



## MINISTRY OF HEALTH

## HIV Exposed Infant (HEI) Follow-up Card

## CLINICAL NOTES

Date (dd/mm/yy) \_\_\_\_\_  
Freehand Clinical Notes

Name of Facility: ..... Facility Code: .....  
County: ..... Sub-County: .....

## INFANT PROFILE

HEI Unique ID Number: ..... Cohort by month and year of Birth: MM/YY

NAME (First Middle Last)

SEX: M ☐ F ☐ Date of Birth: (dd/mm/yyyy) / / Birth Weight (kg)

Date of Enrollment: ..... Age at Enrollment

Source of Referral: ☐ IPD ☐ OPD ☐ Maternity ☐ CCC ☐ MCH/PMCT ☐ Other (Specify) .....

ARVs Prophylaxis: ☐ AZT for 6 weeks ☐ NVP for 12 weeks ☐ None ☐ Other (Specify) .....

History of TB Contact in Household Yes ☐ No ☐ If "YES", Screen For TB; and Appropriately refer for INH prophylaxis if no TB

## PARENT PROFILE

Name of Mother (First Middle Last) ..... Alive? Yes ☐ No ☐

Mother received Drugs for PMCT? Yes ☐ No ☐ Parent's CCC No. ....

IT/Yes, (Select Drug Combination) ☐ HAART (Regimen) .....  
☐ None ☐ Other (Specify) ..... (Regimen)

on ART at Enrollment of Infant? Yes ☐ No ☐ If "Yes" Enter Regimen: .....

Mode of Delivery: SVD ☐ C-section ☐ Place of Delivery: Facility: ☐ Home ☐

## IMMUNISATION HISTORY

At Birth or before 2 weeks 6 Weeks 10 Weeks 14 Weeks 6 Months 9 Months 18 Months

BCG ☐ OPV 1 ☐ OPV 2 ☐ OPV 3 ☐ IPV ☐ Measles Rubella ☐

Birth Polio ☐ DPT-Hep B Hib 1 ☐ DPT-Hep B Hib 2 ☐ DPT-Hep B Hib 3 ☐ Vir A ☐ 1<sup>st</sup> Dose ☐ Measles Rubella ☐

PCV 1 ☐ PCV 2 ☐ PCV 3 ☐ Yellow Fever ☐ 2<sup>nd</sup> Dose ☐

ROTA 1 ☐ ROTA 2 ☐

## LABORATORY INFORMATION

Type of Test Date of Sample Collection DBS Sample Code Results Date Results Collected Comments:

1<sup>st</sup> DNA PCR

2<sup>nd</sup> DNA PCR at 6 months

3<sup>rd</sup> DNA PCR at 12 months

Confirmatory PCR (for +ve)

Baseline viral load (for +ve)

Final Antibody at 18 Months

## FINAL HEI OUTCOMES AT EXIT

Discharged at 18 Months ☐ CCC No. .... Transferred Out ☐ Dead ☐

Referred to CCC ☐ Lost to follow up ☐ Other (Specify) .....

## PATIENT LOCATOR INFORMATION

Is address for Current Address Parent ☐ Guardian ☐

Name: ..... Telephone Number: ..... County: .....

Sub-County: ..... Ward: .....

Estate / Village: ..... Location: .....

Hse/Plot #: ..... Hse/Chief's Name: .....

Sub-Plot #: ..... Sub-Plot's Name: .....

Landmark: (e.g. School / Market) ..... Landmark: (e.g. School / Market) .....

Is address for Permanent Address Parent ☐ Guardian ☐

Name: ..... Telephone Number: ..... County: .....

Sub-County: ..... Ward: .....

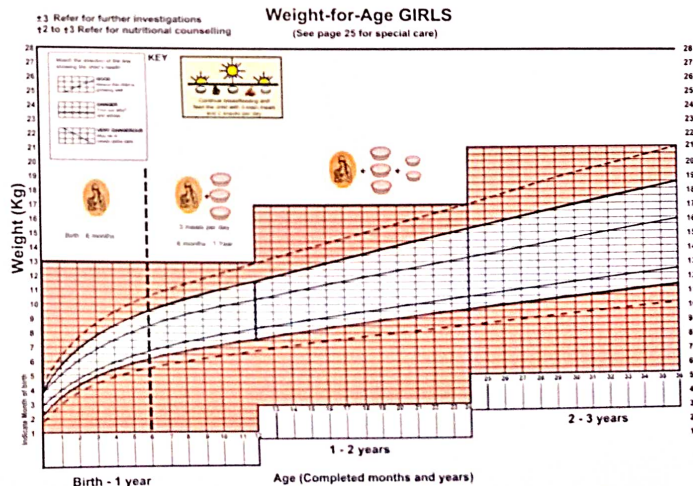
Estate / Village: ..... Location: .....

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Column Description
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