Annex 7 Revised Monthly HIV/AIDS and STI Surveillance form HEALTH PROTECTION AGENCY , Republic of Maldives

1. Name of Health facility	
2.Month and Year of Reporting	
3. Date of Reporting	
4. Total no of Out patients in the month	Adult males
	Adult Females

5. Sexually Transmitted Infection									
Syndrome									
	15-24 yrs	25+yrs	Total						
Male Urethral discharge									
Vaginal Discharge									
Male non vesicular genital ulcer									
Female non vesicular genital ulcer									
6. Etiological									

	Total attendees	Total tested	No. positive	% Positive
Syphilis among women attending ANC				
Syphilis among blood donors				

7. HIV infection cases reported among different population groups

	Maldivian																	
	No tested No positive						Expatriate											
	< 1	15	15		25	5-	>4	9	< 1	15								
	yr	s	24	4	49	9	yr	S	yr	S	15-	24	25-	49	>49	yrs		
	М	F	М	F	Μ	F	М	F	М	F	М	F	Μ	F	Μ	F	tested	Positive
Blood donors																		
VCTC																		
Self referred																		
IDU																		
MSM																		
CSW																		
STI patients																		
ANC																		
Others																		
Pre employment																		
Thalessemia																		

8. AIDS Cases and Death Reporting				
	Maldiv	ian	Expatriate	Total
New AIDS patients during the month				
AIDS Deaths during the month				
Additional Information or	VCTC pro	ocess		
	Maldivian		Expatria	tes Total
	М	F		
No of people receiving Pre test counseling				
No of people receiving HIV test				
No of people receiving Post test counseling				
No of people collecting test results				

Prepared by

Checked by

Sign:

Sign:

Name: Designation: Date:

Name: Designation: Date: