Guidelines on Management of Pregnant Women with Syphilis

2016

FAMILY HEALTH BUREAU

MINISTRY OF HEALTH SRI LANKA

NATIONAL STD/AIDS CONTROL PROGRAMME SRI LANKA

Guidelines on Management of Pregnant Women with Syphilis

National
STD/AIDS Control
Programme
Ministry Of
Health
Sri Lanka

2016

Guidelines on Management of Pregnant Women with Syphilis

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The guidlines for management of pregnant woemen with syphilis - 2016 was prepared to assist policymakers to plan PMTCT interventions and healthcare workers to provide optimal services to pregnant mothers

1. Introduction

Syphilis is a sexually transmitted disease which may cause genital ulcer disease in the primary or secondary stages. However, majority of persons infected with syphilis remain asymptomatic making it difficult to identify the infection. These asymptomatic patients can be identified only through serological screening. If a woman has symptomatic or asymptomatic syphilis, infection can be transmitted vertically from mother to child resulting in congenital syphilis in the baby.

Maternal syphilis causes half a million stillbirths and miscarriages annually around the world. The number of fetal and neonatal deaths attributed to syphilis is estimated to be over 500,000. Every year, at least half a million infants are born with congenital syphilis.

Unlike many neonatal infections, congenital syphilis is a preventable disease which could be eliminated through effective antenatal screening and early treatment of infected pregnant women.

The risk of vertical transmission and foetal disease are directly related to the stage of maternal syphilis during pregnancy. Primary and secondary syphilis, if left untreated, can result in 40% of foetal loss presented as spontaneous abortions, still births or perinatal death and another 40% of foetuses born to mothers with untreated early stage syphilis may have congenital syphilis. The risk of foetal loss and congenital syphilis drops slightly in the early latent stage and reduce to 10% in late latent stage.

Syphilis is a condition which can be cured with penicillin treatment. Treatment of pregnant women having syphilis with penicillin treatment prevents congenital infection. Early identification and treatment of syphilis among females will reduce the risk of both sexual transmission and mother to child transmission.

2. Steps to follow in antenatal clinic for early diagnosis of syphilis

All mothers are to be screened before 12 weeks of gestationfor Syphilisand HIV. (Preferably at the first visit).

Antenatal clinic services (MOH (Medical Officer of Health) clinics and hospital ANC (Antenatal Clinic) clinics) have to arrange collection of 5cc of blood in a vacutainer tube and transport to the STD clinic for Syphilisand HIVtesting.

STD clinics have to carry out Syphilis andHIV screening tests on the blood samples receivedfrom ANC clinics and send reports to the relevant officers.

The information on reactive VDRL reports and HIV positive reports need to be informed to the MO, MOH or VOG and measures should be taken to strictly maintain the confidentiality of the information.

The screening test (VDRL and HIV ELISA) positive pregnantwomen need to be referred to the STD clinic for further management.

Correctly record the VDRL and HIV test related information appropriately in the ANC record.

Review syphilis test results at subsequent visits and at the time of delivery. If the woman was not tested during pregnancy, syphilis screening should be offered after delivery.

3. Laboratory Diagnosis of Syphilis

Tests for syphilis:

- Direct microscopic examination to demonstrate *Treponema pallidum*
- Non-treponemal serological tests used for screening
- Treponemal serological testsused for confirmation

Demonstration of *Treponema pallidum*

Dark field/Darkground microscopy

This method is used when lesions are present. Lesions could be primary chancre, mucosal lesions or lymph nodes. A special method of microscopy called dark field microscopy is used to demonstrate *Treponemapallidum*. Positive dark ground microscopy for*T. pallidum* indicates a definitive diagnosis of syphilis.

Serological Tests for syphilis

Two types of serological tests are essential to confirm the diagnosis.

Non-specific /non-treponemal antibody tests:

These tests are moderately specific for syphilis,but highly sensitive. Therefore, when non treponemal antibody is positive two possibilities can be considered; i.e.: true positive situation due to syphilis infection or biological false-positive reaction.

The two commonly used tests are:

- VDRL- Venereal Disease Research Laboratory
- RPR – Rapid Plasma Reagin

VDRL test is the non treponemal test used for screening of antenatal population in Sri Lanka.The VDRL test is performed either as a qualitative test used for screening or as a quantitative test to detect disease activity and response to therapy.VDRL titre is important to determine the stage of syphilis and also to monitor the treatment response.

Specific/ Treponemal antibody tests:

These treponemal tests measure antibody specific for *T. pallidum* and are very specific and highly sensitive.

These tests are used to

- Confirm a positive VDRL/ RPR test
- Identify false positive VDRL
- Diagnose late syphilis when non treponemal tests may be non-reactive.

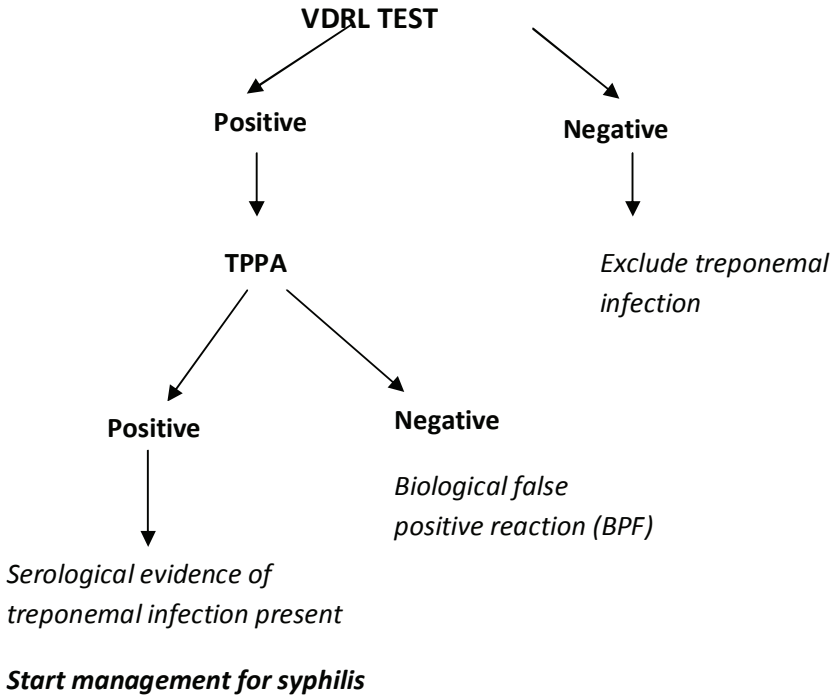
Commonly used tests are:

TPHA - *T.pallidum*haem-agglutination Assay

TPPA - *T.pallidum* particle-agglutination Assay

ELISA - Enzyme Linked Immuno-Sorbent Assay

Protocol for serological tests for syphilis



When VDRL test result is reactive the same sample will be tested using treponemal tests such as TPPA test. If TPPA test is positive the venereologist/ MOof the STD clinic will immediately inform the relevant MO, MOH or VOG of ANC clinic.

The pregnant woman having the positive screening results needs to be referred to the STD clinic without delay as early treatment initiation is necessary to prevent congenital syphilis of the baby.Make sure that shared confidentiality is maintained for positive test results.

Biological False Positive (BFP) reaction

Nonspecific tests detect antibodies against cardiolipins released from damaged tissues. This type of tissue damage can occur in acute infections, immunization or immune reactions, auto immune conditions or vaccinationthatcause tissue damage.

The specific test for syphilis remains negative and this state is known as a biological false positive (BFP) reaction.

BFP reactions for VDRL are common in pregnancy. The titre of the nonspecific test is usually low, rarely more than 1:8.

Biologically false positive results may occur in many conditions including acute infections, after vaccination, pregnancy, frequent blood transfusions, auto immune diseases (such as Systemic Lupus Erythematosis, haemolytic anemia, rheumatoid arthritis), drug addicts, cancer, tuberculosis, leprosy etc.

4. Diagnosis of congenital syphilis of the infant born to a mother having syphilis

The diagnosis of congenital syphilis can be difficult as maternal non treponemal and treponemal IgG antibodies can be transferred through the placenta to the foetus.

Treatment decisions should be based on

- Identification of syphilis in the mother
- Adequacy of maternal treatment
- Presence of clinical, laboratory and radiographic evidence of syphilis in the neonate
- Comparison of maternal VDRL results at delivery and neonatal VDRL titres conducted at the same time.

Serologic evidence of congenital syphilis

- Serum quantitative non treponemal serologic titre (VDRL titre) that is fourfold higher than the mother's titre at the time of delivery or
- Presence of IgM antibodies in the infant (EIA test) or
- Rising non treponemal antibodies in infant's serum

Blood sample of neonate born to mother with syphilis should be tested for VDRL immediately after delivery. The sample of the neonate should be sent to the closest STD clinic along with a sample of blood from the mother for VDRL test.

VDRL in both mother and new born baby need to be performed and if VDRL titre of baby is more than fourfold of that of the mother, it indicates congenital syphilis. However, lack of fourfold increase does not exclude congenital syphilis.

Baby should be managed by a paediatrician in collaboration with a consultant venereologist according to the national STI management guidelines.

There is no need to do treponemal tests (TPPA) of the neonate as treponemal test can be positive (False) up to 18 months due to the presence of maternal antibodies.

5. Management of syphilis in pregnancy

Women diagnosed as having reactive VDRL test should be referred to the STD clinic. All identified pregnant women with positive non treponemal tests (VDRL/RPR) should be tested further using one of the confirmatory treponemal tests (TPPA/TPHA/FTA-ABS/IgG) to confirm the presence of treponemal infection. If the treponemal test is positive, the pregnant woman should be treated with penicillin injections according to the stage of infection. It is important to note that early treatment with penicillin is required for successful pregnancy outcomes. Adequate penicillin treatment will end infectivity within 24-48 hrs.

It is not necessary to re-treat mothers who have documented evidence of adequate therapy for previous syphilis as long as there is no serological or clinical evidence of re-infection or relapse. Babies born to such mothers do not require prophylactic penicillin therapy.

If there are doubts about the adequacy of previous therapy, re-treatment should be commenced promptly.

Important points in the management of pregnant women with syphilis at the STD clinic

- Reassure the mother that syphilis is a curable condition, and mother and partner/s can be cured and possibility of mother to child transmission can be prevented by early and adequate treatment.
- Follow the basic principles, nonjudgmental attitude, confidentiality maintenance and respect for patients' rights.
- A detailed history is important to determine the stage of syphilis. Explore in the history about past or present genital ulcers, skin rash etc. and whether the mother was treated for syphilis in the past and relevant symptoms of the partner/s.
- Carry out a detailed clinical examination to identify significant signs of syphilis.
- Screen for other STI's including HIV(If not done already).
- Identifying the correct stage of syphilis is important as the risk of transmission is high during early infection. Consider symptoms, signs, sexual history, partner's symptoms, VDRL titres of the patient and the partner to decide the stage of syphilis. (If necessary get advice from a consultant venereologist).
- Screen spouse/partner to understand the stage of syphilis and give epidemiological treatment or treatment. Advise both on safer sex practices and importance of prevention of reinfection. Preferably both the pregnant woman and partner should be treated at the same time to prevent reinfection.
- Arrange management of pregnant mother in collaboration with an obstetrician of a tertiary care unit – Inform the diagnosis and plan of management to the obstetrician while taking measures to maintain confidentiality.

- Identify a link person from the tertiary care unit (such as infection control nurse) to look after patient's and baby's needs during prenatal period and while admitted for delivery.
- The pregnant woman should be followed up closely till delivery. If necessary, defaulter tracing should be done without delay.
- Make arrangements for management of baby immediately after delivery. Both mother and baby need to be referred to the STD clinic. (Infant prophylaxis with benzathinepenicillin or IV penicillin-see page 17) If the baby needs ten days IV penicillin treatment, inform the neonatologist/ paediatrician regarding the plan of management of the baby.
- Baby should be followed up in the STD clinic at 3,6, 12 and 18 months of age.
- Understand the sensitive nature of the issue when a pregnant woman gets to know that she has syphilis. Provide counseling to both the woman and the partner to cope with the situation.

Treatment of the pregnant women

Penicillin G is the only known effective anti-microbial, for preventing maternal transmission to the foetus and treating foetal infection.

Treatment for early* syphilis in pregnancy(*Primary, secondary and early latent syphilis)

Benzathine penicillin 2.4 million units intramuscularly as a single dose, after having excluded allergy to penicillin. (A second dose of benzathine penicillin may be considered 1 week after the first dose).

However, when maternal treatment is initiated in the third trimester, a second dose of benzathine penicillin should be given 1 week after the first.

Treatment for Late latent syphilis or latent syphilis of unknown duration in pregnancy

- Benzathine penicillin 2.4 MU intramuscularly, weekly 3 doses. (Days 1, 8 and 15)

Pregnant women who miss any dose must repeat the full course of therapy.

Penicillin Allergy

No proven alternatives to penicillin are available for treatment of syphilis during pregnancy. It is recommended desensitization is the best option if it is feasible. There is no proven data for use of ceftriaxone.

Alternatively Erythromycin can be used when penicillin is contraindicated. Recommended dose is Erythromycin 500mg 6 hourly/PO for 14 days in early syphilis and for 28 days in late syphilis.(In pregnancy doxycycline is contraindicated).

If the mother was treated with non-penicillin treatment, the baby should be treated as having congenital syphilis.

JarischHerxheimer (JH) reaction

Though it is rare, JH reaction need to be considered and women need to be advised to seek obstetric services if they notice fever, uterine contractions or decrease in foetal movements after treatment. Corticosteroid treatment is not recommended to alter the risk of JH reaction(No data available to suggest that corticosteroid treatment alters the risk for treatment related complications in pregnancy-CDC 2015)

The pregnant woman should be managed in coordination with the MCH care services and/or obstetrician in a tertiary care unit.

Follow up

- Serological (VDRL) follow-up should be done monthly during pregnancy and thereafter according to national guideline.(After treatment at months 1, 2, 3, 6 and 12, then 6 monthly until VDRL negative or sero-fast orup to 2 years)
- A sustained fourfold or greater increase in the VDRL titre suggests re-infection or treatment failure and need re-treatment.
- Specific treponemal tests may remain positive for life following effective treatment. Therefore, proper documentation is important to prevent unnecessary retreatment.

All pregnant women with Syphilis should be provided appropriate services including institutional care without stigma or discrimination.

HIV infection

Evidence suggests that treatment for syphilis in pregnant women who are HIV positive should be similar to that is given to HIV negative pregnant women and follow up should be the same as for adults with HIV infection.

6. Management of sexual partner/s

In managing contacts, partners during last 3 months should be traced if diagnosis is primary syphilis. For secondary and early latent syphilispartner/s need to be traced up to last two years

It is important to trace the partner/s and manage appropriately to prevent reinfection. The woman's partner/s should be screened for syphilis and arrange epidemiological treatmenteven if they are negative.

Recommended regimen for epidemiological treatment

- Benzathine penicillin 2.4 MU single dose intramuscularly after ST.

Penicillin allergy

- Doxycycline 100mg twice daily/PO for 14 days.
- Erythromycin 500mg 6 hourly/PO for 14 days (When doxycycline is contraindicated).

7. Management of the baby

If the mother had been adequately treated before 24 weeks of POA the risk of MTCT is low. However, irrespective of mothers' treatment all babies born to mothers with positive treponemal tests are given prophylactic penicillin.

Recommended prophylactic penicillin dose for the Baby:

- **Benzathin penicillin 50,000IU/Kg Body Weight IM as a single dose.**

Congenital syphilis treatment should be considered for in the following scenarios:

1. All symptomatic babies(With symptoms and signs of congenital syphilis)

2. All asymptomatic babies with,
   - a VDRL titre four fold higher than that of the mother at delivery
   - a positive syphilis specific IgM antibody test
   - a rising VDRL titre

Congenital syphilis treatment should be offered to a baby born to a mother having syphilis if,

- she was treated with penicillin less than 4 weeks before delivery
- she did not complete the recommended course of penicillin during pregnancy
- her non treponemal (VDRL) high titerhas not dropped four fold at the time of delivery
- shewas treated with non-penicillinregimens (erythromycin) during pregnancy
- her treatment status is unknown or undocumented.

Recommended congenital syphilis treatment regimen:

- **Crystalline penicillin 50,000 IU/Kgbody weight per dose IV 12 hourly for first 7 days of life and 8 hourly thereafter to complete the 10 days period.**

Follow up of baby after treatment for congenital syphilis

VDRL testsin months 1, 2, 3, 6, 12, then six monthly until become NR or sero-fast status.Treated neonates that exhibit persistent VDRL test titers by 6–12 months should be re-evaluated through CSF examination and managed in consultation with an expert. At 6 months if the VDRL titre is NR (non reactive), no further evaluation or treatment is needed. If VDRL remains reactive after 6 months the infant is likely to be infected and needs to be treated as having congenital syphilis. TPPA like treponemal tests should not be used for evaluation of treatment response as maternal treponemal IgG antibody might persist for up to 18 months.

8. Case definitions of congenital syphilis

The global surveillance case definition for congenital syphilis is defined as;

- A stillbirth, live birth or foetal loss at > 20 weeks of gestation or > 500g to a syphilis sero-positive mother without adequate syphilis treatment
  Or
- A stillbirth, live birth or child aged < 2 years with microbiological evidence* of syphilis infection

*Microbiological evidence of congenital syphilis includes any one of the following;

- Demonstration by dark field microscopy or fluorescent antibody detection of *T.pallidum* in the umbilical cord, the placenta, in nasal discharge or skin lesion material.
- Detection of *T. Pallidum* specific IgM
- Infant with a positive non treponemal serology titre ≥ fourfold above that of the mother.

Annexures:

Annexure1.1 General circular letter No. 01-51/2016

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Ministry of Health, Nutrition& Indigenous Medicine

General Circular No : 01 - 51 /2016

All Provincial / Regional Directors of Health services,
All Directors of Teaching Hospitals,
All Heads of Specialized Campaigns,
All Heads of Health Institutions

Programme for Ending AIDS by 2025 in Sri Lanka

Sri Lanka is currently planning to work towards ending AIDS by 2025. The decision to treat all persons living with HIV (PLHIV) with antiretroviral treatment was taken by the Ministry of Health after a series of consultations based on the WHO recommendations. To facilitate this process the Ministry of Health procured ARV drugs using government funds from 2016. With appropriate services majority of PLHIV on antiretroviral treatment will achieve undetectable viral loads within months after starting ART minimizing further transmission risks. With use of ART the quality of life and life expectancy has increased among PLHIV. Most PLHIV who adhere to treatment will be asymptomatic and live for many years eliminating the risk of developing AIDS. They will be able to contribute to the betterment of the country, society and their families.

02. The diagnosis of HIV affects a person physically, psychologically and socially. Care and support provided by the health care workers without stigma or discrimination will help them to adjust to living with HIV. Early identification through testing is important to provide comprehensive care services to all PLHIV. Services for PLHIV including antiretroviral treatment (ART) are available at STD clinics and Infectious Diseases Hospital (IDH).

03. It is necessary to take measures to facilitate comprehensive care services for PLHIV as per the guidelines given below.

i. Provider initiated HIV testing should be offered to patients based on symptoms, signs or risky behaviours. Hospital clinic/ward has to arrange collection of 3cc of blood in a vacutainer tube and transport to the local STD clinic for HIV testing.

ii. STD clinics have to carry out HIV screening tests on the blood samples received from wards and issue reports. The information on HIV positive reports need to be informed immediately to the relevant medical officer or consultant while taking measures to strictly maintain the confidentiality.

iii. The screening test positive patient need to be referred to the STD clinic for confirmatory testing. Confirmatory test positive patients will be registered as a person living with HIV (PLHIV) at the STD clinic for further management.

iv. It is the policy of the ministry of health that all PLHIV requiring institutional care be managed at general wards. Based on this policy decision the following procedures should be adopted. All PLHIV who need inward care facilities should be managed appropriately in the general wards (medical, surgical or any other speciality) in Colombo and in out-stations without stigma and descrimination. (General Circular No. 02/125/98)

v. All measures need to be taken to maintain confidentiality.

vi. Patients with infectious complications requiring barrier nursing may be transferred to the National Infectious Disease Hospiital, only if the facilities are not available to manage them at respective health institutions.

04. National HIV policy of Sri Lanka states that "The government of Sri Lanka accepts the right of those living with HIV/AIDS to have access to treatment without stigma and discrimination. Persons living with HIV/AIDS requiring antiretroviral treatment and management of opportunistic infections will be provided by the state sector in line with the national guidelines and prevailing National Health policy." (3.8 page 22)

05. Further, the judgement given on SC.FR.No.77/2016 on 14.03.2016 states "The court also wishes to place on record that the state should ensure that the human rights of the people living with HIV/AIDS are promoted, protected and respected and measures to be taken to eliminate discrimination against them.(Page 4)

06. Ministry of Health seeks the commitment and cooperation of all hospital authorities to implement the programme for ending AIDS by 2025.

07. I reiterate the policy of the Government of Sri Lanka is to provide a comprehensive care services for PLHIV without stigma and discrimination. Your cooperation is earnestly requested.

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3. President, Independent Medical Practitioners Association.
4. President, Ceylon College of General Practitioners.
5. President, Sri Lanka Medical Association.

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සියලුම සෞඛ්‍ය ආයතන ප්‍රධානීන්,

වසර 2025 වන විට ශ්‍රී ලංකාවෙන් ඒඩිස් තුරන් කිරීමේ වැඩසටහන.

ඒඩිස් රෝගය වසර 2025 වන විට ශ්‍රී ලංකාවෙන් තුරන් කිරීම සඳහා මේ දිනවල කටයුතු කරමින් පවතී. සෞඛ්‍ය අමාත්‍යාංශය, සාකච්ඡා වට කිහිපයකින් පසු ලෝක සෞඛ්‍ය සංවිධානයේ නිර්දේශ අනුව සියලුම HIV ආසාදිත පුද්ගලයන්ට ප්‍රතිවෛරස ඖෂධ ලබාදීමට තීරණය කරන ලදී. මේ කාර්ය පහසු කිරීම සඳහා ප්‍රතිවෛරස ඖෂධ මිලදී ගැනීම රජයේ මුදල් ප්‍රතිපාදන මත සෞඛ්‍ය අමාත්‍යාංශය මගින් වසර 2016 සිට සිදු කරනු ලැබේ. සුදුසු සේවාවන් සමඟ ART ප්‍රතිකාර ආරම්භ කිරීම මගින් HIV ආසාදිත පුද්ගලයන් බහුතරයකගේ වෛරස් ප්‍රමාණය මාස කිහිපයක් තුල නොගිනිය හැකි තරම් අඩු කරගත හැකි අතර එමගින් රෝගය තවදුරටත් ව්‍යාප්තවීම අවම කරගත හැකිය. ප්‍රතිවෛරස ඖෂධ ආරම්භ කිරීම මගින් HIV ආසාදිත පුද්ගලයන්ගේ ජීවන තත්ත්වය ඉහළ නැංවෙන අතර අපේක්ෂිත ආයු කාලයද වැඩි වේ. නිසි පරිදි ප්‍රතිකාර ගැනීමෙන් HIV ආසාදිත පුද්ගලයන් ඒඩිස් තත්ත්වයට පත්නොවී දිගු කාලයක් ජීවත්විය හැකි අතර එය රජයට, සමාජයට සහ පවුලේ අභිවෘධිය සඳහා ඉතා වැදගත් වේ.

02. පුද්ගලයෙකු HIV ආසාදිත බව හඳුනාගැනීමෙන් එම පුද්ගලයාට ශාරීරික, මානසික සහ සමාජීය වශයෙන් විවිධ බලපෑම් ඇති කරනු ලැබේ. කොන්කිරීමෙන් සහ පහත්කොට සැලකීමෙන් තොරව සෞඛ්‍ය සේවකයන් විසින් HIV ආසාදිත පුද්ගලයන්ට අවශ්‍ය සේවාවන් සහ පහසුකම් සැපයීම මගින් ඔවුන්ට එම රෝගය සමඟ ජීවත් වීම සඳහා අනුගතවීමට පිටිවහලක් වේ. රෝග පරීක්ෂාව මගින් HIV ආසාදනය කලින්ම හඳුනා ගැනීම සියලුම ආසාදිත පුද්ගලයන්ට පරිපූර්ණ සේවාවක් ලබාදීමට උපකාරීවේ. HIV ආසාදිත පුද්ගලයන් සඳහා අවශ්‍ය සේවාවන් සහ ප්‍රතිවෛරස ඖෂධ ලිංගාශ්‍රිත රෝග සායනවලින් සහ බෝවන රෝග රෝහලෙන් (IDH) ලබාගත හැක.

03. HIV ආසාදිත පුද්ගලයන් සඳහා පරිපූර්ණ සේවාවක් ලබා දීම සඳහා පහත සඳහන් මාර්ගෝපදේශ අනුව ක්‍රියාමාර්ග ගැනීම අවශ්‍ය වේ.

i. රෝගියාගේ රෝග ලක්ෂණ අනුව හෝ ඔහුගේ/ඇයගේ අවදානම් වර්යාවන් අනුව වෛද්‍යවරයා විසින් HIV පරීක්ෂණය යෝජනා කල යුතුය. ඒ සඳහා රෝහල් සායනය / වාට්ටුව මගින් රුධිරය 3cc ක් වැකුයුටේනර් නලයකට ගෙන ළඟම ඇති ලිංගාශ්‍රිත රෝග සායනයට යැවීමට කටයුතු කළ යුතුය.

ii. ලිංගාශ්‍රිත රෝග සායන වලට ලැබෙන රුධිර සාම්පල HIV සඳහා මූලික පරීක්ෂණය සිදුකර ප්‍රතිඵලය නිකුත් කල යුතුය. HIV ආසාදිත රෝගීන් ලෙස හඳුනා ගන්නා රුධිර සාම්පල පිළිබඳ විස්තර අදාළ වෛද්‍යවරයාට හෝ විශේෂඥ වෛද්‍යවරයාට වහාම දැන්විය යුතු අතර මෙහිදී රෝගියාගේ පුද්ගලිකත්වය ආරක්ෂා කිරීමට වගබලා ගත යුතුය.

iii. HIV මූලික පරීක්ෂණය මගින් හඳුනා ගන්නා රෝගීන් තහවුරු කිරීමේ පරීක්ෂාව සඳහා ලිංගාශ්‍රිත රෝග සායනයකට යොමු කල යුතුය. එමගින් HIV ආසාදිත බවට තහවුරු වන පුද්ගලයන් ලිංගාශ්‍රිත රෝග සායනය තුල ලියාපදිංචිකර අවශ්‍ය සේවාවන් සපයනු ලැබේ.

iv. ආයතනික සත්කාර අවශ්‍යවන සියලුම HIV ආසාදිත පුද්ගලයන්ට අදාල සත්කාර සාමාන්‍ය වාට්ටු තුල ලබාදිය යුතු බව සෞඛ්‍ය අමාත්‍යාංශයේ ප්‍රතිපත්තිය වේ. ඒ අනුව පහත සඳහන් ක්‍රියාමාර්ග අනුගමනය කළ යුතුය. රෝහල්ගතව ප්‍රතිකාර ලබා ගතයුතු HIV ආසාදිත පුද්ගලයන් සාමාන්‍ය වාට්ටු (සර්වාංග රෝග, ශල්‍ය වෛද්‍ය හෝ අනෙකුත් විශේෂඥ සේවාවන්) තුල සහ අනෙකුත් සෞඛ්‍ය ආයතන තුල කිසිදු කොන්කිරීමකින් තොරව ප්‍රතිකාර ලබා දිය යුතුය. (පොදු වක්‍ර ලේඛන අංක 02/125/98)

v. රෝගියාගේ රහස්‍යභාවය ආරක්ෂා කිරීමට අවශ්‍ය සියලුම ක්‍රියාමාර්ග ගත යුතුය.

vi. අනෙකුත් රෝගීන්ගෙන් වෙන්කර ප්‍රතිකාර කිරීමට අවශ්‍ය බෝවන රෝග සහිත පුද්ගලයන් IDH රෝහලට මාරුකර යැවිය හැක්කේ එම රෝගීන්ට ප්‍රතිකාර කිරීමට අවශ්‍ය පහසුකම් අදාළ ආයතනයේ නැතිනම් පමණි.

04. ශ්‍රී ලංකාවේ HIV පිළිබඳ ජාතික ප්‍රතිපත්තියෙහි **"HIV ආසාදිත පුද්ගලයන්ට කොන්කිරීමකින් හෝ වෙනස්කොට සැලකීමකින් තොරව ප්‍රතිකාර ලබාගැනීමට ඇති අයිතිය ශ්‍රී ලංකා ආණ්ඩුව විසින් පිළිගෙන ඇති බව"** සඳහන් වේ. දැනට ක්‍රියාත්මක ජාතික සෞඛ්‍ය ප්‍රතිපත්තිය සහ ජාතික මාර්ගෝපදේශ අනුව HIV ආසාදිත පුද්ගලයන්ට ප්‍රතිවෛරස ඖෂධ ලබා දීම සහ ඔවුන්ට වැළඳෙන අනෙකුත් ආසාදන සඳහා ප්‍රතිකාර ලබාදීම රාජ්‍ය අංශය විසින් සිදු කරයි. (3.8 පිටුව 22)

05. තවද, 14.03.2016 දින SC.FR.No.77/2016 අංකය යටතේ දෙන ලද උසාවි නියෝගයට අනුව HIV ආසාදිත පුද්ගලයන්ගේ මානව අයිතිවාසිකම් ආරක්ෂා කිරීමට, ප්‍රවර්ධනය කිරීමට සහ එයට ගරු කිරීමටත් ඔවුන්ව කොන්කිරීම ලංකාවෙන් තුරන් කිරීමටත් රජය ක්‍රියා කල යුතුය. (පිටුව 4)

06. වසර 2025 වන විට ඒඩ්ස් රෝගය ශ්‍රී ලංකාවෙන් තුරන් කිරීමේ වැඩසටහන ක්‍රියාත්මක කිරීම සඳහා සෞඛ්‍ය අමාත්‍යාංශය සියලුම රෝහල් බලධාරීන්ගේ කැපවීම සහ සහයෝගය අපේක්ෂා කර සිටී.

07. HIV ආසාදිත පුද්ගලයන් කොන් කිරීමෙන් තොරව පරිපූර්ණ සේවාවක් සැපයීම ශ්‍රී ලංකා රජයේ ප්‍රතිපත්තිය බව මම නැවතත් ප්‍රකාශ කරන අතර මේ කාර්යය සාර්ථකකර ගැනීමට ඔබගේ අවංක සහයෝගය බලාපොරොත්තු වෙමි.

වෛද්‍ය පී. ජී. මහීපාල
සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්
සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
"සුවසිරිපාය"
385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත,
කොළඹ 10.

වෛද්‍ය පී.ජී. මහීපාල
සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්

පිටපත්:-

1. අධ්‍යක්ෂ, පුද්ගලික සෞඛ්‍ය අංශය, සෞඛ්‍ය පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය.
2. සභාපති, විශේෂඥ කායික වෛද්‍ය විද්‍යාර්ථීන්ගේ සංගමය.
3. සභාපති, නිදහස් වෛද්‍යවරුන්ගේ සංගමය.
4. සභාපති, ලංකා පවුල් වෛද්‍ය විද්‍යාර්ථීන්ගේ සංගමය.
5. සභාපති, ශ්‍රී ලංකා වෛද්‍ය නිලධාරීන්ගේ සංගමය.

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සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார,போசணைமற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health, Nutrition& Indigenous Medicine

பொது சுற்றறிக்கை இல:- 01 -51 /2016

அனைத்து மாகாண/பிராந்திய சுகாதார சேவைகள் பணிப்பாளர்களுக்கும்,
அனைத்து போதனா வைத்தியசாலைகள் பணிப்பாளர்களுக்கும்,
அனைத்து விசேட செயற் திட்டங்களின் தலைவர்களுக்கும்,
அனைத்து நிறுவனங்களின் தலைவர்களுக்கும்.

2025 ஆம் ஆண்டளவில் இலங்கையில் எய்ட்ஸ் நோயை முற்றுமுழுதாக ஒழிப்பதற்கான செயற்திட்டம்

இலங்கை இப்போது 2025 ஆம் ஆண்டளவில் எய்ட்ஸ் நோயை முற்றுமுழுதாக இல்லாதொழிப்பதற்கான செயற்திட்டத்தை நடைமுறைப்படுத்தத் திட்டமிட்டுள்ளது. எச்.ஐ.வி தொற்றுடன் வாழும் எல்லா மக்களுக்கும், மனித நிர்ப்பீடன எதிர்ப்பு வைரசுக்கான மருந்து வகைகளைக் கொண்டு சிகிச்சை வழங்குவதற்கான சுகாதார அமைச்சின் தீர்மானம், உலக சுகாதார தாபனத்தின் பரிந்துரைப்பிற்க்கு அமைய மேற்கொள்ளப்பட்ட தொடர்ச்சியான கலந்துரையாடுதலின் பின்னர் எடுக்கப்பட்டது. இந்தச் செயன்முறையை எளிதாக்குவதற்கு, சுகாதார அமைச்சு எ.ஆர்.ரி. (ART) மருந்துவகைகளை 2016 ஆம் ஆண்டிலிருந்து அரச செலவில் கொள்முதல் செய்வதற்கான முடிவுகளை எடுத்துள்ளது. எச்.ஐ.வி தொற்றுடன் வாழும் மக்களுக்கான தகுந்த சிகிச்சை மூலம், அநேகமானவர்களின் குருதியிலுள்ள வைரசின் எண்ணிக்கை, சில மாதங்களுக்குள் நன்றாகக் குறைவடைவதனால், இன்னொருவருக்கு தொற்று ஏற்படுவதற்கான அபாயம் குறைகின்றது. எ.ஆர்.ரி (ART) மருந்துவகைகளைப் பாவிப்பதனால் எச்.ஐ.வி தொற்றுடன் வாழும் மக்களின் வாழ்க்கைத் தரமும், எதிர்பார்க்கும் ஆயுட்காலமும் அதிகரிக்கின்றது. சிகிச்சையை ஒழுங்காகப் பின்பற்றும் எச்.ஐ.வி தொற்றுடன் வாழும் மக்களில் அநேகமானவர்கள் எந்தவித நோய் அறிகுறியுமின்றி பல ஆண்டுகளுக்கு வாழ முடிவதுடன், எய்ட்ஸ் நிலைக்கு ஆளாவதற்கான அபாயத்தைத் தவிர்த்துக்கொள்ளவும் முடியும். அத்துடன் அவர்களால் தங்களுடைய நாட்டினது, சமுதாயத்தினது, மற்றும் குடும்பத்தினது நன்மைக்காக உதவவும் முடியும்.

02. ஒருவரின் எச்.ஐ.வி தொற்று கண்டறியப்படுதலானது, அவரை உடலளவிலான, உளவியல் மற்றும் சமூகரீதியான தாக்கங்களுக்கு உட்படுத்தும். சுகாதாரப் பராமரிப்பு பணியாளர்களினால் வழங்கப்படும், பாகுபாடு மற்றும் களங்கமின்றிய போதிய கவனிப்பு மற்றும் ஆதரவு, அவர்கள் எச்.ஐ.வி தொற்றுடன் வாழ்வதற்கு தங்களை பழக்கிக்கொள்வதற்கு மிகவும் உதவும். குருதிப்பரிசோதனை மூலம் ஆரம்பத்திலேயே கண்டறிதலானது, எச்.ஐ.வி தொற்றுடன் வாழ்பவர்களுக்கு தகுந்த விரிவான சேவையை வழங்குவதற்கு மிகவும் அவசியமாகும். அவர்களுக்கான எ.ஆர்.ரி (ART) மருந்துவகைகள் உட்பட அனைத்து சேவைகளும் பாலியல் நோய் சிகிச்சை (STD Clinics) நிலையங்களிலும், தேசிய தொற்றுநோய் கட்டுப்பாட்டு மருத்துவமனையிலும் (IDH) கிடைக்கப்பெறும்.

03. எச்.ஐ.வி தொற்றுடன் வாழ்பவர்களுக்கு, தகுந்த விரிவான பராமரிப்பு சேவையை வழங்குவதனை எளிதாக்குவதற்கு கீழே கொடுக்கப்பட்டுள்ள வழிகாட்டுகைகளுக்கு (guideline) அமைய, நடவடிக்கைகளை எடுத்தல் அவசியம்.

i. நோயாளி ஒருவருக்கு நோய் அறிகுறிகள் மற்றும் ஆபத்தான நடத்தை (risk behaviour) இருக்குமிடத்து, சேவை வழங்குனரால் முன்வைக்கப்பட்ட எச்.ஐ.வி பரிசோதனை வழங்கப்படுதல் மிகவும் அவசியம். எச்.ஐ.வி பரிசோதனைக்காக, மருத்துவமனை கிளினிக் அல்லது வாட்டில் இருந்து 3 மி.லீ. (3 CC) குருதியை ஒரு வெற்றிடமாக்கப்பட்ட குழாயினுள் (vacutainer tube) சேகரித்து, பாலியல் நோய் (STD Clinics) சிகிச்சை நிலையத்திற்கு அனுப்புதல் வேண்டும்.

ii. பாலியல் நோய் (STD Clinics) சிகிச்சை நிலையங்களினால், வாட்டுகளில் இருந்து பெறப்பட்ட இரத்த மாதிரிகளின் எச்.ஐ.விக்கான (HIV screening test) பரிசோதனை மேற்கொள்ளப்பட்டு அறிக்கைகள் வழங்கப்படுதல் வேண்டும். எச்.ஐ.வி தொற்று கண்டறியப்படுமிடத்து, அந்தப் பரிசோதனை அறிக்கை உடனடியாக தொடர்பான வைத்தியருக்கு அல்லது விசேட வைத்திய நிபுணருக்கு இரகசியமான முறையில் தெரியப்படுத்தப்படல் வேண்டும்.

iii. ஆரம்ப பரிசோதனையிலிருந்து எச்.ஐ.வி தொற்றுள்ளவர் (Positive HIV screening test) எனக் கண்டறியப்படுமிடத்து, அவரை எச்.ஐ.வி தொற்று உறுதிப்படுத்தல் (confirmatory test) பரிசோதனைக்காக பாலியல் நோய் (STD Clinic) சிகிச்சை நிலையத்திற்கு அனுப்புதல் வேண்டும். உறுதிப்படுத்தல் பரிசோதனை எச்.ஐ.வி தொற்றினை உறுதிப்படுத்துமாயின், அவர்கள் மேலதிக சிகிச்சைக்காகப் பாலியல் நோய் சேவைநிலையத்தில் எச்.ஐ.வி தொற்றுடன் வாழ்பவர்களாகப் பதிவுசெய்யப்படுவர்.

iv. உள்ளக மருத்துவ சிகிச்சை தேவைப்படும் பட்சத்தில், எச்.ஐ.வி தொற்றுடன் வாழ்வோருக்கான நிறுவன ரீதியான மருத்துவ கவனிப்பு, பொது வாட்டுக்களில் (general wards) வழங்கப்படும் என்பது சுகாதார அமைச்சின் கொள்கையாகும். இந்தக் கொள்கை முடிவின் பிரகாரம், பின்வரும் நடைமுறைகள் ஏற்றுக்கொள்ளப்படல் வேண்டும். உள்ளக மருத்துவ சிகிச்சை தேவைப்படும் பட்சத்தில், எச்.ஐ.வி தொற்றுடன் வாழ்வோருக்கான மருத்துவ சேவை தகுந்த முறையில், கொழும்பிலோ அல்லது வெளி மாவட்டங்களிலோ, எந்தவித வேறுபாடுகள் அல்லது தனிப்படுத்தலோ இன்றி, பொது வாட்டுக்களில் (general wards- மருத்துவ சிகிச்சைப்பிரிவு, சத்திரசிகிச்சைப் பிரிவு அல்லது வேறு விசேட பிரிவுகளில்) உள்வாங்கப்பட்டு வழங்கப்படும். இந்தத் திட்டத்தை அடிப்படையாகக் கொண்டு பின்வரும் நடைமுறைகள் பின்பற்றப்படல் வேண்டும்.(பொதுச் சுற்றறிக்கை இல:02/125/98)

v. இரகசியத்தன்மை பேணப்படுவதற்கான எல்லா நடவடிக்கைகளும் எடுக்கப்படல் வேண்டும்.

vi. வேறு கிருமித் தொற்றுக்கு ஆட்பட்டு, சிக்கலான நிலையிலுள்ளவர்களுக்கு (infectious complications) தடுப்பு கவனிப்பு (barrier nursing) தேவைப்படுமிடத்து, அவருக்கு சிகிச்சை வழங்குவதற்கு குறிப்பிட்ட மருத்துவ நிலையத்தில் போதுமான வசதிகள் இல்லாதவிடத்து மட்டுமே அவரை தேசிய தொற்று நோய் கட்டுப்பாட்டு மருத்துவ மனைக்கு (IDH) மாற்ற முடியும்.

04. இலங்கையின் தேசிய எச்.ஐ.வி. கொள்கைக்கமைய, "எச்.ஐ.வி/எய்ட்ஸ் உடன் வாழும் மக்கள், களங்கம் மற்றும் பாகுபாடு இன்றிய நிறுவன சேவைகளை நாடுவதற்கான உரிமையை இலங்கை அரசாங்கம் ஏற்றுக்கொள்கின்றது. எச்.ஐ.வி/எய்ட்ஸ் உடன் வாழும் மக்களுக்குத் தேவையான மனித நிர்ப்பீடன எதிர்ப்பு வைரசுக்கான மருந்துவகைகளும், சந்தர்ப்பவாதத் தொற்று நோய்களுக்கான சிகிச்சையும் தேசிய வழிகாட்டுகைகளுக்கு அமையவும், நடைமுறையிலுள்ள தேசிய சுகாதார கொள்கையின்படியும், அரசினால் வழங்கப்படும்." (3.8 பக்கம் 22)

05. மேலும், 14.03.2016 அன்று SC.FR.No.77/2016 க்கு அமைய வழங்கப்பட்ட தீர்ப்பின் பிரகாரம் "எச்.ஐ.வி/எய்ட்ஸ் உடன் வாழும் மக்களின் மனித உரிமைகளை மேம்படுத்தி, அவற்றைப் பாதுகாப்பதுடன் அவற்றை மதிக்கத்தகுந்த நடைமுறைகளை செயற்படுத்துவதன் மூலம் அவர்களை வேறுபடுத்துதலை ஒழிப்பதற்கான நடவடிக்கைகளை மேற்கொள்ளும் என்பதனை இலங்கை அரசாங்கம் உறுதிப்படுத்த வேண்டும் என்பதை நீதிமன்றம் பதிவேட்டில் பதிவு செய்யவிரும்புகின்றது." (பக்கம் 4)

06. 2025 ஆம் ஆண்டளவில், இலங்கையில் எய்ட்ஸ் நோயை இல்லாதொழிப்பதற்கான செயற்திட்டத்தினை வெற்றிகரமாகச் செயற்படுத்த, சுகாதார அமைச்சு சகல மருத்துவ மனைகளின் அதிகாரிகளினதும் பூரண அர்ப்பணிப்பையும் ஒத்துழைப்பையும் எதிர்பார்க்கின்றது.

07. எச்.ஐ.வி/எய்ட்ஸ் உடன்வாழும் மக்களுக்கான, எந்தவித வேறுபாடுகள் அல்லது தனிப்படுத்தலோ இன்றிய தகுந்த விரிவான பராமரிப்பு சேவையை வழங்குவதற்கான நடவடிக்கைகளை மேற்கொள்ள வேண்டும் எனும் இலங்கை அரசாங்கத்தின் கொள்கையை மீண்டும் வலியுறுத்துகின்றேன். உங்களது ஒத்துழைப்பு மிகவும் வேண்டப்படுகிறது.

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சுகாதார சேவைகள் பணிப்பாளர் நாயகம்

பிரதிகள்

i. பணிப்பாளர், தனியார் சுகாதாரத்துறை, சுகாதார வைத்திய அதிகாரி.
ii. தலைவர், இலங்கை மருத்துவர்கள் கல்லூரி.
iii. தலைவர், சுயாதீன மருத்துவ உத்தியோகத்தர்கள் சங்கம்.
iv. தலைவர், இலங்கை பொது மருத்துவர்கள் கல்லூரி.
v. தலைவர், இலங்கை மருத்துவ உத்தியோகத்தர்கள் சங்கம்.

Annexure 1.2 General circular letter No. 01-59/2016

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SUWASIRIPAYA

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எனது இல)
My No.) DDG/(PHS-1)/NSACP/2011

ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி)
Date) 2016.10.27

සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார,போசணைமற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health, Nutrition& Indigenous Medicine

General Circular No : 01 – 59/2016

All Provincial / Regional Directors of Health services,
All Directors of Teaching Hospitals,
All Heads of Specialized Campaigns,
All Heads of Health Institutions,
All consultant Obstetricians,

The Programme for Elimination of Mother to child transmission of syphilis and HIV (EMTCT of syphilis and HIV) in Sri Lanka

Sri Lanka has been identified as a country which can achieve the Elimination status of congenital syphilis and mother to child transmission of HIV by end 2017.

2. To achieve the elimination status, effective universal coverage of screening for syphilis and HIV during pregnancy need to be established. In Sri Lanka, by the end of 2015 screening for syphilis during pregnancy has achieved almost universal coverage (98%).

3. The policy decision of screening pregnant women for HIV was taken by the Ministry of Health after a series of consultations and the decision was to couple it with existing syphilis screening. Screening of pregnant mothers for HIV was scaled up from 2013 and HIV screening coverage has increased from 5.6% in 2012 to 71.2% in 2015. To achieve elimination status Sri Lanka needs to reach 95% of HIV screening coverage target by the end of 2016.

4. Ministry of Health seeks the commitment and cooperation of consultant obstetricians in public and private sector to implement the EMTCT of syphilis and HIV programme. It is necessary to take measures to scale up services for antenatal screening of Syphilis and HIV in your institution as per the guidelines given below.

(A) Public sector

i. All pregnant mothers are to be screened before 12 weeks of gestationfor Syphilis and HIV (preferably at the first visit).

ii. Antenatal clinic services (MOH clinics and Hospital ANC clinics) have to arrange collection of 5cc of blood in a vacutainer tube and transport to the STD clinic for Syphilis and HIV testing. The method of sample transport need to be locally adopted, after discussions with RDHS, MOMCH, MO/STD and MOHs.

iii. Review syphilis and HIV test results at subsequent visits. Syphilis and HIV test reports need to be entered in the antenatal record appropriately.

iv. STD clinics have to carry out Syphilis and HIV screening tests on the blood samples receivedfrom ANC clinics and send reports to the relevant officers.

v. The information on reactive VDRL reports and HIV positive reports need to be informed to the MO, MOH or VOG and measures should be taken to strictly maintain the confidentiality of the information.

vi. All the pregnant women with positive screening test need to be referred to STD clinic for further management.

vii. If a pregnant woman was not tested during pregnancy, syphilis and HIV screening should be offered at the time of delivery before being discharged from the ward.

viii. All pregnant women with Syphilis or HIV should be provided appropriate services including institutional care, without stigma or discrimination.

ix. EMTCT of syphilis and HIV programme need to be reviewed at the district level every six months with the participation of staff of the STD clinic, MOHs, MOMCH, VOG and RDHS.

x. Women reporting abortions, still births, adverse pregnancy outcomes may need to undergo VDRL and HIV tests if not done in early pregnancy.

(B) Private sector

i. All pregnant mothers are to be screened before 12 weeks of gestation for Syphilis and HIV (preferably at the first visit).

ii. Syphilis and HIV tests need to be done from recognized laboratories maintaining quality standards.

iii. Syphilis and HIV test details need to be entered in the antenatal record appropriately.

iv. Women with positive syphilis or HIV test results should be managed according to the national guidelines by referring to venereologist/ STD clinic.

v. All pregnant women with Syphilis or HIV should be provided appropriate services including institutional care, without stigma or discrimination.

vi. Data on pregnant women with syphilis or HIV should be informed to the NSACP in relevant formats.

5. National HIV policy of Sri Lanka states that "The government of Sri Lanka accepts the right of those living with HIV/AIDS to have access to treatment without stigma and discrimination. Persons living with HIV/AIDS requiring antiretroviral treatment and management of opportunistic infections will be provided by the state sector in line with the national guidelines and prevailing National Health policy." (3.8 page 22)

6. Further, the judgement given on SC.FR.No.77/2016 on 14.03.2016 states "The court also wishes to place on record that the state should ensure that the human rights of the people living with HIV/AIDS are promoted, protected and respected and measures to be taken to eliminate discrimination against them."(Page 4)

7. I reiterate the policy of the Government of Sri Lanka, is to provide a comprehensive antenatal care package to pregnant women for a successful pregnancy outcome and it includes providing services for syphilis and HIV testing for all. Your cooperation is earnestly requested.

Dr. P. G. Mahipala
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Dr. P.G.Mahipala
Director General of Health Services

Cc
1. Director, Private Health sector, MOH.
2. President, Sri Lanka College of Obstetricians.
3. President, Independent Medical Practitioners Association.
4. President, Ceylon College of General Practitioners.
5. President, Sri Lanka Medical Association.

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සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார,போசணைமற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health, Nutrition& Indigenous Medicine

පොදු චක්‍රලේඛ අංක: 01 - 59/2016

සියලුම පළාත්/ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂකවරුන්,
සියලුම ශික්ෂණ රෝහල් අධ්‍යක්ෂකවරුන්,
සියලුම විශේෂිත ව්‍යාපාර ප්‍රධානීන්,
සියලුම සෞඛ්‍ය ආයතන ප්‍රධානීන්,
සියලුම විශේෂඥ ප්‍රසව හා නාරීවේද වෛද්‍යවරුන්,

ශ්‍රී ලංකාවෙන් සංජානනීය උපදංශය සහ මවගෙන් දරුවාට HIV වැළඳීම තුරන් කිරීමේ වැඩසටහන (EMTCT of HIV and Syphilis)

ශ්‍රී ලංකාව වසර 2017 වසරෙහි අවසානය වනවිට සංජානනීය උපදංශය සහ මවගෙන් දරුවාට HIV වැළඳීම තුරන් කිරීමට හැකි රටක් ලෙස හඳුනාගෙන ඇත.

02. මෙම රෝග තුරන් කිරීම සඳහා ශ්‍රී ලංකාව, ගර්භනී මව්වරුන්ගේ HIV සහ උපදංශය රෝග හඳුනා ගැනීමේ මූලික පරීක්ෂණ පහසුකම් දිපව්‍යාප්තව ආවරණය වන පරිදි කල යුතුය. වසර 2015 අග වනවිට ශ්‍රී ලංකාවේ සියලුම ගර්භනී මව්වරුන්ම පාහේ (98%) උපදංශය සඳහා පරීක්ෂා කර ඇත.

03. සෞඛ්‍ය අමාත්‍යාංශය විසින් සාකච්ඡා වට කිහිපයකින් පසුව සියලුම ගර්භනී මව්වරුන්ගේ HIV සඳහා වන මූලික පරීක්ෂණය කිරීමට ප්‍රතිපත්තිමය තීරණයක් ගත් අතර එය දැනට පවතින උපදංශය සඳහා වන රුධිර පරීක්ෂණය සිදුකරන අවස්ථාවේම කිරීමට තීරණය විය. ගර්භනී මව්වරුන් HIV සඳහා පරීක්ෂා කිරීම 2013 වෂර්යේ සිට පුළුල් කල අතර 2012 දී 5.6% ක් වූ එය 2015 අග වන විට 71.2%ක් දක්වා වැඩි කිරීමට සමත් විය. මවගෙන් දරුවාට HIV අසාදනයවීම තුරන් කිරීමේ තත්ත්වයට ළඟාවීමට 2016 අග වනවිට එම අගය 95% ක් දක්වා වැඩි කිරීම අවශ්‍ය වේ.

04. ශ්‍රී ලංකාවෙන් සංජානනීය උපදංශය සහ මවගෙන් දරුවාට HIV ආසාදනය තුරන් කිරීමේ වැඩසටහන ක්‍රියාත්මක කිරීම සඳහා සෞඛ්‍යය අමාත්‍යාංශය, සියලුම රජයේ සහ පෞද්ගලික අංශයේ සේවයේ නියුතු විශේෂඥ ප්‍රසව හා නාරීවේද වෛද්‍යවරුන්ගේ කැපවීම සහ සහයෝගය බලාපොරොත්තු වේ. පහත දැක්වෙන උපදෙස් අනුව ඔබගේ ආයතනය තුල උපදංශය සහ HIV හඳුනා ගැනීමේ පූර්ව ප්‍රසව පරීක්ෂණ සිදු කිරීම සඳහා සේවාවන් වැඩිදියුණු කිරීමට පියවර ගැනීම අත්‍යාවශ්‍ය වේ.

(අ) රාජ්‍ය අංශය

i. සියලුම ගර්භනී මව්වරුන් සති 12 ට පෙර උපදංශය සහ HIV සඳහා පරීක්ෂා කල යුතුය. (එය මුලින්ම සායනයට පැමිණි දින කිරීමට හැකි නම් වඩා යෝග්‍ය වේ).

ii. පූර්ව ප්‍රසව සායන (MOH සහ රෝහල් ANC සායන) මඟින් වැකුයුටෙනර් නලයකට රුධිරය 5 cc ගෙන "උපදංශය සහ HIV" සඳහා ලෙස සඳහන් කර ළඟම ඇති ලිංගාශ්‍රිත රෝග සායනයට ලැබෙන්නට සැලැස්විය යුතුය. ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂ (RDHS), වෛද්‍ය නිලධාරී/ගර්භනී සහ ළමාසෞඛ්‍යය (MOMCH), වෛද්‍ය නිලධාරී/ලිංගාශ්‍රිත රෝග (MO/STD) සහ සෞඛ්‍යය වෛද්‍ය නිලධාරීන් (MOHS) හා සාකච්ඡා කිරීමෙන් පසුව රුධිර සාම්පල ප්‍රවාහනය සඳහා තමන්ට ගැලපෙන ක්‍රමයක් සකසා ගත යුතුය.

iii. මව්වරුන් නැවත සායනයට පැමිණෙන දින, උපදංශය සහ HIV පරීක්ෂණ වාර්තා තිබේදැයි පරීක්ෂාකොට ඒවා නියමිත පරිදි ගර්භනී සටහන් පත්‍රයේ සටහන්කළ යුතුය.

iv. ලිංගාශ්‍රිත රෝග සායන මඟින් පූරව ප්‍රසව සායන වලින් එවනු ලබන රුධිර සාම්පල් උපදංශය සහ HIV සඳහා වන මූලිකපරීක්ෂණ සිදු කර එම වාර්තා නැවත අදාළ නිලධාරීන් වෙත ලබා දිය යුතුය.

v. උපදංශය හෝ HIV ආසාදිත ලෙස තහවුරුවන රුධිර සාම්පල පිළිබඳ තොරතුරු අදාළ වෛද්‍ය නිලධාරීන් (MO), සෞඛ්‍ය වෛද්‍ය නිලධාරීන් (MOH) හෝ විශේෂඥ ප්‍රසව හා නාරීවේද වෛද්‍යවරුන් (VOG) වෙත රහස්‍යභාවය රැකෙන පරිදි දැන්විය යුතුය.

vi. වැඩිදුර පරීක්ෂණ සහ ප්‍රතිකාර සඳහා, උපදංශය හෝ HIV මූලික පරීක්ෂණයෙන් සොයාගන්නා රෝගය සහිත ගර්භනී මව්වරුන් ලිංගාශ්‍රිත රෝග සායනයකට යොමුකළ යුතුය.

vii. ගර්භනී සමය තුල උපදංශය සහ HIV මූලික පරීක්ෂණ සිදු නොකළ මව්වරුන්ගේ දරු ප්‍රසූතියෙන් පසුව, රෝහලෙන් පිටවීමට පෙර එම පරීක්ෂණ කල යුතුය.

viii. උපදංශය හෝ HIV සහිත ගර්භනී මව්වරුන්ට රෝහල්ගත වීම ඇතුළු අදාළ සියලුම සේවාවන් කොන්කිරීමකින් හෝ පහත්කොට සැලකීමකින් තොරව ලබාදිය යුතුය.

ix. දිස්ත්‍රික්ක මට්ටමෙන්, සංජානනීය උපදංශය සහ මවගෙන් දරුවාට HIV වැළදීම තුරන් කිරීමේ වැඩසටහන පිළිබඳව සෑම මාස හයකටම වරක් ප්‍රාදේශීය සෞඛ්‍යය සේවා අධ්‍යක්ෂ (RDHS), විශේෂඥ ප්‍රසව හා නාරීවේද වෛද්‍යවරුන් (VOG), වෛද්‍ය නිලධාරී/ ගර්භනී සහ ළමාසෞඛ්‍යය (MOMCH), සෞඛ්‍යය වෛද්‍ය නිලධාරීන් (MOH) හා ලිංගාශ්‍රිත රෝග සායන නිලධාරීන්ගේ සහභාගීත්වයෙන් සාකච්ඡා විය යුතුය.

x. ගබ්සාවීම්, මළදරු උපත් ඇතුළුව සියලුම ගර්භනී සංකූලතා වාර්තා වූ මව්වරුන් උපදංශය සහ HIV සඳහා මුල් ගර්භනී අවධියේ පරීක්ෂාකර නොමැතිනම් පරීක්ෂා කිරීම අවශ්‍ය වේ.

(ආ) පුද්ගලික අංශය

i. සියලුම ගර්භනී මව්වරුන් සති 12 ට පෙර උපදංශය සහ HIV සඳහා පරීක්ෂා කල යුතුය. (එය මුලින්ම සායනයට පැමිණි දින කිරීමට හැකි නම් වඩා යෝග්‍ය වේ).

ii. ගුණාත්මක තත්ත්වයෙන් යුතු පිළිගත් පරීක්ෂනාගරයකින් උපදංශය සහ HIV සඳහා වන මූලික පරීක්ෂණ සිදු කල යුතුය.

iii. උපදංශය සහ HIV පරීක්ෂණ සහ එහි ප්‍රතිඵල වාර්තා නියමිත පරිදි ගර්භනී සටහන් පත්‍රයේ සටහන් කළ යුතුය.

iv. උපදංශය හෝ HIV ආසාදිත බවට තහවුරුවන ගර්භනී මව්වරුන්, ජාතික ප්‍රතිපත්තියට අනුකූලව ලිංගාශ්‍රිත රෝග පිළිබඳ විශේෂඥ වෛද්‍යවරයෙකුට හෝ එම සායනයකට යොමුකළ යුතුය.

v. උපදංශය හෝ HIV සහිත ගර්භනී මව්වරුන්ට රෝහල්ගත වීම ඇතුළු අදාළ සියලුම සේවාවන් කොන්කිරීමකින් හෝ පහත්කොට සැලකීමකින් තොරව ලබාදිය යුතුය.

vi. උපදංශය හෝ HIV සහිත ගර්භනී මව්වරුන් පිළිබඳ විස්තර නියමිත පරිදි අදාළ ආකෘතිපත්‍රය පුරවා ජාතික ලිංගාශ්‍රිත රෝග සහ ඒඩ්ස් මධර්න වැඩසටහන (NSACP) වෙත ලැබීමට සැලැස්විය යුතුය.

05. ශ්‍රී ලංකාවේ HIV ජාතික ප්‍රතිපත්තියට අනුව "HIV ආසාදිත පුද්ගලයන්ට කොන්කිරීමකින් තොරව ප්‍රතිකාර ලබාගැනීමට ඇති අයිතිය ශ්‍රී ලංකා රජය විසින් පිළිගෙන ඇත. දැනට ක්‍රියාත්මක ජාතික සෞඛ්‍ය ප්‍රතිපත්තිය අනුව HIV ආසාදිත පුද්ගලයන්ට ප්‍රතිවෛරස ඖෂධ ලබාදීම සහ ඔවුන්ට වැළඳෙන අනෙකුත් ආසාදන සඳහා ප්‍රතිකාර ලබා දීම ලංකා රජය විසින් සිදු කරයි." (3.8 පිටුව 22)

06. තවද, 14.03.2016 දින SC.FR.No.77/2016 අංකය යටතේ දෙන ලද උසාවි නියෝගයට අනුව "රජය HIV ආසාදිත පුද්ගලයන්ගේ මානව අයිතිවාසිකම් ආරක්ෂා කිරීමට, ප්‍රවර්ධනය කිරීමට සහ එයට ගරු කිරීමටත් ඔවුන්ට පවතින කොන්කිරීම ලංකාවෙන් තුරන් කිරීමටත් ක්‍රියා කල යුතුය." (පිටුව 4)

07. යහපත් දරු උපතකට ගර්භනී මව්වරුනට පූරව ප්‍රසව අවධිය තුල ගුණාත්මක සේවාවක් සැපයීම රජයේ ප්‍රතිපත්තිය බව නැවතත් ප්‍රකාශ කර සිටින අතර උපදංශය සහ HIV සඳහා පරීක්ෂා කිරීම සහ ප්‍රතිකාර කිරීමද එයට ඇතුලත්ය. මෙම කාර්යය සාර්ථක කර ගැනීමට මම ඔබගේ අවංක සහයෝගය බලාපොරොත්තු වෙමි.

වෛද්‍ය පී. ජී. මහීපාල
සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්
සෞඛ්‍ය පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය,
"සුවසිරිපාය",
385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත,
කොළඹ 10.

වෛද්‍ය පී.ජී. මහීපාල
සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්

පිටපත්:-

1. අධ්‍යක්ෂ, පුද්ගලික සෞඛ්‍ය අංශය, සෞඛ්‍ය පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය.
2. සභාපති, විශේෂඥ ප්‍රසව වෛද්‍ය විද්‍යාර්ථයින්ගේ සංගමය.
3. සභාපති, නිදහස් වෛද්‍යවරුන්ගේ සංගමය.
4. සභාපති, ලංකා පවුල් වෛද්‍ය විද්‍යාර්ථයින්ගේ සංගමය.
5. සභාපති, ශ්‍රී ලංකා වෛද්‍ය නිලධාරීන්ගේ සංගමය.

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எனது இல)DDG/(PHS-1)/NSACP/2011
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ඔබේඅංකය)
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Your No. :)

දිනය)
திகதி) 2016.10. 27
Date)

සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார, போசணைமற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

பொது சுற்றறிக்கை இல;- 01-59/2016

அனைத்து மாகாண/பிராந்திய சுகாதார சேவைகள் பணிப்பாளர்கள்,
அனைத்து போதனா வைத்தியசாலைகள் பணிப்பாளர்கள்,
அனைத்து விசேட செயற் திட்டங்களின் தலைவர்கள்,
அனைத்து நிறுவனங்களின் தலைவர்கள்,
அனைத்து மகப்பேற்று வைத்திய நிபுணர்கள்,

இலங்கையில் தாயிலிருந்து மகவுக்கான சிபிலிஸ் மற்றும் எச்.ஐ.வி. தொற்றினை முற்றாக ஒழிப்பதற்கான செயற்திட்டம் (EMTCT of Syphilis and HIV)

2017ஆம் ஆண்டின் முடிவில், தாயிலிருந்து மகவுக்கான பிறப்பு மூலமான சிபிலிஸ் மற்றும் எச்.ஐ.வி தொற்றினை முற்றாக ஒழிப்பதற்கு ஏதான நாடாக இலங்கை அடையாளம் காணப்பட்டுள்ளது.

2. இந்த முற்றுமுழுதான நீக்குதல் நிலையை அடைவதற்கு, நாடளாவிய அனைத்து கர்ப்பிணிகளுக்குமான சிபிலிஸ் மற்றும் எச்.ஐ.வி பரிசோதனைகள் பயனுள்ள வகையில் முன்னெடுக்கப்படுதல் வேண்டும். இலங்கையில் 2015 ஆம் ஆண்டின் முடிவில் கர்ப்பிணிகளுக்கான சிபிலிஸ் பரிசோதனைகள் கிட்டத்தட்ட நாடளாவிய அளவில் (98%) மேற்கொள்ளப்பட்டுள்ளது.

3. பல்வேறு ஆலோசனைத் தொடர்களின் பின்னரான முடிவுகளின்படி, கர்ப்பிணிகளுக்கான எச்.ஐ.வி பரிசோதனைக்கான கொள்கைத் தீர்மானம், தற்போது நடைமுறையிலிருக்கும் சிபிலிஸ் பரிசோதனைகளுடன் ஒன்றிணைக்கப்படல் அவசியம் என்ற முடிவினை சுகாதார அமைச்சு எடுத்துள்ளது. 2013 ஆம் ஆண்டிலிருந்து அதிகரிக்கப்பட்டதன்படி, கர்ப்பிணிகளுக்கான எச்.ஐ.வி பரிசோதனைகள் 2012 ஆம் ஆண்டில் 5.6% இலிருந்து 2015 ஆம் ஆண்டில் 71.2% ஆக அதிகரிக்கப்பட்டுள்ளது. இலங்கை 2016 ஆம் ஆண்டின் முடிவில் இந்த முற்றுமுழுதான நீக்குதல் நிலையை அடைவதற்கு எச்.ஐ.வி பரிசோதனையின் முழு இலக்கினை 95 சதவீதமாக அதிகரிக்க வேண்டியுள்ளது.

4. தாயிலிருந்து மகவுக்கான சிபிலிஸ் மற்றும் எச்.ஐ.வி. தொற்றினை முற்றாக நீக்குவதற்கான திட்டத்தினை நடைமுறைப்படுத்துவதற்காக சுகாதார அமைச்சு, பொது மற்றும் தனியார் சேவையிலுள்ள மகப்பேற்று வைத்திய நிபுணர்களின் அர்ப்பணிப்புடனான ஒத்துழைப்பை நாடுகின்றது. கீழே தரப்பட்டுள்ள வழிகாட்டுதலுக்கு அமைவாக, உங்களது நிறுவனத்திலும் கர்ப்பிணிகளுக்கான கர்ப்பகால சிபிலிஸ் மற்றும் எச்.ஐ.வி. தொற்றினைக் கண்டறிவதற்கான பரிசோதனைகளை அதிகரிப்பதற்காக நடவடிக்கைகளை மேற்க்கொள்ள வேண்டியது அவசியம் ஆகும்.

(அ) <u>பொதுத்துறை</u>

i. சகல கர்ப்பிணித் தாய்மார்களும் 12 கிழமைகளுக்கு முன்னரான கர்ப்பகாலத்தில் (<12 weeks of POA) சிபிலிஸ் மற்றும் எச்.ஐ.விக்கான பரிசோதனைகளுக்கு உட்படுத்தப்படல் வேண்டும். (முன்னுரிமையாக முதலாவது வருகையின்போது)

ii. கற்பகால மருத்துவ கிளினிக்கில் (MOH Clinics, ANC Clinics) இருந்து சிபிலிஸ் மற்றும் எச்.ஐ.வி. பரிசோதனைக்கான 5 cc குருதி மாதிரிகள், ஒரு வெற்றிடமாக்கிய குழாயினுள் (vacutainer tube) சேகரிக்கப்பட்டு, பாலியல் நோய் சிகிச்சை நிலையத்திற்கு (STD Clinics) அனுப்பப்படுதல் வேண்டும். பரிசோதனைக்கான குருதியை எடுத்துச் செல்வதற்கான வழிமுறைகளை உங்கள் பிராந்திய சுகாதார வைத்திய சேவைகள் பணிப்பாளர், தாய் சேய்நல சுகாதார வைத்திய அதிகாரி, பாலியல் நோய் சுகாதார வைத்திய அதிகாரி, மற்றும் சுகாதார வைத்திய அதிகாரி ஆகியோருடன் கலந்து ஆலோசித்து அதன்படி பின்பற்றப்பட வேண்டியது அவசியமாகும்.

iii. அடுத்தடுத்த வருகையின் போது, சிபிலிஸ் மற்றும் எச்.ஐ.வி க்கான பரிசோதனை முடிவுகளைப் பார்வையிடவும். இந்த பரிசோதனை முடிவுகளை கற்பகால அறிக்கையில் (ANC record) தகுந்த முறையில் குறிப்பிடவும்.

iv. கற்பகால மருத்துவ சேவை கிளினிக்கிலிருந்து (ANC Clinics), பாலியல் நோய் சேவை நிலையங்களுக்கு (STD Clinics) எடுத்துச் செல்லப்படும் குருதியினை சிபிலிஸ் மற்றும் எச்.ஐ.வி. தொற்றினைக் கண்டறிவதற்கான பரிசோதனைகளை மேற்கொள்வதுடன், அவ் அறிக்கைகள் தொடர்புடைய அதிகாரிகளுக்கு அனுப்பப்படல் வேண்டும்.

v. சிபிலிஸ் மற்றும் எச்.ஐ.வி. தொற்று கண்டறியப்படின் அவ்வறிக்கை தொடர்பான தகவல்கள் வைத்திய அதிகாரி, சுகாதாரமருத்துவ அதிகாரி அல்லது மகப்பேற்று வைத்திய நிபுணருக்கு அறிவிக்கப்படுவதுடன், இத்தகவல்களின் இரகசியத்தன்மை பேணப்படுவதற்கான நடைமுறைகள் கண்டிப்பாகப் பின்பற்றப்படுதல் வேண்டும்.

vi. தொற்றுள்ளவர் எனக் கண்டறியப்பட்ட சகல கர்ப்பிணித் தாய்மார்களும் மேலதிக சிகிச்சைக்காக பாலியல் நோய் சிகிச்சை நிலையங்களுக்கு அனுப்பப்படுதல் அவசியம்.

vii. கர்ப்பிணித்தாய் ஒருவர் கர்ப்பகாலத்தில் பரீட்சிக்கப்படாமல் இருந்தால், மகப் பேற்றுக்காலத்தில் மருத்துவமனையில் இருந்து விடுவிக்கப்படுவதற்கு முன்னர் சிபிலிஸ் மற்றும் எச்.ஐ.வி. க்கான பரிசோதனைகள் மேற்கொள்ளப்படுதல் வேண்டும்.

viii. சிபிலிஸ் அல்லது எச்.ஐ.வி. தொற்றுள்ள சகல கர்ப்பிணித் தாய்மார்களுக்கும், களங்கம் மற்றும் பாகுபாடு இன்றிய, நிறுவன ரீதியான பராமரிப்பு உள்ளடங்கலாக தகுந்த சேவைகள் வழங்கப்படல் வேண்டும்.

x. தாயிலிருந்து மகவுக்கான சிபிலிஸ் மற்றும் எச்.ஐ.வி. தொற்றினை முற்றாக நீக்குவதற்கான திட்டத்தினை மாவட்ட அளவில் ஆறுமாதங்களுக்கு ஒரு முறை, பாலியல் நோய் சுகாதாரமையம், சுகாதாரவைத்திய அதிகாரி காரியாலயம், பிராந்திய சுகாதார சேவைகள் பணிப்பாளர் காரியாலயம், தாய்சேய் நல சுகாதார நிலையம் சார்ந்த ஊழியர்கள் மற்றும் மகப்பேற்று வைத்திய நிபுணர் ஆகியோர் பங்குபற்றிக் கலந்து ஆலோசித்து மீளாய்வுக்கு உட்படுத்தல் வேண்டும்.

x. ஆரம்ப கற்பகாலத்தில் VDRL மற்றும் எச்.ஐ.வி.க்கான பரிசோதனைகள் செய்யப்படாதிருப்பின், கருக்கலைதலுக்கு உட்பட்ட மற்றும் சிசு இறந்து பிறத்தல் மற்றும் பாதகமான கர்ப்ப விளைவுகளை சந்தித்த பெண்களும் மேற்குறிப்பிட்ட பரிசோதனைகளுக்கு உட்பட வேண்டிய தேவை உள்ளது.

(ஆ) <u>தனியார்துறை</u>

i. சகல கர்ப்பிணித் தாய்மார்களும் 12 கிழமைகளுக்கு முன்னரான கர்ப்பகாலத்தில் (<12 weeks of POA), சிபிலிஸ் மற்றும் எச்.ஐ.விக்கான பரிசோதனைகளுக்கு உட்படுத்தப்படல் வேண்டும். (முன்னுரிமையாக முதலாவது வருகையின்போது).

ii. சிபிலிஸ் மற்றும் எச்.ஐ.வி.க்கான பரிசோதனைகள் அங்கீகாரம் பெற்ற மற்றும் தரநிர்ணயத்தைப் பேணும் ஆய்வகங்களில் மேற்கொள்ளப்படுதல் வேண்டும்.

iii. சிபிலிஸ் மற்றும் எச்.ஐ.வி.க்கான பரிசோதனை விபரங்கள் தகுந்த முறையில் கற்பகால மருத்துவப் பதிவேட்டில் பதியப்படல் வேண்டும்.

iv. சிபிலிஸ் அல்லது எச்.ஐ.வி. தொற்றுள்ள கர்ப்பிணிகள், பாலியல் நோய் சுகாதார மையத்திற்கு (STD Clinics) அனுப்பப்பட்டு, தேசிய வழிகாட்டிக்கமைய பலியல் சுகாதார வைத்திய நிபுணரின் ஆலோசனையின்படி சிகிச்சை மற்றும் பராமரிப்பிற்க்கு உட்படுத்தப்படுதல் வேன்டும்.

v. சிபிலிஸ் அல்லது எச்.ஐ.வி. தொற்றுள்ள சகல கர்ப்பிணித் தாய்மார்களுக்கும், களங்கம் மற்றும் பாகுபாடு இன்றிய நிறுவன ரீதியான பராமரிப்பு சேவைகள் உட்பட தகுந்த சேவைகள் வழங்கப்படல் வேண்டும்.

vi. சிபிலிஸ் அல்லது எச்.ஐ.வி. தொற்றுள்ள கர்ப்பிணித் தாய்மார்களின் தகவல்கள் தேசிய பாலியல் நோய் மற்றும் எய்ட்ஸ் கட்டுப்பட்டு திட்டத்திற்கு (NSACP), தகுந்த முறையில் தெரிவிக்கப்படல் வேண்டும்.

5. இலங்கையின் தேசிய எச்.ஐ.வி. கொள்கைக்கமைய, "எச்.ஐ.வி/எய்ட்ஸ் உடன் வாழும் மக்கள், களங்கம் மற்றும் பாகுபாடு இன்றிய நிறுவன ரீதியான பராமரிப்பு சேவைகளைப் பெற்றுக் கொள்வதற்கான உரிமையை இலங்கை அரசாங்கம் ஏற்றுக் கொள்கின்றது. எச்.ஐ.வி/எய்ட்ஸ் உடன் வாழும் மக்களுக்குத் தேவையான மனித நிர்ப்பீடன எதிர்ப்பு வைரசுக்கான மருந்துவகைகளும், சந்தர்ப்பவாதத் தொற்று நோய்களுக்கான சிகிச்சையும் தேசிய வழிகாட்டிக்கமையவும், நடைமுறையிலுள்ள சுகாதார கொள்கையின்படியும், அரசினால் வழங்கப்படும்." (3.8 பக்கம் 22)

6. மேலும், 2016.03.14 அன்று SC.FR.No.77/2016 க்கு அமைய வழங்கப்பட்ட தீர்ப்பின் பிரகாரம் "எச்.ஐ.வி/எய்ட்ஸ் உடன் வாழும் மக்களின் மனித உரிமைகள் மேம்படுத்தப்பட்டு, அவை பாதுகாப்படுவதுடன் அவற்றை மதிக்கத் தகுந்த நடைமுறைகளை செயற்படுத்துவதன் மூலம் அவர்கள் வேறுபடுத்தப்படுவதனை ஒழிப்பதற்கான நடவடிக்கைகள் மேற்கொள்ளப்படுமென அரசு உத்தரவாதமளிக்க வேண்டும் என்பதை நீதிமன்றமும் பதிவேட்டில் பதிவு செய்ய விரும்புகின்றது".(பக்கம் 4)

7. கர்ப்பிணித் தாய்மார்களுக்கான வெற்றிகரமான மகப்பேற்று வெளிக்கொணர்வுக்கும் அத்துடன் அவர்கள் எல்லோருக்குமான சிபிலிஸ் மற்றும் எச்.ஐ.வி.க்கான பரிசோதனையை வழங்குவதற்குமான, இலங்கை அரசின் விசாலமான, கற்பகால மருத்துவ சேவைத் தொகுப்பிற்கான கொள்கையை நான் மீண்டும் வலியுறுத்துகின்றேன். உங்களது ஒத்துழைப்பு மிகவும் வேண்டப்படுகிறது.

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வைத்தியர்.பி.ஜி.மஹிபால
சுகாதார சேவைகள் பணிப்பாளர் நாயகம்

பிரதிகள்

i. பணிப்பாளர், தனியார் சுகாதாரத்துறை, சுகாதார வைத்திய அதிகாரி
ii. தலைவர், இலங்கை மகப்பேற்று நிபுணர் சங்கம்
iii. தலைவர், சுயாதீன மருத்துவ உத்தியோகத்தர்கள் சங்கம்
iv. தலைவர், இலங்கை மருத்துவர்கள் கல்லூரி
v. தலைவர், இலங்கை பொது மருத்துவ சங்கம்

Annexure 2: Standard of care -PMTCT of syphilis and HIV

Standard of care in prevention of mother to child transmission of Syphilis and HIV

Standard

All pregnant women should be screened for syphilis and HIV at the first antenatal visit within the first trimester. At delivery, women who do not have test results should be tested. Women with positive syphilis or HIV test results should be managed according to the national guidelines. Their partners should also be screened and managed and plans should be made to screen and manage their infants at birth.

Aim

To reduce maternal morbidity and mortality, fetal loss and neonatal mortality and morbidity due to syphilis and HIV.

Requirements

- National policies and guidelines on syphilis and HIV prevention, management and care in pregnant women are available and are correctly implemented.
- All women have access to appropriate ANC care during pregnancy, childbirth and the postpartum period.
- Health care providers are competent in syphilis and HIV prevention, screening during pregnancy, counseling on STI prevention, how to prevent re-infection during pregnancy and referral for management of seropositive pregnant women and their partners, prophylaxis and management of the newborn.
- Suitable Screening methods for syphilis and HIV are available in antenatal clinics and maternity wards.
- Adequate Laboratory facilities (at least one per district) for testing of syphilis and HIV with system to ensure quality of laboratory testing are available.
- Necessary supplies for collection and transport of samples are available at the ANC clinic and Supplies for testing of syphilis and HIV are available at the laboratory level.
- Drugs (penicillin, ART etc) are available in the STD clinics and maternity wards where relevant.
- A functioning referral system is available to ensure the management of pregnant women who are identified as having syphilis or HIV
- An effective information system is available to monitor the programme.
- Health education activities are carried out to raise the awareness of individuals, families and communities of the importance of attending ANC clinics early in pregnancy and syphilis and HIV prevention and management.

Applying the standard

Providers of maternal and neonatal health care, in particular public health staff must:

- Screen all pregnant women for syphilis and HIV at the first antenatal visit. Screening should be done preferably before 12 weeks of gestation to prevent congenital infection.
- Review syphilis and HIV test results at subsequent visits. All the women with positive screening test need to be referred to STD clinic for further management.
- If a woman was not tested during pregnancy, syphilis and HIV screening should be offered after delivery.

- Manage all women who are sero reactive for syphilis according to the stage of syphilis following national guidelines at the STD clinic.
- Manage all women with positive HIV test according to the national guidelines to prevent mother to child transmission of HIV.
- Discuss with the woman the importance of treatment for herself, her partner(s) and the baby, explain the consequences of not treating the infection, and discuss the necessity of condom use during treatment.
- Make plans to manage the baby at birth.
- Advise women who test positive that their partner(s)must also be screened and managed according to the stage of syphilis. The babies also need to be screened as soon as possible after birth.
- Advise women and partners who test negative how to remain negative.
- Screen all women with adverse pregnancy outcome (abortion, stillbirth, syphilitic infant, etc.) for syphilis and HIV, if not screened.
- Screen all women with syphilis or HIV for other STIs, and provide counseling and management accordingly.
- Record test results and if positive for syphilis or HIV details of management, in the clinic and pregnancy records.
- Maintain the confidentiality of the information regarding the patients.

Audit

Input indicators

- National policies and guidelines on syphilis and HIV prevention, management and care in pregnant women are available and are correctly implemented.
- The proportion of health facilities providing ANC services that have screening facilities for syphilis and HIV.

Process and output indicators

- Coverage of syphilis screening in pregnant women
- Coverage of HIV screening in pregnant women
- Coverage of correct management of syphilis in pregnant women at the STD clinic
- Coverage of correct management of HIV in pregnant women at the STD clinic
- Coverage of partners tested and managed accordingly
- Coverage of babies born to syphilis positive mothers who received appropriate treatment.
- Coverage of babies born to HIV positive mothers who received prophylactic ARV Treatment

Outcome/ Impact indicators

- Incidence of congenital syphilis
- Incidence of HIV among infants
- Perinatal and neonatal mortality and morbidity due to congenital syphilis.
- Perinatal and neonatal mortality and morbidity due to paediatric HIV
- Still birth rate.

Annexure 3: Guideline to collect blood samples for VDRL and HIV

<u>පූර්ව ප්‍රසව සායනයන්හි VDRL/HIV පරීක්ෂණයට රුධිරය ගැනීම සඳහා උපදෙස් මාලාව</u>

1. සායනයට පැමිණෙන සියලුම ගැබිණි මව්වරුන්ගේ (කුළුදුල් සහ අනෙකුත්) VDRL/HIV පරීක්ෂණය සඳහා රුධිර නිදර්ශක ලබාගැනීම මුල් මාස 3-4 තුල කල යුතුය.
2. රුධිර නිදර්ශක ලබාගැනීමට ඩිස්පෝසිබල් සිරින්ජර භාවිතා කල යුතුය.
3. මෙම පරීක්ෂණයට රුධිරය අවම වශයෙන් මිලි ලීටර් 5ක් ගත යුතුය.
4. රුධිර ගැනීමට පෙර පැහැදිලිව අංකය ලියු ලේබලය නොගැලවෙන සේ පරීක්ෂණ නලයේ අලවා තිබිය යුතුය.
5. පරීක්ෂණ නලයේ මූඩිය හොඳින් සවි කල යුතුය.
6. සිරින්ජරයට ගත් රුධිර නිදර්ශක පරීක්ෂණ නලයේ මූඩිය මැදින් සිදුරු වන සේ ඉඳි කටුව ඇතුල්කර රුධිරය සෙමින් ගලා යාමට සැලැස්විය යුතුය.
7. පාවිච්චි කල සිරින්ජර සහ ඉඳිකටු ආරක්ෂිත ලෙස විනාශ කල යුතුය.
8. මව්වරුන්ගෙන් ලබා ගත් රුධිර නිදර්ශක අවම වශයෙන් පැය 2ක් වත් කාමර උෂ්ණත්වයේ කූඩා රාක්කයක /පෙට්ටියක් තුල තිරස්ව/ඇලකර තැබිය යුතුය(රුධිර නිදර්ශක ගත් සැනින් ශීතකරණයේ තැබීමෙන් එම රුධිර නිදර්ශක පරීක්ෂණ කටයුතු වලට නුසුදුසු වීම හේතුවේ).
9. හැකි ඉක්මනින් (එදිනම) රුධිර නිදර්ශක අදාල පරීක්ෂණ සිදු කරන රසායනාගාරය වෙත එවිය යුතුය.
10. රුධිර නිදර්ශක ලබා ගන්නා දිනම එවීමට අපහසු වේ නම් රුධිර නිදර්ශක ශීතකරණයේ 4-8°C කොටසේ තැබිය යුතුය.
11. ශීතකරණයේ තැබූ රුධිර නිදර්ශක දින 3ක් තුල අදාල පරීක්ෂණ සිදු කරන රසායනාගාරය වෙත එවිය යුතුය.
12. රුධිර නිදර්ශක රසායනාගාරය වෙත එවීමේදී ඉහිරීම වැලැක්වීම සඳහා පෙට්ටියක හොඳින් අසුරා මූඩිය උඩු අතට සිටින සේ සිරස්ව එවීමට වග බලා ගත යුතුය.
13. රුධිර නිදර්ශක සමඟ එවන පරීක්ෂණ අයදුම්පත්‍රය පැහැදිලිව පුරවා, එනම් අංකය, සායනයේ නම, රුධිරය ලබා ගත් දිනය, එවන තැනැත්තාගේ අත්සන සහිතව වෙනම (රුධිර නිදර්ශක සමඟ නොගැටෙන සේ) එවීමට කටයුතු කල යුතුය.
14. රුධිර නිදර්ශක වල VDRL/HIV පරීක්ෂණ ප්‍රතිඵල හැකි ඉක්මනින් ලබා දීමට ලිංගාශ්‍රිත රෝග සායනය/ඒඩ්ස් මර්දන සායනයේ රසායනාගාරය කටයුතු කරන අතර යම් ලෙසකින් කිසියම් ප්‍රමාදයක් ඇතිවුව හොත් ඒ පිළිබඳව තොරතුරු දුරකතනයෙන් ඇමතීමෙන් දැනගත හැක.

VDRL/HIV පරීක්ෂණයේදී Reactive ප්‍රතිඵල දක්වන රුධිර නිදර්ශක වල නිශ්චිතව ආසාදනය ඇත්දැයි දැන ගැනීමට පරීක්ෂණ මෙම සායනයේදී සිදු කරනු ලැබේ. එහි Positive නම් ප්‍රතිඵල අදාල ආයතනයට දැනුම් දීමෙන් පසු එම ප්‍රතිඵල ඇති ගැබිණි මව අදාල ලිංගාශ්‍රිත රෝග සායනය වෙත හැකි ඉක්මනින් යොමු කල යුතුය .

Annexure 4: Laboratory Form

NSACP/ANC/14/V/

NATIONAL STD/AIDS CONTROL PROGRAMME,

MINISTRY OF HEALTH

REQUEST FORM FOR SYPHILIS/HIV TESTING IN ANTENATAL MOTHERS

Institution/clinic :……..

MOH area :……..

Date of sample collection :……..

Patient No	Age	Parity.	POA	HIV	VDRL

Name of Medical officer …… Designation …… Signature ……..

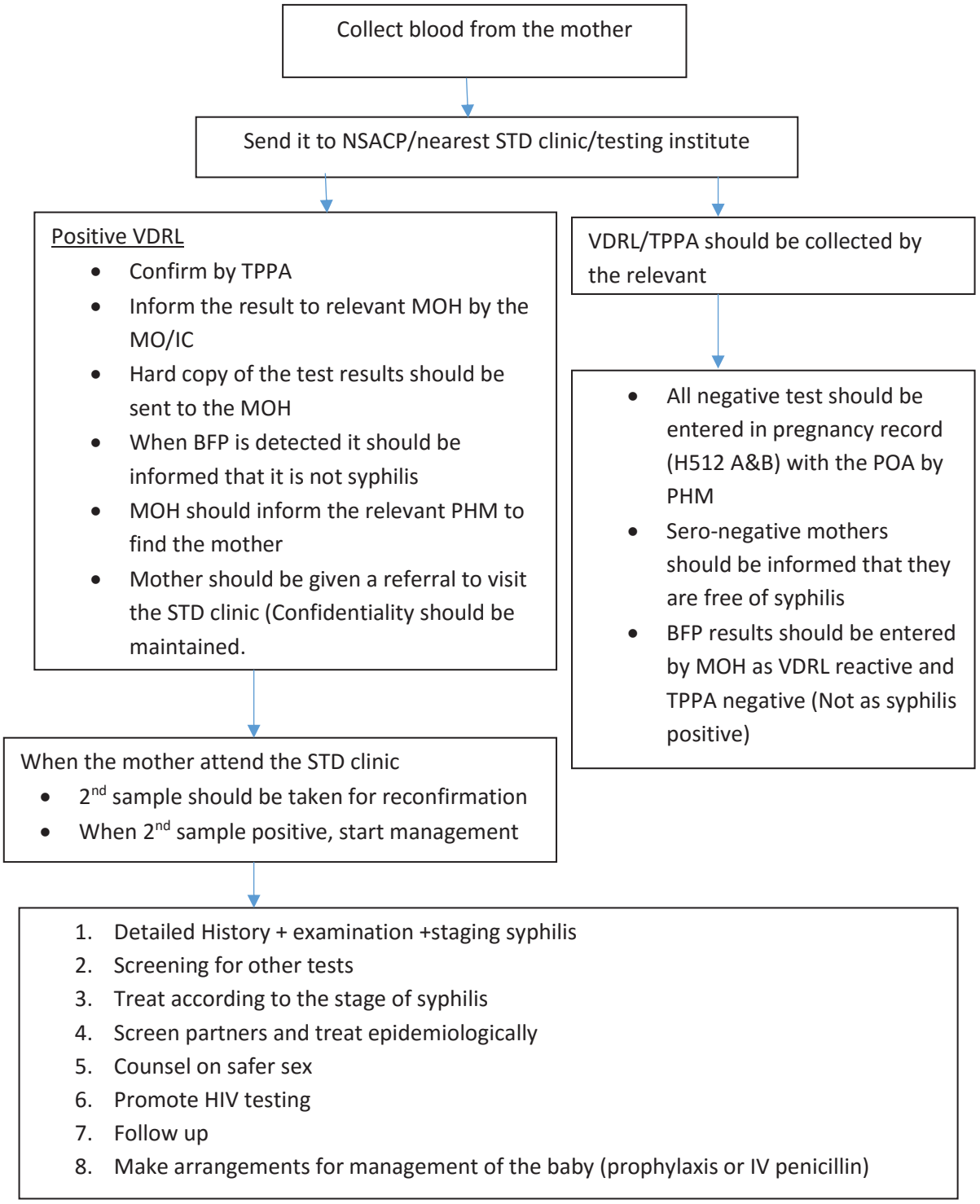
Name of collecting officer…… Designation …… Signature. ……

Date/Time of receipt of samples:…… ……..am/pm MLT:……..

Medical officer STD/Lab:……

Date…… Date ……..

Annexure 5: Protocol for antenatal testing for syphilis



Annexure 6: Letter informing positive treponemal tests

ලිංගාශ්‍රිත රෝග /ඒඩ්ස් මර්දන වැඩසටහන

/ /

සෞඛ්‍ය වෛද්‍ය නිලධාරී

.....

.....

මා වෙත යොමු කරන ලද ඉහත අංක දරන මවගේ රුධිර සාම්පලයේ

TPPA:

එමනිසා මව වැඩිදුර පරීක්ෂාව සඳහා ..... ලිංගික රෝග සායනය වෙත යොමුකරන මෙන් ඉල්ලා සිටිමි.

.....

විශේෂඥ වෛද්‍ය නිලධාරී

ලිංගාශ්‍රිත රෝග /ඒඩ්ස් මර්දන වැඩසටහන

Annexure 7.1

Details of pregnant women with syphilis

STD clinic: ☐

Master No: ☐

Date: ☐☐☐

Age: ☐

LMP: ☐☐☐ **EDD:** ☐☐☐

VDRL: ☐ **TPPA:** ☐

Staging: Early Syphilis / Late Syphilis

Diagnosed: during pregnancy / already diagnosed

<u>If already diagnosed</u> whether adequately treated before pregnancy: YES / NO

<u>If diagnosed during pregnancy</u>
POA at the time of diagnosis (week): ☐

Treatment given: ☐

Adequately treated before 36/52 of POA: Yes / No
<u>Partner:</u> Managed Satisfactory: Yes / No

<u>Baby</u>

VDRL ☐ **TPPA** ☐ **EIA IGM** ☐

Management – Benzathine penicillin prophylaxis / congenital syphilis treatment

If congenital syphilis, case definition:

1. Case definition 01
2. Case definition 02
3. Case definition 03

Baby's last VDRL ☐ Age ☐
Baby's last TPPA ☐ Age ☐

.....

Consultant Venereologist /MO STD

Annexure 7.2

Details of babies diagnosed with Congenital Syphilis

STD clinic: ☐

Master No: ☐ **Date:** ☐ ☐ ☐

Age: ☐

VDRL: ☐

TPPA: ☐

EIA IgM: ☐

Case definition of Congenital Syphilis

1. Case definition 01
2. Case definition 02
3. Case definition 03

Given treatment: ☐

.....

Consultant Venereologist/MO STD

Annexure7.3: STI data of pregnant mothers

Name of the STD clinic :

Period of the return : / / 20__to / / 20_ (Q of 20__)

Return completed by (Name and designation) :

Checked by (Name and designation) : Date of completion : / / 20__

Name of the MOH area	Number of Pregnant women diagnosed for the quarter							
	HIV	Early Syphilis	Late Syphilis	1	2	Genital Herpes	Genital warts	Other STIs

[1.] *Gonorrhea* [2.] *Non-gonococcal Infections*

Instructions: Please send these antenatal STI data to Director / NSACP, 29,De Saram Place, Colombo 10 before 20th of the month following each quarter

Annexure 8: ANC Syphilis Register

11. Antenatal Syphilis Register

Main objective of this Register is to record information on antenatal mothers who were screened and tested positive for Syphilis, in order to follow up and prevent congenital syphilis.

Table 1.12Antenatal Syphilis Register

Date	Serial No	Sample no & Place of referral, MOH area	Name, address and TelephoneNo:	Age	Parity (ANC)	Test results				STD file no	Treatment given	Baby's detail	Partners detail	Remarks
						VDRL		TPPA						

Notes

- Only the antenatal mothers who are positive for syphilis should be entered here. (Both treated or untreated)
- Blood samples sent from institutions or field clinics in MOH areas and mothers who personally visit the clinic should be entered in a laboratory register. And once such a sample is positive for syphilis, it has to be entered into the Antenatal syphilis positive register and main register.
- To identify the number of antenatal mothers positive for syphilis, use the serial number of this table.

Instructions to complete columns of Antenatal syphilis positive register.

1. **Date– in dd/mm/yyyy format**
2. **Serial Number** – Start as one from 1st of January in each year.
3. **Sample number & place of referral – Indicate the MOH Clinic and ANL Number**
4. **Name, address and Telephone No – Home Address**
5. **Age**
6. **Parity** – P - Pregnancy, C - Living children
7. **Test results – VDRL, TPHA**
8. **File No. STD clinic – Master number**
9. **Remarks** –Expected date of delivery (EDD), Date of issue of the letter to VOG etc.
10. **Baby's Details** –Baby's STD clinic file no. Date of treatment/Prophylaxis, VDRL and EIA IgM Reports.
11. **Partners Details** – Partner's STD clinic file No, syphilis diagnosed or not Date of epi-treatment

Annexure 9 : Pregnancy Record (H 512)

සායනික සංරක්ෂණය / பிணியாய்வு நிலைய பராமரிப்பு / Clinic care

සායනයට පැමිණි දිනය / வருகை தந்த திகதி/ Date of Visit											
ගර්භයට සති / கர்ப்ப வாரங்களின் எண்ணிக்கை / POA											
මූත්‍රාවල්‍ය / சிறுநீர் Urine — සීනි / சீனி / Sugar — ඇල්බියුමින් / அல்புமின் / Albumin											
සුදුමැලි බව / வெளிறல் / Pallor											
ඉදිමුම / வீக்கம் Oedema — වළලුකර / கணுக்கால் Ankle											
මුහුණ / முகம் / Facial											
රුධිර පීඩනය / இரத்த அமுக்கம் /BP											
180											
150											
140											
130											
120											
110											
100											
90											
80											
70											
60											
50											
ගුදගයේ උස / கருப்பையின் உயரம் Fundal Height											
භ්‍රූණයේ පිහිටීම / சிசு அமைந்திருக்கும் பாங்கு Foetal Lie											
භ්‍රූණයේ ඉදිරිපස කොටස / சிசுவின் அமைந்திருக்கும் பாங்கு Presentation											
ඉදිරි කොටස බඳින් පහතට පැමිණීම / வெளிப்படும் பகுதி இடுப்புக்குழியில் இறங்கியிருக்கும் அளவு Engagement of the presenting part											
භ්‍රූණ චලන / சிசுவின் அசைவு FM — භ්‍රූණ හෘදය / சிசுவின் இதயத்துடிப்பு FHS											
යකඩ / ෆෝලේට් / இரும்பு போலேட் Iron / Folate — විටමින් සී / விட்டமின் C Vitamin C											
කැල්සියම් / கல்சியம் Calcium — මැලේරියා ප්‍රතිකාර / மலேரியா எதிர்ப்பு மருந்து Antimalarial Drugs											
පෝෂක අතිරේක / குறை நிரப்பு உணவுகள் Food Supplementation											
පරීක්ෂා කරන ලද නිලධාරිගේ අත්සන / பரிசோதித்தஉத்தியோகத்தரின் கையொப்பம் Signature of the officer examined											
තිල තනතුර / பதவி / Designation											

හෘද පරීක්ෂාව / இருதய பரிசோதனை Auscultation

පළමු ත්‍රෛමාසිකය / முதல் 3 மாதங்கள் First trimester	
දෙවන ත්‍රෛමාසිකය / 2 வது 3 மாதங்கள் Second trimester	
තෙවන ත්‍රෛමාසිකය / 3 வது 3 மாதங்கள் Third trimester	

ශ්වසන පද්ධතිය / சுவாசத்தொகுதி Respiratory System	
පියයුරු පරීක්ෂාව / மார்பகப் பரிசோதனை Breast Examination	

පරීක්ෂණ / பரிசோதனைகள் Investigations

	රුධිරයේ සීනි / குருதியில் சீனியின் அளவு Blood Sugar	හිමෝග්ලොබින් / ஈமோகுளோபின் Haemoglobin
ඇණවුම් කළ දින / POA		
ප්‍රතිඵල / Result		

වෙනත් පරීක්ෂණ / ஏனைய பரிசோதனைகள் Other Investigations

පණු ප්‍රතිකාර / புழுச்சித் தடுப்பு மருந்துகள் Antihelminthic Drugs	
භ්‍රූණ චලන සටහන්ත ලබා දුන් දිනය / சிசுவின் அசைவுப் பட்டி வழங்கிய திகதி Date of issuing kick count chart	

උපදංශය සඳහා පූර්ව පරීක්ෂාව / சிபிலிசுக்கான முற்பரிசோதனை / Syphilis Screening

රුධිර සාම්පලය ගන්නා විට ගර්භයට සති / இரத்தம் எடுக்கப்பட்ட திகதியில் கர்ப்பவாரங்களின் எண்ணிக்கை POA of blood sampling		
රුධිර සාම්පලය ගත් දිනය / இரத்தம் எடுக்கப்பட்ட திகதி Date of blood sampling		
ප්‍රතිඵලය ලැබුණු දිනය / முடிவு பெறப்பட்ட திகதி Date of result received		
ප්‍රතිඵලය / சோதனை முடிவு / Result	NR	R
ප්‍රතිඵලය (R) නම් වඩිදුර ප්‍රතිකාර සඳහා යොමුකළ දිනය / முடிவு R எனின் மேலும் சிகிச்சை நிலையத்திற்குப் பரிந்துரைக்கப்பட்டதிகதி If (R) Date of referral		

HIV පූර්වපරීක්ෂාව සඳහා රුධිර සාම්පලය ලබාගත්බව HIV இரத்த மாதிரி பரிசோதனைக்கு முற் பரிசோதனை Blood Sample taken for the HIV Screening	ඔව් / ஆம் YES	නැත / இல்லை No

පිටගැස්ම ධූලකාහ ප්‍රතිශක්තිකරණය / ஏற்பு நோய் தடுப்பு மருந்து வழங்குதல் / Tetanus Toxoid Immunization

පිටගැස්ම ධූලකාහය / ஏற்பு நோய் தடுப்பு மருந்து Tetanus Toxoid	1	2	3	4	5	NE
දිනය / திகதி / Date						
බාච් අංකය / குழு இலக்கம் Batch No.						

3

Annexure 10.1: Leaflet for pregnant women on service package (Page 1)

- අදාල පරීක්ෂණයන් කර ගැනීමෙන්
- අවශ්‍ය උපදෙස් පිළිපැදීමෙන්

නීරෝගී බිළිඳකු වෙනුවෙන්
ඔබේ පැතුම ඉටු වේ.

ඔබේ වගකීම වනුයේ

ගැබ්ගත් බව දැනගත් වහාම

- සායනයට පැමිණීම
- පළමු මාස 03 ඇතුලත අදාල සියලුම පරීක්ෂාවන් සිදු කරවා ගැනීම
- ලබාදෙන ප්‍රතිකාර නියමාකාරව ගැනීම
- ලබාදෙන උපදෙස් නිසිලෙස පිලිපැදීම

ඔබට සහය වීම සඳහා සෞඛ්‍ය සේවාවන්
නිබඳවම ඔබ සමීපයේ.....

ප්‍රකාශනය
ජාතික ලිංගාශ්‍රිත රෝග හා ඒඩ්ස් මර්දන වැඩසටහන
නො 29, ද සේරම් පෙදෙස
කොළඹ 10.
දුරකථන - 011-2667163

ඔබේ පැතුම සැබෑ වීමට නම්

සෑම කාන්තාවකගේම පැතුම නිරෝගී දරු සම්පතකි.

ඒ සඳහා මව් සායනයේදී
සිදු කරනු ලබන පරීක්ෂණ කරවා ගැනීම
මවක වන ඔබගේ වගකීමයි.

Annexure 10.2: Leaflet for pregnant women on service package (Page 2)

සායනයේදී මුත්‍රා හා රුධිරය පරීක්ෂා කල යුත්තේ ඇයි ?

- මුත්‍රා වල ඇල්බියුමින් ප්‍රෝටීන ඇත්දැයි පරීක්ෂා කර එමගින් ගර්භවිෂ රෝග කල්තියා හඳුනා ගෙන පිළියම් කළ හැක.

මව් සායනයේ දී ගනු ලබන රුධිර සාම්පල මගින් පහත සඳහන් සියලුම පරීක්ෂාවන් සිදුකර ගත හැකිය.

- රුධිර වර්ගය හා ආර්.එච් ෂනය (Grouping & Rh)
- හිමොග්ලොබින් (Hb)
- රුධිරයේ සීනි පරීක්ෂණය (Blood Sugar)
- වී.ඩී.ආර්.එල්. පරීක්ෂණය(VDRL)
- එච්.අයි.වී. පරීක්ෂණය(HIV)

රුධිර වර්ගය හා ආර් එච් ෂනය(Grouping & Rh)

දරු ප්‍රසූතියට පෙර ඔබගේ රුධිර වර්ගය කුමක්දැයි දැන ගැනීමෙන් දරු ප්‍රසූතියේදී යම් අවස්ථාවක රුධිරය ලබා දීමට අවශ්‍ය වුවහොත් ඔබට අවශ්‍ය රුධිරය පහසුවෙන් ලබා දිය හැකිවේ.

හිමොග්ලොබින්(Hb)

හිමොග්ලොබින් අඩු බව කල්තියා දැන ගැනීමෙන් නීරක්තයෙන් සිදුවන අහිතකර බලපෑම් වලක්වා ගැනීමට පියවර ගත හැකියි.

රුධිරයේ සීනි පරීක්ෂණය (Blood Sugar)

මෙය පළමු සායනයට පැමිණි අවස්ථාවේ දී සහ නැවත සති 24-28 (මාස 6-7) තුළ පරීක්ෂා කරවා ගැනීමෙන් දියවැඩියා රෝගය පහසුවෙන් හඳුනාගෙන ඉන් සිදුවිය හැකි අහිතකර බලපෑම් වලක්වා ගත හැකිය.

වී.ඩී.ආර්.එල් (VDRL)පරීක්ෂණය

උපදංශ (සිෆිලිස්) රෝගය හඳුනා ගැනීම සඳහා කෙරෙන මූලික පරීක්ෂාවකි. නිසි ප්‍රතිකාර මගින් රෝගය සුව කළ හැකි අතර එමගින් මවගෙන් දරුවාට රෝගය බෝවීමද වැලැක්වේ.

එච්.අයි.වී (HIV) පරීක්ෂණය

HIV ආසාදනය වී ඇතිබව තහවුරු වුවහොත් නිසි ප්‍රතිකාර මගින් මවගේ රෝගී තත්වය පාලනයකළ හැකිය. දරුවාට රෝගය වැළදීමට ඇති හැකියාව මුළුමනින්ම වැලැක්වීම සඳහා අවශ්‍ය සියලුම සේවාවන් ලබා ගත හැකිය.

Annexure 11 - Referral Letter to VOG

……..

National STD /AIDS Control Programme

Colombo.

Dr. ……..

Consultant Obstetrician & Gynaecologist.

Dear Sir / Madam,

Re: ……..

This patient has been diagnosed with early syphilis / late syphilis at the POA of ……. weeks.

She is treated adequately according to her stage of syphilis.

Please arrange prophylactic treatment for the baby with stat dose of IM Benzathine Penicillin 50,000 IU / kg and send blood samples from mother and baby (at least 2cc from each) to the STD clinic for syphilis screening.

Refer both mother and baby to STD clinic for evaluation before discharge.

Remarks:……
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Thank You,

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Consultant Venereologist

NSACP