



Republic of the Philippines
 Department of Health
OFFICE OF THE SECRETARY

June 14, 2017

MEMORANDUM CIRCULAR

No. 2017 - 0021

TO : **ALL HIV TESTING FACILITIES (SOCIAL HYGIENE CLINICS, TB DOTS FACILITIES, ANTENATAL CLINICS, OFW CLINICS, PRIVATE LABORATORIES, ETC.), CHIEF OF MEDICAL CENTERS AND HOSPITALS, TREATMENT HUBS, SATELLITE TREATMENT HUBS, PRIVATE HOSPITALS AND ALL OTHER CONCERNED**

SUBJECT : **REPORTING FORMS FOR HIV TESTING, HIV CARE AND TREATMENT AND MORTALITY**

With reference to the abovementioned subject, all HIV testing facilities (TB DOTS facilities, Social Hygiene Clinics, private laboratories, antenatal clinics, OFW clinics, hospitals, etc.) and HIV treatment facilities are hereby informed regarding the revision of reporting forms for HIV testing, care and treatment, and mortality. Pursuant to **RA 8504, Article V Section 28** which states, "The Department of Health (DOH) through its AIDSWATCH monitoring shall receive, collate and evaluate all HIV/AIDS related medical reports," the Epidemiology Bureau is the DOH's focal point in charge of health surveillance and mandated by law to determine and monitor the magnitude and progression of HIV/AIDS in the Philippines.

In order to improve and harmonize the reporting system of HIV/AIDS, the following guidelines are to be followed:

1. All HIV testing facilities (Social Hygiene Clinics, TB DOTS facilities, antenatal clinics, OFW clinics, hospitals, private laboratories, etc.), and HIV treatment facilities shall use and report the following forms to the Epidemiology Bureau:

Form	Title	Description
Form A (revised 2017)	HIV Testing - Personal Information Sheet (Appendix A)	Form A must be filled out prior to testing. This revised form DOES NOT include the informed consent, which is a separate sheet that must be accomplished before testing.
Form A-MC	Supplemental Personal Information Sheet for Mothers and Children (Appendix B)	Form A-MC must be accomplished for ALL pregnant women (regardless of HIV status) and ALL children who will undergo an HIV test. This will be filled out along with Form A prior to testing.
Form BC (revised 2017)	HIV Care Report (Appendix C)	Form BC must be accomplished for PLHIV in HIV treatment facilities for the following visits or events:

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 JUN 21 2017
 CORAZON S. DELA CRUZ
 KMITS - RECORDS SECTION
 Department of Health

		<ul style="list-style-type: none"> ▪ First care visit at an HIV treatment facility if not previously receiving care in any HIV treatment facility ▪ First visit at an HIV treatment facility if transferring from another HIV treatment facility ▪ ART enrollment ▪ ARV refill ▪ Follow-up visit in which an opportunistic infection was newly diagnosed
Form ADR	Acquired Drug Resistance	Form ADR must be accomplished for viral load and drug resistance monitoring of PLHIV on ART
Form PMTCT-N	Prevention of Mother-to-Child Transmission (Newborns)	Form PMTCT-N must be accomplished for HIV-exposed newborns who are given prophylaxis for HIV.
Form D (revised 2017)	Mortality Report	Form D must be submitted to report the death of a person with HIV regardless of cause of death, or of a person who is suspected to have had HIV.
Form PEP	Post-exposure prophylaxis	Form PEP is accomplished for healthcare workers who are given prophylaxis for HIV after occupational exposure such as sharps or needlestick injury.

2. The Regional Epidemiology Surveillance Units (RESUs) shall be responsible for the dissemination of the guidelines and other materials for reporting.

This memorandum circular hereby directs all recipients to strictly adhere to the abovementioned guidelines and shall take effect immediately.

This Order hereby repeals the Memorandum Circular No. 2015-0002 dated January 9, 2015 and Memorandum Circular No. 2015-0002-A dated June 8, 2015.

By authority of the Secretary of Health:



GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Services

