National programme on Elimination of Mother to Child Transmission of HIV and syphilis in Sri Lanka

Guide for Management of Female Prison Inmates to Eliminate Mother to Child Transmission of HIV and Syphilis

2020

National STD / AIDS Control Programme

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Elimination of Mother to Child Transmission of
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Guide for management of female prison inmates to Eliminate Mother to Child Transmission of HIV and syphilis

2020

(Intended audience -Medical officers and Prison authorities)

National STD / AIDS Control Programme

Compiled by

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This Guide for Management of Female Prison Inmates to Eliminate Mother to Child Transmission of HIV and syphilis – 2020 was prepared to assist prison authorities to plan EMTCT interventions and to guide health care workers attached to prisons for provision of optimal services to female prison

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List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
EMTCT	Elimination of Mother to Child Transmission
HCG	Human Chorionic Gonadotropine
HIV	Human Immunodeficiency Virus
LRMP	Last Regular Menstrual Period
MCH	Maternal and Child Health
MO	Medical Officer
NRL	National Reference Laboratory
NSACP	National STD AIDS Control Programme
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TPPA	Treponema Pallidum Particle Agglutination
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

1. Introduction

In 2019 WHO certified Sri Lanka as a country that eliminated mother to child transmission of HIV and syphilis by achieving both process and impact indicators defined by WHO. There is good service delivery system to achieve and maintain EMTCT of HIV and syphilis with good linkage of MCH and STI services in all 25 districts in Sri Lanka. In 2019, 95.4% of pregnant women presented for ANC services in the government health services and 99.9% of deliveries happened in a medical institution. The coverage for HIV and syphilis screening was >95%.

Since 2013, all pregnant women have been screened for HIV and syphilis and those who are diagnosed have been managed appropriately. These services contributed to the elimination of mother to child transmission of HIV and syphilis. During the validation process, the regional and global validation teams were keen to assess the availability and accessibility of services and attention was paid to the accessibility of services to under privileged communities such as female prison inmates. The team recommended that country should maintain services for all, leaving no one behind and will monitor the progress again in November 2021.

Female prison population in the country at any time could be from 500-1200 and the majority are not convicted. Welikada, Angunakolapalassa, Kaluthara and Bogambara prisons have higher number of female inmates. Most of the female inmates are coming from underprivileged backgrounds and include key populations such as FSW and drug users having high risk for HIV and STI.

EMTCT services should be equally available even for the most marginalized and vulnerable women in the country. Female prison inmates should receive services for HIV and syphilis screening, antenatal care, delivery and care of the newborn according to the national guidelines for elimination of mother to child transmission of HIV and syphilis. National STD/AIDS Control Program has identified this challenge and taken initiative to provide quality EMTCT services to female prison Inmates. This guide is developed to facilitate the provision of quality EMTCT services to female prison inmates by health professionals and prison authorities. By having a guide, best practices will be introduced and uniformity of services will be maintained.

2. Initial medical examination and screening

Every prison inmate receives an initial medical screening within 24 to 48 hours of admission. The rehabilitation officer gives a general health talk on the first day and refers the prison inmate to the prison medical officer. Prison medical officer takes a general medical history, covering the following areas. Current health concerns, sexual history, gynecological and obstetric history as per the given guideline. (Annexure-1) A thorough medical examination will be done by the prison medical officer.

2.1. Screening for Pregnancy

All female prison inmates should be offered a pregnancy test irrespective of the LRMP. If the pregnancy test is positive, enter the details in the pregnancy register maintained in the prison hospital (Annexure-2). As urine HCG test can be negative in early pregnancy consider a repeat test when necessary.

2.2. Screening for HIV and Syphilis

HIV and syphilis screening tests are offered to every female prison inmate on voluntary basis during the first medical examination after counseling.

If HIV and syphilis rapid tests are not available in the prison, a blood sample (5 cc) has to be collected after obtaining informed consent and sent to the closest STD clinic for HIV, VDRL and TPPA. This sample should be properly labeled and appropriately packed. Blood sample delivery register should be maintained in the prison for HIV, syphilis and other tests with relevant details. (Annexure 3)

Pregnant inmates should be counselled and offered STI services at the closest STD clinic to screen for STI to prevent mother to child transmission of HIV/STI. If diagnosed as having HIV and /or syphilis they should be appropriately managed as advised by the STD clinic. Regular follow up at the STD clinic is very important and all measures should be taken to send the pregnant female inmate diagnosed as having infection to the STD clinic on the given dates considering this as a priority.

H 512 pregnancy record should be maintained on each pregnant woman in the prison by the MO prison.

2.3. STI screening

Carry out thorough initial evaluation using the provided questionnaire (Annexure 1) and identify the female inmates with STI symptoms or high risk sexual exposures and refer them to STD clinic for STI screening.

2.4. Prison VDRL/HIV register

A register (Annexure 4) should be maintained by the focal point (identified health care worker) to record HIV and syphilis testing in each prison. The register should have the following information: Date of sample collection, Name, Age, Address, Sample number, Blood collected by whom, Results VDRL and HIV (within two weeks), Remarks (referral for treatment if positive and date and place of referral).

It is also important not to breach the confidentiality of the prison inmate when maintaining these registers.

2.5. Sample delivery register

A sample delivery register (Annexure 3) should also be maintained at the prison hospital. The following details need to be included in the sample delivery register: Date, total number of samples, delivered by whom, received by whom, name of the laboratory and number of samples rejected.

Prison staff members need to carry samples to STD clinic along with correctly filled specimen forms (Annexure 5) and sample delivery register.

2.6. Rapid HIV test / Point of care test for HIV (POCT)

This test has the advantage of a result from finger prick sample within minutes and ease of use when venipuncture is not possible, e.g. outside conventional healthcare settings and where a delay in obtaining a result is a disadvantage. It is recommended to use 4th generation POCT for HIV screening. In the prison setup NSACP recommend only to perform the first POCT HIV test and if the test is reactive refer the inmate to STD clinic for further testing and confirmation. The final decision on HIV diagnosis will be made by the Microbiologist, NRL.

Rapid HIV test need to be offered to a female prison inmate on voluntary basis and after obtaining informed consent in the following situations:

- to all newly registered female prison inmates who are pregnant, rapid HIV test should be done immediately.
- Female prison inmates who do not get a chance to get HIV ELISA test within one week.

A trained health care worker can perform the rapid test with the woman's consent. Interpretation of results should be done carefully.

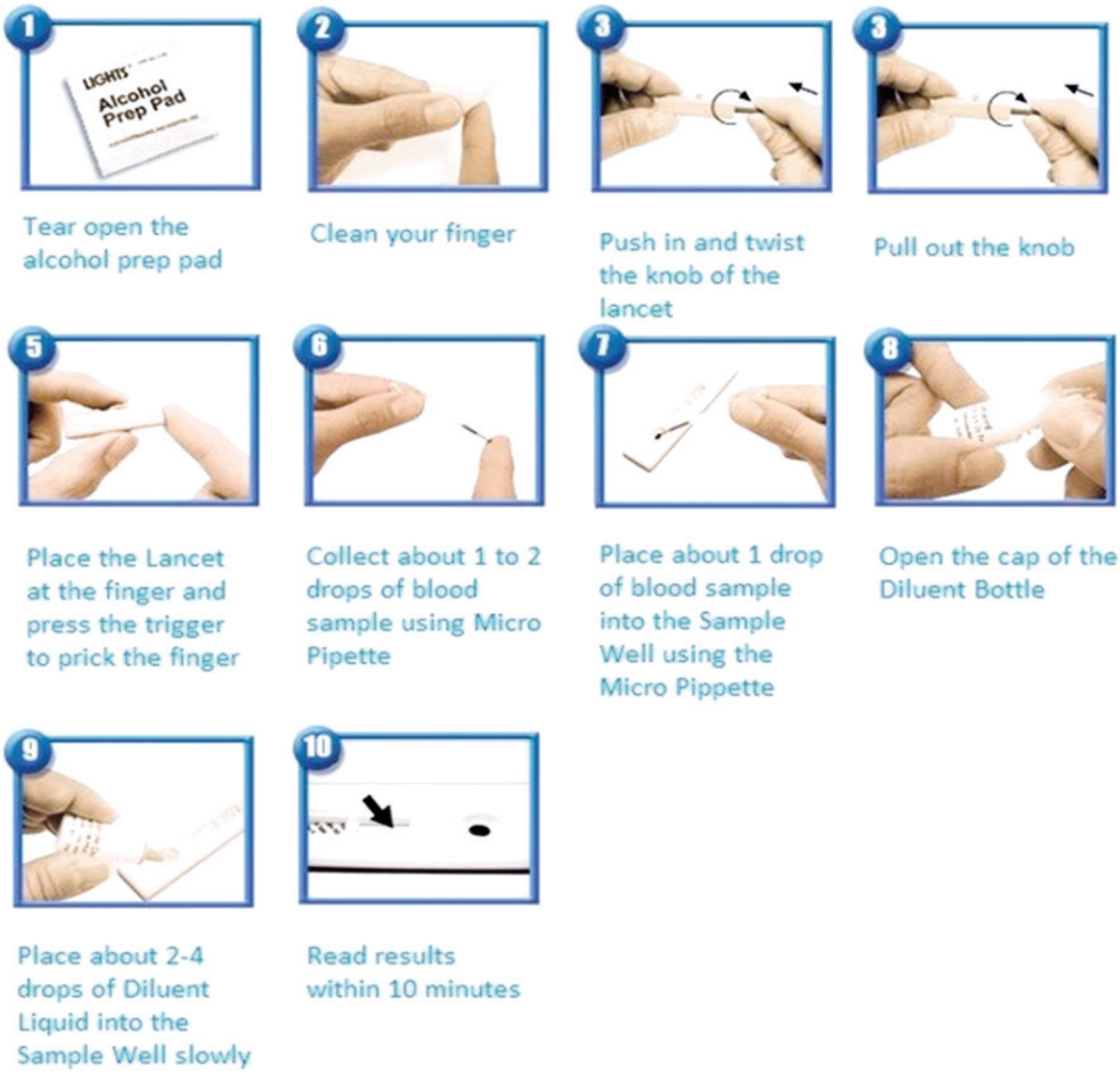
Negative result - If result is negative make sure that the woman is not within the window period. If there is any suspicion, repeat the test in two weeks. If the window period is excluded in the history inform the inmate the result as negative.

Reactive result - Reactive HIV rapid test result does not confirm the HIV infection but need further testing. If there is any doubt in interpreting the results prison staff should not repeat the test but refer the patient to the nearest STD clinic for clarification.

2.6.1. Who can perform the POCT for HIV in the prison setting

Medical officer in charge of prison health should make sure availability of rapid test kits for prison inmates. Suitable health care workers in the prison health care system need to be identified and trained to do rapid tests. Prison medical officer can request training for prison staff from NSACP through the multisectoral unit coordinator.

Figure 1: Procedure for performing POCT



3. Management of pregnant female prison inmate

All pregnant female inmates whether she is already pregnant on admission or found pregnant after admission, should receive the same antenatal care including services for PMTCT as for any other pregnant woman in the country. Prison medical officer need to maintain a separate register for pregnant inmates in the prison and enter the details about the pregnancy. (Annexure-2)

3.1. Registration in the ANC

All pregnant women should receive antenatal care services through the area MCH care team. Prison medical officer should take action immediately to inform the area MOH (where the prison is located) through prison authorities regarding the need for antenatal care services for the pregnant prison inmate. MOH will instruct the relevant area midwife to register the pregnant woman and provide necessary care. Prison authorities need to make necessary arrangements for pregnant women to receive ANC services by communicating with the area PHM or MOH.

If the woman has been followed up in an ANC before coming to the prison and carrying the pregnancy record H512, the same form can be continued.

It is important to avoid repeat registration in the antenatal system.

Confidentiality should be maintained regarding her imprisoned status during this communication.

Prison medical officer should make sure that all pregnant female inmates receive appropriate antenatal care services including voluntary testing for HIV and syphilis.

All pregnant prison inmates should receive ANC clinic care at the closest specialist hospital.

4. Management of an HIV positive pregnant prison inmate

When a pregnant prison inmate is diagnosed as having HIV infection, consultant venereologist/MO STD will inform the relevant prison medical officer regarding the management plan of the pregnant woman. Good communication between prison medical staff and STD clinic staff is very important to maintain shared confidentiality.

All HIV positive pregnant women should be on ART and it is the responsibility of the MO prison/ focal point and prison authorities to send the pregnant woman to the STD clinic regularly and make sure she receives her ART medication regularly.

Consultant venereologist will do the needful to coordinate management with the obstetricians and paediatricians.

MO prison and medical dispensers should make arrangements within the prison to make sure that the pregnant woman takes ART drugs precisely as prescribed under supervision. If the pregnant woman develops side effects due to drugs she should be managed appropriately with the Consultant Venereologist. It is very important that the pregnant woman should adhere to treatment and she needs the support of the prison staff. If she takes ART properly her viral load will lower markedly to undetectable levels within months. If woman has an undetectable viral load, the risk of mother to child transmission is almost nil. Further, the risk of transmission through blood and other body fluids will also be negligible.

Prison staff should ensure that pregnant women with HIV are provided antenatal care, labour, and post-partum services in a user-friendly environment and take all measures to maintain confidentiality and privacy of the woman to prevent stigma and discrimination within the prison.

Pregnant mother should be properly counselled on infant feeding practices in the last trimester.

Consider referring HIV positive pregnant drug users to a psychiatrist for the management of substance abuse and help them to maintain ART adherence.

It is important to identify the multidisciplinary team which may include the prison medical officer, MOH, VOG, paediatrician, consultant venereologist and welfare officers of the prison. The support of the multidisciplinary team can be obtained whenever necessary.

5. How to support the labour within the prison settings

All pregnant inmates should be transferred to the nearest hospital at term enabling them to have an institutional delivery. It is very important to take all the necessary actions by prison medical staff and prison authorities to send the pregnant inmate to the hospital with all documents before the onset of labour.

An emergency delivery kit should be available in every prison hospital having female inmates. There is a possibility that pregnant women may go into labour before she is transferred to the hospital. If the pregnant woman goes into labour area PHM should be informed immediately. However, every attempt should be taken to transfer the woman in labour to the nearest hospital without any delay.

5.1. Management of delivery of HIV positive pregnant prison inmate

Every HIV positive pregnant inmate should be registered for delivery services in a specialist hospital under supervision of an obstetrician.

It is important to be prepared for the possibility of preterm labour and what to do in case of an emergency.

At term make arrangements for the pregnant inmate to get admitted to the hospital and inform the relevant STD clinic and obstetric ward about the admission.

MO prison should check the availability of adequate stocks of ART drugs and provide the drugs to the in charge officer of the ward to continue ART.

The following items should be available at the time of delivery;

- ART for the pregnant woman
- Syrup Nevirapine for the baby
- Necessary clothes (Need to dispose soiled cloth)

Prison authorities should take all necessary steps to reduce stigma and discrimination while in the prison and also in the hospital.

5.2. In an emergency situation

If an HIV positive pregnant inmate goes into labour whilst inside the prison, and there is no time to transfer, prison medical officer should give attention to following facts when attending to the delivery.

- Follow the universal precautions of infection control in all steps and by all members attending to the procedure
- Maintain aseptic techniques throughout labour.
- ART should be continued according to the ART plan for the pregnant woman
- Inform the Consultant Venereologist looking after the pregnant woman as soon as possible
- Transfer to the nearest spcecilalist hospital after informing the Director/Hospital

5.3. Female prison inmate presenting in labor or very late stage of pregnancy without documentation of HIV status

Women presenting in labour at a very late stage of pregnancy need to be sent to the hospital immediately. The pregnant inmate should be offered a Rapid HIV Test on voluntary basis after obtaining informed consent within the prison set up. A trained medical person can perform the HIV rapid test on the woman with her consent and act upon in the result. A reactive/positive result must be acted upon immediately without waiting for formal serological confirmation and Venereologist should be informed immediately about the reactive rapid test and get advice regarding further management with regards to HIV care and prevention of mother to child transmission.

Medical officer in charge of the prison should make sure that HIV Rapid test kits are available in every prison hospital and a responsible health care worker/s trained on the rapid HIV test.

5.4 Points for consideration

- Each known HIV infected pregnant woman in prison should have an individualized, regularly updated, plan of care which summarizes mutually agreed obstetric/HIV management including the drug regimen and recommended mode of delivery.

- Universal Infection Control measures, properly applied, provide adequate protection for staff. Routine incorporation of universal precautions in service delivery is crucial to mitigate occupational risk and reduce fear of blood borne infections on the part of the health care workers in the prison.
- All prison staff should be aware of the need for confidentiality in relation to the pregnant mother's HIV status. On the basis of shared confidentiality staff members could be informed of the HIV status of the woman on a "need to know" basis

6. Management of HIV exposed infants in prison

6.1 Infant feeding

Recognized infant feeding options that minimize risk of HIV transmission are exclusive formula feeding or exclusive breast feeding with well suppressed viral load. Mixed feeding is not recommended for HIV exposed infants due to increased risk of HIV transmission.

Choice of infant feeding needs to be decided prior to delivery through at least in 3 counselling sessions, including sessions with neonatologist or pediatrician.

Ultimate decision on the method of infant feeding should be taken by the mother after providing adequate knowledge on risk of HIV transmission via breast feeding, responsibility of hygienic preparation of formula feeds and available support for formula feeding up to two years.

PHM (Public Health Midwife) should supervise infant feeding and check that infant's weight gain is satisfactory.

6.2. Post Exposure Prophylaxis (PEP) for HIV exposed infant

All newborns with perinatal exposure to HIV should receive anti-retroviral (ARV) drugs in the neonatal period to reduce perinatal transmission of HIV.

The selection of the ARV regimen is guided by the level of transmission risk. The ARV regimen to be used and the duration will need to be decided prior to delivery and should be initiated as early as possible after delivery, certainly within 4 hours. (please refer "Guidelines for management of pregnant women with HIV infection -NSACP)

Infant post-exposure prophylaxis drugs should be handed over to prison authorities by around 32 weeks of POA. These need to be produced to the hospital at the time of admission for delivery.

7. How to manage a pregnant prison inmate with syphilis

When a pregnant inmate is diagnosed with syphilis the venereologist/ MO of the STD clinic, will immediately inform the MO prison. The pregnant woman diagnosed with syphilis should be referred to the STD clinic **as early as possible** to prevent transmission of infection to the baby making sure that shared confidentiality is maintained.

The pregnant woman should preferably be treated with penicillin injections, according to the national guidelines. It is important to note that early treatment with penicillin (before 24 weeks of POA) is required for successful pregnancy outcomes. Adequate penicillin treatment will end infectivity within 24-48 hrs.

It is not necessary to re-treat mothers who have documented evidence of adequate therapy for previous syphilis as long as there is no serological or clinical evidence of re-infection or relapse. Babies born to such mothers do not require prophylactic penicillin therapy.

If there are doubts about the adequacy of previous therapy, re-treatment should be commenced promptly.

Arrange management of pregnant woman in collaboration with an obstetrician of a secondary/ tertiary care unit. STD staff will inform the diagnosis and plan of management to the obstetrician while taking measures to maintain confidentiality.

The pregnant woman should be followed up monthly till delivery. **Pregnant women who miss any dose must repeat the full course of therapy**. Therefore, make all efforts to send the patient to the STD clinic on given dates.

Serological (VDRL) follow-up should be done monthly during pregnancy and thereafter according to national guideline. (After treatment at months 1, 2, 3, 6 and 12, then 6 monthly until VDRL negative or sero-fast or up to 2 years).

7.1. How to manage an infant exposed to syphilis

Female inmate can keep her child up to 5 years of age inside a prison in Sri Lanka. If a baby is born to a female prisoner having syphilis, MO prison should make sure that the baby is referred to STD clinic immediately to be assessed and treated adequately as recommended by national guidelines.

7.2. Follow up of baby after treatment for congenital syphilis

Send the baby to the STD clinic for VDRL test in months 1, 2, 3, 6, 12, then six monthly until VDRL become Non-Reactive (NR).

At 6 months, if the VDRL titre is NR (non-reactive), no further evaluation or treatment is needed. If VDRL remains reactive after 6 months, the infant is likely to be infected and needs to be treated as having congenital syphilis.

Treponemal tests should not be used for evaluation of treatment response as maternal treponemal IgG antibody might persist for up to 18 months.

8. HIV or Syphilis positive pregnant prison inmate getting released from the prison

When the pregnant woman is to be released from the prison, the prison medical officer should inform the consultant venereologist as well as the prison area MOH regarding the intention to release her. Consultant venereologist, prison health service providers and MOH should take measures to link her with the STD and ANC clinic in her resident area for continuity of services. It is best practice to handover a summary of the medical management by the consultant venereologist (transfer form) to facilitate further management.

Women with HIV needs continued services for life and it is essential to make arrangements to link them with relevant STD clinics in their residential areas for continuation of HIV care services.

Similarly, pregnant women with syphilis need to be followed up for two years. Therefore, when women with syphilis are released from prison they need to be linked with STD clinic in their residential areas.

9. Stigma and discrimination within the prison setting

All pregnant prison inmates should receive appropriate services within the prison without stigma and discrimination.

HIV positive prison inmates should be managed without stigma and discrimination inside the prison.

Stigma and discrimination can cause mental distress and will negatively affect management of the condition. It is important to take every necessary step to minimize stigma and discrimination against HIV and syphilis positive inmates by the prison authorities and prison medical staff.

In order to minimize stigma and discrimination vested upon these individuals, it is essential that the prison staff is made well aware and well sensitized regarding HIV and syphilis.

NSACP regularly conducts awareness and sensitization programmes for prison staff and prison inmates island wide.

HIV infected prison inmates should not be isolated, transferred to a separate ward or prison just because of their HIV status.

9.1. Providing privacy and maintaining confidentiality inside the prison

Confidentiality regarding the inmate's HIV and syphilis status should be maintained always and authorities should take adequate measures to maintain confidentiality. HIV positive status of an inmate should be shared only when it is essential for patient management and only among relevant prison staff on "need to know" basis. All relevant documents should be stored under lock and key to maintain confidentiality of documents.

National HIV policy for prison, published in 2017 emphasizes on ensuring the right of HIV positive prison inmates on privacy, confidentiality and to receive optimum HIV care with minimum stigma and discrimination. Prison authorities and prison medical staff should follow the national HIV policy for prison in decision making.

10. National HIV Prison policy

The National HIV prison policy was developed in 2017 to prevent HIV within prison settings in Sri Lanka and provide necessary services to those infected.

The policy has the following 3 targets:

- To prevent HIV and STI within prison settings in Sri Lanka
- To provide quality services without stigma and discrimination to prison inmates who are affected or infected by HIV
- To provide quality uninterrupted STI and HIV prevention, testing and other care services to prison inmates and officials similar to those provided to the general public.

The policy document can be accessed in the NSACP website via the link, https://www.aidscontrol.gov.lk/images/pdfs/publications/prison_policy_book.pdf)

11. Important facts related to management

- A poster on EMTCT of HIV and Syphilis can be displayed in the female sections of prison health care facilities and leaflets on EMTCT should be made available in prison hospitals or clinic rooms where initial medical examinations takes place.
- Rapid HIV test kits should be made available in prison hospitals. Prison medical officer can get these kits from the NRL in the central STD clinic in Colombo. NSACP has already trained some members of the prison medical staff on rapid HIV testing and the focal points from each prison should make sure at least one medical person from each prison is trained on the rapid test. This can be arranged by contacting the multi sectoral unit of NSACP.
- Always send a separate venous blood sample to the STD clinic when a rapid HIV test is performed on a prison inmate for HIV ELISA test and syphilis tests (VDRL and TPPA).
- The guideline for collection of blood, storage and transport of blood need to be displayed at the prison hospital and prison medical staff should be trained on the procedure.
- Post exposure prophylaxis (PEP)- It is important for all prison medical staff to have a knowledge and training on PEP. A started pack and the general circular on PEP should be available within the prison medical center and training can be arranged to the staff through NSACP.

12. Specimen collection, storage and transport of blood samples

Specimen collection, storage, transport and delivery need to be done according to the instructions given in the sample collection manual provided by NSACP.

MO prison or relevant authorities should 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. vacutainer tubes should be available in the prison hospitals. Specimens need to be sent in three-layer transport boxes with duly filled request forms.

Specimen collection and transport for serology- Refer to Sample Collection Manual for STI and HIV testing; National Reference Laboratory for STI and HIV, National STD/AIDS Control Programme, Sri Lanka)

12.1 Standard precautions when handling blood in the prison

Standard precautions need to be practiced while handling blood samples in prison like in any other health care setting.

Following items have to be made available at the prison hospitals to facilitate proper infection control practices.

- Gloves
- Disposable syringes and needles
- disposable stylets for finger prick samples for rapid tests
- Sharps bins
- separate bins for disposal of infectious and other clinical waste
- Tube racks
- hand washing stations with running water and hand wash or soap
- Gauze swabs and Plasters
- spill kits, eye wash solutions

There should be a functioning system for waste disposal specially for proper disposal of infectious waste and sharps.

12.2 Materials required for collecting blood

It is recommended to use sterile vacutainer glass/ plastic tubes for collecting blood. Plain tubes to be used for serology specimens.

- Syringe and needles/vacutainer needle holder
- Vacutainer tubes(plain)
- Well-fitting sterile latex gloves
- A tourniquet
- 70% alcohol
- Alcohol hand rub
- Gauze or cotton wool
- Laboratory specimen labels
- Writing pen
- Laboratory forms
- Leak proof transportation containers
- Ice packs
- Sharp bins and waste bins

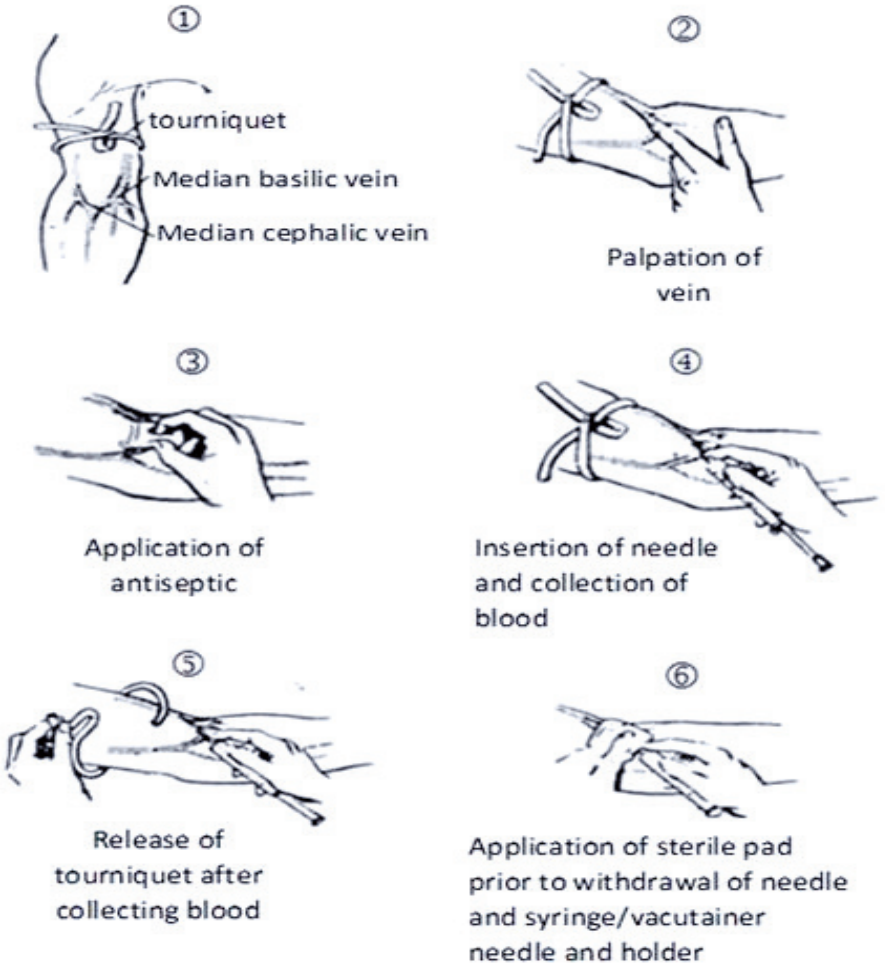
Collect all materials needed for the procedure and place it within safe and easy reach on a tray or trolley, ensuring that all items are clearly visible.

12.3 Instruction for blood collection

- Blood collection should always be done under aseptic conditions.
- Identify the patient by checking the patient identification details.
- Select the site
- Inspect the anterior cubital fossa or forearm on the extended arm.
- Select a vein of a good size that is visible, strait and clear (The vein should be visible without applying the tourniquet)

- Apply the tourniquet about 4-5 finger widths above the venipuncture site and re-examine
- Clean the entry site with 70% alcohol
- If vacutainer is used insert the needle and the holder. Then fix the tube to the holder and draw blood. Blood can be collected to number of tubes in the manner without using a syringe.
- When bleeding is over, remove the needle and discard it into the sharp bin.
- If vacutainer holder is contaminated put it into the sharp bin
- If syringe is used, use the syringe with appropriate volume according to the number of samples needed and after collecting, discard both syringe and the needle together in to the sharp bin. Do not recap the needle.

Figure 2: Steps of drawing blood



12.4 Collection of Blood specimens for Serological Investigations -HIV, VDRL and TPPA

12.4.1 Sample Collection

- Collect 5ml of blood (adults) in to a dry, sterile plain tube.
- Allow blood to clot at room temperature for a minimum of 20-25 minutes in vertical position before dispatching to laboratory.

12.4.2 Storage and Transportation

- Keep the blood tubes in a rack in refrigerator at 4^{o}C.
- Transport within 24 hours to the laboratory at 40C.
- If any delay in transport, centrifuge at 2500 rpm for 10-15 minutes.
- Pipette the supernatant serum into another sterile tube; label it.
- Separated serum should reach the laboratory within 5 days.

12.5 Transport of Specimens

12.5.1 General Instructions

- Transport of specimens should always ensure the safety of all individuals handling the specimen and should meet the specific criteria involved in receiving a good sample to perform the test. Therefore, packaging and transportation of specimens should be done appropriately to obtain accurate results.

12.5.2 Packing of specimens

- For Blood and Blood products the International standard of packing identified is the “Three-layer packing”.
- The three layers involve
- Primary receptacle
- Secondary receptacle
- Outer package

Primary receptacle

- This is a watertight, leak-proof receptacle which is labelled and contains the specimen.
- The receptacle is sufficiently wrapped in absorbent material to absorb all fluid at instances of breakage.

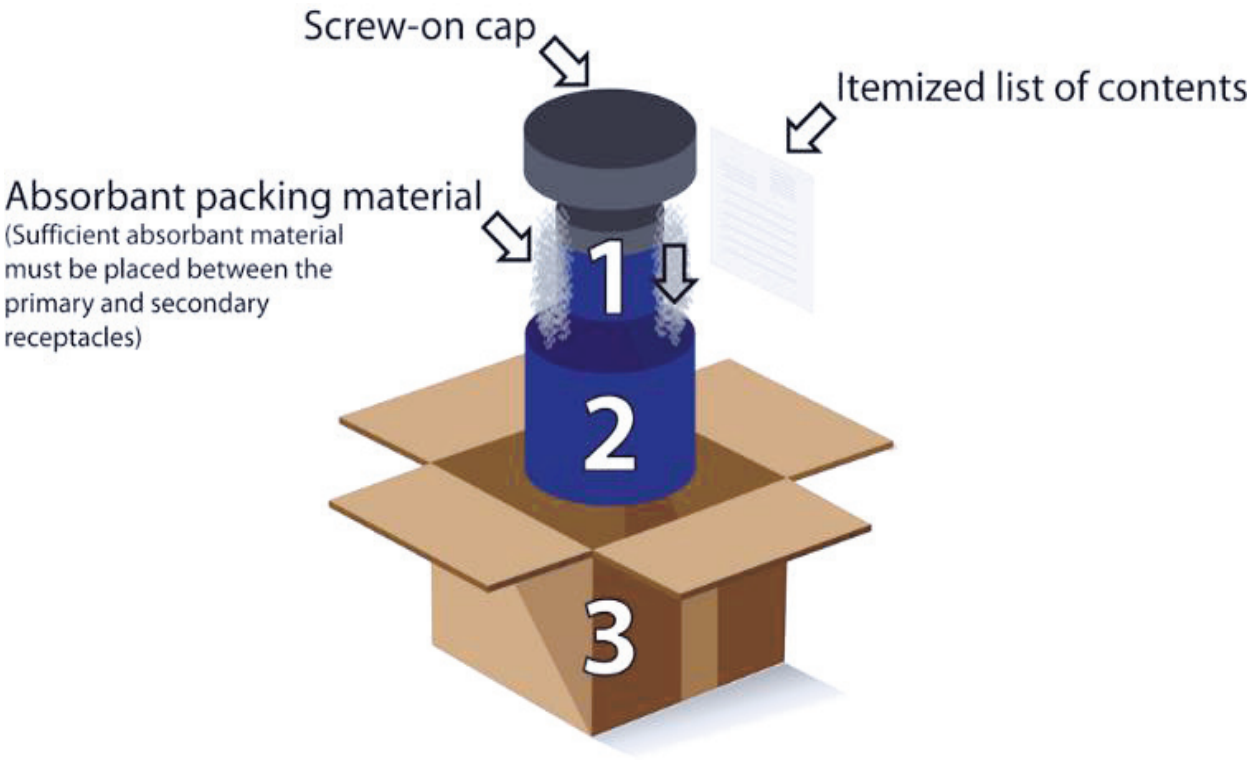
Secondary receptacle

- The primary receptacle(s) should be placed in a second durable, watertight, leak-proof receptacle to enclose and protect the primary receptacle(s).
- Several wrapped primary receptacles may be placed in one secondary receptacle.
- Sufficient absorbent material must be used to cushion multiple primary receptacles in the secondary container.
- Specimen data forms, letters and other types of information that identify or describe the specimen and also identify the sender and receiver should be taped to the outside of the secondary receptacle, preferably in a zip pouch.
- Ice or dry ice required to maintain temperature should be placed in the secondary receptacle.

Outer package

- The secondary receptacle should be placed in an outer package which protects contents from outside influences such as physical damage and water while in transport. This is usually made of corrugated cardboard.
- This container must bear the mailing label which identifies the shipper and receiver along with biohazard sign.
- Ziploc plastic bags may also be used as leak-proof containers if suitable boxes are not available. Packed specimens should be sent to the referral laboratory for testing.

Figure 3: Three-layer packing for the transport of Specimens



13. Annexures

Annexure 1 - Initial health screening form for detainees

INITIAL HEALTH SCREENING FORM FOR DETAINEES

IDENTIFICATION

Full name: ……

Prisoner number: PHN:

Gender:

Date of Birth: *(dd/mm/yy)* DATE OF SCREENING *(dd/mm/yy)*

Marital status: TIME ……

A. INTERVIEW – CURRENT HEALTH CONCERNS		**YES**	**NO**
1.	Did you have any health problems in the last 2 weeks?		
2.	Do you suffer from any diseases you want to share with the doctor?		
3.	Are you taking any medication? (1) TB (2) STD (3) NCD (4) Mental health problems (5) Others		
4.	Have you ever received treatment? (1) TB (2) STD (3) NCD (4) Mental health problems (5) Others		
5.	Special diet doctors prescribed for your illness?		
6.	Do you have a cough for two weeks or more?		
7.	Do you cough blood?		
8.	Have you lost weight in the last three months?		
9.	Have you attempted to harm or kill yourself in the past?		
10.	Have you ever received treatment by psychiatrist, psychologist, psychiatric hospital/ mental health institution?		
11.	Have you been recently subjected to violence?		
12.	Do you consume alcohol on regular basis?		
13.	Do you take drugs? (1) Cannabis (2) Heroin (2) Cocaine (4) Nicotine (5) Others		
	Sexual history		
14.	When did you last have sex ?		
	Whether a casual partner of regular partner.		
	How many partners/contacts in last 3 months?		
15.	Did you use condoms in last sex?		
16.	Were you on any contraceptive method before coming to the prison?		
17.	If the answer to Q 16 is ‘yes’, what was the contraceptive method?		

	Gynaecological & obstetric history		
18.	When was your last menstrual period?		
19.	Do you have children? How many?		
20.	If the answer to Q. 19 is 'yes', what is the age of the last child?		
21.	Are you breast feeding?		

DETAILS

B. EXAMINATION – VITAL SIGNS

1	**Weight**		Kg	**Height**		cm	**BMI**		Kg/m^2
2	**Pulse rate**		Per min						
3	**Temp (^0C)**		**^0C**						
4	**Blood pressure**		mmHg	**BP2**	Date:				MmHg
				BP3	Date:				MmHg

C. OBSERVATION – GENERAL APPREARANCE		YES	NO
1.	Does the person respond to question adequately?		
2.	Does the person look sick or in need of immediate medical care?		
3.	Does the person look to be drunk or under the influence of drugs?		
4.	Does the person look to have withdrawal symptoms?		
4a	Opioid: (1) Lacrimation (2) Rhinorrhoea (3) Agitation (4) Piloerection (5) Vomiting (6) Feeling confused (7) Sweating (8) Miserable (9) Heart pounding (10) Problem with Memory		
4b	Alcohol: (1) Anxious (2) Sleep disturbance (3) Nausea (4) Restless (5) Tremor (6) Feeling confused (7) Sweating (8) Miserable (9) Heart pounding (10) Problem with Memory		
5.	Does the person look at risk of committing suicide?		
6.	Does the person look to be aggressive towards others?		
7.	Does the person have any visible handicaps/ disabilities?		
8.	Does the person have any abnormal body marks? Bruises? Scars? Sores?		
	Please mark your observation below.		

Abdominal Examination:
Conclusion:
Recommendation:

		Select	Date	Detail
1.	To be referred to outside hospital			
2.	To be admitted in prison hospital			
3.	To be referred to specialist/ clinics			
4.	To be followed up			
5.	Regular admission in prison			

Name of health personal **Signature**

Annexure 2- Pregnancy Register

Pregnancy Register

Prison……

Date	Prison Number	Name	Age	Address and contact Number	Known Pregnant on admission Y/N	ANC (Previous and current)	POA	Parity	Remarks

Annexure 3- Sample delivery Register to STD laboratory

Sample delivery to STD Laboratory Register

Prison ……

Date	Number of Samples	Delivered by	STD Clinic	Received by	Number of heamolysed samples and their numbers	Remarks

Annexure 4 - VDRL and HIV register for female prison inmates

VDRL and HIV register for female prison inmates

Prison ……..

Date……

Serial Number		**Prison Number**	**Name**	**Address and contact number**	**Age**	**Results**		**Remarks**
						VDRL	HIV	

Annexure 5- Request form for serology

Request form for serology

Prison ……

Date ……

Name of the inmate ……

Prison Number ……

Age ……..

Investigation requested (Please tick)

VDRL	
TPPA	
HIV	
Hep B S antigen	
Hep C antibody	

Requesting Medical officer ……..

Signature ……

For more information, Contact
National STD / AIDS Control Programme
29, De Saram Place, Colombo 10.
Sri Lanka
E-mail : info@aidscontrol.gov.lk
Web : http://www.aidscontrol.gov.lk