This package contains the instructions for use of the tools within the Active Case Finding Training Package. The documents within this package should be adapted based upon the planned activities to be implemented and the group attending the workshop. Each of the tools within this package is described below.

Agenda: A suggested agenda and timeframe for conducting the training.

Training PowerPoint & Facilitator's Guide: This PowerPoint presentation outlines key points of the training and acts as a visual reference for workshop participants. Key sections include: Review of ACF Activities (using the ACF Site Assessment Tool); review of PITC testing alogrithms; description and practice using PITC register and monthly report; Making a PITC POA; and M&E Overview. Comments, key discussion points and instructions are embedded throughout the presentation in the notes section to aid the facilitator in leading.

PITC Register Brief SOP: A two-page, quick-reference version of the PITC Register and Monthly Report SOP that can be used for training and on-site reference.

M&E Example Hand Out: This form is for use by the participants in order to practice filling and using the monitoring and evaluation tools associated with the PITC Register. The Training PowerPoint has a prompt for the exercise so that participants can practice their new skills immediately after learning about them.

PITC Plan of Action (POA) Tool: This tool is designed to be used during ACF training to assist departments to incorporate PITC activities into their standard of care procedures. An example of how this can be used can be seen in **PITC POA Case Study**.

Exam: This exam can be used to test CHW/HDA ability to use the Linkage Register, Tracing Tools and Monthly Report.

AGENDA

Activity	Time	Handouts Needed	Facilitator
Participants Arrive	8:00	Agenda	
Welcome and Introductions	8:00-8:15	PowerPoint presentation for reference	
Review of Active Case Finding	8:15-9:00	Completed ACF Assessment Tool*	
Review of PITC Testing Algorithms	9:00-9:30		
PITC Register	9:30-10:30	PITC Register, PITC Brief SOP	
Tea	**10:30-10:45**		
PITC Register – Exercise #1	10:30-11:15	M&E Example Handout	
PITC Monthly Report & Exercise #2	11:15-12:30	PITC Monthly Report	
Lunch	**12:30-1:30**		
PITC Exam	1:30-2:00	Exam	
PITC Plan of Action & Exercise #3	2:00-3:00	Plan of Action Tool	
Challenges and Solutions to Implementing ACF Strategies	3:00-4:00		
M&E Review	4:00-4:20		
Distribution of Site Supplies	4:20-4:30		
Closing Remarks & Tea	**4:30**		

***Note:** ACF Assessment Tool should have been completed after the initial ACF workshop at the health facility.

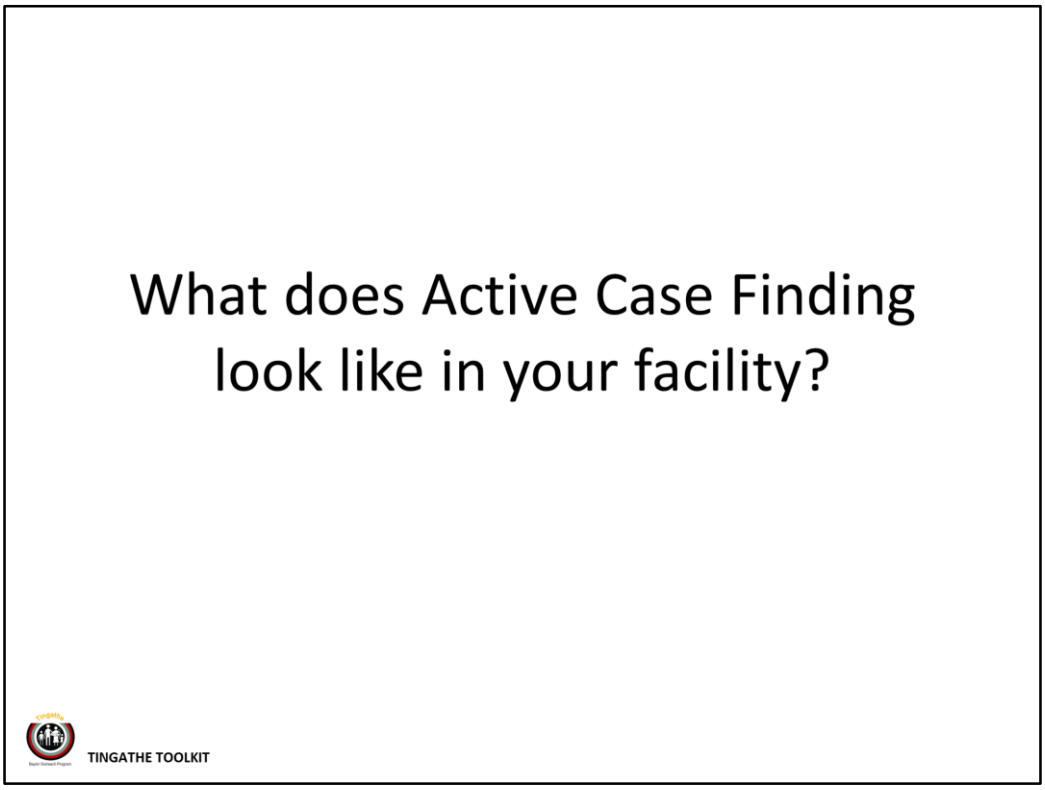
Active Case Finding Training

TINGATHE TOOLKIT

Objectives

- Discuss general ACF strategies and procedures
- Review definition and importance of PITC as a key component of ACF
- Discuss PITC coverage and challenges in PITC in wards/nutrition programs
- Discuss standard procedure for ACF activities
- Present algorithms for PITC in <12mo, 12-24mo, >24mo
- Present and practice PITC Register & PITC section of Monthly Report
- Test understanding of PITC tools
- Discuss implementation of PITC activities into your facility and work through the PITC Plan of Action Tool
- Receive site supplies

TINGATHE TOOLKIT



Instructions:

1. Using the ACF assessment tool – review what people are doing in their facilities in terms of ACF.
2. Encourage discussion and reflection on successes and challenges still faced.
3. Use the discussion to frame the training that all tools and strategies should be adapted to fit into their setting and fit the health facility's needs.

Examples of ACF Strategies:

- Screening health passport books/patient records to ensure everyone has had an HIV test
- Screening health passport books to identify those that are HIV-infected, but not enrolled in HIV services
- Encouraging HIV testing of family members of people living with HIV
- Routine HIV testing in high-risk departments (ANC, TB, inpatient, etc)

Facility-based HIV testing approaches

- **PITC:** routine provision of HIV testing to anyone accessing services at a health facility
- **VCT:** the client voluntarily makes a decision to learn his or her HIV status and seeks HIV testing at a site providing the service
- This workshop will focus on PITC – especially PITC in inpatient wards and nutrition program.

TINGATHE TOOLKIT

Note:

- Before displaying the definition of PITC – ask participants how they define PITC in their facilities. Note the difference in responses and use the next few slides to clarify any misconceptions and misunderstandings

Provider-Initiated Testing and Counseling (PITC): Key Points

- PITC means routinely offering HIV testing at the health facility
- PITC does not require an order from a clinician or nurse (a HTS provider can counsel patients and conduct HIV testing)
- PITC is NOT mandatory. Patients should be counseled about HIV testing and informed that they can decline testing. Patients should give verbal consent that they agree to HIV testing.

TINGATHE TOOLKIT

MoH recommends PITC

" Ascertain HIV status for all patients attending health services (ANC, maternity, TB, STI, U1/U5, adult and pediatric wards)"

- Especially focus on departments where patients are at higher risk of having HIV – ANC/Maternity, inpatient wards, TB, nutrition program (NRU, OTP, SFP), STI

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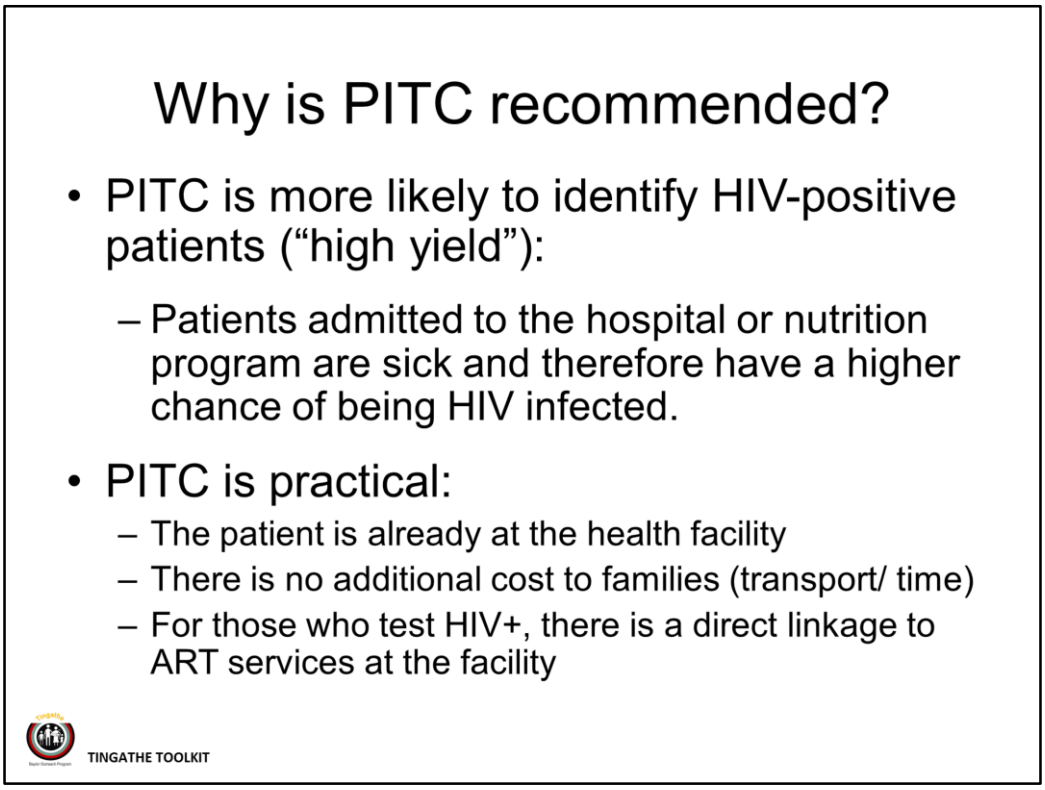
TINGATHE TOOLKIT



Note – can discuss although PITC may be an effective approach, in order to the most out of it, the patient must also be linked to care.

Evidence for PITC

- Impact of PITC in paediatric wards of KCH, Lilongwe:
  - After increasing PITC on paediatric wards (over 95% of all paediatric admissions tested), ART initiations in children increased by three-fold.
  - **Conclusion:** A focus on pediatric PITC led to improved HIV case identification and more children starting life-saving ART.

Weigel R, Kamthunzi P, Mwansambo C, Phiri S, Kazembe P. Effect of provider-initiated testing and counselling and integration of ART services on access to HIV diagnosis and treatment for children in Lilongwe, Malawi: a prepost comparison. BMC Pediatr 9(80): doi:10.1186/1471-2431-9-80.

TINGATHE TOOLKIT

Why focus on PITC?

- PITC training, quality improvement activities, and introduction of HDAs have improved PITC services, but there is still room for improvement.
- We are working to improve PITC coverage (Coverage means the % of patients who are tested or have HIV status ascertained)
- At Baylor-supported sites in SEZ in Q3 2016, the PITC coverage was:
  - Inpatient wards: 65-70%
  - NRU: 90%
  - SFP/OTP: 80%

TINGATHE TOOLKIT

PITC Coverage Target

90% of all admissions/registrations to Pediatric Ward, Adult Ward, Nutrition Departments (NRU, OTP, SFP) have HIV status ascertained

–Tested or known status documented

UNAIDS 90-90-90

90% of people living with HIV know their HIV status

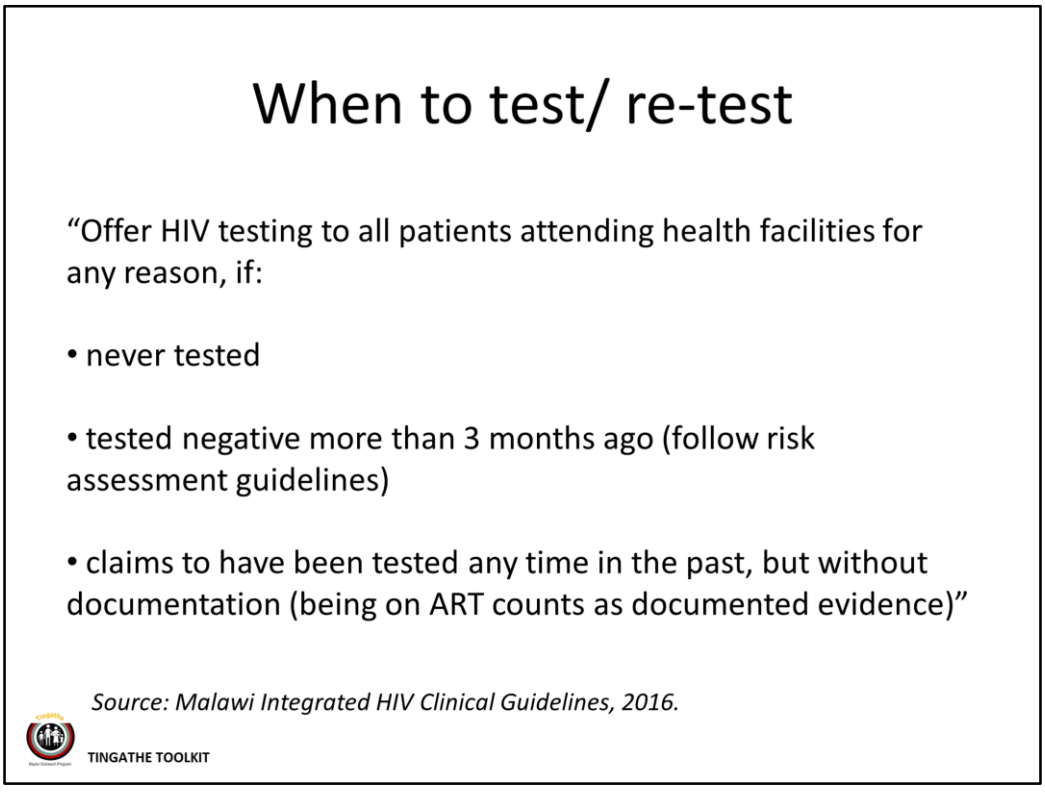
TINGATHE TOOLKIT

Facilitator Note:

- This is a good point to discuss program-level goals and targets. Note that short-term, individual site goals will be developed later on.
- Discuss how the PITC goal fits into the bigger picture of supporting UNAIDS first '90 goal'

PITC TESTING ALGORITHMS

TINGATHE TOOLKIT



This is the difference between testing protocols for VCT and PITC –

For VCT, we use risk assessment guidelines only to tell if someone needs to be tested. You assess HIV risk factors and decide if a client needs testing.

For PITC, if a patient is sick in a health facility, we want to test the client if s/he has not been tested in the previous 3 months. (If the patient is very high risk – ie, known HIV exposure, occupational or rape – the client should be re-tested after 1 month per risk assessment guidelines.)

Re-testing after previous HIV-negative

Patient does not need to be re-tested if:

– Most recent test was less than 3 months ago
(or 1 mo ago if high risk exposure by risk assessment)

AND

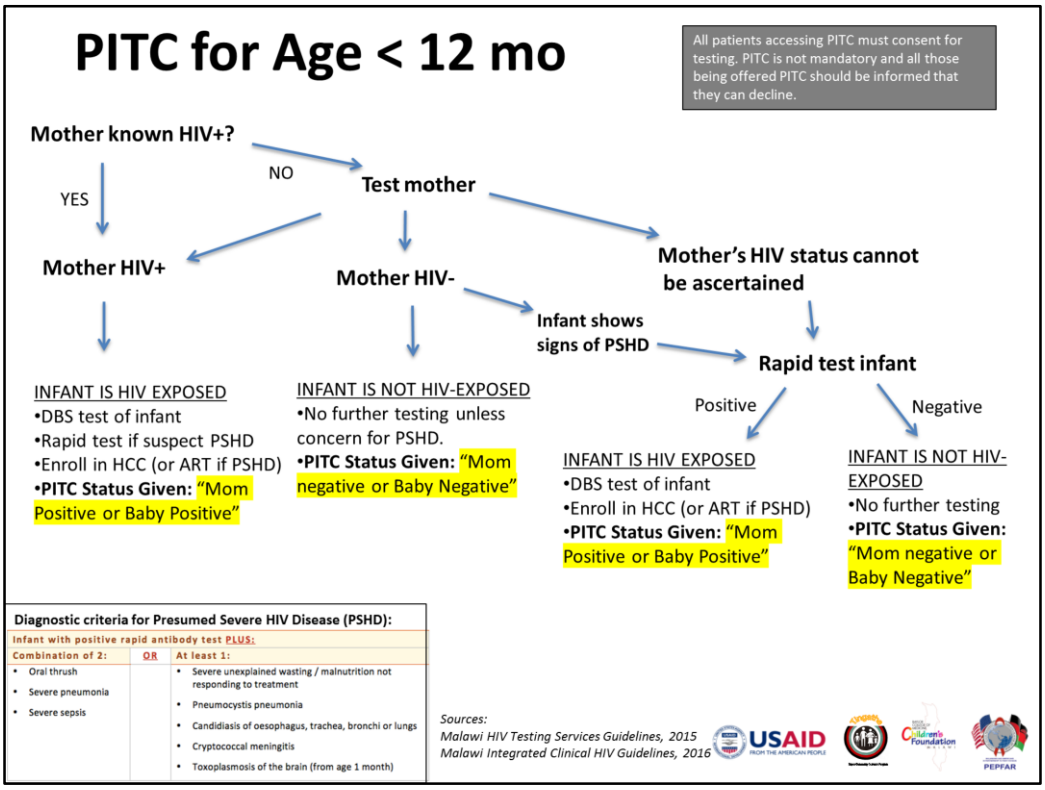
– Test result is documented

*But you should re-test if the child is very sick or signs that child may be HIV-positive.

TINGATHE TOOLKIT

Note:

- Remind participants that HIV-infected children progress to AIDS much faster than adults, so it is important to retest children if they are very sick and shows signs/symptoms of HIV infection
- Can use this time to review CHW Training material – Unit 3: HIV Signs and Symptoms



Explanation of algorithms:

- These algorithms come from *2016 Clinical Management of HIV in children and adults. Malawi Ministry of Health.*
- Divided them into <12mo, 12-24mo and >24mo to make them easier to use.
- These algorithms are useful to make sure we all are doing things in the standard, recommended way. However, there may be exceptions – if a clinician is worried about a patient and wants to test/re-test them, this should be done, even if it is not in the algorithm.

Presumed Severe HIV Disease (PSHD)

Infant with positive rapid antibody test PLUS:		
Combination of 2:	**OR**	**At least 1:**
• Oral thrush • Severe pneumonia • Severe sepsis		• Severe unexplained wasting / malnutrition not responding to treatment • Pneumocystis pneumonia • Candidiasis of oesophagus, trachea, bronchi or lungs • Cryptococcal meningitis • Toxoplasmosis of the brain (from age 1 month)

2016 Clinical Management of HIV in children and adults. Malawi Ministry of Health.

PITC for Age 12-24 mo

All patients accessing PITC must consent for testing. PITC is not mandatory and all those being offered PITC should be informed that they can decline.

Rapid test on both mother and child

Child +, any status of mother

CHILD IS HIV+
- Start ART
- Do confirmatory DNA-PCR
- PITC Status Given: New Positive

Mother +, Child -

CHILD IS HIV-EXPOSED
- Ensure child on CPT
- Ensure child in HCC
- Ensure mother on ART
- PITC Status Given: New Negative

Mother -, Child - *OR* Mother unknown, Child -

CHILD IS HIV-
- No further testing
- PITC Status Given: New Negative

Notes:
- If mother is known HIV+, test child only.
- If child is known HIV+, no need for testing, record Known Positive (ART or Kn+, depending on ART status).
- If mother and/or child are known HIV+, ensure they are on ART.

TINGATHE TOOLKIT

Sources:
Malawi HIV Testing Services Guidelines, 2015
Malawi Integrated Clinical HIV Guidelines, 2016

USAID FROM THE AMERICAN PEOPLE

Children's Foundation Malawi

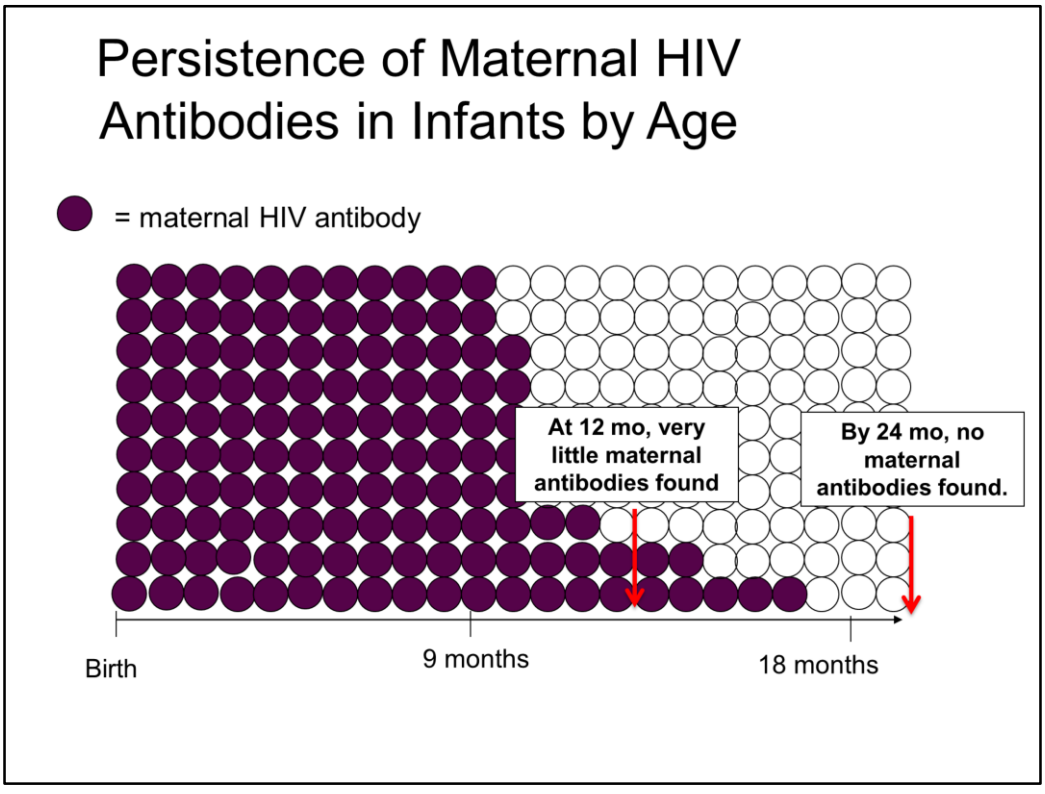
PEPFAR

Confirmatory testing in <24 months of age

NEW IN 2016 GUIDELINES:

- All children under 24 months with positive initial test should get a confirmatory DNA-PCR.
  - The initial test is DNA-PCR if <12mo.
  - The initial test is rapid test if ≥12mo.
  - Confirmatory DNA-PCR can be collected on the day of starting ART.
- Do not wait for confirmatory DNA-PCR results to start ART.

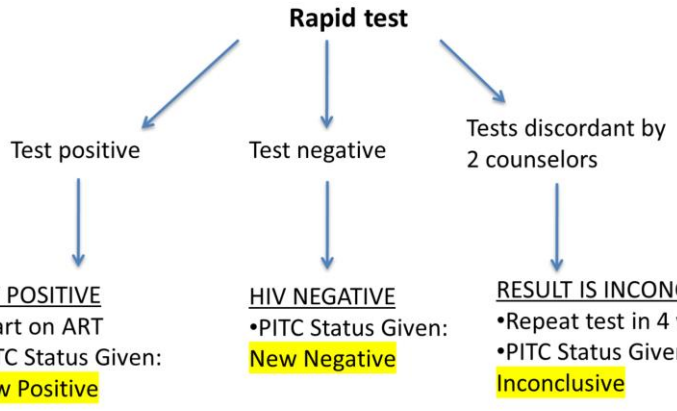
2016 Clinical Management of HIV in children and adults. Malawi Ministry of Health.



Explanation: This figure shows that after 12mo very few children still have maternal Ab (the purple circles). So, rapid test is an appropriate test. But just to be sure that a positive rapid test is due to HIV infection in children 12-24mo (and not maternal antibody), a confirmatory DNA-PCR is done.

PITC for Age > 24 mo

All patients accessing PITC must consent for testing. PITC is not mandatory and all those being offered PITC should be informed that they can decline.



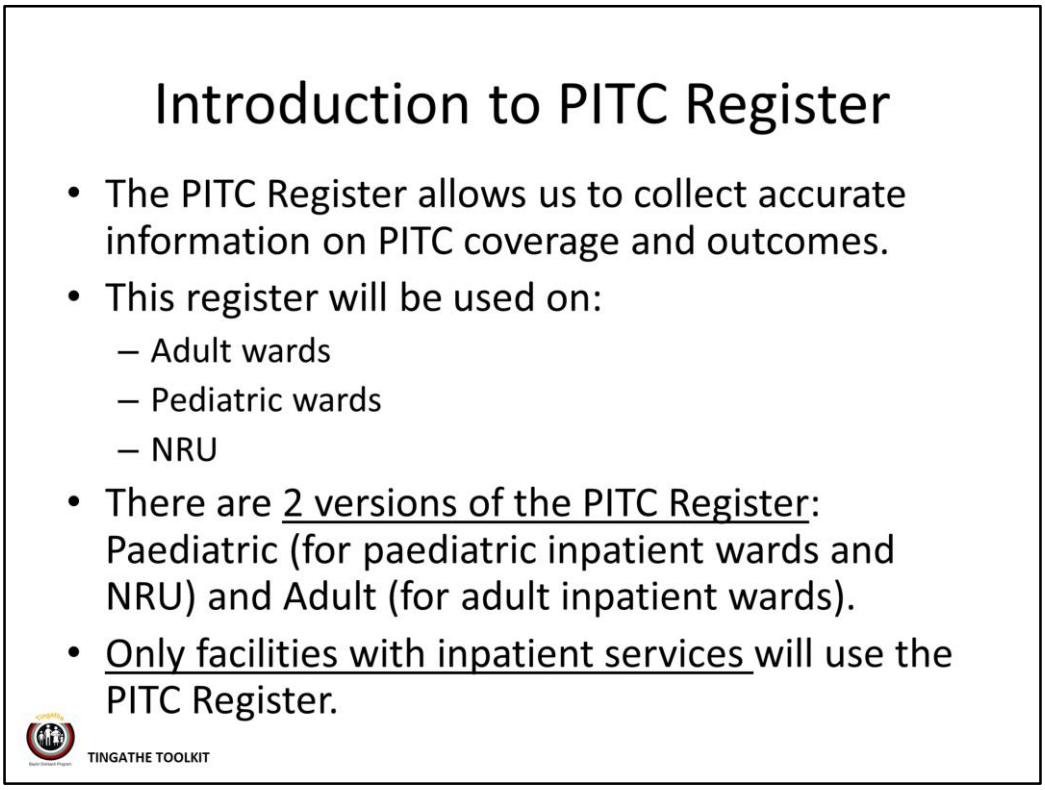
Note:
•If the child is still breastfeeding, mother should also be tested to determine exposure status.

Sources:
Malawi HIV Testing Services Guidelines, 2015
Malawi Integrated Clinical HIV Guidelines, 2016

TINGATHE TOOLKIT

Note:

- At this time, all participants should have a copy of the Brief PITC SOP, PITC Registers (adult and pediatric) and the PITC monthly report.

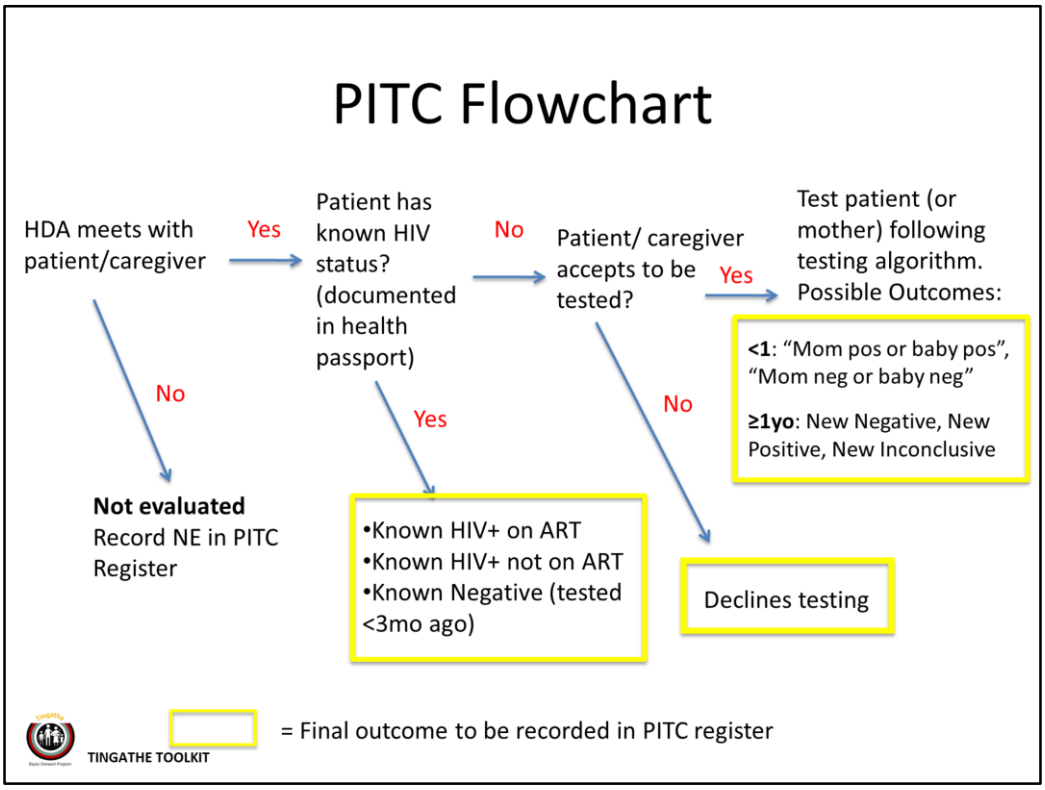


Note: Even if some staff do not work at sites where they have inpatient or will use the PITC Register, it is still good they learn about it. The way of approaching PITC in outpatient programs is the same, but just will not use the register.

PITC Register Procedure

1. Enter all new admissions/registrations into the PITC register each day, one patient per line. Only enter the names of the patients admitted to the ward. Do not enter the name of the patient's mother into the PITC register, even if she is tested on the ward. **(All persons tested should be entered in the HTC register per usual protocol.)**
2. Complete patient status based on PITC flowchart and testing algorithms described.

TINGATHE TOOLKIT



Explanation:

- HDA may not meet with and evaluated patient/caregiver on inpatient ward for many reasons: a very short admission, patient died before counseling, patient frequently off ward at Xray/surgery and could not be found, or HDA busy & didn't get to patient. We want >90% of patients to be evaluated by HTS providers.
- Testing outcome for <1yo: We will ideally test the mother with rapid test to determine if they baby is HIV exposed. If the mother is not available, we will test the baby (as discussed in algorithm).
- Thus, possible outcomes for <1yo are "mother or baby rapid test positive" or "mother or baby rapid test negative". For >1yo, the child should be tested & the result will be Pos/Neg or Inconclusive.

PAEDIATRIC PITC REGISTER

Date of Admission *(dd/mm/yy)*	Child Name	Sex of Child		Age of Child			Date of Evaluation *dd/mm/yy*	Patient (child) HTC status: Pick one status only.									Linkage to Care- EID *(For mom positive or baby positive <1yo)*			Comments
								Testing not done				Testing done								
								Known status				Test Result <1yo		Test Result ≥1yo			DNA-PCR DONE?			
		Male	Female	0-11 months	1-14 years	**Not Evaluated**		Known positive, on ART	Known positive, not on ART	Known negative (tested <3mo ago)	Declined	Mom positive OR baby positive	Mom negative OR baby Negative	New Negative	New Positive	New Inconclusive	Yes	No	HCC Number	
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
Totals Fill at the end of each page (15 rows per page)																				
								A1	A2	A3	A4	B1	B2	B3	B4	B5				

Explanation:

- This is a picture of the pediatric PITC Register. All participants should have hard copies to reference and make notes on.
- We will use this register in many case examples later – so you'll get practice using it. I'll briefly walk you through the different sections of the register
- Any questions?

ADULT PITC REGISTER

Date of Admission *(dd/mm/yy)*	Patient Name	Sex			Age		Not Evaluated	Date of Evaluation *dd/mm/yy*	Patient status: Pick one status only.							Comments
									Testing not done				Testing done			
									Known status							
		Male	Female non Preg	Female Pregnant	15-24 years	25+ years			Known positive, on ART	Known positive, not on ART	Known negative (tested <3mo ago)	Declined	New Negative	New Positive	New Inconclusive	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
		M	FNP	FP	C	D	NE		ART	Kn+	Kn-	D	N-	N+	Nin	
Totals Fill at the end of each page (15 rows per page)																
									A1	A2	A3	A4	B3	B4	B5	

Explanation:

- This is a picture of the pediatric PITC Register. All participants should have hard copies to reference and make notes on. We will use this register in many case examples later – so you'll get practice using it.
- The main differences from the pediatric register are: Sex (FP and FNP), Age categories, <1yo outcomes & section on linking to EID not included in adult register because not relevant
- Any questions?

Exercise #1

You, a HDA, determine the HIV status of patients in a pediatric inpatient ward. See the following description of the cases 1-6 to determine your next steps. For all cases, answer:

- What would you do? (test/don't test, who to test)
- Document outcome in Paediatric PITC Register

Instructions:

- Participants can work in pairs or individually to complete the exercise on the **M&E Example Handout**.
- Walk through each case together. Pause after each description of the case to let participants think about, then answer "what test would you do?"
- Once completed, review all responses together. Clarify any questions.

Case #1

- Patient A.B. is a 7mo old female admitted to the hospital for diarrhea. The child has never been admitted before, is otherwise healthy per the mother and has good nutritional status with W/H~0 and MUAC 13.5.
- What testing do you do?
  - Test mother
- Mother is HIV-negative. What do you do?
  - Nothing more
- Complete the PITC Register for this patient.

Explanation: When completing PITC Register, enter Date of Admission as yesterday (these were new patients admitted yesterday evening) & Date of Evaluation as today.

PITC Register: Outcome – M/B-

Case #2

- Patient A.C. is a 7mo old male admitted to the hospital for diarrhea. The child has never been admitted before, is otherwise healthy and has good nutritional status with W/H~0 and MUAC 13.5.
- What do you do next?
- The mother died when the child was 2mo old and the child is being raised by the grandmother. The grandmother does not think the mother had HIV – the mother died in a car accident.
- What testing do you do?
  - Rapid test on the child
- If the rapid test is positive, what do you do?
  - Child is HIV exposed.
    - You ensure child is enrolled in HCC and DBS is done (HCC number is 0001).
  - Clinician to evaluate if child meets criteria for PSHD/ needs ART.
    - In this case, child does not meet criteria for PSHD and doesn't need ART.
- Complete the PITC Register for this patient.

PITC Register Outcome: M/B+; complete section on "Linkage to Care-EID"

Case #3

- Patient A.D. is a 5 year old boy admitted for malaria. He is otherwise healthy. He was last admitted to the hospital 1 year ago for diarrhea.
- When you look at the health passport book, you see HTC documented from the admission 1 year ago & HIV status was negative.
- What testing do you do?
  - Re-test since child is sick (admitted to hospital) and test was >3mo ago.
- Test result is negative. Complete the PITC Register for this patient.

PITC Outcome= N-

Case #4

- Patient A.E. is a 18 mo old girl admitted to the ward for pneumonia. She has never been admitted to the hospital before. She is still breastfeeding. Mother tested HIV- at the time of delivery.
- What testing do you do?
  - Test child
  - Test mother
- Mother is positive, child negative. What do you do?
  - Refer mother for ART (high priority!), child for HCC.
- Complete the PITC Register for this patient.

PITC outcome= N- (is HIV-exposed and needs PMTCT services, but outcome of today's test is N-).
Could make note in the comment – "mother new HIV+ -- referred for ART (mother) and HCC (child)"

Important points:
*There are 2 entries in the HTC Register: for the test of mother & the test of child.
*Only the child is entered in the PITC Register because she is the patient.
*If Linkage has already been discussed, should mention that Mother should be entered in the Linkage Register.

Case #5

- Patient A.F. is a 12 year old boy admitted to the ward. The caregiver says the child's HIV status is unknown. There is no record of testing in his health passport book.
- What testing do you do?

  Rapid test
- After testing HIV+, you find out from the caregiver that the boy is actually known to be HIV-positive and on ART (but not yet disclosed).
- Complete the PITC Register for this patient.

PITC Outcome: ART (Known positive, on ART)

This happens frequently in adults – maybe because they are nervous to disclose their status or they want to be tested again to see if it really gives a positive result. If they already knew their status (even if you re-test them), they can be recorded as Known positive.

Case #6

- Patient A.G. is a 6mo old girl admitted to the ward with malaria. She is a known HIV exposed infant (mother is HIV+ on ART). She had neg DBS at 6wks and is followed in HCC.
  - What testing do you do?
    - No testing needed unless child shows signs of PSHD
  - Complete the PITC Register for this patient.

PITC Outcome: M/B+

Note: Even though the child's last test result was negative (DBS), the mother is HIV+. For <1yo, we record based on primarily based on mother's status, so HIV-exposed infants are recorded as M/B+.

Get into groups. Check your PITC register with those in your group. Do you see any differences?

Date of Admission (dd/mm/yy)	Child Name	Sex of Child		Age of Child		Not Evaluated	Date of Evaluation dd/mm/yy	Patient (child) HTC status: Pick one status only.										Linkage to Care- EID (For mom positive or baby positive <1yo)			Comments
								Testing not done				Testing done									
								Known status				Test Result <1yo		Test Result ≥1yo			DNA-PCR DONE?				
		Male	Female	0-11 months	1-14 years			Known positive, on ART	Known positive, not on ART	Known negative (tested <3mo ago)	Declined	Mom positive OR baby positive	Mom negative OR baby Negative	New Negative	New Positive	New Inconclusive	Yes	No	HCC Number	
14/10/16	A. B.	M	F	A	B	NE	14/10/16	ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
14/10/16	A. C.	M	F	A	B	NE	14/10/16	ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N	0001	
14/10/16	A. D.	M	F	A	B	NE	14/10/16	ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
14/10/16	A. E.	M	F	A	B	NE	14/10/16	ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		Mother new HIV+, referred child for HCC
14/10/16	A. F.	M	F	A	B	NE	14/10/16	ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
14/10/16	A. G.	M	F	A	B	NE	14/10/16	ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		

Instructions:

- Have participants get into different groups than those that they were in during Exercise 1.
- Check their complete PITC registers with others. Note differences.
- Walk through each example again together, clarifying any mistakes.

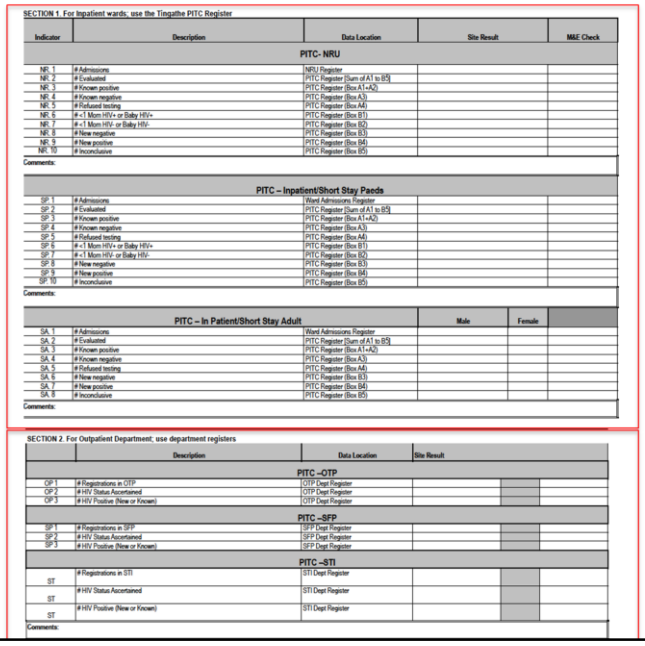
PITC MONTHLY REPORT

PITC Reporting Procedure

1. It is the responsibility of HDA focal person to fill the PITC Monthly Report.
2. Fill the report at the end of each month and complete before the end of the first week of the following month (e.g. the monthly report for June should be completed by the first week July).
3. Fill in the first row of the form with:
   - Site (health facility name)
   - District
4. Reporting Month (e.g. a June reporting month covers all PITC done from June 1st -30th)
5. When the monthly report is completed, the HDA focal person completing the report should sign and date. The site supervisor should perform a quality check (check the report data against the PITC register data), then sign and date.
6. When report is completed, signed and checked for quality, it should be submitted to the M&E team.

TINGATHE TOOLKIT

TINGATHE SITE MONTHLY REPORT: PITC Section



SECTION 1. For Inpatient wards; use the Tingathe PITC Register

Indicator	Description	Data Location	Site Result	M&E Check
	PITC- NRU			
NR_1	# Admissions	NRU Register		
NR_2	# Evaluated	PITC Register (Sum of A1 to B5)		
NR_3	# Known positive	PITC Register (Box A1+A2)		
NR_4	# Known negative	PITC Register (Box A3)		
NR_5	# Refused testing	PITC Register (Box A4)		
NR_6	# <1 Mom HIV+ or Baby HIV+	PITC Register (Box B1)		
NR_7	# <1 Mom HIV- or Baby HIV-	PITC Register (Box B2)		
NR_8	# New negative	PITC Register (Box B3)		
NR_9	# New positive	PITC Register (Box B4)		
NR_10	# Inconclusive	PITC Register (Box B5)		
Comments:				
	PITC – Inpatient/Short Stay Paeds			
SP_1	# Admissions	Ward Admissions Register		
SP_2	# Evaluated	PITC Register (Sum of A1 to B5)		
SP_3	# Known positive	PITC Register (Box A1+A2)		
SP_4	# Known negative	PITC Register (Box A3)		
SP_5	# Refused testing	PITC Register (Box A4)		
SP_6	# <1 Mom HIV+ or Baby HIV+	PITC Register (Box B1)		
SP_7	# <1 Mom HIV- or Baby HIV-	PITC Register (Box B2)		
SP_8	# New negative	PITC Register (Box B3)		
SP_9	# New positive	PITC Register (Box B4)		
SP_10	# Inconclusive	PITC Register (Box B5)		
Comments:				

	PITC – In Patient/Short Stay Adult		Male	Female	
SA_1	# Admissions	Ward Admissions Register			
SA_2	# Evaluated	PITC Register (Sum of A1 to B5)			
SA_3	# Known positive	PITC Register (Box A1+A2)			
SA_4	# Known negative	PITC Register (Box A3)			
SA_5	# Refused testing	PITC Register (Box A4)			
SA_6	# New negative	PITC Register (Box B3)			
SA_7	# New positive	PITC Register (Box B4)			
SA_8	# Inconclusive	PITC Register (Box B5)			
Comments:					

SECTION 2. For Outpatient Department; use department registers

	Description	Data Location	Site Result		
	PITC –OTP				
OP_1	# Registrations in OTP	OTP Dept Register			
OP_2	# HIV Status Ascertained	OTP Dept Register			
OP_3	# HIV Positive (New or Known)	OTP Dept Register			
	PITC –SFP				
SP_1	# Registrations in SFP	SFP Dept Register			
SP_2	# HIV Status Ascertained	SFP Dept Register			
SP_3	# HIV Positive (New or Known)	SFP Dept Register			
	PITC –STI				
ST	# Registrations in STI	STI Dept Register			
ST	# HIV Status Ascertained	STI Dept Register			
ST	# HIV Positive (New or Known)	STI Dept Register			
Comments:					

Explanation:

This is a picture of the Site Monthly Report (they should have hard copies to look at). There are two sections:

Section 1: Inpatient wards using PITC Registers

Section 2: Outpatient departments that do not use PITC registers

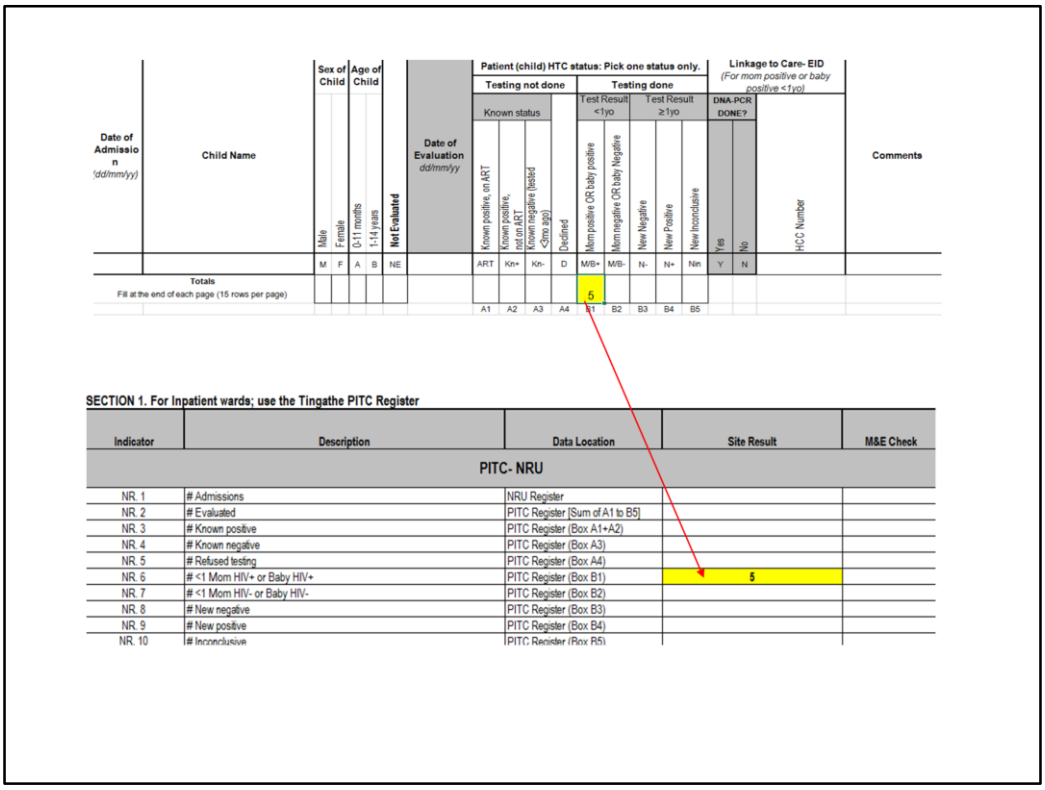
- For NRU, Inpatient Paeds and Inpatient Adult, the source is the PITC Register. The column totals in the PITC register should be used to get these numbers – we will practice this.
- For OTP/SFP/STI, you will get the data from the Departmental Registers. When you go to your sites, you should look for the OTP, SFP and STI registers at your sites to make sure they are being used and HIV status is being documented in these registers.

PITC Reporting Procedure – Section 1

1. Ensure that the PITC registers for each ward have their totals summed at the bottom of each page.

2. Enter the PITC Register data requested in the 'Description' column into the corresponding 'Site Result' column.
   - The first row in each section is **# Admissions**. This should be obtained from the total number of patients recorded in the ward/in-patient admission register during the monthly reporting period.
   - The row for **Evaluated** is the Sum of boxes A1 through B5

     # Evaluated = A1+A2+A3+A4+B1+B2+B3+B4+B5



Date of Admission (dd/mm/yy)	Child Name	Sex of Child: Male	Sex of Child: Female	Age of Child: 0-11 months	Age of Child: 1-14 years	Not Evaluated	Date of Evaluation dd/mm/yy	Patient (child) HTC status: Pick one status only. — Testing not done — Known status: Known positive, on ART	Known positive, not on ART	Known negative (tested <3mo ago)	Declined	Testing done — Test Result <1yo: Mom positive OR baby positive	Mom negative OR baby Negative	Test Result ≥1yo: New Negative	New Positive	New Inconclusive	Linkage to Care- EID (For mom positive or baby positive <1yo) DNA-PCR DONE?: Yes	No	HCC Number	Comments
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin	Y	N		
Totals (Fill at the end of each page (15 rows per page))												5								
								A1	A2	A3	A4	B1	B2	B3	B4	B5				

SECTION 1. For Inpatient wards; use the Tingathe PITC Register

Indicator	Description	Data Location	Site Result	M&E Check
		PITC- NRU		
NR. 1	# Admissions	NRU Register		
NR. 2	# Evaluated	PITC Register [Sum of A1 to B5]		
NR. 3	# Known positive	PITC Register (Box A1+A2)		
NR. 4	# Known negative	PITC Register (Box A3)		
NR. 5	# Refused testing	PITC Register (Box A4)		
NR. 6	# <1 Mom HIV+ or Baby HIV+	PITC Register (Box B1)	5	
NR. 7	# <1 Mom HIV- or Baby HIV-	PITC Register (Box B2)		
NR. 8	# New negative	PITC Register (Box B3)		
NR. 9	# New positive	PITC Register (Box B4)		
NR. 10	# Inconclusive	PITC Register (Box B5)		

Instructions:

1. Walk through an example of how to calculate column totals.
2. Demonstrate how data is transferred from the PITC register onto the monthly report.
3. Review how # admissions and #evaluated calculations are made.

Exercise #2: Reports

1. Complete the column totals for this page in the Paediatric PITC Register

2. Complete the "PITC – Inpatient/Short Stay Paeds" section of the Tingathe Site Monthly Report

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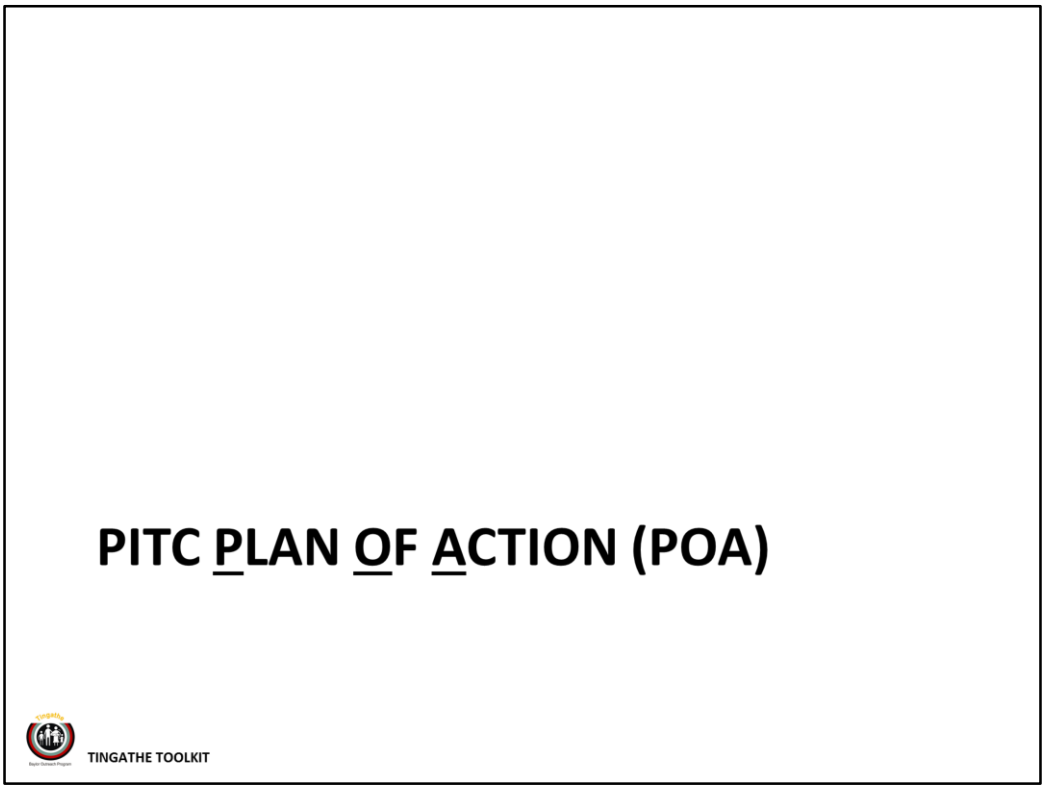
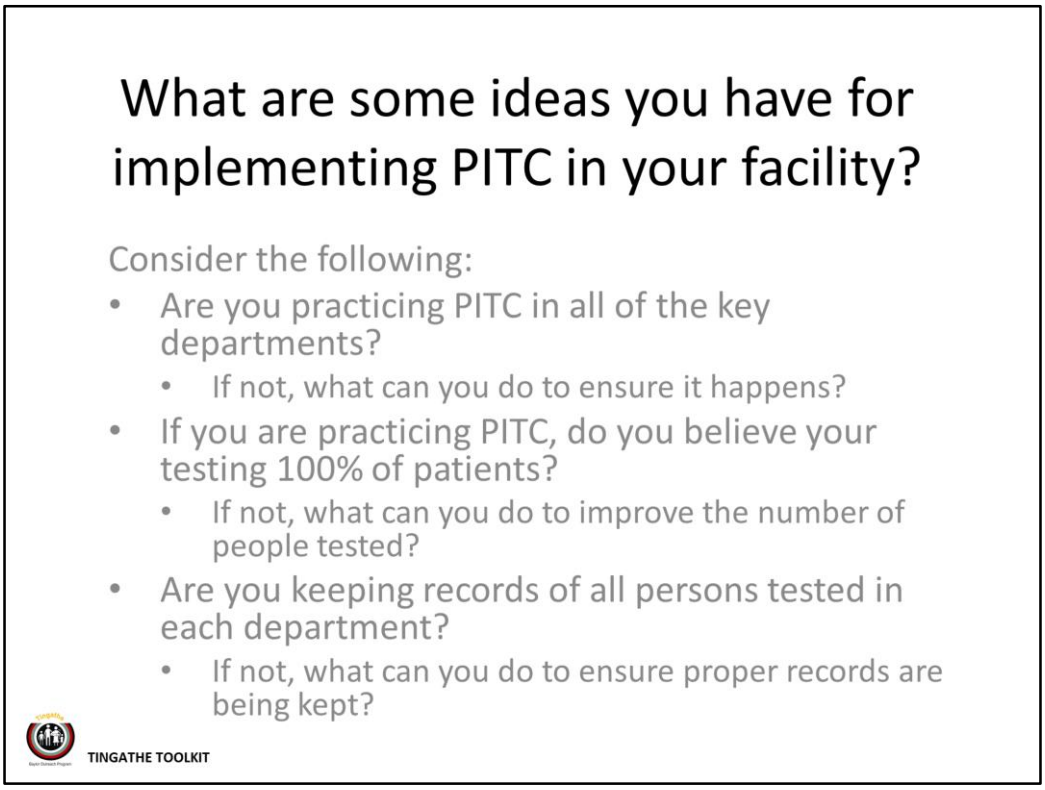
Instructions:

1. Have participants complete column totals on their own.
2. Once finished, have them get into small groups to

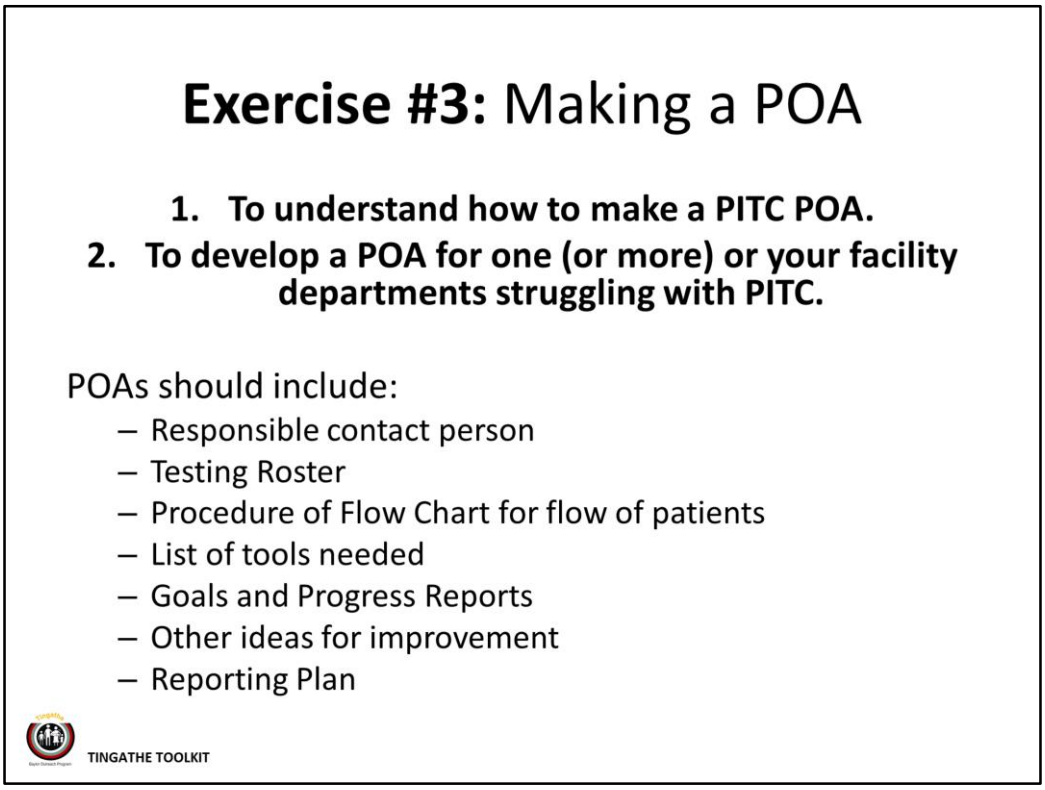


Poster activity? Or sharing ball?



Instructions:

1. Ask participants to describe different ideas they have for implementing PITC strategies in their sites, including the incorporating PITC register into some departments. This should be a free brainstorm session.
2. Can list all suggestions on a flip chart paper.
3. This discussion should help segue into developing a POA for a specific department.



- Discuss each point of the POA as participants follow along with hand out.
- Let sites decide which department they'd like to make a POA for.
- Go through the example (ANC) on the next few slides
- Break out into groups by site (for large site groups, can split up into two groups and give each group a different department. One coordinator/in-charge should be with each group).
    - Each group should nominate a writer.
    - Give each group a piece of flipchart paper and markers to write their flowcharts/SOPs on.
    - Remind groups to NOT do #7 Reporting Plan, until the next break out session.

EXAMPLE – ANC

- Current status:
  - PITC is usually offered to all women by the nurse in-charge at ANC
- Person Responsible for Implementing POA:
  - HTC Coordinator and Nurse in-charge of ANC department
- Responsible Person:
  - Nurse in-charge of ANC department
- Testing Roster:
  - ANC happens Tues and Thurs morning from 8-12
  - There is a counselor always present for Tues testing, but OTP also happens on Thursday morning and the counselor is sometimes too busy to test both ANC and OTP
  - HDAs can FILL THE GAP – and take over ANC testing on Thursdays, so the other counselor can take over OTP testing

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EXAMPLE – ANC

- Flowchart/Procedure:
  1. HTC Counselor makes a short health talk at all ANC about the importance of PITC, PMTCT and explains that testing is now a routine part of care
  2. Counselor takes women in groups of three (who are not already diagnosed with HIV) and escorts them to the HTC testing room.
  3. Counselor provides HTC to the first group, goes back to report results to the clerk who fills the register and gets another group.
  4. All HIV-infected women identified will be referred to ART care.

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EXAMPLE – ANC

- Flowchart/Procedure:
  1. Counselor will help screen women during all ANC appointments (first appointment, and subsequent appointments) to ensure all women are being offered a test
  2. ANC and HTC counselor will meet monthly to discuss the flow and progress of the plan

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EXAMPLE – ANC

- List of Tools Needed:
  - ANC Register
  - PITC Health Talk
- Goals and Progress
  - Make a meeting with the ANC nurse, review POA and see if feasible within the next week
  - Make a PITC health talk for the HDA
  - Finalize testing roster and health talk roster

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EXAMPLE – ANC

- Other Ideas
  - Provide a patient escort who can offer in-depth pre-ART counseling and support to newly diagnosed mothers
  - Have a monthly meeting with ART nurse in-charge and counselors to review collected data and improve practices
- Reporting
  - An HDA is responsible to go check the ANC register weekly to ensure HIV status is recorded appropriately

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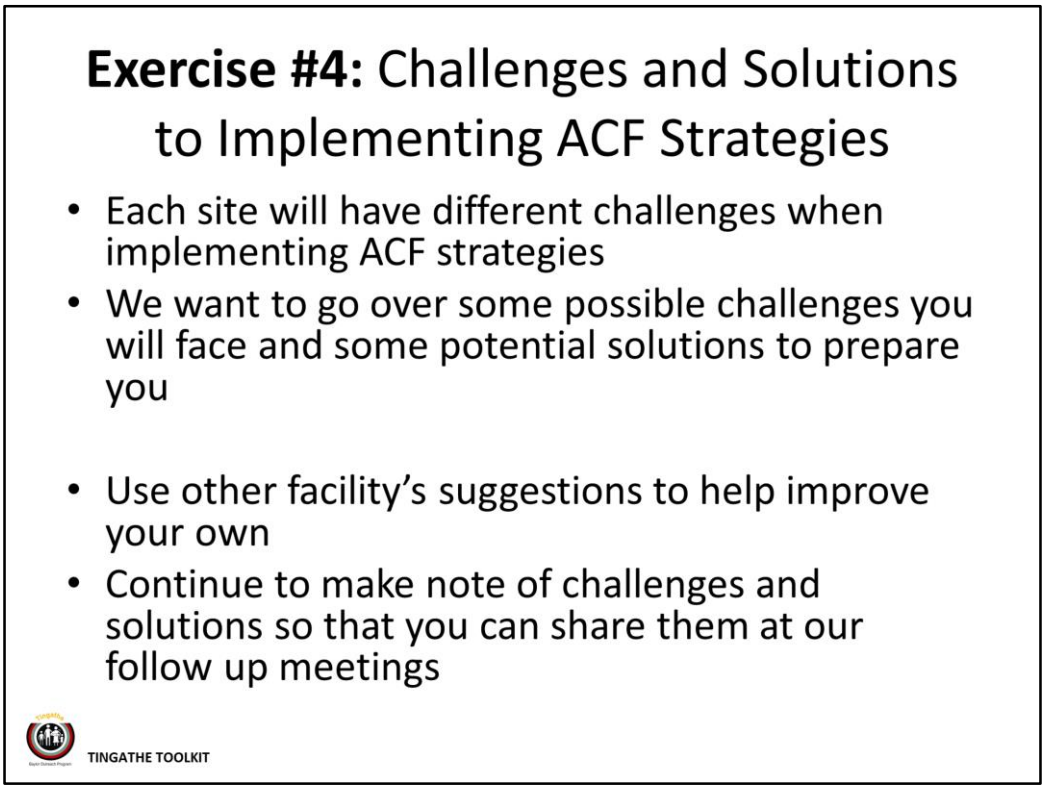

Instructions:

1. Hang 5-6 flipchart papers up. Each sheet should be split into three sections: Challenge, HDA, Supervisor
2. Ask each group for ONE challenge in implementing PITC and write it at the top of each sheet.
3. Give participants 5 minutes to discuss/brainstorm solutions to each challenge.
4. Go around the room and ask for ONE solution per group and write it on the sheet below the challenge. If it is something the HDA can do or supervisor.

Examples of Challenges and Solutions:

<u>Challenges:</u>

*getting HCW buy in - could be due to lack of knowledge or attitudes
*overworked staff
*seen as not part of core duties of HCW
*HDA not always recognized as HCWs
*need coordinated system to make sure all get tested

<u>Solutions:</u>

*PITC sensitization with all staff/team-approach
*HDAs focus on PITC – better coverage with a dedicate cadre
*integrate HDAs into departments – relationship-building
*QI teams to identify areas of weakness and test system improvements)

M&E REVIEW

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Importance of M&E

- Need to ***MEASURE*** our progress and see the impact HDAs are having on your health facility.
- This information can help guide the program and *best practices* for PITC and linkage.
- By properly recording data, you will be able to show everyone that HDAs are **successfully** filling gaps in the health facility and working with all team members to accomplish the facility's goals for improving PITC and increasing identification and linkage of HIV-infected children!

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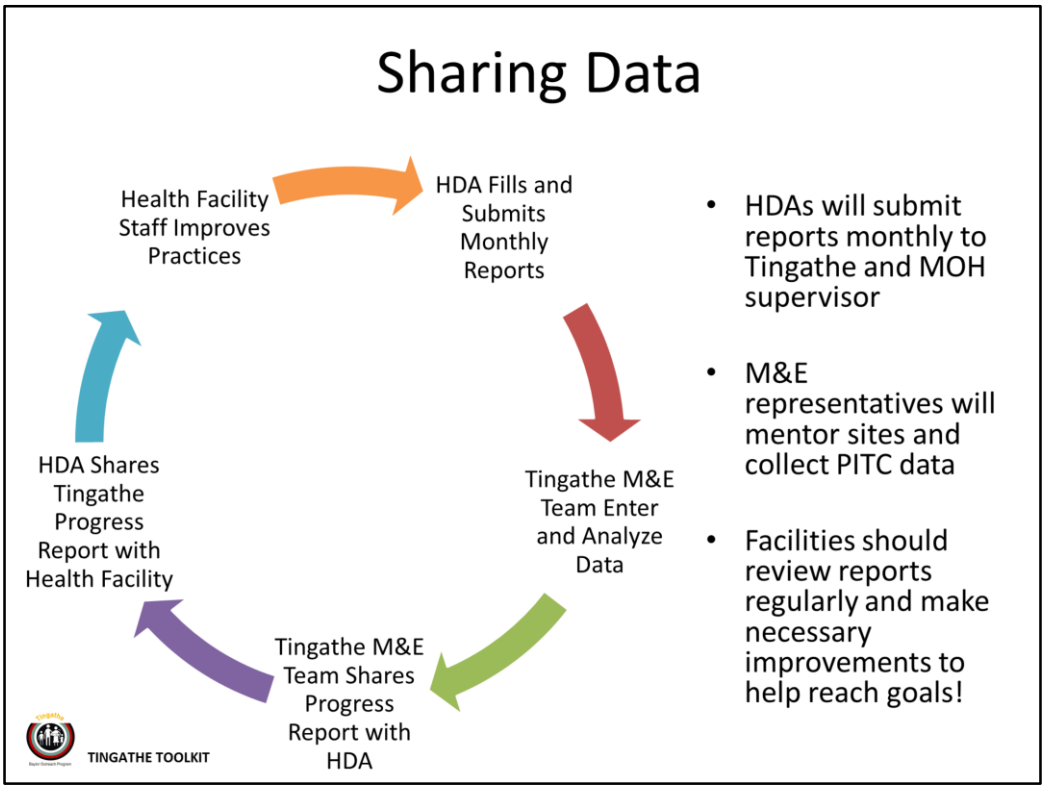
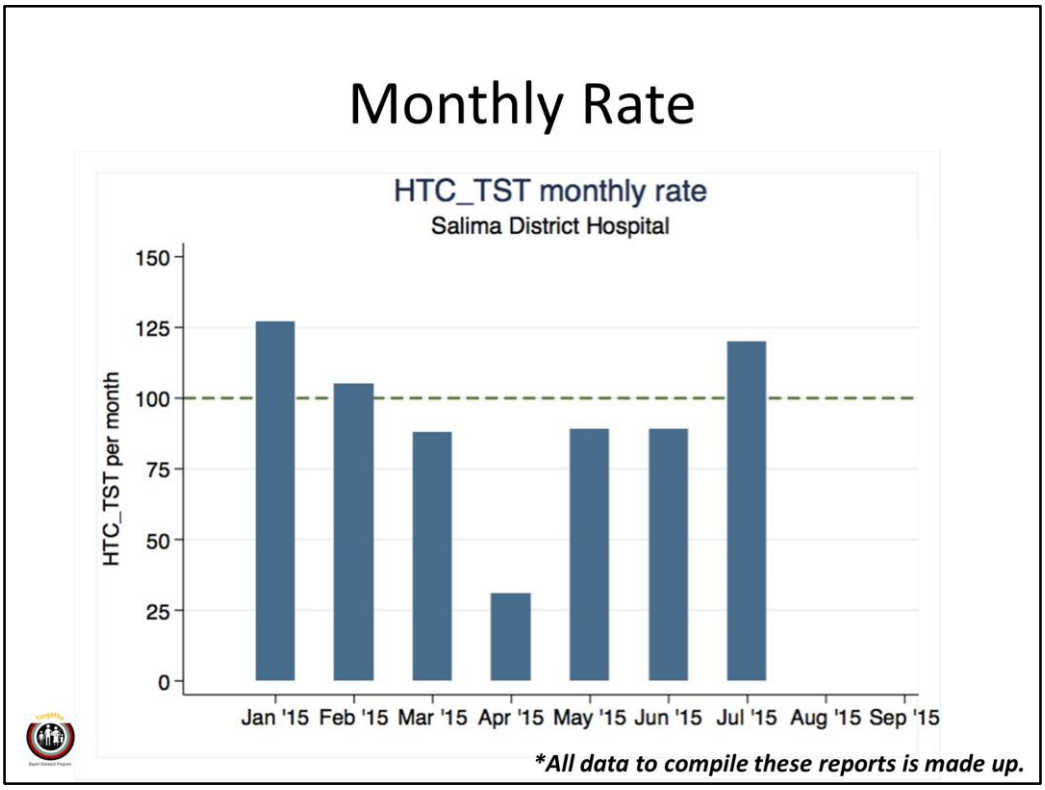


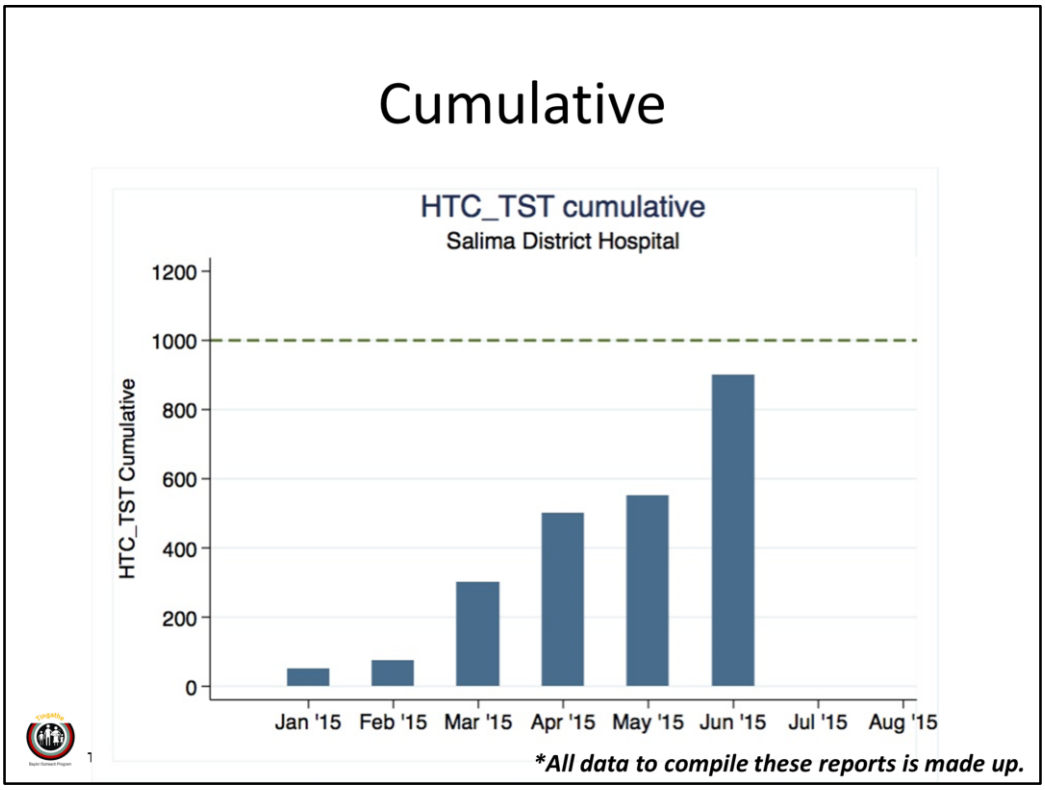
Explanation:

- The next few slides give examples of what the progress reports for the Tingathe M&E team will look like. These should be shared with all HDAs at the facility and MOH staff to see testing progress over time.



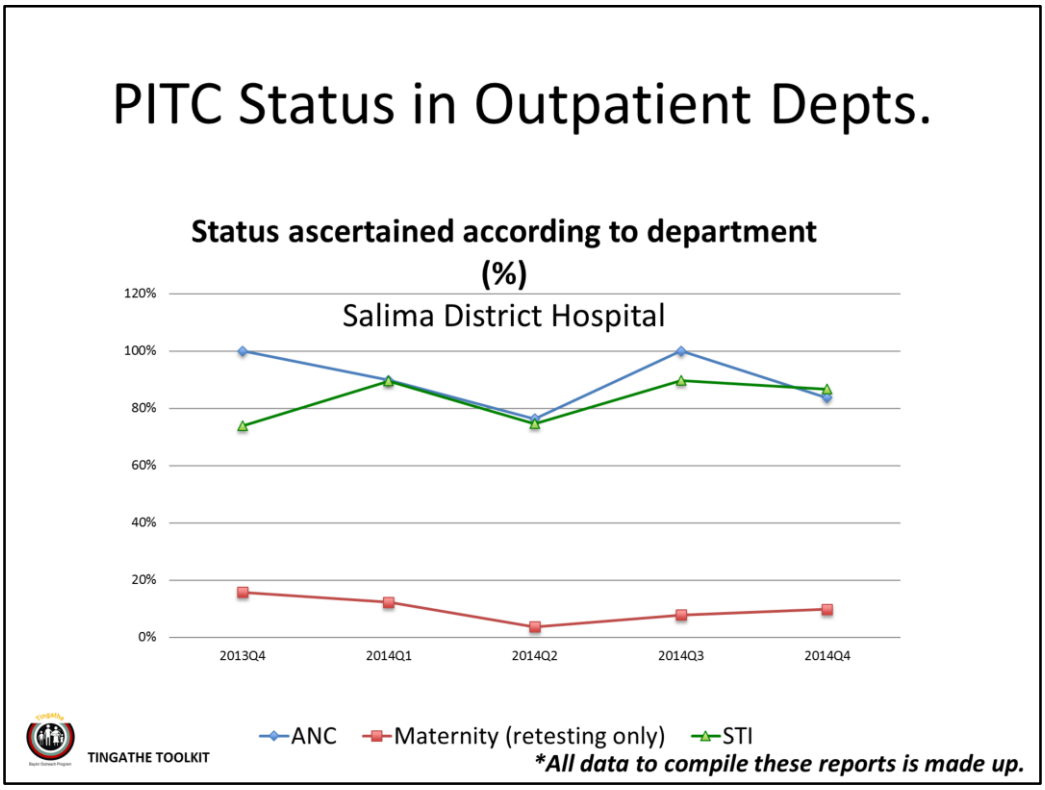
Monthly Rate

- Will get two, one of each to show you:
    - how many HIV tests are done every month
    - how many children are enrolled in HIV services every month
- Will have target line which shows the country's target for testing at your facility per month
- Can compare the numbers between months to decide what new activities should be added to reach the target



Cumulative

- Will get two, one of each to show you:
  - how many cumulative HIV tests have been done at your site ever
  - how many cumulative child enrollments at your site ever
- Will have target line which shows the country's target for testing at your facility for the year
- Can see your progress toward the big target



PITC Status

- Shows the percentage of patients that have been tested in all key departments
    - Number tested (status ascertained) / Total registered
- Can compare across months and departments
- Target for all departments is 100%

Performance Comparison

Zomba District—2015Q4 Indicator Overview

Site Name	HTC_TST Done 2015Q4	Percent of quarterly target	TX_NEW Done 2015Q4	Percent of quarterly target
Machinjiri Health Centre	495	177%	50	172%
City Clinic Zomba	358	139%	89	193%
Domasi Rural Hospital	408	128%	60	107%
Magomero Health Centre	436	115%	70	100%
Chilipa Health Centre	325	81%	75	127%
Lambulira Health Centre	400	89%	50	82%
Chingale Health Centre	375	78%	24	86%
Chamba Health Centre	324	67%	20	50%
Bimbi Health Centre	167	58%	40	71%
Likangala Health Centre	180	38%	39	55%
Chipini Health Centre	154	37%	40	56%
Makwapala Health Centre	85	26%	30	57%

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All data to compile these reports is made up.

Performance Comparison

- Shows how close each site has gotten to their target
    - % = actual/target
    - All site targets are different
- Can compare your performance in HIV testing and child enrollments to other facilities in your district
- Can use it to ask and learn from other facilities their best practices and techniques
- Target for all facilities is 100%

Note: Comparing rates across health facilities within the same program can create a health competition, encouraging performance for all facilities.

Distribution of Site Supplies

Each health facility should have:

- PITC Register for each inpatient ward
  - x2 pediatric and x1 adult
- PITC Monthly Reports
  - x3 copies – x1 to submit to program; x1 to submit to MOH site staff; x1 to keep for records

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Take Home Points

- PITC is an important way to identify HIV+ cases and link them to care.
  - Early diagnosis and treatment will improve the health of people living with HIV.
- The registers and PITC reports allow us to (1) evaluate our progress (2) share our successes and lessons with others.
- We can improve coverage & documentation of PITC in wards and nutrition program – but we need to work as a team and keep good records of what we are doing.

TINGATHE TOOLKIT

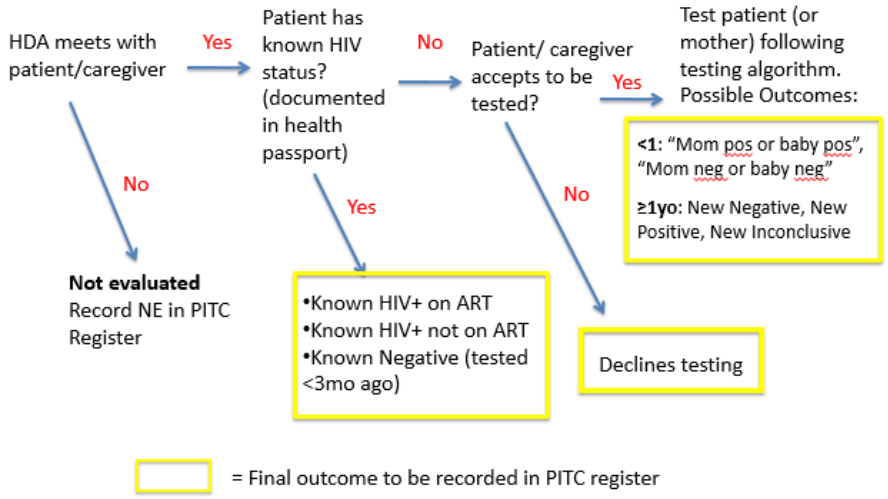
Purpose: This SOP explains the PITC process on inpatient wards and gives instructions on the use of the Adult In-Patient PITC Register and the Paediatric In-Patient PITC Register. The registers were designed for use by HIV Testing and Counseling (HTC) providers in in-patient wards that do not keep a clear record of every patient's HIV status.

Program Tools: Adult PITC Register (for use on adult wards; patients ≥15 years), Paediatric PITC Register (for use on paediatric wards and nutritional rehabilitation unit (NRU); patients <15 years).

Procedure:

1. Enter all new admissions/registrations into the PITC register each day, one patient per line. Only enter the names of the patients admitted to the ward. Do not enter the name of the patient's mother into the PITC register, even if she is tested on the ward. **(All persons tested should be entered in the HTC register per usual protocol.)**
2. Complete patient status based on PITC flowchart (Figure 1) and testing algorithms described below. The **PITC Flowchart** helps guide the HTC provider through all the steps needed to properly ascertain a patient's HIV status.

Figure 1. PITC Flowchart



3. If a patient does not receive any counseling/testing assessment from an HTC provider, the patient is recorded as Not Evaluated. These patients were entered into the PITC register on admission, but the HTC provider never evaluated and counseled the patient about PITC or offered a test. Evaluation date, patient status, and linkage columns are left blank.
    - Common reasons for this outcome in the inpatient setting include: busy ward with multiple new admissions, weekend admissions when there is no designated HTC provider, or difficulty accessing a patient who is receiving multiple ancillary services or critical care.
4. When the HTC provider evaluates a patient, s/he should first assess if the patient should be offered an HIV test or has a known HIV status by reviewing the patient's medical records (e.g. health passport book).
    The patient should be offered an HIV test if:
    - Never tested before
    - Tested negative more than 3 months ago (or test after 1 month if high risk exposure – follow HTS risk assessment guidelines)
    - Claims to have been tested any time in the past, but without documentation (being on ART counts as documented evidence). *[Source: Malawi Integrated Clinical HIV Guidelines, 2016]*

The patient should NOT be offered an HIV test if:

- *Known HIV+ on ART, Known HIV+ Not on ART, and Known HIV-:* These outcomes are used for patients who have a previous HIV status documented in the health passport book **and** do not need a repeat test.
  - If a patient tested HIV-negative more than 3 months ago, do **not** mark 'Known HIV-' as the patient's outcome. The patient should be offered an HIV test.
  - For known HIV+ patients, the HTC provider should assess whether the patient is enrolled in HIV care and on ART.

5. If the patient does not have known HIV status, the patient should be offered an HIV test. The HTC provider should counsel the patient on the importance of knowing his/her HIV status. HIV testing is not mandatory and patients have the right to decline HIV testing.

   Declined: This outcome is used if patient or caregiver (for patients under 13 yo) refuses HIV testing after appropriate counseling.

6. If the patient consents for testing, the HTC provider should follow the **PITC testing algorithms** (Figures 2-4) based on patient age (<12mo, 12-24mo, >24mo). Outcomes to be recorded in the PITC register are highlighted.

Figure 2. PITC Testing Algorithm for Patients < 12months

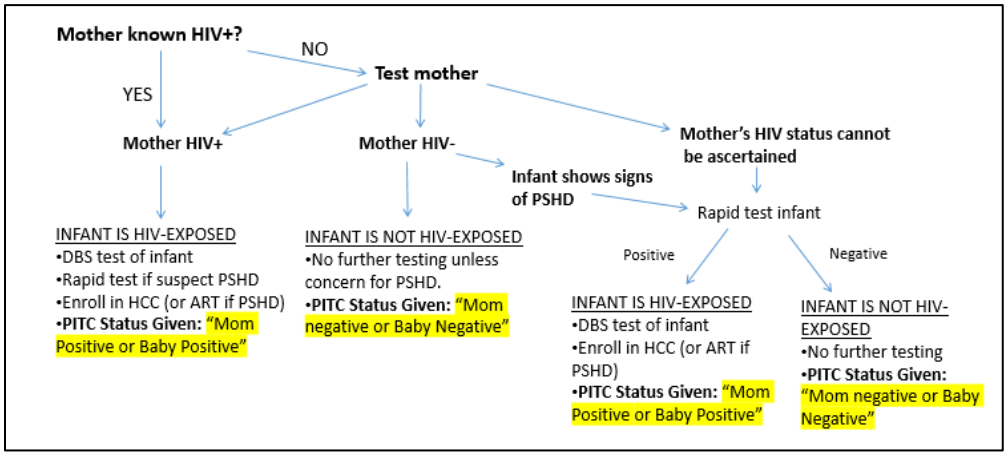


Figure 3. PITC Testing Algorithm for Patients 12 – 24 months

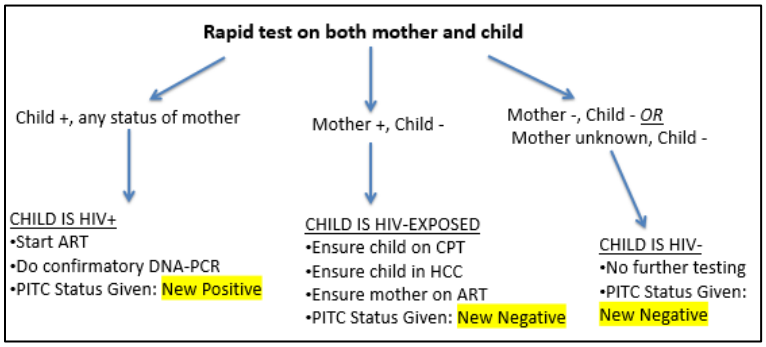
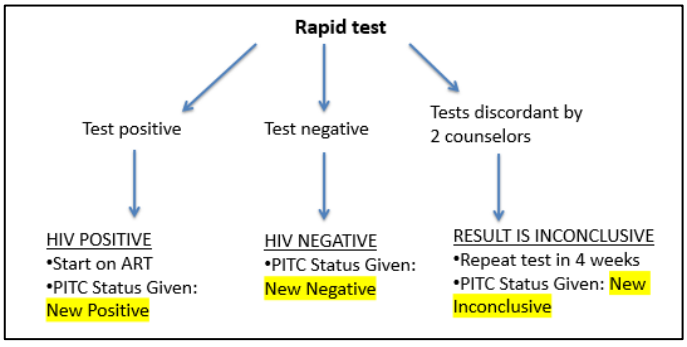


Figure 4. PITC Testing Algorithm for Patients > 24 months



Instructions: Distribute one copy of this hand out along with a blank sample of the register and monthly report form for reference to each participant. Participants will be prompted throughout the workshop to complete the exercises.

Exercise #1: You, a HDA, determine the HIV status of patients in a pediatric inpatient ward and enter them into the PITC register. See the following description of the cases to determine your next steps. For all questions in *italics* – the response will be given to you by the facilitator.

Case 1. Atupele Kambeze is a 7mo old female admitted to the hospital for diarrhea. The child has never been admitted before, is otherwise healthy per the mother and has good nutritional status with W/H~0 and MUAC 13.5.

- What testing do you do? _____
- *HIV Status of mother is:* _____
- What do you do? _____
- Complete the PITC Register for this patient.

Case 2. Alinafe Chionda is a 18 mo old girl admitted to the ward for pneumonia. She has never been admitted to the hospital before. She is still breastfeeding. Mother tested HIV- at the time of delivery.

- What testing do you do? _____
- *HIV status of mother:* _____ *HIV Status of Child:* _____
- What do you do? _____
- Complete the PITC Register for this patient.

Case 3. George Banda is a 7mo old male admitted to the hospital for diarrhea. The child has never been admitted before, is otherwise healthy and has good nutritional status with W/H~0 and MUAC 13.5.

- *What do you do next?* _____
- What testing do you do? _____
- If the rapid test is positive, what do you do?
  - Child is HIV exposed. You ensure child is enrolled in HCC and DBS is done (HCC number is 0001).
  - Clinician to evaluate if child meets criteria for PSHD/ needs ART. In this case, child does not meet criteria for PSHD and doesn't need ART.
- Complete the PITC Register for this patient.

Case 4. James Chikondi is a 5 year old boy admitted for malaria. He is otherwise healthy. He was last admitted to the hospital 1 year ago for diarrhea.

- When you look at the health passport book, you see HTC documented from the admission 1 year ago & HIV status was negative.
- What testing do you do? _____
- Test result is negative. Complete the PITC Register for this patient.

Case 5. Linly Tembo is a 6mo old girl admitted to the ward with malaria. She is a known HIV exposed infant (mother is HIV+ on ART). She had neg DBS at 6wks and is followed in HCC.

- What testing do you do? _____
- Complete the PITC Register for this patient.

Case 6. Peter Chileka is a 12 year old boy admitted to the ward. The caregiver says the child's HIV status is unknown. There is no record of testing in his health passport book.

- What testing do you do? _____
- After testing HIV+, you find out from the caregiver that the boy is actually known to be HIV-positive and on ART (but not yet disclosed).
- Complete the PITC Register for this patient.

1. **In which department do you want to scale up PITC activities?** _____

2. **Describe the current status of PITC in this department.** *Discuss what steps your facility is currently taking to implement PITC in this department. Describe who is currently doing the testing and where the gaps in providing PITC are.*

   _____
   _____
   _____
   _____

Developing a Plan of Action for Implementing PITC

3. **Choose a leader for your plan of action.** *This person will take the lead in implementing and monitoring the plan of action to ensure it is in place and working well. Write that person's name and title below.*
   - _____

4. **Choose a responsible contact person from that department.** *This person will be responsible for answering questions and monitoring the flow of PITC and record keeping within that department. Person should be familiar with department and work closely with HCWs and other HTC staff to ensure the PITC activity is working well. List two potential candidates for this position below.*
   - _____
   - _____

5. **Determine a Testing Roster.** *A testing roster ensures that there is always a HIV counselor and space available to perform PITC during all times the department is open. Consider night, weekend and holiday testing as well.*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times Dept is Open							
Counselors Already Present							
Location of Testing							
Additional Counselors Needed?							
Notes							

6. **Make a Standard Operating Procedure and/or Flowchart.** *A standard operating procedure or flowchart outlines the steps needed to be taken to complete a task. Remember to include the following tasks within your procedure:*
   - *The role of each person in the department to ensure PITC is happening*
   - *How and who will screen patients to determine if they are eligible for PITC*
   - *Where will you test and how patients will get to and from the testing location*
   - *How and who will record the results of the test in the department register after it is finished*
   - *How a patient diagnosed with HIV will be referred for other HIV services*
   - *Who and when PITC promoting activities (i.e. health talks, etc) will be performed*
   - *How special situations will be handled (i.e. night, weekend and holiday testing, etc)*
   - *How and how often the Responsible Contact Person can follow up with PITC activities and ensure everything is being done correctly*

7. **List the Tools Needed to Accomplish PITC.** *Make a list of additional tools and reference materials you can use to assist you with PITC in this department. Be specific. Can include: registers, flip charts, pamphlets, posters, etc.*

   _____
   _____
   _____

8. **Goals and Progress Reports.** *It is important to set goals and make a plan to work toward them. The goal for all departments is to reach 100% of people being offered an HIV test, but this may take some time to reach for many departments. Make a few short-term, SMART goals for this department and outline steps on you will monitor progress.*

Specific – defines who, what, when, where, how, why **Measurable -** describes how much/many and how you will know goal is accomplished **Attainable –** something that your team is both willing and able to achieve **Realistic –** goal should be something your team that can be achieved with available resources **Timely –** attach a specific date to complete

   List two PITC goals you would like to accomplish in this department in the next two months.

   1) _____
   2) _____

   How will you monitor these goals? Can include items such as: daily checks by responsible person, monthly meetings with HTC and department team members, etc.

   _____
   _____
   _____

9. **Other Ideas.** *You may have some ideas that are not SMART at the moment, but could be implemented later when your proposed PITC program is working and/or if more resources become available. List those ideas below.*

   _____
   _____
   _____

10. **Reporting Plan.** *Monitoring and evaluation are an important part of knowing how well your PITC Program is working within your facility. Develop a reporting plan below, considering the following questions.*

    - *Will you be able to collect all needed information from existing department registers? If not, how will you ensure all needed data can be recorded and collected (e.g. insert columns, introduce a PITC register, etc.).*

      _____
      _____

    - *How will data and progress be shared with other team members (e.g. posting data and progress toward goals in department office, monthly review meetings, etc.)?*

      _____
      _____

    - *What steps will you take to properly evaluate information and apply changes based on the performance (i.e. monthly meetings, etc)?*

      _____
      _____

Name: _____ **Date:** _____ **Final Score Practical:** ____ / _____

Instructions: This exam has two sections: PITC Register and PITC Monthly Report. Please complete all sections according to the *instructions in italics* given in each section. Complete all page summaries.

Section 1: Pediatric PITC Register

PITC Case 1: Patient B.A. is a 14 mo old girl admitted to the ward for pneumonia. She has never been admitted to the hospital before. She is still breastfeeding. Mother tested HIV negative at the time of delivery. You test the mother and her test result is positive. You then test the infant and get a positive test. Complete the PITC register for this patient.

PITC Case 2: Patient C.D. is a 6 year old girl admitted for malaria. She is otherwise healthy. She was last admitted to the hospital 1 year ago for diarrhea. When you look at the health passport book, you see HTC documented from the admission 1 year ago & HIV status was negative. You retest her because her last HIV test was more than 3 months ago. Test result is negative. Complete the PITC Register for this patient.

Date of Admission *(dd/mm/yy)*	Child Name	Sex of Child		Age of Child		Not Evaluated	Date of Evaluation *dd/mm/yy*	Patient (child) HTC status: Pick one status only.										Linkage to Care- EID *(For mom positive or baby positive <1yo)*			Comments
								Testing not done				Testing done									
								Known status				Test Result <1yo		Test Result ≥1yo				DNA-PCR DONE?			
		Male	Female	0-11 months	1-14 years			Known positive, on ART	Known positive, not on ART	Known negative (tested <3mo ago)	Declined	Mom positive OR baby positive	Mom negative OR baby Negative	New Negative	New Positive	New Inconclusive		Yes	No	HCC Number	
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin		Y	N		
		M	F	A	B	NE		ART	Kn+	Kn-	D	M/B+	M/B-	N-	N+	Nin		Y	N		
Totals Fill at the end of each page (15 rows per page)																					
								A1	A2	A3	A4	B1	B2	B3	B4	B5					

Section 2: Monthly Report

Instructions: *Use the registers to complete the Monthly Report. You will use the data from the PITC Register (PAGE 1). Leave M&E Check blank.*

PITC Monthly Report: USE REGISTER ON PAGE 3

Indicator	Description	Data Location	Site Result	M&E Check
		PITC- NRU		
NR. 1	# Admissions	NRU Register		
NR. 2	# Evaluated	PITC Register [Sum of A1 to B5]		
NR. 3	# Known positive	PITC Register (Box A1+A2)		
NR. 4	# Known negative	PITC Register (Box A3)		
NR. 5	# Refused testing	PITC Register (Box A4)		
NR. 6	# <1 Mom HIV+ or Baby HIV+	PITC Register (Box B1)		
NR. 7	# <1 Mom HIV- or Baby HIV-	PITC Register (Box B2)		
NR. 8	# New negative	PITC Register (Box B3)		
NR. 9	# New positive	PITC Register (Box B4)		
NR. 10	# Inconclusive	PITC Register (Box B5)		
Comments:				