



**THE 2009 STI, HIV AND AIDS
THIRD QUARTER SURVEILLANCE
REPORT**

July – September, 2009

**National Department of Health
STI, HIV and AIDS Surveillance Unit**

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30/09/09

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Abbreviations and Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care Clinic
ART	Anti-Retroviral Therapy
AusAID	Australian Agency for International Development
BAHA	Business Coalition Against HIV and AIDS
BSS	Behavioural Surveillance Surveys
DMS	Director of Medical Services
EPP	Estimation and Projection Package
FBO	Faith Based Organization
FHI	Family Health International
GFATM	Global Fund for AIDS, TB and Malaria
HAMP	HIV/AIDS Management and Prevention Act
HEO	Health Extension Officer
HIV	Human Immunodeficiency Virus
HRC	HIV Response Coordinator
IMAI	Integrated Management of Adults and Adolescent Illnesses
IMR	Institute of Medical Research
MLT	Medical Laboratory Technician
MSW	Male Sex Workers
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDOH	National Department of Health
NGO	Non Government Organization
NHASP	National HIV/AIDS Support Project
NHIS	National Health Information System
NRI	National Research Institute
NSO	National Statistical Office
PAC	Provincial AIDS Committee
PICT	Provider Initiated Counselling and Testing
PLO	Provincial Liaison Officer
PLWHA	People Living with HIV/AIDS
PMGH	Port Moresby General Hospital
PPTCT	Prevention of Parent to Child Transmission
PNG	Papua New Guinea
PNGDF	Papua New Guinea Defence Force
RDS	Respondent Driven Sampling
SPC	South Pacific Commission
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children Fund
UPNG	University of Papua New Guinea
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

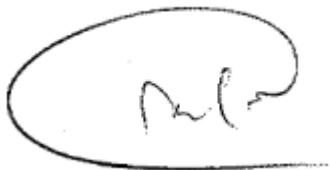
Foreword

The National Department of Health would like to thank those who contributed towards the production of this 2009 STI, HIV and AIDS 3rd Quarterly Surveillance Report. The data used in this report were collected through routine data collection from VCT, ANC, STI, TB clinics and Blood banks. This information will be useful to all stakeholders involved in HIV.

The compilation of this report satisfies one of the key objectives of the National Department of Health to provide up to date information on the STI and HIV epidemic so that all stakeholders can access and use to plan and implement their response to HIV. NDoH will continue to provide NAC and other stakeholders with quarterly updates on the HIV epidemic despite challenges in data collection. Efforts to improve data quality are continuing with the roll out of training of health workers on how to fill out data collection forms and report HIV related data to NDoH.

I encourage all staff working at facility level to take data collection seriously as part of their routine work. Data from facility level should be collected systematically and reported in a timely manner to facilitate monitoring of the HIV epidemic. Understanding trends in HIV, STI and TB infections and practices that increase potential for transmission of HIV are critical to understanding changes in the epidemic; and to create a more evidence-based response to prevent HIV and to support people living with HIV. The importance of strategic information cannot be overemphasized given the need to create a more evidence-based response to HIV, and to direct resources and support where most required.

I wish to once again thank all stakeholders and partners for their continuous support in assisting the Department of Health to generate the information presented in this report. I recommend that this report be disseminated to all sectors and stakeholders for every one's use.

A handwritten signature in black ink, enclosed within a hand-drawn oval. The signature appears to be 'C. Malau'.

Dr Clement Malau
Secretary for Health

EXECUTIVE SUMMARY

This report provides information compiled from three routine HIV and AIDS databases at the NDoH during the 3rd quarter of 2009. These three databases are (1) Routine HIV case reporting database (2) Routine monthly testing summary database (3) Routine monthly ART summary database. The report also presents updated information on the 2nd round of HIV and STI sentinel surveillance surveys in 2009. These data are true up to the time of publication as continuous updates are made after receiving reports from sites.

(1) Routine HIV Case Report Data

A total of 832 newly diagnosed HIV infections were reported from provincial labs to the NDoH using the HIV case notification forms (Form SURV4) during this quarter. More females (n=515, 62%) than males (n=310, 37%) were reported, reflecting the greater number of testing among females (11213 testing, 35%) than males (5927 testing, 65%). Sixty percent (60%) of infections were among those in the 20-35 year ages, with roughly equal proportions in 20-24 (19%), 25-29 (23%) and 30-34 (18%) years. Females were detected at earlier ages than males, and more males than females were reported above 50 years. Where data is available, the major mode of transmission was through heterosexual sex. Over 94% of HIV infections were reported from 6 provinces including WHP (40%), EHP (19%), Morobe (10%), NCD (9%), Enga (8%), and Southern Highlands Province (8%).

(2) Routine Monthly HIV Testing Report Data

A total of 17,140 tests were conducted at the different HIV testing sites during the third quarter with 412 confirmed positive cases. These data were reported from HIV testing sites (VCT, ANC, STI, TB, Blood Banks, other clinics, wards, and sites) to the NDoH using the monthly HIV testing summary forms (Form SURV1). More females (n=11213, 65%) than males (n=5927, 35%) were tested for HIV, with more reported infections among females (n=254, 62%) than males (n=157, 38%). VCT clients accounted for 44% (7599/17140) of the HIV tests done and 73% (302/412) of all newly diagnosed HIV infections during the 3rd quarter of 2009.

Thirty-three women (0.5%) were confirmed positive out of the 6,117 pregnant mothers tested for HIV. The prevalence among pregnant women varies between and within provinces. The highest HIV prevalence among ANC women was reported in Simbu (2.3%, 1/43) EHP (1.9%, 1/53) WHP (1.7%, 3/174) and NCD (1.1%, 17/1505). With the exception of NCD, HIV prevalence in the former three provinces are inconclusive as number of women tested is small.

(3) Routine Monthly ART Report Data

Six hundred and forty-seven (647) adults and 28 children were newly registered at ART sites during July-September, 2009. Among those who have registered, 324 adults and 10 children were newly put on treatment during the 3rd quarter of 2009. One hundred and five mothers were put on ART to reduce parent to child transmission (PPTCT). Over 25 patients were lost due to deaths (n=17) and drop outs (n=9) from the program during the 3rd quarter of 2009.

Section 1: Routine HIV AND AIDS DATA REPORTING

This section provides data collected through routine HIV and AIDS surveillance and programme monitoring for the third quarter in 2009. Data presented here are based on three separate databases of (1) HIV case reporting (Form SURV4), (2) monthly HIV testing summary (Form SURV1) and (3) monthly ART summary report (Form SURV2).

HIV is a notifiable disease under the Public Health Management Act. Therefore, all HIV confirmed positive infections should be reported immediately to the National Department of Health after confirmations by provincial laboratories. However, this has not been working well despite a clear channel of how the data should be reported (See appendix 1 and 2).

HIV confirmed infections are reported from sites through the provincial confirmatory laboratories. For every initial HIV reactive cases, the VCT counselor at each testing site fills out an HIV case reporting form (SURV 4) and sends it with blood specimen to the provincial laboratory. When the test is confirmed positive for HIV, results are entered in the case reporting form and sent to NDoH STI, HIV, and AIDS surveillance unit. At the surveillance unit, data of each case notification form are entered into the EpiInfo database for analysis. The confirmed results at the provincial labs are also conveyed to the HIV testing site for clinicians to institute appropriate treatment.

The monthly HIV testing summary reports (SURV1) are sent from HIV testing sites to the NDoH during the first week of the new month. The data include the total number of HIV tests done and number of tests confirmed positive. Data of monthly HIV testing summary forms are entered into the MS EXCEL database at the NDoH surveillance unit. The monthly ART reports (SURV2) are sent from ART sites to the NDoH during the first week of the new month and include the number of newly registered HIV positive persons, number of patients newly started on treatment, defaulters, number of women receiving treatment to reduce parent to child transmission (PPTCT) and those receiving post exposure prophylaxis for sexual violence and injuries. Data of monthly ART summary forms are entered into the MS EXCEL database at the NDoH surveillance unit.

A total of 832 HIV case notification forms (SURV4) were reported from provincial labs to the NDoH during the 3rd quarter of 2009. However, only 412 HIV infections were reported from HIV testing sites to the NDoH using the monthly HIV testing summary forms (SURV1) during the quarter. The differences in the total number of HIV cases reported (832 vs. 412 positive cases) are due to following reasons: First, many HIV testing sites did not report the monthly HIV testing summary forms in a timely manner during this quarter. Second, some results of HIV confirmatory test were not delivered from provincial labs to HIV testing sites, thus monthly HIV testing summary forms were not completely and accurately filled out by staff at HIV testing sites.

There were positive signs of improvement in terms of data reporting during this quarter. This can be attributed to the roll out of routine surveillance training and the proactive approach taken to continuously communicate with staff at sites. However, there is still room for improvement. The Surveillance Unit has taken steps to focus on quality assurance and control which is beginning to show encouraging signs. This is a process and a critical component of data management that will be given high priority as surveillance develops.

1.1. Routine HIV Case Report Data

1.1.1. Reported HIV Infections by Age and Sex

Table 1: New and Cumulative HIV Infections Reported in Papua New Guinea, 1987-2009 30/09/09

Year of detection	Male	Female	Unknown	Number of Annual HIV Infections	Cumulative Number of HIV Infections
1987	2	4	0	6	6
1988	8	5	0	13	19
1989	11	7	0	18	37
1990	24	12	0	36	73
1991	17	16	2	35	108
1992	12	18	0	30	138
1993	19	21	0	40	178
1994	42	31	1	74	252
1995	68	57	1	126	378
1996	94	96	2	192	570
1997	173	174	1	348	918
1998	331	307	23	661	1,579
1999	421	336	34	791	2,370
2000	601	448	25	1,074	3,444
2001	649	618	46	1,313	4,757
2002	841	797	76	1,714	6,471
2003	1,058	1,142	117	2,317	8,788
2004	1,157	1,197	282	2,636	11,424
2005	1,321	1,607	147	3,075	14,499
2006	1,553	1,824	296	3,673	18,172
2007	2,027	2,868	143	5,038	23,210
2008	2,003	3,013	68	5,084	28,294
2009 1 st Quarter	270	441	16	727	29,021
2009 2 nd Quarter	341	544	11	896	29,917
2009 3 rd Quarter	310	515	7	832	30,749
2009 1 st , 2 nd , 3 rd Qrts	921	1500	34	2455	
Total	13,353	16,098	1,298	30,749	

Table 1 shows that during the third quarters of 2009, 832 newly diagnosed HIV infections were reported. By the end of the third quarter of 2009, a cumulative total of 30,749 HIV infections had been reported since the first reported infection in 1987. These cumulative infections included 13,353 (43%) males, 16,098 (52%) females, and 1,298 (4%) where sex was not reported.

Table 2: Number of reported HIV infections by age and sex, 01 July - 30 September 2009

Age Group	Male	Female	Unknown	TOTAL	%
<5	12	10	0	22	2.6
5-9	1	3	0	4	0.5
10-14	1	2	0	3	0.4
15-19	6	47	0	53	6.4
20-24	27	129	1	157	18.9
25-29	66	122	2	190	22.8
30-34	59	90	0	149	17.9
35-39	52	56	0	108	13.0
40-44	29	21	0	50	6.0
45-49	21	12	1	34	4.1
50-54	12	8	0	20	2.4
55-59	6	2	0	8	1.0
Over 60	12	1	0	13	1.6
Unknown	6	12	3	21	2.5
TOTAL	310	515	7	832	100.0

Out of the 832 newly diagnosed HIV infections reported this quarter; 515 (62%) were females, 310 (37%) males and 7 (1%) where sex was not recorded.

Most reported HIV infections were among those aged 25-29 (23%) and 20-24 years (19%). The next most commonly affected age group was 30-34 (18%) years. Age was missing in 21 persons (2.5%) with HIV infections. There were more females reported than males between the ages of 15-24 years (11% vs. 34%). This is in contrast to more men (10%) than women (2%) diagnosed with HIV at 50 years and over. These data indicate that women and young youths are detected at younger ages than men, which may reflect the testing pattern more than infection pattern.

Reported unknown sex and age have been decreasing as more data collectors are pay more attention to recording these basic demographic indicators at facility levels.

1.1.2. Reported HIV Infections by Province of Detection

Table 3: Number of reported HIV infections by province of detection 01/07/09 -30/09/09

Province of detection	Male	Female	Unknown	TOTAL	%
Western	5	3	0	8	1.0
Gulf	1	0	0	1	0.1
Central	2	2	0	4	0.5
NCD	20	56	2	78	9.4
Milne Bay	0	0	0	0	0.0
Oro	2	4	0	6	0.7
SHP	25	38	0	63	7.6
Enga	23	45	0	68	8.2
WHP	128	200	4	332	39.9
Simbu	0	2	0	2	0.2
EHP	49	105	1	155	18.6
Morobe	36	50	0	86	10.3
Madang	3	3	0	6	0.7
ESP	3	1	0	4	0.5
WSP	3	0	0	3	0.4
Manus	0	0	0	0	0.0
NIP	5	1	0	6	0.7
ENBP	0	0	0	0	0.0
WNBP	1	3	0	4	0.5
NSP	4	2	0	6	0.7
TOTAL	310	515	7	832	100.0

Over 90% (94%) of HIV infections were reported from six provinces. Western Highlands reported 40% of infections, followed by Eastern Highlands (19%), Morobe (10%), NCD (9%), Enga (8%) and Southern Highlands Province (8%). Two out of the five New Guinea Islands (NGI) provinces did not report any HIV case notification forms during this quarter, as well as Milne Bay. Provinces that did not report are being contacted to do so immediately. Officers have also been assigned to retrieve these missing data during the routine surveillance trips to the respective provinces.

HIV is a notifiable disease under the Public Management Act and the HIV Prevention and Management Act 2003. By law anyone newly diagnosed with the virus should be reported to NDoH as soon as the diagnosis is confirmed by the provincial confirmatory laboratory. A more effective means of channeling the case notifications to NDoH is needed to ensure that more updated information on HIV infections are provided to stakeholders. The further roll out of training on data collection forms will help strengthen reporting from provinces and HIV testing sites.

1.1.3 Reported HIV Infections by Province of Origin

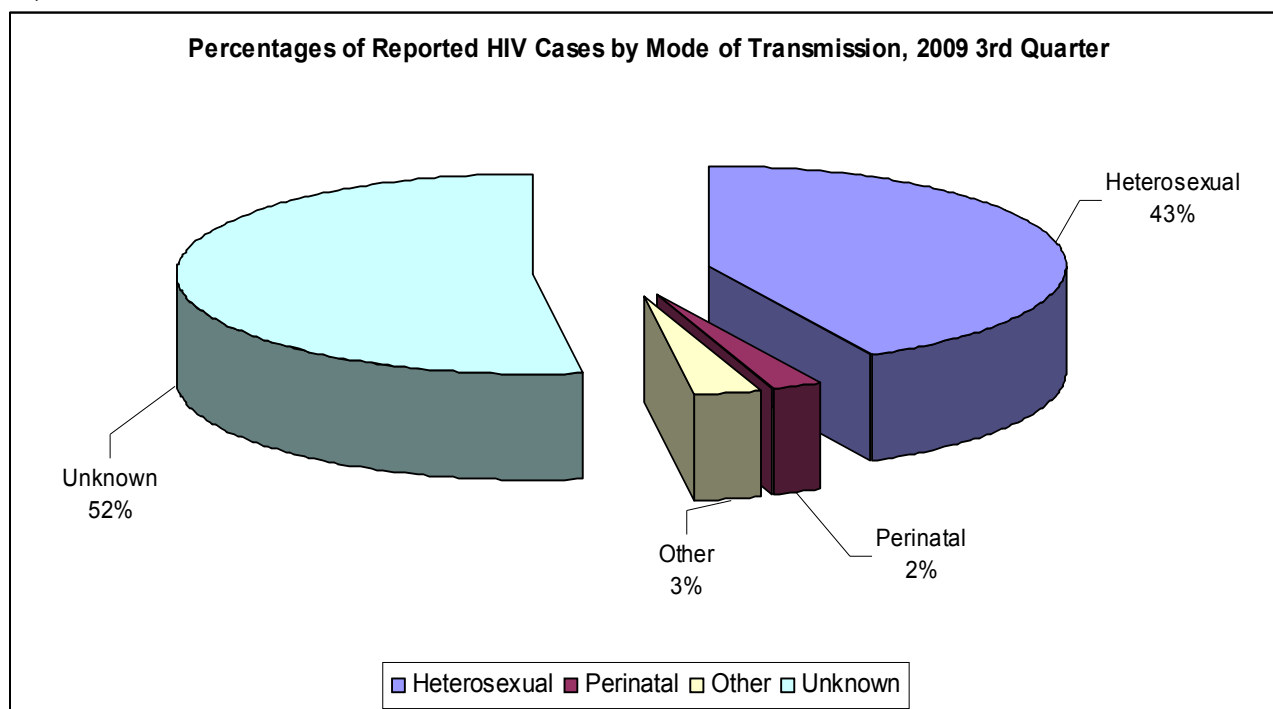
Table 4: Number of reported HIV infections by province of origin, 01/07/09 - 30/09/09

Province of origin	Male	Female	Unknown	TOTAL	%
Western	1	5	0	6	0.7
Gulf	2	6	1	9	1.1
Central	10	13	1	24	2.9
NCD	0	4	0	4	0.5
Milne Bay	0	1	0	1	0.1
Oro	2	5	0	7	0.8
SHP	54	73	0	127	15.3
Enga	41	56	0	97	11.7
WHP	69	109	2	180	21.6
Simbu	8	24	0	32	3.8
EHP	37	97	1	135	16.2
Morobe	6	14	0	20	2.4
Madang	5	6	0	11	1.3
ESP	11	5	0	16	1.9
WSP	2	1	0	3	0.4
Manus	0	0	0	0	0.0
NIP	3	1	0	4	0.5
ENBP	0	1	0	1	0.1
WNBP	0	1	0	1	0.1
NSP	4	2	0	6	0.7
Unknown	55	91	2	148	17.8
TOTAL	310	515	7	832	100.0

The province of origin was not reported in 18% of HIV infections during this quarter. However, among those who reported, 65% were originally from WHP (22%), EHP (16%), SHP (15%) and Enga (12%). More infections are being reported from those who were born in the Highlands provinces. This trend should be explored to determine the factors that may be predisposing this group to HIV infection.

1.1.4 Reported HIV Infections by Mode of Transmission

Figure 1: Percentage of reported HIV infections by mode of transmission, July 01 - Sep 30, 2009



Mode of transmission	Male	Female	Unknown	TOTAL
Heterosexual	146	208	0	354
Perinatal	10	7	0	17
Other	3	22	1	26
Unknown	151	278	6	435
TOTAL	310	515	7	832

The main route of transmission was heterosexual sex (n= 354, 43%), followed by other routes (n= 26, 3%) such as homosexual (n=18) and body piercing/tattooing (n=5), and perinatal (n=17, 2%). The mode of transmission was not recorded in over 50% of all reported infections during this quarter. This is because most of the reported infections were obtained from the laboratories without HIV case notification forms. Case notification forms have been sent to testing sites to fill out for each newly confirmed infection.

Where data is available, unprotected vaginal sex is still the major route of HIV transmission in PNG. Two percent of new infections are due to parent to child transmission (PPTCT). There are still no reported HIV infections due to blood transfusion or injecting of non-prescribed drugs.

1.2. Routine Monthly HIV Testing Data

1.2.1 HIV Testing at Testing Sites in PNG

Table 5: Summary of Routine Monthly HIV Testing Data in PNG, 3rd Quarter of 2009

HIV testing sites	Total number of people tested			Total number of confirmed HIV positive		
	Male	Female	Total	Male	Female	Total
Southern Region						
Western	399	274	673	3	3	6
Gulf	6	32	38	0	0	0
Central	69	379	448	2	7	9
NCD	800	2382	3182	29	63	92
Milne Bay	100	245	345	0	0	0
Oro	107	344	451	2	0	2
Total	1481	3656	5137	36	73	109
Highlands Region						
SHP	468	679	1147	7	14	21
Enga	581	900	1481	35	55	91 including 1 unstated sex
WHP	996	1029	2025	36	48	84
Simbu	204	162	366	9	9	18
EHP	325	231	556	10	10	20
Total	2574	3001	5575	97	136	233
Momase Region						
Morobe	595	725	1320	12	13	25
Madang	204	352	556	6	19	25
East Sepik	123	187	310	0	0	0
West Sepik	136	377	513	0	0	0
Total	1058	1641	2699	18	32	50
NGI Region						
Manus	0	0	0	0	0	0
New Ireland	126	29	155	3	2	5
West New Britain	331	693	1024	0	3	3
East New Britain	206	2011	2217	0	7	7
ARB	151	182	333	3	1	4
Total	814	2915	3729	6	13	19
GRAND TOTAL	5927	11213	17140	157	254	412

During the third quarter of 2009, a total of 17140 people were tested for HIV with 412 confirmed positive. Sixty five percent of all tests done, were among females (n=11213, 65%) and the remaining 35% (n=5927) were in males. Consequently, more females (n= 254, 62%) than males (n=157, 38%) were confirmed positive for HIV. More females than males were reported to be detected as HIV positive which reflects the higher number of HIV tests conducted among females.

The Highlands (5575 tests, 33%) and Southern (5137 tests, 30%) regions conducted 63% of all HIV tests in the country during this quarter. The remaining 37% of HIV tests were conducted in NGI (3729 tests, 22%) and Momase (2699 tests, 16%).

1.2.2 HIV Testing at VCT Stand Alone Sites

Table 6: Routine Monthly HIV Testing Data from VCT Stand Alone Sites, 3rd Quarter of 2009

VCT Sites	Total number of people tested			Total number of confirmed HIV positive		
	Male	Female	Total	Male	Female	Total
Southern Region						
Western	232	101	333	1	2	3
Gulf	6	32	38	0	0	0
Central	69	72	141	2	6	8
NCD	608	564	1172	21	33	54
Milne Bay	41	41	82	0	0	0
Oro	106	76	182	2	0	2
Total	1062	886	1948	26	41	67
Highlands Region						
SHP	261	211	472	6	11	17
Enga	437	353	790	28	45	74 including 1 non-stated sex
WHP	549	640	1189	32	43	75
Simbu	123	70	193	8	7	15
EHP	240	177	417	10	6	16
Total	1610	1451	3061	84	112	197
Momase Region						
Morobe	533	544	1077	10	7	17
Madang	135	152	287	4	15	19
East Sepik	123	95	218	0	0	0
West Sepik	114	132	246	0	0	0
Total	905	923	1828	14	22	36
NGI Region						
Manus	N/A	N/A	N/A	N/A	N/A	N/A
New Ireland	N/A	N/A	N/A	N/A	N/A	N/A
West New Britain	283	375	658	0	1	1
East New Britain	57	47	104	0	1	1
ARB	N/A	N/A	N/A	N/A	N/A	N/A
Total	340	422	762	0	2	2
TOTAL	3917	3682	7599	124	177	302

A total of 7599 people were tested at VCT stand alone sites during the 3rd quarter with 302 of those tested confirmed HIV positive for a prevalence of 4.0%. The HIV prevalence at VCT sites was 3.2% (124/3917) among males and 4.8% (177/3682) among females. From these figures it appears that HIV prevalence was higher among females than males at VCT testing sites during this quarter. Similar observations were made during the 1st and 2nd quarters of 2009.

Nearly half (44.3%, 7599/17140) of the total HIV tests during the 3rd quarter of 2009 were conducted among VCT clients. In addition, more than two third (73.3%, 302/412) of newly diagnosed HIV infections were reported from VCT stand alone sites. VCT stand alone sites accounted for the majority of reported confirmed HIV positive infections.

Manus, ARB, and New Ireland provinces did not report any testing data from VCT clients. HIV testing including testing amongst VCT clients must be encouraged and strengthened in these provinces given the increasing HIV trend in the New Guinea Islands region. More support is required to scale up HIV testing in these provinces. These provinces have also been identified for support in terms of data collection and reporting.

1.2.3 HIV Testing at Blood Banks

Table 7: Routine Monthly HIV Testing Data from Blood Banks, 3rd Quarter of 2009

Blood Banks	Total number of people tested			Total number of confirmed HIV positive		
	Male	Female	Total	Male	Female	Total
Southern Region						
Western	26	3	29	0	0	0
Gulf	N/A	N/A	N/A	N/A	N/A	N/A
NCD	0	1	1	0	0	0
Milne Bay	52	7	59	0	0	0
Oro	N/A	N/A	N/A	N/A	N/A	N/A
Total	78	11	89	0	0	0
Highlands Region						
SHP	88	37	125	0	0	0
Enga	118	41	159	0	0	0
WHP	421	178	599	1	0	1
Simbu	N/A	N/A	N/A	N/A	N/A	N/A
EHP	84	0	84	0	0	0
Total	711	256	967	1	0	1
Momase Region						
Morobe	N/A	N/A	N/A	N/A	N/A	N/A
Madang	38	0	38	0	0	0
East Sepik	N/A	N/A	N/A	N/A	N/A	N/A
West Sepik	22	1	23	0	0	0
Total	60	1	61	0	0	0
NGI Region						
Manus	N/A	N/A	N/A	N/A	N/A	N/A
New Ireland	98	12	110	0	0	0
West New Britain	N/A	N/A	N/A	N/A	N/A	N/A
East New Britain	90	29	119	0	0	0
ARB	147	39	186	2	0	2
Total	335	80	415	2	0	2
Grand Total	1184	348	1532	3	0	3

In the 3rd quarter of 2009, 1532 blood units were screened at blood banks. More male (1184, 77%) than female (348 cases, 23%) donors were tested at the blood banks. Three blood donors (0.2%, 3/1532) were reported to be HIV positive, which were all males. There were no reports from 7 provincial blood banks (Gulf, Oro, Simbu, Morobe, ESP, Manus, and WNBP) during this quarter. Reporting of blood testing among blood donors has been limited in the past. There are however improvements in all regions in terms of reporting. More collaboration between NDOH surveillance and St Johns and provincial blood banks is required to improve future reporting. In addition, blood bank staff must also be trained on how to fill out and report using the standardized forms.

1.2.4 HIV Testing at ANC Sites

Table 8: Routine Monthly HIV Testing Data from ANC Sites, 3rd Quarter of 2009

ANC Sites	Total # tested	Total # positive
Southern Region	Female	Female
Western	129	0
Gulf	N/A	N/A
Central	307	1
NCD	1505	17
Milne Bay	186	0
Oro	258	0
Total	2385	18
Highlands Region	Female	Female
SHP	281	0
Enga	459	3
WHP	174	3
Simbu	43	1
EHP	53	1
Total	1010	8
Momase Region	Female	Female
Morobe	88	0
Madang	164	0
East Sepik	92	0
West Sepik	243	0
Total	587	0
NGI Region	Female	Female
Manus	N/A	N/A
New Ireland	N/A	N/A
West New Britain	166	1
East New Britain	1836	6
ARB	133	0
Total	2135	7
TOTAL	6117	33

Out of the 6117 women tested in the 3rd quarter, 33 were confirmed positive for a prevalence of 0.5%. The highest HIV prevalence among ANC women was reported in Simbu (2.3%, 1/43), followed by EHP (1.9%, 1/53), WHP (1.7%, 3/174), and NCD (1.1%, 17/1505). Apart from NCD, the number of mothers tested is small to enable us to draw any valid conclusions. There were no positive mothers reported in Western, Gulf, Milne Bay, Oro, SHP, ARB, and all provinces in Momase region. Furthermore, the sample size of women tested in these provinces was small thus not reflecting the true prevalence in the provinces. Few mothers were tested in Simbu (43) and EHP (53) and none reportedly being tested in Gulf, Manus and NIP. Simbu and EHP must have done more HIV testing during the 3rd quarter but they did not send the monthly HIV testing summary forms to NDoH. Follow up calls have been made to these provinces about HIV testing. Surveillance officers will be visiting these provinces to establish what is really happening on the ground in terms of testing and reporting.

1.2.5 HVI Testing at STI Clinic Sites

Table 9: Routine Monthly HIV Testing Data from STI Sites, 3rd Quarter of 2009

STI Sites	Total number of people tested			Total number of confirmed HIV positive		
	Male	Female	Total	Male	Female	Total
Southern Region						
Western	13	17	30	0	0	0
Gulf	N/A	N/A	N/A	N/A	N/A	N/A
Central	N/A	N/A	N/A	N/A	N/A	N/A
NCD	79	222	301	1	6	7
Milne Bay	1	7	8	0	0	0
Oro	0	10	10	0	0	0
Total	93	256	349	1	6	7
Highlands Region						
SHP	108	139	247	1	3	4
Enga	12	19	31	0	1	1
WHP	21	30	51	3	2	5
Simbu	29	35	64	0	1	1
EHP	1	4	5	0	3	3
Total	171	227	398	4	10	14
Momase Region						
Morobe	35	0	35	0	0	0
Madang	18	25	43	0	2	2
East Sepik	N/A	N/A	N/A	N/A	N/A	N/A
West Sepik	0	1	1	0	0	0
Total	53	26	79	0	2	2
NGI Region						
Manus	N/A	N/A	N/A	N/A	N/A	N/A
New Ireland	1	8	9	0	1	1
West New Britain	34	124	158	0	0	0
East New Britain	37	83	120	0	0	0
ARB	3	7	10	1	1	2
Total	75	222	297	1	2	3
TOTAL	392	731	1123	6	20	26

During the 3rd quarter, a total of 1123 STI clients were tested at STI clinics with 26 confirmed positive for HIV (2.3%). The HIV prevalence was lower in males (1.5%, 6/392) than females (2.7%, 20/731) in this quarter.

The highest HIV prevalence among STI clients was reported from NCD (2.3%, 7/301) followed by SHP (1.6%, 4/247), and Simbu (1.6%, 1/64). There were no reports of testing in Gulf, Central, WSP, and Manus. These provinces need further assistance to ensure they offer STI clients an HIV test at every opportunity. HIV testing among STI clients is generally limited. More effort is needed to scale up HIV testing among this high risk population.

1.2.6 HIV Testing at TB Clinic Sites

Table 10: Routine Monthly HIV Testing Data from Reported TB Sites, 3rd Quarter of 2009

TB Sites	Total number of people tested			Total number of confirmed HIV positive		
	Male	Female	Total	Male	Female	Total
Southern Region						
Western	3	9	12	0	0	0
Gulf	N/A	N/A	N/A	N/A	N/A	N/A
Central	N/A	N/A	N/A	N/A	N/A	N/A
NCD	33	30	63	1	5	6
Milne Bay	4	2	6	0	0	0
Oro	N/A	N/A	N/A	N/A	N/A	N/A
Total	40	41	81	1	5	6
Highlands Region						
SHP	N/A	N/A	N/A	N/A	N/A	N/A
Enga	3	1	4	1	1	2
WHP	N/A	N/A	N/A	N/A	N/A	N/A
Simbu	2	3	5	1	0	1
EHP	N/A	N/A	N/A	N/A	N/A	N/A
Total	5	4	9	2	1	3
Momase Region						
Morobe	9	5	14	0	0	0
Madang	11	10	21	2	2	4
East Sepik	N/A	N/A	N/A	N/A	N/A	N/A
West Sepik	N/A	N/A	N/A	N/A	N/A	N/A
Total	20	15	35	2	2	4
NGI Region						
Manus	N/A	N/A	N/A	N/A	N/A	N/A
New Ireland	N/A	N/A	N/A	N/A	N/A	N/A
West New Britain	6	4	10	0	0	0
East New Britain	8	7	15	0	0	0
ARB	N/A	N/A	N/A	N/A	N/A	N/A
Total	14	11	25	0	0	0
TOTAL	79	71	150	5	8	13

Only 150 TB clinic clients were tested for HIV in this quarter. Of those tested, 13 were confirmed positive for a prevalence of 8.7%. This figure is much higher than the prevalence reported in other facilities such as STI, VCT, and ANC clinics. The HIV prevalence was much higher among females (11.3%, 8/71) than among males (6.3%, 5/79).

Most provinces have not scaled up HIV testing among TB patients. This is evident by the lack of reported TB cases tested for HIV. A concerted effort is required from both the HIV and TB programs to ensure TB patients are offered an HIV test, and HIV patients are also screened for TB.

1.3 Routine Monthly Anti-Retroviral Therapy (ART) Report Data

Table 11: Summary table of ART 01 July – 30 September 2009

	Adults Reg			Adults Rx			Children Reg			Children Rx			TB/HIV			PPTCT	PEP	Dead	D/out
	M	F	Adult Reg	M	F	Adult Rx	M	F	Chld Reg	M	F	Chld Rx	M	F	TB/HIV				
<i>Jul</i>	100	167	267	59	81	140	2	4	6	1	3	4	10	9	19	81	11	12	2
<i>Aug</i>	85	113	198	43	51	94	10	4	14	1	1	2	5	8	13	14	22	1	0
<i>Sept</i>	66	116	182	35	55	90	4	4	8	3	1	4	4	3	7	10	12	4	7
Total	251	396	647	137	187	324	16	12	28	5	5	10	19	20	39	105	45	17	9

Table 12: Summary table of ART 2004 – Third Quarter of 2009

Year	Registered			On Treatment			PMTCT	PEP	Death	Dropouts
	Adult	Children	Total	Adult	Children	Total				
2004	211	19	230	78	2	80	0	0	10	48
2005	608	44	652	311	9	320	79	50	61	17
2006	1076	63	1139	1063	35	1098	202	112	30	13
2007	2017	169	2186	2065	185	2250	115	55	39	26
2008	6079	348	6427	4866	329	5195	618	423	226	129
2009/Q1	675	25	700	376	12	388	117	79	22	13
Q2	734	44	778	381	41	422	129	66	22	32
Q3	647	28	675	324	10	334	105	45	17	9
Total	8135	445	8580	5947	392	6339	969	613	287	183

Figure 2: ART Registration and Treatment in PNG, July-September 2009

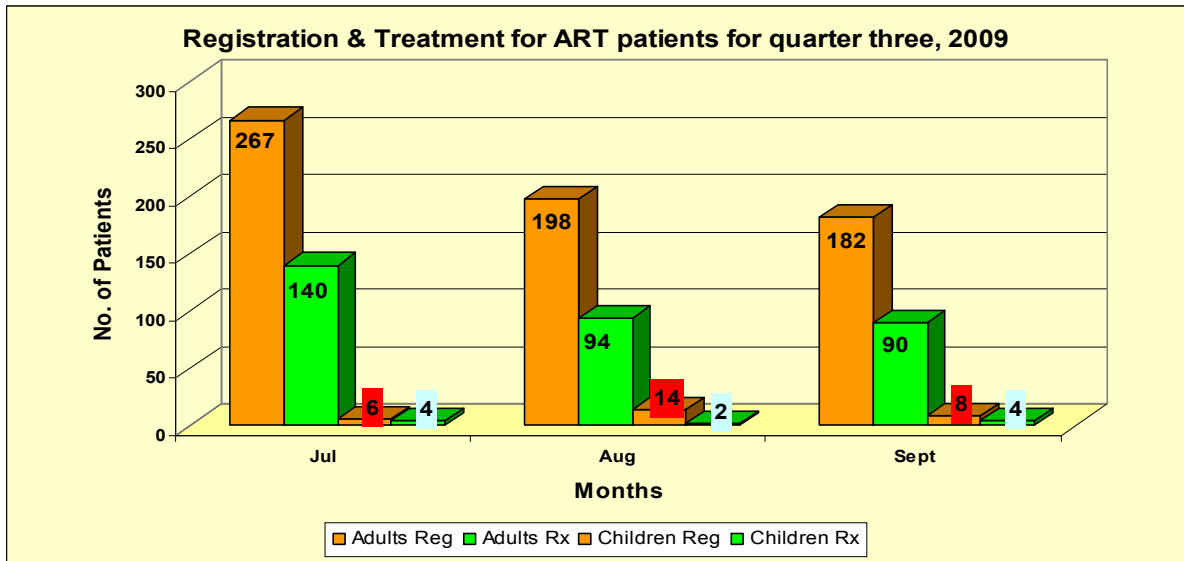
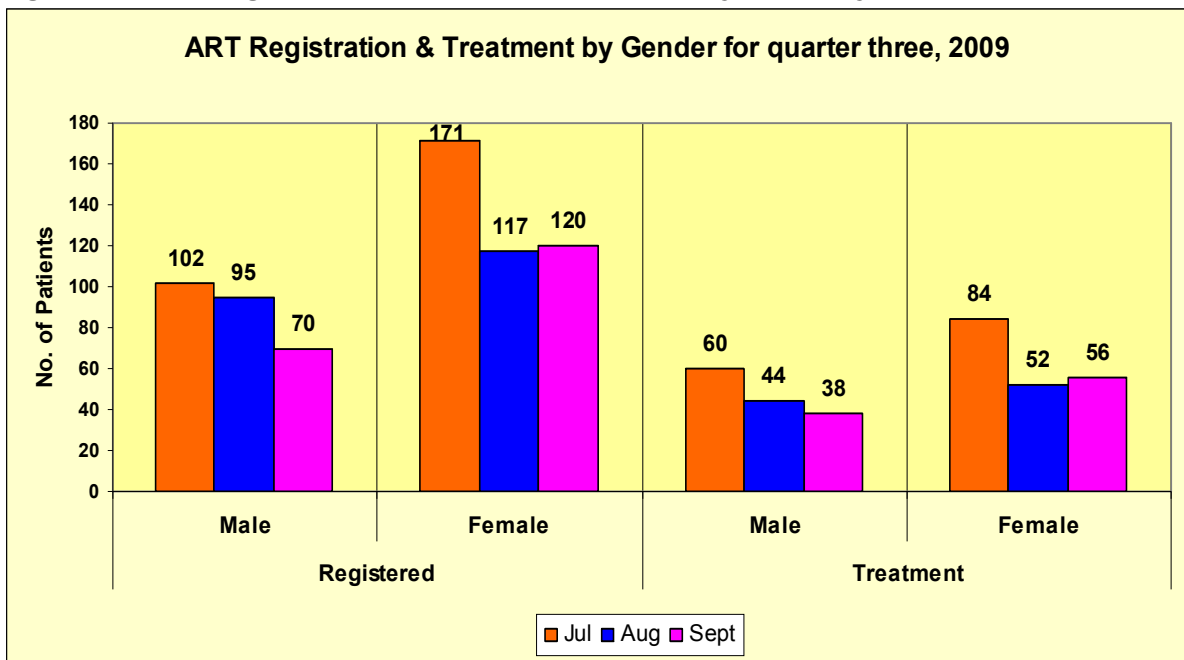


Figure 3: ART Registration and Treatment in PNG by Sex, July September 2009



Almost 700 newly diagnosed HIV positive adults (647) and children (28) children were registered during the months of July-September, 2009. A total of 324 adults and 10 children were started on treatment. More females than males had HIV/TB co-infection during this quarter. One hundred and twenty-nine mothers were put on treatment to reduce parent to child transmission (PPTCT). This is more than the number of positive women reported from ANC sites and may indicate under-reporting by ANC clinic staff.

Twenty-two patients died while another 32 dropped out during the three months.

SECTION 2: 2009 PERIODIC HIV and STI SENTINEL SURVEILLANCE

2.1. Update on 2009 Periodic HIV and STI Sentinel Surveillance at ANC, STI and TB clinics

During the 3rd quarter of 2009, data collection of the HIV and STI sentinel surveillance surveys started at 35 ANC sites in 16 provinces, 7 STI clinics in 5 provinces, and 3 TB in 3 provinces. Table 10 below shows the updated information on the 2009 period HIV and STI sentinel surveillance.

Table 13: Update on 2009 HIV and STI Sentinel Surveillance

Region	Province	Location	Sentinel Site Name	Type of Site	Date Started Data Collection	Samples Collected As of Nov 10	Required Sample Size
Southern	1. NCD	Urban	POMGH/St. Mary	ANC	November 2	56	300
			POMGH	TB	September 21	48	300
			Lowes Road	STI	October 1	72	150
			9 miles	STI	October 1	55	150
	2. Central	Rural	Veifa	ANC	August 18	N/A	300
	3. Milne Bay	Urban	Alotau GH	ANC	August 21	200+	300
		Rural	Misima Rural Hospital	ANC	September 7	100	300
	4. Oro	Urban	Popondetta Hospital	ANC	September 14	116	300
		Rural	Higaturu	ANC	1 st week Aug	115	300
	Highlands	5. EHP	Urban	Goroka ANC	ANC	August 4	138
Michael Alpers				STI	August 6	273	300
Goroka TB				TB	August 10	103	300
Rural			Kainantu	ANC	August 3	236	300
			Asaro	STI	August 12	126	300
6. WHP		Urban	Mt. Hagen	ANC	August 10	213	300
			Tininga	STI	August 5	232	300
		Rural	Kudjip Nazarene	ANC	August 5	194	300
7. Enga		Rural	Togoba	ANC	August 11	206	300
			Wabag	ANC	August 5	223	300
			Porgera	ANC	August 27	241	300
8. SHP		Urban	Mendi Hos/Old compound	ANC	August 14	274	300
			Nina (Mendi)	STI	August 5	204	300
		Rural	St. Francis Care Center	ANC	August 10	120	300
9. Simbu	Rural	Mingende	ANC	September 8	181	300	
Momase	10. Morobe	Urban	Buimo	ANC	September 14	250	300
			Malahang	ANC	August 14	240	300
			Friends	STI	August 14	300	300
			Angau TB	TB	September 14	200+	300
	Rural	Mutzing	ANC	2 nd week Aug	300	300	
	11. Madang	Urban	Madang Hospital ID-INAD	ANC	September 7	205	300
		Rural	Alexishafen	ANC	2 nd week Aug	264	300
	12. WSP	Urban	Gaubin HC	TB	September 6	50	300
Rural		Vanimo	ANC	1 st week Aug	281	300	
NGI	13. ENBP	Urban	Raihu	ANC	3 rd week Aug	119	300
		Rural	Vunapope	ANC	N/A	N/A	300
	14. WNBP	Rural	Napapar/Paparatawa	ANC	N/A	N/A	300
		Urban	Kimbe Hos urban ANC	ANC	1 st week Aug	300	300
	15. ARB	Urban	Valoka	ANC	1 st week Aug	180	300
			Buka Hospital	ANC	1 st Week Oct	N/A	300
			Tearouki	ANC	1 st week Oct	N/A	300
	16. Manus	Urban	Arawa	ANC	1 st week Oct	N/A	300
			Lorengau	ANC	September 14	91	300

SECTION 3: DATA QUALITY

Data Quality Assurance and Control System

The NDoH, STI, HIV, and AIDS Surveillance Unit has developed standard operating procedures for management of data at central level and improve quality. In addition, a number of quality assurance tools have also been developed. These include the MS EXCEL template for the quality assurance and control (QA & QC) of (1) Monthly HIV Testing Summary Data (Form SURV1), (2) HIV Case Notification Data (Form SURV4), and (3) Monthly ART Summary Data (Form SURV2). Using the MS EXCEL template, the NDoH data manager for each database checks the completeness and timeliness of reporting of these three forms (SURV1, 2, and 4) from all HIV testing and ART facilities on a monthly basis. If these sites did not report or delayed to report, the data manager and data entry clerks call sites up to ensure that they send the completed forms regularly and timely.

Besides the MS EXCEL QA and QC template, log books for each reporting forms have also been developed. These log books check (1) date when the surveillance unit received the form, (2) who (what sites) sent these forms, (3) who (at NDoH) received these forms, (4) completeness and accuracy of the forms received, (5) if there is a need for surveillance staff to follow up with site staff.

For the third quarter of 2009, NDoH surveillance officers started piloting these QA and QC tools to check for completeness and timeliness of reporting from the sites. We plan to finalize these QA and QC tools and continue to use routinely in order to improve the reporting performance of HIV testing sites, ART sites, and provincial laboratories.

Data Quality of Routine HIV Case Reporting Data

This report did not include data from 3 provincial laboratories (Milne Bay, Manus, and ENBP) which did not report HIV case notification forms during the third quarter of 2009. NDoH surveillance officers called to each of these non-reporting provincial laboratories and asked them to provide data on newly diagnosed HIV infections and their key demographic information. However, following issues are still ongoing;

- Some provincial labs did not send HIV case reporting forms to NDoH in a regular and timely manner.
- Some provincial labs did not receive NDoH standardized HIV case reporting forms from HIV testing sites in the provinces.
- Sites were not filling out the required notification forms as expected. By the end of the first quarter only the Highlands provinces were covered in terms of rolling out the routine surveillance forms.

NDoH surveillance team plans to complete rolling out NDoH standardized reporting forms to all 20 provinces by the end of 2009. As of November 3rd 2009, NDoH surveillance team completed rolling out the standardized reporting forms at 16 provinces. Remaining 4 provinces (Manus, NIP, Western, and Gulf) were scheduled to have rolling out training workshops by the end of 2009. Rolling out training workshop will be conducted by NDoH surveillance officers at each province inviting all HIV testing facility and laboratory staff. In the workshops, participants will learn how to fill out the reporting forms and report these forms to NDoH. Data quality on HIV case reporting is expected to improve further after these trainings are completed in all provinces.

Data Quality of Routine Monthly HIV Testing Report Data

Monthly HIV testing report data are supposed to be reported to NDoH routinely from HIV testing facilities in provinces. During the third quarter of 2009, no VCT sites in Manus, New Ireland, and ARB reported any data to NDoH. In addition, blood banks in Gulf, Oro, Simbu, Morobe, ESP, Manus, and WNBP did not report the data to NDoH. Furthermore, data from ANC in Gulf, NIP and Manus, and STI sites in Gulf, Central, ESP, and Manus were not reported to NDoH during the third quarter of 2009. Data quality on monthly HIV testing report is expected to improve more after the roll-out training at all provinces by the end of 2009.

During the 3rd quarter of 2009, the NRI BSS data team assisted in the data entry and verification of monthly HIV testing summary forms (SURV1). Issues on monthly HIV testing summary data were identified and NDoH surveillance team discussed and developed action plans to solve these issues.

SECTION 4: CONCLUSION AND RECOMMENDATIONS

Data from provinces and facilities have been compiled to give some picture of the HIV epidemic during this quarter. Despite issues surrounding data quality there are important messages that the data in this report provides. Firstly, new HIV infections continue to be detected particularly among young women and female youths, which may reflect the fact that 65% of HIV testing were among females during this quarter. Over 90% of HIV infections were reported from 6 provinces including WHP, EHP, Morobe, NCD, Enga and SHP. Again it is no coincidence given that these provinces also accounted for almost 57% of all HIV testing during this quarter. Hence, the trend here may be a reflection of the testing pattern rather than the true epidemic pattern. The 2009 annual report will present HIV prevalence at VCT, ANC, STI, and TB clinics separately with larger denominators (number of HIV test conducted). Also HIV prevalence at these different types of clinics in 2009 will be compared with those in 2008 and 2007.

Secondly, HIV testing is predominantly carried out in the Highlands and Southern regions, with less testing being done in Momase and the New Guinea Islands (NGI). Provinces like Manus and New Ireland (NIP) in NGI did not do and report any testing during the third quarter. The reasons for non-testing must be established and assistance given where required. Generally, HIV testing in STI and TB clients has been limited. STI and TB client should be offered an HIV test at every opportunity taking into account patient rights. More collaborative effort between HIV/STI and TB programmes is needed to scale up HIV testing in these populations.

Thirdly, there are still some issues relating to data quality that need to be addressed. The roll out training on surveillance data collection forms must be accelerated to ensure health workers are familiar with filling out the forms and the channels of reporting data to NDoH. A lot of the missing data, non-reporting, and delay of reporting can be minimized through training and supervision of data collectors at the facility level

Based on the information provided in this report the following specific recommendations are suggested:

1. More frequent follow up visits to provincial laboratory by NDoH surveillance staff to control and validate HIV case reporting data. (by comparing reported data at NDoH with

log books [record books] at provincial labs). More support to laboratories and facility staff to ensure data comes to NDoH in a regular and timely manner.

2. Roll out of new surveillance reporting forms with maximum supervision to strengthen and improve data quality. After completing a form at HIV testing sites or provincial labs, a VCT counselor, OIC, or lab staff must check if the form was completely and correctly filled out. At the end of the day, they must check all forms to ensure that all ID codes are in order and all questions have been filled in correctly and completely.
3. Health workers should be well trained by laboratory personnel to reduce errors in reading rapid test and increase accuracy of results.
4. More attention should be focused on women and female youths who are affected most in terms of HIV infection. There should also be special attention given to their partners. More research on sex partnering is needed to give a clear picture of who young women and female youths' partners are.
5. Strengthen linked services to reduce the loss to follow up of clients who require appropriate care and support services. Strengthen the link between laboratories and testing sites to ensure that results are received by facilities in a timely manner to facilitate both treatment and reporting at sites.
6. More efforts are required in the area of TB/HIV collaboration to scale up HIV testing among TB patients and also TB testing in HIV patients.
7. NGI provinces such as Manus and New Ireland and Oro in the Southern region need more support in terms of testing and data reporting. Data collection efforts should be focused in these provinces to improve reporting.

Appendix 1:

HIV-related Data Reporting and Surveillance Forms

At the joint NACS and NDoH NHIS and Surveillance Unit meeting at Holiday Inn, in 2008, all HIV-related data reporting and surveillance forms listed in Table 1 were harmonized and standardized. These forms were then introduced to provincial staff and health workers at the Data Collectors Workshop in Madang, May 2008. Forms SURV1, 2, 3, and 4 are all routine data reporting forms (See appendix 1-6 on pages 24-29). Forms SURV5.1, 5.2, and 5.3 are all periodic HIV and STI sentinel surveillance forms. These forms have been piloted in NCD, ENBP, and EHP in 2008 and are planned to be used nationally starting from the beginning of 2009. Table 1 also shows the type of each form, contact information for each form, and persons who report these forms to NDoH.

List of all NDoH HIV/STI-related Forms and Contact Information

Form Code #	Name of forms	Type of forms	Contact Information	Person reporting these forms to NDoH
SURV1	HIV Monthly Testing Summary	Monthly (Routine Report)	NDoH, HIV/STI Surveillance Unit, Tel : 301-3724 (3753), or (3733)	All health facilities offering HIV tests
SURV2	HIV/ART Monthly Data Collection Sheet	Monthly (Routine Report)	NDoH, HIV/STI Surveillance Unit, Tel: 301-3731 (3753)	All health facilities offering ARV treatment to patients
SURV3	STI Clinic Patient Record	Patient Record (kept in facilities)	NDoH, STI/Sexual Health Unit Tel: 301-3885 (3747), or 325-9317	Will not be reported (Stays at STI clinics)
SURV4	Notification Form For HIV and AIDS Cases	Routine Case Report	NDoH, HIV/STI Surveillance Unit, Tel : 301-3748 (3753)	All laboratory confirmed HIV/AIDS cases
SURV4.1	Laboratory Request Form for HIV Confirmatory Test	Lab request form	NDoH, HIV/STI Surveillance Unit, Tel : 301-3748 (3753)	N/A
SURV5.1	HIV and STI sentinel surveillance form at ANC's	Periodic surveillance form	NDoH, HIV/STI Surveillance Unit, Tel : 301-3748 (3753)	Sentinel ANC sites
SURV5.2	HIV and STI sentinel surveillance form at STI clinics	Periodic surveillance form	NDoH, HIV/STI Surveillance Unit, Tel : 301-3748 (3753)	Sentinel STI sites
SURV5.3	HIV and STI sentinel surveillance form at TB clinics	Periodic surveillance form	NDoH, HIV/STI Surveillance Unit, Tel : 301-3748 (3753)	Sentinel TB sites

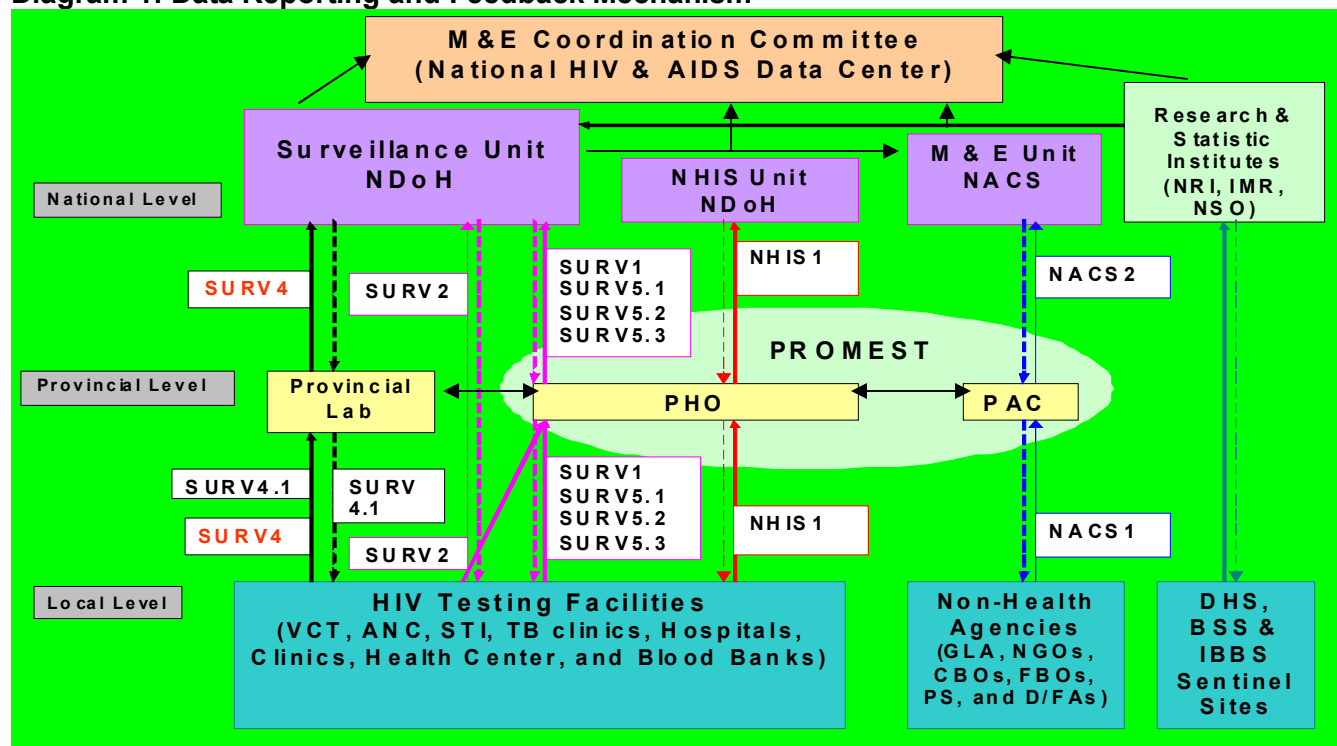
Appendix 2:

HIV related Data Reporting and Feedback Mechanism in PNG

The standard data reporting and feedback mechanism were also developed and introduced at the Data Collectors Workshop in Madang, 2008 (See Figure 1 on page 2). Figure 1 describe how the HIV data forms will flow from local level to provincial level and from provincial level to national level. HIV surveillance system in PNG has been transferred from NACS to NDoH, HIV Surveillance Unit in 2006. It is important to note that HIV-related data from all health sectors should now be reported to NDoH. As Figure 1 presents, NACS will collect non-HIV-related data (using Forms NACS1 &2) from non-health agencies such as government line agencies (GLA), non-health Non-Government Organizations (NGOs), Community Based Organizations (CBOs), and Faith Based Organizations (FBOs).

Copies of SURV1 and SURV2 should be reported to PHO in a monthly basis. Original form SURV1 and SURV4 should be reported to NDoH. SURV4.1 should be submitted to a provincial laboratory for HIV confirmatory test request. Provincial laboratory should forward the copies of these forms to NDoH. Original forms SURV5.1, 5.2, and 5.3 should also be reported to NDoH. After Provincial Monitoring and Evaluation Surveillance Team (ProMEST) has been endorsed nationally, all HIV routine data should go through PHO and the data can be shared within the ProMEST. Paper form data can be computerized (entered into computer database) at local level or provincial level, if computer database (EXCEL, EpiInfo, or other database) is available. SURV3: STI Clinic Patient Record Form will not be reported but summaries will be reported through NHIS monthly form.

Diagram 1: Data Reporting and Feedback Mechanism



Appendix 3: SURV1 Form: Routine Monthly HIV Testing Summary

SURV-1: HIV Monthly Testing Summary

Testing Facility: _____ Province: _____ Month: _____
 Type of Facility: _____ Site Code: _____ Urban Rural Year: _____

Voluntary Counseling and Testing

	M		F	
Number of Pre-test Counseled:				
Number of Post-test Counseled:				
Number Counseled without test:				

Point of Testing

	VCT		BLOOD DONOR		ANC		STI		TB		OTHER HEALTH	
	Total Initial	Reactive	Total Initial	Reactive	Total Initial	Reactive	Total Initial	Reactive	Total Initial	Reactive	Total Initial	Reactive
Age group	M	F	M	F	M	F	M	F	M	F	M	F
<4												
5-9												
10-14												
15-19												
20-24												
25-29												
30-49												
>50												
Total Test												
Total Initial												
Reactive												
Confirmed but not reported												
Previously Reported												
Total												
Confirmed												
Positive												

Number of male condoms distributed: _____
 Number of female condoms distributed: _____
 Number of PL-HIV receiving HBC from your facility: _____
 Number HIV+ clients referrals from other VCT for treatment: _____

Number of PL-HIV dropped in: _____
 Number of follow up Counseling: _____
 Number of PL-HIV involve in Counseling: _____
 Number of people tested through outreach: _____

Officer Reporting: _____

Designation: _____

Date: ____/____/____

Please fax or mail this monthly to NDoH, HIV/STI Surveillance Unit
Mailing Address: P.O.Box 807, Waigani, NCD, NDoH, HIV/STI Surveillance Unit
TEL: 301-3748 or 301-3747, FAX: 301-3753 or 325-0568

Appendix 4: SURV2 Form, Routine ART Monthly Data Collection Sheet



SURV 2: HIV/ART Monthly Data Collection Sheet

Month Site	Year		District		Urban		Rural																									
	Year	Year	District	District	Urban	Urban	Rural	Rural																								
Agegroup	1				2				3				4				5															
	New HIV Registrations for the month				Adults Regimen				Children Regimen				PMTCT				PEP															
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
	New On ARV for the month		New on TB/ART for the month		D4T(30)+3TC+NVP	AZT+3TC+NVP	D4T(30)+3TC+EFV	AZT+3TC+EFV	Other combination	D4T+3TC+NVP	D4T+3TC+EFV	AZT+3TC+NVP	AZT+3TC+EFV	NVP	NVP+AZT	NVP	Mother	AZT+3TC+NVP	AZT+3TC+EFV	D4T+3TC+EFV	AZT+3TC	D4T+3TC	AZT+3TC+EFV	AZT+3TC+EFV	D4T+3TC+EFV	AZT+3TC+EFV	D4T+3TC+EFV					
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10-14																																
15-19																																
20-24																																
25-29																																
30-49																																
50+																																
Alive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Death																																
Defaulted																																
SubTotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments



Please fax or mail monthly to NDoH, HIV/STI Surveillance Unit
 Mailing Address: P.O. Box 807 WAIGANI, NCD
 TEL: 301 3748 or 301 3747, FAX: 301 3753 or 325 0568

Appendix 5: SURV4 Form, Routine HIV Case Reporting Form

CONFIDENTIAL NOTIFICATION FORM FOR HIV CASES Please complete this form for every HIV "reactive" cases Send a lab request form (SURV4.1) and serum sample to your laboratory for confirmatory tests FORM SURV4			
Today's date _____ <small>DD / MM / YYYY</small>	Interviewer's name (please print) _____	Place of testing site <input type="checkbox"/> Urban <input type="checkbox"/> Rural	Patient's consent to test? <input type="checkbox"/> No <input type="checkbox"/> Yes
Testing site _____ Ward/Clinic _____ Province _____	Client ID Code _____ Age _____ <small>DD / MM / YYYY</small>	Date of Birth _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Residence Province _____ District _____	Origin Province _____ District _____	Nationality <input type="checkbox"/> PNG <input type="checkbox"/> Non-PNG	Migrant status <input type="checkbox"/> Migrant <input type="checkbox"/> Non-migrant
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Education <input type="checkbox"/> None <input type="checkbox"/> Primary school <input type="checkbox"/> High school <input type="checkbox"/> College/vocational <input type="checkbox"/> University	Occupation <input type="checkbox"/> Farming/Fishing <input type="checkbox"/> Administration <input type="checkbox"/> Uniformed services <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (specify) _____	Past Blood Transfusions Have you ever received a blood transfusion or tissue donation before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Where? _____ When (year)? _____
If married, (you or your husband) <input type="checkbox"/> Monogamy <input type="checkbox"/> Polygamy How many? _____			
Previous HIV test Have you been tested for HIV in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you know the result of your previous HIV test? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	Reason for test (Choose only one) <input type="checkbox"/> Blood donor <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Partner positive <input type="checkbox"/> Child of HIV+ mother <input type="checkbox"/> Clinical suspicion <input type="checkbox"/> AIDS defining illness <input type="checkbox"/> VCT <input type="checkbox"/> Other (specify): _____	In the last 12 months, Have you...? (Multiple choice) <input type="checkbox"/> Had sex with non-regular partner(s) <input type="checkbox"/> Had anal intercourse with male partner(s) <input type="checkbox"/> Had anal intercourse with female partner(s) <input type="checkbox"/> Injected any drugs <input type="checkbox"/> Had occupational exposure <input type="checkbox"/> Had body piercing or tattoo <input type="checkbox"/> Sexually assaulted (raped) <input type="checkbox"/> Other (specify): _____
Do you have any symptoms of disease? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list common symptoms 1 _____ 3 _____ 2 _____ 4 _____	Current TB status? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, what type of TB? Specify: _____	Current STI status? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, what type of STI? Specify: _____	
Screening (Rapid) HIV test result Non-reactive <input type="checkbox"/> Reactive <input type="checkbox"/>	Confirmatory HIV test result NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> INDETERMINATE <input type="checkbox"/>		

Please fax or mail this monthly to NDoH, HIV Surveillance Unit
 Mailing Address: P.O.Box 807, Waigani, NCD, NDoH, HIV Surveillance Unit
 TEL: 301-3748 or 301-3747, FAX: 301-3753 or 325-0568

Appendix 6: SURV4.1 Form, Laboratory Request Form for HIV Confirmatory Test

 Laboratory Request Form for HIV Confirmatory Test Please complete this form for every HIV test request Send completed form with serum sample to your laboratory (Laboratory will keep this form) FORM SURV4.1			
Date of Request _____ DD MM YYYY		Requestor's name (please print) _____	
Requesting site/ Hospital _____		Ward/Clinic _____	
		Province _____	
Client ID Code _____		Date of Birth _____ DD MM YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Lab name _____		Lab location - Province _____	
Lab number _____		Date of confirmatory test _____	
VDRL syphilis test result <input type="checkbox"/> REACTIVE <input type="checkbox"/> NON-REACTIVE	TPHA syphilis test result <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	Type of confirmatory tests <input type="checkbox"/> Determine <input type="checkbox"/> Serodia <input type="checkbox"/> Capillus <input type="checkbox"/> Immunocomb <input type="checkbox"/> Other (specify) _____	Confirmatory HIV test result <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> INDETERMINATE
 Laboratory Request Form for HIV Confirmatory Test Please send this completed form back to the requested health facilities (Health Facility will keep this form) FORM SURV4.1			
Date of reply _____ DD MM YYYY		Date of confirmatory test _____ DD MM YYYY	
Lab name _____		Lab location - Province _____	
Lab number _____			
Client ID Code _____		Date of Birth _____ DD MM YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Requestor's name (please print) _____		Ward/Clinic _____	
Requesting site/ Hospital _____		Province _____	
VDRL syphilis test result <input type="checkbox"/> REACTIVE <input type="checkbox"/> NON-REACTIVE	TPHA syphilis test result <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	Type of confirmatory tests <input type="checkbox"/> Determine <input type="checkbox"/> Serodia <input type="checkbox"/> Capillus <input type="checkbox"/> Immunocomb <input type="checkbox"/> Other (specify) _____	Confirmatory HIV test result <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> INDETERMINATE