



**National Programme on  
Elimination of Mother to Child  
Transmission of  
HIV and Syphilis in Sri Lanka**

**A Guide for  
Maternal and Child  
Healthcare Staff**



**NATIONAL  
STD/AIDS  
CONTROL  
PROGRAMME**



**Ministry of Health**



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Elimination of Mother to Child  
Transmission of HIV and Syphilis  
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**A Guide for  
Maternal and Child Healthcare  
Staff**



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## Abbreviations

<b>AIDS</b>	-	<b>Acquired Immunodeficiency Syndrome</b>
<b>ANC</b>	-	<b>Antenatal Care</b>
<b>ARV</b>	-	<b>Antiretroviral</b>
<b>EMTCT</b>	-	<b>Elimination of Mother to Child Transmission</b>
<b>FHB</b>	-	<b>Family Health Bureau</b>
<b>HCW</b>	-	<b>Health Care Worker</b>
<b>HIV</b>	-	<b>Human Immunodeficiency Virus</b>
<b>IEC</b>	-	<b>Information, Education &amp; Communication</b>
<b>MCH</b>	-	<b>Maternal and Child Health</b>
<b>MLT</b>	-	<b>Medical Lab Technician</b>
<b>MO</b>	-	<b>Medical Officer</b>
<b>MOH</b>	-	<b>Medical Officer of Health</b>
<b>MOMCH</b>	-	<b>Medical Officer Maternal and Child Health</b>
<b>MTCT</b>	-	<b>Mother to Child Transmission</b>
<b>NSACP</b>	-	<b>National STD / AIDS Control Programme</b>
<b>PHI</b>	-	<b>Public Health Inspector</b>
<b>PHM</b>	-	<b>Public Health Midwife</b>
<b>PHNS</b>	-	<b>Public Health Nursing Sister</b>
<b>POA</b>	-	<b>Period of Amenorrhea</b>
<b>RMSD</b>	-	<b>Regional Medical Supplies Division</b>
<b>SPHM</b>	-	<b>Senior Public Health Midwife</b>
<b>STI</b>	-	<b>Sexually Transmitted Infections</b>

# **Targets and Indicators**

## Targets and indicators

### The targets to be reached

- Reduce mother to child transmission of HIV to <50 cases/100,000 live births
- Maintain the incidence of congenital syphilis at <50 cases/100,000 live births

➤ **The following indicators will be used for validation of EMTCT of HIV and Syphilis**

### Impact indicators

- Case rate of new paediatric infections due to MTCT <50/100,000 live births

### Process indicators

- Antenatal care (ANC) coverage (at least 1 visit) of  $\geq 95\%$
- Coverage of HIV and syphilis testing of pregnant women  $\geq 95\%$
- Antiretroviral (ARV) coverage of HIV positive pregnant women  $\geq 90\%$
- Treatment of syphilis sero-positive pregnant women of  $\geq 95\%$

**Testing of pregnant  
women for Syphilis and  
HIV  
:ANC Package**

## **Antenatal Clinic**

### **How to introduce syphilis and HIV services to Antenatal clinic attendees?**

Syphilis and HIV services should be introduced to the pregnant women during the booking visit (First visit).

A general health talk given on the first day should cover the importance of screening for anaemia, grouping and Rh, urine full report, syphilis and HIV. The message given should be uniform and MCH staff can use available CD and booklet (Annex1).

The leaflet on PMTCT (Annex2) should be available in ANC clinic settings. The poster on PMTCT (Annex3) should be displayed in the waiting area of clinic premises.

### **What are the tests offered in the ANC service package?**

VDRL and HIV tests will be offered in the same screening package with Haemoglobin, Grouping and Rh and Urine Full Report.

VDRL/HIV tests will be offered to pregnant women on voluntary basis. Following adequate information on MTCT of syphilis and HIV, if a pregnant woman is not willing to undergo tests for VDRL and HIV health care workers have to respect her decision.

She should be explained that her decision does not carry any impact on the provision of ANC services by the MCH staff.

### What criteria decide taking a blood sample for VDRL and HIV?

During the first visit 5cc of blood sample will be collected from all pregnant women who attends ANC clinic.

### Labelling and preparation of tubes

The tubes need to be arranged with proper labels prior to the clinic session. The ANC clinic number of the patient should be written clearly on the label.

At the time of collection of blood from the pregnant mother, to prevent any mix up, ANC clinic number should be checked with the ANC record and the name of the pregnant woman. HCW should make sure the blood sample belongs to the pregnant woman who has the same ANC number.

The laboratory request form (Annex4) needs to be filled in triplicate. A responsible officer should enter details of all the samples collected on the given day in the laboratory request form appropriately giving details of age, POA, parity. At the end, check whether the number of blood samples tally with the number given in the request form.



Care need to be taken to prevent any mistake as any mix up may cause adverse outcomes which are difficult to correct later.

At the same time enter details of syphilis and HIV screening in the pregnancy record H512. Under syphilis screening indicate the POA and the date of blood collection. In the cage **“blood samples taken for HIV screening”** mark as **“YES”**.

How are the samples sent to the laboratory?

The samples correctly packed in a proper container can be transported in official, private or public transport. This should be sent with two copies of laboratory request forms. One copy should be filed at the ANC clinic for future reference.

**Logistics  
at the  
ANC Clinic**

### What are the logistic needs at the ANC clinic?

Vacutainer tubes are available through RMSD. MO MCH will take necessary measures to provide request forms, disposable syringes etc. The logistics such as gloves, disposable syringes and needles, sharps bins, sticky Labels, registers, request forms, boxes to transport samples need to be made available.

### Standard precautions at the ANC clinic

Proper standard precautions need to be practiced while handling blood samples.

Following items need to be made available at the ANC clinic to facilitate proper infection control practices. (Gloves, Disposable syringes and needles, Sharps bins, Water, Hand wash/ soap, Swabs, Plasters)

### Guideline for collection, storage and transport of blood (Annex5)

The guideline for collection of blood, storage and transport of blood need to be displayed at the ANC clinic and MCH staff should be trained on the procedure.

**Registers  
Maintained at the  
ANC clinic**

**ANC VDRL/HIV register** (Annex6) should be maintained by a responsible health care worker at the MOH office/ANC clinic. The register should have information on ANC clinic address/ Date/ Sample number/ Total number of samples collected/Blood collected by whom/ Date of dispatch of samples (to the lab/ centre) /Dispatch of sample by whom/ Results VDRL and HIV (within two weeks) further management / Remarks

**Sample delivery book** (Annex7) need to be maintained at the MOH office regarding transport of specimens. ANC clinic address, Date, Total number of samples, Delivered by whom, Received by whom, STD clinic, Number of samples reported as haemolysed. Samples can be sent to STD clinic by staff members using official/ public/ private/ hired transport along with specimen forms and delivery book.

## Checklist for ANC clinic

Introduce syphilis and HIV services to Antenatal clinic

(Tick the box on right)

On the booking visit	
1. A general health talk on service package	
2. Leaflet on PMTCT	
3. The poster on PMTCT displayed	
4. Health talk on Syphilis and HIV using CD & Booklet	

Tests offered in the ANC service package?

1. Haemoglobin,	
2. Grouping and Rh	
3. Urine Full Report	
4. Blood Sugar	
5. Malaria blood film	
6. VDRL	
7. HIV	

Blood sample for VDRL and HIV

on voluntary basis	
5cc of blood sample	

Labelling and preparation of tubes

1. ANC clinic number	
2. Name	
3. Age	
4. POA	
5. Parity	
6. Date of sample collection	
7. ANC clinic No. checked with ANC record	
8. 3 copies of laboratory request forms filled	
9. Blood sample checked with request form	
10. Syphilis screening (POA, Date of collection) entered in Pregnancy record	
11. HIV screening entered in Pregnancy record	

Samples sent to the laboratory

Samples sent with 2 copies of request forms	
1 copy of request form filed at ANC clinic	

Logistic needs at the ANC clinic

1. Gloves	
2. Disposable syringes	
3. Disposable needles	
4. Vacutainer tubes	
5. Sharp bins	
6. Registers	
7. Request forms	
8. Sample transporting boxes	
9. Water	
10. Hand wash/soap	
11. Swabs	
12. Plasters	

Standard precautions practiced at the ANC clinic

1. Wearing Gloves	
2. Disposable syringes	
3. Disposable needles	
4. Sharp bins	



5. Hand washing	
6. Swabs for puncture sites	

Guideline for collection, storage and transport of blood

1. Guideline for collection, storage & transport of blood displayed at ANC clinic	
2. No of MCH staff trained on the procedure	

Registers maintained at the ANC clinic

1. ANC VDRL/HIV register	
2. Sample delivery book	

ANC receives VDRL/HIV reports

1. Reports received within two weeks	
2. VDRL/HIV reports entered in ANC register	
3. VDRL report entered in Pregnancy record	
4. Mother informed about VDRL/HIV status	
5. Confidentiality maintained	
6. Restricted access to Registers	

7. Procedure to trace the mothers	
8. Mothers counseled& reassured by MOH	
9. Attendance of mothers to STD clinic ensured	

Infection Control Nurse in Tertiary Care Hospitals

1. Registers maintained	
2. Letters filed	
3. Record on tracing pregnant women (CR book)	
4. Circulars on:	- PEP
	- EMTCT
	- HIV

# **Laboratory**

Samples will be received by a responsible officer of the STD clinic lab after making sure that the request form tallies with the available blood samples. If there are errors (missing numbers or extra numbers) the relevant officers should be informed immediately. It is important to make sure that there is no mixing up in of samples during the delivery process as it is essential to give the correct report to the correct individual.

Samples should be stored in refrigerator if there is a delay in dispatch. If there is a delay of 48—72 hours, serum should be separated and sent.

### **Logistics at the Laboratory**

- Regular supply of Test kits – NSACP will provide test kits regularly to the STD clinic laboratory based on the requirement and estimates.
- Equipment – Provincial authorities will take action to make available resources to area STD clinics including human and material and also to maintain necessary equipment in working order.

### How is quality assessed?

Peripheral STD clinic laboratories routinely participate in the quality assurance system organized by the national reference laboratory of the NSACP.

All MLTs are given pre-service training at the reference laboratory and regular in-service training is continued. Accepted testing algorithms are used in testing (Annex 8). Reporting formats are maintained in the laboratory according to the instructions given by the national reference laboratory.

### Collection of HIV/VDRL reports from STD clinic laboratory

Reports should be collected by the MOH clinic staff regularly. To avoid delays in collecting reports, communicate with the laboratory on the subject.

All negative reports will be issued from the STD clinic in the routine procedure. Treponemal test positives or HIV positive results will be informed to the relevant authorities by phone followed by the official letter.

### How long does it take to release reports by the lab?

Efforts are taken to issue reports as early as possible. District team should discuss and organize the plan. ANC clinic staff

should collect reports from the STD clinic without delay after tests are done.

### What happens to haemolysed samples?

If samples are haemolysed it will be informed in the report. Measures should be taken to send repeat samples for all haemolysed specimens without delay.

### ANC receives VDRL/HIV reports

All the VDRL/HIV reports should be correctly filed and entered in the register as well. Responsible health care worker/PHNS/SPHM should go through the VDRL reports and enter negative and positive reports in the ANC register. The VDRL results need to be entered in the pregnancy records as “NR” or “R”. All pregnant women should be made aware of their HIV/VDRL test results. Care should be taken to maintain confidentiality in entering reports in to records and registers. HCW at the ANC clinic need to be given adequate understanding regarding confidentiality issues and maintaining registers with limited access to only relevant authorities. All the records should be kept under lock and key under the supervision of a responsible officer.

MOH will organize to trace the mother with the assistance of the staff while maintaining confidentiality. Mother will be appropriately counseled and reassured by the MOH before referring to STD clinic. MCH staff should make sure that the pregnant woman has attended the STD clinic without delay.

What action should be taken if there is a delay?

If there is a delay to receive the reports the MOH or PHNS should check with the STD clinic and try to get results early. Early testing helps to organize best management.

What happens to VDRL Reactive reports?

VDRL can be reactive due to two reasons:

1. Treponemal infection
2. Biological false positive reaction

All VDRL reactive samples will be subjected to confirmatory tests with TPPA testing. If a pregnant woman has reactive VDRL result with a negative TPPA result, it can be considered as a **biological false positive reaction**. Biological false positive status should be documented in the **“if (R) date of referral”** cage.

When treponemal test becomes positive the reports will be informed by the Consultant/MO of the STD clinic to the

relevant officers of the ANC clinic, requesting to refer the pregnant mother to STD clinic as early as possible for further management. Date of referral should be documented in the cage, **“If (R) date of referral”**.

### What happens to HIV negative report?

HIV negative results will be entered in the pregnancy record.

### What happens to reactive HIV reports in screening?

All HIV screening reactive mothers need further testing for confirmation. When screening test becomes reactive, Consultant/MO of the STD clinic will inform the relevant officers of the ANC clinic, both by phone and formally through a letter requesting to refer the pregnant mother to the STD clinic for further testing. However due to confidentiality issues HIV positive results are not entered in the pregnancy record but the pregnant woman will be informed of the results.

All screening reactive mothers will be counseled and confirmatory tests will be arranged at the STD clinic. Like in VDRL test, HIV screening test results also can be reactive either due to true HIV infection or due to false positivity. Therefore HIV screening test positive pregnant woman **should not** be identified as “HIV positive” till the confirmatory test results are available.



# **STD Clinic**

## Management of the pregnant woman

The pregnant woman will be managed according to the guidelines. The Consultant/MO should take adequate time to counsel the mother regarding the importance of proper management for elimination of MTCT of syphilis and/or HIV.

When a pregnant woman is referred to the STD clinic the necessary investigations will be done and treatment will be started immediately according to the guidelines including partner management and screening of children. Pregnant women should be managed paying extra care to provide appropriate treatment and follow up till delivery as elimination of mother to child transmission of HIV and syphilis is the main objective. Details of patient management will be informed to the responsible VOG/MOH.

Consultant/Medical officer and PHNS should pay attention to make sure that the treatment is given and partner too has been managed. Regular follow up is needed. If the woman fails to attend the clinic defaulter tracing need to be done without delay.

Details of pregnant woman should be entered in the relevant registers, forms and data collection sheets (Excel sheets).

Who coordinates with VOG or care giver at the hospital?

Delivery should occur preferably at the tertiary care unit having services of an obstetrician and a paediatrician. Consultant Venereologist/MO STD clinic need to coordinate management of the mother and baby with the obstetric unit to eliminate possible MTCT of HIV or syphilis.

## **Management of infant exposed to syphilis**

### **After delivery –**

When the baby is born, irrespective of the mother's treatment status baby should be given prophylactic penicillin 50,000IU/Kg body weight as a single dose. Baby's blood need to be sent to the closest STD clinic for VDRL, TPPA, EIA IgM along with a blood sample of the mother for VDRL test.

## **Management of infant exposed to HIV**

At birth baby's blood need to be sent to NSACP for viral load testing and start on antiretroviral prophylaxis for 6 weeks. BCG, oral polio and other live vaccines have to be delayed till the exclusion of baby's HIV status by negative DNA PCR tests. Till baby's HIV status is excluded EPI vaccinations can be continued with injectable polio vaccines. Following exclusion of HIV infection, BCG vaccination need to be arranged early and baby can continue with the rest of EPI schedule.

### **Infant feeding practices**

Infants born to HIV infected mothers may escape HIV infection during pregnancy and delivery but remain vulnerable to transmission through breast feeding. The only method known to completely eliminate breast feeding associated HIV transmission is to avoid breast feeding. This is recommended in settings in which infant replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) where clean water is widely available, hygiene and sanitation conditions are good and death due to diarrheal and other infectious conditions are relatively uncommon.

Infant feeding in the context of HIV is complex because of the major influence that feeding practices exert on child survival. In Sri Lanka, the most appropriate infant feeding option for an HIV

positive mother depend on her individual circumstances, including her health status and the local situation, the health services available and the counseling and support she is likely to receive. The expectant mother is counseled by a counsellor who has adequate knowledge on the safer feeding options that are currently recommended. Counseling is done by Venereologist and Paediatrician. For mothers who decide on formula feeding, formula milk is provided free of charge for one year by a non-governmental organization through NSACP.

### Delivery site

At the time of admission of pregnant women for delivery, pregnancy record need to be checked routinely, for details of VDRL and HIV test results. If the results are incomplete VDRL and HIV tests has to be arranged immediately. If mother has been managed for syphilis or HIV during pregnancy, the mother and the baby need to be referred to the closest STD clinic before being discharged.

### Miscarriages / still births / foetal wastage

When a pregnant woman is admitted with adverse outcomes of pregnancy, the pregnancy record need to be checked for details of VDRL and HIV test results. If the results are incomplete VDRL and HIV tests have to be arranged immediately.

### Contraception for women living with HIV

Women living with HIV, like other women wish to get pregnant, plan their pregnancy or avoid pregnancy. Health care workers should support them in their reproductive choices by counselling and providing appropriate contraception provision at the time of diagnosis and follow up.

Contraceptive choice is related to the range of methods available, couple choice, method effectiveness with ARV and side effects. Dual protection, the simultaneous use of an effective contraceptive method with consistent condom use is advised to reduce the risk of unplanned pregnancy as well as to prevent transmission of HIV. Oral, injectable and implantable hormonal contraceptive methods, Intra uterine device are all suitable temporary methods. Women who had completed their families and willing to undergo permanent sterilization can be referred to appropriate places for permanent sterilization methods.

Pregnant women with HIV and her partner need to be counselled prior to delivery and should be offered with a suitable family planning method to be started immediately after delivery.

## **Ethical Issues**

### **Nonjudgmental attitude**

Attitude of the HCW affects quality of services offered to patients. HCW should not carry their personal views on sexuality and sexual practices when they manage patients.

HCW need to assess their own attitude towards STI/HIV and persons affected by STI/HIV. It is important to develop nonjudgmental attitude where HCW do not judge people or patients who seek medical services based on their appearance, behaviour, age, profession or illness. The staff should be able to understand the different situations and empathize and be tolerant while managing patients.

As a professional involved in medical care, HCW are not expected to discriminate people who seek services according to their illnesses or behaviours.

Patients or health care seekers easily identify negative attitudes of the staff and feel uncomfortable to ask for help. It is important to make them feel at ease in the clinic or ward environment. Staff members who are not directly involved in patient care such as office workers, cleaners, diet clerks etc. too should be given adequate training to maintain confidentiality and importance of nonjudgmental attitude.



### Maintenance of confidentiality

Health care workers are bound by professional ethics which include maintenance of confidentiality. It is important to maintain 100% confidentiality of all pregnant women who come for ANC services. Staff should be aware of the legal requirement with regard to maintenance of confidentiality in every clinic activity including record keeping etc.

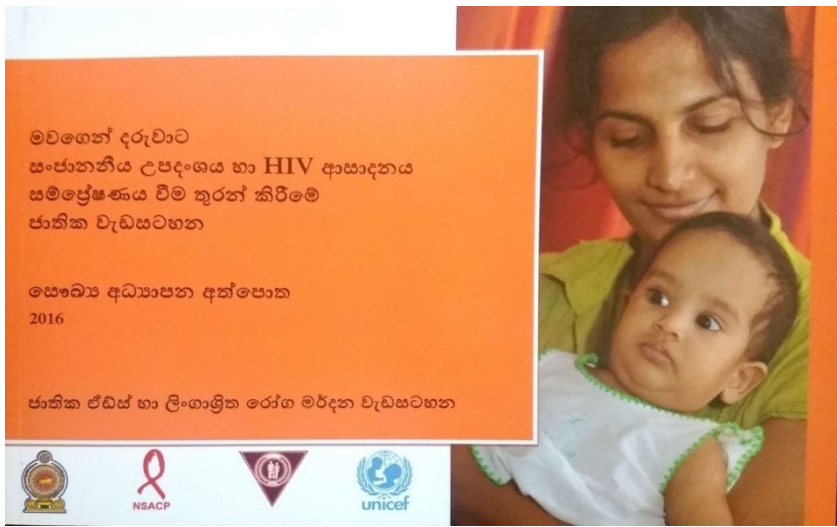
MOH and the staff are important members of the team providing services to pregnant women with HIV. Good coordination, confidential communication and shared responsibility are very important aspects in the management of pregnant woman. Ensure privacy and confidentiality during consultations and reassure the woman that her HIV status will be kept confidential. Explain the woman who the information will be shared with. Explain her that she will have to follow routine antenatal clinic visits. Health care providers should ensure that pregnant women with HIV are provided antenatal care, labour and delivery care and postpartum services in a user-friendly environment. The MOH and the staff should take all measures to maintain confidentiality and prevent stigma and discrimination.

## Training needs of Primary health care staff and institutional staff

- Confidentiality issues
- Attitude
- Improve knowledge on services available
- Proper communication
- Health talk
- Handling sensitive issues

# **ANNEXURES**

## Annexure 1 – CD and Booklet



**Annexure 2.1 – EMTCT Leaflet**

- අදාල පරීක්ෂණයන් කර ගැනීමෙන්
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- ඔබේ පැතුම ඉටු වේ.

**ඔබේ වගකීම වනුයේ**

ගැබ්ගත් බව දැනගත් වහාම

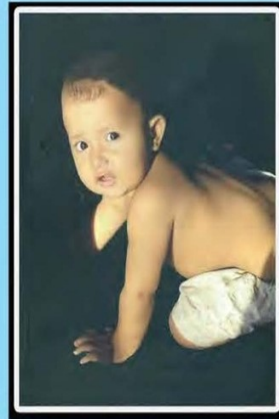
- සායනයට පැමිණීම
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 දුරකථන - 011-2667163



**ඔබේ පැතුම**  
**සැබෑ වීමට නම්**



**සෑම කාන්තාවකගේම පැතුම**  
**නිරෝගී දරු සම්පතකි.**

ඒ සඳහා මව් සායනයේදී  
 සිදු කරනු ලබන පරීක්ෂණ කරවා ගැනීම  
 මවක වන ඔබගේ වගකීමයි.

## Annexure 2.2 – EMTCT Leaflet

### සායනයේදී මුත්‍රා හා රුධිරය පරීක්ෂා කල යුත්තේ ඇයි ?

■ මුත්‍රා වල ඇල්බියුමින් ප්‍රෝටීන ඇන්දැයි පරීක්ෂා කර එමගින් ගර්භවිෂ රෝග කල්තියා හඳුනා ගෙන පිළියම් කළ හැක.



මව් සායනයේ දී ගනු ලබන රුධිර සාම්පල මගින් පහත සඳහන් සියලුම පරීක්ෂාවන් සිදුකර ගත හැකිය.

- රුධිර වර්ග හා ආර්.එච් ඝනක (Grouping & Rh)
- ගිමොග්ලොබින් (Hb)
- රුධිරයේ සීනි පරීක්ෂණය (Blood Sugar)
- වි.ඩී.ආර්.එල්. පරීක්ෂණය (VDRL)
- එච්.අයි.වී. පරීක්ෂණය (HIV)

### රුධිර වර්ග හා ආර් එච් ඝනක (Grouping & Rh)

දරු පුසුතියට පෙර ඔබගේ රුධිර වර්ගය කුමක්දැයි දැන ගැනීමෙන් දරු පුසුතියේදී යම් අවස්ථාවක රුධිරය ලබා දීමට අවශ්‍ය වුවහොත් ඔබට අවශ්‍ය රුධිරය පහසුවෙන් ලබා දිය හැකිවේ.

### ගිමොග්ලොබින් (Hb)

ගිමොග්ලොබින් අඩු බව කල්තියා දැන ගැනීමෙන් නිරක්ෂයෙන් සිදුවන අහිතකර බලපෑම් වලක්වා ගැනීමට පියවර ගත හැකිය.

### රුධිරයේ සීනි පරීක්ෂණය (Blood Sugar)

මෙය පළමු සායනයට පැමිණි අවස්ථාවේ දී සහ නැවත සති 24-28 (මාස 6-7) තුළ පරීක්ෂා කරවා ගැනීමෙන් දියවැඩියා රෝගය පහසුවෙන් හඳුනාගෙන ඉන් සිදුවිය හැකි අහිතකර බලපෑම් වලක්වා ගත හැකිය.

### වී.ඩී.ආර්.එල් (VDRL) පරීක්ෂණය

උපදංශ (සිරිලිස්) රෝගය හඳුනා ගැනීම සඳහා කෙරෙන මූලික පරීක්ෂාවකි. නිසි ප්‍රතිකාර මගින් රෝගය සුව කළ හැකි අතර එමගින් මවගෙන් දරුවාට රෝගය බෝවීමද වැලැක්වේ.

### එච්.අයි.වී (HIV) පරීක්ෂණය

HIV ආසාදනය වී ඇතිබව තහවුරු වුවහොත් නිසි ප්‍රතිකාර මගින් මවගේ රෝගී තත්වය පාලනයකළ හැකිය. දරුවාට රෝගය වැළඳීමට ඇති හැකියාව මුළුමනින්ම වැලැක්වීම සඳහා අවශ්‍ය සියලුම සේවාවන් ලබා ගත හැකිය.

**Annexure 3 – EMTCT Poster**

**ඔබේ ආදරණීය බිලිඳුව  
HIV ආසාදනයෙන් තොර සුරක්ෂිත හෙට දුවසක්...**

**HIV වෛරසය කිසිදු රෝග ලක්ෂණයක් නොපෙන්වා ඔබ තුළ  
සැඟවී සිටිය හැකිය.**

**එය දැන ගත හැකිවන්නේ රුධිර පරීක්ෂණයකින් පමණි.**



**උපදින බිලිඳා HIV ආසාදනයෙන් වලක්වා ගනිමු.**

**ඒ සඳහා අවශ්‍ය සියලුම සේවාවන් නොමිලේ ලබා ගත හැකිය.**

**ඔබගේ සියලු තොරතුරුවල රහස්‍යභාවය සම්පූර්ණයෙන්ම ආරක්ෂා කෙරේ.**

**ඔබත් අදම HIV රුධිර පරීක්ෂාවක් කර ගන්න.**



## Annexure 4

### NATIONAL STD/AIDS CONTROL PROGRAMME, MINISTRY OF HEALTH.

#### REQUEST FORM FOR SYPHILIS/HIV TESTING IN ANTENATAL MOTHERS.

Institution/clinic .....  
 MOH area .....  
 Date of sample collection .....

PatientNo (ANC)	Age	Parity.	POA	HIV Results	VDRL Results

.....  
 Name of collecting officer                      Designation                      Signature.  
 .....  
 Name of Medical officer Designation                      Signature

**Lab use only.**  
 Date/Time of receipt of samples:.....                      .....am/pm  
  
 MLT:.....  
 Medical officer STD/Lab:.....  
 Date.....



## Annexure 5- Instructions on drawing blood

### පුළුල් ප්‍රධාන කායනගන්ති VDRL/HIV පරීක්ෂණයට රුධිරය ගැනීම සඳහා උපදෙස් මාලාව

1. කායනගන්ති පැමිණෙන සියලුම ගැබිණි මව්වරුන්ගේ (භූමිදුල් සහ අනෙකුත්) VDRL/HIV පරීක්ෂණය සඳහා රුධිර නිදර්ශක ලබාගැනීම මුල් මාස 3 තුළ කල යුතුය.
2. රුධිර නිදර්ශක ලබාගැනීමට බිත්තෝසාමිලි සිටින්නර භාවිතා කල යුතුය.
3. මෙම පරීක්ෂණයට රුධිරය මිලි ලීටර් 5ක් ගත යුතුය.
4. රුධිරය ගැනීමට පෙර පැහැදිලිව අංකය ලියූ දේබලය නොගැලවෙන සේ පරීක්ෂණ නලයේ අලුතින් තිබිය යුතුය.
5. පරීක්ෂණ නලයේ මුඛය නොදිනි සවි කල යුතුය.
6. සිටින්නරයට ගත් රුධිර නිදර්ශක පරීක්ෂණ නලයේ මුඛය මැදින සිදුරුවන සේ ඉඳිකටුව ඇතුළු කර රුධිරය සෙමින් හලා ගාමට ගැලවෙහිය යුතුය.
7. පැමිණිලි කල සිටින්නර සහ ඉඳිකටු ආරක්ෂිත ලෙස කසළ කළමනාකරණයට යොමු කල යුතුය.
8. එම්වරුන්ගෙන් ලබා ගත් රුධිර නිදර්ශක අවම වශයෙන් පැය 1/2ක් කාමර උෂ්ණත්වයේ තබා රාක්කයක /පෙට්ටියක් තුළ සිරස්ව/ මඳක් ඇලකර තැබිය යුතුය.  
(රුධිර නිදර්ශක ගත් සැතින් ගිතකරණයේ තැබීමෙන් එම රුධිර නිදර්ශක පරීක්ෂණ කටයුතු වලට නුසුදුසු වීම හේතු වේ)
9. හැකි ඉක්මනින් (එදිනම) රුධිර නිදර්ශක අදාල පරීක්ෂණ සිදු කරන රසායනාගාරය වෙත එවිය යුතුය.
10. රුධිර නිදර්ශක ලබා ගන්නා දිනම එවීමට අපහසු වේ නම් රුධිර නිදර්ශක ගිතකරණයේ 4-8°C කොටසේ තැබිය යුතුය.
11. ගිතකරණයේ තැබූ රුධිර නිදර්ශක දින 3ක් තුළ අදාල පරීක්ෂණ සිදුකරන රසායනාගාරය වෙත එවිය යුතුය.
12. රුධිර නිදර්ශක රසායනාගාරය වෙත එවීමේදී ඉතිරි වැලැක්වීම සඳහා පෙට්ටියක නොදිනි අසුරා මුඛය උඩු අතට සිටින සේ සිරස්ව එවීමට වග බලා ගත යුතුය.
13. රුධිර නිදර්ශක සමඟ එවන පරීක්ෂණ අයදුම්පත්‍රය පැහැදිලිව පුරවා, එනම් අංකය, කායනගන්ති නම, රුධිරය ලබා ගත් දිනය, එවන තැනැත්තාගේ අත්සන සහිතව වෙනම (රුධිර නිදර්ශක සමඟ ගොගැටෙන සේ) එවීමට කටයුතු කල යුතුය.
14. රුධිර නිදර්ශක වල VDRL/HIV පරීක්ෂණ ප්‍රතිඵල හැකි ඉක්මනින් ලබාදීමට ..... ලිංගාශ්‍රිත රෝග /එච්ඒ් වර්දන සායනයේ රසායනාගාරය කටයුතු කරන අතර යම් ලෙසකින් කිසියම් ප්‍රමාදයක් ඇති වුවහොත් ඒ පිළිබඳව තොරතුරු දුළු ..... ඇමරිකාවේ දැනගත හැක.
15. VDRL/HIV පරීක්ෂණයේදී Reactive ප්‍රතිඵල දක්වන රුධිර නිදර්ශක වල නියමිතව ආසාදනය ඇත්දැයි දැන ගැනීමට පරීක්ෂණ මෙම සායනයේදී සිදු කරනු ලැබේ. එම නිසා ප්‍රතිඵල Reactive නම් අදාල ආයතනයට දැනුම් දීමෙන් පසු එම ප්‍රතිඵල ඇති ගැබිණි මව අදාල ලිංගාශ්‍රිත රෝග සායනය වෙත හැකි ඉක්මනින් යොමු කල යුතුය.

## Annexure 6

### Sample format of ANC VDRL/HIV register

Date	Sample numbers	No. of samples collected	Name of collector	Date of dispatch	Name of dispatcher	Date reports received	VDRL results	HIV results	Remarks
05.02.2017	AN/RG/52		Mrs. H. Liyanage (PHNS)	05.02.2017	Mr. Samarasinghe (MOH driver)	10.02.2017	NR	Negative	
05.02.2017	AN/RG/65		"	05.02.2017	Mr. Samarasinghe (MOH driver)	10.02.2017			
	total	02							

## Annexure 7

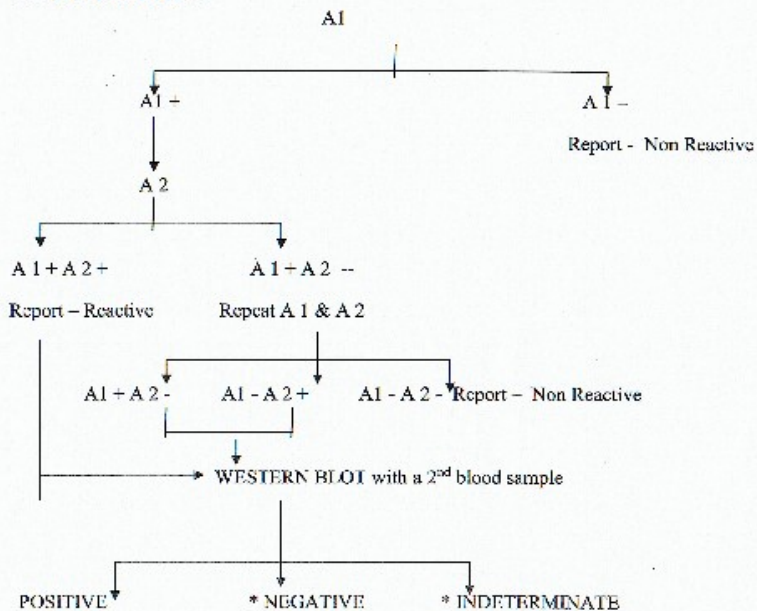
### Sample format of Laboratory sample delivery book

Date	ANC address	No of samples	Delivered by	STD clinic	Received by	NO of haemolysed samples	Remarks
03.01.2017	Kotte	23	.....	NSACP	.....	01	

## Annexure 8

### National testing algorithm for HIV diagnosis

#### 9.1 National Protocol



Test specimen – serum  
months

\*-repeat testing in 2

A1 – Screening Assay 1 - 4<sup>th</sup> Generation Ag – Ab ELISA Test

A2 – Screening Assay 2 - particle Agglutination Test

This protocol should be adhered to until informed otherwise by NSACP

*(Protocol Reviewed and approved by Dr. Jayanthi .P. Elwittigala , Consultant Microbiologist /NSACP on 20.04.2013)*

