

# **Guidelines for Maintaining Registers and Returns in STD Clinics**



**National STD/AIDS Control Programme,  
29, De Saram Place, Colombo 10.  
Sri Lanka**

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# Contents

|   |    |
|---|----|
| List of Abbreviations.....  | vi |
| Preface.....  | v  |
| Part 1: Guidelines for maintaining registers in the STD clinics.....                    | 1  |
| 1. Main Register.....   | 2  |
| 2. Subsequent Visit Register .....  | 4  |
| 3. Outpatient Blood Testing Register .....  | 5  |
| 4. Interview and Contact Tracing Register.....  | 6  |
| 5. IEC, BCC and Awareness Programme Register.....                                       | 10 |
| 6. HIV Testing and counseling register.....   | 11 |
| 7. Condom Distribution Register .....   | 12 |
| 8. Commercial Sex Worker Register.....  | 13 |
| 9. Outreach Blood Survey Register.....  | 14 |
| 10. Defaulter Register.....   | 15 |
| 11. Antenatal Syphilis Register .....   | 16 |
| 12. Pre-employment/Visa screening Register .....  | 17 |
| Part 2: Guidelines for completion of the Quarterly return from STD clinics (QRSTD)..... | 18 |
| Annex 1: STI Case Definitions for Surveillance .....                                    | I  |
| Annex II: Codes of STDs for the Main Register .....                                     | vi |

# List of Abbreviations

|       |  |
|-------|--|
| AIDS  | Acquired immunodeficiency syndrome                     |
| BB    | Beach boys   |
| BCC   | Behavior change communication                          |
| CSF   | Cerebrospinal fluid                                    |
| CSW   | Commercial sex worker                                  |
| DU    | Drug user  |
| EDD   | Expected date of delivery                              |
| ELISA | Enzyme-linked immunosorbent assay                      |
| FI    | For interview  |
| FSW   | Female sex worker                                      |
| GP    | General practitioner                                   |
| HIV   | Human immunodeficiency virus                           |
| ID/PP | Identity/passport                                      |
| IDU   | Intravenous drug user                                  |
| IEC   | Information, education & communication                 |
| MO    | Medical officer  |
| MP    | Marital partner  |
| MSM   | Men who have sex with men                              |
| NF    | New file   |
| NGO   | Nongovernmental organization                           |
| NSACP | National STD/AIDS control programme                    |
| OPD   | Outpatient department                                  |
| PA    | Particle agglutination                                 |
| PC/L  | Post card/ letter                                      |
| PHI   | Public health inspector                                |
| PHNS  | Public health nursing sister                           |
| PID   | Pelvic inflammatory disease                            |
| PN    | Partner notification                                   |
| QRSTD | Quarterly return of STD                                |
| RDHS  | Regional director of health service                    |
| STD   | Sexually transmitted diseases                          |
| STI   | Sexually transmitted infection                         |
| SW    | Sex worker   |
| TPPA  | <i>Treponema pallidum</i> particle agglutination assay |
| UTI   | Urinary tract infection                                |
| VDRL  | Venereal disease research laboratory (test)            |
| VOG   | Visiting obstetrician and gynaecologist                |

# Preface

The National STD/AIDS control programme (NSACP) of the ministry of health is responsible for the collection, analysis and dissemination of data related to sexually transmitted Infections (STI). Currently STIs do not belong to the category of notifiable diseases in Sri Lanka. Therefore, the main source of data on STIs is the quarterly return from the STD clinics (QRSTD).

To compile the quarterly return (QRSTD) accurately, it is necessary to record and maintain patients' data uniformly in all the STD clinics. Instructions to prepare the patient records are given in the NSACP publication named "User Manual for Patient Information Management System (PIMS)" (2008).

Purpose of this guideline is to provide instructions on the maintenance of registers and preparation of the quarterly return (QRSTD) in the STD clinics. The STD clinic staff is expected to use this guideline to improve the accuracy of data recording and reporting.



# Part 1: Guidelines for maintaining registers in the STD clinics

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**S**TD clinics maintain many registers. In addition to the administrative purposes, these registers are used to prepare the Quarterly return of STD (QRSTD) clinics. QRSTD is the main source of data for monitoring and evaluation of the STD clinic activities and surveillance of STI trends in Sri Lanka. Therefore it is important to maintain these registers uniformly in all STD clinics. The part I of this document summarizes the instructions on how to maintain these registers. Instructions given in this section will help to maintain the registers accurately and uniformly in all STD clinics.

## **List of Registers**

1. Main Register
2. Subsequent Visit Register
3. Outpatient Blood Testing Register
4. Interview and Contact Tracing Register
5. IEC/BCC/ Awareness Programme Register
6. HIV testing and counseling Register
7. Condom Distribution Register
8. Commercial Sex Worker Register
9. Outreach Blood Survey Register
10. Defaulter Register
11. Antenatal Syphilis Register
12. Pre-employment/Visa Screening Register

It is important to maintain the above registers in all the STD clinics as they are necessary for the preparation of the quarterly STD return(QRSTD). In addition, depending on the necessity, larger STD clinics may require to maintain additional registers.



## 1. Main Register

As the name suggests, this is the most important Register in an STD clinic. The main purpose of this register is to maintain data on newly attending patients and subsequent visit patients with a new complaint. It should be noted that most of the other registers in the STD clinic can be completed/updated using the Main register.

Table1.1 Main Register

| Date | Serial No for Diagnosis | Name | Master No | Sex | Date of Birth | Age | Address and phone no. | Level of Education | Occupation | Nationality/<br>Ethnicity | Marital status | Reason for<br>Attendance | Diagnosis | Remarks /<br>Risk groups (MSM/<br>FSW/IDU/BB/ Prisoners),<br>pregnancy status etc |
|------|-------------------------|------|-----------|-----|---------------|-----|-----------------------|--------------------|------------|---------------------------|----------------|--------------------------|-----------|---|
|      |                         |      |           |     |               |     |                       |                    |            |                           |                |                          |           |   |

### Note.

- This register is filled for both new patients and for previously registered patients who attend with a new complaint.
- Any patient must be given only one specific Master number at the first registration.
- If a new diagnosis is made in a previously registered patient, it has to be entered into the Main register under a new serial number. A new serial number should be given for each new diagnosis and indicated as New File (NF) under remarks column in red.
- Remember - for each diagnosis there should be a separate row with a new serial number. Therefore the serial number indicates the number of diagnoses. At the end of quarter/year, serial number last entered indicates the number of new STD diagnoses for the quarter/year (*Table 01 in QRSTD*).
- Depending on the clinic capacity, patients load and staff, two separate registers can be maintained for male and females.

### Instructions To Complete Columns Of Main Register:-

- **Serial number** – Start as one from the 1<sup>st</sup> of January in each year. Each number is assigned for each diagnosis. One patient can have several serial numbers depending on the number of diagnoses. (Remember that “No illness” is also a diagnosis) At the end of a quarter/year, serial number last entered indicates the number of diseases diagnosed for that quarter/year.
- **Master number** – Number format should be as M or F/xxxx/xx (Last two xx are for digits of the year). At the end of a quarter/year, the master number last entered indicates the number of newly registered persons. (*This figure is required to fill Table 02 of the QRSTD*).

- **Date of Birth** – If the patient doesn't know the exact date, write the approximate year based on the age and consider birthday as 1<sup>st</sup> of January of that particular year. E.g. If a patient says 65 yrs old on 23/03/2013 write the date of birth as 01/01/1948.
- **Age** – Always clarify with the Date of Birth
- **Level of education** – classify into 1. 1-5 grade 2. 6-10 grade 3. GCE O/L 4. GCE A/L 5. Dip/Degree 6. No schooling/NA
- **Nationality/Ethnicity** – Classify into 1. Sri Lankan 2 Others (for foreigners, mention the country).
- **Marital status**– Classify whether 1.Single, 2.Married/Living together, 3.Separated/Divorced/Widowed, 4. Not known.
- **Occupation** – Categories should be the same as table 09 in QRSTD e.g. 1. Unemployed, 2.Employed, 3.Student 4.Retired, 5. Not known. If employed need to specify the exact job. (E.g. Instead of Hotel worker specify whether room boy, Barmen, Manager, steward, Cook etc.)

In the case of a male commercial sex worker, this information should be stated in the remarks column as this should be entered in to the commercial sex worker register.*(Number of male sex workers is necessary to fill the table No. 06 of QRSTD).*

- **Reason for attendance**-Classify reason for attendance into 1. Contact of patient (write the slip number), 2. Voluntary, 3.Referral from courts/Magistrate,4. Others (Specify e.g. Referral from GP/ Ward/ MO/NGO/ any other clinic or detected positive VDRL on screening; Pre-employment/ Blood bank/ Antenatal screening/ foreign employment or routine blood examination. *Categories should be same as table 10 of the QRSTD).*
- **Diagnosis** – There can be more than one diagnosis on the 1<sup>st</sup> visit or on a subsequent visit. Diagnosis can be written in short form, (As in annex – 03). There should be a separate serial number for each diagnosis.
- **Remarks** – Details such as, referred to another STD clinic, Patient's MP's master number, New File (NF) etc. and type of risk groups e.g. MSM FSW, drug user, IDU, Beach boy, prisoner etc. If the patient is pregnant, indicate it here to provide antenatal women's STI data.

## 2. Subsequent Visit Register

The main objective of the subsequent visit register is to identify the number of subsequent visits made by already registered patients.

Table 1.2 Subsequent visit Register

| Date | Serial Number for the sub visit | Master number | Reason for attendance       |                     | Remarks<br>(Indicate risk groups FSW, MSW, MSM, Drug user) etc, Pregnancy status |
|------|---------------------------------|---------------|-----------------------------|---------------------|--|
|      |                                 |               | For a follow up appointment | For a new complaint |  |
|      |                                 |               |                             |                     |  |

### Note

- If an already registered patient (with a master number) comes with a new complaint he/she should be entered into the Subsequent visit register and to the Main register with a new serial number.
- Remember that serial number in Subsequent visit register and Main Register is not the same. Serial number in Main Register gives the total number of diagnosis made and the serial number in the Subsequent visits register gives the total number of subsequent visits.

### Instructions to complete columns of Subsequent visit register (Sub-visit register)

- **Serial number** - Start as one from 1<sup>st</sup> of January in each year. At the end of a year or a quarter, serial number last entered gives the number of subsequent visits for the quarter or year (*This information is necessary to complete table 02 of QRSTD*).
- **Master number** – Same master number used in the Main register
- **Reason for attendance** – Indicated by putting a tick in relevant cage
  - Follow up appointment
  - New complaint
- **Remarks** -If a male commercial sex worker has come for a subsequent appointment, write“Male CSW” in the remarks column (*Needed for the table 06 of QRSTD*).

### 3. Outpatient Blood Testing Register

The main purpose of this Register is to maintain data regarding patients who are getting tested for Syphilis, Hepatitis B, Hepatitis C and HIV without opening a clinic file.

Table 1.3 Outpatient Blood Testing Register

| S.No | Date<br>DD/MM/YYYY | OPD/M,OPD/F<br>Number | Reason for attendance | Name address telephone<br>No: and Email | Sex<br>(M/F) | Age(Year) | Name of the<br>blood test<br>(Indicate testing<br>status and results<br>for each test) |      |     |     |     | Remarks, Risk groups<br>(SW,MSM,DU,IDU, BB,<br>Prisoners, etc.), NGO<br>referral | Date of results given &<br>Signature of the issuing<br>officer. |
|------|--------------------|-----------------------|-----------------------|---|--------------|-----------|--|------|-----|-----|-----|--|---|
|      |                    |                       |                       |   |              |           | VDRL   | TPPA | HIV | HBV | HCV |  |   |
|      |                    |                       |                       |   |              |           |  |      |     |     |     |  |   |

#### Notes

- Depending on the capacity of the STD clinic two registers can be maintained for male and females.
- Remember–Do not to include patients who are coming for pre-employment/foreign employment if they are documented in specific registers.
- If syphilis is confirmed in private sector or state sector they are directly entered to the Main Register and a clinic file opened.

#### Instructions to complete columns of Outpatient blood testing register

1. Serial no–Start as one from 1st of January in each year. Each number is assigned for a each person. At the end of a quarter/year, serial number last entered indicates the tested person.
2. Date– in dd/mm/yyyy format
3. OPD/M,OPD/F Number - Male – OPD/M, females – OPD/F– Start as one from 1st of January in each year. OPD/M or OPD/F / Number / Last two digits of the year. (OPD/M/0001/14)
4. Reason for attendance
5. Name, address , Telephone No and Email
6. Sex-M for male, F for female
7. Age- Age as at last birthday (clarify with the date of birth)
8. Name of the blood test (indicate testing status and result for each test)
9. Remarks–Risk groups (SW,MSM,DU/IDU,BB, prisoners, etc.), NGO referral
10. Date of results given & signature of the issuing officer

#### 4. Interview and Contact Tracing Register

Contact tracing also known as Partner notification (PN) is the process for providing access to persons who may have been at risk of infection from an index case. This includes supportively providing advice to contacts about possible infection, and providing treatments for infection.

Main role of this Interview and contact tracing register is to summarize data regarding the patients whose contacts need to be traced. Public health staff should attempt to reach all contacts and see that they are attended to, and registered for care.

Table 1.4 Interview and Contact Tracing Register

| Details of the Index patient |           |                  |               |                             |     |     |           |                    |                  |                          | Details of the Contact |               |             |           |
|------------------------------|-----------|------------------|---------------|-----------------------------|-----|-----|-----------|--------------------|------------------|--------------------------|------------------------|---------------|-------------|-----------|
| Date                         | Serial No | Name of PHI/PHNS | Master number | Name ,address and Telephone | Age | Sex | Diagnosis | No of contact slip | Next clinic Date | Type of counseling given | Address of the contact | Date attended | File number | Diagnosis |
|                              |           |                  |               |                             |     |     |           |                    |                  |                          |                        |               |             |           |

#### Notes

- Depending on the capacity and work load of the STD clinic either one register or two separate registers for males and females can be maintained. If two registers are used remove column under sex.
- Interview should be focused on tracing the contacts of Gonorrhoea, Syphilis, Chlamydia, NGI, Trichomoniasis, PID and epididymo-orchitis. (Consider contact tracing of PID and epididymo-orchitis only if the causative organism is suspected to be a STI)
- STD clinician should ensure that patients, who are diagnosed as having above infections, including presumptive cases, are sent 'for an interview' (FI) with PHI/ PHNS. When the public health staff is not available, doctor has to do the interview and provide contact slips.
- It is important to maintain confidentiality throughout the contact tracing process.
- There should be an agreed contact action with the index patient about mode of partner referral and which partner to contact.
- The outcome of the agreed contact action should be documented for each index patient within 4 weeks of first partner tracing discussion.

- During interview, the index patient should be given contact slips for all contacts.
- Contact slip format –

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(K36 S. S. E.) 2/87

**සම්බන්ධීකරණ කාඩ් පත**  
**CONTACT SLIP**

..... { ආරෝග්‍ය ආලාප  
Hospital

මෙම රෝගීන් වෙත දායක පරීක්ෂකයාගේ අවශ්‍ය වුවහොත්  
ප්‍රතිකාර කරන්න.  
Please examine bearer and treat if necessary.

ආරෝග්‍ය ආලාප අංකය } .....  
Introduced by No.

.....  
ශ්‍රී ලංකා රජයේ මුද්‍රණ ආයතනයෙන් මුද්‍රිත  
General Hospital, Colombo

ශ්‍රී ලංකා රජයේ මුද්‍රණ ආයතනයෙන් මුද්‍රිත

### Notes

- **Contact slip number**—This should take the following format. Serial No in the interview and contact tracing register / last two digits of the year / Number for the slip given by the interviewer.
- To get the number of contacts treated in each disease, count them in the Main register under reasons for attendance where you have to mention the reason as a contact of patient, the master number of index patient and the contact slip number.
- If doctors are giving contact slips still it is mandatory to send the index patient ‘for an interview’ (FI).
- Doctor may decide to treat a contact (marital partner, spouse) without bringing the contact to the STD clinic. They are not entered in the number of contacts treated in the table 3 of QRSTD. However, it is necessary to send these index patients for an interview (FI) to trace other contacts.
- The period during which contacts need to be traced is called Interview period or look-back interval.

### Instructions to complete columns of interview and contact tracing register

1. In the section of index patients’ data, contact slip, master number and the diagnosis have to be mentioned.
2. Type of counseling given e.g. condom demonstrations should be included in this register under relevant column.
3. At the end of each week, officer responsible for contact tracing should check whether contacts have attended the clinic or not and should enter the outcome in

the section of details of the contact. To do this, public health staff need to check the main register in the column of reason for attendance both in male and female registers.

**Table 1.5 Interview periods (Look-back intervals) for different sexually transmissible infections**

| <b>Infection</b>  | <b>Category</b>                         | <b>Interview period/look-back interval</b>   |
|---|---|--|
| Gonorrhoea  | Male index cases with urethral symptoms | All contacts since, and in the <b>two weeks</b> prior to, the onset of symptoms (if no contacts in the period: Notify the last contact)  |
|   | All other index cases                   | All contacts in the <b>three months</b> prior to presentation (if no contacts in the period: Notify the last contact)                    |
| Chlamydia   | Male index cases with urethral symptoms | All contacts since, and in the <b>four weeks</b> prior to, the onset of symptoms (if no contacts in the period: Notify the last contact) |
|   | All other index cases                   | All contacts in the <b>six months</b> prior to presentation (if no contacts in the period: Notify the last contact)                      |
| Non-gonococcal urethritis<br>Non-gonococcal cervicitis        | If Chlamydial infection detected        | As in chlamydial infections  |
|   | If chlamydia not detected               | All contacts since, and in the <b>four months</b> prior to, the onset of symptoms  |
| Epididymo-orchitis<br>OR<br>Pelvic Inflammatory Disease (PID) | If Gonococcal infection detected        | As in gonococcal infections  |
|   | If Chlamydial infection detected        | As in chlamydial infections  |
|   | If gonorrhoea or chlamydia not detected | All contacts since, and in the <b>six months</b> prior to the onset of symptoms  |
| Trichomoniasis  | -                                       | Any partner (s) within the <b>four weeks</b> prior to presentation should be treated   |
| Chancroid   | -                                       | All contacts since and in the 10 days prior to the onset of symptoms   |
| LGV   | Index cases with symptoms               | All contacts since, and in the <b>four weeks</b> prior to the onset of symptoms  |
|   | Index cases without symptoms            | All contacts in the <b>three months</b> prior to LGV detection   |

**Table 1.5 cont.,**

| <b>Infection</b>              | <b>Category</b>  | <b>Interview period/look-back interval</b>  |
|-------------------------------|--|---|
| Early syphilis                | Primary syphilis   | All contacts since, and in the <b>three months</b> prior to, the onset of symptoms  |
|                               | Secondary and early latent syphilis                      | All contacts since, and in the <b>two years</b> prior to, the onset of symptoms   |
| Late latent and late syphilis | Sexual partners and Children of female partners          | Partner Notification should be done back to the date of last negative syphilis serology, if available. Otherwise, it should extend back over the patient's sexual life time as far as is feasible |
| HIV infection                 | Time of infection can be estimated by risk assessment    | Include all contacts since, and in the three months prior to the estimated time of acquisition of the infection.  |
|                               | Time of infection cannot be estimated by risk assessment | All previous partners should be contacted and offered HIV testing   |

**Contact tracing/Partner notification (PN) for HIV infection**

An estimate, based on a risk assessment, of when infection is likely to have occurred should be made and PN provided to include all contacts since, and in the three months prior to, this estimate. If this is not possible, all previous partners should be contacted and offered HIV testing.

The risk assessment should take in to account the history of exposure to modes of HIV transmission (sexual history, IDU history, transfusion or transplantation history, mother to child transmission history etc.), HIV testing history, and the history of possible sero-conversion illness. Additionally results of CD4 counts and viral load are also useful in risk assessment.

HIV Partner notification should be a part of ongoing care and sexual history should be taken at least six-monthly intervals after first presentation with HIV infection.

*(Adopted from the BASHH statement on partner notification for sexually transmissible infections-2012)*



## 5. IEC, BCC and Awareness Programme Register

This Register is used to maintain data on Information, education and communication activities/Behavioral Change Communication/Awareness programmes carried out by the staff of the STD clinic to various sectors in the population.

Table 1.6 IEC, BCC and Awareness Programme Register

| <b>Date</b> | <b>Name &amp; Designation of the officer</b><br>(who conducted the programme) | <b>Type of the programme</b><br>1. Lecture 2. Exhibition<br>3. Workshop 4. Other(specify) | <b>Organized by whom</b><br>1. NSACP/STD Clinic<br>2. NGO (specify)<br>3. Gov. sectors (specify)<br>4. Other(specify) | <b>Type of Participants/ Target audience</b><br>1. FSW 2. MSM<br>3. DU 4. Youth (out of school)<br>5. School 6. Public/Mixed<br>7. Other(specify) | <b>Number of Participants/ Target audience</b><br>(Approximate) |
|-------------|---|---|---|---|---|
|             |   |   |   |   |   |

### Notes

- This register is used to understand details regarding IEC, BCC or awareness programmes conducted by the STD Clinic such as,
  - No of population covered.
  - Spectrum of activities done
  - Spectrum of population groups covered

Instructions to Complete Columns of IEC/BCC/Awareness programme register

1. Date – in dd/mm/yyyy format
2. Name and designation of the officer – Name and designation of the officer who conducted the programme
3. Type of programme - Lecture, exhibition, Workshop, other(specify)
4. Organized by whom- NSACP/STD Clinic, NGO(specify), Gov/sectors(specify), other (specify)
5. Type of Participant - FSW, MSM, DU, School, Youth, Public/Mixed and other group, etc.
6. Number of participants -10, 40, 300, etc.

## 6. HIV Testing and counseling register

The purpose of maintaining this is to keep track of persons who undergo HIV testing and counseling in STD clinics. This register also gives us information on whether the person came to get their test result and their risk group category.

### **Important:**

- Both client initiated and provider initiated HIV testing and counseling should be Included.
- Data should be collected from Patient records, Outpatient blood testing register, Pre-employment registers, Accidental needle prick registers or any other records in which HIV testing and counseling is recorded.
- The HIV testing and counseling register should be completed using all the sources mentioned above, before completing the Table 14 of the Quarterly STD return.

Table 1.7 HIV testing and Counselling Register

| S. No. | Date | Patient No.*<br>(OPD, RM or Clinic<br>File No.) | Sex | Age | HIV  |   | VDRL | TPPA | Risk group<br>1. SW<br>2. MSM<br>3. IDU/DU<br>4. Beach boys<br>5. Prisoners<br>6. Other STD clinic<br>attendees |
|--------|------|---|-----|-----|--|---|------|------|---|
|        |      |   |     |     | HIV Result<br>1. 001<br>2. 002<br>3. Other | HIV Results given to<br>patient<br>1. Yes (Date)<br>2. No |      |      |   |
|        |      |   |     |     |  |   |      |      |   |
|        |      |   |     |     |  |   |      |      |   |

### **Instructions to complete this register**

1. Serial No. Start as one from 1st of January in each year. Each number is assigned for a tested person. At the end of a quarter/year, serial number last entered indicates the tested person
2. Date- in dd/mm/yyyy format
3. Patient No-Enter the patient number e.g. Main Register no,OPD Register no etc.
4. Sex- M for male, F for female
5. Age-Age at last birthday
6. HIV result –Follow the codes provided to fill up the column.
  - a. HIV Result 1 for Negative , 2 for Positive result , 3 for Other (indeterminate etc.,)
  - b. HIV result given to;Yes- (Date) No
7. VDRL- Test Result
8. TPPA- Test Result
9. Risk group-Follow the codes provided to fill the columns

## 7. Condom Distribution Register

This Register is maintained to record information regarding bulk issue and receipts of condoms at STD clinics.

Table 1.8 Condom Distribution register

| Date | No. Received | From whom | No issued | Date of Issue | Issued to | Balance in hand | Remarks |
|------|--------------|-----------|-----------|---------------|-----------|-----------------|---------|
|      |              |           |           |               |           |                 |         |

### Instructions to Complete Columns of Condom Distribution Register

1. **Date**– in dd/mm/yyyy format
2. **No. Received** – Number of units as mentioned above, (Not as small or large box of condoms)
3. **From whom**- Out station clinic, from “NSACP”
4. **No. Issued**
5. **Date of issue**
6. **To whom**
7. **Balance in hand**
8. **Remarks**

## 8. Commercial Sex Worker Register

To maintain this register, it is necessary to transfer the relevant sex worker information already in the Main register to CSW Register. Include all entries made for sex workers under new master numbers and new serial numbers in the main register.

The main purpose of maintaining a CSW Register is to keep information on sex workers separately from the Main Register and this will help to identify the number of diagnosis made on sex workers.

Table 1.9 Commercial Sex Worker Register

| Date | Serial No | Master No | Name & address<br>Telephone no: | Age | Sex | Marital status | Diagnosis | Remarks |
|------|-----------|-----------|---------------------------------|-----|-----|----------------|-----------|---------|
|      |           |           |                                 |     |     |                |           |         |

### Instructions to Complete Columns of Commercial Sex Worker Register

**1. Date.**– in dd/mm/yyyy format

**2. Serial No-** Start as one from 1<sup>st</sup> of January in each year. At the end of quarter or year, the serial number last entered denotes the number of diagnoses in CSW's registered for the period.

**3. Master No-** As it appears in the Main Register.

**4. Name, address and Telephone Number-**Write the name, permanent and temporary addresses clearly and completely.

**5. Age-**Age at last birth day

**6. Sex-**Mention the sex in order to count the number of Male and Female sex Workers separately.

**7. Marital status-** Categories should be same as table 08 in QRSTD e.g. 1.Single/Never Married, 2.Married/Living together, 3.Separated/Divorced/Widowed, 4.Not Known.

**8.Diagnosis-**Write diagnosis in short forms e.g.TV,GC,ON,NGU,NGC,CHL,S<sub>1</sub>,S<sub>2</sub>,S<sub>3</sub>,S<sub>4</sub>E,S<sub>4</sub>L,S<sub>5</sub>S<sub>6</sub>,S<sub>7</sub>,S<sub>8</sub>E,S<sub>8</sub>L,BV,CAN,GI,LGV,HSV,HIV,GW,HBV,HCV etc.)

**9. Remark-**For any remarks eg. escorted by a particular NGO/peer educator

## 9. Outreach Blood Survey Register

This register is used to keep records on special blood surveys carried out by the STD Clinic and study participants are expected to attend the clinic for results.

Table 1.10 Outreach Blood Survey Register

| Date | Place of blood collection | No of the sample | Name, address and Telephone No | Age | Sex | Results of the test |      |     | Remark/ Risk Group |
|------|---------------------------|------------------|--------------------------------|-----|-----|---------------------|------|-----|--------------------|
|      |                           |                  |                                |     |     | VDRL                | TPPA | HIV |                    |
|      |                           |                  |                                |     |     |                     |      |     |                    |

### Notes

- Write the place and date/period of survey and any other notes
- The content of the register can be changed according to the needs of the survey.

### Instructions to Complete Columns of Outreach Blood Survey Register

1. **Date:**
2. **Place of blood collection:** e.g. name of the prison, etc
3. **Number of the sample** –According to the survey methodology.
4. **Name , address and Telephone No:** Enter only if relevant
5. **Age:** Age at last birth day
6. **Sex:**M for male, F for female
7. **Results of the tests** VDRL, TPPA and HIV.
8. **Remarks :** Indicate more details about the blood testing survey

## 10. Defaulter Register

The term 'defaulter' is used for patients who do not attend for the given appointment. Most of the defaulters do not need any active intervention by the STD clinic staff. However, certain defaulters need to be contacted for provision of care as they may be at risk of developing complications due to untreated STIs and may transmit the infection to their sexual partners.

Main purpose of the Defaulter register is to maintain data on defaulters who needs to be contacted and take necessary actions to bring them for continuation of care. Proper maintenance of this register will help to keep track of defaulters and to determine the effectiveness of the defaulter tracing services.

Table 1.11 Defaulter Register

| Date | Serial No | Master No | Due date | Date PC/L sent | Date of visit | Visited by | Date of attendance | Reason for not contacting |
|------|-----------|-----------|----------|----------------|---------------|------------|--------------------|---------------------------|
|      |           |           |          |                |               |            |                    |                           |

### Notes.

- To identify the defaulters, each clinic should either maintain a diary on due visits or have the appointment card system.
- After three days of defaulting, the defaulted files should be reviewed by a STD clinician and he/she should advice PHI/PHNS regarding the mode of default tracing.
- Only the details of defaulted patients who need contacting are entered into the defaulter register.

### Instructions to Complete Columns of Defaulter Register

1. Date.
2. Serial No– Start as one from 1st of January in each year.
3. Master No.
4. Due date – Next visit date in the Appointment card (H-9), Patient record, or diary
5. Date PC/letter- 1st letter, 2nd letter etc sent
6. Date of visit –
7. Visited by - Name and designation
8. Date of attendance – Date patient visited the clinic.
9. Reason for not contacting – Make a short note if contacting is not done.

## 11. Antenatal Syphilis Register

Main objective of this Register is to record information on antenatal mothers who were screened and tested positive for Syphilis, in order to follow up and prevent congenital syphilis.

Table 1.12 Antenatal Syphilis Register

| Date | Serial No | Sample no & Place of referral, MOH area | Name, address and TelephoneNo: | Age | Parity (ANC) | Test results |  |      |  | STD file no | Treatment given | Baby's detail | Partners detail | Remarks |
|------|-----------|---|--------------------------------|-----|--------------|--------------|--|------|--|-------------|-----------------|---------------|-----------------|---------|
|      |           |   |                                |     |              | VDRL         |  | TPPA |  |             |                 |               |                 |         |
|      |           |   |                                |     |              |              |  |      |  |             |                 |               |                 |         |

### Notes

- Only the antenatal mothers who are positive for syphilis should be entered here. (Both treated or untreated)
- Blood samples sent from institutions or field clinics in MOH areas and mothers who personally visit the clinic should be entered in a laboratory register. And once such a sample is positive for syphilis, it has to be entered into the Antenatal syphilis positive register and main register.
- To identify the number of antenatal mothers positive for syphilis, use the serial number of this table.

Instructions to complete columns of Antenatal syphilis positive register.

1. **Date**– in dd/mm/yyyy format
2. **Serial Number** – Start as one from 1<sup>st</sup> of January in each year.
3. **Sample number & place of referral** – Indicate the MOH Clinic and ANL Number
4. **Name, address and Telephone No** – Home Address
5. **Age**
6. **Parity** – P - Pregnancy, C - Living children
7. **Test results** – VDRL, TPHA
8. **File No. STD clinic** – Master number
9. **Remarks** –Expected date of delivery (EDD), Date of issue of the letter to VOG etc.
10. **Baby's Details** –Baby's STD clinic file no. Date of treatment/Prophylaxis, VDRL and EIA IgM Reports.
11. **Partners Details** – Partner's STD clinic file No, syphilis diagnosed or not Date of epi-treatment

## 12. Pre-employment/Visa screening Register

Main role of this Register is to maintain information on those who are coming for syphilis and HIV screening required for pre-employment or visa screening purposes.

Table 1.13 Pre-employment/Visa screening Register

| Date | Serial No. | Name and address | Department No. | Age/DOB | Sex | ID /PP No. | Name of Dept. /Migrating country | Receipt no. if a payment is done | Test and Results |      |     | Signature of issuing officer | Date of Issuing report | Signature of applicant | Remarks |  |
|------|------------|------------------|----------------|---------|-----|------------|----------------------------------|----------------------------------|------------------|------|-----|------------------------------|------------------------|------------------------|---------|--|
|      |            |                  |                |         |     |            |                                  |                                  | VDRL             | TPPA | HIV |                              |                        |                        |         |  |
|      |            |                  |                |         |     |            |                                  |                                  |                  |      |     |                              |                        |                        |         |  |

### Note:

- Although the Register is named as Pre-employment/Visa screening register, this should be used to enter data on persons who come for syphilis/HIV screening for the purpose of renewal of medicals, promotions, re-joining, and screening before entry to universities, nursing training schools, colleges, visa purposes etc.
- By non-governmental and private sector employees, relevant payments have to be made before drawing blood for investigations.
- If found to be positive, a STD clinic file with a new Master number needs to be opened.
- Depending on the workload of the STD clinic, separate registers can be maintained.e.g for Sri Lanka Police medicals, H-Number register for HIV screening after a payment, etc.

Instructions to complete columns of the Pre-employment/visa screening register.

- 1. Date– in dd/mm/yyyy format**
- 2. Serial No.** –Start as one from 1<sup>st</sup> of January in each year.
- 3. Name and address** -Write clearly and correctly
- 4. Dept.No.-** Write if relevant
- 5. Age/DOB-**
- 6. Sex**
- 7. I.D No or PP No.**
- 8. Name of Dept. or Migrating country.**
- 9. Receipt No.** Write if relevant
- 10. Results** - When blood is drawn put a tick in relevant column. And results later, when it is available.
- 11. Signature of the issuing officer**
- 12. Date of issuing the report**
- 13. Signature of the applicant**
- 14. Remarks** - File no. If detected Positive or other relevant details



## Part 2: Guidelines for completion of the Quarterly return from STD clinics (QRSTD)

In Sri Lanka sexually transmitted infections (STIs) are not notifiable. Therefore, the only regular source of data on STIs is originated from STD clinics through the quarterly STD return (QRSTD). The purpose of the part 2 of this guideline is to provide necessary information and directions to complete QRSTD accurately.

According to the direction of the ministry of health, the quarterly returns should be prepared by 20<sup>th</sup> of the following month after each quarter. Duly completed returns should be sent to Director, National STD/AIDS Control Programme, 29, De Sarem place, Colombo 10. It is necessary to keep a copy of the return at the STD clinic for future references.

### Title section of the QRSTD

| <b>QUARTERLY RETURN FROM STD CLINICS (Revision: 01.08.2013)</b> |   |
|---|---|
| Name of the STD clinic  | : _____   |
| Period of the return  | : __/__/20__ to __/__/20__ (____ Quarter of 20__) |
| Return completed by (Name, designation and signature)           | : _____   |
| Checked by (Name, designation and signature)                    | : _____   |
| Date of completion  | : __/__/20__                                      |

**Instructions to complete title section:** - Write clearly name of the STD clinic and the period of the quarterly return. Name and designation of the officers who were involved in the preparation and certification of QRSTD should be written clearly.

Table 2.1: Table 1 of the quarterly STD return

**Table 1: Total Number of New Diagnoses\* by Age groups**

|                                    | 0 - 14 |   | 15 - 19 |   | 20 - 24 |   | 25 - 29 |   | 30 - 34 |   | 35 - 39 |   | 40 - 44 |   | 45 - 49 |   | 50+ |   | TOTAL |   | GRAND TOTAL |
|------------------------------------|--------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|-----|---|-------|---|-------------|
|                                    | M      | F | M       | F | M       | F | M       | F | M       | F | M       | F | M       | F | M       | F | M   | F | M     | F |             |
| 1. HIV infection                   |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 2. Infectious Syphilis             |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 3. Late syphilis                   |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 4. Early Congenital Syphilis       |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 5. Late Congenital Syphilis        |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 6. Gonorrhoea & presumptive GC     |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 7. Ophthalmia neonatorum           |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 8. Non Gono. urethritis/cervicitis |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 9. Chlamydia                       |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 10. Genital Herpes                 |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 11. Genital Warts                  |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 12. Chancroid                      |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 13. Trichomonosis                  |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 14. Candidiasis                    |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 15. Bacterial Vaginosis            |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 16. Other STI                      |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 17. Total STI                      |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 18. Non STI/Uncertain              |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 19. No illness                     |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 20. GRAND TOTAL                    |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |

**Instructions to complete table 1.** This table gives the total number of diagnoses made for all clinic attendees for the quarter (STD diagnoses were previously known as STD episodes.)

**Note:** ‘All clinic attendees’ includes both new patients and patients attended on subsequent visits. All these patients who attended in a particular quarter should be included at least once in this table as a diagnosis (Number of “No illness”, non-STI/Uncertain” diagnoses should be included in this table).

A surveillance case definition is given for all the diagnoses mentioned in this table. All STD diagnoses should be made using these case definitions (*Annex – I*).

**Source of data to complete table 1:**

**Main Register** of the STD clinic. Use columns for age, sex and diagnosis. MO/STD should complete diagnoses in the patients’ records and the Main register should be updated from patients’ records before using it for the completion of table 1. Total number of the diagnoses is indicated from the serial number of the Main register.

**Table 2.2:**Table 2 of the quarterly STD return

|  | Male | Female | Total |
|--|------|--------|-------|
| 1. New patients registered                       |      |        |       |
| 2. New patients with STIs                        |      |        |       |
| 3. Total number of clinic visits by STD patients |      |        |       |
| 4. Total number of visits by others*             |      |        |       |

\* Pre-employment, antenatal visits on out-patient basis (OPD/F, OPD/M) etc

**Instructions to complete row1-to row 4 of table 2**

Row 1: Include only the number of newly registered patients for the quarter.

**Source of data:- Main register, use Master numbers.**

Row 2: Out of newly registered patients, how many had an STI.

**Source of data: - Main register. (Exclude diagnoses among patients on sub-visits and new patients with non STI/Uncertain and no illness diagnoses)**

Row 3: Include total clinic visits by both new and patients who came on sub-visits

**Source of data: Main register and Subsequent visit register**

Row 4: This row should include all visits by patients as well as any other clinic visits for services provided by the clinic. i.e. pre-employment, antenatal VDRL screening, visits of those who had blood tests as outpatient basis OPD F and OPD M (earlier RM and OPD numbers) etc. However, if only a blood sample was sent for testing, it should not be included in this row. Add all the clinic visits from Main register, Subsequent visit register, OPD blood testing register, Pre-employment/Visa screening register and any other relevant register (Accidental needle prick register etc.)

**Table 2.3:** Table 3 of the quarterly STD return

|                                      | Male | Female | Total |
|--------------------------------------|------|--------|-------|
| 1. Contacts of Syphilis treated      |      |        |       |
| 2. Contacts of Gonorrhoea treated    |      |        |       |
| 3. Contacts of Chlamydia treated     |      |        |       |
| 4. Contact of Trichomoniasis treated |      |        |       |

**Instructions to complete table 3**

Include number of contacts treated for syphilis, gonorrhoea and chlamydia infections. This should include the marital or stable partner in addition to other contacts who had treatments as contacts.

**Source of data:** Interview and contact tracing Register

**Table 2.4:** Table 4 of the quarterly STD return

|                           | Number of VDRL | VDRL positive | TPPA/ TPHA positive | Number treated | Testing lab |
|---------------------------|----------------|---------------|---------------------|----------------|-------------|
| 1. STD patients' samples  |                |               |                     |                |             |
| 2. Antenatal samples      |                |               |                     |                |             |
| 3. Pre-employment samples |                |               |                     |                |             |
| 4. Other samples          |                |               |                     |                |             |
| <b>Total</b>              |                |               |                     |                |             |

**Table 2.5:**Table 5 of the quarterly STD return

|                          | Number tested for HIV (ELISA, PA) | Number positive | Testing lab |
|--------------------------|-----------------------------------|-----------------|-------------|
| 1. STD patients' samples |                                   |                 |             |
| 2. Antenatal samples     |                                   |                 |             |
| 3. Survey samples        |                                   |                 |             |
| 4. Other samples         |                                   |                 |             |
| <b>Total</b>             |                                   |                 |             |

**Instructions to complete table 4 and 5**

Table 4 and 5 should include number of samples tested for syphilis and HIV infection under different categories. Name of the testing laboratory should be written to avoid double counting at the national level.

**Source of data:** Antenatal syphilis screening Register, Pre-employment/Visa screening register, OPD blood testing Register, Outreach blood survey Register, Laboratory data etc.

**Table 2.6:** Table 6 of the quarterly STD return

|   | Male | Female | Total |
|---|------|--------|-------|
| 1. New Sex workers registered                             |      |        |       |
| 2. New Sex workers with STIs                              |      |        |       |
| 3. Total number of sex workers attended (new & sub-visit) |      |        |       |
| 4. Total clinic visits by Sex workers                     |      |        |       |

**Instructions to complete table 6**

Row 1: Include only newly registered sex workers for the quarter

Row 2: Include only new sex workers with a diagnosis of STI. (Total of this row should be less than the grand total of table 7)

Row 3: Include total clinic visits by both new and sex workers on a subsequent visit.

Row 4: This row should include all visits by sex workers as well as any other clinic visits for services provided by the clinic for sex workers. i.e. condom provisions etc.

**Source of data:**

For row 1 and 2: Main register (remarks column).

For row 3: Use both Main and Subsequent registers

For row 4: Use Main register, Subsequent visit register, OPD blood testing register etc.

**Table 2.7:** Table 7 of the quarterly STD return

**Table 7: Total Number of New Diagnoses\* Among Sex Workers by Age groups**

|                                    | 0 - 14 |   | 15 - 19 |   | 20 - 24 |   | 25 - 29 |   | 30 - 34 |   | 35 - 39 |   | 40 - 44 |   | 45 - 49 |   | 50+ |   | TOTAL |   | GRAND TOTAL |
|------------------------------------|--------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|-----|---|-------|---|-------------|
|                                    | M      | F | M       | F | M       | F | M       | F | M       | F | M       | F | M       | F | M       | F | M   | F | M     | F |             |
| 1. HIV infection                   |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 2. Infectious syphilis             |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 3. Late syphilis                   |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 4. Gonorrhoea & presumptive GC     |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 5. Non Gono. urethritis/cervicitis |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 6. Chlamydia                       |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 7. Genital Warts                   |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 8. Genital Herpes                  |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 9. Chancroid                       |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 10. Trichomonosis                  |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 11. Candidiasis                    |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 12. Bacterial Vaginosis            | ■      |   | ■       |   | ■       |   | ■       |   | ■       |   | ■       |   | ■       |   | ■       |   | ■   |   | ■     |   |             |
| 13. Other STI                      |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 14. Total STI                      |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 15. Non STI/Uncertain              |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 16. No illness                     |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |
| 17. Grand Total                    |        |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |     |   |       |   |             |

\* Refer surveillance case definition for each diagnosis

**Instructions to complete table 7**

Include total diagnoses made on Sex workers (both new and those on subsequent visits). Similar to table 1, all diagnoses should be based on the surveillance case definitions (See Annex I)

**Sources of data:** Main register, Commercial sex worker register

**Tables 2.8:** Table 8 of the quarterly STD return

|                                   | Males | Female | Total |
|-----------------------------------|-------|--------|-------|
| 1. Single                         |       |        |       |
| 2. Married                        |       |        |       |
| 3. Separated, Divorced or Widowed |       |        |       |
| 4. Living Together                |       |        |       |
| 5. Not Known                      |       |        |       |
| <b>Total</b>                      |       |        |       |

**Tables 2.9:** Table 9 of the quarterly STD return

|               | Male | Female | Total |
|---------------|------|--------|-------|
| 1. Unemployed |      |        |       |
| 2. Employed   |      |        |       |
| 3. Student    |      |        |       |
| 4. Retired    |      |        |       |
| 5. Not Known  |      |        |       |
| <b>Total</b>  |      |        |       |

**Tables 2.10:** Table 10 of the quarterly STD return

|                                   | Male | Female | Total |
|-----------------------------------|------|--------|-------|
| 1. Contact of patient             |      |        |       |
| 2. Voluntary                      |      |        |       |
| 3. Referral from magistrate/court |      |        |       |
| 4. Others                         |      |        |       |
| <b>Total</b>                      |      |        |       |

**Instructions to complete table 8, 9 and 10**

These three tables include some basic demographic variables of new patients attended during the quarter. Totals of each of these tables should be same as the first row total of table 2 (new patients registered).

**Source of data:** Main Register (Columns- marital status, occupation and reason for attendance)

Table 11 of the QRSTD includes bulk condom distribution details. **Source of data:** Condom Distribution Register

**Table 2.11:** Table 11 of the quarterly STD Return

| Details of condom amounts                               | Number |
|---|--------|
| Number of condoms available at the beginning of quarter |        |
| Number of condoms received during quarter               |        |
| Number of condoms issued during quarter                 |        |
| Number of condoms available at the end of quarter       |        |

Table 12 and 13 of the quarterly STD return

Table 12 and 13 includes details about IEC/BCC and Awareness programmes conducted during the quarter by staff of STD clinic. **Source of Data:** IEC/BCC/Awareness Programme Register.

**Table 2.12:** Table 12 of the quarterly STD return

| Type of Programme | Number of programmes | Approximate number of participants |
|-------------------|----------------------|------------------------------------|
| Lectures          |                      |                                    |
| Exhibitions       |                      |                                    |
| Workshops         |                      |                                    |
| Other (specify)   |                      |                                    |
| <b>Total</b>      |                      |                                    |

(Totals of table 12 and 13 should be the same)

**Table 2.13:** Table 13 of the quarterly STD return

| Type of Participants            | Number of programmes | Approximate number of participants |
|---------------------------------|----------------------|------------------------------------|
| Female Sex Workers              |                      |                                    |
| Men who have sex with men (MSM) |                      |                                    |
| Drug users                      |                      |                                    |
| Prisoners                       |                      |                                    |
| Youth (out of school)           |                      |                                    |
| School children                 |                      |                                    |
| General public/Mixed group      |                      |                                    |
| Other (specify)                 |                      |                                    |
| <b>Total</b>                    |                      |                                    |

(Totals of table 12 and 13 should be the same)

Table 14 and 15 of the quarterly STD Return

Table 14 includes details about HIV tests done for STD clinic attendees during the quarter.

**Source of Data:** HIV testing and counseling register (Patient records, Outpatient blood testing register, Pre-employment/visa screening register, Accidental needle prick register or any other records in which HIV testing and counseling is recorded.)

**Table 2.14:**Table 14 of the quarterly STD Return

| Type of STD clinic attendee     | Number Who received HIV Testing and Counseling |        | Number came to receive HIV result |        |
|---------------------------------|--|--------|-----------------------------------|--------|
|                                 | Male   | Female | Male                              | Female |
| Sex Workers                     |  |        |                                   |        |
| Men who have sex with men (MSM) |  |        |                                   |        |
| Drug users                      |  |        |                                   |        |
| Prisoners                       |  |        |                                   |        |
| Other STD clinic attendees      |  |        |                                   |        |
| <b>Total</b>                    |  |        |                                   |        |

**Table 2.15:**Table 15 of the quarterly STD Return

| Type of key population          | Number Who received HIV Testing and Counseling |        | Number received HIV result |        |
|---------------------------------|--|--------|----------------------------|--------|
|                                 | Male   | Female | Male                       | Female |
| Sex Workers                     |  |        |                            |        |
| Men who have sex with men (MSM) |  |        |                            |        |
| Drug users                      |  |        |                            |        |
| Prisoners                       |  |        |                            |        |
| Other (specify)                 |  |        |                            |        |
| <b>Total</b>                    |  |        |                            |        |

### Annex 1: STI Case Definitions for Surveillance

|                               |  |
|-------------------------------|--|
| <b>1.HIV infection</b>        | Demonstration of antibodies to HIV 1 or 2 by a screening test,<br><b>and</b><br>Confirmed with a Western blot <b>or</b> other confirmatory assay.  |
| <b>2. Infectious syphilis</b> | <p><i>Includes primary syphilis, secondary syphilis and early latent syphilis. Both probable and confirmed cases should be included.</i></p> <p><b>a) Primary and secondary syphilis</b><br/>           Probable: An illness with ulcers (primary) or mucocutaneous lesions (secondary) clinically suggestive of syphilis <b>and</b> a reactive serologic test for syphilis (non-treponemal or treponemal).<br/>           Confirmed: Demonstration of <i>Treponema pallidum</i> in clinical specimens by dark fieldmicroscopy or other methods.</p> <p><b>b) Early latent syphilis</b><br/>           No clinical signs or symptoms of syphilis with historical/ documented evidence that the infection was acquired within the previous 24 months,<br/> <b>and</b><br/>           1) a reactive non-treponemal and treponemal test in a patient with no prior syphilis diagnosis, <b>or</b><br/>           2) a non-treponemal test titer demonstrating fourfold or greater increase from the last non-treponemal test in a patient with a prior syphilis diagnosis.</p> |
| <b>3.Late syphilis</b>        | <p><i>Includes late latent syphilis, tertiary syphilis, and quaternary syphilis</i></p> <p><b>a) Late latent syphilis</b><br/>           No clinical signs or symptoms of syphilis, with evidence that the infection was acquired more than 24 months ago or of unknown duration,<br/> <b>and</b><br/>           a non-treponemal test which is reactive or non-reactive and a treponemal test which is reactive in a patient with no prior syphilis diagnosis.</p> <p><b>b) Tertiary syphilis / quaternary syphilis</b><br/>           A diagnosis of cardiovascular, neuro or gummatous syphilis,<br/> <b>and</b><br/>           1) there is evidence that the infection was acquired more than 24 months ago or of unknown duration ,<br/> <b>and</b><br/>           2) a non-treponemal test which is reactive or non-reactive and a treponemal test which is reactive</p>   |



|  |   |
|--|---|
| <p><b>4. Early congenital syphilis</b></p> | <p><i>Early congenital syphilis is diagnosed in children who are less than 2 years of age. Both probable and confirmed cases should be included.</i></p> <p>Probable:</p> <p>1. An infant whose mother had untreated or inadequately treated syphilis during pregnancy (includes an infant whose mother treated with non-penicillin regimens and was treated for syphilis less than 4 weeks prior to delivery and regardless of signs in the infant and),</p> <p style="text-align: center;"><b>or</b></p> <p>An infant or child with a reactive treponemal test,</p> <p style="text-align: center;"><b>and,</b> any one of the following</p> <ul style="list-style-type: none"> <li>a) Evidence of congenital syphilis on physical examination</li> <li>b) Long bone X-rays compatible with congenital syphilis</li> <li>c) Reactive non-treponemal test, which is 4 fourfold greater than the mother.</li> <li>d) A reactive CSF- VDRL or an elevated cell count and protein in CSF (without other cause)</li> <li>e) A reactive syphilis specific Ig M antibody test</li> <li>f) A persistently reactive treponemal test for more than 18 months of age.</li> </ul> <p>2. Stillbirth: A fetal death that occurs after 20 weeks gestation or in which the fetus weighs &gt;500 g and the mother had untreated or inadequately treated syphilis at delivery.</p> <p>Confirmed: Demonstration of <i>T. pallidum</i> by dark field microscopy, fluorescent antibody in specimens from lesions, placenta, umbilical cord or autopsy material.</p> |
| <p><b>5. Late congenital syphilis</b></p>  | <p><i>Late congenital syphilis is diagnosed in persons who are older than 2 yrs.</i></p> <ul style="list-style-type: none"> <li>1. A child with, a reactive treponemal test, whose mother had untreated or inadequately treated syphilis during pregnancy (regardless of signs in the child), <b>or</b></li> <li>2. A child with a reactive treponemal test and any one of the following <ul style="list-style-type: none"> <li>a. Evidence of congenital syphilis on physical examination</li> <li>b. Long bone X-rays compatible with congenital syphilis</li> </ul> </li> </ul>  |

## Alternative case definition for Congenital Syphilis (WHO-2009)

### Case definition 1

Congenital syphilis is defined as a live born infant with clinical evidence of syphilis (one major and two minor criteria) born to a mother with syphilis (clinical or seropositive) who has not been treated or was inadequately treated.

| MAJOR CRITERIA         | MINOR CRITERIA                         |
|------------------------|--|
| Swelling of the joints | Hepatosplenomegaly                     |
| Bullous skin lesions   | Jaundice                               |
| Snuffles               | Anaemia                                |
|                        | Radiological changes in the long bones |

### Case definition 2

Congenital syphilis is defined as an asymptomatic, live born baby, born to a woman positive for syphilis, whose serological titer of the nontreponemal test is at least four fold higher than that of the mother or who remains sero-reactive beyond four months after birth or is positive for IgM antibodies.

### Case definition 3

Congenital syphilis is defined as a live born infant, stillbirth or fetal loss born to a mother:

- with clinical evidence of syphilis and/or
- who has a positive immunochromatographic strip (ICS) test or a reactive non-treponemal test confirmed by a treponemal test carried out in the prenatal period or during delivery, and
- who has not been treated or was inadequately treated (not completed treatment according to the stage of syphilis or treated with non-penicillin regimens or treated less than four weeks before delivery)
- in whom treatment was not documented

|   |   |
|---|---|
| <b>6.1 Gonorrhoea</b>   | <p><i>Both probable or confirmed cases should be included</i></p> <p>Probable:</p> <ol style="list-style-type: none"> <li>1. Male with a purulent urethral discharge who has a history of recent sexual exposure, <b>or</b></li> <li>2. Observation of gram-negative intracellular diplococci in a urethral smear obtained from a man, <b>or</b></li> <li>3. Observation of gram-negative intracellular diplococci in a cervical smear obtained from a woman, <b>or</b></li> <li>4. Sexual contact of a case of gonorrhoea (probable or confirmed) who has been treated for gonorrhoea but tested negative or not tested for gonorrhoea</li> </ol> <p>Confirmed:</p> <p>Isolation of typical gram-negative, oxidase-positive diplococci from a gonococcal culture of a clinical specimen.</p> |
| <b>7. Ophthalmia neonatorum</b>   | <p><i>Both probable or confirmed cases should be included</i></p> <p>Probable: Unilateral or bilateral conjunctivitis in a newborn occurring within four weeks of delivery.</p> <p>Confirmed: Conjunctivitis in a new-born (within four weeks of delivery), with an ocular specimen that is positive for <i>N. gonorrhoea</i> or <i>C. trachomatis</i></p>  |
| <b>8.1 NGU</b><br>(Non-gonococcal urethritis)                                     | <p>A male with symptoms or signs of urethritis, <b>and</b> a urethral smear or culture is negative for gonococcus, <b>and</b> Gram-stained urethral smear with <math>\geq 5</math> pus cells per high power field (x1000), <b>or</b> Gram-stained deposits of first passed urine (centrifuged) with <math>\geq 10</math> pus cells per high power field (x1000), <b>or</b> first void centrifuged urine with <math>\geq 15</math> pus cells per high power field (x 400)</p>  |
| <b>8.2 NGC</b> (Non-gonococcal cervicitis) / <b>MPC</b> (mucopurulent cervicitis) | <p>A female with symptoms or signs of cervicitis, <b>and</b> a cervical smear or culture is negative for gonococcus, <b>and</b> Gram-stained cervical smear with <math>\geq 30</math> pus cells per field (x1000)</p>   |
| <b>9. Chlamydia</b>   | <p>Probable: Contact of a case of chlamydia <b>and</b> tested negative or not tested</p> <p>Confirmed: A positive antigen detection test, culture or nucleic acid-based test for <i>C. trachomatis</i> on a clinical specimen from a symptomatic or asymptomatic person.</p>  |

|                                |  |
|--------------------------------|--|
| <b>10. Genital herpes</b>      | Laboratory evidence of herpes simplex virus (type I or II) from a clinical specimen from a lesion in the anogenital area (HSV ELISA, HSV culture), <b>or</b><br>A clinically compatible illness in the anogenital area with or without detecting giant cells.<br><b>Note:</b> Do not include serologically diagnosed cases who never had signs or symptoms of herpes in anogenital area.   |
| <b>11. Genital warts</b>       | An illness with obvious genital or anal warts on physical examination.<br><b>Note:</b> Should not include koilocytic atypia on the Pap smear or areas with positive “Aceto-white” test.  |
| <b>12. Chancroid</b>           | <i>Both probable or confirmed cases should be included</i><br>Probable: A person with genital or anal ulcers clinically suggestive of chancroid, <b>and</b><br>1) No evidence of <i>T. pallidum</i> infection by dark field examination <b>or</b> by a serologic test for syphilis performed more than 7days after ulcer onset, <b>and</b><br>2) A negative test for HSV on ulcer exudates or clinical exclusion of HSV.<br>Confirmed: Identification of <i>Haemophilus ducreyi</i> by culture or nucleic acid test in ulcer exudates. |
| <b>13. Trichomoniasis</b>      | Vaginal smear, urine deposit or pap smear is positive for <i>Trichomonas vaginalis</i> in a person who may or may not have symptoms or signs.  |
| <b>14. Candidiasis</b>         | Refers to Candida vulvo-vaginitis in females and Candida balanitis in males.<br><b>Note:</b> Diagnosed only if the client has symptoms or signs, <b>and</b><br>A positive smear or culture for candida. It should not be a laboratory diagnosis alone.   |
| <b>15. Bacterial vaginosis</b> | A woman with symptoms or signs <b>and</b><br>a vaginal smear suggestive of Bacterial vaginosis (presence of Clue cells, absence of lactobacilli, presence of mixed bacterial flora etc) .<br>It should not be a laboratory diagnosis alone.  |
| <b>16. Other STI</b>           | Refers to all other STIs not listed above such as LGV, Granuloma inguinale, Molluscum in genital area, PID, prostatitis, genital scabies etc   |
| <b>17.1 Non STI/Uncertain</b>  | Refers to a non-STI illness such as dermatitis, seborrhoeic warts, sebaceous cysts, UTI, Inguinal hernia etc or if the diagnosis is uncertain.   |
| <b>17.2 No illness</b>         | Refers to persons who come for testing but physical examination and laboratory investigations are negative.  |

**ANNEX 2: Codes of STDs for the Main Register**

| Diagnosis                      |                                | Diagnostic codes |
|--------------------------------|--------------------------------|------------------|
| Bacterial vaginosis            |                                | BV               |
| Candidiasis                    |                                | CAN              |
| Chlamydia                      |                                | CHL              |
| Gonorrhoea                     |                                | GC               |
| Granuloma inguinale            |                                | GI               |
| Genital warts                  |                                | GW               |
| Hepatitis B Viral infection    |                                | HBV              |
| Hepatitis C Viral infection    |                                | HCV              |
| Human Immunodeficiency Virus   |                                | HIV              |
| Herpes simplex virus infection |                                | HSV              |
| Lymphogranuloma venerium       |                                | LGV              |
| Molluscum                      |                                | MC               |
| Nongonococcal cervicitis       |                                | NGC              |
| Nongonococcal urethritis       |                                | NGU              |
| Non STD illness                |                                | Non STD          |
| Ophthalmia neonatorum          |                                | ON               |
| Syphilis                       | Sero-negative primary syphilis | S1               |
|                                | Sero-positive primary syphilis | S2               |
|                                | Secondary syphilis             | S3               |
|                                | Early latent syphilis          | S4E              |
|                                | Late latent syphilis           | S4L              |
|                                | Neuro-syphilis                 | S5               |
|                                | Cardio-vascular syphilis       | S6               |
|                                | Gummatous syphilis             | S7               |
|                                | Early congenital syphilis      | S8E              |
|                                | Late congenital syphilis       | S8L              |
| Trichomoniasis                 |                                | TV               |

