

Elimination of

Mother to Child Transmission of

HIV and Syphilis

# A Guide for Healthcare Workers 2017





FAMILY HEALTH BUREAU



MINISTRY OF HEALTH SRI LANKA



NATIONAL STD/AIDS CONTROL PROGRAMME SRILANKA



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

# A Guide for Healthcare Workers

2017









## Coordinated by:

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Table of Contents	Page
List of Annexures	vi
Abbreviations	vii
Introduction	01
Targets and Indicators	04
Screening of pregnant women for HIV and Syphilis at	
How to introduce HIV and syphilis screening services in	05
antenatal clinics?	
How to collect blood for VDRL and HIV?	
How are the samples sent to the laboratory?	
What are the logistic needs at the ANC clinic?	08
How to handle specimens of blood at antenatal clinics? General Circular no. 01-59/2016	08 09
Registers maintained at the ANC clinic	10
Information flow – ANC clinic	11
Laboratory	12
Information you need to know about laboratory testing	12
What happens when the sample is brought to the lab?	12
Collection of HIV/VDRL reports from STD clinic laboratory	. 13
What happens to haemolysed samples?	13
Follow up at antenatal clinic	14
How to enter the VDRL/HIV results in the pregnancy record?	14

How to enter VDRL negative reports?	14
What action should be taken when VDRL test is reactive? .	14
What action will be taken when confirmatory test (TPPA) is	
positive?	15
How to enter HIV negative report?	15
What action will be taken when HIV screening result is	
reactive?	16
What should be done when a pregnant mother is admitted	
for delivery?	16
Miscarriages / still births / foetal wastage	17
STD Clinic	18
Management of the pregnant woman	18
Who coordinates with VOG or care giver at the	
hospital?	19
Management of infant exposed to syphilis	20
Management of infant exposed to HIV	21
Infant feeding practices	21
Family planning services for women living with HIV	22
Ethical issues	23
Nonjudgmental attitude	23
Maintenance of confidentiality	24
Training needs of Primary health care staff and	
Institutional staff	25
Supervision Checklist for EMTCT services in ANC clinic	26

Annexure 1.1 - EMTCT leaflet - sinhala	34		
Annexure 1.2 - EMTCT leaflet - tamil	35		
Annexure 2 - EMTCT poster	36		
Annexure 3 - EMTCT booklet and CD	37		
Annexure 4 - Request form for Syphilis / HIV testing in antenatal mothers	38		
Annexure 5 - Instructions (Sinhala) on taking blood for			
VDRL/HIV at antenatal clinics	39		
Annexure 6- Sample format of ANC VDRL/HIV register	40		
Annexure 7- Sample format of Laboratory sample delivery			

Page 34

41

**List of Annexures** 

#### **Abbreviations**

AIDS - Acquired Immunodeficiency Syndrome

ANC - Antenatal Care

ARV - Antiretroviral

**EMTCT** - Elimination of Mother to Child Transmission

FHB - Family Health Bureau

**HCW** - Health Care Worker

HIV - Human Immunodeficiency Virus

IEC - Information, Education & Communication

MCH - Maternal and Child Health

MLT - Medical Lab Technician

MO - Medical Officer

MOH - Medical Officer of Health

MOMCH - Medical Officer Maternal and Child Health

MTCT - Mother to Child Transmission

NSACP - National STD / AIDS Control Programme

PHI - Public Health Inspector

PHM - Public Health Midwife

PHNS - Public Health Nursing Sister

POA - Period of Amennorhea

RMSD - Regional Medical Supplies Division

SPHM - Senior Public Health Midwife

STI - Sexually Transmitted Infections

#### Introduction

Most HIV and syphilis infections are entirely asymptomatic, and thus mother to child transmission (MTCT) of HIV and syphilis occur among women who may not be aware that they are infected. Timely and efficient diagnosis during pregnancy is essential to reduce the risk of vertical transmission.

Early HIV diagnosis during pregnancy is essential to allow for timely initiation of prophylactic antiretroviral treatment and to plan for safe delivery and subsequent feeding options that minimize the risk of transmission from mother to infant.

Early detection and treatment are important in the case of syphilis infection because of the very high risk of transmission. Approximately 50% of pregnant women with untreated syphilis will transmit the infection to their unborn child. Maternal syphilis infection can lead to adverse consequences, including fetal loss, stillbirth and congenital syphilis.

# UN comprehensive approach to prevent MTCT of HIV

The approach has four key prongs:

Prong 1: Primary prevention of HIV among women of childbearing age

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

Prong 3: Prevention of HIV transmission from a woman living with HIV to her infant

Prong 4: Provision of appropriate treatment, care and support to women living with HIV and their children and families.

## WHO global strategy for the elimination of congenital syphilis

- 1. Ensure advocacy and sustained political commitment
- 2. Increase access to and quality of, maternal and newborn health services
- 3. Screen and treat pregnant women and partners for syphilis
- 4. Establish surveillance, monitoring and evaluation systems

# Elimination of mother to child transmission of HIV and syphilis Programme, Sri Lanka

In Sri Lanka, antenatal VDRL screening services for pregnant women for prevention of MTCT of syphilis has been offered since early 1950s. Prevention of mother to child transmission of HIV programme was launched in the year 2002. In the year 2013 this programme was improved further as "Elimination of mother to child transmission of syphilis and HIV programme". The rationale for the elimination of MTCT of HIV and syphilis is that dual elimination will help to reduce child mortality, improve maternal health and reduce the spread of HIV.

Since then measures were taken to scale up testing services for HIV and syphilis among pregnant women throughout the

country aiming at reaching >95% testing of pregnant women for HIV and syphilis by end 2016. Countrywide HIV testing for pregnant women could be established by end 2016. HIV testing coverage among pregnant women has increased from 5.6% in 2012 to >90% by end 2016. Twenty-three pregnant women with HIV and 80 pregnant women with syphilis received EMTCT services in the year 2016 and delivered uninfected babies.

This was possible because of the dedication and commitment of all stakeholders representing Central, provincial and regional level authorities, tertiary care hospitals, maternal and child health services and STD services staff.

# **Targets and indicators**

➤ The following indicators will be used for evaluation of EMTCT of HIV and Syphilis programme in Sri Lanka

#### **Process indicators**

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

# The targets to be reached

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

# Screening of pregnant women for HIV and syphilis at antenatal clinics: Maternal Care Package

# How to introduce HIV and syphilis screening services in antenatal clinics?

HIV and syphilis screening services should be offered to the pregnant women during the first visit with the other routine investigations.

Awareness on the following tests will be given:

- Haemoglobin
- grouping and Rh,
- blood glucose level
- HIV and VDRL

The leaflet on PMTCT (Annex 1) should be available in ANC clinic settings. The poster on PMTCT (Annex 2) should be displayed in the waiting area of clinic premises.

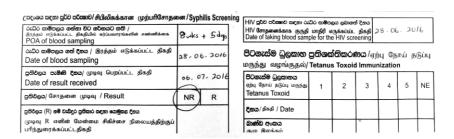
MCH staff can use the available CD and booklet on EMTCT programme (Annex 3), to increase awareness on prevention of mother to child transmission of HIV and syphilis.

VDRL/HIV tests will be offered to pregnant women on voluntary basis. Following adequate information on mother to child transmission 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.

## How to collect blood for VDRL and HIV?

- The vacutainer tubes need to be properly labeled with the ANC clinic number of the pregnant woman.
- ANC clinic number should be checked with the pregnancy record (H 512A) and the name of the pregnant woman. This will prevent any mix up.
- 5cc of blood sample will be collected.
- Enter details of syphilis and HIV screening in the pregnancy record (H512A). Under syphilis screening indicate the POA and the date of blood collection. In the cage "date of taking blood sample for HIV screening" enter the date of collection.



 The laboratory request form (Annex 4) needs to be filled in triplicate, giving details of age, POA, parity of the pregnant woman.  At the end of the clinic session 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 rectify later.

## How are the samples sent to the laboratory?

The samples correctly packed in a proper container should be transported to the relevant STD clinic laboratory. (Annex 5)

This should be sent with two copies of laboratory request forms. One copy should be filed at the ANC clinic for future reference.

If the samples cannot be dispatched immediately store in a refrigerator (4 - 8  $^{\circ}$ c). The refrigerated samples should be sent to the laboratory within 72 hours.

The temperature of the refrigerator should be closely monitored to maintain 4 -8 °c.

## 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, plasters, swabs, sharps bins, soap/hand wash, registers, request forms, boxes to transport samples need to be made available.

# How to handle specimens of blood at antenatal clinics?

All the healthcare workers who handle blood samples should adhere to standard precautions. If a blood spill occurs adhere to spill management guideline. (Refer infection control manual) If a needle prick occurs refer the PEP circular.

## General Circular no:- 01-59/2016

# The Programme for Elimination of Mother to child transmission of syphilis and HIV (EMTCT of syphilis and HIV) in Sri Lanka

#### (A) Public sector

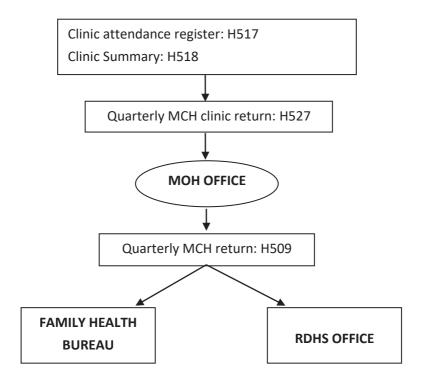
- All pregnant mothers are to be screened before 12 weeks of gestationfor Syphilis and HIV (preferably at the first visit).
- Antenatal clinic services ( MOH clinics and Hospital ANC clinics) have to arrange collection of 5cc of blood in a vacutainer tube and transport to the STD clinic for Syphilis and HIV testing. The method of sample transport need to be locally adopted, after discussions with RDHS, MOMCH, MO/STD and MOHs.
- Review syphilis and HIV test results at subsequent visits. Syphilis and HIV test reports need to be entered in the antenatal record appropriately.
- STD clinics have to carry out Syphilis and HIV screening tests on the blood samples received from ANC clinics and send reports to the relevant officers.
- v. The information on reactive VDRL reports and HIV positive reports need to be informed to the MO, MOH or VOG and measures should be taken to strictly maintain the confidentiality of the information.
- All the pregnant women with positive screening test need to be referred to STD clinic for further management.
- vii. If a pregnant woman was not tested during pregnancy, syphilis and HIV screening should be offered at the time of delivery before being discharged from the ward.
- All pregnant women with Syphilis or HIV should be provided appropriate services including institutional care, without stigma or discrimination.
- ix. EMTCT of syphilis and HIV programme need to be reviewed at the district level every six months with the participation of staff of the STD clinic, MOHs, MOMCH, VOG and RDHS.
- x. Women reporting abortions, still births, adverse pregnancy outcomes may need to undergo VDRL and HIV tests if not done in early pregnancy.

# Registers maintained at the ANC clinic

The following records need to be maintained at the ANC clinic appropriately:

- 1) ANC VDRL/HIV register (Annex 6)
- 2) Sample delivery book (Annex 7)

# Information flow - ANC clinic



VDRL and HIV data need to be entered accurately in the registers and relevant returns as the VDRL and HIV testing coverage will be assessed through this data.

# Laboratory

## Information you need to know about laboratory testing

The Syphilis and HIV testing should be conducted in a quality assured laboratory as accuracy of results are very important in management of patients.

The testing of ANC samples are done in STD clinic laboratories according to national algorithms. Peripheral STD clinic laboratories routinely participate in the quality assurance system organized by the national reference laboratory of the NSACP.

All the MLTs in these laboratories are given regular in-service training at the reference laboratory on Syphilis and HIV testing.

- Supply of Test kits NSACP provides good quality test kits regularly to the STD clinic laboratories based on the requirement.
- Equipment Provincial authorities are responsible to provide resources to area STD clinics. Human resources and maintaining the necessary equipment in testing is their responsibility.

# What happens when the sample is brought to the lab?

Samples will be accepted by 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) those samples will be rejected and will be asked to repeat the test.
- Samples are tested with screening tests for Syphilis and HIV by VDRL and ELISA tests. (4<sup>th</sup> generation ELISA which detects HIV Ag & Ab both)
- When the testing is over the reports are issued signed by the MLT and a medical officer.

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

- Reports should be collected by the MOH clinic staff regularly.
- If there is a delay in receiving the reports contact the Medical Officer of the STD clinic.
- All negative reports for HIV and syphilis will be issued to the ANC clinic.
- HIV and syphilis positive results will be informed to the relevant authorities (MOH/VOG).

# 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 a delay.

# Follow up at antenatal clinics

# How to enter the VDRL/HIV results in the pregnancy record (H512A)?

All the VDRL/HIV reports should be correctly filed and entered in the register as well. Responsible health care worker should go through the VDRL reports and enter negative and positive reports in the ANC register.

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.

# How to enter VDRL negative reports?

VDRL negative (NR) results will be informed to the pregnant woman and will be recorded as "NR".

# What action should be taken when VDRL test is reactive?

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.

# What action will be taken when confirmatory test (TPPA) is positive?

When treponemal test (TPPA) 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".

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 ensure that the pregnant woman attended the STD clinic without delay.

# How to enter HIV negative report?

HIV negative results will be informed to the pregnant woman and will be recorded as "results informed on ...(date)"

# What action will be taken when HIV screening result is reactive?

All HIV screening reactive mothers need further testing for confirmation.

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.

When screening test becomes reactive, Consultant/MO of the STD clinic will inform the relevant officers of the ANC clinic 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.

# What should be done when a pregnant mother is admitted for delivery?

At the time of admission of pregnant women for delivery, pregnancy record (H512A) 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 (H512A) needs 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.

## **STD Clinic**

## Management of the pregnant woman at the STD clinic

The pregnant woman will be managed at the STD clinic 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 the main objective is elimination of mother to child transmission of HIV and syphilis. Details of patient management will be informed to the responsible VOG/MOH.

At the STD clinic Consultant/Medical officer and PHNS should pay attention to make sure that the treatment is completed and partner and other children too have been managed. Regular follow up is needed. If the woman fails to attend the clinic defaulter tracing needs to be done without delay.

Details of pregnant woman should be entered in the relevant registers (antenatal syphilis register), 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.

Regarding details of management of pregnant women with HIV or syphilis please refer the website www.aidscontrol.gov.lk for:

- Guidelines on management of pregnant women with syphilis
- Guidelines on management of pregnant women with HIV

# 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 baby should be started on antiretroviral prophylaxis. This should be continued 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 (IPV). 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.

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 Peadiatrician.

# Family planning services for women living with HIV

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

Contraceptive choice is related to the range of methods available, choice of the couple, effectiveness of methods 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 in the antenatal period 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 provide services to pregnant women.

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 women who seek ANC services based on their appearance, attire, civil status, behaviour, age, occupation or illness. The staff should be able to understand the different situations and empathize and be tolerant while managing pregnant women.

HCW are not expected to discriminate people who seek services according to their illnesses or behaviours.

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 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 implications 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 or syphilis. 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/Syphilis 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/Syphilis 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.

# <u>Training needs of Primary health care staff and institutional staff</u>

- Confidentiality issues
- Nonjudgmental attitude
- Improve knowledge on EMTCT services available
- Proper communication
- Handling sensitive issues
- Health talk

# **Supervision Checklist for EMTCT Services in ANC clinic**

The checklist given below can be used during supervision of ANC clinic to assess EMTCT of HIV / Syphilis services.

# **Supervision Checklist**

Names and Designations of the supervising officer/s:					
		•••••			
			•••••		
Date of superv	icion:				
	ision:		••••		
Time started:	Time started:				
Time ended:	ïme ended:				
MOH area:					
ANC Clinic:					
No. of PHMs attended clinic:					
Officer conducts the clinic:					
**Tick the box on right. If "yes" mark (V), If "no" mark (X).					
rick the box	Oli ligili. li yes i	mark (v), m	o iliaik (A).		
1. Screening	tests done				
		Y/N	Remarks		
1) VDRL					
2) HIV					
		•	•		

# 2. Health awareness for pregnant women (include following key messages)

Key r	nessages in health talk	Y/N	Remarks
1)	Syphilis can be transmitted from		
	mother to child		
2)	VDRL test is a screening test for		
	syphilis		
3)	HIV can be transmitted from mother		
	to child		
4)	HIV test is a screening test for HIV		
	infection		
5)	MTCT of syphilis can be eliminated by		
	appropriate treatment		
6)	MTCT of HIV can be eliminated by		
	appropriate treatment		

# 3. Screening procedure

		Y/N	Remarks
Volu	ntary basis		
AVAI	LABILITY OF ITEMS		
1.	Gloves		
2.	Disposable syringes		
3.	Disposable needles		
4.	Vacutainer tubes		
5.	Sharp bins		
6.	VDRL/HIV screening Registers		
7.	Request forms for VDRL/HIV		
8.	Sample transporting boxes		
9.	Sample delivery book		

10. Tube racks  11. Water  12. Hand wash/soap  13. Swabs  14. Plasters  15. Refrigerator (MOH office)  16. Thermometer and temperature monitoring chart (MOH office)  LABELLING  1. ANC clinic number  2. ANC clinic number of the tube checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable needles  4. Use of sharp bins			
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16. Thermometer and temperature monitoring chart (MOH office)  LABELLING  1. ANC clinic number 2. ANC clinic number of the tube checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate 2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	14.	Plasters	
monitoring chart (MOH office)  LABELLING  1. ANC clinic number  2. ANC clinic number of the tube checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	15.	Refrigerator (MOH office)	
LABELLING  1. ANC clinic number  2. ANC clinic number of the tube checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	16.	Thermometer and temperature	
1. ANC clinic number  2. ANC clinic number of the tube checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles		monitoring chart (MOH office)	
2. ANC clinic number of the tube checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	LABE	LLING	
checked with ANC record  TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	1.	ANC clinic number	
TECHNIQUE  5cc of blood sample  REQUEST FORM  1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	2.	ANC clinic number of the tube	
5cc of blood sample  REQUEST FORM  1. In Triplicate 2. Samples sent with 2 copies of request forms 3. copy of request form filed at ANC clinic 4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves 2. Use of disposable syringes 3. Use of disposable needles		checked with ANC record	
REQUEST FORM  1. In Triplicate 2. Samples sent with 2 copies of request forms 3. copy of request form filed at ANC clinic 4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves 2. Use of disposable syringes 3. Use of disposable needles	TECH	NIQUE	
1. In Triplicate  2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	5cc o	f blood sample	
2. Samples sent with 2 copies of request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	REQU	JEST FORM	
request forms  3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	1.	In Triplicate	
3. copy of request form filed at ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves 2. Use of disposable syringes 3. Use of disposable needles	2.	Samples sent with 2 copies of	
ANC clinic  4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves 2. Use of disposable syringes 3. Use of disposable needles		request forms	
4. Recording in H512A (pregnancy record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves  2. Use of disposable syringes  3. Use of disposable needles	3.	copy of request form filed at	
record)  STANDARD PRECAUTIONS PRACTISED  1. Wear gloves 2. Use of disposable syringes 3. Use of disposable needles		ANC clinic	
STANDARD PRECAUTIONS PRACTISED  1. Wear gloves 2. Use of disposable syringes 3. Use of disposable needles	4.	Recording in H512A (pregnancy	
Wear gloves     Use of disposable syringes     Use of disposable needles		record)	
Use of disposable syringes     Use of disposable needles	STAN	IDARD PRECAUTIONS PRACTISED	
Use of disposable needles	1.	Wear gloves	
	2.	· · · ·	
4. Use of sharp bins	3.	Use of disposable needles	
	4.	Use of sharp bins	
5. Hand washing	5.	Hand washing	
6. Swabs for puncture sites	6.	Swabs for puncture sites	

### 4. Completeness of laboratory request forms (using 5 random forms)

	1	2	3	4	5	Remarks
1. Date						
2. ANC number						
3. Age						
4. POA						
5. Parity						

#### 5. Follow up of VDRL/HIV reports

1.	Percentage of reports received within two	
	weeks (out of last month)	
2.	Percentage of VDRL/HIV reports entered in ANC	
	register (last one month)	
3.	Restricted access to registers (maintains	
	confidentiality)	

### 6. Completeness of Pregnancy Records on HIV /Syphilis screening services (using 5 random H512A)

SECTION	1	2	3	4	5	Remarks
POA at Blood sampling:						
Syphilis						
Date of blood sampling:						
Syphilis						
Date of result received:						
Syphilis						
Result: Syphilis						

If R date of referral:			
Syphilis			
Date of blood sampling:			
HIV			
Date of result informed:			
HIV			

#### 7. Availability of documents /IEC material at ANC clinic

MAT	ERIAL	Y/N	Remarks
1.	EMTCT leaflet		
2.	EMTCT poster should be displayed		
3.	MCH guide on EMTCT		
4.	CD and booklet on EMTCT (MOH		
	office)		
5.	PEP circular (MOH office)		
6.	Infection Control Manual (MOH		
	office)		

#### 8.Assessment on Knowledge on EMTCT programme

## **8.1Knowledge of on EMTCT: Pregnant women (select5 mothers randomly)**

Ke	y areas	1	2	3	4	5	Remarks
1)	Syphilis can be transmitted						
	from mother to child						
2)	VDRL test is a screening test						
	for syphilis						

3)	HIV can be transmitted from			
	mother to child			
4)	HIV test is a screening test			
	for HIV infection			
5)	MTCT of syphilis can be			
	eliminated by appropriate			
	treatment			
6)	MTCT of HIV can be			
	eliminated by appropriate			
	treatment			

#### 8.2. Knowledge of on EMTCT: health staff (select 3 randomly)

Area	1	2	3	Remarks
1) Need to be screened before				
12 weeks				
2) 5cc blood need to be				
collected for HIV / syphilis				
3) Testing should be voluntary				
4) HIV and VDRL tests are				
screening tests				
5) Appropriate services will				
eliminate MTCT of HIV /				
syphilis				

#### **Summary of clinic session**

Number of pregnant women on the given day:
First visits:
Follow up visits:
Number of samples for VDRL : HIV:
December deticus, /Strang reinte/Meel, Deinte
Recommendations: /Strong points/Weak Points
Cianatura
Signature

#### **ANNEXURES**

#### Annexure 1.1 - EMTCT Leaflet -Sinhala

- අදාල පරීකෂණයන් කර ගැනීමෙන්
- අවශ්‍ය උපදෙස් පිළිපැදීමෙන් නීරෝගී බිළිඳකු වෙනුවෙන් ඔබේ පැතුම ඉටු වේ.

#### ඔබේ වගකීම වනුයේ

#### ගැබ්ගත් බව දැනගත් වහාම

- සායනයට පැමිණීම
- = පළමු මාස 03 ඇතුලත අදාල සියලුම පරීකෂාවන් සිදු කරවා ගැනීම
- ලබාදෙන පුතිකාර නියමාකාරව ගැනීම
- ලබාදෙන උපදෙස් නිසිලෙස පිලිපැදීම

ඔබට සහය වීම සඳහා සෞඛ්ය සේවාවන් නිබඳවම ඔබ සමීපයේ.......

ාාශිත රෝග හා ඒඩිස් මර්දන වැඩසටහන සේරම් පෙදෙන









#### ඔබේ පැතුම සැබෑ වීමට නම්



සෑම කාන්තාවකරෝම පැතුම නිරෝගි අරු සම්පතකි

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

#### සායනයේදී මුතුා හා රුධිරය පරීක්ෂා කල යුත්තේ ඇයි ? 📗

මුතුා වල ඇල්බ්යුමින් පුෝටීන ඇත්දැයි පරීකෂා කර එමගින් ගර්භවිෂ රෝග කල්තියා හඳුනා ගෙන පිළියම් කළ හැක.



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

- රුධිර වශීය හා ආර්.එච් ඝනය (Grouping & Rh)
- තිමොන්ලොබ්න් (Hb)
- 🔳 රුධ්රයේ සීනි පරීකෂණය (Blood Sugar)
- වී.ඩී.ආර්.එල්. පරීකෂණය(VDRL)
- එච්.අයි.වී. පරිකෂණය(HIV)

#### රුධීර වශීය හා ආර් එච් ඝනය(Grouping & Rh)

දරු පුසුතියට පෙර ඔබගේ රුධිර වර්ගය කුමක්දැයි දැන ගැනීමෙන් දරු පුසුතියේදී යම් අවස්ථාවක රුධීරය ලබා දිමට අවශෘ වුවහොත් ඕබට අවශෘ රුධිරය පහසුවෙන් ලබා දිය හැකිවේ.

හිමොග්ලොබින් අඩු බව කල්තියා දැන ගැනීමෙන් නීරක්තයෙන් සිදුවන අභිතකර බලපෑම් වලක්වා ගැනීමට පියවර ගත හැකියි.

#### රුධ්රයේ සීනි පරීක්ෂණය (Blood Sugar)

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

#### ව්.ඩී.ආර්.එල් (VDRL)පරිකෂණය

උපදංශ (සිෆිලිස්) රෝගය හඳුනා ගැනීම සඳහා කෙරෙන මූලික පරිකෂාවකි. නිසි පුතිකාර මගින් රෝගය සුව කළ හැකි අතර එමගින් මවගෙන් දරුවාට රෝගය බෝවීමද වැලැක්වේ.

#### එච්.අයි.වී (HIV) පරිකෂණය

HIV ආසාදනය වී ඇතිබව තහවුරු වුවහොත් නිසි පුතිකාර මගින් මවගේ රෝගි තත්වය පාලනය කළ හැකිය. දරුවාට රෝගය වැළදීමට ඇති හැකියාව මුළුමනින්ම වැලැක්වීම සඳහා අවශෘ සියලුම සේවාවන් ලබා ගත හැකිය.

#### Annexure 2.2 – EMTCT Leaflet -Tamil

- தகுந்த பரிசோதனையை செய்வதன்மூலமும்
- ஆலோசனையைப் பின்பற்றுவதன்மூலமும் ஆரோக்கியமான சிசுக்களை பெற்றுக் கொள்வதற்கான உங்கள் ஆசை நிறைவேறும்.

#### உங்களது பொறுப்பு என்னவென்றால்

#### நீங்கள் கருத்தரித்த நிலையை அறிந்த உடனேயே

- கிளினிக்கிற்கு வருகைதருதல்
- முதல் மூன்று மாதங்களுக்குள் அனைத்து பரிசோதனைகளையும் செய்தல்
- ககுந்தவாறு மருந்துகளை உட்கொள்ளல்
- ஆலோசனையைப் பின்பற்றுதல்

உங்களது உதவிக்காக எப்போதும் சுகாதாரசேவை உங்களுடன்..









#### உங்களது ஆசை நிறைவேற



பெற்றுக்கொள்வதற்கே ஓவ்வொரு பெண்ணும் விரும்புவர்.

அதற்காக நீங்கள் செய்யவேண்டியது என்னவெனில், மகப்பேற்று கிளினிக்கில் பரிந்துரைக்கப்படும் இரத்தப்

பரிசோதனைகளை தவறாது செய்தல்

#### ஏன் இந்த சலம் மற்றும் இரத்தப் பரிசோதனைகள் கிளினிக்கில் மேற்கொள்ளப்படுகின்றன?

💠 சலத்திலுள்ள அல்புமின் புரதம் மற்றும் கர்ப்பகாலம் சம்பந்தப்பட்ட நோய்களை முன்னரே அறிந்துகொள்வதற்காக ஆகும்.



கிளினிக்கில் எடுக்கப்பட்ட இரத்தத்தில், கீழே தரப்பட்டுள்ள எல்லாப் பரிசோதனைகளையும் செய்துகொள்ளமுடியும்.

- இரத்தப்பிரிவும்,ஆர்.எச். (Grouping & Rh)
- ஹீமோக்ளோபின் (нь)
- இரத்ததிலுள்ள சீனி அளவு (Blood Sugar)
- வி.டி.ஆர்.எல்.பரிசோதனை (VDRL)
- எச்.ஐ.வி. பரிசோதனை (HIV)

#### இரத்தப்பிரிவும்,ஆர்.எச். (Grouping & Rh)

மகப்பேற்றின்போது தேவையேற்படின் இரத்தம் வழங்கப்படுவது இலகுவாக்கப்படும்.

#### ஹீமோக்ளோபின் (Hb)

இரத்தசோகையால் ஏற்படக்கூடிய பாதிப்புக்களில் இருந்து நிவாரணம் பெறலாம்.

#### இரத்தத்திலுள்ள சீனி அளவு (Blood Sugar)

டயபெடிக் நோயைக் ஆரம்பத்திலேயே கண்டுபிடிப்பதற்கும், இதனால் ஏற்படக்கூடிய பாதிப்புக்களை தவிர்ப்பதற்காகவும் இந்தப் பரிசோதனை ஆரம்ப வருகையின்போதும் பின்னர் 24-28 கிழமைகளிலும் (6-7மாதங்கள்) செய்யப்படும்.

#### வி.டி.ஆர்.எல்.பரிசோதனை (VDRL)

இது சிபிலிஸ் நோய்க்கான ஆரம்ப இரத்தப்பரிசோதனை தகுந்த சிகிச்சைமூலம் இதனை பூரணமாக குணப்படுத்தமுடியும்.

#### எச்.ஐ.வி. பரிசோதனை (HIV)

கர்ப்பிணி எச்.ஐ.வி. தொற்றுக்குட்பட்ட நிலை கண்டறியப்பட்டால்,அவரது நோய்நிலையை கட்டுப்படுத்த முடியும். அத்துடன் தாயிலிருந்து சிசுவிற்கான நோய்த்தொற்று கிட்டத்தட்ட பூரணமாக தடுக்கப்படும்.

#### **Annexure 2 – EMTCT Poster**

ඔබේ ආදරණීය බිළිඳාව HIV ආසාදනයෙන් තොර සුරකුම්ත හෙට දවසක්...

HIV වෛරසය කිසිදු රෝග ලක්ෂණයක් නොපෙන්වා ඔබ තුල සැඟවී සිටිය හැකිය.

එය දැන ගත හැකිවන්නේ රුධිර පරීක්ෂණයකින් පමණි.



උපදින බිළිඳා HIV ආසාදනයෙන් වලක්වා ගනිමු. ඒ සඳහා අවශස සියලුම සේවාවත් තොම්ලේ ලබා ගත හැකිය. ඔබගේ සියලු තොරතුරුවල රහසපතාවය සම්පූර්ණයෙන්ම ආරක්ෂා කෙරේ.

ඔබත් අදුම HIV රුධිර පරීක්ෂාවක් කර ගන්න.

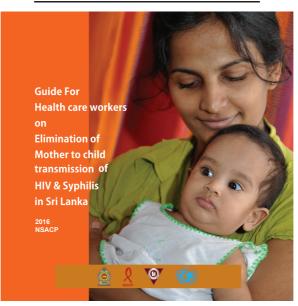








#### Annexure 3 – CD and Booklet



මවගෙන් දරුවාට සංජානනීය උපදංශය හා HIV ආසාදනය සම්ඡුේෂණය වීම තුරන් කිරීමේ ජාතික වැඩසටහන

සෞඛ්‍ය අධ්‍යාපන අත්පොත 2016

ජාතික ඒඩ්ස් හා ලිංගාශුිත රෝග මර්දන වැඩසටහන











#### **Annexure 4**

REQUEST FORM FOR SYPHILIS/HIV TESTING IN ANTENATAL MOTHERS.

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

(ANC)				D 1:	
			+	Results	Results
1			+		
		<del>                                     </del>	+		
		<u> </u>	<del></del>		
		+	+		_
			+		_
		<u> </u>	+		
		<del> </del>	+	_	_
			+		-
Name of collecti	ng officer	Desi	gnation		ignature.
NI					
Name of Medica	lotticer	Desi	ignation	51	gnature
Lab was anly					
Lab use only.				am,	

#### **Annexure 5- Instructions on drawing blood**

#### <u>පූර්ව පුගව</u> භාගනය<u>න්හි VDRL/IIIV පරි</u>කෘණයට රුධ්රය ගැනීම <u>සඳහා උපදෙග්</u> මාලාව

- සාගනයට පැමිණෙන සියලුම ගැබිණි මච්චරුන්ගේ (කුළුදුල් සහ අනෙකුත්)
   VDRL/HIV පරිසකණාය සඳහා රුධීර නිදර්ශක ලබාගැනීම මුල් මාස 3 තුල කල යුතුය.
- 2. රුධිර නිදර්ශක ලබාගැනීමට බ්ස්පෝසබල් සිටීන්ජර භාවිතා කල යුතුය.
- 3. මෙම පරික්ෂණයට රුධිරය මිලි ලිවර් 5ක් ගත යුතුය.
- රුධිරය ගැනීමට පෙර පැහැඳිලිව අංකය ලියු ලේඛලය නොගැලවෙන සේ පරිකෂණ නලයේ අලවා තිබිය යුතුය.
- 5. පරිකෂණ නලයේ මුඛ්ය නොඳින් සවි කල යුතුය.
- 6. සිටීන්ජරයට ගත් රුධිර නිදර්ශක පරික්ෂණ නලයේ මුඩිය මැදින සිදුරුවන සේ ඉඳිකටුව ඇතුල් කර රුධිරය සෙමින් නලා යාමට යැලැක්විය යුතුය.
- පාවිච්චි කල සිටින්රර ගහ ඉඳිකටු ආරකම්හ ලෙස කසළ කළමණාකරණයට යොම කල යුතුය.
- 8. මව්වරුන්ගෙන් ලබා ගත් රුධිර නිදර්ශක අවම වශයෙන් පැය 1/2ක් කාමර උෂ්ණත්වයේ කුඩා රාක්කයක /පෙට්ටියක් තුල සිරස්ව/ මඳුක් ඇලකර තැබිය යුතුය.
  (රුධිර නිදර්ශක ගත් සැනින් ගිහකරණයේ හැබිමෙන් එම රුධිර නිදර්ශක
  - සදුසුකුෂා ආදුලිත් විශිදු නිසීදීදී නුම හෙතුන් වේ) (උදපැදු නුද්දයාන ආතු ආශාන ගතුනුදෙකු නුදුණුමෙන වුම දුද්දර නිද්දයාව
- නැකි ඉක්මනින් (එදිනම) රුධිර නිද්ථගක අදාල පරික්ෂණ සිදු කරන රසායනාශාරය වෙත එවිය යුතුය.
- 10. රුධිර නිදර්ශක ලබා ගන්නා දිනම එවීමට අපහසු වේ නම් රුධිර නිදර්ශක ශිතකරණගේ  $4\text{-}8^\circ\mathrm{C}$  කොටසේ නැඹිය යුතුය.
- 11. ශිතකරණයේ තැබු රුධිර නිදර්ශක දින 3ක් තුල අදාල පරික්ෂණ සිදුකරන රසායනාගාරය වෙත එවිය යතුය.
- 12. රුධිර නිද්ථියක රසායනාගාරය වෙත එවීමේදී ඉහිරිම වැලැක්වීම සඳහා පෙට්ටියක හොඳින් අසුරා මුඛිය උඩු අතට සිටින සේ සිරස්ව එවීමට වග බලා ගත යුතුය.
- 13. රුධිර නිදර්ශක සමඟ එවන පටික්ෂණ අගදුම්පතුය පැහැඳිල්ව ප්‍රථා, එනම් අංකය, සායනයේ නම, රුධිරය ලබා ගත් දිනය, එවන තැනැත්තාගේ අත්සන සහිතව වෙනම (රුධිර නිදර්ශක සමඟ නොගැටෙන සේ) එවීමට කටයුතු කල යතුය.
- 15. VDRL/HIV පරික්ෂණයේදී Reactive පුතිවල දක්වන රුධිර නිදර්ශක වල නිශ්චිතව ආසාදනය ඇත්දැයි දැන ගැනීමට පරික්ෂණ මෙම සායනයේදී සිදු කරනු ලැබේ. එම නිසා පුතිවල Reactive නම් අදාල ආයතනයට දැනුම් දීමෙන් පසු වම පුතිවල ඇති ගැබිණි මට අදාල ලිංගාමුත ටෝග සායනය වෙත හැකි ඉක්මනින් යොමු කල යුතුය.

# Annexure 6

# Sample format of VDRL / HIV register at ANC clinic

:	Remarks				
Date:	Results	VDRL			
		HIV			
Date: .	POA				
	Parity				
	Age				
	Contact	no.			
ANC Clinic:	Address Contact Age Parity POA				
	Name				
VC Clinic:	Serial ANC no. Name				
Ā	Serial	no.			

# **Annexure 7**

# Sample format of Laboratory sample delivery book

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



#### FOR MORE INFORMATION, CONTACT;

NATIONAL STD/AIDS CONTROL PROGRAMME, 29, DE SARAM PLACE, COLOMBO 10.
SRI LANKA.

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