Vertical Transmission Prevention of Communicable Infections

Patient name and folder number____

Use carbon paper to complete; this page can be torn out after delivery and attached to the discharge summary

HIV Testing (at booking and every four weeks- align with BANC+ visits)					
HIV test at **1st ANC visit**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **20 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **26 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **30 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **34 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **38 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested during **delivery admission**	Date: ________/_________/______	Positive	☐	Negative	☐
PreP offered Yes ☐	Accepted Yes ☐ No ☐	Date initiated: ________/_________/______			

Woman living with HIV			
ARV regimen TLD1 ☐ TLD2 ☐	Other:	Date started ________/_________/______	
Viral load at first visit- if already on ARVs *(C#Antenatal)*	Date _______/________/_______	Result______________________c/mL	
VL at 3 months after ARV start - if new HIV diagnosis *(C#Antenatal)*	Date _______/________/_______	Result______________________c/mL	
Repeat VL - if any VL> 50c/mL *(C#Antenatal)*	Date _______/________/_______	Result______________________c/mL	
VL at delivery - all women LHIV *(C#Delivery)*	Date _______/________/_______	Result______________________c/mL	
CD4 Date: ________/_________/______	CD4 result____________Cells/ul	CrAg:_______________________	

Tuberculosis: screen for TB symptoms at every antenatal visit, regardless of HIV status											
1st visit	☐Pos	☐Neg	**20 weeks**	☐Pos	☐Neg	**26 weeks**	☐Pos	☐Neg	**30 weeks**	☐Pos	☐Neg
34 weeks	☐Pos	☐Neg	**36 weeks**	☐Pos	☐Neg	**38 weeks**	☐Pos	☐Neg	**40 weeks**	☐Pos	☐Neg
Labour	☐Pos	☐Neg	**TB NAAT test**	☐Pos	☐Neg	Date	**Urine LAM**	☐Pos	☐Neg	Date	
Treatment	DS-TB ☐ Date started___________		DR-TB ☐ Date started____________				TPT offered ☐		TPT deferred ☐		

Syphilis (test at booking and every four weeks- align with BANC+ visits)					
Syphilis test at **1st ANC visit**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **20 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **26 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **30 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **34 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested at **38 weeks**	Date: ________/_________/______	Positive	☐	Negative	☐
Retested during **delivery admission**	Date: ________/_________/______	Positive	☐	Negative	☐
Laboratory syphilis confirmation:	Date: ________/_________/______	Positive	☐	Negative	☐
Syphilis titre:	____				
1st dose Bicillin IMI administered on	Date: ________/_________/______	Allergic to penicillin- refered for desensitisation			
2nd dose Bicillin IMI administered on	Date: ________/_________/______	to _________________________________hospital			
3rd dose Bicillin IMI administered on	Date: ________/_________/______				
Repeat laboratory syphilis test three months after treatment	Date: ________/_________/______	Titre_______________________________			

Hepatitis B (HBsAg)					
HepBsAg at first ANC visit	Date: ________/_________/______	Positive	☐	Negative	☐
HBsAg positive and not on ARVs or PreP:	Counselled on Tenofovir prophylaxis for VTC and referred to specialist for initiation ☐				
HBsAg positive and on ARVs	Refer to a High Risk clinic and inform them of HBsAg status ☐				

Vaccines				
Influenza counselling:	Yes ☐	Accepted Yes ☐	No ☐	Date given: ________/_________/______
Tdap (26-34 weeks) counselling :	Yes ☐	Accepted Yes ☐	No ☐	Date given: ________/_________/______
RSVpreF (26-34 weeks) counselling	Yes ☐	Accepted Yes ☐	No ☐	Date given: ________/_________/______