APPROVED

by Order No. V-117

of the Minister of Health

of the Republic of Lithuania

as of 25 February 2003

**SEXUALLY TRANSMITTED INFECTIONS, HIV CARRYING AND HIV DISEASE EPIDEMIOLOGICAL SURVEILLANCE PROCEDURE IN PERSONAL AND PUBLIC HEALTH CARE INSTITUTIONS**

**I. GENERAL PROVISIONS**

1. The present procedure shall regulate the sexually transmitted infections (hereinafter ‘STI’), HIV carrying and HIV disease epidemiological surveillance in personal and public health care institutions

2. The list of the HIV carrying, HIV disease and sexually transmitted infections, the data on which is to be submitted to the public health care institutions and is as follows:

2.1. Asymptomatic human immunodeficiency virus [HIV] infection (Z21);

2.2. Human immunodeficiency virus (HIV) disease (B20-24);

2.3. Laboratory evidence of HIV. Non-conclusive HIV-test finding in Infants (R75);

2.4. Syphilis (A51-A53); Congenital syphilis (A50);

2.5. Gonococcal infection (A54);

2.6. Chlamydia-induced and sexually transmitted diseases (A56).

**II. STI, HIV CARRYING AND HIV DISEASE CASES’ MANDATORY REGISTRATION AND INFORMATION PROVISION PROCEDURE**

3.3. The physicians of the institutions of restricted access who have diagnosed an STI included in the List of Sexually Transmitted Infections, the data on which data is to be provided to public health care institutions, HIV carrying or HIV disease cases, as well as the when diagnosing the above among the compulsory military service privates, prisoners and convicts, shall register the case in the Infectious Diseases Record Book, Form No. 060/a, No. KAM 40-060/a and, having completed the Sexually transmitted infections, HIV carrying and HIV disease epidemiological study protocol, Form No. 151-9/a, shall, within 7 days, send it by fax, post or e-mail to the Health Emergency Situations Center.

3.4. A physician who has identified an outbreak of STI or HIV carrying (5 or more cases of sexually transmitted infection from one source of infection) or each case of infection transmission via blood or blood products, syringe injections or other medical instruments, shall promptly submit the information regarding the location of such an outbreak or a case, an implied or

known causes and the mechanisms thereof and other information available, as well as all available information on a macerated stillborn due to syphilis, to the local public health care institution by phone, fax or e-mail.

4. STI, HIV carrying and HIV disease cases’ recording in local public health care institutions shall be as follows:

4.5. The information about an identified outbreak of STI or HIV carrying (5 or more cases of sexually transmitted infection from one source of infection), or each case of infection transmission via blood or blood products, syringe injections or other medical instruments, as well as the information on a macerated stillborn due to syphilis, shall be submitted to the Lithuanian AIDS Center not later than within 12-hour period verbally (by phone) and not later than within 72-hour period in writing, by fax or email.

5. STI, HIV carrying and HIV disease cases’ recording by the Health Emergency Situations Center shall be as follows:

5.1. STI, HIV carrying and HIV disease cases among compulsory military service privates, prisoners and convicts are recorded in the Infectious Diseases Record Book (Form No. 060/a) according to the Sexually transmitted infections, HIV carrying and HIV disease epidemiological study protocols (Form No. 151-9/a) received by post, fax or e-mail.

5.5. The information about an identified outbreak of STI or HIV carrying (5 or more cases of sexually transmitted infection from one source of infection), or each case of infection transmission via blood or blood products, syringe injections or other medical instruments, as well as the information on a macerated stillborn due to syphilis, shall be submitted to the Lithuanian AIDS Center not later than within 12-hour period verbally (by phone) and not later than within 72-hour period in writing, by fax or email.

6. STI, HIV carrying and HIV disease cases’ recording by the Lithuanian AIDS Center shall be as follows:

6.5. The information about outbreaks of STI or HIV carrying (5 or more cases of sexually transmitted infection from one source of infection), or each case of infection transmission via blood or blood products, syringe injections or other medical instruments, as well as the information on a macerated stillborn due to syphilis, received from local public health care institutions and Health Emergency Situations Center shall be transferred to the Ministry of Health, the State Public Health Service under the Ministry of Health, and, if necessary, to the World Health Organization.

**III. FUNCTIONS OF PERSONAL AND PUBLIC HEALTH CARE INSTITUTIONS CONCERNING THE STI, HIV CARRYING AND HIV DISEASE**

**EPIDEMIOLOGICAL SURVEILLANCE**

8. Personal health care institutions shall:

8.1. Organize or carry out the clinical and laboratory diagnostic tests for the patients diagnosed with STI, HIV disease and HIV carriers, as well as for the persons suspected to have these diseases of carrying them.

8.2. Upon diagnosing or suspecting a case of STI, HIV carrying or HIV disease, the physician may send the patient to a dermatology and venereology specialist and, in the case of suspected HIV carrying / HIV disease, to an infectious diseases specialist to verify the diagnosis.

8.3. Following the procedure established by this order, inform the local public health care institutions about the identified STI, HIV carrying and HIV disease cases and outbreaks.

8.4. Identify contact persons. A physician, having filled in the Contact Card (Form No. 047-9/a), shall take steps to ensure that a person who has had contact with a patient diagnosed with STI, HIV disease or a HIV carrier arrives to a personal health care institution for the medical examination. The number of contact persons to be examined is determined by the physician who suspected or diagnosed the STI, HIV carrying or HIV disease case.

8.5. Provide general information (social status, risk group, gender, age, etc.) about the identified contact persons who, within 14 days, have not arrived to a personal health care institution to have their health examined concerning STI and HIV carrying, to the local public health care institution to organize general impact measures.

8.6. Within their scope, participate in identifying the reasons for the STI, HIV disease and HIV carriers focus.

8.7. Following the procedure established by the Ministry of Health, register and observe the cases of injuries caused by infected sharp objects and other micro-injuries or accidents suffered by medical staff, which may lead to infection or health disorders of the personnel providing services to the patients. Where necessary, organize preventive measures.

8.8. Where necessary, organize the collection of blood from persons belonging to risk groups (drug addicts, prostitutes, homosexual persons, etc.) and send the samples to perform HIV testing to a laboratory licensed to carry out this activity.

8.9. Within their scope, carry out programs for the prevention of communicable diseases.

8.10. Be responsible for the accuracy of the statistical data on STI, HIV patients and HIV carriers, as well as the submission of such data to the appropriate authorities within a specified time limit.

9. Public health care institutions shall:

9.2. Collect the data on the confirmed STI, HIV carrying and HIV disease cases, outbreaks of these diseases and identified causative agents from the personal health care institutions located in the administrative area.

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9.5. Participate in the epidemiological study of the causes of STI and HIV carrying outbreaks or the cases of infection transmission via blood or blood products, syringes or other medical instruments.

9.6. Upon receipt of the information from personal health care institutions about the identified contact persons who have not arrived to the personal health care institutions to have their health examined, take general impact measures (organize campaigns, training of the individuals of a relevant group, arrange consultations, etc.) together with the Chief Epidemiologist of the county.

9.7. Provide epidemiological analysis findings and suggestions to municipalities, county governor’s administration and the State Public Health Service under the Ministry of Health concerning the decisions to be taken in connection with STI, HIV carrying and HIV disease issues.

9.8. Within their scope, carry out programs for the prevention of communicable diseases within their administrative area unit.

10. Lithuanian AIDS Centre shall:

10.4 Organize and perform clinical and laboratory diagnostic tests for the patients diagnosed with STI and HIV, as well as HIV carriers.

10.6 Organize and carry out examination of the risk groups’ persons concerning the incidence of biological markers of HIV infection.

10.8. Conduct the epidemiological investigation into the outbreaks of STI and HIV carrying in organizations, as well as the outbreaks caused by blood products or occurring between persons undergoing treatment in personal health care institutions, or submit proposals to the State Public Health Service under the Ministry of Health to entrust this work to the institutions that conduct epidemiological surveillance in the territories under supervision of such institutions.

Form approved by the Order No. V-117 of the Minister of Health of the Republic of Lithuania

as of 25 February 2003

(Name of the institution)

(Code, address, phone and other data on the institution)

**SEXUALLY TRANSMITTED INFECTIONS, HIV CARRYING AND HIV DISEASE EPIDEMIOLOGICAL STUDY PROTOCOL (Form No. 151-9/a)**

(Completion date)

No.

1. *Diagnosis according to ICD-10*:

**1, 2 –** age**, 3 –** sex [M, F], **4–6 –** place of residence (administrative unit code

(attached thereto), **7–10** – first two letters of the patient’s name and first two letters of the patient’s surname.

1 2 3 4 5 6 7 8 9 10

2. *Patient’s code:* \_\_ \_\_ \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_ \_\_

**DATA ON THE PATIENT:**

3. Social insurance: \_\_ YES; \_\_ NO



4. Social group: \_\_ pupil; \_\_ student; \_\_ blue-collar worker; \_\_ white-collar worker; \_\_ unemployed; \_\_ homeless; \_\_ other

5. Education: \_\_ primary; \_\_ general; \_\_ secondary; \_\_ higher

6. Risk group: \_\_ none; \_\_ traveller; \_\_ drug addict; \_\_ sex worker; \_\_ prisoner; \_\_ sailor; \_\_ other \_\_\_\_\_\_\_\_\_\_\_\_

7. Permanent place of residence: Lithuanian \_\_ city, \_\_ village; arrived from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (country) (for non-Lithuanian residents)

8. Date of arrival to the health care institution: \_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_ 9. Diagnosing date: \_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_

10. Possible infection place in Lithuania (indicate the administrative unit code (attached thereto): \_\_ \_\_ .\_\_;

Infection country (if not in Lithuania): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

**DETERMINING DIAGNOSIS:**

11. Diagnosis determined based on: \_\_ clinical characteristics; \_\_ clinical characteristics and laboratory tests; \_\_ laboratory tests



12. Diagnosis determined: \_\_ patient himself arrived to the heath care institution; \_\_ prophylactic check-up; \_\_ donor health

check-up; \_\_ stationary hospital treatment; \_\_ place of imprisonment; \_\_ risk group check-up; \_\_ contact persons check-up;

\_\_ pregnancy check-up; \_\_ post mortem examination; \_\_ other

13. Confirmed by laboratory tests: \_\_ bacteriological; \_\_ serological; \_\_ antibody identification; \_\_ viral; \_\_ nucleic acid identification; \_\_ microscopy; \_\_ other (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method:

Test results:

**EPIDEMIOLOGICAL DATA:**

14. Infection: \_\_ congenital; \_\_ acquired; \_\_ domestic



15. Potential way of contracting infection: \_\_ a heterosexual contact; \_\_ medical injection, manipulation; \_\_ from mother to child; \_\_a homosexual contact; \_\_ use of intravenous narcotics; \_\_ blood transfusion; \_\_\_\_\_\_\_\_ other; \_\_ unknown.

16. Apparent source of infection: \_\_ a spouse, cohabitee; \_\_ parents; \_\_ unknown; \_\_\_ an acquaintance; \_\_ a stranger;

\_\_ a prostitute; \_\_ other.

17. Had sex with a sex worker at least once during the previous 6 months: \_\_ yes; \_\_ no.



18. Number of partners during the previous 12 months: \_\_ 1; \_\_ 2-3; \_\_ 4 or more; \_\_ none.

19. Use condoms: \_\_ always; \_\_ seldom; \_\_ never.

20. \_\_ Identification of contact persons initiated. The number of indicated contact persons: \_\_ .

**CODES OF ADMINISTRATIVE UNITS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **01.0 Vilnius**  **County**  01.1. Vilnius city  01.2. Šalčininkai distr.  01.3. Širvintai distr.  01.4. Švenčioniai distr.  01.5. Trakai distr.  01.6. Ukmergė distr.  01.7. Vilniaus r. | **02.0. Kaunas County**  02.1. Kaunas city  02.2. Birštonas  02.3. Jonava distr.  02.4. Kaišiadoriai distr.  02.5. Kaunas distr.  02.6. Kėdainiai distr.  02.7. Prienai distr.  02.8. Raseiniai distr. | **03.0. Klaipėda**  **County**  03.1. Klaipėda city  03.2. Palanga  03.3. Neringa  03.4. Klaipėda distr.  03.5. Kretinga distr.  03.6. Skuodas distr.  03.7. Šilutė distr. | **04.0. Šiauliai**  **County**  04.1. Šiauliai city  04.2. Akmenė distr.  04.3. Joniškis distr.  04.4. Kelmė distr.  04.5. Pakruojas distr.  04.6. Radviliškis distr.  04.7. Šiauliai distr. | **05.0. Panevėžys**  **County**  05.1. Panevėžys city  05.2. Biržai distr.  05.3. Kupiškis distr.  05.4. Panevėžys distr.  05.5. Pasvalys distr.  05.6. Rokiškis distr. |
| **06.0. Alytus**  **County**  06.1. Druskininkai  06.2. Alytus distr.  06.3. Lazdijai distr.  06.4. Varėna distr. | **07.0. Marijampolė**  **County**  07.1. Marijampolė distr.  07.2. Šakiai distr.  07.3. Vilkaviškis distr. | **08.0. Tauragė**  **County**  08.1. Jurbarkas distr.  08.2. Šilalė distr.  08.3. Tauragė distr. | **09.0. Telšiai**  **County**  09.1. Mažeikiai distr.  09.2. Plungė distr.  09.3. Telšiai distr. | **10.0. Utena**  **County**  10.1. Anykščiai distr.  10.2. Ignalina distr.  10.3. Molėtai distr.  10.4. Utena distr.  10.5. Zarasai distr.  10.6. Visaginas city |
| **11.0. Departments of the Ministry of the Interior** | **12.0. Agencies of the Ministry of National Defence** | **13.0. Agencies of the Ministry of Justice** | **14.0. A foreigner** |  |

Physician (L. S.)

(Signature) (Full name)

(Phone, fax and e-mail of the person submitting the data)

Protocol receipt by the public health care institution:

(Date)

Registration No.

Person registering the protocol:

NOTE:

A physician who has diagnosed a person with an STI included in the list of sexually transmitted infections, the data on which have to be provided to public health care institutions, a HIV carrier or a person diagnosed with HIV disease shall, according to the procedure established by Order No. V-117 25/02/2003 of the Minister of Health of RL, submit the information to the local public health care institution within 7 days.

(Signature) (Full name)

Form approved by the

Order No. V-117 of the Minister of Health of the Republic of Lithuania

as of 25 February 2003

(Name of the institution)

(Code, address, phone and other data on the institution)

**DATA ON IDENTIFIED SEXUALLY TRANSMITTED INFECTIONS CAUSATIVE AGENTS AND HIV (Form No. 65 (Health))**

No.

(Completion date)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexually transmitted**  **infection** | **Sex of the person examined** | **Laboratorically suspected** | | **Laboratorically confirmed** | |
| **Tested** | **Positive\*** | **Tested** | **Positive\*\*** |
| HIV1 | Male  Female  Unknown |  |  |  |  |
| Syphilis2 | Male  Female  Unknown |  |  |  |  |
| Gonococcal infection3 | Male  Female  Unknown |  |  |  |  |
| Chlamydia-induced and sexually transmitted disease4 | Male  Female  Unknown |  |  |  |  |

1\* Upon determining a positive result using one diagnostic kit.

1\*\* Upon confirming the initial positive result by immunoblotting or combination method.

2\* Upon determining a positive nontreponemal test result.

2\*\* Upon detecting *T. pallidum* by direct microscopy or determining the positive results of both the nontreponemal and treponemal tests of the same person.

3\* Upon detecting Gram-negative diplococci.

3\*\* Upon detecting *N. gonorrhoeae* by the use of the bacteriological or molecular test method.

4\* Upon determining the positive result of one enzyme immunoassay test, or

4\*\* Upon detecting *C. Trachomatis* using molecular method, upon receiving the positive results of the immunofluorescence test, the antigen-neutralization reaction, or where *C. Trachomatis* is detected in several enzyme immunoassay or immunofluorescence tests.

Laboratory Manager

(Signature) (Full name)

(Full name, phone, fax and e-mail of the person submitting the data)

NOTE:

The microbiology laboratories of the personal and public health care institutions, the Lithuanian AIDS Center and private microbiology laboratories who have detected HIV and causative agents of the sexually transmitted infections, the data on which have to be provided to public health care institutions, shall, according to the procedure approved by 25/02/2003 Order No. V-117 of the Minister of Health of RL, provide relevant information to the local public health care institution once a month by the 5th day of the following month. Local public health care institutions shall provide the data on STI causative agents and HIV identified in the relevant territory to the Lithuanian AIDS Center once a month by the 10th day of the following month.