

Quarterly ART Reporting Format for Private Sector

Annexure -1

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|---------------------------|--|
| Name of District & State: | |
| Reporting Month & Year: | |

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|------------------------------------|--|
| Name of Reporting centre / Doctor: | |
| Complete Address: | |
| Email: | |
| Contact No (land line & Mobile): | |

| | Male | Female | Children | TG | Total |
|--|------|--------|----------|----|-------|
| No. of PLHA registered with you in HIV care | | | | | 0 |
| No. of PLHA ever started on ART by you/ your centre | | | | | 0 |
| No. of PLHA currently on ART with you/ your centre | | | | | 0 |
| No. of PLHA initiated on "First Line ART (NNRTI) based regimen | | | | | 0 |
| No. of PLHA switched to Second line ART (PI based) due to toxicity to NNRTI | | | | | 0 |
| No. of PLHA switched to second line (PI based) due to treatment failure | | | | | 0 |
| No. of PLHA started on an initial second line ART (PI Based) | | | | | 0 |
| No. of patients referred to Government ART centre | | | | | 0 |

| Guidance on Rational ART Regimen | |
|----------------------------------|---|
| First Line ART regimen | 2 NRTI (or 1 NRTI + 1 NRTI) + 1 NNRTI |
| Alternative first line ART | 2 NRTI (or 1 NRTI + 1 NRTI) + 1 PI (due to NNRTI toxicity) |
| Second line ART | 2 NRTI (or 1 NRTI + 1 NRTI) + 1 PI (due to treatment failure) |

Note: please send this report on artreports.private@gmail.com