

On the approval of the rules for investigating cases of HIV infection among population

Order of the Minister of Health of the Republic of Kazakhstan dated December 3, 2020 No. ҚР DSM-231/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan 4 December 2020 No. 21725.

In accordance with article 105 of the Code of the Republic of Kazakhstan dated July 7 paragraph 4 2020 "On people's health and health care system", I ORDER:

1. Approve investigation of cases of HIV infection among rules population according to application the order.
2. Department of the organization of medical care of the Ministry of Health Of the Republic of Kazakhstan in the established legislation of the Republic of Kazakhstan order to provide:
 - 1) state registration of this order with the Ministry of Justice Republic of Kazakhstan;
 - 2) posting this order on the Internet resource of the Ministry health care of the Republic of Kazakhstan after its official publication;
 - 3) within ten calendar days after state registration of this order to the Legal Department of the Ministry of Health Of the Republic of Kazakhstan information on the implementation of measures provided for subparagraphs 1), 2) of this paragraph.
3. Control over the execution of this order to assign to the supervisor Vice Minister of Health of the Republic of Kazakhstan.
4. This order comes into force after ten calendar days after the day of its first official publication.

Minister of Health Republic of Kazakhstan

A. Tsoi

Appendix to the order
Minister of Health
Republic of Kazakhstan
from December 3, 2020
No. KR DSM-231/2020

Rules for Investigating HIV Infection in the Population

Chapter 1. General Provisions

1. These rules for investigating cases of HIV infection in the population (hereinafter referred to as the Rules) are developed in accordance with Article 105 of the Code paragraph 4 Of the Republic of Kazakhstan dated July 7, 2020 "On the health of the people and the system health care "(hereinafter - the Code) and determine the procedure for epidemiological investigation of cases of HIV infection among population of the Republic of Kazakhstan.
2. The following terms and definitions are used in these Rules:
 - 1) emergency - the ingress of infected material or biological substrates on damaged or undamaged skin, mucous membranes, trauma performing medical procedures (skin puncture with an instrument, skin cuts covers with medical tools that have not undergone disinfection treatment);
 - 2) HIV - human immunodeficiency virus;
 - 3) HIV infection - a chronic infectious disease caused by a virus human immunodeficiency, characterized by specific damage to the immune system and leading to its slow destruction until the formation of the syndrome acquired immunodeficiency;
 - 4) the source of HIV infection is an HIV-infected person who is in any stage of the disease, including during the incubation period; leave, order 126 is being revised and cannot be relied on

- 5) electronic tracking of cases of HIV infection (hereinafter – electronic tracking) - an information system designed to monitor and evaluate provision of preventive medical services to people living with HIV;
- 6) republican state healthcare organization, carrying out activities in the field of HIV prevention - an organization healthcare, which conducts screening, expert, arbitration tests for HIV infection and other laboratory tests (hereinafter - RGOZ);
- 7) contact person - a person who is or was in contact with source of the causative agent;
- 8) immune blotting - a method that allows you to determine the presence of specific antibodies to individual proteins of the pathogen, is used as a confirmatory test for the diagnosis of HIV infection;
- 9) invasive methods - diagnostic and treatment methods carried out by penetration into the internal environment of the human body;
- 10) potential sources of infection - people from whom HIV is transmitted to another person under certain conditions: sexually, parenterally (when using non-sterile medical and non-medical instruments, blood transfusion, transplantation, contact with biomaterial), vertical path transmission from mother to child;
- 11) parenteral contact - transmission of infection through blood transfusion, injections and manipulations, accompanied by a violation of the integrity of the skin integuments and mucous membranes, as well as from mother to child when passing through the birth paths;
- 12) epidemiological investigation is a set of measures aimed at to identify the source of infection, ways and factors of transmission, to identify contact persons at risk of infection;

Chapter 2. Procedure for investigating cases of infection

HIV infection

3. Epidemiological investigation of cases of HIV infection carried out by territorial health care organization HIV prevention activities on a case-by-case basis, including detection of HIV infection in foreign citizens. In case the infection happened in the process of providing medical care, epidemiological the investigation is carried out jointly with the territorial in government agency the sphere of sanitary and epidemiological welfare of the population with the involvement necessary experts.
4. Epidemiological investigation is carried out within one calendar months from the date of positive immune blotting. If you suspect HIV infection during the provision of medical care, term investigation is two months.
5. During the epidemiological investigation, the infected person is interviewed and written notification of a positive result for HIV infection with observance of confidentiality and filling out an epidemiological surveys according to annex 1 to these Rules.
6. When registering HIV infection in a minor, a survey is conducted presence of parents or legal representatives.
7. HIV-infected person signs an informed consent form according to of these Rules for entering personal data from annex 2 cards to the electronic tracking system (hereinafter - ES). epidemiological survey In case of refusal to enter personal data into the ES system, data are entered that include the number of immune blotting

(hereinafter - IB), date of IB, initials, date of birth, data from the epidemiological history.

8. During the epidemiological investigation of a case of HIV infection, source of infection, route and factors of transmission, contact persons at risk infection.

9. When studying all available risk factors, a conclusion is drawn up, according to , about the way and factor of transmission of HIV infection, time and place annex 1 infections that have major roles in the infection of the patient. The final conclusions are made after serological

10. The circle of contact persons subject to serological examination, is determined depending on the transmission path. Contact persons are persons who have sexual and / or parenteral contact with a patient with HIV infection from the moment the alleged onset of the disease. Contact information is provided voluntarily by the HIV-infected themselves during the interview for their examination on epidemiological indications and identification of the alleged source.

11. In the case of suspected infection related to the provision of medical assistance, lists of contacts for a medical organization are formed by a doctor an epidemiologist of a healthcare organization operating in the field prevention of HIV infection for the entire period of hospitalization in each department, according to annex 3 to these rules.

12. Before the examination, contact surnames are checked for registration in the electronic tracking database to exclude persons with a previously established diagnosis from the list to be examined.

13. If HIV infection is detected in a child under 16, an examination is carried out his mother. If HIV infection is detected in the mother, her minors under 16 years of age and contacts on the parenteral and sexual routes transmission of HIV infection.

14. Contact persons are informed about the risk of HIV infection during pre-test counseling by an epidemiologist of a healthcare organization, carrying out activities in the field of HIV prevention or HIV-infected. In case of informing contact persons about their risk infection with HIV, the name of the source of the infection was not disclosed.

15. Contact is monitored in a healthcare organization, carrying out activities in the field of HIV prevention. The duration of observation of contacts is set for:

1) children born to HIV-infected mothers - eighteen months;

2) medical workers in the event of an emergency - three months;

4) recipients of donor biomaterial - three months;

5) sexual partners of HIV-infected people and contacts in joint drug injection - before receiving 3 months after termination of contact negative test result for HIV infection; with continued contact the contact is examined for HIV infection 2 times a year;

6) persons from the nosocomial focus - three months after discharge from the medical organizations; if more than three months have passed since discharge, contact undergo a single examination, with a negative result, observation stops.

16. For each case of HIV infection believed to be related to the provision of medical care, a healthcare organization operating in the field of HIV prevention sends an emergency notification developed by in line with article 7 of the Code, in the

territorial subparagraph 31) state body in the field of sanitary and epidemiological welfare population and a preliminary report to the RGOZ.

17. By the 10th day of the month following the reporting month, the territorial organization health care, carrying out activities in the field of HIV prevention, provides information to the RGOZ on cases of HIV infection identified:

- 1) from donors and recipients of biomaterial;
- 2) children;
- 3) medical workers;
- 4) pregnant women;
- 5) patients of medical organizations in case of infection associated with receiving medical care;
- 6) convicted and arrested persons - in case of infection in a penitentiary institution;
- 7) for investigated cases of HIV infection with an unknown transmission route.

18. An HIV-infected person is provided with dynamic monitoring in healthcare organizations carrying out activities in the field of prevention HIV infection. The results of laboratory examination of contact are recorded in outpatient card of an HIV-infected person registered with a dispensary (discordant pairs). An HIV-infected person in dynamics presents data on change of marital status, surname, name, patronymic (if any), data about new contact persons for examination and observation that are entered into the database electronic tracking.

19. The list of identified HIV-infected persons is sent by express in a sealed envelope to the territorial health organization, carrying out activities in the field of blood services, republican state enterprise on the right of economic management "Republican blood center ", Republican state enterprise on the right of economic conducting "Research and Production Center of Transfusiology" for life diverting the above persons from donation.

20. In the event of an emergency (hit by an infected material or biological substrates on damaged or intact skin , mucous membranes, skin puncture, skin cuts with medical instruments), and also when contacting persons at risk of infection through sexual contact or other circumstances, the place, time of the emergency is determined, a possible source of infection with subsequent registration in the journal, approved in accordance with article 7 subparagraph 31) of the Code.

21. The medical organization that registered the emergency, sends a report on professional contact with a potentially infected person material approved in accordance with Article 7 of the Code in subparagraph 31) a territorial health organization operating in the sphere of HIV prevention.

22. Medical workers with an established diagnosis of HIV infection are subject to transfer by the employer to another job that is not related to the violation the integrity of the skin or mucous membranes in accordance with Article 161 paragraph 4 Of the Code.

Appendix 1 to the rules
investigation of cases
contracting HIV

REGISTRATION CARD EPIDEMIOLOGICAL EXAMINATION OF A CASE OF HIV INFECTION

/ IIN / __ / __ / __ / __ / __ / __ / __ / __ / __ / __ / __ / __ /

1. PASSPORT PART

- 1.1 _____ OGC AIDS
1.2 (No.IB) numbers ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ /
1.3 And Registration number (No. IB) ___ / ___ / ___ / ___ / ___ / ___ /
IB setting date (Day, month, year 1.4 1- AND 2- No
1.5 _____ Anonymously Yes No Surname, Name, middle name printed
1.6 Date of birth (кни, ай, зшылы / day, month, year) ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ /
1.7 Gender Male Female
1.8 # codes ___ / ___ / ___ / ___ / * (# 4 see)
1.9 TRANSGENDER Yes No No answer Survey code according to form No. * (see. Form No. 4)
2. A PLACE IDENTIFICATION
2.1 Administrative unit of the area of identification (write in printed letters: city, district revealing)
1 - Ақмолa, 2 - Ақтөбе, 3 -Almaty, 4 -Atyrau, 5 - The East Kazakhstan region 6 -Zhambyl, 7 - West-Kazakhstan region 8-Karagandy, 9-Kostanay, 10 - Kyzylorda, 11 - Magystau, 12 - Pavlodar, 13 - North-Kazakhstan region 14 -Turkistan, 15-Almaty, city 16-Nur-Sultan., city 17-Shymkent city
2.2 Anyқталған облыстaрдың укімшілік бiрлігі
2.3 Penitentiary institution (enter the name of the institution)
2.4 Place of detection: AIDS Center, Blood Center, IU *, TB Dispensary, SI *, Polyclinic (SVA), Reception - Distributor, Narcological Dispensary, Dermatological Dispensary, IVS *, Hospital, Maternity house, CRH *, Women's consultation, PD *, DK *, Children's home, House of invalids, Hospice, Military unit, Other, NGOs *, Private MOs *
2.5 site of infection penitentiary, medical institution
2.6 Infection facility _____
2.7 Administrative territory registration _____

3. SOCIO-DEMOGRAPHIC DATA

- 3.1 Citizenship Citizen of the Republic of Kazakhstan Foreign citizen Stateless person Oralman
FOR FOREIGN CITIZENS
3.2 date arrival in RK date, month, year)
3. 3 Of which one countries arrived in RK? Russia, Belarus, Ukraine, Moldova, China, Mongolia Azerbaijan Kyrgyzstan Tajikistan, Turkmenistan Uzbekistan, Far Abroad, Armenia, Georgia,
3/4 - Round. Study, Job, Service business trip, Tour. Trip Permanent residence *, Private visit
3. 5 Family status (for people aged 16 and over)
Married, Divorced Civil marriage, Not married / not married,
Widower / widow
3.6 For persons under the age of 18 With both parents indicate with whom he lives?
With one parent, With relatives (guardians), In the care of the state, Has guardians - not relatives Family members (for all):

Full name	Family connection	Gender (1 – husband, 2 – women)	Date of birth	The address	HIV status (1– Gender, 2– Neg, 3 – Not observable)
3.7	3.8 *	3.9	3.10	3.11	3.12

3. 8 family ties- Husband, Wife, common-law, common-law, daughter, A son, Son-in-law, Daughter-in-law, Other, Mother, Father
3. 13 Education: Higher Incomplete higher Secondary vocational Incomplete Average Initial Without education
3. 14 Social status: Works, Does not work, Pupil, Not organized, DDU *, Convicted, Investigative-Arrested, Other, Pensioner Student of secondary educational institutions * and universities *, Serviceman
3.15 Place of work / study /enter the name of the organization, enterprise or other) Choose from the following: Medical organization Industrial enterprise, Trade enterprise, Motor transport company, Law enforcement agencies Military unit Sphere Educational institution Entrepreneurial activity Other
3.16 Homeless Yes No

ADDRESSES place of registration/place of residence

- 3.18 A place 3.19 region. 3.20 Inhabited p u n k t 3.21 The street, apartment 3.22 phones contact number
3.23 A place 3.24 region. 3.25 Inhabited p u n k t 3.26 The street, apartment 3.27 phones contact number
3.28 Organization of detection -enter the name of honey. organizations)
3.29 Epidemiology of The reason for not conducting an epidemiological survey / Died, Left outside the Republic of Kazakhstan, / Eliminated outside the area, / Wanted (does not live , not it appears, the address is unknown), Homeless *, Refusal, Lives outside the Republic of Kazakhstan, / According to medical indications.

3.30 Reason for not registering (in the database)Wanted (does not live, does not appear, address unknown),Left outside the Republic of Kazakhstan, / Refusal.

4. EPIDEMIOLOGICAL ANAMNESIS

4.1 Have you ever been tested for HIV before? Yes, No, (enter only the last examination) Don't remember / don't know

4.2 Survey year

4.3 Result Negative, Positive, Don't remember / don't know

EXPERIENCE IN INJECTING DRUGS

4.4 Have a history of injecting drug use? Well no If yes, then go to the next questions

4.5 Injecting drug use in the past 12 months Yes, No

4.6 Experience injection use years months

4.7 A joint introduction drugs Yes, No, Not remember

4.8 about If "Yes", then from by whom? (perhaps several options answers) FROM sexual partner, IN Permanent group, IN random group

4.9 Co-injection of drugs with HIV-positive Yes, No, Don't remember / don't know

4.10 Type of injecting drug used Heroin, Hanka, Amphetamines, Other, Poppy, Synthetics

4.11 Is it registered in a narcological dispensary? Yes, No, I don't remember

4.12 Is it registered with the police? Yes, No, I don't remember

RENDERING SERVICES COMMERCIAL SEX

4.13 Did you have experience providing commercial sex services? If yes, then go to the next questions 1- AND / Yes 2- Жоқ / No

4.14 Service experience ___ / ___ / years ___ / ___ / months

4.15 Number of commercial sex partners for the last month _____ (dignity / date)

4.16 Have you (or your commercial partner) used condoms at the last sexual intercourse? Well no Don't remember / don't know

AVAILABILITY HOMOSEXUAL SEXUAL CONTACT (for men)

4.17 Have you had any experience of homosexual contacts? Yes, No If "yes", then go to the following questions

4.17.1 Number of sexual partners during life

4.17.2 What sexual partners were during my life Permanent, Random Commercial

4.18 Homosexual sex in the last 12 months Yes, No

4.19 Had contact with a commercial homosexual sexual partner in the past 12 months? 1 - Yes, 2 - No,3 - I don't remember

4.20 Number of sexual partners in the last 12 months

4.20.1 What sexual partners have you had in the last 12 months? Permanent, Casual, Commercial

4.21 Have sex with PWID? Yes, No, I don't remember / I don't know

AVAILABILITY HETEROSEXUAL CONTACTS

4.23 Had whether experience heterosexual contacts? Yes, No, If "Yes", then go over to following questions:

4.24 LASTING, CASES, What sexual partners have you had during your life? C o m m e r c e

4.25 Had sexual contact from HIV positive? Yes, No, Not remember

4.26 Had sexual contact from PLHIV *? Yes, No, Not remember / not know

4.27 Have you had heterosexual experience in the past 12 months? Well no

4.28 How many number genital partners per the last 12 months?

4.29 What sexual partners have you had in the last 12 months? Permanent, Casual, Commercial

Stay in places of deprivation of liberty, SI / IU pre-trial detention centers, correctional institutions * (for the entire period of life)

4.30 Did you have experience of being in places of deprivation of liberty for the entire period of your life? Well no If yes, then go to the following questions:Being in the MLS

4.31Name of SI / IU 4.32Date of commencement of serving the sentence (day, month, year) 4.33Date of completion of serving the sentence (day, month, year)

PARTICIPATION IN donation IN THE LAST 5 YEARS

4.34 Have you been a blood donor in the past 5 years? Well no

4.35 Donation upon detection? Well no, If "yes", then go to the following table: (enter answers to columns)

4.36 A place donation: 4.37 RK, region , city,district country, city

4.38 Date donation (number, month, year)

4.39 Name MO of the fence blood (application blood centers) *

4.40 Category donor (1):one-Primary,2-Repeated,3-Regular

4.41 Donation type: 1 – Paid 2 - Royalty-free

4.42 Donor code (No. registration cards in donor)

- 4.43 Donation codes # Woman series)
- 4.44 The code donation (No. component and series) Date survey for HIV donor (day, month, year)
- 4.45 HIV status 1 – Position 2 – Negative 3 - Not examined.
- 4.46 Was a donor of sperm, organs, tissues, cells, breast milk in the last 5 years? 1 - / Yes, 2 - / No If "yes", then go to the following table: (enter answers to columns)
- 4.47 A place donation: 4.48RK:region, city,district. A country , city
- 4.49 Date donation (number, month, year)
- 4.50 Name MO of the fence donor material
- 4.51 Donor categories: 1 –Primary 2 –Repeated 3 - Regular
- 4.52 Donation type: 1 - Paid, 2 - Royalty-free
- 4.53 View donor material 1 - Sperm, 2 - Organs, 3 - Fabrics, 4 - Cells, 5 – Breast milk
- 4.54 Series no.donor material (in magazine fence)
- 4.55 Name MO h, received donor material
- 4.56 Date survey for HIV donor (day, month,year)
- 4.57 After sending a request to the Republican Blood Center using the donor code (No.registration in the donor card or in the database in the BCC) and the donation code (component number and series), you can get complete information on the blood donor and fill out a report per donor (application).

RECIPIENT OF DONOR MATERIAL FOR THE LAST 5 YEARS, for 110 code

- 4.58 Have you been a blood recipient in the past 5 years? 1 - / Yes,2 - No / No If "yes", then go to the following table: (enter answers in columns)
- 4.59 Transfusion : A place transfusion: 4.60RK:reg, city, district A country, city
- 4.61 Name MO receiving components blood
- 4.62 Date of receiving components blood (number,month year)
- 4.63 Numbers room stories illness
- 4.64 Codes (series The code component (No.component and series)
- 4.65 Donor code (No.registration in the map donor)
- 4.66 HIV status donor 1 – Pos. 2 -Negative.3 - Not examined.
- 4.67 Was the recipient of sperm, organs, tissues, cells, breast milk for last 5 years?1 - Yes, 2 – No If "yes", then go to the following table: (enter answers to columns)
- 4.68 A place receiving biomaterial (transplant): 4.69RK:region, city,district, city
- 4.70 Name MO of the fence donor material
- 4.71 Name MO receiving donor material
- 4.72 Date of receiving biomaterial (transplant):(day, month,year)
- 4.73 Ordinal Series no.donor material (In the magazine fence)
- 4.74 View donor material 1 – Sperm, 2–Organs,3– Fabrics, 4–Cells,5 – Breast.milk
- 4.75 Name of donor,about whom recipient received biomaterial
- 4.76 HIV status donor 1 - Pos.2 - Negative.3 - Not examined.

STI SYMPTOMS IN THE LAST 12 MONTHS

- 4.77 A history of sexually transmitted diseases (syphilis, gonorrhea, herpes, genital ulcers, trichomoniasis and more) 1- / Yes,2- / No
If yes, then go to the following table:

- 4.78 Date of diagnosis
- 4.79 Diagnosis
- 4.80 Is it on the dispensary registration in the KVD dermatovenerologic dispensary?Well no
- 4.81 Do you have contacted friendly offices (DK)?Well no
- 4.82 How many times have you contacted the DC in the last 12 months?date)
- 4.83 Contacting private clinics (doctors) for STIs *Well no
- 4.84 How many times have you visited private clinics (doctors) in the last 12 months?

INFORMATION ON CHILDREN WITH POSITIVE HIV STATUS

- 4.85 The child was born by a planned caesarean section Yes, No
- 4.86 The child had exclusive artificial feeding Yes, No, I don't remember
- 4.87 The mother underwent chemoprophylaxis during pregnancy / childbirth Yes, No, NotI remember
- 4.88 The child underwent chemoprophylaxis during the neonatal period Yes, No, I don't remember

INFORMATION ABOUT MEDICAL AND NON-MEDICAL MANIPULATION

4.89 A history of medical and non-medical manipulations Yes, No, If "yes", then go to the following table: (enter answers in columns)

4.90 Date interference : (day, month, year)

4.91 View interventions: 1-Medical, 2-Non-medical Manicure, 13 - Pedicure, 14 - Suyelin kesu, 15 - Basgasy

4.92 Type of intervention: 1 - Invasive, 2 - Operative, 3 -Dental, 4 - Obstetrician-gynecological, 5-Other, 6 - Tattooing, 7 - Piercing ears, 8 - Piercing, 9 - Excision of the foreskin, 10 -Using common razor blades, 11 -Using common toothbrushes, 12 - Manicure, 13 -Pedicure, 14 - Callus cutting, 15 - Other

4.93 Name organization

EMERGENCY SITUATION

4.94 Have there been any emergencies? Yes, No If "yes", then go to the following table: (write the answer in for each column)

4.95 Date (number month, year)

4.96 Risk infections: 1-Professional, 2-Not professional

4.97 Name institutions

4.98 type of injury: 1-Skin puncture, 2-Cut, 3- bite, 4 - Ingestion of blood, etc. biologist. liquid on the mucous shell and damaged leather, 5 - Other

4.99 Post-exposure prevention held in over 72 hours: 1 - Yes, 2 - No, 3 - I don't remember

4.100 HIV status contact: 1-Positive , 2-Negative, 3-Not examined

VISITS OUTSIDE THE REPUBLIC OF KAZAKHSTAN FOR THE LAST 12 MONTHS

4.101 The presence of trips outside Kazakhstan in the last 12 months Yes, No If "yes", then go to the following table: (write in block letters in table by columns)

4.102 Date start departure (number, month, year)

4.103 Date endings departure (number, month year)

4.104 A country , city : 1- Russia, 2 - Belarus, 3- Ukraine, 4 - Moldova, 5 - China, 6-Mongolia, 7- Azerbaijan, 8- Kyrgyzstan, 9-Tajikistan, 10-Turkmenistan, 11 - Uzbekistan, 12 - Far Abroad, 13 -Other, 14 - Armenia, 15 - Georgia, 16 -. Latvia

4.105 Goal trips: 1 - Study, 2 -Work, 3 -Service business trip, 4 -Tour. Trip, 5 - permanent residence *, 6 - Private visit

PROPOSED SOURCE INFECTIONS

4.106 Presence of a suspected source of infection Yes, No Check the database, if "yes", then go to the next table: (enter in block letters to the table by columns)

4.107 IB # /

4.108 IB Date

4.109 full name

NUMBER OF CONTACT PERSONS

4.110 Availability of contact persons Well no If "yes", then go to the following table: (write the answer for each column)

4.111 Full name of the contact person

4.112 Gender (1-Male, 2-Female) Date of Birth

4.113 Contact start date

4.114 Contact type *

4.115 Date of examination of the contact person

4.116 Contact HIV status **

4.117 No. IB number of the contact person

4.118 IB date of the contact person

4.119 Reason for not testing ***

4.120 Contact ended (1- Yes, 2 - No)

4.121 The address, phone

4.122 End date of contact

* 4.114 Type of contact:1 - When using drugs, 2- Sexual (Heterosexuals/Heterosexual), 3 - Sexual (Homosexual / homosexual), 4 - Contact for a medical institution, 5 - Vertical contact, 6 - Contact in case of an emergency, 7 - Articulated non-medical.

** 4.116 HIV status of the contact:1 - Positive, 2 - Negative, 3 - Not examined

*** 4.119 Reason for not examining: 1 - Died,2 - Left outside the Republic of Kazakhstan,3- Moved out of the area,4 - Wanted (does not live , does not appear, address unknown), 5 – homeless, 6 - Refusal,7 - Lives outside the Republic of Kazakhstan,8 - According to medical indications.

5. CONCLUSION

5.1 PROPOSED TRANSMISSION PATH (write in)

5.2 Check from the following

- 1 - Sexual during heterosexual intercourse,
- 2 - Sexual during homosexual contacts,
- 3 - Parenteral, with injecting drug use,
- 4 - Parenteral, artifactual (medical manipulations),
- 5 - Parenteral, artifactual (non-medical manipulation),
- 6 - Parenteral, post contact (emergency situations when performing prof.duties),
- 7 - Parenteral, transfusion (blood and its components, organs, tissues, etc.biological fluids),
- 8 - Vertical (during pregnancy, childbirth, breastfeeding),
- 9 - Unknown path.

5.3 Date of filling (day, month, year)

5.4 Completed by the doctor epidemiologist

5.5 Signature

5.6 Checked the manager. epid. department

5.7 Data entered by operator / doctor

5.8 Input date (кни, ай, зhyly) / (day, month, year)

* Note: permanent residence is a permanent place of residence; MLS - places of deprivation freedom; IU-correctional institution; SI-investigative isolation ward; CRH-central district hospital; PD - point of trust; DK-friendly office; NGOs - non-governmental organization; Preschool institution for children; SSUZ-secondary specialized educational institution; University - higher educational institution;Homeless - without a fixed place of residence; STIs are transmitted sexually.

Appendix 2 to the rules
investigation of cases
contracting HIV

The patient's informed consent to enter personal data into information system Electronic case tracking HIV infection

I, (surname, name, patronymic (if any))

citizen _____

residing at: _____

Identity document _____
series _____ number _____, issued on _____ 20__ . by

whom, IIN _____ in accordance with the requirements of paragraph 1 of Article 60 the Code of RK On people's health and health care system dated July 7, 2020, I confirm From in about E consent on introduction my personal data

_____ (Further -OPERATOR),
(name of the medical organization)
including: last name, first name, patronymic (if any), gender, date of birth, address residence, telephone number and health data related to my use in medical care, provided that their processing is carried out by a person professionally engaged in medical activities and are obliged to maintain at work.

In the process of providing me with medical services, I provide medical workers with M about and personal data containing information constituting a medical secret, other officials of the Operator, in the interest of my certification.

I give the Operator the right to carry out all actions (operations) with my personal data, including collection, systematization, accumulation, storage, renewal, depersonalization, destruction. The operator processes my personal data by entering them into an electronic database, inclusion in lists and reporting forms provided by the documents regulating presupposition about (document). The transfer of my personal data to other persons or their other disclosure may carried out only with my written consent, or in accordance with article 273 the Code.

This consent was given by me on " _____ " 20 ____ years and is valid indiscriminately.

Signature _____

Note: This informed consent must be kept in the outpatient patient card. Patients who refuse to provide such consent, it is necessary to explain that the Operator has the right to enter patient information anonymously (no personal data).

Appendix 3 to the rules
investigation of cases
contracting HIV

List of contact persons for the medical organization

FULL NAME

IIN

No.medical cards

Home the address room

Phone

Date hospitalizations and extracts

Result surveys on HIV infection front hospitalization , during and after hospitalizations

Result surveys on epidemiological testimony

Date, number and result analysis

Note (reason not survey , other)