



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

Exposed Infant Register

Health Unit _____

Health Sub-district _____

District _____

Starting Date _____ Closing Date _____

HIV-Exposed Infant Register

This is a longitudinal register tracking HIV-exposed infants (0-18 months old) through the Early Infant Diagnosis process. This register is kept at the EID care point, which is located within either the ART clinic or MCH clinic at each facility.

For each exposed infant, there is only one line in the Register, which is used at every visit. No infant should ever be entered into the register more than once.

HIV-exposed infants are enrolled in care and entered into the Register as soon as identified, whether at birth or at a later age. For example, a 1-day old exposed infant identified at maternity should be referred to the EID care point and immediately entered into the exposed infant register.

Instructions

On the front cover, the following should be written:

- Health unit
- Health sub district
- District
- Date the register is opened
- Date the register is closed

A. Infant Information:

Exposed Infant Number	Date of Registration	Infant's Surname	Sex	Date of Birth	Clinic Referred From	Age at NVP Initiation (months)	Age at Cotrim Initiation (months)
		Infant's First Name					
		Surname					
		First Name				(If given at birth, write down)	

Exposed Infant Number: This is a serial number assigned to each exposed infant when enrolled in care ("registered"). The EXP number is 4 digits and carries the prefix "EXP". Start with EXP 0001. Each exposed infant has only one number which is given when entered into the Register (at date of registration). The same EXP number is used for the infant in all other tracking tools (DBS dispatch book, clinical chart, appointment book etc).

Date of Registration: Date when exposed infant is entered into the Exposed Infant Register, which is as soon as it is identified.

Infant's Surname: Entered into the upper box. Infant's First Name: Entered into the lower box

Date of Birth: Date when exposed infant was born. This can be obtained from child health card or asking the mother. If mother doesn't know, estimate based on age. However try to get an accurate date.

Clinic referred from: Clinic that identified and referred the HIV-exposed infant to the EID care point.

Age at NVP initiation: This is the age at which the infant was first given Nevirapine prophylaxis. Even though you are providing NVP at the visit when the infant is enrolled at the EID care point and entered into the Register, it may not be the age when it started NVP. ***If the infant went through PMTCT, it should have received NVP at birth. If the infant first received NVP at birth, write 0.***

Age at Cotrim initiation: This is the age at which the infant was started on Cotrimoxazole prophylaxis. Cotrimoxazole prophylaxis should be given starting at 6 weeks of age, and stopped only after the infant has been confirmed HIV-negative after stopping breastfeeding.

B. Mother's Information and PMTCT History:

Mother's Surname	Mother's ANC No	Mother's ARVs for PMTCT			Infant's ARVs for PMTCT (use codes)
		Ante-natal	Deli-very	Post-natal	
Surname	ANC No				
First Name	ART No	Code	Code	Code	Code

Mother's Name
Mother's Surname: Entered in the upper box.
Mother's First Name: Entered into the lower box

Mother's Identification Number
Mother's ANC No: Entered into the upper box
Mother's ART No: Entered into the lower box

Mother's ARVs for PMTCT

Indicate which ARVs the mother received during antenatal (pregnancy), delivery, and postnatal.

Infant's ARVs for PMTCT

Indicate the infant's ARV regimen using one of the codes at the bottom of the page

1) daily NVP from birth to 6 weeks: infant received NVP **starting at birth until 6 weeks**---this regimen is when mother is receiving ART during breastfeeding, or when infant is replacement feeding.

2) No ARVs taken at birth: Infant did not receive any ARVs at birth or immediately postpartum

3) Unknown: Infant PMTCT regimen is not known

*** If infant has been started on NVP later than birth (e.g. at 10 weeks old when enrolled at EID care you must indicate code 5 "No ARVs taken at birth" ***

point),

Instructions (continued)

C. First PCR Test:

1st PCR Test					
Date DBS Collected	Age at 1st DBS (months)	Infant Feeding Status	Result	Date result received	Date given to caregiver
		Code			

Date DBS Collected: Date that 1st DBS was collected. *This should only be filled in on the date that the DBS was collected, not before.*

Age at 1st DBS: Infant’s age when the 1st DBS was taken. Indicate in months.

Infant Feeding Status: Infant’s feeding practice when 1st DBS taken. This should be filled in on the date that the DBS was collected, not before. Indicate using one of the codes at the bottom of the page

Codes for Infant Feeding: 1) **EBF**--Exclusive Breastfeeding 2) **RF**--Replacement Feeding (never breastfed) 3) **MF**--Mixed Feeding (< 6 months)
4) **CF**--Complementary Feeding (> 6 months) 5) **W**--Weaning 6) **NLB**--No Longer Breastfeeding

Note that the code for a mother who is not breastfeeding is either NLB (if she was breastfeeding before and has stopped) or RF (if she has been replacement feeding since birth).

Result: Result of the 1st DBS test. Indicate “negative” or “positive”.

Date Result Received: Date that 1st DBS result arrived at the facility from the reference testing laboratory. Be sure to include the year.

Date Given to Caregiver: Date that 1st DBS result given to caregiver. Be sure to include the year.

D. Second PCR Test and Confirmatory Rapid Test:

2nd PCR Test						Rapid Test Age
Date DBS collected	Age at 2nd DBS (months)	Infant Feeding Status	Result	Date result received	Date given to caregiver	Rapid Test Result
						Age of Infant
						Result

Date DBS Collected: Date that 2nd DBS was collected.

Age at 2nd DBS: Infant’s age when the 2nd DBS was taken. Indicate in months.

Infant Feeding Status: Feeding practice when 2nd DBS was taken (use one of the codes)

Result: Result of the 2nd DBS test. Indicate “negative” or “positive”.

Date Result Received: Date that 2nd DBS result arrived from the reference testing lab.

Date Given to Caregiver: Date that 2nd DBS result given to caregiver.

Confirmatory Rapid Test

Age: Age of infant when confirmatory rapid test done (indicate in months). This applies to all infants who have had a prior PCR. The confirmatory rapid test should be done starting at 18 months. If the mother is still breastfeeding, a second rapid test should be done 3 months after stopping.

Result: Write result of confirmatory rapid test— “positive” or “negative”

C. Visit Section (Boxes)

Visit Details	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10
Appt Date:										
Date of Visit:										
Age (mo):										
Feeding Code:										
CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N

At each visit, write:

1. Date of the visit
2. Age in months
3. Feeding code (see options at the bottom of the page)
4. CTX/NVP: In the left side of the box on the watermark “C”, write y or n to indicate whether the infant was given Cotrimoxazole. In the right side of the box on the watermark “N”, write y or n to indicate whether the infant was given Nevirapine prophylaxis.
5. Date of Appointment: Write the follow-up appointment **in the column for the next visit**

For example, in visit 1, you would write the date of visit, age, feeding code, CTX/NVP provision. **You would then write the follow-up appointment date in the column for visit 2.**

D. Final Outcome Section

Final Outcome	
Check one box only; if referred for ART, indicate clinic and enrollment status	
Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
Clinic: _____	Transferred <input type="checkbox"/>
Enrolled? <input type="radio"/> Y <input type="radio"/> N	Clinic: _____

Indicate the exposed infant’s final outcome whenever it is known, ticking one of the options.

- Discharged Negative: Tick if exposed infant had a negative confirmatory rapid test at 18 month or older and had stopped breastfeeding at least 3 months earlier
- Referred for ART: Tick if the infant is HIV-positive and being referred to the ART clinic. Indicate which clinic the infant is being referred to. After checking the pre-ART register, tick whether the positive infant enrolled.
- Lost: Tick if exposed infant has not visited the clinic for 6 months since the last appointment date. “Lost” means that the infant is no longer being followed up.
- Died: Tick if exposed infant has died
- Transferred: Tick if exposed infant is being transferred to another clinic for EID services, and indicate which clinic.

HIV-Exposed Infant Register

Exposed Infant Number	Date of Registration	Infant's Surname	Sex	Date of Birth	Clinic Referred From	Age & Date at NVP initiation (months)	Age & Date Cotrim Initiation (months)	Mother's Surname	Mother's ANC No	Mother's ARVs for PMTCT			Infant's ARVs for PMTCT (use codes)	1st PCR Test						
		Mother's First Name						Mother's ART No	Ante-natal	Deliv-ery	Post-natal	Date DBS Collected		Age at 1st DBS (months)	Infant Feeding Status	Result	Date result received	Date given to caregiver		
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											
		Surname				If given at birth, write "0"		Surname	ANC No											
		First Name						ART No	Code											

2nd PCR Test						Rapid Test Age	Visit Details	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10	Final Outcome	
Date DBS collected	Age at 2nd DBS (months)	Infant Feeding Status	Result	Date result received	Date given to caregiver														
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____
						Age of Infant	Appt Date:											Discharged Neg <input type="checkbox"/>	Lost <input type="checkbox"/>
							Date of Visit:											Referred for ART <input type="checkbox"/>	Died <input type="checkbox"/>
							Age (mo):											Clinic: _____	
						Result	Feeding Code:											Enrolled? <input type="radio"/> Y <input type="radio"/> N	Transferred <input type="checkbox"/>
		Code					CTX/NVP: (y/n)	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	C / N	Pre-ART No: _____	Clinic: _____

Codes for Infant Feeding: 1) **EBF**--Exclusive Breastfeeding 2) **RF**--Replacement Feeding (never breastfed) 3) **MF**--Mixed Feeding (< 6 months) 4) **CF**--Complementary Feeding (> 6 months) 5) **W**--Weaning 6) **NLB**--No Longer Breastfeeding