ART ELIGIBILITY AND DETERMINING THE TIMEFRAME FOR ART INITIATION

WHO IS ELIGIBLE?

All people living with HIV (PLHIV) regardless of age, CD4 cell count and clinical stage. ART should be initiated within 7 days unless there is a reason to defer. Same day initiation is encouraged if client is clinically well and motivated.

REASONS TO DEFER STARTING ART

- TB symptoms (cough, night sweats, fever, weight loss, recent weight loss)
- CM: 4
- Age/Pregnancy status
- Other acute illness e.g. PPD or bacterial pneumonia
- HIV test result: negative
- Pregnancy status
- Clinical symptoms or signs of low fever
- Other unexplained symptoms
- Rash with no symptoms or signs of meningitis
- Symptoms and signs of meningitis (headache, confusion, fever, skin rashes or coma)

BASELINE CLINICAL INVESTIGATIONS

- Recognise the client with respiratory, neurological, or abdominal danger signs
- Nutritional assessment (including weight and height)
- Screen for TB: If no symptoms consider TPT
- Meningitis
- Mental health issues/substance abuse
- Communicable diseases (NCDs) e.g. diabetes, hypertension, epilepsy
- Pregnancy or planning to conceive
- Symptoms specific to sexually transmitted infections
- WHO clinical stage

TEST AND PURPOSE

BASELINE LABORATORY EVALUATION

INTERPRETATION / ACTION

Confirm HIV test result to confirm HIV status for those without documented HIV status.

CD4 count (cells/µL) to identify eligibility for cPT and cCrAg screening

Ensure that the national testing algorithm has been followed

If CD4 < 200 a reflex CrAg screening will be done automatically

Cervical cancer screening To detect cervical cancer with women below 50 years

At baseline and thereafter every three years if normal. If lesions present, refer for colposcopy and manage accordingly

HbAsA1c To identify HbA1c co-infection

If positive, TF-containing regimen is preferred. Exercise caution when stopping TDF due to risk of hepatitis flares

C reactive protein (CRP) To detect reactivation or new infection

Determine CRP > 50 mg/L. A negative result implies no evidence of reactivation or new infection. If CRP > 50 mg/L, proceed to further assessment

Haemoglobin (HB) To detect anaemia

GHb and eGFR To detect renal insufficiency, and eligibility for TDF

If eGFR < 60 mL/min/1.73 m², re-evaluate product listed by the kidney used to determine eGFR

Age and Pregnancy status

What must be measured? Safe to use TDF

≥ 10 and < 16 years eGFR using Cockcroft-Gault formula

> 80 mL/min/1.73 m²

Adult and adolescents ≥ 16 years eGFR using MDRD equation as provided by the laboratory

> 50 mL/min/1.73 m²

Pregnant Absolute creatinine level

< 85 µmol/L

Cockroft-Gault formula

eGFR (mL/min/1.73 m²) = 186 x weight (kg) ÷ (serum creatinine (µmol/L) x 1.2 x age in years) ÷ 1.23

Haemoglobin (HB) To detect anaemia

Adults and adolescents

Pregnant women

If HB ≤ 90 g/L in infants and younger

If HB < 80 g/L in children and adolescents

Adults > 60 years old

Pregnant women

If HB < 8: Initiate iron supplementation

Refer if HB < 8 with symptoms of anaemia, or 3+ or 4+ on stool plus 2+ or 3+ 28 weekdays pregnant. No response to iron therapy. TDF drug interactions under key points

GeneExpert To diagnose TB

SBT screening only if client has symptoms of TB

RECOMMENDED FIRST-LINE IN NEW CLIENTS

REGIMENS

Revised first-line regimen for children ≤ 10 years of age (WHO clinical stage 3+ and 4+)

≥ 16 years

≥ 10

No

CrAg screening

To confirm HIV status for those not previously tested

Confirm HIV test result

To monitor PI resistance

Regimen for > 2 years

Calculate dose according to normal dose

If PI-based regimen (LPV/r, ATV/r)

Childbearing potential, not wanting to fall pregnant

MTCT-EL to protect the foetus

PROVIDE MEDICINE AND SET UP APPOINTMENT FOR VL

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To start ART, double dose for 2 weeks

Continue ART for 2 years

Reassess adherence and health status

Choosing a new ART regimen

Review adherence and health status

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