

NATIONAL AIDS CONTROL PROGRAMME

MONTHLY PROGRESS REPORT ON STDs

These forms are subject to modification as per requirements arise time to time.

State:

Month:

No. Of Reporting units

No. Of units reported

A: Diseases

| S. No. | Diseases | No. of cases detected In the month | | | Cumulative | | |
|--------|-----------------------------------|------------------------------------|---|-------|------------|---|-------|
| | | M | F | Total | M | F | Total |
| 1. | Genital Ulcer Diseases | | | | | | |
| 1.1 | Syphilis (early Primary) | | | | | | |
| 1.2 | Chancroid | | | | | | |
| 1.3 | Herpes genitals | | | | | | |
| 1.4 | Donovanosis | | | | | | |
| 2 | Inguinal swelling - LGV | | | | | | |
| 3 | Urethral discharge | | | | | | |
| 3.1 | Gonorrhoea | | | | | | |
| 3.2 | Nongonococcal - urethritis | | | | | | |
| 4. | Vaginal discharge | | | | | | |
| 4.1 | Vaginitis | | | | | | |
| 4.2 | Bacterial vaginosis | | | | | | |
| 4.3 | Trichomonal vaginalis | | | | | | |
| 4.4 | Candidiasis | | | | | | |

| | | | |
|-----|--|--|--|
| 4.5 | Cervicitis | | |
| 4.6 | Gonococcal | | |
| 4.7 | Chlamydial | | |
| 5. | Genital Warts (Candidiasis) | | |
| 6. | Genital Warts | | |
| 7. | Other types of syphilis <ul style="list-style-type: none"> • Secondary • Late • cong | | |
| 8. | Scrotal swelling (epidymoorchitis) - gonococcal & Cholamydial | | |
| 9. | Miscellaneous - Scabies Pediculosis | | |
| 10. | Total hospital new OPD Attendance | | |

B: Laboratory Investigations

VDR/RPR

| S.No. | Category of Patients | No.of Samples Tested | | No. reactive | | % age related | |
|-------|-----------------------|----------------------|------------|--------------|------------|---------------|------------|
| | | Month | Cumulative | Month | Cumulative | Month | Cumulative |
| 1. | Syphilis | | | | | | |
| 1.1 | STD OPD | | | | | | |
| 1.2 | Gynae. OPD/ANC | | | | | | |

A. Clam's Stain

| | No.of smear Collected | | No.Positive | | % age Positive | |
|----------------------------------|-------------------------------|------------|-------------|------------|----------------|------------|
| | Month | Cumulative | Month | Cumulative | Month | Cumulative |
| Gonorrhoea | No.of vaginal smear Collected | | | | | |
| Wet Preparation (Koh/Saline) | | | | | | |
| Bacterial Vaginosis (clue Cells) | | | | | | |
| Candidiasis | | | | | | |

B. Partners Notification & Treatment

| | During month | | Cumulative | |
|-------------------------------|--------------|------------|------------|------------|
| | Month | Cumulative | Month | Cumulative |
| Total number of STDs attended | | | | |
| No.reported & Treated | | | | |

D. Counselling

| | During month | | Cumulative | |
|-------------------------------|--------------|------------|------------|------------|
| | Month | Cumulative | Month | Cumulative |
| Total number of STDs attended | | | | |
| Condom advice And provision | | | | |

