to the infant via trans-placental route & persist for nearly 9- 12 months in the infant. May persist for as long as 18 months
- Children born to HIV-positive mothers will test positive for HIV antibodies regardless of their own infection status, due to presence of maternal HIV antibodies
- Serological test for HIV, cannot be used reliably to diagnose HIV infection in children less than 18 months
- **Algorithm for Early Infant diagnosis (EID) by detection of Total Nucleic Acid (TNA) Particles of HIV 1 in blood has been developed by NACO**

National Testing Algorithm for Laboratory Diagnosis of HIV-1 Exposed Infants and Children



EID ADVISORIES

Universal advisory:

- ▶ Counsel mother to maintain strict adherence to ART
- ▶ CPT to be initiated for all HIV exposed babies from 6 weeks of age and continued until proven HIV negative on all three serological tests at 18 months of age or later

Advisory 1:

- ▶ Start Cotrimoxazole prophylaxis, if not already started
- ▶ Encourage exclusive breastfeeding for all babies till 6 months of age
- ▶ If age more than 6 months, start complementary feeding along with breast milk

Advisory-2:

- ▶ Continue Cotrimoxazole till 5 yrs age
- ▶ Manage OI, if any present
- ▶ Start LPV/r based ART, regardless of CD4 % / count
- ▶ Initiate complementary feeding after 6 months of age. Encourage breastfeeding till 24 months or beyond
- ▶ Test for HIV Antibody for definitive diagnosis using all 3 Serological tests at 18 months of age at ICTC

Advisory-3

- ▶ Repeat testing from **B** at 6 months and 12 months of age or 3 months after cessation of breast feeding whichever is earlier
- ▶ If signs and symptoms of HIV inf develop follow the testing algorithm from **A** again if child less than 6 months and from **B** again if more than 6 months
- ▶ Continue CPT until proven negative by all three antibody tests at 18 months of age or later
- ▶ If breastfed, encourage breastfeeding, till 24 months or beyond
- ▶ Counsel mother to maintain strict adherence to ART
- ▶ Test for HIV Antibody, for definitive diagnosis using all 3 Serological tests at 18 months of age or 3 months after cessation of breast feeding whichever later *****

Key Activities under EID

1. All HIV exposed babies, should be followed up at the linked HIV confirmatory facilities at 6 week, 6 months, 12 months and 18 months for EID services.
2. If the HIV exposed child remains on breastfeeding beyond 18 months, EID services should be offered 6 monthly during the breastfeeding period with the last testing at 3 months after complete cessation of breastfeeding.
3. All HIV exposed babies detected HIV positive through EID protocol, should be immediately referred to ART centre for ART initiation.
4. In cases where the baby cannot be taken to the ART centre, care can be provided at a Link Plus ART Centre, supervised by the ART Medical Officer (MO). In situations where accessing a Linked ART Centre is not feasible, the ART MO may collaborate with the nearest health facility, preferably one with a trained Medical Officer, or use teleconsultation to ensure the provision of essential HIV care.
5. The final testing for HIV diagnosis in exposed babies, will be performed at 18 months or after 3 months of complete cessation of breastfeeding, whichever is later.

Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or beyond, similar to the general population, while being fully supported for ART adherence.

This statement is True or False?

- A. True
- B. False

Answer- A

Children born to HIV-infected mothers will test positive for HIV antibodies regardless of their own infection status, due to presence of maternal antibodies.

This statement is True or False?

- A. True
- B. False

Answer: A

- HIV-exposed babies are at higher risk of acquiring infections and develop growth failure
- Essential for them to have regular clinical assessments and close growth & development monitoring
- Responsibility lies with ICTC counsellor to ensure follow up as per protocol. HIV exposed baby will be linked to ICTC, to access the EID services.
- They will be **flagged as high-risk babies** and referred for regular assessment by Medical Officer/Paediatrician under health system. Baby will carry a copy of mother's EVTHS card maintained at ART centre.
- Follow-up details of HIV exposed baby will be regularly updated in the mother's EVTHS card.
- Immunization and Vit A supplementation to be given as per protocol.
- At every visit, caregiver should be counselled regarding EID, age-appropriate infant feeding, and regular follow-up and to report nearest hospital whenever the baby falls sick.

Principles of Immunization in HIV-exposed baby

- All asymptomatic HIV exposed babies are to be given all the vaccines in the National Immunization Program, as per the State Program.
- Vitamin A supplementation as per the national immunization schedule
- BCG should be given at birth. If not given at birth avoid BCG in symptomatic HIV infected babies
- For babies with HIV infection confirmed by early Virological testing, BCG/OPV vaccination should be delayed until ART has been started and the infant confirmed to be immunologically stable (CD4 >25%)
- Rotavirus vaccine should be given in HIV exposed infants due to their risk for diarrhoea
- Inactivated Japanese Encephalitis (JE) vaccine is safe for use in HIV infected babies

Immunization Schedule for HIV exposed Babies

| Visit | Birth | 6 Weeks | 10 Weeks | 14 Weeks | 9 m | 15 m | 18 m |
|--|------------------|---------------|---------------|---------------|-------------|--------|--------|
| Immunization & Vitamin A supplements* | BCG | OPV-1 | OPV-2 | OPV-3 | fIPV-3 | MCV -2 | |
| | OPV-0 | RVV-1 | RVV-2 | RVV-3 | MCV-1 | | DPT-B1 |
| | Hep B Birth Dose | fIPV-1 | Pentavalent-2 | fIPV2 | Vit A | | OPV-B |
| | | Pentavalent-1 | | Pentavalent-3 | JE-1** | | JE-2** |
| | | PCV-1 | | PCV-2 | PCV Booster | | Vit A |

Follow-up will continue till final testing for HIV infection which will be done at 18 months or 3 months after stopping breastfeeding, whichever is later.

Note: *5-6 years – DPT-B2, 10 years – Td, 16 years -Td

* For babies with HIV infection confirmed by early Virological testing, BCG/OPV vaccination should be delayed until ART has been started and the infant confirmed to be immunologically stable (CD4 >25%) #.

** Only in JE endemic districts

Source : <https://main.mohfw.gov.in/sites/default/files/National%20AEFI%20Surveillance%20and%20Response%20Operational%20Guidelines%202024.pdf>

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Follow-up protocol for HIV exposed babies

| Visit | Birth | 6 Weeks | 10 Weeks | 14 Weeks | 6 months | 9 months | 12 months | 15 months | 18 # months |
|---|-------------------------------------|---|---------------------------------|---|----------|---|-----------|-----------|------------------------------------|
| Cotrimoxazole Preventive Therapy | | Start from 6 weeks (or first immunization visit) for all HIV-exposed infants and children. Stop cotrimoxazole for those tested to as HIV un-infected | | | | | | | |
| Counselling for Infant feeding | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Growth monitoring | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Developmental assessment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Immunization & Vitamin A supplements* | BCG OPV-0 Hep B Birth Dose | OPV-1 RVV-1 fIPV-1 Pentavalent-1 PCV-1 | OPV-2 RVV-2 Pentavalent-2 | OPV-3 RVV-3 fIPV2 Pentavalent-3 PCV-2 | - | fIPV-3 MCV-1 Vit A JE-1** PCV Booster | - | MCV - 2 | DPT-B1 OPV-B JE-2** Vit A |
| Clinical assessment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HIV testing (✓-if required) | | ✓ | | | ✓ | | ✓ | | ✓ |
| Maternal Health & ART Adherence | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <p># Follow-up will continue till final testing for HIV infection, which will be done at 18 months or 3 months after complete cessation of breastfeeding, whichever is later.</p> <p>Note: *5-6 years – DPT-B2, 10 years – Td, 16 years -Td</p> <p>*Some of the exposed babies will be diagnosed with HIV infection - For babies with HIV infection confirmed by early Virological testing, BCG/OPV vaccination should be delayed until ART has been started and the infant is confirmed to be immunologically stable (CD4 >25%).</p> <p>** Only in JE endemic districts</p> | | | | | | | | | |

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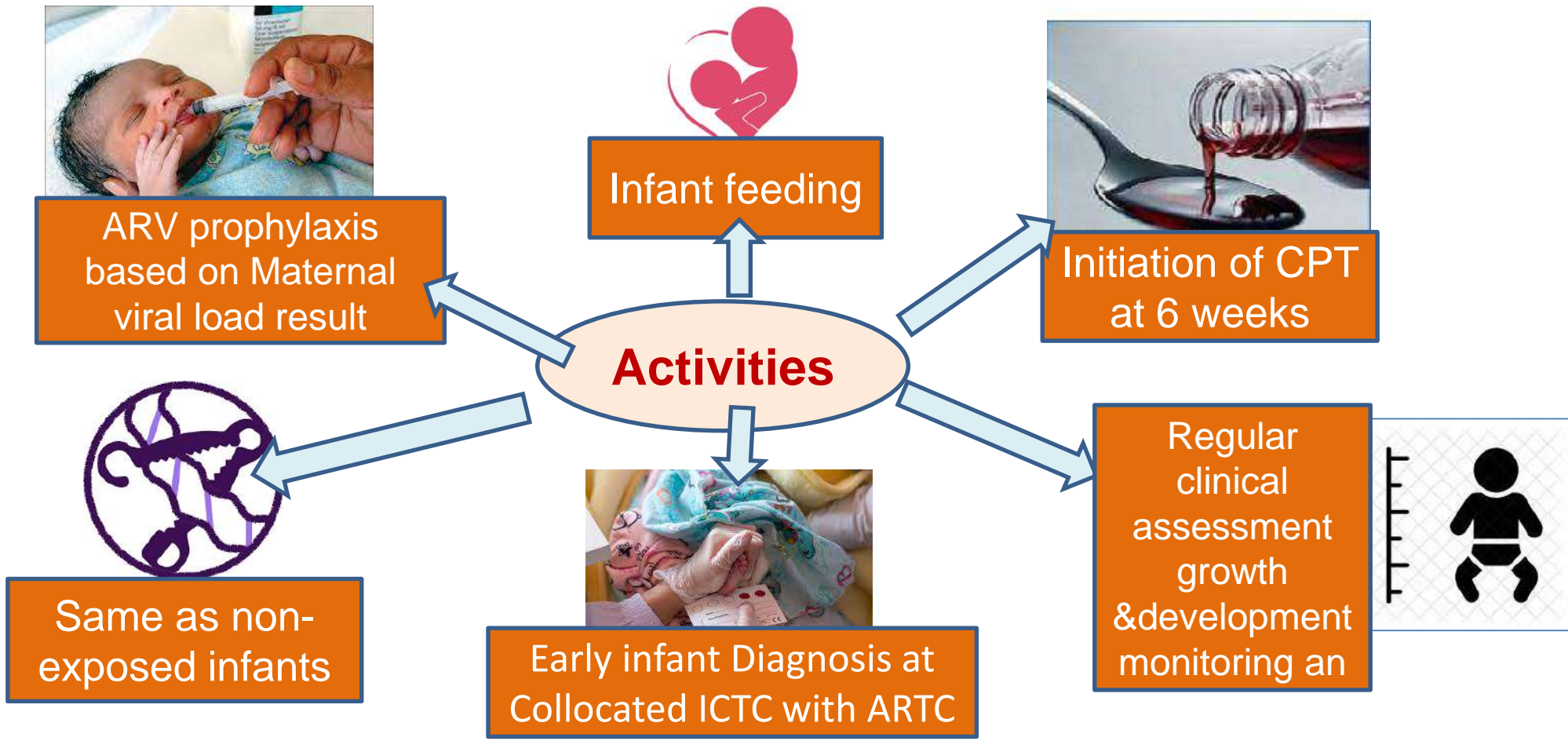
Roles and responsibilities of HCWs for of HIV-exposed babies

| S. No | Services to be provided | Focal persons |
|-------|---|--|
| 1. | Immediate care at birth | Labour Room Nurse/MO |
| 2. | Provision of ARV prophylaxis, to the HIV exposed baby, immediately after birth, within 72 hours, preferably within first hour of birth | <ul style="list-style-type: none"> Pediatrician/ MO/ Staff Nurse (Consultation may be held with collocated ART Medical officer for prescription of drugs) |
| 3. | Routine health services, including immunization, growth and development monitoring, clinical assessment of HIV exposed baby | <ul style="list-style-type: none"> Follow-up as High-risk babies by Pediatrician under general health systems Referral by NACP Counsellor |
| 4. | Counselling mother regarding ART Adherence to achieve viral suppression, infant feeding practices, care of nipple and breast, EID services, regular follow-up of baby by Pediatrician, to report to nearest health centre incase baby fall sick | <ul style="list-style-type: none"> NACP Counsellor/ART Staff nurse/ ART MO |
| 5. | Ensure regular follow-up as per protocol including EID for HIV, for HIV exposed infants up to 18 months or three months after complete cessation of breastfeeding | NACP Counsellor |

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Infants or children born to mothers infected with HIV, until HIV infection can be reliably excluded or confirmed in them.

Align mother follow-up with EID



Who is responsible: ART centre and labour room; When child cannot reach ART centre, the care can be provided at Linked ART Centre/ nearest health facility under supervision of ART MO

Key Points

- NACP counsellor at ICTC will ensure that infant receives ARV prophylaxis within 72 hours of delivery (preferably within one hour of delivery).
- Exclusive breast feeding for first six months is recommended for all HIV exposed infants
- Breastfeeding is encouraged for at least 12 months and may continue up to 24 months or more (similar to the general population)
- All visits of HIV exposed baby to Paediatrician will be facilitated by the ICTC counsellor as per protocol for 'high risk baby'. The baby will carry a referral format along with the copy of the updated mothers EVTHS card.
- The NACO Early Infant Diagnosis (EID) algorithm should be followed for timely detection of HIV infection in the exposed infants

Session-6

Management of Syphilis exposed babies

- Care Cascade for Syphilis exposed baby



Syphilis exposed Infants

- **‘Syphilis exposed infants’**: refer to infants born to pregnant women infected with syphilis, until congenital syphilis infection can be reliably excluded or confirmed.
- **Congenital Syphilis** : Mother to child transmission of Syphilis infection can lead to various adverse birth outcomes including early fetal loss, stillbirths, neonatal deaths, low birth weight, prematurity, and transmission of infection to infants
- Congenital syphilis(CS) is a serious but preventable disease that can be eliminated through effective screening of pregnant women and adequate treatment of infected women

Clinical Manifestations of Congenital Syphilis

| Age of child | Clinical signs and Symptoms of CS |
|-----------------------------------|---|
| Early manifestations of CS | <ul style="list-style-type: none"> ● Rhinitis (“snuffles”) ● Hepatosplenomegaly ● Skin rash with desquamation ● Eyes: chorioretinitis/interstitial keratitis/glaucoma/cataract/optic neuritis, ● Bones: cortical demineralization of metaphysis and diaphysis areas of long bones/periostitis ● Hematological: anemia, and thrombocytopenia |
| Late manifestations of CS | <p>Additional clinical manifestations:</p> <ul style="list-style-type: none"> ● Frontal bossing ● Saddle nose ● Saber Shins ● Cluttons’ joints ● Hutchinson’s teeth, Mulberry molars ● Neurological deafness ● Optic neuritis |

Source: CDC Birth Defects Surveillance toolkit; can be accessed at following link

<https://www.cdc.gov/ncbddd/birthdefects/surveillancemanual/quick-reference-handbook/congenital-syphilis.html#:~:text=Clinical%20manifestations%20of%20early%20congenital,periostitis%20and%20cortical%20demineralization%20of>

| | |
|--|--|
| Suspected Case of Congenital Syphilis | <p>A foetal death beyond 20 weeks of gestation or weight >500 g (including stillbirth*) or live baby born to a syphilis sero-reactive mother who was inadequately** treated for the stage of infection.</p> |
| Confirmed Case | <p>A live baby born to syphilis sero-reactive mother with an RPR/VDRL quantitative titre four-fold higher than the mother's titre.</p> <p>Or</p> <p>A child within first two years of life with clinical evidence*** of syphilis and syphilis-reactive serology irrespective of mother's serology.</p> |

*A baby who dies after 28 weeks of pregnancy, but before or during birth.

**Treated four or less weeks before delivery with penicillin or treated with a non-penicillin regimen.

***Clinical Evidence of Syphilis: At least two of the following: Swelling of Joints, Snuffles, Bullous Skin Lesions, Hepatosplenomegaly, Jaundice, Anaemia, Radiological Changes in long bones

The main components of care of Syphilis-exposed infants are:

- Immediate Care at Birth
- All Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ pediatric treatment facility, for evaluation by pediatrician soon after birth
- Clinical Assessment/ evaluation at birth for syphilis infection
- Management of syphilis-exposed infants
- Follow-up

All Syphilis exposed infants will be referred to the nearest Special New-born Care Unit (SNCU)/ Neonatal Intensive Care Unit (NICU)/ pediatric treatment facility at Medical College/District Hospital/Sub-district Hospital for following assessment and management:

- Clinical assessment of infant for signs/symptoms of congenital syphilis
- RPR/VDRL titers and comparison with maternal titers at birth
- Determine and provide further management for the syphilis exposed infants
- Assess for signs of complications related to prematurity and low birth weight in the infant and provide further management

Scenario Based Protocol for Syphilis Exposed Infants

| Scenario | Whether Physical Examination of infant suggestive of Congenital Syphilis? (Yes/No) | Whether Serum quantitative RPR/VDRL titre of infant is fourfold (or greater) higher than the mother's titre at delivery? (Yes/No) | Additional Evaluation/ Remarks | Recommended Treatment |
|------------|--|---|--|--------------------------|
| Scenario 1 | Yes | Yes | Any of the two is present | Curative Treatment |
| Scenario 2 | No | No | Mother was not treated/ inadequately treated/ no documentation of treatment | Curative Treatment |
| Scenario 3 | No | No | Mother received appropriate treatment \geq 4 weeks prior to delivery AND No evidence of reinfection or relapse | Prophylactic Treatment** |
| Scenario 4 | No | No | Adequate treatment before pregnancy AND Mother's RPR/VDRL titres remained low and stable before and during pregnancy and at delivery | Prophylactic Treatment** |

* Serum quantitative non-treponemal (RPR/VDRL) titer that is fourfold or more times mother's titer at delivery (e.g., maternal titer = 1:2, neonatal titer \geq 1:8 or maternal titer = 1:8, neonatal titer \geq 1:32).

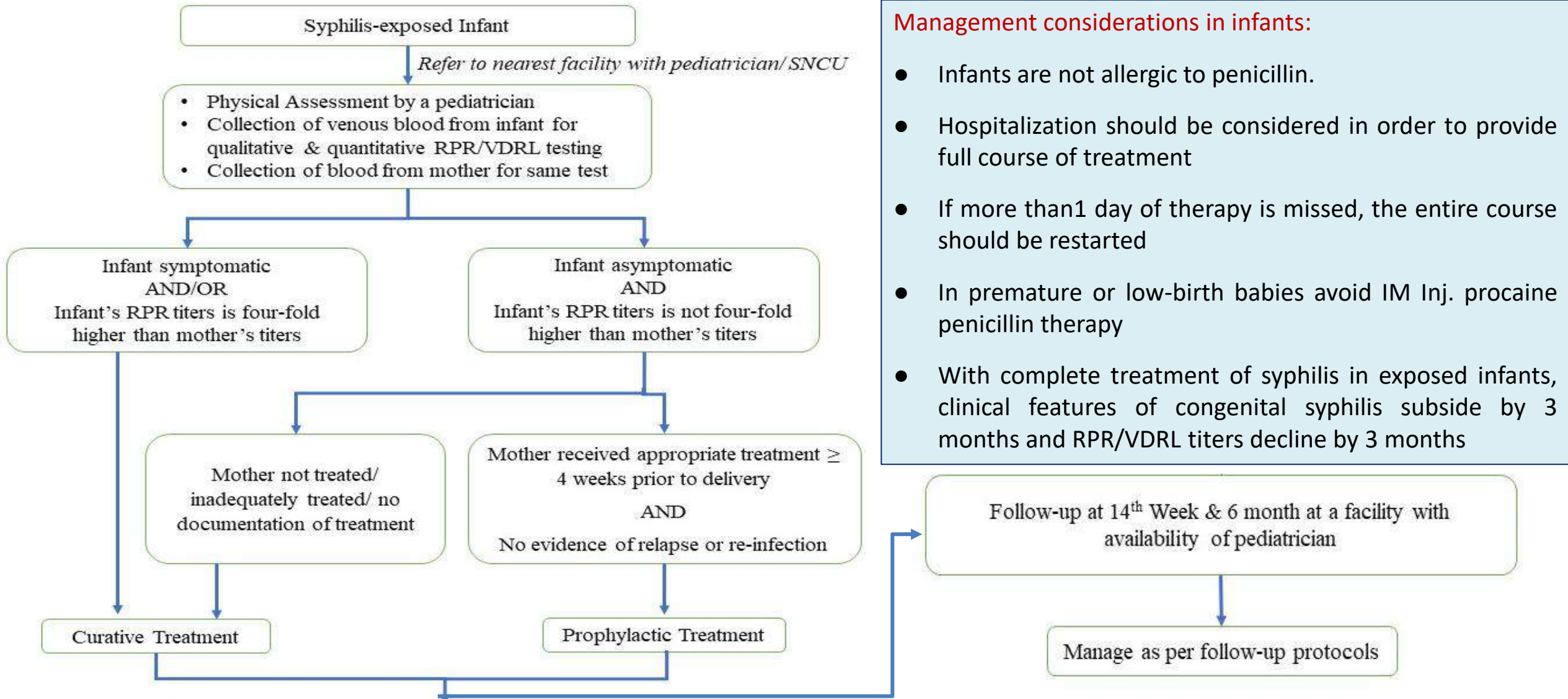
**No treatment can be considered if infant follow-up at 14th week and 6 month is certain with monitoring of RPR/VDRL titer.

Curative/ Prophylactic treatment for Congenital Syphilis

| Treatment modality | Medication |
|-------------------------------|--|
| Curative Treatment | <p>Aqueous crystalline penicillin G 100,000–150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days</p> <p>Or</p> <p>Procaine penicillin G 50,000 units/kg body weight/dose IM in a single daily dose for 10 days</p> |
| Prophylactic Treatment | Benzathine penicillin G 50,000 units/kg body weight/dose IM in a single dose |

Source: National Strategy and Operational guidelines towards Elimination of Congenital Syphilis, WHO & NACO, 2015; available at following link: <http://www.naco.gov.in/sites/default/files/Elimination%20of%20Congenital%20Syphilis%20Book%20%282%29%20%281%29.pdf>

Care Cascade for Syphilis-exposed Infants



- Management considerations in infants:**
- Infants are not allergic to penicillin.
 - Hospitalization should be considered in order to provide full course of treatment
 - If more than 1 day of therapy is missed, the entire course should be restarted
 - In premature or low-birth babies avoid IM Inj. procaine penicillin therapy
 - With complete treatment of syphilis in exposed infants, clinical features of congenital syphilis subside by 3 months and RPR/VDRL titers decline by 3 months

'Break the Silos, Build Synergies'

Clinical Follow up

- Follow-up by pediatrician at nearest govt. facility at 14 weeks and at 6 months
- Resolution of signs of congenital syphilis, if previously present
- Assess new s/s of congenital syphilis
- Monitor for growth, development and signs of malnutrition

Serological evaluation

- RPR/VDRL tests repeated every 3 months until the test become non-reactive
- In scenario infants received prophylactic treatment or no treatment, the RPR/VDRL should be nonreactive by 6 months age
- If RPR/VDRL test is reactive after 6 months, infant should receive re-treatment and should be followed-up at every 3 months till the titers turn negative

Radiological evaluation

Evaluate Syphilis exposed infants receiving re-treatment for:

- X-ray of long bones to rule out bone changes associated with CS
- X-ray for long bones to be repeated at follow-up visits, in these syphilis exposed infants

EVTHS Card for Syphilis-Exposed Babies

| Baby's Card | |
|--|---|
| (To be completed for all babies by Pediatrician) | |
| Name of baby | Date of Birth |
| Details at Birth | |
| Click all that apply | : LBW/Premature/ Complications/Congenital Syphilis/others (specify) |
| Findings of Clinical Examination | : |
| Whether tested for RPR/VDRL | : Yes/No |
| If yes, RPR/VDRL titres | : |
| Diagnosed with Congenital Syphilis | : Yes/No |
| Treatment | : Prophylactic/Curative |
| Treatment Details (Mention details of the drug, duration, and dates of treatment) | : |
| Details on Management of Complications | : |
| Date of Next Follow-up | : |
| <i>(The details on immunization, growth monitoring and others can be added as additional sheets)</i> | |

| Baby's Card | |
|--|--|
| (To be completed for all babies by Pediatrician) | |
| Follow-up at 14th Week | |
| Date | : |
| Click all that apply | : Complications/Congenital Syphilis/others (specify) |
| Findings of Clinical Examination | : |
| Whether tested for RPR/VDRL | : Yes/No |
| If yes, RPR/VDRL titres | : |
| Diagnosed with Congenital Syphilis | : Yes/No |
| If yes, whether curative treatment provided | : Yes/No |
| Treatment Details (Mention details of the drug, duration, and dates of treatment) | : |
| Details on Management of Complications | : |
| Date of next-follow up | : |
| <i>(The details on immunization, growth monitoring and others can be added as additional sheets)</i> | |

- Details of management and follow-up of Syphilis exposed infant will be entered in the EVTHS Syphilis card, on pages number 2, 3 and 4.
- Responsibility of maintaining the card lies with the DSRC Counsellor/ Pediatrician.
- Copy of this card will be carried by mother for follow-up visits by Paediatrician under health system, **flagged as high risk babies**

Roles and responsibilities of HCWs in caring for syphilis-exposed babies

| Roles | Primary Provider | Alternative Provider |
|--|--|-----------------------------------|
| Management of Syphilis exposed babies | Pediatrician at SNCU/NICU/other pediatric treatment facilities | NICU/Pediatric treatment facility |
| <ul style="list-style-type: none"> Follow-up at 14 weeks, and 6 months Clinical assessment, growth monitoring, developmental assessment Prescriptions for testing and treatment | FRU- Pediatric treatment facility | - |
| Follow up of syphilis-exposed babies as high risk babies | Counsellor at DSRC | Counsellor at ICTC |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Mrs. H, is a pregnant lady who reports directly to the labour room. She has not undergone any antenatal visits. She was screened for HIV and found to be non-reactive by finger prick test performed in the labour room. She screened positive for Syphilis. Weight of her baby is 2.8kg.

Question 1: What is the next step in the management of the mother?

Answer 1:

- Linkage to the nearest confirmatory facility, to undergo a confirmatory test for Syphilis infection, managed as per the confirmatory result of RPR/VDRL or clinical assessment
- Assessment of baby as per the s/s of congenital syphilis
- Mrs. H can be provided with on-spot dose injection benzathine penicillin during the hospital stay or at the nearest treatment facility and should receive complete treatment.

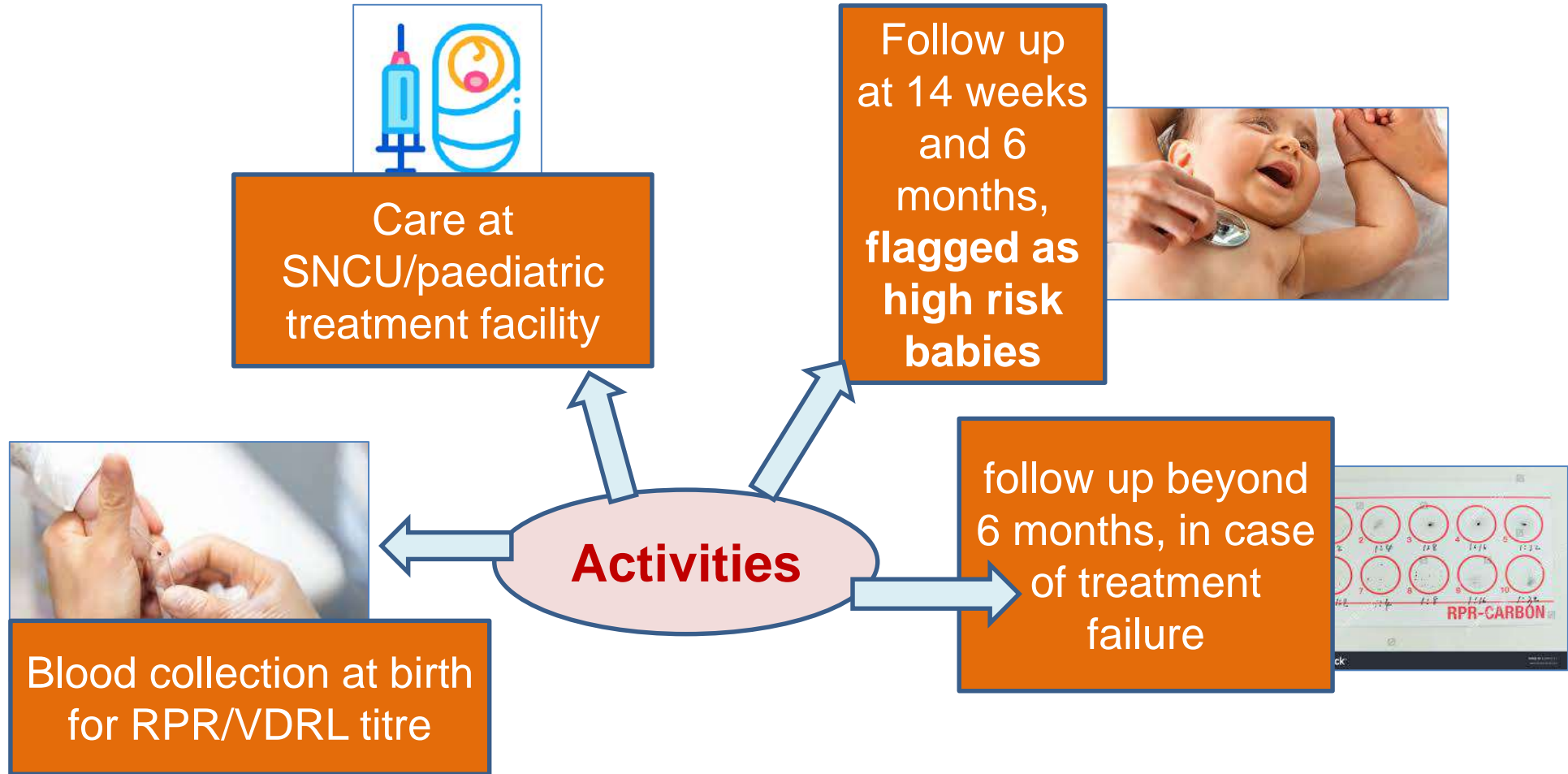
Question-2: What counselling messages are to be conveyed to Mrs. H?

Answer 2: Counselling messages for her would be:

- Baby to be referred to SNCU/ Paediatric facility soon after birth, for evaluation and management by paediatrician
- RPR/VDRL tests in baby and mother
- Baby to be kept under follow up till 6 months (14th week & 6 month)
- Complete treatment of Syphilis, if confirmed syphilis infection
- Repeat RPR titres after 3 months for treatment response monitoring.
- Safer sex practices to avoid fresh STI, and HIV infection
- Care of nipples and breasts
- Nutritional counselling aimed at taking 'a balanced diet' during breast feeding
- Iron, folic acid and calcium supplements advised throughout breast-feeding period

Summary: Care of Syphilis Exposed Infants/Children

Infants born to mothers infected with Syphilis, until congenital Syphilis infection can be reliably excluded or confirmed



Who is responsible: DSRC, SNCU/NICU/Pediatric Treatment Facility

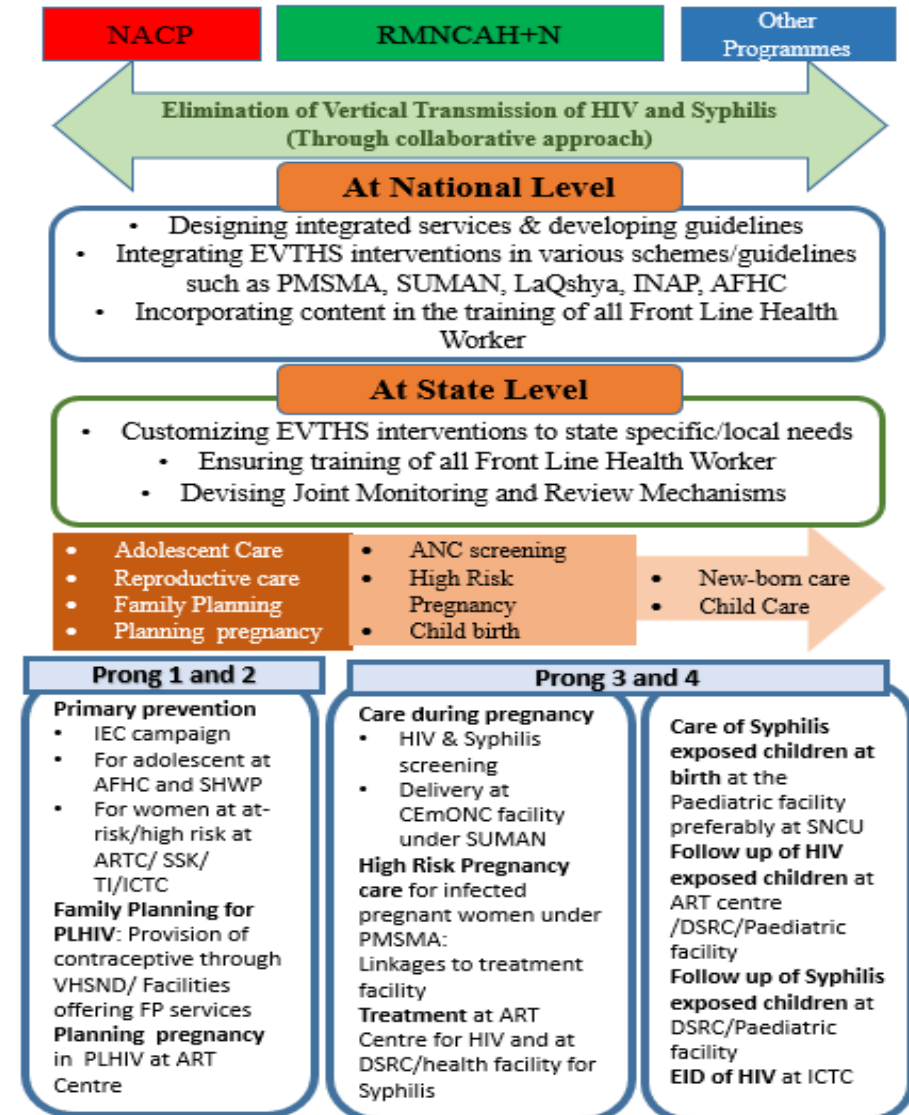
Session-7

Comprehensive and Integrated EVTHS Service Delivery:

- Services delivery model of EVTHS
- Referrals and Linkages for EVTHS



- A well-structured service delivery model consisting of four major components (4 prongs) aims at promoting preventive measures, family planning, and management of infected pregnant women, and exposed infants/children is the anchor for EVTHS.
- Aim: holistic approach to addressing the challenges posed by HIV and syphilis while providing comprehensive reproductive, maternal and child care while supporting those affected.



'Break the Silos, Build Synergies'

NACP Facilities providing EVTHS services are

- Anti-retroviral (ART) centre
- HIV confirmatory Facilities
- Designated STI/RTI Clinic (DSRC)
- Sampoorna Suraksha Kendra (SSK)
- Targeted Intervention (TI)

NHM Facilities providing EVTHS services are

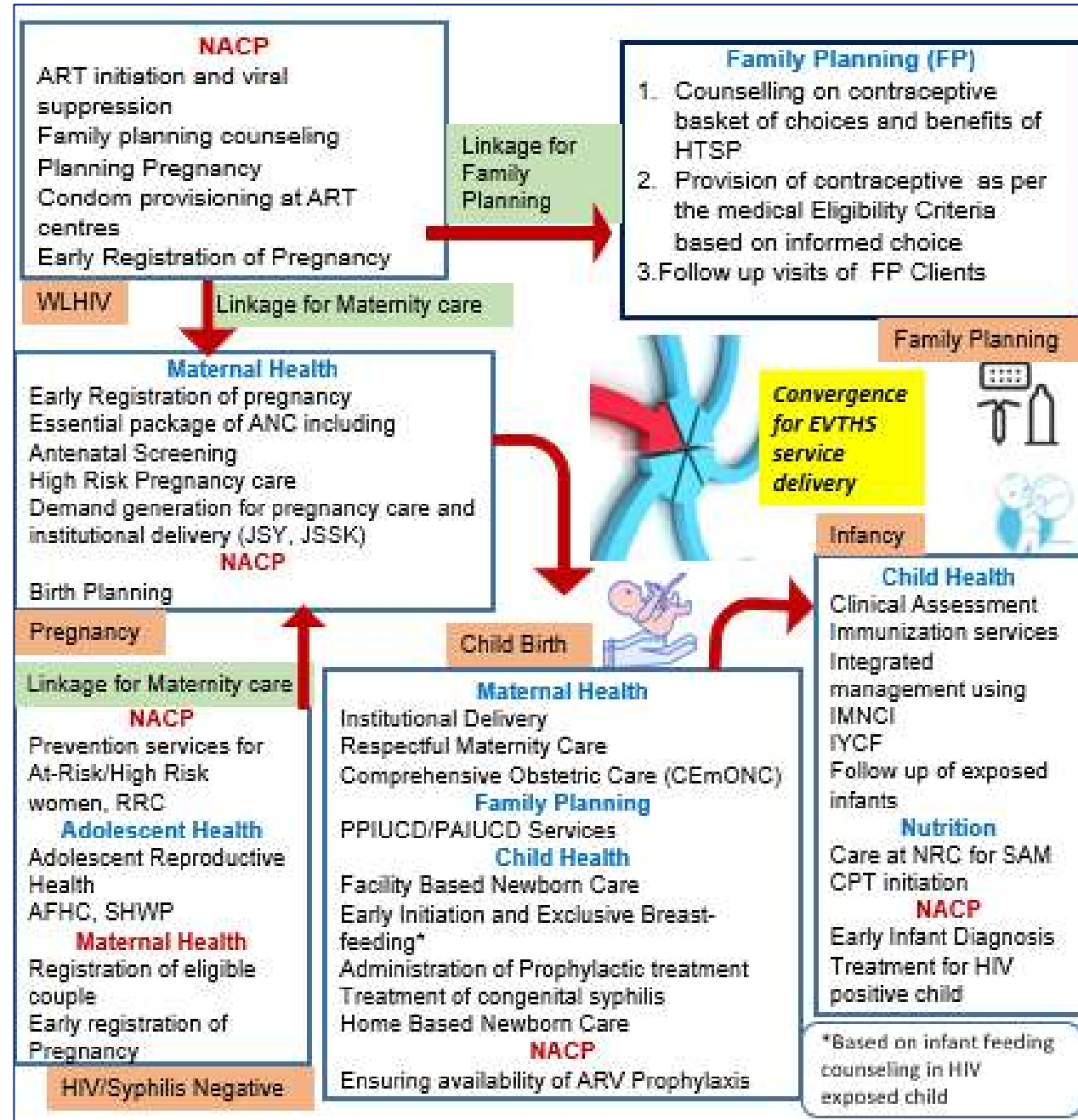
- ANC clinics/OPDs
- Special Newborn Care Unit (SNCU)
- Labour Room
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- Village Health, Sanitation and Nutrition Day (VHSND)
- Family Planning service delivery points (OPD/LR/OT/Counselling Room/ Outreach sessions)
- Primary Health Centre (PHC)
- Community Health Centre (CHC)
- Health and Wellness Centres (HWC)- 'Ayushman Arogya Mandir'

Private sectors Facilities providing EVTHS services are

- Private maternity facilities
- Private ART centres and confirmatory facilities
- Service delivery points for Family Planning

'Break the Silos, Build Synergies'

Components of EVTHS services



'Break the Silos, Build Synergies'

| Care Component | Responsibility | Service Delivery Points |
|---|---|---|
| Primary Prevention | NACP and NHM SACS at state level, DISHA and district RCH at district level | <ul style="list-style-type: none"> • Family Planning service delivery points • Adolescent Friendly Health Clinics • Health and Wellness centres • NACP facilities: ARTC, SSK, DSRC, ICTC, TI • Private Clinic/facilities |
| Healthy Timing and Spacing of Pregnancy in WLHIV | NACP and NHM at state and district level | <ul style="list-style-type: none"> • ART Centre • Family Planning service delivery points • OBG clinics/OPDs • Private Clinic/facilities |
| HIV and Syphilis Screening During Pregnancy | NHM and NACP | <ul style="list-style-type: none"> • ANC clinics/OPDs including VHSND/HWC/labour room • ICTC |
| Index Testing HIV and Syphilis | NACP | <ul style="list-style-type: none"> • ICTC • ART centre • DSRC |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Components of EVTHS service delivery-2/2

| Care Component | Responsibility | Service Delivery Points |
|--|----------------|---|
| Care of Pregnant and Breastfeeding WLHIV | NACP and NHM | <ul style="list-style-type: none"> ANC Clinics/OPDs ART centre Labour room |
| Care of Syphilis Infected Pregnant Women | NACP and NHM | <ul style="list-style-type: none"> ANC Clinics/OPDs HWC/PHC/CHC/SDH DSRC Labour room |
| Care of HIV exposed babies | NACP and NHM | <ul style="list-style-type: none"> ART Centre ICTC Labour Room Pediatric OPD/treatment facilities |
| Care of Syphilis exposed babies | NACP and NHM | <ul style="list-style-type: none"> ART Centre DSRC Labour Room Pediatric OPD/treatment facilities |

'Break the Silos, Build Synergies'

Care given to Pregnant women with HIV and/or Syphilis:

- **High risk pregnancy:** Pregnant women with HIV and/or Syphilis are considered to have high risk pregnancies and therefore, provided with care components under 'Extended PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan) for high risk pregnancy tracking'
- **Institutional Delivery:** all identified high risk pregnancies must be linked with the nearest First Referral Units (FRU)
- **Outreach and Patient tracking by Care Support Centres:** prioritized tracking of Pregnant WLHIV on ART, to track adherence, viral load suppression and ARV prophylaxis prescriptions prior to birth of their infant
- **Pregnant women who test positive for syphilis:** should be tracked by ASHA/ANM through extended PMSMA and counsellor under NACP facilities

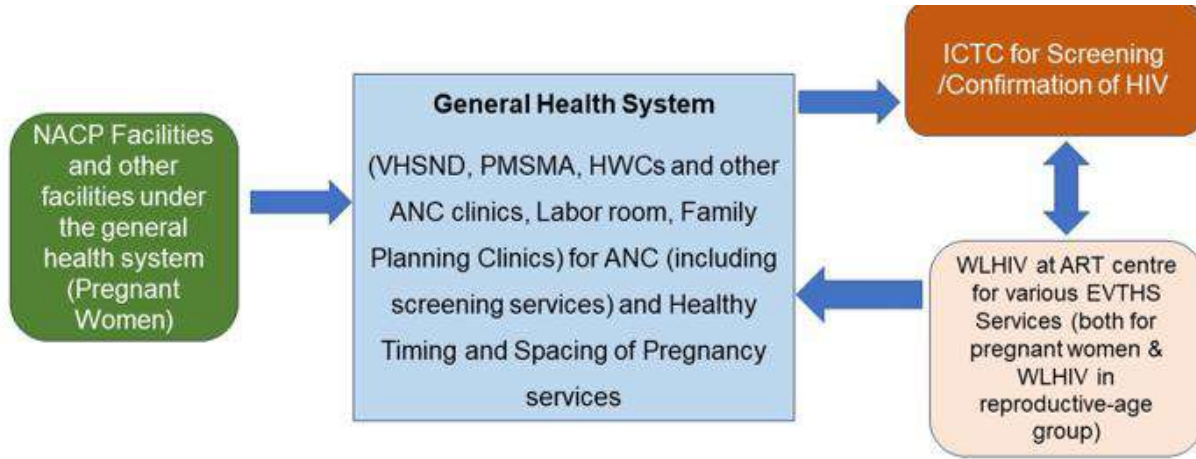
- Referral and linkages of pregnant women/ lactating mother, exposed-babies, and WLHIV in reproductive age-group to appropriate facilities is essential to ensure delivery of effective EVTHS services
- Cross-cutting nature of EVTHS services across health systems mandates strengthening of referral and linkages
- Responsibility to provide EVTHS services lies jointly with NHM and NACP facilities in close co-ordination with all relevant stakeholders.
- Referral slip has been developed for facilitating this activity

Referral Card for HIV/Syphilis exposed babies

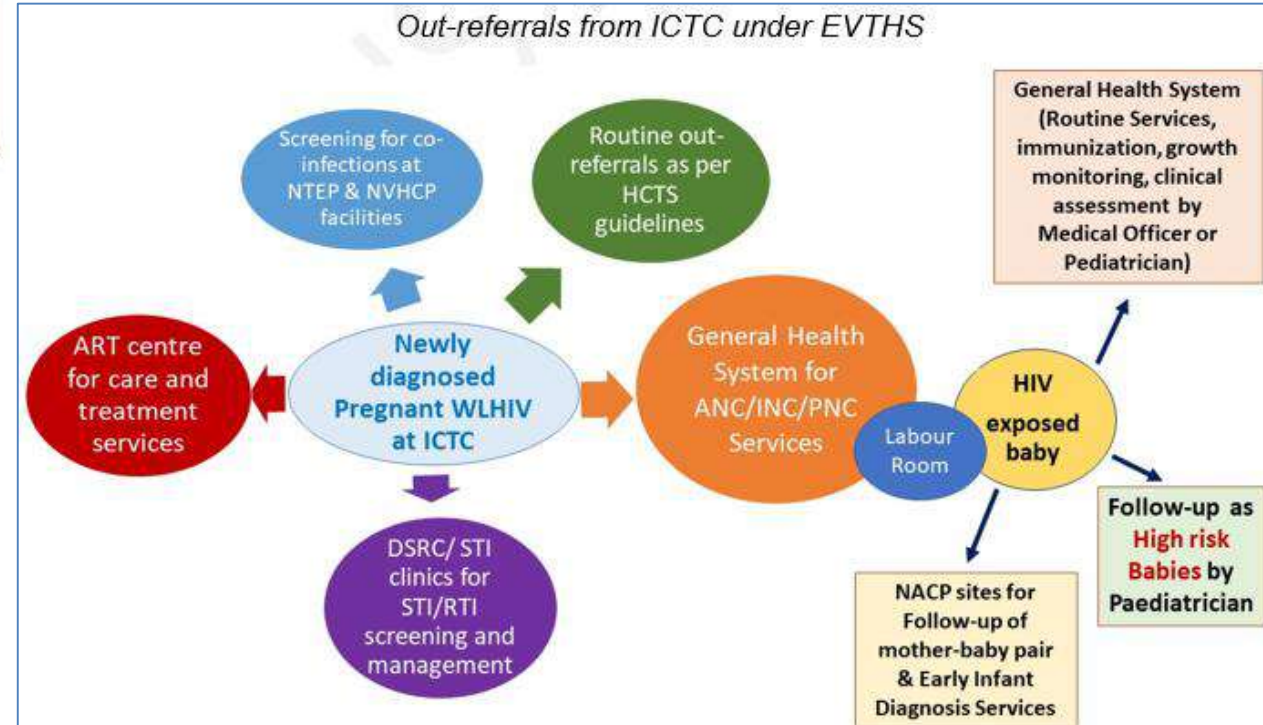
| | | |
|---|---|--|
| <p align="center">National AIDS and STD Control Program Linkage/Referral Form (in triplicate)</p> <p align="center">Copy-1 (to be retained at the facility referring the person)</p> <p>Referred by:</p> <p>Referred to (Name & Address of facility):</p> <p align="center">To be filled by the facility referring the person</p> <p>Details of the person being referred: PID Number: Name: Age:Sex:Contact No: Any other details: Date of referral: Purpose of referral:</p> <p>Details of the staff referring the person: Name: Designation: Contact No:</p> <p align="center">Feedback from referred Centre</p> <p>Has the person reached and has received care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Remarks:</p> <p>Name of the staff documenting this information:</p> | <p align="center">National AIDS and STD Control Program Linkage/Referral Form (in triplicate)</p> <p align="center">Copy-2 (to be carried by the person to the referred facility & to be retained at referred facility)</p> <p>Referred by:</p> <p>Referred to (Name & Address of facility):</p> <p align="center">To be filled by the facility referring the person</p> <p>Details of the person being referred: PID Number: Name: Age:Sex:Contact No: Any other details: Date of referral: Purpose of referral:</p> <p>Details of the staff referring the person: Name: Designation: Contact No:</p> <p align="center">Feedback from referred Centre</p> <p>Has the person reached and has received care: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Remarks:</p> <p>Name of the staff documenting this information:</p> | <p align="center">National AIDS and STD Control Program Linkage/Referral Form (in triplicate)</p> <p align="center">Copy-3 (to be retained by the person)</p> <p>Referred by:</p> <p>Referred to (Name & Address of facility):</p> <p align="center">To be filled by the facility referring the person</p> <p>Details of the person being referred: PID Number: Name: Age:Sex:Contact No: Any other details: Date of referral: Purpose of referral:</p> <p>Details of the staff referring the person: Name: Designation: Contact No:</p> |
|---|---|--|

'Break the Silos, Build Synergies'

Referral and Linkages in context of HIV under EVTHS

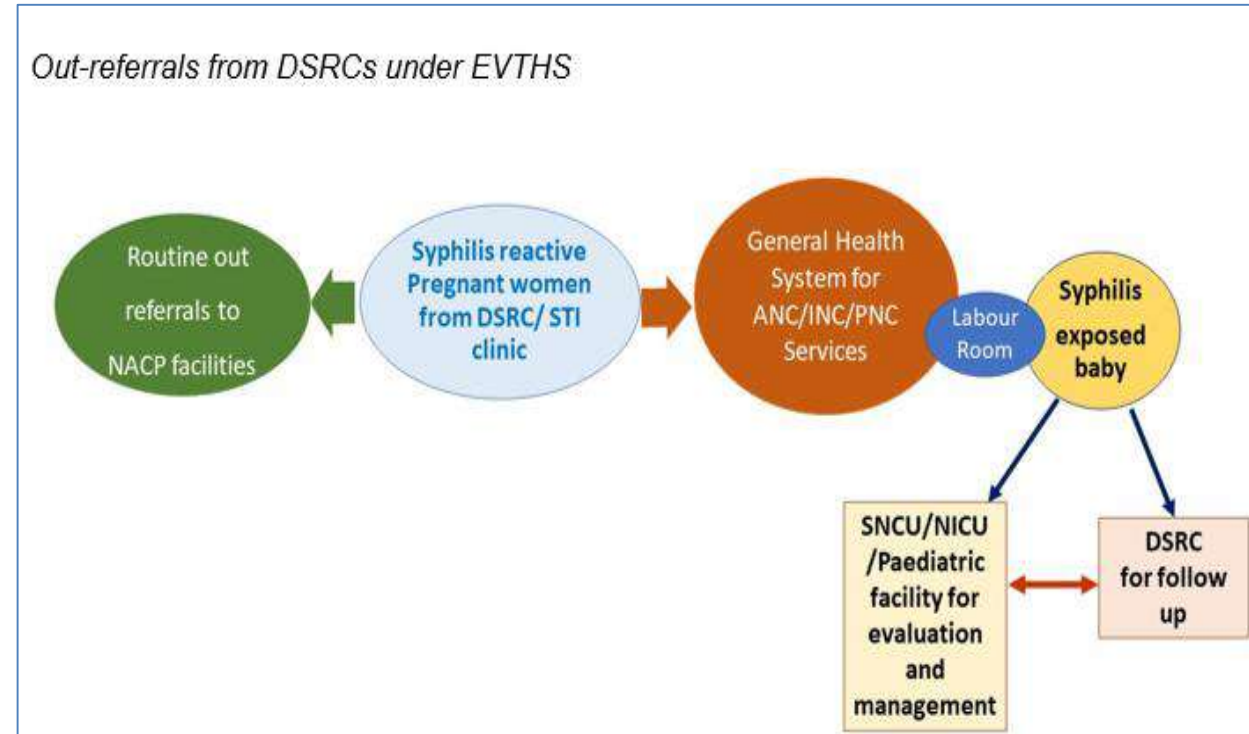
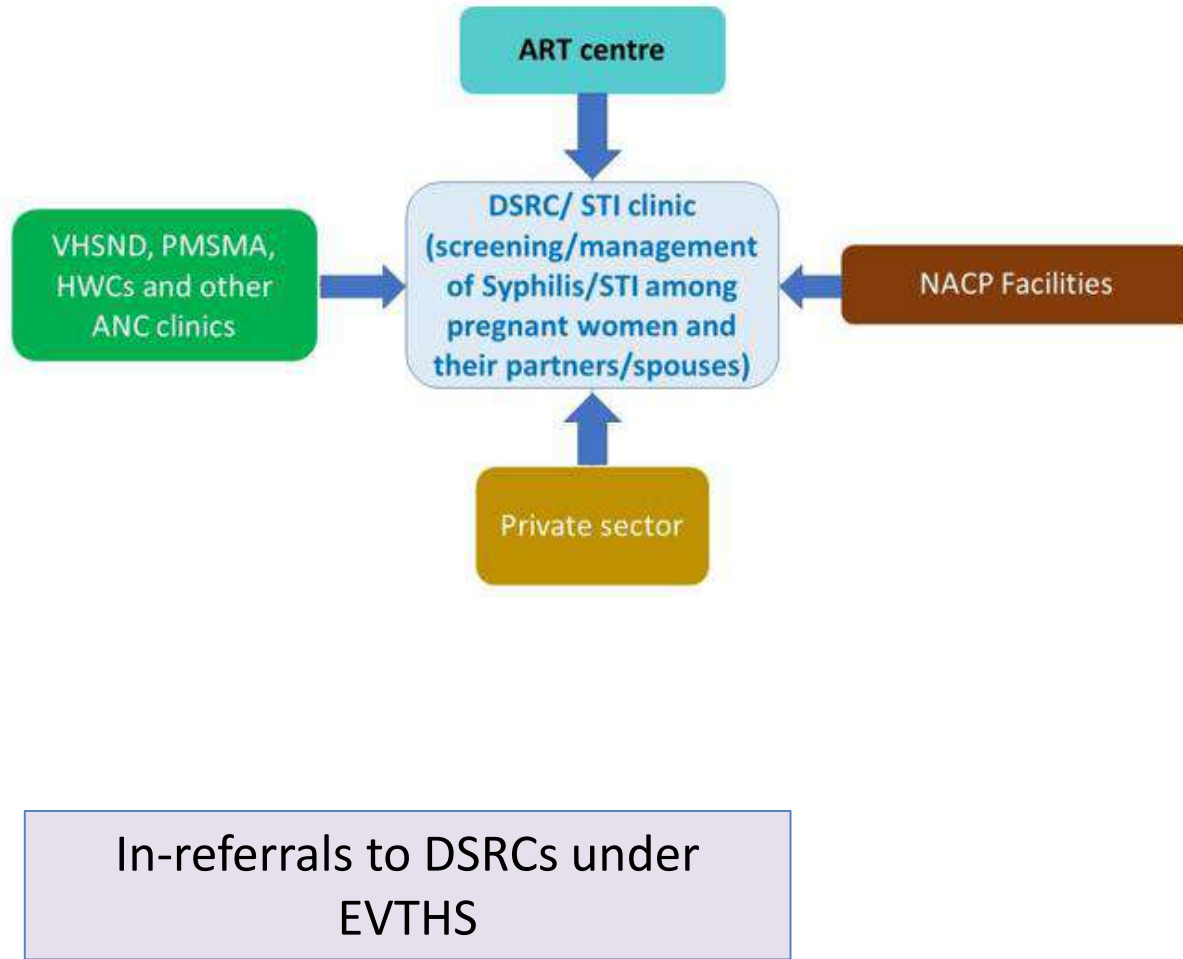


In referrals for EVTHS services to Health system facilities



'Break the Silos, Build Synergies'

Referral and Linkages in context of Syphilis under EVTHS



'Break the Silos, Build Synergies'

Session-8

Commodities and Supply Chain Management:

- Commodity provisioning and its Source of funding
- Responsibility for Supply chain Management



- **Antiretroviral Medications:** These drugs play a critical role in treating HIV and preventing mother-to-child transmission of the virus. They include antiretroviral therapy (ART) for the mother and prophylactic treatment for the infant.
- **Rapid HIV & Syphilis Test Kits:** These diagnostic tests quickly and accurately diagnose HIV and Syphilis infections in pregnant women. Early diagnosis allows for timely initiation of treatment and care.
- **Laboratory Supplies:** HIV-positive mothers and their children require various laboratory supplies for testing and monitoring. These supplies include viral load testing, CD4 cell counts, and other necessary laboratory tests.
- **Personal Protective Equipment (PPE):** Health workers providing care to HIV-positive mothers and their children must have appropriate PPE to protect themselves from virus transmission.

| Level of Healthcare | Responsibility in SCM |
|-------------------------------------|--|
| At NACO level: | Central procurement of HIV test kits, RPR kits, and injection BPG. |
| At SACS level: | <ul style="list-style-type: none"> • Procurement of ARV prophylaxis drugs (Syrup Nevirapine and Syrup Zidovudine) and DBS commodities based on estimated requirements. • Making appropriate budgetary provisions Annual Action Plan (AAP) based on estimated forecasts. • Coordinating with State NHM for inclusion of budget in State NHM PIP for procurement of dual testing kits by NHM. |
| At Regional Warehouse level: | Storage and distribution of commodities to facilities based on their requirements. |
| At Facility level: | <ul style="list-style-type: none"> • Ensuring availability of commodities for screening and treatment of HIV-positive mothers and their children, including antiretroviral medications, rapid HIV test kits, laboratory supplies, and personal protective equipment (PPE). • Monitoring and reporting of commodity usage to higher levels of healthcare system. |

‘Break the Silos, Build Synergies’

Procurement:

- State AIDS Control Societies (SACS) will procure ARV prophylaxis drugs and DBS commodities based on estimated requirements.
- SACS will make appropriate budgetary provisions in the Annual Action Plan (AAP) based on the estimated forecasts, as Supply Chain Management (SCM) guidelines of NACO.

Distribution:

- Distribution of ARV prophylaxis drugs and DBS commodities will be state-specific.
- Based on state requirements, SACS may keep the supplies at DISHA or at facility-level.
- If commodities are placed at DISHA, decisions about further distribution to the facilities shall be taken based on the facility-level requirement

| S. No | Item | Storage | Procurement and Supply Chain management |
|-------|---|---|---|
| 1 | HIV/Syphilis dual RDT RPR/VDRL HIV test kit | Cold chain | For screening facility: <ul style="list-style-type: none"> NHM through PIP budget wherever possible, NACP For confirmatory facility: <ul style="list-style-type: none"> NACP |
| 2 | Adult ART Regimens | Cool dry place | SACS to ART centre to LAC |
| 3. | Nevirapine Syrup, Zidovudine Syrup, LPV/r Syrup | Cool dry place | SACS |
| 4. | Injection Benzathine Penicillin | Cool dry place/ Room temperature | SACS to DISHA to Treatment facilities |
| 5. | Pediatric Formulation of Penicillin | Refrigerate between 2 to 8 degrees Celsius, do not freeze | Under NHM through essential medicine procurement |
| 6. | DBS collection test kits and DBS commodities | Cool dry place | SACS |
| 7. | EID test kits | Cold chain | NACP |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

6th Floor Chandralok Building
 36 Janpath, New Delhi
 Dated, the 8.12.2022

To

**The Project Director,
 State AIDS Control Societies**

Subject: Decentralization of procurement from central level to state level for all upcoming requirements of ARV Prophylaxis Drugs (i.e. Syrup Nevirapine & Syrup Zidovudine), DBS card and DBS Consumables under BSD Division NACO-reg.

Dear Madam/Sir,

I am directed to convey the approval of the competent authority that State AIDS Control Societies (SACS) are hereby authorized for state level procurement as per their need for ARV Prophylaxis Drugs (Syrup Nevirapine & Syrup Zidovudine), DBS card and DBS Consumables items as listed in below table:

| S.No. | Name of Item |
|-------|-------------------------------|
| 1 | Syrup Nevirapine 100ml |
| 2 | Syrup Zidovudine 240ml |
| 3 | Glassine Envelope |
| 4 | Silica Gel Packs |
| 5 | Humidity Indicator Card |
| 6 | Double Zip Lock Bags |
| 7 | Auto retractable lancets |
| 8 | Bio Hazard Bag (Red & Yellow) |
| 9 | Bio Hazard Sticker |
| 10 | DBS card |

2. The procurement of items is to be made preferably through GeM portal or other means following applicable government procurement procedures / codal formalities. As regards current financial year, the expenditure may be met from the head of Additional Grant/ emergency procurement fund (5.1) within the approved AAP budget 2022-2023.

3. The State/ UT SACS may propose their fund requirement for these items in Budget Estimates.

4. This has in principle approval of the Competent Authority.

Yours Sincerely,


 (Rajender Kumar)

Deputy Secretary to the Govt. of
 India

Enclosed: As above

Copy to:

1. Sr. PPS to AS&DG, NACO
2. PPS to Director (NK), NACO
3. DDG BSD, DDG SCM, DDG CST NACO
4. JD/DD/AD-BSD, SACS.

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Office Memorandum for Decentralization of Procurement of ARV drugs and DBS consumables

Office Memorandum for Provision of Dual (HIV & Syphilis) RDT kits in NHM budget under PIP 2024-25 and 2025-26



निधि केसरवानी, भा.प्र.से.
निदेशक
Nidhi Kesarwani, I.A.S.
Director



राष्ट्रीय एड्स नियंत्रण संगठन
स्वास्थ्य और परिवार कल्याण मंत्रालय
भारत सरकार
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

T-11025/15/2022-NACO(BSD)PART FILE-Part (1)
1st September 2023

Subject: Provision of Dual (HIV & Syphilis) RDT kit in NHM Budget under PIP 2024-25 and 2025-26 reg.

Dear

Dual Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) is an endeavour of Government of India to improve maternal and child health by reducing related mortality and morbidity among exposed infants by preventing and controlling the spread of HIV and Syphilis.

2. Towards this common vision, it is recommended to screen the pregnant women for HIV and Syphilis at the time of registration preferably in the first trimester. To enhance early screening of HIV & Syphilis, the screening of pregnant women with Dual RDT test kit is being recommended and advocated by the National AIDS Control Organization and Maternal Health Division, MoHFW.

3. In this regard, it is requested that necessary directions be given to the concerned official in State AIDS Control Societies (SACS) to coordinate with State Counterpart of State NHM to ensure the provisioning of budget required for Dual (HIV and Syphilis) RDT kit through NHM PIP (2024-25 and 2025-26) for screening of pregnant women at F-ICTC / VHSND level. The NPCC meetings for assessing PIPs for the years 2024-25 and 2025-26 are proposed to be held from 15th September 2023 to 15th October 2023. The communication from Joint Secretary (Policy) in this regards is enclosed for kind reference.

This issue with the approval of competent authority, NACO

(Nidhi Kesarwani)

Enclosed: As above

To,
The Project Director,
All State AIDS Control Societies

Copy for information to:

1. Sr. PPS, AS&MD, NHM, MoHFW
2. Sr. PPS AS&DG, NACO, MoHFW
3. PS to JS (Policy)
4. PPS to JS, (RCH)
4. All HoDs, NACO, MoHFW

9th Floor, Chandralok Building, 36 Janpath, New Delhi-110001 Tel. : 011-23325343
E-mail : dir@naco.gov.in

अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know you HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

Session-9

Recording and Reporting for EVTHS Services at State NHM

- Data recording in RCH Portal
- Data recording in HMIS
- Key indicators as per M&E Framework

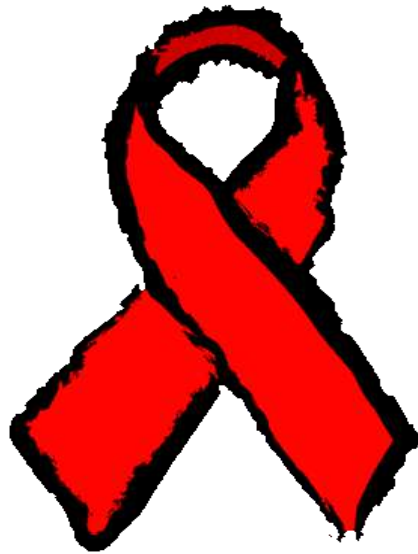


Health Management Information System

A digital initiative under National Health Mission
Ministry of Health and Family Welfare, Government of India



<https://hmis.mohfw.gov.in>



Statistics Division
Ministry Of Health & Family Welfare

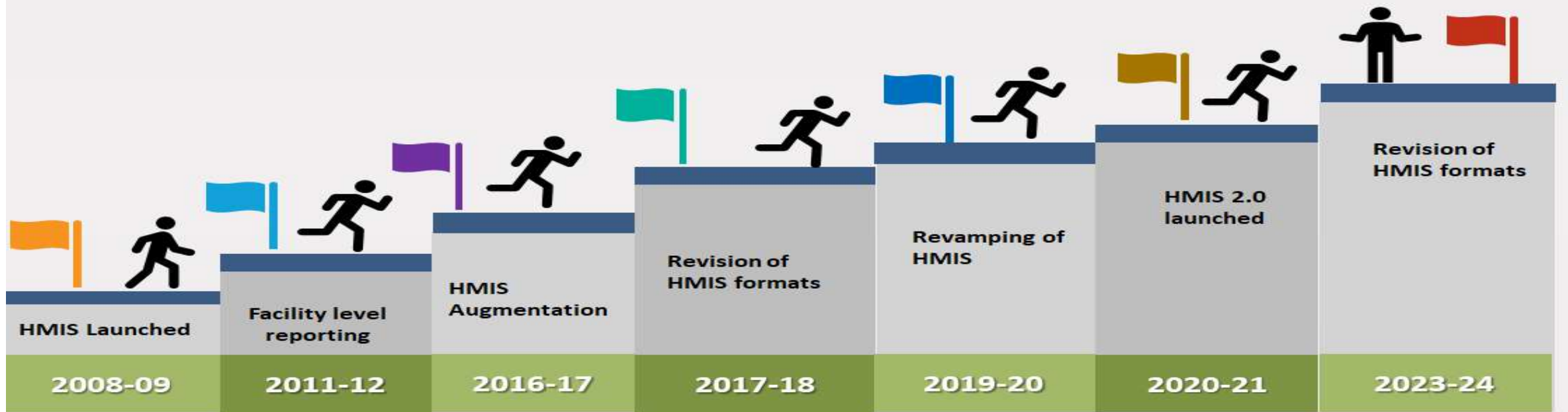
'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Health Management Information System

- A web based management information system (MIS) launched in October 2008.
- Used for monitoring NHM and other health programmes under MOHFW and provide key inputs for policy formulation and appropriate programme interventions.

JOURNEY OF HMIS



'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Facility Types & Sub-types as per IPHS 2022

Facility and are available as per new IPHS 2022 in HMIS Portal and reports can be filtered as per requirements

Facility Types

Medical College

District Hospital

Sub-district Hospital

CHC

HWC-PHC

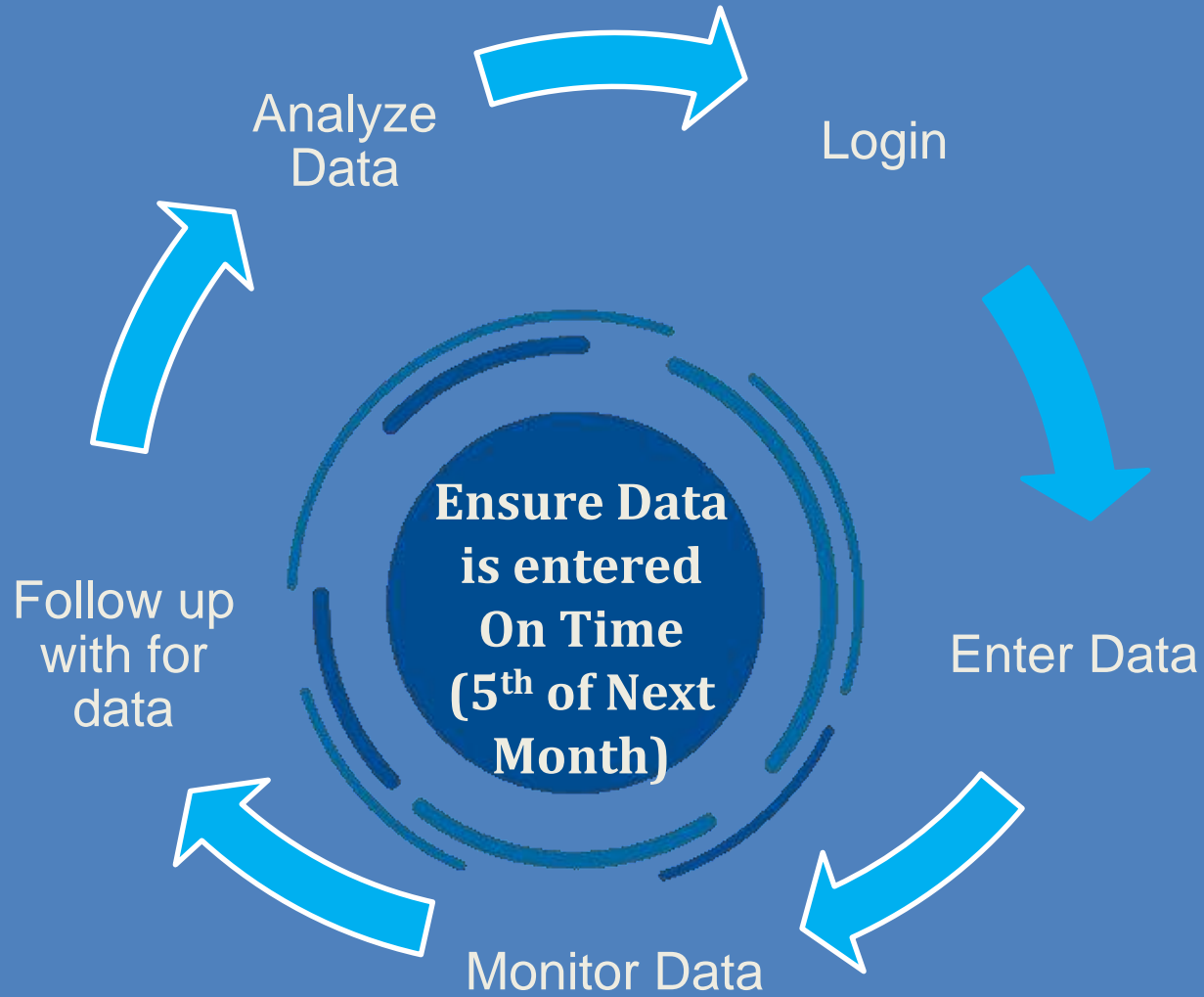
HWC-SC

Facility Sub-Types

| S.No | Facility Type | | Facility Sub Type (IPHS) | | | | | | |
|------|---------------|------------------|--------------------------|-----------------------|----------------|------------------------|-----------------------|-------------------------------|----------------------|
| | | | UHWC | Non-functional as HWC | - | - | - | Other equivalent SC | |
| 1 | HWC-SC/SC | HWC-SHC (R) | UHWC | Non-functional as HWC | - | - | - | | Other equivalent SC |
| 2 | HWC-PHC/PHC | 24*7 HWC-PHC (R) | PHC-HWCs (R) | 24*7 UPHC-HWC | UPHC-HWC | UPHC/ Polyclinic(24*7) | Non-functional as HWC | 2X7 PHC Non-functional as HWC | Other equivalent PHC |
| 3 | CHC | Non-FRU CHC | FRU CHC | UCHC-FRU | - | - | - | | Other equivalent CHC |
| 4 | SDH | Standalone SDH | - | - | - | - | - | | Other equivalent SDH |
| 5 | DH | 50-99 bedded | 100-199 Bedded | 200-299 Bedded | 300-399 Bedded | 400-499 Bedded | >=500 Bedded | | Other equivalent |
| 6 | MC | Standalone MC | - | - | - | - | - | | Other equivalent |

'Break the Silos, Build Synergies'

HMIS: Process Flow for Health Facility



'Break the Silos, Build Synergies'

Data Entry

HMIS -
Data Entry -
Reports -
View Map
Download -
Publications -
hm14imp0080

Home / Data Entry / Monthly Service Delivery

Monthly Service Delivery

| | | | | |
|---|---|--|--|---|
| Facility Name: Maipakpi maternity and child hospital (44 - Bedded) | Facility Type: Community health centre | Sub-Type: Other equivalent chc | Category: Not available | Reference Id: 274465 |
| Ward / Area: Not available | City / Town: Imphal municipal corporation (mc) | Block Name: Not Available (N/A) | Sub District: Lamphelpat (1881) | Health Block: Iw urban / city unit |
| District: Imphal west (256) | State: Manipur (14) | User Id: hm14imp0080 | Ownership: Private | Sanctioned Bed count: |

Reporting Month:

Program Division :

Services :

Document Number: 14-256-1881-0-274465-042023-M-1

Please enter the data accurately and check before submission

Print
 Export Excel
 Preview
 Submit

Part-A
M1
Part-A
M2-M4
Part-A
M5-M8
Part-A
M9-M10
Part-B
M11-M13
Part-C
M14
Part-C
M15
Part-D
M16
Part-E
M17

| Indicator Number | Indicator Name | Apr-2023 | Remarks |
|------------------|---|----------|---------|
| Part A | REPRODUCTIVE AND CHILD HEALTH | | |
| M1 | Ante Natal Care (ANC) Services & High Risk Pregnancies | | |
| 1.1. | Total number of NEW Pregnant Women registered for ANC | 80 | |
| 1.1.a | Out of total number of NEW Pregnant Women registered with age <15 years | 0 | |
| 1.1.b | Out of total number of NEW Pregnant Women registered with age 15-19 years | 0 | |
| 1.1.c | Out of total number of NEW Pregnant Women registered with age >19 to 49 years | 0 | |

Activate Windows
Go to Settings to activate Windows.

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

In facility- Outreach



[Home](#) /
 [Data Entry](#) /
 [Reports](#) /
 [View Map](#) /
 [Download](#) /
 [Publications](#) /
 hm23glr0230

Home / Data Entry / Monthly Service Delivery

Monthly Service Delivery

| | | | | |
|---|---|-----------------------------------|----------------------------------|------------------------------------|
| Facility Name: Phc behat ug (6 - Bedded) | Facility Type: Hwc-phc/phc | Sub-Type: 24*7 hwc-phc (r) | Category: Not available | Reference Id: 477912 |
| Village: Not available | Village Panchayat: Not available | Block Name: Morar (3851) | Sub District: Gird (3399) | Health Block: Not Available |
| District: Gwalior (407) | State: Madhya pradesh (23) | User Id: hm23glr0230 | Ownership: Public | Sanctioned Bed count: |

Reporting Month:
 Program Division:
 Services:

Document Number: 23-407-3359-0-538417758-042023-M-1

Please enter the data accurately and check before submission

Please Search Indicator Here

[Print](#) /
 [Export Excel](#) /
 [Preview](#) /
 [Submit](#)

- Part-A M1
- Part-A M2-M4
- Part-A M5-M8
- Part-A M9-M10
- Part-B M11-M13
- Part-C M14
- Part-C M15
- Part-D M16
- Part-E M17

| Indicator Number | Indicator Name | Apr-2023 | | | Remarks |
|------------------|---|-------------|----------|-------|---------|
| | | In-Facility | Outreach | Total | |
| Part A | REPRODUCTIVE AND CHILD HEALTH | | | | |
| M1 | Ante Natal Care (ANC) Services & High Risk Pregnancies | | | | |
| 1.1. | Total number of NEW Pregnant Women registered for ANC | 7 | | 7 | |
| 1.1.a | Out of total number of NEW Pregnant Women registered with age <15 years | 0 | | 0 | |
| 1.1.b | Out of total number of NEW Pregnant Women registered with age 15-19 years | 0 | | 0 | |
| 1.1.c | Out of total number of NEW Pregnant Women registered with age >19 to 49 years | 7 | | 7 | |
| 1.1.d | Out of total number of NEW Pregnant Women registered with age >49 | 0 | | 0 | |

Activate Windows
 Go to Settings to activate Windows.

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Data Items: Syphilis(ANC & Outcome)

| Data Item | displaycode | Outreach Service | HWC-SC/S | HWC-PHC | CHC | SDH | DH | MC | BHQ | DHQ |
|---|-------------|------------------|----------|---------|------|------|------|------|-------|-------|
| Pregnant Women (PW) with Syphilis | 1.6 | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Syphilis test conducted for Pregnant Women | 1.6.1 | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of pregnant/Direct-In-Labor (DIL) women screened/tested (with VDRL/RPR/TPHA/RDT/PoC) for Syphilis | 1.6.1.a | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of pregnant/DIL women found Seropositive for Syphilis by VDRL/RPR/TPHA/RDT/PoC test | 1.6.1.b | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of pregnant/DIL women found Syphilis-Seropositive and given treatment with injection Benzathine Penicillin (IM) | 1.6.1.c | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of live births among Syphilis Seropositive Pregnant Women | 1.6.1.d | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of babies born to Syphilis-Seropositive Pregnant Women tested positive/ clinically diagnosed for congenital Syphilis | 1.6.1.e | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of above, babies with congenital Syphilis received curative treatment | 1.6.1.f | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Data Items: STI/RTI

| Data Item | displaycode | Outreach Service | HWC-SCIS | HWC-PHC | CHC | SDH | DH | MC | BHQ | DHQ |
|---|-------------|------------------|----------|---------|------|------|------|------|-------|-------|
| Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI) Cases | M7 | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of new STI/RTI cases identified | 7.1 | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of males assessed for STI/RTI | 7.1.1. | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of males diagnosed with STI/RTI | 7.1.1.a | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of males treated for STI/RTI | 7.1.1.b | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of females (all females) assessed for STI/RTI | 7.1.2. | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of females (all females) diagnosed with STI/RTI | 7.1.2.a | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of females (all females) treated for STI/RTI | 7.1.2.b | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of H/TG assessed for STI/RTI | 7.1.3. | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of H/TG people diagnosed with STI/RTI | 7.1.3.a | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of H/TG people treated for STI/RTI | 7.1.3.b | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Data Items: STI/RTI-Syphilis

| Data Item | displaycode | Outreach Service | HWC-SC/S | HWC-PHC | CHC | SDH | DH | MC | BHQ | DHQ |
|---|-------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| STI/RTI attendees Tested for Syphilis | 15.4 | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Total number of males tested for Syphilis (RPR/VDRL/PoC/ RDT/TPHA) | 15.4.1.a | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of males tested reactive for Syphilis (RPR/VDRL/PoC/ RDT/TPHA) | 15.4.1.b | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of males treated for Syphilis | 15.4.1.c | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Total number of female (non-ANC) tested for Syphilis (RPR/VDRL/PoC/ RDT/TPHA) | 15.4.2.a | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of females (non-ANC) tested reactive for Syphilis (RPR/VDRL/PoC/ RDT/TPHA) | 15.4.2.b | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of females (non-ANC) treated for Syphilis | 15.4.2.c | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Total number of H/TG people tested for Syphilis (RPR/VDRL/PoC/ RDT/TPHA) | 15.4.3.a | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of H/TG people tested reactive for Syphilis (RPR/VDRL/PoC/ RDT/TPHA) | 15.4.3.b | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, number of H/TG people treated for Syphilis | 15.4.3.c | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

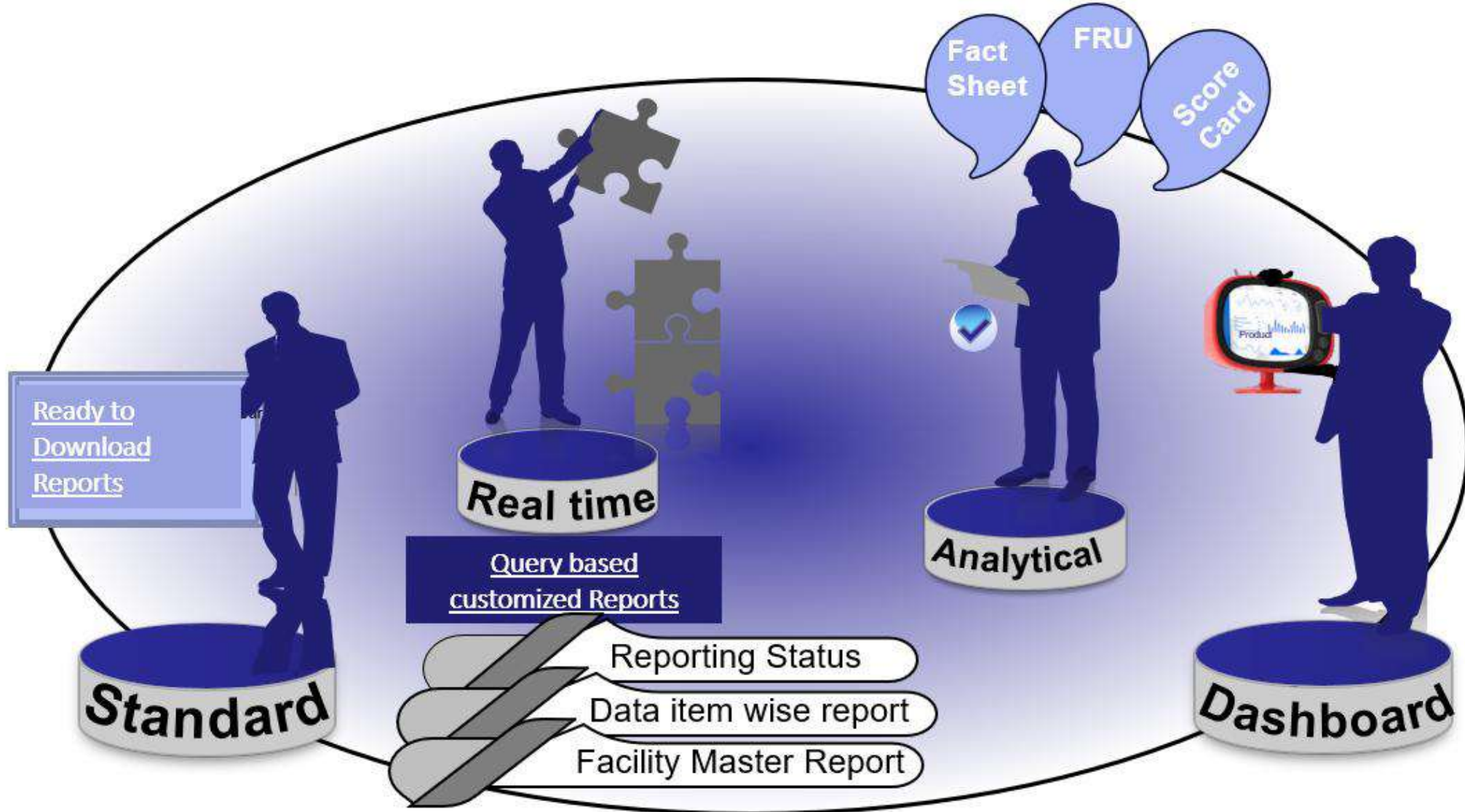
Flow of Data in HMIS

| Data Item | displaycode | Division | Servic | Outr | HVC-St | HVC-Ph | CHC | SDH | DH | MC | BHO | DHO |
|--|-------------|----------|--------|-------|--------|--------|-------|------|------|------|-------|-------|
| Number of males screened for HIV by Whole Blood Finger Prick/RDT test/POC test | 15.3.1.a | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of males found reactive for HIV | 15.3.1.b | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of HIV reactive males subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC) | 15.3.1.c | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of males confirmed as HIV Positive | 15.3.1.d | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of females (non-ANC) screened for HIV by Whole Blood Finger Prick/RDT test/POC test | 15.3.2.a | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of females (non-ANC) found reactive for HIV | 15.3.2.b | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of HIV reactive females (non-ANC) subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC) | 15.3.2.c | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of females (non-ANC) confirmed as HIV Positive | 15.3.2.d | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of Pregnant Women (PW-ANC) screened for HIV by Whole Blood Finger Prick/RDT test/POC test | 15.3.3.a | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of PW(ANC) found reactive for HIV | 15.3.3.b | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of HIV reactive PW(ANC) subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC) | 15.3.3.c | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of PW(ANC) confirmed as HIV Positive | 15.3.3.d | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of DIL women screened for HIV by Whole Blood Finger Prick/RDT test/POC | 15.3.3.e | NACO | Lab | FALSE | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of DIL women found reactive for HIV | 15.3.3.f | NACO | Lab | FALSE | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of HIV reactive DIL women subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC) | 15.3.3.g | NACO | Lab | FALSE | FALSE | FALSE | FALSE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of DIL women confirmed as HIV Positive | 15.3.3.h | NACO | Lab | FALSE | FALSE | FALSE | FALSE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of Pregnant Women (ANC&DIL) screened for HIV more than once(Repeated testing) | 15.3.3.i | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of H/TG people screened for HIV by Whole Blood Finger Prick/RDT test/POC | 15.3.4.a | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of H/TG people found reactive for HIV | 15.3.4.b | NACO | Lab | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Number of HIV reactive H/TG people subjected to HIV test at Confirmatory Centre (Stand Alone-ICTC) | 15.3.4.c | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |
| Out of the above, No. of H/TG people confirmed as HIV Positive | 15.3.4.d | NACO | Lab | FALSE | TRUE | TRUE | TRUE | TRUE | TRUE | TRUE | FALSE | FALSE |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Reports in HMIS



'Break the Silos, Build Synergies'



- Home
- HMIS
- Reports
- View Map
- Download
- Administration
- Dashboard
- Publications
- hmisddg03

- Real time Reports
 - Real Time Reporting Status
- Standard Reports
 - Data Item wise Report
- Legacy Reports
 - Facility Master Report
- Mission UTKARSH
- Analytics Reports

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

How to check and download Reports

- Click on “Report” Tab.
- Under Report, you can see 2 types of report “Real time reporting status” and “Data item wise report”
- Real time reporting status report - This report informs if facility has reported the data in selected period for the monthly health services given by the facility and its Infra & HR status
- Data item wise report – This report informs about data reported by the facility on services given under Monthly report and Infra and HR status under Infra and HR report.



‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Real time reporting status report – Monthly Report and Infrastructure & HR report-1/3

- Click on “Real time reporting status” under “Report” Tab.

HMIS HEALTH MANAGEMENT INFORMATION SYSTEM

भारत सरकार

G20

Digital India Power To Empower

NATIONAL HEALTH MISSION

HMIS Data Entry Reports View Map Download Publications tnm21pur0353

Real Time Reporting Status

February, 2024
Vigyan Bhawan, New Delhi

Statistics Division
Ministry of Health & Family Welfare
Government of India

NATIONAL WORKSHOP ON

NATIONAL WORKSHOP ON
Create Windows of Opportunity for
HEALTH MANAGEMENT

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Real time reporting status report – Monthly Report and Infrastructure & HR report-2/3

- After clicking on “Real time reporting status” under “Report” Tab.
- Click on “Monthly report” or “Infrastructure and HR report” whatever is desired
- Select “financial year” through drop down
- Select “from month” and “to month”
- Click on “Show Results”

The screenshot shows the HMIS (Health Management Information System) interface for generating a Real Time Reporting Status Report. The interface is divided into several sections:

- Navigation Bar:** Contains links for Home, Data Entry, Reports, View Map, Download, and Publications. The user is logged in as 'hmr1-pur0303'.
- Report Type Selection:** Three radio buttons are present: 'Daily Report', 'Monthly Report' (selected), and 'Infrastructure & HR Report'.
- Filter Fields:**
 - Financial year:** A dropdown menu showing '2023-2024'.
 - From Month:** A dropdown menu showing 'Apr-2023'.
 - To Month:** A dropdown menu showing 'Mar-2024'.
 - State:** A dropdown menu showing 'Odisha(21)'.
 - District / D.U.L.B:** A dropdown menu showing 'Puri(369)'.
 - Sub-District:** A dropdown menu showing 'Puri (M)(3076)'.
 - Rural or Urban:** A dropdown menu showing 'Rural'.
 - Village Panchayat:** A dropdown menu showing '0'.
 - Village:** An empty dropdown menu.
 - Facility Status:** A dropdown menu showing 'Open'.
 - Ownership:** A dropdown menu showing 'Public'.
 - Facility Type:** A dropdown menu showing 'Community Health Centre'.
 - Facility Sub-Type:** A dropdown menu with the text '-Search here by sub-type-'.
 - Facility Category:** An empty dropdown menu.
 - Facility Name:** A dropdown menu showing 'KV2 Health facility'.
- Action Buttons:** At the bottom left, there are four buttons: 'Show Result' (highlighted with a green box), 'Reset', 'Print', and 'Export Excel'.

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Real time reporting status report – Monthly Report and Infrastructure & HR report-3/3

- After clicking “Show Results” the report can be seen as shown below
- Click on “Export excel” to download the report in excel form
- Click on “Print” to directly print the report
- Click “Reset” to clean all the inputs given earlier and re-enter the inputs.



Reporting Status of Monthly Service Delivery from Apr-2023 To Mar-2024
Data as on 29th April 2024 15:27:39 PM

| Serial Number | Facility Name | Facility Type | Apr-2023 | | May-2023 | | Jun-2023 | | Jul-2023 | | Aug-2023 | |
|---------------|---------------|-------------------------|----------------|----------|----------------|----------|----------------|----------|----------------|----------|----------------|----------|
| | | | To be Reported | Reported | To be Reported | Reported | To be Reported | Reported | To be Reported | Reported | To be Reported | Reported |
| 1 | Astaranga | Community Health Centre | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

‘Break the Silos, Build Synergies’

Click on “Data Item wise report” under “Report” Tab.



The screenshot displays the HMIS (Health Management Information System) web portal. At the top, there are logos for NACO, the Government of India, G20 India 2023, Digital India, and the National Health Mission. Below the logos is a navigation bar with tabs: Home, HMIS, Data Entry, Reports, View Map, Download, and Publications. The user profile 'hm21pur0142' is visible on the right. The 'Reports' tab is active, and a dropdown menu is open, showing 'Real Time Reporting Status' and 'Data Item wise Report' (highlighted with a green box). The main content area is a collage of photographs from a workshop, featuring speakers at podiums and an audience. A watermark 'Activate Windows. Go to Settings to activate Windows.' is visible in the bottom right corner of the collage.

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

- After clicking on “Data Item wise report” under “Report” Tab.
- Click on “Monthly report”
- Select “financial year” through drop down
- Select “from month” and “to month”
- Click “Report Type” drop down and select desired report for e.g., “Across period”

The screenshot displays the HMIS (Health Management Information System) web application interface. At the top, there are logos for HMIS, the Government of India, G20 India 2023, and Digital India. Below these is a navigation bar with options: Home, Reports, View Map, Download, Administration, Dashboard, and Publications. Under the 'Reports' tab, three report types are listed: Daily Report, Monthly Report (which is selected), and Infrastructure & HR Report. The 'Monthly Report' section contains several filters: 'Report Type' (a dropdown menu currently showing '--Select--'), 'Financial year' (a dropdown menu showing '2024-2025'), 'From Month' (a date selector showing 'Apr-2024'), and 'To Month' (a date selector showing 'May-2024'). The 'Report Type' dropdown menu is open, showing a list of options: 'Across Periods', 'Across Facility', 'Across Sub-Districts', 'Across Blocks', 'Across Health Blocks', 'Across Sub-Divisions', 'Across Districts', 'Across States', 'Across Facility and Across Period', and 'Across Block Headquarter'. The bottom of the interface features the Government of India emblem and the text 'Ministry of Health and Family Welfare'.

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Data Item wise report – Monthly Report-3/5

- After clicking on “Across period” under “Report Type” Tab.
- Select “Indicators” in the check box, you may select all indicators in one go by clicking on “Select All” tab, similarly you may unselect all indicator in one go by clicking on “Unselect All”

‘Break the Silos, Build Synergies’

- Once the indicators are selected, they appear in the right side box of “Selected indicators”
- Click on “Show Results.
- If you don’t select any indicators it will show report of all the indicators on clicking “Show Results”

The screenshot displays the HMIS web application interface. At the top, there are logos for HMIS, the Government of India, G20, Digital India, and the National Health Mission. Below the logos is a navigation bar with options: Home, HMIS, Data Entry, Reports, View Map, Download, and Publications. A user ID 'hm21pur0142' is visible in the top right corner.

The main content area is divided into two panels. The left panel contains a search bar and a list of indicators (M1 to M13). The indicator 'M2 [Deliveries]' is selected, indicated by a green checkmark and a blue highlight. The right panel, titled 'Selected Indicators:', lists the following metrics:

- 2.1.1 a - Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM)
- 2.1.1.b - Number of Home Deliveries attended by Non SBA (Trained Birth Attendant(TBA) /Relatives/etc.)
- 2.1.2 - Number of PW given Tablet Misoprostol during home delivery
- 2.1.3 - Number of newborns received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery
- 2.2 - Number of Institutional Deliveries conducted (Including C-Sections)
- 2.2.1 - Out of total institutional deliveries(excluding C-section), number of women stayed for 48 hours or more after delivery
- 2.4 - Number of newborns received 6 HBNC visits after Institutional Delivery
- 2.2.2 - Out of total Institutional deliveries, number of Institutional Deliveries (Excluding C-Sections) conducted at night (8 PM- 8 AM)
- 2.3 - Age wise total number of delivery (Home +Institutional) reported (2.3.1+2.3.2+2.3.3+2.3.4)
- 2.3.1 - Out of total number of delivery, PW with age <15 years
- 2.3.2 - Out of total number of delivery, PW with age 15-19 years
- 2.3.3 - Out of total number of delivery, PW with age >19-49 years
- 2.3.4 - Out of total number of delivery, PW with age > 49 years

At the bottom of the interface, there are four buttons: 'Show Result' (highlighted with a green box), 'Reset', 'Print', and 'Export Excel'. A Windows watermark is visible in the bottom right corner.

Data Item wise report – Monthly Report-5/5

- After clicking show results the report can be seen as shown below
- Click on “Export excel” to download the report in excel form
- Click on “Print” to directly print the report
- Click “Reset” to clean all the inputs given earlier and reenter the inputs.



Monthly Data Item Wise Report Across Periods From Apr-2023 To Jan-2024 for selected Sub-District of Districts , Odisha State
Data as on 29th April 2024 16:37:10 PM

| Category | Data Item Code | Data Item Name | Apr-2023 | May-2023 | Jun-2023 | Jul-2023 | Aug-2023 | Sep-2023 | Oct-2023 | Nov-2023 | Dec-2023 | Jan-2024 |
|----------------------------|----------------|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| M1 [Ante Natal Care (ANC)] | 1.1 | Total number of NEW Pregnant Women registered for ANC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1.1.a | Out of total number of NEW Pregnant Women registered with age <15 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1.1.b | Out of total number of NEW Pregnant Women registered with age 15-19 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1.1.c | Out of total number of NEW Pregnant Women registered with age >19 to 49 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1.1.d | Out of total number of NEW Pregnant Women | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

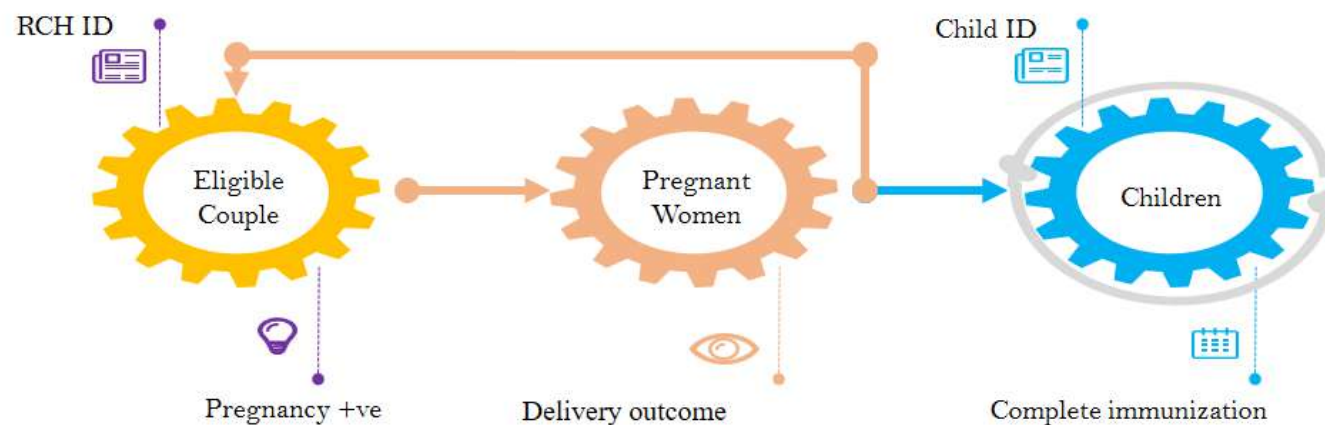
Reproductive & Child Health (RCH) Portal

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Reproductive & Child Health (RCH) Portal

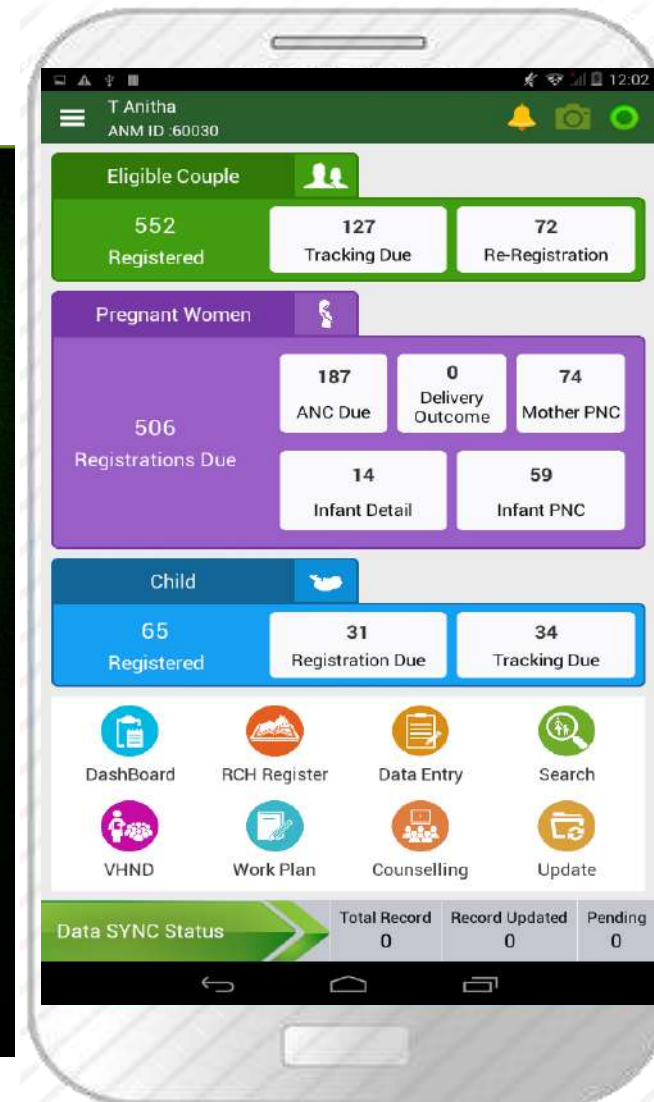
- RCH “an augmented version of MCTS” application has been designed for early identification and tracking of the individual beneficiary throughout their reproductive lifecycle.
- RCH portal has been designed to meet the requirements of the RMNCH program by incorporating additional functionality and features of the MCTS.
- Application facilitates to ensure timely delivery of full component of antenatal, postnatal & delivery services and tracking of children for complete immunization services.



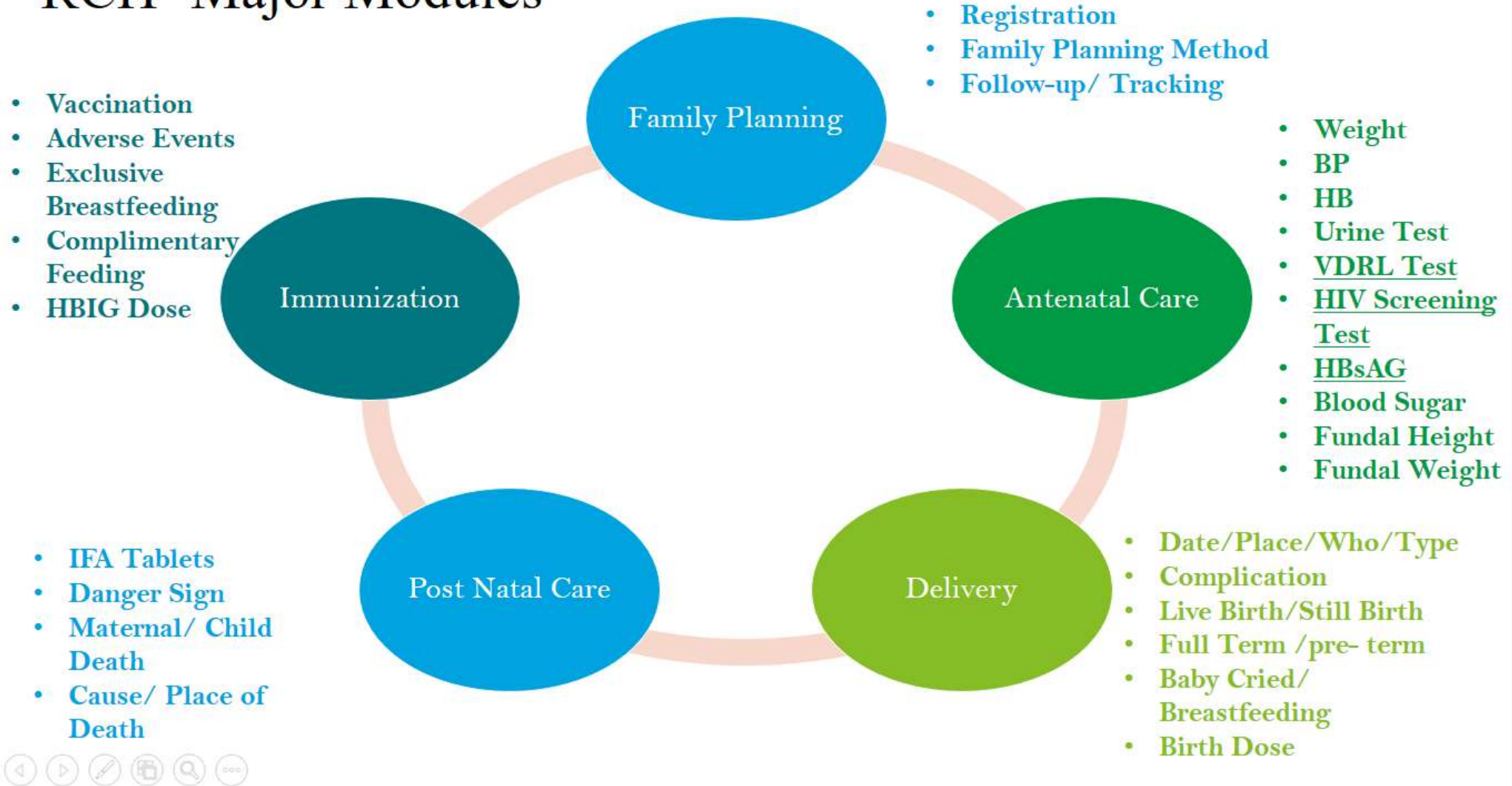
‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

- An android application for RCH Portal that helps Field Level Health Providers, specially the ANMs, in capturing the real-time data for tracking of Eligible Couple, Pregnant Woman Services, Child Tracking and Immunization.
- The ANMOL application has been launched on 7th April, 2016 by the Honourable Minister of Health and Family Welfare, Govt. of India. Currently functional in around **28 States and UTs** and available in 4 languages.



RCH- Major Modules



'Break the Silos, Build Synergies'



Reproductive & Child Health

Health and Family Welfare Department
Government of India



- Home
- Set Location
- Data Entry**
- Verification
- Content Upload
- Feedback

Goa (30)

Data Entry



Profile Entry



Bulk Profile Entry



Eligible Couples



Pregnant Woman Entry



Child Entry



Health Provider / ASHA Entry



Bank Details Entry



Direct Data Entry



Advanced Search



EC Re-Registration



Edit Module



JSY PFMS Module

Data Entry Module

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Data Entry Module

Home Set Location Data Entry Verification Content Upload Feedback

Goa (30) Welcome to Reproductive and Child Health Enter for active RCH / MCTS ID No. Go

Section - II

- Tracking of PW
 - General Information (PG -1)
 - General Information (PG -2)**
 - ANC Details
 - Delivery Outcome
 - Infant Details
 - Mother PNC Details
 - Infant PNC Details

Date :

Health Provider Name : * --Select-- ASHA Name : * Not Available

LMP Date : * (dd-mm-yyyy) dd-mm-yyyy Financial Year : (As per LMP Date) 2016-2017

EDD Date : Registered within 12 Weeks of Pregnancy : No

Blood Group of Mother : --Select--

Past illness : Select
 None

Past Obstetrics History

Total No. of Pregnancy (previous) :

Expected Facility for Delivery : ---Select--- Place Name :

VDRL/RPR Test : Not done

HIV Screening Test : Done

Date of HIV Screening test conducted : (dd-mm-yyyy) Enter HIV Date HIV Screening Test Result : --Select-- Select HIV Result

HBsAg Test : * --Select--

Save

Report Module

Home **Standard Reports** SMS Workplan Workplan New User Reports Dashboard

Maharashtra (27) **Line Listing Reports**

Report Type: 6. PW Registration Details

Financial Year: 2024-2025 Month: -ALL(Upto current month) Filter Type: As Per Registration

SUBMIT

1 of 2 Find | Next

Pregnant Women Registration Details Report

State : Maharashtra (27) Health Facility : --ALL-- Financial Year : 2024-2025
 District : --ALL-- Health Subcentre : --ALL-- Data As On : 06/06/2024
 Health Block : --ALL-- Registration Month : -ALL(Upto current month)-

Note : ProRata - ((count * 365) / (Estimated PW * days past)) * 100 Days Past - as per month and financial year chosen
 Note: Count of beneficiaries in the list may vary from total count displayed as it excludes abortion cases.

| Sr. No. | State | District | Pw Registered | Address | Bank Details | Phone No | Self Phone No | PW Registered | | | Teenage Pregnancy | Maternal Death |
|---------|-------------|------------|---------------|---------|--------------|----------|---------------|---------------|-----------|----------------|-------------------|----------------|
| | | | | | | | | 1st Trimester | High risk | Severe Anaemic | | |
| | Maharashtra | | 298,512 | 298,511 | 15,835 | 298,512 | 258,039 | 199,757 | 44,532 | 1,587 | 12888 | 8 |
| 1 | | Ahmadnagar | 13,496 | 13,496 | 425 | 13,496 | 12,447 | 9,762 | 4,255 | 126 | 978 | 0 |
| 2 | | Akola | 5,522 | 5,522 | 149 | 5,522 | 4,334 | 4,459 | 868 | 56 | 137 | 0 |

T16821 X ✓ fx Enter text or formula details:

| Sno | District | Block | Locality | RCHID | CaseNo | Age | Sex | Name | Mobile | Mobile | Registration Date | Address | Religion | ASHA Na | Registration Date | LMP | MP | Illness | EDD | Ageasper | Med_Past | |
|------|----------|-----------------|-----------------|----------|--------|-----|------|------|--------|--------|-------------------|----------|----------|------------------|-------------------|----------|----|---------|--------|----------|----------|---|
| 2216 | 12215 | Mumbai S K West | West Millatnaga | 12703005 | 1 | | Wife | | | | 35.37 | 01/01/19 | HINDU MI | ASHWINI I (ID-0) | (Mo 16/05/20 | 10/03/20 | 35 | 19 | HIV+VE | 1 | /12/20 | 1 |

Session-10

Recording and Reporting for EVTHS Services at SACS

- Data flow in SOCH
- Key indicators as per M&E Framework



EVTHS services will be monitored as per data captured from three portals: HMIS, RCH, SOCH



RCH Portal/ANMOL APP

Persons-based MIS for eligible couples, pregnant women, and children across antenatal, postnatal & delivery services as well as immunization services. Operational in almost all States.

SOCH

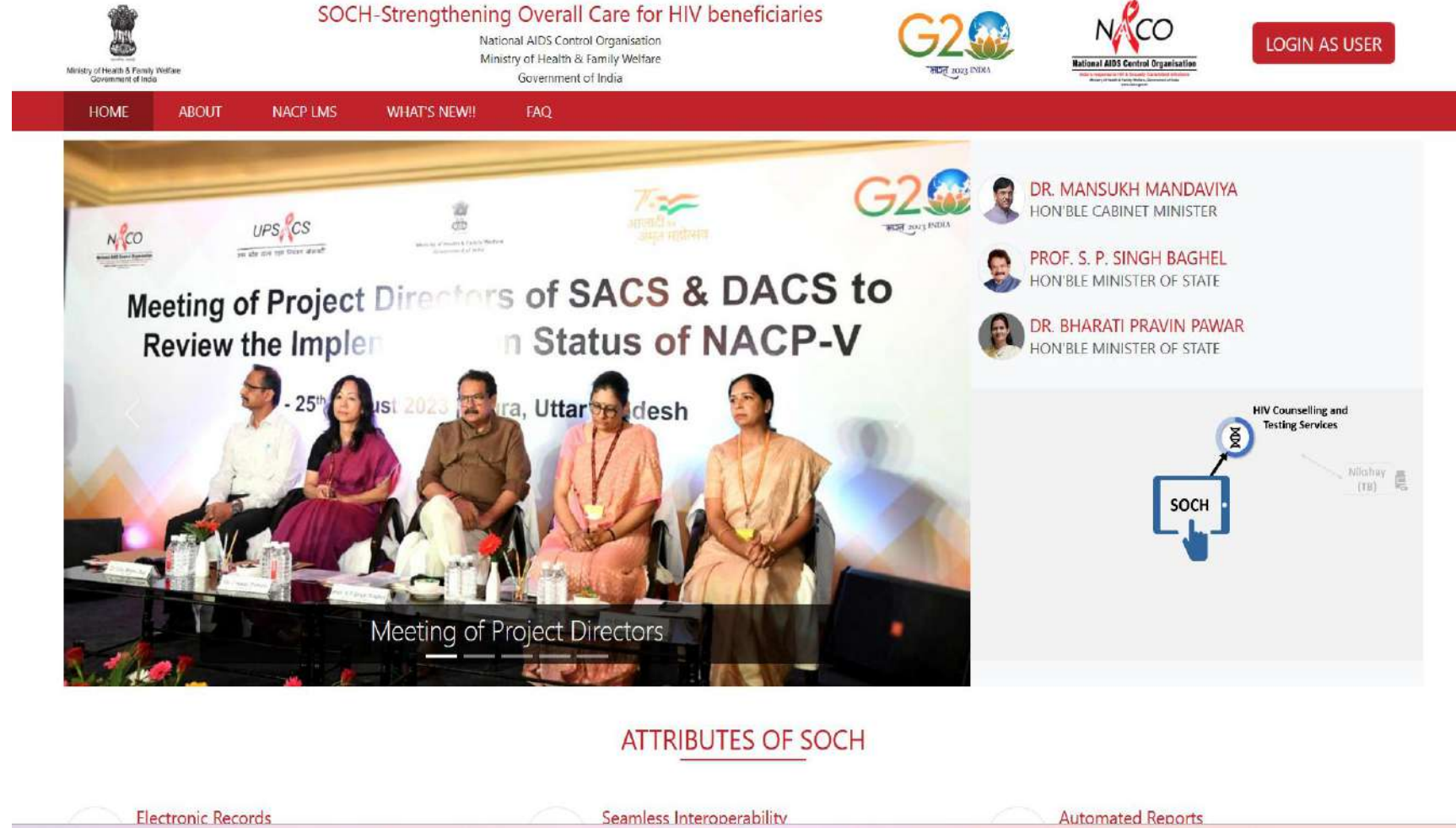
IT-enabled, case based MIS under NACP, which includes the provision of tracking of pregnant women and exposed babies across ICTC, DSRC, ART, EID labs and VL labs.

HMIS

Aggregated web-based monthly reporting system for all health programs under MoHFW from approximately 2.5 lakhs health care establishment including Pvt across all states/UTs'

'Break the Silos, Build Synergies'

SOCH is an IT enabled beneficiary centric information management system implemented under NACP since 2021 for data reporting and facilitating seamless and evidence-led epidemic & programme monitoring, service delivery.



The screenshot shows the SOCH website header with the Government of India logo, NACO logo, and G20 India 2023 logo. The main navigation bar includes links for HOME, ABOUT, NACP LMS, WHAT'S NEW!!, and FAQ. Below the navigation bar is a large banner for a meeting titled "Meeting of Project Directors of SACS & DACS to Review the Implementation Status of NACP-V". The banner features photos of five participants and logos for NACO, UPSACS, and G20 India. To the right of the banner, there are portraits and names of three government ministers: DR. MANSUKH MANDAVIYA (Hon'ble Cabinet Minister), PROF. S. P. SINGH BAGHEL (Hon'ble Minister of State), and DR. BHARATI PRAVIN PAWAR (Hon'ble Minister of State). Below the banner, there is a diagram showing the integration of SOCH with other systems like HIV Counselling and Testing Services and Nishay (TB). At the bottom, three key attributes of SOCH are listed: Electronic Records, Seamless Interoperability, and Automated Reports.

ATTRIBUTES OF SOCH

Electronic Records

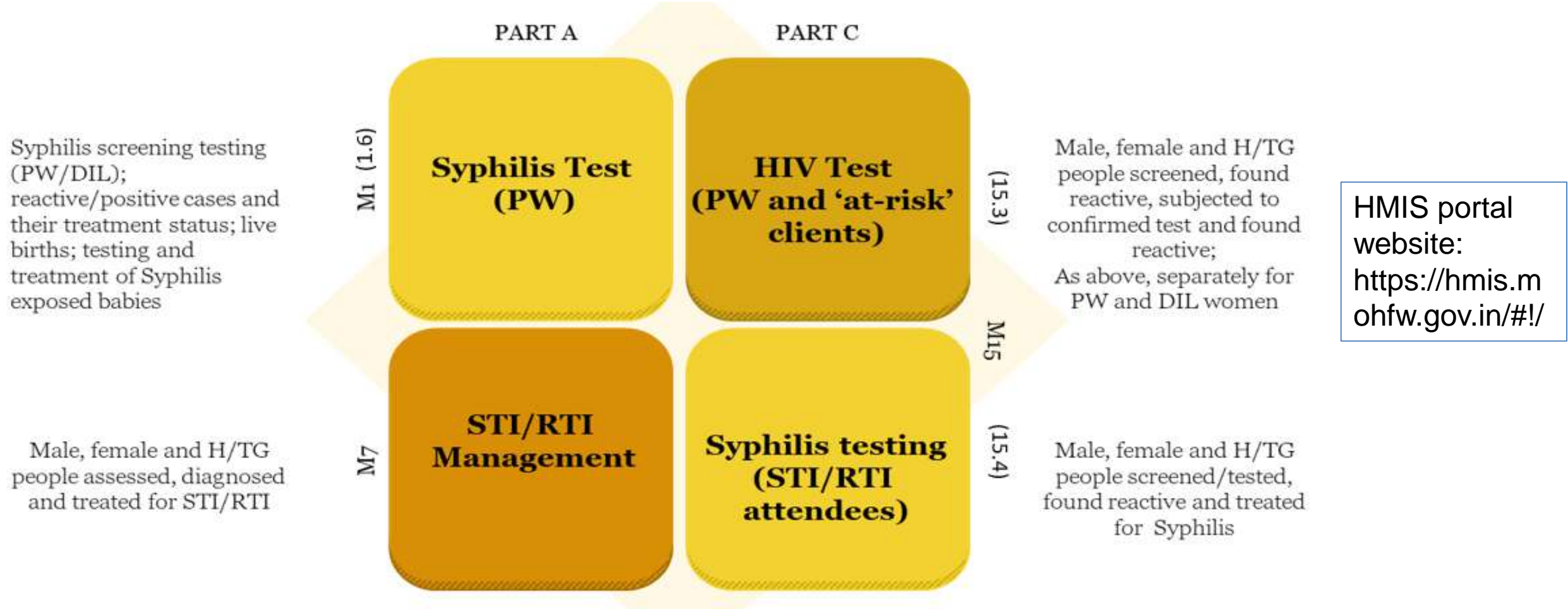
Seamless Interoperability

Automated Reports

'Break the Silos, Build Synergies'

NACP-related indicators captured in HMIS

45 Indicators were included in the HMIS revised format which was implemented pan India since April 2023, and the NACP related sections are following:



HMIS portal website:
<https://hmis.mohfw.gov.in/#/>

Note: Programme division at SACS level is requested to coordinate with SI Division of respective SACS to get the EVTHS related information from HMIS.

'Break the Silos, Build Synergies'

Interoperability between ANMOL App with SOCH

RCH PORTAL/ANMOL APP

INFECTIONS

SOCH

TEST RESULTS RECORDING
OPTIONS

| | Syphilis | HIV |
|--------------|--------------|---------------|
| NON-REACTIVE | NON-REACTIVE | NON-REACTIVE |
| REACTIVE | REACTIVE | REFER TO ICTC |

API layer to facilitate sharing of information about reactive cases from RCH portal/ANMOL App to SOCH

In ICTC, HIV screened reactive cases to be reflected under the 'Inward Referrals' tab

In DSRC, Syphilis reactive cases to be reflected under the 'Inward Referrals' tab. Data recording of all follow-up testing and treatment of such cases (both mother and baby) to be done by the mapped DSRC till baby attain the age of 6 months

The details of the follow-up testing and treatment services to be made visible to RCH PORTAL/ANMOL APP

RCH portal website:
<https://rch.nhm.gov.in/RCH/>

'Break the Silos, Build Synergies'

Key Indicators for Monitoring of EVTHS Indicators

| S.No. | Indicator | Data Source | Person responsible |
|-------|---|-------------|---|
| 1. | Number of pregnant women registered | HMIS | ANM |
| 2. | Number of pregnant women screened for HIV (Duplication to be factored in) | HMIS | ANM |
| 3.a. | Number/percentage of newly identified pregnant women confirmed as HIV positive | SOCH | HCTS Counselor |
| 3.b. | Number/ percentage of Women living with HIV(WLHIV) reported pregnant at ARTC (known positive) | SOCH | Counselor at ART Center |
| 4. | No. of HIV positive women started ART or already on ART | SOCH | HCTS Counselor/ART MO ;Lab related indicators (CD4, VL) – ART LT, ICTC LT, Lab LT |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Key Indicators for Monitoring of EVTHS Indicators

| S.No. | Indicator | Data Source | Responsible person |
|-------|---|-------------|--|
| 5. | No. of pregnant women undergone VL between 32-36 weeks | SOCH | NACP Counselor/ART MO ;Lab related indicators (CD4, VL) – ART LT, Confirmatory facility LT, Lab LT |
| 6. | No. of live births reported | SOCH | NACP Counsellors |
| 7. | No. of infants on Exclusive breastfeeding | SOCH | NACP Counsellors |
| 8. | No. of infants on Exclusive replacement feeding | SOCH | NACP Counsellors |
| 9. | Total No. of HIV exposed infants provided ARV prophylaxis | SOCH | NACP Counsellors |
| 10. | Out of the above, No. of HIV exposed infants provided dual ARV prophylaxis | SOCH | NACP Counsellors |
| 11. | No. of HIV Exposed Infant (HEI) initiated on CPT prophylaxis | SOCH | NACP Counsellors |
| 12. | No. of HIV Exposed Infant (HEI) undergone for EID testing at age of < 2 months (6 week to 2 months) | SOCH | NACPCounsellors |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Key Indicators for Monitoring of EVTHS Indicators

| S. No | Indicator | Data Source | Responsible person |
|-------|---|-------------|---|
| 13. | No. of infants undergone EID at 6 months | SOCH | NACP Counsellors |
| 14. | No. of infants undergone EID at 12 months | SOCH | NACP Counsellors |
| 15. | No. of infants undergone EID at 18 months | SOCH | NACP Counsellors |
| 16. | No. of HIV exposed infants who are confirmed as HIV positive. | SOCH | NACP Counsellors |
| 17. | No. of HIV positive babies who are on ART | SOCH | NACP Counsellors |
| 18. | No. of HIV positive babies reported as general clients | SOCH | NACP Counsellors |
| 19. | Number of pregnant/ Direct-In-Labor (DIL) women screened/ tested (with VDRL/ RPR/ TPHA/ RDT/ PoC) for Syphilis ((Duplication to be factored in) | HMIS | Data entry person at the respective facilities (Labour room nurse etc.) |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

| S. No | Indicator | Data Source | Responsible person |
|-------|---|-------------|---|
| 20. | Number of pregnant/DIL women found seropositive for Syphilis by VDRL/ RPR/ TPHA/ RDT/ PoC test | HMIS | Data entry person at the respective facilities (Labour room nurse etc.) |
| 21. | Number of pregnant/DIL women infected with Syphilis and given treatment with injection Benzathine Penicillin (IM) | HMIS/SOCH | Data Entry Operator/ DSRC Counsellor |
| 22. | Number of live births reported among Syphilis seropositive pregnant women | HMIS/SOCH | Labour Room/ DSRC Counsellor |
| 23. | Out of above, Syphilis exposed babies who received treatment (prophylactic/curative) | HMIS/SOCH | SNCU/ DSRC Counsellor |
| 24. | Out of above, babies with congenital Syphilis | HMIS/SOCH | SNCU/ DSRC Counsellor |
| 25. | Number of still-births reported | HMIS/SOCH | Labour Room/DSRC Counsellor |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

NACP Data Management Guidelines 2020

- Applicable to all establishments generating, collecting, managing and utilizing records of HIV-related information, keeping with the HIV and AIDS ACT, 2017
- **Data Storage and Access:**
 - HIV-related information should not be kept open/accessible to unauthorized persons or external service providers
 - Physical medical records should be kept secured in a locked cabinet
 - Soft data should be stored in a password-protected computer with access to authorized staff only
 - Staff who retires/ transferred/resign should be de-authorized and barred from access
 - Robust computer back-up or disaster recovery plan in place
 - Regular staff on updated data storage platforms and data security procedures

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

EVTHS data capturing Mechanism as an interim arrangement



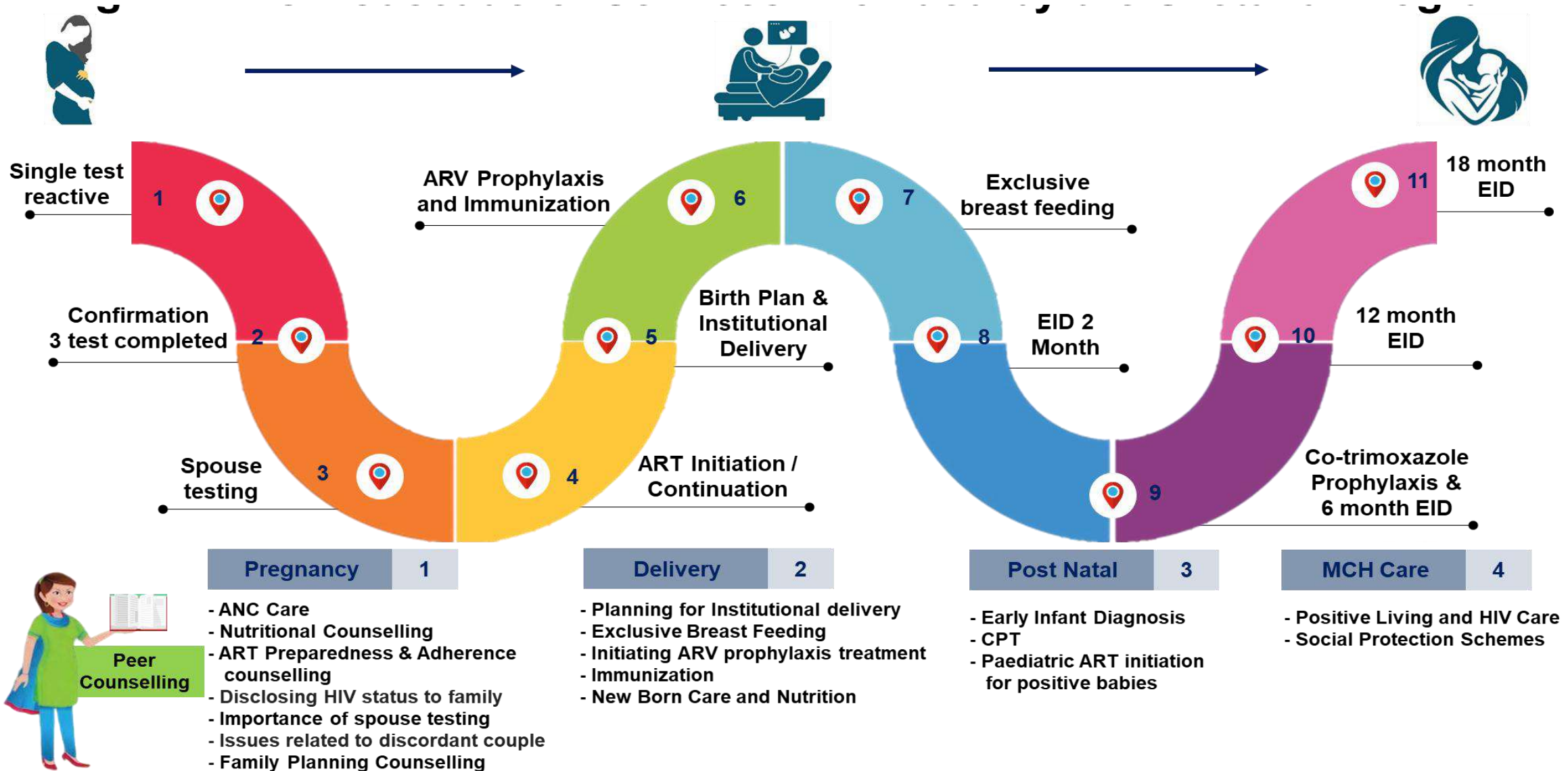
Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

'Break the Silos, Build Synergies'

EVTHS data capturing Mechanism as an interim arrangement

- GF project supported software is taken over by NACO as an interim arrangement for EVTHS data capturing mechanism
- A web application to capture tracking of pregnant WLHIV and HIV exposed infants care cascade services
- Data will be entered by ICTC counselors
- Viewing access will be at DISHA, SACS and NACO

Care services for pregnant WLHIV and her HIV exposed baby



'Break the Silos, Build Synergies'

Data Flow



ICTC counsellor will collect the data regarding service provision to pregnant WLHIV and HIV exposed child
Due list generation

Data Collection and entry in software



DISHA
SACS
NACO
Due list generation,
Service uptakes,
dashboard

Access to view and report generation



SACS (Related to logins ids)
NACO (Related to data edits)

Admin Access

'Break the Silos, Build Synergies'

Level of Access

| Level | Users | Access level | Role |
|-------------------------|-----------------------------------|---|--|
| National | NACO and National PRs | All information (States/UTs/district) | Admin / Reports |
| Regional / State | SACS and State Partners | States/UTs (States/UTs/district) | Reports / Data entry for few modules |
| District | Facility and district level staff | District level (District/Individual-level data) | Reports / Data entry for most of the modules |

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Dashboard

Facility Information

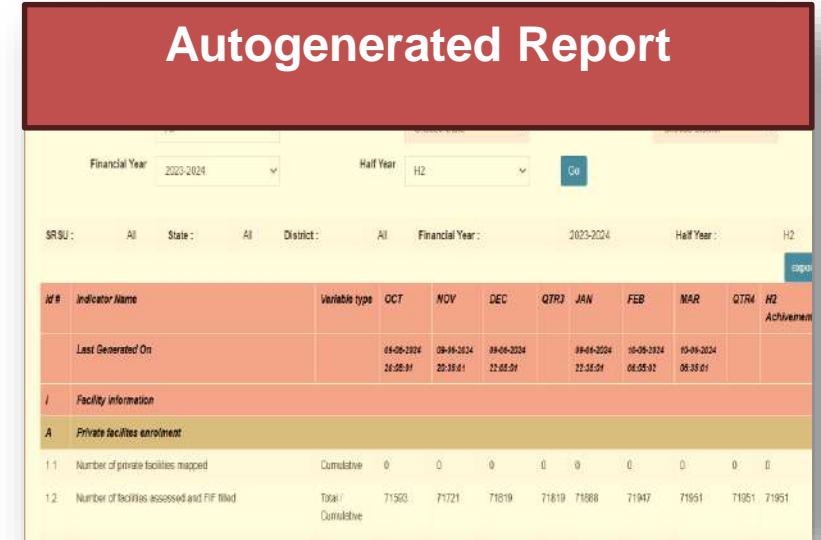
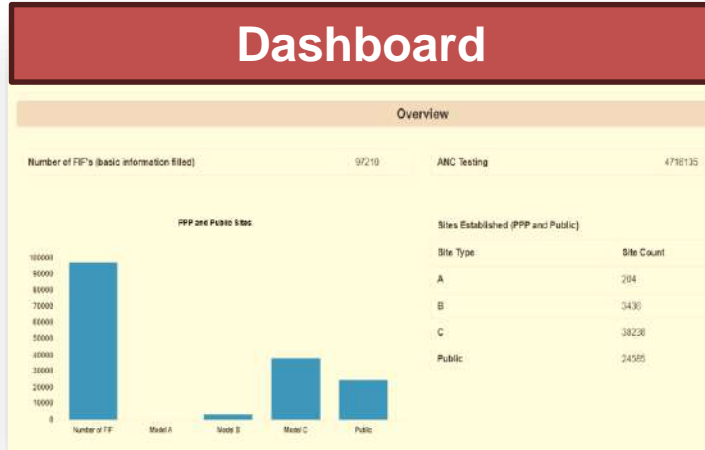
ANC

Standard Report

Export Data

ANC Transfers

MPR Outcome Report



Positive ANC Line List

ANC Add Export Export Links

PID: PID No. Site Name: Site Name

SRSU: Choose SRSU District: District

Site: Site Cohort: Choose cohort

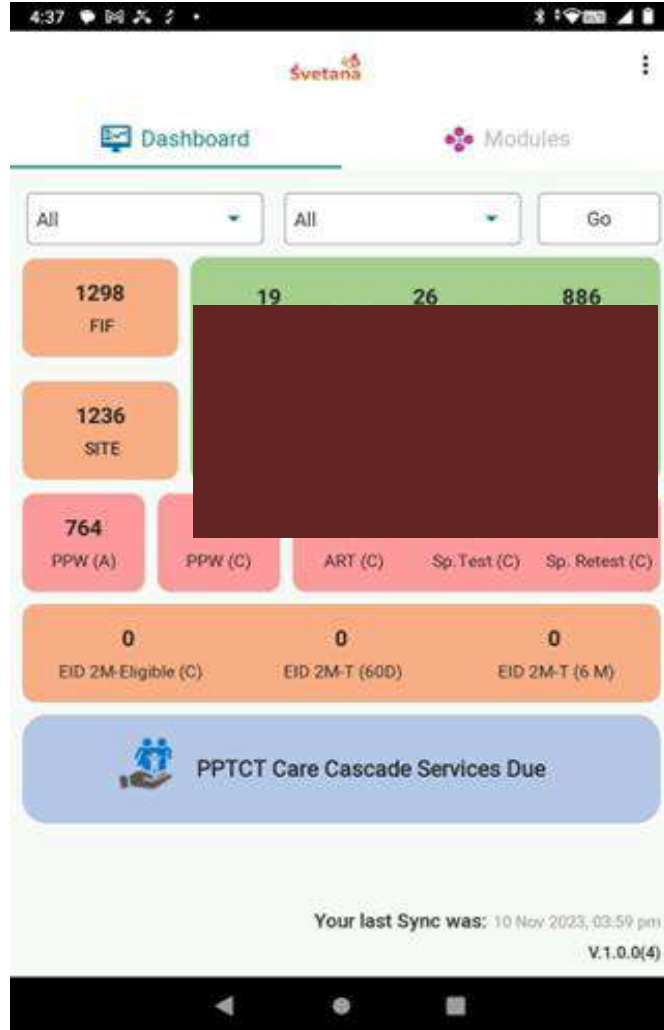
Go

| PID | Name of ANC | Site Name | Site Code | District | Town | Actions |
|------------------------|-------------|------------------------------------|----------------|------------|------------|------------------------|
| GCSAICTOPYFN1001423942 | Suganthi | KACHRAPALAYAM, VILLUPURAM DISTRICT | 333881553219PU | Viluppuram | Kallakundi | [Add] [Export] [Print] |
| PNSAICTCTNVL0162400179 | Ashwarya | MELUR, VILLUPURAM DISTRICT | 333881553319PU | Viluppuram | Kallakundi | [Add] [Export] [Print] |

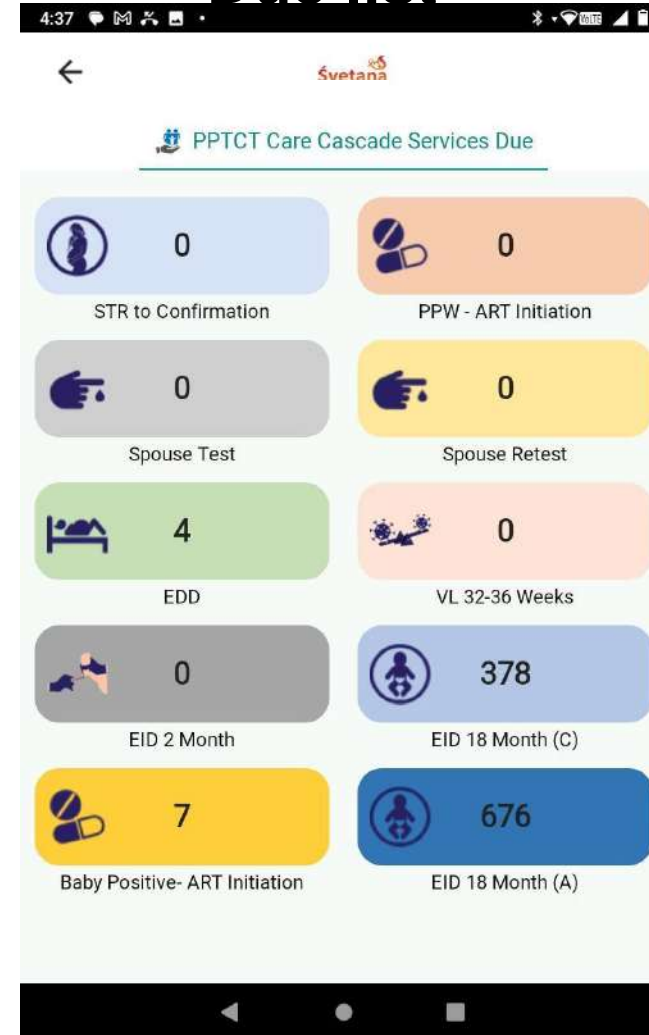
'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Dashboard



Due list



'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Key Features

Dashboard



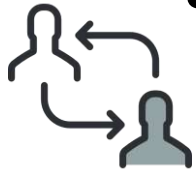
Due list



Multi level Access



ANC Migration Tracking



Automated reports



Standard reports and Analysis



'Break the Silos, Build Synergies'


EVTHS Indicators Captured in Integrated Information Management System (SOCH)

- ICTC Module
- DSRC Module
- ART Module

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

'Break the Silos, Build Synergies'

ICTC COUNSELLOR– Add Beneficiary


 Ministry of Health & Family Welfare
 Government of India

SOCH – Strengthening Overall Care for HIV beneficiaries

Surjaprooya (ICTC counsellor)
 Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWIM003
 Last Login - Jun 26, 2024, 9:28:04 AM

Index Testing
Dashboard
Beneficiaries
Pending Results
Infant Lab Tests
Facilities
Reports
Referrals
Due list
Users

Inward Referrals
FICTC Inward Referral
List of Beneficiaries
List of Infants
Add Beneficiaries
Appointments
+

Referred By

Direct Walk-In

General Informations

| | | | |
|--------------------|----------------|-------------|-----------------|
| First Name * | Middle Name | Last Name * | Sex * |
| Pregnant | | Woman | Female |
| Date of Birth * | Age * | Category * | Country |
| 6/26/1993 | 31 Y M D | Adult | India |
| Address Line 1 | Address Line 2 | State * | District * |
| Janpath | Lane | DELHI | CENTRAL |
| Subdistrict /Taluk | Town /Locality | Pincode | Mobile Number * |
| Ambagarh | Bagnara | 110001 | 9888776655 |

Visit Information

| | | | |
|---------------|-----------------------|---|--------------------|
| Visit Date * | Consent Documented? * | TB Symptoms * | STI/RTI Symptoms * |
| 6/1/2024 | Yes | No | No |
| Is Pregnant * | Type of Case * | PID Number * | |
| Yes | Select | PWSAICTCMNIMW00324 12312 | |

Out Referral

DSRC
 NTEP

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[helpdesk\[at\]naco\[dot\]gov\[dot\]in](mailto:helpdesk[at]naco[dot]gov[dot]in)
+91 8448447006

Add Beneficiary:
 Referred By,
 Demographic details,
 Visit Details,
 Pregnancy Details &
 Additional
 Information

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

SOCH – Strengthening Overall Care for HIV beneficiaries

Surjapreeya (ICTC counsellor)
Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWIM003
Last Login - Jun 26, 2024, 9:50:27 AM



Index Testing Dashboard Beneficiaries **Pending Results** Infant Lab Tests Facilities Reports Referrals Due list Users

Pending Results Pending Post-Test Counselling

SUCCESS
Added to Post Test Counselling

Download As PDF XLSX

FILTER Name, PID, Mobile Number **APPLY** Data Since: 6/23/2024

| UID | PID | Name | Sex | Age | Mobile Number | Date of Visit | Tested On | Received On | HIV-Status | Action |
|--------------|-------------------------|----------------|--------|--------------|---------------|---------------|-----------|-------------|-------------------|---|
| U00052541863 | PWSAICTCMNIMW0032412312 | Pregnant Woman | Female | 31 Y 0 M 0 D | 9888787389 | Jun 1, 2024 | 6/1/2024 | 6/1/2024 | Positive HIV 1 |   |

Pending Results
HIV Test Result recording page

Pending Post Test Counselling

When the HIV Testing report is delivered to the beneficiary then the post-test-counselling page is recorded.

SOCH – Strengthening Overall Care for HIV beneficiaries

Surjapreeya (ICTC counsellor)
Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWIM003
Last Login - Jun 26, 2024, 9:50:27 AM

Index Testing Dashboard Beneficiaries **Pending Results** Infant Lab Tests Facilities Reports Referrals Due list Users

Pending Results Pending Post-Test Counselling

FILTER Name, PID, Mobile Number **APPLY** Data Since: 6/23/2024

Download As PDF XLSX

| UID | PID | Name | Sex | Age | Mobile Number | Date of Visit | Tested On | HIV-Status | Action |
|--------------|-------------------------|----------------|--------|--------------|---------------|---------------|-------------|------------|---|
| U00052541863 | PWSAICTCMNIMW0032412312 | Pregnant Woman | Female | 31 Y 0 M 0 D | 9888787389 | Jun 1, 2024 | Jun 1, 2024 | Positive |    |

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

ICTC COUNSELLOR— Post Test Counselling

SOCH – Strengthening Overall Care for HIV beneficiaries

Surjapreeya (ICTC counsellor)
 Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MINWIM003
 Last Login - Jun 28, 2024, 9:50:27 AM

Index Testing | Dashboard | Beneficiaries | Pending Results | Infant Lab Tests | Facilities | Reports | Referrals | Due list | Users

Pending Results | Pending Post-Test Counselling

Pre Test Counselling | **Post Test Counselling Details**

Beneficiary HIV-Testing

HIV Status *

HIV Test Date *

Date of Report Received by the Facility *

Date of Report Received by the Beneficiary *

Pregnancy Details [Type of Case: ANC]

LMP *

Month of Pregnancy Completed (Months) *

EDD *

Gravida

TB Details

Tested for TB

Result of TB

On TB Treatment

Date of Starting Treatment (AntiTB)

Syphilis Details

Tested for Syphilis

Result of Syphilis

On Syphilis Treatment

Risk Profiling Questions *

Partner Testing

Additional Information

Route of transmission *

Referred By *

Education *

Occupation *

Marital Status *

Live-In Relationship *
 Yes No

Partner Occupation *

Beneficiary Referral To

ART NTEP DSRC

TI

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helpdesk[at]naco[dot]gov[dot]in | +91 8448447006

Post Test Counselling: Pregnancy Details are mandatory to fill by which we will be able to list out the pending pregnancy outcome beneficiaries.

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

ICTC COUNSELLOR– Due List (Follow-Up-ICTC Pregnancy Outcome Due)



SOCH – Strengthening Overall Care for HIV beneficiaries


Surjaprooia (ICTC counsellor)
 Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWIM003
 Last Login - Jun 26, 2024, 9:50:27 AM

Index Testing | Dashboard | Beneficiaries | Pending Results | Infant Lab Tests | Facilities | Reports | Referrals | **Due list** | Users

Follow-Up-ICTC-Beneficiary | Follow-Up-ICTC-Spouse/Partner | Follow-Up-ICTC-Delivery Due | Follow-Up-ICTC-Infant Registration | Follow-up-ICTC-Infant Visit

FILTER APPLY

Download As  

| UID | PID | Name | Sex | Age | Mobile Number | Date of Visit | Category | LMP Date | EXP Delivery Date | Days Passed | Action |
|--------------|-------------------------|----------------|--------|--------------|---------------|---------------|----------|--------------|-------------------|-------------|---|
| U00052641863 | PWSAICTCMNIMW0032412312 | Pregnant Woman | Female | 31 Y 0 M 0 D | 9888787389 | Jun 1, 2024 | Adult | Oct 26, 2023 | Aug 1, 2024 | -36 |  |

Delivery Outcome of Pregnant Women

Name: Pregnant Woman LMP Date: 2023-10-26 Expected Delivery Date: 2024-08-01

Delivery Outcome * Delivery Date *

- select One
- Live Birth-single
- Live Birth-Multiple
- Still Birth
- MTP
- Abortion

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Follow-Up-ICTC Pregnancy Outcome Due:

In this list the PW list populate who are due to record the Pregnancy Outcome.

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

ICTC COUNSELLOR– Add Infant

Ministry of Health & Family Welfare
Government of India

SOCH – Strengthening Overall Care for HIV beneficiaries

Surjapreeya (ICTC counsellor)
 Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWIM003
 Last Login - Jun 27, 2024, 10:48:33 AM

Index Testing
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FICTC Inward Referral
List of Beneficiaries
List of Infants
Add Beneficiaries
Appointments
+

Referred By

Direct Walk-In

General Informations

| | | | |
|---|---|---|---|
| UID | First Name * | Middle Name | Last Name * |
| <input type="text" value="U00052641866"/> | <input type="text" value="Infant"/> | <input type="text"/> | <input type="text" value="Preg Woman"/> |
| Sex * | Date of Birth * | Age * | Category * |
| <input type="text" value="Male"/> | <input type="text" value="5/14/2024"/> | <input type="text" value="0"/> Y <input type="text" value="1"/> M <input type="text" value="13"/> D | <input type="text" value="Infant"/> |
| Mobile Number * | <input type="text" value="1110001111"/> | | |

Infant Details

| | | | |
|--|--|--|--|
| Infant Code | ARV Prophylaxis * | CPT Initiation Date | Feeding Type * |
| DNA-MN-IMW-03-24-232 | <input type="text" value="8 weeks AZT syrup"/> | <input type="text" value="6/11/2024"/> | <input type="text" value="Breastfed"/> |
| Mother ART | Mother | | |
| <input type="text" value="AIIMS, Delhi x"/> | <input type="text" value="TEST BEN NAME :U00007872573"/> | | |

Visit Information

| | | |
|--|----------------------------------|---|
| Visit Date * | Consent Documented? * | PID Number |
| <input type="text" value="6/27/2024"/> | <input type="text" value="Yes"/> | GCSAICTCMNIMW0032423424 |

CANCEL

RESET

SAVE

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+91 8448447006

Add Infant:
 Demographic details,
 Visit Details,
 Mother Details (If
 Positive)

ICTC COUNSELLOR– Sample Collection (DBS & Antibody)

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Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWL...
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Collect Samples | Dispatch Collected Samples | Infant Dispatched Batches | Test Result (DBS) | Test Result (Antibody)

Infant Search

infant

| Infant Code | Infant Info | Action |
|----------------------|---------------------------------------|----------------------------------|
| DNA-MN-IMW-03-24-232 | Infant Preg Woman Male 1 M 13 D | <input type="button" value="+"/> |

Collecting Samples

| Infant Code | Infant Info | Visit Info | Test Type | Action |
|-------------------|-------------|------------|-----------|--------|
| No records found. | | | | |

Infant Lab Test:
Collect Sample
Dispatch Sample
Infant Dispatched Batches
Test Result (DBS)
Test Result (Antibody)

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Index Testing | Dashboard | Beneficiaries | Pending Results | **Infant Lab Tests** | Facilities | Reports | Referrals | Due list | Users

Collect Samples | Dispatch Collected Samples | Infant Dispatched Batches | Test Result (DBS) | Test Result (Antibody)

Infant Search

Search by Name, Infant Code

No records found.

Items per page: 10 0 of 0

Collecting Samples

| Infant Code | Infant Info | Visit Info | Test Type | Action |
|----------------------|---------------------------------------|---|-----------|----------------------------------|
| DNA-MN-IMW-03-24-232 | Infant Preg Woman Male 1 M 13 D | DNA-MN-IMW-03-24-23201 Feeding: Breastfed Visit Date 6/27/2024 | S-DBS-I | <input type="button" value="🗑"/> |

Collect Sample:
Here we can collect the DBS and Antibody sample of the Infant.

'Break the Silos, Build Synergies'

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

Ministry of Health & Family Welfare, Government of India

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Manipur, Imphal West, Ictc Raj Polyclinic, Imphal, MNWI...
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NACO
National AIDS Control Organisation

Index Testing | Dashboard | Beneficiaries | Pending Results | **Infant Lab Tests** | Facilities | Reports | Referrals | Due list | Users

Collect Samples | **Dispatch Collected Samples** | Infant Dispatched Batches | Test Result (DBS) | Test Result (Antibody)

Enter Consignment ID *
AWB009988111

Select Testing Laboratory *
NICED, EID

Dispatch Date *
06/27/2024, 11:17 AM

DISPATCH

Collected Samples

| Infant Code | Infant Info | Visit Info | Test Type |
|----------------------|-------------------------------|---|-----------|
| DNA-MN-IMW-03-24-232 | Infant Preg Woman 1 M 13 D | DNA-MN-IMW-03-24-23201 Breastfed Visit Date: 2024-06-27 | S-DBS-I |

Samples to be Dispatched

| Infant Code | Infant Info | Visit Info | Test Type |
|-------------------|-------------|------------|-----------|
| No records found. | | | |

Dispatch Sample:

Once the DBS sample is collected then it needs to be dispatched to the Linked EID Lab.

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NACO
National AIDS Control Organisation

Index Testing | Dashboard | Beneficiaries | Pending Results | **Infant Lab Tests** | Facilities | Reports | Referrals | Due list | Users

Collect Samples | **Dispatch Collected Samples** | Infant Dispatched Batches | Test Result (DBS) | Test Result (Antibody)

Enter Consignment ID *
AWB009988111

Select Testing Laboratory *
NICED, EID

Dispatch Date *
06/27/2024, 11:17 AM

DISPATCH

Collected Samples

| Infant Code | Infant Info | Visit Info | Test Type |
|-------------------|-------------|------------|-----------|
| No records found. | | | |

Samples to be Dispatched

| Infant Code | Infant Info | Visit Info | Test Type |
|----------------------|-------------------------------|---|-----------|
| DNA-MN-IMW-03-24-232 | Infant Preg Woman 1 M 13 D | DNA-MN-IMW-03-24-23201 Breastfed Visit Date: 2024-06-27 | S-DBS-I |

'Break the Silos, Build Synergies'

ICTC COUNSELLOR– Infant Test Result

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Index Testing | Dashboard | Beneficiaries | Pending Results | **Infant Lab Tests** | Facilities | Reports | Referrals | Due list | Users

Collect Samples | Dispatch Collected Samples | Infant Dispatched Batches | **Test Result (DBS)** | Test Result (Antibody)

FILTER Search by Name APPLY

| Infant Code | Consignment ID | Infant Name | Sex | Age | Date Collected | Test Type | Lab Name | Result Date | Result Value | View | Result Status | Action |
|----------------------|----------------|-------------------|------|----------|----------------|-----------|------------|--------------|--------------|------|---------------|--------|
| DNA-MN-IMW-03-24-232 | AWB009988111 | Infant Preg Woman | Male | 1 M 13 D | Jun 27, 2024 | S-DBS-I | NICED, EID | Jun 27, 2024 | Pending | TRF | ✓ | |

Download As PDF XLS

Test Results (DBS)

The result will be posted by the EID Lab and it will be reflected under the Test Result DBS.

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Index Testing | Dashboard | Beneficiaries | Pending Results | **Infant Lab Tests** | Facilities | Reports | Referrals | Due list | Users

Collect Samples | Dispatch Collected Samples | Infant D | body)

FILTER Search by Name

Result Action

Infant UID
U00052640899

Infant Name
new name

Result Date *
6/27/2024

Result *
Select

CANCEL SAVE

| Infant Code | Infant Name | Sex | Age | Result Date | Result Value | Next Follow-Up | Action |
|-----------------------|-------------------|------|-----------|--------------|--------------|----------------|--------|
| DNA-MN-IMW-03-24-657 | new name | Male | 9 M 21 D | Jun 27, 2024 | Pending | N/A | |
| DNA-MN-IMW-03-24-687 | test ost | Male | 1 Y 9 M D | Mar 1, 2024 | Positive | N/A | |
| DNA-MN-IMW-003-24-888 | Suraj Kumar Singh | Male | 2 Y 0 M D | Jun 27, 2024 | Pending | N/A | |
| DNA-MN-IMW-003-24-676 | Suraj Kumar Singh | Male | 1 Y 9 M D | Feb 29, 2024 | Positive | N/A | |

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Test Result (Antibody)

The Antibody sample testing is done at ICTC then it will be record under the Test Result Antibody by the ICTC.

'Break the Silos, Build Synergies'

ICTC COUNSELLOR— Refer to ART

Result Action - ART Refer (HIV Status: Positive) ✕

Infant UID: U00052641866 Infant Name: Infant Preg Woman ART * Select

| Visit Date | Age on Test | Feeding Type | Test Type | Result |
|------------|-------------|--------------|-----------|----------|
| 2024-06-27 | 1 M 13 D | Breastfed | S-DBS-I | Positive |
| 2024-06-27 | 1 M 13 D | Breastfed | C-DBS-I | Positive |

- AIIMS BHOPAL
- AIIMS, Delhi
- American International Institute of Medical Science

REFER TO ART


| Lab Name | Test Report |
|------------|-------------|
| NICED, EID | |
| NICED, EID | |

CLOSE

**Refer to ART:
Test Results (DBS)**
If both the sample is Positive then it can be referred to ART Centre.


Test Result (Antibody)
If the Antibody Sample is positive then we have to do the DBS for the confirmation if the Infant age greater than 18 months then it can be directly referred to the ART Centre.

DSRC COUNSELLOR— Add Beneficiary



SOCH – Strengthening Overall Care for HIV beneficiaries

kumar (DSRC counsellor)
 DSRC - DH - TANDUR, SDLST2806000605560
 Last Login - Jun 25, 2024, 10:28:24 PM



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List of Infants
Add Beneficiary
Appointments

Beneficiary Link Details ✓

Linked With Another Centre *

Yes No

General Details ✓

| | | | |
|---|---|---|-------------------------------------|
| DSRC Beneficiary Code * | First Name * | Middle Name | Last Name * |
| PWDSRGTGVKR00124 <input type="text" value="09878"/> | <input type="text" value="Preg"/> | <input type="text" value="Enter Middle Name"/> | <input type="text" value="Woman"/> |
| Sex * | Date of Birth * | Age * | Category * |
| <input type="text" value="Female"/> | <input type="text" value="26/06/2001"/> | 23 <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="D"/> | <input type="text" value="Adult"/> |
| Country | Address Line 1 | Address Line 2 | State * |
| <input type="text" value="India"/> | <input type="text" value="CP"/> | <input type="text" value="Lane"/> | <input type="text" value="DELHI"/> |
| District * | Subdistrict / Taluk | Town / Locality | Pincode |
| <input type="text" value="CENTRAL"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> | <input type="text" value="110001"/> |
| Mobile Number | <input type="text" value="987766532"/> | | |

Visit Information ✓

| | | |
|---|---|---|
| Registration Date * | Is Beneficiary An HRG ? | TB Symptoms |
| <input type="text" value="26/06/2024"/> | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Pregnancy Details ✓

| | | | |
|----------------------------------|---|---|---------------------------------------|
| Is Pregnant? * | Type Of Case * | LMP | Month of Pregnancy Completed (Months) |
| <input type="text" value="Yes"/> | <input type="text" value="ANC"/> | <input type="text" value="26/10/2023"/> | <input type="text" value="0"/> |
| EDD | <input type="text" value="01/08/2024"/> | | |

Additional Information ✓

| | | | |
|---|--|--------------------------------------|----------------------------------|
| Occupation * | Education * | Marital Status * | Is Counselling Done? |
| <input type="text" value="Service (Govt. Pvt.)"/> | <input type="text" value="College and above"/> | <input type="text" value="Married"/> | <input type="text" value="Yes"/> |

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Add Beneficiary:
 Demographic
 details,
 Visit Details,
 Pregnancy
 Details &
 Additional
 Information

‘Break the Silos, Build Synergies’

Training Module for Elimination of Vertical Transmission of HIV & Syphilis-2024

DSRC COUNSELLOR– Due List (Pregnancy Outcome Due)

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kumar (DSRC counsellor)
 DSRC - DH - TANDUR, SDLST2806000605560
 Last Login - Jun 25, 2024, 10:28:24 PM

Index Testing | Dashboard | Beneficiary | Clinical Treatment | Users | Referral | Inventory | **Due List** | Default Facilities

Partner Followup | **Delivery Due**

FILTER U00052641864 APPLY

| UID | DSRC Code | Name | Sex | Age | Mobile Number | Registration Date | Category | LMP Date | EXP Delivery Date | Days Passed | Action |
|--------------|-----------------------|------|-----|-----|---------------|-------------------|----------|------------|-------------------|-------------|--------|
| U00052641864 | PWDSRCTGVKR0012409876 | Preg | | | | | | 26/10/2023 | 01/08/2024 | -36 | |

Delivery Outcome of Pregnant Women

UID: U00052641864
 Name: Preg Woman
 LMP Date: 26/10/2023
 Expected Delivery Date: 01/08/2024

Delivery Outcome:
 Select one
 Live Birth-single
 Live Birth-Multiple
 Still Birth
 MTP
 Abortion

Date Of Delivery:
 DD/MM/YYYY

SAVE CANCEL

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Pregnancy Outcome Due:

In this list the PW list populate who are due to record the Pregnancy Outcome.

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DSRC COUNSELLOR— Add Infant

SOCH – Strengthening Overall Care for HIV beneficiaries

kumar (DSRC counsellor)
 DSRC - DH - TANDUR, SDLST2806000605560
 Last Login - Jun 25, 2024, 10:28:24 PM

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List of Beneficiaries
List of Infants
Add Beneficiary
Appointments

Beneficiary Link Details ✓

Linked With Another Centre ▾

Yes No

General Details

| | | | |
|--|---|--|--|
| DSRC Beneficiary Code ▾ | First Name ▾ | Middle Name | Last Name ▾ |
| GCDSRCTGVKR00124 <input type="text" value="Enter 5 digits"/> | <input type="text" value="Enter First Name"/> | <input type="text" value="Enter Middle Name"/> | <input type="text" value="Enter Last Name"/> |
| Sex ▾ | Date of Birth ▾ | Age ▾ | Category ▾ |
| <input type="text" value="Select"/> | <input type="text" value="26/06/2024"/> | <input type="text" value="0"/> Y <input type="text" value="0"/> M <input type="text" value="0"/> D | <input type="text" value="Infant"/> |
| Country | Address Line 1 | Address Line 2 | State ▾ |
| <input type="text" value="India"/> | <input type="text" value="Enter Address Line 1"/> | <input type="text" value="Enter Address Line 2"/> | <input type="text" value="TELANGANA"/> |
| District ▾ | Subdistrict / Taluk | Town / Locality | Pincode |
| <input type="text" value="VIKARABAD"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> | <input type="text" value="Enter pincode"/> |
| Mobile Number | <input type="text" value="Enter Mobile Number"/> | | |

Visit Information ✓

Registration Date ▾

Infant Details

| | | |
|--|---|--|
| Infant Code ▾ | Mother DSRC | Mother Name |
| DNA-TG-VKR-001-24- <input type="text" value="Enter 3 digits"/> | <input type="text" value="DSRC - DH - TANDUR"/> | <input type="text" value="Preg Woman:U00052641864"/> |

CANCEL
RESET
SAVE


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Infant Registration:


Once the pregnancy outcome is recorded the Add Infant page will be automatic opened to do the registration in which age and the mother details will be prefilled.

ART COUNSELLOR– Beneficiary List


 Ministry of Health & Family Welfare
 Government of India

SOCH – Strengthening Overall Care for HIV beneficiaries

B Manikanta Kumar (ART Data manager)
 AH, Chirala, Prakasam, AP/ART/47
 Last Login - Jun 27, 2024, 11:48:33 AM


 National AIDS Control Organisation

Dashboard
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Add Beneficiary
Beneficiary List
Transfers
LAC Beneficiaries
ICTC Referred

FILTER

APPLY

Download As

4406 Records

| # | UID | Beneficiary Name | Sex | Age | Pre ART No | ART No | Status | Action |
|----|------------------------------|---------------------|--------|---------------|------------|---------|------------------------------|--------|
| 1 | U00052641867 | evths test | Female | 32 Y | 20012 | | ART Preparedness Counselling | ⋮ |
| 2 | U00052641418 | Britney Madona | Female | 24 Y 15 D | 1011 | | ART Preparedness Counselling | ⋮ |
| 3 | U00052641323 | Lalit M | Male | 23 Y 5 M 26 D | dfd | | ART Preparedness Counselling | ⋮ |
| 4 | U00051683328 | TEST BEN NAME PREG | Female | 34 Y 5 M 30 D | 4519 | OA4292 | On-ART | ⋮ |
| 5 | U00051682281 | TEST BEN NAME | Male | 45 Y 5 M 30 D | 4518 | OA4291 | On-ART | ⋮ |
| 6 | U00051519120 | TEST BEN NAME | Female | 42 Y 6 M 1 D | 4516 | OA4290 | On-ART | ⋮ |
| 7 | U00051157574 | TEST BEN NAME | Male | 55 Y 6 M 7 D | 4513 | OA4287 | On-ART | ⋮ |
| 8 | U00051050828 | TEST BEN NAME lastd | Female | 23 Y 6 M 9 D | 4512 | OA4285 | On-ART | ⋮ |
| 9 | U00051023183 | TEST BEN NAME | Female | 46 Y 6 M 9 D | 4511 | OA4284 | On-ART | ⋮ |
| 10 | U00050636294 | TEST BEN NAME | Male | 3 Y 6 M 15 D | 114P | OA0111P | On-ART | ⋮ |

Edit
 Partner Linkage
 UID Linkage
 Delete
 Whitecard

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Beneficiary List:

All the ART registered beneficiary records will populate here.

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ART COUNSELLOR— Add Pregnancy Details

Dashboard Beneficiaries Beneficiary Counselling Inventory Management Index Testing Transit/PEP Visit Link ART Reports Potential LFU
🔔 🗄 ⚙️ 🚪 Logout

Add Beneficiary Beneficiary List Transfers LAC Beneficiaries ICTC Referred Appointments CDSS Scenarios

Other Information

| | | | |
|---|---|--|--|
| Entry Point <input type="text"/> | Risk Factor for HIV <input type="text"/> | Education Middle/Lower Secondary | Occupational Status Skilled Worker |
| Weight (in kg) <input type="text"/> | Height (in cm) <input type="text"/> | Beneficiary account name <input type="text"/> | Beneficiary account number <input type="text"/> |
| Beneficiary Bank details (IFSC) <input type="text"/> | Next Visit Date <input type="text"/> | Assign To <input type="text"/> | Social Welfare scheme Select |

Family Information (of the Beneficiary)

| | | | |
|-----------------------------------|---|--|--|
| Pregnant Now Yes | Type of Case ANC | LMP 29/02/2024 | Estimated monthly household income <input type="text"/> |
| Marital Status Never Married | Live-In Relationship <input type="radio"/> Yes <input checked="" type="radio"/> No | Delivery OutCome <input type="text"/> | Referred to PPTCT <input type="text"/> |
| PAP Smear <input type="text"/> | Other Remarks(pregnancies and PPTCTprophylaxis) <input type="text"/> | | |

Risk Assessment (Covid-19)

| | |
|--|--|
| Is the PLHIV experiencing ILI(Influenza Like Illness) Symptoms like Cough, Fever, Cold, Sore throat, Difficulty in Breathing? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A | Did the PLHIV had any contact with Covid-19 positive beneficiaries in the last 14 days? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
|--|--|

Outward Referral Details

| | | |
|---|--|-------------------------------|
| Is OutwardReferral <input checked="" type="radio"/> Yes <input type="radio"/> No | Referred Facility Type BSD -ICTC Facility x | Referred To AIIMS Bhopal x |
|---|--|-------------------------------|

- AIIMS (ALL INDIA INSTITUTE OF MEDICAL SCIENCES)
- AIIMS Bhopal
- AIIMS Guwahati
- AIIMS-ICTC

DELETE CANCEL UPDATE

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Updating Pregnancy Details:
 The pregnant beneficiary profile can be edited from the Beneficiary List. Under the Family Information section mark the beneficiary as pregnant followed by the type and LMP. Once updated the referral to the ICTC facility should be entered for the pregnancy follow-up by the.



National AIDS Control Organisation

India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
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Thank You

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