

# ART Initiation

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# Outline

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01

ART initiation

02

Monitoring the patient on ART

03

IRIS

# This is Puleng

- *Counsel* on diagnosis, medication, S/E and adherence
- *Same day* ART initiation if no C/I
  - No symptoms of TB/meningitis/renal dysfxn
  - No significant LFT abnormality/AKI



- SA NDoH, ART clinical Guidelines, 2023
- Nel J et al. SAHCS guidelines for ART. 2023

ART INITIATION

# Clinical Evaluation

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*Screen for OI's*

- TB symptom screen
- Meningitis
- STI's

*Screen for Hpt, DM & epilepsy*

*Screen for depression, psychosis & substance abuse*

ART INITIATION

# Baseline Investigations



TB: Sputum TB NAAT for all  
LAM & CXR for + screen



CD4 count



Serum CrAg



Creatinine



Hep BsAg



Pregnancy test



Cervical cancer screen

*SAHCS recommended*



ALT

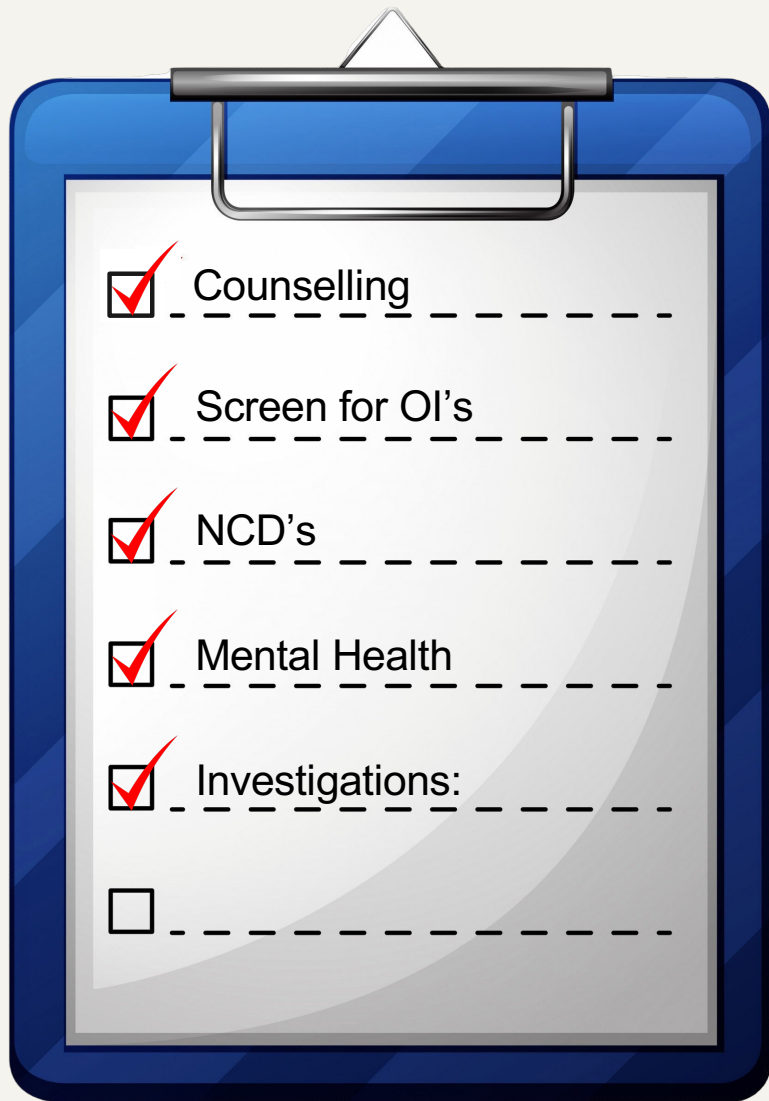


TPAb



STI NAAT

- SA NDoH, ART clinical Guidelines, 2023
- Nel J et al. SAHCS guidelines for ART. 2023



- TLD started on the same day as diagnosis
- Return for results in 1 month



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ART INITIATION

# Special Populations

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*Acute seroconversion*

- ART ASAP

*Preserved CD4*

- ART ASAP

*Elite controllers*

- Confirm diagnosis with PCR or western blot
- ART ASAP

## ART INITIATION

# Delaying ART

### *CCM*

- After 4-6 weeks from the start of treatment

### *TBM*

- After 4-8 weeks from the start of treatment

### *Non-neurological TB*

- CD4 < 50: Within 2 weeks
- CD4 > 50: Within 2 months

### *Other OIs*

- Within 2 weeks

### *ICU admission*

- On D/C from ICU



# Monitoring on ART



## *Clinical monitoring*

- TB symptom screen
- Weight
- Side effects



## *Investigations*

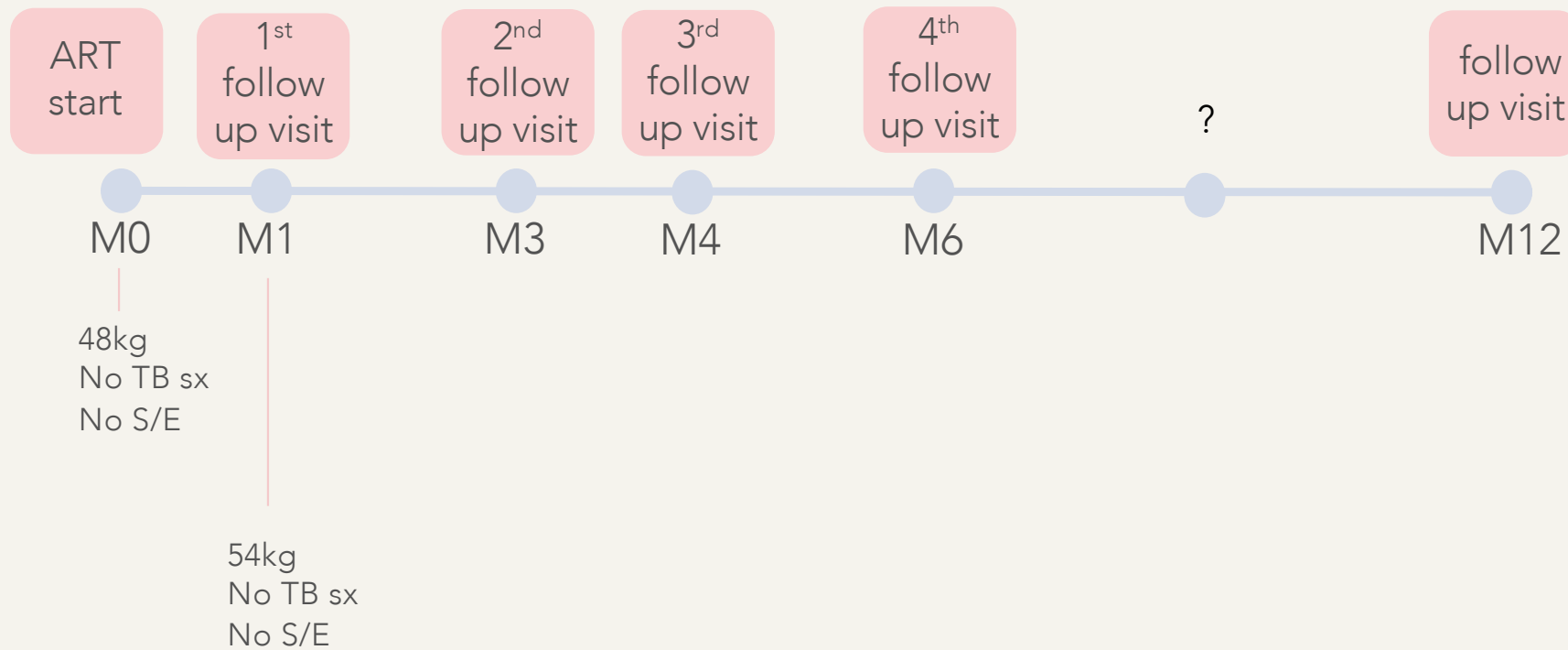
- CD4 count
- Viral load
- Creatinine (TDF/TAF)
- Sputum TB NAAT yearly

# Monitoring on ART

	SAHCS	NDoH
CD4	At 6, 12 months then 6 monthly	At 10 months then 6 monthly
VL	At 3, 6, 12 months then 6-12 monthly	At 3, 10 months then yearly
Creatinine (TDF/TAF)	At 3, 6 months then 6-12 monthly	At 3, 10 months then yearly

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# Monitoring

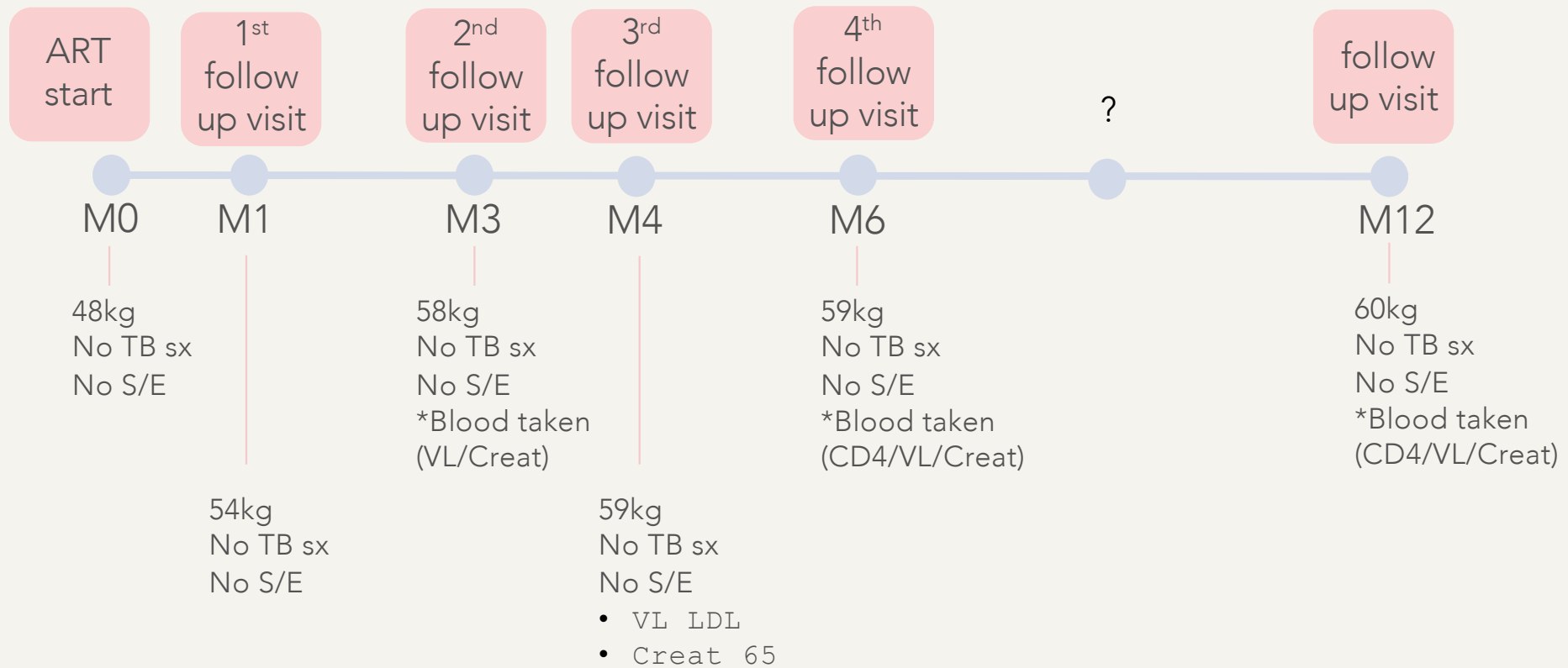


## RESULTS

- Sputum TB NAAT: Negative
- CD4: **80** cells/ $\mu$ L
- Serum CrAg: Negative
- Creat: 52  $\mu$ mol/L (GFR 100)
- Hep BsAg: **Positive**
- Pregnancy test: Negative
- Papsmear: **CIN-2**
- ALT:18 IU/L
- TPAb: Negative
- STI vaginal swab: Negative



# Monitoring



# IRIS

## *Unmasking IRIS*

- Unrecognised OI that p/w exaggerated features of the infection during early ART d/t recovering immune system

## *Paradoxical IRIS*

- On treatment for OI that p/w immune-mediated worsening of features of the infection

# IRIS

## *Diagnosis*

- Recognise the characteristic clinical picture
- Ensure the OI is correctly dx
- Excluding other causes

## *Treatment*

- Continue ART unless life-threatening IRIS
- Corticosteroids in mycobacterial and fungal forms  
\*C/I in KS, herpes virus infections, active hepatitis B

# IRIS- Steroids

## *Paradoxical IRIS*

- Prednisone 1.5mg/kg weaned over 4 weeks
  - \*May need longer if symptoms recur with weaning

## *Unmasking TB-IRIS prophylaxis*

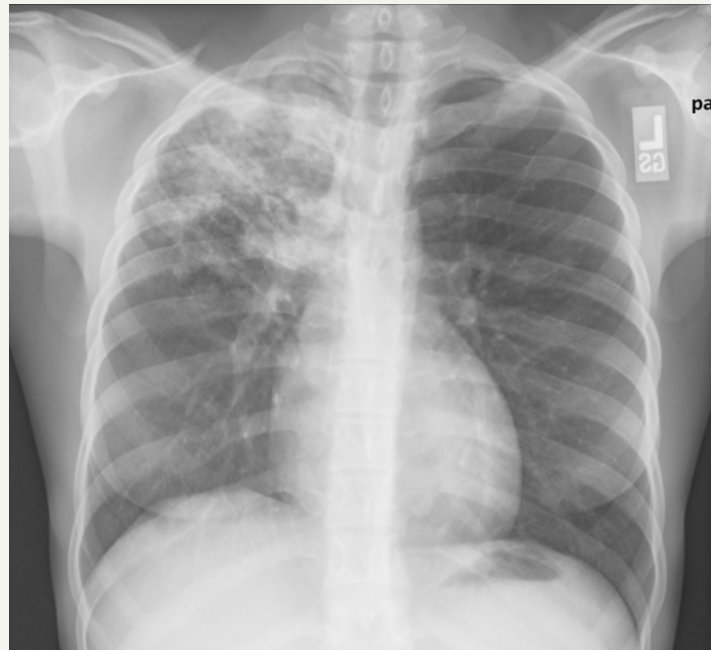
- CD4 < 100
- Improving on TB Rx prior to ART initiation
- Prednisone 40mg<sup>1</sup> x 2 weeks → 20mg<sup>1</sup> x 2 weeks with ART



# IRIS

8 weeks after starting TLD Puleng p/w

- Cough, LOW, night sweats
- Significant cervical LAD
- CXR



# IRIS

Sputum NAAT: GXP positive RIF sensitive

Started rifafour (weight 55kg)

Continued TLD but *doubled* DTG

Prednisone 40mg bd PO ( $55 \times 1.5 = 82.5$ ) x 1 week

40mg dly PO x 1 week

20mg dly PO x 1 week

10mg dly PO x 5 days → 5mg x 5 days





# Thanks!

Questions?