



ARV ROLLOUT PROGRAM

FAX COMPLETED FORM TO 033-345 3527

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Weekly Status Report (Version 5)

Facility: _____ Start Date of Treatment Site: ____ / ____ / 20

Project Manager: _____

District (Tick): Ugu uMgungundlovu uThungulu uThukela Sisonke iLembe
eThekweni uMkhanyakude uMzinyathi Amajuba Zululand

Reporting Period: Monday - ____ / ____ / 20 to: Friday - ____ / ____ / 20

ADULT PATIENT INFORMATION

No. of patients screened CD4: M F Patients with CD4 < 200: M F

No. of patients in treatment readiness assessment phase:

Session 1: Session 2: Session 3:

No. of patients started on ARV this week (as per report period):

TOTAL No. OF PATIENTS ON ARV FROM START DATE:

Regimen 1a:	M	<input type="text"/>	Regimen 1b:	M	<input type="text"/>
	F	<input type="text"/>		F	<input type="text"/>
Regimen 2:	M	<input type="text"/>	Special Regimen	M	<input type="text"/>
	F	<input type="text"/>		F	<input type="text"/>

Regimen 1a:	M	<input type="text"/>	Regimen 1b:	M	<input type="text"/>
	F	<input type="text"/>		F	<input type="text"/>
Regimen 2:	M	<input type="text"/>	Special Regimen	M	<input type="text"/>
	F	<input type="text"/>		F	<input type="text"/>

No. of women enrolling whilst pregnant

No. of women falling pregnant on treatment

No. of patients developing side effects: Grade 1 Grade 2 Grade 3 Grade 4

No. of patients restarting treatment (after discontinuation/interruption):	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
No. of patients discontinuing/interrupting ART:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
No. of patients on treatment lost to follow-up:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
No. who died this week before Treatment:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
No. who died this week while on Treatment:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____

PAEDIATRIC PATIENT INFORMATION (children less than or equal to 14 years)

Date started on paediatric patients ARV treatment: ____ / ____ / 20 Caregivers counselled this week: M F

Paediatric patients screened this week: M F Paediatric patients eligible for ARV: M F Patients from PMTCT (Nevirapine exposed): M F

Paediatric patients started on ARV this week:

TOTAL No. OF PAEDIATRIC PATIENTS ON ARV FROM START DATE:

Regimen 1	d4T+3TC+ LPV/r (<3yrs)	M	<input type="text"/>	Regimen 2	ddl+AZT+EFV/ NVP (<3yrs)	M	<input type="text"/>
		F	<input type="text"/>			F	<input type="text"/>
Regimen 1	d4T+3TC+EFV (>3yrs)	M	<input type="text"/>	Regimen 2	ddl+AZT+ Kaletra (>3yrs)	M	<input type="text"/>
		F	<input type="text"/>			F	<input type="text"/>

Regimen 1	d4T+3TC+LPV/r (<3yrs)	M	<input type="text"/>	Regimen 2	ddl+AZT+EFV/ NVP (<3yrs)	M	<input type="text"/>
		F	<input type="text"/>			F	<input type="text"/>
Regimen 1	d4T+3TC+EFV (>3yrs)	M	<input type="text"/>	Regimen 2	ddl+AZT+ Kaletra (>3yrs)	M	<input type="text"/>
		F	<input type="text"/>			F	<input type="text"/>

Paediatric patients developing side effects: Grade 1 Grade 2 Grade 3 Grade 4

Paediatric patients restarting ART (after discontinuing / interrupting):	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
Paediatric patients discontinuing / interrupting ART:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
Paediatric patients on treatment lost to follow-up:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
Paediatric patients who died before treatment:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____
Paediatric patients who died while on treatment:	M	<input type="text"/>	Explain: _____
	F	<input type="text"/>	Explain: _____

FIO: _____ Filled in by: _____ Date: ____ / ____ / 20