

EMTCT HIV: Case Investigation Form

National STD/AIDS Control Programme, Ministry of Health

HIV_V 11.10.2018

Name of the STD clinic: _____ Mother's file number : _____

Baby's file number : _____

Completed by (name & designation): _____ Date : _____

Note: Fill this form to all HIV confirmed pregnant women registered in the clinic

A. Details of the pregnant woman with HIV

1. Age in years			
2. District of residence			
3. Nationality	1. Sri Lankan 2. Foreign (country: _____)		
4. Ethnicity			
5. Risk & vulnerability factors (e.g. FSW, DU, Psychosocial etc.)			
6. Past obstetric history (parity, miscarriages, still births etc.)			
7. Date of HIV confirmation			

Details of the current pregnancy

8. LRMP		9. EDD	
10. POA of pregnancy at registration		11. POA at registering for EMTCT services	
12. 1 st CD4 count during this pregnancy & date		13. 1 st VL during this pregnancy & date	
14. Other relevant diagnosis (TB/Syphilis/other)		15. Date of ART initiation	
16. ART regimen during this pregnancy			
17. Adherence (>95%, 80-95%, <80%)		18. CD4 count at third trimester	
19. Viral load closest to 36 weeks of POA		20. Number of ANC visits	
21. Post-partum family planning method			

Details of the sexual partner/s

22. Partners HIV status		23. If positive file no.	
24. Partners ART regimen			

B. Details of the baby

25. Date of birth		26. Facility/Place of birth	
27. Mode of delivery		28. Gestational age at delivery	
29. Baby's birth weight		30. Infant feeding (exclusive formula/ breast feeding)	
31. ARV prophylaxis for baby (Type/dose/duration)			
32. HIV PCR at birth (result/not done)			
33. 1 st DNA PCR of the baby		Date	
34. 2 nd DNA PCR of the baby		Date	
35. Baby's HIV ELISA around 18 months			Date
36. Baby's final diagnosis			

Other relevant information (Describe attempts to follow-up, adherence if available):

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