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MINISTRY OF HEALTH - ETHIOPIA

Health Centre /Clinic/Hospital Index Case Testing Register

| Region | Zone/Subcity/Woreda | Health Facility Name | Begin Date | End Date |

ICT Registration Book Instructions

SN	Data Elements	Description
1	S.No	Put consecutive serial numbers, that help in auditing if the number of sheets in the register is intact or not. Also match this S.N with ICT follow up tool Serial Number
2	Name of the index case	Write the full name of index case in the upper row
	Index MRN/UAN	Write the Medical Record Number and Unique ART number of index case in the second row
	Phone No. & Physical address of index	Write the index's case Physical address & telephone numbers in the third to sixth rows
3	Age	Write the age of index case at the time of registration
	Sex (M/F)	Write the sex of index contacts M for male and F for Female
4	Target population group (1-7) and Prioritizing Criteria (1 - 7)	Write the Target population group the client belongs to (write code) 1. FSW 2.Long distance truck driver 3. Mobile workers/Daily laborers 4. OVC 5. Prisoners 6. Other MARPs 7. General Population Write Prioritizing Criteria the client belongs to (write code (1 - 7)) 1. Newly Diagnosed 2. PLHIV with HVL & Adult 3. PLHIV restart ART & Adult 4. PLHIV in Care with STI 5. Enrolled @ PMTCT 6.Key population (Female sex workers) 7. Other (Specify)
5	Date Tested HIV+	Write the date index patients tested HIV positive on frist row.
	Linked to care(Y/N)	Write the linkage status if linked Yes and N if not linked to care on second row.
	ART started (Y/N)	Write the ART initiation status if started Yes and N if not started ART on 3rd row.
	Date ART Started	Write the date index patients started ART on 4th row.
	Linked to CBS (Y/N)	Write the linkage status if linked Yes and N if not linked to CBS services No.
6	If newly diagnosed (1), Is Case Report Form (CRF) completed ? (Y,N)	For newly diagnosed clients Check either CRF is completed or not.write Y is it is yes or write N if Not performed NB: Pass this column for all clients who are not newly diagnosed and at sites where CASE BASED Surveillance (Recency testing) is not performed.
	Date	Write the date CRF Completed as (DD/MM/YYYY)
	CBS ID	Write serial number of case report form /CRF/ for CBS ID
	Initial CBS ID /ICBS ID/:	Write down Initial CBS (ICBS) ID in case when contacts become an index case, i.e subsequent seeds indexes Id will be entered so that social networking is optimized.
	Is s/he Eligible for recency testing ?	Is s/he Eligible for recency testing ? Write E if s/he is eligible or Write NE if s/he is not eligible
7	If newly diagnosed (1), Is s/he Tested for Recency testing ? (Y,N)	For newly diagnosed clients write either recency testing was performed or not; Write Y if yes or Write N if Not performed NB: Pass this column for all clients who are not newly diagnosed and at sites where CASE BASED Surveillance (Recency testing) is not performed.
	Date	Write the date the Recency testing was performed
	Recencty test result: Probable Recent (R), Long-term (LT) Inconclusive (IR)	Write the result of the Recency testing as: R for probable Recent infection; LT for Long-term (LT) and wrtite Inconclusive (IR) if the testing result is inconclusive/invalid.
8	Case Classifications	Check either case 1 or case 2 or case 3 based on classification using CRF section F and section I. Case 1 (C1): Newly diagnosed individuals age>=15 years with probable recent infection Case 2 (C2): Newly diagnosed individuals age>=13 years with current risk factors and identification with a KP group Case 3 (C3): All other newly diagnosed children, adolescents, or adults not classified by C1 and C2
9	ICT Service offered	If index case testing service Offered for eligible Index Cases Write Y if not offered write N.
	Date Offered	Write the date the service is offered as (DD/MM/YYYY)
	Client Accepted	If the index client accepted and interviewed for index case testing, writeY if service not accepted write N.
	Accepted Date	Write the date the result is accepted as (DD/MM/YYYY)
	If No, Indicate Why? (1-6)	G: If the client don't accept ICT services, write the reason with the following codes : 1. No reason 2. No time for elicitation interview 3. Do not believe services are confidential (Fear of disclosure) 4.Afraid of intimate partner violence 5. Prefer to go to Other HF for this service 6. Other (Specify)
10	Name of Contacts Elicited	Write full name of elicited contacts (if blank, contact not elicited).
11	Age	Write the age of index contacts at the time of registration
12	Sex (M/F)	Write the sex of index clients M for male and F for Female
13	Contact category	Write the Contact category 1.Sexual Partner 2. Child, < 15 years 3.Parent of an index child 4. Siblings (If Index is a child)
14	IPV Risk Assessment Conducted (Y, N)	If IPV risk assessement conduct, choose Y , if not choose N.
15	IPV risk assessment outcome	write the Intimate Partner Violence (IPV) risk assessment Outcome after asking the client: (write codes 1 to 5) 1. Physical 2. Emotional 3. Sexual 4. No IPV 5. NA _ Child (for child contacts)
16	If there is high risk of IPV, is s/he linked to PGBV care?	If the client has any form of of Intimate patner violence history; is he/ she linked to post Gender based violence care Mark(√) Y if linked or N if not linked
17	Has the index client already Disclosed his/ her HIV status?	After assessing the index client's HIV status disclosure status to each partner; Write Y if disclosed and Write N if client has not disclosed HIV status to partner yet . This can be left blank for child contacts
18	Notification plan/Method	write the code 1 to 5 as per the agreed notification plan; 1. Client 2. Contractual 3. Dual 4. Provider
19	Phone no. & Physical address	Write the contact's Physical address & telephone numbers
20, 22, 24	Contact trial date : 1st , 2nd, & 3rd	Write the date of the 1st, 2nd, & 3rd contact trial date as (DD/MM/YYYY)
21, 23, 25	Outcome of Contact Trial 1st, 2nd, 3rd trial	write the out come of the 1st,2nd & 3rd contact trial with code; (1 to 6) 1. Partner contacted & gave appointment date to come to the facility. 2. Partner contacted but decline to come 3. Partner contacted but contact prefer to go to other HF for HIV testing 4. Partner Requested to be contacted again 5. Unable to Contact (number not reachable, contact not found, wrong phone number ,...)
26	Notified face to face (Y,N)	If the contact was notified face to face , Write Y . If not notified, Write N.

27	Previous HIV test Status : Tested Before	If contact is tested before write Y, if contact has no know previous HIV test result write N. Leaving these columns (27, 28 and 29) blank indicate no previous test result or not done
28	Prior HIV test result	If previous HIV Test Result reported by contact write N for negative and P for positive.
29	Duration since last test	write the time passed since last tested for HIV in months
30	HIV Self-Test: Date HIV self-test kit distributed to the client	HIV Self-test : Write the date HIV Self-test distributed to the client (DD/MM/YYYY)
31	HIV Self-Test: Date contact reported Self-test result	HIV Self-test : Write the date the contact reported the HIV Self-testing result (DD/MM/YYYY)
32	HIV Self-Test: Contact HIV self-testing result (R, NR)	HIV Self-test_ Write the HIV self-testing result reported : R_ Reactive, NR_Non reative
33	Date contact tested for HIV	If contact is provided HIV testing Service write the date of test (DD/MM/YYYY)
34	Contact HIV test result (P/N/I)	Write the result of HTS as : P for positive. N for negative and I for indetermined
35-37	Is s/he Eligible for recency testing ?	Is s/he Eligible for recency testing ? : Write E if eligible or write NE if not eligible
	If newly diagnosed (1), Is s/he Tested for Recency testing ? (Y,N)	For newly diagnosed clients write either recency testing was performed or not; write Y if yes or write N if Not performed NB: Pass this column for all clients who are not newly diagnosed and at sites where case based Surveillance (Recency testing) is not performed.
	Recencty test result: Probable Recent (R), Long-term (LT) Inconclusive (IR)	Write the result of Recency testing; on R for probable Recent infection and on LT for Long-term (LT) and wrtite Inconclusive (IR) if the testing result is invalid.
38	Date Linked to ART	Write the date HIV positive contact linked to ART (DD/MM/YYYY)
39	Date started ART	Write the date HIV positive contact started ART (DD/MM/YYYY)
40	UAN of newly identified HIV positive	Document the UAN of the Positive contact Identified
41	Date new HIV Positive Contact (>15 yrs.) linked to ICT service	Write the date HIV Positive contact(> 15 years) linked to index case testing(DD/MM/YYYY)
42	If newly diagnosed HIV positive Is not linked to ICT	Write why the newly diagnosed contact is not linked to ICT service: Write code: 1.Referred 2. Declined 3.Other
43-46	PrEP services cascade for HIV Negative Sero Discordant Couples : Assessed for PrEP	This column is filled for the regular current partner (if there are more than one HIV negative discordant sexual partners) write Y , if the HIV Negative Sero Discordant regular partner is Assessed for PrEP and write N if not assessed
	PrEP eligibility	Write E if elegible; Write NE if not eligible after assessing the serodiscordant negative partner of the couple
	Started Oral PrEP	Write Y if contact started of PrEP or Write N if client is eligible but not started . Pass the column if contact is not eligible
	Date Started PrEP	write the date the eligible contact started PrEP (DD/MM/YYYY)
47-49	Adverse Events for IPV	If there is any incidence of any kind of intimate partner violence write Y, ; if not write N.
	If Yes to Adverse Events noted, Write the adverse event type	If there is any Adverse events of any kind occurred indicate AE type with code 1. Divorce 2. Loss of relationship 3. Loss of support 4. Stigma 5. Job loss 6. Social exclusion 7. Verbal abuse 8. Physical abuse 9. Loneliness 10. Cessation of sexual intercourse 11. Marital discord 12. Taking away access to your children 13. Other (specify)
	Linked to PGBV care (Y,N)	if the client is linked to appripriate service for ocuurred adverse events write Y, if not linked write N.
50	Case Closure Status	Write code 1 to 4) according to each elicited contact outcome: 1. Successful Intervention: Contact notified, HIV status known and linked for appropriate services. 2. Intervention complete: Contact notified HIV status known but not linked to appropriate services 3. Intervention partially completed: Contact notified, but HIV status unknown (e.g. Declined ICT services) 4. Intervention incomplete: Contact was not notified (e.g. Out of jurisdiction, unable to locate)
51	Remark	Put any relevant information which is not captured in the previous columns.

INDEX CASE TESTING REGISTER

Month_____ Year_____

	Index Case Information & Service Provided								Elicited Contacts Information & Services Provided									
S.N	**Name of the index case** / **Index MRN/UAN** / **Region /Zone** / **Woreda/Town** / **Kebele & House Number** / **Phone No.**	**Age** / **Sex (M/F)**	**Prioritizing Criteria (1 - 7)** / **Target population group (1-7)**	**Date Tested HIV+** / **Linked to care (Y,N)** / **ART started (Y/N)** / **Date ART Started** / **Linked to CBS (Y,N)**	**If newly diagnosed (1):** **Is CRF completed (Y,N)** / **Date** / **CBS ID** / **Initial CBS ID** / **Eligible for Recency testing (E, NE)**	**Tested for recency (Y,N)** / **Date** / **Recency testing result: Probable Recent (R), Long-term (LT), Inconclusive (IR)**	**Case Classification Status** / **Write the Case Classification Result (C-1, C-2, C3)**	**ICT service Offered (Y, N)** / **Date offered** / **Accepted** / **Date accepted** / **If No, Indicate Why? (1-6)**	**Name of Index Contacts Elicited**	**Age**	**Sex (M/F)**	**Contact category (code 1-4)**	**IPV Risk Assessment Conducted (Y, N)**	**IPV Risk Assessment Outcome (1-5)**	**If there is high risk of IPV, is s/he linked to PGBV care? (Y,N)**	**Has the index client already Disclosed his/ her HIV status? (Y, N,)**	**Notification Plan/Method (Code 1 - 4)**	**Phone no. & Physical address**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**
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4: Prioritizing Criteria for ICT services (write code) (Col. 4)
1. Newly Diagnosed   2. PLHIV with HVL & Adult   3. PLHIV restart ART & Adult   4. PLHIV in Care with STI   5. Enrolled @ PMTCT 6.Key population (Female sex workers) 7. Other (Specify)

Target population group (A-I): (Col. 4)
A-FSW   B-Long distance truck drivers   C-Prisoners
D-Mobile Worker/Daily laborer   E- OVC   F-Partner of PLHIV
G-Children of PLHIV   H -Other MARPS (Widowed, Divorced, Separated, Re-Married)   I- General Population

If the client don't accept ICT services, write the reason: (Col. 9)
1. No reason   2. No time for elicitation interview   3. Do not believe services are confidential (Fear of disclosure)   4.Afraid of intimate partner violence 5. Prefer to go to Other HF for this service   6. Other (Specify)

Contact category (Col. 13)
1.Sexual Partner   2. Child, < 15 years
3.Parent of an index child   4. Siblings
(If Index is a child)

Intimate Partner Violence (IPV) risk assessment Outcome (Col. 14)
1. Physical   2. Emotional
3. Sexual   4. No IPV
5. NA Child

INDEX CASE TESTING REGISTER

MINISTRY OF HEALTH-ETHIOPIA

Outcome of Contact Trial						Notified face to face (Y,N)	Previous HIV Test Status			HTS Provided					RTRI for newly diagnosed HIV positive contacts			Linkage to care & treatment					PrEP services cascade for HIV Negative Sero Discordant Couples				Adverse Events monitoring			Case closure status (code 1 to 4)	Remark
1st Trial		2nd Trial		3rd Trial			Tested Before (Y,N)	Prior HIV test result (P/N/I)	Duration since last test (in mnth)	HIV Self-test			National Algorithm		Is s/he Eligible for Recency testing ? (E, NE)	Is s/he Tested for recency ? (Y,N)	Recency testing result: Probable Recent (R), Long-term (LT), Inconclusive (IR)	Date Linked to ART	Date ART started	UAN of newly identified HIV positive	Date new HIV Positive Contact linked to ICT service	If not linked to ICT (Code 1-3)	Assessed for PrEP (Y, N)	PrEP eligibility (E, NE)	Started Oral PrEP (Y,N)	Date started PrEP	Adverse Events for IPV (Y,N)	If Y, AE type (1-13)	Linked to appropriate service (Y,N)		
Date (D/M/Y)	Outcome (1 - 4)	Date (D/M/Y)	Outcome (1 - 4)	Date (D/M/Y)	Outcome (1 - 4)					Date HIV Self-test kit distributed (D/M/Y)	Date contact reported self test result (D/M/Y)	Contact HIV Self-testing result (R/NR)	Date contact tested for HIV (D/M/Y)	Contact HIV test result (P/N/I)																	
20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51

Notification Plan (Col. 18)
1. Client   2. Contractual   3. Dual
4. Provider

If not linked to P&FB ICT (Col. 42)
1. Referred
2. Declined
3. Other

Adverse Events Type: (Col. 48)
1. Divorce   2. Loss of relationship   3. Loss of support   4. Stigma 5. Job loss
6. Social exclusion   7. Verbal abuse   8. Physical abuse   9. Loneliness
10. Cessation of sexual intercourse   11. Marital discord   12. Taking away access to your children
13. Other (specify)

Case Closure status : (Write code 1 to 4) according to each elicited contact outcome: (Col. 50)
1. Successful Intervention: Contact notified, HIV status known and linked for appropriate services.
2. Intervention complete: Contact notified,HIV status known but not linked to appropriate services
3. Intervention partially completed: Contact notified, but HIV status unknown (e.g. Declined P&FB ICT services)
4. Intervention incomplete: Contact was not notified (e.g. Out of jurisdiction, unable to locate)