HIV
Sentinel Surveillance Plus 2019

Operational Manual for Central Prison Sites

National AIDS Control Organization
Ministry of Health & Family Welfare, Government of India
&
All India Institute of Medical Sciences, New Delhi
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Ministry of Health & Family Welfare, Government of India

&

National Institute AIIMS for HIV Sentinel Surveillance
Centre for Community Medicine, AIIMS, New Delhi
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# ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Treatment</td>
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<tr>
<td>BMW</td>
<td>Bio-medical waste</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Centre</td>
</tr>
<tr>
<td>DFTS</td>
<td>Data Form Transportation Sheet</td>
</tr>
<tr>
<td>DBS</td>
<td>Dried Blood Spot</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<tr>
<td>HRG</td>
<td>High Risk Group</td>
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<tr>
<td>HSS</td>
<td>HIV Sentinel Surveillance</td>
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<tr>
<td>ICTC</td>
<td>Integrated Counselling and Testing Centre</td>
</tr>
<tr>
<td>NACO</td>
<td>National AIDS Control Organisation</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>OBG</td>
<td>Obstetrics &amp; Gynaecology</td>
</tr>
<tr>
<td>OPD</td>
<td>Out-patient Department</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
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<tr>
<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission</td>
</tr>
<tr>
<td>RI</td>
<td>Regional Institute</td>
</tr>
<tr>
<td>RPM</td>
<td>Rotations per minute</td>
</tr>
<tr>
<td>RPR</td>
<td>Rapid Plasma Reagin</td>
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<tr>
<td>SACS</td>
<td>State AIDS Control Society</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
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<tr>
<td>SRL</td>
<td>State Reference Laboratory</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>STS</td>
<td>Sample Transportation Sheet</td>
</tr>
<tr>
<td>VDRL</td>
<td>Venereal Disease Research Laboratory</td>
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</table>
MESSAGE

I am delighted to note that the All India Institute of Medical Sciences (AIIMS), New Delhi, and National AIDS Control Organization (NACO) is publishing the Operational Manual for HIV Sentinel Surveillance among prisoners. AIIMS has always extended its full support to National Health Programmes of Government of India including HIV Sentinel Surveillance (HSS). The Centre for Community Medicine (CCM), AIIMS, New Delhi, has been working with NACO since the inception of National AIDS Control Programme to address the HIV epidemic in India.

I am glad to note that in 2018, NACO has designated the Centre for Community Medicine, AIIMS as the ‘National Institute for HIV Sentinel Surveillance (NI-AIIMS)’. This is the first time that HIV Sentinel Surveillance among prisoners is being started. Prisoners are one of the risk group for HIV worldwide due to their exposure to various risk factors in prison, including possible sexual activity and intravenous drug use.

India has been responding to the HIV/AIDS epidemic for decades and with sustained efforts India has one of the most robust surveillance systems in the world. It is possibly for the first time in the world that surveillance is being conducted in the prison population. The addition of prisoners as one of the risk groups for surveillance will make HSS in India among the most comprehensive surveillance system for HIV worldwide.

This manual describes the roles and responsibilities of the site personnel and methodology to be followed at the sentinel sites. It will simplify and standardize the technical and operational aspects of HSS among prisoners and improve the quality of HIV Sentinel Surveillance.

I am sure this manual will be extremely helpful to all stakeholders involved in HIV surveillance in prisons globally.

I wish all the best for the upcoming HIV Sentinel Surveillance at Central Prisons.

(Prof. Randeep Guleria)
FOREWORD

HIV Surveillance is fundamental to the monitoring and informing the responses under the National AIDS Control Programme. The 2017 round of Surveillance was implemented across seven population groups comprising pregnant women, female sex workers, men having sex with men, injecting drug users, hijra/transgender people, truckers and migrants.

WHO and UNAIDS have recognised inmates in prisons as one the group who are at higher risk of acquiring HIV infection. There are studies in Indian setting who has indicated that incarcerated population are having higher prevalence of sexually transmitted infections in the country. In line of global recommendations and local evidences, the 2019 round expands the surveillance among the prisoners as its 8th population group.

While surveillance systems are being set-up in correctional institutions, national AIDS response has been also intensified in the setting. Hon’ble Union Minister of Health and Family Welfare Shri. Jagat Prakash Nadda on 6th February 2016 launched Prison HIV intervention at Imphal, Manipur. NACO has been successfully implementing HIV/TB intervention in Prisons and other closed settings in India in a phased manner with the support of partner NGOs such as FHI360; Emmanuel Hospital Association (EHA) and SAATHII in various parts of the country. The programme has been subsequently scaled up to a comprehensive HIV/ TB intervention.

National AIDS Control Programme is implementing the HIV surveillance among incarcerated population for the first time. This operational manual has been prepared with an objective to standardize the implementation of this critical activity at all surveillance sites to ensure generation of high-quality comparable data.

We are confident the AIDS response and HIV surveillance among the inmates in Prisons and other closed settings will be complementary and facilitating to achieve ‘End of AIDS’ across all population and locations by 2030.

(Sanjeeva Kumar)
National AIDS Control Programme is committed to achieve ‘End of AIDS’ as a public health threat by 2030 through evidence driven policies and interventions. This is done through a fully funded, systematic and institutional three-pronged strategy of programme monitoring, epidemic surveillance and research with in-built data analysis and dissemination. These complementary strategies have provided robust, high quality strategic information contributing enormously in towards outcome oriented national AIDS response which has been recognised as a global success story.

In continuation of national programme approach towards high quality epidemic surveillance across various locations and population groups, HIV Sentinel Surveillance is being implemented among inmates during 2019 round at 50 central jails across India.

HIV Sentinel Surveillance at Central Prison sites has its own distinct features. India is global first for establishing a systematic mechanism of HIV surveillance among inmates. While it suitably adapts existing surveillance methodologies among pregnant women, high risk groups and bridge population, the addition of a short but extremely relevant questionnaire upgrade this endeavour to HSS Plus. The return of test results to the respondent and subsequent offering of need based follow services, including linkage with treatment programme, has been ensured conforming to the high ethical standards being promoted under the national AIDS control programme. While doing so, the mechanisms for confidentiality and anonymity as per the surveillance protocol has been maintained.

One of the key strengths of National AIDS Control Programme has been operational manuals. The manuals ensure standard and uniform implementation of programme component across country through the virtue of being the reference document. The practice is also followed in HIV Surveillance and operational manuals are updated and published before every round incorporating the learnings from previous rounds. In line of operational manual for ANC and HRG/Bridge population, this operational manual has been prepared for reference of the personnel engaged in implementing surveillance at sentinel sites describing the managerial as well as technical aspects for implementing HIV sentinel surveillance among inmates at central jail sites.

As HSS Plus is being implemented among the inmates at central prison sites for the first time in India, the importance of this operational manual cannot be underestimated. I urge all the stakeholders to go through this manual and implement the activity as per the protocols prescribed for generation of high-quality data. I am also confident that this manual will be of extreme use to any other country planning to devise a high-quality surveillance mechanism among the inmates in prisons.

(ALOK SAXENA)

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E-mail : js@naco.gov.in

अपनी एचडीएसएच अवस्था जानने, निकटतम सरकारी अस्पताल में मुफ्त सलाह य जीवंत परीक्षण
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing
ACKNOWLEDGMENT

National AIDS Control Programme in India is the global first towards adopting a systematic approach for monitoring prevalence of HIV and related risk behaviors among inmates in prisons. This has been the outcome of a long process through series of consultation first on conceptual framework, then on methodological details and finally on operational detailing. NACO gratefully acknowledges the contributions made by various stakeholders who have contributed into this journey.

The Technical Resource Group for HIV Surveillance and Estimation is chaired by Shri Sanjeeva Kumar, Addl. Secretary & DG (NACO & RNTCP) and co-chaired by Dr Sanjay Mehendale (Addl. DG, ICMR). We place on record our sincere thanks to them for providing vision, insights and support towards development of a robust methodology for HIV Surveillance in prison settings.

The initial impetus towards realization of NACO vision for establishing surveillance in the prison settings was provided by Dr. S Venkatesh (the then Addl. DG, NACO and now DGHS, Officer In-Charge, MoHFW, Govt. of India), Dr DCS Reddy (Former HoD, Dept of PSM, IMS, BHU), Prof. Arvind Pandey (Former Director, NIMS-ICMR, New Delhi), Dr Shashi Kant (Professor and Head, Centre for Community Medicine, AIIMS, New Delhi) and Dr Vishnu Vardhan Rao (Director, ICMR-NIMS) provided technical insights in all phases as the concept got developed into full-fledged operational manual.

Dr Pradeep Kumar (NACO) developed the conceptual framework, methodology and operational manual for HSS Plus. HIV Surveillance team at AIIMS, New Delhi (Dr Sanjay Rai, Dr Shreyaa Jha, Dr Priyanka Kardam, Dr Bharti Gaur), ICMR-NARI, Pune (Dr Sheela Godbole, Dr Sayali Kalme, Mr Michael Pereira), ICMR-NI, Chennai (Dr A. Elangovan, Dr Santhakumar Anidoss), ICMR-NICED, Kolkata (Dr M.K. Saha, Dr Alok Kumar Deb, Dr Subrat Biswas), PGIMER, Chandigarh (Dr P.V.M. Lakshmi, Ms Chandrakanta) and IRMS, Impshel (Dr T Gambhir, Dr Manihar Singh) shared field experiences, critically reviewed the documents, field tested the tools and provided vital inputs towards finalization of the methods and manuals. AIIMS, New Delhi also published and disseminated the operational manual. Dr Anind Kumar (NACO) coordinated field testing of tools. Ms. Vinita Verma (NACO) facilitated firming up of ethical considerations. Dr Amilav Das (Odisha SACS), Dr Preety Pathak (Uttar Pradesh SACS), Dr Richard (Mizoram SACS) and Mr Babayasachi (Delhi SACS) enriched and strengthened the operational manual by sharing their field experiences.

Dr Bilali Camara (UNAIDS India), Ms Madhu Sharma (UNODC India), Dr Nicole Seguy (WHO India), Dr Rajat Adhikary (WHO India) and Ms Deepika Joshi (CDC India) shared global experiences. Prison authorities and NGO implementation partners in the leadership of Dr Btra George (FH360), Dr Subhasree Raghavan (SAATHII) and Dr Rebecca Sinate (EHA) collaborated with NACO on this critical activity. Mr Aditya Singh (FH360) provided technical materials in respect of training.

Programmatic context and support have been provided by Dr R.S. Gupta (DDG, NACO), Dr Naresh Goel (DDG, NACO), Dr Anup Kumar Puri (DDG, NACO), Dr Bhawani Singh Kushwaha (DD, NACO), Dr Asha Hegde (NPO, NACO) and Ms Mariyam (PO, NACO) under the dynamic leadership and guidance of Shri Alok Saxena (Joint Secretary, NACO). Mr Abraham Lincoln (NACO) coordinated various activities and provided critical technical insights in evolution of this operational manual.

(Shobini Rajan)
GLOSSARY

In order to standardize the terminology used in HIV Sentinel Surveillance (HSS) Plus and to enable correct interpretation of different words, the key words used in this document are explained below.

**Sentinel Site**: Sentinel Site is defined as "a designated service point/facility where blood specimens & relevant information are collected from a fixed number of eligible individuals from a specified population group over a fixed period of time, periodically, for the purpose of monitoring the HIV epidemic."

**Sentinel Site Code**: Unique number given to each sentinel site. It is an eight-digit number comprising codes for state (2 digits), district (3 digits) and site type (2 digits) followed by site number (1 digit).

**Sub-site Number**: Serial number given to each sub-site in a composite site, starting with 1. For a single site, the sub-site number will be '0'.

**Eligible Inmates**: From HIV sentinel surveillance perspective 'eligible inmates' are male, convicts or under trials in the prison aged 18 years or higher.

**Convict**: A convict is a person found guilty of a crime and sentenced by court of law and person serving a sentence in prison.

**Under trial Prisoner**: An under trial is a person in a prison who is currently on trial in a court of law.

**Sampling Method**: The approach adopted at the sentinel site for selecting a sample of inmates out of total universe of eligible inmates. Random sampling approach is being used for sampling at prison sites.

**Recruitment**: The process of including an eligible inmate in HIV Sentinel Surveillance, after taking his consent, by assigning a sample number, by completing a data form and collecting blood specimen.

**Selected Inmate**: An inmate who is found to be eligible and randomly selected for inclusion in HIV Sentinel Surveillance as per specified criteria.

**Sample Number**: Unique number given to each eligible individual recruited in HIV Sentinel Surveillance at a sentinel site. It is a three-digit number starting with '001'. Sample number of an eligible individual is mentioned on the data form as well as on the blood specimen of the corresponding individual.

**Data Form**: The questionnaire seeking information related to socio-demographic characteristics, HIV/AIDS related knowledge, risk behaviours and services exposure.

**Specimen**: Blood collected from the eligible individuals or serum separated from it.

**HSS Testing Lab**: Laboratory where serum specimens collected under HIV Sentinel Surveillance are tested for HIV and Syphilis. This term is used to differentiate it from other laboratories or testing centres where routine tests are done in a health facility or where HIV test is done in an ICTC.

**Informed Consent**: Willingness expressed by an eligible inmate to be recruited into HSS after completely understanding the purpose, advantages and disadvantages of his recruitment.

**Master List (Master Register)**: Computerised listing of male inmates (convict/undertrial prisoners) in the selected prison. Master list shall contain inmate unique prisoner ID number as assigned by concerned prison, inmate type (convicts/undertrial) and age of each inmate in the concerned prison.
Random list: List of inmates selected by random sampling out of the master list/register provided by the concerned prison. A new serial number/random list number is given to each randomly selected inmate starting from 1. So, besides unique prisoner ID no., inmate type and age of inmate, random list also contains random list number.


Testing Protocol: Indicates the number of HIV tests conducted on the blood specimen aliquoted for HSS Plus. Two-test protocol is adopted in HIV Sentinel Surveillance (First test of high sensitivity & Second test of high specificity, if first test is reactive).
1. Introduction

HIV Sentinel Surveillance (HSS) is one of the components of the second-generation HIV surveillance in India. It is one of the largest HSS systems in the world. It helps to understand the dynamics of the HIV epidemic and monitor the trends among different population groups and geographical areas and, thus, provides inputs to programme for strengthening prevention and control activities.

Under HSS, selected health facilities/targeted intervention sites/central prisons are designated as sentinel sites where a predetermined number of samples are collected over a fixed duration. The sentinel sites have been scaled up in a phased manner from 176 in 1998 (including 92 ANC sites) to 1323 sites in 2016-17 (including 829 ANC sites). The 16th round of HSS is proposed to be implemented at 1493 sites across 8 population groups including 50 surveillance sites in prisons. With this expansion, almost every district in the country now has a sentinel site for one or more of the risk groups.

2. Rationale

National Strategic Plan (NSP) under National AIDS Control Programme (NACP) has mentioned responding to the HIV/AIDS epidemic among ‘at risk’ population as a critical element of achieving ‘End of AIDS’ by 2030. Globally, HIV interventions at correctional institutions is strongly recommended with ‘prisoners’ identified as one of the groups at higher risk of HIV infection. UNAIDS paper titled “On the Fast-Track to end the AIDS by 2030: Focus on location and population” states that the key populations at increased risk of acquiring HIV are over represented in the prison population because of their sexual orientation, gender expression, occupation or behaviour is criminalized and recommends for full package of services among the prison population.

In India, a review of literature by K. Dolanet al., concluded that HIV prevalence in prisons was higher than that in general community. Also, the prevalence of homosexual activities was higher in prisoners than in general community. In another study Sarman Singh et al., analysed the data for sexually transmitted and blood-borne infections among the inmates of district jail in Northern India and found that there was high prevalence of homosexual activities, history of buying sex, multi-partners as well as injecting drug use with high prevalence of Syphilis and hepatitis.

In view of available evidences, National AIDS Control Organization (NACO) has initiated HIV interventions among prison setting. In December 2017, NACO organized a national consultation to improve the ongoing prison HIV interventions. The consultation was attended by all the key stakeholders including those from Ministry of Home Affairs, Narcotics Control Bureau, World Health Organization and United Nations Office on Drug and Crime. Fast-tracking of establishing surveillance sites in prison was one of the key recommendations of this national consultation. In continuation, HSS Plus is being implemented at 50 central prisons during 2019 round of surveillance to monitor the level and trends of HIV prevalence and related risk behaviours over time among the inmates in central jails.

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Dolan, Kate, Ben Kite, Emma Black, Carmen Aceijas, and Gerry V. Stimson. "HIV in prison in low-income and middle-income countries."
3. Operational Manual

Operational manual for HIV Sentinel Surveillance is prepared for reference of the personnel engaged in implementing surveillance at sentinel sites. These operational manuals are updated for each round incorporating the lessons learned from previous rounds. In line of operational manual for ANC and HRG/Bridge population, this manual describes managerial as well as technical aspects for implementing HIV sentinel surveillance among inmates at central jail sites.

At each of central jail sentinel sites, three designated staff are given the responsibilities to implement the surveillance activities. They include Medical Officer/Doctor, who is designated as sentinel site in-charge, a Nurse or Counsellor who assists in administering informed consent form as well as data collection and a Laboratory Technician who is responsible for laboratory management part including that of specimen collection. The Site in Charge (medical officer/psychiatrist) shall be from prison health facility. Nurse/counsellor and laboratory technician may be deputed from the nearest HIV counselling and testing (HCT) facility under NACP if needed. Selection of nurse/counsellor and laboratory technician will be done in consultation with regional institutes for surveillance.

This operational manual also details the roles and responsibilities of the staff, sampling process, instructions to fill data form and blood specimen management. Site in-charge should be aware of the entire set of functions and responsibilities of all the staff at the sentinel site. This will ensure better coordination and uninterrupted continuation of surveillance activities at the sentinel site.

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4. Roles and Responsibilities

HSS Plus implementation at site is a team work and has specific roles from each of the members for successful implementation. It is extremely pertinent to mention that HSS Plus is not at all an evaluation of any prison from the HIV/AIDS or any other perspectives. Data collected during HSS Plus will be used to understand the big picture of HIV level, trend and related risk behaviours at national, regional and state level among the inmates and will help in informing the programme on designing and fine-tuning of AIDS response for the population group under considerations. Hence, HSS Plus team at the site shall implement this activity as per the prescribed guidelines, without any bias and as per the roles and responsibilities detailed below.

Sentinel Site In-Charge

1. Responsible for all the arrangements and activities for HIV surveillance at the site.
2. Attend trainings conducted for surveillance by the SACS.
3. Conduct a Pre-Surveillance on-site training of the staff participating (or expected to participate) in surveillance activities.
4. Ensure that the inmates are recruited as per the method specified. This is important to have a high quality data to provide guidance to the programme. This will include
   a. Sharing of the computerized list of male inmates (convicts/ under trial prisoners) with SACS. Master list shall contain only (i) inmate unique prisoner ID number, (ii) inmate type (convicts/undertrial) and (iii) age of each inmate.
   b. Obtain the list of randomly selected inmates from SACS.
   c. Do the micro-planning for each of the selected inmates for recruiting them under surveillance to avoid overcrowding on a particular day.
   d. Prepare a list of inmates who could not be recruited, documenting the reason, every month and share the details of same with SACS.
5. Establish the surveillance site within the prison where the behavioral and biological data will be collected. The site, preferably in healthcare department, shall be confidential and properly secured from the perspective of the inmates as well as from the survey team.
6. Ensure that the standard operating procedures (SOP) are complied with by the staff collecting, processing and storing blood specimens.
7. Ensure that all the documentation at the sentinel site is properly maintained and complete.
8. Ensure that individual identifier like name, mobile number etc., is not recorded anywhere on any of the HSS documents, except on consent form thus maintaining confidentiality and anonymity of respondents recruited under HSS.
9. Ensure that “HSS Register” is maintained in a secure and confidential manner.
10. Monitor the progress in sample collection on daily basis.
11. Review the forms filled on particular day for completeness, sign them and discuss issues, if any with concerned staff and guide them. Never sign blank data forms in advance.
12. Ensure that the HSS registers, data forms (Filled/Un-filled) and consent forms are always kept securely in lock & key and are accessible only to personnel directly involved in HSS (i.e. Nurse/Counsellor and Lab. Technician besides site-in-charge).

13. Ensure transportation of data forms, along with data form transportation sheet (DFTS) to regional institutes.

14. Ensure transport of blood specimens, packed as per guidelines, along with sample transportation sheet (STS) to testing laboratory every week.

15. Ensure that the sampled inmates are provided with results of HIV/Syphilis test results from routine ICTC aliquot and linked with care, support and treatment services as appropriate.

16. Ensure that filled up HSS informed consent forms along with the register are kept securely at the site and are sent to respective SACS at the end of HSS.

17. Contact the nodal person at SACS for any clarification/problem regarding staff, availability of the listed consumables, user manuals, flow charts, data forms and stamps/pre-printed stickers or any methodological issues.

**Nurse/Counselor**

1. Correctly identify the eligible inmates as per the inclusion criteria. He/she shall maintain the random list and ensure that the inmates selected by random sampling are correctly recruited into HSS Plus.

2. Record the details of inmates in HSS register and assess eligibility as per the inclusion criteria.

3. Administer informed consent form to all eligible inmates in their local language.

4. Fill the “HSS Register” for each of the eligible inmate as per the instructions given.

5. Ensure that consent forms only contain the name of the respondent and not any other information.

6. Record the reasons of refusal properly in “HSS Register” as appropriate.

7. Fill the “Data Forms” for each of the selected eligible inmate, after taking their consent, as per the instructions given.

8. Ensure that data form does not carry any personal identifiers like name, unique prisoner ID etc.

9. Ensure that the inmate is provided proper pre-test counselling as per the ICTC guidelines after the HSS Plus data form is completed. This also includes proper filling up of ICTC registers as per the National HIV Counselling and Testing Services (HCTS) Guidelines.

10. Ensure that the recruited inmate reaches laboratory technician for blood collection and HSS sample number is correctly mentioned on sample storage vial.

11. Maintain proper and confidential storage of data forms, informed consent forms and HSS register and weekly transport of data forms to Regional Institute along with data form transportation sheets.

12. Assist the site in-charge in ensuring that test results (HIV/Syphilis) from ICTC for every recruited inmate from routine aliquot is given to him and inmates are linked with care, support and treatment services as appropriate. This includes offering of post-test counselling to those who need as per the National HCTS Guidelines.

13. Assist site in-charge in the overall implementation of surveillance at the site.
Laboratory Technician

1. Verify the completeness of data form before taking the blood specimen; refer back to counselor immediately if any fields are missing or illegible.
2. Securely store the consumables received from SACS as per the guidelines.
3. Collect blood specimen following universal safety precautions and process them as per the guidelines. This will include separating the sera from blood specimens.
4. Ensure that two aliquots (one for routine test at ICTC and one for HSS lab) are prepared from each specimen and are labelled and stored as per the SOP.
5. Test the routine test aliquot for HIV and Syphilis as per ICTC guidelines and return test results to inmate as per the National HIV Counselling and Testing Services (HCTS) guidelines.
6. Ensure that sample number mentioned on specimen storage vial for HSS is same as that of the data form for each recruited inmate.
7. Take all the care and precautions to avoid damage to specimens (hemolysis, contamination, leakages, etc.)
8. Transport blood specimens, packed as per guidelines, along with sample transportation sheet (STS) to testing laboratory every week.
9. Assist site in-charge in storage, packing and transportation of blood specimens every week and their documentation.
10. Strictly adhere to all the prescribed bio-safety measures.
11. Assist site in-charge in the overall implementation of surveillance at the site.
## 5. Materials Required at Prison Site

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Materials / Consumables</th>
<th>Numbers</th>
</tr>
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<tbody>
<tr>
<td></td>
<td><strong>Documents</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Operational Manual</td>
<td>3*</td>
</tr>
<tr>
<td>2</td>
<td>Wall Charts/Flow Charts</td>
<td>1*</td>
</tr>
<tr>
<td>3</td>
<td>Data forms</td>
<td>450</td>
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<tr>
<td>4</td>
<td>Data Form Transportation Sheets</td>
<td>20-30</td>
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<tr>
<td>5</td>
<td>Sample Transportation Sheets</td>
<td>20-30</td>
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<tr>
<td>6</td>
<td>Stamp/stickers with site details</td>
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<tr>
<td>7</td>
<td>HSS Register</td>
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<td>8</td>
<td>Supervisory Visit Register</td>
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<td><strong>Consumables/Equipment</strong></td>
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<td>4</td>
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<td>5</td>
<td>Spirit Swabs</td>
<td>450</td>
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<tr>
<td>6</td>
<td>Sterile Syringes &amp; needles/vacutainers (5ml)</td>
<td>450</td>
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<tr>
<td>7</td>
<td>Centrifuge Tube</td>
<td>20-30</td>
</tr>
<tr>
<td>8</td>
<td>Centrifuge Machine</td>
<td>1*</td>
</tr>
<tr>
<td>9</td>
<td>Micro-pipette – Sterile disposable pipette tips OR Sterile disposable plastic dropper</td>
<td>1*-450 or 450</td>
</tr>
<tr>
<td>10</td>
<td>Cryovials/ Serum vials/ Screw-capped vials with O Ring</td>
<td>450</td>
</tr>
<tr>
<td>11</td>
<td>Labels</td>
<td>500</td>
</tr>
<tr>
<td>12</td>
<td>Water proof marking pens for labelling</td>
<td>2*</td>
</tr>
<tr>
<td>13</td>
<td>Test tube stands/storage racks</td>
<td>5*</td>
</tr>
<tr>
<td>14</td>
<td>Refrigerator</td>
<td>1*</td>
</tr>
<tr>
<td>15</td>
<td>Sample Transportation Box with lid</td>
<td>5*</td>
</tr>
<tr>
<td></td>
<td><strong>Material for Waste Disposal</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Needle destroyer</td>
<td>1*</td>
</tr>
<tr>
<td>2</td>
<td>Puncture proof containers(Jar for disposal of sharps)</td>
<td>1*</td>
</tr>
<tr>
<td>3</td>
<td>Color-coded waste disposal bags (As per BMW guidelines)</td>
<td>3 per day*</td>
</tr>
<tr>
<td>4</td>
<td>Hypo chlorite solution</td>
<td>1*</td>
</tr>
</tbody>
</table>

* Quantity required per site; in the case of a composite site, for every sub-site.
6. General Instructions

1. Know the system: While the site in charge (medical officer/psychiatrist) will be from the prison settings, there may be instances where other members of the surveillance team are from non-prison set-up. It is critical that all the team members, who do not belong to the prison set-up, are fully aware of the prison set-up. This will include knowing the administrative structure, the prisoner type held and available healthcare services. Knowing the system will be helpful in developing flexible plan, accommodating the variations but maintaining rigorous implementation of surveillance methodology.

2. Have all the permission: Prisons operate within a secure setting. As the national AIDS response has been initiated in the prison settings, there is enhanced acceptability of the programme in the settings. However, approvals must be obtained from the top-most authority from the department of correctional institution for this specific activity.

3. Engage with staff of selected prison site: After obtaining the approval from the top-most authority, correctional staff of the selected prisons must also be well informed about the surveillance purpose and involved in ongoing planning and discussions. To facilitate the development of mutually agreed-upon plan, meetings with facility superintendents/warden, for feedback and modifications, are essential. Clearly communicating to them that the team is willing to work around their schedule (e.g., time of day, day of week etc) will be helpful. Clarifying benefits of the surveillance with the superintendents can ensure their positive involvement as stakeholders throughout the project duration.

4. Set-up the surveillance site: Establish the surveillance site within the prison where the behavioral and biological data will be collected in consultation with prison authority. The site, preferably in healthcare department, shall be confidential and properly secured from the perspective of the inmates and survey team.

5. Know your respondent: Talk to the relevant prison staff about the inmates who have been selected for HSS process and enquire if there are any safety issues with any of them. If the prison staff advise about safety issue with a particular inmate, note it down and do not make attempt to interview him.

6. Clearly explain the process to selected inmate: Preface each bio-behavioral data collection session with clear administration of the informed consent forms (ICF). The ICF is critical to establish that the process is completely confidential and inmate participation is clearly voluntary. The process also clarifies that it is inmate’s privilege to refuse any question directed to him. This gives the message that surveillance team is not in an authoritarian position to inmates and will help in establishing the rapport with inmates.

7. Be observant during recruitment: If, during the course of recruitment an inmate is inappropriate, verbally or otherwise, or makes you feel uncomfortable for any reason, end the process in a calm manner, leave the HSS site and inform the relevant officer.

8. Maintain selected inmate’s privacy: It is critical to ensure privacy and inmate’s rights. They may feel coerced to participate or fear that their information will be shared with others and hence may not respond to the surveillance questions appropriately. To alleviate such concerns, interviews must be
conducted in private, without the presence of jail officer (except for the HSS Plus team) or other inmates. No personal identifier shall be collected on HSS Plus data forms to reassure them that data collected is completely confidential and that no individual information would be reported to the department of corrections. If staff or other inmates interrupt the HSS process, then pause it and resume only when the confidential set-up is restored. Inmates may get anxious about the thought of other inmates knowing the information provided by them, so respect these feelings and ensure them that the information will be kept confidential. This will also include not disclosing the information shared by one inmate to any other inmate or any other staff of the prison. Please be clear that “All Interviews are confidential”. 

9. Do not Engage in “Favors”: Prisons are restricted settings. Given the settings, the selected inmates may ask for the favors; like bringing the mobile phones from outside. Please refuse politely and firmly but in no uncertain terms. Inform the inmate clearly that only material the surveillance team can bring in or take out are data forms, blood samples and their results.

10. Always follow the security protocol of the establishment: HSS team must always follow the established security protocols of the correctional institution. The prison set-up is an extremely secure set-up and respecting the security protocol is critical.
7. Eligibility Criteria

The following criteria should be evaluated while assessing the eligibility of selected respondents for inclusion in surveillance.

Box 1. Eligibility Criteria for Inclusion of inmates in HSS

Inclusion criteria:
1. Male convicted/undertrial inmates in prisons aged 18 years or above

Exclusion criteria:
1. Already approached and administered informed consent once in the current round of surveillance

If a sampled inmate is eligible by the above criteria, he should be included in surveillance irrespective of his HIV testing history/ HIV status (if known) as well as participation in previous rounds of surveillance.

There may be instances where selected inmate has been already tested for HIV under the programme. Still, he will be included under surveillance (subjected to the condition that he provides his consent) as the exclusion of such inmates may lead to bias in results which will decrease the generalizability.

It is important to note that informed consent form must be administered to all the sampled eligible respondent and data/specimen collection must be done only when the inmate provides consent for the same.
8. Recruitment Process

1. The specified sample size for prison sentinel sites is 400 to be collected over a period of three months. In case of composite sites, sample size will be specified for each sub-site and this shall be obtained from SACS.

2. Sample collection should be stopped once the target of 400 has been achieved or at the end of three-month period, even if the target of 400 is not achieved. Sentinel sites should not recruit ineligible inmates in order to reach the target. Data from sentinel sites will be more reliable if the recruitment process is strictly followed.

3. Additional samples will have to be recruited if any of the blood specimens are declared invalid by the testing lab. SACS will issue additional randomly selected inmates, as replacement in such case.

4. The specific steps for the recruitment have been depicted in flow charts 1, 2 and 3.

5. Obtain the random list of 400 names of randomly selected inmates, containing random list no., unique prisoner ID, prisoner type (convict/undertrial) and age of inmate from SACS.

6. Conduct a meeting of counselor/nurse, lab technician and concerned jail authority to plan a date for each inmate when he would be visiting the surveillance site (healthcare clinic or any other designated place) in prison for recruitment under HSS. The following points may be noted in this regard.

   a. Fix dates in a way that not more than 20 inmates are planned for recruitment in a day.

   b. Dates may be fixed in consultation with the jail authority

   c. In case a specific inmate did not come to recruitment site, he can come on any other day with prior intimation to HSS team.

7. After the visit date for selected inmates if fixed, one of the following scenarios may occur (flow chart 1)

7.1 Inmate reports for participation as planned: In such scenario, the eligibility shall be assessed, informed consent shall be administered if eligible and then take the bio-behavioral data from eligible and consented respondent after doing the appropriate documentation in HSS register. If the inmate is not eligible or is not willing to participate, document the reasons for same accordingly in HSS registers.

7.2 Inmate did not report/not available for the sample collection (even after three attempts): In such scenario, document the details in HSS register, complete the list of inmates who could not be recruited and send the list to the SACS every month. Repeat the process from micro-planning till recruitment for the replacement list.

7.3 Inmate not in a conducive condition for recruitment: There might be inmates who are incarcerated in segregation housing or who are rarely in contact with other prisoners and where access is a logical challenge (for example, prisoners who, in the judgement of custodial staff, represent too great a risk for harm to themselves or interviewers). In such scenario, document the details in HSS
register, add the number of such inmates in the list of respondents who could not be recruited and send the list to the SACS every month. Repeat the process from micro-planning till recruitment for the replacement list.

8. When the sampled inmate reaches the recruitment site, the nurse/counselor should
   a. Confirm -the details with the same provided in random list to ascertain the correct inmate is being recruited under HSS
   b. Once details are ascertained, the details shall be documented in HSS register
      i. Pertaining to his age (in completed years), eligibility status (yes/no), consented or not (yes/no), reasons for refusal and any remarks that may help in explaining the issues relating to the case shall be noted in the document.
      ii. Based on above details, it shall be ascertained if the sampled inmate is eligible for recruitment is HSS as per the case definition or not. The result of the same shall be documented in HSS register
      iii. For the eligible inmates, counsellor / nurse shall administer the informed consent form to the inmate. If he provides consent for HSS recruitment, the sample number shall be recorded in HSS register followed by filling the data form first, then pre-test counseling and documentation for ICTC registers and blood specimen collection. In case the inmate refuses to participate in HSS, the reasons for the same shall be documented in HSS register.
   c. After filling the HSS Plus data form, the inmate will be offered services as per the national HIV Counselling and Testing (HCT) Services Guidelines. Please note that services shall be offered after completion of HSS Plus data form. Offering HCT services before completion of data forms may end up into biased results on HIV/AIDS related knowledge, attitude and practices in HSS (Flow Chart 2).
   d. After filling the HSS Plus data form and completion of pre-test counseling and other documentation on counselling registers pertaining to HCT services, the next step is drawing of the blood sample from the inmate. The laboratory technician shall collect blood specimen following universal safety precautions and process them as per the guidelines. This will include separating the sera from blood specimens, preparing 2 aliquots (one for routine HCT services and one for HSS laboratory), labelling it carefully (to ensure that HSS sample number on serum storage vial and HSS Plus data form is same for a respondent), and storing it (Flow Chart 3).
   e. Strictly follow the instructions for labelling and ensure appropriate labelling of specimens for surveillance. For HCT aliquot, please label them with PID number and other required details appropriately as the results of this aliquot shall be returned to the inmate.
   f. Test the aliquot for routine HCT services for HIV & syphilis. Return the test results of this aliquot to the inmate with post-test counselling (as appropriate). Ensure provision of follow-up services for care, support and treatment as required.
   g. Ensure that sample number mentioned on HSS aliquot vial is same as that of the data form for each recruited inmate. To maintain the confidentiality and anonymity of HSS+ aliquot, only site code, sample number and date shall be mentioned on HSS+ aliquot. Send these aliquots to the
HSS testing laboratory every week.

h. Take all the care and precautions to avoid damage to specimens (hemolysis, contamination, leakages etc)

i. Assist site in-charge in storage, packing and transportation of blood specimens every week and their documentation

j. Strictly adhere to all the prescribed bio-safety measures

9. At the end of every month, prepare a list of sampled inmates who either refused or could not be recruited, send it to SACS. SACS will provide the additional sample list to replace them periodically as appropriate. The list of non-recruits should contain random list no., prisoner unique ID number and reason for non-recruitment, as mentioned below. The following inmate should be counted as “could not be recruited”.

a. Those who came to recruitment site, but are found to be ineligible

b. Those who came to recruitment site but refused to participate in HSS Plus

c. Those who were contacted but did not come to recruitment site within expected date even after 3rd contact

d. Those who were not available (released/on bail) at the time of sample collection.

e. Prisoners incarcerated in segregation housing or who are rarely in contact with other prisoners and where access is a logistical challenge (for example, prisoners who, in the judgement of custodial staff, represent too great a risk for harm to themselves or interviewers);

f. Prisoners who are not able to comprehend the questionnaire.

10. Besides the above reasons, new random list may be issued by SACS as replacements for the specimens that are declared invalid by the testing lab or by regional institute.

11. Repeat the same steps mentioned above with the new random list obtained from SACS
Flow chart 1. Process of Random Sampling at Central Jail Sentinel site

Obtain the Random List of 400 inmates from SACS

Organise Orientation Meeting with relevant staff/ authority on HSS

Contact warden/ authority and work with them for scheduling visits to HSS site on each working day till sample of 400 is complete

Inmate reached to recruitment site

Document details in HSS Register

Eligibles as per case definition

Consented for participation in HSS

No

Yes

No

Yes

Enquire the reason for refusal

Document the reason in HSS Register

Every month prepare list of inmates who could not be recruited

Send the list to SACS every month & obtain list for replacement

Repeat the steps with the new list

Document inmates details in ICTC registers and do the pre-test counselling as required

Collect blood as per SOP, prepare 2 aliquits (one for ICTC and one for HSS)

1. Test the ICTC aliquot for HIV & syphilis
2. Send the HSS aliquot to SRL
3. Return the test results of ICTC aliquot to inmates
4. Offer post-test counselling as per ICTC guidelines
Flow chart 2. Flow chart for ICTC related Pre-test counselling & documentation

1. Complete the HSS Data Forms after obtaining consent
2. Document the details of inmate in counselling register
3. Provide the pre-test counselling
4. Obtain informed consent with signature/ thumb impression
   - Provide information related to testing procedure
   - Provide further counselling on benefits of knowing HIV test status
5. Conduct the test
6. Share the test results with inmates
7. Offer the post-test counselling, confirmatory/ treatment services as per guidelines

**Indicative Flow Chart To Summarize Steps**
The exact steps as mentioned in the National HIV Counselling And Testing Services (HCTS) Guidelines to be followed
Flow chart 3. HSS Blood specimen management for an eligible and consented inmate at prison sites

1. Check the completeness of data forms before specimen collection

2. Collect 5 ml of blood with Sterile Syringe & Needle or Vacutainer

3. Transfer blood to centrifuge tube; wait for 20-30 mins till it coagulates

4. Pipette out 2-3 ml serum into separate serum vial

5. Vial 1 (0.5 - 1 ml): For ICTC
   - Label with name, prison unique ID, date, PID etc.
   - Send to the ICTC lab, test for HIV & Syphilis
   - Return the test results to inmate with post-test counselling (as appropriate)

6. Vial 2 (1.5 - 2 ml): For HSS
   - Label with HSS site code, sample number and date
   - Pack properly and store at 4°C
   - Send to HSS testing lab in proper cold chain every week with STS
9. Documentation

9.1. General Instructions

1. Documentation to be maintained at the prison sentinel site and norms of submission are summarised in Table 1 below.

2. Only the designated and trained personnel should maintain the documentation at the sentinel site.

3. Site in-charge should ensure that all the documentation at the sentinel site is properly maintained and complete.

4. All the documents should be stored securely and confidentially at the site.

5. Except one copy of sample & data form transportation sheet, NONE OF THESE DOCUMENTS should be retained or photocopied for retention at the site. All of them should be dispatched from the site as per the instructions given below.

6. Unlinked Anonymous Testing strategy (UAT) should be strictly adopted at the sentinel site. The concept of UAT is described in Box 2.

7. Informed consent forms SHOULD NOT be tagged or stapled with the corresponding data forms. They should be stored separately.

Table 1. Documentation to be maintained at the Prisons sentinel site and Norms of Submission

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Document</th>
<th>Managed By</th>
<th>Verified by</th>
<th>Norms for Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>HSS Register</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to Regional Institute at the end of HSS</td>
</tr>
<tr>
<td>2.</td>
<td>Random List (including list of replacements)</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to Regional Institute at the end of HSS</td>
</tr>
<tr>
<td>3.</td>
<td>List of non-recruits</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to SACS Every Month</td>
</tr>
<tr>
<td>4.</td>
<td>Informed Consent Form</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to SACS at the end of HSS</td>
</tr>
<tr>
<td>5.</td>
<td>Data Forms</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to Regional Institute EVERY WEEK along with Data Form Transportation Sheet</td>
</tr>
<tr>
<td>6.</td>
<td>Data Form Transportation Sheet (DFTS)</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to Regional Institute EVERY WEEK along with data forms</td>
</tr>
<tr>
<td>7.</td>
<td>Sample Transportation Sheet (STS)</td>
<td>Nurse/Counsellor</td>
<td>Site In-Charge</td>
<td>Send to HSS Testing Lab EVERY WEEK along with specimens</td>
</tr>
</tbody>
</table>
Box 2. Unlinked Anonymous Testing Strategy for HSS Plus

1. Testing for HIV under Surveillance is done on a blood specimen which does not have any personal identifiers like prisoner ID number, name, mobile number etc. The specimen only has the surveillance code and no other identifier.

2. Either the information collected in the HSS+ data form or the HIV test result from the HSS+ blood specimen can NEVER be linked to the individual from whom information/specimen is collected.

3. Neither personnel processing the HSS+ serum aliquot nor the personnel testing the HSS+ serum aliquot would be able to track the results back to the individual. **Most Important Instruction on Documentation**

Data Form and HSS Serum aliquot SHOULD NOT CONTAIN NAME AND SHOULD CONTAIN SAMPLE NUMBER ONLY

Informed Consent Form SHOULD NOT CONTAIN SAMPLE NUMBER, SHOULD CONTAIN NAME ONLY

9.2. HSS Register

1) HSS register is a completely confidential document and shall be used only by the HSS team.

2) The objectives of maintaining HSS register are to understand
   i. The profile of selected inmates who refused to participate in surveillance and
   ii. The reasons for refusal

3) HSS register also helps in the following:
   i. Assessing the eligibility of selected inmates for inclusion in surveillance
   ii. Better organising the process of random sampling and monitoring the number of replacements required

4) Every inmate included in the random list should be enrolled in HSS register. The format for HSS register is as below:

Table 2. Format of HSS Register at Prisons sites

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisoner Unique ID (UID) Number</td>
<td>Random List No</td>
<td>Reported or Not (Yes/No)</td>
<td>Age (In completed Years)</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>whether eligible for HSS as per case definition? (Yes/No)</td>
<td>Whether informed consent Given? (Yes/No)</td>
<td>If No, what is the reason for refusal?</td>
<td>Remarks</td>
</tr>
</tbody>
</table>
a. Column 1: Write the prisoner UID number of the inmate randomly sampled for surveillance.

b. Column 2: Write the random list number of the inmate randomly sampled for surveillance.

c. Column 3: Fill these columns with the following codes or expressions as per the instructions given in Table 3 below

Codes for column 3 (Reported or Not):

1. Reported (Came to HSS site) 2. Didn’t report till now but expected 3. Didn’t report even after three planned dates/refused/not available 4. Not suitable for recruitment

Table 3. Instructions for Column 3 of HSS Register

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Code</th>
<th>Further Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported as per micro-plan</td>
<td>1</td>
<td>Fill the rest of the columns in the register by enquiring the inmate.</td>
</tr>
<tr>
<td>Didn’t report as per micro-plan till now but expected</td>
<td>2</td>
<td>If inmate come to HSS recruitment site as planned date, strike off ‘2’ and write ‘1’ and fill the rest of the columns in the register by enquiring the inmate.</td>
</tr>
<tr>
<td>Didn’t turn up even after three planned dates/not available/refused</td>
<td>3</td>
<td>If inmate does not come within the expected date even after three schedules/planned dates or is not available for HSS, strike off ‘2’ and write “3” (not available/refused)</td>
</tr>
<tr>
<td>Not suitable for recruitment</td>
<td>4</td>
<td>For example, Prisoners who, in the judgement of custodial staff, represent great risk for harm to themselves or interviewers.</td>
</tr>
</tbody>
</table>

d. Column 4: Enquire the age of the inmate and record it in completed years.

e. Column 5: Assess if inmate fits the case definition for surveillance or not. Mention ‘Yes’ or ‘No’ accordingly.

The next two columns (6 and 7) need to be filled only if an inmate is eligible i.e. fulfills all the three criteria (i.e. male, aged 18+ and is a convict/undertrial prisoner). If the inmate is ineligible, leave columns 6 & 7 blank. Mention appropriate information in column 8 which may help later to explain the case properly.

f. Column 6: Mention if the eligible inmate has provided consent or not by writing ‘Yes’ or ‘No’.

g. Column 7: This column needs to be filled only if an eligible inmate DOES NOT give consent. In such case, enquire the reason for refusal and write the same verbatim. If consent is obtained, leave this column blank.
NOTE: Column 7 is the most important column in HSS register since, the main objective of maintaining HSS register is to document the reason for refusal and profile of those who refused. Hence, in all eligible cases who do not give consent, probe for the reason for refusal and document the same clearly. It is a usual practice to mention ‘Not Willing’ or ‘Not Accepted’ in this column. This is wrong because it is not the reason for refusal, it is just stating the refusal which is already documented in column 6. Hence, enquire why eligible inmate is not willing or not accepted to participate and mention it correctly. For example, there may be cases where an eligible inmate is already aware of his HIV status and is positive, and hence not willing to participate in HSS+. The reason shall be clearly mentioned like “known HIV positive”

h. Column 8: This column is for the remarks. This column needs to be filled for the specific cases capturing the information which can help to explain the surveillance findings properly at later stage.

9.3. Informed Consent Form (ICF)

1. Written Informed Consent (Annexure 1) should be taken from the eligible inmate (convicted/undertrial) of age 18 years or higher who are willing to participate in Surveillance.

2. Always ensure selected inmate has understood the information provided in ICF completely, prior to giving his consent to take part.

3. If the eligible inmate is literate, give the informed consent form in local language to the respondent for him to read through it.

4. If the eligible inmate is illiterate, read out the informed consent form in the presence of a witness, who is literate.

5. Show the respondent all the consumables/items used for sample collection.

6. Assure the respondent that confidentiality would be ensured as the individual’s name is not linked to the HSS+ blood specimen or HSS+ data form.

7. Provide adequate time and opportunity to the respondent to understand the content of informed consent form.

8. Do not put any form of pressure on the eligible inmate and give free choice to agree or refuse to participate in surveillance.

9. Ask the respondent if he has any questions/doubts/clarifications. Clarify them adequately.

10. After addressing all the concerns raised by the respondent, if the respondent does not agree to participate in surveillance, enquire the reason for refusal and document the same in HSS register.

11. If the eligible inmate (respondent) agrees to participate in surveillance,

   a. If the respondent is literate, ask the respondent to write his/her name and age in the space provided, sign and put the date on the consent form

   b. If the respondent is illiterate,

      i. Write the name and age of the respondent in the space provided

      ii. Take left thumb impression of respondent on consent form at the specified place
iii. Put the date in the specified place
iv. Attest the thumb impression by writing the name of the respondent in the blank space provided below and sign in the specified space
v. Ask the witness to write his name, sign and put the date in the specified space

12. After completing all the above steps, nurse/counsellor should write his/her name, sign the consent form and put the date at the specified place at the end of the form.

9.4 Data Forms

9.4.1 General Instructions for Handling Data Forms

1. Data form is a brief questionnaire seeking information related to socio-demographic characteristics, HIV/AIDS related knowledge, risk behaviours and service exposure of the eligible inmates who agree to participate.

2. Nurse/Counsellor should assist the site in-charge in completing data form.

3. Only designated & trained personnel should complete the data form.

4. Only one data form should be completed per individual.

5. Data form should be filled only after confirmation of the eligibility.

6. Data Form should be completed only after taking the informed consent from the selected inmate

7. Considering the sensitive nature of the questions, the respondents shall be reassured intermittently regarding the COMPLETE anonymity and confidentiality of the surveillance survey.

8. If a prisoner is finding an interview difficult or distressing, assess the situation carefully and see if it is proper to continue. Do not conduct an interview if the prisoner is struggling with the questions you are asking, in such cases thank them and conclude the interview.

9. Ensure that the privacy of the interview is maintained at all times. If staff or other inmates interrupt an interview, then pause the interview and resume only when confidentially is restored. Inmate may get, quite rightly, anxious about the thought of other inmate knowing their information so respect these feelings.

10. Site details including state, district, site name and site code should be stamped or pasted in the space provided on each data form before starting to fill the data form (BOX 3).

11. Sub-site number, sample number & date of collection should be manually written in the appropriate boxes. The same sample number should be mentioned by the lab technician on the HSS blood specimen sent to HSS testing lab.

12. To ensure Anonymous Testing, any personal identifiers such as name, address, mobile number etc., should not be mentioned anywhere on the data form.

13. Data forms should be filled neatly and legibly, without any overwriting and strike marks.

14. There may be local term for HIV infection or for ART medicines. Please use them to elicit the proper response to the questions as required.

15. The person completing the form is advised to use a hard ball point pen to complete the data form. Ink pens may cause seepage and may make the entries illegible.
16. Responses for all the questions should be recorded by CIRCLING the appropriate option, except for the question on age (Question 1: How old are you?)

17. Only one appropriate option should be circled. Circling more than one option will be considered invalid.

18. Efforts should be made to record the answer for each and every question of the data form. However, whole of section 3 and question no 8-14 of section 2 shall be skipped if the respondent mentions that he is not aware of HIV/AIDS (i.e. respond as “NO” for question 7 Have you heard of HIV/AIDS?

19. Besides specified information, nothing else should be written on data forms.

20. Data form should not be handed over to the participants.

21. Person completing the data form should check for completeness, write his/her name, sign and put date.

22. Laboratory Technician must check that all questions in data form are completed as per the guidelines, before collecting blood specimen. If response is not recorded for any question as per guidelines, it should be sent back to the counsellor so that information may be collected when the individual is still in the facility.

23. Completed data forms should be stored securely with the counsellor/nurse appropriately.

24. Site in-charge should verify the completed data forms every day and then sign and put date. Blank data forms should NEVER be signed in advance.

25. If there are any issues or mistakes in filling the data forms, site in-charge should discuss with concerned staff and guide them.

26. Completed data forms should be sent to the respective Regional Institute (RI) EVERY WEEK.

27. In case of composite sites, the data forms from all sub-sites should be compiled at the main site and sent together to the RI.
Box 3. Sub-site Number and Sample Number

Sub-site Number:
In case of composite sites, write the sub-site number allotted by SACS. In case of a single site, write '0'.

Sample Number:
The sample number at each site and sub-site should begin from '001'. If some of the samples are found to be invalid at the testing lab and the site is asked to collect additional samples, these additional samples should be given fresh sample numbers after 400/x (where x is the sample size allotted to a subsite). The sample number of the invalid sample SHOULD NOT be given to these additional samples. The following examples illustrate these points.

Eg 1. At a sub-site with the allotted number '2', and with an allotted sample size of 050, the sub-site number should be mentioned as '2' and sample numbers should be given from 001 to 050, successively. Suppose sample numbers 020, 034 & 042 are found to be invalid at HSS testing lab, the three additional samples that will be collected at the sub-site no.2 should be given the sample numbers 051, 052 & 053.

Eg 2. At a prison single site (not composite), the sub-site number should be mentioned as '0' and sample numbers should be from 001 to 400, successively. If four samples were found to be invalid, the additional four samples should be given sample numbers 401, 402, 403 & 404.
### 9.4.2 Instruction to fill the Data Form

The following sections present the instructions to fill data form.

<table>
<thead>
<tr>
<th>Question/Field</th>
<th>Description/Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box with site and sample details</td>
<td>Stamp or place the sticker in the empty box on the right with details of state, District, site name, site code and sub site number. Write the following 2 items manually. 1. Sample number 2. Date of sample collection. If stamp/stickers are not provided by SACS, manually enter all these details in the box on the left.</td>
</tr>
</tbody>
</table>

Note: Section 1 has 6 questions pertaining to the background characteristics of the respondent. Efforts shall be made to record the respondents for all questions. However, as the question 1 and 4 are related to the eligibility criteria, blank or inappropriate recording of the responses for these two questions may make the whole sample invalid.

1. **How old are you (completed years)**
   - Write the age of the participant in completed years

2. **What is your current marital status?**
   - This question concerns the respondent's current marital status at the time of the interview.
   - If the respondent is never married at the time of interview, encircle '1'
   - If the respondent is married at the time of interview, encircle '2'
   - If the respondent is widower or legally divorced or is separated (that is, he is married at the time of survey, but wife has left him); encircle '3'

3. **What is the highest grade/class you have completed?**
   - Circle the appropriate educational category using the explanation given below:
   1. Illiterate: Without any formal or non-formal education
   2. Literate and till 5th standard: Those with non-formal education or those who joined school but not studied beyond 5th standard
   3. 6th to 10th standard: Those who studied beyond 5th standard but not beyond 10th standard,
   4. 11th to Graduation: Those who studied beyond 10th standard but not beyond graduation. Includes those with technical education/diplomas.
   5. Post-Graduation & above: Those who studied beyond graduation
4. What is your current prisoner status?

Circle the appropriate prisoner category using the explanation given below:

1. Convict: A convict is a person found guilty of a crime and sentenced by court of law and person serving a sentence in prison

2. Undertrial: An undertrial is a person who is currently on trial in a court of law

5. Since how long you are in this prison?

The options are self-explanatory. Circle the appropriate code as per the response of the participant.

6. How many times have you been in prison before the present imprisonment?

The options are self-explanatory. Circle the appropriate code as per the response of the participant.

Section 2: Section 2 has 8 questions pertaining to the HIV/AIDS related knowledge among the respondents. If the response for question no 7 is ‘No’ (i.e. code ‘2’), then nurse/counsellor shall skip the rest of section 2 and whole of section 3 and go to the section 4.

Read the Introductory Statement for the section: As we mentioned before, the focus of the current survey is to further augment the healthcare services among prison population. So, now I will like to ask you some questions about awareness about the health programme for which this survey is being done.

7. Have you heard of HIV/AIDS?

This question allows us to verify whether a respondent has heard of HIV/AIDS. If there is a local term for HIV/AIDS, use the local term in addition to the word “HIV/AIDS”.

Circle “Yes” if the respondent has heard either of HIV or AIDS. Circle “No” only when the respondent has not heard of both of HIV and AIDS.

Note: If the response for this question is “No”, the nurse/counsellor shall skip the rest of questions of section 2 and whole of section 3 and shall go directly to the section 4.

Question 8-13 are asked to assess the knowledge of ways to avoid/reduce chances of getting HIV/AIDS and misconceptions about HIV/AIDS among inmates. Together, questions 8-12 constitutes “Comprehensive Knowledge” indicator which is used by the programme as well as also for the national/international reporting.

Question 8 and 9 are asked to determine whether inmates know about behaviours advocated by National AIDS Control Program to reduce the chance of becoming infected with HIV: being faithful to one partner and using condoms.
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Is it possible to reduce the risk of HIV infection by having sexual relations with just one uninfected faithful sexual partner?</td>
<td>There may be a local term for HIV infection. Please use them to elicit the proper response to this question. The options are self-explanatory. Circle the appropriate code as per the response of the participant. If the response for the question 7 is “No”, then no option shall be encircled for this question.</td>
<td></td>
</tr>
<tr>
<td>9. Is it possible to reduce the risk of HIV infection by using a condom every time they have sex?</td>
<td>There may be a local term for HIV infection. Please use them to elicit the proper response to this question. The options are self-explanatory. Circle the appropriate code as per the response of the participant. If the response for the question 7 is “No”, then no option shall be encircled for this question.</td>
<td></td>
</tr>
<tr>
<td>Question 10 and 11 are asked to know how many inmates hold incorrect beliefs about the way HIV/AIDS is transmitted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Can a person get HIV from mosquito bites?</td>
<td>The options are self-explanatory. Circle the appropriate code as per the response of the participant. If the response for the question 7 is “No”, then no option shall be encircled for this question.</td>
<td></td>
</tr>
<tr>
<td>11. Is it possible to become HIV infected by sharing a meal with a person infected with HIV?</td>
<td>The options are self-explanatory. Circle the appropriate code as per the response of the participant. If the response for the question 7 is “No”, then no option shall be encircled for this question.</td>
<td></td>
</tr>
<tr>
<td>Question 12 is asked to assess how many inmates know if a healthy-looking person could be infected with HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is it possible for a healthy-looking person to have HIV/AIDS?</td>
<td>The options are self-explanatory. Circle the appropriate code as per the response of the participant. If the response for the question 7 is “No”, then no option shall be encircled for this question.</td>
<td></td>
</tr>
<tr>
<td>Question 13 is asked to assess how many inmates know if HIV transmission can occur by injecting used syringe which has already been used by/on someone else</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. Can a person get HIV by using an injection needle that was already used by someone else?

The options are self-explanatory. Circle the appropriate code as per the response of the participant.

If the response for the question 7 is “No”, then no option shall be encircled for this question.

Section 3: Section 3 has 4 questions pertaining to the uptake of HIV testing and treatment services among the respondents. If the response for question no 7 for section 2 is ‘No’ (i.e. code ‘2’), then nurse/counsellor shall skip the whole of section 3 and go to the section 4.

Introductory statement to the section: As we discussed, the focus of the current survey is to further augment the healthcare services among prison population. So, as you are aware of HIV/AIDS disease, now I will like to ask you some questions about uptake of the HIV/AIDS related services for which this survey is being done.

14. Have you ever been tested for HIV?

This question aims to know if the inmate has Ever been tested for HIV in his life time.

Encircle appropriate response code as per the answer provided by the respondent.

Note: If the response for question no 14 is 'No' (i.e. code '2'), then skip the rest of section 3 and go to the section 4 please.

15. Have you ever been tested for HIV in last 12 months?

This question aims to know if the inmate has been tested for HIV in 12 months preceding the survey.

Encircle appropriate response code as per the answer provided by the respondent.

If the respondent was never tested for HIV (i.e. have stated 'No' in question 14), then please skip question 15 and go to section 4 please.

16. What was the result of your last HIV test?

This question shall be asked only when the respondent has reported “Yes” for question number 14.

This question aims to know the result of the Last HIV test. There may be inmates who have been tested for multiple times, however this question is intended to know the result of the last HIV test/most recent HIV test.

Encircle appropriate response code as per the answer provided by the respondent.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. You mentioned that your last test result was HIV positive. Are you currently taking antiretroviral medications/HIV tablets?</td>
<td>This question aims to know if HIV positive inmates are taking “ART” medicines. This question is applicable to only those who are HIV positive i.e. who have reported the result of their last HIV test result as “HIV Positive” in question ‘16’. Encircle appropriate response code as per the answer provided by the respondent. If the respondent was never tested for HIV (i.e. have stated 'No' in question 14) or was not HIV positive (i.e. option number “1” is not encircled in question 16), then please encircle option '99' for question 17.</td>
</tr>
</tbody>
</table>

Section 4: This section has to be asked to every inmate who has agreed to participate in HSS+. As there are many sensitive questions in this section, the respondent shall be reassured about the confidentiality of the information. Inmates shall be clearly explained that no one else in the prison will know what was their response to the questions asked.

Section 4 has 5 questions pertaining to the Injecting Drug Use Practices. Question 18 and 19 shall be asked to every respondent. Question 20-22 shall be asked to only those respondents who reported history of injecting drug for pleasure in question 19.

Introductory Statement to the section: Now I would like to ask some questions on injecting drug use. I will like to reassure you that the sentinel survey is fully anonymous and confidential. And honest response of these questions will be of extreme help to the national health programme. Please feel free to stop me and ask your doubts at any time, if you desire so.

After reading the introductory statement, answer any questions the inmate may have. Once the inmate has no more questions and/or does not object to your asking the questions, proceed with the interview.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.</strong> In your opinion, do inmates in this prison inject drugs for pleasure?</td>
<td>This question aims to know about injecting drug practices for pleasure by inmates in the prison settings. This is a generic question and doesn’t refer to the injecting practices of any particular inmate. Encircle appropriate response code as per the answer provided by the inmate.</td>
</tr>
<tr>
<td><strong>19.</strong> Have you ever injected yourself with any drug for pleasure in your lifetime?</td>
<td>This question aims to know if the inmate has ever injected drug for pleasure in his lifetime. Encircle appropriate response code as per the answer provided by the respondent.</td>
</tr>
</tbody>
</table>

**Note:** If the response for question no 19 is ‘No (i.e. code ‘2’), then skip the rest of section 4 and go to the section 5 please.

| **20.** When was the last time you injected yourself with any drug for pleasure? | For the inmates who reported to have history of injecting drug for pleasure, this question aims to know when was the last time the respondent had injected drug. Encircle appropriate response code as per the answer provided by the respondent. If the respondent has never injected drug for pleasure (i.e. have stated ‘No’ in question 19), then please skip question 20, 21 and 22 please. |
| **21.** When you injected last for pleasure, did you use a sterile needle/syringe for injecting yourself? | For the inmates who reported to have history of injecting drug for pleasure, this question aims to know if the respondent used sterile needle/syringe during his last injecting episode. This question helps to understand injecting practices by the respondent. Encircle appropriate response code as per the answer provided by the respondent. If the respondent has never injected drug for pleasure (i.e. have stated ‘No’ in question 19), then please skip question 20, 21 and 22 please. |
| **22.** When you injected last, did you share needle/syringe already used by you with a fellow injecting drug user? | For the inmates who reported to have history of injecting drug for pleasure, this question aims to know if the respondent has shared sterile needle/syringe during used by him with a fellow injecting drug user for his last injecting episode. This question helps to understand the injecting practices by the respondent. |
Encircle appropriate response code as per the answer provided by the respondent.

If the respondent has never injected drug for pleasure (i.e. have stated 'No' in question 18), then please skip question 20, 21 and 22.

Section 5: This section has to be asked to every inmate who has agreed to participate in HSS Plus. As there are many sensitive questions in this section, the respondent shall be once again reassured about the confidentiality of the information. Inmates shall be clearly explained that while the question is being asked to all the inmates participating in the survey, no other person except for the surveillance team in the prison will know the response to the questions being asked.

After reading the introductory statement, answer any questions the inmate may have. Once the inmate has no more questions and/or does not object to your asking the questions, proceed with the interview.

Section 5 has 5 questions pertaining to the sexual behaviour and condom use. Considering the sensitivity nature of questions, the respondents shall be reassured for anonymity and confidentiality of the surveillance survey.

Question 23 and 24 shall be asked to every respondent. Question 25-27 shall be asked to only those respondents who reported to have history of sexual intercourse in question 25.

**Introductory Statement to the section:** We have reached the last part of our interview. Thank you very much for all the support provided till now. In this final section, we would like to ask you some questions regarding sexual behaviour. I understand how personal those questions are, but at the same time I would like you to note once again that confidentiality is fully maintained in this survey, and the same questions are being asked to all the participants.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. In your opinion, do inmates in this prison have sexual intercourse with other prisoners?</td>
<td>This question aims to know about sexual behaviour of the inmates in the prison settings. This is a generic question and doesn't refer to the sexual behaviour of any particular inmate. Encircle appropriate response code as per the answer provided by the inmate.</td>
</tr>
<tr>
<td>24. Have you ever had sexual intercourse in your lifetime?</td>
<td>This question aims to know if the inmate has Ever has sexual intercourse (vaginal/anal) in his lifetime. Encircle appropriate response code as per the answer provided by the respondent.</td>
</tr>
</tbody>
</table>

If the response for question no 24 is 'No' (i.e. code '2'), then skip the rest of section 5 and End the interview after thanking the inmate.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. When was the last time you had sexual intercourse?</td>
<td>For the inmates who reported to have history of sexual intercourse (vaginal/anal), this question aims to know when did the respondent have his last sexual intercourse. Encircle appropriate response code as per the answer provided by the respondent. If the respondent has never had sexual intercourse (i.e. has stated 'No' in question 24), then please skip question 25-27 and End the Interview.</td>
</tr>
<tr>
<td>26. During your last sexual intercourse, did you use condoms?</td>
<td>For the inmates who reported to have history of sexual intercourse (vaginal/anal), this question aims to know if the respondent used condom during his last sexual intercourse. This question helps to understand sexual behaviour of the respondent. Encircle appropriate response code as per the answer provided by the respondent. If the respondent has never had sexual intercourse (i.e. has stated 'No' in question 24), then please skip question 25-27 and End the Interview.</td>
</tr>
<tr>
<td>27. With whom you had your last sexual intercourse?</td>
<td>For the inmates who reported to have history of sexual intercourse (vaginal/anal), this question aims to know with whom the respondent had last sex. For the female partners, there are provision for capturing three partner types (regular female partner, commercial female partner and casual female partners). The last sexual partner may be a male or Hijra/transgender also and the options have been given accordingly. Encircle appropriate response code as per the answer provided by the respondent. If the respondent has never had sexual intercourse (i.e. has stated 'No' in question 24), then please skip question 25-27 and End the Interview.</td>
</tr>
</tbody>
</table>
9.5. Data Form Transportation Sheet

1. As mentioned earlier, the responsibility of sending the data forms along with the data form transportation sheet is primarily that of the Nurse/Counselor.

2. A properly filled data form transportation sheet (Annex 3), in duplicate, should accompany each set of data forms.

3. Clearly write the name and complete address of the sentinel site, including district and state.

4. Encircle appropriate option for the type of sentinel site and write the site code including sub-site number.

5. Period of sample collection i.e. the period for which data forms are being sent, should be written in dd/mm/yy format.

6. Write the total number of data forms and the number of envelopes (containing the data forms) being sent.

7. In the table, write the date of collection and sample number of each sample, whose data forms are being sent.

8. If space provided in the table is not sufficient, please attach another sheet.

9. The sender should write legibly his / her name and telephone number and sign at the designated place before sending the data forms.

10. Also write the date of dispatch of the data forms.

11. The name, signature of the person receiving the data forms and date of receiving the data forms at the RI will be written by the recipient and one of the two sheets will be returned to sentinel site

12. The signed copy of data form transportation sheet received from the RI should be securely stored for any future reference.

9.6. Sample Transportation Sheet

1. The responsibility of sending the blood specimens and the sample transportation sheet is primarily that of the lab technician.

2. A properly filled sample transportation sheet (Annex 4), in duplicate, should accompany each set of blood specimens sent to the HSS testing lab.

3. Clearly write the name and complete address of the sentinel site, including district and state.

4. Encircle appropriate option for the type of sentinel site and write the site code including sub-site number.

5. Period of sample collection i.e. the period for which serum samples are being sent, should be written in dd/mm/yy format.

6. Write the total number of blood specimens and the number of sample transportation boxes (containing the blood specimens) being sent.

7. In the table, write the date of collection and sample number of each blood specimen being sent.
8. If space provided in the table is not sufficient, please attach another sheet.

9. The sender should write legibly his / her name and telephone number and sign at the designated place before sending the blood specimens.

10. Also write the date of dispatch of the blood specimens.

11. The name, signature of the person receiving the blood specimens and date of receiving the blood specimens at HSS testing lab will be written by the recipient and one of the two sheets will be returned to sentinel site.

12. The signed copy of STS received from the HSS testing lab should be securely stored for any future reference.
10. Standard Operating Procedures for Blood Specimen Collection at prison sites

10.1 Consumables Required for Blood Collection :-

1. Cotton with spirit
2. Vacutainer tube & tube holder or Needle & Syringes
3. Centrifuge Tube
4. Latex hand gloves
5. Tourniquet
6. Adhesive bandages
7. Test Tube stand
8. Needle Destroyer
9. Puncture proof sharp disposal container
10. Pipette/Micro-pipette with tips
11. Plastic serum vials
12. Labels
13. 1% Sodium Hypochlorite Solution

Fig 1: Consumables required for blood collection
10.2 Blood Specimen Collection :-

Step 1:
1. Observe all universal precautions at all times by wearing gloves, lab coats & safety glasses.
2. Prepare and label the tube for blood collection with name, reg. no etc as per routine practice; only one tube at a time.
3. Collect 5 ml blood by venipuncture in pre-labelled vacutainer tubes.
4. Keep this single labelled tube in the test tube rack to avoid picking up the wrong tube for sample collection.

Step 2:
1. Remove the rear protective cover (white) of the needle
2. Fix the rear end of the needle to the holder
3. Remove the forward / front protective cover of the needle (green)

If blood is collected using needle & syringes, take a sterile disposable syringes & needle.

Step 3:
1. The respondent is made to sit on the chair and asked to incline the arm in a downward position. (Fig 9)
2. Ask the participant to clench and unclench the fist.
3. Lightly tap the vein.
4. Apply tourniquet

Figure 2: Red Top vacutainer tube

Figure 3: Assembling the vacutainer system

Figure 4: Suggested position of the arm for blood specimen collection
Step 4:
1. Disinfect the puncture site carefully and thoroughly.
2. Wipe the skin surface with a cotton swab containing spirit or alcohol solution.
3. Wipe in an outward moving circular motion. When dry, collect blood specimen (Fig 5)

Step 5:
1. Slowly insert the needle with holder/syringe into the lumen of the vein. (Fig 6)
2. Hold the puncture device firmly to avoid any jerking movement with the needle in place to avoid unnecessary pain for the patient

Step 6:
1. Hold the needle holder firmly and gently insert the vacutainer tube into the holder. (Fig 7)
2. Press the tube gently into the rear end of the needle in the holder so that the rear end of the needle penetrates the rubber top of the tube
3. Now the blood will flow into the tube.
4. Holding the puncture device firmly gently remove the tube from the holder. (Fig 8)
5. If needle & syringes are used, gently pull the piston of the syringe to draw 5 ml blood into the syringe barrel.
6. Placing the cotton on the punctured site, gently remove the needle from the vein.
7. Holding the puncture device in one hand, release the tourniquet completely

Figure 5: Disinfecting the puncture site for blood specimen collection

Figure 6: Inserting the needle into vein

Figure 7: Inserting vacutainer tube into needle holder

Figure 8: Removing vacutainer tube into needle holder
Step 7:

1. Place the vactainer tube with blood sample in the test tube rack. (Fig 9)
2. If needle & syringes are used, remove the needle and transfer the blood into the pre-labelled centrifuge tube from the syringe. Place the centrifuge tube with blood specimen in the test tube rack.

Step 8:

1. Cover the puncture site with a sterile adhesive bandage(Fig 10).
2. Destroy the needle using the needle cutter and discard it into the white translucent puncture proof, leak proof and tamper proof container.
3. Discard alcohol swabs and gauze pieces into the yellow coloured non-chlorinated biohazard waste bag.
4. Discard syringes (without needle) and gloves in red coloured non-chlorinated Biohazard waste bag.

Figure 9 : Place vactainer/ centrifuge tube with blood specimen in the rack
Figure 10 : Apply adhesive tape over puncture site

Figure 11: Biomedical Waste segregation into respective colour coded bags
10.3 Sample Processing :-

Step 1:
1. The blood specimen is allowed to stand for at least 20-30 minutes until the formation of clot before centrifugation (Fig 12).
2. The blood specimen is centrifuged to separate the serum. Care must be taken to balance the vacutainer/centrifuge tubes in the centrifuge, in order to prevent agitation and there by hemolysis.

Step 2:
1. The specimen should be centrifuged at 1,200 to 1,500 RPM for 10 minutes (Fig 13).
2. Meanwhile label the cryovials/ serum vials into which serum will be transferred after centrifugation and keep them ready (Fig 14).
3. Do not use glass tubes for storing specimens. Use only plastic vials.

Step 3:
1. Two aliquote shall be prepared from blood specimen collected from each inmate (Flowchart 4).
2. Serum vial for the routing ICTC testing shall be labelled with name, prison unique ID, date, PID, etc as per the national HCTS guidelines. This aliquote shall be tested for HIV & syphilis and the result will be returned to the inmate.
3. Serum vial for HSS + SHOULD BE LABELED WITH HSS SITE CODE, SAMPLE NUMBER, SUB-SITE NUMBER AND DATE OF COLLECTION. No personal identifiers should be mentioned on HSS specimen, to ensure Anonymous Testing under HSS.
4. Make sure that the label is placed on the side of the tube, not on the cap.
5. Only water-resistant markers or lead pencil should be used for labeling. Avoid use of ink or gel pens.
6. Ensure that the HSS sample number is written only on the designated vial and the data collection form. It should not be recorded in the logbook or in any other place where it could be traced back to the patient.
Flow chart 4. HSS Blood specimen aliquoting and management for an eligible and consented inmate at prison sites

Pipette out 2-3 ml serum into separate serum vial

Vial 1 (0.5 - 1 ml) : For ICTC
Vial 2 (1.5 - 2 ml) : For HSS

Label with name, prison unique ID, date, PID etc.
Label with HSS site code, sample number and date

Send to the ICTC lab, test for HIV & Syphilis
Pack properly and store at 4°C

Return the test results to inmate with post-test counselling (as appropriate)
Send to HSS testing lab in proper cold chain every week with STS

Step 4:
1. After the specimen is centrifuged, transfer 0.5 ml of serum to the required number of sterile labelled serum vials (plastic, not glass) or cryovial (2.0 ml with screw cap) using a clean pipette (disposable plastic pipettes or micropipette with disposable tips).
2. **DO NOT POUR** the serum from one tube to another. USE a pipette.
3. **Use separate pipette tips for each specimen.**
4. Make sure that the screw cap is tightly closed on the labelled cryovial or serum vial.
5. After serum separation, the centrifuge tube with the clot should be decontaminated by autoclaving. Subsequently, tubes can be washed, and cleaned properly.

Figure 15 & 16 : Aliquoting the serum
Step 5:

1. Store the vial for HSS at 4°C in the refrigerator UPTO A MAXIMUM OF SEVEN DAYS.
2. Do not freeze. Do not de-frost the refrigerator when specimens are stored.

10.4. Packaging and Transportation of Specimens:

Step 1:

1. Check that each vial is tightly closed and sealed.
2. Seal each vial with ‘parafilm’, just before transportation.
3. The surface should be dried to ensure proper sticking of the film.
4. Tightly wrap the parafilm on the junction of the cap & vial.

Step 2:

1. Sealed vials are packed in a proper sample transportation box with a numbered lid so that the serum specimens remain upright during transportation.
2. Do not transport any other material in this box.
3. This container should be placed in a double plastic bag and sealed well.
Step 3:
1. Place the sample transportation box in a vaccine carrier/ice box containing adequate number of pre-chilled cold packs to produce an ambient temperature of 4°C within the box for the duration of the journey (Figure 24).

Step 4:
1. The HSS serum specimens are transported to the testing laboratory on a weekly basis.
2. Ensure that the specimens are delivered to the testing laboratory during working hours only (Ensure that it is not a holiday before you leave).
3. The samples should be accompanied by a duly completed and signed sample transportation sheet in duplicate.
4. Once packed, the samples should reach the testing laboratory directly and there should be no deviation en route.
5. The samples should remain in the fridge until the last moment and should not be taken home or elsewhere.

Step 5:
1. On reaching the HSS testing lab, the specimens along with the STS should be handed over to the testing lab in-charge or lab technician.
2. Please wait while the samples are verified.
3. Take back with you a signed copy of sample transport sheet and verification checklist.
4. This should be handed over to the sentinel site in-charge on return and kept in a file for future reference.

10.5 Examples of wrong practices of specimen processing:

Fig 25: Wrong practice of recapping the needle; Wrong practice of allowing blood to clot in the syringe itself. After collection, blood should immediately be transferred to the centrifuge tube and the tube should be allowed to stand for 20-30 minutes for clot formation, before centrifugation.
Fig 26: Serum vials used in different states; Screw capped vials with O-ring should be used for holding serum.

Fig 27: Varying Quality of Sera at the Sentinel Site

Fig 28: Wrong practice of packing serum vials using rubber bands leads to chances of cross-contamination

Fig 29: Sample Transportation Box or Tiffin Box for School Kids? Use appropriate sample transportation box with numbered lid to avoid leakage of specimens during transport

Fig 30: Sharps Disposal container not used for discarding needles.

It is essential to follow universal safety precautions at all points in the specimen collection, storage, testing, transportation and disposal of bio-hazardous wastes. The Laboratory Technician should take the responsibility of implementing safe bio waste management procedures at the sentinel site under active supervision of the sentinel site in-charge. Colour-coded waste-bags should be used as per standard specification for disposal of waste materials and contaminated sharps.

- Follow universal safety precautions during sample collection, storage, testing, transportation and disposal of bio-hazardous waste disposal
- Laboratory technician is responsible for implementing safe bio waste management procedures under supervision of sentinel site-in charge
- Appropriate colour-coded bags to be used for disposal of waste materials and contaminated sharps
- Any spillage of potentially dangerous material should be properly cleaned and decontaminated following standard procedures
- Discarding of needles: the needles should be cut using needle cutter and then stored in white(translucent) puncture proof, leak proof and tamper proof container (BMWM guidelines 2016 and BMWM amendment 2018)
- Disposal of syringes without needles and gloves - in Red bag
- Disposal of cotton swabs: in yellow bag
- All bags should be finally disposed as per standard procedures at the site

Note: Segregation of the Biomedical Waste into different coloured container/bags is the duty of the person who generates the waste.
12. Management of Needle Stick Injury :-

1. Needle stick, puncture wounds, cuts, open skin contaminated by spills or splashes should be washed thoroughly with soap and water.

2. Report the injury to the laboratory in-charge or site in-charge as the case may be; the person should be assessed for Post Exposure Prophylaxis (PEP)

3. PEP, preferably should be started within 2 hours and no later than 72 hours of the accidental exposure for maximum benefit.

4. Appropriate medical evaluation, treatment and counselling should be provided.

5. For details on PEP, please refer to “National Technical Guidelines On Anti Retroviral Treatment” dated October 2018.
Annex 1- Informed Consent Form

CONSENT FORM FOR TAKING INFORMED CONSENT FROM AN ELIGIBLE INMATE FOR PARTICIPATING IN HIV SENTINEL SURVEILLANCE PLUS

This form explains the purpose and details of HIV surveillance (survey) activity for which information and blood sample is proposed to be collected from you. On reading/ understanding the following information, if you agree to take part in this survey, you will be interviewed using a data sheet as well as blood sample will be collected. You are requested to sign or make a thumb impression at the end of form. If you have any questions/ queries, you can ask us before giving the consent.

HIV/AIDS disease is one of the major public health problems in India. National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Govt of India, the nodal national agency for control of HIV/AIDS disease in India, conducts biennial HIV surveys in different population groups to know how prevalent the HIV/AIDS disease is in different groups and overall. This biennial survey is called HIV Sentinel Surveillance. Inmates in central jail are one of the groups among whom this survey is being implemented. The results of this survey will help NACO to understand how big the HIV/AIDS disease among inmates is in India and develop and augment appropriate services for HIV/AIDS disease among them. 400 inmates have been randomly selected for the survey in this prison and you are one among them. All the data collected under this HIV Survey will be completely confidential and will not be shared with anyone outside the surveillance team. The complete survey process will take around 15-20 minutes.

Some of the questions appear sensitive but it is important that you answer them all. Your answers will help improving policies and programs related to services*. Please rest assured that personal identifier like name, mobile etc. is not mentioned on HIV survey data forms and hence the information provided by you will be completely confidential and anonymous. You do not have to answer any question that you do not wish to answer. However, your honest answer to these questions will help us better understand the risk factors associated with HIV or Syphilis.

After completion of data forms, the survey team will also collect about 5 ml (approximately one teaspoon) of blood sample. The equipment used to take the blood is clean and completely safe. It has never been used before and will be discarded after each collection. The blood sample will be tested for HIV and Syphilis. As a part of this survey, the results of the test results will be provided to you. All the information that you provide, and your test results will be kept confidential and anonymous. The programme will also offer necessary free of cost follow-up services for treatment of HIV/Syphilis if you need them.

I hope the aforesaid information answers all your questions and you agree to participate in this HIV survey. Though there is no other direct benefit to you, except for those mentioned above, your participation and results of this survey will help the national health system to develop appropriate programs to prevent these diseases among prison inmates in India as a whole. You are free to refuse to participate in the survey. Your decision to agree or refuse to participate in the survey will not affect the provision of any services to you in any way at the prison.

Do you have any Questions?

I, ________________________________, aged ________ yrs*, have fully understood the contents and agree to participate in this survey and give my blood for HIV/Syphilis test by my own volition*. I know that the data collected under this survey will be used by the National AIDS Control Programme to improve the HIV/AIDS services with full confidentiality.

Signature/thumb impression: ___________________________ Date: ________________

(This is the left thumb impression of ________,______________
Counsellor’s Signature: ___________________________)

Name of witness: ___________________________ Signature: ___________________________
Date: ________________ Counsellor’s Name: ________________ Signature: ________________ Date: ________________
Annex 2- DATA FORM

Please fill the site details in the box below OR paste the sticker with site details/ Stamp the site details in the empty Box

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<thead>
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<th>Site Code</th>
<th>Sub-Site No</th>
<th>Sample No</th>
<th>Date-DD/MM/YY</th>
</tr>
</thead>
</table>

Section 1: Background Characteristic

Introductory Statement: Thank you very much for agreeing to participate in this surveillance. As I mentioned, this survey is completely anonymous, confidential and will help government of India to design and enhance HIV/AIDS services in prison and other correctional institutions. So, we will now start the interview.

1. **How old are you?** (Age in completed years) 

2. **What is your current marital status?**
   - 1. Never Married
   - 2. Currently Married
   - 3. Divorced/Separated/Widower

3. **What is the highest grade/class you have completed?**
   - 1. Illiterate
   - 2. Literate and till 5th Standard
   - 3. 6th to 10th Standard
   - 4. 11th to graduation
   - 5. Post-Graduation & above

4. **What is your current prisoner status?**
   - 1. Convicted
   - 2. Under trial

5. **Since how long you are in this prison?**
   - 1. Less than one month
   - 2. 1 month to less than 3 months
   - 3. 3 months to less than 12 months
   - 4. 1 year to less than 3 years
   - 5. More than 3 years

6. **How many times you had been in prison before the present imprisonment?**
   - 1. Never
   - 2. One Time
   - 3. 2 times or more

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Section 2: HIV/AIDS related knowledge

Statement: As we mentioned before, the focus of the current survey is to further augment the healthcare services among prison population. So, now I will like to ask you some questions about awareness about the health programme for which this survey is being done.

7. **Have you heard of HIV or AIDS?**
   - 1. Yes
   - 2. No

*Note: If the response for question no 7 is ‘No’ (i.e. code ‘2’), then skip the rest of section 2 and whole of section 3 and go to the section 4 please.*

8. **Is it possible to reduce the risk of HIV infection by having sexual relations with just one uninfected faithful sexual partner?**
   - 1. Yes
   - 2. No
   - 3. Don’t know

9. **Is it possible to reduce the risk of HIV infection by using a condom every time one has sex?**
   - 1. Yes
   - 2. No
   - 3. Don’t know

10. **Can a person get HIV from mosquito bites?**
    - 1. Yes
    - 2. No
    - 3. Don’t know

11. **Is it possible to become HIV infected by sharing a meal with a person infected with HIV?**
    - 1. Yes
    - 2. No
    - 3. Don’t know

12. **Is it possible for a healthy-looking person to have HIV/AIDS?**
    - 1. Yes
    - 2. No
    - 3. Don’t know

13. **Can a person get HIV by using an injection needle that was already used by someone else?**
    - 1. Yes
    - 2. No
    - 3. Don’t know
Section 3: HIV/AIDS related services uptake

Note: Section 3 is applicable only for the respondent who are aware of HIV/AIDS i.e. who responded 'Yes' for question no 7. If the response for question no 7 is 'No' (i.e. code '2'), then skip this section and go to the section 4 please.

Statement: As we told, the focus of the current survey is to further augment the healthcare services among prison population. So, as you are aware of HIV/AIDS disease, now I will like to ask you some questions about uptake of the HIV/AIDS related services for which this survey is being done.

14. Have you ever been tested for HIV before?
   1. Yes
   2. No

Note: If the response for question no 14 is 'No' (i.e. code '2'), then skip the rest of section 3 and go to the section 4 please.

15. Have you been tested for HIV in last 12 months?
   1. Yes
   2. No
   3. Don't know/No Response

16. What was the result of your last HIV test?
   1. Positive
   2. Negative
   3. Did not collect the test result
   4. No Response

17. You mentioned that your last test result was HIV positive. Are you currently taking antiretroviral medications/HIV tablets?
   1. Yes
   2. No
   3. Don't know/No Response

   99. Not Applicable (For all who were not positive when last tested for HIV)

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Section 4: Injecting Drug Use Practices

Statement: Now I would like to ask some questions on injecting drug use. I will like to reassure you that the sentinel survey is fully anonymous and confidential. And honest response of these questions will be of extreme help to the national health programme. Please feel to stop me and ask your doubts at any time if you desire so.

18. In your opinion, do inmates in this prison INJECT DRUGS for pleasure?
   1. Yes
   2. No
   3. Don't know/No Response

19. Have you ever injected yourself with any drug for pleasure in your lifetime?
   1. Yes
   2. No

Note: If the response for question no 19 is 'No' (i.e. code '2'), then skip the rest of section 4 and go to the section 5 please.

20. When was the last time you injected yourself with any drug for pleasure?
   1. Less than a month
   2. 1 month to less than 3 months
   3. 3 months to less than 12 months
   4. More than 1 year

21. When you injected last for pleasure, did you use a sterile needle/syringe for injecting yourself?
   1. Yes
   2. No
   3. Don't remember

22. When you injected last, did you share needle/syringe already used by you with a fellow injecting drug user?
   1. Yes
   2. No
   3. Don't remember
Section 5: Sexual Behaviour and Condom Use Practices

Statement: We have reached the last part of our interview. Thank you very much for all the support provided till now. In this final section, we would like to ask you some questions regarding sexual behaviour. I understand how personal those questions are, but at the same time I would like you to note once again that confidentiality is fully maintained in this survey, and the same questions are being asked to all the participants.

23. In your opinion, do inmates in this prison have sexual intercourse with other prisoners?
   1. Yes
   2. No
   3. Don’t know/No Response

24. Have you ever had sexual intercourse in your lifetime?
   1. Yes
   2. No

Note: If the response for question no 24 is ‘No’ (i.e. code ‘2’), then skip the rest of section 5.

25. When was the last time that you had sexual intercourse?
   1. Less than a month
   2. 1 month to less than 3 months
   3. 3 months to less than 12 months
   4. More than 1 year

26. During your last sexual intercourse, did you use condoms?
   1. Yes
   2. No
   3. Don’t remember

27. With whom you had your last sexual intercourse?
   1. Regular female partner (spouse/lover/girlfriend/ Live-in partner)
   2. Commercial female partner
   3. Non-commercial non-regular female partner (casual partner)
   4. Male Partner
   5. Hijra/Transgender partner

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Note: Thank the inmate for his support and cooperation and reassure him about the anonymity and confidentiality of answers. Take him for to lab technician for blood specimen collection. Ensure that the sample number on data form and blood specimen vial is same.

Signature
Name
(Person who filled the form/
Signature
Name
(Sentinel Site in-charge/
Annex 3- Data form transportation sheet

DATA FORM TRANSPORTATION SHEET
(To be sent in duplicate along with the data forms)

1. Name and Complete Address of the Sentinel Site/Sub-site: ________________________________
   District: ___________________________ State: ________________________________

2. A) Type of Site: _______________________ B) Site Code: ________________________ C) Sub-site No: ____________________

3. Period of Sample Collection: ____________(dd/mm/yy) to ____________(dd/mm/yy)

4. Total No. of Data Forms: ____________

5. Total Number of Envelopes: ____________

6. Details of Sample Numbers whose data forms are being sent:

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If space provided above is not enough, please attach another sheet.

Data Forms Sent by: ____________________________  ____________________________
                     (Name)                                               (Signature)            (Tel/ Mobile No.)

Date of Sending Data Forms: __________________________

Data Forms Received by: ____________________________
                     ____________________________
                     (Name)                                               (Signature)

Date of Receipt of Data Forms: __________________________
Annex 4- Sample transportation sheet

SAMPLE TRANSPORTATION SHEET

(To be sent in duplicate along with the samples)

1. Name and Complete Address of the Sentinel Site/Sub-site: __________________________
   District: __________________ State: __________________________

2. A) Type of Site: __________________ B) Site Code: __________________ C) Sub-site No: _________

3. Period of Sample Collection: ____________ (dd/mm/yy) to ____________ (dd/mm/yy)

4. Total Number of Samples: ____________

5. Total Number of Boxes: ____________

6. Details of Sample Numbers:

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If space provided above is not enough, please attach another sheet.

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   (Name) (Signature) (Tel/ Mobile No.)

Date of Sending Samples: ________________

Samples Received by: ____________________________ __________________________
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Date of Receipt of Samples: ________________
## Annex 5 - Important Contact Details

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<tbody>
<tr>
<td>1</td>
<td>Sh. Sanjeeva Kumar</td>
<td>Additional Secretary</td>
<td><a href="mailto:dgnaco@gmail.com">dgnaco@gmail.com</a></td>
<td>011-23325331</td>
</tr>
<tr>
<td>2</td>
<td>Sh. Alok Saxena</td>
<td>Joint Secretary</td>
<td><a href="mailto:js@naco.gov.in">js@naco.gov.in</a></td>
<td>011-23325343</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Shobini Rajan</td>
<td>ADG</td>
<td><a href="mailto:Shobini.simu.naco@gmail.com">Shobini.simu.naco@gmail.com</a></td>
<td>011-23731810</td>
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<tr>
<td>4</td>
<td>Dr. Pradeep Kumar</td>
<td>PO(Surveillance)</td>
<td><a href="mailto:posurv.naco@gmail.com">posurv.naco@gmail.com</a></td>
<td>011-43509906</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Arvind Kumar</td>
<td>TO (Surveillance)</td>
<td><a href="mailto:to.surv.naco@gmail.com">to.surv.naco@gmail.com</a></td>
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### National Institute for HSS, AIIMS (NI-AIIMS)

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<tr>
<td>1</td>
<td>Dr. Sanjay K. Rai</td>
<td>Focal Person, NI-AIIMS</td>
<td><a href="mailto:niaiims.hss@gmail.com">niaiims.hss@gmail.com</a></td>
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### Regional Institutes (RI)

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<td>1</td>
<td>Dr. Elangovan</td>
<td>Focal Person, RI-NIE Region</td>
<td><a href="mailto:elangovan@nie.gov.in">elangovan@nie.gov.in</a></td>
<td>9840885224</td>
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<tr>
<td>2</td>
<td>Dr. M. K. Saha</td>
<td>Focal Person, RI-NICED Region</td>
<td><a href="mailto:sahamk@yahoo.com">sahamk@yahoo.com</a></td>
<td>033-23633856</td>
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<td>3</td>
<td>Dr. P. V. M. Lakshmi</td>
<td>Focal Person, RI-PGIMER Region</td>
<td><a href="mailto:pvm_lakshmi@yahoo.co.in">pvm_lakshmi@yahoo.co.in</a></td>
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<td>4</td>
<td>Dr. Sanjay K. Rai</td>
<td>Focal Person, RI-AIIMS Region</td>
<td><a href="mailto:riaiims.hss@gmail.com">riaiims.hss@gmail.com</a></td>
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<td>5</td>
<td>Dr. Sheela V. Godbole</td>
<td>Focal Person, RI-NARI Region</td>
<td><a href="mailto:sgodbole@nariindia.org">sgodbole@nariindia.org</a></td>
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<td>6</td>
<td>Dr. T. Gambhir</td>
<td>Focal Person, RI-RIMS Imphal Region</td>
<td><a href="mailto:ri_rims@yahoo.in">ri_rims@yahoo.in</a></td>
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