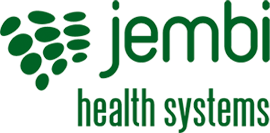
**EPTS OpenMRS**

**Reports Requirements**

**Indicator Specification Document**

**TX\_PVLS**

**Version 2.10**

# 

# Version

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version** | **Description** | **Author** |
| September 3, 2018 | 1.0 | Initial creation of document | Maria Rein |
| October 8, 2018 | 2.0 | Document structure and content updated | Pinki Meggi |
| October 24, 2018 | 2.1 | Updated according to MER Indicator reference guide version 2.3 | Kétmia Matavele |
| November 2, 2018 | 2.2 | Content updated based on recommendations discussed and agreed by PEPFAR C&T team, M&E team, FGH and Jembi. The meeting minutes from 30th October, 2018 attached in Annex 2. | Pinki Meggi |
| November 5, 2018 | 2.3 | Content updated: business process and technical requirements added. | Pinki Meggi |
| November 8, 2018 | 2.4 | Content updated: additional FGH and Jembi Logos added, comments deleted, chapter III renamed from “Business Process” to “Report Process Analysis”, legend added for report process diagrams, bookmarks added for requirements, pseudo code added in technical requirements and approval section added after versioning section. | Pinki Meggi |
| November 8, 2018 | 2.5 | Overall revision | Zainabe Dadá |
| December 4, 2018 | 2.6 | Overall revision on key assumptions and depth technical review | FGH team |
| December 13, 2018 | 2.7 | FGH changes and overall revision: business process, key assumptions, requirements, pseudocode, annexes. | Pinki Meggi |
| April 10, 2019 | 2.8 | Modifications made to clarify how the current code works.   * with >6 months on ART with one VL result registered in the 12-month period between 6-9 months after ART initiation. * the VL result registered in the 12-month period that is not the first one registered for the patient, and the previous VL was registered between 12-15 months with a result of <1000 copies * the code will look at pregnant and breastfeeding regardless of the sex of the patient   Simple scenarios included to clarify the requirements | Maria Rein |
| May 7, 2019 | 2.9 | Changes in the document format:   * Chapter II Business Process removed; * Chapter VI Testing Scenario removed; * PVLS Reporting Period Dates updated in pag.8;   Changes in the requirements:   * Pregnant and Breastfeeding requirements changed to not check for female patients; * Pregnant requirement changed to search in previous 9 months instead of 12 months * Breastfeeding requirement changed to search in previous 18 months instead of 12 months * Modifications in Routine Disagreggation Criterias updated based on discussion occurred during PVLS Review Meeting on 6th May 2019 between CDC Team (Seth, Ferreira, Maria) FGH Team (Tique, Eurico) and Jembi Team (Pinki, Zainabe). | Pinki Meggi |
| May 24, 2019 | 2.10 | Changes in the document content:   * Corrected the assumption in chapter 2 * Re-organized the assumptions along the document | Pinki Meggi |

# Approvals and Sign-off

**Document Title:** EPTS OpenMRS Indicator Specification and Requirements – TX\_PVLS

**Year:** 2019

**Approvals**

Approval of the requirements is finalized by the project officer for JEMBI who is responsible for obtaining approval from the programmatic staff responsible for defining the requirements. This can include the PEPFAR CDC and USAID M&E Team along with PEPFAR programmatic staff and PEPFAR clinical / implementing partners.

**Authors**

The Authors signatures represent the EPTS Requirements Gathering Group composed by two CDC Partners, Jembi Health Systems (HIS Partner) and FGH (Clinical Partner) and signify that this document is complete and that, to the best of their knowledge, it adequately addresses the document’s intended purpose and scope and it is accurate.

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# 

# I Introduction

## I.a Purpose

The purpose of this document is to capture the requirements and specifications for the PEPFAR MER **TX\_PVLS** Indicator**.**  This indicator is reported from the EPTS OpenMRS system in use by the PEPFAR Clinical partners to capture patient level data in retrospective mode at the health facilities.

## I.b Scope

This document explains the indicator definition, describes the indicator reporting process, and defines the functional and technical requirements to generate the indicator in an OpenMRS Report. The link to testing scenarios document is also included.

The indicator definition is based on PEPFAR MER (Monitoring, Evaluation, and Reporting) Indicator Reference Guide specified below in I.c References.

## I.c Reports

TX\_PVLS is included in the following reports:

PEPFAR MER 2.3 SEMI ANNUAL

Please refer to the PEPFAR MER 2.3 SEMI ANNUAL Report Requirements for specifications for this report.

## I.d References

MER 2.3 Indicator Reference Guide

Ficha de Seguimento Adult and Pediatric

Processo Clínico

Any other forms (i.e., FSR, Laboratório)

# II. Indicator Definition

## II.a Description

TX\_PVLS, viral suppression type of indicator, reports the percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months.

This indicator monitors the proportion of documented viral load results from adult and pediatric ART patients who have been on ART for **at least 3 months** with a suppressed result (<1,000 copies/ml). This indicator will provide data on patients who have a viral load (VL) test in the past 12 months and the percentage who were virally suppressed at the **most recent** test.

## II.b Numerator and Denominator

TX\_PVLS **numerator** is the number of ART patients with suppressed VL results (<1000 copies/ml) documented in the medical or laboratory records/LIS within the past 12 months.

TX\_PVLS **denominator** is the number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months.

**Key Assumptions:**

* If there is more than one VL result for a patient during the past 12 months, report the most recent result.
* Only patients who have been on ART for at least 3 months **(this will be determined comparing date of ART initiation and the date when the last VL was registered)** should be considered.
* Only VL tests with recorded results and VL results that are linked back to patients should be included in the numerator and denominator of this indicator.
* If a PEPFAR-supported treatment site (i.e. a site that has reported TX\_PVLS) has not collected any samples for VL testing, “0” should be entered for both the numerator and denominator.

## II.c Indicator Reporting Level and Frequency

TX\_PVLS is a **facility-level** indicator, collected at health facilities.

TX\_PVLS is reported at each PEFPAR **quarterly** reporting cycle.

The PEPFAR partners are required to report quarterly for the following reporting periods:

Q1 September 21st – December 20th

Q2 December 21st – March 20th

Q3 March 21st – June 20th

Q4 June 21st – September 20th

TX\_PVLS Indicator is reported in all four reporting cycles, Q1, Q2, Q3 and Q4 for correspondent last 12 month periods results each quarter, as described in the following image for FY19:

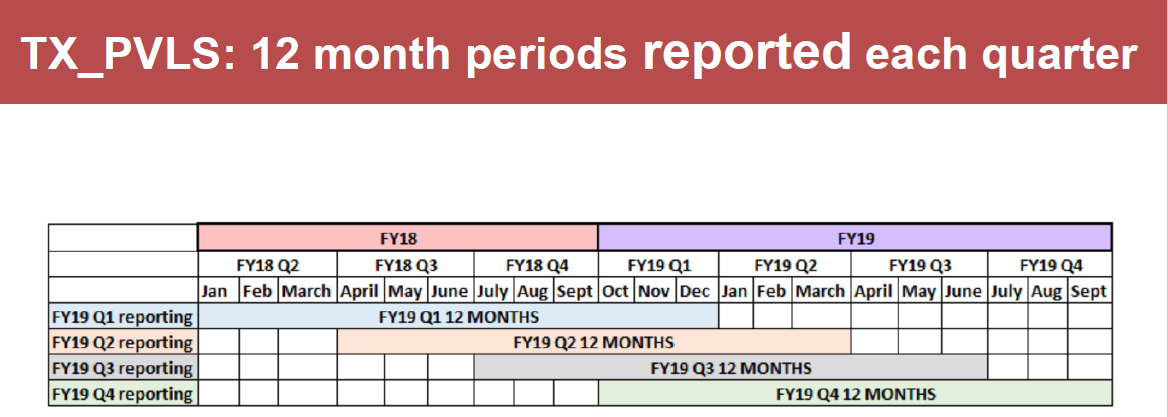


Figure 1. TX\_PVLS 12 month period reported each quarter for FY19 (Source: Q3 Partner Meeting Presentation v201809131254).

Thus in case of TX\_PVLS Indicator the reporting period will be the following:

Q1 January 21st – December 20th

Q2 April 21st – March 20th

Q3 July 21st – June 20th

Q4 October 1st – September 20th

## II.d Indicator Primary Sources

The TX\_PVLS indicator viral load data in EPTS is captured from the following forms (i.e., tools) in EPTS

* Ficha de Seguimento
* Processo Clínico
* Ficha de Laboratório (Laboratory Form)

## II.e Population

TX\_PVLS population **includes**:

* Patients on ART (Adults including pregnant and breastfeeding woman, Children) for at least 3 months who initiated or transferred-in during the reporting period with a VL result documented in the medical or laboratory records/LIS within the past 12 months.

## II.f Disaggregation

The TX\_PVLS **numerator** and **denominator** should be reported disaggregated by two groups:

* **Indication by sex/age:** disaggregate first by type of **VL test** as Routine, Targeted or Not Documented, then by **Sex**, as Female or Male, and then by **Age**, as <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+ and Unknown Age.
* **Indication by pregnant/breastfeeding:** disaggregate first by pregnant/breastfeeding and then by type of **VL test** as Routine, Targeted or Not Documented.

**Age** represents an individual’s age at the **end of the reporting period** or when last seen at the facility. For example, a 14-year-old child will be counted as currently receiving treatment in the <15 age category at the end of reporting period “A”. During reporting period “B” the child turns age 15 and so at the end of this reporting period the child will be counted under the 15+ age category.

**Routine** refers to VL tests obtained at standard intervals following ART initiation to monitor virologic response to ART and includes follow-up VL tests done after an initial VL result of VL>=1000.

**Target** refers to viral load tests ordered based on specific clinical indication eg. concern about disease progression or failure to respond to ART.

**Not documented** means not indicated in the patient file, registry or log book whether this test was target or routine.

The recommendations from PEPFAR C&T and M&E teams, FGH clinical team and Jembi technical team, based on attached meeting notes ([Annex 2](#ovdyc428caqe)), are the following:

**ROUTINE**

To disaggregate de DENOMINATOR as ROUTINE viral load tests for which the results were registered in the 12-month period, the following was proposed:

**Adults and Children**

* adults and children with more than 6 months on ART with the most recent VL result registered in the 12-month period between 6-9 months after ART initiation and no VL result within the first 6 months. Summarized as:
  + (most recent vl date – art initiation date) > 6 and <=9 months

             and

* + no VL registered between ART initiation date and (ART initiation date+6 months)
* adults and children with the most recent VL result registered in the 12-month period that is not the first one registered for the patient, and there is a VL with a result of “<1000 copies” registered between 12 and 15 months before the most recent VL result. Summarized as:
  + vl\_result <1000 copies

And

* + (vl\_date – most\_recent\_vl\_date) >= 12 months and (vl\_date – most\_recent\_vl\_date) <= 15 months
* adults and children with the most recent VL result registered in the 12-month period registered between 6 and 9 months after changing from first to second line treatment for patients on second line treatment and without any VL result registered during the first 6 months after changing from first to second line. Summarized as:
  + Patient on 2nd line treatment

And

* + (most recent vl date – therapy\_changing\_date) >=6 and <=9 months

And

* + no other VL registered between (therapy\_changing\_date) and (therapy changing date + 6months)

**Pregnant and Lactating women (PLW)**

* pregnant and breastfeeding patients with more than 3 months on ART with the most recent VL result registered in the 12-month period between 3-6 months after ART initiation and no VL result within the first 3 months. Summarized as:
  + (most recent vl date – art initiation date) <=6 months (since the included patients are on ART for more than 3 months)

             and

* + no VL registered between ART initiation date and (ART initiation date+3 months)
* pregnant and breastfeeding patients with the most recent VL result registered in the 12-month period that is not the first one registered for the patient, and there is a VL with a result of “<1000 copies” registered before the most recent VL result. Summarized as:
  + vl\_result <1000 copies

And

* + (vl\_date < most\_recent\_vl\_date)
* pregnant and breastfeeding patients with the most recent VL result registered in the 12-month period registered between 6 and 9 months after changing from first to second line treatment for patients on second line treatment and without any VL result registered during the first 6 months after changing from first to second line. Summarized as:
  + Patient on 2nd line treatment

And

* + (most recent vl date – therapy\_changing\_date) >=6 and <=9 months

And

no other VL registered between (therapy\_changing\_date) and (therapy changing date + 6months)

**TARGETED**

It’s not possible to disaggregate the DENOMINATOR as TARGETED VL due to limitations on the currently used tools.

**UNDOCUMENTED**

All other VL results not classified/Disaggregated as ROUTINE that were registered in the 12-months period.

**CODE MODIFICATIONS:**

* Patients marked as pregnant or breastfeeding regardless of their sex will be included in the pregnant and breastfeeding disaggregation.

## II.g Report Output

The report output for TX\_PVLS indicator can be found [here](about:blank).

# III. Requirements definition

## III.a Key Assumptions

The key assumptions for TX\_PVLS indicator and related to EPTS OpenMRS are the following:

1. All patients captured in the OpenMRS system are HIV positive.
2. All patients captured in the OpenMRS system have been on antiretroviral therapy (ART) at one time.
3. All transferred-in patients are HIV positive and are on ART.
4. The primary source for TX\_PVLS indicator is the Laboratory (formulario de solicitacao de Carga viral) as [Annex 1](#odevqfzd59s1) and Ficha de Seguimento.
5. The primary source for TX\_PVLS Indicator does **not** include FSR.
6. The target results are not possible to calculate, and will be reported as “0” or empty. Hence the target disaggregation is not be included in the TX\_PVLS denominator and numerator report template.
7. Only patients who have been on ART for at least 3 months **(this will be determined comparing date of ART initiation and the date when the last VL was registered)** will be considered.
8. Patients marked as pregnant or breastfeeding regardless of their **sex** will be included in the pregnant and breastfeeding disaggregation until the data quality repor tis included in the reports module.
9. Patients marked as pregnant or breastfeeding regardless of their **age** will be included in the pregnant and breastfeeding disaggregation.
10. Patients that are children < 15 years and pregnant or breastfeeding will fall into the pregnancy or breastfeeding category.
11. The PEPFAR MER Reports in OpenMRS are named “PEPFAR MER Quarterly Report for quarterly reporting (Q1, Q2, Q3, Q4)

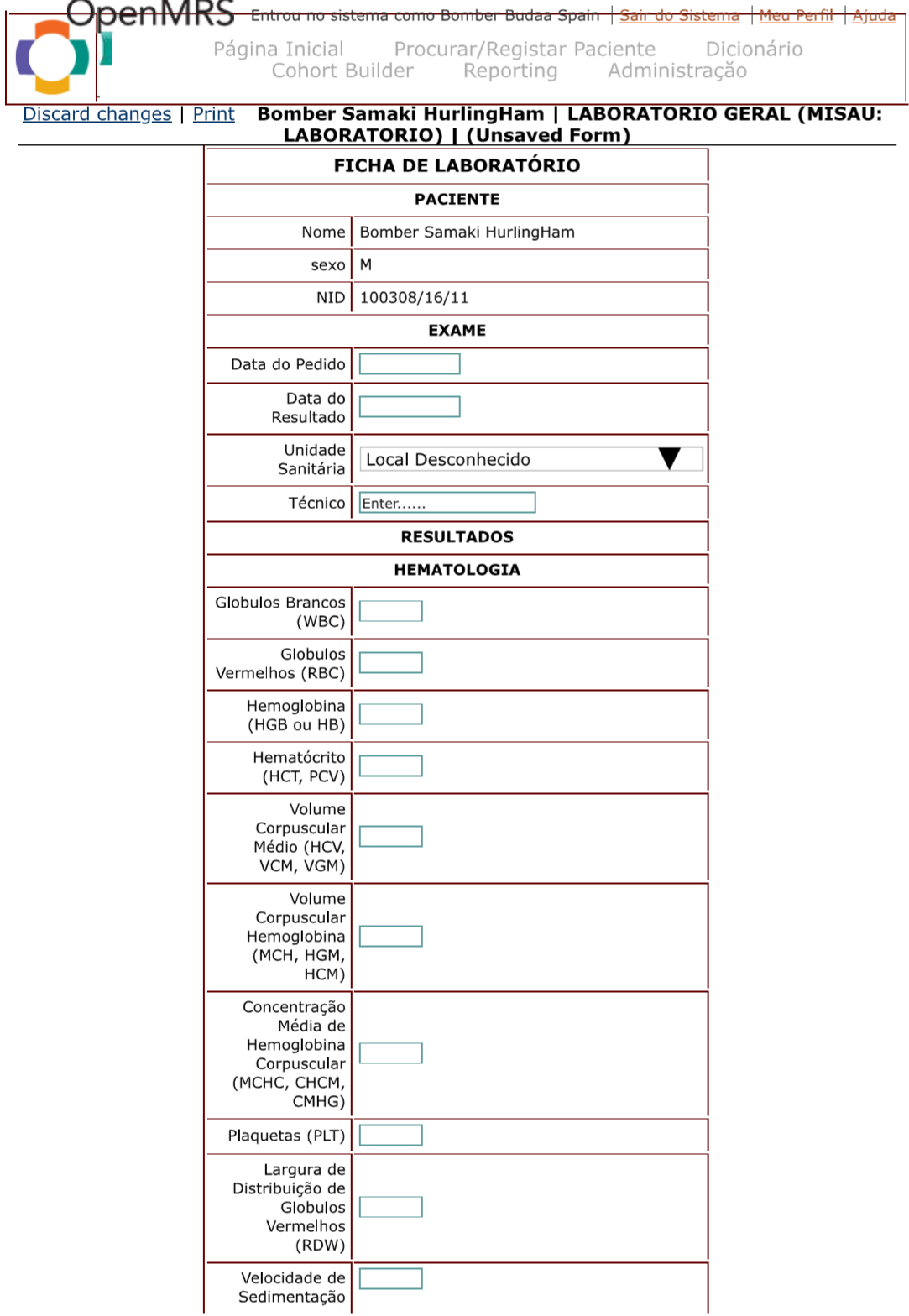
## IV.b List of Functional Requirements

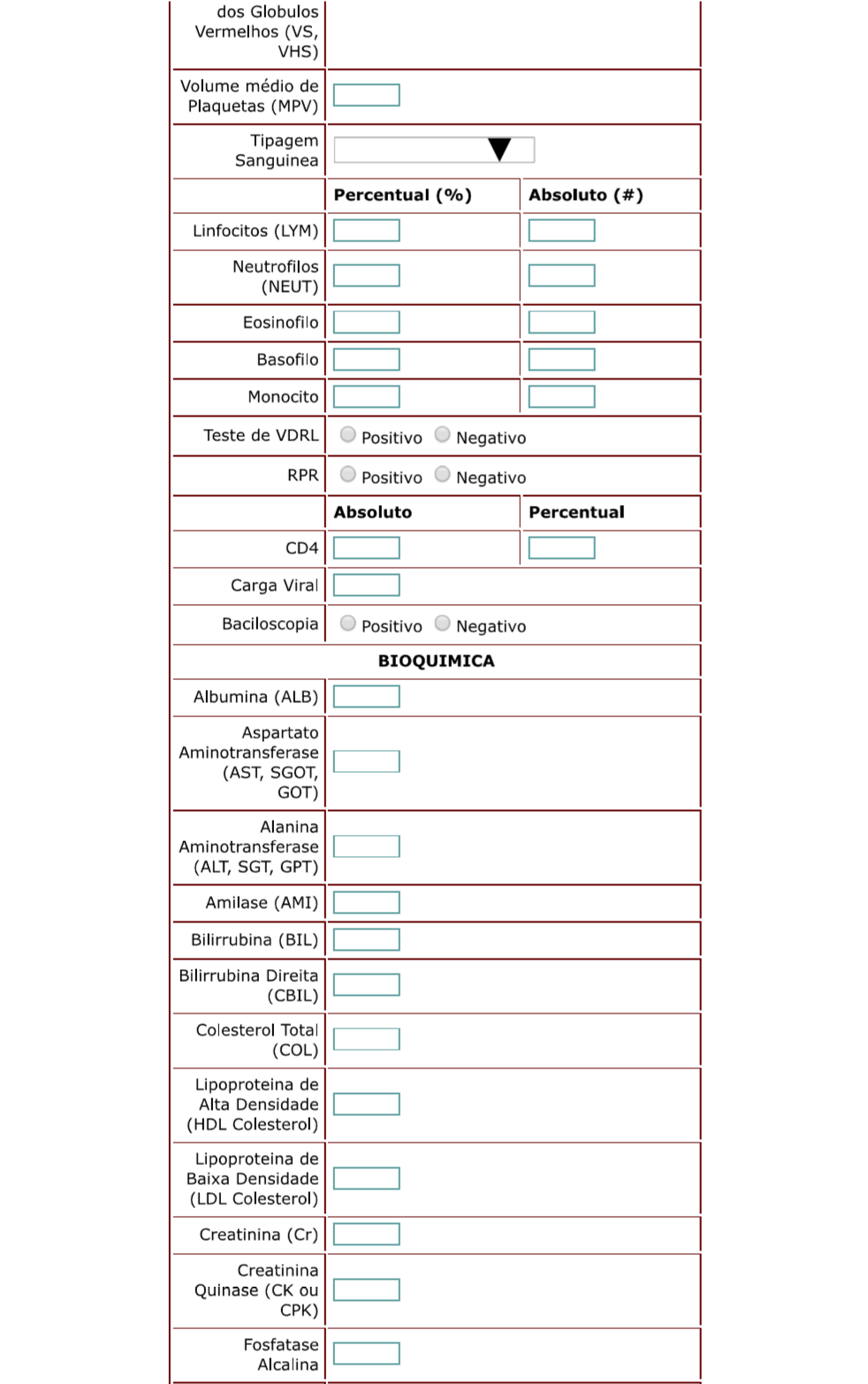
|  |  |  |
| --- | --- | --- |
| **Requirement #** | **Category/**  **Functional Area** | **Requirement** |
| **PVLS\_FR1** | Reports | The system will generate the TX\_PVLS indicator report (denominator - [**PVLS\_FR2**](#PVLS_FR2) and numerator- [**PVLS\_FR3**](#PVLS_FR3) ) under “PEPFAR MER Quarterly Report” for selected reporting period (start and end dates) and specific location (health facility). |
| **PVLS\_FR2** | Indicator denominator | The system will generate the TX\_PVLS indicator **denominator** as number of patients on ART for at least 3 months with VL result documented in the last 12 months from reporting end date ( [**PVLS\_FR6**](#PVLS_FR6) ) with the specified disaggregation ( [**PVLS\_FR4**](#PVLS_FR4) ).    The patients **included** are the following:   * Patients with at least one (the most recent one) VL documented in the Laboratory or Ficha de Seguimento Forms in the last 12 months from the reporting end date.   **Excluding:**   * Patients on ART for less than 3 months since the most recent VL date. |
| **PVLS\_FR3** | Indicator numerator | The system will generate the TX\_PVLS indicator **numerator** as number of patients on ART for at least 3 months with **suppressed** VL result documented in the last 12 months from reporting end date ( [**PVLS\_FR7**](#PVLS_FR7) ) , with the specified disaggregation ([**PVLS\_FR5**](#PVLS_FR5)).    The patients **included** are the following:   * Patients with at least one (the most recent one) VL documented in the Laboratory or Ficha de Seguimento Forms in the last 12 months from the reporting end date, with result < 1000 copies/ml documented.   **Excluding:**   * Patients on ART for less than 3 months since the most recent VL date. |
| **PVLS\_FR4** | Indicator Disaggregation- denominator | The system will generate the TX\_PVLS indicator **denominator** with following disaggregation:   * Pregnant ([**PVLS\_FR8**](#PVLS_FR8)) or Breastfeeding ([**PVLS\_FR9**](#PVLS_FR9))   + VL Result Routine ([**PVLS\_FR11**](#PVLS_FR11)) or not Documented ([**PVLS\_FR12**](#PVLS_FR12)**).** * Children   + VL Result Routine ([**PVLS\_FR10**](#PVLS_FR10)) or not Documented ([**PVLS\_FR12**](#PVLS_FR12)**)**   + Sex: Male/Female   + Age: <1, 1-4, 5-9 ([**PVLS\_FR14**](#PVLS_FR14)) * Adults (including Pregnant or Breastfeeding adults)   + VL Result Routine ([**PVLS\_FR10**](#PVLS_FR10)) or not Documented ([**PVLS\_FR12**](#PVLS_FR12)**)**   + Sex: Male/Female   + Age: 10-14, 15-19, 20-24,25-29,30-34,35-39,40-44,45-49, >=50,Unknown age ([**PVLS\_FR14**](#PVLS_FR14)) |
| **PVLS\_FR5** | Indicator Disaggregation- numerator | The system will generate the TX\_PVLS indicator **numerator** with following disaggregation:   * Patient Pregnant ([**PVLS\_FR8**](#PVLS_FR8)) or Breastfeeding ([**PVLS\_FR9**](#PVLS_FR9))   + VL Result Routine ([**PVLS\_FR11**](#PVLS_FR11)) or not Documented ([**PVLS\_FR13**](#PVLS_FR13)**).** * Children   + VL Result Routine ([**PVLS\_FR10**](#PVLS_FR10)) or not Documented ([**PVLS\_FR13**](#PVLS_FR13)**)**   + Sex: Male/Female   + Age: <1, 1-4, 5-9 ([**PVLS\_FR14**](#PVLS_FR14)) * Adults (including Pregnant or Breastfeeding adults)   + VL Result Routine ([**PVLS\_FR10**](#PVLS_FR10)) or not Documented ([**PVLS\_FR13**](#PVLS_FR13)**)**   + Sex: Male/Female   + Age: 10-14, 15-19, 20-24,25-29,30-34,35-39,40-44,45-49, >=50,Unknown age ([**PVLS\_FR14**](#PVLS_FR14)) |
| **PVLS\_FR6** | Patients with VL result and on ART for at least 3 months | The system will generate the number of patients that are on ART for at least 3 months as following:   * Based on the list of patients who have the most recent VL result registered within 12 months’ prior end of reporting period exclude all patients who have   + the difference between the date of the most recent viral load result in the last 12 months and the ART initiation date lower than 3 months |
| **PVLS\_FR7** | Patients with suppressed VL Result and on ART for at least 3 months | The system will generate the number of patients that are on ART for at least 3 months with VL result<1000 copies/ml as following:   * Based on the list of patients who have the last VL result registered within 12 months’ prior end of reporting period exclude patients who have   + the difference between the date of the last viral load in the last 12 months and the patient date of initiation of ART lower than 3 months and   + the most recent VL result is less than 1000 |
| **PVLS\_FR8** | Patients disaggregation - pregnant | The system will identify patients who are pregnant as following:   * Patients marked as “PREGNANT” in the initial consultation or follow-up consultation during the period range or * Patients who have “Number of weeks Pregnant” registered in the initial or follow-up consultation during the period range or * Patients who have “Pregnancy Due Date” registered in the initial or follow-up consultation during period range or * Patients enrolled on PTV/ETC program during the period range.   If the patient has the both state (pregnant and breastfeeding) the most recent one should be considered.   * Period range:   + start\_date = the most recent VL result date - 9 months   + end\_date = the most recent VL result date |
| **PVLS\_FR9** | Patients disaggregation - breastfeeding | The system will identify women patients who are breastfeeding as following:   * Patients who have the “Delivery date” registered in the initial or follow-up consultations and where the delivery date is between the period range or * Patients who started ART for being breastfeeding as specified in “CRITÉRIO PARA INÍCIO DE TRATAMENTO ARV” in the initial or follow-up consultations that occurred between period range or * Patients who have been registered as breastfeeding in follow up consultation during the period range. * Patients enrolled on PTV/ETC program with state 27 (gave birth) during the period range.   If the patient has the both state (pregnant and breastfeeding) the most recent one should be considered.   * Period range:   + start\_date = the most recent VL result date - 18 months   + end\_date = the most recent VL result date |
| **PVLS\_FR10** | Patients disaggregation – routine for adults and children | The system will identify patients with **routine** type of VL test for adults (including pregnant and breastfeeding) and children as following:   * adults and children with more than 6 months on ART with the most recent VL result registered in the 12-month period between 6-9 months after ART initiation and no VL result within the first 6 months. Summarized as:   + (most recent vl date – art initiation date) > 6 and <=9 months                and   * + no VL registered between ART initiation date and (ART initiation date+6 months) * adults and children with the most recent VL result registered in the 12-month period that is not the first one registered for the patient, and there is a VL with a result of “<1000 copies” registered between 12 and 15 months before the most recent VL result. Summarized as:   + vl\_result <1000 copies   And   * + (vl\_date – most\_recent\_vl\_date) >= 12 months and (vl\_date – most\_recent\_vl\_date) <= 15 months * adults and children with the most recent VL result registered in the 12-month period registered between 6 and 9 months after changing from first to second line treatment for patients on second line treatment and without any VL result registered during the first 6 months after changing from first to second line. Summarized as:   + Patient on 2nd line treatment   And   * + (most recent vl date – therapy\_changing\_date) >=6 and <=9 months   And   * + no other VL registered between (therapy\_changing\_date) and (therapy changing date + 6months) |
| **PVLS\_FR11** | Patients disaggregation – routine for pregnant and breastfeeding women | The system will identify patients with **routine** type of VL test as following:   * pregnant and breastfeeding patients with more than 3 months on ART with the most recent VL result registered in the 12-month period between 3-6 months after ART initiation and no VL result within the first 3 months. Summarized as:   + (most recent vl date – art initiation date) <=6 months (since the included patients are on ART for more than 3 months)                and   * + no VL registered between ART initiation date and (ART initiation date+3 months) * pregnant and breastfeeding patients with the most recent VL result registered in the 12-month period that is not the first one registered for the patient, and there is a VL with a result of “<1000 copies” registered before the most recent VL result. Summarized as:   + vl\_result <1000 copies   And   * + (vl\_date < most\_recent\_vl\_date) * pregnant and breastfeeding patients with the most recent VL result registered in the 12-month period registered between 6 and 9 months after changing from first to second line treatment for patients on second line treatment and without any VL result registered during the first 6 months after changing from first to second line. Summarized as:   + Patient on 2nd line treatment   And   * + (most recent vl date – therapy\_changing\_date) >=6 and <=9 months   And   * + no other VL registered between (therapy\_changing\_date) and (therapy changing date + 6months) |
| **PVLS\_FR12** | Patients disaggregation - not documented for denominator | The system will identify patients with not documented type of VL test in **denominator** disaggregated as following:   * Breastfeeding disaggregation: breastfeeding patients identified for **denominator** excluding the breastfeeding patients identified for **denominator** with routine VL tests. * Pregnant disaggregation: pregnant patients identified for **denominator** excluding the pregnant patients identified for **denominator** with routine VL tests. * Children disaggregation: children patients identified for **denominator** excluding the children patients identified for **denominator** with routine VL tests. * Adult disaggregation: adult patients identified for **denominator** excluding the adults patients identified for **denominator** with routine VL tests. |
| **PVLS\_FR13** | Patients disaggregation - not documented for numerator | The system will identify patients with not documented type of VL test in **numerator** disaggregated as following:   * Breastfeeding disaggregation: breastfeeding patients identified for **numerator** excluding the breastfeeding patients identified for **numerator** with routine VL tests. * Pregnant disaggregation: pregnant patients identified for **numerator** excluding the pregnant patients identified for **numerator** with routine VL tests. * Children disaggregation: children patients identified for **numerator** excluding the children patients identified for **numerator** with routine VL tests. * Adult disaggregation: adult patients identified for **numerator** excluding the adults patients identified for **numerator** with routine VL tests. |
| **PVLS\_FR14** | Patients  Disaggregation-  age | The system will identify patients age for disaggregation intervals as following:   * Patients with birth date information registered in the system should be calculated the age of the patient at the reporting end date (birth date minus reporting end date) * Patients without birth date information should be considered as unknown age. |
| **PVLS\_FR15** | Reporting Period | The user will enter as input parameters the “reporting start date” and “reporting end date”. The “reporting start date” is defined by the beginning of the correspondent quarter reporting period. The “reporting end date” is defined by the end of the reporting period.  Q1 September 21st – December 20th  Q2 December 21st – March 20th  Q3 March 21st – June 20th  Q4 June 21st – September 20th |

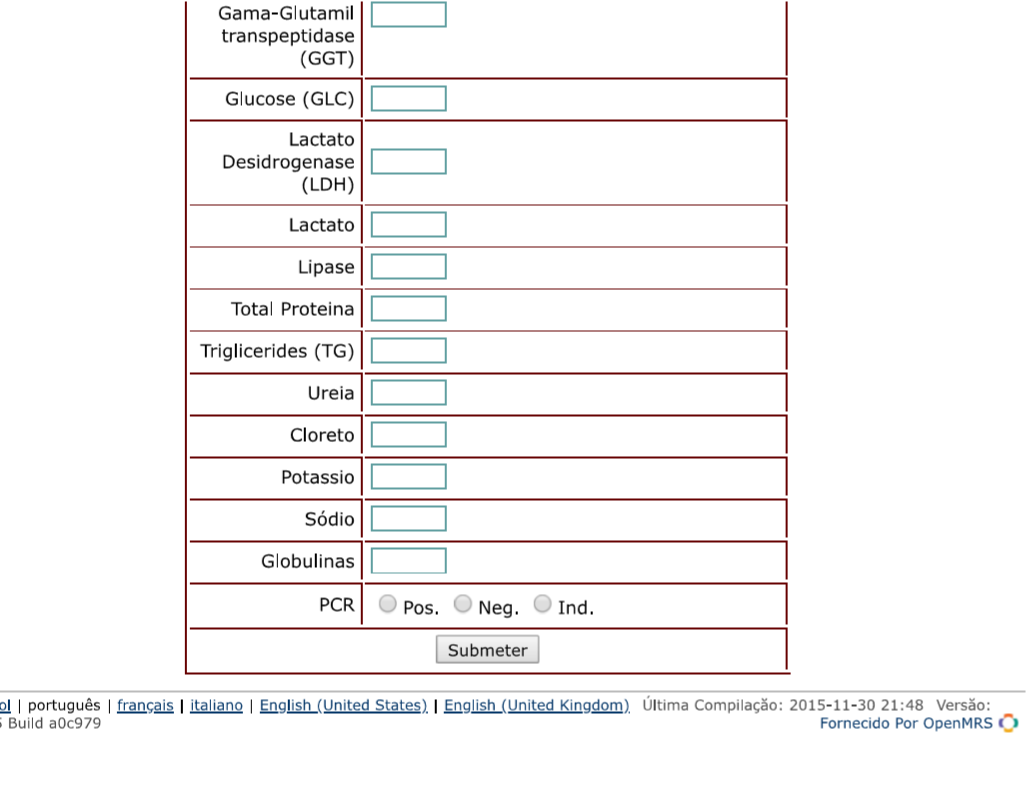
# 

# IV. ANNEXES

**Annex 1- OpenMRS EPTS Laboratory Form**







**Annex 2- Recommendations for VL Disaggregation - Meeting Notes from 30th October 2018**

*PEPFAR | FGH | Jembi Moasis Open MRS indicator Clarification Meeting*

Meeting Minutes

Meeting Date: 10/30/2018 8.30am – 10.00am

Meeting Location: CDC JAT - CIBUM

Draft

# Attendance

|  |  |
| --- | --- |
| **Organization** | **Names** |
| CDC | Agnaldo Guambe, Maria Rein, Madona Raja |
| FGH | Fernanda Alvim, José Tique, Stelio Moiane |
| Jembi | Zainabe Dadá, Pinki Meggi, Paulo Matsinhe, Ketmia |
| PCO/PEPFAR | Joel Chebab, Charity Alfredo, Nidze Guilovica |

# Agenda

* Charity and Nidze set to discuss the proposal that was send by Tique:

**To summarize our alternative proposal:**

1. We do not recommend changes to the existing query for this MER indicator, which is measuring the overall viral suppression rate based on VL test results over the 12 month periods.

So, we think that the disaggregation should follow the same basic premise.

To disaggregate de DENOMINATOR between TARGETED AND ROUTINE viral load tests for which the results were registered in the 12 month period, we propose the following:

1. **ROTINE VL=**

First Viral Load test result EVER (the patient does not have a previous VL test result registered)

The Viral load result registered in the 12-month period is not the first one registered for the patient and the previous VL result had <1000 copies.

The viral load result registered in the 12 month period is the first viral load registered after changing from first to second line treatment for patients on second line treatment

The viral load test result registered in the 12-month period is not the first viral load registered for the patient and the patient is a pregnant or breastfeeding woman and the previous VL result had less than 1000 copies

1. **TARGETED VL=**

All other VL results which were registered in the 12-month period

Note: as defined in the MER 2.3 guide, in case a patient has two VL results in the same period, only the last VL result is taken into account.

1. **DISCUSSION ON THE PROPOSED RECOMMENDATIONS**

**ROUTINE VL**

* There were concerns with the first point in the proposed recommendations (First Viral Load test result EVER if the patient does not have a previous VL test result registered). While it tries to accommodate the first viral load ever performed to a patient as a ROUTINE VL, this may not be applicable for all patients, particularly in HF/districts where the test and start strategy has not been implemented yet, where the first viral load may be requested for specific clinical conditions (TARGETED VL). It was then a final recommendation to follow strictly the national guidelines when classifying VL results as ROUTINE. A decision to keep the initial recommendations that follow strictly the guidelines was made, namely:
  + Two different criteria to classify the first requested VL as per national guidelines
    - Adults + Children: patients >6 months on ART with one VL result in 6-9 months after ART initiation.
    - Pregnant and Lactating women: patients >3 months on ART with one VL result in 3-6 months after ART initiation.
* A suggestion to add a time limit to when the previous VL test was performed in the second proposed recommendation was made. It should now read:
  + ” The Viral load result registered in the 12-month period is not the first one registered for the patient and the previous VL was performed between 12-15 months with a result of <1000 copies”
* To follow MER 2.3 guidelines, a decision to add a condition that describes as ROUTINE VL all results registered in the 12-month period that are not the first one registered for the patient and the previous VL had a result of >1000 copies. According to the national guidelines this condition would be applicable for TARGETED VL, but MER 2.3 considers it as ROUTINE.
* All other recommendations on ROUTINE VL were consensus.

**TARGETED VL**

As *per* MER 2.3 a TARGETD VL refers to viral load tests ordered based on a specific clinical indication, (e.g., concern about disease progression or failure to respond to ART). Due to current limitations to correctly identify TARGETED VL as per MER 2.3 guidelines, we will consider all other requested VL as Undocumented. It is expected that with the rollout of the new HIV M&A tools this limitation will be solved.

1. **THE SUMMARIZE PROPOSAL NOW READS:**

**ROUTINE VL**

To disaggregate de DENOMINATOR as ROUTINE viral load tests for which the results were registered in the 12-month period, we propose the following:

* Adults and Children with >6 months on ART with one VL result registered in the 12-month period between 6-9 months after ART initiation.
* Pregnant and Lactating women with >3 months on ART with one VL result registered in the 12-month period between 3-6 months after ART initiation
* Adults and Children with the VL result registered in the 12-month period that is not the first one registered for the patient, and the previous VL was registered between 12-15 months with a result of <1000 copies.
* The viral load result registered in the 12-month period is the first viral load registered after changing from first to second line treatment for patients on second line treatment
* Pregnant and Lactating women in which the viral load test result registered in the 12-month period is not the first viral load registered for the patient, and the previous VL result had <1000 copies

**TARGETED**

We are not able to disaggregate the DENOMINATOR as TARGETED VL due to limitations on the currently used tools.

**UNDOCUMENTED**

We will consider as UNDOCUMENTED, all other VL results not classified/Disaggregated as ROUTINE that were registered in the 12-month period.

1. **NEXT STEPS**
   * SI/CLINICAL leads need to update the guidance to all partners
     + Partners meeting around November 15th where PEPFAR will communicate to all about the package of this indicator
   * FGH will right the proposals and scenarios on the context of patients with those characteristics,
2. **UPDATES ON TX\_CURR**

* 99/198 days as per AH approvals
* Need to do the same for TX\_RET for numerator
* Same with TX\_CURR and TX\_CURR 99 we would like to have TX\_RET and TX\_RET 99
  + Teste scenarios need to have patients with next pick up
  + When the test scenarios for the expected results are ready need to be shared with Herminio and Ferreira for feedback, so it need to be ready by the first week of December.

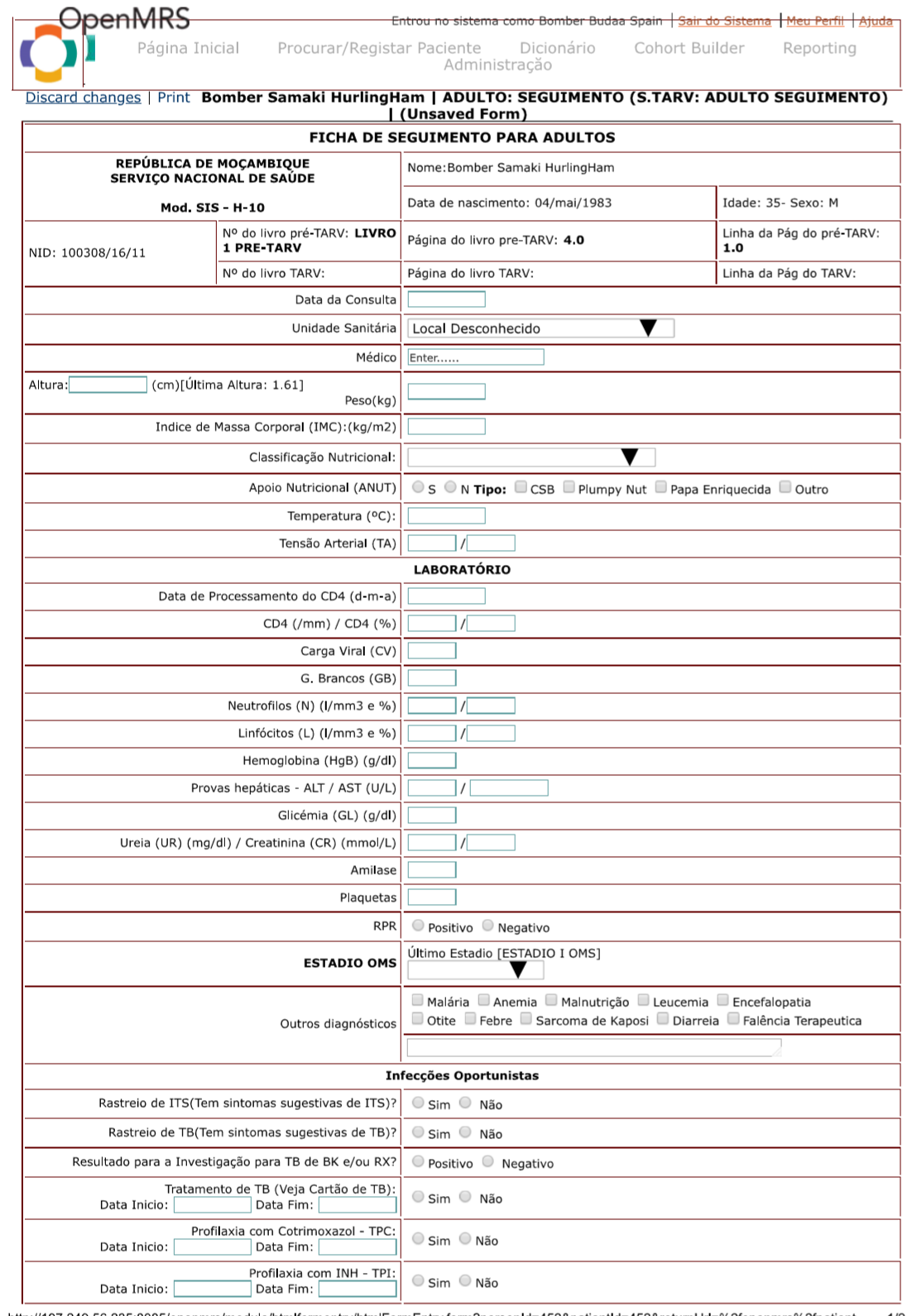
# Post Meeting Action Items

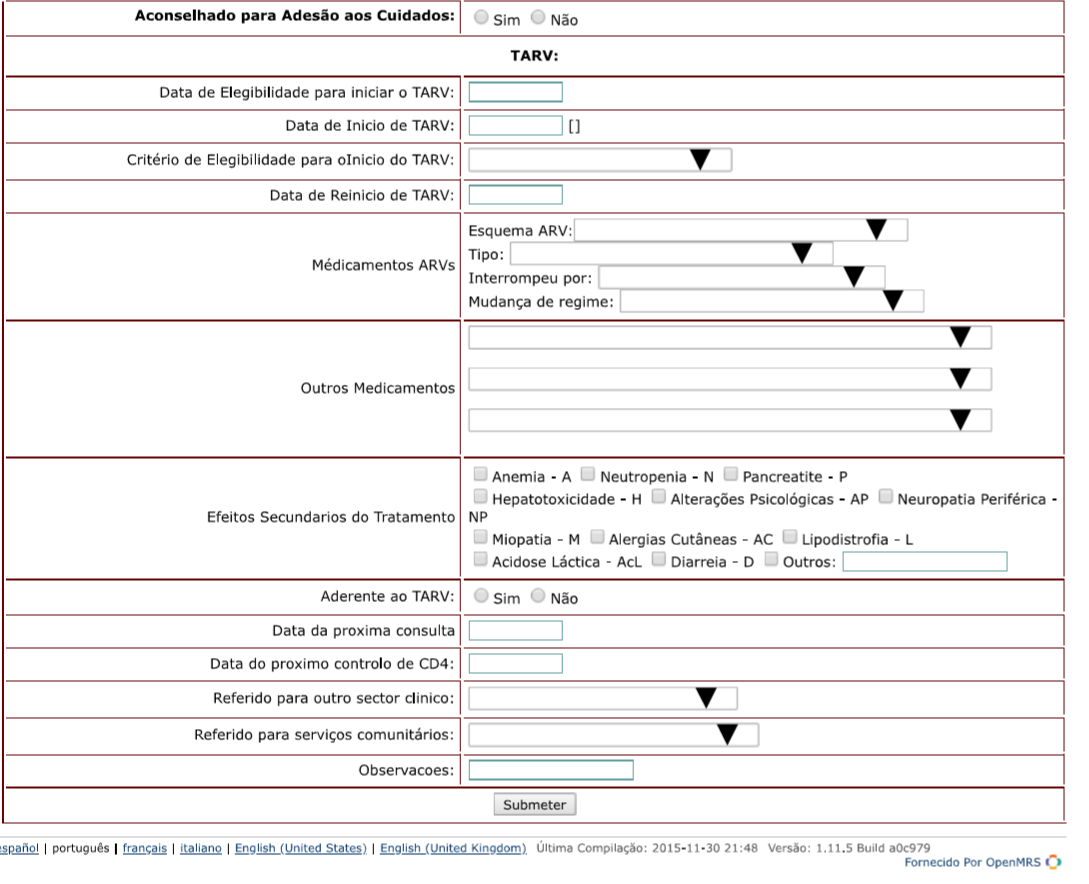
|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Action** | **Assigned To** | **Deadline** |
| 1 | SI leads needs to update the guidance for all partners | SI team |  |
| 2 | FGH will right the proposals and scenarios | FGH |  |

# Next Meeting

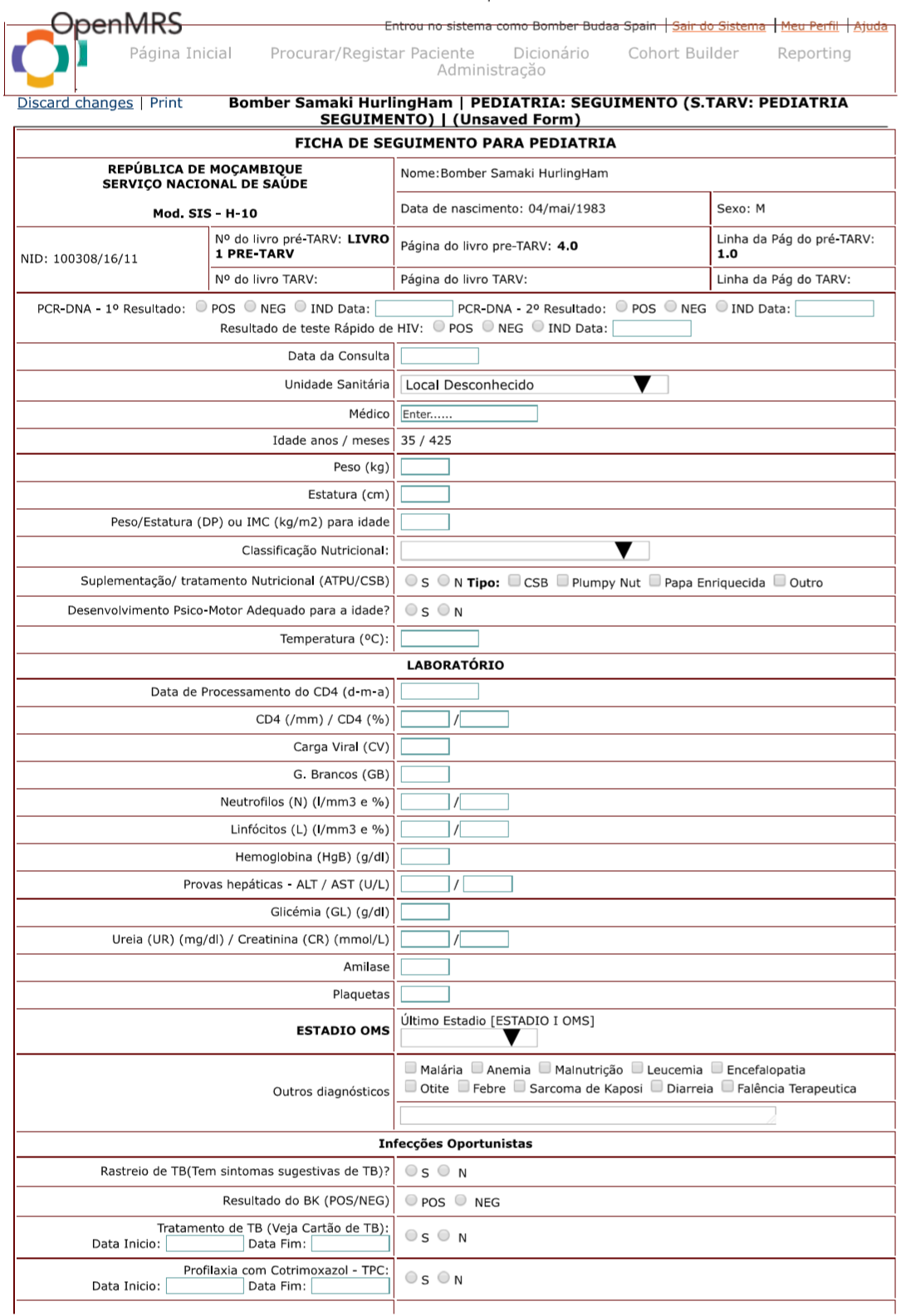
Next Meeting: Monday 5th November ,2018

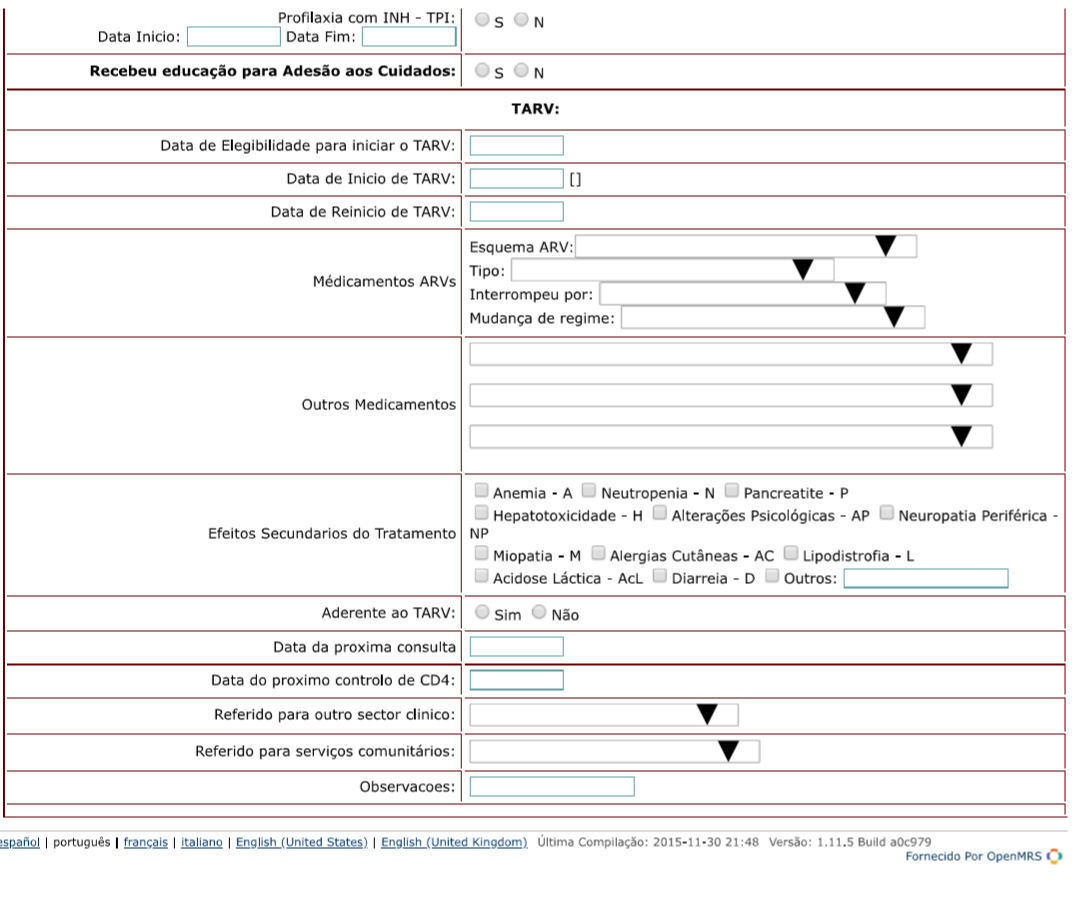
**Annex 3- Adult Consultation Form**





**Annex 4- Pediatric Consultation Form**





**Annex 5- PEPFAR MER Reporting Schedule Table 2018**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QTR** | **Reporting Start Date** | **Reporting End Date** | **Partners Submit Data By:  Open MRS report is generated sometime before this date (see next column)** | **USG submits data to OGAC by** | **Cleaning period start/end date** |
| Q1 | 21-Sep-18 | 20-Dec-18 |  | 01/08/18 – 02/15/18 | 03/05/18 – 03/23/18 |
| Q2 | 21-Dec-18 | 20-Mar-19 |  | 04/02/18 – 05/15/18 | 06/04/18 – 06/22/18 |
|  |  |  |
| Q3 | 21-Mar-19 | 20-Jun-19 |  | 07/02/18 – 08/15/18 | 09/04/18 – 09/21/18 |
| Q4 | 21-Jun-19 | 20-Sep-19 |  | 10/01/18 – 11/15/18 | 12/03/18 – 12/21/18 |
|  |  |  |