

## SURV-1: HIV Monthly Testing Summary

<sup>9</sup> Pua Nev	-							17.4-1			1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · y		63	mié	, ,	Jun		iiai y			3								L	U	14
Testing Facility:								Site Code: Province:																									
Type of Facili	ity:						Month	1:						Year	r:	P				Dis	strict:			1						10			
							Point of Testing																										
		VCT		BLO	OOD DO	NOR			ANG	С				LA	BO	UR/DI	ELI	VERY			ST	1					ТВ			01	HER	HEA	LTH
Age group	≥ Total Tested		Confirmed     Positive     Positive	Z Total	Z Initial  Reactive	Confirmed	Total	Initial	Confirmed	positive		н Reactive dd	Treated		Tested	Initial		Confirmed	DARROOM	Total Tested		Keactive	Confirmed	positive	Total	lested	Initial Reactive	Confirmed		Total Tested		Reactive	Confirmed
<2 months	IVI	IVI F	IVI	IM F	M F	M F	M	M	M	F	F	F	F	М	F	M	F	M	F	M F	M	F	M	F	М	F	M F	М	F	M	М	F	M
(PCR) 2 – 17 months								_										8	1														
(PCR)																																	
18 months – 4 years (Ab test)																			T														
5 – 9 years			In Augus																1					1									
10 – 14 years																			1		H		1									1 "	
15 – 19 years						tors de C													1					1	1								
20 – 24 years																	1		1					1									
25 – 29 years													1						1			1		1		1							
30 – 49 years													1				1		†					1									
≥50 years													T				1		1					1				9	1				
Unknown age					1/ 1/	(\$ 86													1			1				1							
Total Test														T																		T.	- 6
Total Initial Reactive																				1					<b>基础</b> 性								
not reported previously																																	
Confirmed positive																	-																
Total pregnan	t wome	n seen at	first ante	enatal vis	it													174															
Total women		The land		- Indiana and a	W. N.																												
otal known H			10.10	11000	tenatal v	/isit																											
Repeat tests of				Variation in the second	and the second																												
Officer Reporting:							Designation and contact number:												Date of faxing or mailing to NDoH and PHIO (dd/mm/yy):														
Data quality of	checke	d by Offi	cer:		Yes   No	)	Comm	ents:											1														
		of the same												i de l																			
Please fax or ma Mailing Address							Unit								Man .		TI	EL: 30	1-37	748 or 3	01-3747	7. FA	X: 30	1-37	53 or	325-	0568						TI HAP