

**On approval of the rules for mandatory confidential medical examination for the presence of HIV infection**

Order of the Minister of Health of the Republic of Kazakhstan dated November 27, 2020 No. ҚР ДСМ-211/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on November 30, 2020 No. 21692.

In accordance with paragraph 2 of Article 162 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On the health of the people and the healthcare system", I ORDER:

1. Approve the rules for mandatory confidential medical examination for the presence of HIV infection in accordance with the annex to this order.

2. Recognize invalid the Order of the Minister of Health and Social Development dated June 15, 2015 No. 508 "On approval of the Rules for mandatory confidential medical examination for the presence of HIV infection of persons for clinical and epidemiological indications" (registered in the Register of State Registration of Normative Legal Acts of the Republic of Kazakhstan under No. 11803, published on August 6, 2015 in the information and legal system "Adilet").

3. The Department of Organization of Medical Assistance of the Ministry of Health of the Republic of Kazakhstan, in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

1) state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

2) placement of this order on the Internet resource of the Ministry of Health of the Republic of Kazakhstan after its official publication;

3) within ten working days after the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Department of the Ministry of Health of the Republic of Kazakhstan of information on the implementation of the measures provided for in subparagraphs 1 and 2) of this paragraph.

4. To impose control over the execution of this order on the supervising Vice Minister of Health of the Republic of Kazakhstan.

5. This order shall enter into force ten calendar days after the day of its first official publication.

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| *Minister of Health*  *of the Republic of Kazakhstan* | *A. Tsoi* |

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|  | Approved by the order  of the Minister of Health  of the Republic of Kazakhstan  dated November 27, 2020  No. ҚР ДСМ-211/2020 |

**Rules for Mandatory Confidential Medical Testing for HIV Infection**

**Chapter 1. Basic Provisions**

1. These rules for mandatory confidential medical examination for the presence of HIV infection (hereinafter referred to as the Rules) are developed in accordance with paragraph 2 of Article 162 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On the health of the people and the healthcare system" (hereinafter referred to as the Code) and determine the procedure conducting a mandatory confidential medical examination for the presence of HIV infection as part of the guaranteed volume of free medical care in public health organizations operating in the field of HIV prevention.

2. The following concepts are used in these Rules:

1) HIV infection - a chronic infectious disease caused by the human immunodeficiency virus, characterized by a specific lesion of the immune system and leading to its slow destruction until the formation of acquired immunodeficiency syndrome;

2) examination for clinical indications for the presence of HIV infection - a mandatory confidential medical examination of persons with clinical indications (opportunistic diseases, syndromes and symptoms indicating the possibility of contracting HIV infection) with informed consent;

3) examination according to epidemiological indications for the presence of HIV infection - a mandatory confidential medical examination of persons, due to the epidemiological situation in a certain territory, among certain groups of the population and when conducting an epidemiological investigation of a case of HIV infection with informed consent;

4) public health organization carrying out activities in the field of HIV prevention - an organization that conducts mandatory, voluntary anonymous and (or) confidential medical examination and counseling on HIV infection;

5) the Republican State Health Organization, carrying out activities in the field of HIV prevention (hereinafter - RPHO) - a healthcare organization that conducts screening, expert, arbitration studies for HIV infection and other laboratory studies.

6) potential recipient - a patient who needs transplantation of tissues (parts of tissue) and (or) organs (parts of an organ);

7) potential sources of infection - people from whom HIV can be transmitted to another person under certain conditions: sexually, parenterally (using non-sterile instruments, blood transfusion, transplantation, contact with biomaterial), vertical transmission from mother to child;

8) confidential medical examination - an examination based on the observance of the secrecy of a medical worker and the preservation of information about the identity of the person being examined;

9) key populations - groups of the population that are at increased risk of contracting HIV infection due to their lifestyle;

10) seronegative window - the period from the moment of infection to the appearance of antibodies, lasts from two weeks to three months.

**Chapter 2. The procedure for conducting a mandatory confidential medical examination for the presence of HIV infection**

3. Before a mandatory confidential medical examination of persons for HIV infection, a doctor or a specialist who has undergone special training in counseling conducts pre-test counseling with obtaining informed consent for testing, counseling and entering personal data into the information system of the medical organization performing blood sampling.

4. Blood sampling for a mandatory confidential medical examination for the presence of HIV infection is carried out in healthcare organizations, regardless of the form of ownership and departmental affiliation, according to an identity document, and is sent to territorial healthcare organizations engaged in HIV prevention activities, the RGHO for conducting research.

5. Testing for the presence of HIV infection is carried out in accordance with the procedure for diagnosing HIV infection in adults and children over 18 months in accordance with paragraphs 6-20 of these Rules.

6. The procedure for diagnosing HIV infection in adults and children over 18 months of age includes two stages - the first and confirming.

7. The first stage: during the initial study (hereinafter - T1), the p24 viral antigen and antibodies to HIV of the first and second types are simultaneously determined by the method of enzyme-linked immunosorbent assay (hereinafter - ELISA) or immunochemiluminescent analysis (hereinafter - ICLA), or electrochemiluminescent analysis (hereinafter - ECLA ).At the first stage, test systems with a diagnostic sensitivity of 100% are used (the lower limit of the 95% confidence interval is at least 99%); diagnostic specificity - not less than 99% (the lower limit of the 95% confidence interval - not less than 98%); analytical sensitivity - no more than 2 IU / ml (the minimum amount of p24 antigen). With each setting for the determination of markers of HIV infection by the serological method, in addition to the control samples attached to the set, a setting is carried out inside the laboratory control with a positivity coefficient (OD / ODcrit) in the range of 2.0–2.5 to assess the stability of the process.

8. Upon receipt of a negative T1 result, the subject is given the result "HIV negative". The subject receives a negative result at the place of blood sampling upon presentation of an identity document within 3 working days from the moment the blood sample arrives at the laboratory for analysis. Post-test counseling is carried out before the result is issued.

9. Upon receipt of a positive T1 result, a second study (hereinafter referred to as T2) is performed using a test system that differs from T1, or ET. Use of tests of the third and fourth generations is allowed.

10. If the T2 result is negative, the same sample is retested using the T1 and T2 tests.

11. If two negative results are obtained in a repeat study, the result "HIV negative" is issued.

12. Upon receipt of two positive test results, a serum sample with a volume of at least 1 ml is sent to the RPHO laboratory for confirmatory studies no later than three working days from the date of the last statement.

13. When receiving conflicting research results (T1+, T2-), the result is considered doubtful. After 14 calendar days, a second blood sampling and a test for HIV infection are carried out, according to stage 1 of the procedure for diagnosing HIV infection in adults and children over 18 months in the field of HIV prevention, for re-examination for HIV infection).

14. Upon receipt of a repeated doubtful result for HIV infection after 14 calendar days, additional studies are carried out using other serological tests. A negative result is issued for two negative results from three studies. A positive result is issued on two positive results from three studies. In the case of examination of pregnant women, molecular biological tests are additionally used (quantitative determination of HIV ribonucleic acid (hereinafter referred to as RNA) with a test sensitivity of not more than 50 copies / ml or determination of proviral deoxyribonucleic acid (hereinafter referred to as pDNA) HIV).

15. Confirmatory stage: confirmation of primary positive samples from territorial public health organizations operating in the field of HIV prevention is carried out by ELISA or ELISA or ET and a confirmatory immune blot (hereinafter referred to as IB) or an immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL) in the WPHA laboratory.

Upon receipt of a biomaterial from a blood service organization with a positive result of a polymerase chain reaction (hereinafter - PCR) and a negative or doubtful result of ELISA or ELISA or ELECTR, an additional study is carried out using molecular biological tests to identify HIV infection during the period of the seronegative window. The examined donor is under serocontrol in the territorial public health organization that carries out activities in the field of HIV prevention until the diagnosis is confirmed or excluded.

16. Upon receipt of a negative result in ELISA or IHLA or ET in the laboratory of the RPHD, the information is transferred to the territorial state health organization engaged in the prevention of HIV infection, for re-blood sampling and testing for HIV after 14 calendar days, according to the procedure for diagnosing HIV infection in adults and children over 18 months of age (stage 1).

17. Upon receipt of a positive result in ELISA or ELISA or ET, a confirmatory test is performed in the laboratory of the RPHD: IB or immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL).

18. Upon receipt of a negative result of IB or an immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL) and a positive result in ELISA or ELISA or ET, a second test is performed after 1 or 3 months, according to the procedure for diagnosing HIV infection in adults and children older than 18 months consecutively, starting from the first stage. In the absence of positive dynamics of antibody titers to HIV in ELISA or ELISA and negative IB, a PCR test is performed after 3 months.

19. Upon receipt of a doubtful result of IB or an immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL) and a positive result in ELISA or ELISA or ET, a second study is carried out after 14 calendar days or 1 month, in accordance with the procedure for diagnosing HIV -infections in adults and children older than 18 months consecutively, starting from the first stage.

In the absence of positive dynamics of antibody titers to HIV in ELISA or ELISA and doubtful IB after 1 month, a PCR test is performed. With the first doubtful result of IB in pregnant women at the later stages of testing, the issue of conducting additional testing on an individual basis is decided.

If the PCR result (HIV RNA) is negative, a second test is performed after 14 calendar days.

With a positive result of PCR (HIV RNA) in pregnant women in the third trimester, antiretroviral therapy is prescribed.

In the absence of positive dynamics of antibody titers to HIV in ELISA or CLLA and IB and a negative result of PCR, the issue of a non-specific reaction to antibodies to HIV or serocontrol will be resolved within a period of not more than 3 months.

20. Upon receipt of a positive result of IB or an immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL), the result "Antibodies to HIV was detected" is issued to the territorial health organization engaged in the prevention of HIV infection. In the result form intended for the medical organization where the blood of the examined person was taken, the number of the IB and the date of its issue are entered. Persons with a previously established diagnosis of HIV infection are excluded from conducting a re-test with a confirmatory test (IB or immunochromatographic test with a profile of HIV proteins (2 ENV, GAG, POL)) as part of the guaranteed volume of free medical care.

The IB result is issued within 15 working days from the moment the blood sample arrives at the laboratory that performs the primary test for HIV infection.

21. A positive test result for HIV infection, the subject receives in a territorial healthcare organization engaged in the prevention of HIV infection, with post-test counseling, including: assessment of the consequences of testing, determining the presence or absence of individual risk factors, providing information on ways transmission of HIV and methods of protection, types of assistance available to an HIV-infected person.

22. Post-test counseling assesses: the risk of suicide, depression, and other mental health outcomes as a result of an HIV diagnosis; the risk of intimate partner violence for women diagnosed with HIV, the implications of disclosure. In the presence of stress, aggressive reaction, depression, the patient is provided with the help of a psychologist.

23. A doctor or psychologist of a healthcare organization that has detected the fact of HIV infection warns of administrative and criminal liability for infecting other persons in accordance with Article 429 of the Code of the Republic of Kazakhstan "On Administrative Offenses" of July 5, 2014 and Article 118 of the Criminal Code of the Republic of Kazakhstan of July 3, 2014, with the patient signing a confidential interview sheet, developed in accordance with subparagraph 31) of Article 7 of the Code.

24. With a positive result of the study for HIV infection, a written informed consent is taken from the person to enter personal data into the electronic tracking system (hereinafter - ES). In case of refusal to enter personal data, the following are entered into the ES system: the number and date of the immune blot, initials, date of birth, epidemiological history data.

25. The results of testing for HIV infection in donors, performed in the laboratory of the RPHO, are sent to the healthcare organization operating in the field of blood service, which sent the serum for confirmatory studies, and to the healthcare organization operating in the field of HIV prevention, for carrying out anti-epidemic measures.

26. Medical organizations that performed transplants and blood transfusions submit lists of recipients for testing for HIV infection:

in the organization of primary health care at the place of attachment - within three days after discharge or performance of procedures for assisted reproductive technologies.

In the case of recipients living outside the region, city of republican significance or the capital, the medical organization sends the list of recipients to the healthcare organization operating in the field of HIV prevention at the place of hospitalization, which subsequently transfer data to healthcare organizations operating in the field of HIV prevention - infections, at the place of residence of the recipient;

in healthcare organizations engaged in activities in the field of HIV prevention - monthly, before the 3rd day of the month following the reporting one.

In cases of death, data on the recipient are transferred to the territorial healthcare organization that operates in the field of HIV prevention at the place of hospitalization on a monthly basis, before the 3rd day of the month following the reporting one.

27. Examination of children born from HIV-infected mothers from mothers with unknown HIV status is carried out in accordance with paragraphs 28-37 of these Rules.

28. The first examination of children born to HIV-infected mothers is carried out at the age of up to 48 hours from birth by PCR for the presence of HIV proviral DNA (hereinafter referred to as HIV pDNA). When examining children under 18 months of age according to epidemiological indications, the first study of the biomaterial by PCR is carried out at the time of the occurrence of epidemiological indications, regardless of age. The biomaterial for research (a sample of a dry capillary blood drop (hereinafter referred to as CCBB) or whole blood with ethylenediamineteteroacetic acid (hereinafter referred to as EDTA) with a volume of at least 1 ml) is sent to the laboratory of the RPHA. The study of blood from the umbilical cord is excluded.

29. If a negative result is obtained before the age of 48 hours, a second PCR test (HIV pDNA) is performed at the age of 6 weeks. A biomaterial sample (whole blood with EDTA or SKKK) is sent to the laboratory of the RHO.

30. Upon receipt of a negative result at 6 weeks, a monthly clinical observation of the child's condition is carried out in the organization of primary health care by a pediatrician together with a specialist in a healthcare organization engaged in the prevention of HIV infection.

31. The third PCR test for the presence of HIV pDNA is performed at the age of 9 months in the absence of clinical manifestations of HIV infection in the child. In the presence of clinical symptoms of HIV infection, an additional study is performed to identify HIV pDNA, regardless of age.

32. Upon receipt of a positive result of a PCR study for the presence of HIV pDNA at any stage of the procedure for diagnosing HIV infection in children from 0 to 18 months, no later than 14 calendar days, a repeated sampling of the biomaterial (blood plasma with EDTA, with a volume of at least 1 .2 ml). A biomaterial sample is sent to the laboratory of the Republican Health Organization for quantitative determination of HIV RNA in blood plasma (hereinafter referred to as HIV RNA viral load) by PCR.

33. If a viral load of HIV RNA is more than 5,000 copies per 1 ml of plasma, the result is considered positive, and a diagnosis of "HIV infection" is made.

34. If a viral load of HIV RNA is less than 5000 copies per 1 ml of plasma, the result of the study is considered indeterminate. A PCR test is carried out for the presence of HIV pDNA within the time limits specified in paragraphs 29 and 31 of these Rules.

35. Upon receipt of a negative PCR result (HIV pDNA) at 9 months, the child is examined by ELISA or ELISA, or ECLA at the age of 18 months. The material for the study (blood serum at least 1 ml) is sent to the laboratory of the RHO.

36. In case of a negative result of the study by ELISA or IHLA or EHLA, the child is removed from the register.

37. In case of a positive result of the study by ELISA or ICLA or ECHL in a child aged 18 months, additional studies are carried out in accordance with paragraphs 6-20 of these Rules.

38. An examination for clinical indications for the presence of HIV infection is carried out for persons who have the following diseases, syndromes and symptoms:

1) an increase in two or more lymph nodes lasting more than 1 month, persistent, generalized lymphadenopathy;

2) fever of unknown etiology (permanent or recurrent for more than 1 month);

3) unexplained severe cachexia or severe malnutrition, poorly amenable to standard treatment (in children), unexplained weight loss of 10% or more;

4) chronic diarrhea for 14 days or more (in children), unexplained chronic diarrhea lasting more than a month;

5) seborrheic dermatitis, itchy papular rash (in children);

6) angular cheilitis;

7) recurrent infections of the upper respiratory tract (sinusitis, otitis media, pharyngitis, tracheitis, bronchitis);

8) shingles;

9) any disseminated endemic mycosis, deep mycoses (coccidioidosis, extrapulmonary cryptococcosis (cryptococcal meningitis), sporotrichosis, aspergillosis, isosporosis, extrapulmonary histoplasmosis, actinomycosis, and others);

10) pulmonary and extrapulmonary tuberculosis, including disseminated infection caused by atypical mycobacteria, except for tuberculosis of peripheral lymph nodes at the time of diagnosis and then testing for HIV infection is carried out every 6 months;

11) hairy leukoplakia of the oral cavity, linear erythema of the gums;

12) severe prolonged recurrent pneumonia and chronic bronchitis, not amenable to conventional therapy (multiplicity of two or more times during the year), asymptomatic and clinically pronounced lymphoid interstitial pneumonia;

13) sepsis, protracted and recurrent purulent-bacterial diseases of internal organs (pneumonia, pleural empyema, meningitis, meningoencephalitis, bone and joint infections, purulent myositis, salmonella septicemia (except for typhoid fever), stomatitis, gingivitis, periodontitis and others);

14) pneumocystis pneumonia;

15) infections caused by the herpes simplex virus, with damage to internal organs and chronic (lasting more than one month from the moment of illness) damage to the skin and mucous membranes, including the eyes;

16) cardiomyopathy;

17) nephropathy;

18) encephalopathy of unknown etiology;

19) progressive multifocal leukoencephalopathy;

20) Kaposi's sarcoma;

21) neoplasms, including lymphoma (of the brain) or B-cell lymphoma;

22) toxoplasmosis of the central nervous system;

23) candidiasis of the esophagus, bronchi, trachea, lungs, mucous membranes of the mouth and nose;

24) disseminated infection caused by atypical mycobacteria;

25) cachexia of unclear etiology;

26) prolonged recurrent pyoderma, not amenable to conventional therapy;

27) severe chronic inflammatory diseases of the female genital area of unclear etiology;

28) invasive neoplasms of the female genital organs;

29) mononucleosis after 3 months from the onset of the disease;

30) sexually transmitted infections (syphilis, chlamydia, trichomoniasis, gonorrhea, genital herpes, viral papillomatosis and others);

31) viral hepatitis B and C;

32) extensive drain warts;

33) molluscum contagiosum with extensive rashes, giant disfiguring molluscum contagiosum;

34) primary dementia in previously healthy individuals;

35) patients with hemophilia and other diseases who systematically receive transfusions of blood and its components;

36) generalized cytomegalovirus infection.

39. An examination according to epidemiological indications for the presence of HIV infection is carried out:

1) to donors of biomaterial - within a period of not more than 10 calendar days from the date of testing for HIV infection before the operation to remove biomaterial for the purpose of transplantation or transplant procedure, assisted reproductive technology; blood donors are tested for HIV on the day of each donation;

2) recipients of the biomaterial - within a period of not more than 10 calendar days from the date of the examination for HIV infection before transplantation of the donor biomaterial or blood transfusion and again 1 and 3 months after. The dates of examination of recipients for HIV infection after 1 and 3 months are indicated in the discharge summary at the end of inpatient treatment. If the patient receives multiple blood transfusions during one hospitalization, then an HIV test is performed before the first blood transfusion and 1 and 3 months after the completion of the course. Individuals with long-term blood disorders receiving regular blood transfusions should be tested for HIV infection at diagnosis and every 6 months thereafter;

3) persons on hemodialysis - every 6 months;

4) sexual partners of HIV-infected people and partners in the joint use of injecting drugs - once if HIV infection is detected in a partner by ELISA or rapid tests, and then, with continued contact - 2 times a year;

5) key population groups when seeking medical care in a healthcare organization; people who inject drugs (hereinafter - PWID) - when registering with medical organizations providing medical and social assistance in the field of mental health and then - 2 times a year; when referred or admitted to inpatient drug addiction treatment or rehabilitation - regardless of the date of the last test;

6) persons under arrest and convicted upon admission to pre-trial detention centers, correctional institutions of the penitentiary system, 6 months after admission to the above institutions, before release, if desired, during the period of detention in a pre-trial detention center or correctional institution, in the presence of sexual or parenteral contact with an HIV-infected person;

7) children born from HIV-infected mothers, from mothers with unknown HIV status in accordance with the procedure for diagnosing HIV infection in children from 0 to 18 months in accordance with paragraphs 28-37 of these Rules;

8) persons injured as a result of an emergency situation associated with the contact of infected material or biological substrates with damaged or undamaged skin, mucous membranes, injuries (injections, cuts of the skin with medical instruments that have not undergone disinfection) when performing medical procedures and persons at risk infection through sexual contact and other circumstances at the time of treatment and further after 1 and 3 months from the date of contact. Persons - potential sources of infection are tested for HIV once when registering an emergency; victims in an emergency are examined by rapid tests at the time of the accident and by ELISA 1 and 3 months after. All emergencies are recorded in a log developed in accordance with subparagraph 31) of Article 7 of the Code;

9) medical workers who carried out invasive methods of diagnostics and treatment upon admission to work and then once a year when undergoing a medical examination;

10) military personnel in the subdivisions of the Ministry of Defense, the Ministry of Internal Affairs, the National Security Committee and other troops and military formations of the Republic of Kazakhstan, as well as those entering military service under a contract and conscription, including applicants for military educational institutions;

11) pregnant women:

twice - when registering for pregnancy and in the period of 28-30 weeks;

before termination of pregnancy in case of abortion, miscarriage or miscarriage;

admitted to the organization of obstetrics for childbirth without the results of a double examination for HIV infection;

examined once - more than three weeks before admission for childbirth;

those who gave birth outside obstetric organizations;

related to key groups;

having an HIV-positive sexual partner or partner who injects drugs;

12) persons, upon admission to reception centers, special reception centers, centers for social adaptation for persons who do not have a fixed place of residence, centers for the adaptation of minors;

13) sexual partners of a pregnant woman once when registering a pregnant woman;

14) persons from the nosocomial focus: if more than three months have passed since discharge from the healthcare organization, the contacts undergo a single examination for the presence of HIV infection and, if the result is negative, the observation is terminated;

15) children under 16 years of age in case of detection of HIV infection in a woman and mother in case of detection of HIV infection in children under 16 years of age, to identify cases of infection of a woman in the postpartum period with a risk of infection of a child during breastfeeding.

40. Examination according to epidemiological indications for the presence of HIV infection with a rapid test that detects the p24 viral antigen and antibodies to HIV of the first and second types, followed by examination of a blood sample in ELISA or ELISA or ECLA in accordance with the procedure for diagnosing HIV infection in adults and children older than 18 months in accordance with paragraphs 6-20 of these Rules, the following is carried out:

1) pregnant women admitted for childbirth without the results of a double examination for HIV infection; examined once or more than three weeks before admission for childbirth; related to key groups; having an HIV-positive sexual partner or a partner who injects drugs or gave birth outside a health facility;

2) victims of emergency situations and persons who are potential sources of infection in order to determine HIV status, assess the degree of risk and prescribe post-exposure antiretroviral prophylaxis;

3) to key population groups when applying to healthcare organizations engaged in activities in the field of HIV prevention. In the case of a positive result of the express test, the subject is given post-test counseling and is recommended to undergo an HIV test with the provision of an identity document;

4) persons without a fixed place of residence and (or) without identity documents, who are admitted for inpatient treatment, emergency medical care before blood transfusions using the rapid HIV testing method. The result of express testing is entered into the patient's inpatient card. If the result of the express test is positive, the information is sent to the territorial healthcare organization that carries out activities in the field of HIV prevention for further work;

5) sexual partners of HIV-infected people and partners in the joint use of injecting drugs. With a positive result of the express test, confirmatory studies are carried out in the ELISA or IHLA or ECHL with the presentation of an identity document;

6) PWID when applying to medical organizations providing medical and social assistance in the field of mental health or to narcologists in primary health care organizations. With a positive result of the express test, a study is carried out in the ELISA or IHLA or ECHL.

41. Mandatory testing for HIV infection of minors from 16 years of age and older is carried out at their request, incapacitated persons - with the consent of their legal representatives in accordance with paragraph 2 of Article 78 of the Code. If an HIV-infected person under the age of 18 is identified, his parents or legal representatives are notified.

42. Employees of foreign diplomatic missions, employees of foreign consular offices and other persons enjoying privileges and immunities in the territory of the Republic of Kazakhstan shall be tested for HIV infection only with their consent in accordance with paragraph 4 of Article 162 of the Code.

43. In healthcare organizations that carry out express testing for HIV infection, all examinations and results are recorded in a journal in accordance with Appendix 1 to these rules.

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|  | Annex 1  to the rules of mandatory  confidential medical  examination for HIV infection |

**Journal of registration of research on HIV by the method of rapid testing (ET) Started " "\_\_\_\_\_\_\_\_. Finished "" \_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| registration number | PEC\*\*/ Last name, first name, patronymic (if available) | Date of Birth | floor | examination code | ET name, series or lot, expiration date | Date and time of examination | Material for research (serum, plasma, blood, saliva) |
| one | 2 | 3 | 4 | five | 6 | 7 | 8 |

Table continuation

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| --- | --- | --- | --- | --- | --- | --- |
| ET study result (positive/negative/not valid | Date and time of sending the biomaterial for ELISA / IHL | Research by ELISA or IHLA | | | Last name of the worker conducting ET (legible) | Signature of the worker conducting ET |
| registration number | date of analysis | result |
| nine | 10 | eleven | 12 | 13 | fourteen | 15 |

Note:

\* The journal is filled in electronic format, the period of storage is 3 years.

\*\* PEC is a unique identification code. In order to ensure anonymity, confidentiality is made up of the first 2 letters of the mother's name, the first 2 letters of the father's name, gender (1 - male or 2 - female) and the last two digits of the year of birth.

For example: mother - Gulnara, father - Renat, male, born in 1978, PEC - GURE 178

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