**VERBAL CONSENT/ASSENT FORM THE “HIV CASE-BASED SURVEILLANCE” PROGRAM**

*(To be read to the person(s) contacted)*

***This informed verbal consent is for persons who are identified at a health facility either as new diagnosed HIV Positive case or already in program***.

**Purpose of this program**

HIV Case-Based Surveillance (CBS) is a national program designed to control HIV transmission by tracking HIV new infections, longitudinal follow up of HIV+ case and documentation of sentinel events. Under this program, components like Index case testing, Partner notification, family testing, social network testing, HIV Recency testing and routine longitudinal follow up are in place to help actively finding HIV unknown status and timely link them to care and treatment to eliminate possible transmission.

As part of this program, you will be asked to contribute to notify your sexual partners, your family members or any other social network member if any to be tested for HIV as well.

Your participation is voluntary and can be valid all along this program. You will consent verbally before enrolment into this program. However, the refusal of consenting is not affecting your routine services as well as care and treatment.

**Confidentiality**

Although your identity will remain anonymous, contacting your contacts listed through the active case finding process could pose the risk of retaliation against you. We will do an intimate partner violence (IPV) screening test. If the IPV screening test is positive, the contacted person will not be part of this program.

**Certificate of verbal Consent/Assent**

I have read the previous information, or it has been read to me. I had the opportunity to ask questions about the program and any questions that I had asked have been answered to my satisfaction.

I consent/assent voluntarily to be part in this program.

I consent/assent voluntarily to have my blood tested for recent infection

I consent/assent voluntarily to have my risk information included in my case surveillance report

Print Name of Participant\_\_MARIE-JEANNE UWIMANA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*In capital letters*)

Date \_\_\_23rd January 2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Health care provider taking the consent/assent

\_\_\_\_GAEL FAYE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*In capital letters*)

Health care provider’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_23rd January 2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPI created\_\_\_ O0598217012115VAPGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMASEZERANO YO KWEMERA KU BUSHAKE KUGIRA URUHARE MURI GAHUNDA YO: “*GUSHAKISHA ABANTU BAFITE VIRUSI ITERA SIDA BATARIPIMISHA, NO KUBAKURIKIRANA*”**

**(*Bisomere uwo wifuza ko agira uruhare muri iyi gahunda)***

Iyi nyandiko igenewe umuntu waje ku ivuriro akaba afite virusi itera SIDA yaba aribwo akibimenya cyangwa se yari asanzwe abizi.

**Ikigamijwe muri iyi gahunda**

Turimo gushyira mu bikorwa gahunda yo “Gushakisha abantu bafite virusi itera Sida bataripimisha, tukabapima, tukanabakurikirana”. Iyo gahunda kandi ireba abagize imiryango yabo n’abandi bose baba bakorana imibonano mpuzabitsina.

Ibi bizatuma yaba ari wowe cyangwa se undi wese ugize umuryango wawe, n’undi wese mwaba mukorana imibonano mpuzabitsina abona ubufasha n’ubuvuzi bukenewe hakiri kare, harimo no kuba yabona imiti asanze afite Virusi itera SIDA, bifashe guhagarika ikwirakwizwa ryayo.

Nuramuka uje muriyi gahunda uzasabwa n’umukozi ubishinzwe gutanga imyirondoro y’abantu mwaba mukorana imibonano mpuzabitsina cg se abo mu muryango wawe.

Ni uburenganzira bwawe guhitamo kuba wagira uruhare muri iyi gahunda cyangwa nturugire. Kutagira uruhari muriyi gahunda ntabwo bikubuza amahirwe yo kuvurwa ugahabwa imiti no kwitabwabaho mu buryo busanzwe.

**Ibijyanye n’ibanga muri iyi gahunda**

Abantu bakora muri iyi gahunda nibo bonyine bazabasha kubona amakuru n’ibisubizo, ariko ayo makuru nta mazina azaba ariho, buri wese azahabwa numero ye y’ibanga.

N’ubwo hazakoreshwa uburyo buhanitse ku bijyanye no kugira ibanga imyirondoro yawe, birashoboka ko mu gushakisha abandi bagize umuryango wawe, n’abandi bose mwaba mukorana imibonano mpuzabitsina, byatuma bagukeka bikaba byavamo kukwihimuraho cyangwa kuba wagirirwa nabi.

Kuri iyo mpamvu, tuzabanza tugusuzume, kugirango turebe ko utaba wagirirwa nabi n’abagize umuryango wawe, n’ abandi mwaba mukorana imibonano mpuzabitsina, kubera ko watangaje imyirondoro yabo mu rwego rwo gushyira mu bikorwa iyi gahunda. Nidusanga habaho kukwihimuraho cyangwa wagirirwa nabi, uwo tuzasanga yakugirira nabi ntabwo azaba acyemerewe kujya muri iyi gahunda.

**Icyemezo cyo kujya ku bushake muri iyi gahunda**

Maze gusobanurirwa ibijyanye n’iyi gahunda, kandi nahawe umwanya wo kubaza ibisobanuro bindi bijyanye n’iyi gahunda, ngahabwa ibisobanuro bikwiye,

Nemeye ku bushake kujya muri iyi gahunda

Nemeye kubushake ko amaraso yanjye apimwa, kugirango barebe igihe ubwandu bwanjye bumaze

Nemeye ku bushake ko amakuru yanjye ku mpanvu zishobora gutera ubwandu yandikwa mu ifishi yanjye

Amazina y’uwemeye kujya muri iyi gahunda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Mu nyuguti nkuru)*

Itariki: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amazina y’umukozi ufata aya masezerano : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Mu nyuguti nkuru)*

Isinya y’umukozi ufata aya masezearano: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Itariki: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numero y’ibanga y’uwemeye kujya muri iyi gahunda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Confidential HIV Case Reporting Form**

**Confidential HIV CRF - SECTION I: *Enrollment Information***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPORTING FACILITY & STAFF & VISIT INFORMATION** | | | | | | | | | | | | |
| **Reporting Facility Name: Gakenke CS**  **(*Nom de la FOSA rapporteur*)**  **Date Form Completed: 23/01/2021**  **(*Date de Remplissage*)**  **Client Visit Date: 23/01/2021**  **(*Date de visite*)** | | | | **Reporting Staff:**  **Name (*Noms*): Gael Faye**  **Phone # (N0 *Téléphone*):**    **Email:** | | | | | **Index Case Type (*Type de cas index*):**  **Newly HIV Diagnosed:**  **(*Nouvellement diagnostiqué VIH+*)**  **Currently on ART:**  **(*Déjà sous traitement ARV*)**  ***If currently on ART*:**  **Initiated treatment in this facility**  **(*Le traitement a été initié par ce site*)**  **Transfer In**  **(*Transfert entrant*)** | | | |
| **DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yyyy):**  **(*Date de Naissance*)**  **01-05-1998**  **Gender:**  **M**  **F**  **(*Sexe*)**  ***If F, pregnant*? (*Si F, enceinte?*):**  **Yes (*Oui*)**  **No (*Non*)**  **Unknown (*Non Connu*)** | | | **Current Residence Type**  **(*Type d’adresse*):**  **Residential  Correctional**  **(*Résidentielle*) (*Maison de détention*)**  **Temporary  Homeless**  **(*Temporaire*) (*Sans abri*)**  **Shelter (*Refuge*)**  **Current Residence(*Résidence actuelle*) :**  **Village (*Village*): NA**  **Cell (*Cellule*): NA**  **Sector (*Secteur*): NA**  **District (*District*): Gasabo** | | | | | **Marital Status (*État Matrimonial*):**  **Single(*Célibataire*)  Married(*Marié*)**  **Co-habiting(*Cohabite*)**  **Widowed(*Veuf*)**  **Divorced/separated**  **(*Divorcé/Séparé*)**  **Employment Status (*État d’emploi*):**  **Unemployed**  **Employed**  **(*Sans Emploi*) (*Employé*)**  ***If employed*, state occupation:**    **(Si *Employé, quelle est votre occupation?*)** | | | | |
| **HIV ACQUISITION RISK FACTORS** | | | | | | | | | | | | |
| **Vaginal or anal sex without condoms in last 12 months:**  **(*Relation sexuelle vaginale ou anale sans condom durant les 12 derniers mois?*):**  **Yes(*Oui*)  No(*Non*)  Refuse(*Refuse*)**  **Unknown(*Non Connu*)**  **# lifetime sexual partners: 10**  **(Nbr de Partenaires sexuels *durant votre vie*)**  **# sexual partners in last 12 months: 3**  **(Nbr de Partenaires sexuels *durant les 12 derniers mois*)**  **# sexual partners in last 3 months: 3**  **(Nbr de Partenaires sexuels *durant les 3 derniers mois*)** | | | | **Exposure Category:**  **Sex with male:**  **Yes  No  Refuse  Unknown**  **(*Relation sexuelle avec un homme*)**  **Sex with female:**  **Yes  No  Refuse  Unknown**  **(*Relation sexuelle avec une femme*)**  **Sex with HIV+ person:**  **Yes  No  Refuse  Unknown**  **(*Relation sexuelle avec une PVV*)**  **Sex with commercial sex worker:**  **Yes  No  Refuse  Unknown**  **(*Relation sexuelle avec un travailleur de sexe*)**  **Sex with multiple partners:**  **Yes  No  Refuse  Unknown**  **(*Relation sexuelle avec partenaires multiples*)**  **Is/Has been commercial sex worker:**  **Yes  No  Refuse  Unknown**  **(*A été travailleur de sexe*)** | | | | | | | | |
| **HIV TESTING INFORMATION** | | | | | | | | | | | | |
| **Testing Facility Name: Gakenke CS Date of HIV positive result confirmation (dd/mm/yyyy): 23/01/2021**  **(*Nom de la FOSA de dépistage*) (*Date de confirmation du statut VIH positif*)**  **Testing Clinic:**  **VCT  ANC(*CPN*)  L&D(*Mat*)  Transfer In  PIT**  **If PIT, specify: ………………………………….. (OPD, In-Patient, Ped, Nutrition, ARV Service, TB, VMMC, etc)**  **(*Si PIT, spécifier si Consultations externes, hospitalisations, Pédiatrie, Nutrition, ARV, TB, VMMC, etc*)** | | | | | | | | | | | | |
| **NEW HIV DIAGNOSIS - RECENCY TESTING (RT) INFORMATION** | | | | | | | | | | | | |
| **Rapid Assay for Recency** | | | | | | **Recent Infection Testing Algorithm (RITA)** | | | | | | |
| **Recency Assay Test done:**  **Yes (*Oui*)**  **No (*Non*)**  ***If Done,* Test Name: Asante**  **Test date: 28/01/2021** | | | **Recency Assay Test Results:**  **Assay Recent**  **Long-term**  **Negative**  **Invalid** | | | **Recency Viral Load :**  **Test done:**  **Yes (*Oui*)**  **No (*Non*)**  ***If Done*, Sample Test date: 28/01/2021**  **Test Result:** 2570  **Test Result return date: 30/01/2021** | | | | **Final RITA result**  **RITA Recent**    **Long-term**    **Inconclusive**  ***If Inconclusive*, verified:**  **Yes (*Oui*)**  **No (*Non*)**  **Final RITA Result Recorded Date: 30/01/2021** | | |
| **NEW HIV DIAGNOSIS - LINKAGE TO TREATMENT INFORMATION** | | | | | | | | | | | | |
| **Counselled on Linkage:**  **Yes (*Oui*)  No (*Non*)**  **(*a reçu le counselling sur l’enrollement*)** | | | | | **Linked to Treatment:**  **Yes (*Oui*)  No (*Non*)**  **(*Enrollé au traitement*)**  ***If no*, why:**  **Linked to Treatment at this facility: Yes (*Oui*)  No (*Non*)**  ***If no*, where:** | | | | | | | **Date Linked: 23/01/2021**  **(*Date d’enrollement*)** |
| **INITIATED ON TB PREVENTIVE THERAPY (TPT)** | | | | | | | | | | | | |
| **Initiated on TPT: Yes (*Oui*)  No (*Non*)**  ***If Yes*, TPT Start Date (*Si Oui, Date de début du TPT*): 23/01/2021**  ***If No*, reasons (*Sinon, pour quelles raisons*):**  **Patient not willing (*Le client n’est pas encore prêt pour le TPT*)**  **TPT is contra-indicated (le *TPT est contre-indiqué*)**  **On TB treatment (*le patient est déjà sous-traitement anti-TB*)**  **TPT drugs out of stock (*rupture de stock des médicaments TPT*)**  **Other: please specify (*Autre, spécifier*):** | | | | | | | | | | | | |
| **CURRENT/LAST ART TREATMENT INFORMATION** | | | | | | | | | | | | |
| **Stable:**  **Yes (*Oui*)  No (*Non*)** | **Initial ART Regimen: TDF/3TC/DTG**  **(Régime ARV Initial)**  **ART Start Date: 23/01/2021**  **(*Date de début des ARV*)**  ***If different*, Current ART Regimen:**  **(*Si different, régime ARV actuel*)**  ***If different*, ART Change Date:**  **(*Date de changement de régime ARV*)** | | | | | | **Last Pharmacy Pick Up Date: 23/01/2021**  **(Dernière Date de Prescription *ARV*)** | | | | | |
| **CURRENT/LAST CLINICAL INFORMATION** | | | | | | | | | | | | |
| **WHO Stage: (*Stadification OMS*):**  **I  II  III  IV**  **WHO Staging Date: 23/01/2021**  **(Date de *Stadification OMS*)** | | **CD4 count results : 600**  **(*Nbr Cellules CD4*)**  **Collection Date: 23/01/2021**  **(*Date de collecte de l’échantillon*)**  **Results Return Date: 30/01/2021**  **(*Date de retour du résultat)*** | | | | **Viral Load results:** 2570  **(*Charge Virale*)**  **Collection Date: 23/01/2021**  **(*Date de collecte de l’échantillon*)**  **Results Return Date: 30/01/2021**  **(*Date de retour du résultat)*** | | | | | **OI Name :**  **(*Nom de l’IO*)**  **OI Diagnosis date:**  **(*Date de diagnostic de l’IO*)** | |

OI/IO: Opportunistic infection/Infection opportuniste

**Confidential HIV CRF - SECTION II: *Follow up Information***

|  |  |  |  |  |  |  |  |
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| **REPORTING FACILITY & STAFF** | | | | | | | |
| **Reporting Facility Name: Gakenke CS**  **(*Nom de la FOSA rapporteur*)**  **Date Form Completed: 20/02/2021**  **(*Date de Remplissage*)** | | **Reporting Staff:**  **Name (*Noms*): Gael Faye**  **Phone # (***N0****Téléphone*):**  **Email:** | | | | | **Client visit date: 20/02/2021**  **(*Date de visite*)** |
| **DEMOGRAPHIC INFORMATION** | | | | | | | |
| **Any Changes in Demographic Information:**  **Yes(*Oui*)  No(*Non*)   *If yes* (*Si, oui*)*:*** | | | | | | | |
| **Changed Current Residence Type:**  **Yes (*Oui*)  No (*Non*)**  **(*A-t-il changé* de *Type d’adresse*):**  ***If yes* (*Si Oui*)*:***  **Residential (*Résidentielle*)  Correctional (*Maison de détention*)**  **Temporary (*Temporaire*)**  **Homeless (*Sans abri*)**  **Shelter (*Refuge*)**  **Changed Current Residence :**  **Yes (*Oui*)  No (*Non*)**  **(*A-t-il changé* de *Résidence actuelle)***  ***If yes* (*Si Oui*)*:***  **Village (*Village*):       Cell (*Cellule*):**  **Sector (*Secteur*):       District (*District*):** | | | | | **Changed Marital Status**  **(*A-t-il changé* d’*État Matrimonial*):**  **Yes (*Oui*)  No (*Non*)**  ***If yes* (*Si Oui*)*:***  **Single (*Célibataire*)**  **Married (*Marié*)**  **Co-habiting (*Cohabite*)  Widowed (*Veuf*)**  **Divorced/separated(*Divorcé/Séparé*)**  **Changed Employment Status**  **(*A-t-il changé* d’*État d’emploi*):**  **Yes (*Oui*)  No (*Non*)**  ***If yes* (*Si Oui*)*:***  **Unemployed (*Sans Emploi*)  Employed (*Employé*)**  **If employed, state occupation:**  **(Si *Employé, quelle est votre occupation?*)** | | |
| **RISK FACTORS** | | | | | | | |
| **Any Changes in or Undisclosed Sexual Partners:**  **Yes (*Oui*)  No (*Non*)**  ***If yes*: # sexual partners not reported at last visit: 1**  **(Nbr de Partenaires sexuels non rapportés durant la dernière visite)** | | | | | | | |
| **CURRENT ART INFORMATION** | | | | | | | |
| **Stable:**  **Yes (*Oui*)  No (*Non*)**  **Current ART Regimen: TDF/3TC+EFV**  **(*Régime ARV actuel*)**  **Last Pharmacy Pick Up Date: 20/2/2021**  **(Dernière Date de *Prescription ARV*)** | | | **Change in Regimen:**  **Yes (*Oui*)  No(*Non*)**  **(Changement du Régime ARV?)**  ***If Yes:* ART Change Date**  **(Si oui, d*ate de changement du régime ARV*): 22/02/2021**  ***If Yes,* Reason (Si Oui, pour quelle raison):**  **Treatment Failure  (*Echec du traitement*)**  **Drug Interactions  (*Interactions médicamenteuses*)**  **New regimen introduced  (*Nouveau régime introduit*)**  **Original regimen out of stock  (*Rupture de stock du régime précédent* )**  **Pregnancy  (*Grossesse*)**  **Toxicity  (*Toxicité*)**  ***If Toxicity, type*: GI (*gastro-intestinale*)  Skin(*cutanée*)**  **CNS (*sytème nerveux*)**  **Kidney dysfunction  (*rénale*)**  **Hepatic dysfunction/Jaundice (*hépatique/ictère*)**  **Haematological (*hématologique*)**  **Fatigue (*fatigue*)**  **Bone dysfunction (*osseuse*)  Metabolic(*métabolique*)**  **Headache (*céphalées*)**  ***If Other reason for Regimen Change*, specify**  **(Si a*utre raison de changement du régime ARV, spécifier*)** | | | | |
| **CURRENT CLINICAL INFORMATION** | | | | | | | |
| **WHO Stage (*Stadification OMS*):**  **I**  **II**  **III**  **IV**  **WHO Staging Date: 13/07/2021**  **(Date de *Stadification OMS*)** | **Viral Load Result**  **(*Charge Virale*)**  **Collection Date:**  **(*Date de collecte de l’échantillon*)**  **Result Return Date:**  **(*Date de rtour du résultat)*** | | | **OI Name :**  **(*Nom de l’IO*)**  **OI Diagnosis date:**  **(*Date de diagnostic de l’IO*)** | | **Client Outcome:**  **Alive and on ART**  **Stopped**  **LTFU**  **Transfer Out (TO)**  **Death**  **Outcome Date: 20/02/2021**  **(*Date de l’issue du malade*)**  **If TO, where to:**  ***(Si transféré, vers quelle FOSA)***  **If Death, Death Cause:**  **(*Cause de Décès*)** | |
|  | OI/IO: Opportunistic infection/Infection opportuniste | | | | |  | |

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| --- | --- |
| **ART ADHERENCE** | **TPT OUTCOME** |
| **If VL > 200c/ml:**  **Client Adherence:**  **(*Si charge virale>200c/ml,l’ adhérence du client est*):**  **Good (*Bonne*) (meet pill count and come to all appointments)**  **Moderate (*Moyenne*) (meet pill count and miss appointment(s))**  **Bad (*Mauvaise*) (fail pill count and miss appointment(s))**  **Attended Enhanced Counselling: Yes (*Oui*)  No(*Non*)**  **(*A-t-il participé aux séances de counselling renforcé?*)**  ***If yes*: completed 3 months:**  **Yes (*Oui*)  No(*Non*)**  **(Si o*ui, pour les 3 mois?*)** | **Client TPT Outcome:**  **Completed TPT (*Traitement terminé*)  Therapy in Progress**  ***If not* Completed or in Progress:**  **Defaulted (*Perdu de vue*)**  **Stopped because of adverse events**  **(*Arrêt du TPT à cause des effets secondaires*)**  **Stopped because of development of active TB during TPT**  **(*Arrêt du TPT à cause du développement de la TB-maladie*)**  **Stopped because of contra-indications other than active TB**  **(*Arrêt du TPT à cause des contre-indications, autre que la TB-maladie*)**  **Stopped because of hepatic failure  (*Arrêt du TPT dû à une insuffisance hépatique*)**  **Stopped because of death on TPT**  **(*Arrêt du TPT par décès*)**  **Outcome Date: 20/02/2021**  **(*Date de l’issue du traitement TPT*)** |

**Confidential HIV CRF - SECTION II: *Follow up Information***

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| **REPORTING FACILITY & STAFF** | | | | | | | |
| **Reporting Facility Name: Gakenke CS**  **(*Nom de la FOSA rapporteur*)**  **Date Form Completed: 25/07/2021**  **(*Date de Remplissage*)** | | **Reporting Staff:**  **Name (*Noms*): Gael Faye**  **Phone # (***N0****Téléphone*):**  **Email:** | | | | | **Client visit date: 25/07/2021**  **(*Date de visite*)** |
| **DEMOGRAPHIC INFORMATION** | | | | | | | |
| **Any Changes in Demographic Information:**  **Yes(*Oui*)  No(*Non*)   *If yes* (*Si, oui*)*:*** | | | | | | | |
| **Changed Current Residence Type:**  **Yes (*Oui*)  No (*Non*)**  **(*A-t-il changé* de *Type d’adresse*):**  ***If yes* (*Si Oui*)*:***  **Residential (*Résidentielle*)  Correctional (*Maison de détention*)**  **Temporary (*Temporaire*)**  **Homeless (*Sans abri*)**  **Shelter (*Refuge*)**  **Changed Current Residence :**  **Yes (*Oui*)  No (*Non*)**  **(*A-t-il changé* de *Résidence actuelle)***  ***If yes* (*Si Oui*)*:***  **Village (*Village*):       Cell (*Cellule*):**  **Sector (*Secteur*):       District (*District*):** | | | | | **Changed Marital Status**  **(*A-t-il changé* d’*État Matrimonial*):**  **Yes (*Oui*)  No (*Non*) X**  ***If yes* (*Si Oui*)*:***  **Single (*Célibataire*)**  **Married (*Marié*)**  **Co-habiting (*Cohabite*)  Widowed (*Veuf*)**  **Divorced/separated(*Divorcé/Séparé*)**  **Changed Employment Status**  **(*A-t-il changé* d’*État d’emploi*):**  **Yes (*Oui*)  No (*Non*)**  ***If yes* (*Si Oui*)*:***  **Unemployed (*Sans Emploi*)  Employed (*Employé*)**  **If employed, state occupation:**  **(Si *Employé, quelle est votre occupation?*)** | | |
| **RISK FACTORS** | | | | | | | |
| **Any Changes in or Undisclosed Sexual Partners:**  **Yes (*Oui*)  No (*Non*) X**  ***If yes*: # sexual partners not reported at last visit: 1**  **(Nbr de Partenaires sexuels non rapportés durant la dernière visite)** | | | | | | | |
| **CURRENT ART INFORMATION** | | | | | | | |
| **Stable:**  **Yes (*Oui*)  No (*Non*)**  **Current ART Regimen: TDF/3TC+EFV**  **(*Régime ARV actuel*)**  **Last Pharmacy Pick Up Date: 20/2/2021**  **(Dernière Date de *Prescription ARV*)** | | | **Change in Regimen:**  **Yes (*Oui*)  No(*Non*)**  **(Changement du Régime ARV?)**  ***If Yes:* ART Change Date**  **(Si oui, d*ate de changement du régime ARV*): 22/02/2021**  ***If Yes,* Reason (Si Oui, pour quelle raison):**  **Treatment Failure  (*Echec du traitement*)**  **Drug Interactions  (*Interactions médicamenteuses*)**  **New regimen introduced  (*Nouveau régime introduit*)**  **Original regimen out of stock  (*Rupture de stock du régime précédent* )**  **Pregnancy  (*Grossesse*)**  **Toxicity  (*Toxicité*)**  ***If Toxicity, type*: GI (*gastro-intestinale*)  Skin(*cutanée*)**  **CNS (*sytème nerveux*)**  **Kidney dysfunction  (*rénale*)**  **Hepatic dysfunction/Jaundice (*hépatique/ictère*)**  **Haematological (*hématologique*)**  **Fatigue (*fatigue*)**  **Bone dysfunction (*osseuse*)  Metabolic(*métabolique*)**  **Headache (*céphalées*)**  ***If Other reason for Regimen Change*, specify**  **(Si a*utre raison de changement du régime ARV, spécifier*)** | | | | |
| **CURRENT CLINICAL INFORMATION** | | | | | | | |
| **WHO Stage (*Stadification OMS*):**  **I**  **II**  **III**  **IV**  **WHO Staging Date: 13/07/2021**  **(Date de *Stadification OMS*)** | **Viral Load Result :** 2570 **(c/ml)**  **(*Charge Virale*)**  **Collection Date: 13/07/2021**  **(*Date de collecte de l’échantillon*)**  **Result Return Date: 15/07/2021**  **(*Date de rtour du résultat)*** | | | **OI Name :**  **(*Nom de l’IO*)**  **OI Diagnosis date:**  **(*Date de diagnostic de l’IO*)** | | **Client Outcome:**  **Alive and on ART**  **Stopped**  **LTFU**  **Transfer Out (TO)**  **Death**  **Outcome Date: 20/02/2021**  **(*Date de l’issue du malade*)**  **If TO, where to:**  ***(Si transféré, vers quelle FOSA)***  **If Death, Death Cause:**  **(*Cause de Décès*)** | |
|  | OI/IO: Opportunistic infection/Infection opportuniste | | | | |  | |

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| **ART ADHERENCE** | **TPT OUTCOME** |
| **If VL > 200c/ml:**  **Client Adherence:**  **(*Si charge virale>200c/ml,l’ adhérence du client est*):**  **Good (*Bonne*) (meet pill count and come to all appointments)**  **Moderate (*Moyenne*) (meet pill count and miss appointment(s))**  **Bad (*Mauvaise*) (fail pill count and miss appointment(s))**  **Attended Enhanced Counselling: Yes (*Oui*)  No(*Non*)**  **(*A-t-il participé aux séances de counselling renforcé?*)**  ***If yes*: completed 3 months:**  **Yes (*Oui*)  No(*Non*)**  **(Si o*ui, pour les 3 mois?*)** | **Client TPT Outcome:**  **Completed TPT (*Traitement terminé*)  Therapy in Progress**  ***If not* Completed or in Progress:**  **Defaulted (*Perdu de vue*)**  **Stopped because of adverse events**  **(*Arrêt du TPT à cause des effets secondaires*)**  **Stopped because of development of active TB during TPT**  **(*Arrêt du TPT à cause du développement de la TB-maladie*)**  **Stopped because of contra-indications other than active TB**  **(*Arrêt du TPT à cause des contre-indications, autre que la TB-maladie*)**  **Stopped because of hepatic failure  (*Arrêt du TPT dû à une insuffisance hépatique*)**  **Stopped because of death on TPT**  **(*Arrêt du TPT par décès*)**  **Outcome Date: 20/02/2021**  **(*Date de l’issue du traitement TPT*)** |