

Key Preliminary Recommendations from Surveillance & Epidemiology Sub-Group

1. HSS at STD sentinel sites may be discontinued under NACP-IV as the data is affected by several biases and is of low utility in the current scenario.
2. A road map should be developed for transition from ANC-based to PPTCT-based surveillance, considering all the important issues such as controlling for scale-up, issues with trend analysis, and use of data for estimations.
3. Private ANC sites need to be expanded to capture the segment of population accessing private sector. Criteria should be evolved for establishment of private sites.
4. Rural ANC composite sites at PHC/CHC level should be expanded in heavy out-migration districts.
5. Introduction of informed consent at ANC clinics under HIV Sentinel Surveillance should be explored due to the ethical considerations. A pilot may be done to understand the refusal rates and reasons before adopting it in HSS.
6. Issues related to implementation of IBBS at HRG sites need to be consolidated before finalizing the plan for roll out. A sub-group is putting down the recommendations in this regard.
7. Administrative issues such as timely supplies and release of funds should be streamlined, as it is the single factor affecting the smooth implementation of HSS.
8. Epidemiological studies should be undertaken to generate Indian data to validate the assumptions used in HIV estimation process.
9. Validity of new biological assays for Incidence estimation should be assessed with respect to Indian settings and subsequently develop plan to include Incidence estimation as a part of routine HIV surveillance.
10. Questions should be included in Annual Health Survey of Ministry of Health and Family Welfare to assess AIDS-related mortality.
11. HIV Case Reporting mechanisms should be developed for more effective cohort tracking of HIV positive individuals.
12. Highlight '**Data Quality & Data Use**' as the central theme of all SI efforts under NACP-IV.
13. A system for identifying Early Warning Indicators from the programme reporting, undertaking epidemiological investigations to find out the causes/reasons and give inputs to the programme divisions, should be put in place.
14. Areas for other epidemiological work should be identified from time to time and studies should be initiated with clear timelines.
15. The framework for re-categorisation of districts using multiple data sets is recommended for implementation during NACP-IV, after consultations with the state level programme officers and experts.
16. A dedicated Data Analysis Cell/ Epidemiology Unit is recommended at NACO, comprising of 1-2 epidemiologists, 1-2 statisticians and 1 communication expert, exclusively for data archiving, analysis, bringing out reports, publications & policy briefs, and providing inputs to the programme divisions on a regular basis; to work in close coordination with experts in institutions & medical colleges; to guide data analysis, use and publications at state & district levels.

Detailed draft report is in the process of preparation.