

**Review of the Process of Monthly
HIV/STI Reporting to NAP/CCHDC
from Health care facilities and VCT centres**

National AIDS Programme
Centre for community Health and Disease Control
Ministry of Health
Maldives

Background:

The National HIV/AIDS and STI Surveillance Guidelines for Maldives were formulated in 2004. The main tool for information gathering and surveillance that have been used are

- AIDS case surveillance
- Surveillance of Sexually Transmitted Infections
- HIV screening among blood donors
- HIV surveillance among high risk groups
- HIV infection case reporting from other groups
- Behavioural surveillance

As the prevalence of HIV is very low in the country, there has been easy to report the HIV and AIDS cases as and when they are detected. However, there is a monthly reporting format that all the atoll and regional hospitals are expected to submit every month to the National AIDS Program. This format was revised in 2009, with inclusion of the VCT specific data and modifications with respect to give a denominator to the figure. (Annex 1)

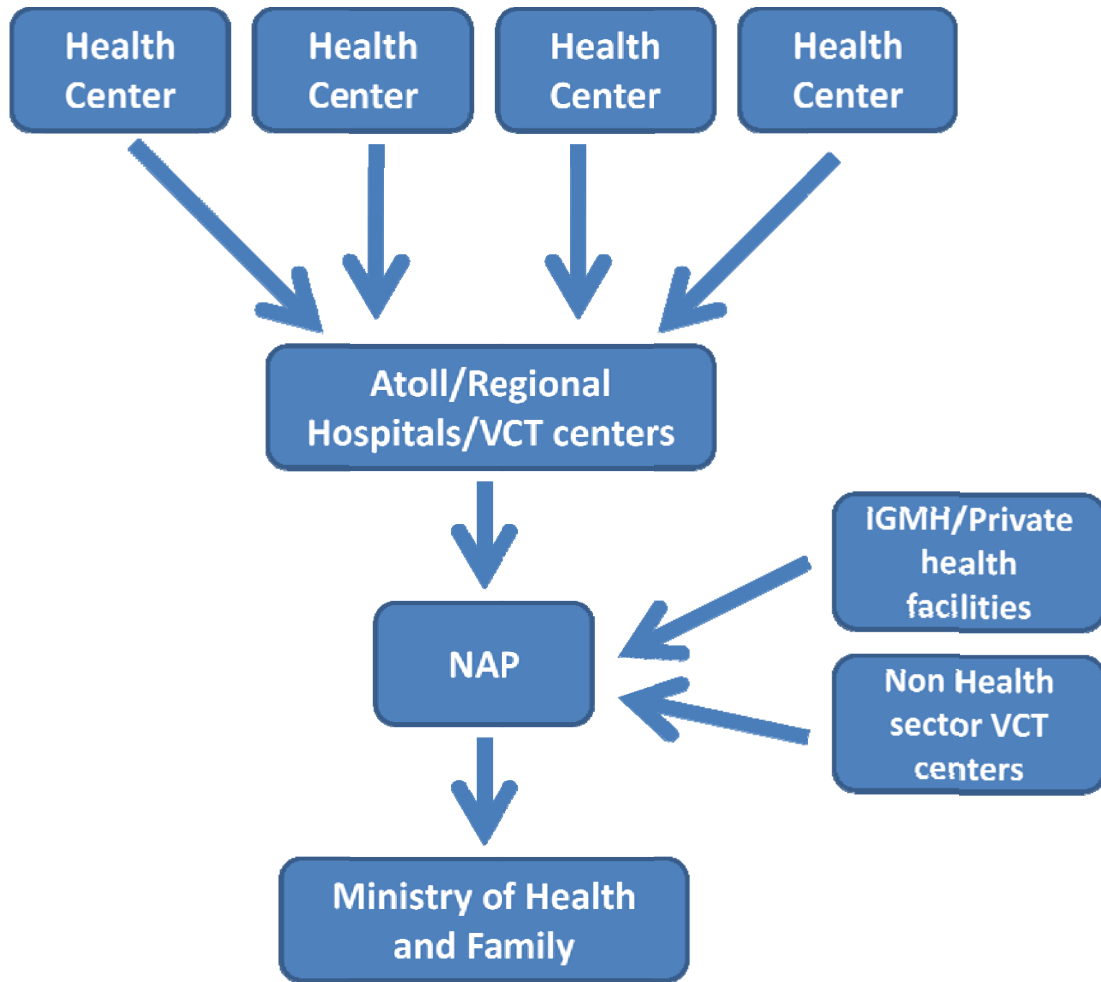
It was noted that the reports from the regional and atoll hospitals were either not received or had a lot of gaps. A possibility was considered that as the format is new, people might be having difficulty in understanding it. The NAP/CCHDC requested for a review of the process of the monthly reporting and possible analysis that could be undertaken by the NAP using the data, and to provide a summary of the necessary fields in the reporting format.

Organisation of health services

The health service delivery system in the 194 inhabited islands of Maldives is organised into a five-tiered structure. The health delivery system comprises of the Indira Gandhi Memorial Hospital (IGMH) referral hospital at the central level, 6 regional hospitals at the regional level, 14 Atoll hospitals at Atoll level, and health centres at sub-Atoll level, and health posts at the island level.

In addition to the public health system, private health facilities provide services to the general public especially in Malé and other developing regions.

Flow of Data



Overview of the Monthly reporting format / Description of Fields

The Monthly STI / HIV AIDS reporting format is attached as annex1. The various fields that are used are:

1. **Name of Health facility** : This should be the health facility that is reporting - health center or the Regional / Atoll Hospital
2. **Month and Year of Reporting** : Eg Reporting for March 2010
3. **Date of Reporting** : This is the date when the report is being sent (from health center to the atoll / regional hospital or from atoll/regional hospital to NAP/CCHDC
4. **Total no of Out patients in the month** : This field refers to the total number of people attending the OPD. For the health center, it will be the number of people attending OPD at the center, while the atoll and regional hospitals should write the aggregate number of the patients attending OPD at the hospital as well as those attending the health centers whose reports are included.
5. **Sexually Transmitted Infection: Four syndromes are being reported:**
 - a. Male Urethral discharge – Information will be obtained from the Medical / Dermatology **OPD log book**. The persons entering the details in log book should be aware about the need to report and hence, should mention it in same words rather than different descriptions.
 - b. **Vaginal discharge:** Information will be obtained from the Gynecology **OPD log book**. The persons entering the details in log book should be aware about the need to report and hence, should mention it in same words rather than different descriptions.
 - c. Male non vesicular genital ulcer: Information will be obtained from the Medical / Dermatology **OPD log book**. The persons entering the details in log book should be aware about the need to report and hence, should mention it in same words rather than different descriptions.
 - d. Female non vesicular genital ulcer: Information will be obtained from the Gynecology **OPD log book**. The persons entering the details in log book should be aware about the need to report and hence, should mention it in same words rather than different descriptions.

(Atoll and regional hospital need to add their data with the data of the health centers in their catchment area)

6. **Etiological (to be reported by Regional Hospitals and IGMH only)** – Information to be collected from the OPD and confirmed with the laboratory.

7. HIV infection cases reported among different population groups

7.1 Blood donors – The blood is always screened in Maldives for HIV. This field should mention age and gender distribution, and the total number of blood donors screened for HIV in the reporting month. Information from Blood bank / laboratory.

7.2 VCTC: This will give the total number tested at VCTC in the reporting month with their age and gender distribution. **Information should come from the VCT counselor, through the VCT recording and reporting registers** that are provided, and mentioned in the VCT guidelines

The 7.2 is also having sub portions (7.2a, 7.2b, 7.2 c, 7.2 d) . These are breakup of the figure in 7.2. Ideally, the total of these should be equal to 7.2.

7.3 STI Patients: This information will be from the OPD log books, and need to be confirmed from lab(*Atoll and regional hospital need to add their data with the data of the health centers in their catchment area*)

7.4 ANC: This field has to take data from Obstetric or Ante natal clinic registration (*Atoll and regional hospital need to add their data with the data of the health centers in their catchment area*)

7.5 Others: This will include the number of people tested for thalessemia and pre employment screening.

8. **AIDS Cases and Death Reporting** – Number of patients who reported the signs of AIDS. And number of PLHA who died of AIDS in the reporting month have to be entered here.
9. **Additional Information on VCTC process** – this information is mainly to see the process of VCTC and identify any gaps / operational difficulty in it. The information should be collected from the VCTC recording tools.

Possible Analysis at the NAP level:

The NAP should ensure that there is regularity in the reports received from the atoll and regional hospitals. Based on the reports, the following could be performed:

1. Monthly HIV case reports
2. Annual HIV report
3. Monthly STI report
4. Annual STI report – This could include analysis of the reported STI cases as per syndromes, age and gender. (Annex 2)
5. Annual Report of National HIV/AIDS & STI Control Programme (Annex 3)

8. AIDS Cases and Death Reporting

	Maldivian	Expatriate	Total
New AIDS patients during the month			
AIDS Deaths during the month			

Additional Information on VCTC process

	Maldivian		Expatriates	Total
	M	F		
No of people receiving Pre test counseling				
No of people receiving HIV test				
No of people receiving Post test counseling				
No of people collecting test results				

Annex 3: Annual Report of National HIV/AIDS & STI Control Programme, 2009

Center for Community Health and Disease Control, Republic of Maldives

1. Reported AIDS cases and Deaths			
	Maldivian	Expatriate	Total
New AIDS cases reported during the year			
Cumulative number of AIDS cases reported			
AIDS deaths reported during the year			
Cumulative number of AIDS deaths reported			

2. AIDS cases by age and sex		
Age	Male	Female
0-4		
5-9		
10-14		
15-19		
20-24		
25-29		
30-34		

3. AIDS cases by mode of transmission		
Mode	Male	Female
Heterosexual		
Homo/bisexual		
IDU		
Blood		
Perinatal		
Unknown		

4. AIDS cases reported by place

SAMPLE

35-39		
40-44		
45-49		
50-54		
55-59		
60+		
not specified		
Total		

Place	Male	Female
Male		
Haa Dhaalu Region		
Raa Region		
Central Region		
Laamu Region		
Seenu Region		
Meemu Region		

5. Antiretroviral treatment							
					Adult	Children	Total
Number of people living with HIV/AIDS (PLWHA)							
Number of PLWHA needing antiretroviral treatment							
Number of PLWHA started on treatment during the year							
Number of PLWHA receiving treatment at end of the year							

6. HIV infection cases reported in population sub-groups				
		Maldivian	Expatriate	Total
New HIV infections reported during the year				
Cumulative number of HIV infections reported				

7. HIV surveillance by sub-population screened				
	Maldivian		Expatriate	
	No. tested	No. positive	No. tested	No. positive
Blood donors				
Voluntary confidential & counselling testing				
ANC (PMTCT)				
Other				

8. Sexually transmitted diseases syndromic reporting				
	15-24 yrs	25+ yrs	Total	% of outpatients
Male urethral discharge				
Vaginal discharge				
Male non-vesicular genital ulcer				
Female non-vesicular genital ulcer				

9. Etiological sexually transmitted disease (To be reported only by Regional laboratories and IGMH)			
Syphilis	No. tested	No. positive	% positive
Women attending ANC			

Blood donors			
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