

## Contents

Forms features .....	2
Pediatric To Adult Conversion [and Vice Versa] .....	2
PMTCT forms .....	2
Family planning section added to follow up forms.....	2
Bug fixes in Forms .....	2
Report features.....	3
Report definitions available in French .....	3
Addition of New reports .....	3
Clinical summary report updates .....	3
Conversion of CD4 < 200 to CD4 < 250 .....	3
HIVQUAL report updates .....	3
Other features .....	5
Patient transfer request.....	5
LDAP user management .....	7
Separate counts of pediatric and adult patients on consolidated site .....	8

## Forms features

### Pediatric To Adult Conversion [and Vice Versa]

**Registration form** - The patient is classified as pediatric or adult via a radio button on their registration form. The radio appears in the form header to the right of the form title. Form is re-displayed when the radio is changed, reflecting immediately the difference between pediatric and adult fields. Field values entered before a switch but not currently displayed will return if the form is switched back again.

#### Other (non-registration) forms -

- New pediatric or adult forms will automatically be displayed based upon the patient's current classification [the isPediatric value] as displayed on the registration form.
- Existing forms will display based upon the patient's status at the time the form was initially saved in the system.
- Backlogged pediatric forms for a patient currently classified as adult can be entered by temporarily changing the patient back to pediatric on the registration form.
- If a patient already has a saved intake form, regardless of whether it was an adult or pediatric form, the link for a new intake form is not displayed. In other words, there is only one intake form; it is not entered again after the switch.

### PMTCT forms

PMTCT (Prevention of Mother to Child Transmission) forms have been introduced in this release. The data collected through these forms will be used to calculate PMTCT indicators in the HIVQUAL reports.

### Family planning section added to follow up forms

Family planning is one of the HIVQUAL indicators that give the proportion of HIV-infected women who've received a method of family planning in the preceding 6 months. To capture this data, a new section - "Family planning" - has been added to the adult follow-up forms. A screen shot of the section is shown below.

PLANNING FAMILIAL	
<input type="radio"/> Oui <input type="radio"/> Non	Ligature des trompes <input type="radio"/> Oui <input type="radio"/> Non
Méthode PF	<input type="radio"/> Autres, préciser :
Préservatif <input type="radio"/> Oui <input type="radio"/> Non	
DMPA <input type="radio"/> Oui <input type="radio"/> Non	
Pilules <input type="radio"/> Oui <input type="radio"/> Non	

### Bug fixes in Forms

Errors related to vaccination fields in the intake form and diagnoses fields in the follow-up form have been fixed in this release.

## Report features

### Report definitions available in French

The report definitions page is now available in French.

### Addition of New reports

The following new reports have been added to the application.

- *List of pregnant women who are at least in their 28th week of amenorrhea*
- *Patient list under ART with their date of initiation and regimen*
- *List of the patients with their rates of CD4*
- *Patient list having visited the clinic during given period*
- *Distribution of the patients under ART by their adherence*

### The menu structures for the new reports are

Quality of care: Care Reminders -> Pregnant women who are at least in their 28th week of amenorrhea

Quality of care: Appropriate Treatment Indicators -> Under ART with Dates of Initiation and Regimen

Quality of care: cd4 information -> Patient CD4 rates

Program Management: Service Delivery -> Clinic visiting during given period

Quality of care: Appropriate Treatment Indicators -> Distribution under ART by Adherence

### Clinical summary report updates

- Made compatible with MySQL. Version number is incremented to 1.1 from 1.0.
- Queries have been altered to work properly with adult -> pediatric conversion

### Conversion of CD4 < 200 to CD4 < 250

Previously the medical eligibility for ARV was CD4 < 200. The Haitian Ministry of Health recently changed the criteria to CD4 < 250. The reports have been changed accordingly to capture this new criterion. .

### HIVQUAL report updates

The HIVQUAL report updates for this release are the following:

- Titles changed in the report for 2 indicators:  
« Surveillance VIH+ CD4 » to « Surveillance immunologique CD4 » and  
« Éligibilité ARV » to « Enrôlement ARV »
- Added indicator 8 "Family Planning" in the report.
- Modified indicator 10 "Immunization" as follows:  
Numerator: All HIV-exposed and infected children less than 5 years at the end of the period of analysis with at least one visit in precedent 6 months with all recommended vaccines for their age.

Denominator: All HIV-exposed and infected children less than 5 years at the end of the period of analysis with at least one visit in precedent 6 months.

➤ Removed ROR immunization from indicator 10.

➤ Modified indicator 2 as follows:

Numerator: Number of patients enrolled since more than 6 months and less than 12 months at the end of the period of analysis that had a CD4 test between the date of enrollment and the first two months and another test before 8 months.

Denominator: Number of patients enrolled between 6 and 12 months from the end of the period of analysis

➤ Modified indicator 9 as follows:

Numerator: Number of women at least 28th week of pregnancy and have received ARVs in the last 6 months.

Denominator: Number of women at least 28 weeks pregnant in the last 6 months.

➤ Change age cutoff in prophylaxis indicator - The definitions for the Cotrimoxazole prophylaxis indicators were changed so that the cutoff age between adolescents and adults is now 15 instead of 11 years old.

➤ All statuses except discontinued - Any patient who has had a discontinuation form filed prior to the end of the analysis period will not be counted in any indicator denominator or numerator.

➤ Cases: change to the end of the period of analysis - The reports definition documentation was fixed to reflect that the total number of cases is being counted at the end of the analysis period.

➤ Performance – Improvements have been implemented to increase the performance of HIVQUAL reports.

➤ Immunization indicator update - The immunization indicator now uses the following chart when calculating the numerator count.

	Doses	Âge	Exposé VIH	Infecté VIH
BCG	1 dose	À naissance	Oui	Non
Polio	0	À naissance - 15 jours	Oui	Non
	1	1.5 mois		
	2	2.5 mois		
	3	3.5 mois		
DiTePer	1	1.5 mois	Oui	Oui
	2	2.5 mois		
	3	3.5 mois		
	4	18 mois		
Rougeole	1	9 mois	Oui	Oui à l'exception d'un enfant Stade IV de l'OMS
	2	12 mois		

14.3.3.12.1 Tableau 2 : Calendrier de vaccinations pédiatriques recommandé

- Reports definition documentation - The reports definition documentation has been updated to match the latest definitions displayed on the HIVQUAL report itself.
- Limit report to past months only - The HIVQUAL report can no longer be run for the current month. A valid date range for the report can include any previous month, but not the current month or any future months.
- ARV eligibility indicator optimized - The ARV eligibility indicator queries have been optimized and should run much faster than they did previously.
- Bug fixed in nutritional assessment indicator - A bug was repaired in the nutritional assessment indicator. The queries were only looking back one month instead of six months.
- Bug fixed in immunization indicator - A bug was repaired in the immunization indicator. The denominator query was looking for patients with at least one visit in the past six months instead of at least two visits.

## Other features

### Patient transfer request

This version has a new feature through which patients can be transferred from one clinic site to another. Patient transfers will be handled by the RIOs (super administrators). The "original" RIO initiates the transfer. Initiation will be done via the discontinuation form, since it already includes a field for indicating a transfer out. If the "transfer" RIO wants to request a transfer, they should contact the "original" RIO via telephone or email to request the transfer.

In the discontinuation form, select the transfer reason and the appropriate transfer clinic site as highlighted in the discontinuation form screen shot below. The discontinuation form now allows "transfer out" as an option only if the user is a super administrator--other users will see the transfer out option as disabled.

**RAPPORT D'ARRÊT DU PROGRAMME DE SOINS ET DE TRAITEMENT VIH/SIDA**

Date de visite :  JJ/MM/AA Toutes les fiches

Est-ce que le patient a arrêté définitif de la participation au programme de soins et traitement VIH/SIDA?

☐ Oui, préciser la Raison ci-dessous

☐ Non, ne pas remplir le Rapport d'Arrêt

Date d'arrêt du programme des soins et traitement VIH/SIDA  JJ/MM/AA

Date du dernier contact avec le patient  JJ/MM/AA

Est-ce que le patient recevait traitement ARV?

☐ Oui

☐ Non, sauter à Raison d'arrêt

Est-ce que le patient a arrêté définitif de la prendre les médicaments ARV?

☐ Oui, préciser la Raison ci-dessous

☐ Non, ne pas remplir le Rapport d'Arrêt

**Raison d'arrêt, préciser**

☐ Perte de contact avec le patient depuis plus de trois mois

Si arrêté dû à la perte de contact avec le patient, y a-t-il eu un minimum de 3 visites à domicile afin d'assurer la continuité des services?

☐ Oui ☐ Non ☐ Inconnu

☐ Si non, expliquer

☒ Transfert vers un autre établissement

☐ Préférence du patient

☐ Référence du médecin

Nom de l'établissement:

☐ Décès

Cause présumée du décès:

☐ Effets secondaires, préciser

☐ Infection opportuniste, préciser

☐ Autre cause, préciser

☐ Discontinuations, préciser

☐ ARVs non-disponibles

☐ Patient a déménagé

☐ Adhérence inadéquate

☐ Préférence du patient

☐ Autre raison, préciser

When the "original" RIO saves the discontinuation form, the file 'transfer<patientid>To<sitecode>.csv.gz' is automatically generated (a compressed file). Then the file 'transfer<patientid>To<sitecode>.csv.gz.aes' is generated (an encrypted version of the compressed file). The encrypted file is placed in the ~isante/patientTransfer/processed directory.

Patient encounters will be retained at the original site. The patient will be automatically "deleted" (given a value of patient.patStatus = 255) at the original site. The patients' records are retained, but the deleted patient is no longer counted in any indicator or report.

The RIO should then hand-carry, sftp, or email the encrypted file to the transfer site, place it in the ~isante/transferPatient directory on the transfer site's server, and use the web application's Patient Transfer In menu item (Administration-->Patient Transfer In) to display the Patient Transfer page and import the patient to the transfer site. This menu-item is only available to super administrators. Only the ~.aes file is displayed in the page; during the import process, the encrypted file is decrypted and then

moved to ~isante/transferPatient/processed directory. The following screen shot shows a patient file, compressed and encrypted, ready for import at the transfer site.

**Transfert patient**

Voici les dossiers patients pour l'importation

transfer841009362To82201.csv.gz.aes	
-------------------------------------	--

Vous devez écrire une no. d'établissement pour chaque dossier ci-dessus.

Si ce sont les dossiers patients que vous souhaitez importer, cliquez sur le bouton d'importation.

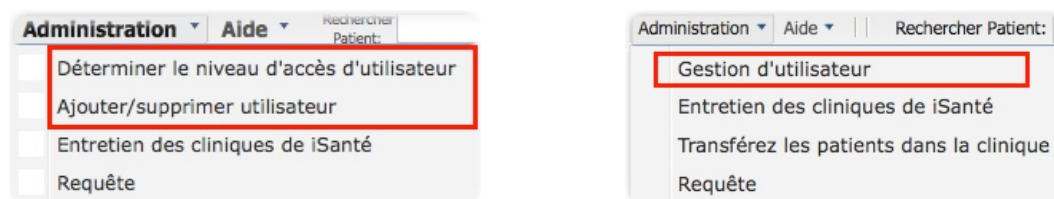
The patient will be added as a new patient at the transfer clinic site.

Note: Encryption and decryption on Windows requires the addition of two new packages to the Active Perl program. Adding these packages is done as follows:

1. Start the Active Perl Package Manager
2. Check "View All Packages"
3. Search for Crypt
4. Install Crypt-CBC and Crypt-Rijndael
5. Action: install
6. File: Install marked packages

### LDAP user management

The administration menu has been changed to combine the menu items "Set user access level" and "Add/delete users" into the menu item "User Management:"



A screenshot of the new User Management page is shown below. The icons in the last column of the page are for LDAP attribute editing (minus), privilege attribute editing (form icon), and user deletion (x), respectively.

## Gestion d'utilisateur

Utilisateur:	Défaut Établissement	Prénom:	Nom:	Tél:	Niveau de privilège:	Corrigez le d...	Mode d'...	Derni...	
abl5	Non réglé	Anna	Likos	571 296-0828		<input type="checkbox"/>		2001-...	
atwood_raphael	Non réglé	Nernst Atwood	Raphael	34 92 27 56		<input type="checkbox"/>		2008-...	
caseyh	Non réglé	Casey	Hastings			<input type="checkbox"/>		2001-...	
ccquiles	Non réglé	Christina	Quiles	2344444	Lecture/écriture/modification	<input type="checkbox"/>		2001-...	
celestinn	Grace Children's Hospital		Nicasky CELESTIN	011-509-464-9811	Administrateur Superbe	<input type="checkbox"/>	Profess...	2009-...	
demoUser	Non réglé	Demo	User			<input type="checkbox"/>		2001-...	
donrock	Non réglé	Don Rock Pierre	Alexis		Lecture/écriture/modification	<input type="checkbox"/>		2001-...	
eric	Non réglé	Eric	Webster			<input type="checkbox"/>		2001-...	
fedner_edouard	Non réglé	fedner	Edouard			<input type="checkbox"/>		2001-...	
fleuret	Non réglé	fabienne	Fleuret	4258830824	Lecture/écriture/modification	<input type="checkbox"/>		2001-...	
haiti01	erehwon		filmein			<input type="checkbox"/>		2001-...	
jrose	Non réglé	Jessica	Rose			<input type="checkbox"/>		2001-...	
jsibley	erehwon		filmein		Administrateur	<input type="checkbox"/>		2008-...	
jsibley-admin	erehwon		filmein		Administrateur	<input type="checkbox"/>		2001-...	
lober	Grace Children's Hospital	Bill	Lober		Administrateur	<input type="checkbox"/>		2001-...	
mitrapiu	Hôpital Immaculée Conception de...	Piu	Mitra		Administrateur Superbe	<input type="checkbox"/>	Profess...	2009-...	
nosite	Non réglé	nosite	nosite			<input type="checkbox"/>		2001-...	
nputt	Grace Children's Hospital	Nancy	P			<input type="checkbox"/>		2001-...	
patrice_joseph	Hôpital Universitaire Justinien	Patrice	Joseph		Administrateur	<input type="checkbox"/>	Profess...	2001-...	
plutest	Non réglé	test1	test2			<input type="checkbox"/>		2001-...	
psutton	Non réglé	Perri	Sutton		Lecture/écriture/modification	<input type="checkbox"/>		2001-...	
rachelcoq	Hôpital de l'Université d'Etat d'Hai...		Nancy Rachel Coq	(509)449-2581		<input type="checkbox"/>		2001-...	
roges_lamothe	erehwon		Roges LAMOTHE	509-449-2987	Administrateur	<input type="checkbox"/>	Profess...	2001-...	
scw9	Non réglé	Sarah	Wilhelm			<input type="checkbox"/>		2001-...	
shaojun	Hôpital Immaculée Conception de...	Jun	Shao		Administrateur Superbe	<input type="checkbox"/>		2009-...	
shaylynn	Non réglé	Shay	Blumer			<input type="checkbox"/>		2001-...	
shw2	erehwon	Stephen	Wagner	4257029406		<input checked="" type="checkbox"/>		2001-...	
shw2-admin	Hôpital de l'Université d'Etat d'Hai...	Steve	Wagner	685-8596	Administrateur Superbe	<input type="checkbox"/>		2001-...	
svends	erehwon	Svend	Sorensen	555-1234		<input type="checkbox"/>		2001-...	
svends-test	Non réglé	Svend	Sorensen	foo		<input type="checkbox"/>		2001-...	

### Separate counts of pediatric and adult patients on consolidated site

The consolidated site now shows the counts of adult and pediatric patients at each clinic site separately. The number before the slash pertains to the count of adult patients and that after the slash pertains to the count of pediatric patients. A screenshot of the new consolidated site is given below.



Établissement*	Version	Serveur local	Date de saisie la plus récente*	Nouvea... A/E	Actifs A/E	Risque A/E	Inactifs A/E	Disc A/E	Total A/E*	Nouvea... A/E	Actifs A/E	Risque A/E	Inactifs A/E	Disc A/E	Total A/E*	Totaux*	
CAL de Bainet	5.0 RC4		12.03.2009	0/ 0	9/ 0	11/ 0	15/ 0	0/ 0	35/ 0	0/ 0	0/ 0	1/ 0	0/ 0	0/ 0	1/ 0	36	
Hôpital Sainte-Anne de Camp-Perrin	5.0 RC4		12.03.2009	0/ 0	17/ 1	5/ 1	2/ 0	0/ 0	24/ 2	0/ 0	0/ 0	0/ 0	2/ 0	0/ 0	2/ 0	28	
Hôpital Saint Joseph de La Vallée de Jacmel	5.0 RC4		12.03.2009	2/ 0	10/ 0	9/ 0	14/ 0	0/ 0	35/ 0	0/ 0	1/ 0	2/ 0	4/ 0	2/ 0	9/ 0	44	
HCR de Port Salut	5.0 RC4		12.03.2009	3/ 0	30/ 1	29/ 1	119/ 0	19/ 0	200/ 2	0/ 0	8/ 0	0/ 0	36/ 0	1/ 0	45/ 0	247	
CDS La Fosslette	5.0 RC4		12.03.2009	0/ 0	6/ 0	20/ 0	265/ 0	25/ 0	316/ 0	0/ 0	0/ 0	0/ 0	2/ 0	0/ 0	2/ 0	318	
Centre Medico-Social de Ouanaminthe	5.0 RC4		12.03.2009	0/ 0	1/ 0	2/ 0	0/ 0	0/ 0	3/ 0	0/ 0	0/ 0	0/ 0	2/ 0	0/ 0	2/ 0	5	
Hôpital Sainte Thérèse de Miragoane	5.0 RC4		12.03.2009	0/ 0	31/ 1	47/ 7	151/ 0	124/ 0	353/ 8	0/ 0	5/ 0	12/ 0	17/ 0	1/ 0	35/ 0	396	
Hôpital Wesleyen de la Gonave	5.0 RC4		12.03.2009	0/ 0	9/ 0	5/ 0	38/ 0	0/ 0	52/ 0	0/ 0	11/ 0	18/ 0	4/ 0	0/ 0	33/ 0	85	
Alliance Santé de Borgne	5.0 RC4		12.03.2009	0/ 0	2/ 0	3/ 0	118/ 1	0/ 0	123/ 1	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	124	
AEADEMA de Dame-Marie	5.0 RC4		12.03.2009	1/ 0	29/ 0	15/ 0	48/ 1	43/ 0	136/ 1	0/ 0	0/ 0	0/ 0	2/ 0	0/ 0	2/ 0	139	
Hôpital de Carrefour	5.0 RC4		12.03.2009	3/ 1	66/ 10	55/ 0	110/ 19	182/ 12	416/ 42	0/ 0	11/ 0	4/ 0	8/ 0	3/ 0	26/ 0	484	
Hôpital Fort St Michel	5.0 RC4		11.03.2009	1/ 0	31/ 1	46/ 0	55/ 0	4/ 0	137/ 1	0/ 0	0/ 0	2/ 0	0/ 0	0/ 0	2/ 0	140	
Centre de Sante de Pestel	5.0 RC4		28.02.2009	3/ 0	20/ 0	14/ 0	10/ 0	0/ 0	47/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	47	
Centre Lakay Centre Ville	5.0 RC4		27.02.2009	2/ 0	4/ 0	0/ 0	0/ 0	0/ 0	6/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	6	
Hôpital Alma Mater de Gros Morne	5.0 RC4		20.02.2009	0/ 0	0/ 0	1/ 0	90/ 1	0/ 0	91/ 1	0/ 0	0/ 0	14/ 0	74/ 0	1/ 0	89/ 0	181	
Centre de Sante de Marigot	5.0 RC4		18.02.2009	0/ 0	3/ 0	10/ 0	16/ 0	0/ 0	29/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	29	
Hôpital Evangelique de Bombardopolis	5.0 RC4		30.12.2008	0/ 0	0/ 1	11/ 1	73/ 5	1/ 0	85/ 7	0/ 0	0/ 0	4/ 0	121/ 2	0/ 0	125/ 2	219	
Clinique Béthesda de Vaudreuil	5.0 RC4		28.11.2008	0/ 0	0/ 0	44/ 0	26/ 0	0/ 0	70/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	70	
Copiez dans le .CSV	Totaux:	32	0		15/ 1	268/ 15	328/ 10	1413/ 28	398/ 12	2422/ 66	0/ 0	36/ 0	57/ 0	285/ 2	8/ 0	386/ 2	2876

Consolidate site always shows the most recent valid results

If computations necessary for consolidated site page display fail, the consolidated site will continue to show the most recent previously valid results. On failure, Seattle staff will be alerted so that the situation can be resolved.