Latest HIV Status South Africa

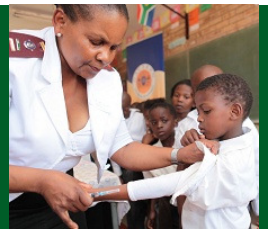
VIRAL LOAD TRAINING

Garden Court O.R. Tambo
07 November 2019

Presenter: Dr Z Pinini

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Outline



VIRAL LOAD TRAINING

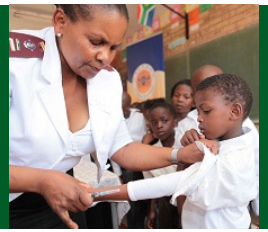
GARDEN COURT O.R.TAMBO

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Phila
Inspired to live

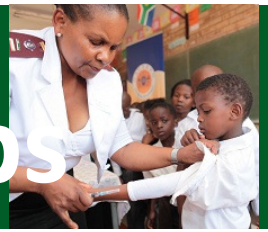
2030
NDP

OUTLINE



- Introduction (current challenges)
- VL testing in PLHIVs
- VL monitoring (per ART guidelines)
- Principles of VL Monitoring
- Switching clients on ART (Importance of VL)
- 90 90 90 Cascade

Introduction: Current gaps

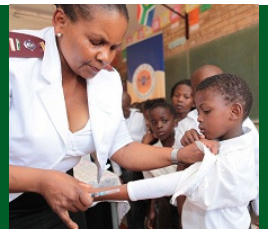


- Challenge of taking VL when due
- No systems in place to manage VL results at facility level after NHLS delivery of results
- No clear responsibility for VL recording & filing
- Delayed or no action taken to act on abnormal VL

PLHIVs & Viral load (revised ART guidelines)

- All people living with HIV (PLHIV) are eligible to start ART regardless of age, CD4 cell count and clinical stage.
- First VL at 6 months on ART. If virally suppressed (< 50 c/mL), repeat VL at 12 months on ART and 12-monthly thereafter if viral load remains suppressed)
- If a client has not had a VL test in the last 6 months, additional VL testing outside of the routine VL monitoring schedule should NOT be done.
- The client should await the result of their routine annual VL test to determine their eligibility to switch to DTG.

Viral load

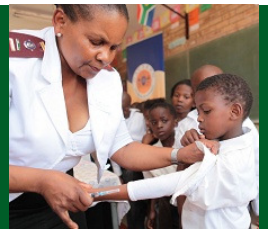


- Viral load should be measured to timeously detect problems with adherence or treatment failure
- Remember, an elevated VL is a medical emergency!

Principles of Viral Load Monitoring

- Achieving and maintaining VL suppression is the first goal of ART and fundamental to good patient outcomes
- The ART guideline uses two VL thresholds:
  - VL < 50 c/mL: This is the threshold for defining VL suppression (previously < 400 c/mL)
  - VL > 1000 c/mL: This is the threshold for defining failure (unchanged from the previous guideline)
- *Principle 1: Any VL more than 50 c/mL requires action*
- A VL > 50 c/mL implies that viral replication is taking place in the presence of ART and puts the client at risk of developing treatment resistance.
- A VL between 50 and 999 may be a viral "blip" that returns to levels below 50 c/mL.
- Alternatively, the client may be progressing to failure with VLs over 1000 c/ml.

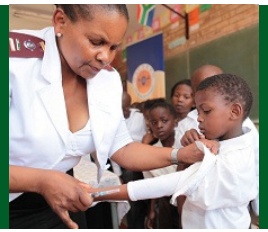
Principles cont....

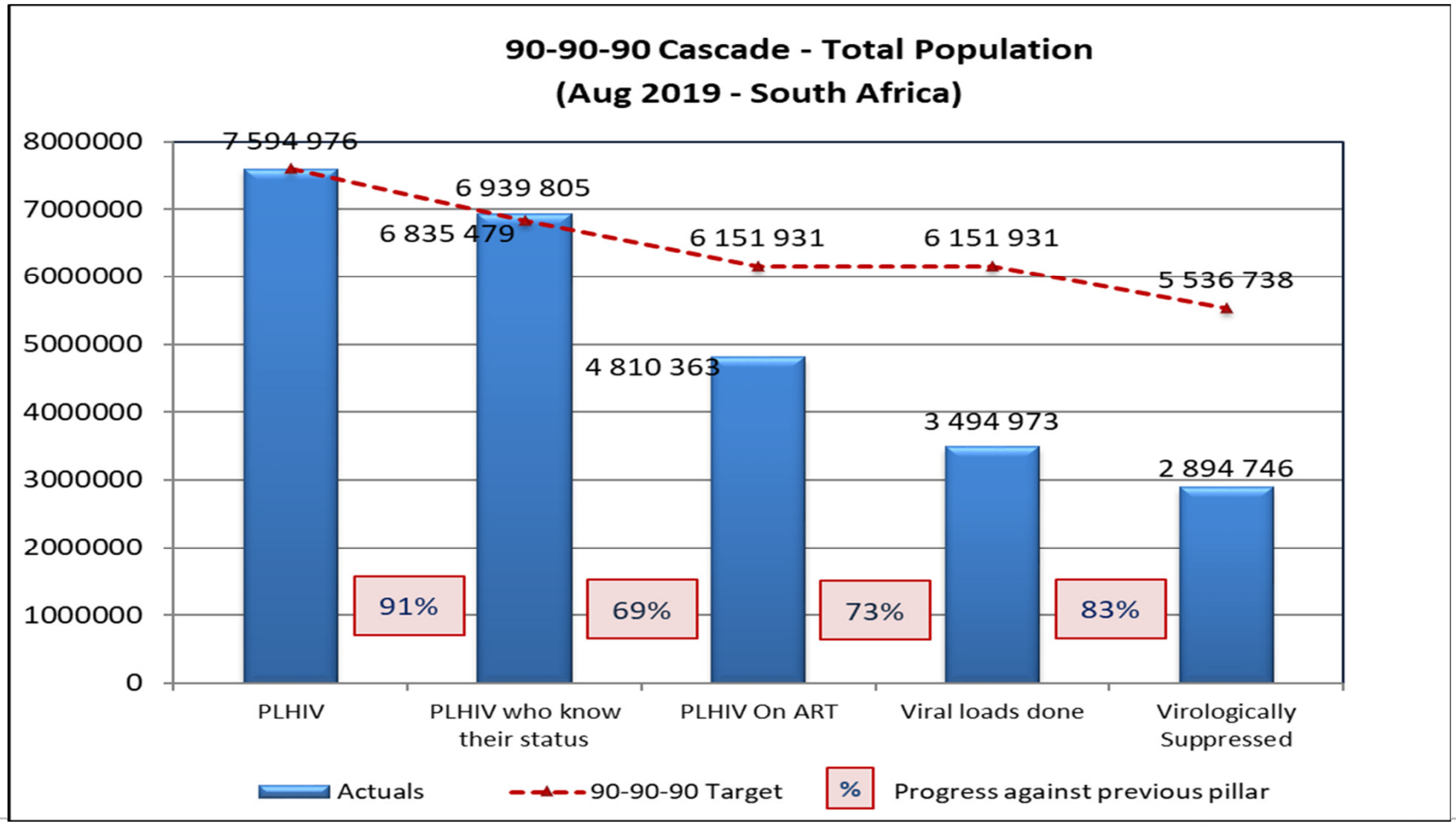


- *Principle 2: Never change one drug in a failing regimen (VL > 1000)*

- If a single drug substitution is made within a failing regimen, the new drug may be the only active drug in the regimen. The client will effectively be on monotherapy, as only one drug may be working
  - *Principle 3: Eligibility for second-line ART will be determined by the client's VL, the current regimen they are failing, and the time they have been on ART*
- The definition of "confirmed virological failure" i.e., two VLs > 1000 c/mL on at least two consecutive occasions

90 90 90 cascade





health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Phila
Inspired to live

2030 NDP